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Podcast Transcript

Vicarious trauma: Looking after ourselves and each other

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Release date:	Wednesday 28th October on Mental Health in Practice
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Host (00:01):

Welcome to Mental Health in Practice, a podcast by MHPN, bringing you insights and experiences from professionals across Australia's health and mental health sector.

Dominica Dorning (00:18):

Welcome everyone to Mental Health in Practice, a podcast from the Mental Health Professionals Network. In this episode, we'll be exploring vicarious trauma, something that can affect any of us working in health and mental health, whether we recognise it happening or not. We'll share some of our own experiences of noticing the signs of vicarious trauma and how they may show up in our lives before looking more broadly at how we can both look after ourselves and how teams and workplaces can better support practitioner wellbeing. But before we get into it, I'd like to take a moment to acknowledge the traditional custodians of the land where I am coming from today, the Wurundjeri people of the Kulin nation, and pay my respects to elders past and present. I'd also like to acknowledge the traditional custodians of Neeraja where my colleague is joining from the Gadigal people of the Yora Nation and also pay respects to the elders past and present there, as well as acknowledging the traditional custodians from anywhere that you're listening from today.

(01:15):

My name is Dominica Dawning and I'm a clinical psychologist based in Melbourne where I work privately for myself across the trauma field by providing therapy for trauma survivors as well as supervision and training for psychologists and other professionals working with traumatic material or in the trauma field in some way. And today I'm joined by my colleague Neeraja Sanmahunathan, who's a senior policy officer in the sexual assault space for Ministry of Health in New South Wales, and has also previously worked as a frontline clinician in child protection and the refugee and asylum seeker sector and across the sexual violence sector as well. And Neeraja and I first met probably about 12 years ago when we

worked at Starts in the refugee and asylum seeker space where we were podmates in an open plan office and had this lovely opportunity to build a supportive relationship with one another that has stayed and sort of blossomed into a friendship over time.

(02:12):

So I feel very lucky to be joined by her here today.

Dr Neeraja Sanmuhanathan (02:15):

Thanks, Dom. It's great to be here.

Dominica Dorning (02:17):

So Neeraja, I might hand it over to you now and we can chat a bit about why it's important for us to be here today. Why is it an important conversation to have about vicarious trauma? It's a risk in mental health professionals and how it might show up for people and affect us.

Dr Neeraja Sanmuhanathan (02:34):

Absolutely. Thanks Dom for that. When we think about vicarious trauma, we often look at the psychological and the emotional impact of our work. So when we are repeatedly exposed to other people's traumatic content, whether we work in the mental health space, policy space or somewhere else, but it's the impact of work on our own sense of self. So it can be our relationships, it can be our sense of safety and hope, how we understand what we carry home. We know that clinicians are often repeatedly exposed to that trauma content. It can be violence content, it can be loss, it can be sense of injustice. So how does all of this impact what we take home? When I think about starting in this sector and you hear a lot of stories around impact on the practitioner, it's only when you actually enter the space that you recognise the professional actually becomes the personal and vice versa.

(03:29):

Our role bleeds into who we are at home because we do bring our authentic self to the work. And I think we also enter the helping profession because it's based on our own values and sense of justice as well that leads us to this work. And when we do experience vicarious trauma, it's not because of our lack of clinical capacity or empathy, it's because a lot of other cumulative factors that impact it.

Dominica Dorning (03:53):

Building on from what you said, it's important because it's a vulnerability for anyone, anyone working across the mental health field who's coming into contact with people who have experienced trauma, which we know there's a really high proportion of folks who've experienced trauma who then access mental health support. I often see it approached in a couple of different ways. There's either a bit of a, there can be kind of cultures in workplaces where there's this sense of like, oh, well, it's just part of the job and we get on with it. Or there's the other approach of that acknowledgement of yeah, naturally when we work with trauma survivors and we come into contact with traumatic material, we have this very human response that potentially means we might be affected by the work that we're doing, whether or not we notice that. And that I think as mental health professionals ourselves, it's really important for us to look after ourselves in the same way and we have the right to feel well in ourselves

in just the same ways we're trying to help and advocate and support the people that we're working with.

