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WEBINAR TRANSCRIPT

Understanding and addressing workplace burnout: Strategies for supporting patient/client wellbeing

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Prof Steve Trumble (00:00:00):

Good evening everybody, and welcome to all of you who've joined us for tonight's webinar and also the viewers who are watching the recording at a later time. MHPN would like to acknowledge traditional custodians of the land, seas, and waterways across Australia upon which our webinar presenters and participants are located. Although we do have some participants from overseas as well tonight, we wish to pay our respects to elders past, present, and acknowledge the memories, traditions, cultures, and hopes of Aboriginal and Torres Strait Islander people. My name's Steve Trumble and I'm on the lands of the Wathaurong people in Victoria's surf coast. I'll be facilitating tonight's session. I'm a GP by background and a clinical educator for all of my career, and I'm currently professor of general practise at Deakin University in Geelong just up the road. We've got a fabulous panel tonight. The biographies were disseminated with webinar invitations, so we won't go through those details again to make sure we've got plenty of time to talk about this really important topic tonight. First of all though, I would like to introduce Suzanne Gibson, clinical psychologist New South Wales. Hello, Suzanne.

Suzanne Gibson (00:01:13):

Hello Steve.

Prof Steve Trumble (00:01:16):

Absolutely full of curiosity to know what is it that makes you passionate about working with people who may have lost their passion for their work

Suzanne Gibson (00:01:31):

That I feel very passionate about and that gives me a great sense of engagement and satisfaction with my life, but I also know that sometimes my passion for my work can cause me a bit of trouble and that it drives me to want to take on more and more work and take on more and more challenges. And I know there have been some times in my career when I've certainly feel like I've reached a point of burnout, so I can really relate to that struggle of trying to balance, wanting to throw yourself into work and take more on and do really well at work with needing to maintain your health and wellbeing. And so that really motivates me to want to help other people with that as well.

Prof Steve Trumble (00:02:10):

Absolutely, and you've immediately come onto one of the major themes for tonight, I think, which will be a lot of our participants have flagged that they find themselves as mental health professionals that they're at risk of burnout by working with people with burnout, so I'm sure we'll cover that as we go through the presentations and the discussion tonight. Thanks. Thanks for being with us tonight. Let's now go to Erin Gooey. Now your head of health, safety and wellbeing for Medibank, and you are based in Victoria, same as me. What is it as on the employer side of the table that makes you passionate about working with people who are experiencing burnout?

Erin Gooey (00:02:46):

Yeah. Well, the simple answer is that I've actually had burnout myself, and so now my passion really is to help workplaces prevent harm in the first place and really setting up systems and supports that actually help enhance the health of the workforce.

Prof Steve Trumble (00:03:06):

Okay. Can I ask if the burnout occurred in your current workplace or

Erin Gooey (00:03:12):

No? Fortunately not quite some time ago, but really the experience really stuck with me. It was something that you'd survive at the time.

Prof Steve Trumble (00:03:23):

Just again, that's a question that's come up before the webinar about whether it's realistic for somebody to stay in their existing workplace if they've become burnt out, but I'm sure we'll talk about that with regards to the people you work with at Medi Bankers to whether they can actually remain in the workplace if they have really got a clinically diagnosed burnout experience. And our third member of the panel tonight, Antonio dio. Now Antonio, you're a GP like me, but you've had a lot of, and you currently have other roles as well. You're based in the ACT. What is it about your role as a GP, but maybe other roles you have as well that makes you passionate about this area?

Assoc Prof Antonio Di Dio (00:04:07):

Thank you so much Steve and fellow panellists. It's an honour to be here today really. I too suffered a terrible burnout experience, which left me pretty unwell for a while. I'm an agency head of a commonwealth agency here and I'm very passionate about looking after my staff. They are because they work in a particular way, they're very passionate about what they do. They're wonderful people. They're at risk of burnout. I also represented and look after many hundreds of doctors over the last 30 years and seeing what happens to them. 84% of doctors are suffering from burnout at the moment in this country. And I also like yourself, do some academic work and I'm seeing very much what happens to students as they get through the challenging times and sometimes get to graduating and they're exhausted already. And of course, like you, I saw a whole room full of patients today and there was a lot of that going on with them too. We live in a pretty interesting and wonderful and difficult times and burnout's a big part of that.

Prof Steve Trumble (00:05:20):

Absolutely. We're almost overwhelmed with inputs at the moment from locally your neck of the woods and Washington. It seems to be overwhelming on a macro scale, let alone in our own work environments. But anyway, I'm sure we'll touch on that as well. Before we get onto the good stuff though, I will just quickly run through the web player instructions to make sure everybody's familiar with that. Everybody's got the webinar up and running. Now I can see in the chat room that there's good numbers of people interacting there. You can click the view supporting resources button under the video panel and that will give you access to the slides from tonight as well as other resources that the panellists have put forward as well as a survey which we really encourage you to complete so we know whether we've hit the mark or not. If you're not already involved in the stream chat, you can see up there at the little voice bubble up on the top right there.

(00:06:15):

You can click on that, the speech by Walter, join the stream chat and see what's going on in the background as people are talking. Speaking of in the background, JPL L'S team is flat out keeping things afloat with the webinar tonight. If you do need any technical support, you just click on the tech support button, which is the top right corner on the webinar screen, and that will get some help. Really important thing, as I've already mentioned in the chat room, as has Gabby, our producer, if the webcast stops at any time, please try refreshing your browser. If there's anything you've missed, the webcast being recorded so you can catch up on it then. And there will be subtitles on the webinar recording as well for those who need those. But 99% of the time it is a dodgy NBN connection I'm afraid. And if you refresh, the webinar will start going again without too much delay.

(00:07:15):

Now as far as the ground rules go in that chat room, please be respectful. I don't need to say it, but always do. Please be respectful of other participants and the panellists in there and try and keep topics. Keep the chat on topic in the chat room as well. What's going to happen now is each panellist is going to give a short discipline specific presentation, which will then be followed by the conversation questions and answers based on your questions and answers, which you can submit, and we'll respond to as many of those as we possibly can. I won't be going through the learning outcomes, you can see them there on the screen. But suffice it to say that we do intend to cover each of those learning outcomes in a way that meets your needs. So please let us know in the feedback survey at the end whether we've done that or not.

