



Podcast Transcript

Online Professional Development for Mental Health Practitioners



In The First Person: A Mother's Experience of Postpartum Psychosis

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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 health care.

Dr Nicole Highet (00:17):

Welcome to this episode of MHPN Presents: In the First Person, a podcast series that provides you, the listener, with the privilege of hearing people's mental health stories in their own words. My name is Nicole Highet, and I'm a psychologist and CEO of COPE, Australia's peak body in perinatal mental health, and the developer of the Australian National Guidelines, amongst other initiatives. In today's episode, I'm delighted to be joined by Ariane Beeston. Welcome, Ariane.

Ariane Beeston (00:44):

Hi, Nicole. It's great to be here.

Dr Nicole Highet (00:46):

Great to have you. Now, Ariane, you and I know each other very well.

Ariane Beeston (00:50):

We do.

Dr Nicole Hight (00:53):

We first connected when you approached COPE, actually, to do some volunteer work, because you knew our brand and what we stood for, and from there we found some resources which meant that you've been able to become an official member of the COPE team. And how long is it now? Is it four, or five years?

Ariane Beeston (01:07):

It's now four years, four years. We've just had our four year anniversary, work anniversary.

Dr Nicole Hight (01:13):

Just beautiful. It's been an amazing time. And look, over that time we've had many, many varied conversations about perinatal mental health, so I'm very much looking forward to our chat today.

Ariane Beeston (01:22):

So am I!

Dr Nicole Hight (01:23):

And look, no matter how many times we talk, which I must admit is daily, it always gives me more food for thought and things to think about, which really informs our work, but also what's still needed. And so, let's really get into all of that today. Are you ready to take a deep dive into your story?

Ariane Beeston (01:42):

I am. Let's go.

Dr Nicole Hight (01:43):

Alright. I'd really love to get our audience to understand a little bit more about experience. So, let's go back to when you had your gorgeous little baby, Henry.

Ariane Beeston (01:50):

Yes.

Dr Nicole Hight (01:50):

And your experience, in terms of emotional and mental health challenges, that you experienced around this time. So, looking back, what were some of the first signs, Ariane, that something wasn't quite right for you?

Ariane Beeston (02:02):

So, it's interesting because certainly, in hindsight, I can pinpoint that it all began during pregnancy. And we know, from listening to other women's stories, that that often happens, that after they've been through quite a severe postnatal mental illness, that they can often actually, in hindsight, say actually, it began much earlier. So, for me, the anxiety began very, very early on. I think probably around week seven or week eight, I just remember being really, really fixated on the health of the baby's, at that stage, I didn't know whether I was having a boy or girl, but I was really, really anxious that something was wrong with the baby, and that they would discover something was wrong with him in some of those antenatal tests. And so, it meant that I didn't feel attached or connected to him at all. I really worried that I would miscarry, or that they would find something. And so, I just remember this constant anxiety, and not wanting to get too attached to the pregnancy. Once we got through that point and he was healthy, I just remember feeling really, really flat. I didn't feel excited. I didn't feel happy. I just felt, just really, really flat. And it was a very different experience to what I experienced after I had him, in terms of the depression. But I would still describe it as, yeah, really strong sense of just feeling numb, not feeling excited. Yeah, not at all what you expect pregnancy to be like.

Dr Nicole Hight (03:41):

And can I ask, did you talk to other people about, did you talk to your husband, Rob, for example, about the anxieties you were experiencing about the health of Henry, or the fact that you did feel flat?

Ariane Beeston (03:51):

No, not at all. Not at all.

Dr Nicole Hight (03:53):

And why is that?

Ariane Beeston (03:54):

I think there's that pressure just to be grateful, and to keep on a face, pretend everyone's really excited. And yes, you sort of feel that you can't speak up if you're not feeling quite right during pregnancy, it's difficult to. Also, I think you wonder, is this just normal? If it's your first pregnancy, you sort of wonder is this just a normal part of pregnancy, feeling a bit anxious, or is it just hormones? So yeah, I really, really struggled. I also really struggled with the changes to my body. So, as a dancer, as someone who had trained to be a ballerina to an elite level, it was the first time that I'd really ever experienced my body changing. It was the first time that I put on weight and each week, that was quite a strange, very strange. I found that quite triggering, being weighed by an obstetrician every week, or every couple of weeks, and having the numbers or the weight recorded. I found that really, really triggering and very, quite re-traumatizing, from those early years of ballet where it was all about your weight.

