A Conversation About… Multidisciplinary Mental Health Care in Remote Communities

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Timothy Corcoran (00:00):

Before we start, Wendy Jo and I would like to acknowledge that we live and work on the lands of the Arrernte people and pay respects to their elders past and present. We'd like to extend that respect to the broader Aboriginal community of this town who come from many communities near and far from here, and who have made their home here as well. We'd like to extend that acknowledgement and respects to the elders of those peoples as well.

Host (00:25):

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

Wendy Hall (00:42):

Hi, and welcome to another episode of MHPN Presents. My name is Wendy Hall. I'm a community mental health nurse and I'm joined today by two of my colleagues, Jo Tan, a mental health nurse and Tim Corcoran, a social worker. We are all based in Alice Springs in Central Australia and even though we're employed by different organisations, we work together as a team and today we would like to share with listeners our approach to multidisciplinary mental health care and explain why it's effective. And we're looking forward to the conversation where we can pause and reflect on the work we do. It's not often that we have this opportunity in the busy space of mental health. Before I introduce Jo and Tim, I'd like to tell you a little bit about myself. Firstly, if you hear birds in the background, it's because I'm on a library balcony at the moment, but I currently work in Alice Springs in Central Australia and I work with Central Australian Aboriginal Congress, which is a primary healthcare organisation that was

founded in 1973, so it's now 52 years old. It was called after Nelson Mandela Congress. I work as part of a SEWBT and for those who may not know what that is, it stands for a social and emotional wellbeing team. And this team has been going eight years within Congress. Tim has also worked in an SEWB team. I know that. Jo could you describe your role in Alice Springs?

Josephine Tan (02:29):

Yes, thanks for having me. Also, Wendy and hi to Tim too. I worked with you there during my Caswell placement. I was employed through a nursing agency to get the job as a clozapine coordinator back in 2023, it was six months placement of doing and managing the role of Clozapine clinic. Now it's a very special role because you need to manage it correctly and as we all know that clozapine is actually a very important psychotropic medication that is used for treatment resistant client who had been trialled at least with two or more psychotropic medication. We did work on people who have a mental health condition, especially schizophrenia or chronic condition of mental health. And my role there was actually managing the Clozapine clinic ensuring that it's run smoothly and this actually involved with some important role of monitoring blood pathology tests for clients who are on clozapine, ensuring that they are being seen accordingly on the day that they're required to be seen, either weekly, fortnightly, monthly.

(04:01):

Also having to make sure that they are adherent to this kind of treatment because this is a very dangerous drug if they are not tolerating it quite well or they are missing out their prescribed medication. There are a lot of challenges around this also because I guess apart from just managing it, you have to collaborate with all other agencies, which are really a landscape of professionals involved in this. Apart from your client who are on Clozapine, you also have to be working closely with the consultant psychiatrist or the treating doctor who is prescribing Clozapine and also the pathologists in the hospital and the pharmacists involved around this also. And making sure that you are working closely with the case manager who are involved with these clients too, plus other support services that are supporting the client and the client's family and the carers also. So it's a very complex type of role that you need to manage correctly, otherwise you are making mistakes and it can put client to be at risk with their physical health.

(05:29):

And the most important thing is they also need to be seen for their physical health. So my role is also two layers or work closely with clients, doctor in Congress, there's a lot of other things that need to be involved around it and I had a lot of experience doing clozapine coordination from my previous job also. Now the second time that I came about there in 2020, I was doing case management. So it's similar to what Tim is doing. And I guess, and you too also Wendy, so I guess I can pass it on to Tim around your role at Alice Springs.

Timothy Corcoran (06:10):

Thanks Jo. And yeah, it's great to sit here with you both. I like what you said there, Jo, a landscape of professionals, a landscape of people that we collaborate with. So I am a social worker working as a case manager in the community mental health team here in Alice Springs at the hospital as part of the public mental health service. I've been back in Alice Springs for about 18 months in this role with my little

family here. We came back in 2023 after my wife and I had been up here 10 years ago for a short period. At that point I was working in Aboriginal controlled organisation, Tangentyere. I did a social work placement and then finished up doing some paid employment with them. So really love being in this part of the world. It's a lot of wonderful things about being able to live here and work here.

