A Conversation About… Multidisciplinary Care: Rhetoric or Reality?

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Host (00:01):

Hi there. Welcome to Mental Health Professionals Network podcast series MHPN's aim is to promote and celebrate interdisciplinary collaborative mental health care.

Radhika Santhanam-Martin (00:18):

Welcome to MHPN Presents podcasts. My name is Radhika Santhanam-Martin. I'm the Host of this podcast that is titled Multidisciplinary Care Rhetoric or Reality. Joining me today for the conversation is Elly Scrine.

Elly Scrine (00:38):

Hi Radika. Thanks for having me.

Radhika Santhanam-Martin (00:40):

And Summayyah Sadiq-Ojibara

Summayyah Olawunmi Sadiq-Ojibara (00:42):

Thank you, Radhika. Really looking forward to our conversation today.

Radhika Santhanam-Martin (00:46):

Thank you to you both. Today we are going to discuss the context of multidisciplinary mental health care. We will be looking at this topic through the lens of the client, the provider, or the practitioner, and the system underpinning the conversation will be the key question. Is multidisciplinary mental health

care rhetoric or is it reality or perhaps both. When I thought about who should join me on this episode, you two were the first two people who came to my mind. Elly, I thought of you because I'm really inspired by the work you do with children, especially young boys in the context of family violence and the way you build networks of support and care for your clients. And Summayyah for you, one other story I want to share with our audience or the listeners is I participated in a community function that your council had organised and the mayor and others were all there. You were not there at the function, but I met so many practitioners and community workers in your local area who knew you and spoke about you, and I was so impressed thinking how does Summayyah create and sustain these local relationships with other workers? So that's why I sent the invitation. What went through your mind when I invited you to join?

Summayyah Olawunmi Sadiq-Ojibara (02:21):

Thank you Radhika for having me. I am honoured and humbled to be here. It's really very heartwarming to hear how one is held and what that also does is that it brings an awareness of responsibility as to what it is that we do and how we navigate the world and the way that we help and what that means to both the person and myself. And I met Elly as well, and I was so owed by so much of what they did and how much of it that I'm really looking forward to exploring myself, and Radhika, you know that you and I have journeyed from one or two programmes that we've done, but there has been such a deep connection in the way that we've heard each other and held each other. So thank you for having me.

Elly Scrine (03:14):

Thank you. I also echo Summayyah's sentiments, feeling very humbled. Yeah, I work as a children's counsellor at Gen West, which is a family violence service, as Radhika said. So I'm here in the western suburbs of Narm or Melbourne. So recording today from Wurundjeri country on the Kulin Nation. And yeah, I work alongside four other incredible counsellors and a team leader. I'm a registered music therapist by background. And in my team there are art therapists, play therapists, our team leader's a drama therapist, and I've done a lot of professional development, particularly around trauma and play therapy. And I'm in awe of the work of both of you. So I was deeply grateful for the invite. I know Radhika through supervision and the broader network of incredible therapists that she works within. And then I had also heard about Summayyah through the Institute of Post-Colonial Studies. So it's so exciting for me to be here and get into this topic, which I think we all have a lot to unpack around thinking about mental health and trauma sectors as people who all care deeply about justice. And for me, thinking about children and young people in particular, coming from my own kind of practise background, thinking about children and young people who have all experienced trauma and really wanting to honour them today and think about how my work kind of repositions them, not just as passive witnesses or objects of violence and trauma, but as political agents who are really deserving and capable of advocating for their needs and broader injustices. I'm so excited to get stuck into today with you both.

Radhika Santhanam-Martin (04:58):

Thank you, Elly. Thank you. Also diving deep into it, even right away and folding in the beautiful Indigenous acknowledgement of the lands we share and the past and our deep acknowledgement and honouring of the leaders past and emerging and present. Thank you for that. So we are ready to explore

this very complex topic. I first want to clarify to our listeners what we mean by multidisciplinary mental health. This is the context where practitioners from different disciplines, for example, occupational therapy, psychology, nursing, speech pathology, physiotherapy, and many other emerging disciplines that you just heard Elly mention now come together to address the welfare and wellbeing of clients and families. In the past, say two to three decades ago, largely these teams were located together in big public hospital settings in Australia with the de-institutionalization of mental health care and the commitment to non-institutional care, the structure and function of healthcare environments changed considerably.