Dr Nicole Hight (05:07):

Weight, hmm. Do you think that affected your connection with the baby as well?

Ariane Beeston (05:10):

Yeah, yeah, definitely. I had to work really, really hard to not fall back into old habits around eating and disordered eating.

Dr Nicole Highet (05:20):

Had you had disordered eating in the past?

Ariane Beeston (05:22):

Yeah, yeah. So, certainly during my teenage years when I was training, it's sort of a bit of a cliche, it's like, who didn't?

Dr Nicole Highet (05:31):

Yeah, of course.

Ariane Beeston (05:32):

So yeah, very much. I really struggled with that during my teenage years, and then recovered and was fine. But, as we know for a lot of women, the pregnancy and postnatal period, if you have experienced disordered eating or eating disorders, it can be a real trigger.

Dr Nicole Highet (05:51):

Very confronting.

Ariane Beeston (05:52):

Yeah, very confronting. And there's such a focus on your body, on your weight, on the way that you look. And yeah, I found that for the first time, again, really that period of my life, really, really re-triggering, and something that we don't talk about. And you asked me before whether I spoke about feeling anxious and depressed, I think I was even less likely to talk about the fact that I was really struggling to eat well and exercise, but not overdo it. And yeah, it's definitely something that is, I think, even still quite taboo. There's a lot of stigma around, as we know, around perinatal eating disorders.

Dr Nicole Highet (06:32):

Okay. So, moving on then to, so we've got a good idea about what pregnancy was like for you. Then let's move to the birth of Henry, and the early postnatal period. So, tell us a little bit what happened there for you?

Ariane Beeston (06:49):

The birth was traumatic. I didn't realise it at the time. Again, I've been able to put the language on that through the work that we've done, and the research. It sort of started off normal. I was induced, and then all of a sudden the cord was wrapped around his throat, and there was a midwife running in. The

obstetrician was running in, and I was suddenly being yelled at to push. Whereas before then, it had all been very quiet.

Dr Nicole Hight (07:18):

Peaceful and calm?

Ariane Beeston (07:20):

Yeah, and then all of a sudden it wasn't. And yes, and so it was, basically, push or getting ready to be wheeled down into theatre. He was, I remember him sort of being ripped out. He was vacuumed out, so he came out with the cone head. But it all, it just, he was there, he wasn't there, and then he was there. I didn't feel that rush of love. I didn't feel the love at first sight that we expect to feel. And that was very strange. I just remember thinking that he could have been someone else's baby, and I was just holding him. It was a very strange, very strange thing.

Dr Nicole Hight (07:56):

Quite surreal?

Ariane Beeston (07:58):

Yeah, and almost quite an out of body experience. And I think that's from the very first moment where I thought, well, this doesn't feel, just doesn't feel right. This isn't what I expected. And then you have the midwife coming in, and sort of grabbing his head and pushing on your breasts in there, arms everywhere and people, and it's showtime, and it's all about the baby. And then discharged home, and I don't remember, it's quite funny, I think, I don't remember experiencing the baby blues and everything else, but I remember getting to the 72 hour mark. I remember my Mum saying, well, you might sort of feel a bit emotional as your milk comes in. And I remember sort of thinking, oh no, this is fine. This is fine actually, I'm going to be fine.

Dr Nicole Hight (08:47):

I've been through the worst of it.

Ariane Beeston (08:48):

Yeah, I've been through the worst of it. And I genuinely thought I had, and it was probably about four or five days after the birth, and we're changing Henry's nappy, and he had a little bit of a nappy rash. Babies get nappy rash, it's what happens. But I became really fixated on this rash, and this rash meant that I was a terrible mother. I was already failing. It was day four, and I'd already broken him, I'd already done something wrong. And I became fixated on the idea that DOCS would somehow know about this nappy rash, and that they were going to come and take him. And I think it's important to put a little bit of context around that. Before I had Henry, I was a DOCS psychologist, so I had worked as a DOCS caseworker and had worked through various roles. And then when I went on maternity leave, I was a child protection psychologist. So, I rationally should have known that that wasn't the case at all.

Dr Nicole Hight (09:55):

But you couldn't think objectively?

