



### Creative Arts Therapies – Episode 4 – Future Directions

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<b>Presenters:</b>	Professor Mark Creamer, Clinical Psychologist Sarah Versitano, Senior Art Therapist and Researcher Sean O'Carroll, Creative Arts Therapist and Psychotherapist

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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.

**Mark Creamer (00:18):**

Hello, and welcome to this final episode in our Mental Health In Focus series on creative arts therapy. My name's Mark, Mark Creamer. I'm a clinical psychologist and professorial fellow in the department of Psychiatry at the University of Melbourne. And this series is a partnership between MHPN and ANZACATA, which is the Australian New Zealand and Asian Creative Arts Therapies Association. And in this series I've been talking to experts in creative arts therapy with the aim of learning more about this treatment approach. And now, as we near the end of the series, I must say that I do feel much better informed about what creative arts therapy is and how it can help. And I've got no doubt that the listeners who've been with us for the series would feel the same. In our first episode, we looked at the empirical research underpinning creative arts therapy, and I was very impressed by the quality and the quantity of the evidence base.

**(01:16):**

In the second episode, we talked about the history of creative arts therapy and the core competencies that all creative arts therapies require. In the third episode, we chatted about different populations that creative arts therapists work with and the different settings in which they work. And they were all great episodes, so if you haven't listened to them, I strongly recommend that you do so. But in this episode, we are having a broad ranging chat to kind of take stock where the field is at the moment, and importantly where it might be going in the future. So we'll be looking at new directions and innovations and to help me explore these issues. I'm very pleased to be joined by Sarah Versitano coming to us today from Sydney via the wonders of Zoom. Welcome, Sarah.

**Sarah Versitano (02:01):**

Thank you, Mark. It's lovely to be here

**Mark Creamer (02:04):**

And also Sean O'Carroll, who is also joining us on Zoom. Welcome Sean.

**Sean O'Carroll (02:08):**

Thanks, Mark. Great to be here.

**Mark Creamer (02:10):**

Now before we get started, I wonder if I could ask you each to tell us just a little bit about yourselves. Your biographies are up on the website, so I really encourage the listener to take a look at the biography and find out more. But for the purposes of today, if I could just get you to say a couple of sentences about yourselves, Sarah?

**Sarah Versitano (02:29):**

Yeah, so I am a senior art therapist and researcher, predominantly working in acute inpatient mental health. And I have a background in academia as a sessional academic and lecturer on the Masters of Art therapy at Western Sydney Uni.

**Mark Creamer (02:44):**

And am I right in saying you're currently doing your PhD?

**Sarah Versitano (02:47):**

I am, yes.

**Mark Creamer (02:48):**

I might even ask you about that later. Who knows? Okay, thanks Sarah, and Sean?

**Sean O'Carroll (02:52):**

Yes, thanks, Mark. So I currently wear three hats. I'm the head of psychotherapy at a newly minted Clarion Clinics, which is a clinic offering psychedelic assisted psychotherapy. It's the first purpose built clinic in Australia. I am a trainer and therapist with the Monash University Psychedelics Lab. And then finally I am the director of the Wild Mind Institute, which is a small operation that I've been running for the last 10 years, offering trainings in eco psychotherapy, psychedelic assisted psychotherapy, something I call bad trip integration and a few other things.

**Mark Creamer (03:32):**

And I think I'm right in saying, aren't I, Sean, that you originally trained as a creative arts therapist.

**Sean O'Carroll (03:38):**

I have trained both as a creative arts therapist and a psychotherapist in different schools.

**Mark Creamer (03:44):**

I'm interested in whether or not, because your career path has been interesting and obviously the work you're doing now is interesting. I want to talk about that in just a minute. But do you think that your creative arts therapy background helped provide you with skills for the work you're doing now, for example, with psychedelics?



### **Sean O'Carroll (04:00):**

That's a really interesting question. I could talk for a very long time about that. I think in reflecting on it, what it is that drew me to creative arts therapy is similar to what it is that drew me to working with psychedelics and working with nature. And broadly speaking, for me that has something to do with the way in which as creative arts therapists, we think about the people we're working with and we engage with their process. So I think a lot of the work I do, be it nature-based or psychedelic based or creative arts therapy based, has a lot to do with supporting someone in their sort of unfolding process. It's less about fixing specific problems or relating to them around their diagnosis, but really something about the way I think of them as a human being, as a creative being. Yeah, I keep coming back to this phrase unfolding process.

