

The Peregrine Centre Rural Mental Health Podcast

Episode

Speaker Key:

CM Caitlin Miller

NB Nikki Butler

JD John Dean

BS Brittany Smith

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Intro Hello. I'm Dr Rebecca Sng, director of The Peregrine Centre. As we begin this episode of The Peregrine Rural Mental Health podcast, please join me in stopping to consider the land beneath your feet wherever you might be listening from today. Let's take a moment together to acknowledge the traditional owners of that land. We pay our deepest respects to the elders of the past, those of the present, and the emerging elders of tomorrow. The Peregrine Rural Mental Health podcast is brought to you as part of our rural mental health partnership with New South Wales Health.

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CM Hello, and welcome to this episode of the Peregrine Rural Mental Health Podcast. My name is Caitlin Miller. I'm a research associate and clinical psychologist working for the Rural Mental Health Partnership at the Peregrine Centre. The focus of today's podcast is thriving in rural mental health practice beyond just self-care.

We're joined today by three guests, Nikki, John and Brittany. So I'll start by handing over to our guests and getting them to introduce themselves. Nikki, can I start with you? Can you give the listeners an introduction to who you are?

NB Yes, sure. So hi, I'm Nikki Butler. And last year, I founded my own consulting and training business, Nikki Butler Consulting and Training. I have been developing a range of conscious practice training packages. I also work for a large number of child and family services, mostly based in Queensland, who provide services to children and young people who have experienced trauma or are at risk of harm. That's the 25-word version.

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CM Thanks, Nikki. And I'll pass it over to you, John.

JD Oh, hi, everyone. John Dean's my name. I'm a registered psychologist. I've been working in mental health services, mostly around child and adolescent issues but also in management roles, in Murrumbidgee Local Health District for 24 years this year. And actually, prior to that, I was a farmer for 20 years, and I started my work career as a shearer. So I've had some changes along the way.

CM Wow.

JD And they all have their own set of stresses, but there's some commonalities as well. Yes.

CM Yes, I imagine self-care in the shearer world is maybe something perhaps less talked about but probably equally as important.

JD It gets pretty physical.

CM Yes.

JD Yes, and you've got to look out for pitfalls along the way.

00:02:35

CM Yes, of course. All right. Thanks, John. Lovely to have you here. And Britt?

BS Hi. I'm Brittany. I am a clinical psychology registrar up in Northern New South Wales Local Health District. Also, my work's mainly in child and adolescent as well. I'm also a Local Project Officer with the Peregrine Centre.

CM Yes, we thought that Brittany was a fabulous and easy guest to recruit since she's both a rural clinician and part of our team. So thanks, Britt, for fulfilling lots of different jobs.

BS No problem.

CM So to get started, I think one of the first things that's important to acknowledge is the real complexity of the area of self-care, thriving, burnout prevention, whatever you want to call it. I think for a long time, there's been this perception of, just implement healthy boundaries. And there's this tension between doing that and living in a rural area where you do have less resources than, say, in a metropolitan area.

And so I think, and I'm sure my guests will agree with me, that we don't have specific answers, and there isn't a simple answer to anything in this topic. But we want to give space to talk to people at varying levels of experience and different backgrounds about how they manage this really complex idea. Given that, that self-care has become a bit of a contentious word for mental health practitioners, Nikki, I might start with you. How do you think about this topic? And are there any terms that you prefer to use or ideas that you prefer to think about?

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NB Yes. So self-care is something that's been thrown around for years. It's been talked about for years. And it comes with the connotation that it is about self-responsibility. And yes, we do need to take care of ourselves and take responsibility for ourselves. But the risk of burnout is so high, working in mental health spaces and child protection contexts. Yet the word self-care in itself, it gives it that connotation of it's your responsibility to take care of yourself.

Yet burnout is a systemic and an organisational issue. Yet I've talked to lots of people over the years, and I don't know of one team that has a team self-care plan. I like to think of it in terms of a team care plan. Teams and services aren't developing that as a team, getting people's ideas, how do they build emotional resilience and mental strength within their team, and moving beyond it being a

self-responsibility but also becoming more of an organisational responsibility. I think it needs both.

