MENTAL HEALTH WORKFORCE
PROFESSIONAL ENTRY

PRACTICE PLACEMENTS IN THE COMMUNITY MANAGED MENTAL HEALTH SECTOR

A NSW Pilot Study

Scoping Report

Placement Guide

Placement Listing

Project Report

e-resource

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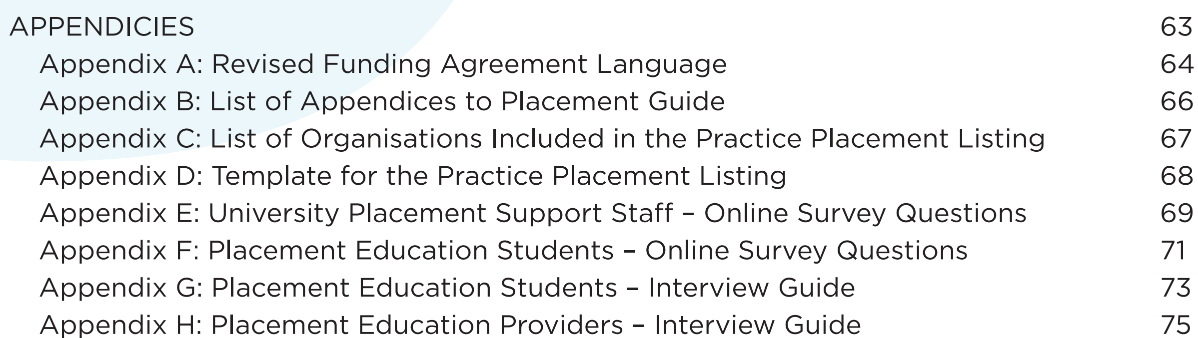

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The Mental Health Coordinating Council (MHCC) promotes people's fundamental human rights. We acknowledge the traditional custodians of the land and value the lived experience of people recovering from mental health issues – both past and present.

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ACRONYMS AND DEFINITIONS

ARAFMI	Association of Relatives and Friends of the Mentally Ill
ASCA	Adults Surviving Child Abuse
CMHA	Community Mental Health Australia
CMO	Community managed organisation (private, not-for-profit organisations that flexibly respond to the identified, unmet needs of communities and are managed by a board of representative and elected community members).[1]
HASI	Housing and Accommodation Support Initiative (NSW Health funded mental health program)
HEP	Higher education provider
HETI	Health Education and Training Institute (NSW Health)
HREC	Human Research Ethics Committee
HWA	Health Workforce Australia
ICTN	Interdisciplinary Clinical Training Network (HETI)
IPE	Interprofessional education - Occasions when two or more professions learn from, with and about each other to improve collaboration and the quality of care.[2]
IPL	Interprofessional learning - Learning arising from interaction between members (or students) of two professions. This may be a product of interprofessional education or happen spontaneously in the workplace or in education settings[3]
IPP	Interprofessional practice - Two or more professions working together as a team with a common purpose, commitment and mutual respect.[4]
NSWMHC	NSW Mental Health Commission
MHCC	Mental Health Coordinating Council (NSW community sector mental health peak body)
NGO	Non government organisation (private organisations that may or may not be not-for-profit)
PHAMS	Personal Helpers and Mentors Service (Commonwealth funded mental health program)
PPP	Practice Placement Project
ROP	Recovery oriented practice - ensures that services are delivered in a way that recognises the uniqueness of the individual; provides real choices; promotes and protects rights; supports with dignity and respect acknowledging that each individual is an expert in their own lives; offers realistic ways to help people realise their own hopes, goals and aspirations and enables them to track their own progress.[5]
RTO	Registered training organisation
TAFE	Technical and Further Education (public RTO)
VET	Vocational education and training

1 CMHA (2012).
2 The Interprofessional Curriculum Renewal Consortium Australia (2013, p. 5).
3 Ibid.
4 Ibid; Freeth et al. (2005, pp. xiv–xv).
5 MHCC (2012).

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LANGUAGE AND VALUES

For the purposes of this report, the table below summarises key commonly used terms and terms used for the purposes of this project. These terms best describe a sector that aims to move beyond only a hospital-based medical and illness-oriented service delivery model towards a model of care and service delivery that is focussed on recovery and based in the community. MHCC, at the recommendation of the project Reference Group, negotiated some revised funding agreement language so that the language used better represents the unique values and philosophy of the community managed mental health sector. A full version of the revised agreement is in **Appendix A**.

Table 1. Terms commonly used in healthcare policy that most closely associate with terms used in this report

Commonly used terms	*Terms used in this project*
Clinical placement	Practice placement
Non-government organisation (NGO) or sector	Community managed organisation (CMO) or sector

These changes were negotiated to recognise the changing nature of the mental health sector, which is moving from a sector defined by a 'clinical' model that focusses on assessing and treating a person's symptoms, to a sector that gives greater recognition to the importance of looking at an individual holistically. Hence, in contrast to the term 'clinical placement', the term practice placement is used in this report. It refers to a placement for pre-professional entry students in a health or allied health field that involves providing care in areas that may be outside the domain commonly thought of as 'clinical'. These services lead to improvements in health outcomes (e.g. stable housing, social inclusion, employment or recreation) but are not delivered in traditional health settings (e.g., hospitals).

The community managed mental health sector involves a range of stakeholders, including people affected by mental health problems, their families and advocates; community managed organisations; for-profit entities (including GPs and private providers); and governments (local, State and Commonwealth)[6]. More information about the services provided by the community managed mental health sector is available through Community Mental Health Australia (CMHA)[7]. The sector is differentiated by its unique values and approach to care, commonly referred to as being trauma informed, recovery focussed and community based.

The principles of recovery oriented mental health practice are best defined by the Australian National Standards for Mental Health Services.[8] The defining principle is that mental health services are delivered in a way that supports the recovery of mental health consumers. Key principles underlying this practice are: that the uniqueness of each individual is respected; that consumers are given real choices; that individuals' attitudes and rights are respected, that consumers are treated with dignity and respect; that treatment is a partnership based on communication; and, that practice is continuously evaluated to support recovery.

More recently, the overarching domain of '*promoting a culture and language of hope and optimism*' has been identified as being central to strengthening recovery oriented practice[9].

6 MHCC (2010).
7 CMHA (2012).
8 Commonwealth of Australia (2010).
9 Commonwealth of Australia (2013).

EXECUTIVE SUMMARY

In the context of rapidly increasing healthcare demands occurring in parallel with a tightening fiscal climate and resulting budgetary constraints, the issue of ensuring there is ongoing and high quality development of the future health and community services workforce takes on new importance. Health Workforce Australia (HWA) predicts significant and increasing mental health workforce shortages through to 2025 and recently introduced demand driven funding models which may serve to increase the number of students training in the mental health sector[10]. However, some higher education and vocational training bodies and service providers are struggling to boost the number of practice placements to support students to become 'work ready' at graduation. In response to these challenges, policymakers are increasingly focussed on innovative ways to increase the number and quality of practice placements to enable skill development for Australia's future health workforce. These changes come at a time of increasing interest in both the social determinants of health and in preventative health. Innovations in skill development in the health and care sector offer the added possibility of reforming Australia's health and community service provision to better address the broader causes of health problems and allow for modelling of a more sustainable workforce.

This report describes recent work undertaken by the Mental Health Coordinating Council (MHCC) to establish relationships between partners involved in the development and provision of student practice placements in order to facilitate possibilities for the development of more and higher quality practice placements in community managed mental health organisations in future. The '*Practice Placements in the Community Managed Mental Health Sector*' project (ie, the Practice Placement Project/PPP) was devised in recognition that the current nature of practice placements in community sector settings are typically 'ad hoc' and there is potential to create more structured placements that, if successful, may be able to be scaled up nationally. In addition to the possibilities of addressing practice placement location shortages, the community managed mental health sector offers students a unique training experience that is focused on delivering recovery oriented, community based services. These services are also interdisciplinary, thus allowing students to experience working with other professionals in settings that are likely to play an increasingly important role in the delivery of Australia's health and community service needs.

10 HWA (2012).

To undertake the PPP, MHCC was funded by Health Workforce Australia (HWA) via the NSW Health Education Training Institute (HETI) Sydney Interdisciplinary Clinical Training Network (ICTN) to conduct a pilot that aimed to explore placement options in the community managed mental health sector in order to increase practice placement opportunities in the following disciplines:

- Medicine
- Nursing
- Psychology
- Occupational therapy
- Social work
- Dietetics, and
- Exercise physiology.

Consortium partners for the project are Sydney higher education providers (HEPs) that offer professional entry undergraduate and postgraduate degrees to future mental health practitioners (University of Notre Dame, University of Western Sydney and the University of Sydney) and the NSW Health Sydney Local Health District.

Following invitations to participate to a large range of non-government community managed organisations (NGOs/CMOs) based in New South Wales (NSW) that are MHCC members, four were selected as partners to participate (UnitingCare Mental Health, RichmondPRA, Neami and the Newtown Neighbourhood Centre).

The Workplace Research Centre (Sydney University) conducted a pilot study to collect baseline research data to enable ongoing evaluation of any changes in the quality and quantity of placements offered by the program.

The project delivered six key contributions:

- A *Scoping Report*[11]
- A practice *Placement Guide*[12]
- A *Placement Listing* of current NSW mental health CMOs with practice placements available[13]
- A *Practice Placement Pilot* in mental health CMOs
- A final *Project Report* (inclusive of evaluation results), and
- An *e-resource*, including a webcast to make available the resources, key findings and recommendations arising from the project.

The *e-resource* has been made available to allow the resources from the project to continue to be accessible and enhance sector capacity to host practice placements beyond the project. Whilst the focus of this final *Project Report* is the effectiveness of the pilot intervention to improve the quality and number of practice placements in CMOs, it also provides an overview of the other project deliverables listed above that all serve to meet the project's outcome of establishing relationships between partners involved in the development and provision of practice placements.

11 MHCC (2013 a).
12 MHCC (2013 b).
13 MHCC (2013 c).

Key evaluation findings

This report's key findings, based on the research evaluation regarding the quality and quantity of practice placements conducted during the project are as follows.

In relation to the QUANTITY OF PLACEMENTS provided as a result of this project:

1. There has been an increase in the number of placements offered to university students (as well as an increase in the range of university disciplines taking part in placements), however, this was partly achieved at the expense of placement opportunities for vocational education and training (VET) students
2. Hosts could foresee further increasing opportunities for supporting university placements if they relaxed their current requirements for a 1:1 student to supervisor ratio.

In relation to the QUALITY OF PLACEMENTS provided as a result of this project:

3. Supports put in place by the project – such as the *Placement Guide* and student contracts – were found to improve the quality of placements
4. Practice supervision quality has the potential to be strengthened in community sector mental health settings
5. The host organisation as well as the student benefited from increased attention to the systems required for quality practice supervision
6. Preparation, especially structuring the placement around a well-conceived specific project, resulted in benefits for both students and the organisation
7. The structure of placements (in terms of the number of hours and how these are spread over the semester) can impact on the quality of the placement experience
8. An underlying culture of reflective practice within a host organisation enhances the quality of placements.

In relation to the BROADER IMPACT OF THE PROJECT on students' awareness of the community managed mental health sector and its contribution to care, support and recovery as well as developing students' professional identity:

9. The placements have increased students' awareness of the community managed mental health sector, its roles, and its strengths
10. Students on placement in the community managed mental health sector were exposed to a different work rhythm and a broader range of professional roles
11. Undertaking placements in a community managed setting also gave students a broader insight into how people with mental illness live their daily lives, challenging them to reconsider their professional identity and coping skills.

In relation to the ongoing WORKFORCE PLANNING AND DEVELOPMENT NEEDS of the community managed mental health sector:

12. Placements have the potential to increase the number of professionals interested in working in the community managed mental health sector.

In summary, this project successfully facilitated the formation of relationships in the Sydney region that, if continuing support is given, will have the capacity to lead to a greater range and more diverse placement opportunities. During the timeframe of this project, the relationships formed contributed to an increase in the number of placements offered to university students (as well as an increase in the range of university disciplines taking part in placements), however, this was partly achieved at the expense of placement opportunities for VET students. Host organisations could foresee further increasing opportunities for supporting university placements if current requirements, such as 1:1 student to supervisor ratios, were modified.

Addressing changes to these requirements would require input and agreement from a wide range of university, professional association and other organisations.

The quality of placements also changed as a result of the relationships formed and work conducted in this project. Supports put in place by the project – such as the templates and supporting documents included in the *Placement Guide* (see **Appendix B**) and related recommendations to implement, for example, student contracts – were found to improve the quality of placements.

Research also identified that having an underlying culture of reflective practice with a host organisation enhances the quality of placements. Reflective practices, and viewing a workplace as a site of learning more generally, may be under-developed in some community managed settings at this point in time and this offers further potential to improve the quality of practice placements.

Finally, practice placements in CMOs allowed students to be 'modelled' in how the future workforce might be designed. It allowed for students to develop awareness of the community managed mental health sector and its contribution to the treatment, care and support that facilitates recovery from mental illness/psychosocial disability as well as developing students' professional identity. In a majority of services, it also provides students with more opportunities for interprofessional learning which is valuable as it allows students to better understand the context of their future work.

It is clear, as a result of the relationships formed in this pilot, there is a strong commitment to, interest in and a capacity to increase the quality and quantity of practice placements in a number of disciplines in the Sydney metropolitan region. Using the learning of this project and the tools delivered as part of it, providing ongoing funding to generate and support networks to replicate the relationships and initiatives in this project would likely result in an increased capacity for practice placements in the community managed mental health sector, as well as generating more interest from graduates in applying for roles working in the mental health sector, including the community managed mental health sector.

An overview of the nine recommendations arising from the implementation and evaluation of this project, and incorporating and building upon the recommendations of the project's *Scoping Report*[14], is provided over page.

Future MHCC priorities include enhancing the sector's interprofessional practice supervision capacity and increased understanding of the role of key regional drivers in increasing capacity for training places—especially in rural and regional areas where infrastructure issues may be fundamentally different to metropolitan areas. In completing the current project MHCC is well positioned to scale up structured approaches to training placements within the community managed mental health sector, and to continue to contribute to creating tomorrow's health and community service workforce today.

14 MHCC (2013a).

Overview of project recommendations

A CATALYST FOR CHANGE

Recommendation 1:
A regional driver (e.g. MHCC), or workforce development champion, be recognised and resourced to maintain and expand on existing increases in capacity and quality.

At a minimum, funding should cover the cost of:

- maintenance/updating of the sector practice Placement Listing
- developmental material, e-forums and/or face-to-face forums throughout NSW which bring together HEPs and CMOs.

Ideally, this funding would also cover the regional driver to conduct ongoing evaluation and support for research to develop an evidence base about the most effective ways to increase the number and quality of practice placements.

ONGOING NOURISHMENT

Recommendation 2:
A funding formula equivalent to that used for public and private health services for the provision of practice placements should be applied to CMOs.

Recommendation 3:
That cost and benefit studies be conducted to elucidate the productivity components of practice placements in CMO and other placements alike.

SUPPORTIVE HOST ENVIRONMENT

Recommendation 4:
That the following supervision structures be adopted (Diagram 1 – MHCC; 2013a; overpage).

Recommendation 5:
Support be provided to an integrated approach to regional workforce development for community managed mental health service providers, including understanding the unique needs of non-metropolitan communities, and work with education and training providers to enable organisations undertaking practice placements to share developed materials to support their own longer term workforce and practice placement development.

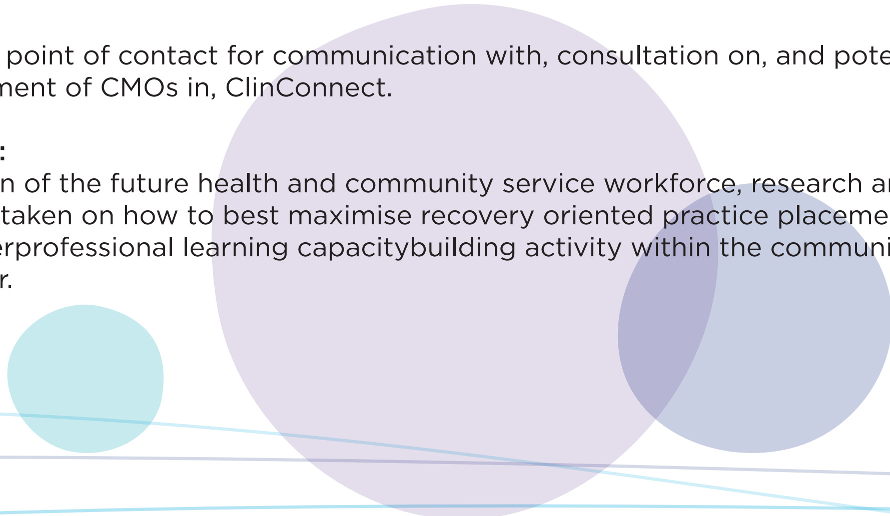
A HIGH DEGREE OF INTERDEPENDENCE BETWEEN THOSE INVOLVED IN PRACTICE PLACEMENTS

Recommendation 6:
In-principle support is given for the involvement of CMOs in ClinConnect, subject to:

- ClinConnect functionality being able to accommodate the diverse requirements of CMOs
- CMOs being adequately resourced and supported to utilise ClinConnect.

MHCC is the central point of contact for communication with, consultation on, and potentially trialling the involvement of CMOs in, ClinConnect.

Recommendation 7:
That in consideration of the future health and community service workforce, research and evaluation be undertaken on how to best maximise recovery oriented practice placement, practice supervision and interprofessional learning capacitybuilding activity within the community managed mental health sector.