Dr Neeraja Sanmuhanathan (04:57):

Absolutely. And I agree with you that it's not a if, it's more a when. And how do we normalise those conversations around vicarious trauma and not feeling okay all the time? Because I think as clinicians and practitioners, there is that pressure often to hold yourself to a particular standard. And sometimes that can be self-inflicted as well as much as sometimes organisations can expect that as well. But I'm also curious to hear how do we recognise the pointy end of impact because we are normalising conversations on one hand, but we also recognise in our work that it's probably a continuum. How would you recognise the pointy end of impact of vicarious trauma?

Dominica Dorning (05:39):

Yeah, it's a really good question. I think the way I think we probably learned quite similarly about what vicarious trauma is and how it shows up, and that's through this lens that it's something that's going on, it's this process that's going on all the time within us whenever we engage with traumatic material. And so that means that inevitably at some point we're likely to feel the impacts of it. And the aim really, maybe the aim of one of the messages of this podcast is for people to understand that we're not necessarily striving to never be affected by our work because for all the reasons we've just introduced, that's not really realistic. And I think the aim is, yeah, if we can help to develop this self-awareness so that we can keep ourselves down that lower severity end of the continuum, then that's going to be effective for us.

(06:27):

So how do we do that? How do we start to look out for it? I think building this idea of self-awareness, that's going to look different for different people. Some people are quite naturally self-aware. Some professions have it built into their practice. A lot of the counselling, psychology, social working professions have a big focus on reflective practice that can either be done on your own or in supervision or collaboration with other people. So I think developing some skills around being able to check in with yourself and tune into what that looks like for you is really important. And then having some ideas of what might be some signs and symptoms across the continuum. I think the tricky thing about vicarious trauma is that it can look like a lot of other things. So things like fatigue or muscle tension or heightened arousal levels, being on edge, heightened anxiety, that kind of thing can be explained by lots of different factors, but may also be a result of vicarious trauma.

(07:28):

So I think looking out for those things, but then as we move along the continuum into that sort of more moderate effects or severe effects, it's probably that people are having more of these impacts showing up more often and they're starting to affect them more significantly and that they can also, particularly at the more severe end, start to look a lot like a typical trauma kind of response. So people might be having that hyperarousal, hypervigilance type response. They might have difficulty sleeping, they might be over-focused on their clients having nightmares, having images or memories that are actually of content that they've been reviewing or that clients have told them about and things like social

withdrawal and reduced capacity for relationships and social interactions and things like that. So down the more severe end, it can have really significant impacts on people.

Dr Neeraja Sanmuhanathan (08:25):

So what I'm hearing is that it is a continuum, but the symptoms and the frequency might look different depending on where you're at. And I think it's also interesting, I think when we talk about vicarious trauma, like you said, the symptoms aren't always clear because it can be so many different things. And I think maybe a good question is as well to look at what is your baseline functioning and how has that shifted? And is that shifting considerably to a state where it's hard to recognise who you were before that? I know when I started working in child protection straight out of university, I'd noticed more exhaustion, changing worldviews. When I'd be at a park with my nieces, I'd scan a bit more, I'd monitor kids and interactions, and that's not usually me. I'm usually pretty relaxed and able to be the present, but I noticed that and I thought, oh, I can really see the impact of reading a lot of trauma content, working with families impacted by violence, impacted by abuse.

(09:28):

And you do carry that home sometimes and often start to mirror that worldview that sometimes your clients can have as well, right?

