Mental Health Training For Rural Health Workers

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Abstract

This paper describes a project funded by the Rural Health Support, Education and Training (RHSET) Program. The project was formulated in response to a lack of mental health services in Mackay Health Region's hinterland and outlying coastal districts. There was a recognition that generalist workers in these areas were expected to offer services to people with mental illness and mental health disorders without access to the training or support they felt was required to adequately equip them for the challenge. A needs assessment was carried out with the targeted workers and mental health training packages were developed in response to feedback from the needs assessment.

The training sessions were delivered at five sites: Moranbah, Clermont, Dysart, Sarina and Proserpine.

Background

The Mackay Regional Health Authority is responsible for health services in a geographical area of 68,000 square kilometres, with a population of 120,000. In 1992, mental health services were delivered only to the Mackay urban population of 51,000 people. The remaining 69,000 people are scattered over the rest of the region and had no direct mental health service available to them.

When the Mackay Regional Health Authority was formed in 1991, rural communities were surveyed to ascertain their perceived needs of access and equity for health. Community bodies eg Primary Health Care Councils, identified access to mental health services as having a very high priority.

The National Mental Health Policy indicates clearly that mental health services should be planned and delivered in a manner that is sensitive to a community's needs. The National Mental Health Plan is even more specific. It requires that mental health services be delivered on a Regional basis.

A number of generalist health workers were already employed in the hinterland and rural coastal sectors. These workers are required to work with people with mental illness even though they have little knowledge or experience in this area. This often causes a great deal of anxiety for workers when people with mental illness present for treatment.

As the Mackay Mental Health Service was unable, due to staff numbers and availability of vehicles, to provide service to these areas, it seemed logical that the workers who were already in place should be provided with some basic training in the management of mental health problems.
Consequently, application was made to RHSET for funding to develop and implement a training program for rural health workers in mental health and management of mental illness. Funding for eighteen months was granted in order to survey the educational and support needs of rural workers, write the required packages and deliver the training. The project was commenced in August 1993 with two workers - one an Occupational Therapist and the other a Psychiatric Nurse.

**Broad Objectives Of The Project**

1. To identify the educational and training needs of health workers in the hinterland and rural coastal sectors in respect to the management of mental health and mental illness.

2. To develop education programs and training programs to meet these needs.

3. To implement these programs.

4. To liaise and consult with the Mackay Mental Health Service for resources and support.

5. To set up resources and information for non-health staff.

6. To provide consultancy to existing staff and community people.

7. To evaluate.

**1. Needs Survey**

The objectives of the needs survey were to identify:

a) the mental health needs of the rural coastal and hinterland communities;

b) the skills required by workers to address these mental health needs; and

c) appropriate and effective means of implementing training in these skills for workers.

Approximately 120 workers were interviewed at their work sites over a period of four weeks. These workers came from a wide range of professional backgrounds from General Practitioners, Community Health Nurses and Allied Health Professionals to Community Development Workers, CWA members, Mines Occupational Health and Safety Officers and Blue Nurses.

Some broad topics were presented for discussion at each meeting. These included:

1. serious mental illness eg schizophrenia, mood disorders, anxiety disorders;

2. mental health problems eg anxiety, depression, personality disorder, suicide;

3. problems of living eg stress, isolation, loneliness, domestic violence, sexual abuse;
4. training in skills or interventions eg assertiveness training, stress management, problem solving, decision making, communication skills, self-esteem, group skills, counselling skills, parenting skills, Mental Health Act;

5. crisis management; and

6. community development eg submission writing, networking, mental health promotion, public education, and lifestyle promotion for good mental health.

All of the topics which were proposed were greeted enthusiastically by workers. During the needs survey, it became obvious that all workers needed to examine their attitudes to mental illness and to think about the stigma that the label "mentally ill" carries with it. If workers felt that working with people with mental illness was hopeless and difficult, then they would not be likely to utilise any training which could be offered.

Most workers identified the need for concise, practical information which could be a resource for their communities and requested face-to-face training sessions on a regular basis in their own centres. Hospital staff were not at first included in the target population but made it very clear that they wished to be included in any training programs that were available.

At this stage, it was thought that because of the diversity of backgrounds of workers, a two-tiered system of training would be the best method of delivering training ie. to health workers with no specific mental health training and to workers involved in community development and support roles with no specific health training.

It was envisaged that only one manual covering the various topics would be produced.

2. Development Of The Education Programs

Following the needs analysis, Yangulla Centre, the Rural Health Training Unit in Rockhampton, expressed interest in the project which the Director, Charlotte Sandery, felt had potential for the other health Regions for which her Unit has supra-regional responsibility viz. Wide Bay, Central, Central West and Mackay. The project workers met with Yangulla Centre staff to share resources and plan a co-ordinated approach to mental health training needs. Since the budget contained no provision for publication, Yangulla Centre offered to fund this and drew on the expertise and technical advice of the Distance Education Centre of the Central Queensland University.