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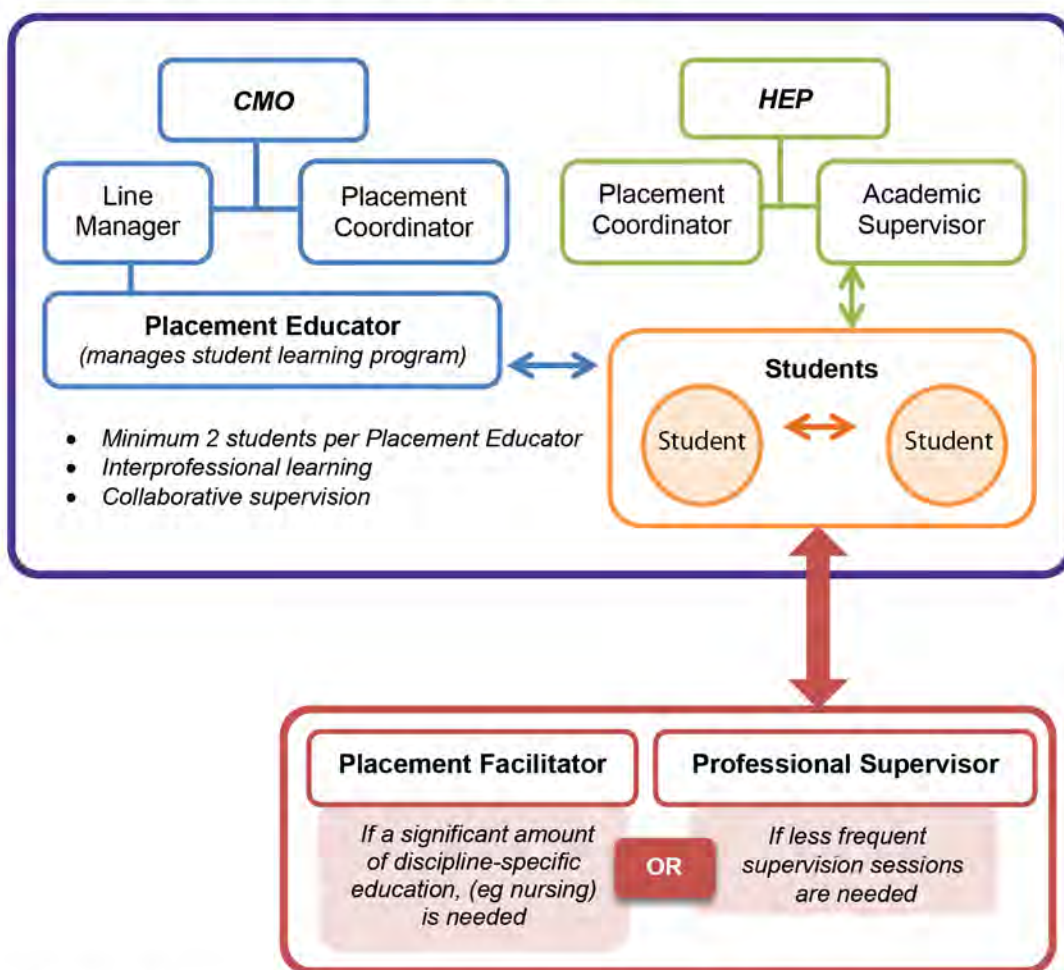
PLACEMENT DEFINITIONS AND BOUNDARIES

Recommendation 8:
That in order to prevent one form of practiceplacement potentially displacing another, regional networks should incorporate a broader alliance of education and training providers in need of facilitating practice placements (i.e., university, VET and other).

Recommendation 9:
That training and education providers and professional bodies work more closely with practice placement providers to develop a set of capabilities that define the successful completion of a practice placement by a student, for adoption by community managed and other health and community services alike.

Diagram 1. MHCC's proposed practice placement model



PRACTICE PLACEMENTS: THE WORKPLACE AS A SITE OF LEARNING

Practice placements in mental health

Whilst debates about the importance of learning by doing can be traced back to Aristotle[15] contemporary notions of the importance of experiential learning often centre specifically on the role of the workplace in the education and training journey. Workplaces, too often conceived of as sites of industry and outputs, are also important sites for reflection with the aim of improving practice and the education and training of new practitioners in a field of endeavour. In pedagogical terms, the strength of workplace-based training is the provision of experiential learning in workplaces that complements experiences in educational institutions. Put simply, it is the place where practitioners learn their craft. When done well, workplace-based learning can support both the development of new practitioners and the continuous improvement of existing practitioners.

The quality of services that Australia's future mental health sector can provide is, in large part, determined by the quality and availability of the practical training that students studying in disciplines related to mental health receive as part of their studies. This training shapes the future workforce by allowing students who may be interested in careers in mental health work experience to refine their skills in a controlled environment surrounded by expert practitioners, but also by allowing them the potential to experience models of care and notions of recovery in differing services that can broaden the scope of their future practice in any working environment.

However, in spite of the potential significance of the role of workplace learning, there is relatively little formal literature addressing evidence to isolate the critical factors that lead to successful learning outcomes, especially when the learning is for a craft that requires a higher education (e.g. university) degree. The lack of existing literature is surprising given that practice placements have long been an integral component of many degree programs, especially in medicine, nursing, other health disciplines, psychology and social work. This lack of literature is particularly troubling in the current public policy setting, in the context of significant policy interest and reform in the Australian health workforce. The Federal Government's Mason Review of Australian Government Health Workforce Programs, examining the impact of initiatives funded and implemented by the Federal Department of Health and Aging Health Workforce Division, has recently been handed

15 Beckett & Hagar (2000).

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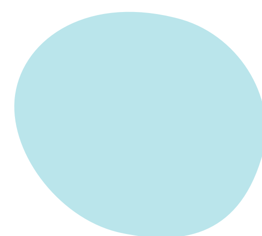
down. A further two reviews are underway – a review of the role and function of HWA as part of the National Partnership Agreement on Hospital and Health Workforce Reform, and an examination of the health workforce by the Productivity Commission[16]. The Mason Review specifically highlights concerns about the future of training, and the capacity of the health sector to support the training needs of an increasing number of undergraduate health students. Promisingly, private health care providers consulted as part of the review expressed the potential for a significant level of untapped capacity in their sector for the training of all health professions. In the little research available[17], there is a consensus that to be successful, practice placements need several key factors to operate successfully. Common factors contributing to success include the need for workplace learning to be pedagogically sound, lead to quality skill formation, have positive outcomes for both individuals and the enterprises, function effectively and be sustained over time. This project seeks to build on these research and policy findings by investigating the untapped potential for greater capacity in CMOs offering mental health psychosocial rehabilitation and recovery support services.

There is clear benefit to enabling more placements in the community managed sector, should the space and capacity to deliver quality placements be a viable option. Government programs aimed at moving interns out of hospital settings, even for a short period, into private general practice and community settings have resulted in freeing up additional placements to provide training for interns, for example[18]. As well as offering more placement opportunities, they offer multidisciplinary or interprofessional learning (IPL) opportunities to deliver better quality training outcomes for the future health workforce. However, there are potential challenges with placement substitution (placements from students in the VET sector being displaced for placements for students in the higher education sector) and, as with all practice placements, ensuring clear role delineation and expectations and adequate levels of support and supervision for students to enable quality learning outcomes. In some cases, these latter factors are exacerbated given the tight resourcing that CMOs often experience.

This report describes recent work undertaken by MHCC to establish relationships between partners involved in the development and provision of practice placements in order to facilitate possibilities for the development of more and higher quality practice placements in community managed mental health organisations in future. This work is important given reported shortages of existing opportunities for practice placements from universities and HWA's predictions of significant and increasing mental health workforce shortages[19]. However, work conducted for this project is also important because as well as offering opportunities to increase the availability of possible placements opportunities for students undertake, it offers the potential to systematically expand practice placements that have the potential to offer students a unique training perspective that is typically interprofessional in nature and recovery focussed. By working to increase the opportunities for students to experience practice placements in community managed settings, local networks such as those formed as part of this project offer opportunities to broaden and diversify the scope of practice of the future mental health workforce.

This final *Project Report* provides an overview of the project, and outcomes from it with a focus on an evaluation of the pilot to increase the number and quality of practice placements in community managed mental health organisations. Following a brief introduction to the project, the report examines the literature surrounding workplaces as sites of learning, discusses the importance of recovery oriented, community based psychosocial rehabilitation and support that is unique to the community managed mental health sector. Utilising research conducted as part of the project's *Scoping Report*[20], this final *Project Report* will examine examples of existing practice placement models, and how they can be applied in the community managed mental health sector before drawing conclusions that seek to improve the sustainability of Australia's future mental health workforce.



16 Mason (2013).
17 For example, Choy et al, (2008), Tedesco-Schneck et al, (2013).
18 Mason (2013).
19 CSHISC (2013).
20 MHCC (2013a).

Preparing the future community based mental health workforce

HWA, a Commonwealth statutory authority, was established in 2009 to deliver a national, coordinated approach to health workforce reform. HWA provides funding to develop more practice placements for professional entry health education programs[21].

The NSW HETI, a statutory health corporation, was established in April 2012 to support and promote coordinated education and training across the NSW public health system. HETI manages, coordinates and provides oversight of ICTNs in NSW[22].

Preparation of the workforce may involve a period of practical education and experience ('practice placements'), in mental health CMOs, during the prequalification phase.

HETI's ICTNs support capacity building in practice placements by providing a forum for planning and dialogue between education providers and health service providers. ICTN funds have been made available for projects aiming to develop innovative models of supervision and training, and which identify practice placement capacity.

MHCC is the peak body representing CMOs working for mental health in NSW and is also a registered training organisation (RTO) specialising in recovery oriented practice workforce development and learning. MHCC is being funded by HWA via the NSW HETI and the Sydney ICTN to undertake a community sector mental health '*Practice Placement Project*' (PPP).

All these partners have been critical to delivering the PPP.

The Practice Placements Project

MHCC has sought to better understand how the quality and number of practice placement places can be increased by conducting a pilot program which brings together three Sydney universities that offer education to potential future mental health practitioners (University of Notre Dame, University of Western Sydney, the University of Sydney), with four community managed mental health service providers based in New South Wales (UnitingCare Mental Health, RichmondPRA, Neami and the Newtown Neighbourhood Centre) to offer placements. The Sydney Local Health District was also part of the project. The project was designed to contribute to the development of a workforce that understands current trends and practices of mental health as well as contributing to the development of a sustainable Australian mental health workforce.

The primary objective of the PPP was to establish relationships between relevant university staff and non-government mental health CMOs to increase the number and quality of practice placement opportunities in the following disciplines: medicine; nursing; psychology; occupational therapy; social work; dietetics; and, exercise physiology.

The project was funded to deliver six key contributions to this outcome:

- A *Scoping Report* – that helped to inform all other project deliverables
- A *Placement Guide*
- A *Placement Listing*
- A *Practice Placement Pilot* in mental health CMOs
- An *evaluation* – a key focus of this report
- This final *Project Report.*

More information about the funding bodies' requirements for each of these deliverables is provided in **Appendix A**. Further information about the achievement of each of these deliverables, and also the development of an additional e-resource to help ensure sustainability of the project is provided in Section 3 '*Project Outcomes*'.

21 HWA, (2012).
22 HETI (2013).

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Workplaces as sites of learning

Whilst workplaces have long been sites of learning in an array of vocational and academic disciplines, codified learning "on the job" has largely been a focus of the VET sector. Notable exceptions to this have been a small number of professions, largely where professional bodies require practice placements during the course of a higher education degree to complete registration for the profession, in disciplines such as engineering, psychology or exercise physiology. Whilst there is a lack of empirical literature on workplaces as sites of formal education and training programs, particularly with respect to placement education for university students, there are some clear messages from the existing literature. Focussing on a vocational educational context, Choy et al. (2008) neatly summarise the five main elements which contribute to an effective approach to developing competence:

- Experiences of the practice
- The duration of the learning contract
- Expert support
- Link to formal education, and
- Assessment and certification.

This system recognises workplace environments that operate as good 'sites of learning' do not just spontaneously come about, as reflected in almost every stream of health workforce research. For example, the psychological literature focuses on the 'organisational culture' of workplaces as a strong contributing factor to the success of training[23]. Values in the workplace should include lifelong learning, support and challenges, evidence use and development, and a positive attitude towards change. Other essential attributes of effective workplace cultures include appropriate change being driven by the needs of the service users and communities and ensuring formal systems exist to continuously enable and evaluate learning, performance and shared governance[24].

Seligman (2011), in his extensive writing on conditions required to flourish, argues that the correct organisational factors alone are not enough and that these must be matched with individual factors. When both organisational and individual enabling factors exist together, the positive consequences of empowerment and human flourishing – in this case, successful learning - are experienced. In nursing, for example, research by Adelman-Mullally et al (2013) identifies individual nursing practice skills and strengths that clinical nurse educators bring to nursing education that enhance leadership knowledge, skills and abilities. She identifies five overarching themes that demonstrate quality training skills:

- Role modelling
- Providing vision
- Helping students to learn
- Challenging the system or status quo, and
- Seeking relational integrity.

Existing research, such as Jokelainen et al (2013) has sought to examine the combination of individual and organisational factors that lead to successful workplace learning. Through an examination of Finnish and British placement learning and professional development of pre-registration nursing students, Jokelainen et al (2013) identifies four main categories to describe successful approaches to education:

1. Students should be the focus and respected as individual partners with personal learning goals
2. Placements must be fit for students' practice and learning
3. Facilitation is seen as guided co-working and spurring to enable a student to attain stipulated nursing competencies, and
4. Ongoing assessment of students' achievements, learning outcomes and professional attributes is viewed as significant.

23 e.g. McCormack et al., 2008; Manley et al., 2011.
24 Manley et al., (2011).

Achieving successful placement outcomes in practice requires overcoming the constraints that limit the full participation of students, host workplaces and supervisors, and universities in a sustainable placement program. University students are increasingly balancing full-time study with part-time employment, usually in a domain unrelated to their field of study. Buchanan and J akubauskas (2010) identify that since 1986, the numbers of young people studying and working part-time have increased from 200,000 to just below 600,000 in 2009. Numbers of students who work full-time have also increased, as well as those who are engaged in vocational workplace-based training. This preoccupation with deploying labour has had the effect of squeezing out time for orderly development of the workforce.

In addition to the increasing numbers of those working whilst undertaking training, cost pressures across many industries (whether through rising international competition in the private sector or the need to achieve efficiencies in the public and not for profit sectors) have eroded the commitment to workforce development[25]. Evidence of this lies in the increasing use of contingent labour (such as casual employment and independent contracting) and work intensification. The lack of a focus on workforce development – or the consequences of this 'squeeze' on development – impacts on both:

- The ongoing development of continuing staff, and
- The time available for continuing staff to support the development of staff with less experience, or students in practice placement programs.

For example, Bretheron et al (2012) notes that good supervision from managers who are engaged and sufficiently skilled to train and assess workers who are learning on the job is an essential element for success. Without a focus on the skills development for supervisors, the changing nature of work will drive out both individual and organisational factors that determine whether quality practice placements can occur. Hence, there is an increasing recognition that individual factors and organisational culture are, in a sense, intermediaries, and that factors largely caused by labour deployment strategies, work intensification and 'commercial pressure' decrease the ability of both managers and supervisors to 'teach' and workers to 'learn' on the job and thus drive out opportunities for quality workplace learning. Recent professional wage claims, particularly in nursing, are alert to these drivers and have sought to remedy these factors. For example, Victorian nurses' landmark claim for formal nurse to patient ratios with the Industrial Relations Commission was argued on the basis that limiting patient load is necessary so that nurses have time for professional reflection, for mentoring, and for on the job learning – all because it forms such an important part of becoming a 'good nurse'.

Therefore, it is unreasonable to expect workplaces to provide the right kind of organisational culture[26] without also having regard to the broader operating context. The concept of a 'skills ecosystem' has been used to describe this interaction, and the creation of sustainable skill ecosystems requires four key components[27]:

1. A catalyst to trigger the start of their development
2. Ongoing nourishment
3. A supportive host environment, and
4. A high degree of interdependence between the actors in the system.

This skills ecosystem concept provides a useful model for identifying the challenges and opportunities posed by practice placements in the community managed mental health sector, not least because the starting point is examining the role of policy, in this case the growing emphasis on community based and recovery oriented service provision in mental health in establishing the preconditions for ongoing nourishment.

The literature on the health workforce all pays insufficient regard to the role played by workplace supervisors in delivering successful placements and the workload, organisational and resource constraints that they are subject to.

25 Buchanan & Jakubauskas (2010).
26 As suggested by McCormack et al (1998) & Manley et al (2011).
27 Finegold (1999).

Moving towards recovery oriented, community based care and support: the role of the community managed mental health sector

As a significant proportion of mental health service delivery now occurs within a community environment it is essential students gain work experiences in addition to those provided in the acute mental health setting. As discussed in the Final Report on Mental Health in Pre-Registration Nursing Courses "*there is a need to ensure that mental health clinical placements are provided in a range of services, including community mental health settings*" (Mental Health Nurse Education Taskforce[28]). For placement success, infrastructure and support must be provided to support student learning and build sustainable placement providers and organisational partnerships. This section briefly reviews the policy shift toward recovery focused, community based care and support and the implications of sustainable workplace-based training for mental health practitioners.

Australia is in the midst of a shift beyond hospital-based medical and illness-oriented service delivery models towards more recovery focused, community based approaches to supporting people experiencing mental health problems[29]. This may translate to:

- Greater flexibility in service provision, improved accessibility, more timely support, and a broader range of providers from whom we can choose our care and support; and
- Growth in the number of mental health CMOs and a larger community sector mental health workforce.

Due to increasing trends for government to outsource health and community service provision, the community managed mental health sector is growing in size, scope and complexity. Whilst technically defined as services outside government offering health and community support services, the sector can also be defined by the values that organisations share: the importance of recovery oriented, community based psychosocial rehabilitation and recovery and support services.

The MHCC (2010 a & b) has mapped the NSW CMO sector and conducted research to develop a framework for conceptualising and exploring the capacity of the sector. The report proposed seven core categories of CMO mental health service areas or functions required to be accessible in an area.

These are:

- Accommodation Support & Outreach
- Employment & Education
- Leisure & Recreation
- Family Support & Carer Programs
- Self-help & Peer Support
- Helpline & Counselling Services' and
- Information, Advocacy & Promotion[30].

In NSW, the mapping exercise resulted in the responses from 247 organisations providing information about 350 community managed mental health programs, and identified the aim of the sector to "provide accessible, relevant programs so that the people of NSW are supported in their journeys of recovery and wellbeing"[31]. The framework of sector capacity identifies the following elements:

- Client Experience: Program Range and Responsiveness
- Service Provision: Community Managed Organisation Capacity
- Research and Development: Innovation and Growth
- Policy and Planning: Planning, Funding and Evaluation[32].

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28 MHNET, (2008).
29 HWA (2012); MHCC (2010a).
30 CMHA (2012).
31 MHCC (2010 a).
32 MHCC (2010 b).

This framework was used in the PPP *Scoping Report* to continue the process of building the capacity of the CMO sector by introducing a range of strategies, including a research network. Indirectly, this framework gave rise to exploring capacity in this project, and continues to be a vehicle for driving better and more informed CMO sector development. Given the increasing presence of the community managed sector in the provision of Australia's health and community service needs, it is critical to the development of the future workforce that students are able to experience, understand and identify with the values of the sector.

The mental health sector is preparing to strengthen its community based professional workforce; practice placement education - as an essential part of that preparation – must be relevant to work practices which are underpinned by a recovery oriented approach[33].

Existing practice placement models

Traditional and contemporary practice placement models identified in the literature scan undertaken in developing this project's *Scoping Report* are summarised and described in Table 2[34]. The traditional placement model is built around direct supervision (ideally someone with experience and skills as a practice educator). The aim of a traditional placement is for students to practice their skills and perform tasks within a specific discipline, usually closely supported by their placement supervisor. For this reason, one-to-one practice ratios are custom.

