

Appendices

Appendix A: Email to service-level managers

From: cath Cosgrave - UNE <ccosgrav@une.edu.au>
 Sent: Thursday, August 23, 2012 11:57 AM
 To: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Subject: Introduction and request to participate in a mental health workforce study

Dear XXXXX

This email is to introduce myself, to outline the focus my research and to request your participation in a telephone interview to be conducted sometime over the next couple of weeks (maximum 60 mins duration) as part of a pilot study I am currently undertaking (Ethical Clearance Approval no: HE12-131).

My name is Cath Cosgrave and I am undertaking a PhD at the University of New England focusing on the needs of the Australian rural mental health workforce. The purpose of the proposed telephone interview is to assist me to refine the research design of my PhD project which is looking what sustains health professionals (nursing, medical and allied health) currently working in rural mental health services to stay for the medium to long-term. My supervisors are Professor Rafat Hussain, (School of Rural Medicine), Associate Professor Myfanwy Maple (School of Health) and Dr Virginia Mapedzahama all from the University of New England (It was Myf who suggested I contact you).

The purpose of the pilot study is to help ensure my PhD study is as relevant as possible to mental health services currently operating in rural Australia and that it can make a valuable contribution to the understanding of what can help sustain Australia's future rural mental health workforce. The pilot study's purpose is to assist me in gaining a better understanding of a range of 'local' mental health services operating in different rural settings and identifying any location-specific workforce issues. This will be achieved by conducting semi-structured telephone interviews with a few Community Mental Health Managers who are working in the proposed research area (NSW Health, Local Health Districts - Hunter New England and Mid North Coast).

Thank you for taking the time to read this, I will follow this email up by telephone in a few days to ascertain your interest in participating in the pilot study and if you are interested, at that point we will set an interview time and I will send you an Information Sheet and Consent Form). In the meantime please feel free to contact me or my supervisors if you have any queries.

Kind Regards
Cath

Cath Cosgrave
PhD Student
UNE – University of New England
CRN for Mental Health and Wellbeing
School of Rural Medicine
www.une.edu.au

mobile :0405 110 897
phone: 02 6655 9863
email: ccosgrav@une.edu.au

Appendix B: Ethics Approval – UNE



Ethics Office
 Research Development & Integrity
 Research Division
 Armidale NSW 2351
 Australia
 Phone 02 6773 3449
 Fax 02 6773 3543
 jo-ann.sozou@une.edu.au
 www.une.edu.au/research-services

HUMAN RESEARCH ETHICS COMMITTEE

MEMORANDUM TO: Prof Rafat Hussain, A/Prof Myfanwy Maple, Dr Virginia Mapedzahama & Ms Catherine Cosgrave
School of Rural Medicine

This is to advise you that the Human Research Ethics Committee has approved the following:

PROJECT TITLE: The Australian Rural Mental Health Workforce - A workforce under threat - Who stays and why?
APPROVAL No.: HE13-022
COMMENCEMENT DATE: 11 March, 2013
APPROVAL VALID TO: 11 March, 2014
COMMENTS: Nil. Conditions met in full

The Human Research Ethics Committee may grant approval for up to a maximum of three years. For approval periods greater than 12 months, researchers are required to submit an application for renewal at each twelve-month period. All researchers are required to submit a Final Report at the completion of their project. The Progress/Final Report Form is available at the following web address:
<http://www.une.edu.au/research-services/researchdevelopmentintegrity/ethics/human-ethics/hrecforms.php>

The NHMRC National Statement on Ethical Conduct in Research Involving Humans requires that researchers must report immediately to the Human Research Ethics Committee anything that might affect ethical acceptance of the protocol. This includes adverse reactions of participants, proposed changes in the protocol, and any other unforeseen events that might affect the continued ethical acceptability of the project.

