

Support for Family and Friends

Spotlight on Minds Together

Tania McMahon

Welcome to digital mental health musings, a podcast series from the e-mental health in practice Initiative providing health practitioners with the latest news and developments in digital mental health services and resources. eMHPrac acknowledges the Turrbul and Yuggera people the traditional custodians of the land on which we bring you this conversation, we acknowledge elders past and present, and honour their continuing connection to land, culture and community, and that it's these connections that are intertwined in indigenous mental health and social and emotional wellbeing. We acknowledge the strength and resilience of all First Nations people and communities since colonisation of their unceded lands.

Welcome to this episode of Digital Mental Health Musings. So, this episode, we're going to take a deep dive into EveryMinds two new digital programs. So, one of them is designed specifically for family and friends, supporting someone who has attempted suicide and the other is for family and friends supporting the mental health of paramedics. And our guest today is Dr Sally Fitzpatrick. Dr Fitzpatrick is a Program Manager at EveryMind, a clinical psychologist and researcher who has been working to understand the needs of families and carers of people living with mental illness.

Now, Dr Fitzpatrick and her team's work has shown that the demands placed on carers can be constant and pretty overwhelming. They often report high emotional distress, challenges with their relationships, engaging in fewer social activities, feeling lonely and isolated, and having fewer education and employment opportunities. And caring has also been associated with immediate risk of mental health problems, with carers consistently reporting levels of psychological distress significantly higher than the overall Australian population. So, Dr Fitzpatrick has said that as the largest non clinical workforce that we have for Australians experiencing mental illness, we really urgently need to better support the invisible work that family and friends do everyday in caring for Australians living with mental illness. So Sally, welcome to the podcast.

Sally Fitzpatrick

Thank you for having me, Tania. I'm so excited to be here.

Tania McMahon

So Sally, your research looks at the challenges and the risks that carers face to their own mental health as a result of their caring role. Can you tell us a bit more about your work here and what you've actually uncovered about caring and the potential for poor mental health and wellbeing?

Sally Fitzpatrick

Absolutely. It's a really, really good question and it's one that we are very focused on in EveryMind. And for people watching and listening today that don't know EveryMind, we are a National Institute based in Newcastle on Awabakal land, which is about two hours north of Sydney, and we're dedicated to the prevention of mental ill health and suicide.

So the programs that we develop are upstream. We're not a clinical service. We don't do clinical work. We're very much wanting to prevent the onset or the continuation of mental ill health or suicidal distress. And so we work with communities and organisations to be able to do that. And one of the main areas that we work in and that I oversee at EveryMind is our caregiver work. And the reason that we're focused on that is that carers, as you said, really are the silent workforce in our community. We really can't get by without them.

Research reports tell us that informal carers, so those that are family, friends, mates, colleagues who support Australians with mental ill health and mental illness, provide more than 200 million hours of care nationally and if we were to replace them, it would cost the government more than \$13.2 billion. So they're really, really important to our economy.

I think before talking about though, the challenges and risks for caregivers, it's really important to know who they are because who caregivers are is a little bit complex. Becoming a carer isn't something that most people aim to do. It happens quite unexpectedly. Most people don't see themselves as carers, and that's one of the challenges in working in this space. They're just children, their parents, their partners, relatives, their friends, their colleagues. They're someone who cares for someone close to them. And what moves them from being someone in that relationship into being a carer is the caring, that support that they provide, that's more than you would otherwise expect within a relationship.

Now every parent out there is going to say that they'd do anything for their child, and that's absolutely true, but caring is providing support for specific challenges over and above those incredible things that we would do for our children or for our partners every day. So, for example, a mum supporting a young person who's feeling really low and worried and finding it hard to leave the house every day is an example of where that may move into a caring role or a spouse supporting someone who's attempted suicide. And carers are all the way around us. You know Rosalyn Carter, who's a famous former first lady in the US famously said there's only four kinds of people in the world. Those who have been caregivers, those who are caregivers, those who will be caregivers or those who will need caregivers. I don't know of anyone in their life that doesn't have an experience of either supporting someone or knowing someone who has been supported.