(00:08:04):

Now we've all, and I'm in the same boat as everybody else, I think we've been pretty honest with you that burnout happens to all of us, including every head you see on this screen tonight. The content that's in this webinar is purely for educational purposes. We can't be your clinicians and you wouldn't expect us to be, and what we say is not clinical advice for you or your family or your clients, obviously. But if any content in tonight's webinar does cause stress, please do reach out to your gp, your local mental health provider or mental health service or lifeline on one three double 1 1 4 because it is a tough topic. Let's get into it Now, unless there's any questions, I dunno why that's force of habit asking if there's any questions from the audience before we move on. We'll rip in and

rip in starting with Suzanne's presentation. Thanks, Suzanne from the clinical psychologist perspective.

Suzanne Gibson (00:09:00):

Thank you, Steve. So I wanted to start tonight with the definition of burnout and I have used the definition from ICD 11, which is published by the World Health Organisation. So if you look into the research on burnout, you will notice that a lot of it is focused on debating or trying to find the correct definition of burnout. And some of the research even suggests that burnout in the way that it's been defined doesn't actually exist as a syndrome, but I don't think that's necessarily helpful for us when we have someone who's sitting in front of us telling us that they're burnt out or telling us that they're experiencing symptoms as a result of what's been happening at work for them. So I think it's helpful for us all to have a universal definition of burnout to work from so that when we use that term, we all know what it is that we're referring to.

(00:09:49):

And the ICD 11 definition seems to be the most universally used definition, so I've decided to use that one tonight. So the ICD 11 definition has four key elements. So first it says that burnout results from long-term unresolved stress in the workplace, and I really like that that is part of the definition because there's an inherent acknowledgement that this thing that we call burnout results directly from what happens at work. The other three elements and more to do with what someone who is experiencing burnout is likely to experience. So that involves feelings of energy depletion or exhaustion, having distance from your job or your organisation, which is likely to show itself as high levels of negativity or cynicism and reduced performance at work. Could I have the next slide please?

(00:10:40):

So to illustrate what this might look like for a specific client, I've sketched up a case formulation for one of the case studies that you would've received in the lead up to this webinar. Could I have the next slide please? So I've used the case study of Paul and just drawn out the factors that were reported in that case study and put them into the different areas that we would normally think about when we're formulating for a client that we're working with. So you can see within the presenting problems there is certainly one of those elements of the definition of burnout present. So that feeling of being constantly tired. Could I have the next slide please? And in terms of the precipitating factors, there's another element within that definition as well, which is that what is going on for Paul seems to have come about directly from what's going on at work.

(00:11:33):

There's too much work for him, he's working long hours and he feels unsupported. So we can see that Paul probably is experiencing burnout, but we would want to check out those other two elements just to make sure that he does meet that definition of burnout. Could add the next slide please. And as always, when we're doing a case formulation, we're thinking about what predisposing factors might be present that have led to this current situation. So they weren't in the case study. So I've taken a bit of a guess at that and thought about what is likely to predispose someone to experience burnout. Thinking of people who are more achievement oriented are likely to throw

themselves into work. It seems like Paul perhaps lacks assertive communication skills and he might have some core beliefs that drive him to keep working even when it's to his own detriment.

(00:12:19):

Could I have the next slide please? So in terms of assisting a client with burnout, the tricky part of it is that because it is a clearly defined diagnosis, there's not a clear evidence base for the treatment that we need to deliver. And so I guess as treatment providers then our role is really to try to address the elements of the case formulation like those that were illustrated on the last slide. So for Paul, this might involve things like helping him to identify his values and set goals that align with his values, helping him to identify his core beliefs and how they might be feeding into what's going on for him, doing some cognitive work around thoughts that might be generating some anxiety for him and certainly doing some skills training with him. So that would be things like relaxation and stress management skills, sleep hygiene strategies and assertive communication.

(00:13:11):

The thing is though, is that whenever we're working with someone who has burnout, and I would argue whenever we're working with someone who has any kind of work-related mental health concern, if we are only working with the person, then we're really only working on half the problem. Burnout is inherently a workplace related issue. And so as part of our intervention for someone who is presenting with burnout, we also need to be thinking about what strategies at the workplace are likely to be helpful for their recovery. But I have the next slide please. In saying that though, that's not always easy. So I think there are some very real challenges for us as treatment providers to be able to effectively engage with the workplace, and I've just listed some of the more common ones that I see come up here. So I think firstly, just knowing what our role is supposed to be in the return to work process can be challenging.

(00:14:07):

And some of my colleagues will say they're not even sure if they should play a role in the return to work process, but the way that I see that is that working within the return to work process is like anytime we work within a multidisciplinary team, we are lending our expertise to facilitate a process that's going to help our client to recover. Another big concern I think, which is probably quite realistic, is about what we disclose to the employer and how that might be interpreted by the employer, especially some of the more personal information that we know about our clients. So I think a bit of a golden rule around that is thinking about everything that is work-related that your client has told you about, and anything that might stand in the way of them being able to engage in the return to work. They're the things that you really need to pass on to the employer or the employer's representative.

(00:14:56):

And finally, I think the other big challenge is knowing what advice to give because what that involves is translating what you're seeing in the treatment room when you're working with the client into what is required in the workplace In that regard, there's actually a really helpful document that Comcare provide. It's available on their websites called the Psychological Assessment Guide, and it's a really neat document. It provides a table that translates symptoms you might be seeing or the

client might be reporting into what they may or may not be able to do in the workplace. So I would really recommend that you check that out and use that when you're working with someone who has burnout.

Prof Steve Trumble (00:15:36):

Thanks so so much, Suzanne, and immediately it's apparent that the workplace is central to this. It's not just where the problem happened, it's actually very much tied up in prevention and recovery for burnout. So thanks so much for that, Erin. The workplace is your neck of the woods. Let's hear what you've got to say.

Erin Gooey (00:15:59):

Yeah, well first just let's take a step back and think about what's actually happening in a workplace in 2025. And you mentioned that macro lens that's happening external out in the wide world. There's a lot going on equally inside workplaces. There's a lot going on there too. We are seeing more and more workplace complexity and constant change in most workplaces overlay this with the blurring of boundaries between work and home and technology has really made it possible to always be connected to both of those at the same time, our ability to focus and pay attention is really degrading. I think as the years go on, we're in this always on kind of hyper culture and it's really common to be switching from one task to another or in fact doing multiple tasks at the same time emails and while you're in a meeting and then you get distracted and switch back to the next thing that's really common.

(00:17:06):

I think we've created this wonderful culture of bringing our whole selves to work, and that's definitely a protective factor or it can be when it comes to burnout, but I think what it has done is often workplaces or certainly some people, leaders within workplace just don't have the or aren't equipped to process the emotional needs that are coming up as part of those conversations. And then of course we've got the increased prevalence of working from home, which again, wonderful protective factor but may also be leading to some social isolation and loneliness, which can factor in here as well. So all of these is a bit of a recipe I think for burnout, but the good news is there's plenty that can be done. So if you switch into the next slide, I've listed here some protective factors. Can we go to the next slide please? Thank you.