(06:16):

So the services now includes a range of options. For example, community-based mental health, community outreach teams, long-term therapeutic care and outpatient clinics, group work, private clinics, so on and so forth. With the expansion of Medicare to allied health professionals and the introduction of NDIS, the functions of these services also changed rapidly. Think of six to 10 sessions therapy model. I also want to mention COVID, that was yet another unpredicted, but hugely influential factor that has altered the healthcare sector and the way we engage and collaborate online and offline. Finally, the latest, at least in Victoria, is the introduction of the new service stream following the reform agenda known as mental health and wellbeing locals. Given this ever-changing landscape of services, how should we reflect on our role and responsibility as a mental health worker in a multidisciplinary care context? And could we start this conversation with you, Elly, sharing a practise story for our audience that highlights the complexity of multidisciplinary care?

Elly Scrine (07:33):

Yes, I do love to bring stories to life and bring the people who we work with and support into these conversations from the get-go. So I was thinking about a family who I worked with for a year with two little kids who were primary school aged and their parents had moved from somewhere overseas from the same place overseas, and there had been horrific family violence from the start of the kids' lives. So in this family system, dad was the person using violence and the family had moved between states. There had been multiple homes, they'd accessed emergency accommodation, they'd attended multiple schools, really working very hard to keep themselves safe. And there was a final incident that was a really kind of core trauma memory for these kids. And that particular memory was very present from the get-go when I met these kids. So we got the referral from family services where they had a great worker, but they had a very short service period and the worker was also a man, and mum knew that they were connected to child protection.

(08:41):

So there were many layers of distrust from mum. And pretty quickly the service period ended and it was just me working with these kids. So I contacted the school, spoke to the wellbeing worker, and was informed that both of the kids had been flagged by their teachers for an ADHD assessment. So I worked with these kids for a whole year and we did so much together. And as I said, I'm in this team of brilliant therapists who work across the creative arts and play therapy, and we really see that work as deeply transformative for therapeutic work with children. So with these kids, we were painting on lasagna sheets and then we were smashing them up and then we were sticking them into Play-Doh and we were

doing physical movement and we were doing self-portraits. We wrote songs together and all the while their experiences were very alive in these kids' bodies.

(09:33):

So I wanted to think together on how from one perspective we could really reduce this violence and trauma to the biomedical response where there could be this whole range of dysregulated dysfunctional behaviours that we could identify. And both of these kids, they moved around a lot. They were jumpy, they were restless, they had problems concentrating and focusing and difficulty paying attention. They could respond with aggression. And you might be hearing there, I'm kind of referring to the overlap there between trauma symptomology and ADHD presentations. So thinking from the school's perspective, I thought about their teacher's experience trying to support these kids in a classroom where they will not fit easily into our school setting, which we have to acknowledge is incredibly punitive towards students with this poor behaviour or difficult behaviour, unmanageable behaviour. And then there was family services who were involved and one thing they were able to organise was 10 funded sessions for mum to see a psychologist, and they found a psychologist who spoke mum's language, which was brilliant.

(10:39):

So I called mum's therapist with mum's consent and she basically said, look, mum has horrific PTSD and I have 10 sessions. There's realistically very little that I can do. And alongside these individualistic summaries that I'm giving of mum's pathology and the boys' behaviour, you can really hear the layers of risk. And I put risk in quotation marks building up. And I guess at this point what I want to clarify is that what clients like this who are positioned as most at risk are lacking is justice. This was a family who were experiencing poverty, housing instability, the trauma of racism and white supremacy that they were subject to on a daily basis. And so much of the project of mental health is intent on creating language and treatment pathways for their brokenness where the site of blame is the family. So yeah, I put in a referral for family services as I finished, I tried to get in touch with the wellbeing worker, but they had finished and ultimately I tried to access further services and I ended getting funding for them to get swimming lessons, hopefully highlighting some of the complexities there.