So, understanding the needs of caregivers and how to support them is really, really important. And most carers tell us that most of the time the role that they have is really satisfying but almost all caregivers that we talk to acknowledge that caregiving can be really hard. Even on the good days when it brings joy and fulfillment, it still requires a lot of dedication, determination and time. And there are times when caregivers tell us that they feel overwhelmed. They're worried or unsure of what they should say or do to support the



DIGITAL MENTAL
HEALTH MUSINGS

family, friend or friend in their their life. And all of this, I suppose this worry and not knowing what to do really does have an impact on carers, and that comes out in our research.

So, there was a national Career survey conducted in 2022. There are surveys conducted on very regular basis with carers and the research in that survey is very consistent with what we've been seeing for quite a while. So Australian carers are twice as likely to have lower well-being compared to the average Australian adult and this risk of poor wellbeing is particularly higher amongst carers who have complex, time-consuming or otherwise challenging caring obligations, which makes sense. We know that about half of carers report moderate to high levels of psychological distress. So we're talking about high levels of depression and and anxiety symptomology. Which is about twice the rate of other Australian adults who report these sorts of symptoms, so carers are significantly higher on those metrics. We know that this rate increased between 2021 and 22, not surprising with the pandemic and all of the natural disasters that we've been experiencing in Australia. And we know that the rate increases particularly for those who have been caring for more than five years and that would be again related to those who have more complex or challenging caring obligations.

We know that carers generally experience poorer physical health. We know that loneliness is a factor. About 10% of the Australian population report feeling lonely and socially isolated. But for carers that's about it rises from 10% to about 40% for carers overall, and particularly that gets even higher for carers aged between 35 and 44. Which, when you think about it's not surprising because this is the group of people that are not only parenting children, they're starting to support aging parents. So the many, the, the business of supporting others across that lifespan, as well as managing the business of daily life, particularly family life, really starts to get impacted.

We know that carers are twice as likely to experience financial distress as compared to other Australians. And this includes not being able to work as much as they'd like, not being able to pay bills, going without meals, or even having to ask for financial assistance as a consequence of the caring role that they take on. We know that the most commonly experienced negative aspects of being a carer are fearing for the future of the person that they're caring for.

So lacking time for yourself, high level of responsibility, financial stress, wondering what's going to happen to the person that you're supporting, and most carers report that to us. But we also know that if we provide good access to carers, they typically have higher wellbeing. They have fewer health and financial challenges and that really for for us is the key. We need to be able to care for those who care for us.

So the the challenges and risks facing caregivers is really wide and that's because carers are not a homogeneous group. While there are commonalities across their group, they really do experience differences depending on the interaction between the person they support and their own experiences. So the severity, the frequency, the chronicity of the care recipient, the person they support, their physical or mental health is going to have a significant impact on the extent to which the caregiver also experiences difficulty or

challenges in their own life. So supporting someone with long term depression is gonna raise different issues than supporting someone who's experiencing a depressive episode for the first time, for example.

We know that the willingness of the care recipient to be cared for, so the person you support and how much they're willing to accept that support or want that support can also be contentious. And let's be honest, we don't all like to be cared for at different times and a lot of people are going to shun the idea that their family and friends actually care for them in the way that we're talking about. And there's a lot of shame and a lot of stigma that comes in caring for both the person receiving support as well as the caregiver. And we also know that the carers own physical and mental health and wellbeing, and the strength of their own support network is going to to impact their experience of what it's like being a caregiver.

So caring is really complex. It impacts all of us sometime in our life, and it's not a really easy role to be able to describe simply. And we don't want to risk putting all caregivers in the same basket with the same experience.

Tania McMahon

It sounds like it's incredibly broadly represented and, you know, lots of different people in that category and very broadly experienced with lots of different experiences. Not necessarily what, you know, you might imagine as a caregiver. That stereotypical caregiver in your mind.