Dominica Dorning (09:36):

Definitely. And I think while we talk about this continuum, I don't think it's always necessarily one directional. The way that work affects you can really ebb and flow based on maybe the amount of content, the amount of any complex cases or things that you're taking on, as well as what's happening around people as well. If we think about some of the systemic effects and the systems that people are interacting with that potentially make their experiences of their trauma worse or worsen their own mental health. I think about the other times when we worked in the asylum seeker sector together, my baseline a lot of the time was mostly optimistic despite the systems being very restrictive. But then from time to time, I tended to notice when it was really affecting me, I would feel quite low, low in mood, quite sad. I'd be crying easily.

(10:28):

And every now and then I'd come out of sessions and feel really hopeless about how I could help someone. So you're right, being able to notice when you feel differently to your baseline, I think it's a useful signpost. When you were introducing about why this is important, you mentioned early practitioners and how it can be a bit of a daunting feeling as people enter the profession about what it's going to look like. What do you think about the risks for early practitioners versus people who have been in these professions for over a longer period of time? Are there differences in how it shows up or how it affects people? What does that look like?

Dr Neeraja Sanmuhanathan (11:09):

I think as an early practitioner, I probably struggled with not having the confidence and the skillset starting off in a new role in the trauma space. I think you tend to go in with a lot more expectations of yourself to manage things a bit better and then realise very fast that systems may not be there to

support new practitioners as much. So you rely on a lot of other people, you tend to second guess yourself while thrown into the deep end of trauma work. I think as a practitioner that's been in the trauma sector for the last almost 15 years, I think the risks are a bit different in the sense your exposure is cumulative and compounded. So you have worked in the trauma space for a long time and you can often expect to step up and support other early practitioners without that recognition that someone working in the trauma space for 10 years, 15 years, 20 years, they've got the cumulative impact of trauma and exposure.

(12:08):

So I think they need support in a different way. The risks are there for early practitioners as well as established ones, but the risks look a bit different and I think different factors contribute to it.

Dominica Dorning (12:20):

Yeah, I think that checks out. I think the research actually shows when we look at what are some of the factors that make people more or less vulnerable to being affected by vicarious trauma, one of those factors is a dosage effect, which makes a lot of sense. So the more traumatic material that people are exposed to more frequently over a longer duration, the more likely it is to affect them. So I think that's where someone who's an experienced practitioner, maybe they've had the opportunity to develop ways of coping with and looking after their exposure to material, but it is still accumulating. I think it's important to acknowledge that. So maybe the way it shows up or the vulnerabilities people have at different times in their careers varies, but I think even experienced practitioners are still vulnerable to it.

Dr Neeraja Sanmuhanathan (13:15):

Yeah, absolutely. And I think it's not so much about becoming less affected by the work, whether you're a new practitioner or a established practitioner, it's about how do we create awareness for all of us to recognise the impact and to normalise conversations and to respond to it as early as you can.

Dominica Dorning (13:34):

Yeah. And if I think of some of the things that have been helpful for me when we were working together at STARTS, I know even as an experienced practitioner, I would have conversations with my team leader about, okay, well, I've already actually got this many clients who have this X complexity. I now actually need someone a little less complex on my caseload. So being able to recognise that and have those conversations was important even as we progressed.

Dr Neeraja Sanmuhanathan (14:05):

Yes, absolutely. And it sounds like you had that really lovely safe space to actually request that, right? And with your manager, team leader, workplace that supported those conversations.

Dominica Dorning (14:16):

Absolutely. I often think of what we can do to look after ourselves. I think of it from the lens of what are these preventative structural things we can do in our day-to-day work to try to reduce the likelihood that we move further along that continuum of vicarious trauma and/or what are the things we can do if

and when we notice that we're moving a little bit along that continuum or a bit further than our baseline. So yeah, are there any things that you do or have done that have been helpful for you?

Dr Neeraja Sanmuhanathan (14:47):

When I've noticed that I'm carrying stories home, I make a purposeful decision to really switch off at the end of the day. I think often in our work, there's always a little bit more to do. There's a progress note outstanding, there's an email left to answer. And I think as women as well, we tend to multitask and try and get things done while we're doing caring duties or cooking. So I'm more intentional about switching off at the end of the day. I'm a mom of a little girl who's almost two, and I think I try and spend as much time as I can outside of work with her because she grounds me. I also think it's really difficult to think about other things when you're around a two-year-old switching tasks every two minutes, so you really have to be present. So that has helped to really prioritise different roles that I have outside of the space that I work in.