### **Mark Creamer (05:00):**

One of the things that I've learned over the course of this series is this emphasis on process. That process seems to where it's all about really, and I think it's important for me to get my head around as well. But what you're saying is very interesting there. And I would like to come back to it when we talk a bit more about creative arts therapy and psychedelics. As I say, I think I've learned a huge amount over the last three episodes about creative arts therapy. And it seems to me that the challenge now really is to build on the enormous progress that has been made and to continue to improve the effectiveness and the accessibility of creative arts therapy and to increase integration with and perhaps even acceptance by mainstream healthcare services. And I want to talk about all those issues today and a whole lot more. So maybe if I could start with you, Sarah. As you said, you work in an inpatient unit as part of a treatment team, and I'm wondering whether you think that in recent years we've seen an increase in collaboration between creative arts therapies and other health professionals and perhaps even an increased emphasis or acceptance of creative arts the as part of an overall treatment programme.

### **Sarah Versitano (06:07):**

Yeah, absolutely. I think what drew me to probably stay as long as I did in an inpatient setting, which is obviously really high acuity, can be really challenging, is that multidisciplinary approach. It is the sort of support that I've received from psychiatry, psychology, OT, social work, peer work. I think art therapy historically maybe got sidelined as maybe diversional or this added extra, but my experience has been that lens, that creative lens is actually really appreciated. It's really sort of been foregrounded. We're part of our multidisciplinary team meetings. I think the perspective that we can bring has been much more valued in recent years than maybe in the past just being this kind of add-on or something separate to treatment. I think it's been really integrated within the model of care. There's a few peoples, particularly in psychiatry that have championed it, that have co-written in research and have pushed for more positions. And that's been really pivotal to the growth of the profession I think.

### **Mark Creamer (07:10):**

That's real progress, isn't it? That's crucial. I'm very pleased to hear that actually, that it increasingly fits well within this multidisciplinary approach. I do want to ask you just very quickly about your PhD and when I ask someone about their PhD, they can talk for days. So you've only got a couple of sentences I'm afraid, but I understand that you are at least in part, looking at how creative arts therapy might help with restrictive practises or reducing restrictive practises.

### **Sarah Versitano (07:35):**

Yeah, look, I'm really passionate about reducing restrictive practises in inpatient care, particularly with children adolescents, but I think with anyone, it can be really harmful. We know the dangers of



them. What we found when we looked at six years of data retrospectively, and I was very lucky to have a statistician help us, but there was a significant decrease in incidents of seclusion in incidents of physical restraint and in intramuscular injected sedation during the time periods where there was an art therapy service present when we compared it to time periods without. So this was I think around 1,600 episodes of care. So it was a really substantial data set and really statistically significant findings. But I think there's more work to be done there because we are looking retrospectively. It would be lovely to do a larger scale RCT to really work out more rigorously if this finding is unique or if it's a pattern.

**Mark Creamer (08:31):**

It's just really intriguing data, isn't it? That's amazing.

**Sarah Versitano (08:34):**

I think what it speaks to for me is that art therapy has the capacity to mitigate really high distress levels that would often lead to these sorts of incidents where harmful restrictive practises end up being used as a last resort. It is a kind of preventative measure. It's a way to regulate, especially when verbal processing might not be accessible for the particular acuity of the mental health presentation or are they're just sick of talking, really.

**Mark Creamer (09:01):**

I was going to ask about mechanisms. So that's a good theory about why it's working, what the mechanism is. And I do want to talk a bit more later about prevention, but let's move on. In many mental health treatments and psychotherapeutic approaches, I guess we are increasingly looking at how we might improve outcomes of these existing treatments by augmenting them by almost tacking strategies on the side that will make the core therapeutic elements work more effectively. And I'm wondering whether this might apply to creative arts therapy and what we might do. So Sean, if I could turn to you, I'm interested in the idea of location and whether we might get different results if we're doing our therapy in different locations and particularly your commitment to ecotherapy. So can you just say a few words about what ecotherapy is and how it relates to creative arts therapy if indeed it does?