In response to a variety of stimuli, other placement models have also become established. Facilitative placements place less emphasis on the direct transfer of skills and wisdom from practice educator to student, with more indirect supervision and higher ratios. Collaborative models are similar, but place more emphasis on peer-assisted learning, so that students learn from one another. Other models allow for students to divide their time across different settings (inter-agency) or professions (inter-professional).

33 Prigg & Mackenzie (2002) & Lloyd et al (2002) in Overton, Clark and Thomas (2009); MHCC, (2013a).
34 MHCC (2013a).

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Table 2: Existing placement models

1. Traditional[31]

- Direct supervision by an on-site practice educator, with the student practicing skills and performing tasks within a specific discipline.
- A one-to-one ratio of practice educator to student.

2. Facilitative[32]

- Direct and indirect supervision are provided by a placement facilitator
- Up to a one-to-eight ratio of practice educator to students.

3. Collaborative (Peer Assisted Learning)[33]

- One practice educator supervises two or more students
- Self-directed and peer learning are emphasised

4. Role-emerging[34]

- Student explores the potential for a professional role in their clinical discipline, and establishes and implements aspects of that role.
- Supervision is provided:
  - Directly, by a practice educator from a different discipline to that of the student AND
  - Indirectly, by an off-site practice educator who is qualified in the same discipline as student.

5. Project[35]

- The completion of a project, developed to address needs identified in collaboration with the host organisation by students (working independently or in pairs/groups) during the practice placement.
- Direct supervision is provided by:
  - an on-site placement educator OR
  - an on-site placement educator from a different discipline to student, AND indirect supervision provided off site by a practice facilitator who is qualified in the same discipline

6. Inter-agency[36]

- Placement is part-time in both traditional health and CMO settings.
- May experience traditional and role-emerging models

7. Shared[37]

- Supervision of a student may be shared between two practice educators (each may have a different practice focus) within a workplace.

8. Interprofessional[38]

- Students from two or more professions interact with each other (or with qualified health professionals), enabling them the opportunity to learn with, from and about each other, in the provision of person-centred support and service development. This involves learning how to work collaboratively with others as well as how to learn from others to improve work practices.

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35 Overton, Clark and Thomas (2009), p295; NHS Education for Scotland (2007), p12..
36 University of Notre Dame Sydney (2013b) and University of Sydney (2013, MHCC consultation notes); NHS Education for Scotland (2007), p13.
37 O'Connor, Cahill & McKay (2012).
38 NHS Education for Scotland (2007), p26; Overton, Clark and Thomas (2009), p296.
39 Overton, Clark and Thomas (2009), p296.
40 Queensland Occupational Therapy Fieldwork Collaborative (2007).
41 NHS Education for Scotland (2007), p18; Queensland Occupational Therapy Fieldwork Collaborative (2007).
42 Adapted from the University of Western Ontario p2; NHS Education for Scotland (2007), p30; personal communication with Gillian Nisbet (USyd, 2013).

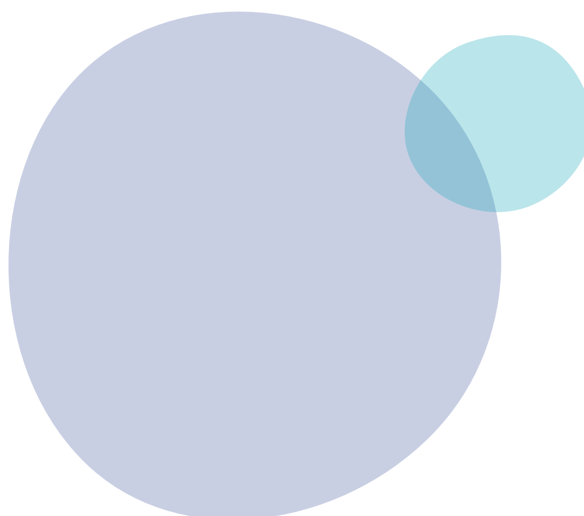
Consideration of approaches to practice placement

The models briefly described in Table 2 indicate there is a vast range of approaches to, and variables within, practice placement such as those in Table 3[43]. Expanding practice placements in CMOs provides students with an opportunity to experience a more diverse range of practice placement approaches. For example, the primary purpose of most placements in hospital settings is discipline specific. CMO placements provide more scope for interprofessional learning and, as a result, typically enable more flexible roles. As pressure on the number of practice placements required to accommodate the growing number of students grows, it is clear that the organisation of existing practice placements is increasingly likely to alter (e.g. student to staff ratios).

Table 3: Approaches to, and variables within, practice placement

a)	Primary purpose	discipline-specific and interprofessional learning
b)	Primary activity	service delivery and service development
c)	Location	traditional health facility, private health provider, CMO
d)	Length	from one day to 10 months; part-time and full-time
e)	Students	
	◗ Capability	from novice to highly experienced
	◗ student : educator ratio	from 1:1 up to 8:1 (and student co-location)
	◗ learning style	educator-directed, peer-assisted, self-directed
	◗ learning partners	other students and health professionals
f)	Supervision	type (direct, indirect), style, location (off-site, on-site)
g)	Placement educator	
	◗ profession	same as, or different to, the student
	◗ role expectation	oversight, education, and/or assessment of student
	◗ support	education, mentoring, guidance from CMO and/or HEP
h)	Placement facilitator	supervision of student, role expectation, support

This introductory section has introduced some of the key concepts relevant to thinking about increasing the quality and quantity of practice placements in the community managed mental health sector. Readers are referred to the project's *Scoping Report* for more comprehensive coverage of the thinking underlying the PPP. The specific project outcomes against the funded deliverables will next be considered before proceeding to a more detailed consideration of the practice pilot methodology and findings. The report will conclude with a discussion of the recommendations arising from the project.



43 MHCC (2013a).

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PROJECT OUTCOMES

The following is more detailed information about activities undertaken in the course of this project. MHCC and the project Reference Group identified that the primary objective of the PPP was to establish relationships between HEPs and mental health CMOs to increase practice placement opportunities in the following disciplines: nursing; medicine; psychology; occupational therapy; social work; dietetics; and, exercise physiology. Whilst an evaluation was conducted to assess any change in the number and quality of practice placements, with the results presented in this report, the primary focus was to build relationships to ensure potential future opportunities for maximising the number of community managed mental health practice placements could be achieved.

In the course of developing relationships the following key deliverables were also achieved.

Activity One: Scoping Report
A *Scoping Report* of practice placements in the community managed mental health sector was completed.[44]

This considered:

- Current placements within mental health CMOs across disciplines
- Understanding the placement requirements of HEPs in a CMO mental health setting
- Supervision requirements and responsibilities of mental health CMOs and HEPs
- Reviewing existing placement models and recommending sustainable placement models
- Capacity requirements of the mental health CMO sector to increase placements
- Barriers to placement in MH CMOs and strategies to address barriers
- Resource requirements of MH CMO sector to facilitate and maintain placements
- Resource requirements to promote placements in the MH CMO sector
- Recommendation of a sustainable framework that can be replicated in other areas
- Recommendations regarding the inclusion of the MH CMO sector within ClinConnect.

44 MHCC (2013a).

The *Scoping Report* was undertaken to inform implementation of the *Practice Placement Pilot* and development of all other project deliverables (e.g. it was used to help identify content for the *Placement Guide* and *Placement Listing*; see **Appendices 2-4**).

The report was developed on the basis of analyses of information elicited from a literature scan, stakeholder consultation and a Community Sector Survey. It considers university and other professional association requirements for practice placements, explores CMO capacity for hosting practice placements and makes recommendations in regard to ways forward for enhancing capacity for practice placements in the community sector.

You are referred to the *Scoping Report* for the above detail.

The *Scoping Report* makes the five recommendations for enhancing community managed mental health sector practice placement capacity and these have been incorporated into the recommendations of this final *Project Report* which build on them through application of the *Practice Placement Pilot* research evaluation data.

Activity Two: Placement Guide[45]

A practice *Placement Guide* for mental health CMO's and students was created to increase the quantity and quality of placements in community mental health settings. This involved:

- Progressive development of the guide throughout the project
- Inclusion of findings of the *Scoping Report* and evaluation of students, HEP's and mental health CMO's to shape the final publication
- Broad printing and distribution of the guide including in a webinar format.

The *Placement Guide* was developed to support CMOs providing services to people with mental illness/emotional distress to prepare for and manage student practice placements. A draft *Placement Guide* was developed early in the project and informed the other deliverables. It was further developed throughout the project.

The front part of the guide describes key concepts relevant to practice placements such as HEPs, the practice placement process, becoming a host organisation, structuring the practice placement, information for students, interprofessional leaning, and the placement educator. The appendices include more detailed information, sample templates and guidelines which CMOs can adapt for their own use (see **Appendix B** to this *Project Report* for a list of the more than 20 appendices to the *Placement Guide*).

The *Placement Guide* is a focus of the webcast in the PPP *e-resource* hosted at the MHCC website which is discussed later in this section:
http://www.mhcc.org.au/media/11009/ppp-placement-guide-final-2013.pdf[46].

The human resources content of the MHCC *Organisation Builder (MOB) Policy Resource* is to be updated against the practice placement supervision documents included in the Appendices of the *Placement Guide* as a means to further build sector capacity in this important area:
http://mob.mhcc.org.au/

45 MHCC (2013b).

46 A variation was made to the Performance and Funding Agreement for this project for the *Placement Guide* document not to be printed. The alternative arrangement was for development of the project *e-resource* to host e-versions of all project materials, and including a webcast highlighting the *Placement Guide*, and for printing of the final *Project Report*.

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Activity Three: Placement Listing[47]

The practice *Placement Listing* was developed for HEPs and provides information about CMOs and mental health programs in NSW interested in hosting practice placements for students. At the conclusion of the project the listing contained 21 potential host organisations delivering hundreds of mental health programs. A list of the organisations is provided as **Appendix 3** and the template used to collect information about them and their mental health programs is provided as **Appendix 4**.

It is envisioned that this will be a 'living document' with other organisations and/or programs being added in the future. These results speak to the numerous opportunities to increase qualitative and quantitative practice placement capacity within community sector mental health settings.

Activity Four: Practice Placements Pilot

MHCC coordinated piloting of practice placements across disciplines in four mental health CMOs in partnership with project placement providers (i.e., CMO host organisations but also undertook a considerable 'coordinating' role with HEPs). This involved:

- Identifying suitable host organisations to participate within the timeframe of the project
- Assessing organisational support requirements
- Assessing barriers to high quality placement
- Developing strategies to overcome identified barriers and mentor organisations as required
- Working with organisations to identify a sustainable framework to enable them to continue placing students
- Undertaking evaluation (with the Workplace Research Centre/University of Sydney; see more information in Activity 5 below)
- Identification of additional organisations to be involved in initiatives in the future (see information on Activity 3 above and also **Appendices 3 & 5** of this *Project Report*).

The activities of the *Practice Placement Pilots* are further discussed across the remainder of the final *Project Report.*

Activity Five: Evaluation

Practice Placement Pilot student, CMO and host organisation data was collected, collated and presented on as evaluation activity towards this final *Project Report* and to better understand the drivers of success in this project.

This work was undertaken in partnership with the Workplace Research Centre (University of Sydney). A four year ethics approval was obtained from The University of Sydney Human Research Ethics Committee (HREC) and this project's evaluation strategy was designed to form a base upon which future change in the quality and quantity of community managed mental health sector practice placements might be measured against.

The research project set out to answer the following research questions:

1. Is it possible to improve the quality of practice education with placements in community sector mental health settings in NSW?
2. Is it possible to improve the quantity of places available for practice education in community sector mental health settings in NSW?

47 MHCC (2013c).

Whilst evaluations typically involve the collection of data prior to and then post an intervention, the timeframes for this project prohibited proper collection of baseline data for the quality and quantity of placements being offered by CMOs. Given the short timeframe of the initial grant, the evaluation was modified from the original proposal to allow for the collection of baseline data from university staff involved in placing practice placement students, and interviews with mental health CMO staff involved in the supervision of students as well as students who were undertaking or who had recently undertaken a practice placement in a mental health CMO.

Although these students did not necessarily complete their placement in the mental health CMO having been placed as part of this project, the qualitative data collected allows for a future comparison with students who did complete their practice placement as a result of having been placed as part of this project. This future comparison will allow for a full, detailed and rigorous evaluation of the ability of this project to increase the quality and quantity of practice placements in mental health CMOs.

More detail on the evaluation methodology is next provided in the next section of this final *Project Report* followed by the results and findings arising from the *Practice Placement Pilot* evaluation.

Activity Six: Final Report
This is the final *Project Report*.

This report will be accompanied by a promotional strategy that includes development of a brief publication that summarises the key activities, findings and recommendations arising from the project and also conference presentations (e.g., Sydney ICTN projects ‘showcase’ and paper accepted for The Mental Health Services/TheMHS) Conference; both in August 2013).

As the project proceeded, some pockets of practice placement innovation, organisational case studies of good practice and unresolved issues arising were identified. In order to capture this learning some of these are highlighted in the breakout boxes which shortly follow.

Activity 7: e-resource
The *e-resource* is a place where all documents can be downloaded and brief information about the project obtained. The webcast component of the e-resource was developed as a quick means of people understanding the many activities and deliverables of the PPP and the mental health workforce development context in which these occurred. The webcast can be watched as a complete presentation and is also downloadable in briefer components including individual speaker presentations, a question and answer session, and an overview of the *Placement Guide*.

The e-resource also contains a mechanism for students undertaking practice placements in the community managed mental health sector and other interested persons (e.g., HEPs, CMOs) to continue to provide MHCC with feedback regarding their experiences.

The e-resource and its feedback mechanisms are a further strategy for continuing to build and/or sustain community managed mental health sector practice placement capacity beyond the current project.

The e-resource can be accessed here:
http://www.mhcc.org.au/sector-development/workforce-development/practice-placements.aspx

BEST PRACTICE:
The University of Western Sydney Medicine in Context Program[48]

The Medicine in Context Program is offered to students studying in the School of Medicine at The University of Western Sydney in their third year of a five year degree. In the first two years of their degree, students are primarily in traditional lectures and tutorials, although spend one day at week at a Clinical School to begin learning critical practical skills. However, from the third year onwards, students focus on training with placements in hospitals, general practices and, uniquely, in community organisations as part of the Medicine in Context Program. Students are often placed in Western Sydney to facilitate potential careers in the Greater Western Sydney region in community managed care and mental health services such as the Macarthur Disability Service or in UnitingCare Mental Health. Practice placements in these services offer students the opportunity to learn about community care and health services, often whilst being supervised in services that don't offer medical care or employ medical professionals. Staff at participating organisations felt the program had great use in educating the future medical workforce about the importance of the recovery oriented and consumer directed care. Participating students also reported receiving great benefit from participating in the program, benefiting from the interdisciplinary professional networks gained and also from their understanding of how best to refer people to allied and community based community care services following discharge from a facility.

INNOVATIONS TO SUPPORT WORKFORCE TRANSITIONS:
Graduate Diploma in Psychological Studies[49]

The training required for professional accreditation in the field of psychology differs from other allied health professions in that a postgraduate qualification, typically a Master's Degree in Clinical Psychology, is required and is usually the first opportunity students have to undertake practice placements. Given the defined training path, transitions from other working lives into psychological practice have proved challenging.

The University of Western Sydney's Graduate Diploma in Psychological Studies is accessible for graduates in fields other than psychology who wish to pursue a career in psychology, and is typically offered over one and half years full-time or three years part-time. The course is accredited by the Australian Psychological Society for an undergraduate psychology major, but does not include a fourth year in Psychology and hence does not enable registration as a psychologist. It does allow for a shorter path to entry into an accredited fourth year degree program and, following successful completion, a Masters, and thus is an innovation to improve transitions into the profession of psychology. This program is mirrored by other universities around Australia (for example, Charles Sturt University offers a similar program that is largely conducted via distance education), and offers a more streamlined transition for those wishing to enter the psychology workforce.

48 UWS (2013 a).
49 UWS (2013 b); Charles Sturt University (2013).

EXPERIENCE:
Nursing at the University of Technology, Sydney (UTS)[50]

Although not a partner in this project as was the case with USyd, UWS and UND it became clear during the course of the PPP that UTS nursing students also had a strong tradition of being placed in mental health CMOs and they offered to engage to share their experiences with other universities and organisations beginning their involvements with community sector practice placements. As was found to be the case with all three of the PPP HEP consortium partners, in addition to hospital and other acute care settings UTS students are offered placements in community based and community sector settings such as the Aboriginal Medical Health Service, Lemon Grove Community Health Centre,in aged care services such as Aldergate House, and in youth services such as Youthblock. Over its history in nursing and allied health, UTS has sought out a mix of rural, regional, health service and community sector placements to actively facilitate a diverse set of learning experiences for its students.

50 UTS (2013).

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Organisational case studies

BEST PRACTICE:
Uniting*Care* Mental Health[51]

Uniting*Care* Mental Health (UCMH) is one of the largest providers of support to those living with mental illness in metropolitan Sydney. They employ 150 staff and operate in 8 locations around NSW. Despite already facilitating students in practice placements prior to their involvement in this project, Uniting*Care* staff joined the project with a willingness to explore ideas to increase their capacity to provide placements, increase the quality of practice placements offered and diversify the types of students taken. Their services are all linked by being focussed on recovery, and are in three key areas: community mental health (e.g. Personal Helpers and Mentors Service/PHAMS, Housing and Accommodation Support Initiative/HASI, the Day to Day Living program and Family and Carer Support Services); health services (three Headspace sites, face to face counselling and Lifeline); and, education and training. Uniting*Care* offers students a comprehensive induction outlining their services but also introducing the values that drive the sector, and has strong relationships with regional education providers such as The University of Western Sydney (UWS). These relationships have facilitated large numbers of practice placements, and created opportunities for novel practice placements such as the Medicine in Context Program (described previously).

UCMH has been collaborating with the UWS School of Medicine since its inception in 2007, and has been facilitating medical student placements at headspace Mt Druitt, as well as other mental health and counselling services of UCMH for the last four years. At present, there are three placement blocks a year for groups of about four students. UCMH has provided information about mental health and headspace in the community at the student orientation or ‘O week’. Exposure to headspace provides these medical students to consider employment opportunities that arise in headspace sites in the future. The School of Medicine also provides a supervision training course for the support and supervision of the students of which UCMH staff attend.

