



Peer-led digital spaces for LGBTQIA+ young people

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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.

Hamish Czygan (00:18):

Welcome to Mental Health in Practice, a podcast from Mental Health Professionals Network. In this episode, we're focusing on how peer-led digital spaces are supporting LGBTQIA+ young people to connect, explore identity, and access mental health support. We'll explore the unique value of peer work in building trust and engagement and how peer and clinical roles can work together to create a safe, inclusive, and effective online community. I'm your host, Hamish Czygan, online peer work team lead at headspace National. I'm joined today by two of my colleagues from headspace, Kevin Tran, who works as a peer worker, and Jack Ebacioni, who works as a senior mental health clinician. Before we get into today's discussion, it's important to acknowledge that there are a range of online spaces where young people connect from informal peer-led communities through to more structured, moderated environments. Today's conversation is grounded in the work we're doing at headspace, primarily through qheadspace, our online peer-led group chat for LGBTQIA+ young people.

(01:16):

This chat takes space in a safe, moderated digital space. We'll touch more on what that looks like in practice shortly, but to begin, let's explore why peer-led digital spaces are supporting LGBTQIA+ young people and why that is so important right now. Jack, let's start with you.

Jack Ebacioni (01:33):

It's an important conversation. We know LGBTIAQ+ community experience higher psychological distress, and I think accessibility is really important for young people to just sort of connect with other young



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people and talk about their issues and just try and connect as a community. I think connection's really important.

Kevin Tran (01:57):

I think on top of Jack's point as well, it's just like they want to have that casual connection, not necessarily formal connection, just feeling like, oh, they want to seek out connection, it needs to be with a mental health service or it needs to be with some sort of community in a very formal way. So I think when they're building that connection, it's very much trying to be as casual as possible because they helps ground themselves and try to explore those identities that they don't necessarily understand within themselves. So they kind of seek that out within communities as well. Yeah, I think it's really important now, especially with how much change that's going through the world. It's very important for young people to find some sort of stability.

Jack Ebacioni (02:38):

Yeah. And I think it being in a digital space just sort of expands being able to connect with different people and also keeping up with the ties because the young people are all about digital space with all the various ways they connect these days. It's all digital, so we've got to keep up.

Hamish Czygan (02:56):

For sure. And I think to probably actually expand a bit on the point you made before, Kevin, about how it sometimes feels like to connect, it has to be done in a really formal way or that it has to be with some massive organisation or whether it's something that's very structured in a sense. I imagine that that would be quite an isolating experience in of itself. You want to connect with people like yourself also by the same token. I feel like that can also be quite a segregating experience in some senses.

Kevin Tran (03:26):

I think it definitely can. Being physically isolated from your community, it's really hard to know where to start, I guess, when trying to seek out connections. I can't speak from personal experience, but like I've seen and heard others isolate themselves out of fear or it's just like, oh, one bad experience dictates the kind of spaces that they're willing to enter. And I think it really shows how crucial it is that we ensure that there are so many digital safe spaces so that these individuals who don't really have that space to slowly build trust with themselves and then so they can kind of seek support. Or even if they might know others who are going through the same thing as well, it's just like, oh, that's like the importance of community or the importance of having those digital safe spaces, does one individual can make a safe space, but it can also, so build into community, which is sort of what we do here within the group chats.

Jack Ebacioni (04:17):

Yeah, I can really appreciate that point because I feel like once you're in the LGBTIA [sic.] community and you're connected within the community, it can feel like such a safe, welcoming, beautiful space that if you're sort of not connected to it, that first step trying to find that space, you don't know how your in-person peers are going to react. And I think the digital world is a really safe way to sort of start exploring that community and getting connected and feeling accepted.



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**Hamish Czygan (04:47):**

For sure. I think on the subject of community, and let me know if I'm sort of straying from the point here, but I know for myself as growing up in a small country town, as a First Nations young person, a lot of the supports and services that were available to you locally, you knew who worked there, right? It was your auntie or your uncle or your best friend's mom or something like that. And oftentimes you didn't really want people to be knowing your business in a very small community because it can feel like it's very hard to maintain that level of privacy. Obviously, people talk sometimes in small communities and not necessarily to say that anything gets out or that you can't reach out to a local community support, but there can be a hesitancy there, a bit of fear around it. And I think that that's where having these online spaces, particularly where you're anonymous, right?