Radhika Santhanam-Martin (11:59):

Yeah, Elly, not just some really deep, deep complexities across disciplines, but also location states and schools and different ways of interpreting children's behaviour and the funding complexity. I'm going to Summayyah as you're listening to this story. Could I ask you from this practise story using the lens of the client, the boys, what are the multidisciplinary needs to consider Summayyah? What comes to your mind?

Summayyah Olawunmi Sadiq-Ojibara (12:30):

I work with a lot of young people as well. And to know that Elly, you work with boys particularly is so, so helpful to know because this is one of the things that we also struggle with because you're talking about the intersectional lenses that is required so to speak, to be able to really give to the children from the client perspective what is needed. And what that means is that the children need safety, they need to be heard and they need to be held in a place of safety. Part of what is also required for them at that point is that sense of groundedness, that sense of placement because they've been displaced often. And what

would happen is as they kept moving from place to place as they had to be exposed to different services or non services, when they begin to form trusting relationships, then they might find that the sessions are over.

(13:37):

So it's quite complex in terms of the way to think about it from a client perspective, to not feel like they have to be pathologized as though that is what defines them. What gets in the way is when the different services that may be engaging with them become very, you could say binary in their perspective and their approach. And then it's also about how the tapes, all kinds of bureaucratic tapes get in the way of actual care and wellbeing of the children, of all of the clients concern, including their mum as it were. And there are also practical concerns too, Elly hearing how you would use play therapy, music, therapy, all of those interventions that normalises certain experiences for these children and for the mother to know that her children are being cared for in a safe environment. Those are the things that definitely enables healing. It's really trying to attend to the needs of the clients in a multifaceted way, but not necessarily particularly traditionally known forms of intervention. And Radhika, I wonder whether in the course of talking about this, part of what we are also exploring is just understanding, as Elly you said that they eventually got funding for swimming, whether swimming in and of itself then becomes something that will be, if you like, certified as a form of intervention that's actually helpful rather than them being placed on medication, for example.

Radhika Santhanam-Martin (15:24):

Beautifully, the threads that you have drawn, because some of the efforts of NDIS has been exactly the last point that you raised. Where could we make the care services a service provision that's more tailored to what the clients actually want, whether it's swimming or whether it's some kind of body massage or it's more funding for soccer club, any number of things. But how do we integrate and weave, and I want to use your words Summayyah, what you said, that this polarisation that's come or the binary, the way we look at this is what needs to be done. And the other thing is outside this is that we have become practitioners and disciplines have become polarised, our binary. And in that, my worry is something that Elly raised beautifully about justice. My worry is there is a moral compass that what I am doing is right, what the other person is interpreting is wrong. And I want us to stay away from this kind of judgmental blaming. So I want to start with you for the next reflection, Summayyah. And that is what do you think our practitioner needs in a multidisciplinary team context? It doesn't have to be exactly from what Elly's story, the practise story, what they have shared, but in general, what do you think practitioners, what are their needs and how do they negotiate that? Could you give us a start on that? Summayyah?

Summayyah Olawunmi Sadiq-Ojibara (16:52):

When I was even getting ready for us to have this discussion, I was kind of looking around and trying to hear what has been done or what people are talking about in terms of multidisciplinary work. And finally out of several pieces of videos and all of that that I listened to, I heard someone talk about cultural humility. So that becomes two words that are now being used, but I don't know that we actually know what that means. I think that has really to start with the practitioner understanding that they themselves come as a multifaceted being and that there's so much that they carry within themselves

that they are required to know. So that's the first need of a practitioner having a good sense of self-awareness, which then may lead to some kind of curiosity, respectful curiosity, not a curiosity that people are just wanting to know things in an intrusive manner as though people are objects and just beats of stories, but as whole human beings like themselves.

