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Title

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Tim Crowley, Nursing Director for Child and Adolescent Mental Health Service (CAMHS)

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Host (00:01):

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

Dana Shen (00:19):

Hello everyone. Welcome to this episode of MHPN Presents: A Conversation About. Before we begin, I'd like to acknowledge all the Countries that this is reaching today. I'd like to honour the traditional custodians, pay my respects to elders past and present, and really reflect on the beautiful country that we get to live, work, and play on. Today, I'm joined again by Seanna Davidson, who I had the pleasure of having a conversation with earlier this year for a conversation about Navigating Complexity in Mental Health Through Systems Theory. Firstly, welcome back, Seanna.

Seanna Davidson (00:55):

Pleasure to be here, Dana. Thanks for having me join in.

Dana Shen (00:59):

We're excited to continue this discussion and to welcome a new guest, Tim Crowley. As we explore how systems theory can be applied in practise to support children, young people with complex trauma-based difficulties. Welcome, Tim.

Tim Crowley (01:13):



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Thank you, Dana.

Dana Shen (01:14):

So I'm really, really pleased to have you both join, and I thought it might be good to reflect on how we've crossed paths. So Seanna, you and I have met around systems work prior, and we also run a leadership programme. Did you want to speak very briefly about the system school as well?

Seanna Davidson (01:31):

Yeah, sure. We're now in our sixth year at the system school and we focus on building capability for working in systems, whether that be in a team or a collaboration or across the sector. And so often that's about us moving beyond tools and methods and really thinking about how we as individual practitioners show up in the system.

Dana Shen (01:53):

Thank you, Seanna. And Tim, welcome to you. So you and I have known each other for a number of years, but I wondered if you could maybe give a very brief history of your work. That would be great so people can get to learn a bit about you.

Tim Crowley (02:05):

Sure. Thanks, Dana. So presently, I'm the nursing director of Child and Adolescent Mental Health here in South Australia, but I'm also the operations manager of all the acute and statewide services, but I've been a long employed nurse practitioner in complex care and trauma for, must be getting close to 16, 17 years now. One of the first nationally to move into that space. But my interest area historically has always been in the very pointy end of child and adolescent mental health practise, particularly those with complex conditions. And my history has been that I've worked in most places, both adult, child, right across into the aged care sector as well. But my strong interest has always been child and adolescent mental health, including working in the UK and other sports nationally.

Dana Shen (02:49):

Thank you, Tim. And Tim, it's been great because we also worked together in order to provide the best care we could for children in out- of-home care. And we also have a lot of shared values around that. So I'm so glad that you could join us and have this conversation.

Tim Crowley (03:06):

I just appreciate the opportunity. Thanks, Dana. It's always good to talk.

Dana Shen (03:09):

Okay. So what I'd like to do now is really begin that conversation. And I thought Seanna, in the first instance, before we begin to chat with Tim and his practise and his work within the complex system of mental health, I wondered if you could briefly define what a system means first for all of us.



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**Seanna Davidson (03:27):**

It's always such a big question that should be small, but it's so complicated. As I was thinking about this in the simplest of terms, when we talk about what is a system, we're talking about parts that exist in relationship and they create a dynamic, an outcome that's only made possible when those parts interact in relationship. So as an example, in a system that's simple, I like to think about baking a cake. My parts are my ingredients, the milk, flour, eggs, and water. And when I stir them together in a relationship and put them in the oven to make a cake, that's an outcome I'm getting, right? Only because I took all of those steps that had them in relationship. And if I didn't put them into a bowl, I would never get a cake, right? They'd still be ingredients sitting on the counter. So in some ways, this sounds fairly straightforward.

(04:17):

Just look for the parts, draw the lines of relationships and the outcomes should be obvious. When we start thinking about other systems that are a little bit more complex when we're looking into systems that have less tangible or visible parts, but are no less influential, like our focus today talking about mental health systems, parts of this system include us as practitioners, but also the policies we're governed by, the individuals and the families experiencing mental health challenges and the practises designed to improve mental health. When these parts start to sit in relationship, they start to form a series of complex interactions, and this can be really hard to track or follow, and they start creating a dynamic or outcome. And oftentimes it has an outcome that's not in line with what we're hoping to see in this system, right? Particularly when the idea or the purpose is to improve mental health and enable health outcomes in our homes and communities.

