A Conversation About… Suicide: Combatting the Silence

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Host (00:00):

MHPN advises that the following episode, A Conversation About... Suicide, contains content that may be distressing to some listeners.

(00:08):

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

Jesse Sheers (00:26):

Welcome to this episode of MHPN Presents: A Conversation About... Suicide. My name is Jesse Sheers, and I'm a lived experience worker with Life Connect, a branch of Neami National. I got into this work through what I just said, lived experience. I started out in the peer workspace doing one-on-one mental health support, and yeah, moved over to Life Connect a handful of months ago, just really using my own lived experience of suicidality, and anxiety, and all these challenges that I've had to draw upon and inform what I do. I'm also joined here by Indi. Hi, Indi.

India Guerrieri (01:03):

Hi, Jesse.

Jesse Sheers (01:04):

And I'm also joined by Julie. How are you going, Julie?

Julie Rickard (01:07):

Hi, Jesse. I'm good, thanks. I'm really looking forward to this.

Jesse Sheers (01:10):

So, could you tell us a bit about yourself and how you came to work with Life Connect as well?

Julie Rickard (01:15):

Sure. My name is Julie and I'm also a lived experience practitioner at Life Connect. I lost my partner to suicide 12 years ago, and I was working in an everyday corporate job, but I was doing a lot of volunteering in the suicide prevention space, and it was through that volunteer work that I was actually asked to come and work for Life Connect, and it's been the greatest thing. I've been there for a year now, and I actually get a lot of real meaning and purpose from my job here.

Jesse Sheers (01:45):

Thanks, Julie. And Indi, can you tell us a bit about yourself and how you came to this work as well?

India Guerrieri (01:50):

Yeah, so just like yourself and Julie, I'm also a lived experience practitioner at Life Connect. I also do have a lived experience of suicide. When I was 19, I had a suicide attempt after a really rough relationship that I was in, and I think I kind of just fell into this role, really. I was studying at uni for social work and kind of deferred, and then applied for a couple of lived experience roles and ended up here, and I couldn't be happier.

Jesse Sheers (02:20):

Thanks, Indi. We're going to talk a bit today about what we do in our jobs every day. We talk about suicide, and we do trainings and that kind of thing for service providers and general community. But yeah, we're just going to give a bit of general oversight from our lived experience perspective that we bring, because we're a whole lived experience team, and just talk about what we talk about, and what we've learned and all that kind of thing. So to start, maybe just giving a bit of context to suicide, and how we see it and talk about it in our team. Julie, I was wondering if you could just talk a little bit to some of the kind of general statistics that we draw upon to inform our practise.

Julie Rickard (02:58):

Absolutely. Thanks, Jesse. It's really important to put suicide in context, I think, when we're having a conversation about suicide, and what is this current state in Australia is, there's an average of nine people die by suicide every day. And I ask people, what do you think? Do more people die on the roads,

or do more people die by suicide? And most people say to me, oh, the road toll's much higher because we hear about on the news all the time, but it's actually nearly twice as many people die by suicide. And what we need to remember when we're talking about these numbers, nine people every day, that's just not nine, that's nine people who were loved, who have families, and friends, and workplaces, and sporting groups, and colleagues, and school friends. So, we really need to remember that when we are talking about these numbers, we're talking about people, and it's really important that we really remember that. And the other analogy I really like to use when we are doing our workshops is nine people a day equates to a whole plane full of people crashing and dying every month in Australia. Can you imagine if a plane crashed every month, and everybody perished, there would be outrage, and yet we're still not talking about suicide.

India Guerrieri (04:17):

It would be all over the news. People couldn't stop speaking about it. But I think, when it comes to suicide, there's a lot of shame and a lot of secrecy around who has died by suicide, who has maybe had a suicide attempt. And we see that really play out in those statistics as well, with the statistics a lot of the time being unsure of what the actual numbers really are.

Julie Rickard (04:41):

We also have that problem that it takes a long time for the coroner to really process suicides. And so, often we are not getting figures. We only just recently, in November, got the figures for 2022, so we're working on an almost 12 month lag to get numbers. So, it's really hard to keep that as current news when we're talking about numbers from a year ago. So, it's just another sort of roadblock to having these conversations around suicide.

Jesse Sheers (05:09):

So, on that kind of topic of roadblocks, and why we don't talk about them, that kind of thing, can we talk about a little bit the misconceptions or myths that are out there around suicide as well?