The terms I prefer to use, one is team care, and also mental strength. Mental strength is more intentional. It's about understanding the practices and the routines and what we need to do to become more emotionally resilient in these high-complex areas. But I think mental strength, we need to go beyond self-care and start talking about mental strength and also start to talk about the team care.

And also, just one more thing I'll say quickly, is that we talk a lot in these contexts about trauma-informed care, and we mostly apply that to the client context. Yet to be truly a trauma-informed organisation, you are considering the impact of trauma on workers.

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And even using the terminology of self-care, I think we need to start talking about trauma-informed self-care and not just trauma-informed care, which we place outside of ourselves, and we place it more on how we manage and how we respond to client complexities.

CM So it sounds like you're really coming from this perspective that self-care unnecessarily places all of the burden of responsibility on the sole practitioner rather than thinking about it at different levels of the system.

NB Yes.

CM Yes. Wonderful.

NB Yes, and that's then understanding the impact of trauma when working in that space as well.

CM Yes. Thanks, Nikki. John or Britt, do you have anything to add around how you think about this topic?

JD I'd very much agree with what Nikki's saying, that yes, we do need to support our team as such, and those who work with us. And I have a team that is spread out across our district from Wagga to west of Hay, and yes, there are strategies like meeting together in the morning just for a general chat, not so much about work, and providing that support, helping people to feel connected, for sure. I provide a lot of training, particularly to teachers, and always, self-care is part of that.

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And we tend to talk about those things, including relaxation, not taking work home, being active, not drinking too much, that sort of thing, so personal responsibility. But I think that personal and professional resilience also comes from the attitude you have towards your work and the values that you have and the knowledge and skills that you develop to perform your role. And those aspects, I think, are really important, and lifelong learning is part of that. Yes.

CM Yes, thanks, John. Britt, did you have anything to add on that one?

BS Yes. I think the themes that really came up when both Nikki and John were speaking, for me, is this idea of connection. And that's actually how I view self-

care, is that it's an opportunity to connect to myself, and the connection that forms with others in the way that we support each other through our work and ensure that openness and curiosity when we're going about our day really.

CM Yes, that's a nice connection point as well, connecting those two statements. So let's dive into it a little bit more. What do you think are the key concepts to be thinking about when it comes to having a sustainable career in rural mental health practice?

Now, we might split this up into two, because we've already spoken about how there's the individual practitioners and then there's the system. So Brittany, I'm going to throw to you now. Let's start with the practitioners. What individual factors do you think contribute to good or poor self-care?

00:09:16

BS Yes, it's really interesting, and I can probably speak from the lens of quite early on in my career. So I think sometimes, when we first start out, and I'm going to speak a little bit to identity, is that you form this new identity as a clinician who's working in mental health care.

And I want to emphasise that for a second, because I think one aspect that's important in individual self-care is to consider that identity and consider other components of your identity, whether it's outside of work, outside of the role, and what time are you giving to those as well, to view yourself as more of your whole self?

Considering how your profession is maybe a part of your identity is a big one, because then we can start to focus on those activities that we want to do more of, and they may not seem as much of a burden to us in that way, particularly at the start of the career because it can be so exciting and you can get so passionate.

And that probably doesn't diffuse, but sometimes you haven't learnt how to sustain that along the way. So that's the one tip I would give as a factor of consideration for early career. Yes, I might hand it over to John now.

JD Oh, thanks, Britt. I picked up on one word that you used there that's really important to me, and that is career. Shearing's a job, I can tell you, and sometimes a pretty challenging one.

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But when I moved in this direction, I made the conscious decision that I was going to develop a career. And I think actually working in the helping professions, not only in rural areas but because of the challenges in rural areas, it's more a vocation than a job.