(05:41):

You can come in, talk about your worries and not necessarily have to worry about potentially being persecuted for that or judged or having to feel unsafe.

Jack Ebacioni (05:50):

Yeah. I think just having a space for people, especially because it's digital, we can have people accessing it all over Australia from any sort of small town. And I think sometimes whilst we've progressed so much within the LGBTIA+ [sic.] community, I think it's foolish to think that stigma and discrimination has gone away. I think it's just sort of shifted a little bit and I think it's still very much present. And I think the same similar issues are presenting. So creating that space and having it accessible for anyone anywhere around Australia is just so important.

Kevin Tran (06:28):

I also think that being on a digital space, having that anonymity kind of takes the burden off when someone can't see you. So you don't have that pressure of you don't need to present yourself physically in a certain way because you sort of just want to focus on internally, who are you, what is your self-expression there? And it's just like, these are kind of my interests and this is how I like to express myself. It's just like, I'm testing out these pronouns, but they're not verbally ready to say it, but it can be like something they get to type into the chat and it's just like, "Oh, they're kind of testing it." So I find it really cool how having that digital space is also a space for them to start exploring those parts where they may not be as accepted within their local community, whether it's like a rural area or it's just not as of an accepting space.

(07:14):

I think it's really cool how there's so much stress that gets taken out just engaging in the digital space. Even though you're first time you're not sure how others will react to you entering the space, at least you can sort of dip your toes and sort of say, "Oh, I want to see how comfortable I can get here."

Hamish Czygan (07:34):

I think something worth acknowledging as well is that often these online spaces are really low barrier as well. They can often be that first point of contact for someone. Obviously, I know we spoke a little bit before about how some people might not necessarily be wanting to or ready to engage face-to-face, but



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sort of having these more semi-informal online spaces can aid to provide opportunities for people to not just easily reach out for support, but also having those informal spaces also really gives people a lot of agency, a lot of self-determination over what they want from those spaces as well. Depending on what your online space looks like, a lot of them are often drop in. So you can sort of come and go as you please. It's not something that necessarily requires a large time commitment. And the thing is, is ultimately it also means that for us, we can meet people where they're at.

(08:27):

So I know that we've spoken a little bit about online spaces in general and why this is important. Obviously, we're also talking overarchingly about these online spaces. They're often peer workspaces. There are often spaces for peers. And whilst that's growing nationally, it's not necessarily something that's consistently understood or necessarily embedded in a lot of organisations. So I'd love to explore the spaces that we each work in and our experiences potentially in a few others. So Kevin, I know you work in qheadspace or qspace. What is qheadspace and what does that actually look like?

Kevin Tran (09:07):

Yeah, to start off, qheadspace is our one of many group chats that's available within the eheadspace online communities. It's essentially a space that's ran by our peer workers to kind of facilitate conversations for the queer community, whether you identify with the community and ally or even questioning. I think it's a really good place for anyone to just come in and engage with our peer workers, whether it's just topic discussions or it's just a lot of banter around queer icons or just anything queer related.

Hamish Czygan (09:43):

I suppose to provide a little bit more context, this qheadspace is the long name. It's an online group chat predominantly, right? Sits in a space where it's tech space, not quite like other social media platforms you might've used, but think of almost like a Snapchat or an Instagram or a Messenger group chat. It almost works that way, but obviously they're moderated, I should say, by our peer workers in that space as well, according to our community guidelines. So there's certain stipulations put in place when you join the chat. Obviously, we ask that you obey those guidelines. So that includes things around no discriminatory behaviour, speaking to each other with respect, following the other guidelines, et cetera. What do you find the value in having those moderators there? And what do you feel the importance of having moderators is?

Kevin Tran (10:30):

It's a loaded question. I guess what first thought comes to me is the moderators sort of help facilitate the culture of the space, like setting those boundaries and ensuring that everyone understands that this is a place of respect. Even though we try to make it as a welcoming space as possible, we do want to make sure that it's a safe space. So mentioning the community guidelines helps protect the space, how it's kind of established with the participants and with the peer workers as well. It's just like, there are rules here as much as we want to make sure that you are as welcome as possible. We want to make sure that you feel as validated as possible. It's also a place that you're not the only one here. It's a community. Other moderators are kind of there to uphold those rules, uphold the community guidelines



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to make sure that qspace preserves the qheadspace group chat as a place for anyone to be able to drop in and express themselves and sort of able to help ground themselves.