(00:18:09):

We look at these as the protective factors, so things that can actually prevent burnout, lessen the impact, and really also leads to a much more productive, engaged and supportive workplace as well. So I think a lot of organisations are starting to realise that these sorts of things can actually enhance productivity as well. One of the things that I think these things we actually do really well at Medibank, we've been focusing a lot around flexibility, around increasing autonomy for our teams. We've done a whole bunch of work around really challenging the way that we do things in the workplace. Why do we work five days as an example? So experimenting with things like the four day work week, we've got some really great health and wellbeing supports, which many large organisations will do, and a focus on positive behaviour, information around sleep movement, things like that, which is fantastic as well as early intervention and reporting.

(00:19:19):

If we go to the next slide, please, leaders play a really important role in this space and they can also certainly have high rates of burnout themselves because there's a lot happening in that space, but we would love leaders to be really role modelling healthy behaviours. If you have a leader who's working really long hours, who's logging in while on holidays, who's not setting good boundaries for themselves, it's highly likely that that's the expectation that they're sort of setting up for their teams. We encourage leaders to have really frequent wellbeing conversations with their people and normalise having a conversation about someone's health. We ask that they lean in and listen. They encourage action and help connect someone with supports, but it's not their role to be a counsellor. We don't expect them to be. That's why we have wonderful supports like psychologists and gps. If we flick into the next slide, please.

(00:20:29):

So really when it comes to supporting someone in their recovery at work and their return to work, clearly we need to address those workplace factors. So that's first and foremost pretty important. If we've identified certain things have led directly to burnout, we should absolutely look at those. But in doing that to support someone to return, we should be looking at reasonable adjustments for an agreed period in the case studies for Lee that might look at something like a reduction in the number of classes, she's a high school teacher, a reduction in the number of classes she's teaching, perhaps stepping away altogether from classroom teaching for a while. For Paul, I think he could really have some achievable and realistic goals set for him working with his leader and also setting those really firm boundaries. But really the gold standard here in returning someone to work who has suffered from burnout is a collaboration and active participation from all the people in the care team. So that's the individual, the treating medical practitioners, and then also getting the workplace involved as well. So for us, that might look like the people leader, but we also have a whole team of people in our workplace health and safety team that would go along and support that return. So having some great collaboration between all of those is really what is going to get the effective return to work.

Prof Steve Trumble (00:22:07):

Thank you. Erin, there's so much to pick up on from what you've just said. I'm very tempted to do so and seeing what people are talking about in the chat room. Both of you have really stimulated a lot of conversation about people's experience of working with clients who have burnout, but we have plenty to talk about. We will though be very keen to hear from Antonio. Antonio, what about your views from a GP perspective?

Assoc Prof Antonio Di Dio (00:22:37):

Oh, thank you so much Steve. It was lovely to hear from Suzanne and Erin's perspective, and it's something that I've shared very much as an employer, as a person of lived experience, and especially as a GP because I'm seeing it more and more frequently. It relates enormously to the challenges of the modern workplace and how much we expect from ourselves and from each other, how we try to set examples and those examples are not necessarily the best ones and how people are treated at work and how people are treated when they return to work, how much pressure they put on themselves. Next slide please.

(00:23:20):

Generally, the key for in general practise is to avoid people turning into this person. And unfortunately, huge numbers, including myself, have turned into this person and it is reversible. You can go from being this person back to being the kind lovely and empathetic human that you started off as. Next slide, although you may go through stage of looking like this one, I started as the guy on the right about 35 years ago in my practise and now I'm very firmly the guy on the left, the guy on the left is the boss and he can make the guy on the right's life, especially if you grew up watching them up. It's as I did in the most well-meaning of fashion in the most well-meaning and decent workplace. You can really bugger up your staff, especially the ones that work hard, have a great attitude and are trying to do the right thing. And as Erin so accurately said, if you are deeply engaged and you bring your full self to work, those things are protective factors, but they they're also a risk. And when you do that, you need a workplace that understands their obligations to you for your psychosocial safety and constantly monitors how hard you're working, how much you're doing and how long you're doing what you're doing for in order to protect you.

(00:24:42):

So burnout generally presents in general practise and a person like Paul as somebody who's tired, who's challenged with their work performance, absenteeism, demotivated, cynical, scared, and very much depersonalised where Paul thinks that things are happening to him rather than he's making them happen. In Leah's case, it's fatigue, headache, feeling, sensitivities, pains, symptoms. The most important thing is to make sure that you do see a professional and obviously Steve and I may share the bias that you see your gp, but it's not just because they care for you and they know you longitudinally, and in my case they've known you for 20 or 30 years, but it's because I have seen people in the last 10 or 15 years that I thought, gosh, they're suffering from some pretty terrible workplace burnout. They ended up having low iron or low calcium or chronic fatigue or pot syndrome or a brain tumour or a dreadful lung cancer or all sorts of other things. So for god's sake, let's get the diagnosis right first, and that's a really important point because you don't want to get to a destination before you know what the correct destination is. Next slide please.

(00:26:04):

So the classic triggers that I see in my practise are people who are the subject of disorganised leadership where they get told to do one thing, work insanely hard, and then don't get any credit for it because the boss has changed their mind and move the goalposts about what should happen. There's a lack of support for people where they might be given a task to do that needs seven people working on it, and they've only got two staff members. They do too much for too long. We can all work really, really hard for extra weeks or extra months or extra years, but not too much. And there's often a lot of lack of clarity of what a person's role is. So if you don't know what your job is, you don't know how you're doing it. Well, if you're personally disorganised at home, you've got issues in your home life with your family, your parents, your children, drugs and alcohol, who knows what else.

(00:26:55):

That makes it really, really hard at work sometimes and the things that you might've lasted longer for in the past don't last as well for now. And the job factors are important too often with part of cultures in our workplace, a culture might be just you and one other person that you work with or it

might be a team where you're in a fabulous group of people and it doesn't matter how disorganised or dishevelled or shambolic the organisation is. You and your four or five mates are wonderful and you protect each other and the opposite can be true as well. Next slide please.

(00:27:29):

Best way to prevent getting burnt out of course is to talk about it, to know what it is to have colleagues who care about you and bring it up proactively to have passions and hobbies to know that this man will always be more powerful than this man, but they'll all get their butts kicked by this man. Have weird, eccentric, strange and silly hobbies. It doesn't matter what they are, but those things will protect you. Look after yourself, learn how to exercise in a minute, learn how to meditate in a minute. If a minute is all you got, that's all you need. There are so many different strategies that you can do to protect yourself and protect the people that you love and care for. I won't go on much longer. The rest of the is going to be looking forward to questions and answers, but it is something that is insanely important in our workplace, and when we do get people back to work, we need to give them a safe, kind place to go back to us.