And if you resist that idea and think that somehow you're going to be able to carve off this little bit of you that's about your job from other aspects of your life, you're going to run into ongoing challenges to that, particularly in rural environments. So I think that to me, that's a really important concept.

CM And what do you think is the difference for you, John, between career and job?

JD Well, taking that attitude then, in a sense, gives me personal responsibility to nurture and develop my professional life just as you should nurture and develop your personal life, and those in your personal life will recognise that in you. And therefore, there's not this continual balancing act between your personal and professional life.

I think you're much better off acknowledging the impacts of your professional life and your personal life and approaching than somehow thinking you're going to be able to keep those completely separate.

CM Yes, thank you. And Nikki, what do you think about this?

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NB Yes, a lot came to mind as I was listening to Britt and John and thinking about identity and career and how they align. To step into a career, we need to be really self-aware, what's our passion, what's our values, what drives us, what motivates us, what's in this for us, and why do we want to step into this career, and ensuring that our career pathway continues to align with our own identity, with our own values, and bringing into that a real sense of self-empathy and self-compassion, because you need that in these roles.

In this type of career, you need to have a lot of self-empathy. When we work in the mental health context and in the trauma context, we get so used to caring for others, to going the extra mile for others, to helping others, and we can start over-helping. We can start to create a rescue fantasy bias, and the more we do, the better people will be more empowered, their lives will be better. And we can start to overuse our own strengths to the point where they become weaknesses.

So it's that balancing act which John was mentioning between the personal and the professional and being self-aware, being empathetic and self-compassionate and having a lot of self-love along the way, because we're going to need it in these roles.

CM Yes. I'm struck, Nikki, as you're talking, I was thinking about a lot of the early career clinicians, particularly psychologists that I know and how often there's a pretty big theme around the beliefs that we hold around helping self and others. Often things like self-sacrifice or unrelenting standards come up.

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And I think that really having an awareness of that and empathy towards that can help both in understanding our identity, our role identity but also our broader identity, as Britt was talking about, and figuring out how to balance that, whatever that looks like, as John was talking about. So what about organisational or more systemic factors? So what contributes to good or poor self-care at an organisational level?

JD I'd noticed that Nikki talked about compassion, and I think that's really important. Because what compassion is, is actually relieving someone's distress or pain in some way, in a practical sense really.

And I think that if I'm thinking about the organisation that I work in, a public

mental health service, we have this challenge in public mental health services of this ever-increasing demand and risk. And clinicians are often asked to assess what's going on, basically, and then move people on. So they never get the opportunity to actually be compassionate and do what's necessary to relieve that distress and pain for clients. And that can be really difficult.

And I think it was Britt mentioned perhaps that expectations that are developed with your training sometimes don't match the reality of what you're working. And so there's this idea of synchronicity between your values and the values of your organisation or the way your organisation does things, but there's also dystonicity when those things don't match up. And my experience is they're career killers.

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So if your values are not matching up with your organisation's values, your expectations are not matching up, you can't do anything about that, and then you get into a sense of hopelessness and helplessness about it, that can be really, really difficult. And yes, I think that can come up for people, and particularly in rural environments where you would like to be helping the people that you're working with, but that becomes really difficult.

So I think there's some solutions to that, and that's about, sometimes, we have to take our own personal responsibility for making sure that we have the support that we need.

And the pandemic has really helped in that way. Because you can live west of Hay on a sheep station and you can link in with your colleagues whenever you like. That hasn't been available before. You can organise a supervision relationship with someone on the coast and they can be there for you when you need that support. So whilst the challenges are big, there are opportunities to meet them.

BS I think that's well articulated, John, particularly first entering the field, knowing that while it does seem somewhat overwhelming sometimes, and tuning into that, that there are... Accessing supervision, whether it's onsite or it's online, even connecting with colleagues when you need to and establishing that relationship initially and not being afraid to pick up the phone or send the email, we might not have them with us, but utilising those resources where you can and trying to take that opportunity in terms of that being your opportunity for your own self-care.