India Guerrieri (05:22):

Yeah, of course. I think there are a lot of misconceptions and a lot of myths around suicide. I think one that we often hear most is the idea that only people with mental health conditions can die by suicide, or feel suicidal. And what we know is that's just not true at all, really. Anyone can experience suicidal thoughts and ideations. I actually really think that that's one of the main things that make us human in this life, is that there is this universal experience that, at some times in our life, we go, I can't do this anymore. And that doesn't have to relate to a mental health diagnosis. It can relate to maybe a missed job opportunity. It can relate to relationship hardships that we might feel. Life changes, anything like that can cause someone to really start to think about suicide. And I think that's the real main myth that we come into the most, is that idea that only people with mental health conditions can feel suicidal, or can die by suicide.

Jesse Sheers (06:28):

Yeah.

Julie Rickard (06:29):

I think that that's really stigma at play, isn't it? Because people don't feel like they can talk about these thoughts of suicide, and it really is a human phenomenon that, like you said, most people in their lives at some point will go, I can't do this anymore. They might not necessarily label that as a suicidal thought, but at its very essence, that's exactly what it is.

India Guerrieri (06:52):

And I think we all can relate to that, of driving home one day, maybe we've had a fight with our partners, or we've had a terrible day at work, there's money struggles. And we're driving home, we just think to ourselves, I don't want to wake up tomorrow and have to do this all over again. And that, in its essence, can be a fleeting thought of suicide. Thoughts of suicide don't have to be chronic and drawn out. It can just be that quick fleeting thought we feel.

Jesse Sheers (07:18):

Yeah, and that's the other side of it as well, is when we're supporting or caring for someone with suicide, another one that we hear so often is that, by asking about suicide, what if we put the idea in their head? These are these internal fears that are kind of stigmas that we've picked up on through just being alive in the world in society. So, kind of exploring that within ourselves as well, to try and support people going through suicidality.

India Guerrieri (07:44):

And honestly, I can't blame people for having that discomfort and that myth inside of them, the idea that if I ask this question, someone will now think about suicide, because it's a scary conversation! I mean, I know for myself, I work in the suicide sector day in and day out, and I still don't want to have a conversation with my friends about suicide. It's scary, it's hard. But what we know is that when we ask the question of suicide, that's the most protective thing we can do for someone. For a lot of people, being asked that question can feel like a massive weight's just been lifted off their shoulders, and they can breathe again.

Julie Rickard (08:26):

That's right. So many of those suicidal thoughts and ideations are so internal. To actually have that opportunity to speak them out loud and have somebody sit in that pain with you, it's so powerful, and it's such a privilege actually to have those conversations, as difficult as they are.

India Guerrieri (08:44):

To sit in the darkness with someone and say, I can see that you are suffering. I can see that there's pain, and I'm not scared of this, and I'm going to sit with you in this, and we don't have to talk. We can sit in silence, but I'm going to sit with you. That's such a beautiful moment. But again, it's so frightening to hold that space with someone.

Jesse Sheers (09:07):

Yeah, I think that's the other thing is, you don't have to do it all alone, even as the support person as well. That is the time, if you're feeling kind of overwhelmed with the situation, you can bring somebody else in to help as well. The support is never just falling on one person, hopefully, we can share that kind of experience as well. So yeah, we are a full lived experience group in here, and that's all, we're in designated lived experience roles within the mental health sector, and we all bring our own unique perspectives, and we're learning from these lived experience things all the time. But there is a kind of scientific theoretical perspective that we draw upon. And Indi, I was wondering if you could tell us a little bit more about that.

India Guerrieri (09:51):

So, when I joined the Life Connect team about two years ago now, I was going through our first workshop and training, and that's where we really start to look at the context around suicide, lived experience theories, as well as our evidence-based theories. And we have this theory, coined by Thomas Joiner, and it's called The Interpersonal Theory of Suicide. And when I first saw this theory, and I overlaid it with my own lived experience story of a suicide attempt, I was like, wow, this all is starting to really make sense to me all of a sudden. And what Joiner describes is, he theorises there's a feeling of, I'm alone, that thwarted belongingness that someone can feel. So, I'm alone. Nobody understands me, nobody gets me, I'm in this by myself with nobody else. So, we start off with that feeling, and then we have a feeling of perceived burdensomeness kind of come into play.