**Sean O'Carroll (09:50):**

Sure. So I guess first of all, I'd say that I tend to differentiate between ecotherapy and eco psychotherapy. Eco-therapy being broadly, any kind of therapy that incorporates nature or working in the natural world, eco-psychotherapy being much more closely aligned with the tradition of psychotherapy, i.e. two people working together. I think the way in which creative arts therapy and ecotherapy come together for me is that once again, it draws on this specific skillset of the practitioner in being able to support someone's process. So if I'm working with psychologists or psychiatrists in an eco-psychotherapy training, often the first step is a bit of unlearning. And that is as a psychologist sitting in a room across from a client, you really, the sense is that the primary agent of change is the relationship or the interventions that you might bring when you're working out in the natural world. You're really there in support of the relationship between the individual and the natural world. And so often there can be an edge there for practitioners new to this work, a sense of I'm not doing enough, or can something good really be happening if I'm not making a lot of noise or saying a lot of words or introducing a lot of interventions. And I feel like creative arts therapists in my experience are well practised at being present in support of an unfolding process that they don't need to push and they don't need to make happen.

**Mark Creamer (11:24):**



Don't need to push, but perhaps play a role in facilitating. We hear a bit now about social prescribing and suggesting my client goes for a walk in the forest or whatever. It's more than that, isn't it? Is more than that. And you are facilitating the process, presumably.

**Sean O'Carroll (11:38):**

That's such a good question Mark. I mean you'll hear about forest bathing. I dunno if you're familiar with that, but yeah, I actually had a psychologist call me before one of my trainings a couple of years back and say, well, isn't this just glorified camping? Is that what we're doing? And I think there's really an overlap there with the way some people would mistakenly think about art therapy. Are we just splashing paint on some paper? I mean, that can feel nice. And the distance between that and art therapy is similar to the distance between just going camping and doing eco-psychotherapy, but articulating what that difference is is an ongoing challenge. And I imagine Sarah's got some thoughts on this and perhaps I could learn something about how to speak to that difference between say, splashing paint around and doing art therapy. For me, there is a lot of skill involved and a lot of it comes from having the paradigms and the theory and the experience that lets the practitioner feel confident being present to and supporting that process and sort of discerning when is it useful to step in and offer support and structure and when is it more useful to hang back and let what is happening happen? That's a hard skill to learn.

**Mark Creamer (12:53):**

Very hard, very hard. And I'm going to ask you in a little while about psychedelics and so on, and I'm sure that's an issue there as well. But let me just turn to Sarah quickly. I introduced that by talking about location. Is all your work done in a room in the hospital or do you have an opportunity perhaps to move outside or to other locations?

**Sarah Versitano (13:12):**

Yeah, look, there are several restrictions, obviously in a locked inpatient unit, but I have had opportunities in the past to take walks, collect found objects, bring those natural objects back into the art therapy space. I dunno that it fits perfectly into Sean's work around eco psychotherapy, but it definitely borrows from the eco art therapy frameworks and the works of artists like Andy Goldsworthy, I think it is, gosh, I hope I got his name. But yeah, using those natural elements to create artworks on site and within nature, and also sometimes bringing them back to the unit and creating nature-based artworks from objects that were found during that walk. So there's lots of different elements integrated there. There's found objects, there's the eco component and then there's also the behavioural activation of getting out of the unit and the trust that's involved in that because obviously there's a lot of issues around absconding and I think it's really important to give opportunities for trust and empowerment as well. So there's lots of different components happening when we do something quite simple like a walk.

**Mark Creamer (14:14):**

But a lot of it is about facilitating the processing I guess, and so on. Let's take that then back to where we were and talk about perhaps with you, Sean. Certainly in the field of PTSD treatment, post-traumatic stress disorder treatment and prolonged exposure, which is my particular area of interest, there is a lot of interest in using adjunctive drugs to see if we can make the exposure more effective. And that could be anything from relatively innocuous drugs like D-cycloserine, which is a strange old antibiotic and oxytocin or whatever through to drugs like ketamine and MDMA. So I wonder that, Sean, if you can just kind of do a riff if you like, and you have done this already a little bit, so I'm going to ask you to kind of do a bit more on what you see as being the relationship between creative arts therapy and the use of some of these drugs like MDMA or psilocybin in





treatment. And I guess the question about whether creative arts therapies are well suited to be working in these kinds of fields. And from your earlier comments, it's clear that you think they are.