Wendy Hall (07:02):

There's no doubt that the work we do here is intricate, demanding and complex and we'll talk about that in a moment, but before we do, when we met to plan the episode, it occurred to us that our previous work histories have equipped us well to work in this space. So I'm going to talk a little bit about my career path to Alice Springs and then I'll ask the others to join me and tell me about theirs. Prior to nursing, I took a degree in modern history. History provides insights into different cultures, societies and perspectives, and it fosters understanding in a global context. I guess this led to mental health nursing and then undertaking some post-grad studies in drug and alcohol. I was always curious having come from Dublin, Ireland, arriving in Australia about the lives of First Nations people here and the fact that their health was so poor compared to that of most other people in Australia.

(08:08):

The patients and clients that I have come to work with here have chronic and enduring mental illness and it's often accompanied by substance misuse. And the people here that we meet in central Australia, which white man only came to in around 1870, are amongst the poorest and sickest in all of Australia, both in their physical and mental health. And I think the other two would agree with me that they're very rewarding people to work with and they have a different perspective on health than we white fella's have. So my team here at Congress consists of another mental health nurse, some gp's, some social workers, some psychologists, some Aboriginal peer workers, some cultural advisors, some case managers and some drug and alcohol workers. And Congress as an organisation attempts to have one third of its workforce to be First Nations people. And at the moment it stands at about one third, which is good. I would love to increase that, everyone would, but it stands at one third at the moment. So Jo, could I ask you to identify your career trajectory that led you to Alice Springs? What are the skills and experiences that provided you with the confidence and competence to do the work that you do right now?

Josephine Tan (09:46):

Yeah, look, with over 45 years or more of experience of mine as a mental health nurse, I've had a lot of opportunity to work in diverse settings and holding various roles such as from enrolled nurse, staff nurse, deputy nurse, ward manager, case manager, gp shared care coordinator, also clozapine coordinator. And it was a very positive step for me also working as a credentialed nurse like yourself for at least 13 years and sets up the programme under the mental health nurse incentive programme in one of the primary care service here at Heidelberg in Melbourne, Victoria. So I worked there for at least 10 years, and also returned back MSRS, which is the medication recovery support programme for at least almost close to six months. And that, as I said, without that in little work that I did when they called me back after my three or four close years of retirement, it did actually led me to get the job at Alice Springs, which is wonderful because it's such an eyeopener to me.

(11:04):

And the major thing that I really love working at Alice Springs because of the uniqueness of the people that are there. And one of my dreams was to actually have the feel of the real landscape of people from cultural background like Aboriginal background. And I guess I really achieved my goal and having the feeling of being with them and also to try and work with them and support them. And I guess in the community service that I'm working with Tim, it is a very well established community area for mental health service except that the challenging point there is really retaining staff. Most of the staff are really come and go type of thing. I guess this is one of the challenging type that we can touch base also as we always say that it's such a wonderful place and yet people only come and go. So retaining staff is one of the main factors that can actually sort of maybe enhance a bit more on a better holistic care for the client.

(12:18):

And we all know that when we actually work with client, we need to provide continuity of care, but at the same time, people like you, me Tim, we're all really quite professional enough to provide that holistic approach and working collaboratively with all other professionals in the area. And I always have a number of clients that through the Clozapine will be at least 85% will be Aboriginal and then 15% to 20% roughly will be non-Aboriginal. So the whole therapeutic approach that you do can be very sensitive also because we all learn that people from remote areas and region like Alice Spring, they are culturally sensitive as well and we need to respect that. So we need to work according to their cultural values. So we have a lot of challenges that we face also with our therapeutic approach with people with mental health. But at the same time we can access all those through collaborative care using all other community services.

(13:32):

Like we have a lot of close relationship with you, Wendy, of the social emotional wellbeing and also with MHACA, the mental health, Aboriginal services, other community and the remote areas also because we all know that we have clients who are not able to stay put in one place, so they all tend to go bush and that's a part of their culture and diligently, we always make a referral through our remote services, which are also based in our service, which is really a wonderful setup I must admit. So I really didn't have much difficulty working around there. I guess that's what I can promote that remote mental health services is a wonderful place to work and if you do have a chance, it's best to actually have the experience of this. So I guess I can put it back to team and I always work closely with Tim with some of the challenging client and especially given the fact that Tim's background is a social worker. So when he has client who's on long acting Depo injection, we usually work around with few of us who are nurse background and we tend to go out with Tim and give the Depo injection. So we do a lot of outreach services also by visiting them at home and providing their treatment at home if they can make it to the clinic.

