

Preparing mental health practitioners for multidisciplinary mental health placements: a distributed leadership approach to cross-disciplinary education and training

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2011

Final Report

PREPARING MENTAL HEALTH PRACTITIONERS FOR MULTIDISCIPLINARY MENTAL HEALTH PLACEMENTS: A DISTRIBUTED LEADERSHIP APPROACH TO CROSS-DISCIPLINARY EDUCATION AND TRAINING

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Administration and production support

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Executive Summary

This ALTC funded project is an initiative in cross-disciplinary leadership capacity building which investigates and facilitates structural, distributed and cross-disciplinary leadership for the purpose of preparing students for an initial placement in a multidisciplinary mental health setting.

We have investigated the extent to which cross-disciplinary education and training occurs between mental health disciplines in Australian universities. We have also examined the barriers and challenges that universities face when attempting to facilitate cross-disciplinary learning activities. Those barriers include: insufficient support and resources from universities for cross-disciplinary education; insufficient support from schools of psychology, nursing, social work, occupational therapy, and medicine for cross-disciplinary education; emphasis from professional accreditation bodies on disciplinary integrity and the resultant potential for curriculum overcrowding; and the absence of guidelines, clear philosophical underpinnings, and suitable curriculum approaches and materials to support cross-disciplinary education.

In addition, we have engaged with a wide range of stakeholders in the areas of Psychology, Mental Health Nursing, Psychiatry, Social Work and Occupational Therapy, including:

- Deans, Heads of School, Discipline Leaders, Program Leaders and Clinical Placement Coordinators from Griffith University and the University of the Sunshine Coast;
- clinical placement coordinators and supervisors from Queensland Health and other employers ;
- representatives from the peak professional bodies of Occupational Therapy Australia (OTA), Australian Association of Social Workers (AASW), Australian Psychological Society (APS), Australian College of Mental Health Nurses (ACMHN), Royal Australian and New Zealand College of Psychiatrists (RANZCP);
- representatives from Queensland Health Centre for Mental Health Learning (QCMHL) and Mental Health Plan Implementation Project Team (MHPIPT, Queensland Health); and
- the Mental Health Professional Network (MHPN)

While barriers and challenges to cross-disciplinary learning exist, there are many benefits for students to 'Learn Together' and for staff in health disciplines to 'Teach Together'. We provide an overview of cross-disciplinary education and interprofessional learning in Australia, and a summary of our distributed leadership initiatives and successes with multiple stakeholders at the two universities involved in this project.

We have developed a suite of resources to develop cross-disciplinary education opportunities and assist colleagues in the different disciplines to consider how they might develop their own university cross-disciplinary education (CDE) for interprofessional learning (IPL). The resources include multimedia accounts of multidisciplinary mental health practice accompanied by student placement preparation workshop workbook materials and student placement workbook materials. They are augmented by multimedia materials focusing on the philosophy, ontology, epistemology and methods of the five major mental health disciplines of mental health nursing, occupational therapy, psychiatry, psychology and social work, and multimedia examples of sufferers' experiences of mental health services. All workbooks are in PDF and write-able PDF formats and come with PowerPoint presentations for the workshops and a comprehensive full text reference list of journal articles and relevant reports.

These resources have been trialled and evaluated with students at both the University of the Sunshine Coast and at Griffith University (Gold Coast campus), and have been shared with academics from 13 Australian universities, many of whom plan to incorporate these resources into their own cross-disciplinary education curricula in 2011.

Table of Abbreviations

Abbreviation	Meaning
AAOT	Australian Association of Occupational Therapists
AASW	Australian Association of Social Workers
ACMHN	Australian College of Mental Health Nurses
AHMAC	Australian Health Ministers Advisory Council
AHMAC	Australian Health Ministers Advisory Council
AHMACNMHWG	Australian Health Ministers Advisory Council National Mental Health Working Group
ALTC	Australian Learning and Teaching Council Ltd.
APAC	Australian Psychology Accreditation Council
APS	Australian Psychological Society
ATODS	Alcohol, Tobacco and Other Drug Services
CDE	cross-disciplinary education
COAG	Council of Australian Governments
CYMHS	Child and Youth Mental Health Service
DVD	Digital Video Disc
IPE	interprofessional education
IPL	interprofessional learning
L-TIPP	Learning and Teaching for Interprofessional Practice
MH	mental health
MHIN	Mental Health Interdisciplinary Networks
MHPA	Mental Health Professionals' Association
MHPIPT	Mental Health Plan Implementation Project Team, Queensland Health
MHPN	Mental Health Professional Network
NHNIP	Mental Health Nurse Incentive Program
OT	Occupational Therapy
OTA	Occupational Therapy Australia
POEM	Philosophy, Ontology, Epistemology and Methods
QCMHL	Queensland Health Centre for Mental Health Learning
RACGP	Royal Australian College of General Practitioners
RANZCP	Royal Australian and New Zealand College of Psychiatrists
UK	United Kingdom
WHO	World Health Organization

Definitions

Cross-disciplinary is used in the spirit of the ALTC *Leadership for Excellence in Teaching and Learning Program Guidelines* to mean across the disciplines that form an important cross-disciplinary area or network, *vis* mental health.

Multidisciplinary means the identifiable group of personnel comprising a mix of professionals responsible for treatment and care (AHMAC, 2002, p.45).

Interdisciplinary may be used interchangeably with multidisciplinary to mean a team of individuals from varying disciplines applying the methods and approaches of their respective disciplines (Canadian Collaborative Mental Health Initiative, 2006). For the purpose of this project we have retained the (AHMAC, 2002) terminology of multidisciplinary.

Interprofessional education refers to education involving two or more professions learning from, with and about each other to improve collaboration and quality of care (Canadian Collaborative Mental Health Initiative, 2006; Freeth et al., 2005, pp.xiv-xv).

Interprofessional learning refers to learning arising from interaction between members (or students) of two or more professions. This may be a product of interprofessional education or happen spontaneously in the workplace or in education settings (Freeth et al., 2005, pp.xiv-xv).

Professional education or training means the education or training that students are required to undertake at undergraduate and/or postgraduate level in order to be registered (or, in the case of social work, recognised professionally) as health professionals.

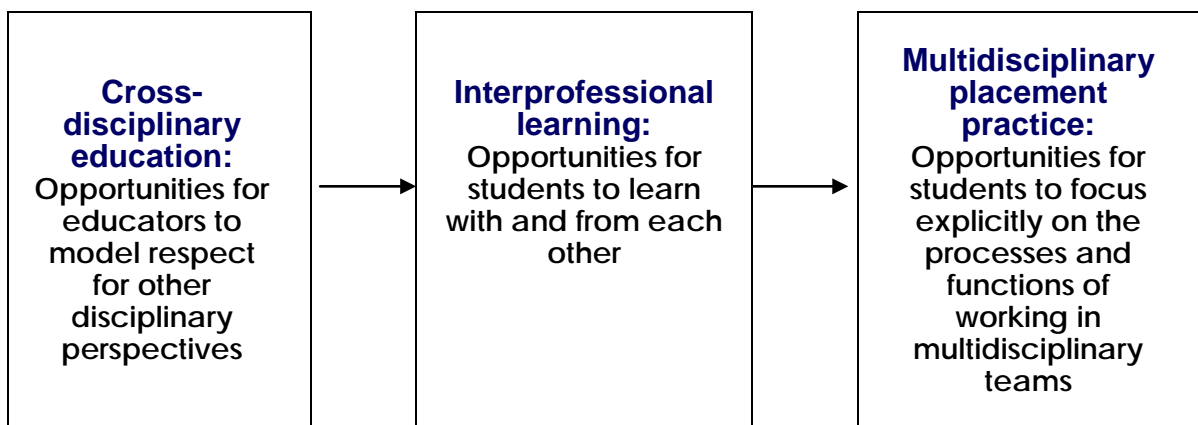


Figure 1: Cross-disciplinary education for interprofessional learning and multidisciplinary practice

Setting the context for cross-disciplinary education and training for interprofessional learning and multidisciplinary practice

Worldwide as population growth continues and health systems are under review, there is a critical need for educators to respond to changes that are occurring in health service delivery. In particular there has been a call in Australia for a national agenda to ensure that health professionals train together at both undergraduate and vocational levels to help facilitate new models of patient care, including the establishment of a model curriculum for interprofessional education (L-TIPP, 2009, <http://www.altc.edu.au/node/5961>). In 2010, the World Health Organisation (WHO) released its *Framework for Action on Interprofessional Education and Collaborative Practice*, a report highlighting the current status of interprofessional collaboration around the world (WHO, 2010). One of its key messages is that “interprofessional education is a necessary step in preparing a collaborative ready health workforce” (p.10). This report follows an earlier 2007 Department of Health (UK) report *Creating an Interprofessional Workforce: An Education and Training Framework for Health and Social Care*, which recommended that education providers ensure that interprofessional education should be mandatory and assessed in training programs for health practitioners (www.dh.gov.uk). A Cochrane Review (Reeves et al., 2009) evaluated six studies of interprofessional education and although they report some positive outcomes, methodological problems limit the generalisability of the findings and more rigorous research is required to demonstrate evidence of the impact of interprofessional education. In Australia, the *All Together Better Health V* International Conference in Sydney (April, 2010) brought together educators, researchers and practitioners from around the world to showcase the current state of interprofessional education (IPE) and interprofessional learning (IPL). At this conference the *Sydney Interprofessional Declaration* was discussed with the aim “to strengthen the cause of interprofessional collaborative practice globally” and “to endorse some of the recommendations from the WHO Framework document” (*All Together Better Health V* Conference program, p. 14).