**Sean O'Carroll (15:12):**

Yes, I do think they are. So the two psychedelics that I have experienced working with are psilocybin derived from magic mushrooms and MDMA. And again, I think perhaps the best way to describe the way in which creative arts therapy is well suited to this work is that when someone takes a drug like psilocybin, what becomes immediately apparent is that they go into a deep process and different ways of talking about that. But you might say that unconscious material becomes far more available to them for a short period of time. And our role as therapists while that is happening is a very important role for us. But if you were watching from the outside, you might not see the therapist doing all that much. They're very present. They come in at crucial moments, but primarily they're there once again in support of an intense unfolding process.

**(16:09):**

And in order to be able to kind of sit and support that process, the therapist needs to really trust in the person they're sitting with, trust in their psyche. If you'll go for that language, trust in the unfolding process, and not everyone does. So if I am training a psychiatrist or a psychologist in this work, once again, there's often this process of unlearning this sense of you don't need to talk a whole lot necessarily, but you do need to interrogate your own belief systems around what a human being is, what the psyche is, et cetera, because there's no obvious reason why what happens when someone takes psilocybin is positive and healing and good, and yet we find that it is, and that's quite remarkable and it takes some time for practitioners to trust in that, to feel like they don't need to rush in to rescue someone if there's a lot of feeling moving or distressing images arising.

**Mark Creamer (17:08):**

And as you said earlier, that question really about knowing when to intervene and when not is actually a very important clinical skill. It might be a dumb question, but do you actually do some kind of arts therapy during an MDMA or a psilocybin concession?

**Sean O'Carroll (17:24):**

It's not a dumb question at all. Often the way I will describe the process to a new client is what you're embarking on here is a five or six month long deep conversation with yourself. And yes, there are two high dose psychedelic sessions in the course of that treatment, but over the whole course of that treatment, I encouraged them to engage in that process of inquiry between sessions, between therapy sessions and around the dosing sessions. And that often looks like journaling or drawing or work with other materials. And more often than not, and this is interesting because I'm noticing as I'm talking, I'm slipping into a "what's art therapy and what's just engaging with artistic process"? We do encourage clients or participants to lean into whatever creative outlets they have. More specifically around art therapy. At Clarion Clinics, we have what we call an extended integration programme. So what's become clear from the research is simply taking a psychedelic does not lead to long-term healing outcomes. And a lot of the long-term healing outcome depends upon how those experiences are integrated. And so part of our programme with the extended integration does involve actually having a therapist on site and they will work with different modalities with the participants who've been through our core treatment to process, make meaning and integrate the experience they've had.

**Mark Creamer (18:57):**

It's a very important message to get out to the general community, isn't it that MDMA or psilocybin, you don't just take a dose and you're cured. I think that's an important message to get out there.



Talking about future technology, of course, Sarah, I mean, I'm assuming that at the moment arts therapists would be using things like iPads or computers a little bit.

**Sarah Versitano (19:15):**

Yeah, look, especially in medical settings, if you're doing art therapy by the bedside, especially during covid, there were so many restrictions with infection control that things like digital devices were really useful as well as when people had issues with physical functioning, it made it more accessible or to allow an image to come to life that they had envisioned in their mind. Things like AI programmes that can generate the imagery that they're able to build a narrative around but can't necessarily physically create because of whatever limitations might be in place. I think AI has actually opened up a lot of things, right? There's risk around artists intellectual property, and there's opportunity around really creative and expressive mediums that can be utilised in the therapy space.

**Mark Creamer (20:03):**

That's really the big thing about AI. So much potential for greatness and so much potential for real damage, and that's the big challenge for us. Now, I think I'm interested, you mentioned covid there. I think that changed all of our thinking, certainly mine, about the way that we can deliver things and the opportunity actually to be more flexible in terms of delivering things online and through telehealth and whatever, to improve accessibility for those particularly people in rural remote areas. Do you think creative arts therapy can be done through those modalities?

**Sarah Versitano (20:32):**

It's a great question, right? Because a few years ago before covid, I would've really probably sat more with the, it has to be face-to-face as a really embodied process occurring. And then I was put in the position of teaching online for two years, which included those experiential art therapy groups. And I think we spoke about this earlier. I was really profoundly moved by how effective art therapy was across this online barrier. People were still able to engage in creative process. I had colleagues of mine as well working with young people with chronic illness who were there, were sending out art packs and doing these online sessions. And there was still this really profound ability to have a therapeutic relationship to still witness the art process by tilting the monitor and just making these modifications. Things that I sort of had assumed you had to be in the space to observe and really hold, but actually it is possible in that digital space. And really when going through something as overwhelming as Covid was, it actually really was an amazing therapeutic experience to be able to facilitate that. And I think it really shifted my perspective.