Dominica Dorning (15:38):

Yeah, definitely. Definitely. And I've found, I think the way that I've approached things has probably varied a bit throughout my career. Like you say, before I had a partner and children, the amount of time I spent on self-regulating activities and activities I enjoyed and benefited from, I would practice yoga and I would exercise every day, probably for a couple of hours every day, and I'd cook and I'd read books and all these kinds of things that now I don't really have the time for. I probably still did this earlier in my career, but I have always liked the focus of what can we do in our workday and in the way that we're working to try to protect ourselves a little bit. And so that's often around just being cautious of how many clients I'm seeing in a day, trying to balance out where people are booked in terms of their needs and the amount of content they're going to be disclosing or things like that, as well as making sure to take breaks and have lunch away from my desk and have conversations with people and pulling out of that trauma mode, I think is really important.

(16:47):

Nowadays, I think I do the same. I'm intentional about closing out my day and seek out supervision. I've got a few colleagues who were available for peer consultation when we need it, and then I also have a more specific supervision for some of the specific modalities I use. And for me, exercise is a big thing. Even as a parent now, I have a bare minimum of being in the gym or doing something in the week where you can only focus on that thing. And for me, that's playing futsal or social soccer. And I've had a few people say that, people who play tennis or they go surfing or something that really requires that real full participation so that even if you tried, you couldn't be thinking about work or that kind of thing.

Dr Neeraja Sanmuhanathan (17:30):

I think it's so purposeful to have something that's truly your own outside of work where you can switch off. I also tend to prioritise supervision and make sure nothing else is booked in because I think if we are not able to feel good in our own selves, it's really hard to then do the work because the work can be heavy. And also the work is really important to do well. So I think part of that care is also making sure that we're okay. Even if I don't get much time to exercise these days, because I'm often running around with a little one, even just stepping off for fresh air, going on a walk, stepping outside to have that cup

of tea as opposed to sitting inside the home in front of a screen, I find that has helped regulate myself a bit more.

Dominica Dorning (18:14):

You make a really good point because the other thing, if we come back to that risk or that vulnerability around the dosage effect, is that as our careers have gone on, there's been this massive increase in algorithms in social media and this 24-hour news cycle. And depending on the role you're in and depending on the person you are, you may be drawn to those things. And I think what's an added risk now is that we can be sitting down to have our break with a cup of tea and we open our phone and an image or a video of something potentially quite traumatic pops up without us actually searching for it or seeking it out. And so it may affect you or may not, but it's definitely something I'm quite cautious of how and when I engage with the news and social media where I do follow accounts that might have that stuff come up.

Dr Neeraja Sanmuhanathan (19:08):

Absolutely. I remember back in the day, I used to sit down at the end of the day with my dad at 6:00 PM to watch SBS News with him, and that was a structured time slot where you sit down as a family and watch news. Whereas like you said, these days you open up your phone and before you know it, you are hit with what's happening not just in Australia, but around the world. And there's lots of stories of violence. And if you're working in the trauma space, that's an unexpected exposure that you could have while having a little break, like you said. And I think I also used to be someone that felt it was really important to bear witness to what others were experiencing around the world in context where there was violence and injustice. But I've slowly realised the cumulative impact of that because you are engaged a big part of the day with trauma content.

(19:56):

So I think it's also being purposeful of how do you bear witness in a way that also sustains you?

