Promoting best practice in the provision of rural mental health student placements

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The undersupply of health professionals, including mental health clinicians, in regional and rural Australia is well documented¹. This workforce shortage is occurring at a time when one in five Australians will experience mental illness in any one year, and 45% of Australians will experience some form of mental illness at some stage during their life².

There is growing evidence that student clinical placements in rural regions can assist in the recruitment of health professionals to non-urban locations³,⁴,⁵. This strategy is based on the assumption that this is a way of building familiarity with rural values and beliefs and a chance for those not from a rural background to see what opportunities rural life and rural practice can offer. Providing mental health placements in rural regions is important, not just because they appear to have value in growing the rural workforce, but also because they offer a positive learning experience for students of the health professions. Little is known, however, about the factors that contribute to delivering a positive learning experience in rural placement, particularly in the mental health sector.

This national project⁶ used surveys and interviews with education providers, service providers and students across rural Australia. It aimed to describe the student learning experience, including the barriers and enablers to effective placements in rural and remote mental health practice. Findings from this project are used to describe the ten essential ingredients that are necessary to provide students with authentic and well supported rural mental health clinical placements.

Method

Both qualitative and quantitative data were collected from education providers and service providers (placement hosts) across all jurisdictions. Interviews were also carried out with students across Australia who had undertaken a rural mental health placement. A full description of the methodology can be found in the Mental Health Tertiary Curriculum Project Report (ARHEN, 2012).

Results and discussion

Students described several positive learning experiences associated with a mental health placement in a rural region. These involved feeling included in the decision making processes of the treating teams and focused attention to effective learning due to greater 1:1 opportunity with supervisors. Students also reported that the reduced size of rural communities highlighted for them the role social determinants have in influencing the development of mental health problems and the need to maintain a collaborative approach to provide adequate support to these communities. Exposure to interprofessional models of care was appreciated by students in preference to a specialist approach with students reporting opportunity to be involved in a number of aspects of client care.

It was identified that although mental health learning objectives varied for each health professional group depending on their discipline and stage of learning, there were unique opportunities in rural practice for students to translate and apply their text-book learning about mental health to real world scenarios. This is particularly true for topics relating to the following areas:

- suicide risk assessment
• transportation of acutely unwell clients
• managing stigma, confidentiality and boundary issues
• engaging effectively with Aboriginal and Torres Strait Islander clients.

For students in more advanced stages of learning, mental health placements in rural regions can provide exposure to experiences that are likely to significantly contribute to their work-readiness. Rural placements can promote the shift to developing flexibility in the application of core skills due to the broad clinical context in which these skills need to be applied. The context of rural health often requires students to develop diversity in their practice using a repertoire of skills to assist in defining mental health symptoms and promoting management and treatment strategies.

Based on the surveys and interviews conducted with education and service providers across Australia ten key recommendations were developed which support the delivery of high quality rural mental health placements:

Education providers suggested:

1. Some coverage of mental health in the curriculum, including mental health legislation, basic mental health assessment and self-harm risk assessment and that this be undertaken prior to placement
2. Some coverage of rural practice issues and Aboriginal and Torres Strait Islander history and culture be undertaken prior to placement
3. The provision of sufficient notice to the student that they will be doing a rural placement to enable them to adequately prepare both privately and professionally; ideally, students would like to talk to their supervisor prior to the placement about professional issues and need information on things like access to mobile phone and internet in the community
4. Provision of information to the student about the host organisation (e.g., mission statement, service description) and the community prior to placement. The service provider agency also needs to know when the student is arriving and have received information on learning objectives and assessment criteria for the placement written in accessible language
5. The use of specific learning objectives for rural placements in addition to promoting those common to all mental health placements. The rural learning objectives should consider issues that are specifically relevant to rural placements, including the rural context of the mental health experience and increased potential for confidentiality compromise and overlapping relationship conflict.

Service providers suggested:

1. The provision to the student of prompt and comprehensive orientation to the organisation and community with sufficient time permitted for the student to be orientated to both before undertaking client-work. Students need to know about local issues, local health and community services, local events, and community facilities such as transport, gyms, churches and shops. The provision of opportunities for social inclusion in the community is also important; this will often need to be provided by the staff in the agency hosting the student, fellow students, and/or by a UDRH. In many cases, this role may fall to the supervisor.
2. Processes should be in place to ensure that supervisors are suitably qualified to manage the clinical and process issues associated with student placement. Supervisors need to ensure their own professional development is maintained and that supervision training is undertaken. Good supervision that addresses not only clinical and professional issues but also ‘how rural practice
works’ and strategies to address isolation should be provided. Supervisors need to be familiar with the requirements of the placement and supervision needs to be regular and structured.

3. Provision of high quality, locally-oriented cultural competence training, as it relates to mental health care

4. Provision of appropriate learning space including access to a desk, email and internet during the placement

5. A culture of learning within the host agency for the placement such that staff and managers value students and supervisors and see both as contributing to best practice for the organisation as a whole, as well as a contribution to the future workforce. Organisations with a strong learning culture will have policies and procedures in place that support both students and supervisors.

In conclusion, students undertaking a mental health placement in rural regions have the opportunity to gain valuable aspects of the learning experience, specific to mental health in the rural setting which could otherwise be missed. Findings from the Mental Health Tertiary Curriculum Project highlight that further work is required to nurture the aspects that make these placements a quality experience. Acknowledgement of the recommendations suggested may work towards improvements and promotion of mental health placement in rural areas, with recognition that these changes may have long term influences towards building capacity for health professionals intending to work in the rural setting.

References