**Mark Creamer (21:37):**

It certainly shifted mine. I was with you. I would've said, no, I can't do therapy online. But yeah, we all found out that we can actually, which is great because of course it does make it more accessible. And accessibility, I think, in mental health treatment is really crucial and we haven't been terribly good at it in the past. Also, just thinking about future, and again, this is the current, I suppose, but an increased focus I guess, on diversity and inclusion and culturally sensitive approaches. I imagine that that's happening at the moment, Sarah, I guess people are pretty aware of cultural sensitivities.

**Sarah Versitano (22:07):**

I think there's always room to improve in that area. I think it's a constant process of development as a professional to continue to enhance your knowledge in those spaces. I think coming from that background of teaching of the masters of art therapy, I know that's constantly a conversation we're having around how can we integrate the curriculum so that students have a really good understanding of working with First Nations people who are obviously overrepresented in mental



health settings. And also it's really integrating units around diversity and inclusion, both within research and therapy. And I think art therapy really has a pretty strong social justice lens. I think we are often working in community settings. We're trying to work together with marginalised groups to empower these communities with strong collaboration and ideally being led by people from these groups. I think art therapy has always sat nicely in that space in terms of being really aware of the power dynamic and trying to break it apart as best we can and to raise up others to lead these causes, and as best we can support them in that.

**Mark Creamer (23:10):**

Absolutely. And it's something of a tragedy that it's taken us so long and it's continuing to take us so long really to achieve some of that. Sean, I dunno how much work has been done in this area, and I'm not even sure it's entirely fair to throw this question at you, but I'm guessing that in the future we will see an increased interest on the neurobiology and how creative arts therapy might influence brain function. Do you know if anything's going on or do you think that's something of interest to the field?

**Sean O'Carroll (23:36):**

Mark? I'm going to sidestep that question because I feel like it's well outside my wheelhouse and I would be grasping at straws.

**Mark Creamer (23:43):**

Yeah, fair enough. Good. Yeah, we have to know our limits.

**Sean O'Carroll (23:47):**

We do.

**Mark Creamer (23:49):**

Do you want to add anything there, Sarah?

**Sarah Versitano (23:50):**

Look, it's really emerging research, the kind of area of art therapy with neurobiology, and I think that there's studies looking at brain imaging and the impact of creative expression on neural pathways, but they're brand, brand new. I think what we know as clinicians, our kind of practise wisdom shows us that there's something really powerful happening in a nonverbal space. And like Sean was saying, bringing the unconscious material into a conscious space. I think that's some of the parallels maybe between our work, Sean, is that often we're working with people where verbal expression is important. Of course it is verbal expression in terms of processing, and there's a lot of unconscious things happening in imagery and story and narrative that then need to be integrated into our conscious experience. And I think that's where art therapy is really powerful, and that's where I'm really hopeful that things like neuroimaging can then bring some structure and bring some evidence around what we're seeing as practise wisdom.

**Sean O'Carroll (24:45):**

You are much braver than I Sarah, wading into those waters. I mean, I should acknowledge that there is a great deal of research around neurobiology happening in the psychedelic space, but that it's not something that I am giving my time to or that I'm an expert in. That's my dodging the question. But Sarah, just to respond to what you said, then yes. I think when someone takes something like psilocybin, interestingly, one of the things that seems to happen is that their cognitive and linguistic function goes offline for a time, and they're very much in the realm of images





and stories as well as a whole lot of somatic experience. And that is something that creative arts therapists are well versed in how to relate to and work with images that are emerging. And in a sense, not rushing to interpret and not rushing to make meaning in a hurry, because so often it takes time to explore the meaning in a particular image or a particular story that's emerged. So yeah, that capacity to work with what I might call other ways of knowing is really integral to psychedelic work

**Mark Creamer (25:57):**

And integral to creative arts therapy, I think.

**Sean O'Carroll (26:01):**

Absolutely. Yes.

