

Training linked to rural service delivery: intern-provided clinical neuropsychological service in Break O'Day, north-east Tasmania

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INTRODUCTION

Many chronic physical diseases are neurological in nature and are relatively common. For example, the Australian Institute of Health and Welfare¹ reported that the incidence of stroke (cerebrovascular disease) in Australia is the second largest individual underlying cause of death with 63 deaths per 100 000 males and 60 deaths per 100 000 females in 2002, suggesting a figure of 500–1000 new strokes each year in Tasmania. On a population basis, the annual rate of stroke in Tasmania lies towards the upper estimate, given that of the States and Territories it has the second highest proportion of people aged 65 years and above (14.6% in 2002).² Also, the Australian Bureau of Statistics indicated that Tasmania has experienced the fastest growth in median age over the last 20 years.³ An illustrative GP practice of approximately 5000 people would, therefore, probably see 10 new strokes each year with a prevalence of 40 cases or higher. Tasmania also has the highest prevalence of multiple sclerosis (MS) in Australia⁴ and general epidemiological information would predict that a significant amount of disability in a rural practice would result from patients having suffered a severe head or spinal injury.

Clinical psychology services for rural Tasmanians are extremely scarce for any aspect of practice and there are currently no local clinical neuropsychology services for those who are living with chronic physical and neurological diseases. There are no services because it has not been possible to attract suitably trained clinical psychologists to rural areas and designated positions have been lost to other services. Traditionally, training for all intern clinical psychologists has been based in metropolitan Tasmania.

In order to address this rural clinical neuropsychology service deficiency, the workforce shortage of clinical psychologists in rural Tasmania, and the desirability of linking training in rural areas to service delivery, the University of Tasmania, through its University Department of Rural Health (UDRH) and its School of Psychology (SOP) devised a strategy to provide a service to a group with no access to such services. The strategy was enhanced through partnership engagement with a local community sponsor, the Tasmanian Lymphoedema Centre Inc. and resulted in a project to place clinical psychology interns at St Marys/St Helens in the Break O'Day municipality on the east coast of Tasmania. The project was funded by the Australian Government's Department of Health and Ageing through its Rural Chronic Disease Initiative (Round 2). An important part of the project was an evaluation study conducted during 2003.

In this paper, a profile is provided of the study participants, including both interns and patients. The study's objectives and indicators are described and the results are assessed broadly using a case study and extracts from interns' pre and post placement questionnaire responses. The project provided interns with a unique opportunity to experience how a new

neuropsychology service could be introduced into a rural area and how small communities respond to the introduction of such a service.

THE STUDY

Participants

Psychology interns are postgraduate psychologists undergoing 2–4 years of credential-oriented training and supervised practice at University of Tasmania. During 2003, four Interns undertook 12-week placements, in pairs in the Break O’Day municipality, based at St Marys. They provided the service for three days a week, returning to Hobart for the remaining two days of the week for teaching and clinical supervision at the University Psychology Clinic (UPC). Clinical supervision was provided by qualified clinical psychologists who already act as supervisors for the SOP’s MPsych, DPsych and PhD(clin) clinical psychology training programs. Their supervisor was always contactable via telephone, email and videoconferencing facilities. Specific service protocols were developed for the project, guided by those already operating in the UPC and the supervisor provided monthly on-site visits for continuing liaison with GP referrers, the local community group, as well as the interns.

Clients included people with psychological problems derived from multiple sclerosis, stroke, spinal injury, head injury and other chronic diseases as suggested by community groups – estimated to have a community prevalence of 2.5%. The population of this local government area is 5000 people and potential patient numbers were estimated at 250. Actual numbers were around 100 patients for the 12-month period of the study. They were referred to the intern clinical neuropsychology service for psychological help through self-referral, by local GPs and other health professionals, and by co-ordinators of support groups for people with chronic illnesses.

The limited number and range of health services in the region made it difficult to access service providers to inform them of the service and to encourage them to refer patients. Promotion of the service to the community was difficult due to the limited local media opportunities. The local medical practices in the region all experienced a critical shortage of GPs during the period of the project, with locums and part time GPs, who were unfamiliar with the service, resulting in lower patient numbers than expected.

Objectives, indicators and assessment of results

Objectives 1–3 and indicators

The first objective was to reduce the levels of depression and anxiety among people with physical and chronic neurological conditions. The indicator was reduction in depression and/or anxiety score on the Hospital Anxiety and Depression Scale (HADS) for those participants referred with mood disorder.⁵ The HADS is a well-validated measure of mood, employed in routine clinical practice.