Timothy Corcoran (15:07):

Yeah, that's right. And the opportunities that present in that space. Having a dedication to assertive outreach as part of our practises is wonderful. I've been very fortunate to have been able to work in spaces that have a degree of commitment to that the whole way through my career. I've really lucked out in a lot of ways. I grew up in a dairy farm in Northern Victoria, didn't move to the big smoke until I was 20, but I spent a bit of time overseas as well through that in Ecuador. Having a farm means that you

have an overdraft, which means that you've got a safety net that can hold you as you take a few more risks I suppose. So I've been quite privileged with that in the sense that throughout my university studies I was able to undertake a few things that would've been difficult otherwise.

(15:58):

And one of those when I was finally got around to studying my master's of social work was to undertake my second placement here in Alice Springs about 10 years ago. So that was with the Men's Behaviour Change programme at Tangentyere, which is the Aboriginal controlled organisation that represents the town camps, functions as kind of like a local council for the town camps. I think it's a wonderful organisation and the town camps for those elsewhere who aren't familiar with that, they're in a way you could sort of say that they're kind of like Native title, but in an urban setting they are Aboriginal controlled land that Aboriginal people fought for a long time to have tenure over. And a lot of people here in town have strong connections to those areas, whether they live there or not. And then also the people that live in those town camps have strong connections to a lot of the remote communities back to their country.

(16:57):

So that was a wonderful setting to have an introduction to this context. I was incredibly lucky, supported by my wife at the time, she was actually working in the hospital as a nurse for that seven months. So after that I went back down to Melbourne and went back to the area of practise that I was exposed to in my first placement, which was frontline homelessness, inner city Melbourne. And that's a setting where I think one of the key learnings that I drew from was the need to as much as possible meet people in their context and give people a reason to come back the next day. Because when people are in those circumstances with those competing priorities, all of which are geared towards survival, it doesn't necessarily follow that returning the next day to get follow-up accommodation is as important as the professionals might believe it is.

(17:54):

And so the relational connection is key to assisting people there, I think to give people another reason to come back and trust that they will be met with dignity and assisted appropriately within that setting. And shout out to my old crew down there at initial assessment and planning in Collingwood at Launch Housing, still doing that work. So after that I was able to move into a bail support case management role in the courts in Ballarat, which was entirely court based. I wasn't able to leave the court for that role. And so then that just compounded the need to give people a reason to come back because we were asking people to come back weekly for appointments. And that's case management role, which is a big ask for people who are on bail because typically people who are on bail in the magistrate's court have a lot of stuff going on.

(18:45):

And then from there I was able to move to a mental health focused role in the social emotional wellbeing team at the Aboriginal controlled health organisation in Ballarat. And that was a fantastic place to work to learn. And there was some wonderful elders in that community, some of whom were staff, some of whom were community members who were part of the co-op in other ways, who were very generous with their time with me and were able to help me learn even more about ways of working with people that are more relationally based. And I think that's part of the thread that we're

probably going to follow here, the ways in which we can approach meaningful collaboration across services, across sectors from professional to client to family as Jo talked about before.

Wendy Hall (19:39):

Yes, maybe I could add there that Tim, when me and you came up here more or less the same time, and I remember you approached me because I was part of the social and emotional wellbeing team and you wanted to see how we worked up here and I hope you'd agree, I think since that time that we have made great efforts both your team and my team to work together with clients and to try and make sure nobody falls through the traps as can sometimes happen. And it's really all about relationships, isn't it? Relationships between us, relationships between us and our client group, having the skills to get people to trust us so that their health can improve.

Timothy Corcoran (20:32):

I think it's important to acknowledge we're all relatively new to Alice Springs as well, so we're coming into a context where those relationships between services have been what they've been at different times and then we're stepping into a space where we're trying to make sense of that and work in the ways in which we do in order to, as you said, make sure that clients aren't falling through the gaps. And I think that work that's been done has been invaluable in terms of not just worker to worker relationships, but implementing new processes and practises to ensure that the people are present in the right spaces at different times, attending the right meetings. It's been really wonderful I think.