**Mark Creamer (26:01):**

Yeah. Okay. My final question really, or something to explore is this idea of prevention, and I think you mentioned it Sarah, right upfront. Do you reckon that creative arts therapy may have a role in prevention, and I hate using the word resilience, not even sure what it means, but the idea of enhancing resilience through creative arts therapy?

**Sarah Versitano (26:20):**

Yeah, look, I think Victoria has done really well to integrate art therapists as part of their school counselling system. They can now work in schools. I think that's really amazing. My experience especially is working with children and adolescents. I think it's wonderful that we see a good number of art therapists in the acute inpatient space, but I would love to be seeing art therapists in these community spaces and in schools so that yeah, we can prevent this kind of really pointy and high acuity presentations that we are just seeing increase essentially. I think art therapists are underutilised. I think we have a really highly skilled workforce that kind of get pocketed into different roles. People I think, understand the art therapist in an inpatient setting, but there's some tentative sort of nature about where we sit across the board. I think there's work to be done integrating art therapy in more spaces, especially in community mental health before we're seeing them in inpatient.

**Mark Creamer (27:19):**

Absolutely. But I'm interested in your idea that we're not only necessarily talking about treatment spaces as it were, but the idea of school as well, or other community, yeah, whatever, workplaces. I think it's very exciting. I mean, prevention is I guess the holy grail for the whole of mental health really. The early we can get in and the more we can prevent mental health problems developing, of course, the better.

**Sarah Versitano (27:40):**

I think my 2 cents on that would probably sit somewhere in that social justice lens that prevention really starts at social and political levels. We've got a lot of work, right?

**Mark Creamer (27:52):**

I absolutely a hundred percent agree, and it's all very well saying, I'll develop more treatment services or do this and that and the other, but unless we're addressing the upstream issues that are leading to it, I quite agree. You looked as though you're about to come in there, Sean.

**Sean O'Carroll (28:04):**



Yeah, I mean, this is a slightly off the cuff comment, but I think one of the dangers of preventative or resilience building work in the realm of mental health is that we can actually make things worse sometimes by encouraging people to focus a great deal on their troubles and their issues ahead of time. Not always to be clear, but what I like about the creative arts therapy lens is that it's really inviting people into an inquiry and an engagement with what it is to be them, what it is to be alive. And it really brings both sides, not just pathology and difficulty, but also everything that is positive and good about being human and being alive. So I think my sense would be that inviting people to work in a creative arts way with people to build resilience, to use that word, Mark, feels to me like a really wonderful thing. But I am somewhat outside the field at the moment, so I'm not sure how much is happening in that space.

**Mark Creamer (29:06):**

But no, I agree. I agree entirely. I think it is wonderful you began to open a bit of Pandora's box there that I think we'll just leave closed for the time being because prevention generally, and I agree, we do have to be cautious about what we're doing, but prevention generally, I think, as I say, is really the way to go. And perhaps look, that's a good and optimistic note to end on and wind things up. But it's been a fantastic discussion and I do think the future of creative arts therapy looks very exciting, and I look forward to bringing you both back in five years to review how the field has progressed. But thank you very much for your time today, Sarah and Sean. And if our listeners would like to find out more about Sarah, Sean or me, or if you'd like to find out more about Creative Arts therapy and access the various resources, go to the landing page on the MHPN website.

**(29:54):**

You'll also find a short feedback survey, and it doesn't take long. Please if you could fill it in. We really do like to know what you think about these episodes and also provide us with suggestions about how to better meet your needs. That was the final episode in this series on creative arts therapy. But if it's an area of interest to you, please make sure that you've listened to the other episodes. Check out other MHPN podcasts, like we did a great series on music therapy. We've got an interview with the CEO of ANZACATA, and many more interesting topics available from the MHPN website. But for now it's goodbye. And thank you very much again to you, Sarah.

**Sarah Versitano (30:33):**

Thank you so much, Mark, for having me.

**Mark Creamer (30:34):**

And goodbye, and thanks very much indeed to you, Sean.

**Sean O'Carroll (30:38):**

Thanks, Mark. I've enjoyed it.

**Mark Creamer (30:40):**

Great. It's been a fantastic discussion. I've really enjoyed it myself. Thanks so much to both of you for your time, and thanks very much to all our listeners for joining us and listening to this podcast. I hope that you've enjoyed this episode and indeed the whole series as much as we have. So thanks very much to all. Bye for now. Bye.

**Host (30:58):**

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