The second objective was to reduce somatic and social dysfunction among people with chronic physical and neurological conditions. This was measured by the General Health Questionnaire (GHQ)⁶, a well-validated instrument used routinely in clinical practice.

The third objective was to increase life activities among people with chronic neurological conditions. This was assessed using the Frenchay Activities Index (FAI).⁷

Assessment of results

The HADS, GHQ and FAI clinical instruments were usefully employed as illustrated in the following case example.

Background

Client JS is a married woman who suffered a brain injury in a moving vehicle accident in 2002. JS has shown continuing grief/loss stemming from the head injury and a failure to fully adjust to the trauma she sustained. She was referred to the intern neuropsychology service for help with her depressed mood and marriage relationship difficulties by a Speech Pathologist.

Psychological intervention

Initial assessment included the HADS questionnaire and symptom ratings. Whilst her rating of anxiety placed her well within the normal range, her other mood ratings indicated 'severe' symptoms of depression. After weekly sessions with the intern therapist over an approximately six-week period, JS reported significant improvements and her HADS questionnaire responses indicated only a 'mild' depression of mood. Similarly, her management of unpleasant feelings connected with the relationship with her partner, which she characterised as "sometimes unmanageable" at the start of therapy, were noted by her to be "easily manageable" after therapy.

Outcome

Whilst JS' post-trauma psychological symptoms were not fully resolved during therapy, the intern's intervention facilitated significant improvements.

Objectives 4 and 5 and indicators

The fourth objective was to evaluate the viability of psychology interns delivering a rural neuropsychology service for people with chronic neurological conditions. This was assessed through feedback from both clients and local health professionals, the interns and their supervisors.

The fifth objective was to improve the quality and type of service to people with chronic neurological conditions and their carers and families. This was assessed through feedback from clients, carers, local health professionals and families.

Assessment of results

Informal feedback from clients, health professionals and support groups was very positive. All these groups were represented on the Project Steering Committee and provided ongoing feedback that was incorporated to improve the quality of the service. For example, referral advice forms were modified to include referrals from support group co-ordinators as well as GPs and other health professionals on the basis of feedback from the Steering Committee. In addition, the interns held workshops for local health professionals and community interest groups and these workshops provided a valuable insight into clinical neuropsychology.

Prior to the implementation of the project there was no local neuropsychology service available to the Break O'Day community. Access to psychology services was limited to a fortnightly visit to the region by a State funded psychologist. The project demonstrated the need for such a service. Feedback from co-ordinators of support services such as MS Australia, the Acquired Brain Injury Support Service and the Dementia and Alzheimer's Association provided strong support for the high quality of the service provided by interns and all major stakeholders in the project supported a request for funding to extend the service for a further 12-month period and, in 2004 the Tasmanian Lymphoedema Centre Inc. has initiated another submission for funding.

Objectives 6–8 and indicators

The sixth objective was to provide psychology interns with a better understanding of rural practice, issues and cultures and was assessed through feedback from the interns themselves.

The seventh objective was to enhance networks and a collaborative working arrangement between the Break O’Day community and the University of Tasmania in the training of future health professionals and was measured by an increase in the number of collaborative activities.

The eight and final objective was to develop a model for psychology intern training in rural communities.

Assessment of results

The project provided the interns with a unique opportunity to experience how a new neuropsychology service could be introduced into a rural area and how small rural communities respond to the introduction of such a service. One of the major benefits identified by the interns was exposure to a range of clinical experiences that may not be experienced in an urban setting. The following extracts from pre and post placement questionnaire responses provide examples of interns’ opinions of the training experience.

Pre-placement expectations

- I expect the most interesting aspect of working at StM/StH will be:
 - Realising that living in a rural area will be very different to Hobart even though Hobart is not a very large city. I have already noticed that you only have to mention a name (in some cases just a first name) and people automatically know who you are talking about. It will be good practice in controlling what you say.
 - Home visits – opportunity to increase people’s acceptance and understanding of psychological services
- I expect the most challenging aspect of working at StM/StH will be:
 - The long driving will be a huge thing for me as it is exhausting and cannot sit still very long. Furthermore not having a supervisor on hand for support will be different even though they will be available by phone. At least by putting it in perspective it should make working in the clinic a breeze!
 - Dealing with other health professionals and trying to increase referrals.
- I expect the least interesting aspect of working at StM/StH will be:
 - Having to hang around St Marys just in case there is a referral. Once we have ongoing clients it will be ok but knowing we do not have any work will be frustrating.
 - Driving to and from the placement from the University.
- I expect the most useful training aspect of working at StM/StH will be:
 - It will give us good experience working in a community which is not familiar to us. Also it will give us the opportunity to realise whether working in a rural area is what we want to do or not. It may surprise some people who thought they did not want to do such work. Also it is a totally different type of work from that offered in the clinic which I think is great and I am glad I have been given the opportunity.