EXPERIENCE:
Newtown Neighbourhood Centre[52]

Newtown Neighbourhood Centre is a small community managed organisation providing community support and services to disadvantaged people in Sydney’s inner west. Many of these people also present with mental health problems They offer services grouped into four categories: a Boarding House Outreach Project to support those at risk of homelessness, a Community Linking Project providing social inclusion and support to residents of Licensed Residential Centres, a programs team that runs an information and referral service and other community capacity programs, and an operations team that supports the delivery of all these services. The Newtown Neighbourhood Centre has placed social work students within their Boarding House Outreach Program previously and showed interest in participating in the project to expand their capacity to host practice placements in future. Whilst struggling with the short timeframes of this project, the centre has established links with university partners to facilitate future placements as well as links with other services to facilitate resource sharing.

51 Uniting*Care* website (2013).
52 Newtown Neighbourhood Centre website (2013).

Unresolved issues

BARRIERS:
Criminal Record Checks and Immunisation[53]

In contrast to NSW Health, which has firm requirements mandating up to date immunisations and criminal record checks to be shown prior to students commencing practice placements, participating CMOs often did not have consistent policies guiding student practice. This issue emerged in discussion of whether monitoring of students with ClinConnect should occur. In particular, whilst it was recognised that all workers and students should be participating in immunisation and other requisite safety checks, CMOs were not monitoring compliance for student practice placements. For the purpose of this project, partners felt it was outside the scope to be determining issues of policy relating to whether immunisation should be compulsory from mental health CMOs not covered by NSW Health policies and procedures or other policies as required by their funding bodies. As these issues are likely to arise in the future as moves to expand mental health practice placements into CMOs increase, this report recommends some further consideration be given to the issue by interested parties.

BARRIERS:
Costs and productivity benefits

During the course of the PPP, it emerged that there was significant variability in the practice of paying student placement providers for placement facilitation and a position in regard to this was not resolved. This issue is explored in considerably more detail in the *Scoping Report.* For example, nursing schools at all three HEP consortium universities make payments available for placement facilitation, whilst other disciplines (e.g. psychology) universally did not. These practices did vary within universities and also within disciplines of study, however. The Reference Group spent time working to understand the possible cost and productivity benefits that students can provide to practice placement providers, and many of these are also outlined in the *Scoping Report.* Given that different disciplines sent students on practice placements at different stages of 'work-readiness', the ability of a student to contribute to the health and care needs of a client and the productivity of an organisation differs accordingly. However, the Reference Group clearly established a range of other benefits that students provide that were quite separate from whether or not a student was 'work ready', for example that they contributed to keeping the supervisor's knowledge and skills up-to-date, that they could contribute research towards a project that was of use to clients and staff, or simply that the relationship with the university partner/s enabled the CMO to have access to training or research partnerships that would otherwise be unavailable to them.

53 NSW Health Information Bulletin (2012).

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Opportunities

STRENGTHENING DATA COLLECTIONS:
HWA's Health Workforce Data Tool and Clinical Placements Dataset

During the course of the project, the Reference Group became increasingly aware of activities related to implementation of HWA's Clinical Placements Data Dictionary. Whilst it was originally thought community sector placement information would not be available as it notes 'Settings' as public (i.e., government) and private only, the Reference Group expertise was able to show that CMOs were considered in scope for HWA data collection as an 'Organisational Type' and that this could be further broken down by looking at the 'Mental Health/Alcohol & Other Drugs' 'Setting' type as of 2011/12. It is unclear if this data can, or should, be disaggregated. Contact was made with HWA regarding access to this data for the three universities and seven disciplines involved in our project. It was not possible for comprehensive baseline data baseline to be available for the project evaluation within the timelines of the project. However, it is important to note that potential exists for monitoring change in community sector practice placement capacity into the future.

ABOUT THE PRACTICE PLACEMENT PILOT EVALUATION

In addition to the key deliverables of a *Scoping Report*, *Placement Guide* and *Placement Listing*, one of the goals of this project was to examine whether it was possible to facilitate an increase in the quality and quantity of practice placements via a *Practice Placement Pilot*. This section continues to provide details of the whole project but with a focus on the *Practice Placement Pilot* evaluation activity.

Aspects of intervention: bring key drivers together

A critical aspect of any education initiative is relationships, and the primary goal of the PPP sought to establish key relationships between university staff responsible for placements, community managed practice placement providers, local health districts and key intermediaries (e.g. MHCC). Following successfully being awarded the grant, MHCC brought together key stakeholders from three universities, four CMOs, the Sydney Local Health District and a carer and consumer representative. This group was referred to as the Reference Group and the members are listed in the 'Acknowledgement' section.

The Reference Group met three times to support MHCC's PPP, and provided guidance that was responsive as the project progressed. Specifically, the Reference Group facilitated the connection between MHCC staff and key drivers within universities and placement providers to maximise the ability of the team to achieve project goals. The Reference Group provided advice on terminology, provided feedback on drafts of each deliverable and focussed on maximising potential for new practice placement opportunities to be created during the course of the project. It also met to discuss barriers that emerged during the course of the project (see 'Unresolved Issues' breakout box) and to facilitate solutions to each barrier where possible. Each project deliverable was additionally supported by a team of Key Advisors, and the membership of each of these groups is contained in the acknowledgement section of each deliverable report or guide. These Key Advisors provided advice between Reference Group meetings on the content of each piece of work. Reference Group meetings were held at MHCC premises and lasted, on average, for three hours.

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Stage One: Baseline data collection

As part of the project, one online survey was conducted with placement support staff at the three universities (replicated in **Appendix E**). Broadly, the survey sought information on:

- The number of placements currently offered
- The locations of placements
- The design of placements currently offered (for example, staff to student ratios, duties performed)
- The quality of placements currently offered
- Current barriers to increasing the number of placements currently offered
- Current barriers to increasing the quality of placements offered
- Suggestions for education and job redesign to allow more students to participate in high quality education experiences
- Any information on previous attempts to expand the range and number of placements in mental health.

The results of this survey are discussed below.

A further survey was designed for students who had undertaken their practice placements during the course of the project (replicated in **Appendix F)**. However, due to the tight timeframes for the completion of the PPP and the length of practice placements being undertaken by students, it rapidly became apparent that few if any students would be able to be placed and have time to complete their placements within the reporting timeframes. This survey is designed and has been approved by a University of Sydney HREC approval for use over a period of four years, but was not used directly as part of this research project due to the time constraints.

Stage Two: In depth qualitative analysis

Following the online survey, thirteen interviews were conducted with students who had recently completed or were currently undertaking practice placements in mental health CMOs, and three interviews were conducted with community managed placement education providers, or 'host organisations'. Both forms of interview took 30 to 45 minutes. Student respondents were asked for thoughts on the quality of their placements, their willingness to consider working in CMOs upon graduation, and their ideas for changing the nature of practice placement education to improve the placement education experience. The interviews also examined learning experiences while on placement (e.g. examples of 'critical incidents' that describe key learnings, contact with other health disciplines during the placement, any reflections on learning). Interviews with host organisations broadly covered the following topics: preparedness; record of time spent on a daily and weekly on supervision duties; reflections on the preparedness of students to undertake a practice placement in a community setting; reflections on the training requirements necessary to support supervisors in a community setting; opinions on what other resources are necessary to sustain and expand the availability of mental health practice placements in community settings. (The schedules for these interviews are replicated as **Appendices G and H**).

Whilst evaluations typically involve the collection of data prior to and then post an intervention, the timeframes for this project prohibit proper collection of baseline data for the quality and quantity of placements being offered in CMOs. The project set out to answer the following research questions:

- Is it possible to improve the quality of practice education with placements in community sector mental health settings in NSW?
- Is it possible to improve the quantity of places available for practice education in community sector mental health settings in NSW?

Given the timeframes imposed on the MHCC by their granting body (HWA), via HETI and the Sydney ICTN, the logistics of recruiting adequate numbers of students who have undertaken placements following the intervention proved challenging. As a result, the project was unable to sample numbers of students who had begun and completed their practice placements required to conduct a robust statistical evaluation during the period of the project. As such, the project methodology was modified to allow for the collection of baseline data only. This modification will allow for further research to be conducted to complete the evaluation should further funds become available, or should MHCC have the capacity to conduct the research at a future point in time. In the absence of statistically significant comparisons, indicative and qualitative data has been obtained to examine the potential for changes to the capacity of organisations to offer practice education and improve the overall quality of practice education in NSW. Given the modifications to design, the research aims are to gain:

- An understanding of existing barriers to quality health workforce practice education in CMOs and
- An understanding of existing barriers for mental health CMOs to offer or increase student numbers in practice education
- Improved co-ordination between universities, CMOs and peak bodies to support planning for future placements.

These evaluation results and findings, towards better understanding opportunities for increasing the quantity and quality of community managed mental health sector practice placements are presented next.

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PRACTICE PLACEMENT PILOT OUTCOMES

The total number of 'ethics approved' students placed in mental health CMOs as a result of MHCC's facilitation between universities and host organisations and are shown below in Table 4 by both discipline and placement provider (n = 19). During the project timeframes, only the University of Western Sydney was able to support students being offered placements in the four organisations volunteering to take part in the program. Whilst the University of Sydney and University of Notre Dame were active partners and had student practice placements occurring in mental health CMOs during the time of the project, none were facilitated by the MHCC project within the *Practice Placement Pilot* timeframe or within the four host organisations participating in the project. Table 4 (below) also shows the spread of students able to be hosted by each participating organisation.

Students were able to be placed from five of the possible seven disciplines.

Twenty two placements in total were able to be facilitated through the project, however, some students placed were from universities or disciplines outside the scope of the grant and approved ethics, and some were placed in organisations outside those identified by MHCC as participating. For example, practice placements at the Newtown Neighbourhood Centre for one University of Western Sydney Social Welfare student and two University of Technology Sydney nursing students.

Table 4. Ethics Approved Students Placed

UWS STUDENTS	UCMH	RPRA	NEAMI	TOTAL STUDENTS ETHICS APPROVED
Medicine	5	1	0	6
Nursing	0	0	2	2
Psychology	0	4	0	4
Occupational Therapy	0	1	0	1
Social Work	0	0	0	0
Nutrition/ Dietetics	2	4	0	6
Exercise Physiology	0	0	0	0
TOTAL	7	10	2	19

University experiences of mental health CMO placements

An online survey was undertaken to gain an understanding from university staff that facilitate student placements about whether they had previously placed students in community sector mental health programs or whether the process was novel to their school, faculty or university. Questions from this survey are reproduced in **Appendix E**. Participant contact details were obtained from MHCC, and participants invited were those identified as having a key role in placing students at each of the seven disciplines from each of the three universities participating. In some cases, more than one staff member was approached from a discipline.

In total, 26 participants were invited to complete the survey and a total of 24 responses to the survey were commenced, giving a 92 per cent initial response rate. University staff were asked about the numbers of students they were placing, where these placements were occurring, and how placements were being identified. Questions also covered the typical ratios of placement supervisor to student, and also university initiatives and perceived barriers to increasing the quality and quantity of student practice placements.

Responses were received from placement staff who were placing students in all seven disciplines covered by the research project. Staff who responded primarily placed students in both medicine and psychology. As multiple answers were possible, Table 5 represents the combined staff responsibilities for placing students across three universities.

Table 5. University disciplines that university staff respondents were responsible for placing students into.

UNIVERSITY DISCIPLINE	UNIVERSITY STAFF RESPONDENTS
Medicine	5
Psychology	5
Occupational therapy	4
Nursing	3
Social work	3
Exercise physiology	2
Dietetics	1
Other?[50]	3

The placements facilitated by respondents were primarily in the Sydney health region (33 per cent) but also in the Metro North and East (15 per cent), Western (19 per cent), South Coast (11 per cent), Hunter and Coast (7.5 per cent), North Coast (7.5 per cent), Riverina (3.5 per cent) and North Coast (3.5 per cent) as per the NSW ICTN region maps in Figure 1.

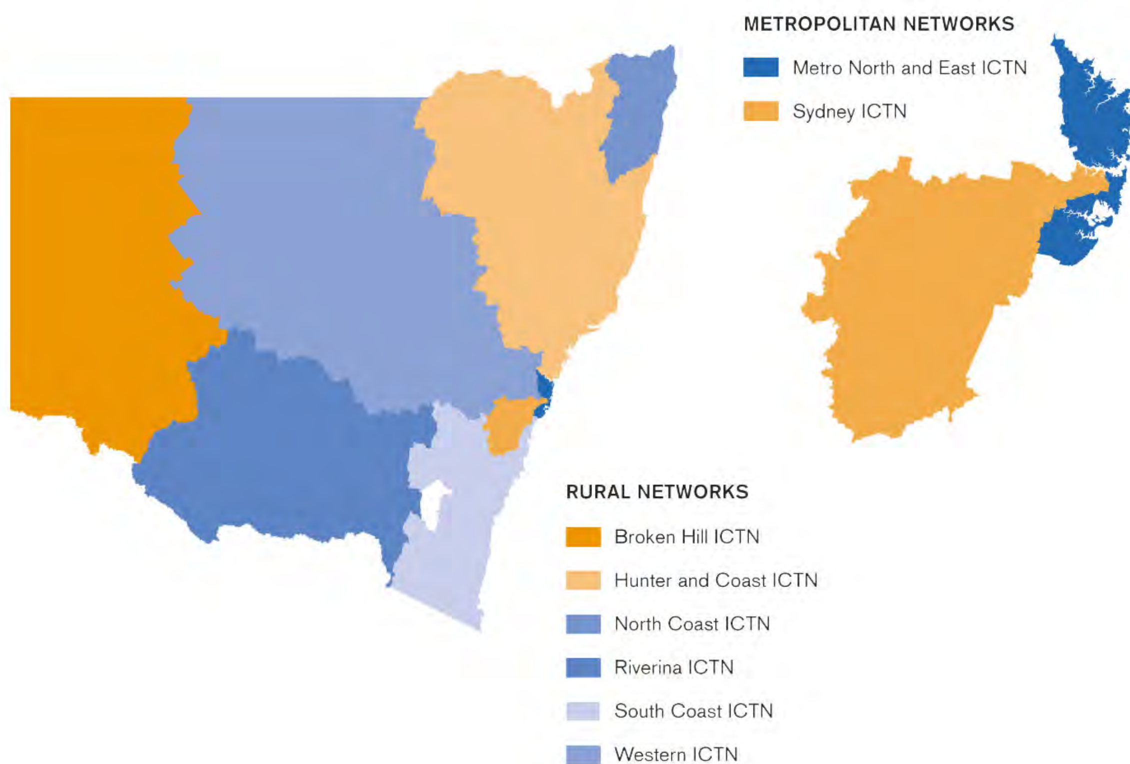


Figure 1. NSW ICTN Local Health Districts (2013)

The locations for potential placements were largely sourced from academic staff (30 per cent) or personal contacts (26 per cent); however significant numbers of placements were also sourced from university alumni (22 per cent) and other sources (22 per cent), such as hospital staff, other ICTN project networks and from cold calls to potential host organisations.

54 As university staff were often responsible for placing students into several different disciplines, the 'Other' category represents staff placing students from disciplines outside the scope of the project.

QUANTITY AND QUALITY OF PLACEMENTS OFFERED

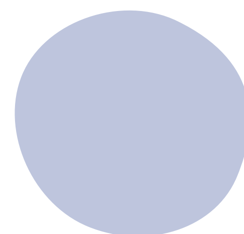
Of the respondents able to answer questions about the total numbers of students being placed (n = 9), five stated they had previously placed students in CMOs that offer mental health services but none indicated they had done so in early 2013. The lack of placements in 2013 is likely to be as a result of the timing of the survey (March 2013), rather than any real difference in the numbers of students placed during the year. Of those respondents that had knowledge of the quality of the placements offered to students, there were no differences between ratings of quality for government managed versus CMOs. Placements were consistently rated as either being excellent, very good or good, with none rated in any of the possible lower ranges.

In the cases where university staff were aware of the ratio of students to supervisors, it was most often one to one (38 per cent), however there were cases were one staff member was supervising over ten students (8 per cent). The majority of respondents reported no difference in staff to student ratios between government and CMOs placement settings (75 per cent), but a quarter of respondents noted there was a difference. Differences were identified as being between CMOs with smaller ratios, in comparison with large inpatient settings, with more students to any one supervisor.

Table 6[55]: Staff to student ratios offered in placements (both government and CMO)

ANSWER	%
1 staff: 1 student	38%
1 staff: 2 students	8%
1 staff: 3 or 4 students	31%
1 staff: 5+ students	15%
1 staff: 10+ students	8%
Total	100%

The survey of university placement coordinators did not reveal any major barriers from a reputational or pedagogical perspective in placing students in CMOs. Of those who placed students in CMOs, 54 per cent of respondents identified that the duties of their students were largely the same in community managed and government managed placements whilst the remainder (46 per cent) identified a number of differences in student roles. University staff reported they perceived CMOs offered students a more holistic focus on psychosocial rehabilitation and recovery support, more autonomy of practice and more generous staff to student ratios. These staff identified students reported to them experiencing enjoyment from being placed in CMOs because of the differences they experienced, the different models of care provided and increased interprofessional learning opportunities. A minority of respondents noted that students' reported enjoyment of a practice placement did not differ between community managed and other organisations. Of the small number that responded, staff identified that students had reported that the lack of resources experienced in CMOs had negatively affected their enjoyment of the placement experience.



55 As these results allow multiple responses from participants, they are best presented as percentages rather than raw numbers in order to show the scope of diversity, rather than the sum, of staff to student ratios.

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IDEAS FOR THE FUTURE

The university staff surveyed identified a number of key barriers to increasing the number and quality of student placements in both CMO and other service providers that were overwhelmingly in line with existing literature, such as a lack of appropriately trained supervisors or supervision time, a lack of resources, a resistance from host organisations to hosting students and unacceptably high student to staff ratios. The overwhelming majority of barriers identified were common to both community managed and other organisations. However, two participants identified a lack of current service agreements and/or working relationships with those in the community managed sector as a specific barrier to placements in CMOs. Whilst this finding represents the experience of only two participants, and is not randomly sampled and thus not representative, it does indicate that in addition to the difficult questions of resourcing and space, there are some relatively simpler-to-address barriers that are standing in the way of a potential increase in the number and quality of practice placements. In the future, these latter types of barriers are able to be aided by resources developed as part of this project, and in particular the *Placement Guide,* and ongoing support for networks to generate and maintain working relationships, such as those developed as part of this Project.

The majority of participants (92 per cent) indicated that they, or their faculty, had previously attempted to increase the number and quality of practice placements. Many participants appeared to be simultaneously participating in other ICTN funded projects, as they suggested this participation, in and of itself, was a motivating force behind their attempts to increase the quality of practice placements. University staff also suggested a funded 'university educator' to pair with each student during their practice placement may ensure the placement was a quality learning experience. In a wide ranging category of initiatives that were broadly identified as successful in supporting quality and quantity improvements in practice placements, universities are offering services to supervisors or potential supervisors such as a professional development day prior to practice placements and a debriefing and review day following the completion of the placement. One participant noted that their university was investigating curriculum changes to ensure material taught was more in line with practice placements, but this change was yet to be evaluated for its success.