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NB I think also too, in terms of supervision, some organisations provide line management supervision which often isn't that useful for reflective practice, because the line management supervision becomes about it's task-centred, it's what's been done, what hasn't been done, rather than that real reflection, how are you travelling here, how are you doing with your clients, and talking about those early indicators of burnout, giving that space to be able to talk about what's really going on as a practitioner in your client work.

And also, what I've noticed in organisations, and I've experienced this, is where

supervisors and leaders and managers get supervision training, this is how we do supervision here, this is the supervision model that we're going to adopt and use with our practitioners, and the practitioners don't get the supervision training. So how are they going to use that model in a way that's best for them?

And so I think that around supervision, there is a lot more that organisations can do to really support staff and prevent risk of burnout, prevent risk of vicarious trauma and secondary trauma and emotional overwhelm and all of that. Yes, we need to move away from the task-centred approach to supervision and really create that two-way reflective conversation.

CM And that sounds like maybe, from your perspective, that's around having separation between line management and supervision.

NB Yes.

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CM So obviously, line management is really important when you have certain funding or KPIs or whatever it is.

NB Yes, absolutely.

CM But having that as separate to a reflective space, where you can feel safe and contained and explore the feelings that are coming up for you.

NB Yes, absolutely.

CM Yes. Okay, great. So self-care is obviously important to all practitioners, or if I take on Nikki's words, mental strength, mental resilience. But I think it might be helpful to talk through some common tensions that rural practitioners talk about when considering the idea of self-care and sustainability and burnout. So we might just talk through a few things that commonly come up and see what you guys do to manage these or what people you know do to manage these.

So the first common example that we have is a question around how do you manage the complexities of living and working in a small community where you inevitably socialise, run into, have interactions with your clients or have to manage dual relationships? How do you manage these situations, and how do you manage things like confidentiality in these situations?

NB You've taken me back to a time when I worked with complex families. And I worked in Health at one stage for ten years in New Zealand. And I worked in the area that was the largest geographical area in New Zealand, and it was also rural and semi-rural.

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The area that I lived and where the office was, I had a lot of clients in that area, so I would bump into people quite a lot. So sometimes, my strategy was, oh, I didn't see them and I'll walk the other way. But there are times where you do bump into people and you have that conversation.

I think it's really important, when you engage in that professional context, you set the boundaries. It's almost like you've got to pre-empt that you might bump into

these people, that you are likely to. You might already know that you're going to go to the same social gatherings if you're in a small community, so you pre-empt it and you build it into the conversation to begin with.

Like we talk about confidentiality, every client that we first meet, and we might remind them about that throughout the intervention, we need to build in that pre-empt that we are going to bump into each other in a small community and, yes, have that kind of conversation about what that might look like when we bump into each other in the community, and so that you can set those boundaries right from beginning.

People love honesty and openness, and they love having those type of conversations. Because it might be awkward for your client too who bumps into you and you're at a social gathering and you know all this stuff about them and they're just trying to have a happy, fun night and pretend that all this stuff doesn't exist. So it's just as awkward for them as well.

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CM Yes, of course it can be a very uncomfortable situation, can't it? John, what do you do to manage these dual things that come up?

JD Yes, so very much agree with what Nikki's saying. You have to accept the reality of what it's like working in the bush. If you try and eliminate these tensions, avoid them altogether, that's a real risk that you'll become quite alone and isolated. And I've seen that happen in practice, where quite an experienced psychologist basically shut himself up for eight or ten years because he was afraid of meeting clients down the street basically. So you're much better to be prepared and be realistic about it. And it might be about having that conversation with your clients.

But it's also, boundary violations are quite clear. We know we've all got ethical codes and so forth, and we know when we've done the wrong thing completely. Hopefully, we don't do it. But boundary crossings are a little bit less certain. So things like meeting someone that has been your client down the street is a boundary crossing.