(00:28:27):

Erin in particular was describing there's no bloody good getting somebody to spend 12 months recovering and then when they go back to work to treat them with sarcasm or cynicism, when you'd welcome somebody back to work, don't let them back unless you're genuinely welcoming them. When I started off as a gp, it was adversarial. It was workplace versus insurer versus patient slash employee. I want to see that broken and I want to see that broken today so that we can all collaborate together and with kindness. With kindness, it's not research, but it will be with kindness, we can get people back and prevent burnout as well as to treat it.

Prof Steve Trumble (00:29:12):

Thanks so much, Antonio. I can't believe how overwhelmed I am by the impulse too. Come over to your place and sit cross-legged on the floor looking at your comic collection. That would just be restorative, I'm sure, and it's amazing what buttons you've pushed with the audience as well. And particularly I'm taken by a comment from Amanda Thornbury who has said workplaces gaslight staff by focusing on staff self-care without taking responsibility for the environment the causes it. I just think that covers so much of what all three of you have discussed and other people have also been saying that a quick referral to the EAP Employment employee assistance programme doesn't really address the underlying issues that have led to the problem, which we're going to come up with in just a moment, I'm sure. But thank you for that very kind and compassionate presentation, Antonio. Now we will now come on to your questions and I draw your attention to the bottom of the screen there.

(00:30:18):

If you h your mouse down there, you'll find there are three dots in the bottom right hand corner of the webinar screen. If you click on those on click on ask a question, you can then put a question to the panel. I will try to extend my cognitive capacity to put a few questions together where possible, but if you could ask your questions, please do. But we have reached out to friend of the podcast or friend of the webinar, Dr. Hester Wilson, who many of you will have heard speak on this medium

before. She's chief addiction specialist for New South Wales and the clinical director for the Murrumbidgee Drug and Alcohol Service for Murrumbidgee local Health District and a GP in private practise. All of those jobs obviously lead to a lot of pressure and stress in the people who work with Hester. And we asked Hester if she could just maybe kick us off with a question. So over to you Hester. We'll see if this works.

Dr Hester Wilson (00:31:20):

Thanks, Steve. Look, it's been a really great presentation. Look, I've been involved in some cases in the past, really quite similar to Paul's in the case study where a patient has come to me seeking support for a workplace bullying claim. My patient has a history of stress and anxiety and they've been struggling to manage their workload and feel unsupported by their boss. They feel undervalued and things are starting to feel out of control at home. Sometimes they drink more alcohol overeat or are more irritable with their family. Their boss is pushing them to do more or to do things differently, and the boss is worried about the work that needs to be done and feels they have an underperforming staff member and they may have commenced performance management processes. My patient meanwhile feels hurt, upset, and bullied and wants to proceed with a work cover claim. I find these cases incredibly complex. I'm trying to support my patient to maintain their health and wellbeing, and I've seen this become adversarial, counterproductive and really harmful for my patient. How do I tease out what is work, burnout out what is an exacerbation of previous mental health issues, assist with drug and alcohol issues, support them and their family, and any family conflict that might be happening? How do I support my patient, work with the employer and help us all to achieve the best outcomes?

Prof Steve Trumble (00:32:47):

Wow. Well, thanks Hester. That's certainly a range of questions that we could respond to. I'm just thinking maybe if we take your first one, which is about how to tease out what is actually workplace burnout and what are other things going on in the person's life as well as what people have spoken about tonight is about the confidentiality, the privacy issues, how we juggle that. Are any of our participants prepared to kick us off with responding to Hester's question about how you, or can you tease out what is workplace related and what is actually I guess an extension of things going on in the person's life? A number of people have mentioned everything from parenting stress through to drug and alcohol use. Who's up? Who can I call on?

Suzanne Gibson (00:33:38):

I can answer that one if you like, Steve,

Prof Steve Trumble (00:33:40):

It looked like you were preparing to Suzanne, so thank

Suzanne Gibson (00:33:44):

You. Me, take a, yeah, so I mean I think the answer to that question is probably pretty similar to the answer to that question for when we're working with people with any presenting problem. Our

starting point is always a very thorough clinical assessment, including screening for things like substance use issues and really trying to understand everything that's going on for a client and using that case formulation process to understand how all of those factors fit together. I think it's also important to acknowledge that someone can be experiencing a workplace related issue and also be experiencing another mental health concern. And it's okay to acknowledge that it's okay to say at the moment they're experiencing burnout and that's the significantly interfering factor currently, even if there are other contextual factors that might also be contributing to that. So I guess that would be my way of teasing it out. Obviously using that definition of burnout that I put up before and thinking about that from a differential diagnosis perspective, but also recognising that both could be going on at the same time.

Prof Steve Trumble (00:34:57):

Great, thank you so much. Erin, do you have a response from the employee's perspective?

Erin Gooey (00:35:02):

Yeah, it seems really common is what I would say is that people presenting with a burnout often have a lot of other things going on as well. I think when we're thinking about how to look at this from a workplace, clearly what we do need to tease out is what are the factors within our control that we can actually change within the workplace and we can make those changes. Sometimes they need to be a permanent change, other times they might need to be a temporary change to job or role or even potentially the team that someone's in. But I'll also say that where there's other concerns, those are going to impact someone within the workplace anyway, even though they're not out within our direct control. So really just supporting as part of a whole person approach to support them and their needs at the time.

Prof Steve Trumble (00:36:01):

Thank you. And Antonio, what about from your perspective?

Assoc Prof Antonio Di Dio (00:36:06):

I would add my strong agreement to both Suzanne and Erin and I would add that you know how when you see somebody having a cardiac arrest and they're lying there and you are wondering, should I do CPR or not? And you've been told that the correct thing is to just do it, just have a go, likely the outcome's going to be terrible. And the only thing that could make it a good outcome is if you do something, and this is a bit like that in that you do need to make a genuine effort and a genuine involvement and whatever you do will be better than doing nothing in terms of the actual separation and teasing out of one thing from another. The reality is that the longer it's there, the person's going to end up having everything. They could have workplace issues, burnout issues, recurrence of original mental health issues, brand new mental health issues, drug and alcohol issues, the whole thing. They could have everything, and the more they get of one, the more they get of the other. And that's why early intervention is important and why genuinely trying to figure out what one issue is is better than doing nothing at all. If you end up following down one path and thinking, oh goodness, I've missed that other path, the reality is that you will have seen all the other paths just by participating in the first one.

