



Linking Schools, Families, and Health – Schools-Based Primary Health Care Registered Nurses in Broken Hill

PRESENTER: Catherine Sanford

Background

Children living in rural Australia experience poorer health and educational outcomes than those in urban areas. The unique characteristics of rural communities mean locally responsive collaborative strategies are needed to address rural health inequities. The School-Based Primary Health Care Service (SBPHCS) in Broken Hill is a locally designed cross-sector approach to addressing community concerns about the health of children and their access to services. The Service integrates local health district (LHD) employed Primary Health Care Registered Nurses (PHCRNs) with school learning and support teams (LSTs) to increase service access and improve health and education outcomes for students. Learning support teams operate in all NSW public schools. These teams are comprised of executive and specialist teachers who work with students, parents and carers, classroom teachers, and other professionals to identify and assist students who require additional support at school.

Aims

This study aimed to explore the role of PHCRNs in schools during the first 18 months of implementation of the School-Based Primary Health Care Service, as described by PHCRNs and LST members.

Methods

This qualitative study included six focus groups with LST members (n=22) and one focus group with PHCRNs working in the service (n=4). Focus groups incorporated activity-oriented questions about the roles, activities, and challenges of PHCRNs and LSTs. Both deductive and inductive approaches to content analysis were used during data analysis.

Results

Findings show PHCRNs used care navigation to address personal barriers to care experienced by students and families. PHCRNs were also a link between schools, families, and health and social care services and facilitated intersectoral collaboration to improve the support provided to students experiencing health and developmental issues.

Implications

The SBPHCS' strategic positioning of PHCRNs across the health and education systems allows the service to directly support families and schools to meet the health needs of students. This can also influence systems improvement, both within and between systems, to enhance the support provided to students with health and developmental needs. Integrating LHD employed PHCRNs with existing student support services in schools is a promising intersectoral approach to improving the health and education of disadvantaged rural students.

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Catherine Sanford - Biography

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Growing up is hard to do: Experiences of transitioning from youth to adult mental health services in rural NSW

PRESENTER: Victoria Lovecchio

Background

Young people are commonly required to transition from youth to adult mental health services at age 18 years. Psychosocial and emotional development is impacted by early adverse life experiences and emerging mental illness. 'Emerging adulthood' can be an extended period and delays in achieving adult-competencies render existing adult models of care at odds with the developmental needs of young adults. The negative impact on young people is evident in discontinuation with care and late help-seeking behaviours. Anecdotal and literature evidence indicates a significant disconnection in care at a time of increased vulnerability.

Research concerning the experiences of young people transitioning to adult mental health services is limited and perspectives within a rural Australian context is also incomplete. Therefore, this research project proposes to bring new understandings to the experience of transition between youth and adult mental health services. The perspectives of young people aged between 18 and 24 years will inform potential changes to the ways care transitions are planned and implemented.

There is an opportunity to establish more responsive and co- designed transitional models of care, particularly for young people in the Australian rural healthcare context.

Aims

1. Explore rural consumer lived experience of transition from youth to adult MH services
2. Enhance the responsiveness of existing models of care to reduce gaps and improve continuity of care.

Methods

A qualitative research design utilising semi-structured interviews with consumers will be used. Members of the Consumer and Carer Representatives will be consulted on interview questions and document design to ensure appropriate use of language and scope of questions. Approximately 30 participants will be recruited at inpatient and community mental health sites. Interview data will be transcribed for analysis. A systematic literature review is underway to identify gaps in existing knowledge to inform our proposed study.

Challenges include:

1. Accessing sufficient participants to provide rich text evidence,
2. Completing interviews within an effective timeframe following transition;
3. Funding to assist with data collection, transcription and data analysis
4. Translating research into possible changes to clinical practice

Expected outcomes

A consumer-informed transitional model of care to optimise mental health outcomes for youth and young adults.

Implications

This research has the potential to better understand the needs of young people by identifying barriers and enablers influencing effective care transition from youth to adult MH services. There is also the potential to inform policy for future practice including a transitional model of care.

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Victoria Lovecchio - Biography

Victoria commenced her nursing career in Tasmania in the mid 1980's, working in varied settings such as Community Health, renal care and intensive care over the years, in clinical, education and management roles. Finally arriving in mental health care in 2010, Victoria completed a Masters of Mental Health Nursing and has been primarily been involved in child and adolescent mental health since that time. She currently holds the position of District Coordinator for Infant, Child, Youth and Family Mental Health in Western NSW and is based in Orange.

Apart from seeking to effect positive change to improve the lives of young people with mental health struggles, she is also passionate about the visual arts and learning French.



Bachelor of Midwifery Graduates – Understanding What Makes Them Leave and What Makes Them Stay

PRESENTER: Morwenna Williams

Background

Since 2015 Western NSW LHD have welcomed 37 Bachelor of Midwifery graduates through its Transition to Professional Practice (TPP) program (now Gradstart), with an additional 4 graduates commencing in February 2020. Retention rates of these graduates who have continued employment as a Registered Midwife in Western NSW LHD is around 20%. The reasons for this low retention rate at this time are unknown and not well understood. The NSW Health Education and Training Institute (HETI) has provided the funding for this study, via the Rural Research Capacity Building Program (RRCBP).