And what research has shown is that rural clinicians have led the way in understanding how to manage these things because it's more part of their daily life, so using an ethical decision-making model, which I think is what Nikki's talking about, where you identify clearly what the issue is and then you think about what the potential moral, ethical, clinical or legal challenge might be and what the possible options are around that, weigh those up against each other and look at what might be the best course of action that's going to do no harm.

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But then in making those decisions, it's really important if you can, and you can, just someone, a colleague or a senior, to talk to about that decision-making, to make sure you're on the right track, because sometimes you can miss that. And then go back and evaluate it with that person as to how that worked out. Having a model in your mind as to how you're going to manage those situations, I think, is really important.

CM And I like the idea of considering it as a potential boundary crossing rather than a violation. And I think that ties well into Nikki's idea about setting the frame. Because often, I think our clients don't necessarily understand what's a boundary crossing and what's a violation of our professional practice.

And it's not really their responsibility to understand. It's our responsibility to consider that and think about what might be the best course of action, given the context. For some, that might be having an agreement to not acknowledge them, but for some people that might cause more harm. So I think it is really context-specific and formulation-specific.

BS Yes. And I think as well, sometimes, if the nature of the interaction is ongoing, just knowing that you do have time to sit with that and think about it and consult on it, that it's not going to all unravel immediately, and really taking that opportunity to sit through what you're going to do and prepare, as John said.

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CM Yes. All right.

NB I was also just thinking about, too, pre-empting and having that open conversation in the beginning and talking about your respect for their privacy. Because they might be with their partner or with their mother or with a friend who they don't want to know that they are your client. And so have that conversation around how, being out in the community, you might not come and say hi. And one of those reasons is that you want to respect their privacy outside of this working context.

CM Yes. The client's level of comfort and confidentiality is the priority here.

NB Yes.

JD And that's hilarious when you're talking about kids, because more often than not, they'll introduce you to someone as their counsellor and that sort of thing.

NB Yes, that's right.

JD It's interesting that it doesn't matter to them.

CM All right. So let's move on to the next example, which is that often, people who are working in rural or regional areas talk about feeling this sense of pressure or expectation that they are the expert and feeling like they are approached outside of work, whether that is by people in their life, whether it's mutual friends, whether it's people on the street or in another professional context.

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I am sure this happens in lots of different professions, and I know that it happens in my town for other people in different professions, like the pharmacist and the accountant. And so I imagine, for mental health professionals, it's often around things like suicidality or suicide or natural disasters where there's a lot of distress that feels really uncontrollable and they've got a really big crisis mode. So I'm interested in how you guys think about managing these situations. What do you do?

BS I think it's very, again, context dependent, but I think there's been times where I have been in public and I've been approached and I've just made light of it and said, oh, I don't have my psychologist hat on today, suggested alternative times or depending on what we're doing, but just knowing that I can be there as a friend or a community member.

CM What about you, John? What do you do and how do you think about this?

JD Well, my two children have been very good at teaching me lessons around this, like don't use that on me, Dad. And I've come to realise over the years, you can't be a father and a therapist. You can't be, often, a friend and a therapist. So you need to separate those things out.

I do a lot of teaching of youth mental health first aid, and I think that framework helps me a lot to respond to these sorts of issues. So if someone comes up to me with a particular issue, I'll have that in mind, and I'll say, yes, okay, you know someone who's having these sorts of difficulties and you're concerned about them. Listen to them, be there for them, but recognise there's other places that can help them.

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CM More like a gatekeeper in that role.

JD Yes.

CM Rather than as a clinician.

NB Yes, I absolutely agree, I think especially if it's around a real crisis and a real worrying concern for the person that's raising it. I love the idea of I haven't got my psychologist hat on today. There might be some situations where that's not quite appropriate if it's something really significant, so to show some empathy and some understanding in that space.

And the person needs to feel listened to, they need to feel like it's important, and then being that bridge. No, what I can do is I can give you a service that you can contact, they'll be open in the morning, something like that. Or if it's a crisis, I can give you a crisis line number or a helpline number, so that you're listening, showing empathy, you're understanding, and then you're bridging them to more appropriate support.