Ariane Beeston (09:57):

No. In my mind, somehow, DOCS knew about this rash, and I had been involved as a caseworker in assessing and bringing other children into care in my early career. And for me it was as though, well, you've messed up this time. You're a bad mother, it's your turn and they're coming for him, and they're coming for you. And that of course, yeah, became very apparent. I didn't tell anyone, of course, just went about my daily life. I do remember when I took him outside, I would always have the pram covered up. And I remember Rob has since, my husband has since remarked on that, and said that he just thought that I was protecting him from the sun, but it was always about keeping him out of prying eyes, making sure that he was hidden.

(10:44):

I had quite scary hallucinations when I looked at him. He sometimes looked like a little baby dragon. And he had, sometimes I'd look at his face and his features would sort of all be all over the place. It was very difficult for me to see his whole face. It is actually one of the things I find most difficult to articulate, the hallucinations or what I saw. And I suppose, my psychiatrist once said to me, you're trying to make sense of what doesn't make sense. And she gave me permission, I think, to sometimes go, I can't articulate it, and perhaps I never will be able to, at least not with language. But yeah, I thought that I had died. I thought that I was dead and that if I then took my own life, because by that point I was quite suicidal. And I thought if I took my own life, it wouldn't matter because I was already dead. And I'd get caught in this cycle of thought, this rumination of, you're already dead. If you take your own life, it won't matter. No one will know, because you don't exist anywhere. And it was really, really difficult to get off that train of thought, and very scary.

Dr Nicole Hight (12:00):

And so, at any of these points, did you talk to Rob about what was going through your head, your husband, or?

Ariane Beeston (12:05):

No, the short answer is he was travelling a lot for work at the time, so I was by myself. He was aware of different, so my behaviour, so having Henry covered up, I would send him photographs of Henry's bottom. We still laugh about it now. So, he'd be in a board meeting in LA, and I'd be sending him pictures of Henry's bottom, just pictures of, and one after the other saying, there's something wrong. Can you see this? And he would say, but he looks fine. Have you used some Sudocrem? Have you just given him some nappy free time? And yeah, I would just, no, there's something really wrong. And he would say, why don't you ask your dad? My dad's a GP. Why don't you ask your dad? Of course, I wasn't going to ask my dad. That would be too rational. So, I think he also just assumed, I think as everybody does, that, I present very well, I come across as very competent. And he just thought that I was being a good mum and just worried, but not in a way that he thought was concerning.

Dr Nicole Hight (13:17):

So, at what point did you, obviously you came into contact with services and did get help at some point. So, what led to that? Tell us what actually, I mean, you're justifying all these things. It's just this, it's just that, or, what led you to actually getting help?

Ariane Beeston (13:33):

I think what was happening, by that point, was that it had become a very, very physical illness. So, I had lost a lot of weight, and so I was down to very low, 42, 43 kilos. I was very, very skinny and gaunt. Everything felt very slow, like walking through mud. I remember just walking and feeling like everything was really slow, walking through mud. I wasn't sleeping and cognitively, I couldn't concentrate. I couldn't find the right words. I was really just struggling. And Rob went overseas, and the moment he left for the airport, I just started crying. And I wasn't, up until that point, I don't remember crying a lot. It was very numb, but it was more of a, not so much a sadness, but just completely numb and empty. But I started to cry, and then once I started to cry, I couldn't stop crying and I just cried. And I think I cried for three days, and I ended up ringing my best friend and saying, I think I need help. And she said, I'll come over. So, she came over and held Henry while I called my GP and made an appointment to see him the next day. So literally, as we know from our own research, it literally got to the point where I couldn't stop crying.

Dr Nicole Hight (15:04):

Breaking point, you couldn't cope.

Ariane Beeston (15:07):

I couldn't. And I couldn't stop the tears. And I think I had done such, and I really prided myself on my ability to continue responding to Henry, and smiling.

Dr Nicole Hight (15:21):

Holding it together.

Ariane Beeston (15:22):

And holding it together. And I think once I got to the point where I'm looking at you, I'm sitting, I'm changing a nappy, and I was just crying and I thought, I can't do this.

Dr Nicole Hight (15:36):

So, you were at the GP. Did you get a diagnosis straight away? And what was the diagnosis?

Ariane Beeston (15:43):

Yeah, so I remember walking into the GP's office with Henry, and I was still crying. So, when I say I hadn't stopped crying, he took a look at me and I walked in and I was sobbing. And what's interesting is I didn't

fill out any forms, because he literally sort of looked at me and said, well, I don't need you to fill out any forms to know that you're depressed. And sat me down, and we talked about trialling some medication.

Dr Nicole Hight (16:14):

Can I ask, Ariane, at this time, did you talk about the delusions?