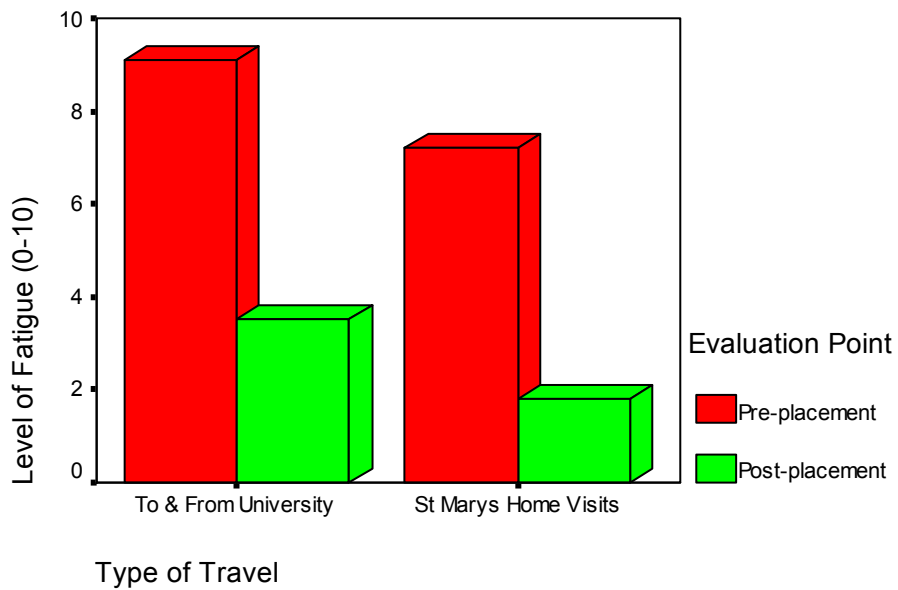
Post-placement perceptions

- I found the most interesting aspect of working at StM/StH to be:
 - Being involved with clients on a more personal basis. The community location allowed us to be a part of the daily interactions between people which is different to anything we will experience in the city. This made the experience more easy going and enjoyable because each client was someone that we were helping rather than just another face which may be experienced in other placements where the number of clients per day is much greater.
 - seeing a new service established and the community's response to it
- I found the most challenging aspect of working at StM/StH to be:
 - It was difficult not having daily supervision on placement. It would have been beneficial to have someone to oversee us and to provide us with some encouragement in regards to our therapeutic styles and our approach to our clients. It was also difficult to be located away from other services as it made it difficult to get clients involved in support groups and identify other services which would be useful to them.
 - not having resources there already, not having enough clients due to it being a new placement and not being able to observe other psychologists working.
- I found the most useful training aspect of working at StM/StH to be:
 - A large part of the work required cognitive assessment. We were able to make use of many different instruments to measure cognition, mood and personality . It also allowed us to apply our ability to integrate information and interpret results in order to make diagnoses, formulate therapy sessions and come to conclusions about the clients needs.
 - being on our own we had to meet each challenge ourselves instead of having someone there to take care of it for us. Also this was my first placement, so it was useful in terms of gaining experience with clients.
- I found the least interesting aspect of working at StM/StH to be:
 - the week I had four clients booked in and all cancelled, otherwise it was a great experience.
 - It was all interesting!!

The questionnaires also included closed questions relating to accommodation, travel and accommodation expectations, which supported the value to the interns of the training and service delivery experience, as demonstrated in the following graphs.