(18:05):

And if we can start from there, it may help us to then go towards cultural humility. Our cultural humility is not placing the labour of explaining all of what a person is about or is not on the person that you're working with. So I tend to struggle with even calling people clients, not because I'm not able to, I just feel it's more authentic for me to think of them as people. So as a practitioner, as a person who is working with people and we're centering people's needs, we also need to hear from the person. We need to have some kind of cultural understanding, not an assumption based on a look, a piece of clothing, a word, certain biases that we carry within ourselves, but to listen to them, how that brings us to the understanding about the different expertise that we bring. So I as a person who is providing a service may have certain knowledge and skills that I can bring, and I may have some competency or mastery, some things I do have some expertise, but at the end of the day, the people that we're working with are the ones who have that expertise of their own lived experiences and we need to be there with them.

(19:30):

And that may be enough that they know that we're holding space in that way, which is another concept, what does that even mean to hold space? But it's really just staying in a place with an awareness of another being with us that we're needing to then engage with. It's okay to own that as I do have some expertise here, but at the end of the day, you have your expertise of your own lived experience. So we have to be able to work with each other. Sometimes that may require me taking the lead that may require me staying beside you or I just need to follow. Because sometimes we think, oh, because we have that expertise, we should just go on in front. And then sometimes we think, oh, just stay beside me and I'll quickly share a story of when I started training as a therapist.

(20:21):

And one of the things we had to do was to do our own work. And then we would sit in the room and the therapist would say, ah, I see what you mean. But that was it. Nothing else that was like, I was like, okay, what do I need to do about this? So I needed some direction in some instances. And some of the people we work with, they come from cultures and traditions that are collectivist. They're very directive cultures and they do require some direction sometimes as long as we don't do it in an entitled way or come from a place of assumption.

Radhika Santhanam-Martin (20:58):

Wow. Thank you, Summayyah. I mean, there's so much you've said around practitioner needs and also centering this notion of cultural humility. And the two things like self-awareness and respectful curiosity are skills that are at least not in the traditional clinical way, not part and parcel of our training and assessment and ongoing reflection. But what I really also want to highlight is what you said, where I think this is where practitioner needs, depending on disciplines are going to be so different because what you said was centering people's needs. Now if you look at Elly's story, a lot of the centering was on

risk. So it's on systems needs rather than the clients or the family needs. And that's where I think we need to hone our skills to figure out whose needs are being centred, whose needs are disappeared in this formulation, whose needs have been invalidated. And those are I think really, really important humility questions for the practitioner with self-awareness. Elly, now you've heard Summayyah and I riffing on each other. Oh, is that the word riff? Anyway?

Elly Scrine (22:11):

Yeah!

Radhika Santhanam-Martin (22:13):

Great word. I want to ask you, Elly, as the ecosystem of caregiving and care seeking is shifting so rapidly, think of intersectionality, trauma-focused care that you talked about, but also trauma-informed systems and also the emergence of artificial intelligence and these deep political divide and divisiveness at this moment in communities and the shrinking of human rights, all of that that you mentioned. Could you speak to us a little on what you consider are personal responsibilities in a multidisciplinary care and institutional responsibilities or institutional accountability in multidisciplinary mental health care?

Elly Scrine (22:57):

Yes, great questions. And I think personally we are ethically required to bring love and commitment and justice and care to the relational work that we do with people who are suffering.

Radhika Santhanam-Martin (23:09):

Can you say that again?

Elly Scrine (23:11):

Love, commitment, justice, care. I think were the ones that I spat out but could be different on a different day. But I think the important thing is that this is relational work that we are doing with people who are suffering and we need to think about the contexts in which they are suffering and the ways in which our systems blame them for their own suffering and we need to remain implicated in that. So it's our personal responsibility as individuals to kind of roll up our sleeves and not shake our heads with pity or hold up our hands in despair. And for me, that means taking really overt positions and I really despise the commitment that our professions have to objectivity and neutrality and silencing the political because ultimately that silencing will reinforce the status quo. These are unjust conditions, these are unjust societies, and that is at the root of so many people's suffering.