Ariane Beeston (16:19):

No, not at all. And I actually remember him saying, oh, are you experiencing any suicidal ideation? And I'm, no, no, no, no, nothing like that. I just can't stop crying. Yeah. So at that point, it was still very difficult for me to be honest.

Dr Nicole Hight (16:35):

Tell the truth.

Ariane Beeston (16:35):

But it was like, I can't function, so I need you to fix me.

Dr Nicole Hight (16:39):

Fix it.

Ariane Beeston (16:40):

Make me stop crying. So, he prescribed Zoloft and referred me to see a perinatal psychiatrist, and I went to see him, and in hindsight, he just wasn't the right fit. He looked at my file and said, oh, I see you're a psychologist. Have you tried any cognitive behavioural therapies already? And I remember sitting there thinking, it felt as though he was saying, oh, what have you tried to fix yourself before you needed to come to see me? What have you already tried in your toolbox, sort of thing. And I just remember thinking, it had taken me so much to ask for help, and I didn't want to have to do the work myself. I wanted somebody else to take care of me. And I just remember walking out and thinking, he's not the right person. I went back to see my GP, and by that stage, I had really struggled with the side effects of being on the Zoloft.

(17:42):

It didn't seem to be working, the psychiatrist wasn't the right fit, and things were escalating. I was very, very unwell by that point. And my doctor said, I think you need to go into hospital. I didn't even realise at the time that there was such a thing as a mother and baby unit, I hadn't come across it in my work. And he sort of explained it as, you can go in with Henry, they'll take the two of you and they do a three to four week program, and you'll be able to work with a psychiatrist around your medication, and getting the medication right, but also meeting other women who are going through what you're going through as well. Because I think you do feel very, very alone. You feel like you're the only person who's struggling, the only person who's finding it difficult, and the only person who has ever been this sick and will never, ever get better. So, I was lucky enough that I had private health insurance.

Dr Nicole Hight (18:44):

Especially in New South Wales, very lucky.

Ariane Beeston (18:46):

Yeah, so exactly, the mother and baby unit at that time was the only unit in the state, and it was a private unit, and so I was very, very lucky. It was also 20 minutes from where I live, so I was admitted there just after Easter. I remember going in on the Tuesday after the Easter weekend and feeling very, very anxious in the lead up to it, and just questioning whether I really needed to go. Maybe I'm not that sick, I'm not that unwell. Maybe I'm taking up a bed that someone else needs more than I do. And going in was incredibly humbling. It was, again, I've just cried. I cried at the moment I was admitted, I cried all through the admissions, all through the filling out all of the different measures. And when she took my photograph, I was crying. I just cried and cried. And getting to that point, just felt like rock bottom, felt like I had just...

Dr Nicole Hight (19:46):

Couldn't go any lower.

Ariane Beeston (19:47):

No, that's definitely how I felt. And then going into hospital, so they reviewed my medication, took me off the Zoloft and put me on a different antidepressant, Mirtazapine, which made me incredibly drowsy and made it really, really difficult for me to function. So, that was, managing that and the side effects withdrawing from the Zoloft was also really distressing. I had terrible brain and body shocks that I felt through my whole body, and you're already feeling vulnerable, and you're dealing with the physical side effects of the different drugs that they're trialling you on. That was incredibly distressing as well.

Dr Nicole Hight (20:38):

And then there's a new baby in there as well.

Ariane Beeston (20:39):

And there's a new baby. One of the other things that was difficult about being on the ward, was that my son was much older than the other babies, and a lot of women go in there quite, what I realised is a lot of women go in there quite early on, and they go in there and there's a lot of support around feeding and settling and those mothercraft skills. And I was in there and I felt like, well, I've mastered all of that. So, it was a very different experience for me. And I felt that the other babies being so much younger was this sort of constant reminder that I had suffered for so long, and that I'd waited to seek help. And I found that quite confronting actually, that these young babies, and mine by that point was almost, he was nine months old, and he would do laps up and down the ward with his baby walker just up and down. He had the time of his life. I didn't have a great time, but he was absolutely fine, completely oblivious.

Dr Nicole Hight (21:45):

So, at what point did you get the postpartum diagnosis? Postpartum psychosis diagnosis, yeah.