And so your programs come in as as a digital solution to help help carers, help people in these supporting roles. And we're talking about two programs today. One developed to help the family and friends caring for a person who specifically has attempted suicide, and then one for family and friends of paramedics. Even though it sounds like you've acknowledged there's plenty more caring roles, you've just we've picked these two groups.

Can you tell us a little more about those particular groups? Perhaps we can start with paramedics and why EveryMind has taken a focus on that particular group of of first responders.

Sally Fitzpatrick

Absolutely. So we are really committed at EveryMind to be able to support family and friends supporting first responders in Australia. And we wanted to be able to extend our online program for family and friends of someone experiencing anxiety or depression and really contextualize it to particular groups so that they, those family and friends knew that the information was relevant to them. Because, as I said, caregiving is is very wide and varied, and when you talk to carers, they will very quickly pick up on if you don't understand their experience.

So looking at first responders, paramedics were the obvious choice for us to start with. Our goal is to be able to move across to all first responders eventually. But in Australia, there's 21,000 paramedics. They're one of our most trusted professions in Australia. In those

surveys that that happen all the time around, who do we most trust paramedics are a bsolutely up there. They are the carers for us at our point of need and when we're in distress. But as a consequence they face high stress, exposure to trauma, they work long hours, they have shift work hours, and not surprisingly, I think they have really low rates of help seeking for their own mental health.

So, we know that they're nearly twice as likely as the general population to experience mental ill health and mental illness. They have higher levels of psychological distress. They have higher levels of trauma. They have high levels of PTSD, and they do have high levels of suicidal behaviour. As a consequence of that, we know that family and friends provide most of the practical and emotional support for paramedics, so supporting family and friends is going to really be important to improving the mental health and wellbeing of paramedics. And that doesn't mean that paramedics necessarily need to have a diagnosis, but family and friends might notice the change in mood. They might notice behaviour. They might notice dependency on drugs or alcohol. Or they might just notice withdrawal.

One of the things that we hear a lot from family and friends who work with paramedics is that when paramedics put on their uniform. It's like a Superman uniform. That is their way of being able to cope with the things that they need to be able to see on a daily basis, from job to job, day in and day out. And that Superman uniform is meant to protect them. Nothing is meant to be able to get through. But eventually, when things do get through, paramedics don't want to go home and are fearful of exposing their family to the trauma or distress that they might be feeling, so they tend to withdraw. They tend to step back and not want to share that information for fear of not wanting to do harm to the people around them.

The difficulty that if you're a family or friend member is not knowing what to do. Do I say something or not say something? Do I step in? Do I make a suggestion? Do I try and engage our social network to make sure that he or she is not feeling lonely? All of these things go through family and friends minds. But what we want to be able to do is work with family and friends to work with their paramedic about what's the thing that's gonna be most helpful for them.

Yeah, so paramedics are are are really interesting group because of their caregiving work and in our experience, not wanting to expose those around them to the difficulties that they experience.

Tania McMahon

Yeah, that perfect storm of, of features. Yeah, it sounds like a a really unique group with unique needs and experiences that, you know, present very differently to, you know, maybe other typical caring relationships.

Sally Fitzpatrick

Absolutely. And I and I think for other first responders, I think there'll be some contextualisation for police. I think there will be for firies. And you know really listening to those in those roles with the lived experience of, of mental ill health or mental illness is

going to help us contextualise the programs to be able to support the people supporting them.

Tania McMahon

Yes. And the other program focuses on the family and friends supporting people who who've attempted suicide. Can you tell us a bit more about why the focus on, on that group?

Sally Fitzpatrick

Absolutely. So in Australia, every year we have more than 3,000 people who die by suicide. But we also have 65,000 Australians who attempt suicide every year. And most of these people will never present to a health service, which means again family and friends are often providing the main support for those people. And even if they do receive formal care, most of the practical and emotional support on an ongoing basis, on a daily basis, really does come from family and friends.

