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The Impact of an Online Post-Graduate Interdisciplinary Mental Health Programme on Graduates' Confidence and Practice

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ABSTRACT

This study aimed to examine the experiences of graduates of online interdisciplinary postgraduate mental health programmes in Australia. The program was delivered in 6-week terms. Seven graduates from diverse backgrounds were interviewed about their experiences with the course and its impact on their practice, confidence, professional identity, views on mental health service users, and their motivation for additional learning. The interviews were recorded and transcribed and underwent thematic content analysis. The graduates reported an increase in confidence and knowledge after completing the course, which led to a change in their views and attitudes towards service users. They appreciated the examination of psychotherapies and motivational interviewing, and applied their newly acquired skills and knowledge in their practice. The course was found to have improved their clinical practice. This study highlights a departure from traditional pedagogical approaches in mental health skill acquisition, as the entire program was delivered online. There is a need for further research to determine who might benefit most from this mode of delivery and to verify the competencies acquired by graduates in real-world situations. Online mental health courses are a feasible option and have been positively received by graduates. To enable graduates to participate in transforming mental health services, systemic change and recognition of their capabilities, particularly those from non-traditional backgrounds, is required. The results of this study suggest the potential for online postgraduate programs to play a significant role in transforming mental health services.

Introduction

This paper explores the experiences of graduates of interdisciplinary post-graduate mental health courses delivered online in Australia. This suite of courses included a graduate certificate, graduate diploma and master of mental health & mental health nursing. These programmes commenced in 2018, and there was rapid uptake of students from various professional backgrounds, including those outside of the traditional mental health professions. This uptake partially reflects the growing awareness of unmet mental health needs and a greater willingness to engage in discourse on mental health topics (Rickwood et al., 2019). However, the development and implementation of these programmes occurred in the context of a long-running and ongoing mental health crisis in Australia (Productivity Commission, 2020). This positions all post-graduate mental health education as being highly complex, as the educational outcomes must address contemporary evidenced based practice, systemic service failings and envisioning future workforce capabilities (Frank et al., 2020).

Background

In recent years there has been unprecedented public spending on mental health care, but a failure to tangibly improve the nation's mental health (Sawyer & Patton, 2018). Drivers for this lack of improvement are multiple. Some regulated professions enjoy a monopoly on subsidised focussed psychological strategies, whilst qualified psychotherapists cannot provide a publicly subsidised service (Lakeman, 2021). Health professionals and lobby groups frequently call for increased investment or subsidies for more services (Petrie et al., 2021). Whilst others question the epistemological basis of mental health care and the failure of the medical model to explain, treat and address mental health problems (Crowe, 2022). Two recent extensive Government reviews into Australian mental health services reflected these challenges uncovering systemic failures, the need for better post-qualifying education to prepare a wider range of workforce and an over-reliance of the medical model to respond to the multi-faceted drivers of poor mental health (Productivity Commission, 2020; State of Victoria, 2021).

The most dominant discourse or way of framing mental illness is via biomedical and psychological frameworks, which emphasise individual pathology and the assessment, diagnosis and treatment of individuals. Mental health services are consequently organised around medicine, resulting in the neglect of the social determinants of mental health and a failure to address systemic issues impacting well-being (Bemme & Kirmayer, 2020). Importantly this framing of mental illness has permeated into the university education of mental health professionals. There are few incentives to challenge the hegemony of medical views or approaches to addressing mental health through post-graduate education for allied health professionals. The university sector has widely embraced a neo-liberal stance towards education, with income generation being a high priority and arguably more important than knowledge generation or translation (Parker et al., 2023). The neat dissection of mental illness into disorders that are then married to selected treatments accommodates financially efficacious learning approaches through its simplistic assumptions that students need to be able to assess, diagnose and match medical treatments to such diagnosis. However, these approaches do not necessarily prepare graduates to work in profoundly flawed service systems or to build capabilities to meet the holistic needs of service users.