Prof Steve Trumble (00:37:31):

Thanks. I'm just going to pick up on that comment about doing some things better than doing nothing, and I'm going to bring in a question from, we've actually got a couple of Philips who are asking questions on the question board. One of the Philips has said, as an EAP clinician, I get a lot of burnout clients sending them to EAP is the workplace Response Employment Assistance programme have no influence on the workplace, so they cannot work to this. If the employee persists, they're given API P, which I gather's got to be a performance improvement programme or something, which only exacerbates the issue. How can Clinicions help the client when the workplace is the problem and technically the workplace is the client of the EAP. I'm just wondering, do any of our participants or any of our panellists have a view on that one? It sounds like it's a response which might, Antonio, we'll start with you and work backwards then.

Assoc Prof Antonio Di Dio (00:38:27):

If I saw a funny thing, not a funny thing, a tragic thing 25 years ago, maybe more, where a person was told by their boss, you're underperforming, you're not doing well. I'm not confident or happy with you. And their boss had only just met them. And within three to six months the person began to underperform because their confidence was destroyed and their self-esteem was diminished and their role definition was so poor, they didn't know what they were supposed to do and they were crushed. And as the years have gone by, I've seen it happen over and over again that when somebody's performance is questioned in a destructive and unhelpful fashion, then generally speaking, their confidence reduces so poorly that they do underperform. Certainly in the field of burnout, one of the key symptoms of burnout after a while, perhaps after months or years of overperforming, people underperform because of the exhaustion and the cynicism and the lack of focus. So Philip's question is fantastic. And the other thing that I share is the frustration of so many of my patients who say, all I got was, hi, how are you? Here's a referral to the EAP. There are so many wonderful workplaces out there that do so much, but there are still places that just do that EAP lip service and do nothing else to improve the culture that they supply to the employee.

Prof Steve Trumble (00:39:52):

Erin, what does Medibank do that is not just lip service?

Erin Gooey (00:39:58):

Yeah, gosh, we've got a really comprehensive suite of supports that include the traditional EAP, but far beyond that as well. The other thing that we encourage first and foremost is really having those conversations at the people leader level. I think one of the inherent challenges within the EAP setup is that it's kind of, it's very insulated and for good reason to protect privacy, but it doesn't allow for that joint collaboration between the workplace, the individual and the treating health practitioner. So I think EAP, the current model of the traditional EAP is almost a bit of a frustrating one in situations like this. I think what we have done at Medibank is we've really as well as increasing the number of supports that they have, and we offer other things like virtual GP consultations as well. We've got a health support line, a mental health support line, which is available 24 7, which is intended on giving a bit of a triage, but there's other avenues that we can also go down that help someone connect with psychology, but in a way that facilitates that more open conversation. So I

think it's a really good question that you've posed. My wonder is about whether the model of EAP is actually helpful in these circumstances.

Prof Steve Trumble (00:41:36):

What about you, Suzanne? What are your thoughts?

Suzanne Gibson (00:41:38):

Yeah, I would add to that a little in that I have seen some employers, and it very much varies depending on the employer, but some employers who very actively engage with their EAP provider and gather de-identified information from their EAP provider, which provides them with information around themes of things going on in the workplace. And so I do think there is some EAP providers and some employers where there is some influence from EAP to the employer, but I acknowledge that that's definitely not widespread. And so in terms to answer your question, I think all we can do really as treatment providers is try and equip our clients with as many skills as possible and as much resilience as possible to be able to engage with the workplace. But I acknowledge we are definitely limited in that situation.

Prof Steve Trumble (00:42:36):

And while I've got you, Suzanne, I've picked a question out from Marie, but mainly because it touched on a number of questions that have been asked by other people as well. I've never seen so many questions. I'm a bit overwhelmed by what's in the over there. But anyway, thank you for the interesting presentation. Where does self-leadership by the individual who are high performers and choose to work late and continue behaviours that see them moving towards burnout come in? This goes to a number of other questions about when people are at such risk of burning out that they can't see it, and how do we intervene with these individuals, particularly when they're close to us or even ourselves, dare I say? Let's talk about colleagues who you can see are really on the brink of burnout.

Suzanne Gibson (00:43:27):

Yeah, I mean I think that's a good question and it's definitely something that I relate to and can see a lot of my colleagues in that situation. And I think when I was trained as a clinical psychologist, I was taught about self-care strategies and that was a real emphasis around how we need to look after ourselves. But something that I have come to more recently is around understanding how my work design will feed into my own performance and my own sense of mental health and wellbeing in terms of trying to give someone some insight into what they're doing, how it might lead to burnout. I think there's a number of things that we can do as clinicians, which generally help with increasing insights. So things like reflective questioning and timelines where you get the person to identify how one thing leads to another or a behaviour chain analysis. All those things tend to be helpful to be able to help someone to see what they're currently doing might end badly.

Prof Steve Trumble (00:44:32):

Thanks, Suzanne. We got a fair few questions now, and also before the webinar from people saying doctors are the worst, that clinical psychologists, as you said Suzanne, you have support, you have clinical supervision and you have been trained in problem ownership and things like that. Doctors don't, I don't think it's part of the GP curriculum. And Tony, what can we do to look after our young doctors better so they don't go and leave the profession after only a few years, which they're currently doing in droves. And it's the same with other health disciplines as well. What can we do to teach self-care to our young rather than eat them?

Assoc Prof Antonio Di Dio (00:45:12):

Absolutely. Steve, let me shout out my colleagues at Doctors for Doctors, which is the doctor's health service that operates 24 7 that I've been doing for nearly 30 years, and the National Leadership Alliance on Dr. Health and Wellbeing, which I am the executive chair of. There are so many wonderful people who try to care for their doctors. We look after doctors who are broke living in their cars, stressed or like you said, people who might get reprimanded for the first time in their whole life and then quit medicine completely and never go back to it because resilience was never taught or never part of the learning journey of that particular person. We also have 23 medical schools, which are preparing doctors brilliantly all around the country for an education in terms of diagnosis and management and kindness. But many of those young people are experiencing their own anxiety, depression, and mental health issues even before they graduate.