Significant progress has been made in Australia toward the development of standards and systems for multidisciplinary mental health service provision. Progress toward multidisciplinary mental health care is consistent with international best practice in mental health maintenance and treatment. There is growing interest in collaborative interprofessional educational models for preparing mental health professionals who work in integrated or multidisciplinary mental health services such as those that are represented in the Canadian Collaborative Mental Health Initiative (2006) Toolkit and the NHS Quality Improvement Scotland (2007) Standards for Integrated Care Pathways for Mental Health. The strengths of integrated and multidisciplinary mental health service models may be attributed to their patient focus (e.g. Kodner & Spreeuwenberg, 2002) as well as to their adaptation to case complexity (Eagar, Burgess, & Buckingham, 2003). Integrated and multidisciplinary models of primary health service delivery have been shown to be effective and suitable for delivery of services in regional and remote rural areas and for Indigenous clients (e.g. Maybery et al., 2004; Perkins & Lyle, 2003).

Recent changes to the national system of Medicare (COAG, 2006) have resulted in the provision for scheduled rebates for clients who are referred by general practitioners to occupational therapists, psychologists and social workers for a variety of mental health services. This COAG (2006) initiative also provides funding for a Mental Health Nurse Incentive Program (MHNIP) to support credentialed mental health nurses to work with psychiatrists and general practitioners to conduct assessments, develop treatment plans, and provide a range of mental health care services. Finally, the COAG (2006) plan makes provision for “increase[ing] the mental health content in tertiary curricula through the development of mental health training modules for registered nurses,

including the culturally appropriate management of Indigenous patients, [to] provide students with clinical training in multidisciplinary teams that include allied health, medical and nursing students” (p.11).

In addition, the Australian Government, through funding to a new Mental Health Professionals’ Association (MHPA), is supporting the establishment of Mental Health Interdisciplinary Networks (MHIN) Project that brings together the Royal Australian and New Zealand College of Psychiatrists (RANZCP), Royal Australian College of General Practitioners (RACGP), Australian Psychological Society (APS) and the Australian College of Mental Health Nurses (ACMHN) in a collective partnership for the eventual purposes of (a) undertaking a thorough environmental scan of current workforce issues, referral pathways and working relationships between the professions, (b) developing a comprehensive multidisciplinary clinical education and training package, and (c) developing and maintaining a multidisciplinary web based resource portal for mental health professionals. The environmental scan, which has been completed, will form the basis for developing a multidisciplinary training package for multidisciplinary teams (and partnerships) of mental health professionals.

University training in mental health

In 1999, the Australian Health Ministers Advisory Council National Mental Health Working Group (AHMAC NMHWG) released its report, *Learning Together: Education and Training Partnerships in Mental Health*. This report identified five professions that made up the bulk of the mental health workforce (mental health nursing, occupational therapy, psychiatry, psychology and social work), and identified “the common ground between all five disciplines working in the mental health sector”. Following this report and in collaboration with the higher education sector, the Commonwealth and State Governments and the professional associations, the *National Practice Standards for the Mental Health Workforce* (AHMAC, 2002) were endorsed. The intention was that these standards would provide a guide for education and training curricula, and that education providers would use these standards to ensure that graduates are aware of the core knowledge, skills and attitudes required in mental health service delivery.

There is evidence, however, that progress in Australia toward collaborative mental health care has been restricted primarily to the development of the AHMAC (2002) *National Practice Standards* and to a relatively small number of scoping projects being conducted by national professional associations with the express purpose of implementing those standards. There is little or no visible evidence at this stage that the standards have had a significant impact on the professional education of mental health practitioners, despite the initiatives being undertaken by those professional associations. Commissioned reviews of the discipline-specific educational curricula for mental health professionals indicate that there is uneven and inadequate coverage of the *National Practice Standards* and that, in the clinical context, while the mental health professions are working together in multidisciplinary teams, consumers of services continue to report that these teams are not cohesive in their approach and are not client-focused. Better ways of working in multidisciplinary teams need to be modelled, learned and shared (Mental Health Council of Australia, 2006).

In 2004, the Australian Psychological Society (APS) undertook a survey of accredited undergraduate (including 4th year) and postgraduate professional psychology programs offered by Australian universities to determine whether the AHMAC (2002) *National Practice Standards* were addressed adequately in training programs for psychologists. The findings of that survey (Mathews, Katsikitis, & Littlefield, 2005) showed that Standard 8: Integration and Partnership was covered in only 17% of undergraduate psychology programs and 24% of postgraduate psychology programs surveyed. Standard 12: Ethical Practice and Professional Responsibility was covered adequately in 64% of the undergraduate programs and 68% of the postgraduate programs. Mathews et al. (2005, p. 21) reported that “Sixty-one per cent of

[psychology academic staff] respondents rated their knowledge [of the AHMAC (2002) *National Practice Standards*] to be low and almost three quarters of respondents had not at any time discussed the relevance of the [standards] with other academic staff. Given this, it is not surprising almost half (47 per cent) of the respondents reported that students in psychology programs were not currently encouraged to develop an understanding of the [standards].”

The results of the survey led to a recommendation that the *National Practice Standards* should be included in the Australian Psychology Accreditation Council (APAC) *Standards for Accreditation of Australian Psychology Programs* and this recommendation was subsequently adopted by APAC. This resulted in the inclusion of the following statements, “In designing programs to include the topics outlined in Section 3.1.7 [the undergraduate core], and having regard for 3.2.4 to 3.2.8 [fourth year content], attention should be given to the *National Practice Standards for the Mental Health Workforce*”; and the postgraduate curriculum should be taught “with regard to the *National Practice Standards for the Mental Health Workforce*”. The APAC Guidelines, however, are silent on how the standards should be delivered within the curriculum.

In 2003, the Australian Association of Social Workers (AASW) undertook a review of Australian university professional social work curricula to ascertain the nature and amount of mental health content contained in those curricula. The review found that “the teaching of mental health knowledge and skills was highly variable across social work courses, ranging from substantial to very limited. The findings indicate that, for some Schools, inclusion of basic mental health competencies in the core curriculum would require curriculum development and targeted educational resources” (Gerrard, nd, p.2). However, the most recent Australian Social Work Education and Accreditation Standards (2010) include a specific section that sets out the expected mental health curriculum content for accredited social work programs. This section makes reference to the AHMAC (2002) *National Practice Standards* noting that these standards are not applicable to entry-level practitioners, but rather focus on standards to be reached after two years of practice in the mental health field (pp.49-50).

Occupational Therapy Australia (formerly the Australian Association of Occupational Therapists) (AAOT, 2003) surveyed the occupational therapy curricula of Australian universities that provided training in occupational therapy at the time. The survey was commissioned and funded by the Commonwealth Department of Health and Ageing and had the dual purpose of curriculum review and informing occupational therapy educators in universities about the recently released AHMAC (2002) *National Practice Standards*. Based on the evidence provided in ten universities’ responses to the survey, the AAOT (2003) report concluded that all of the programs surveyed were able to identify areas of the curriculum that related to the twelve AHMAC (2002) *National Practice Standards*. However, when comparing the individual programs and mapping each of the standards against specific mental health and general subjects, there appears to be uneven coverage of Standard 8: Integration and Partnership and Standard 12: Ethical Practice and Professional Responsibility. Furthermore, there did not appear to be strong evidence to suggest that programs gave due emphasis to the diverse disciplinary input that is required for effective delivery of mental health services.

The AAOT (2003) report concluded that OT education staff were positively disposed to the incorporation of the AHMAC (2002) *National Practice Standards* into the curriculum but that there was competition in some programs between mental health and other curriculum priorities. It recommended amongst other things that universities should (a) “[e]xplore the possibilities for employment of mental health consumer consultants in university occupational therapy programs, or in partnership with other relevant professional programs within the same university” (p. 6) and (b) make efforts to expand opportunities for students to undertake mental health field placements.

The Australian and New Zealand College of Mental Health Nurses (1998) published a set of *Standards of Practice for Mental Health Nursing in Australia*. These standards have been extensively revised in 2010 by the Australian College of Mental Health Nurses. The nine revised standards include rationale, practice outcomes and the attributes of knowledge, skills and attitudes required to provide the highest standard of nursing care for and in collaboration with people who have mental health issues. There is no reference, however, to the AHMAC (2002) *National Practice Standards for the Mental Health Workforce* although the nine standards do appear to share similarities with at least four of the *National Practice Standards* (Standards 4, 7, 8 and 12).

While the RANZCP does not appear to refer to the AHMAC (2002) *National Practice Standards for the Mental Health Workforce*, specifically, the College is fully supportive of the aims of the *Australian National Mental Health Policy* which was adopted by the Health Ministers of the Commonwealth, States and Territories of Australia in April 1992. Since then, the RANZCP has developed a series of position papers that endorse the principles of implementation of the standards, in particular position papers 37 (Roles and relationships of psychiatrists and other service providers in mental health services), 47 (Psychiatrists as team members) and 62 (Consumer and carer engagement).

Challenges for the educators of mental health practitioners

This account of intergovernmental mental health service planning and delivery, in collaboration with the major national professional associations representing the mental health workforce, suggests the following:

- emphasis is clearly given to multidisciplinary mental health service delivery in both the public and private sectors; and
- concerted efforts are under way to develop online and other flexible training opportunities and resources to provide continuing professional development for current mental health professionals working in multidisciplinary teams but there is little, if any, evidence to suggest that the benefits of these best-practice multidisciplinary mental health care initiatives have had an impact on pre-professional university education of mental health practitioners.