Aims

To understand what factors impact on the employment and retention of Bachelor of Midwifery Graduates within a rural Local Health District, from the perspectives of both Bachelor of Midwifery Graduates and Maternity Unit Managers.

Methods

This research in progress, being conducted by midwives, for midwives and with midwives, utilises a mixed methods approach that includes the completion of an e-survey with free text responses targeting Bachelor of Midwifery Graduates (phase 1); followed by structured interviews with Maternity Unit Managers (phase 2). It was co-designed with the input from midwifery clinicians, managers and academics all with experience, expertise and understanding of rural midwifery practice.

Participants included Bachelor of Midwifery Graduates who were employed or who remain employed by Western NSW LHD through the NSW Health Transition to Professional Practice (TPP) Program; and Midwifery Unit Managers who were permanently employed or who remain permanently employed by Western NSW Local Health District between January 2015 and December 2019.

Descriptive statistics has be used to analyse the quantitative data such as participant demographics; and an inductive thematic approach in accordance with Braun and Clarke (2006) will be used to analyse the qualitative data.

Results

Preliminary results from Phase 1 will be presented at the Symposium. The emerging themes including respect/belonging, support, professional development, isolation/separation, experiences/opportunities, cultural/organisational issues and safety will be discussed.

Challenges

To date there have been minimal challenges with this study. Potential unforeseen challenges for the recruitment and retention of Bachelor of Midwifery graduates as a result of phase 1 data analysis will be explored.

Implications

Findings from this research study may aid in informing future recruitment and retention strategies targeting Bachelor of Midwifery Graduates to work in rural maternity services at a state and local level; and informing future research in the Australian context on the employment and retention of Bachelor of Midwifery Graduates in rural setting.

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Morwenna Williams - Biography

For nearly 20 years, Morwenna has worked in a variety of nursing and midwifery roles in both tertiary and regional settings. She has worked across both public and private sectors in neonatal and paediatric intensive care and midwifery. Morwenna has a Masters of Nursing (Clinical Leadership), and is currently a Clinical Midwife Consultant for Western NSW Local Health District (LHD), a position that she has held for the past 8 years. She is also the Western NSW LHD Midwifery Redesign Lead, for the State-Wide Maternal Transfers Initiative. Morwenna is currently a candidate in the HETI Rural Research Capacity Building Program, 2019 cohort and hopes to continue her studies in the research space in the future.



Down the Track: what is the impact of extended rural placements on the work location of Sydney Medical School graduates

PRESENTER: Kate Smith

Background

Building a sustainable rural health workforce is vital to improving the health of people living in regional, rural and remote Australia. Recognising this, the Australian government has invested significantly in rural medical education over the past two decades with the aim of recruiting more doctors to work in rural and regional communities. Since 2016 the Department of Health has funded a network of rural clinical schools across Australia through the Rural Health Multidisciplinary Training program which gives medical students the opportunity for an extended rural placement (ERP). Research on the impact of this program shows that ERPs are positively associated with rural employment during the internship period or in the earlier stages of a graduate doctor's career (postgraduate years 1-9). Not yet established is the longer-term impact of rural clinical placements and which factors are important in determining whether doctors, once they have completed their vocational training, will choose to work and live rurally.

Aims

This study will use student tracking data collected by the University of Sydney School of Rural Health (SRH) to investigate the longer-term effects of extended rural placements and whether predictors of rural employment vary across career stages.

Methods

SRH are formally tracking the work location of 3,480 students who are graduates of Sydney Medical School from 2005 to 2018. A quarter (878) of these students have undertaken an ERP through the SRH (Orange/Dubbo), University Centre of Rural Health (Lismore) or University Department of Rural Health (Broken Hill). Work location for all graduates is identified in the Australian Health Practitioner Regulation Agency registry each year after graduation. To look at patterns of rural practice over time, a univariate descriptive analysis will be used to compare the rural work location of ERP students with non-ERP students in postgraduate years 1 through to 14. Binary logistic regression will be used to determine predictors of rural medical practice across all postgraduate years.

Implications

As one of the longest standing rural clinical schools in Australia, the School of Rural Health is in a unique position to use data collected over some years to examine the longer-term effectiveness of ERPs on the health workforce. Importantly this study allows us to look at whether doctors choose to work rurally further down the track after they have completed specialist training. Study outcomes presented here will contribute to the rural workforce evidence base and have implications for future workforce strategies.

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Kate Smith - Biography

Kate works as a Senior Research Officer for the School of Rural Health, Orange Campus, at the University of Sydney. Kate's clinical background is in speech pathology and she worked for many years as a Paediatric Speech Pathologist in Sydney. Kate spent more than 10 years working on the development of an online resource called speechBITE which supports evidence-based practice in speech pathology. She has also worked extensively in the area of research support and administration at the University of Sydney. Her qualifications include a Bachelor of Applied Science in Speech Pathology, a Master of Arts in Communication Disorders and a Master of Public Health.