From the information gathered from the needs survey, fifteen different topics were developed. It also became apparent that it would be more appropriate to present the information in two manuals. The first resource manual deals with clinical issues and practical strategies for managing a variety of mental health disorders. It also contains information on mental health promotion, attitudes to mental illness and strategies for looking after the worker's own mental health and safety. This manual contains fourteen different topics and is entitled "Helping People with Mental Health Disorders".

The second manual is entitled "Promoting Positive Mental Health". It addresses workers’ requests for information and resources which they could utilise to conduct group programs in their communities. The whole manual is a comprehensive stress
management package and consists of seven stand-alone sections on a number of personal development topics: self-esteem, communication, assertiveness, problem solving and goal setting, conflict and negotiation, time management, and stress management and relaxation.

An outline of the topics, their target groups, and the time required for presentation is shown in Table 1.

Drafts of the session topics were written over a period of four months and were disseminated to workers, consumers and carers in the Mackay region for comment. They were also read and approved for content by workers (ranging from psychiatrists and mental health workers, to generalist health workers) in Townsville, Bundaberg, Rockhampton and Longreach. These people provided valuable feedback about content and the manner of presentation of information.

3. Implementation

The original proposal for a two-tiered delivery of training sessions proved to be impractical because of the small numbers of workers in rural communities. From Table 1 it can be seen that most of the sessions could be attended by all workers and if workers were not interested in the topic, then they need not attend.

Five sites were utilised for training. In the majority of sessions, the local hospital provided the venue. This made the training sessions more accessible for more staff and, in the hinterland sector, the centres were chosen for their central location - thus increasing accessibility for workers. Other sites were used for sessions which had more of a community focus eg Community Health Centres and Aged Care facilities.

Training sessions were held one day per month in each centre with two topics covered each day. A few of the more important sessions were run twice in one site to increase accessibility. Sessions began in March 1994 and continued until
<table>
<thead>
<tr>
<th>SESSION</th>
<th>TARGET GROUP</th>
<th>TIME TO PRESENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes to mental illness</td>
<td>health workers</td>
<td>2.5 hours</td>
</tr>
<tr>
<td>Mental Health Act</td>
<td>health workers</td>
<td>2.5 hours</td>
</tr>
<tr>
<td>Assessment</td>
<td>health workers</td>
<td>2.5 hours</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>health workers others</td>
<td>2.5 hours</td>
</tr>
<tr>
<td>Mood Disorders</td>
<td>health workers others</td>
<td>2.5 hours</td>
</tr>
<tr>
<td>Anxiety</td>
<td>health workers others</td>
<td>2.5 hours</td>
</tr>
<tr>
<td>Dementia</td>
<td>health workers others</td>
<td>2.5 hours</td>
</tr>
<tr>
<td>Personality disorder/Social problems</td>
<td>health workers others</td>
<td>2 hours</td>
</tr>
<tr>
<td>Crisis intervention</td>
<td>health workers</td>
<td>2.5 hours</td>
</tr>
<tr>
<td>Managing aggression</td>
<td>others</td>
<td></td>
</tr>
<tr>
<td>Suicide/Loss and grief</td>
<td>health workers others</td>
<td>2.5 hours</td>
</tr>
<tr>
<td>Personal safety, burnout, debriefing</td>
<td>health workers others</td>
<td>2.5 hours</td>
</tr>
<tr>
<td>Medications/ECT</td>
<td>health workers</td>
<td>1 hour</td>
</tr>
<tr>
<td>Health promotion</td>
<td>health workers others</td>
<td>2.5 hours</td>
</tr>
<tr>
<td>Group work</td>
<td>health workers others</td>
<td>5 hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(2 x 2 .5 hours)</td>
</tr>
</tbody>
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Table 1. Outline of Topics, Targets and Time
December 1994. Because there are so few workers in rural centres and because of the workloads that these staff carry, it was impractical to offer training sessions more frequently.

Training sessions were informal and encouraged interaction. They focused not only on information giving and skill development, but also on exploring workers’ strengths and reinforcing the attitudinal shifts required to work with people with mental health problems/illness.

An ongoing theme of the training was the de-mystification of mental health work. Workers began to realise that they were able to use their existing skills in working with people with mental health problems/illness. The training sessions were also able to reinforce what workers were already doing well.

Generally, as training progressed, workers displayed a greater interest and willingness to engage in mental health work. Those who were disinterested simply did not attend the sessions.