Hamish Czygan (11:28):

So I think it's great that we have these spaces for people to come in and connect. And obviously that's one part of the equation. And I suppose the next part of that equation is the peer workers or peer work. So that leads me, I guess, into my next topic is maybe we can chat a little bit about why peer work matters. And I suppose the initial prompting question would be, why is peer work so effective in this space as opposed to maybe taking more of a clinical approach to these group chat spaces?

Jack Ebacioni (12:00):

I think just coming from the clinical perspective, I think peer work really compliments the clinical work. We offer both, but I think what peer work can do is help empower young people, connect with a peer, connect with someone that's gone through similar issues and help guide people along the way. You probably want to listen to your friends over the clinician that's there to tell you what to do in your head where your peers, you're going to connect on a different level. It's like testing the waters before just jumping straight in. So I think peer workplace is such a big role. I think from us being like a digital clinical service, I think we're also a first step, but peer work just provide that extra first step, which is probably one of the biggest steps that a young person can take is just sort of exploring community and support that's out there.

Kevin Tran (12:51):

A hundred percent on that. Yeah. It's just like peer workers can come from a consumer perspective. It's just like they've engaged with these systems. They understand that there may be nuances or I guess some types of system may not always be in their favour or they've gone through a system that hasn't been in their favour so they can help guide other young people and have that space of shared vulnerability. It's just like, oh, I've been where you are. I sort of can relate to what you're going through. And like Jack says, can pave the way. It's just like from a peer worker to a young person, how can we help you access that support in a way that feels safe for you in a way that you have that agency and that autonomy to make those choices that you can explore without feeling like you're going to be judged or you're going to be treated as just an anomaly or tokenistic.

(13:40):

And that's why peer work matters in these kinds of spaces the most.

Hamish Czygan (13:44):

I think touching on your point there as well, Jack, I know for me in my own lived experience as a young person reaching out for help, I had a few different social workers or psychologists at the time just for some of the stuff that was going on in my life through my school. And that experience for me at the time was probably not very positive. I remember always being quite scared, very intimidated to go into this room one-on-one with this adult that I don't really know outside of having these sessions. And it almost felt like something I had to do at times. And it wasn't, I suppose, something that necessarily always fit



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me. I know that later on down the track, coincidentally, a lot of the people at my school were actually going through a very similar situation to myself just around grief and loss.

(14:31):

And we used to connect just over socials or just on lunch breaks and chat about things. And I found that that was something that left me feeling quite heard, seen. I felt like I wasn't having to go through things alone. And what was awesome about that as well is that I felt as though I could still reach out to people for assistance. And I think that particularly as a young man, that that opened my mind to the fact that it's not necessarily weak or it's not wrong to reach out for help, which is something that obviously a lot of young men can have that thought in their head. And that was ultimately what actually inspired me to initially take up this role at headspace when I first started out as a peer worker. And from that experience, I obviously got to connect with a lot of wonderful clinicians like yourself, Jack, and that really altered my perception of, I guess, the clinical realm as a whole.

(15:22):

And that's led me to be much more encouraging of my peers throughout the years to encourage those I'm having a chat with, "Hey, look, I've been where you are. It's great to have a chat with a peer worker. And I also really think you're going to get a lot out of chatting to a clinician." I think that sometimes there's a little bit of a thought that has to be one or the other, but there's actually a lot of capacity for, I guess in our case, for young people to be able to get a really good wrap around service where they're getting a lot out of a variety of different types of care. I also think it's important to sort of chat about what peer work is as well for those who aren't necessarily familiar with the topic. So essentially peer work is based off an individual's use of their own lived experience of mental ill health or just general life experiences to support others who may be going through a similar situation.

