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CSIRO PUBLISHING

Australian Health Review, 2012, 36, 79–82
http://dx.doi.org/10.1071/AH11003

Research Note

Bringing them home: a Gippsland mental health workforce recruitment strategy

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Abstract. This paper reports on preliminary findings of a novel program piloted in 2010 to address rural mental health workforce shortages. The program involved exposing allied health and nursing students from rural backgrounds studying in Melbourne to mental health service employment opportunities in Gippsland. A longitudinal study is underway to evaluate the effect and outcomes of the program and includes surveying participants' interest in rural mental health work through an online questionnaire immediately prior to and following the program; and surveying career decisions at 6 months and yearly intervals. Paired sample *t*-tests were used to analyse participants' level of interest in rural work (pre-event 4.67 (1.50); post-event 5.93 (0.96); $P = 0.001$), career in a rural setting (pre-event 4.67 (1.63); post-event 5.67 (1.23); $P = 0.006$), mental health work (pre-event 4.73 (1.39); post-event 6.07 (0.80); $P < 0.000$) and rural mental health career (pre-event 4.73 (1.33); post-event 5.80 (1.21); $P = 0.002$). These findings indicate a significant increase from pre- to post-event and are supported by strong effect sizes suggesting that the program had a significant effect on participant interest in rural mental health work. Longer-term evaluation will determine whether the program influences participant career decisions and thereby addressing mental health workforce shortages in Gippsland.

What is known about the topic? Despite the ongoing challenges that regional and rural mental health services face recruiting and retaining mental health professionals, there is a lack of evidence available to inform rural mental health workforce recruitment strategies.
What does this paper add? This paper describes a novel recruitment initiative and preliminary data from a longitudinal evaluation program. The initiative targets allied health and nursing students with rural backgrounds who are studying at a large urban centre (Melbourne).
What are the implications for practitioners? This study provides a potentially successful recruiting tool for mental health sector policy-makers and managers which will be evaluated over the long-term.

Additional keywords: career choice, health professions, rural, students.

Received 2 February 2011, accepted 14 July 2011, published online 24 February 2012

Introduction

Recruiting and retaining workers is a major challenge for mental health services across rural and remote Australia. Determining rural mental health workforce shortages is difficult, principally because many mental health professionals, such as nurses, social workers and occupational therapists, are not specified in surveys (e.g. ABS census) as mental health workers *per se*.

Psychologists are one workforce group that can be used to estimate the rural and remote mental health workforce supply in comparison to urban areas. Fig. 1 illustrates the lower numbers of psychologists outside the capital cities. Fig. 1 also clearly illustrates that as remoteness increases the number of psychologists per head of population decreases.

Covering 41 524 km^2 and located in the south-east of Victoria, Gippsland comprises six local government areas and has a population of 238 907.[1] Unlike other Victorian rural regions, Gippsland does not have a major provincial city. The population is dispersed across the region in townships, the largest of which, Traralgon, has a population of ~22 000 people.[2] In the main, mental health services in Gippsland are provided by state-funded

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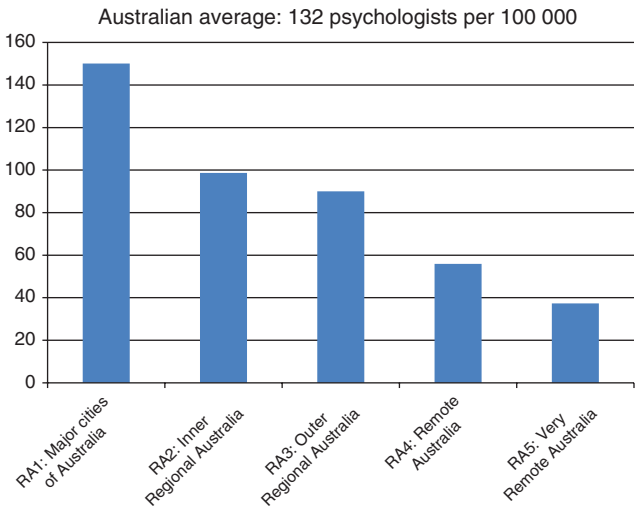

Fig. 1. Number of board-registered psychologists per 100 000 head of Australian population according to RRMA classifications.[12]

public mental health services and Medicare-funded services including General Practitioners, Psychologists and a very small number of Consultant Psychiatrists.