(00:46:12):

So the profession is doing great things to identify this first and foremost and then to try and give people that sort of toolkit that they need to, as you say, not work hard for five or six years and then go and do something else. And that's certainly a real passion and a goal for those of us involved in this. But it happens to cranky old blokes like me as well. And the most important thing I truly believe is the professional equivalent of, are you okay day every day? And there's not a day goes by where I don't check in on colleagues because of how hard it is. Before I came here, tonight's team, I had a doctor in my room who was deeply distressed and I thought one of the things that people who have burnout, the first thing that they say to themselves in that internal mono monologue is, how am I going to finish this consultation and get out of here on time? And if you've never experienced it, I'm so glad. But it is, I had that thought and I laughed and smiled at myself thinking, thank goodness that is no longer a genuine thought in my heart because that's that first horrible sign getting burnt out. And so without being any more verbose than usual, the key is to check in on each other constantly.

Prof Steve Trumble (00:47:38):

So thank you. Antonio. Aaron, is this something that you promote at Medibank, the sort of checking in, are you okay, intervention type thing?

Erin Gooey (00:47:50):

Yeah, look, having these conversations, regular wellbeing conversations is so essential and you can't wait until there's an issue. You can't wait until there's poor performance or you're in that performance management conversation to actually ask these questions. Are you okay? So we definitely do a lot of work in normalising talking about health, talking quite specifically about

workload checking in. I think the more we normalise these conversations, the better. Performance management is often a time where it can be quite challenging having these conversations. And as you mentioned before, Antonio just being provided some feedback for the first time and all of a sudden that feels deeply personal and really quite challenging. But if feedback and asking, are you okay, is just a regular part of what we're doing in the workplace, then I would hope that that would mean that it's reduced stigma. We're talking about our health and our mental health and better outcomes.

Prof Steve Trumble (00:48:59):

Thanks so much for that. I might go to another question now which has just popped up, and it's actually quite related to this, which comes from Jerome Gill who has asked about or acknowledged how difficult it is to assess a patient where they're actually visiting the workplace occupational physician. Seeing the workplace puts a unique perspective on where the patient actually works and can be a tremendous source of data. He said the insurer's investigations are frequently biassed and complete and prone to employer pressure found. Staff interviews are very difficult to corroborate, but site visits can facilitate dialogue with staff can be revealing, should we go on board and have a sniff? Does this bring value to people's work? Suzanne, what about you? Do you visit the workplace and have a poke around, get your fluter out and take the temperature?

Suzanne Gibson (00:49:59):

I would love to be able to do that. I agree with you that being able to see the workplace firsthand would be very helpful then to be able to work with my clients. It's just really not feasible really in most instances. But there are people within the return to work process and the compensation process, you can give you that information. So workplace rehab providers are very good at assessing workplaces and can provide you with quite detailed information around that. And they are an independent organisation to the insurance company or the compensation provider. And within the Comcare space, rehab case managers also play that role. And what I think is helpful about those people is that they sort of straddle both camps so they understand what's going on in the workplace, but they also have an understanding of health and treatment and mental health. And so they act as a good liaison point, I think.

Prof Steve Trumble (00:50:58):

Thanks. Any other thoughts from the group?

Erin Gooey (00:51:00):

I think this actually goes both ways. And so often we'll end up as on the other side of things with a whole heap of recommendations that don't actually even make sense for our workplace. I think workplaces should and do really have an obligation to be able to provide as much information as they can to those treating practitioners. And this is why it's really good to have that three-way collaboration. We would often provide information to give a real sense of what the workplace is like, both from a physical perspective, but also background and context, really helping the practitioner understand a bit more about this person's role, what it would normally contain within this role, what some of the alternate duties might be that we could offer. So I think painting a picture both ways is

actually really important and the better job we do at that will actually improve the outcomes for the individual.

Assoc Prof Antonio Di Dio (00:52:04):

I'd love to strongly agree with that. That's very sensible. I've seen some, I learned many years ago, when you do a house call, the first thing you do is you look in a person's fridge because that's where you're going to find out so much about their lives. And similarly, having a connection with the employer and seeing what the employment facility looks like, and we've done that a few times in the past, is so, so powerful. It reminds me of the example of the kid that I thought who would never under any circumstances get better because of chronic immaturity, poor conduct drugs and alcohol is the kid that did the best because his employer turned up to all of his consultations and did so in the most collaborative and caring way and dragged the kid's parents along once as well. If you've got a spectacularly good employer, it's pretty likely you're going to do well.

Prof Steve Trumble (00:52:58):

How were you confident that that was collaborative and not coercive in the employer coming to the consultation? Was it a feeling or did you

Assoc Prof Antonio Di Dio (00:53:07):

No, no. It was direct questioning by myself and the parents and the employer on this was just a lovely middle aged guy whose sons had left home and he wanted this person to be just as happy and successful as his sons. It was so well-meaning and decent and the ended up, as far as I know, many years later, he's still working there. It's really, really beautiful.

Prof Steve Trumble (00:53:32):

Well, you've actually moved a question up my list. I was going to save this as a metaphysical one for the end because it basically is life, the universe and everything from Kerry. Well done. Kerry, is this a societal issue? Three question marks, but we attribute personal responsibility to it. Would a kind of society see less burnout?

Assoc Prof Antonio Di Dio (00:53:54):

Absolutely.

Prof Steve Trumble (00:53:55):

Is occupational burnout the current nastiness of the world?

Assoc Prof Antonio Di Dio (00:54:02):

I think that's true, and I think that a lot of people who are tired or lazy or paying lip service do things to their work colleagues, whether it's deliberately or not, that harms them. And I think that when we inculcate in our cultures in our workplace that psychosocial safety is so much more than ticking a box and having a folder, but it's actually checking in with each other and caring for each other and having coffee with each other and saying, how was your day and wanting to hear the answer. I think

burnout is far less likely to occur. I also feel that we need to do that. The more we practise it, the more it becomes real.

Prof Steve Trumble (00:54:49):

So as an extension of that and for the others to comment on really, I guess Katrina's asked about starting early on this and educating students in secondary school about psychological safety and wellbeing at work. I must say I did take a psychologist to task at my son's school who told me that they had no responsibility for preparing the children for the life ahead. It was about getting the highest possible year 12 score they could. That's what I was paying ridiculous amounts of money for apparently, which is very disappointing at the time. But I'm wondering what the panel think about this. Is this something that we could move earlier in life that people are, and I'm not going to use the word resilience, I get beaten up by medical students very appropriately when I do, but what does the panel think about whether we could start to introduce concepts of burnout prevention into the school curriculum if maybe people already do? Suzanne, you nodded. I saw that. Yeah,

Suzanne Gibson (00:55:50):

I think that's a really great idea, especially thinking about the fact that many high school students are probably already working in part-time roles. And in New South Wales, iCare did a study around bullying in the workplace and they found that the retail industry actually has one of the highest levels of bullying. So I think you can imagine there's a lot of school students who are probably already working within retail and equipping them with skills to be able to deal with that and understanding what they can do and what should be expected a workplace. I think it would be really helpful,

Prof Steve Trumble (00:56:27):

Erin, your thoughts?