Dominica Dorning (20:01):

Yeah, 100%. Most of us in the mental health field will have been taught at some level about that sort of self-care type approach to looking after ourselves in our work. I hope over time it's become a little bit better understood that actually self-care on its own and self-care alone is really not sufficient to sustain ourselves in the kind of work that we're doing and sustain ourself in working with traumatic material and trauma survivors over time. Obviously what we've experienced through our own careers, but also again, what the research says is that workplace culture and workplace structures like policies and procedures, as well as things like team support, collegial support, are equally as important as what we do for ourselves. I wonder, Neeraja, what have you either found to be helpful from that more kind of structural organisational type approach or what do you know to be helpful when we're taking that into consideration?

Dr Neeraja Sanmuhanathan (21:03):

I think what has really supported me over the years is a safe space to have conversations with someone you trust, whether it's colleagues that work alongside you, but I also think it's also important to have

trust above where power sits, where change happens, where you can have some influence of people saying something's not working, someone's caseload is too much. How do we sustain clinicians and workers in this space because we want to have good care provided to the consumers and clients that we support. I also think as clinicians, I don't exist in a silo. I exist within a team, within an organisation, within a system. I think we are slowly moving away from this idea of self-care model to a shared care model with organisational responsibility recognised as well. And where I have felt the most support is where there's been a safe environment where I could openly speak my mind about the impact of the work, but not just the impact, but also then me taking that step of what do I need next?

(22:06):

How can a manager, team leader, leadership support next steps? But also to advocate for changes at a system level if something isn't working that has been really meaningful in how I have felt supported and also held hope that when I have not felt so good, that there have been people that have cared enough to make changes and to go out of their way to advocate for me while I was working in the trauma sector. What has helped you and what have you found helpful?

Dominica Dorning (22:38):

Yeah, I think you've touched on a lot of important elements. I'll just add that for anyone who isn't aware, workplaces, they're obviously responsible for our physical health and safety, which I'm sure people are very aware of that, but they're equally responsible for our psychosocial safety and being impacted by something like vicarious trauma or burnout absolutely falls under that responsibility. And so if you are in a workplace that feels like it isn't a focus, obviously it's up to you whether or not you raise that and try and make it more of a focus or whether you consider looking for a workplace that has more of that embedded. It's important to know that that is your right and that is the responsibility of a workplace. So what I found helpful, and I think what the research says is a workplace culture that acknowledges vicarious trauma exists and is willing and encouraging of training and learning and education around its existence and has, I think, again, these preventative things in place that are going to be supportive for people, whether that's group supervision or clinical team meetings.

(23:51):

And yet that feeling of trust and safety to be able to approach someone in some ways I think goes two ways. I've found when my peers, because obviously we all contribute to workplace culture, when my peers and then also when people in leadership were open about how their work was affecting them, that then made me feel more comfortable to share when I needed to share how I was being affected by something. And I think that can take place in a structured way. It can be mentioned at staff meetings and in team meetings, and I think it can also just be in a bit of an informal way where the senior staff feel comfortable to be open about what it's been like for them or the ways in which they support themselves.

Dr Neeraja Sanmuhanathan (24:34):

Yeah. So you're talking about actually seeing that behaviour modelled from the top down and feeling then safe enough to do the same.

Dominica Dorning (24:43):

Because I think it gives a sense of, yeah, everyone's human and this is a vulnerability for all of us, and my job isn't going to be at risk if I share how I'm feeling or how it's affecting me.

Dr Neeraja Sanmuhanathan (24:55):

I think you have to have that safety and you have to feel that when you do speak up, that the organisation is not going to take punitive actions against you saying something. I also think often we can carry shame for feeling the way we do. And I think organisations where that safety is there and that trust is there, where you can actually seem behaviour modelled from the top, it takes away that shame response or that self-blame response that you can have offered for feeling a particular way.