BS And I think it's the idea, again, of honesty in those situations as well, Nikki, that you mentioned before in terms of being there for them and acknowledging that you can be, to listen, and that there's other services or potentially helplines.

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CM I think it comes back to that idea that I mentioned before, that it's not necessarily our client's job to know what's appropriate and what's not appropriate, and we need to be the people that guide them empathetically to what would be a good option for them. And what about something like managing leave, so whether that's going on a fantastic holiday or you're on personal leave or carers' leave or even you're attending training to get upskilled in some new modality perhaps?

What do you do to manage this when you know that if you work in a really small area, that might mean that there's no mental health cover for your community for a little while, whether that be a day or a week or however long? John, I know that you have contact with lots of psychologists around all of Murrumbidgee, so I'm sure this is something that comes up in your context. How do people manage it?

JD Yes, it definitely does. But also, it always amazes me how people will say that we don't have any mental health services, but in fact, it doesn't matter where you are, there is a response. We have a state-wide mental health line, we have places like Beyond Blue, Lifeline and so forth that are always available.

And as I said before, since the pandemic, we're much more connected. So if I think about it in the context of public mental health and teams that we have, and having managed some of those teams, we've had situations where teams have been in a dire strait in terms of recruitment and so forth, and other teams have helped them out. So it's about connections and willingness to look after each other.

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And the idea that perhaps you would put off going on leave because no one will be there flies in the face of that old idea of putting on the oxygen mask first so you can help others, and recognising that you have to look after yourself to be able to help others. And we should support each other in that as practitioners and we should support each other in terms of teams as well. And due to the pandemic, that ability now and recognition that we're able to connect virtually and provide services, to an extent, virtually, I think is an antidote to that.

NB I was thinking too, John, as you were speaking that to feel like you're the only person a family or a client can contact, you are it, if you're not there, there is nobody else, is possibly linked with that whole rescue fantasy. I'm the saviour. I'm the person they need. If I'm not there, everything could fall apart. And then I'm going to have to come back and deal with this crisis. And I don't want to leave the person in this situation. It's going to create more risk.

And as you were saying, there are state-wide support lines. There are other services that people can contact. And taking leave and time for ourselves and time with our own friends and family is so important. We all know the saying, we can't give from an empty cup.

I have worked in areas where there is a lack of services, and so you need to pre-plan that, plan your leave, set up your families with the national contact numbers, with the state-wide contact numbers. Leave your families or your clients with other resources. Let them know when you'll be back.

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We don't want to create a dependency for families. We want people to be empowered and be able to manage their mental health and their families and their lives and their relationships. So it's concerning on so many levels if there's that feeling that I can't go on leave because there is nobody else.

BS And just reflecting upon how you position yourself as the therapist there,

positioning yourself with the family, empowering the family to tap into their own resources, knowing that they're... Maybe not the family, even the adult, thinking about who are their caring supports, who are their community supports, who are their national supports, tapping into that system that surrounds these people, to know that we're just one person in that system.

CM And that really brings up for me, Britt, the idea of decentring, which is basically not thinking that we are the sole person who is capable of, in quotation marks, fixing someone, and being a player in their lives but not wanting to be the main player. I think that's a dangerous road to go down, especially when we have lots of training that focuses on helping people and making change. And often, we come into the helping profession with our own ideas about what it means to help.

JD I feel, Caitlin, that it's a particular risk for those in private practice who might be working more isolated.

CM Yes.

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JD And I fully believe that if you're working in a team environment, whether it be in the public health system or an NGO or something, the risks that you might be dealing with, the challenges you're dealing with belong to your team, your organisation, not to you solely.

But if you're in private practice and you're working in a rural environment, that might seem quite different. But then, as I said before, that perhaps then is the trigger to take some responsibility to make sure that you've got the supports and structures around you to manage, yes.

CM Yes. And that certainly echoes my experience, John. I've been lucky enough to work in private practices where it has been a team setup, but I know that working in private practice generally invites you to feel like you're taking a lot more responsibility.