Suggestions for future improvements included having targeted mental health programs that provide interdisciplinary coordination for the provision of placements, and better resourcing of mental health overall to facilitate better workforce development and to incorporate time to supervise students. One participant suggested they had worked to increase the number of students concurrently being supervised by one person, and have found that up to six senior students can be supervised successfully by an experienced supervisor.

Finally, university staff suggested they needed more information about where appropriately qualified staff are working in order to facilitate placements, that placement provisions should be coordinated across the university rather than by each discipline, and that key regional leaders were needed to facilitate contact between service providers and universities to allow for opportunities for collaboration.

Host and student experiences of community sector mental health practice placements

The evaluation research also involved in depth interviews with placement host organisations and students (or recent graduates) who were currently or had recently completed placements including:

- Three managers of community managed mental health organisations (out of a total of four involved in the practice placement pilot), and
- Thirteen interviews with currently enrolled or recently completed university students who had undertaken practice placements in community managed mental health organisations.

Interviews were conducted over a four week period in April and May 2013, and were structured with a question guide replicated in **Appendices F and G**. Participants were asked about specific aspects of their recent experiences hosting students (for the placement provider staff) or participating in a placement (for the students). Participant contributions have been de-identified for the purposes of the report.

CHARACTERISTICS OF PLACEMENTS

One of the primary purposes of the placements facilitated as part of this project was to promote IPE. Across Australia, there is a gap in the number of opportunities for students to undertake IPE, despite strong interest and support for the concept from all health professions[56]. IPE was supported in this project by placing students into organisations with a multidisciplinary workforce. Typically, the CMOs participating in this project as host organisations not only included workers from a variety of disciplines; they also featured a mix of staff with higher education and VET qualifications. Although this project did not establish a preferred placement model, the nature of the setting, the relative unfamiliarity of many CMOs with the expectations of a university placement, and the timeframes set by the project meant that placement models used in the project were mainly project-based, traditional and role-emerging.

All four organisations hosting placements operate as community managed mental health services. All feature a multidisciplinary workforce, with most employing both higher education and VET-trained professionals. While this provided underlying commonalities in the placement experience of students, there were a number of differences in how placements were organised and assessed. First, the placement order differed. For example, participants studying nursing and medicine had typically undertaken placements in addition to their community sector mental health placement in a hospital or other more 'clinical'/health service setting, and undertook their placements in a more concentrated block of time. In contrast, dietetics and undergraduate psychology students had only completed a placement in a CMO, and typically attended their placement for fewer days per week over a longer period of time. In contrast to nursing students, these placements were often undertaken voluntarily to increase the students' chances of undertaking further study or to gain a better understanding of the work they will be expected to undertake upon graduation.

Second, services were diverse in their operations. Typically, participants undertook work to assist people with mental illness to find a job, find a home or provide assistance to make friends. Students experienced time in kitchens, private homes and community housing, in exercise and other groups, youth counselling services, boarding house outreach services and soup kitchens with attached support groups. Many students, unprompted, spoke about the inadequacy of the levels of funding allocated to the community sector mental health services and the importance of the assistance provided to the communities accessing the services.

Third, requirements for professions differed. Some students noted they didn't interact with a staff member who was qualified in the same discipline as them (for example, nutrition, medicine and psychology), whilst other disciplines clearly required supervision from a professional in the same field as the student was studying (for example, nursing). Universally, students who were not placed with professionals in their discipline of study identified that, whilst they may have benefited from their placement and the experience overall, being supervised directly by someone from their same discipline would have improved their placement experience in the workplace.

56 The Interprofessional Curriculum Renewal Consortium, Australia (2013).

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For these students in particular, they often noted the frustration they experienced at the lack of "intervention" in the service, especially when undertaking placements in services primarily staffed with a VET qualified workforce. Whilst it is clear that students understood the importance of these services provided, and supported seeing these services as part of a placement program because they often didn't understand how they operated, they also questioned the ability of the supervisors to provide them with skills to equip their future practice as a professional in their chosen field of their study.

> "*My placement just offered social support. They will talk to the client, and maybe motivate them to go out and enrol at TAFE. If client is not feeling good, they report this to a psychologist or to a counsellor, but they don't do anything about it themselves.*"
>
> Psychology student

This concern is reflective of a broader tension around the clarity of purpose for practice placements, and role definitions for students. When raised, most students had expectations that the focus of their learning on their placement would be to sharpen their specific professional skills (i.e. for a psychology student, the practice for cognitive behavioural therapy, for example). However, there are multiple other benefits to practice placements, such as gaining a more general understanding of the nature of working in mental health services that many students did not perceive to be an important component of their learning on a practice placement. Whilst beyond the scope of this project, there is clearly work needed to reach a settlement on, and more clearly define, the role of practice placements for students, CMOs, universities and professional bodies.

There is also clarity needed in how practice placements are arranged. Whilst most students received assistance from their university to establish their placement, some students did have to identify and arrange their own placement. Given the difficulties in the sector that have given rise to this project, as outlined in the introduction of this Report, it is no surprise that students arranging their own placement opportunities identified this as a key source of difficulty and frustration in their course.

The findings of the interviews are presented in three sections:

- The first section addresses the impact of the project on the number and quality of placements provided to students
- The second section explores the broader impact of the project on students' awareness of the community managed mental health sector and its contribution to care, support and recovery as well as developing students' professional identity
- The third section explores the potential impact of the placements on nurturing future workers for the community managed mental health sector.

IMPACT ON THE NUMBER AND QUALITY OF PLACEMENTS

In relation to the quantity of placements provided as a result of this project:

- There has been an increase in the number of placements offered to university students as well as an increase in the range of university disciplines taking part in placements; however this was partly achieved at the expense of placement opportunities for VET students
- Hosts could foresee further increasing opportunities for supporting university placements if universities and/or professional bodies relaxed their current requirements for a 1:1 student to supervisor ratio.

In relation to the quality of placements provided as a result of this project:

- Supports put in place by the project such as the *Placement Guide* and student contracts were found to improve the quality of placements
- Practice supervision quality has the potential to be strengthened in community sector mental health settings
- Both the host organisation and the student benefitted from increased attention to the systems required for quality practice supervision
- Preparation, especially structuring the placement around a well-conceived specific project, resulted in benefits for both students and the organisation
- The structure of placements, in terms of the number of hours and how they are spread over the semester, can impact on the quality of the placement experience
- An underlying culture of reflective practice with a host organisation enhances the quality of placements.

The detail in support of these findings is provided below.

Finding 1: Increase in university placements partly at the expense of VET placements

Of the three placement providers interviewed from a total of four that formally participated in the practice placement project, it is clear that each experienced *either* an increase in the total numbers of students accepted for placements or measures aimed at increasing the quality of their placements. Placement services offered were diverse, but could generally be categorised as community services such as helping people find a home, find a job or to find social support and health and care services, such as counselling. One service provider noted:

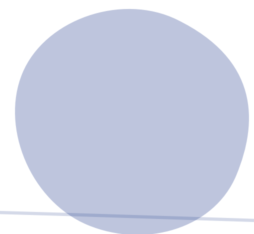
> "[As a result of being involved in this project] *we've taken on more students, from a broader range of disciplines.*"
>
> Placement provider

Most CMOs that took part in this research had previously been accepting students, and as a result had already established relationships to facilitate the provision of student placements. Even in these cases, however, there was an increase and a change in the mix of students taken. However, in a limited number of cases, the increase in the number of university students on placement came at a cost to students from the VET sector that are also required to undertake placements as part of their studies.

> "*This project has swayed the number of placements in the university sector's favour.*"
>
> Placement provider

Even more specifically, one placement provider noted:

> "*We definitely took more nursing students as a result of project. We also took nutritional students, and we haven't had those placements before. Overall, we had a greater volume of university versus TAFE students.*"
>
> Placement provider



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Finding 2: Further capacity if student to supervisor ratios increased

Typically, service providers had only ever considered placing one student with one supervisor. However, having met with universities and other service providers who offered multiple students placement with one supervisor, many expressed a willingness to change their ratios. One provider noted specifically that placing multiple students together would allow them to engage in reflective learning with each other, rather than with their supervisor only, and hence would provide added benefits to all involved.

> "*If two or three were placed at the one time, of the same discipline, they could buddy up and take some of the load off the supervisor. If there is room for more than one student, they can do some reflective learning together*."
>
> Placement provider

Similarly, another provider explained that whilst they'd never purposefully considered placing more than one student with a staff member, there was pressure in the organisation to reduce the amount of staff time spent on supervision:

> "*We aim for one staff member to one student, but at times it can be one staff member to two students, but not over the long term. Staff are comfortable but we do get 'push back' from managers with responsibility for rostering who complain that allocating staff time* [to supervise takes time away from their other work]."
>
> Placement provider

Students brought their own experiences to a discussion of appropriate ratios. Given the multidisciplinary nature of the students interviewed, there was a broad range of placement structures and significant variety in the supervisor to student ratios. Nursing students most commonly identified being supervised with other students by one supervisor (up to three students to one supervisor), whilst students from other disciplines typically identified as having a ratio of one supervisor to one student. Nursing students also spoke of the importance of a 'clinical facilitator', employed by the university to monitor their placements and provide them with assistance on their placements. Almost every nursing student identified, at some point on a placement, an episode where the facilitator had intervened to prevent a problem at their placement from escalating and many identified that these supervisors provided opportunities for reflection on their skill development and critical thinking opportunities that were not otherwise available. These universities employed rotating facilitators who were universally spoken of very highly by all students.

When queried about the reasons for having a particular staff to student ratio, most students identified space in their placement as a limiting factor:

> "*In a kitchen, you can't really have any more than one student. There just isn't physically enough room*."
>
> Nutrition student

> "*We were working in a small office so one student at a time is maximum they could do*."
>
> Psychology student

Others noted that whilst there clearly wasn't enough room for them to have a desk or continue to sit in the lunch room, they and other students made do and 'found' their way around the lack of facilities for the period of their placement. Where there was room to accommodate more than one student on a placement, students noted the supportive role it played in their learning experience.

> *"For me, it was lovely having a* [student] *partner...The good thing is that it is nice meeting clients but also nice having support. We could discuss cases and get a broader view of the support that* [organisation] *offers, but seeing different patients meant we learnt more. If one forgets the other picks up the slack and we get more out of it overall."*
>
> Medical student

It was also clear that each discipline has a history that governs their student to staff ratio practices. However, many of these assumptions, particularly when a discipline has a tradition of 1:1 ratios, are being challenged in the face of increasing demand for student placements and increasing constraints on health budgets.

Finding 3: Guidelines, manuals and other supports of an increase in quality

Participating CMOs spoke of a range of initiatives they trialled to improve the procedures for placements as a result of participating in this project, and it was clear that simply participating in the project encouraged more reflective practice that may lead to increases in quality. For example, one provider said:

> *"Did we improve quality? I don't know. At least we got an opportunity to do student contracts, which is not what we've consistently done in the past. For example, in* [rural area] *I found we hadn't done it because the service manager literally did not know that students were supposed to have a student agreement."*
>
> Placement provider

Finding 4: Higher quality supervision

In contrast to previous placement experiences in hospital settings, students reported that staff supervisors in CMOs seemed more supported in their roles and that they were operating in healthy workplaces. They commented on the enhancements in staff performance they witnessed as a result of staff not being 'burnt out', and that this performance at work supported their learning on the placement. Most reported their supervisors were highly motivated to work hard and really enjoyed their work. One student noted:

> *"Staff were supported, in* [my community managed placement] *setting, to support me as a student."*
>
> Social Work student

A number of students reported enjoying being able to be involved in a good variety of programs within one organisation, particularly those that offered multi-site programs and placements. Students also reported feeling involved and embedded in the CMO organisation due to the high quality staff they were supervised by in the sector. Some students also reported receiving more attention from workplace supervisors than they had in previous hospital based placements:

> *"The quality of my supervision was very high – it most definitely helped me."*
>
> Nutrition student

> *"In hospital, they didn't have enough time to supervise. In* [former placement], *I was another employee doing work for free. I had to pretend I was one of the workers there."*
>
> Social Work student

It was also reported that the quality of the supervision depended in part upon preparation. Some students identified that there had been insufficient planning of their placement and a lack of understanding around what would be required of the supervisor. The ability of an organisation to deliver an orientation was also reported as important, with numerous students commenting on the

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benefits of receiving a thorough orientation, and experienced host organisations also noting the importance of inducting students into their organisation and their values. Some students reported less positive experiences if the host had not allocated sufficient time for supervisors to prepare for the placements and provide ongoing supervision. Those students who didn't receive orientations and were not given information on what to do between appointments or when appointments were cancelled continuously noted their unhappiness with the situation.

> *"They were much organised, with staff support all lined up when I arrived."*
>
> Psychology student

> *"On the first two to three days we were orientated into the organisation and a psychologist told us about common mental disorders in Australia. It was a great induction. Then, on the last day, the organisation had an orientation day for new staff so we presented to all new staff."*
>
> Medical student

Several students noted that their placement provider appeared unprepared for their arrival, and some had to wait hours on their first day before being told where to go or what to do. Quality supervision also depended upon workplace supervisors clearly understanding what was expected from them:

> *"My supervision was informal. It made it harder to pin down learning goals, and was more all over the place."*
>
> Social Work student

Finding 5: Benefits of quality improvement were shared by students and hosts

Service providers who undertook student placements for the first time, or those who increased the number of students they took, all noted benefits for their organisation, including benefits to their own staff development, the increase in staff engagement simply from having someone take an interest in their role, skills and daily tasks and the extra services they were able to provide by accepting students from disciplines not commonly found in their organisation (e.g. nutritionists). Staff from workplaces that required students to complete projects noted the specific benefits of having a lasting resource, and managers noted that engagement with universities could provide useful when applying for grants to support their services. A number of placement providers, when interviewed, were re-examining not only how they could better integrate students into their future workplaces, but how improved workforce development in their organisations could be undertaken. One provider noted, as a result of their participation in this project, that:

> *"We need to put in a part time position in workforce development so we could facilitate a process."*
>
> Placement provider

This organisation is currently aiming to integrate this workforce development role with an existing role to ensure more focus can be given to integrated placements with new workforce development opportunities. However, all the CMOs agreed they would benefit from support to better facilitate the processes of practice placements, and good workforce development more generally, and that this is something of interest to them in potential partnerships with universities. Support could take the form of training for supervisors of students undertaking practice placements, or the provision of standardised materials to support practice placements (i.e. student/supervisor contracts, induction manuals, evaluation and feedback forms).

Furthermore, when permitted by university and/or professional accrediting bodies, organisations were able to provide practice placements to students studying in disciplines where graduates were not employed by that organisation. Providers also commented that having students from different disciplines increased staff exposure to increasing numbers of disciplines, allowing them to learn skills and new methods from students. One provider noted:

> "[Giving students] *… project work really works. We always make it relevant for the service, something that everyone in the service can see the benefit of. It really promotes engagement from staff too."*
>
> Placement provider

Finally, placement hosts noted their wish to change the nature of placements to allow students to undertake more interventions and contact with consumers, noting this would provide both benefit to the service and also better meet the changing expectations of students. A staff member noted:

> *"We do not get students to provide services as such, except we wish to try to change this with nursing and nutrition students in future. Medical student projects entail things like getting histories (i.e. getting a consumer's life story) but with no interventions."*
>
> Placement provider

Finding 6: Clear placement project goals improve quality

It is clear that giving organisations an opportunity to reflect on whether they can offer student placements has enabled a broader discussion about their own workforce development. One provider noted:

> *"If it* [taking students] *is just an add on to everything else, it will just be 'business as usual' and so we're not maximising the benefit to the organisation. However, I can see a future where service managers suggest or nominate project areas for student placements and then proactively seek those students. This would work both for student and for the organisation."*
>
> Placement provider

As a result of participating in the project, the staff in each CMO were more reflective about their practices that should be continued, and those that shouldn't.

Some students noted that they were given more freedom to explore their own goals and practice placement outcomes whilst working in CMOs, and that this was an advantage. However, whilst some students did acknowledge this as an advantage in contrast to placement in hospital settings, a number of students expressly called for more clearly defined roles. Students who had undertaken a number of placements commented they found longer placements more beneficial than shorter placements, with several students suggesting that ten days should be the minimum time required at any one placement provider and that full time placements were preferable. Students felt this length of time allowed them to develop the skills to see a small number of clients on their own, and this outcome was highly desirable. A small number of students expressed disappointment at the quality of their placements, identifying that the majority of their duties were administrative rather than applying their skills. As previously referred to, better agreement around the definition of a practice placement for students, CMOs, universities and other interested parties is needed to better manage the expectations of all involved.

Finally, a number of students across disciplines identified their support for having a set project to complete as part of any placement. Having recently graduated, one student explicitly linked this project to potential employment opportunities, stating:

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"Everyone wants to do a big project to put on a CV to provide opportunities around future employment – you want a purpose, with an opportunity to put your stamp on the place."

Social Work student

"Because we are still students we need that [learning] *structure. It helps us learn what to do when we graduate."*

Nursing student

Finding 7: Structure of placement matters to quality

The participating organisations were flexible with respect to the structure of placements, and typically were happy for the placement length and timing to be dictated by the university staff arranging placements or by discipline and/or professional accreditation requirements. However, service providers did note that the length of some placements – those equal to or for less than three days per week for three weeks – was a barrier to placement quality. Similarly, it was noted that short placements or placements that rotated often were more unpopular with staff that supervised and completed rosters, as there was less time to allow students to sufficiently develop and begin to add value to an organisation. Placement provider staff felt that increasing the length of time students' undertook placements would allow them to develop skills to undertake some duties more autonomously, thus improving the outcomes for both students and services. Otherwise, students risked perpetually being an:

"...onlooker that took time and resources, rather than someone who was adding value."

Placement provider

A staff member whose service was highly experienced in accepting student placements, and happy to accept an increase in students in the future, spoke of the importance of giving students a thorough orientation in order to ensure placements served as mutually beneficial experiences for both organisations, clients and students.

"We hold an induction, where consumers introduce recovery model to them [students] *early on as, in our experience, no students understand this idea. We have them discuss how mental illness affects their lives, and also discuss communication and our expectations for each placement (for example, that one must be punctual, in attendance, show engagement, and respect confidentiality, etc.)"*

Placement provider

Many students spoke of their financial and other burdens of undertaking a placement, in a CMO or government organisation, to meet their course requirements. Students often raised their struggle with the need to take time out of the paid workforce to complete their placement, the additional travelling costs to reach placement destinations, and the need to use their personal items to support the duties undertaken in their placement (i.e. phones or personal computers). Several students commented that CMOs were more accommodating in the timing of their placements, allowing students to do placements during their holidays if they preferred, or over dates that were more suitable to their external working and personal lives. For students, particularly those struggling with the financial or other burdens of university life, this was seen as a significant benefit. One student expressed frustration with having to complete other placements (i.e. non-CMO) during university breaks and outside of typical working hours, stating:

"Making placements in breaks is quite unfair. You need a break because then you start to hate the course because you can't do anything with life other than just go to uni. We have to work for free, but they should understand the financial burden on uni students who are struggling because of having to do late night shifts and travel on public transport. I know of students who got assaulted and robbed on public transport on the way home from their shifts. Placements need to be accommodating for young women."