Dominica Dorning (25:25):

Yeah. And I think that's the thing is that shame response can link into this sense of like, oh, if I'm impacted by my work, then I'm not cut out for this, or it's a weakness, or why can't I handle this? The person next to me can, kind of thing. Obviously different people have different responses to different things, and that's really valid. I've had colleagues who've said to me, I don't know how you work in the asylum seek field. And they've worked in eating disorders, and I've said to them, I don't know how you work in the eating disorder field. So different people can be affected by different things in different ways. And I get asked this question a lot about whether people should tell leadership if they're particularly vulnerable to certain content, like maybe child abuse or sexual assault or something like that. And I would say that if you do feel safe and in this kind of trusting environment and you think that it's going to be effective in that they might be able to balance out your caseload, then that is a really effective conversation to have.

(26:27):

And I can also understand that some people may not feel that safe in doing that or may be worried that there's negative flow-on effect to that.

Dr Neeraja Sanmuhanathan (26:37):

Absolutely. What you're affected by changes as well. I think different seasons of your life require different things as well, even from workspaces. I know I've always wanted to do a bit more work in child abuse, child sexual assault space, but I just don't think the timing is right now for me is right, being a new mom. So I think it's also noticing the change of season for you in life and what you need right now, what you can hold safely and what's not going to work. I think that's important as well.

Dominica Dorning (27:08):

And I think that's actually just reminded me of something else that I've found helpful over time is having variability in work roles. In my experience working in NGO public health roles, you tend to get a little bit more variation in your tasks in that you might do some counselling, some case management, run groups, clinical meetings, and that's really helping with variation and limiting that dosage effect compared to say someone who might be in a private practise role and seeing five, six, seven clients a day. Depending on the clients you're seeing, that could be quite a high trauma load. So yeah, I'm grateful for the roles that I've had in the past where that was built in. And I think, like you say, for different seasons, now that I work on my own, I have two small kids, I've probably consciously taken the approach of having part of

my work still being client therapy related and then also taking on some supervision and some training as a way to reduce that traumatic load a little bit.

(28:08):

Yeah, so I definitely get what you say about how that can shift over time. And maybe for us in 10, 15 years time, it'll shift back in a different direction. I know one little thing we wanted to cover was the effect of systems, I suppose, and how very commonly in lots of different roles across mental health care or mental health work, there are systemic limitations that both practitioners face and clients or service users face. And I wonder if there's anything you want to speak to about how you've seen that show up or how that's a barrier sometimes to being able to look after ourselves and also how workplaces can look after us.

Dr Neeraja Sanmuhanathan (28:50):

I think when I have worked in the refugee space, there were multiple system barriers for the clients that we supported and you saw the impact of it day-to-day on someone's life. And I think as someone who has a strong sense of justice, it definitely impacted the way that I saw how systems can really erode a person's sense of safety, how we tend to value particular visa status in the community, what access they had to healthcare, education, raising kids in another country while being an asylum seeker. I think the system stuff that our clients experience as barriers can also impact the way that you hold onto hope, hopelessness, helplessness. But also I think working in systems that have a lot of red tape and funding limitations, you are aware of the precarious nature of your role maybe, or organisations that often rely on support and funding that make you feel like the system is restricting the effectiveness of the work that you can do.

(29:58):

I think When you are in these help-seeking professions and frontline roles, you are also working within the constraints of systems. Going back to, I think what you said earlier, maybe on another point as well, how do we influence change in a small way within the systems that we work? I know people that have left the system and said, "I can't exist here. It doesn't work for me." And I also appreciate that not everyone is wanting to do that or able to do it or choosing not to do it. That's absolutely okay. But I think when I've been in those systems, how do I chip away slowly at challenging and advocating for change while being within that? And I think that has to be strategic. I think that has to be collective, and I think that has to be supported as well.

Dominica Dorning (30:45):

Yeah, spot on. And I think the challenge sometimes of a lot of mental health services are, they're working from funding period to funding period, and sometimes a lot of these services are even underfunded in the sense that the supply doesn't meet the demand. And so what that means is that wait lists for services are very long, the number of staff to meet the demand is inadequate, and therefore the pressure on the staff who are in the service is potentially quite high. I think that it kind of works twofold, acts as a barrier for the workplace and for staff to be able to enact a lot of the helpful things we've talked about today, and then also potentially adds vulnerability to people because they're not able to enact those things. And then for the reasons that you've said, they potentially have this extra

burden of feeling like they're not doing enough or that their work isn't effective or they're unable to make change.