(05:17):

So what we understand to give shape and form to a system is simple and it's idea, right? These parts and relationships and an outcome. But in application, when we're looking at big complex systems, things that are integrate and that us humans who are involved in, this can really quickly become quite complex to follow and untangle the cause and effect. Over the years of study, we've come to identify several common patterns or behaviours and key characteristics in complex systems, and it helps us to better understand them and how we can navigate them. So with all of that, we can try and get to better outcomes. So that's a little offering today. What are systems and how is that part of our conversation for this afternoon.

Dana Shen (06:02):

Fantastic. Well, thank you so much, Seanna. And it's so great that you started to touch on some of the characteristics of complex systems, because as we chat with Tim, we're going to begin to explore some of that in the mental health system. But first of all, one of the key things and special things about having Tim here is that he's a practitioner. And I think that's really important because really that's what we're here for. We're here for the people that we work for and work with. And in this instance, it's children and young people. So Tim, I wonder, just as a starting point, can we talk first of all a little bit about, and if you could share a little bit about your practise and what it means to, I guess, work well, work effectively around a child and young person from your point of view, so your approach and way of doing it.



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**Tim Crowley (06:52):**

Sure, Dana. I think just before starting, I think there's probably just a couple of things just to put forward. I think the evidence for development of mental health disorders after child maltreatment is really strong and indisputable. And when you start looking at country by country and who does it better, et cetera, there's very few countries that really have a reliable detection and surveillance system about when it goes right and when it goes wrong. But a lot of them only have about really minimal arrangements to identify the cohorts that have really poor outcomes. So it makes it very difficult, I think, in that respect. But what we do know though is adults who've suffered abuse as children are often at risk in their own parenting experiences, maltreating their own children. So it becomes a transgenerational migration of the histories, and that's very difficult, particularly when you look at it from a practise level.

(07:40):

So I think that that's probably the first place to start, but I think then what I've noticed over my many years is that there's some children, young people thrive in some systems and others do really badly. And I think, like I said, that the evidence for it's a little bit woolly and not entirely clear, but we know, like I said, that the biggest issue is child maltreatment. Often it's really poorly surveillanced and poorly identified. But where it doesn't go well is when I found that there's a viewing of the pathology as lying within the child rather than being seen in the context of the young person. So that's a really important thing to say. And then the others that sort of sit around those particular systems when we talk about systems level thinking is that some people that sit around those systems, they tend to, what we refer to as upregulate.

(08:28):

There's a tolerance for the risk, so there becomes a blunted invalidating concern to the young person and others prevaricate musing at length, exploring potential explanatory theories, but not much meaningful action comes as a result. And others fall prey to their own levels of anxiety about what's going on for that particular young person. So there can be a tendency to avoid or alternatively they become a little bit aggressive and blaming of that particular young person. And so it's fascinating, I think, when you step back from it is to really think systemically about what may be going on for that child or young person who's caught in that particular dynamic. So a real clear position that I've always taken historically is to really think about systems and how they surround a young person and really ensuring that as experts or leads in this particular field, we think about reducing some of those really complex arrangements and complex interactions that happen at a systems level around the young person and make it as simple and easy as we can for them to navigate their development, which is in this context is really, really important, particularly when that gets overlaid with things like culture as an example, Dana, because then you've got the complex histories, mixed then with culture and it becomes a very challenging space for a young person.

(09:49):

And the whole idea and principle from our perspective or from my perspective is really to integrate practise and shared learnings and be a curious cohort of practitioners, and support people around the young person, and that often optimises outcomes. So there tends to be a small group of statements that we tend to follow in these process. And one is to cultivate mutual curiosity, and the other is to engage with compassion, validate distress, and then encourage reflection, not only in the young person that



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we're there to support, but also within the systems to think about the child, young person's journey. So they're some of the things that I feel are really important.

Dana Shen (10:27):

So Tim, one of the most important things that I know you said to me about working with children and young people is about the relationships that are built around them and to make sure that they're not too complicated and it doesn't even need to be people that the child is related to. I just wondered if you could speak a little bit more about that.