Bringing Yindyamarra into workplace learning experiences in Aboriginal Community Controlled Health Organisations (ACCHOs)

PRESENTER: Jayne Lawrence

Background

A core component of delivering high quality health care for Aboriginal and Torres Strait Islander peoples in both the Aboriginal community controlled health sector and mainstream health services is ensuring cultural safety for patients and families. As members of the Rural Health Education team strategically located within the Three Rivers University Department of Rural Health (TRUDRH) and co-located within a regional university, we are uniquely positioned to promote and support innovative and high-quality rural student placement experiences and linkages to cultural responsiveness in our footprint.

Culturally safe placements are necessary for rural workplace learning experiences in ACCHOs. However, there is little known about how to develop culturally safe placements using co-design with ACCHOs.

Aim

To explore the use of Yindyamarra to inform engagement with ACCHOs to co-design health student placements. 'Yindyamarra', a Wiradjuri word meaning being polite, being gentle, being respectful, and doing slowly.

Method

We identified health service gaps that allowed us to co-design a placement that involved a service learning project to provide allied health services within two separate ACCHOs to provide care otherwise unavailable within that service. By utilising Yindyamarra we have been able to develop placement opportunities that develop culturally safe practices in an environment otherwise unavailable to health professional students. This can be measured by how many ACCHOs across the TRUDRH footprint will facilitate students. Using a mixed methodology that involves both survey and reflective interviews with clients, students and the organisation; we are trying to identify how the engagement with the ACCHO occurred, the impact of the placement on both the student and the community the ACCHO serves.

Implications

The goal of this session is to report on the strategies, ideas and initiatives that were utilised in the co-design of student placement opportunities within two ACCHOs within the WNSWLHD over the past 12 months. By utilising 'Yindyamarra' within this space we developed trust and interprofessional relationships to provide opportunities for students undertaking placements to learn and deliver culturally safe health care.

The anticipated outcomes of this research within the ACCHO space is the significant impact that collaborative practice and improved access to services for the community can have on improvement of health outcomes for Aboriginal and Torres Strait Islander people, as well as increased professional

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Jayne Lawrence - Biography

I am a Lecturer in Rural Indigenous Health (Clinical Educator) with the Three Rivers UDRH. I am a Registered Midwife and Registered nurse and most of my clinical practice has been in rural NSW. My passion is for improving health outcomes for Aboriginal and Torres Strait Islander communities and growing the rural health workforce. In my current role with the Three Rivers UDRH I am able to provide support and mentoring to clinicians and health professional students to advance their education and practice in rural areas of NSW and especially in the Aboriginal Community Controlled Health Organisations within our footprint.





Barriers and enablers faced by clinicians when referring Aboriginal clients to an involuntary drug and alcohol treatment unit in NSW

PRESENTER: Lynette Bullen

Background & Aims

Since 2012 the Involuntary Drug and Alcohol Treatment Unit (IDAT) in New South Wales has provided treatment and assessments in a secure facility for individuals experiencing severe dependence on alcohol and other drugs. This program gives access to a safe medical withdrawal program followed by a range of comprehensive assessments (e.g. medical, cognitive, functional, mobility).

While alcohol-attributable hospitalisations for Aboriginal people in NSW have increased compared to their non-Aboriginal counterparts (between 2016-17), referrals of Aboriginal people into an IDAT program have decreased. This study explores the factors that influence drug and alcohol clinicians when referring Aboriginal clients to involuntary drug and alcohol treatment in NSW Health.

Methods

NSW Health has two IDAT Units – Bloomfield Campus in Orange (8 beds) and Herbert Street based at Royal North Shore Hospital (4 beds). Referrals are accepted from all local health districts across NSW.

This qualitative study is conducting interviews with NSW Health drug and alcohol clinicians who have referred a client to an IDAT between September 2016 and December 2018. The interview schedule is comprised of 16 questions organised into four themes:

- 1) About you and where you work;
- 2) About referring Aboriginal clients to IDAT;
- 3) Advantages and disadvantages of an involuntary treatment admission for Aboriginal people;
- 4) Supports to assist with admissions and discharges.

An inductive thematic analysis approach will be used.

Results or expected outcomes

Interviews are currently being conducted throughout NSW with results pending.

Take home message

Understanding the clinicians' perspective can help assess the reasons why IDAT admissions are low for Aboriginal people in NSW. It will also help us understand how to address misconceptions regarding IDAT referrals and admissions for Aboriginal people into an involuntary treatment program.

This research could have broader relevance for similar programs around Australia or with Indigenous peoples internationally in similarly colonised countries (New Zealand, Canada, United States of America).

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Lynette is a Wiradjuri woman currently undertaking a Health Education and Training Institute (HETI) Rural Research Capacity Building Program through NSW Health. She is also a student at the Centre of Research Excellence in Indigenous Health and Alcohol, University of Sydney. She has worked in drug and alcohol for nearly 25 years in metropolitan, regional, rural and remote NSW. Lynette is employed at the Involuntary Drug and Alcohol Treatment Unit in Orange as a Senior Drug and Alcohol Clinician.