Social Work student

Finding 8: An underlying reflective culture improves the quality of placements

In a sector where so few organisations have a history of having students in placement arrangements, it is not unexpected that there is room to expand and develop a culture of workplaces as the site of learning. Even in sites with a short history of accepting students, there is a capacity to better integrate the learning of students with staff learning, and produce a coherent model of workplace development. Undoubtedly, embedding a focus on explicitly generating learning experiences will support workforce development of students and also existing staff.

Many placement providers stated their approach to creating earning experiences was similar to the statement one provider gave:

> *"We don't focus on defining a learning experience. It simply depends on what happens on that day."*
>
> Placement provider

Some placement providers did provide a more structured learning experience for practice placement students, with a formal induction program and a project for the student to complete during the course of their practice placement. However, even organisations with a structured learning program conceded they needed to work harder to integrate learning opportunities into their organisation more generally. Opportunities for this are explored more thoroughly in the discussion of this report, with ideas for establishing skills ecosystems to promote better workplace learning.

Many organisations identified room for improvement in their reflective and learning culture as a result of participating in this project. In addition to providing benefits for their own staff, this change has the potential to improve the quality of student practice placements and possibly shift student perceptions of their likelihood of working in the mental health CMO sector.

BROADER IMPACTS OF PLACEMENTS IN THE COMMUNITY MANAGED MENTAL HEALTH SECTOR

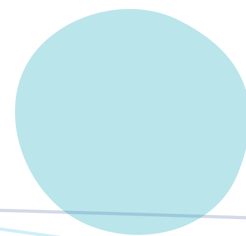
In addition to demonstrating that partnerships with the community managed mental health sector can expand the quantity and quality of placements provided to students, the interviews demonstrated that the placements have had other impacts. The findings relating to the broader impact of placements are as follows:

- The placements have increased students' awareness of the community managed mental health sector, its roles, and its strengths
- Students on placement in CMOs were exposed to a broader range of professional roles
- Undertaking placements in a community based setting gave students a broader insight into how people with mental illness live their daily lives, challenging them to reconsider their professional identity and coping skills.

Finding 9: Building awareness of the community managed mental health sector

Students interviewed as part of this project revealed an increased awareness of the community managed mental health sector and its underpinning values of collaborative care, consumer orientation and focus on recovery. One student expressed her view of community managed mental health providers as:

> *"They help everyone in every way they can."*
>
> Social work student



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Several students noted that their prior expectations mediated theirs and their colleagues' enjoyment and learning from a placement in a community managed organisation. For example:

> *"Most others really enjoyed it or tolerated it, but this was dependant on their attitude to mental health nursing in general."*
>
> Nursing student

Most students reported that hospitals and other health service settings focusing on treatment interventions, as opposed to community managed organisations, were more "stressful", "hectic" and "busy". Others noted the paradoxes of the perceived lack of structure. For example, some students responded very positively to the perceived freedom from structure that community managed mental health placements typically offered. One student who noted his favourite placement overall was in a CMO said:

> *"Some students might need more structure. Because they* [staff at the CMO] *were flexible and you are not in a clinical environment where you have different shifts that are regimented, you could do as much or as little as you wanted. The other student I was on placement with did not enjoy placement – some people are self-motivated."*
>
> Nursing student

Most students noted their fear of the mental health sector prior to their placement, and reported that completing a placement in a CMO gave them greater confidence to undertake further placements and even apply for jobs in the mental health sector.

> *"I was scared, but the placement helped to break down barriers. It was great to understand industry."*
>
> Psychology student

Another commented:

> *"It was a lot less extreme that I thought.* [The placement was] *a good way to expose myself to mental health patients. It is a very different scenario to hospitals, and I found that really good."*
>
> Nursing student

No students raised how the values of the community managed sector differed from more traditional health service environments, however, when cued some students noted differences in values although few could explicitly discuss core value propositions that differed between differing types of placement providers. An example of this is the community managed mental health sector core value of belief that recovery from mental illness is possible. Given the lack of student responses about the unique values of the sector, it is possible that students either were not able to understand the unique values of the CMO sector or alternatively could not make them explicit.

For those that responded to additional questioning about the ability of their service to provide a practice that was recovery oriented, many expressed concern. For example, one student noted, when asked about whether she felt her CMO service was recovery oriented:

> *"Recovery orientated practice? For a lot of the patients I saw, it was managing the symptoms rather than recovery. This was because of the states they had been in. It was mostly ensuring that they don't get worse. There just wasn't much they could do to provide a recovery for them."*
>
> Nursing student

Such views may indicate a lack of understanding about the concept of recovery (i.e., not 'cure' but achieving a contributing life).

One practice placement provider noted related concerns, reporting that students did not arrive for their placement prepared by their university about the unique nature of the sector and, as a result, placement providers needed to run inductions to cover this issue.

However, even with completion of a practice placement in a CMO, some students remained committed to their existing mindset of mental health care:

> *"What's surprising is lack of psychological intervention taking place."*
>
> Psychology student

It is clear that for many students, there was a mismatch between their general expectations of a mental health service provider and their placement experience at a mental health CMO, unless the student had previous experience with CMOs (i.e. a family member worked for one). These expectations, largely formed at university but, to a lesser degree, from other placements, revolved around two main issues:

1. Structure, and
2. Interventions.

Many students noted that the time they spent on their placement at a CMO was not as structured as on other placements, and that they were not engaged in providing interventions such as cognitive behavioural therapy or inserting a cannula. If practice placements are to be expanded into CMOs more widely, work should be done to either better match student expectations with their placement experience or to better match the disciplines of supervisors with disciplines students are studying.

Finding 10: Students experienced a broader range of professional work roles

The multidisciplinary component of placements was frequently noted as important for students' professional development. Whilst almost every student interviewed interacted with at least one other type of professional from the discipline they were studying on their placement, many students spoke of interacting with a wide range of practitioners. One student noted:

> *"...there were psychologists, researchers, nurses, nurse practitioners, medical people, OTs, social workers and youth councillors. There were no nutritionists, but multiple classes to attend for clients in cardio, kick boxing, tennis, and multiple physical exercise interventions."*
>
> Nursing student

When multidisciplinary organisations were operating well, students reported high levels of satisfaction. Often, students reported that participating in multidisciplinary meetings was their favourite and most useful exercise from the community managed placement, and the place where they learnt the most. Typically, when placements supported an environment where regular multidisciplinary meetings occurred to determine a future plan for a client, students felt the clients were getting very high quality care and thus perceived their placement to be of high quality.

Students noted the learning opportunities that this enabled them to develop, and even noted opportunities to begin to build a strong professional network. For example, one student noted:

> *"By mainly mixing with people from other disciplines, I got skills that were outside the traditional social work skills. I continue to keep in touch with them, and have already contacted them to assist in my new placement."*
>
> Social work student

However, like many workplaces, there were difficulties experienced with interdisciplinary professional relationships:

"Honestly, the big problem with this placement was that the medical practitioners weren't interested in the nursing students."

Nursing student

Many students noted the strengths and weaknesses of a more informal placement setting with less structure than hospital-based placements – namely, whilst structured placements gave them formal learning opportunities, community managed placements provided self-motivated students with opportunities to pursue their own learning interests. Students often reported feeling more trusted and being given more freedom in their role in a CMO, but equally felt the need for more role clarification and allocated tasks, particularly towards the beginning of a project.

"The [unstructured] *supervision wasn't as good [as my other supervision], but I was given more scope to do my own learning...but I had lots of days with nothing to do. Often the workers weren't clear on their own roles. Role clarification is really difficult for a student when workers don't even know!" -*

Social Work student

Some students noted their frustration at perceived professional boundaries creating unnecessary boundaries of practice in some placements. Specifically, students spoke of their frustration of being unable to sit in on the appointments of professionals from disciplines other than their own, sometimes due to the presence of other students but more often due to factors identified with professional boundaries. For example, an undergraduate psychology student undertaking a voluntary placement in a service noted:

"To be honest, I didn't gain anything from this [placement]*. I wanted to be involved in psychological or counselling settings. The service is doing a great job, but it is all social support."*

Psychology student

Clearly, establishing clear expectations about the services an organisation provides and their capacity to provide a certain educational experiences is important. Universities have a role in preparing students with a more realistic set of expectations about the reality of their placement. Further efforts to create more realistic impressions of what tasks students can and cannot expect to participate in as part of any placement, but particularly in community managed placements, would likely improve the student experience of a placement. One student, noting her high expectations of her first placement that were not met, noted her frustrations in this way:

"Students have high expectations – we want to see exciting things but we can't. That is the reality."

Nursing student

Another student had undertaken placements as part of prior study towards a Diploma of Community Management, and was about to embark on her first university placement in a mental health CMO. Her expectations, largely generated as a result of her placements whilst studying as a student in the vocational sector, left her wanting a higher level of involvement in active and independent case management of clients that she was likely able to undertake in her placement as part of her tertiary education studies.

A difference in funding arrangements between the sectors has the potential to limit the experiences available to students on placement in the community managed mental health sector. The increasing moves to demand driven funding have been identified in other research as inhibiting the capacity for an organisation to contribute to workforce development, and possibly to practice placements.[57] note that while the move to a demand-driven system of university places (outside medicine) will assist in responding to Australia's future health workforce needs, its impact on the training system needs close monitoring, given the extensive practice placements required as part of a health

57 CS&HISC,2012.

professionals training.[58] During the research, one student identified that organisations may be less willing to involve students on placements if that could jeopardise client choices (and therefore funding):

> *"They didn't take me to one assessment because the client is a "difficult" client. For them, it is just like a business so they don't want to jeopardise their client and lose them by taking a student."*
>
> Psychology student

However, host CMOs may also have a number of other legitimate reasons for not allowing students on placement to participate in assessment, including respect for the client and their needs as well as safety.

Finding 11: Students were led to question their own meta-professional skills and values

Students also commented on the meta-professional skills they developed on their placement, such as coping with distress that inevitably came from supporting clients experiencing significant personal challenges. Many students spoke about the need to develop better personal coping mechanisms as a result of the experiences they had, and how their experiences in CMO placements had helped them to attain these skills. One student noted, whilst working in a homelessness outreach service:

> "[I learnt that] *all you can do is try your best. If you can't get them that house for that night, learn to deal with it and live with it. There are systems that are failing. There are big hurdles to overcome."*
>
> Social Work student

> *"I learnt that some people couldn't be reached and didn't want help and that you can't force the help upon people."*
>
> Nursing student

Meta-professional skills, such as healthy coping or how to apply clear boundaries to one's caring work, are clearly critical to the success of any developing health or community service practitioner. It was clear that placing students in services that supported recovery, whilst enabling them to see the possibilities for recovery, also gave them a fuller understanding of the obstacles and challenges that exist in people's lives that inhibit recovery. Students reported that this knowledge allowed them to better design effective strategies to overcome common barriers in their own practice, such as being able to set appropriate boundaries. It also allowed them to see the relative success or failure of their efforts in a fuller context and thus to better cope with a lack of progress in their client's recovery journey. Others noted that learning about the life experiences of the low paid, unemployed, homeless or other marginalised communities was a useful life experience for them in addition to informing their practice skills.

> *"It was shocking going to the homes of people. Seeing the illness effect on their lives. It was overwhelming at times and that wasn't necessarily bad for me to see ... I learnt that mental illness affects your whole life, not just your body."*
>
> Nursing student

> *"It was an insight – how hard life is for the clients. And particularly how living with mental illness also affects their families."*
>
> Psychology student

Finally, some students did find the content of their placement confronting and felt unprepared, given their life experience and studies to date, to manage given the level of preparedness from their university study. One student reported:

58 Mason (2013).

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"At nineteen, it was confronting and depressing. Hearing people say they want to end their lives wasn't something I wanted to sit through. It is an eye opener into how mental disorders work."

Social Work student

POTENTIAL WORKFORCE IMPACT

The student interviews also demonstrated that exposing students to the community managed mental health sector through placement opportunities can enhance the attractiveness of pursuing a career in the mental health sector. Whilst this does not directly relate to the project's aims of increasing placement quality and quantity, it does demonstrate the long-term value for the entire mental health sector of promoting placements in mental health CMOs.

Finding 12. Placements have the potential to increase the number of professionals interested in working in the community managed mental health sector

Many students found their placements in a community sector mental health setting a uniquely positive learning opportunity, and felt they would be more likely to consider applying for work in a mental health CMO as a result of their experience. Some students even suggested that volunteer opportunities should be more formally established to follow on from a student's successful completion of a practice placement program to facilitate possible employment opportunities following graduation from university. When asked whether they would consider a career in community mental health, one student replied:

"Yes. As a result of this placement."

Nutrition student

Another student noted:

"Now I am open to a career in mental health, certainly more open to it now than before placement."

Medical student

Students listed a range of benefits, chief among them the ability of a placement to provide them with ideas for their own career. For example:

"It was great seeing a nurse practitioner working independently in a clinical role [in a CMO]*, and this really sparked my interest in this area. The manager of the department was a nurse also, so to see her career progression – it was good to see other facets of nursing practice that I could go into."*

Nursing student

For some students, in spite of their placement, they still viewed work in a hospital as ideal. For example, when asked whether this student would consider working in a CMO, they replied:

"Yes, it would depend on the organisation, but I would consider it so I could actually implement a program where people get support. A hospital job is still my ideal."

Psychology student

Even students who did not see themselves working in a mental health CMO reported benefits from better understanding the role of the sector. For example, a medical student noted:

"The placement was good for us – we're going to be working in a hospital all the time when we are doctors so it was good to see what support there is for patients when they leave hospital."

Medical student

Some students continued to assume a limited role for professional skills in providing recovery oriented care and support. In these areas, students did not see themselves as pursing work opportunities in mental health CMOs:

> *"The best thing about government organisations is that they are more geared towards the professions rather than social support in the community. I would like to be engaged more in the clinical side of things."*
>
> Psychology student

Innovative ideas for the future

Overall, whilst all students and placement providers understood the difficulties of placing students, few could generate any innovative ideas for how to ease this burden when prompted for ideas. Some students suggested possibilities may be offered by operating at a regional level. For example, those responsible for organising future placements could speak with local health professionals, such as GPs closely connected to their communities of practice, to better understand the services they refer to in order to generate new community managed services for possible future student placements. In the main, students who had undertaken their placements in mental health CMOs strongly supported the introduction of more of these types of placements.

SUMMARY OF PRACTICE PLACEMENT PILOT EVALUATION FINDINGS

A summary of the 12 findings arising from the evaluation of the practice pilot placements practice placement provider and student interviews is available in the Executive Summary on p 6.

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DISCUSSION & RECOMMENDATIONS

This report describes recent work undertaken by the MHCC to establish relationships between partners involved in the development and provision of practice placements in order to facilitate possibilities for the development of more and higher quality practice placements in mental health CMOs in future. This report focussed on the evaluation of the pilot to increase the **quantity and quality** of student placements in community sector mental health services by seeking to offer placements in community managed mental health organisations, as this aspect of the project is not covered in other publications or project outcomes.

In the short period of time allocated, the project achieved seven key outcomes:

Activity One: The *Scoping Report* of practice placements in the community managed mental health sector considered current placements within CMOs across disciplines, as well as gathering intelligence of the placement requirements of universities that seek to place their students in a community sector setting. The *Scoping Report* reviews more extensively than this final *Project Report* existing placement models, and also reviews capacity requirements of the mental health CMO sector to increase placements.

Activity Two: The practice *Placement Guide* will serve as a future manual for new and existing community managed mental health sector organisations who wish to host practice placements.

Activity Three: A total of 22 students were able to be placed in a *Practice Placement Pilot* in CMOs delivering services to people with mental health problems as part of this project, with 19 UWS students who were formally enrolled in one of the seven disciplines at three participating universities placed.

Activity Four: A *Placement Listing* with over 20 community sector organisations who are currently willing to accept university students for practice placements was developed.

Activity Five: A research *evaluation* of the project, specifically the development and provision of practice placements pilots in order to facilitate possibilities for the development of more and higher quality practice placements in mental health CMOs in future, was conducted and forms part of this final *Project Report*.

Activity Six: The final *Project Report* reports on the overall achievement of the project, presents the 12 evaluation findings and makes 9 recommendations to further increase community managed mental health sector capacity to undertake placements.

Activity Seven: All of these activities are detailed in an *e-resource*, including a webcast of an MHCC hosted presentation, interview and discussion with key project participants along with reports and other associated materials. These materials can be found at:
http://www.mhcc.org.au/sector-development/workforce-development/ppp-resources.aspx

The research evaluation of the project consisted of the findings from an online survey of university practice placement staff along with interviews with providers and students. This research demonstrates significant untapped capacity in the community managed mental health sector. This practice placement pilot did result in a modest increase in students placed as reported by the four CMOs participating. However, this increase in placements was sometimes at the cost of other student placements (i.e. VET students) and did not always generate more quality placements.

Overall though, the interviews made clear that not only is there increased potential for CMOs to offer more places and a quality placement for students, a placement in a CMO provides students with an experience and exposure to values and practices that they are not able to access in more traditional health settings. Barriers to further increases in numbers were largely based on the timing of the project rather than a lack of potential.

Whilst students and host organisation staff struggled to identify opportunities to maximise the future potential for CMOs to offer high quality practice placements beyond what they are currently doing, it is clear from the literature that certain conditions must exist:

- An increased recognition by policy makers and student educators of the need to specifically develop a mental health workforce with an understanding of recovery oriented principles
- An increased recognition from CMO managers and leaders of workplaces as sites of learning
- A regional key driver/s that is funded to build local alliances and drive change, and
- Further funding to examine the efficacy of this ongoing collaboration, and better understand the drivers of success.

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This section uses Finegold's (1999) concept of a skills ecosystem to discuss how the activities undertaken as part of this project comprise the catalyst for further development of community sector placements in mental health and outline what additional resources and strategies will be necessary for placements to become sustainable. To be sustainable, skills ecosystems require:

- A catalyst to trigger the start of their development
- Ongoing nourishment
- A supportive host environment, and
- A high degree of interdependence between the actors in the system.

When all aspects are delivered, this model of skill ecosystems offers the potential to deliver on the outcomes that this project is attempting to deliver. However, should all the conditions not be met, the research literature indicates that the substantial benefits garnered from this project (e.g. the ongoing use of the *Placement Guide* or the *Placement Listing*) will struggle to be sustained.