(24:13):

So when we think about our personal responsibility, which there is so much emphasis on the personal individual, and as mental health practitioners, people doing difficult work, it's quite enticing to just switch off from the structural and systemic violence that surrounds us. From my position, I'm a white person, I'm a settler on stolen Aboriginal land. It is a personal responsibility for me to remain implicated in the ongoing colonial violence, the crime scene that is this country. And ultimately we are at a time where people and institutions show up in very tokenistic ways.

Radhika Santhanam-Martin (24:52):

And that's the institutional accountability.

Elly Scrine (24:53):

Yeah. Where I think there is that enticement towards the individual self-care practises, for example, I attended a self-care training last year. It was a mandated training and I thought, please, please, please do not be a couple of days of encouraging each of us to do our individual acts of self-care as though there is this checklist, these individualistic approaches. And that's exactly what it was. And I found it very difficult to sit through because there are endless trainings that seek to mechanise and operationalize what should be deep relational processes, collective care. And I think we have a personal responsibility to engage in sustainability what we do as individuals that enable collective care and our own kind of practises of real and robust sustainability. And I guess the other personal responsibility that I think we have is to face up to and repair harm that we've been implicated in to acknowledge when we stuff up to recognise that our imperfect actions have consequences for workers like me. We need to really resist a pull towards a white saviour industrial complex, resist seeing ourselves as superheroes or martyrs.

Radhika Santhanam-Martin (26:13):

Big, big concepts for people to pause and reflect. But the one thing that really touched me listening to you is also this parallel story. You're saying the more practitioners or workers are somehow treated as individual agents, whether as you suggested in terms of the training, like go for four days annual leave or a yoga retreat. That is exactly the parallel story of the clients. Both are treated as individuals, not as a person in a collective network of care to say, why do we do solidarity? How do we come together to witness each other's struggles and suffering is the same we are doing to the practitioner as we are doing to the client. And Summayyah, can you please also help us understand and unpack this institutional parallel way of looking and the practitioner's responsibility and the institutional accountability.

Summayyah Olawunmi Sadiq-Ojibara (27:09):

So from the point of training to practise to the spaces where we practise and the systems that people give their feedback to and give account to, it already restricts and resrains people and their ability to express a spectrum of the humanity when they're engaging with other people as well. So that relational engagement like you were talking about, Ellie is central really at the end of the day. So if I as a practitioner have been told that I cannot physically touch my clients, I cannot give them any kind of comfort, I cannot relate with them with concepts that are meaningful to them, that I must check list a number of things and then give some sort of facts and figures, then what that means is that it basically reduces people's experiences to one or two dimensional facets. And I want to quickly give two examples. So one was a person that I worked with during the covid time and this person has suffered from very debilitating anxiety for years pretty much from when they were a young person to when they now become a grown person.

(28:27):

And they just really struggled. Anyway, cut a long story short because I'm a storyteller and I could just go on and on and on. The part I wanted to highlight was that this person was so blessed to have an amazing GP who was working with her. So she was struggling with making the decision about medication, which

became apparent that there was a need for medication. And then she had this beautiful person who was working with her as a naturopath, and then she had a friend who had been through their own journey as well, who was also giving her that support. And then this person was seeing me as well. We would go for walks, so we weren't in the four walls of any place and some of the nature of what we were doing, we were doing it. There was a lot of mindfulness-based practise because this person had a trauma in their body.

(29:15):

And then we used to use elements of creation to engage. So there was that existential support. So if you're talking about multidisciplinary approach, that was an example of it. But then on the other side from a personal experience was I had a health issue over a year ago, and I remember one of the medical personnel that was talking to me at that time was referring to me basically just like a case. And they were talking about how the multidisciplinary team had met on my case, and they were talking about how this one didn't agree on that and that one needed to argue on that. So I was not in the discussion, I was not involved, I was not consulted, I was not considered, I was just a number and a name, a case.

Radhika Santhanam-Martin (30:04):

And Summayyah, just for the listeners, when you say you're a number, also tell them how the politics of identity in your case plays out.