(16:13):

So they're peers, right? Whilst it's definitely always very powerful when someone has a similar lived experience to you and they are there to sort of support you through that, obviously peer work can also take various different forms. So it can also just be about, even if you don't have a similar experience to the young person, I keep saying young person because that's the context we work in, but the individual that you're supporting, even if it's not necessarily the same or even similar lived experience, there's also something really huge to hear from someone who's at a similar point of your life, to hear from someone who you would just consider a friend or someone like you, I guess, just to hear validation, to just be seen by someone like that, it can definitely feel a lot more intimate. And I guess maybe it's even worth touching on that difference between clinical and peer support in the sense that it's very different to experience clinical support versus that peer support with a peer worker.

(17:09):

There's obviously much more of a mutuality, a much more of a reciprocal conversation going on. And sometimes that can really build rapport in a way that isn't necessarily as easy or can necessarily be done when taking that more clinical approach. And I suppose that's just an example of one of the strengths of peer work and what's beautiful about that rapport building or its ability to really draw a young person in or just draw in a person generally and keep them engaged and feel like they're heard, they're seen, that's where I've noticed a lot of time that's what leads them to engage with other services far more. And that's the thing that I notice whether we're doing group chats or whether we're doing one-to-one



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peer work sessions right. Very, very often the people that are coming in to chat with us, they've either A, had really, really limited contact with other supports or it's their first time.

(18:07):

I would say probably one in five or two in five people that we chat to, it's their first time ever reaching out. And often it leads to them engaging with our services further. And so I think that that's, I guess, a really underrated strength that comes from peer work as well.

Kevin Tran (18:22):

Yeah, definitely. I'm just thinking about a young person I've supported recently and they was basically asking for someone to advocate for their behalf because it's like their first time engaging with a mental health system because it was just like, I don't know what to do. I don't know what difference between services are, or what's a psychologist versus a therapist versus whatever. I sort of prefaced that session that I had with them saying, "I did not understand it at first as well." Sometimes even when I'm working within this phase, I don't know what the difference is, but I'm happy to work for it together and to see what kind of support we can engage you with. But this particular young person as well, they were exploring their sexuality and they were scared to ask certain questions, but it was just like being able to provide that comfort and being in their place as well.

(19:07):

I like the word intimate. I was just like, it definitely is an intimate space, peer work because you're bringing that lived experience, I think it just comes naturally. It's just like, I share that experience with you. I'm going to be using that experience to help guide you or help support you the best way I can.

Hamish Czygan (19:20):

For sure. And I think that also one of the really cool parts about that, and I guess maybe intimate is the right word, is that it can also be something that's really amazing in that it's reciprocal. Obviously we talk about guiding, but that's not always necessarily the situation, right? Sometimes mind what's happened to me when you chat with someone and it sort of leads to you having epiphanies for yourself and realising things that you potentially going, "Oh, maybe that was something I needed to consider along my journey or maybe that would've been a really good idea along my journey." And I think that's the beauty of it as well, is that it can really lend that individual that you're talking to to come up with their own solutions and you can workshop those things together. And sometimes that can be an opportunity for a peer worker to grow as well, which is something that I find personally really rewarding with this work.

(20:11):

So I know we spoke a little bit about potentially some of the differences between clinical work, work to define what peer work is a little bit and highlight some of the nuances of that. But I'd be really curious to see what your experiences are with working as a peer worker, a clinician, about how the collaboration sort of looks between those two disciplines.

Jack Ebacioni (20:30):



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Yeah, that's a great question. And I think when this was all sort of unfolding coming to our service and we introduced in peer workers, there was a few things where as clinicians we were unsure about. And I think risk was one of the big things. So safety and how do we escalate going on with the moderators, I think they've been able to really create that safe space. And we're very lucky that we work alongside the peer workers. So being a digital platform, it's really easy to get a clinician to come in and assess risk if any risk sort of comes up. From a clinician, sometimes we're like, this person would really benefit from a peer worker. So it's really great that we can refer to each other and we've got that streamlined pretty well, I feel.

Hamish Czygan (21:17):

For sure. And yeah, I think you're making a really good point there. There was like, I guess almost a period of being a bit unsure about what's this new thing, who are these peer workers, what's their vibe, what are they here for, et cetera, right? And obviously the clinicians that I've met, particularly at headspace have been the most wonderful, caring people who are super protective of young people in their mental health. And I think that that was a big step to take to maybe not necessarily step back, but let the peer workers do their thing, trust in them, put your faith in them. And I think that I guess it would be interesting to hear what your experience was like with that. How did you navigate that?