The above intergovernmental and professional initiatives, which are designed to enhance multidisciplinary mental health services, challenge traditional, discipline-based approaches to university teaching and learning in general practice medicine and the five major professional disciplines that make up the mental health workforce. These challenges come about because the traditional discipline-based approaches tend, at the expense of fostering multidisciplinary understandings and collaborations, to focus on the particular (and sometimes inadequate) professional accreditation guidelines for educational programs used in the training of mental health practitioners and on the particular discipline-based codes of ethical and professional conduct. There is usually some structural separation along disciplinary lines of university schools and departments responsible for the professional training of the mental health workforce. Finally, academic staff responsible for professional ethics education and for field placement coordination may not necessarily be in a position to influence decision making about program design, cross-disciplinary classroom collaboration, field placement policy and apportionment of student load. They may also not be in a position to advocate strongly for cross-disciplinary mental health professional training, which may be but one of a number of competing academic specialisations in already cluttered occupational therapy, psychology, social work, nursing and medical education curricula.

In addition, there is a need for the continuing professional development of mental

health practitioners, and for leadership among university educators who are engaged in their professional education. While such leadership is beginning to emerge, it is not likely to do so spontaneously from within the uni-disciplinary professional training programs that reflect and reinforce the discipline-specific silos of the health professions.

A distributed leadership approach to cross-disciplinary education

This project, as an initiative in cross-disciplinary leadership capacity building, aimed to investigate and facilitate structural, distributed, and cross-disciplinary leadership for the purpose of improving the preparation of students for field placements in multi-disciplinary settings.

The project aimed to:

- increase **engagement and empowerment of mental health educators** who are willing and able to lead changes in curriculum design and application, which are consistent with the principles, practices and standards of multidisciplinary mental health service delivery;
- obtain and sustain their **commitment to the development of cross-disciplinary educational networks** that support both disciplinary and cross-disciplinary perspectives on mental health service delivery;
- provide **leadership assistance for staff involved with preparing students for field placements** and in doing so enable them to effect their institution's accommodation of cross-disciplinary approaches to mental health practitioner education that provide students with an understanding of, and relevant experience in, systems of multidisciplinary service delivery; and
- provide mental health educators from different disciplinary backgrounds with opportunities to review the *National Practice Standards for the Mental Health Workforce* (AHMAC, 2002) and enable them to **integrate cross-disciplinary perspectives on mental health practitioner training** with other aspects of their discipline-specific educational curricula.

The Australian Health Ministers Advisory Council (AHMAC, 2002) *National Practice Standards* give due recognition to the relevant ethical and professional practice standards and registration (or other credentialing) requirements of the professional disciplines that comprise the mental health workforce. The project did not aim to supplant relevant discipline-specific curricula in the areas of ethical and professional practice standards but to complement those curricula with cross-disciplinary curriculum perspectives, on which service integration and professional partnerships rely, in accordance with Standards 8 and 12 of the *National Practice Standards* (AHMAC 2002).

The project was not designed to restrict disciplinary control over discipline-specific field training (placement) curricula and policies but aimed instead, to prepare students for placement in multidisciplinary mental health settings by facilitating interprofessional learning prior to their placement experience so that students on placement receive professional preparation for, and positive experience of, working with multidisciplinary mental health teams.

Implications for leadership capacity building

Meeting the challenges associated with preparing graduates to practise in multidisciplinary mental health settings for the purposes of implementing Standards 8 and 12 of the AHMAC (2002) *National Practice Standards* requires that attention be given to developing the leadership capabilities of those teaching and supervisory staff who are centrally important in helping students acquire the knowledge and attitudes on

which multidisciplinary partnerships are based. Three primary stakeholder types who fall mainly into that category have been identified.

University staff members who have specific responsibility for the teaching of ethical and professional standards ideally ensure that students have both a thorough knowledge of the ethical and professional standards and range of competencies within their own discipline, and some knowledge of the standards and competencies that might be expected of other professionals who constitute the multidisciplinary team. Collaboration with staff members from the other mental health disciplines is highly desirable in providing students with access to other disciplinary knowledge. Building the cross-disciplinary leadership capacities of these teaching staff with a view to promoting collaborative teaching of the knowledge and skills that are relevant to Standard 12 is essential for achieving this outcome. Those staff members also have a responsibility to encourage respect for interprofessional values amongst other teaching colleagues within their discipline which calls into question their distributed leadership capacities. Next, there are some 'upward leadership' (structural) challenges that occur in their engagement with senior managers at faculty and university levels around questions of workload and student load sharing arrangements where collaborative teaching is involved.

Field placement coordinators and organisers are confronted by similar leadership challenges in order to ensure that students on field placement experience a multidisciplinary mental health placement where there are practitioners and other students from both similar and different discipline backgrounds. The prevailing field placement model is discipline specific. University field placement coordinators and organisers usually do not consult or collaborate with their counterparts from other disciplines. Their approach to organisations and agencies who accept students on field placement occurs quite independently of the field placement arrangements made by their counterparts from other disciplines. Building cross-disciplinary leadership capacity of field placement coordinators and organisers is essential for developing collaborative models of field placement that are likely to suit multidisciplinary mental health placement providers. Field placement coordinators and organisers may also need to exercise 'upward (structural) leadership' with program coordinators who have the responsibility of ensuring that programs are delivered in accordance with discipline-specific accreditation guidelines.

Finally, field placement (agency) supervisors can ensure students have access while on placement to the knowledge and work practices of mental health professionals from other disciplinary backgrounds as well as meeting the supervised practice requirements of their own discipline.

Project outcomes and impacts from Year 1: Findings from learning circles

During the first year of the project three workshop series were conducted in addition to a national survey of Australian universities.

Workshop 1: Cross-disciplinary, cross-university, distributed leadership

This first workshop aimed to engage and empower the project team and link with program coordinators from Griffith University and the University of the Sunshine Coast plus representatives from the Queensland Alliance, Mental Health Professional Network (MHPN), Queensland Health Mental health Plan Implementation Team, The Australian Psychological Society (APS), The Australian Association of Social Workers, (AASW), Australian College of Mental Health Nursing (ACMHN), Occupational Therapy Australia (Queensland Representative), and the Queensland Mental Health Pharmacy Group.

The workshop aimed to:

- consider leadership challenges facing discipline leaders and the project team;
- consider implications of National Practice Standards 8 and 12 for cross-disciplinary education of mental health practitioners;
- be acquainted with current industry initiatives toward multidisciplinary professional development and service delivery;
- investigate barriers and challenges to collaborative cross-disciplinary education of mental health practitioners and consider institutional incentives for change;
- assess our universities' readiness to engage in cross-disciplinary education of mental health practitioners; and
- reflect on possible curriculum strategies and content.

The workshop identified structural/institutional changes and incentives that may be necessary for discipline-based staff to work collaboratively. It also identified institutional readiness to change and the curriculum and field placement challenges that must be confronted before change can occur. A final emphasis in this workshop was to identify opportunities for our own universities to support cross-disciplinary collaboration in teaching.



Figure 2: Participants at workshop 1: Cross-disciplinary, cross university, distributed workshop

In order to encourage participants to respond to a series of questions regarding their readiness to engage in cross disciplinary education we utilised a wireless Keypad methodology using Turning Point software which allows for anonymous responding to questions. This technology also allows participants to view via PowerPoint presentation the group responses to the questions. The Table below provides a summary of the responses to selected questions. PowerPoint slides including the questions that were asked of the participants for this workshop are available in the Appendix to this report.

Table 1: The extent to which participants agreed with statements regarding multidisciplinary mental health preparation

Agreement with statements	%
Minimal or basic knowledge of the National Practice Standards (NPS)	58.3
NPS not incorporated in their training program	53.3
Their program involved cross-disciplinary input	39.0
Multidisciplinary practice was incorporated into their program	36.4
Keen to start talking about cross-disciplinary initiatives	23.5
Ready to take the next step of incorporating cross-disciplinary perspectives into their program	35.3
Agreed there was value in sharing ways to teach about multidisciplinary practice	90.0
Agreed that better understanding between the disciplines would improve students' preparation to enter the multidisciplinary workforce	95.8
Agreed that better understanding of the NPS would improve students' preparation to enter the multidisciplinary workforce	87.5
Agreed that exemplars of teams working well are needed in mental health training programs and in the multidisciplinary workforce	100
A module for preparing students for multidisciplinary mental health practice would be very (73.9%) or moderately (26.1%) useful	100

Key findings from workshop 1

From the university perspective:

- awareness of a **gap in knowledge** about the current *National Practice Standards* – fewer than 60% of the participants had only minimal or basic knowledge of the *National Practice Standards*;
- general acknowledgement of **multidisciplinary mental health practice needs** for students;
 - however, there was a **lack of cross-disciplinary educational preparation** with less than 40% reporting any cross-disciplinary input into their programs; and
 - notwithstanding, there was **enthusiasm** for and **interest** in **cross-disciplinary education** with almost a quarter of participants reporting that they were keen to begin discussing the opportunities for cross-disciplinary education.
- cautious optimism regarding **implementation of a proposed training module** with all participants reporting that such a module would be useful (26.1%) or very useful (73.9%); and
- **willingness** for further conversation.