The profile of psychologists in Gippsland, generated 15 December 2009 using data provided by the Australian Bureau of Statistics, shows 43 psychologists per 100 000 population. Although this is in line with the Victorian rural average, it is less than Remote Australia and less than a third than the rate for Major Cities. Within Gippsland, there is also a significant variation; Wellington Shire has the lowest concentration of 35 psychologists per 100 000 and Bass Coast Shire the highest concentration of 64 psychologists per 100 000 of population.

A significant barrier to the recruitment of mental health professionals in Gippsland is the lack of entry level tertiary training within the region. Accredited psychology, social work and occupational health training are not offered at the sole University campus located in Gippsland, although undergraduate generalist nursing and social welfare training are available on campus. The regional clinical mental health service offers eight to ten postgraduate mental health nurse training places annually. As Gippsland is not 'growing its own' mental health workforce, the region requires a mode of recruitment that attracts mental health professionals trained outside Gippsland to work in the region.

Workforce recruitment strategies should be informed by current evidence; however, research of the rural mental health workforce is limited. Most literature focuses on general health, in particular medical doctors. The current literature focuses upon describing attractors and barriers to working in a rural area. Attractors include job satisfaction, the nature of work[3] and the environment.[4,5] Barriers include concerns over access to services and isolation,[3] and family and personal issues such as finding spouse employment and schooling.[6] Although this research is informative, a recent review by Wilson *et al.*[7] suggests that the evidence is weak in regard to most approaches (education/training, support, coercive and incentive strategies), and that evidence for such things as clinical rotations in rural areas is often biased by student choice in their placements in rural settings[8] and perhaps confounds the rural origin of participating students. The only 'strong' evidence is in regard to selection of students favouring 'rural applicants with a stated interest (or 'career intention')...' in working in rural areas.[8] This suggests that a students' own rural background and their intention to work in a rural area are critically important considerations for both job selection and designing rural workforce recruitment strategies.

Mental health workforce recruitment strategies developed for a regional area need to build upon the needs of mental health service providers and be aligned with State and Federal policy initiatives. Consequently, we undertook qualitative investigations with Gippsland mental health managers[9,10] and considered their issues, solutions and recommendations in regard to policy direction.[10] One such recommendation was the recruitment model outlined in this paper.

Gippsland mental health Vacation School project

Building upon an approach developed by the University of Toronto, Canada[11] designed to encourage medical students to consider a career in psychiatry, the Vacation School project aims to encourage future mental health professionals to work in Gippsland. The project objectives are to:

(1) orient future mental health professionals to Gippsland and the mental health employment opportunities in the region;
(2) inform participants about the range of employment opportunities in the field, challenge negative perceptions of, and build positive attitudes towards, working in mental health;
(3) initiate relationships between the student participants and organisations delivering services in the region; and to
(4) motivate participants to consider working in Gippsland.

The five day program consists of a mix of seminar presentations, workplace visits, plenary discussions and social outings. Presentations include an overview of mental health services and the current policy reform agenda, an introduction to current trends in treatment and the implementation of evidence-based practice, and an overview of services in Gippsland. The program concludes with a question and answer panel and plenary discussion. Visits to mental health service providers across the region are undertaken in small groups. Social activities include a dinner and a visit to a local tourist destination. To allow for travel within the region, agency visits are scheduled during days two, three and four. Plenary sessions are hosted at Monash University Department of Rural and Indigenous Health (MUDRIH) on the first and final day.

Although MUDRIH staff coordinate the program, the initiative relies upon the active participation of mental health services across Gippsland to provide speakers for the plenary sessions and host site visits. Participating mental health service staff are provided with background information about the project and guidelines for hosting a visit.