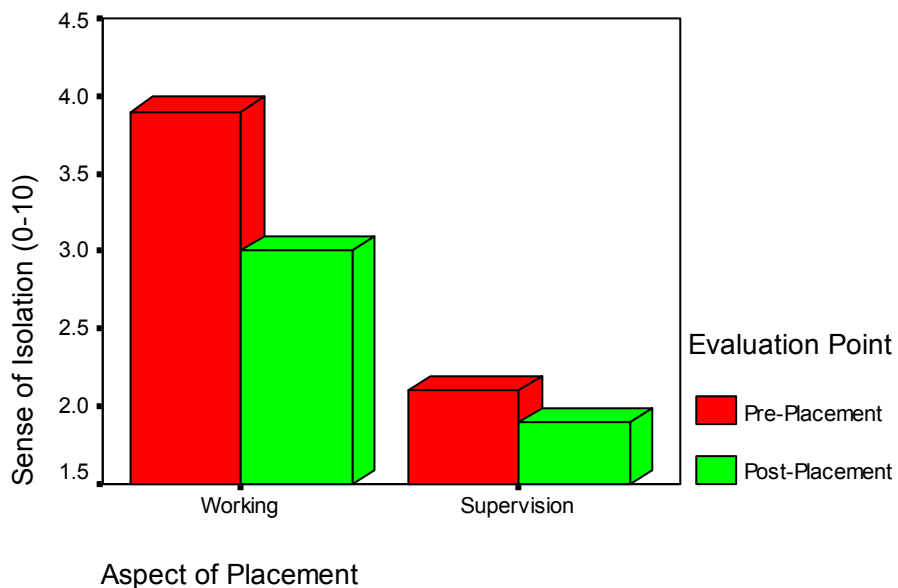
Intern Ratings of Travel Fatigue:

Pre-placement Expectation & Post-placement



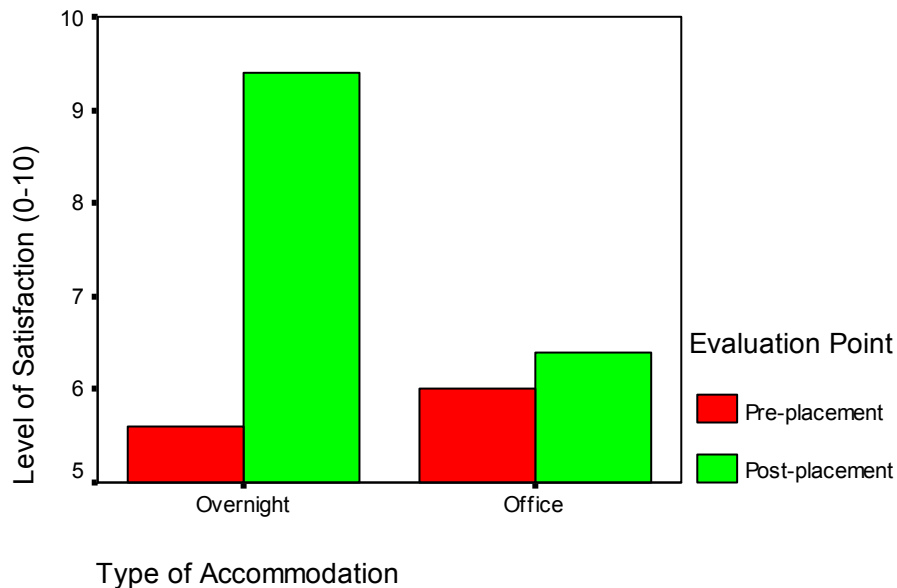
Intern Ratings of Rural Isolation

Pre-placement Expectation & Post-placement



Intern Satisfaction with Accommodation

Pre-placement Expectations & Post-placement



In relation to the final objective, psychology intern training in rural areas is now accepted as a viable component of the SOP's MPsych, DPsych and PhD(clin) clinical psychology training programs.

CONCLUSION

A key outcome of this project was the design and implementation of an intern-provided clinical service to rural and remote areas. The design of the model was based on integrating aspects of rural intern training into the School of Psychology's postgraduate curriculum. The model takes into account the needs of the community and health service delivery procedures in a particular rural area. A key feature of the model is the accessibility and inclusiveness of the service through the development of a direct referral process.

The project has provided an excellent opportunity to develop and enhance collaborative arrangements between the University of Tasmania and the Break O'Day community in the training of future health professionals for rural practice. By the end of 2004, eight psychology interns have undertaken rural clinical placements in the region and provided a supervised intern-provided neuropsychology service. The first students had a unique opportunity to see how a new service could be introduced into a rural area and how the community responded to such a service. Subsequent interns commented on the range of clinical experiences they were exposed to and the personal nature of their involvement with clients. As one intern commented, "this made the experience more easy going and enjoyable because each client was someone that we were helping rather than just another face".

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PRESENTERS

Judi Walker is Professor of Rural Health at the University of Tasmania. She is recognised for scholarship and related academic activities in rural health, primary health care and medical education, particularly the application of information and communications technology to improve access to and quality of health and education services for targeted groups. She sits on the editorial boards of a number of international journals and publishes widely. Professor Walker is Deputy Chair of the Tasmania Together Progress Board and is a member of NHMRC Training Awards Committee.