From the industry perspective:

- representatives from Queensland Health Mental Health Plan Implementation Planning Team (MHPIPT) and the Queensland Centre for Mental Health Learning offered the following views:
 - there is **insufficient applied preparation** of graduates;
 - graduates are **not work-ready** on completion of university;
 - **there is perceived reluctance within universities** to do anything to address these skills deficits, and therefore Queensland Health are taking a lead on training;
 - **this project is relevant and consistent** with the MHPIPT and QCMHL agenda;
 - **formal evaluation** of the project's outcomes is important; and
 - **MHPIPT and QCMHL** expressed an interest in **staying involved** with the project.

Barriers and challenges for universities to progress cross-disciplinary education to enhance interprofessional learning and better prepare students for multidisciplinary mental health placements include:

- **insufficient support from universities** to encourage cross-disciplinary education (funding);
- **insufficient support from schools (psychology, nursing etc.)** to encourage cross-disciplinary education (workload model, and program convenors being 'program focussed');
- **insufficient support from accrediting bodies** to encourage cross-disciplinary education (overcrowded curricula, disciplinary divides); and
- Absence of guidelines for cross-disciplinary education

The MH industry would like new graduates to demonstrate the following:

- work readiness;
- safe practice;
- discipline-specific competence;
- reflective practice skills and capabilities;
- collaborative (not competitive) work practices; and
- respect for other disciplines.

Educators may be empowered to achieve these aims by:

- building academic / industry connections;
- being supported to connect to resources in the community for use in educational programs;
- being supported to engage in innovative teaching, including the use of new technologies; and
- finding space for teaching about inter-professional collaborative care models (general and then specific to MH) in their programs, including general coverage of inter-professional collaborative care at undergraduate level and inter-professional collaborative care in MH specifically in postgraduate training.

In addition, both university staff and industry personnel agreed that students in health courses at university should be exposed to some cross-disciplinary education and some opportunities for interprofessional learning prior to placement in multidisciplinary settings.

Workshop Series 2: Cross-disciplinary, intra-university, structural leadership

The initial workshop was followed by a second set of workshops separately at Griffith University and the University of the Sunshine Coast involving respective members of the project team, program convenors, Faculty Deans or Heads of Schools, and Deans (Teaching and Learning). The following disciplines were represented at Griffith - Psychology, Social Work and Human Services, and Nursing; and at Sunshine Coast - Psychology, Social Work, Nursing, and Occupational therapy. The purpose of these intra-university workshops was to discuss and respond to structural and institutional changes and incentives that are necessary for staff to work collaboratively. PowerPoint slides for this workshop are available in the Appendix 2.

The workshops aimed to:

- discuss **barriers and challenges to cross-disciplinary mental health education** and placement in each university;
- discuss **structural and institutional changes and incentives** that may be necessary for staff to work collaboratively in a cross-disciplinary fashion;

- explore each **university's readiness to change** and commit to collaborative curriculum and field placement frameworks;
- explore each **university's willingness to adopt a cross-disciplinary module** designed to prepare students for multidisciplinary mental health placement;
- explore **other opportunities** within the university for cross-disciplinary collaboration;
- **facilitate sharing** between relevant Deans, Heads of Schools and discipline/program leaders on the benefits of, barriers and challenges to, incentives for, and strategies for cross-disciplinary collaboration; and
- explore **other university specific factors** relevant to cross-disciplinary education and multidisciplinary placement.

During these workshops the barriers raised in the previous workshop (professional accreditation, internal accreditation processes, overcrowded curriculum, internal funding models, program leaders' 'program-based' focus and the absence of guidelines for cross-disciplinary curriculum content) were discussed. We also assessed institutional readiness to change and considered the extent to which there was institutional commitment to collaborative curriculum and possibly field placement frameworks.

Key positive findings from workshop 2 at both universities:

- strong in principle support for cross-disciplinary education and multidisciplinary;
- opportunities for cross-disciplinary education include;
 - multidisciplinary rural clinical training models;
 - curriculum sharing;
 - case studies that necessitate multidisciplinary input;
 - requirement for placement reports/diaries to reflect on multidisciplinary nature of placement experience;
 - teaching and learning grants for proposals that promote cross-disciplinary learning; and
 - curriculum elements addressing the question of how to be a health professional.
- strong support (appeal, practicality and advocacy) for;
 - course sharing; and
 - a cross-disciplinary 'core' health course.
- strong appeal but moderate practicality and advocacy for;
 - cross-disciplinary solutions-focused module; and
 - multidisciplinary university clinics (where student numbers permit).
- least appeal and practicality;
 - cross-disciplinary placement coordination.

Some challenges:

- questionable understanding and respect amongst students (and staff) for health disciplines other than their own;
- need for curriculum elements that address philosophical underpinnings of disciplines and multidisciplinary; and
- universities where health science students are not all in one faculty/group

Workshop 3: Intra-disciplinary, intra-university, distributed leadership.

A third series of workshops was also held separately at Griffith University and the University of the Sunshine Coast involving members of the project team, relevant program conveners, relevant discipline staff, field coordinators and placement (agency) supervisors who were invited to discuss the challenges encountered with mental health placements, and the enablers for well-functioning multidisciplinary

teams. PowerPoint slides for this workshop are available in the Appendix.

These workshops aimed to:

- look at **barriers and enablers** to students' cross-disciplinary preparation for fieldwork;
- explore the **multidisciplinary fieldwork experience**; and
- look at **collaborative curricula** that prepare students for field work at the local level.

These workshops assessed barriers and enablers to multidisciplinary professional field education within agency settings. They encouraged the development of leadership capacity for implementing multidisciplinary mental health placement experiences for students, highlighted the following challenges to cross-disciplinary education for mental health students, and provided suggestions for well-functioning teams and curriculum content.

Some suggested challenges:

- finding balance between consolidation of own disciplinary knowledge and multidisciplinary team experience;
- finding balance between clinical competencies and multidisciplinary competencies;
- unpreparedness for placement experience;
- unclear direction from program coordinators to placement coordinators regarding explicit learning goals for multidisciplinary practice;
- unclear direction from programs to field supervisors on assessment of any explicit goals for multidisciplinary practice;
- under-resourcing of placement preparation; and
- length, timing and level of placement varies across disciplines.

Participants suggested that well-functioning multidisciplinary teams demonstrate:

- knowledge and acknowledgement of other disciplinary strengths and disciplinary variety;
- strong disciplinary identity;
- communicative maturity;
- teamwork;
- critical analysis of team performance;
- strong, inclusive leadership;
- tolerance, acceptance and respect;
- curriculum content should include:
 - history and philosophy of multidisciplinary practice;
 - negotiation and conflict resolution;
 - debating skills;
 - knowledge of other disciplines;
 - legislation and professional standards;
 - team building and dynamics; and
 - mindful/reflective practice.

The main themes that arose from this third workshop were that participants agreed that there was a need to provide students with some cross-disciplinary knowledge and to emphasise respectful communication. However, the placement coordinators and placement supervisors also felt that it was necessary for students to have a good sense of their own discipline prior to learning about other disciplines.

Conclusions from first year activities

The series of learning circles in year one was designed to engage and empower the project leaders to investigate the capacity within their own universities to progress cross-disciplinary education initiatives in mental health. In addition, the activities during year one of the project were designed to assess the readiness for staff at the respective universities to engage in cross-disciplinary education initiatives. In progressing the various meetings with university personnel at Griffith University and the University of the Sunshine Coast, field supervisors, industry stakeholders and Queensland health employees, a number of barriers and challenges to cross-disciplinary education were identified. It was apparent that across the five disciplines there was a recognition that students in psychology, medicine, social work, nursing and occupational therapy were generally not adequately prepared in their university education and training programs for multidisciplinary practice in mental health. It was also clear that at least at these universities interprofessional learning was not well integrated and while good will and enthusiasm was found, there appeared not to be sufficient support or structural solutions for cost-sharing so that cross-disciplinary initiatives could be progressed.

The distributed leadership model, whereby members of the project team sought to influence the opinions of Deans, Heads of School, and program coordinators about the desirability and practicality of cross-disciplinary education, and whereby placement coordinators were encouraged and supported to have a similar influence in the upward direction on program coordinators and horizontally on field supervisors afforded modest success. There was increased enthusiasm at all Faculty levels and amongst participating field supervisors for the philosophy underpinning and methods of implementing cross-disciplinary education and interprofessional learning. There was in principle support at all levels for a training module for students in the major mental health disciplines, which would be designed around the principles of interprofessional learning. There was in principle support at Faculty level in one of the universities for earmarking teaching and learning grants for projects that investigate, implement and evaluate cross-disciplinary educational programs as well as for the establishment of a cross-disciplinary core health course and other cross-disciplinary mental health modules. There was support for the concept of multidisciplinary training clinics. In the other university, faculty members with whom the project team engaged demonstrated a willingness to explore the concept of capstone courses that require cross-disciplinary educational input and the establishment of a Blackboard learning site containing relevant mental health education materials, which would be accessible to students undertaking mental health field placements. Field placement coordinators in that university also commenced joint meetings to explore possibilities for cross-disciplinary practicum coordination that may see students from its four mental health disciplines preparing for placement by undertaking interprofessional preparation and then together experiencing a multidisciplinary work placement. The project team was continuing to explore these possibilities for interprofessional education into the second year of the project.

These leadership outcomes, although apparently modest at the outset, nevertheless are in keeping with the aims of the project that were outlined above. They are also commensurate with the distributed leadership philosophy that attempts to build cross-disciplinary leadership capacities of teaching staff to respond to 'upward (structural) leadership' challenges in the form of their engagement with senior managers at faculty and university levels around questions of workload and student load sharing arrangements where collaborative teaching is involved. Field placement coordinators were afforded the opportunity to exercise 'upward (structural) leadership' with program coordinators who have the responsibility of ensuring that programs are delivered in accordance with discipline-specific accreditation guidelines. They also were provided with opportunities to provide horizontal leadership for field supervisors who are best placed to ensure that students have access while on placement to the knowledge and

work practices of mental health professionals from other disciplinary backgrounds as well as from their own discipline.