It's not as easy to just call the psychiatrist or talk to your team member. You do have to put those things in place really intentionally. And it can be done well, but there's a big risk of feeling like you are the only person holding this other person up. Nikki, did you have anything to add to that?

NB No, just thinking about how professionally dangerous that is and how it links to the whole concept of professional dangerousness and all of those unconscious processes that go on within us or within the practitioner.

CM And Nikki...

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BS That connect in a way that would trigger...

CM We are lucky enough to have you doing some training on professional dangerousness. But for our listeners who haven't heard about it, can you tell us what that is, and how it relates to these ideas?

NB Yes. Well, it first was coined in the 1990s in the UK by a guy named Tony Morrison, who was a child protection practitioner. And he started to notice how, in working in areas of high complexity, that often at an unconscious level that practitioners would collude with the adults, which would increase the dangerous dynamics within the family. Back in the 1990s, it was related to child protection.

But when we bring that into the mental health space, we think about the cognitive biases that we hold, our defence mechanism, the way that we protect ourselves from strong emotions, often there can be, often unconsciously until you become really aware of it, denial and minimisation and rationalisation of people's complexities. It's a way of self-protection.

CM It's easier to see things as black and white rather than grey, right?

NB Yes. And we don't want to go down a spiral of being emotionally overwhelmed by people's experiences and their mental health complexities and lots of different things that are occurring in their lives, so we protect ourselves from that.

And we can protect ourselves in such a way that we collude with adults in the working context in a way that covers up the risk and the complexity in their lives and that harm that may be occurring to others and a risk of harm towards others. It's a really big concept, so I hope I've explained that in a helpful way.

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CM Yes, absolutely. And I can see how that ties very neatly into these ideas that we've been talking about, about self-care and also self-care with a systemic lens as well.

NB Yes. Because we can end up suppressing a lot of the emotions and the overwhelm and the feelings of lack of competence and what am I going to do with this family and how am I going to deal with this. And we suppress it because we have on our professional hat and we've got to keep it together. So we suppress what's really going on within us. And that can result in burnout in the end.

And there's lots of symptoms that take place before that, before burnout or post-stress disorder. There's lots of indicators such as avoiding families, having lots of sick days, needing mental health days and not wanting to face certain people, the way we write case notes.

JD That's the answer to a degree. If we collaborate more, integrate more with other services, we can overcome a lot of the challenges through shortages. Some services, when they're under pressure, they're short of staff and so forth, actually close up, put up barriers to the people they should be collaborating with, whereas it's exactly the opposite that's needed.

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NB I think Australia too, because I've worked across Australia and New Zealand for over 30 years now, I've noticed, coming into Australia, it's quite a competitive environment in the professional context that I haven't experienced before. And I think that that impacts on the way that people collaborate because of that competing for the funding and contracts.

And I think there is a move beyond that, and there is more collaborations being formed. Some of that, again, is connected to the way that contracts are starting to open up and that collaboration's really needed. That kind of a side issue.

CM We've opened enough can of worms for today, I reckon. So we have spoken a lot about the challenges of working sustainably in rural areas. What are the aspects about working in a rural community or a regional area that actually make self-care or mental resilience or mental strength easier?

NB Yes, I'm happy to speak to this. I was thinking about it. Again, it took me back to when I was working with families in more semi-rural areas. And the team that I worked with, we were a small team and there were a lack of services in the area. So we really had to bring our skills together.

And we collaborated really well as a team. We worked together. We drew on each other's knowledge and skills. And we would do visits together sometimes. I worked really closely with a public health nurse. I had a social work role. And we were a really strong team because we had to be.

And I think that that's one of the real values in smaller, rural communities, is that you really draw on each other because you need each other to do the work. And so you form really strong bonds with people, which is really important to self-care and the way our brain develops and all of that, and we learn so much. And the more we learn, the more we thrive.