(10:53):

And that is, again, that feeling of I'm a burden. My friends would be better off without me. My loved ones would be better off without me, the world would be better off without me. And when those two feelings come together, that's where we start to see a desire to suicide come to play. Now, just because someone has a desire to suicide does not mean that they will have a suicide attempt, or will die by suicide. We know a lot of people live in those two bubbles constantly, in that desire to suicide. And what Thomas Joiner says though, is that there is an extra bubble, and that is our capacity, the psychological capacity for suicide. And that really talks towards us, as humans, coming to terms with the fact that we will die by suicide. And that's a really hard thing for us to do as humans.

(11:46):

We don't want to cause harm to ourselves. We will do everything in our power to not die. So, there is this psychological area in our brain that we need a breakthrough to eventually be able to come to terms and say, yes, actually, I'm going to die by suicide. This is how I'm going to die, and that's okay. And that blue bubble also incorporates some means, both lethal and non-lethal means to suicide. To say that I have access to means, I've chosen my means, and I will use my means. And that's kind of Thomas Joiner's idea of why someone might feel suicidal. And I know that, again, when I saw that theory, I thought, whoa, that makes so much sense. For myself, I'd gotten out of this abusive relationship, and I felt so alone, that no one else at my age had gotten out of an abusive relationship. I felt so isolated, didn't feel like my friends understood me. And then I felt like a burden, because I was so depressed, and I was so upset and so traumatised by what happened. And that's where that desire really started. And I thought, whoa, that makes sense. Now, Julie, do you want to explain what happens though, when we start to flip the script on Joiner's theory?

Julie Rickard (13:03):

I love that term, flipping the script. It's really taking those feelings of burdensome, and those real feelings of isolation. And we all know that isolation is a huge factor in suicidal ideation. So, by really concentrating on someone's strengths, and really building these protective factors, for want of a better word, to really flip that script and allow people to become connected, and really find their meaning and purpose. And I think, when we're able to help somebody tap into their strengths, and really assist them to find their meaning and purpose, so that they can have a life worth living, and I love that phrase, a life worth living, and really alleviate those feelings of, I am alone and I am a burden. And I know Thomas Joiner's theory really, when I first started this job, really spoke to me as well. And with my partner, he was very overt actually, with saying that he felt like a burden. He would say it to me quite frequently, and he had a chronic health condition so he couldn't work, and he was stuck at home, so he was very alone, and he also had a chronic pain condition. I think that's really where he found that capacity. He was no longer scared of dying, because he was in so much pain. And I really recommend anybody who's interested to really do some deep diving into Thomas Joiner. It's a really interesting read.

Jesse Sheers (14:33):

Yeah, I think that's been a common experience in our team, is that overlaying this theory that Thomas Joiner put together, it really does seem to overlap quite well with a lot of varied experiences. So, it's a really interesting thing to check out. Another part that he talks about in that that I really like is the feeling of, well, I don't "like", but you know what I mean, the feeling of hopelessness that comes with those "I am a burden, I am alone" as well. Because the feeling that those things are also going to go on to ever can lead somebody to be like, what's the point, kind of attitude as well.

India Guerrieri (15:05):

And I love what we say within our trainings when we talk about that hopelessness, is we don't need to take away someone's feeling of hopelessness. Instead, what we do is we hold that hope for them. We tell people just to say that, you don't have to have any hope. I'll be that hope for you. I'll hold that hope for you. I'll be that little, your little cheerleader on your shoulder, and you can sit in this pain for as long as you want, in this hopelessness. Because I've got that hope for you.

Jesse Sheers (15:36):

Yeah. I love that. That's a really lovely way to say it. I was hoping we could talk a little bit about who can suicidality happen to, and where do these suicidal thoughts come from, and what do they mean for people as well?

Julie Rickard (15:48):

That's the crazy thing. The more that I've worked in this space, the more you understand that suicide really is unique to every individual, and there is no set rules and no set circumstances that will, really, cause someone to become suicidal. This really is an individual's perspective of, perhaps life events that may be happening to them. So, it's so unique and individual that what we really need to do as community members, as clinicians, as just general human beings, is to have our ears and eyes really open, and notice those significant changes in behaviour. And that's when we want to be having these conversations, these conversations around suicide. Not only is that going to break down the huge stigma

around suicide that we see in modern society, it's also going to, as Indi so beautifully spoke about earlier, it's going to make that person really feel seen and heard, and give them an outlet to actually talk about it. We bottle so much up internally. I joke about this during our workshops, that every time I have a technology problem, as soon as I go to talk to IT and actually talk it out, I figure it out myself. And it's amazing how often just getting the words outside of your brain and speaking them out loud, you can almost find your own solutions. You really just need the audience, someone to sit with you in that space.