So, while we absolutely must support those who have attempted suicide to recover physically and emotionally, we also need to support the family and friends around that person to be able to respond to their loved one, but also be able to manage their own response. And when you talk to family and friends who are supporting someone who's attempted suicide, there's a significant range of emotions that they experience in that situation. This includes anger at the person who made the attempt, a lot of guilt, anxiety. A real sense of insecurity or shame that it's occurred. Definitely powerlessness and hopelessness. Betrayal. But most of all, the real fear about what's going to happen next if that person attempts again, and what you can do to help that person. Well, you know, most carers, most family and friends will say to us, I don't know what to say. I don't know what to do. I don't want to make it worse. I feel really unsure as to how I can help. I've I've, I'm lost. What? Help me understand this.

So, our Minds Together program for family and friends supporting someone has attempted suicide really tries to address those sorts of issues. We try and provide tools and resources to be able to work through you know what suicidal distress means. What mental illness might mean. If that's in play or not. We look at the caregiver journey and how that changes over time. So again, the complexity of the situation is really important here. It's very different supporting someone who may have attempted suicide for the first time. And as a new career, you're coming into this situation just really needing information about why this may have happened and what suicide is about. Compared to if you're supporting someone who's had multiple suicide attempts, and that may have come and gone over their life course. So that has a real difference to the feel of the information and support that we want to be able to provide caregivers.

But I suppose the, the main thing what we try and do is is really unpack the issues. We want them to, we want caregivers to understand about stigma, about communication, about safety plans. We want them to deal with, feelings like hypervigilance and the way we do that is actually again, embedding the voice of the lived experience into our programs and having carers who are either bereaved by suicide talk about what the caring

experience was like when the person they supported attempted.

But also care is at different points of their journey. And we try and talk to both the family and friend as well as the person who's attempted suicide and see what that communication looks like and what they want from each other, because that's the real key to this is what does the person who's experienced the distress really need from those in their life? And that might look differently for a partner compared to a mate or a colleague. And what the person who's supporting them needs to know what to do, and if we can get those two together, I think we we go along way down the track of actually being able to support both.

Tania McMahon

Yeah, it's it sounds like a really, this is not a one-size-fits-all. Here's you know, just a set of tools that you know you know, the same ones that ever can use. You're really mindful of the unique experiences of of the caregiver and the person being cared for and and the needs on both sides of the equation and trying to meet them.

And it sounds, you know, tremendously, like a very, tremendously challenging experience for someone to, you know, be caring for someone who's attempted suicide. And balancing that person's needs and actually recognising their own and having validating their own feelings and experiences, that that come up in that. And that sounds sounds like you're doing a really great job with this program in in tackling that.

Sally Fitzpatrick

Look, we think it's a a really important group to be able to support. We know that there's a lot more focus in Australia around that lived experience of suicide and there's wonderful organisations out there doing work with this group. Roses in the Ocean out of Queensland is is one of those absolutely fantastic organisations. So, we will focus on listening to the voice of lived experience. What we want to be able to do is supplement the work that's going on out there and providing opportunities for family and friends to have access to information and really think about the different ways that they can talk and act around the person they're supporting to not only support them but support themselves.

Tania McMahon

And can you tell us a little bit more how a digital program like Minds Together it can actually help? You've mentioned a few things along the way about tools and things, but anymore you can unpack about how how it helps?

Sally Fitzpatrick

So, one of the things that we do know about working with caregivers is that caregivers don't identify as caregivers. As I said, they identify as a family member or friend, a colleague, or someone else in their life. So one of the challenges that we have, one of the complexities of working in this space is that when you write a program for this group and they don't identify as this group, you still need to be able to get the information to them.

So, we usually start our online programs providing information that's pertinent to the person that they support. So, if you're supporting someone who's attempted suicide, what do you need to know around suicide or mental illness, or those difficult feelings that I talked about. And we then start to shift the narrative into really important to understand this. How do you relate and how does this impact on you and what are some of the things that you can do? So, we try and take that, that gentle approach in because caregivers are not likely to come looking for a program that's about them.