(31:39):

And I definitely saw how that impacted me. I think in some ways I felt more impacted by the restrictive and oppressive systems we worked under than the actual material itself. So yeah, I just really want to acknowledge that and add to what Neeraja was saying, that sometimes that feels like something you can take on and something that you can also participate in working towards change. And sometimes that feels what you're doing in your role is the best you can do. It's all you can give in that point in time. And knowing that collective care, that community care is out there showing up at protests and writing to MPs and advocating for additional funding or additional services, and that's all working together to try to improve access to these kinds of supports for people. Well, before we finish up, should we have a little reflection on people starting out in their early career?

(32:36):

Any advice you'd maybe give to your younger self or anything that you found helpful that you want to share with people starting out in the mental health field?

Dr Neeraja Sanmuhanathan (32:45):

I think looking back at my younger self, I'd probably say find different ways to hold onto the passion because this is a really long road that's ahead with lots of curve balls being thrown your way. I think managing expectations of how quickly change happens in the spaces that we work in. I remember starting out being very eager, being really motivated, and I wanted to change the world. And I thought if I just worked hard enough, I could make all of this happen really quickly. But you realise that we've talked about systems a lot. We know that systems change is slow. We know that victim survivors and humans are complex beings and healing doesn't happen in a linear manner, but also you are human too, and there's lots of things that you go through in life. The last 15 years navigated relationships, navigated my mom's breast cancer journey, navigated a PhD journey.

(33:41):

So I think there's lots of things that happen for you in life as well. And I think we have to realign how we focus our energy, how we recognise where we can make some changes and where we have a bit of circle of influence and not feeling responsible for changing everything all at once. A little bit every day I think goes a long way. I tell my younger self to be strategic, to resist where you can, but at the end of the day, to look after yourself along the way. How about you? What would you tell your younger self, Dom?

Dominica Dorning (34:12):

Yeah, I think in a lot of ways I feel so lucky for how my early career started out. I started volunteering in the asylum seeker sector while I was at uni and really developed an interest in that. So I knew what I wanted to do. I knew what work I wanted to do and where I wanted to do that. And I feel like that was something that was really helpful and it pulled me away from that feeling of what should I be doing, what job should I be doing to get the best experience and that kind of a thing. It'd be like what Neeraja said, focusing on what it is you want to do and what you enjoy and what you're passionate about

because I think that has a lot of protectiveness in it. And as a part of that, I also worked at these fantastic organisations where my colleagues became really close friends.

(34:57):

And I think that's probably because we were all quite values aligned and we were all there wanting to change the world and do good work and help people. And so I would absolutely say that too, to look for roles and workplaces where you have really strong relationships and support, indirect support as well, not only that sort of formalised direct support through management, but actually getting along with your colleagues and your peers and being able to be there for one another. And I think the last thing, this is something I did a bit later in my career, was the value of supervision outside organisations. Particularly when I worked in larger organisations, I was lucky that I tended to receive supervision internally, clinical supervision, this is particularly going through that period where I felt quite impacted by the systemic barriers of the work that I did. I think seeking out external supervision with someone who was particularly experienced in some of those areas was really helpful.

(35:56):

And also just having a sounding board that was objective from the workplace and who could just share some insight into some of the work culture and things like that was really helpful. It obviously costs money, but I think the value of it probably equal to what people have to spend on it.

Dr Neeraja Sanmuhanathan (36:12):

Yeah, absolutely. It's a great investment, isn't it?

Dominica Dorning (36:15):

Yeah. Thanks everyone. 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 and we'd also love your feedback. You'll find a short survey on the landing page to share what was useful and what you'd like to hear more of. Thank you for your commitment to multidisciplinary care and lifelong learning.

Host (36:43):

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