The Vacation School project is the subject of ongoing research and evaluation that aims to:

(1) evaluate the quality, relevance and organisation of the program;
(2) investigate the influence of the program on student attitudes, perceptions, intentions and behaviours; and
(3) examine the cost of the program.

Student participants complete on-line questionnaires before, immediately after and, 6 months following the completion of each program and annually thereafter for a period of up to 10 years. The pre-Vacation School questionnaire collects demographic information; whether participants have a rural background; the level of exposure respondents have had to mental illness in their life to date; participants' attitudes to living and working in a rural area; participants' attitudes to working in mental health; and participants' interest in a rural mental health career. The immediate post-Vacation School survey includes the attitude and career intention questions included in the initial questionnaire, as well as open-ended questions regarding the strengths and weaknesses of the program, and what participants gained from the experience. Subsequent questionnaires focus upon the students' attitudes and interest in a rural mental health career and their career decisions following graduation. Students are also encouraged to complete an on-line daily diary to help evaluate the program content. Mental Health Service staff participants are invited to complete an on-line evaluation survey at the completion of each program. The research program has received Monash University ethics approval.

Findings of two pilot Vacation School programs

Two pilot Vacation School programs were held in July and December 2010. The initiative was promoted by an introductory outline in lectures and via an email flyer to students in Psychology, Social Work, Occupational Therapy and Nursing courses at Deakin University, Latrobe University, Monash University and RMIT University. Those interested were asked to complete an expression of interest, which was by a Word document template for the first Vacation School program and via an on-line questionnaire for the program held in December. An invitation to participate was distributed to mental health services across the region. The researchers visited and negotiated the type of involvement with organisations that indicated interest in supporting the initiative.

Participants

Twenty students (17 female, 3 male), aged from 20 to 59 years, participated in the pilot programs. The group included six Social Work, four Occupational Therapy and ten Psychology students (three studying for a Bachelor of Behavioural Neuroscience). Eighteen students were in their third or fourth year of undergraduate study. The two other students were in the first year of Masters level entry courses (Psychology and Social Work). There were no indigenous students. Seven students were from rural backgrounds (four from large rural centres, one from a rural location and two from remote locations), seven grew up in metropolitan cities and four were brought up in other metropolitan centres. Two students had completed a rural placement and had done so in Gippsland. Five students had undertaken mental health placements, four in Melbourne and one in Gippsland. Eighteen pre- and sixteen post-Vacation School on-line questionnaires were completed by students. Fifteen student participants completed pre- and post-measures that were able to be matched for data analysis purposes (see Table 1).

An analysis of pre- and post-survey data from the two pilot programs was undertaken in order to quantify student interest in working and having a career in rural settings, mental health and rural mental health. Table 1 shows the pre- and post-scores as reported on a scale from Strongly disagree (1) to Neither agree or disagree (4) and Strongly agree (7).

Within subject *t*-tests were undertaken for these items and apart from interest in a career in mental health, all scores significantly increased from pre- to post-Vacation School survey. The variables that differed significantly from pre- to post-Vacation School ratings, also displayed large effect size for the recorded change in interest. Table 1 indicates that the program had a positive effect upon participating students' 'level of interest' in working in a rural setting, working in mental health and working in rural mental health.

A total of 33 of the 105 staff from 15 organisations across Gippsland who participated in the Vacation School, completed the on-line survey following each program. Respondents included staff from the range of service types in the region who had participated in one or more of the sessions (plenary session, hosted a visit or attended a social event).

Generally, the strengths of the program were associated with site visits. Students found the agencies and their staff to be welcoming, passionate and enthusiastic about mental health work and willing to provide a real insight into working for the organisation. Students also appreciated the opportunity to socialise with peers from other professions. Both students and agency staff reported that the program was well organised and well run.

The tenor of student written feedback is captured in the following statements from two participants:

> A wonderful interesting and insightful program that inspired me and provided me with invaluable experiences that I would otherwise never encounter in the duration of my course. This program has exposed me to the passion and numerous organisations and services within this rural community environment.