We embed in our programs information. Caregivers absolutely want to know some key information psychologists talk about. That, that psycho-educational type of, of content that that you need. We embed the voice of lived experience through videos, through interviews, through storytelling. We include some motivational components around how do you keep on doing this time after time, particularly when the the caregiver journey can become quite complex. We try and build skills. We have some simple CBT skills that caregivers can use to be able to recognize one, when depression or anxiety might be impacting on the person they're supporting, but also if that's happening for themselves and how they might think differently. And we absolutely build in some self-care and wellbeing strategies that are important for caregivers to be able to apply to themselves.

So, we try and include all of that in our program. Now in saying that, these are not clinical programs. These are not programs that are absolutely designed to reduce anxiety or depression at a clinical level, because any of our caregivers coming in are not assessed for the level of distress that they're experiencing, apart from they're supporting someone who's experiencing distress. So that, that preventative nature is really, really important for us. We're more interested in how to change their quality of life, their coping and reducing their strain than actually changing directly, clinically trying to change depression and anxiety. We think those clinical changes come as a consequence of building capacity and capability.

Tania McMahon

Yes. Yeah. Yeah. And I understand both programs also include, or will, will include peer support. Can you tell us about the development of that component, what that will look like?

Sally Fitzpatrick

Yeah, absolutely. So, as I said before, carers tend to be more lonely. They tend to be more socially isolated than non carers. So, one of the things that we've heard in talking to family and friends is that it's important to not only provide them with skills and information to build their capacity and build their capability, but they absolutely want to be connected with other carers.

So, we've been running caregiving programs at EveryMind, somewhere between 10 and 15 years. And caregivers consistently say that's one of the most valuable things they get out of any program is hearing from other caregivers. So we've tried to place that voice of lived experience very much at the heart of everything that we do. As I said, it includes video stories, stories from caregivers into our programs. And and we're working more and more to build that peer support component in.

One of the things we currently do in both programs that we're looking at the moment is provide access to an online moderated social forum where caregivers can go and connect and talk to other carers about any aspect of their caring role, knowing that there is a moderation component in there to be able to manage any difficulties that come up. And the next thing that we really want to be able to do is embed peer support workers into the programs we run. So face to face groups. That means embedding peers for workers as co-leaders in those groups.

And in our online programs is embedding a one to one peer support worker into those programs so the carers not only see the content online, not only hear the stories of other caregivers, they've got someone to be able to talk to. And this is really important because peer support work is one of the most exciting growth areas in our sector. It really is an emerging area where we are learning a lot about the power of being able to connect people who have a similar experience as a supporter of in their own right.

Tania McMahon

Really sounds like you guys are listening to the experiences of carers and what's helped and weaving all of that into the program and weaving it into that support for them. So it's, yeah, hearing that it's not about diagnosing them with, you know, level of symptoms and, you know, seeking a reduction in that. But it's really listening to what they need and what will improve their quality of life and building that in.

Sally Fitzpatrick

100%. So we want to place caregivers at the center and we wanna understand their experience and meet them where they are at any point in time and provide them with a range of resources, information and support around them. That way they can not only care for themselves but also enhance outcomes for the person they support.

Tania McMahon

And what kinds of outcomes are you looking at with these programs? Are you able to share any data on what kind of impact they've had for those who have completed the programs?

Sally Fitzpatrick

Absolutely. So, I've recently had a PhD student finish a randomised control trial of an online program that we ran for carers supporting someone with anxiety or depression, which I suppose is our baseline program and that we've tried to contextualize it to these specific groups on top of that. But with this, with this trial, what we found was that carers who interacted with the program had higher levels of quality of life overall than those who didn't. And that particularly came through in two areas.