Josephine Tan (21:16):

Yeah, I agree with you Tim, but the one main positive aspect that I really came across when I started there, I think we more or less started almost at the same time, Tim, it wasn't that far off. It's actually the therapeutic milieu of these professionals from different settings who comes and attend the handover meeting is a great way to start having to get to know them. It makes you realise that when you come across with one of your clients who needed some kind of service that you might link to forensic service to child adolescent service or a person who might need some kind of emergency treatment at the mental health unit, it's just really within reach, and through with the CAT team also being in place with us. So it's really a very helpful handover and it is a good inter-agency multidisciplinary handover meeting. And one thing that I also realised that our weekly multidisciplinary meeting, it also helps us improve the way how we can get some kind of support holistically with some of our clients.

(22:34):

Sometimes we can only do our best, but there are times that we still face some kind of challenges because of the cultural barrier with some of the original client. This led me to actually mention maybe the key elements that can make our work a bit more effective and some of the crucial ones will be cultural competence because we need to be able to understand and respect the local cultures of Aboriginal cultures and given the fact that I also come from Philippines and we have our own traditional cultural equivalent to Aboriginal, so I have a little bit more understanding around the respect and the importance of how we can work with someone with cultural differences. It helped building trust with our clients and especially making rapport with particular client, which one I meant we can call her Priscilla, who we tend to run around and chasing her because of either for her Depot and you had to

help her for her financial set up at one time. And between you and I, we also tend to assist her in making sure that she attends for her physical help because she had some complex health issues. It's to do with their lifestyle also apart from the complex chronic alcoholic issues, the smoking, the nutritional intake, and even their home life setting.

Wendy Hall (24:14):

Yes, Jo, that lady is a very good example of collaborative care. A good example is that she is case managed by the community mental health team, which you and Tim work for. She's also one of my clients and now MHACA is supporting her as well. So we all know the four houses that she's lucky to be at because she has her own house, but she's also likely to be with some of her family. So we all know those houses to look for her in and if I can't find her one week, the lady from MHACA will find her or her case manager will find her. And that way we make sure she has her Webster-pak, we make sure that she has the depot that she needs to keep her as stable as possible. And I have to shout out to Alice Springs emergency department there too. They know her and they look after her and if she comes in there because things get too overwhelming, they give her a taxi voucher to get home. So I think she's a very good example.

Josephine Tan (25:26):

Yes, having to understand the cultural background, we also need to be flexible ourselves and be able to be more adaptable given the fact that people who lives in remote areas often have unique challenges as we all know, even for the lingo, the sort of cultural nuances because I have come across with lots of my clients there that easily not approachable and the only way that I can make connection with them, and this is one of your client team who had started Clozapine, either you or me have to go and really do an outreach to pick him up just to come and attend a weekly appointment. The only way that I could actually do that sort of cultural nuances is to get him some coffee and sandwich before he come to the clinic. Of course, sort of spend a bit of money for them, but that's the only way you can actually get a report from these people.

(26:30):

And there's few other of my clients that have been doing it also. I'm sure Wendy, you had been doing it too. One particular lady that I used to chase, she hardly say anything, but then every time I go and pick her up from her home to bring her down to the clinic in between the travel from her home to the clinic, it's not that long. She will ask me, Jo, can we stop? And then at the petrol station, and guess what? She will just walk in there and will demand me, oh, I need something to drink Coca-Cola and burger. So what can you do? But then again, you're able to talk with her a little bit more longer than having to stay quiet. And she actually appreciated it also because you can understand how they can get hungry. So be able to be flexible and adaptable.

(27:22):

It's all around the community engagement and partnership, which also one element that we can touch base on majority of our work, we rely on the partnership with another services. Yes, because through NDIS, and they're living on a supported accommodation also. So lots and lot of time, maybe at least 70% of our clients are supported by the local community, which are the NDIS support worker. That's how we can work closely with them apart from their own families also. But then for us to be able to continue

with our work, because it can be very challenging, it can be too stressful in a lot of other things. Also, there's also important for us to look after ourself, the self-care and supporting each other.

Wendy Hall (28:19):

And I could probably add two other things there. We need leadership support to do this. We need the leaders within our organisations to be allowing us to have this rapport and communication together. But another thing that has helped, I believe is the use of technology because through the use of technology, congress has been able to use the health service numbers of people in public health and find out more about them and share that information. So that has been a really good thing. And I'm sure as time goes on, there will also be a lot more telehealth happening where we don't always have to attend meetings. But I still think attending the meetings is a good thing and getting the one-to-one rapport.