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And I remember, when I was working in that space, we had other services in other areas, and there were so many other options that the social work services could just refer, assess, refer, assess, refer, whereas I had to do the work with families and do the work with children and young people. And it developed me hugely as a practitioner and I learnt so much through that. So I think there's so much value in the smaller community context that you just don't get in the bigger cities.

BS I think that's exactly it, Nikki.

JD Yes.

BS And what came to mind for me was that idea of community and this idea of cohesion, not only in the profession, but we were talking about at the start professional and personal. I think having that support in both of those areas really lends itself to being able to engage in activities, both professional and personal, that you want to do and that you are curious about and that you want to give a go. So I think, yes, that strong sense of community shouldn't be overlooked.

JD That sort of team connectedness is so important. I don't know whether you've had these experiences, but when I get together with family or friends who are still very rural, I find myself having to talk about farming. You can't talk about your work with your family and friends. You can't. And that becomes really difficult at times. So having that really strong connection with the team around you, whether it's a formal team or whether it's an informal team...

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CM Yes, absolutely.

JD I think is really important, because...

NB Yes.

JD You need sometimes to be able to just have a chat about work.

NB Yes. I think it creates a lot of gratefulness too, because you're grateful to the team members and how they support and the knowledge and the skills that they bring and the ways that families engage with you too.

JD Could I just say, working in a rural environment, I don't know how others feel, but I feel quite connected to nature, because you're out in it a lot of the time. I do a lot of travelling. And one of the strategies that I've developed is making sure I've got lots of time, when I see something interesting, pulling up and taking a photo and having a little bit like a photo diary of what I do. And it makes you feel much more connected to nature and to the area you're working in.

BS I'm so glad you brought that up, John, because the capacity to get out in some fresh air, just on a daily basis...

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NB Yes.

BS Just can't be overlooked. And I think when you've got your team, your environment, so many factors that are supporting you, without you even knowing, it just makes those more intentional steps in your self-care and your personal reflection a little bit easier as well.

CM Yes, that's a great point that I hadn't really thought of but I think is so important. If there was one thing that listeners took away from this episode about thriving and sustaining a career and engaging in self-care in rural mental health practice, what would it be? Nikki, I'm going to go to you first. What would be the one thing you would like people to take away?

NB Okay, one thing. Well, working in the rural mental health space, there is no question about it, it is challenging and there will be ups and downs. It's also a place where we grow and thrive. And when we're faced with challenges and we work through those challenges, and when we work through challenges with clients, it builds our resilience. It builds our mental strength.

So working in this context, we can become really strong, mentally and emotionally, and it's the challenges that provide that opportunity, and working through those challenges and being able to bounce back. There's a quote that I love, and it's by Margaret Wheatley. You might've heard it. And it's there is no power greater for change than the community discovering what it cares about.

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And mental health is everything literally. In rural communities, where you have passionate professionals and practitioners and services focused on mental health and that is everything for that community, that together with the people that are accessing services, lives truly can be changed and communities can

thrive. That's my takeaway thoughts.

CM Britt, what are your takeaway thoughts?

BS For me, the takeaway is this idea of just being really honest with yourself, I think, acknowledging the circumstances that you're in, being kind to yourself around those, just creating that curiosity within yourself.

CM Brilliant. Thanks, Britt. And John?

JD I think just don't try to do it alone. Make connections within your organisation, outside your community if you need to, with people who can assist you when things get hard.

CM I think that's a great point to end on. Thank you all so much for your time. It's been wonderful having a chat about this really complex area with lots of nuances and lots of context needed. But I think it's been really nice just to flesh out some ideas and some ways of thinking around a lot of these situations that come up for rural mental health practitioners.

As always, this podcast will be available also on our Peregrine Portal, and you can access some additional resources there. Thank you so much for listening. See you next time.

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Outro I hope you found today's episode helpful. You'll find specially selected resources on this topic on our digital learning platform. To join the platform for free or to suggest questions or topics for further episodes, please visit our website theperegrinecentre.com.au.

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