A catalyst for change

Funding for this pilot has proved a valuable catalyst for supporting university placements in CMOs, and in prompting CMOs to think more about workforce development more broadly. Importantly, the resources provided as part of this project (including the *Placement Guide, Placement Listing* and the *e-resource*) will be an ongoing resource that placement hosts and universities can use to promote CMO placements further in the future.

The findings of this project point to the importance of ongoing support and resources for the MHCC to continue to act as a broker between universities and CMOs. The increase in capacity and quality of placements arose only because of the strong regional network of universities, the Sydney Local Health District, and CMOs. To sustain these relationships, especially in the emerging context of an Australian national policy shift to activity-based funding in community services, health and higher education requires a dedicated resourced driver. In this project, the driver role was played by the MHCC. Should there not be a key local driver to continue to build relationships between these sectors, it is likely these benefits will decline.

However, the catalyst role needs constant attention, to keep relationships between organisations current and overcome staff turnover, changing resources and changes to service delivery models, both in mental health and higher education. For example, administrative tasks that could prove critical to increasing and/or sustaining ongoing practice placements in CMOs require ongoing resources to be maintained. Specifically, the essential activity of maintaining current placement lists requires regular contact with specialist personnel in both CMOs and universities and requires resources to monitor and evaluate placements to ensure they are providing a quality experience.

The following are a series of recommendations that, whilst predominately addressing findings from the research evaluation of the project, incorporates material and recommendations from the *Scoping Report* and other PPP implementation experiences in order to better integrate the project's findings.

RECOMMENDATION 1:

A regional driver (e.g. MHCC), or workforce development champion be recognised and resourced to maintain and expand on existing increases in capacity and quality.

At a minimum, funding should cover the cost of:

- *Maintenance/updating of the sector practice Placement Listing*
- *Developmental material, e-forums and/or face-to-face forums throughout NSW which bring together HEPs and CMOs.*

Ideally, this funding would also cover the regional driver to conduct ongoing evaluation and support for research to develop an evidence base about the most effective ways to increase the number and quality of practice placements.

Ongoing nourishment

This pilot did result in some organisations undertaking measures that are likely to **increase the quality** of placements they offer to students (e.g. offering orientations, clearly outlined project goals and learning requirements, more access). These resources were provided by the project and resources should be made available to keep them current.

If the sector is to be an ongoing source of placement positions, then it should receive equity in terms of resources to prepare supervisors, maintain knowledge of current curriculum, and participate in university-led professional development opportunities for current CMO staff. This will be of particular importance if the health sector moves further toward charging universities for student places. Funding formulas should give appropriate recognition to the following costs borne by the host organisation:

Funds for (and/or in-kind provision of):

- Professional supervisor and/or placement facilitator costs
- Placement coordination
- Placement educator training.

Placement educator training, including content such as:

- Maximising efficiency and maximising student outcomes (balancing student learning and consumer support)
- Role as manager of the student learning program during practice placement
- Planning and structuring the practice placement
- Supervision and education methods
- Training for other team members – student mentoring
- Establishment/capital grants, equipment maintenance
- Methods to capture and utilise student data – including student feedback.

RECOMMENDATION 2:

A funding formula equivalent to that used for public and private health services for the provision of practice placements should be applied to CMOs.

As the costs and productivity benefits of practice placements are so poorly understood, it is critical that research be undertaken to enable an understanding of the costs and benefits to each category of actors involved in practice placements (e.g. consumers, universities, placement host organisations, health departments via governments). These factors include concepts difficult to quantify,

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including the costs of labour of supervisors in a workforce largely comprising of emotional labour, the benefits to the student and benefits to future populations' healthcare needs. MHCC is enabling this future research where possible by facilitating ongoing data collection via an online student survey developed but not used during the course of this project. However, further resourcing will be required to facilitate answers.

RECOMMENDATION 3:

That cost and benefit studies be conducted to elucidate the productivity components of practice placements in CMO and other placements alike.

Supportive host environment

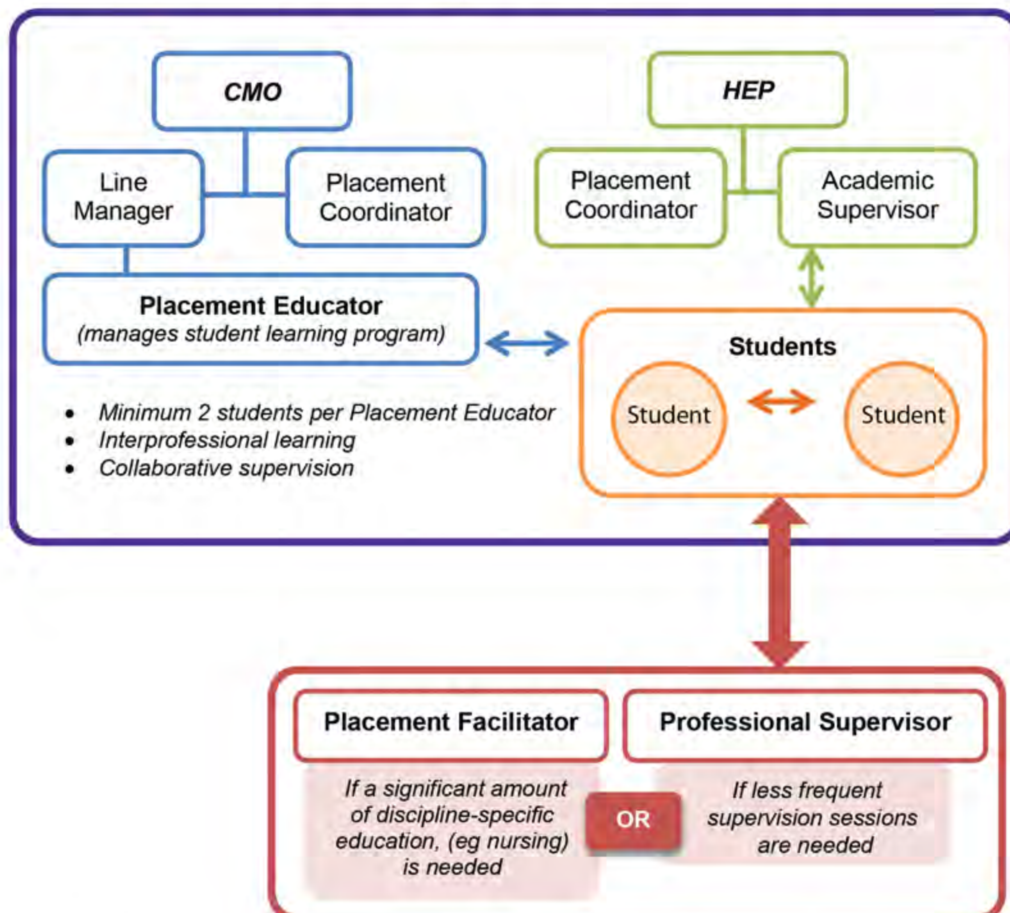
While the community sector clearly has the capacity to be a supportive host environment for additional mental health students placements, the sector should not be viewed as an "untapped mine" for student placements. This view was particularly strongly felt by consumer and carer representatives on the Reference Group for this Project. Rather, the learning objectives for placements in CMOs should continue to be structured around exposing the student to the distinctive purpose of CMOs in responding to the needs of consumers, carers and communities - especially their psychosocial rehabilitation and recovery support orientation - and building student and CMO capacity to achieve that purpose.

The distinct role of the sector, and its distinctive workforce profile, means that certain variations from the typical structure of student placement arrangements may need to be made to, for example, specifically introduce students to the values of the sector by way of an orientation at the beginning of practice placements. While there are definite advantages for students being exposed to the wide range of roles within the community managed sector, ensuring that *all* placements meet the educational requirements of each discipline would benefit from the creation of a *Professional Supervisor* and *Placement Facilitator* roles, as is currently universally done in some university disciplines (e.g. nursing at The University of Sydney). This 'supervisor-at-large' role enables students to access a worker from their profession to better facilitate reflective practice and ensure any tensions arising in the practice placement are able to be resolved quickly. This role, typically but not necessarily facilitated by universities, has the potential to increase the quality of practice placements in all hosting organisations, not just mental health CMOs.

RECOMMENDATION 4:

That the following supervision structures be adopted (MHCC, 2013a):

Diagram 1: MHCC's proposed practice placement model



Organisations involved should be clearer about expected learning outcomes, and what is needed to drive these. The interviews with students did reveal some occasions where placement objectives were not clearly defined. In some cases, students attributed this to their placement supervisor not having clarity about their own role. CMOs considering participating as hosts to student placements should test their preparedness to be hosts by working through a review of their own roles statements and position descriptions prior to a student commencing a placement. In future, this process will be significantly aided by many of the resources developed as part of this project (i.e. the *Placement Guide*). Given the current uncertainly over role definition for practice placements flagged in this report, a 'supervisor-at-large' may also be able to facilitate better settlement around role definitions with each university, student and mental health CMO workforce in specific organisations.

RECOMMENDATION 5:

That if there is capacity for an ongoing funded regional driver, support be provided to an integrated approach to regional workforce development in community managed mental health providers, and work with universities to enable organisations undertaking practice placements to share develop materials to support their own longer term workforce development and practice placement development.

A high degree of interdependence between those involved in practice placements
Ideally, CMOs should be integrated into the mainstream of practice placements to the fullest extent possible. In addition to the resource and support requirements mentioned previously (e.g. supervisors-at-large), this includes consideration of CMOs being included in the ClinConnect register, the online tool used by universities and NSW Local Health Districts to manage practice placements (noting issues to resolve regarding immunisation and background checks as discussed in the Unresolved Issues section).

A high degree of interdependence between those involved in practice placements

RECOMMENDATION 6:

In-principle support is given for the involvement of CMOs in ClinConnect, subject to:

- ClinConnect functionality being able to accommodate the diverse requirements of CMOs
- CMOs being adequately resourced and supported to utilise ClinConnect.

MHCC is the central point of contact for communication with, consultation on, and potentially trialling the involvement of CMOs in, ClinConnect.

Greater collaboration between CMOs, universities and acute health services also has the potential to generate additional flow-on benefits for health workforce planning and development. The project demonstrated that placements can increase some students' interest in pursuing employment opportunities in CMOs after graduation. There is undoubtedly exponentially increasing benefits to having community managed mental health providers better educated about how they can manage student placements, both for students and for their own workforce development. For example, given the difficulties some nursing graduates are reporting in finding employment, the recruitment of nurses and midwifes is a workforce planning issue currently receiving significant policy attention, and Mason (2013) notes moves by HWA to undertake a short-term project that develops a web-based information portal which provides links to existing graduate programs in the public, private and CMO sectors. The portal is designed to complement employers' usual recruitment processes by offering a site to post information about recruitment processes and vacancies. Greater collaboration will improve the transition students are required to make between study and into working lives, and allow CMOs to have shaped the training of their potential future workforce to ensure they are more skilled when recruited for paid employment.

RECOMMENDATION 7:

That in consideration of the future health and community service workforce, research and evaluation be undertaken on how to best maximise practice placement, practice supervision and interprofes-sional learning capacity building activity within the community managed mental health sector.

Placement definitions and boundaries

Given the findings that some practice placements provided to university students were simply replacing other forms of placement, thought must be given to including a broader range of regional players within regional alliances focussing on workforce development and specifically, on the role of student practice placements in local organisations.

RECOMMENDATION 8:

That in order to prevent one form of placement potentially displacing another form, regional networks should incorporate a broader alliance of education and training providers in need of facilitating practice placements.

This project uncovered large variability in both the quality of the practice placement experience provided and the quality of service students were able to provide to clients. A more detailed focus on defining quality is required. Given the lack of consensus or settlement between disciplines and between and within universities about the requirements for a the successful completion of a practice placement, greater thought should be given by universities and practitioners to defining a series of capabilities of practice that determine successful completion of a practice placement, rather than a simple focus on metrics like hours worked. For example, stakeholders in this project suggested defining the core capability expected of a student successfully completing a practice placement as: "Can a student contribute to this service to benefit the consumer to recover?"

RECOMMENDATION 9:

That training and education providers and professional bodies work more closely with practice placement providers to develop a set of capabilities that define the successful completion of a practice placement by a student, for adoption by community managed and other health and community services alike.

CONCLUSION

In summary, the structured expansion of practice placements into the community managed mental health sector has been limited to date, but offers significant potential to benefit the human service needs of the Australian population.

If successful, and able to be scaled up nationally, expanding and maintaining regional relationships between education and training providers, CMOs, key peak bodies such as MHCC and other interested parties (i.e. carer and consumer representatives) with the aim of increasing the quality and quantity of practice placements in mental health CMOs could address the serious shortage of practice placements for students pursuing careers in the health workforce as well as the increasing shortage of services for people affected by mental illness, their families and carers.

Projects such as this PPP also have the capacity, if appropriately resourced and nourished in line with Finegold's recommendations for maintaining a successful skill ecosystem, to support better workforce development in community sector organisations, as it allows for more of a focus on the workplace as a site of learning as well as being involved in service provision. Placing students in the community managed mental health sector allows students to see a 'model' future workforce that and allows an understanding of recovery-focused, interprofessional learning that is almost uniquely available in the mental health CMO sector.

This project, with its six anticipated key deliverables and seven outcomes achieved, will serve as a model for the basis of ongoing evaluation about how best to deliver on these potential outcomes for Australia's mental health workforce.

Key learning for MHCC arising from implementation of this project relates to reflections regarding our existing strategic directions for strengthening traditional models of practice supervision within community managed mental health settings – both for practice placement students and the existing workforce . The opportunities that present through a greater consideration and uptake of work integrated and interprofessional learning (e.g., coaching, mentorship, etc.) can result in greater efficiencies for workplaces as sites of learning including strengthening collaborative practice approaches both within and across service settings.

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APPENDICIES

Appendix A: Revised Funding Agreement Language[59]

Previous Language	*Preferred Language*
PROJECT LONG TITLE	
Clinical Placements in Mental Health Non-Government Sector	Practice Placements in the Community Managed Mental Health Sector
PROJECT SHORT TITLE	
Clinical Placements Project	Practice Placements Project
ACTIVITIES	
Activity 1 – *Scoping Paper* *Scoping Report* of clinical placements in the NGO mental health sector which will consider: ▪ Current placements within NGO mental health organisations across disciplines ▪ Understanding the placement requirements of higher education providers (HEP) in a NGO mental health setting ▪ Supervision requirements and responsibilities of mental health NGO's and HEP ▪ Reviewing existing placement models and recommending sustainable placement models ▪ Capacity requirements of mental health NGO sector to increase placements ▪ Barriers to placement in mental health NGO and strategies to address barriers ▪ Resource requirements of mental health NGO sector to facilitate and maintain placements ▪ Resource requirements to promote placements in the mental health NGO sector ▪ Recommendation of a sustainable framework that can be replicated in other areas ▪ Recommendations regarding the inclusion of the mental health NGO sector within ClinConnect.	**Activity 1 –** *Scoping Paper* *Scoping Report* of practice placements in the community managed mental health sector which will consider: ▪ Current placements within non-government community managed organisations (NGOs/CMOs) across disciplines ▪ Understanding the placement requirements of higher education providers (HEPs) in a CMO mental health setting ▪ Supervision requirements and responsibilities of mental health CMO's and HEP ▪ Reviewing existing placement models and recommending sustainable placement models ▪ Capacity requirements of mental health CMO sector to increase placements ▪ Barriers to placement in mental health CMOs and strategies to address barriers ▪ Resource requirements of the mental health CMO sector to facilitate and maintain placements ▪ Resource requirements to promote placements in the mental health CMO sector ▪ Recommendation of a sustainable framework that can be replicated in other areas ▪ Recommendations regarding the inclusion of the mental health CMO sector within ClinConnect.

59 The use of consistent language for the Practice Placement Project was proposed at the 22/2/13 Reference Group meeting. This was agreed to in a meeting with HETI/Sydney ICTN (Marie Heydon) on 6/3 with a request that it be accompanied with a statement regarding the change in final publications. The preferred usage is captured in this document.

Previous Language	*Preferred Language*
Activity 2 – *Placement Guide* Development of a *Placement Guide* for mental health NGO's to increase the quantity and quality of placements in community mental health settings. This would involve: ▪ Progressive development of the Guide throughout the project ▪ Inclusion of findings of the Scoping report and evaluation of students, HEP's and mental health NGO's to shape the final publication ▪ Broad printing and distribution of the Guide including in a webinar format.	**Activity 2 –** *Placement Guide* Development of a *Placement Guide* for mental health CMO's to increase the quantity and quality of placements in community mental health settings. This would involve: ▪ Progressive development of the Guide throughout the project ▪ Inclusion of findings of the Scoping Report and evaluation of students, HEP's and mental health NGO's to shape the final publication ▪ Broad printing and distribution of the Guide including in a webinar format.
Activity 3 – *Practice Placements* MHCC coordinates piloting of clinical placements across disciplines in three mental health NGO's in partnership with project placement providers. This would involve, ▪ Identifying suitable host organisations to participate within the timeframe of the project ▪ Assessing organizational support requirements ▪ Assessing barriers to high quality placement ▪ Developing strategies to overcome identified barriers and mentor organisations as required ▪ Working with organisations to identify a sustainable framework to enable them to continue placing students ▪ Undertaking evaluation ▪ Identification of additional organisations to be involved in initiatives in the future.	**Activity 3 –** *Practice Placements* MHCC coordinates piloting of practice placements across disciplines in three mental health CMO's in partnership with project placement providers. This would involve: ▪ Identifying suitable host organisations to participate within the timeframe of the project ▪ Assessing organizational support requirements ▪ Assessing barriers to high quality placement ▪ Developing strategies to overcome identified barriers and mentor organisations as required ▪ Working with organisations to identify a sustainable framework to enable them to continue placing students ▪ Undertaking evaluation ▪ Identification of additional organisations to be involved in initiatives in the future.
Activity 4 – *Placement Listing* ▪ Develop a list of mental health NGO's available to HEP's for the purpose of placement identification and allocation.	**Activity 4 –** *Placement Listing* ▪ Develop a list of mental health CMO's available to HEPs for the purpose of placement identification and allocation.
Activity 5 - *Evaluation* ▪ Evaluation of student and sector data to be collected and collated.	**Activity 5 -** *Evaluation* ▪ Evaluation of student and sector data to be collected and collated.
Activity 6 – *Final Report* Final Project Report which will include: ▪ Major findings of the project ▪ Analysis of evaluation data.	**Activity 6 –** *Final Report* Final Project Report which will include: ▪ Major findings of the project ▪ Analysis of evaluation data.