Erin Gooey (00:56:29):

Yeah, I think they absolutely should, and I hope they already are. I've got kids in school and one that's just started high school this year, so I absolutely hope they're doing that. But I do think there is also a role to play in that space around health literacy and really understanding some basics in terms of mental health. And also there's something here about really knowing your own triggers, signs and symptoms. What are the warning signs in yourself to look out for? And I think that can be, I wish I knew that for my own self as a young person. It took me a really long time to find out those things. But once you have that, they're just really beautiful skills to have because you can really recognise when you're running into some trouble.

Prof Steve Trumble (00:57:22):

Thanks. Picking up on a question from Kerry. Literally burnout. I had the opportunity to work as a GP locum in Marysville or nearby in Buxton after the fires in 2009, and saw not only the physical burnout of people, the health professionals who live there, but the clinical burnout and emotional professional burnout. After a disaster like that, Kerry's asked about what's happened with major

environmental effects such as the Covid pandemic or the lockdown phase of the pandemic, the black summer bushfires and so on, and what impact they have on the whole sector of workers. And I'll just throw in a little advertisement for the AA A PC conference as a focus on sustainability of workforce, and we are hearing about the impact of the tropical cyclone that devastated the Pacific and Northern New Zealand a few years ago and the impact on health professionals there. But I'm just interested for tonight what the panel think about this. Have we reset the threshold for burnout when the whole planet was sort of under assault with the Covid pandemic and also more locally with bushfires? Do things change at those times of existential crisis?

Assoc Prof Antonio Di Dio (00:58:46):

Steve, your question got me thinking, and I grabbed this from the bookcase. This is a Graham Green book called A Burnt Out Case written in 1959 about a couple of doctors who classically described these symptoms consequence to a disaster. It's funny how things that are unprecedented have so often happened before.

Prof Steve Trumble (00:59:06):

Absolutely, yeah.

Assoc Prof Antonio Di Dio (00:59:07):

And I know that I got pretty tired during Covid and many of my colleagues did, and we got tired inside our heads before we got tired in our bodies. It's true.

Prof Steve Trumble (00:59:22):

What about the others on the panel? What have you seen about these major life impacts and the impact on burnout in the individual?

Suzanne Gibson (00:59:32):

Yeah. Well, I think if we think about the things that we know tend to lead to burnout, so that tends to be very high work demands, having low autonomy and lack of clarity around your role. Those things were very present during covid. So most of our autonomy was taken away from us around areas of our life that we are used to having autonomy over the demands, the roles of healthcare professionals in particular increased substantially. So I think, I'm not sure about a different classification, but certainly they were situations where the levels of burnout were much, much higher, understandably because of those factors that we know lead to burnout.

Erin Gooey (01:00:14):

Yeah, that's certainly in line with what we saw. Many bank have a large healthcare business called Empire Health. We deliver nursing and allied healthcare into people's homes. So a large workforce that were obviously impacted during covid and working on the frontline, I think not so much around an expansion of the burnout definition, but I know that at that time we did also see other things like moral injury, compassion fatigue, vicarious trauma. So I think in times of emergency, there are lots of things going on for people, not just burnout and overwhelm.

Prof Steve Trumble (01:00:54):

Absolutely. And I must say, Antonio, I was glad you got a Graham Green novel and not a Scrooge McDuck comic to make your point then, but I'm sure there are parallels there. Also, I'm curious about a question that's come up, and Suzanne, I think you might feel that there's not an easy answer to this one from Tanya Fisher. Are there better or more helpful ways to address burnout with the different genders? Do any of you find a particular gendered approach is appropriate with individuals

Assoc Prof Antonio Di Dio (01:01:32):

And say that I've had some experiences where a person has seen me about feeling exhausted and burnt out at work. It harks back to an earlier question about the employment atmosphere on at least three or four occasions that come to mind. A woman has underperformed at work, but the workplace was astoundingly toxic walls full of pornography, inappropriate questions from a workplace that was entirely male. It was just absolutely appalling. So question one and question two and question three is tell me about your workplace. What's it like? What's happening there? Because some young women, particularly the young and vulnerable women feel if it's the first workplace they've been at, that what they're experiencing is actually normal and it ain't.

Prof Steve Trumble (01:02:31):

Any other thoughts on that topic?

Erin Gooey (01:02:35):

Nothing really to add on gender for me. Only just to say that I think in most instances an individual approach is really required here. And obviously that extends to gender too.

Prof Steve Trumble (01:02:49):

While I've got you, Erin, you've got the conch. Speaking of classic literature, Amanda Williams has asked a question about the legislative requirements for employers to make a workplace safe. Is that something which an organisation like Medibank is alive to be aware of the legislation around a

Erin Gooey (01:03:10):

Safe

Prof Steve Trumble (01:03:10):

Workplace? Yeah.

Erin Gooey (01:03:11):

Well, and now all states and territories, and obviously Comcare have a legislation around managing workplace factors that can impact someone's physical and mental health. Psychosocial risk is what they're referred to. So certainly Medibank, just like most other organisations will be thinking about this and really needing to think about how you identify and assess those risks and then what controls

that you put in place. So absolutely, and I did include some information on that on my protective factors slide, but couldn't go over all of that information in the short timeframe.

Prof Steve Trumble (01:03:56):

Any other thoughts about that one?

Assoc Prof Antonio Di Dio (01:03:58):

Amanda makes a really important point and certainly as both an employer and a supervisor of staff, we are deeply aware of the new legal obligations and welcome them. I think it's fantastic.

Prof Steve Trumble (01:04:15):

There you go. Thank you so much. Now we are coming up to the last couple of questions before we get the panellists to wrap up and finish by half past the hour. I will though, just take a quick question from Lucy Martin about a simple and effective screener for burnout that clinicians can use for themselves. I guess do people have a go to, I know there are some resources available tonight. What do people find is the most effective simple screener and one, I mean you probably shouldn't do it yourself should see a colleague, but what are thoughts about a simple screen?

Suzanne Gibson (01:04:58):

The one I tend to use is actually available on Novo Psych if people know that platform. I know it's quite widely used and it's called the Oldenberg Burnout Inventory. It's based on the ICD 11 definition of burnout. And so it can be really helpful to just figure out if you know what you're experiencing is likely to be burnout. There is another inventory which has been very widely researched and probably the most widely used one, which is called the Satch Burnout Inventory. It is trademarked though, so you may not want to necessarily pay for that unless you're working in this space a lot.