Jack Ebacioni (22:01):

This was obviously a lot higher than by pay grade. And I think having faith that, as we said, we work for an organisation that really do care for young people's mental health. There were discussions and we have a really solid, I feel, clinical practice manual that outlined those escalation pathways to build that trust. I think it's been really helpful as all clinicians that come onto our service go through a training about what peer work is and what their roles are. So us understanding the role also helped build that trust that we know you know what you're doing, you're all on top of it. We have little teams where we work. And I think including certain peer workers into team meetings or case reflections can really help just make sure we're all on the same page and we're gaining your experience and valued and your input is very valuable and respected and appreciated.

Hamish Czygan (22:59):

And I think that point that you've made there about that collaboration point is so vital that to actually have effective peer work and to actually have effective clinical work, that collaboration is so important. That's what builds that trust. That's what's going to help peer worker advocate for a young person. That's going to be what encourages a young person to feel really supported by their peer worker, but also to feel comfortable moving into other supports. That's not necessarily limited to the headspace clinical team, but also our work and study program as well. I think that just the more that we work together, the more that it builds that trust, the more that it builds that faith. And I think that that just ultimately leads to better outcomes for the people we support. I think that the one thing to be mindful sometimes as a peer worker, I know that there's peer workers who they sometimes are the only peer workers within a clinical team or sometimes they can be somewhat isolated in their role.

(23:57):



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And something that might be a new concept for people outside of the peer workforce specifically is a thing we sort of call peer drift. It's where a peer worker spends so much time in clinical settings that they start moving away from what peer work is and beginning to enter a realm potentially using some more clinical language or starting to view things through a clinical lens as opposed to a peer lens. And that can be a super easy thing to have for a peer worker when they're not receiving appropriate supervision or they exist primarily within a clinical team. And so I think that's where whilst collaboration is important, it's also very important to have the guardrails in place to let peer workers do peer work and clinicians do clinical work. I think that sometimes with that conversation, it's tricky because you're trying to balance that collaboration.

(24:48):

And sometimes a peer worker may see something that they feel is not something that the individual they're supporting would want, but then maybe a clinical lens would have you leaning towards, "Oh, this information could be really valuable or I'd like you to share your thoughts on this where it's just not appropriate for a peer worker to weigh in on something." Or potentially where a peer worker has said to someone like, "Hey, I'm not going to share that with someone." Obviously outside of things that are very heavily risk orientated, although we don't necessarily address risk that way in peer work, we view it as just another experience happening in someone's life. We sort of steer away from that word of risk, but for the sake of a conversation using the word risk, that can be sort of a situation where obviously we always want to pass those on to the clinical team where required, but outside of sort of matters like that, it can be a little bit of a tricky thing to navigate the boundaries of both roles and sometimes where they can butt heads a little bit.

Kevin Tran (25:48):

Yeah. It's thinking about particular individuals who have built such strong rapport with a peer worker that they don't want to move on in a sense. They feel like a young person has felt such a strong connection with the peer worker. They feel like the peer worker has all the answers to the young person's problems. But when the peer worker tries to suggest extra support where it's just like, "Oh, we try to pass them off to a clinician," it becomes such a tricky area. As a peer worker, I want to provide as much support as possible, but there's just certain things that's not within the scope of my role to be able to provide, whether it's a therapy or diagnosis. As peer workers, I'm not meant to be doing that. And I'm not the most effective choice for that because I'm not trained in that sense.

(26:30):

It's so important for us as peer works to bare in mind, so it's just like, oh, we have a clinical team who is able to provide that support. We should be advocating for their services as well for the young person. And I think that that's why it's so important as peer workers to understand what their responsibilities are and what the clinicians' responsibilities are. And because it really helps us provide the most effective service delivery. We want the young person to get the support, but I also need to remind myself that I'm not the only person who can provide that support. Having those consultations to clinicians really helps with that. And it's just like, oh, we get to chat about what is within our role, what support can we provide best now? How do we ensure that the young person is able to get access to that support?

(27:11):



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Having that constant communication with clinicians and having that team culture, I guess, of having so many multidisciplinary roles within this space, it really helps build a more effective collaborative system.