India Guerrieri (17:17):

I think that's a universal experience. The amount of times that I've felt so overwhelmed with all of these things going on in my life, felt so out of control. And the minute that I have someone just listen, and actually genuinely listen to what I'm saying, and not offer a solution, not offer advice, not say that I shouldn't worry about it, but just listen. And I go, oh, actually, I figured out what I need to do now, and I feel so much better, and I don't feel like this overwhelming sense of dread is in me anymore.

Jesse Sheers (17:53):

Yeah. Yeah. I really like that. I think with all of this, it's difficult, but it's quite simple a lot of the time as well.

India Guerrieri (18:00):

I think what makes it difficult though is the fact that we see it as talking about suicide. I think that's what makes it so difficult, because what we preach and what we teach at Life Connect is that listening is the medicine, connecting with someone is the medicine, and it's as simple as that. There's no magic wand. It really is just listening to that person. But again, because it is suicide, that's where all that discomfort comes from. That's where all that fear starts to come up for us.

Jesse Sheers (18:34):

So, speaking of those kind of things, the discomfort and fear and what might hold somebody back from asking somebody if they are suicidal, or having those feelings or thoughts, or even getting into the more details of talking about plans and that kind of thing. Julie, I was hoping you could talk about the kind of discomfort that we feel, and where that comes from, and what we do to avoid it, and how we could maybe overcome that as well.

Julie Rickard (19:01):

I think Indi has already just touched on it, it's fear. The worst thing we can imagine is that somebody would be at such a point in their life that they would take their own life. And if we ask the question and they say yes, our human instinct is to think, oh, now it's my responsibility. I need to save this person. So, we get wrapped up in this whole sense of responsibility, and that fear. And what if they do suicide? Is it my fault? You almost take ownership of a situation that is not your situation. So, it's really important to acknowledge that as humans, everybody has their own agency. They have their own choice. We can't say to somebody, don't suicide, but what we can do is really listen, sit with somebody, be non-judgmental. And the other side of the coin for ourselves is just tapping into our own personal values, and reminding ourselves why we get up every day and do the job that we do. We are here because we want to make people's lives better. And so, by remembering that and putting your own personal

discomfort and your fears aside and just being there for somebody, I think that's the greatest thing that you can do.

Jesse Sheers (20:23):

Yeah, it's almost like, don't worry about the results either way at the moment. That'll come when it comes, and we just need to be in the present moment. Right now, there's a human being telling you that they're in distress, and that's what's actually, that's the focus right in this moment right now as well. I was also hoping Indi, you could talk to what we call in our team, the righting reflex.

India Guerrieri (20:48):

Yeah, definitely. So, that righting reflex, I have to admit, I've done it a fair few times. I think everybody has. And what we mean by the righting reflex is wanting to fix everything that might be going on for someone. We want to take away that pain. And again, that's such a valid thing. We never want to see loved ones, people that we love in pain, even people that we're caring for, whether they're our consumers or participants, clients, we never want to see people in that extraordinary amount of pain. So, we try to fix instead. And what we've heard quite a lot from people with a lived experience of suicide, what they say often is that they don't want someone to fix it. They don't want those solutions. They don't want that advice. They want someone to just listen. And we have to think about why that is.

(21:38):

Is it because the advice we're giving them they've already heard before, or they've already tried before? Is that advice just not suitable to them? And again, sometimes you just don't want to hear advice. You just want to be heard. You want to be seen. You want to know that somebody actually has your back and is going, this wasn't fair, what happened to you. I'm sorry that you feel this way. I don't know what to say right now, but I'm glad you told me, and I'm ready to sit with you in this discomfort, in this pain, in this shittiness that we're in currently. And we can do that together. So, I think that's one of the really important things we want people to try and stay away from as much as possible, or at least notice when it's happening, is that advice giving, is that idea that people have it worse than you, or it could be worse. And I think what's really important is, we don't want to say never give advice either, because sometimes advice is really good. Sometimes I want my friends and family and my therapist to give me advice, but that's usually when I ask for it. And that's a really important thing there, is that if someone's asking for that advice, give it to them. But if someone's just talking to you and just wants to be heard, that's when we really want to stay out of that righting reflex and that advice giving.