Josephine Tan (29:16):

Yes, definitely. Yeah, because that work well with the clients who were on clozapine or who are on Clozapine because given the fact that they can go and stay in the remote areas with their families, and it's very hard to coordinate them to be able to attend to their appointments. So it's great to have the technology integration between our clinic to the other remote areas where we can just sort of tap in with them and say, so and so have not attended and overdue for blood test or the medication is actually due to be picked up, otherwise you'll run out or need to be able to come in for his appointment. But these are all really the positive step for the technology integration. I agree with you, of course,

Wendy Hall (30:11):

Yes. All very important.

Timothy Corcoran (30:14):

Keeping it as connected to the person and the family and the community is really important alongside that. And it's wonderful when the use of technology can facilitate that. It's interesting working in this context where so many of our clients, English is a third or fourth language, and often we're reliant on specialist input from interstate. Like in our service we have some very competent consultant psychiatrists whose expertise I lean on greatly, but neurology input generally requires a visiting neurologist or a telehealth connection to a capital city hospital. And that presents challenges in terms of then facilitating the presence of an interpreter and hopefully making sure that an Aboriginal health practitioner or an Aboriginal liaison officer is present to support that person through that process as well. And then liaising with family where there's language barriers too is deeply challenging. But when dialogue is achieved, so much opens up even across those language barriers.

(31:26):

And I think those moments, I think we demonstrate our consistency and our commitment as professionals to the people that we work with. And people start to let us in a bit more into more of the nuance of their experiences of the world is where we can do some really good collaborative work and carry those stories to other spaces where things might need to shift for that person, whether that's NDIS and providing a more nuanced evidence base for somebody's NDIS support package to increase the support that that person's getting to adequately meet their needs or involving other services. Like even

something as relatively straightforward to most of us probably as involving family violence support. When we're able to hold the stories and carry them appropriately, we can ensure that the right person's getting the support that they need. And for mental health practitioners supporting somebody with chronic mental illness, the change that a woman can experience in terms of her wellbeing as soon as she's not subjected to violence is profound.

Josephine Tan (32:33):

Yes. People who are living in remote areas usually are suffering from or have experience, especially the First Nations, and it's all passed on to their other younger generation. Also with the trauma-informed care, that we normally still have to be very sensitive and be able to guide them and help them through to seek some kind of help or if not just even listening to their story. It also helps just being understanding to this.

Timothy Corcoran (33:07):

And a service like yours, Wendy, a social emotional wellbeing service that is located and grounded in a community controlled Aboriginal health organisation is a wonderful setting that holds a lot of space for responding to that trauma and working with people through that healing that needs to happen.

Wendy Hall (33:26):

Yes, and they do now have in the CT a domestic violence lead. There is arranging a lot of the training if you know about that. And she was also having regular meetings with prison services so that we know when people who have been perpetrators of domestic abuse are discharged from prison and can act accordingly and protect the person that might be in danger from those people. So that's been a wonderful asset to our service. Having that available hear. I'm not sure if you are aware, we also recently employed a neuropsychologist, who anyone can refer to and she can sometimes help find the better NDIS packages.

Timothy Corcoran (34:19):

I think I got a couple referrals inbound as we speak. I was aware of that one. Yes. Yes. And these are the sorts of things that can make a huge difference for people's lives. And to go back to that thread that Jo mentioned earlier, the flexibility particularly for a community controlled health organisation around cutoffs and cohorts. I had a young man who had slipped through the gaps as it were with respect to what might be happening for him cognitively. And the youth team at Congress was happy to hold onto that referral and try and action it when they had capacity even though he'd already aged out of that space because they understand the context, they understand how things can come about in this space when people are aligning their lives with their obligations to family and community. Mum might Arrernte, dad might be Warlpiri, so they have multiple communities that they hold those obligations to and those connections to. And people will move a lot between communities, which means that people might change schools a lot and not necessarily be in the one place long enough for our mainstream approaches to catch up with them. Which means if you end up with a young man at age 18 who needs a neuropsych assessment and probably should have had one four years ago, but because of the two

approaches, not necessarily meeting as they would in capital cities where people tend to stay put for much longer,

Wendy Hall (35:51):

Wouldn't you hate to be doing the census up here, be very difficult.