Tim Crowley (10:46):

Yeah. Look, there's a certain position that I think mental health services and other services take, which can be around, ideally what's required for a young person is to speak to a therapist and sometimes that's necessary and sometimes it's not always integrated. But one of the things that we tend to do is a lot of mapping, particularly in complex cases involving complex young people, and then really work down with the child at the child's level of who's the most important relationship that surrounds them. And sometimes that can be really unusual things like it could be a swimming coach, just as an example, who they've got a really close relationship that's been tended to over many, many years. And what we tend to do then is to work to remove a lot of those additional structures and a lot of those additional navigation relationships away from the child and actually try to encourage the relationship between that particular identified person and the young person.

(11:40):

And the reason for that is that fundamentally a significant cohort of these particularly young people have got very challenged attachment relationships. If we look back to Bowlby's work and others, actually forming relationship and their understandings of connectedness and support and relationships is very, very poor. And sometimes attachments can actually perpetuate distress in children. So actually going to people that they trust is the most important thing. So then what we do is typically wrap the supports around that identified person rather than around the young person. So typically there's a lot in certain sectors where they talk about team around the child. We tend to do team around the worker, which is in some of Peter Fonagagy and others work more on ambit adaptive mentalization based integrative treatment approach. And we find that that actually renders really good results for the young person long-term. And particularly for the children in child protection care as an example, that seems to be the one thing that they struggle the most with is the amount of relationship that gets provided to them and the confusion and contradictions and that then get perpetuated through those varying relationships.

(12:51):

So there's a very angulated, very clear position that we take and we tend to work in that system development arrangement.

Dana Shen (12:58):

And Tim, as much as you try to simplify what happens around a young person, you're still working in something with lots of different people and lots of different organisations, et cetera. I wondered if you could touch on what it means to be the team around the child or a worker or whoever that key person



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is, and what are some of the things that are challenging about that and how have you managed it in a practical way? Because I've seen you do that, given we've worked together for so long, I'd love for you to speak a little bit to that experience about how to bring people together, where it gets challenging, how do you manage it?

Tim Crowley (13:34):

Through lots of conversation, Dana. We perpetually have, at certain times with really complex young people, it's not unsurprising to see us have a 30-minute consults every day of a morning, and that's often a pre-standing arrangement where the whole teams come together and just map out what's going on for that young person for that particular day. And then as things begin to settle, which they sometimes do, we reduce the frequency of those discussions and meetings and then allow people to get on with forming the connections and relationships. So that's the most important arrangement that we tend to do. The other is that we talk in language that the child and young person uses to describe and distress so it becomes common. So it's not actually laden with very medical terms as an example. It's used in languages that's consistent with the young person's articulations. That's really, really important.

(14:26):

So what we're trying to do is to hold the child's mind in mind as we progress through using language that's common to them, and then that progresses as they develop forward. Because in our context, I think one thing that is very different is that there's a developmental maturation that happens with our young people, and that's then overlaid by their trauma and challenges in that particular situation. So we also used and developed a thing in the South Australian context called complex care review committees, Dana, which then meet, the whole professional groups meet once a month, generally, sometimes longer, sometimes depending on the progress of the young person and the system around them, that we want to actually reduce the frequency of those particular discussions, where we bring everyone together to think together. And what the whole idea is, is trying to move from a position of actually responding reactively to being more proactive, thinking about the long-term needs of the young person.

(15:18):

So it's a combination about the everyday reflections that happen for that particular adolescent in our situation or even a child and thinking more about what their long-term requirements are going to be. So we're constantly cultivating hope for them and they know what we're trying to think about and it becomes very much a part of their relationship and their development, which is really, really important.

Dana Shen (15:40):

Thank you, Tim. Seanna, one of the things around systems work is actually that it's relational, it's in connection with others. And I just wondered if you could talk a bit about what you believe is required to do great relational work from your experiences. So from the work that you've done, what are the conditions required? Have there been any challenges and how do you work through those from your perspective?

Seanna Davidson (16:09):



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It's so interesting because for so many years, I think our focus on changing systems has been very structural. The language even of working relationally is relatively new and it's such a welcome change in the conversations that we're having and we can hear that so much. And what Tim was talking about in his work, it's really about the human to human interaction. And I heard Tim and some of the things you were even saying about the folks that you work with that you're working with curious practitioners to work compassionately and engage in reflection. And I think those are absolutely some of the enabling conditions that we need in order to work relationally and not have that focus on technological innovations or just changes in policy because ultimately it comes down to how are the humans in the system going to work with those changes. I think a few of the other things that are so important, and this one's really tough, but are we willing to be honest about how the system arrived to its current state?