To support these modest leadership outcomes, we propose a series of recommendations whereby universities are likely to enhance the capacity to develop cross-disciplinary education initiatives.

Recommendations for enhancing leadership capacity to develop cross-disciplinary education.

Recommendation 1: Universities should include in the Graduate Attributes of students completing degrees in health sciences the attribute of having demonstrated interprofessional understanding as part of their student experience.

Recommendation 2: Universities offering programs in the health disciplines should establish communities of practice so that academics who wish to facilitate cross-disciplinary education have a recognised and valued group with whom they may develop a systematic approach to cross-disciplinary education for interprofessional learning.

Recommendation 3: Universities should provide academic leadership for the communities of practice which supports and encourages champions in the different disciplines.

Recommendation 4: Universities should provide administrative support for the communities of practice.

Recommendation 5: Universities should encourage Heads of Schools/Discipline Leaders to update, renew and revise existing curricula to facilitate opportunities for cross-disciplinary education.

Recommendation 6: Universities should find a structural solution for cost sharing between disciplines involved in cross-disciplinary teaching.

Recommendation 7: Universities should ensure that evaluation is embedded within all cross-discipline initiatives.

Recommendation 8: Universities should recommend to the various professional accrediting bodies that the requirement for cross-disciplinary education in the health sciences be incorporated in all accreditation standards.

Recommendation 9: Universities should encourage a whole of university approach to cross-disciplinary education which facilitates a change of culture and attitudes in the university.

Recommendation 10: Universities should encourage, provide incentives and acknowledge those staff members who work collaboratively with colleagues in disciplines other than their own.

Project outcomes and impacts from year two

The aims of the project in year two were to:

- conduct a national survey of program coordinators;
- develop of a training module for students;
- trial the student module with students from Griffith University and the University of the Sunshine Coast;
- conduct 1-day workshop with staff from other universities who have been selected on the basis of the survey to disseminate the strategies for enhancing leadership capacity and the cross-disciplinary education resources; and

- establish a clearing house of curriculum and other professional resources.

Results of the national survey of universities

In November 2009 an online survey was conducted exploring the extent to which universities in Australia are currently engaged in cross-disciplinary education in mental health. A total of 127 senior academic staff working in five mental health disciplines (Medicine/Psychiatry, Nursing, Occupational Therapy, Psychology, and Social Work) were contacted by email and invited to participate in the online survey. The survey is available in the Appendix.

Forty-three responses to the survey were received (response rate of 34%) from staff working in 25 (70%) of the 36 universities from which responses were sought. Discipline response rates were nursing (42%), psychology (39%), social work (38%), medicine/psychiatry (21%), and occupational therapy (18%). There is a temptation to interpret a lack of response as an indication of a lack of interest in cross-disciplinary education or alternatively as an indication that there was no cross-disciplinary education happening at non-respondents' universities. These assumptions would be unwise. It is safer to assume that non-respondents chose not to respond for reasons of their own. Similarly, it would be unwise to make the assumption that trends in the information obtained from respondents are likely to reflect what is happening in other universities or faculties from which responses were not received. However, one is not able to draw the conclusion that respondents' views were representative of all discipline leaders' opinions. Because numbers of respondents from each of the five discipline areas were small, we have summarised responses across the discipline areas rather than reporting findings by discipline area.

Combining responses from these five discipline groupings, 65% (n=28) of respondents indicated that their program/school participated in some form of cross-disciplinary education. Approximately half indicated that: health and allied health resided in one faculty at their university (58%); their university encouraged cross-disciplinary teaching and learning (53%); and key staff members in their discipline were actively engaged in some form of cross-disciplinary education or interprofessional practice (51%). Less than half (44%) of the respondents reported that their university had policies and practices in place for sharing student load.

Major barriers endorsed by more than 50% of respondents included:

- the crowded curriculum (67% of respondents); and
- timetabling and calendar clashes (51%).

The following perceived barriers were also identified:

- lack of financial resources to support cross-disciplinary education (49%);
- lack of administrative support (44%);
- lack of rewards (44%);
- curriculum rigidity (40%);
- turf battles (40%);
- faculty attitudes (28%);
- class sizes (23%); and
- perceived lack of value in cross-disciplinary education (21%).

The survey trends were consistent with the findings of our workshop activities involving professional and industry representatives as well as mental health discipline leaders and Faculty and School Heads in our respective universities. There is general endorsement for pre-professional cross-disciplinary education of mental health

practitioners in training. Faculty and student attitudes are generally positive. The perceived barriers and impediments take the form of resourcing and timetabling, cross-disciplinary educational initiatives and curriculum crowding and structures.

While there are perceived difficulties in progressing cross-disciplinary education initiatives, the success of such initiatives overseas and the increasing need for graduates to be knowledgeable about disciplines other than their own, require academics to find ways to work together to deliver interprofessional learning opportunities for students. We address below the underlying philosophy of our cross-disciplinary perspective and foundation for the student interprofessional learning module. These views are a combination of the project team members' reflections on their individual involvement, our own learning in the course of this ALTC leadership project and the viewpoints expressed by workshop participants.

Philosophy for enhancing leadership capacity for cross-disciplinary education for interprofessional learning

A shared underlying philosophy is a critical requirement for a training module that takes a cross-disciplinary approach to interprofessional mental health education. Our shared philosophy includes value commitments based on those identified by Darling and Ogg (1984):

- Commitment to a respectful cross-disciplinary process—the project team members and other workshop participants believed in the project and in the desirability of cross-disciplinary education. Likewise, facilitator's must be able to work together, trust each other, and respect each other's disciplinary perspective and world view.
- Commitment to disciplinary interdependence—the team members and other workshop participants were able to demonstrate that they valued their discipline as a component of an interprofessional approach to mental health service delivery, rather than a stand-alone or premier mental health approach. Similarly facilitators need to be able to recognise the value of their own discipline as well as other disciplines in preparing mental health practitioners.
- Commitment to risk taking—a cross-disciplinary program must establish a climate that supports collaborative learning. When facilitators and students engage in cross-disciplinary education and learning, they venture outside of their disciplinary comfort zone and need to manage resultant challenges, anxieties and defences that may arise within diverse disciplinary teams.

In addition we also value a:

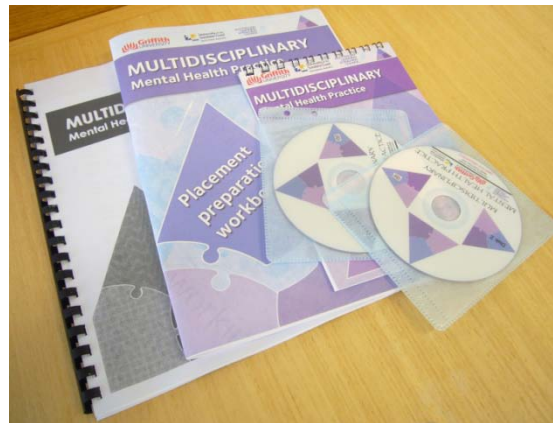
- commitment to a collaborative consumer centred approach to care, focusing on the values of the consumer and sharing a common goal of improving the health and well-being of the individual, their families and the community; and
- commitment to respectful communication—interpersonal communication is critical in establishing a climate for discussion of differing views, fostering positive attitudes and promoting collaborative interprofessional team effort.

We acknowledge that:

- examples of where cross-disciplinary education and training is working well are needed;
- dissemination of strategies for enhancing opportunities for cross-disciplinary collaboration is required; and
- acceptable cross-disciplinary teaching resources need to be available for use by the various disciplines so that students are prepared better for mental health practice in the absence of structural facilitation of cross-disciplinary education.

Development and evaluation of cross-disciplinary education resources: 'Preparing for Multidisciplinary Mental Health Placement'

A suite of resources was developed by the Project Team following the workshops described above, with content consistent with the recommendations from the workshops, and with recent evidence-based best practice for interprofessional learning (Reeves et al., 2008, WHO, 2010). PowerPoint slides for this workshop are available in the Appendix 4. A Facilitator's Manual, Student Placement Preparation Workbook and Student Placement Workbook are also available as accompanying resources.



The aims of the placement preparation workshop are:

- to assist students to understand better the different perspectives of each mental health discipline;
- to assist students to develop respectful professional attitudes towards other disciplines; and
- to assist students to recognise, understand and manage conflict and interprofessional tensions.

Learning outcomes

- students will be able to demonstrate knowledge of own role and that of other team members in multidisciplinary mental health practice;
- students will develop awareness of interpersonal and communication factors necessary for a well functioning team;
- students will be able to demonstrate awareness of ethical issues in professional practice; and
- students will be able to demonstrate knowledge of signs of work stress and strategies for self care, and on-going professional development.