So, carers who did the programs had higher levels of coping self efficacy. And self efficacy is really important. So coping self efficacy is our own belief and our ability to cope in the face of difficult situations or strain. It's not just about coping, but it's our belief that we can actually do that. And Albert Bandura is the the father of coping self efficacy and the theory. And what we know over a lot of research in different contexts is that we can build self efficacy we're more likely to get behavioral change. So our belief in ourselves is directly

related to the the way that we interact with other people. So it was really nice to see that coping self efficacy is one of the things that we can show out of these online programs.

The other thing that we were able to show is that caregivers who did the program showed lower levels of carers strain. That is the strain associated with all of those difficult outcomes that I talked about before, really did start to to reduce. And so we think that there are some good outcomes that come for carers, but remembering that they're not clinical programs, so we're not really wanting to show reductions in anxiety and depression. Although, nicely, we did start to see trends in that area as well, so that was.

Tania McMahon

Yeah, it's, it's really promising data.

And finally, when it comes to how health professionals can really utilise these programs, what should health professionals be looking for? How do we identify carers at risk of poor wellbeing as a result of their caring role? How do we connect them to services, to this program across the range of mental health disciplines? You know, where are the, where do you see the touch points and opportunities for support and follow up?

Sally Fitzpatrick

It is the million dollar question. It's the the one that if I'm gonna wake up at 1:00 AM in the morning, it's I'm I'm going to think about this one. It's a great question. And I think as clinicians, we don't stop and and really think about careers as part of the picture of the person who's sitting in front of us. So we should always focus on the patient or the client in front of us, but if we don't go a step further, we really have a lost opportunity to be able to have a bigger impact.

So, remember that carers are less likely to turn up to help themselves. Most of the ways that we're going to get to carers is through the person sitting in front of them. And I think while most clinicians do a really good job at psychosocial assessment, that is we talk to our patients or our clients about their family, about their social network, we really don't go that step further and ask questions about that patient or clients views of how they're finding the support they're receiving, or how the person providing that support is actually doing.

So, we might hear that support person is readily available to our client and the support role is going well. But if we listen, we might also hear that the support person is becoming less available to them. They might be less willing to hear about the distress that our patient or clients expressing. They might be becoming less sympathetic, or actually move into more problem solving in their response mode. And all of these sorts of indicators would suggest to us that maybe that support person or carer might be struggling a little bit in their support role. So, the symptoms we're looking for in carers are exactly the same as we look for in our clients, but sometimes it's not the carer that describing those symptoms, we actually need to listen to the person who's in front of us.

So, I think that's one of the things that we we can do really well. But I've already talked a lot about, doing this is really, really difficult. Carers don't identify as carers. They're not

coming to seek support for themselves, and they also don't think of themselves as experiencing mental ill health or suicidality. What they're thinking is that this is just part of what I need to do for the person in my life. So taking all the knowledge we have about identifying mental ill health for people, or for people who are struggling, and thinking about how we can explore that with the person in front of us. If we have a caregiver in front of us, lovely! That's a lot easier to do, If we don't, how do we ask the questions to the person in front of this to understand the network around them and how we support them, which is also going to support the person in front of us.

So the, the content in our Minds Together programs really try to provide carers with that nuanced information. And if anyone wants to be able to look at our programs more closely, you can jump on our website. As I said, you'll find stories and videos from people with lived experience. We'll help you be able to support your family member or your friends. And you can register for one of the two programs that we've talked about, supporting the mental health for paramedics or supporting someone who's attempted suicide. And the website is mindstogether.org.au.

Tania McMahon

And do you know if if you're a health practitioner, is there any way of jumping online to look through the program, or is it really only accessible to to the the users?

Sally Fitzpatrick

At the moment, while it's these two programs were in trial, they were only accessible to the users. But we do have the capacity on that site to fill out of an expression of interest to be involved with EveryMind and to be involved with our caregiver work. So even though you may not be able to see those two programs right at the moment, we're more than happy to have those conversations. And once we're out of trial, these programs will be available free of charge to all Australians to be able to access.