(17:13):

Because that truth and honesty and transparency amongst all those in the room, that actually gives us the history to work from, but also build off of. And so are we willing to accept that, acknowledge that amongst ourselves? So we also want to be curious and humble to new knowledge because that helps us to break down some of those bias blinders that all of us are built and structured to have just as a result of growing up. And in this case, in Tim's work specifically, we really heard about such a significant shift in the power balance. So whoever's in the room, was ever on this committee, everything has come down to how is this serving the purpose of the changed outcome that we're trying to seek. So in this case, an individual child and everything resonates back out from that. That's a really significant shift in the power dynamics that are at play rather than allowing the structure and the policies to dictate how our actions play out.

(18:13):

I think it's also about being willing to experiment and learn from what didn't go the way we planned. And I very specifically didn't say what failed, but closing that learning loop that as we experiment, what can we take away and how are we adapting and our ability to be able to do that? Maybe more importantly as our ability to step back and see the larger, much longer picture of systems change. And this is so true in the work that Tim is talking about here because we're talking about a lifespan and everything that's happening now here for this young person, its knock-on effects are over a lifetime. And so behaving differently now and keeping that front of mind of why are we trying to work differently and therefore engage in relationship differently, it has this much longer trajectory which we're all a part of. So I think all of those things taken together really allow us to kind of come with that humble and very curious nature, which just immediately shifts how we show up to the relationships that we're engaging in.

Dana Shen (19:16):

Thank you, Seanna. So I wonder if we can take that next level of going high now. We're going to sort of be the bird looking over that bigger complex system. So we've talked about that kind of connection with a child and young person. We've talked a bit about the relationships around the child and young person that can be supportive. And now we're going to take a step back and go, okay, there are bigger organisations, there are bigger parts of the system that are also involved. So in that team, I wondered, what have you seen work really well? Given that there are so many policies and procedures and



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differences and rules and money and all those things do have an impact, where have you seen cross organizationally things work well? What are the things that happened? How do people have to behave? Anything that you can share on that would be amazing.

Tim Crowley (20:05):

Yeah. Look, I think there's probably an important thing just to remark first, just as I start to talk about that, but organisational defenses is something you see a lot of in our work, particularly where there's complex patients. So you'll find there's a lot of inclusion, exclusion criteria in each of the different systems. And that tends to be one of the real bugbears of us with complex patients. But I think Ogden in 94 described how professionals who work with young people in distress and trauma, pain are constantly barraged by their clients' projective identifications. So there's this position that some young people take is to unconsciously rid themselves of all these painful feelings. They sort of communicate it in unconscious ways, generally through behaviour and others. And that is where these inclusion exclusion criteria tend to butt heads. And that tends to have then a really profound impact, not only on the workers, but the young person as well.

(20:57):

So the first point that we tend to take in our work is to actually acknowledge that there's a dynamic that needs to be recognised that gets played out at an organisational level, but where it tends to work best is where there's some sort of mutual understanding and mutual agreement. It's not just about what gets written in paper about people's commitments to the work to work collaboratively. When we talked about a lot of the work that we did historically in the child protection space, there was a real trust that gets connected in those relationships. And fronting up to those discussions and working together in a very integrative way makes much of the difference because there will always be some level of noise and confusion around some of these, particularly young people because they've got such complex needs and they express those needs in such complex ways.

(21:42):

But what we try to do is really to make the systems accountable to each other by having open and transparent communications about them at a systems level rather than having at an individual level. And the other is you tend to think about some systems for some of these young people are really good at going, actually this child needs another assessment or another intervention that's different to what the Main Street group are trying to take a young person down, actually bring those sort of discussions into one forum and openly sharing them makes much of the difference. Because what we really want to see, is reduce in that level of nominal engagement without much tangible or profound impact on the child. That's what we're trying to do. And much of the thing that we're trying to address in the cohorts that we're talking about at a system level is about meaningful engagement that validates their distress, like I said at the very open, and trying to frame young person's distress or the family's distress in language that makes sense to that whole system rather than just one system over another.