Overview of the training activities in student placement preparation workshop

Activity 1:	Self-assessment and learning outcomes
Activity 2:	Key Health professionals: Discussion about Philosophy, Ontology, Epistemology and Methods (POEM) of each discipline.
Activity 3:	Multidisciplinary Mental Health Team Work: Introducing Peter and Julie and the multidisciplinary team
Activity 4:	Multidisciplinary Mental Health Team

Activity 5:	Work: Team discuss admission and pre discharge meeting Consumer perspective – Julie and Peter reflect on their experience in the mental health system
Activity 6:	Communication between Mental Health Professionals (1) Analysis of unsuccessful home visit – view five short DVD clips demonstrating conflict in team dynamics
Activity 7	Communication between Mental Health Professionals (2): Analysis of Medication team meeting – view two DVD clips demonstrating ineffective and more effective communication.
Activity 8:	Ethical practice – discuss ethical issues in multidisciplinary practice
Activity 9:	Consumer and carer stories
Activity 10:	Develop an integrated care plan
Activity 11:	Self-care and professional practice
Activity 12:	Students approach to professional practice – and their own POEM

The placement preparation workshop was trialled at both the University of the Sunshine Coast and Griffith University (Gold Coast campus). A total of 30 students from psychology (7), social work (10), medicine (3), occupational therapy (4) and nursing (6) attended the workshops.



Figure 3: Student participants at the placement preparation workshop

Student feedback on the placement preparation workshop and training resources

Overwhelmingly, students found the workshop and training materials (student workbook, DVD) valuable. Selected comments on what students learned included:

“Was good to get a perspective of what other professions do”

“Upon reflection I knew much less about the other professions than I first thought”

“It was very helpful to talk and discuss the difference in different disciplines and to be able to question the members in person...”

“I learned that is important to communicate with teams and to be respectful of each others’ role and discipline”

“Engaging with and learning from other disciplines was very valuable”

“Really enjoyed this activity. Very different to observe each role of multidisciplinary team on placement. This activity helped to clarify the differences and similarities”

“Gained understanding that each profession plays a unique role and even though they may hold different values/philosophies, they complement each other and aim to work towards the best interests of the clients”

“Very worthwhile, the content included lots of material in an effective way”

“As a general comment about the workshop, I think it would be especially helpful as part of the prac [sic] preparation that social work students have to undertake before placement. The workshop helped us to articulate the roles of the multi-disciplinary team”

The main themes that came out of the student placement preparation workshops were that students identified that they wanted to be able:

- to understand better the different perspectives of the various disciplines;
- to develop respectful and professional attitudes and behaviors towards other disciplines; and
- to recognize, understand and manage conflict and interprofessional tensions.

Students also provided feedback on the written exercises in the workbook, indicating that there was some repetition, and that two of the clips in the DVD were not realistic enough. The recommended changes were incorporated in the final version of the workbooks and the particular clips were re-filmed.

Student feedback on the placement workbook

Students at both universities were encouraged to complete a series of activities in a placement workbook that was designed to have them reflect on the relevance of the activities completed during the placement preparation workshop, and with respect to the explicit learning outcomes relating to working in a multidisciplinary context. At the time of this report eight students had completed their placements and had returned their placement workbooks. Students were asked to reflect on the placement preparation workshop and to indicate how helpful they thought the training module had been in preparing them for their placement. Two of the eight students indicated that they found the training module overall somewhat helpful, three indicated that the training module was moderately helpful and three indicated that it was extremely helpful. Students were asked to indicate specifically the helpfulness or otherwise of each of the activities completed in the placement preparation workshop. Students were again very positive about the individual activities with only one student commenting that he/she found one activity not particularly helpful. Students also provided some positive and some less positive comments:

“I found the workshop and the workbooks to be of high relevance”

“I found I took more away from this placement preparation workshop than the preparation workshop that is compulsory for students going on field placement”

“I found it difficult to find the time or the opportunity to complete the case study...”

Truth be told, I have been so busy on prac that I did not think to complete the questionnaires or look at the booklet...”

These comments confirmed for us that the placement preparation workshop had been valuable, and we were grateful to the students who had been willing to trial the workshop and workbook materials. However we also recognised that these activities need to be integrated into the curricula for the various disciplines in order for them to be of maximum benefit to the students. We also acknowledge that in the trial the workbooks were not assessable and that the students were not required to complete them for course credit.

Recommendations for integrating cross-disciplinary perspectives for interprofessional learning

Recommendation 1: Students in the health disciplines should be required to undertake interprofessional learning during their pre-professional or professional training.

Recommendation 2: Interprofessional learning should be introduced in the later years of the students' training once they have developed their own discipline identity

Recommendation 3: Student interprofessional learning should include both theoretically relevant content as well as practical experience working within a multidisciplinary team in an actual clinical setting.

Recommendation 4: Learning outcomes that are explicit in the expectation that students will focus on the multidisciplinary experience, and demonstrate their participation in interprofessional work teams, while on placement should be included in any interprofessional training.

Recommendation 5: Interprofessional learning should emphasise effective teamwork, effective communication, respectful acknowledgement of views of other professionals and critical reflection of one's own performance in a team.

Recommendation 6: Students should demonstrate their understanding of the different roles and responsibilities of the team, and demonstrate their understanding of how working together co-operatively serves the best interest of the patient/client and their family/carers.

Recommendation 7: Students completing degrees in health sciences should receive a statement attesting to a Graduate Attribute of having demonstrated interprofessional understanding as part of their student experience.

Dissemination strategies for enhancing leadership for cross disciplinary education and resources for 'Preparing Students for Multidisciplinary Mental Health Placement'

A series of dissemination strategies were planned at the beginning of the project. These included conference presentations, publishing a series of articles and finally presenting a one day workshop to academics at other universities. This section will report on the outcomes and impacts of the dissemination strategies.

Date	Conference	Title	Paper/Poster	Presenter(s)
18-19 February 2009	ALTC Leadership Program, Hobart, Tasmania	Identification of cross-disciplinary capacity for enhancing the professional education of multidisciplinary mental health practitioners	Poster (#1)	S. Morrissey, G. Davidson
May 2009	Royal Australian and New Zealand College of Psychiatry Annual Conference	Identification of cross-disciplinary capacity for enhancing the professional education of multidisciplinary mental health practitioners	Platform paper	H. McConnell
26 September 2009	Australian Psychological Society, Annual Conference, Darwin	Identification of cross-disciplinary capacity for enhancing the professional education of multidisciplinary mental health practitioners	Paper in Special Forum chaired by G. Davidson and S. Morrissey	G. Davidson and S. Morrissey
October 2009	35th International Conference of the Australian College of Mental Health Nurses,	Identification of cross-disciplinary capacity for enhancing the professional education of multidisciplinary mental health practitioners	Poster (#1)	M. McAllister
18 November 2009	ALTC Assessment Forum, Melbourne	Identification of cross-disciplinary capacity for enhancing the professional education of multidisciplinary mental health practitioners	Poster (#1)	S. Morrissey, G. Davidson
Dec 2009	Griffith Health & Medical Research Annual Conference, Gold Coast	Identification of cross-disciplinary capacity for enhancing the professional education of multidisciplinary mental health practitioners	Poster (#1)	S. Morrissey
17-18 February 2009	ALTC Leadership Program, Melbourne	Enhancing the professional education of multidisciplinary mental health practitioners	Poster (#2)	S. Morrissey, G. Davidson

Date	Conference	Title	Paper/Poster	Presenter(s)
11 March, 2010	Innovate and educate Conference: Clin Ed Q Brisbane, Qld	Identification of cross-disciplinary capacity for enhancing the professional education of multidisciplinary mental health practitioners	Paper	S. Morrissey
11 & 12 March, 2010	Innovate and educate Conference Clin Ed Q Annual Conference, Brisbane, Qld	Enhancing the professional education of multidisciplinary mental health practitioners	Poster (#2)	S. Morrissey, D. McAuliffe, M. McAllister
April 2010	All Together Better Health V, Sydney	Identification of cross-disciplinary capacity for enhancing the professional education of multidisciplinary mental health practitioners	Electronic Poster #458	S. Morrissey
July 2010	Australian and New Zealand Association of Medical Educators	Enhancing the professional education of multidisciplinary mental health practitioners	Poster (#2)	M. McAllister
July 2010	Higher Education Research and Development Society of Australia	Enhancing the professional education of multidisciplinary mental health practitioners	Poster (#2)	D. McAuliffe
July 2010	International Congress of Applied Psychology	Psychology and cross disciplinary education for mental health practitioners	Paper	G. Davidson

Workshop for enhancing leadership for cross disciplinary education: Resources for 'Preparing Students for Multidisciplinary Mental Health Placement'

A one day workshop was held in Sydney on October 8, 2010. Twenty one academics from thirteen Australian universities attended the workshop with five members of the project team. The following disciplines were represented: psychology, mental health nursing, occupational therapy and social work. In addition academics from departments of rural and remote mental health, health education, health studies, and medical education also attended the workshop.

Table 2: Universities represented at workshop

State	University	Participants
WA	Curtin University	2
NSW	Charles Sturt University	2
	The University of Sydney	1
	University Western Sydney	1
	University New England	2
	University of Wollongong	2
	The University of Newcastle	2
	University of Technology Sydney	1
SA	University of South Australia	2
Qld	Griffith University	2
	University of the Sunshine Coast	2
Vic	RMIT University	1
	Victoria University	1

The aims of the workshop were:

- to provide an overview of the ALTC project; and
- to facilitate and encourage acceptance and implementation of cross-disciplinary education (CDE) for inter-professional learning (IPL) for students about to go on placement in mental health settings.

Consistent with our own universities' views about cross-disciplinary education, academics in the workshop also reported the main barriers and challenges to be:

- overcrowded curriculum (86%);
- program leaders 'program focused' (80%);
- internal funding models (79%);
- professional accreditation (68%);
- absence of guidelines for CDE (68%); and
- internal review processes (45%).