Assoc Prof Antonio Di Dio (01:05:37):

Great. I agree very much. Those two are great and there's a free version of the NASDAQ one that you can do that's really cut down online, but both of them are great and if you've got it bad enough, those screens will pick it up and will then lead you to ask some pretty challenging and helpful questions of yourself.

Prof Steve Trumble (01:06:02):

And I'd imagine our message very strongly is please seek support for this. It's not something to deal with yourself. We're not bulletproof, we are not superhuman. No matter as much as we try and tell ourselves we need to start wrapping up. Now I'm going to go back to Suzanne. In a nutshell, what are your final thoughts about this particular topic? Burnout in the workplace?

Suzanne Gibson (01:06:27):

Yeah. Well, the message that I hope people take away from this tonight as treatment providers is that it is part of our role to be involved in return to work. And we can play a really important and integral

role in that, in providing advice to the other stakeholders within the process around what is going to be best for our clients. So I hope people feel confident to be able to be involved in that.

Prof Steve Trumble (01:06:54):

That sounds like an efficacy role, Suzanne, you do actually stand up there, well, on paper beside the client and say, this is what my client needs in order to succeed.

Suzanne Gibson (01:07:06):

Absolutely. Absolutely. That is the role that I can play. I know what's going on for the client probably better than the other stakeholders, and so that's where my expertise can come in.

Prof Steve Trumble (01:07:17):

Great. Alright. Thanks so much, Erin. What are your final thoughts?

Erin Gooey (01:07:22):

I think we've really heard and just reinforced that Burnett is really multifaceted. It's quite a gnarly kind of beast and I think really there's no silver bullet in how we would take care of someone, treat and then return to work. So really just focusing on that collaborative approach. And I certainly agree that working together between the treating practitioner, the employee and the workplace as well is really the gold standard of what we would aim for.

Prof Steve Trumble (01:07:55):

Right. Alright. Thank you so much for that, Antonio. Your nutshell statement,

Assoc Prof Antonio Di Dio (01:08:02):

Just so many to choose from, but I guess if I had to pick one, it's if you're not sure that there's something wrong, seek some help. There's never any harm in doing it and it's really potentially going to be the best thing you ever did in your life. And perhaps the second one, which is it's not disastrous. It can be helped. You can get past it and have a wonderful long and happy career.

Prof Steve Trumble (01:08:27):

And actually, you've reminded me of a question that I was going to ask of half of the audience, which came up a number of times, which is are there examples of when it really has worked well? I think Antonio, you mentioned the young person whose employer was right there for them. Do others have de-identified anecdotes of situations where you've seen things really turn around? I'm thinking Erin, particularly somebody who's managed to remain in the workplace and return to full energy while still being in the same Medibank workplace. Has that happened or is that a unicorn experience?

Erin Gooey (01:09:10):

Absolutely, it does happen. Look, to be really frank, we don't have huge rates of burnout though. Of course we are supporting people with challenges all the time. I think it's absolutely possible with the

right level of rest and care and commitment from the workplace as well. So it requires effort both from the individual in looking after their own self-care and making their own personal adjustments and also really looking at adjustments in the workplace. So I think it's absolutely possible.

Prof Steve Trumble (01:09:47):

Yeah,

Suzanne Gibson (01:09:48):

Absolutely. I agree with that. And I've worked with a number of clients who have been able to get back to work even though they've experienced burnout. A recent example comes to mind of a teacher who was very, very passionate and because of her passion for her work, she took on a lot, much more challenging role then than she'd previously had. And unfortunately that led to some burnout. But by engaging with the workplace and gradually returning to work and working through strategies, through treatment, she was able to get fully back to her old role, which is really satisfying.

Prof Steve Trumble (01:10:25):

No, that's fabulous. Thank you. And Erin, just thinking about when you mentioned about that you don't really have very high rates of burnout, what's the one thing that you are doing preventatively at Medibank that you think is most effective that maybe could be instituted in like organisations where it's not?

Erin Gooey (01:10:45):

There's definitely no one thing, as I mentioned that it's definitely a multifaceted approach. I think what sets Medibank apart is really our focus on health. And that's easy because we're a health company, so it makes sense that we are talking about health. We have leaders who are hugely passionate in this space and talk openly about their own health challenges and opportunities. It's very normal to have health conversations at Medibank, so I think that's certainly a huge bonus for us. But yeah, I don't think there's any one thing. It comes down to a culture of care, access to resources and health literacy, having those great conversations with people, leaders, and then really looking at the factors that can really lead to harm. Psychosocial risks, as I mentioned, and promoting the protective factors, autonomy, flexibility. I think we do a good job of all of those things at Medibank.

Suzanne Gibson (01:11:56):

Steve, you're muted.

Assoc Prof Antonio Di Dio (01:12:02):

Steve, you're on mute.

Prof Steve Trumble (01:12:07):

I can't believe I got through the whole thing. Had to cough, put it on mute. I think I'm a present as a facilitator. Thank you all so much. I will just quickly run through the wrap up and my gums were obviously flapping there and no noise was coming out. There are upcoming webinars coming. There's

yarning about the social and emotional wellbeing of First Nations women and gender diverse people. That's just next Wednesday, the 21st of May, Wednesday of next week, 21st of May at seven o'clock. There are podcast releases. There's one, a conversation about navigating complexity in mental health through systems theory. It sounds important, so just look up MHN presents in your favourite podcast app. MHPN does support over 300 networks. Mental health practitioners meet online and in person to engage in free interdisciplinary networking, peer support, and CPD. So if you're interested in finding out more, go to MHP n.org au.

(01:13:10):

Now, some people were asking about statements of attendance for CPD purposes. They will be on your MHPN portal in two weeks time in the recording with subtitles and the resources will be available in one week's time. Now. Please don't forget to complete the exit survey and provide feedback. There's the button there below the video panel. I just want to thank the three presenters so much for tonight and also the team in the background that put it all together. I've done a number of these webinars and I've sort of come out of retirement to do this on such an important topic. And I must say the interaction with the audience participants has been massive tonight. People have been really energised and engaged by what's being discussed. It's an important topic and cuts very close to home for many of us. And one thing I wanted to acknowledge is the kindness and compassion shown by the three of you in your presentations. Just how important that is. It really does bring a certain quality to healthcare, which I think is just so important in giving our consumers a positive experience. So thank you for the work you do. Thank you to everybody who has joined us tonight. And for those who are watching the recording at a later time, we wish you all the very best for the future. Please look after your own mental health and those you love. And have a very good evening. Thank you and good night.