Table 1. Pre- and post-event means (s.d.) and paired sample *t*-statistics for level of interest in working and having a career in rural settings, mental health and rural mental health

Level of interest	Mean (s.d.)		Paired sample *t*-statistics			
	Pre-event ($n = 15$)	Post-event ($n = 15$)	*t*-value	d.f.	Sig (2 tail)	Effect size
...in working in a rural setting	4.67 (1.50)	5.93 (0.96)	–4.22	14	0.001	0.56
...in a career in a rural setting	4.67 (1.63)	5.67 (1.23)	–3.24	14	0.006	0.43
...in working in mental health	5.87 (0.92)	6.40 (0.63)	–2.48	14	0.027	0.30
...in a career in mental health	6.00 (0.85)	6.27 (0.96)	–1.17	14	0.262	0.09
...in working in rural mental health	4.73 (1.39)	6.07 (0.80)	–4.93	14	0.000	0.63
...in a career in rural mental health	4.73 (1.33)	5.80 (1.21)	–3.76	14	0.002	0.50

'The program provided exposure to the professional and lifestyle opportunities available in Gippsland. It debunked many myths surrounding rurality, opening my eyes to inspirational people and their satisfying work in this unique environment. I would highly recommend this program.'

Discussion

Although rural and regional mental health services across Australia struggle to attract and retain appropriately qualified staff, there appears to be a dearth of evidence detailing successful strategies that address this problem. The novel approach described in this paper encourages undergraduate and postgraduate allied health and nursing students to consider commencing their career in a mental health service in Gippsland, Victoria. The strategy is targeted at allied health and nursing students from Gippsland and other rural/regional backgrounds who are studying in Melbourne and exposes them to potential mental health sector work and career opportunities in Gippsland. For a regional/rural area, such as Gippsland, that has limited capacity to 'grow its own' mental health workforce, attracting young graduates back to work in the region is an alternative approach to managing the ongoing mental health workforce shortage. The approach is important as it is founded upon the available evidence, links service providers to potential employees and exposes the student participants to living and working in the region.

Paired sample *t*-tests showed that the Vacation School had a positive effect upon student participants' 'level of interest' in working in a rural setting, working in mental health and working in rural mental health. This finding was supported by strong effect sizes suggesting that the program had a strong effect on participant attitude and intention regarding working in rural mental health. Although it is acknowledged that participant numbers underpinning this finding are not large ($n = 15$), they are adequate to provide initial evidence to support the effect of a Vacation School approach on student intention. Future evidence with larger numbers of participants including actual behaviour change (as opposed to interest) is required to further support the approach.

Qualitative data also indicated that students enjoyed and valued the opportunity to participate in the program, and that the experience has influenced their attitudes to working in mental health in a rural setting. The program also appears to be highly regarded by mental health service providers in Gippsland. Though it is, of course, too early to know if the Mental Health Vacation School program can have a material effect on recruitment, early feedback indicates that it can have a positive effect on student participant perceptions, attitudes and intentions to work in a rural mental health service. Based upon the evaluation of the pilot programs, the authors are refining and revising some aspects of the program for future schools.

After successfully piloting the program in 2010, the authors hope to build on the strengths of the program and demonstrate that this strategy results in enhanced recruitment of new graduate mental health clinicians to services in Gippsland in the coming years. It is hoped that the program might be replicated in other regional and rural areas of Australia.

Competing interests

The authors declare that no conflicts of interest exist.

Acknowledgements

Thanks to David Stokes (Australian Psychological Society) for his assistance and advice in regard to Fig. 1, Zaza Lyons (University of Western Australia) for her generous assistance regarding the Claassen Institute of Psychiatry for Medical Students, and mental health services in Gippsland for wholeheartedly supporting the initiative. The pilot project would not have been possible without the financial support provided by the Department of Health and Ageing and the Department of Health Victoria – Gippsland Region.

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