Strategies suggested for overcoming these barriers:

- hire someone who has done it before;
- develop relationships;
- look for opportunities for partnerships;
- work with a small cohort and trial the program;
- resources from today are a good selling point;
- finding logical or natural areas to use the product for education – go where there is energy;

- look for areas where different disciplines are doing common coursework;
- work within a field of practice e.g. mental health, health services where there are interdisciplinary teams;
- can use the product to look at team behaviours;
- don't have to know all the people in the project before you start;
- have a common focus e.g. grant application;
- be opportunistic;
- greater recognition of IP in professional and national accreditation standards; and
- ensure that evaluation and evidence are embedded.

What academics thought of the workshop:

“Thank you. Resource terrific, workshop most worthwhile”

“Would like to be part of IPE community”

“Extremely useful, interesting material, very well presented”

“Very stimulating and useful. Hope we can implement it”

“Terrific, stay connected, bring IPE to unis”

“fantastic workshop, project and resources”

“enjoyed listening and learning from others “

“Thank you, learn and share ideas, really well presented, would like ongoing contacted”

Linkages that have emerged as a result of this project

Following the workshop in Sydney support was expressed for the development of a Community of Practice for cross-disciplinary education (mental health education). In addition, the project team has been asked to repeat the workshop in three other States (Victoria, South Australia and Western Australia). Academics from eight of the universities attending the workshop have expressed a willingness to incorporate the training resources into their teaching and to evaluate the materials more systematically in a collaborative evaluation project and/or further ALTC application. Representatives from the Industry Advisory Group (Queensland Health and the Mental Health Professional Network) have expressed an interest in working with the project team to develop collaborative industry/university professional development activities for on-going (life-long) learning.

Evaluation of the project

Evaluation data were gathered at each stage of the project. In year one each workshop was evaluated by means of anonymous feedback (either in the form of the keypad technology mentioned earlier) or by means of a short questionnaire. Each learning activity in the student placement preparation workshop was evaluated during the workshop (again anonymously) as were the placement preparation workbooks.

Associate Professor Lorelle Burton (University of Southern Queensland) provided an independent evaluation of the project. The report is available from the ALTC.

Attendees at project workshops and other activities

Workshop series one: Cross-disciplinary, cross-university, distributed leadership: Southbank, Brisbane, 20 March 2009

Dr Graeme Browne	Australian Council of Mental Health Nurses
Mr Jeff Cheverton	Queensland Alliance
Mr Chris Gibbs	Mental Health Professionals Network
Professor Don Gorman	Queensland Nursing Council
Ms Jane Hutton	Australian Association of Social Workers
Dr Bill Kingswell	Royal Australian and New Zealand College of Psychiatry
Dr Helen Lindner	Australian Psychological Society
Dr Denise McConnell	Queensland Mental Health Pharmacy Group
Ms Debra Nizette	Office of the Chief Nurse
Dr Maddy Phillips	Queensland Centre for Mental Health Learning
Ms Judith Piconne	Queensland Centre for Mental Health Learning
Ms Sue Morrell	Statewide Allied Health and Oral Health Clinical Education & Training, Qld Health
Ms Linda Hansen	Statewide Allied Health and Oral Health Clinical Education & Training, Qld Health
Ms Gela Van Horen	Statewide Allied Health and Oral Health Clinical Education & Training, Qld Health
Ms Penny Taylor	OT Australia
Mr John Quinn	Mental Health Plan Implementation Team, Qld Health
Ms Kate Alcorn	Occupational Therapy, University of the Sunshine Coast
Dr Leanne Casey	Psychology, Griffith University
Dr Clare Fenwick	Nursing, Griffith University
Dr Jan Foster	Social Work, University of the Sunshine Coast
Professor Mary Katsikitis	Psychology, University of the Sunshine Coast
Ms Christine Randall	Social Work, Griffith University
Ms Karen Wallen	Mental Health Nursing, Griffith University

Facilitators: Shirley Morrissey, Graham Davidson, Donna McAuliffe, Margaret McAllister, Prasuna Reddy, Harry McConnell
Also present: Julie Henry (Project Manager).

Workshop series two: Cross-disciplinary, intra-university, structural leadership, Griffith University, 19 June 2009

Nick Buys,	Dean – Learning and Teaching, Griffith University
Elizabeth Patterson	Head of School, School of Nursing and Midwifery, Griffith University
Alf Lizzio	Head of School, School of Psychology, Griffith University
Leanne Casey	Director, Clinical Program, School of Psychology, Griffith University
Patricia Dorsett	Senior Lecturer, School of Human Services and Social Work, Griffith University
Christine Randall	Lecturer, School of Human Services and Social Work, Griffith University
Jayne Clapton	Head of School, School of Human Services and Social Work, Griffith University
Saras Henderson	Deputy Head of School, School of Nursing and Midwifery, Griffith University
Debra Henly	Dean – Academic, Griffith University
Lesley Chenoweth	Professor, School of Human Services and Social Work, Griffith University
Clare Tilbury	Associate Professor, School of Human Services and Social Work, Griffith University

Facilitators: Shirley Morrissey, Graham Davidson
Also present: Julie Henry (Project Manager).
Apologies: Donna McAuliffe

Workshop series three: Intra-disciplinary, intra-university, distributed leadership Griffith University, June 26, 2009

Christine Randall	Program Convenor, Rehabilitation Counselling, Griffith University
Jennifer Cartmel	Lecturer, Human Services & Social Work, Griffith University
Judith Needham	Clinical Co-ordinator, Nursing, Griffith University
Tracy Ludlow	Internal Placement Coordinator, Psychology, Griffith University
Jennifer Body	Lecturer, Human Services & Social Work, Griffith University
Anne Marie Elias	Psychologist, Palm Beach Currumbin Clinic
Brian Drury	Mental Health Educator, Royal Children's Hospital CYMHS
Alice Hodgson	OT Clinical Education Officer, Metro South – Southside, Qld Health
Shane Taege	OT Clinical Education Officer, West Moreton & South Burnett, Qld Health
Nicole Lucas	OT, Gold Coast Mental Health, Qld Health
Jenny Hassan	OT, Gold Coast Mental Health, Qld Health
Jan Parr	Research & Information management Manager, QCMHL
Miriam Taylor	Research Manager, Qld Centre for Intellectual and Developmental Disability
Ben McKinnon	Nurse Manager, Mental Health Workforce, Central Mental Health Sub-network, Qld Health
Jennifer Sands	Acting Team Leader, CYMHS access team, Qld Health
Angel Carrasco	Assistant Director Social Work, Gold Coast Mental Health and ATODS Service, Qld Health

Facilitators: Shirley Morrissey, Graham Davidson, Donna McAuliffe
Also present: Julie Henry (Project Manager).

Workshop series two: Cross-disciplinary, intra-university, structural leadership, University of the Sunshine Coast, 21 July 2009

Prof Pamela Dyer	Dean and Professor, Faculty of Arts and Social Sciences, University of the Sunshine Coast
Dr Julie Mathews	Associate Professor and Director of Research, Faculty of Arts and Social Sciences, University of the Sunshine Coast
Prof John Lowe	Head, School of Health and Sport Sciences, University of the Sunshine Coast
Prof. Mary Katsikitis	Professor of Psychology, Faculty of Arts and Social Sciences, University of the Sunshine Coast
Assoc. Prof. Janet Allan	Associate Professor in Nursing, Coordinator of Undergraduate Nursing Program, Faculty of Science, Health and Education, University of the Sunshine Coast
Dr Jan Foster	Program Leader, Social Work, Faculty of Arts and Social Sciences, University of the Sunshine Coast
Mr Craig Greber	Lecturer OT, School of Health and Sports Science, University of the Sunshine Coast

Facilitators: Shirley Morrissey, Graham Davidson, Margaret McAllister
Also present: Julie Henry (Project Manager).

**Workshop series three: Intra-disciplinary, intra-university, distributed leadership
University of the Sunshine Coast, 21 July 2009**

Mary Katsikitis	Professor of Psychology, Faculty of Arts and Social Sciences, University of the Sunshine Coast
Janet Allan	Associate Professor in Nursing, Coordinator of Undergraduate Nursing Program, Faculty of Science, Health and Education, University of the Sunshine Coast
Jan Foster	Program Leader, Social Work, Faculty of Arts and Social Sciences, University of the Sunshine Coast
Craig Greber	Lecturer, OT, School of Health and Sports Science, University of the Sunshine Coast
Kate Alcorn	Lecturer, Occupational Therapy, School of Health and Sport Sciences, University of the Sunshine Coast
Bronwyn Doyle	Clinical Placement Coordinator, Nursing, Faculty of Science, Health and Education, University of the Sunshine Coast
Penelope Taylor	Clinical Coordinator, OT, School of Health and Sports Science, University of the Sunshine Coast
Neil Mellor	Lecturer, Counselling and Social Work, Faculty of Arts and Social Sciences, University of the Sunshine Coast
Christine Boulter	Field Education Coordinator, Social Work, Faculty of Arts and Social Sciences, University of the Sunshine Coast
Dixie Statham	Clinic Manager and Senior Lecturer Psychology, Faculty of Arts and Social Sciences, University of the Sunshine Coast
Jo Munday	MH Nurse Educator, Nambour Hospital, Queensland Health
Alan Prince	Psychologist, Queensland Health
Vera Hempel	Director, Social Work, Queensland Health
Mary Couche	Senior Social Worker, Queensland Health
Graeme Conway	Social Worker, Queensland Health

Facilitators: Shirley Morrissey, Graham Davidson, Margaret McAllister,
Also present: Julie Henry (Project Manager).