Jesse Sheers (22:59):

And you very much touched on that before, in the sense of when you just sit with somebody and listen, they often end up problem solving themselves anyway. You don't actually have to do anything, or you don't have to contribute that advice to somebody for them to work it out. They might've just needed, almost like that break in that time and space, to just sit with somebody and say, this is what's going on. And the answers probably, will often come to them in that moment anyway.

Julie Rickard (23:27):

I think often we have that childish response when somebody says, why don't you do this? And you go, no, I'm not going to do that. And particularly if you are in a state of high distress, I think that at those times you're often not really welcoming, what is often most heartfelt and genuinely comes from a loving place, advice. And I think that's where it's really important to make it a two-way street. And if perhaps you think something might add value to the conversation, to involve the other person and say, I've been in a similar situation. I found a few things that helped me. Would it be all right if I shared those with you? So, really keeping it a two way street, not talking at somebody, keeping them involved and taking their cues. I think that's really important.

India Guerrieri (24:20):

I've been implementing that idea in some of my personal relationships, of asking the question before, I've been through something similar, is it okay if I share? Something's coming to me that might help with this situation you're in, is it okay that I tell you? And sometimes they say no. And I go, that's okay. And other times they go, yeah, actually I'd really love to hear that advice. But there's always, either way it's always, thank you for asking though, to add something to this conversation. Thank you for not just jumping in and saying what you want to say. Thank you for asking.

Jesse Sheers (24:54):

And you're really leaving the door open. If they do ever want that advice, they can come back to you. You've made it clear still, but you're not forcing it upon them, which is really nice.

Julie Rickard (25:02):

I was going to say, and that's often the thing, having this conversation, this initial conversation, it doesn't have to be the beginning, start and end of the conversation. It can open the door and identify you as a safe, non-judgmental space to talk about these feelings, these very personal experiences that you can come back to later down the track. It doesn't have to be a set and forget, I've asked the question, everything's okay now. That door always needs to be open.

India Guerrieri (25:30):

And I think that comes back to when we ask that question, and maybe someone says, no, I don't want talk about this right now. You've asked that question, are you feeling suicidal? And they said, no, no, no. How dare you ask me that. Or something like that. That is, again, we're leaving that door open in case they actually are, that maybe next time when you see them, they'll say, actually, yeah, and I've been thinking about when you asked me about suicide, and I am. And it's because you've left that door open, for them to know that you are that safe person.

Jesse Sheers (26:03):

And that's really that internalised stigma coming up for them. Like that anger reaction, that defensiveness, is just because they're feeling like probably shameful and scared and all this kind of stuff from those internalising, all of that stigma.

India Guerrieri (26:18):

I think that's really important as well, the shame that people hold when they are feeling suicidal. And honestly, I can't blame them for feeling shame, because the way we talk about someone who's going through suicidal ideation, or thoughts of suicide, a suicide attempt, we always hear those words of weak and attention seeking, that they just weren't strong enough. They didn't care.

Julie Rickard (26:45):

Selfish is another one that comes up a lot.

India Guerrieri (26:49):

And you wonder, why would anyone say that they're feeling suicidal if that's what everyone else is saying about them, that they are attention seeking, they are selfish, they're weak, all of these different things. So, it makes sense why sometimes, when we do ask that question, we get hit with a no. We get hit with anger, and that's okay as well, because eventually someone might come around. Because again, you are that safe person that asked that question first.

Jesse Sheers (27:20):

Yeah, you've made it clear that you're up for the conversation when they're ready. And I think that's really important. And I think another thing that I like to mention when we're doing the trainings and the work is that all of these, wanting to problem solve and do all of that kind of stuff, it all does come from a really good place, it's usually because we care, and it's usually because we want to help the person as well. So, I think as, whether you're a support worker or a family member or a carer in some way, realising that these aren't bad reactions to have, there's just ways that we can do it that allow the person more space to express themselves and talk to their suicidality without too much direction as well. We really want them to lead the conversation.

India Guerrieri (28:05):

And I think as well with that, the idea that we can never get this conversation wrong, really. Sometimes we might say things that we don't mean, or we might rush to anger during these conversations around suicide, but just asking the question about suicide, that's amazing, that you've done the right thing.