Ariane Beeston (21:51):

So, I really went under the radar at the hospital as well. And I think that's because once you're sort of admitted, they change your medication and you're assigned to a psychologist, but you don't see them very, very often. It's sort of more about getting that support around looking after your child in an environment where you can be supported. So, I was discharged after three weeks, and was discharged into the care of a perinatal psychiatrist who I still see today. I saw her for probably two sessions, and it was after the second session, she showed me a letter that she'd written to my referring GP. And the letter said, I believe that Ariane has suffered from a severe psychotic depression in the postnatal period, that I had experienced significant agitation, panic attacks, and that treatment had been difficult because I was so sensitive, and the side effects had been so severe, but it was the first time that I had seen it written down, and that what I had actually experienced, the depression that I had experienced, was actually, that there had been psychotic features and that they had gone completely under the radar until a really, really skilled clinician.

(23:16):

And I didn't tell her about any of the things that had been going on. She somehow was able to piece together what I was telling her, and I think what I wasn't telling her, and was able to come to that diagnosis. And I think she was, and we've since spoken about it, she, I think was quite nervous about using that language and using that diagnosis, because I think she thought that maybe she would scare me off, that perhaps if I wasn't ready to hear that.

Dr Nicole Hight (23:48):

You might not go back.

Ariane Beeston (23:49):

That I might not go back. But what it actually did was, I actually felt this huge relief, because I felt that there was language to explain the severity of what I had gone through. And someone was, in a way, it was like, I see you, I see you, I see what's going on for you. I see how hard it's been for you, and I'm here for you and you are going to get through this. And it was the first time where I felt, yeah, a clinician had really listened and seen and was able to sort of grasp exactly what had been going on for me, without me even having to use language. She just got it.

Dr Nicole Hight (24:32):

So, that must have been incredibly validating for you.

Ariane Beeston (24:34):

It was incredibly validating. It was also really scary, I think it, there's part of recovery, you realise just how unwell you were, and there's a lot of grief around that. And looking back, and just thinking and

feeling so sorry for that woman who, and that I see her sometimes as, yeah, I just want to give her a hug and say, it's going to be okay. You're going to get through this. But there's a lot of grief. I think once, as you get better, and you look back at the severity of the illness, and you just think, I mean, she did such a good job to get through this and I'm so proud of her. And she hung on so hard. It wasn't easy, but she stayed. It got very, very close. I'm lucky to be here. I'm really lucky to be here. And I'm so proud of her. I know that might sound strange, but she stayed, she hung on, she did it.

Dr Nicole Hight (25:31):

Ariane, she was doing her job. She was doing her job, and the person we should be really proud of here is you.

Ariane Beeston (25:38):

Well no, no, that's what I mean. I'm really proud. I'm proud of me. I'm proud that I stayed. I'm proud of the work that I did, and I'm proud that I hung on.

Dr Nicole Hight (25:48):

And that person is you.

Ariane Beeston (25:50):

Yeah. Yeah. It's very hard to look at the person I was back then and reconcile who I am today, because I'm so happy I reached a point in my life where everything is going really, really well, but it's very, very hard to look back on that time, and see that person as being the same person as I am now.

Dr Nicole Hight (26:12):

And look, just talking now about where your experiences have brought you today and what it brings to you as a person, but also the work and what you bring to the field, it's an insight that you cannot put enough value on it. It's so incredibly enriching to every perspective, and providing that deep level of insight and understanding. And I know when we're ever doing work with, whether it's doing national awareness campaigns and really uncovering people's stories and struggles and experiences, and we've had many, many conversations about how there are so many stories out there. Your story is one story, and there are so many people out there with different stories. Just taking that to the next level around, this is a conversation we were having in the last week or so, just around the importance of telling stories, and podcasts like this, for the whole area around advocacy. And we were having a little bit of a chat about that last week, about the role of telling stories. And it provides an incredibly important role, in terms of educating others about what can happen. People can identify with the words of someone's story much more than they might identify with a list of symptoms on a fact sheet.

Ariane Beeston (27:25):

Yes, definitely.

Dr Nicole Hight (27:27):

But also then, what is the role of telling stories in the advocacy movement? How do you see that?

Ariane Beeston (27:34):

Yeah, it's an interesting question, because I think for some people, telling their story is in and of itself very cathartic, and a very powerful experience, and a very powerful part of recovery. I felt that for me, after I started to recover, I started to write. And so I started to write my story, and different aspects of my story, which I found a really powerful way of processing and making sense, and also of being able to, like you said, to help others put language around their own experiences that goes beyond just a list of symptoms. For me, it reached a point, I think as part of my own recovery, where I felt that telling my story again and again, it wasn't enough, that I felt that I needed to take on that advocacy role, or to work in the field because it was about going, well, this is what happened to me, and these are all the ways that things could be better for other people.