Hamish Czygan (27:25):

I love hearing about that. I think I'm going to throw Jack a curveball.

Jack Ebacioni (27:31):

[Laughs] Okay.

Hamish Czygan (27:31):

Yeah. What was one of your biggest concerns having the peer workforce become a larger part of eheadspace? I'd love to hear from your perspective what that is. I'm conscious that a lot of the people listening in, they might be sort of having a similar situation here where Peer Work is becoming a bit of a bigger part of their service and they're wondering how to navigate those changes.

Jack Ebacioni (27:57):

I think the biggest fear for me would have been the unknown because what we did was nothing that I sort of seen before. And I think it was the unknown and what's it going to look like. And just based on our service and how young people can be anonymous, we know the presentations we can get. We were obviously, there was concerns about how do we protect not only the peer workers, because as a senior clinician, we will do debriefs or consults if a peer worker has a tough session, but it's also what is risk going to look like if a young person's presenting with immediate risk or acute risk. So I think it was that unknown and what's it going to look like? What's the escalation process going to look like? And I think it wasn't all launched on one day. So all those things were thought out.

(28:45):

Every sort of scenario was tried and thought out. There's obviously grey areas, but I think having that solid escalation plan, having training on what peer work is, also that understanding of what it is and how it's going to benefit, I think really helped those unknowns and that fear of what's it going to look like in the real world. And I think it's probably one of the best things we've done.

Hamish Czygan (29:09):

Yeah. It's so interesting to hear your reflections on that. And I can only imagine how ... Yeah, I guess that fear of the unknown in a sense of what's this going to look like? How does escalation procedure work? And I think that sort of came back to, as you say, that really solid education, right? And I mean, it took us years. It took us years to figure out what we have now. And obviously we were sort of pioneering in this space, so there wasn't necessarily a roadmap to follow. And if anyone's listening in and wondering what to do, I totally advise you to get out there and consult with other teams that have sort of got that multidisciplinary approach. But yeah, it's really insightful to hear that. And I think that one of the biggest strengths of the entire eheadspace team was that willingness to learn that genuine desire to see the space progress, to see how can we best support young people?

(30:04):



And I think that as long as you can get everyone on the same page as to where we're heading and that we're putting young people first and we'll do this in a way that's safe and considered and we'll also involve everyone in conversations. We're not going to just put this in and say, have at it. It was something that is very considered. And even though sometimes it can be, I guess, slow for change to occur, to be honest, I found the integration of a wider peer workforce into eheadspace to be pretty smooth. And not only was that great, A for the service user, but it also built up a lot of rapport, a lot of trust, and a lot of collaboration between the clinical and the peer teams. And so I think that with the approach that we took there, it was something that really proved beneficial in the long run.

Jack Ebacioni (30:52):

Yeah, I just think I'm really excited to see how this all progresses and how we can continue to compliment each other. And basically, at the end of the day, we're here to improve people's mental health, specifically young people for us at eheadspace. And we're all in it for a reason.

Kevin Tran (31:10):

I think Jack said everything I wanted to say, but I think it's also very nice just to hear the clinical perspective of how peer work has evolved in this space as well. I think the word that comes to me is admirable, but it's just like, oh yeah, I was just hearing your concerns for the space and how it's going to be integrated. I think it really shows how much thought is put into the peer workspace here. It really shows how, God, it's definitely not just one small idea. It's like a bunch of ideas framed into this. So yeah, I very much look forward to see how this space evolves over time.

Hamish Czygan (31:45):

Totally agree with that, Kevin. I'm quite eager to see how the peer workforce grows. I'm also keen to see obviously the clinical space is also something that never stops growing and I'm keen to see where that takes us in the future. And I think all in all, I'm keen to see how we can continue to collaborate more and what'll come from those spaces and those conversations. I think that we're more integrated with in between disciplines than we've ever been. And I'm so excited to see what fruit is beared from that. And I'm just super keen to keep moving forward with this amazing crew. And also just to see where the wider space ends up going. Cool. Thanks for listening to Mental Health in Practice, a podcast from the Mental Health Professionals Network. If you'd like to learn more about today's guests or access related resources, visit this episode's landing page.

(32:34):

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Host (32:45):

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