(22:44):

From our perspective, what we're trying to do is create collective understanding rather than individual system understandings. So getting back to that original question, things like a real strong commitment at a systems level to collaborate and connect and partner is the most important thing with a really clearly



identified leader about who actually cultivates those discussions and how those conversations then articulated to the broader group of organisations. There'll always be a challenge, I think, with some systems just in how they're funded and how they're established, but there has to be commitment to their child's best interests in that respect from my perspective, Dana.

Dana Shen (23:18):

It's interesting. As Tim's talking, Seanna, I'm really hearing some different kinds of complex systems, characteristics and behaviours. One of which that Tim spoke about or referred to was around how you can have a certain behaviour at a smaller level that it can actually be replicated at bigger levels as well. I wondered, Seanna, if you could talk a little bit about some of the different characteristics and how they can play out in complex systems.

Seanna Davidson (23:50):

We haven't cracked them up on how do we fix everything that feels like it's not working well, but what we have come to understand a little bit better are some of these ways in which we can look for or try and anticipate in terms of how the system will behave. And so one of these is, as you say, that we refer to it as fractals, this idea that there is a pattern that might play out at the most micro, the most smallest subsystem level, and it's going to be repeating itself as we move up to higher and higher levels of the system. And by that, I mean, you might think about a pattern that's playing out at the family level within a household that might then also be playing out at the community level that might then also be playing out in a regional or even a state level.

(24:35):

And so these are patterns of behaviours. And so often when we're talking about, well, what are we trying to change? It's interrupting some of these patterns of behaviour. And what I've heard Tim speaking about is, of course, we're trying to change the experience of relationships that are really influential in young people. And so it's such a beautiful and classic example of how do we intervene and what are we trying to do in our work? So the other things that I heard in what Tim was talking about in this case is really being mindful of scale. So often when we're understanding systems, we want to bring about change, we kind of have a default or a bias to say, well, we're going to work at the most meta level at the system. We're going to work in a top down way. This is why we get this bias towards working on a structure or a policy level.

(25:20):

We're going to set it up right from the top and it's just going to do this nice trickle down effect, right? And we know, unfortunately, that so often that's not the way that things play out here. And so we have this bias to work top down, but scale is actually so important. And so scale thinking about it differently. Again, here is we're coming into scale right up at the level of the young person and then actually seeing that change there is going to ripple out. It's going to shift and change behaviours that fractal nature as this young person goes through their entire life and the way in which they're engaging with people. So being really conscientious and thoughtful of the scale at which we're trying to work and how that shifts other things, patterns and behaviours at other scales, there's also a bit of a delay.

(26:08):



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So what we know about when we're working in complex systems is that when we engage in an intervention and we try and bring about change, that we don't always get to see that immediate effect. If we're talking about climate change, for example, both creating it and trying to work against it. We have these interventions, but we know we've got this bit of a wait period, a bit of a lag period. And I would say that there's a bit of that here as well, right? The relationship building, the effective, meaningful relationships that are being instilled now are going to have such a lasting effects on young people, and that's going to shift and change over their life course and create impacts as they go on in other places. So this reminder that when we intervene, the impact is not always or only immediate. So when we talk about measuring impact and the value of an intervention, having a different sense of what is the time scale in this example that we're considering.

(27:07):

And I thought the other thing that was really important here is we talk a lot in change work about purpose. What's the purpose of a system and what is it trying to achieve? And again, depending on the scale at which we're looking at the system. And so again, in this case, we've scaled right down to an individual. We're looking for an entirely different purpose than what we might define if we are trying to say we're shifting the system of young people at the state level. Those are going to be two different purposes as a result, the kind of work that we carry out, the structures and patterns that we're setting up. And so again, when we think about our purpose, that actually becomes a bit of our north star for all of the work that we're trying to unfold here. So in this case, we're seeing a different purpose for the young person at this micro scale, knowing that it's going to have lasting effects and over a long course, a long time period.

(28:02):

But if we had started at the state level and said, we're going to shift the purpose here, would we be able to have that kind of benefit of relationality that we've heard about in this work if that was the scale and the purpose at which we started? So these are all really important factors of thinking about what the system is, where we're choosing to intervene and understanding how any of these pieces, the purpose or delays or scale are going to influence and dictate the work that we're doing.