Having a mixture of hospital and community health staff and non-health community workers in the training sessions had the beneficial effect of promoting community networks and giving all workers a better idea of what services were available in their own and neighbouring communities. The disadvantage was that some sessions needed to be altered slightly in order to meet the needs of the majority present. Inevitably, some workers may have found the session too basic or too sophisticated for their needs.

4. Liaison and Consultation with Mackay Mental Health Service

Since this project began, the Mental Health Service in Mackay has become integrated i.e. the acute and community services have become one. A full-time Mental Health Worker has been appointed to Sarina and a part-time Mental Health Worker to the Proserpine/Cannonvale area. A Mental Health Worker position is proposed for the hinterland sector, though funding for this position is not yet available.

The Mackay Mental Health Service has provided valuable feedback and assistance with the development of the resource manuals as well as administrative support and resources. The service has also noted an increase in the number of referrals and consultations from the hinterland since the training sessions began. This can be taken as an indication that workers have a greater awareness of the availability of services and advice.

5. Resources and Information

The two resource manuals will be made available to communities which participated in training. In addition, community education pamphlets and posters are being prepared for distribution to the hinterland and rural coastal towns. These are funded by a Rural Access Program grant from the Commonwealth department of Primary Industries and Energy to the Queensland Association for Mental Health (Mackay branch).
The Community Development Worker from Mainstream Community Association Incorporated (a non-government Mental Health organisation) has begun to visit the hinterland sector to assist workers with mental health promotion activities. These visits will be continued during 1995 and will be extended to the rural coastal towns.

Workers who expressed an interest were provided with resources and information for Mental Health Week 1994 and three centres had displays for this occasion.

6. Provision of Consultancy

During the course of the implementation of this project, workers frequently consulted with the project workers about clinical problems. This presented the opportunity to demonstrate to workers the use of a problem solving framework in the management of specific problems. These consultancies were usually of an informal nature, often in lunch breaks or after sessions. Staff would often phone between visits for information or with clinical problems. The Project Officers have also been able to provide support and resources for the two rural Mental Health Workers during their visits.

Greater awareness of local resources and supports has been promoted among staff. People who live in small towns are often reluctant to access services in those towns for reasons of confidentiality. It was found that a number of workers were unaware of (or unwilling to utilise) services in other towns because they did not really know what other workers' skills were or what was available.

7. Evaluation

Evaluation of the project has been primarily qualitative due to its nature.

Process evaluation was used to gauge session content and quality. This was useful as it enabled ongoing refinement of the content and improvement of the training. However, workers disliked completing the evaluations after every session. It was also felt that the process evaluation became more difficult to rely on as workers developed relationships with the Project Officers. The informal nature of the sessions and the small numbers of participants could have caused some reluctance to make negative comments about the sessions and as one worker was heard to comment "if we said something bad, you might not come back".

Pre- and post-session testing were not utilised as many workers are greatly intimidated by "tests". It did not appear to be the best way to provide support to rural workers.

Anecdotal evidence suggests that at least some health workers have become more willing to actively engage people presenting with mental health problems/illness. Staff in at least one rural hospital have been using the assessment tools and providing a more user-friendly approach in their health practice.
The Yangulla Centre has funded an external outcome evaluation which will provide useful data when seeking funding for future training projects for rural health workers. This evaluation has pointed up the need for ongoing mental health promotion in rural areas including more in-depth training in the management of mental illness for rural workers. The external evaluator has also pointed out the importance of those who have supported the project and the need for their continued support in accessing further funding.

Probably the most positive qualitative indication of the success of the project, has been the granting of an extension of this project to other Queensland Health Regions. A train-the-trainer program was run in order to train health workers from other Health Regions from around Queensland to deliver mental health training to generalist workers in their Regions.

Discussion

Training in mental health was very well received by rural workers. Workers were pleased that training was brought to them and applied to their situations rather than the workers having to attend training in Mackay. They appeared to enjoy the regular interaction and discussions with the Project Officers and have been requesting regular updating and refresher sessions.

These refresher sessions could be quite adequately addressed by the Mental Health Workers who are placed at Sarina and Proserpine but the hinterland sector to date has no Mental Health Worker appointment.

It could be argued that the manner in which the training was delivered was not cost-effective. However, mental health training is very difficult to deliver by distance methods alone. A great deal of mental health practice is learned experientially. The project could be enhanced by other sessions involving role playing or by video and audio tapes to illustrate aspects of mental health work.

It would be interesting to see a research project which compared the cost effectiveness and the effect in practical terms of both the face-to-face delivery method and the distance education method of providing training sessions. The support which was able to be provided to workers in this project appears to have been a valuable adjunct to the training.

The training manuals are obtainable from The Yangulla Centre, Rural Health Training Unit, PO Box 4028, Rockhampton. 4700.

References


Mackay Regional Health Authority, Strategic Plan, 1993-1998.