Summayyah Olawunmi Sadiq-Ojibara (30:11):

I'm glad you asked that because concepts of identities are very central to the way that I work as well. And whether it is how I embody it and how I experience it is also about how shows up in the way that I work. I'm a black Muslim woman who is visibly Muslim in the way that I dress. You could basically sum me up with those two identities. Quick one, I was doing a consultation with one of the doctors I saw, and as soon as they heard that I was a therapist, they said, oh, I could do with your help. And that was not what I needed to hear at that time. So again, already reduced, already concluded, and can't begin to tell you how that basically reduces me to two dimensions of identity. That's it, no intersectional way of engaging with me to then understand what's my story and what does that mean for the kind of help and support and intervention for my wellness and my wellbeing. And not just this concept of calling it mental health, but calling it an integrated care.

Radhika Santhanam-Martin (31:20):

Just to even think of the dangers of a single story, whether it's for the client or for the practitioner or even for the institution. I mean, if risk is the only story the institution is going to play, then that doesn't capture the whole story of institution or history of institutions. And on that note, since we have come to the end of this, I want to ask you both, is multidisciplinary care rhetoric or reality more rhetoric or reality? What do you think, Elly?

Elly Scrine (31:54):

I think we always need to be looking deeply at the context. So in some contexts, many contexts, I think it is much more rhetoric, but I think there is always possibility and there are contexts that people are resisting these ideologies and in order to do multidisciplinary work that counters these narrow thin

analyses of people, we need to be working relationally and really demanding everybody's attention to people's situatedness and context.

Summayyah Olawunmi Sadiq-Ojibara (32:27):

I feel like one of the things we would've loved to unpack maybe in another time, if we are so presented, the opportunity is that understanding that there is often a very strong professional arrogance that people have, which stops them from being able to engage and work together basically for the person that they're working with. Because everyone feels that their expertise takes more precedence than the others or has more credibility or whatever it is or legitimacy. And so if we're talking about rhetoric, if you put a punctuation mark or a full stop, it is more of a rhetoric. But if you put it as a reality, then it gives us room to have hope and enable us to basically keep looking forward to the understanding that at the end of the day, if we are true to the people that are in front of us or beside us or that we're working with and that we're centering them while we are also recognising that we are journeying with them, then there is more of a reality there.

Radhika Santhanam-Martin (33:32):

Wow. I was thinking that would be the way I would also phrase it, where most days, as Elly said, the jury is out for me in terms of whether multidisciplinary mental health care is being practised, but the jury is in or the verdict is in. If the client in front of me says, oh, Radhika, you Summayyah and Elly helped me, then the multidisciplinary care has occurred. If the client says, I don't know who else is part of my care, then the jury's out and we need a lot more work. On that note, thank you so much. We have come to the end of this MHPN Presents, A Conversation About Multidisciplinary Care. You have been listening to me, **Radhika Santhanam-Martin** and

Elly Scrine (34:19):

Elly Scrine. Thanks so much for having me. It's such a privilege and an honour just to listen to both of you.

Summayyah Olawunmi Sadiq-Ojibara (34:24):

And I'm Summayyah Olawunmi Sadiq-Ojibara, really lovely talking to you, Radhika and Elly and learning so much in the process of sharing as well, what a privilege it is to be able to have this space.

Radhika Santhanam-Martin (34:37):

Thank you. We've been debating and discussing the complex realities practitioners face in offering multidisciplinary care in this dynamic healthcare environment. If you want to learn more about me and my guests, go to this episode's landing page and follow the hyperlinks. We'd love to hear what you thought of this episode, is multidisciplinary care, rhetoric or reality or both. On the landing page, you'll find a link to a feedback survey. Please fill out the survey and let us know whether you got what you needed from this conversation or provide your comments and suggestions about how MHPN might better meet your listening needs. Thank you for your commitment and engagement with multidisciplinary mental health care. Stay tuned for the next MHPN Presents podcast, which will be released Wednesday fortnight. In the meantime, please take care.

Host (35:31):

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