(28:34):

And I don't want other people to go through what I went through, to not feel or to feel that they're not able to speak up. I think what was an added complication in my own story, and perhaps for some other listeners, was that as a mental health professional, I found it really, really difficult to ask for help, because I was really worried about the impact that it would have on my career. Would it mean that, if I disclosed just how unwell I was, would it mean that, would I have restrictions on my ability to practice? Would it mean that I wouldn't be able to do clinical work again, all of these factors came into why I think I delayed being really, really honest about what was going on for me. So I think, yeah, just being able to identify those aspects of my own story, but then being able to say, okay, what next?

(29:31):

And what do we do? Where are the gaps? What are the stories that we're hearing over and over again? So, people who experience perinatal mental health issues, they share their story and after a while, as you know we start to see similar themes, so sharing a story is really, really powerful, but so is being able to then look at, right, where does this take us? What comes next? And I think that's certainly why I love the work that we do, because it is so driven by lived experience, and it's so driven by the stories that we hear again and again and the gaps. And are you aware of people falling through the cracks in the system, how can we do better? What services aren't there that we can perhaps be providing? How can we link people in to different services? So yeah, for me it was about taking it beyond just sharing, and going into that action, and how can we make a difference? And I know that's not the case for everyone. I know I've certainly had friends who've been through, perhaps not as severe illness as I have, but who really see that as being a sort of closed chapter of their life. And it's not something, it's not a door they want to keep opening, whereas for me, I just keep knocking on that door. And yeah, it's sort of given me a renewed sense of purpose and drive.

Dr Nicole Hight (30:50):

Amazing, just amazing. And look, we continue to do amazing work and listen to the stories of others, and continue to gather all that information and look at the consistent themes, where the gaps are, where we can do better as a community to make sure people don't fall through the cracks, or take so long to get the help that they need, or feel so ashamed of misattributing symptoms to other things and

not getting help earlier, or not feeling that they can talk openly for fear of the judgement, or fear of the implications, or fear of having their children removed. There is still a lot of work to do, and it's such an honour to be working with you in this area to really make that massive difference.

Ariane Beeston (31:29):

It does, and it feels like it is such a privilege, isn't it, to work in this area. It is such an honour, and you do feel like you are making a difference to the next group of mothers who come through, and their partners and families. And we know the statistics, and we know that maternal suicide is one of the leading causes of death in Australia, and that's what drives our work, and that's what drives me. And I was very lucky not to be a statistic, and I'll never ever take that for granted.

Dr Nicole Hight (31:57):

And the community is very lucky to have you, to be able to learn from your amazing experience, and ongoing passion and dedication, and we continue to love working with you, and combine purposes to make this a better experience for others. So, thanks so much for joining us today on the episode of MHPN Presents: In the First Person. You've been listening to me, Nicole Hight.

Ariane Beeston (32:18):

And me, Ariane.

Dr Nicole Hight (32:20):

And thank you Ariane, again, so much for your generosity and sharing your story and insights, and what powerful insights they certainly were. I'm so grateful, and as I often say, very privileged to be working with you every day in our work, and I'm sure our listeners today have felt the same.

Ariane Beeston (32:36):

Thank you, Nicole.

Dr Nicole Hight (32:37):

If you want to learn more about Ariane or myself, or COPE, our bios and a link to COPE's website can be found on the landing page of this episode, where you'll also find the link to MHPN's feedback survey. MHPN values your feedback, so please follow the link and let us know whether you've found this episode helpful, provide comments and/or suggestions to help us shape the future of MHPN Podcasts. To stay up to date with the future episodes of In the First Person and other MHPN podcasts, make sure you subscribe to MHPN Presents. If you enjoyed this episode, have a listen to the MHPN Presents: A Conversation About Perinatal Mental Health, which was released two weeks ago. And in this episode, I was joined by Natasha Lindros, a clinical psychologist with a strong passion for improving perinatal wellbeing. She has dedicated her career to inspiring parents, not just to hang in there or make it through, but to really thrive. It's a great episode, so have a listen. Thank you for your commitment to this interdisciplinary, person-centered mental health care. It's goodbye...

Ariane Beeston (33:37):

From me.

Dr Nicole Highet (33:38):

And it's goodbye from me. Thanks very much.

Host (33:42):

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