The respondents in this project were graduates of courses which encouraged a critical examination of the mental health system, aiming to develop practical and empirically validated skills to work within the system and potentially participate in much-needed service reform. These courses are entirely online, and each unit of study is delivered one at a time over 6 weeks. A learning platform combines learning activities with contemporary readings and three assessments constructively aligned (Biggs, 1996) with learning outcomes and content over each term. These courses reflect a different pedagogical approach to those traditionally employed to teach pre-registration or undergraduate health professionals. Shulman (2005) coined the term “signature pedagogy” to describe the fundamental ways in which practitioners are educated to think, perform, and act in their future profession. Each profession has a pedagogical signature that is apparent across educational programmes and institutions and distinguishes that profession from another. These include implicit assumptions about what, how and why things are taught. Fieldwork is a signature pedagogy of social work, clinical supervision of psychology and psychotherapy, and hospital-based rotations are pedagogical signatures of medicine and nursing (Baltrinic & Wachter Morris, 2020). Shulman (2005) asserts that signature pedagogies serve to socialise people into the practices, values, and habits of the mind, heart and hands of that profession. As conditions of professional practice change, the signature pedagogies may need revision. Shulman (2005) suggests that new technologies, the internet and computer-mediated dialogues create opportunities to examine and modify traditional and taken for granted pedagogical signatures. The courses delivered as they are (entirely online) reflect a radically different pedagogical approach to the signature pedagogies of the traditional mental health professions.

It is widely recognised in Australia that the undergraduate preparation of all existing mental health professions is inadequate preparation to function in the existing mental health system, let alone contribute to system transformation. Mental health nursing and any residual signature pedagogy associated with it as a specialty was deconstructed with a move to a generic so-called comprehensive curriculum for all nurses (Buus et al., 2020; Happell et al., 2020; Happell & Cutcliffe, 2011). To compensate for the lack of “job readiness” of graduate nurses, transition-to-practice programmes abound. Nurses need to complete a post-graduate qualification to meet the minimum standards of practice set by the Australian College of Mental Health Nurses (2010). The learning outcomes of the graduate diploma course were mapped against the National Framework for Post-graduate Mental Health Nurses (ACMHN, 2015). Examples of the course outcomes include but are not restricted to, that the Graduate:

- Critically evaluates and integrates models of treatment relevant to the care continuum, to inform co-constructed personalised care strategies which meet the consumer’s life needs as well as health needs.
- Critically appraises the nature and extent of influences (social, political, economic and organizational) to overcome constraints in negotiation of options for clinical interventions.
- Exercises expert/enhanced clinical judgement and decision-making and insight in novel situations in specialist mental health nursing in the pursuit of optimal consumer outcomes.

Upon completion of the graduate diploma by a registered nurse they satisfy the educational criteria to enable professional credentialing as a mental health nurse. Qualitative evaluation of programmes delivered via more traditional modes, based on this framework, suggests that graduates emerge with a solid professional identity and engage in recovery-orientated practice (Goodwin et al., 2019). Other disciplines also seek to enhance mental health capabilities in the post-graduate sphere. Occupational therapy is undertaking a wide review of its workforce training needs (Occupational Therapy Australia, 2022), while social work requires 2 years post graduate experience with evidence of continuing professional development (AASW, 2020).

However, commentators have predicted the development of a post-disciplinary workforce in mental health and education pathways developed to best support specialism in mental health (Holmes, 2001). This has happened to some extent with most post-graduate mental health programmes in Australia open to students from any background. This also resonates well with the necessity for such courses to be economically viable. Indeed, disciplines from outside the traditional mental health providers are increasingly taking on mental health service roles. Teaching in particular has been identified as being well-positioned to respond to children’s behavioural and/or mental health needs (Rushton et al., 2020). Some

educators have asserted that a different pedagogical approach is needed to prepare a broader range of practitioners to address social justice and human rights issues and apprehend and respond to mental health issues in different and arguably more effective ways (Deweese & Lax, 2008). This project explores in depth how people from various professional backgrounds have used their learning in this online post-graduate programme and how it has shaped their professional development.