Tania McMahon

Yeah, great. And I think, you know, coming back to what you were saying before which I found really interesting, I don't think that's going to be the biggest challenge to health practitioners, this I'm not. I haven't seen inside, you know, because the way you've described it, you know, it it fills such an important gap and need. To me as a health professional I'm like, that sounds great. If you know, if there's, if I came across carers I'd be, you know, sending them, sending them that way.

I think the, you know, like you said, the biggest challenge is that really tricky delicate conversation with someone who might not be the recipient, who's who's the person being cared for. And as you were talking, I was imagining, gosh, how would I, how would I have that conversation with a a client? Identifying who's in their their support network and how they're coping and and gently suggesting that, you know, perhaps that that, you know, do they need support and and here's a place to get it. Do you have any tips for how health practitioners might navigate that kind of conversation? How to frame it?

Sally Fitzpatrick

You know, I think health practitioners, health practitioners generally are very, very good at having different conversations. We're, we're trained to do that. We have a lot of experience in doing that. I wouldn't, for me. Look it's really interesting question.

When I reflect back on my own clinical practice, I think I have lost a lot of opportunities to actually be able to go that one step further in my assessment and say, so who are the people in your life that are important to you? Who lives in your house? Who do you connect with? Who do you go and see on the weekend? What sort of activities do you do with them? To then be able to ask the question what sort of conversations do you have with them? Does the, the person that you go and play footy with on the weekend, are they available or do you see them to be able to support you in a different way to your wife does at home? How does that look different? And the more that you get into working with someone you can suggest you know what it sounds like one of those issues that may be talking to Jack on, you know, after footy while you're having a beer is it is a really nice opportunity. Sounds to me like it's not one that you're gonna go home and talk to your wife about.

So actually exploring with the people in front of us that support looks different in different contexts, and it doesn't have to be one person. It doesn't have to be the spouse. It doesn't have to be a parent. And in fact, what we know is that when that support varies and the person who's experiencing whatever's happening for them has multiple opportunities or touch points, that's a much better thing because they're more likely to reach out to someone at the point in time that, you know, that particular need is there. So I encourage people to have curiosity about the people in front of them. Explore with, you know, genuine curiosity. Who are the people in your life and how do they support you and how does that look different, and how can you engage with them in a different way? And when you do that, the conversation really opens up a different way to what you would normally think.

Tania McMahon

That's a brilliant point. Having that conversation and and really expanding or unpacking it, unraveling it, and kind of getting to know their support network in a in a deeper way that allows you to then follow on and and kind of check in with you know down the track, maybe what kind of support those people are getting and then you happen to know that you know there's this, these wonderful programs out there and support for those people if it, you know, gets to that stage because,

Sally Fitzpatrick

Exactly right. And I think all practitioners can do that. Whether you're GP working out, you know, who's the people around you, or whether you're a psychologist going a little bit deeper. All health practitioners have the opportunity to just ask an additional question on top of our standard assessments.

Tania McMahon

Yes, because it can. You know, whether you're seeing someone in private practice or a

hospital or, you know, wherever it it can be very easy to get just stuck in seeing them as an individual because their family, their friends, that their support network isn't physically there for a lot of the time. Some, sometimes are lucky enough to have them there and you've got, you know, the people there to talk to but a lot of the time it's just the person on their own and it can be easy just to see them as a person on their own and and forget to really dive deeply into their support networks and.

Sally Fitzpatrick

Absolutely. And sometimes the person in front of us doesn't want to to have that support or care being provided by other people. But it's very rare that the person in front of us doesn't have a connection to someone that they don't like or care about or can reach out to. And even that you know, very gentle exploration of that can be the start of a wider conversation.

Tania McMahon

Hmm. Well, that's a great note to end on. Thank you, Sally so much for your time. It's been such a fascinating discussion. Thank you for shining a light on the often unseen work that carers do, and, you know, also the work that we can do as clinicians and health professionals to support them.

Sally Fitzpatrick

It's been my absolute pleasure. Thank you.

Tania McMahon

Thanks so much for joining us.