Dana Shen (28:32):

Thank you so much, Seanna. And one of the things I think I'll just add there is one of the most important things I've found in terms of doing organisational change work, whilst you're kind of looking at a bigger part of a system, you're actually still very focused on what individuals need. And the reason why we maintain that focus is because it's very easy to start to do work, try to change, try to work for the actual system, and that could be the policy, it could be the procedure, and you can actually get into that and sometimes not be focused on the actual humans that are involved and require a response. In a sense, if I can put it this way, you get focused on the fixing of a machine as opposed to remembering what it was there for in the first place. So it's not to say that's not important and that we've got to fix some of those things, but what we want to always remember is that there's a living being at the centre, which is why speaking to someone like Tim that's done both, that's both been right around children and young people and supporting them and has the bigger picture is so important.

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So I wonder if we move on to one of the final questions that I have now, Tim, and that is given the challenges of the work, because I've known you for years and we've not worked in necessarily the easiest of spaces, if I can put it that way. So I wondered, with all the ups and downs ... Ones and the challenges of the work. What keeps you personally coming back to this? What is the attitude you have to it? I'm just really interested to understand from your point of view.

Tim Crowley (30:09):

How long have we got, Dana? I think that's a great question because I think many people that work in child and adolescent mental health, particularly those who are really committed to the work have insatiable desire to see children prosper and develop. And I always have taken a position to really think compassionately about children and young people and the experiences they have. And not unsurprising when we do this systems level work that we spend a long time just talking about a child or a young person's developmental experiences. Why life is so difficult and challenging so there's a collective understanding that's compassionate and thoughtful around them and their needs and why they respond in the way that they do. And that's still fundamentally the very thing that drives my practise at every level, which is how do we actually continually improve our services? How do we make ourselves better, not just from what we believe is important, but from the young person's perspective?

(31:00):

Because sometimes when you go to the organisational level, people are really good to talk about we've met certain KPIs, but there might not be KPIs that are helpful for the child or young person. And I'm really interested in does the child feel like they've been heard and are we compassionate in how we've approached them and thoughtful? And are they clear about who's supporting them through these various challenges that they experiences? And there's lots of lumps and humps, I think, for young people, particularly with very adverse trauma experiences. As an example, some will settle for a period of time and get on with their life and then we have to learn to step back a little off that. And then sometimes we have to really reach in. And I guess that's part of that work that I talked about and that sort of mentalization position is thinking about that perpetually.

(31:52):

So that's certainly one thing. I think the other is that in some cases that we've engaged with historically through our work, it's not unsurprising to have sometimes up to 30 different agencies, staff, services, and others involved. And trying to actually rationalise the amount of people that are involved in the young person's care so that that young person doesn't have to communicate with lots of different people and someone can actually support them through that development is really key. And taking a very trauma-informed lens to that, like I said, that surrounds their own development because each have very unique experiences, I think is really, really important. But from my perspective, it's always the desire to see children, young people prosper with their life despite their earlier adverse experiences. That's probably the most important to me.

Dana Shen (32:36):

Thank you so much, Tim, and thank you so much for doing the work that you do. I'm so glad that you're working across these systems and I get to see the kinds of things that you're doing and the change that you can create. Well, we've come to the end of this conversation, and I just wanted to thank you for



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joining us on this episode of MHPN Presents: A Conversation About. You've been listening to me, Dana Shen, and you've also been listening to Seanna and Tim. Thank you so much, both of you for being involved today. It's been great having a chat with you and to be able to spend the time with both of you. We've covered a lot of territory today, and broadly what we've talked about is the importance of how we build the greatest relationships around children and young people, and what that means in terms of supporting them, but also that we can build these kinds of things as we broaden out a system, that largely a lot of the systemic work that we do is relational.

(33:37):

And look, that's not easy. There's lots of challenges. There's lots of KPIs that can move us away from that focus in different times. But if we can realign and remember those things, it's about having that kind of true north that can bring us back to doing this work. So for all of you, we hope that this has been valuable for you. We'd love to hear what you thought about this episode. On the landing page, you'll find a link to supporting resources and a feedback survey. Fill out the survey to let us know whether you've got what you needed from the conversation and or provide comments and suggestions about how MHPN might better meet your listening needs. In the meantime, if you want to stay up to date with MHPN podcasts, make sure you subscribe to MHPN Presents. Thank you for your commitment to ongoing learning and to multidisciplinary mental health care.

(34:25):

Go well, everyone. Thank you.

Host (34:29):

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