Methods

The study was approved by the Southern Cross University Human Research Ethics Committee (ECN-19-168). Graduates of a programme who had completed an online survey and consented to contact were interviewed via zoom. The interviews were informal and semi-structured. Typically, the interviews were conducted over a 30–45-minute duration. Respondents were asked to describe how the course had influenced their practice, impacted their confidence, changed how they viewed their professional identity, affected their view of mental health service users or encouraged them to undertake additional learning. The interviews were recorded, transcribed and subject to a thematic analysis guided by the inductive process outlined by Corbin and Strauss (2014). The transcripts were analysed by two researchers with the assistance of NVIVO (QSR International Pty Ltd., 2020). The final coding was reviewed by an experienced researcher, independent of the programme, and minor amendments were made to the coding structure. The analysis aimed to reduce and represent as much of the variance in response as possible.

Findings

Seven graduates were interviewed by three authors. At the time, approximately 400 students had commenced study and 35 students had graduated. The mean age of this sample was 49 years (range 32 to 67). The professional backgrounds of respondents were mental health support worker, counsellor, diversional therapist, nurse (x3) and exercise physiologist. Six had graduated from the courses with a Master's qualification (12 units) and one with a graduate diploma (8 units). Three lived and worked in regional areas and four in metropolitan centres.

The choice of course

The initial motivation for choosing this course of study and mode of delivery varied. Only one nurse who was involved in university teaching noted that a post-graduate qualification was necessary to realise career aspirations. Most respondents reported that the content of the course drew their attention, appeared professional and had a critical focus. One remarked that they had a passion for mental health, and this course appeared to offer the opportunity to expand their personal knowledge of mental health care. One graduate who did not identify as a registered health

professional perceived that a Master's qualification would improve their employability. However, they expressed some frustration that they remained under-employed and over-qualified working in a mental health support role after graduating.

The self-reported outcomes of the course related to three distinct themes of: (1) Knowledge and confidence, (2) Influence on practice and relationships with service users, and (3) The pedagogical approach.

Knowledge and confidence

All respondents reported an increase in confidence and knowledge. Nurses reported an increase in confidence in their clinical work, including undertaking assessments, interacting with service users and exercising clinical judgement in clinical roles such as working in a crisis intervention team. Others reported feeling more confident working with service users with complex issues:

I feel more confident... whether they're psychosocial issues, some physical issues, as well as psychological issues... I felt more confident in presenting my ideas... in a format that was professional... and I certainly felt more confident liaising with professionals... I feel very confident now presenting a simple formulation to a GP.

Most acknowledged that they were practising at an advanced level and had the confidence to develop sophisticated formulations and recommend trauma-informed and helpful interventions.

Despite most respondents having extensive clinical experience prior to attending the course, some acknowledged that they commenced study assuming they had a sound understanding of mental health, illness, treatment and the organisation of the sector, but found that these assumptions were challenged:

It opened my eyes to the transgenerational traumatic experiences of Aboriginal and Torres Strait Islander peoples... I was ignorant... and also... the acute mental health side of things... the comorbidities I was very ignorant about ... physical health... smoking cessation...

Some acknowledged that they already had a broad knowledge of mental health and illness. However, the course facilitated a deeper understanding, particularly around the impacts of trauma and how to assist in remediating those impacts. All respondents spoke about developing a greater systemic overview of the mental health system and awareness of systemic influences on the mental health of individuals, families and communities:

...it has helped me understand the mental health system ... how It needs a lot of work and how it is disjointed... the mental health care system as a whole, how it all works...

Most welcomed the opportunity to explore particular areas of professional interest. For example, an exercise physiologist sought to develop and prescribe interventions to address trauma and mental health issues and was anticipating undertaking doctoral studies.