**Workshop series four: Development and evaluation of cross-disciplinary education
resources 'Preparing for Multidisciplinary Mental Health Placement' Student Workshop,
Griffith University, June 30 2010**

Sharon McKenzie	Psychology
Kymerlee Oakley	Social work
Kerrie Woods	Psychology
Celine Doeuk	Medicine/Psychiatry
Cheryl Johnson	Social work
Hugh Rose-Miller	Social work
Tracy Fallon	Psychology
Heath French	Medicine/Psychiatry
David Barison	Medicine/Psychiatry
Curt Singleton	Social work

Facilitators: Shirley Morrissey, Donna McAuliffe
Apologies: Harry McConnell

Workshop series four: Development and evaluation of cross-disciplinary education resources 'Preparing for Multidisciplinary Mental Health Placement' Student Workshop, University of the Sunshine Coast, Sept 6, 2010

Esther Baker	Social work
Linda O'Connor	Nursing
Maria Ives	Nursing
Jess Franssen	Social work
Paris D'Argent	Occupational Therapy
Cleo Sheather	Occupational Therapy
Chaya Moloney-Lees	Psychology
Raymond Inkpen	Psychology
Maria Gill	Social work
Belinda Ingley	Occupational Therapy
Lynette Magarry	Nursing
Brooke Bell	Social work
Angela Pope	Social work
Samuel Calder	Psychology
Linda Finch	Psychology
Judith Watkins	Nursing
Carmel Shick	Nursing
Kristine Aughton	Social work
Suzanne Van Slyke	Nursing
Sarah Butler	Occupational Therapy
Marietta Uy	Nursing

Facilitators: Shirley Morrissey, Graham Davidson, Margaret McAllister

Dissemination workshop one: Cross disciplinary, inter university, academic leadership, Sydney, October 8, 2010

Attendees

Maree Mestichello	Curtin University	Occupational Therapy
Julie Netto	Curtin University	Occupational Therapy
Melissa Davis	Curtin University	Psychology
Andrew Crowther	Charles Sturt University	Nursing
Michael Kiernan	Charles Sturt University	Nursing
Anna Moran	Charles Sturt University	Health
Kris Martin McDonald	Victoria University	Nursing
Marty Grace	Victoria University	Social Work
Andrea Chester	Royal Melbourne Institute of Technology	Psychology
Craig Gonsalvez	University of Wollongong	Psychology
Janette Curtis	University of Wollongong	Nursing
Roger Dunston	University of Technology Sydney	Social Work
Cynthia Delgado	Sydney University	Nursing
Joanna Patching	Sydney University	Nursing
Nicola Hancock	Sydney University	Occupational Therapy
Reine Cordier	Sydney University	Occupational Therapy
Graeme Still	Macquarie University	Medical Education
Kathryn Perry Nicholson	University Western Sydney	Psychology
Sally Hunter	University New England	Counselling
Mfawny Maple	University New England	Social Work
Kerrie Brown	Newcastle University	Nursing
Tracy Robinson	Newcastle University	Nursing
Rob Ranijn	University South Australia	Psychology
Elissa Pearson	University South Australia	Psychology
Louise Ward	Griffith University	Nursing
Ed Blacklock	Griffith University	Nursing
Dixie Statham	University of the Sunshine Coast	Psychology
Neil Mellor	University of the Sunshine Coast	Social Work
Donna Hodgson	University Canberra	Nursing
Nikki Lucas	University Canberra	Health

Facilitators: Shirley Morrissey, Graham Davidson, Donna McAuliffe, Prasuna Reddy, Harry McConnell

Also present: Lorelle Burton (Independent evaluator).

Apologies: Margaret McAllister

Industry Advisory Group and Reference Group Meetings

Industry Advisory Group held on Friday, 7th November, 2008

Present:

Ms Sandra Garner (Mental Health Professionals Network)
Dr Jennifer Sturgess (Allied Health Workforce Advice and Coordination Unit, Qld Health)
Mr Chris Gibbs (MHPN)
Dr David Alcorn (RANZCP)
Dr Graeme Brown (ACMNH)
Dr Helen Lindner (APS)
Ms Jane Hutton (AASW)
Ms Penny Taylor (OTA)

Project Team:

Shirley Morrissey
Graham Davidson
Margaret McAllister
Harry McConnell
Donna McAuliffe
Julie Henry (Project Manager)

Apologies:

Prasuna Reddy

ALTC Industry Advisory Group Meeting, 29 July 2009

Present:

Sandra Garner, MHPIPT Qld Health
Gail Robinson, RANZCP
Denise McConnell, MH Pharmacy
Don Gorman, Qld Nursing Council
Penny Taylor, OT Australia
Judy Venn, AASW
Jennifer Sturgess, Qld Health
Helen Lindner, APS
Jeff Cheverton, Qld Alliance

Project Team:

Shirley Morrissey
Donna McAuliffe
Graham Davidson
Julie Henry (Project Manager)

Apologies:

Margaret McAllister
Harry McConnell
Graeme Brown, MH Nursing

Project Reference Group held on 7 November, 2008

Present:

Christine Grimmer
Stephen Billett
Nick Buys

Project Team:

Shirley Morrissey
Graham Davidson
Margaret McAllister
Harry McConnell
Julie Henry (Project manager)

Apologies:

Prasuna Reddy
Donna McAuliffe
John Lowe

ALTC Project Reference Group Meeting, 29 July 2009

Present:

Christine Grimmer, Griffith University
Nick Buys, Griffith University
Tom O'Brien, University of Queensland
Stephen Billett, Griffith University
John Lowe, University of the Sunshine Coast (via Skype)

Project Team:

Shirley Morrissey
Graham Davidson
Harry McConnell
Margaret McAllister
Donna McAuliffe
Julie Henry (Project Manager)

Apologies:

Prasuna Reddy

Combined Meeting of the ALTC Industry Advisory Group and Reference Group, October 15, 2010

Present:

Tom O'Brien, Qld Health
Stephen Billett, Griffith University
Debra Nizette, Office of the Chief Nurse
Chris Gibbs, MHPN
Jane Hutton, AASW
Lara Denman, Qld Health (for Jennifer Sturgess)
Denise McConnell, Pharmacy
Helen Lindner, APS
Sandra Garner, Qld Health

Project Team:

Shirley Morrissey
Graham Davidson
Margaret McAllister
Donna McAuliffe
Harry McConnell
Julie Henry (Project Manager)

Apologies:

Nick Buys
Robert King
Christine Grimmer
John Lowe
Jeff Cheverton
Jennifer Sturgess
Don Gorman
Penny Taylor
Prasuna Reddy

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collaborative practice*. Geneva, Switzerland: Author.

Accompanying Resources:

[Teaching Together, Learning Together, Working Together workbooks.](#)

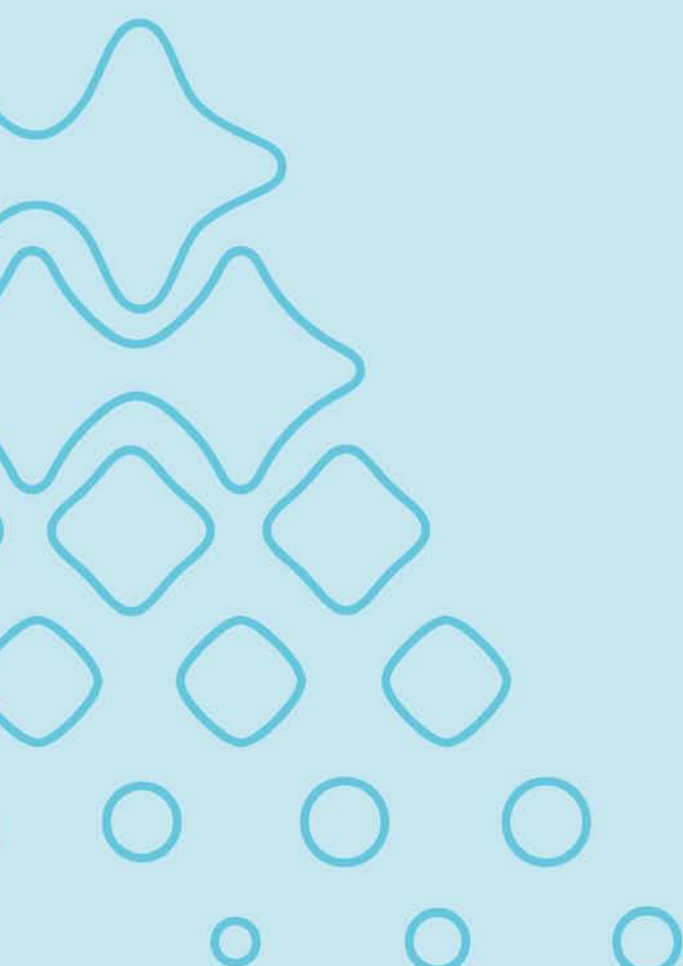
Teaching Together, Learning Together, Working Together Workbooks, Annotated Bibliography, PowerPoint Presentations of all Workshops and Website Links to the relevant Codes of Ethics and National Practice Standards are all available to download from ALTC Website and on request from Shirley Morrissey, School of Applied Psychology, Griffith University (s.morrissey@griffith.edu.au)

DVD 1: Video clips of multidisciplinary mental health practice to accompany student placement preparation workshop/workbook

DVD 2: Video clips of mental health practitioners describing their P.O.E.M. to accompany student placement preparation workshop/workbook

DVD 1 and 2 are available to download from

<http://itunes.apple.com/au/itunes-u/altc-multi-disciplinary-mental/id44671458>



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