Timothy Corcoran (35:55):

And so having a service like social emotional wellbeing there at Congress to work alongside and in collaboration with leveraging all of our different resources is so invaluable. There's one person that I'm working with at the moment who's engaged there, and so I endeavour to provide the transportation support to get my client to their appointments at social emotional wellbeing as a very, very mundane example of how we can approach this.

Wendy Hall (36:23):

And recently I've taken part in making up a couple of joint safety plans for people and that's been useful as well. Then knowing that it's not just one organisation, it's others as well.

Timothy Corcoran (36:38):

So I'd invite you both as we move towards closing perhaps to consider what might be one key message or piece of advice for anyone wanting to improve their multidisciplinary mental health care practise?

Wendy Hall (36:52):

Relationships. Relationships, relationships.

Timothy Corcoran (36:55):

Amen to that.

Josephine Tan (36:56):

Yes. Yes. And also a clear communication is the key. Making sure that everyone's involved in the care of the client, is on the same page and respecting each other.

(37:15):

Expertise regardless of what sort of background could be a social worker, a psychologist, or a nurse or therapist. We just have to be able to respect each others professional background. A regular team meeting is really a powerful tool for me when we do have challenging client especially, but even for our work that we're involved, because I know in our clinic team, we have a handover meeting in the mornings. It's very, very useful and beneficial for a worker like us who is managing client. And we can also sort of raise the flag when we have concerns. It make you feel that you're not on your own, I guess. And defining a role as being what we are, nurse or a social worker or a psychologist or a doctor. Also having feedback from your colleague, which is a very important tool to actually have that as a positive feedback loop that can work wonders in our work in fostering collaboration.

Timothy Corcoran (38:23):

So glad you mentioned that. That's so true.

Josephine Tan (38:25):

Gives us a bit more successful outcome.

Wendy Hall (38:29):

Is there anything you think, Tim?

Timothy Corcoran (38:31):

Oh, they're all wonderful thoughts. The only thing I'd add is, the thing that I've found really helpful is finding the people who can reliably and honestly answer the questions that I have about things that I don't know. And those people are everywhere. We can find them everywhere, and they're some of the best collaborators that we can rely on for a secondary consult. They don't necessarily have to be involved with the client. As long as we respect confidentiality, it can open up our practise to new ideas and new approaches and better understanding processes.

Wendy Hall (39:05):

And we are lucky because this town attracts people who want better lives for our First Nations people, those people are around.

Timothy Corcoran (39:16):

And our Aboriginal colleagues who have spent their whole lives here, and those connections here through family and law do amazing, amazing work there as well. Sitting in the spaces that we sit in, particularly in mainstream spaces, which can be very tricky spaces for Aboriginal people to navigate for all sorts of reasons. And I'm just thinking of the Aboriginal mental health practitioner in our team at the moment who's really brought a wealth of knowledge and is definitely helping us all shift our practise there. So that's the key bit as well, to find people from community who can collaborate and then support those people, whether they're professionals, whether they're family, really, really back them as much as we can in our practise.

Wendy Hall (40:03):

Indeed, we have many in Congress too, particularly people involved with our Culture Care Connect team, which is the suicide prevention team. They do wonderful work in helping us to find people and even sometimes coming out with us, and because they're known to the person, the person is more likely to trust us then.

Timothy Corcoran (40:28):

Yeah. Well, I think that brings us to the end of this podcast.

Wendy Hall (40:32):

Oh!

Timothy Corcoran (40:33):

Thanks for joining us on this episode of MHPN Presents A Conversation About, you've been listening to me, Tim Corcoran and –

Wendy Hall (40:42):

Me, Wendy Hall and –

Josephine Tan (40:44):

Josephine Tan.

Timothy Corcoran (40:46):

We hope you've got something out of this conversation where we've endeavoured to paint a picture of our experience of collaborative multidisciplinary practise in Central Australia and also earlier in our careers. If you want to learn more about Jo, Wendy, or myself, you can go to the episode's landing page and follow the hyperlinks. We'd really love to hear your thoughts about this episode. On the landing page, you'll find a link to a feedback survey. Please have a look at that, fill it out. Let us know whether you got what you needed from the conversation or provide comments and suggestions about how MHPN might better meet your listening needs. Thank you for your commitment and engagement with multidisciplinary mental health care.

Host (41:39):

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