Influence on practice and relationships with service users

Respondents worked or anticipated working in a diverse range of practice settings. Units of study on motivational interviewing and psychotherapy were identified as being most influential on practice. All reported utilising skills acquired in their practice, and others reported being sufficiently motivated to undertake additional post-graduate studies in psychotherapy. Most of the teachers in the programme were practising health professionals, and whilst contact with teaching staff was limited, there was an appreciation of the critical and grounded approach of teaching staff:

There's a degree of passion that comes from working with all the teaching staff... and that's certainly ignited that within me as well... this Masters program has really shown me... how to research at an effective level... How to see where the gaps are and how to create the associations between different research, from psychology to sociology to economics and to put these things together... to make a model of care that makes a lot more sense.

One respondent reported aligning closely with the recovery movement before commencing the course. All others perceived that their relationships with service users and their attitudes towards them had changed. Some cited this was due to an increased understanding of the role of trauma in the aetiology and service use trajectories of those with whom they worked. Most spoke of being aware of the rhetoric and discourse around trauma-informed care and recovery but now having a better insight into how to facilitate the conditions necessary for recovery.

I've become a lot more compassionate and understanding to my patients... Not that I was a bad nurse... but I'm really there now.

Notably, this increased knowledge and confidence was also reported as being translated into clinical practice, and hence service users experiences of care: *"It has actually changed my clinical practice.... There wasn't one unit in which I felt I didn't learn something from that was applicable"*. This relevance to improving clinical practice was echoed by other participants:

...the entire approach to working with people with mental health problems ... having the in-depth clinical skills... that was quite relevant to the improvement of my practice. Yeah, I enjoyed the whole course and it's still relevant to my day-to-day practice.

The same participant described gaining empathy regarding the psychosocial contexts of service users that they then applied to practice:

... knowing the challenges within the community I think allows us to look into more practical solutions when we're working with these patients that are tailored to their settings... and how best they can be supported...

The development and application of knowledge to clinical practice included non-technical capabilities:

Learning how patients experience treatment... how it can be worse for their recovery and cause trauma... and PTSD... That

was an eye opener. That was amazing. I've become a lot more compassionate and understanding toward my patients.

The pedagogical approach

One graduate stated that their preference was face-to-face learning. However, some of their programme of study occurred during the COVID-19 pandemic when face-to-face was not an option. They, nevertheless, likened the experience of studying online to learning to ride a bike and noticing from time to time how much their learning had progressed. All others stated that the pedagogical approach was a good personal fit. The brief study terms and rapid assessment items were highly motivating and rewarding. Some comments about specific teachers and the course, in general, were effusive in their praise:

It was the whole of the course... It was the way it escalated my sense of ability... my drive to want to keep bettering my understanding... knowledge and my skill set... I found it to be so valuable in every way.

Some commented on the professionalism of the presentation of the units of study and the teaching staff:

... the fundamental reason people are doing this is because it's about working with others, it's about working with community, ... and it's about working with individuals ... The clients I work with, need me to be professional, they need me to be able to step up where it counts... It [the units of study] needs that professionalism to really bring people up to a standard where they can meet those expectations.

Whilst the courses were designed to facilitate student learning with a minimum of synchronous engagement with teaching staff, all commented that there was ample support available if needed. This sample appeared to have taken advantage of the networking, discussion forums and group video chats as needed:

... there was good combinations of different formats of learning... I prefer to do things myself and direct myself and I preferred being the loner and doing in a way that I wanted... the support through the supervisors was always at my fingertips... I'd have many conversations with [named lecturer] online...

This contact with teaching staff was also identified as facilitating the knowledge translation into practice settings:

...I found that it changed some of my methods... because you are upskilling... having an opportunity to talk with the lecturers and students and learn... The course helps you to go over everything that you might be doing and then gives you that that new and fresh perspective...

Discussion

This study aimed to explore in depth how people from a range of professional backgrounds used their learning in an online mental health post-graduate programme, and how it shaped their professional development. Contextually, post-graduate mental health education is complex in that it is positioned within failing mental health systems, a neo-liberal university system and a growing acceptance of

the need for holistic approaches across diverse disciplines.

The findings from these analysed semi-structured interviews suggested that graduates perceived their knowledge and confidence working in mental health settings had increased, and most perceived that this was reflected in improved collegial and professional relationships. The knowledge was found to be distributed across a variety of topics beyond understanding the dominant medical discourse surrounding mental illness. The participants reported having a better understanding of the systems in which mental health services operate and being more effective in working within those systems.