Julie Rickard (28:26):

And even if you have been met with anger, it's easier to rebuild a relationship than not have this conversation, potentially have that person suicide. And you have the regret that you didn't have that conversation. You would never know what could have happened.

India Guerrieri (28:41):

We always say it's easier to build up a friendship again than bringing someone back from the dead.

Jesse Sheers (28:48):

Yeah. So Indi, I was hoping, to finish up today you could give us some kind of practical ideas, or conversation starters so we can kind of overcome those discomforts and fears, and just having a few tools in our toolkit to help have these conversations. Because they are difficult.

India Guerrieri (29:05):

Yeah, a hundred percent. And I think there is many things we can do to prepare ourselves for this conversation. We can start off by checking in with ourselves, and make sure that we're ready to hold this space for someone, that we're ready for this conversation. As well, I love this idea of thinking about how you'd like to be asked about suicide, putting yourself into the other person's shoes and going, what might I be feeling at this current moment? And how would I like to be asked if I am feeling suicidal? What is important though, is we want to be asking directly about suicide. When we say things like, oh, you're not thinking about harming yourself, are you? You're not thinking about suicide, are you? Again, we increase that shame that somebody is feeling. We increase that discomfort in themselves. And it also shows that maybe you're not the safest person to have this conversation with.

(30:06):

As well, for a lot of people who are feeling suicidal, when we say harm, suicide doesn't feel like harm to them. Suicide feels like a way out. It's that escape. It's a solution to what is going on currently for them. For a lot of people, it doesn't feel like harm. So again, we don't want to be kind of dancing around the suicide word. We want to really be asking directly. But again, we can slowly lean into this. We don't have to be coming out of the gates going, are you thinking about suicide? We can start it off a little bit softer. We can go, hey, I've noticed that recently you've missed a couple of appointments. You haven't washed your hair in a while. You haven't been going out much. I'm really worried about you. Is there a chance that maybe you're thinking about suicide? I think what's really beautiful as well is when we say what we've noticed, and why we're asking this question. Because again, if we think back to Joiner's, we're really fighting through that feeling of, I'm alone and I'm a burden. That person can go, oh, someone's noticed me. Someone's really noticed me as well. It can feel nice to be noticed, even when we're in a terrible place at that time. It can be nice to be noticed.

Julie Rickard (31:30):

Everybody likes to be seen and heard. I think as humans, we have evolved, we're pack animals. We need our people, and we need to be part of that pack, and really valued as part of that pack. And to be seen and heard is incredibly powerful. If you are feeling alone and you are feeling a burden, all of a sudden somebody points out something they've observed. And that can almost be the circuit breaker, oh, somebody has noticed.

India Guerrieri (31:57):

I'm not all alone in this. Maybe I'm not so much of a burden.

Julie Rickard (32:01):

Yeah.

Jesse Sheers (32:02):

Yeah. Just being really curious about their experiences as well, right? Because that's what validates it. And I think that's something that so many people fall into the trap of, is wanting to ignore that this is happening at all to somebody. And when we do that, that's what really isolates someone further. But if we just go, hey, I can tell you're having a hard time, that's going to spark something. It's that connection. It's that relationship building, and that's really what we always come back to with our team.

Julie Rickard (32:32):

And validation is so powerful.

Jesse Sheers (32:35):

Yeah. Well, I'd like to thank everyone for joining us on this episode of MHPN Presents: A Conversation About. You've been listening to me, Jesse Sheers.

Julie Rickard (32:47):

And me, Julie Rickard.

India Guerrieri (32:48):

And me, India Guerrieri.

Jesse Sheers (32:51):

And we hope that you got something to reflect on, or learn about from this conversation. Suicide is complex and confronting. The more we talk about it, the more we mitigate negative impacts of challenges in the field. And if you want to learn more about me, Indi, and Julie, Life Connect, the service for whom we all work, and the resources we refer to, go to the landing page of this episode and follow the hyperlinks. MHPN values your feedback. On the landing page, you'll find a link to a feedback survey. Please follow the link and let us know whether you found this episode helpful. Provide comments and/or suggestions about how MHPN can better meet your needs. Thanks for your commitment to and engagement with the interdisciplinary, person-centered mental health care. Again, it's goodbye from me.

India Guerrieri (33:42):

And me.

Julie Rickard (33:43):

And me.

Host (33:45):

Visit mhpn.org.au to find out more about our online professional program, including podcasts, webinars, as well as our face-to-face, interdisciplinary mental health networks across Australia.