Appendix B: List of Appendices to Placement Guide

Appendix 1. Preparing CMOs to Consider Practice Placements
Appendix 2. CMO Practice Placement Capacity Considerations
Appendix 3. Organisational Profile Template
Appendix 4. Sample Practice Placement Enquiry Form
Appendix 5. Information for Education Providers
Appendix 6. Sample Practice Placement Agreement
Appendix 8. Sample Practice Placement Policy & Procedure
Appendix 9. About the Placement Educator
Appendix 10. Sample Student Interview Questions
Appendix 11. Sample Practice Placement Orientation Checklist
Appendix 12. Tips for Students
Appendix 13. Sample Student Agreement
Appendix 14. Proposed Competencies for Collaborative Practice
Appendix 15. Practice Placement Evaluation Form
Appendix 17. Guidance for the Placement Educator
- **Appendix 17B.** Weekly Learning Review Form
- **Appendix 17C.** Placement Educator Feedback Form (from a student)
- **Appendix 17D.** Placement Educator Feedback Form (HEP perspective)
- **Appendix 17E.** Links to Other Resources for the Placement Educator

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Appendix C: List of Organisations Included in the Practice Placement Listing[60]

1. Aftercare
2. Billabong Clubhouse
3. Break Thru People Solutions
4. Early Childhood Intervention Program
5. Independent Community Living Australia (ICLA)
6. Mental Health Association NSW (MHA)
7. Mental Health Carers ARAFMI NSW
8. Mental Health Coordinating Council (MHCC)
9. Neami
10. New Horizons
11. Newtown Neighbourhood Centre (NNC)
12. NSW Consumer Advisory Group (CAG)
13. NSW Rape Crisis Centre
14. On Track Community Programs (OTCP)
15. RichmondPRA
16. Samaritans Foundation
17. Schizophrenia Fellowship of NSW
18. The Benevolent Society – New England
19. Uniting*Care* Mental Health
20. Weave Youth Family Community
21. Workskills (The Disability Trust)

60 This is current as at 28 June 2013.

Appendix D: Template for Practice Placement Listing

<table>
<tr><td>ORGANISATION NAME</td><td colspan="2">[insert name]</td></tr>
<tr><td colspan="3"></td></tr>
<tr><td>Vision:</td><td colspan="2"></td></tr>
<tr><td>Mission:</td><td colspan="2"></td></tr>
<tr><td>Values:</td><td colspan="2"></td></tr>
<tr><td colspan="3">PROGRAMS</td></tr>
<tr><td>Name of Program:</td><td colspan="2"></td></tr>
<tr><td>Program Description:</td><td colspan="2"></td></tr>
<tr><td>Location:</td><td colspan="2"></td></tr>
<tr><td>Hours of Operation:</td><td colspan="2">eg Mon-Fri 9.00am to 5.00pm</td></tr>
<tr><td>Requirement:</td><td colspan="2">e.g. Current Criminal Record check, Working with Children check, Immunisation
Note any additional training/experience required</td></tr>
<tr><td>Name of Program:</td><td colspan="2"></td></tr>
<tr><td>Program Description:</td><td colspan="2"></td></tr>
<tr><td>Location:</td><td colspan="2"></td></tr>
<tr><td>Hours of Operation:</td><td colspan="2">eg Mon-Fri 9.00am to 5.00pm</td></tr>
<tr><td>Requirement:</td><td colspan="2">e.g. Current Criminal Record check, Working with Children check, Immunisation
Note any additional training/experience required</td></tr>
<tr><td>Name of Program:</td><td colspan="2"></td></tr>
<tr><td>Program Description:</td><td colspan="2"></td></tr>
<tr><td>Location:</td><td colspan="2"></td></tr>
<tr><td>Hours of Operation:</td><td colspan="2">eg Mon-Fri 9.00am to 5.00pm</td></tr>
<tr><td>Requirement:</td><td colspan="2">e.g. Current Criminal Record check, Working with Children check, Immunisation
Note any additional training/experience required</td></tr>
<tr><td colspan="3"></td></tr>
<tr><td>STUDENT ACTIVITIES</td><td colspan="2">You will first observe, then be provided with opportunities to directly support consumers (under our supervision), through:</td></tr>
<tr><td rowspan="6"></td><td colspan="2">1. Individual engagement – supporting people to:</td></tr>
<tr><td>■</td><td>■</td></tr>
<tr><td colspan="2">2. Group based activities</td></tr>
<tr><td>■</td><td>■</td></tr>
<tr><td colspan="2">3. Interprofessional practices</td></tr>
<tr><td>■</td><td>■</td></tr>
<tr><td>Contact:</td><td colspan="2">Name:
Phone:
Email:</td></tr>
<tr><td>Website:</td><td colspan="2"></td></tr>
</table>

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Appendix E: University Placement Support Staff – Online Survey Questions

Following reading information about the research, the participant information statement and clicking to complete the participant consent form, the following questions were asked of University placement support staff:

1. I support students to find placement education in:
   a) nursing
   b) medicine
   c) psychology
   d) occupational therapy
   e) social work
   f) dietetics
   g) exercise physiology

2. Please provide your best estimation of the number of students your School or Faculty will place in 2013:
   a) Number of students?
   b) Number of students in placements that incorporate provision of mental health services?
   c) Number of students in placements in *non-government organisations* that incorporate provision of mental health services?
   d) Number of students in placements that incorporate *multidisciplinary* provision of mental health services?
   e) Number of students in placements in *non-government organisations* that incorporate *multidisciplinary* provision of mental health services?

3. Please provide your best estimation of the number of students your School or Faculty placed in 2012:
   a) Number of students?
   b) Number of students in placements that incorporate provision of mental health services?
   c) Number of students in placements in *non-government organisations* that incorporate provision of mental health services?
   d) Number of students in placements that incorporate *multidisciplinary* provision of mental health services?
   e) Number of students in placements in *non-government organisations* that incorporate *multidisciplinary* provision of mental health services?

4. Where are these placements offered?
   a) Inner Sydney
   b) Greater Sydney
   c) Rural and regional NSW

5. How are new placement locations normally identified?
   a) Via alumni employees
   b) Via academic staff
   c) Via my own personal contacts
   d) Other?

6. Please rate the quality of placements currently offered by *non-government organisations* that incorporate provision of mental health services:
   a) Excellent
   b) Very good
   c) Good
   d) Moderate
   e) Poor
   f) Very Poor

7. What would be a typical staff to student ratios in the following placements:
    a) placements that incorporate provision of mental health services?
    b) placements in *non-government organisations* that incorporate provision of mental health services?
    c) placements that incorporate *multidisciplinary* provision of mental health services?
    placements in *non-government organisations* that incorporate *multidisciplinary* provision of mental health services?

8. What duties are typically performed in placements currently offered by *non-government organisations* that incorporate provision of mental health services?

9. What do students report enjoying *most* about placements currently offered by *non-government organisations* that incorporate provision of mental health services?
    a) Allows for a different experience of training
    b) Provides a different model of care
    c) No difference
    d) Other

10. What do students report enjoying *least* about placements currently offered by *non-government organisations* that incorporate provision of mental health services?
    a) No difference
    b) Other

11. Please describe the current barriers to increasing the number of placements currently offered in:
    a) All placements
    b) placements that incorporate provision of mental health services
    c) placements in *non-government organisations* that incorporate provision of mental health services
    d) placements that incorporate *multidisciplinary* provision of mental health services
    e) placements in *non-government organisations* that incorporate *multidisciplinary* provision of mental health services

12. Please describe the current barriers to increasing the quality of placements currently offered in:
    a) All placements
    b) placements that incorporate provision of mental health services
    c) placements in *non-government organisations* that incorporate provision of mental health services
    d) placements that incorporate *multidisciplinary* provision of mental health services
    e) placements in *non-government organisations* that incorporate *multidisciplinary* provision of mental health services

13. Has your School or Faculty attempted any initiatives in improve the number or quality of student placements?
    a) If so, how?
    b) If so, did it succeed?
    c) If not, why not?

14. Do you have any suggestions to expand the range and number of placements in mental health?

15. Do you have any suggestions for education and job redesign to allow more students to participate in high quality education experiences?

Thank you for your participation in this survey.

Appendix F: Placement Education Students – Online Survey Questions

Following reading information about the research, the participant information statement and clicking to complete the participant consent form, the following questions would be asked of placement education students when this survey is made available in future:

1. I am currently completing or have recently completed placement education in the field of:
    a) nursing
    b) medicine
    c) psychology
    d) occupational therapy
    e) social work
    f) dietetics
    g) exercise physiology

2. What year of University are you currently enrolled in?
    a) 1st year
    b) 2nd year
    c) 3rd year
    d) 4th year
    e) 5th year

3. Are you enrolled:
    a) Full time?
    b) Part time?

4. How many hours per week do you attend your placement?

5. How many weeks is your placement?

6. How many placements have you completed, prior to your current placement?

7. How many other students in your degree program are currently completing placements at your organisation?

8. Is this placement multidisciplinary (i.e. are there services offered by professionals other than those from your discipline)?

9. If so, which disciplines are represented:
    a) nursing
    b) medicine
    c) psychology
    d) occupational therapy
    e) social work
    f) dietetics
    g) exercise physiology
    h) other?

10. Is your placement setting in a:
    a) Government organisation
    b) Nongovernment organisation

11. Where is the location of your placement?
    a) Inner Sydney
    b) Greater Sydney
    c) Rural and regional NSW

12. How did you select your placement?

a) It was the only one offered
b) I am interested in pursuing a career in mental health
c) It suited my timetable
d) Other?

13. Please rate the quality of the support from your University prior to your current placement:
    a) Excellent
    b) Very good
    c) Good
    d) Moderate
    e) Poor
    f) Very Poor

14. Please rate the quality of support from your placement organisation prior to your placement:
    a) Excellent
    b) Very good
    c) Good
    d) Moderate
    e) Poor
    f) Very Poor

15. Please rate the overall quality of the placement:
    a) Excellent
    b) Very good
    c) Good
    d) Moderate
    e) Poor
    f) Very Poor

16. What would be a typical staff to student ratios in your placement:
    a) One students to one staff member
    b) Two students to one staff member
    c) Three students to one staff member
    d) Four students to one staff member
    e) Five students to one staff member
    f) More than five students to one staff member

17. What duties are you typically expected to perform?
    -
    -
    -

18. What do you enjoy *most* about placements currently offered by *non-government organisations* that incorporate provision of mental health services?
    a) Allows for a different experience of training
    b) Provides a different model of care
    c) No difference
    d) Other

19. What do you enjoy *least* about placements currently offered by *non-government organisations* that incorporate provision of mental health services?
    a) No difference
    b) Other

20. Would you consider working in community managed mental health services? Why/why not?

Thank you for your participation in this survey.

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Appendix G: Placement Education Students – Interview Guide

Following reading information about the research, the participant information statement and clicking to complete the participant consent form, the following questions were asked of placement education students:

1. I am currently completing placement education in the field of:
   a) nursing
   b) medicine
   c) psychology
   d) occupational therapy
   e) social work
   f) dietetics
   g) exercise physiology

2. What year of University are you currently enrolled in?
   a) 1st year
   b) 2nd year
   c) 3rd year
   d) 4th year
   e) 5th year

3. Are you enrolled:
   a) Full time?
   b) Part time?

4. How many hours per week do you attend your placement?

5. How many weeks is your placement?

6. How many placements have you completed, prior to your current placement?

7. How many other students in your degree program are currently completing placements at your organisation?

8. Is this placement multidisciplinary (i.e. are there services offered by professionals other than those from your discipline)?

9. If so, which disciplines are represented:
   a) nursing
   b) medicine
   c) psychology
   d) occupational therapy
   e) social work
   f) dietetics
   g) exercise physiology
   h) other?

10. Is your placement setting in a:
    a) Government organisation
    b) Nongovernment organisation

11. Please describe the services your current placement provides.

    ***Probe**: Are you working in any particular area?*
    ***Probe**: What do you enjoy most/least about these?*
    ***Probe**: If completed other placements, what is the difference between this and other placements? Non-government versus government? Mental health versus other?*

12. Please describe a typical day on your placement.

13. Please comment on your level of preparedness to undertake a practice placement in a community/NGO setting

14. Please comment on the quality of your supervisor

    ***Probe**: Do you think they are adequately supported in the workplace to supervise you?*

15. What kinds of learning experiences have you had while on placement?

    ***Probe**: Examples of 'critical incidents' that assist with key learnings?*
    ***Probe**: Contact with other health disciplines during the placement?*
    ***Probe**: On opportunity to reflect on your learning?*
    ***Probe**: Other?*

16. Do you have any suggestions to expand the range and number of placements in mental health?
    Probe: Have you seen any successful/unsuccessful attempts? Why did/didn't they work? Can you think of any suggestions that are resource neutral?

17. Do you have any suggestions to improve the quality of placements in mental health?

    ***Probe**: Have you seen any successful/unsuccessful attempts? Why did/didn't they work?*

18. Please comment on the resources necessary to sustain and expand the availability of mental health practice placements in community/NGO settings.

19. Would you consider working in mental health upon graduating?

    ***Probe**: Why/why not?*
    ***Probe**: If why not, what could make you reconsider?*
    ***Probe**: Is there anything specifically about placements that would affect your decision?*

Thank you for your participation in this survey.

Appendix H: Placement Education Providers – Interview Guide

Following reading information about the research, the participant information statement and clicking to complete the participant consent form, the following questions were asked of placement education students:

1. Is your organisation a:
   a) Government organisation
   b) Nongovernment organisation

2. Please describe the services your current placement provides.

3. Please describe your services' major sources of funding?

4. We are currently hosting placement education for students in the field of:
   a) nursing
   b) medicine
   c) psychology
   d) occupational therapy
   e) social work
   f) dietetics
   g) exercise physiology

5. How many students? How many hours per week do you provide placements?

6. How many weeks are your placements? What are the student ratios that you offer?

7. How many placements have you offered, in total?

8. Are your placements multidisciplinary?

9. If so, which disciplines are or have been represented:
   a) nursing
   b) medicine
   c) psychology
   d) occupational therapy
   e) social work
   f) dietetics
   g) exercise physiology
   h) other?

   Probe: Are you working in any particular area?
   Probe: What do you enjoy most/least about these?

10. Please describe a typical day in the lives of your students.

11. Please comment on student levels of preparedness to undertake a practice placement in a community/NGO setting

12. Please comment on the ability of your organisation to provide quality supervision

    ***Probe**: What are the barriers to improving this?*

13. What kinds of learning experiences do you try to offer students on placements?

    Probe: *Examples of 'critical incidents' that assist with key learnings?*
    Probe: *Contact with other health disciplines during the placement?*
    Probe: *On opportunity to reflect on learning?*
    Probe: *Other?*

14. Do you have any suggestions to expand the range and number of placements in mental health?

    Probe: *Have you seen any successful/unsuccessful attempts? Why did/didn't they work? Can you think of any suggestions that are resource neutral?*

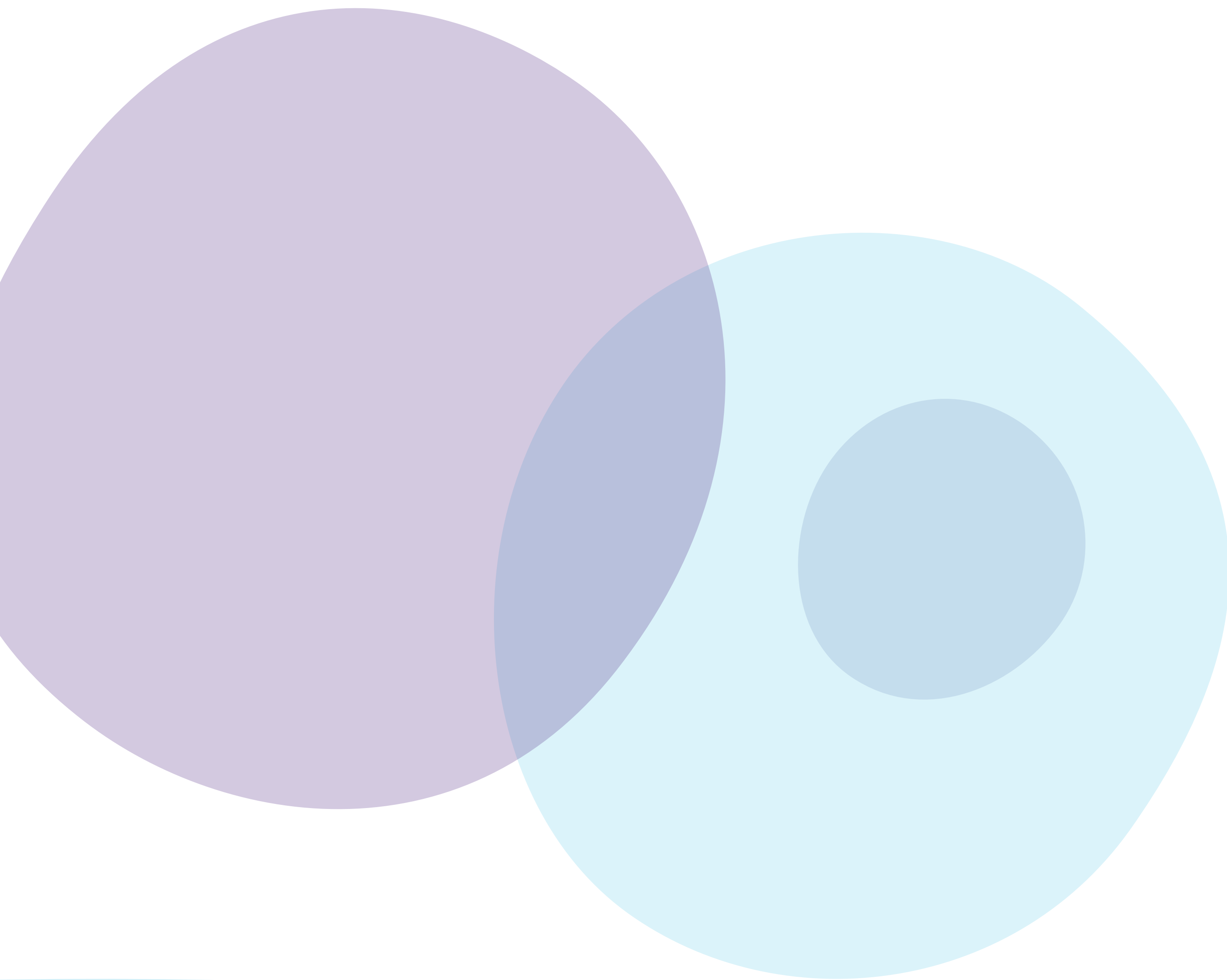
15. Do you have any suggestions to improve the quality of placements in mental health?

    Probe: *Have you seen any successful/unsuccessful attempts? Why did/didn't they work?*

16. Please comment on the resources necessary to sustain and expand the availability of mental health practice placements in community/NGO settings.

17. Have you employed students who have completed placements in your organisation?

Thank you for your participation in this survey.



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