Traditional approaches to training mental health professionals has failed to avert what is now widely referred to as a “global mental health crisis” (Benton et al., 2021). In Australia, there have been 55 public inquiries into mental health services over 30 years, at enormous public cost, recommending major reforms but with little discernible change (Francis et al., 2022). There is a strong case for focussing education on enabling those within the system to work around its shortcomings. Participants valued the online course for its critical stance on medical discourse and the mental health system and the depth of knowledge it provided, including introductions to psychotherapy and motivational techniques to support behaviour change.

The online course contributed to the development of soft skills such as empathy and compassion towards service users through a deeper holistic understanding of the causes and manifestations of trauma and distress. This soft skill development was achieved through online education without supervised clinical placements. Such capabilities are highly valued by service users and their supporters and are considered protective for practitioners working in mental health settings (Lakeman et al., 2023).

The exclusively online mode of delivery reflects a radically different pedagogical approach to mental health education and in particular the development of psychotherapeutic skills. The reports of these respondents ought to be considered an endorsement that psychotherapeutic skills can be taught online. However, this endorsement ought to be considered cautiously and with some caveats. Those interviewed had successfully completed and graduated from their courses of study. This mode of delivery and the intensity of the programme suited the learning styles of these graduates but may not suit others who choose not to complete their course of study. These graduates reported that they acquired new and deeper knowledge and improved confidence. However, it remains unclear how competent graduates may be in applying psychotherapeutic skills. Self-report of competency is unreliable and in the realm of delivering psychological treatments, rigorous and scalable measures of measuring therapist competency are in their infancy (Cooper et al., 2017). Psychotherapeutic skill development has traditionally been associated with clinical supervision and observation of behaviour in a clinical setting (Kühne et al., 2019). Courses completed entirely online, with no supervised practice may well assist in psychotherapeutic skill development but presently detailed examination of how competencies are assessed

and the process of knowledge translation in real-world situations is needed.

Recent inquiries anticipate workforce shortages in traditional roles such as psychiatry and mental health nursing and recommend sweeping reforms in the education of health professionals (Productivity Commission, 2020). Online post-graduate courses offer one potential solution to address skills shortages if graduates can find meaningful employment and are empowered to realise their potential. Presently in Australia, a few regulated professions are eligible to provide publicly subsidised mental health services (Lakeman et al., 2020). Psychotherapists are entirely excluded and some professions such as mental health nurses are prevented from practicing to their scope of practice in primary care settings (Lakeman et al., 2020). The interviewed graduates of these programmes who were part of regulated professions reported that their learning conferred particular advantages but there was palpable frustration from some that they were overqualified and underemployed in their region. Non-traditional regulated professions such as exercise physiologists were optimistic about what their new understandings might mean for their practice.

Conclusions

System transformation requires the recognition of skills, education and talents of highly educated people, and the willingness and funding structures to enable their participation. It is widely acknowledged that simply doing more of the same in mental health service provision will not be effective in transforming services or addressing existing or anticipated workforce shortages (Lakeman et al., 2023). The respondents to this project demonstrate that it is feasible to provide interdisciplinary mental health education which is at least personally transformative, and which equips some with a sophisticated, critical and systemic view of the mental health system as well as immediately applicable skills useful in a range of mental health settings. This process of education may not suit all people, and whilst those that complete such programmes may consider their knowledge and confidence enhanced (which is a good outcome), there are at present difficulties asserting that this signifies enhanced competency in real-world settings. The existing service structures need reform to accommodate a range of professions and emerging new disciplines and afford opportunities for them to contribute to the mental health system in useful ways.

Limitations

As identified in the discussion and conclusion sections of this paper there are a number of limitations to this study. These included that this delivery mode may not be suited to all learning styles, and that self-report of skill competency lacks robust reliability. Additionally, this is a small scale study undertaken within the context of a single university indicating the future need for larger and more diversified studies.

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