In issuing this approval number, it is required that all data and consent forms are stored in a secure location for a minimum period of five years. These documents may be required for compliance audit processes during that time. If the location at which data and documentation are retained is changed within that five year period, the Research Ethics Officer should be advised of the new location.



Jo-Ann Sozou
 Secretary/Research Ethics Officer

Appendix C: Ethics Approval – Hunter New England LHD



Health
Hunter New England
Local Health District

23 April 2013

Professor Rafat Hussain
Deputy Head of School of Rural Medicine
University of New England
Armidale NSW 2351

Dear Professor Hussain,

Re: The Australian Rural Mental Health Workforce Study (13/04/17/5.06)

HNEHREC Reference No: 13/04/17/5.06
NSW HREC Reference No: LNR/13/HNE/115
NSW SSA Reference No: LNRSSA/13/HNE/116

Thank you for submitting an application for authorisation of this project. I am pleased to inform you that authorisation has been granted for this study to take place at the following sites:

- **Hunter New England Local Health District**

The following conditions apply to this research project. These are additional to those conditions imposed by the Human Research Ethics Committee that granted ethical approval:

1. Proposed amendments to the research protocol or conduct of the research which may affect the ethical acceptability of the project, and which are submitted to the lead HREC for review, are copied to the research governance officer;
2. Proposed amendments to the research protocol or conduct of the research which may affect the ongoing site acceptability of the project, are to be submitted to the research governance officer.

Yours faithfully



Dr Nicole Gerrand
Research Governance Officer
Hunter New England Local Health District

Hunter New England Research Ethics & Governance Unit

(Locked Bag No 1)

(New Lambton NSW 2305)

Telephone (02) 49214 950 Facsimile (02) 49214 818

Email: hnehrec@hnehealth.nsw.gov.au

http://www.hnehealth.nsw.gov.au/research_ethics_and_governance_unit



Health
Hunter New England
Local Health District

23 April 2013

Professor Rafat Hussain
Deputy Head of School of Rural Medicine
University of New England
Armidale NSW 2351

Dear Professor Hussain,

Re: The Australian Rural Mental Health Workforce Study (13/04/17/5.06)

HNEHREC Reference No: 13/04/17/5.06
NSW HREC Reference No: LNR/13/HNE/115
NSW SSA Reference No: LNRSSA/13/HNE/116

Thank you for submitting the above protocol for single ethical review for a multi-centre study. This project was considered to be eligible to be reviewed as Low and Negligible risk research and so was reviewed under the by the Hunter New England Human Research Ethics Committee expedited process at an executive meeting held on **23 April 2013**. This Human Research Ethics Committee is constituted and operates in accordance with the National Health and Medical Research Council's *National Statement on Ethical Conduct in Human Research (2007)* (National Statement) and the *CPMP/ICH Note for Guidance on Good Clinical Practice*. Further, this Committee has been accredited by the NSW Department of Health as a lead HREC under the model for single ethical and scientific review. The Committee's Terms of Reference are available from the Hunter New England Local Health District website:
http://www.hnehealth.nsw.gov.au/Human_Research_Ethics.

I am pleased to advise that following acceptance under delegated authority of the requested clarifications and revised Information Statement by Dr Nicole Gerrand Manager, Research Ethics & Governance, the Hunter New England Human Research Ethics Committee has granted ethical approval of the above project.

The following documentation has been reviewed and approved by the Hunter New England Human Research Ethics Committee:

- For the revised Information Sheet for Participants (Group 1 – clinical – health professionals) (no version, undated);
- For the Participant Consent Form (no version, undated); and
- For the Interview Question Guide

For the protocol: **The Australian Rural Mental Health Workforce Study**

Hunter New England Research Ethics & Governance Unit
(Locked Bag No 1)
(New Lambton NSW 2305)
Telephone (02) 49214 950 Facsimile (02) 49214 818
Email: hnehrec@hnehealth.nsw.gov.au
http://www.hnehealth.nsw.gov.au/research_ethics_and_governance_unit

Approval has been granted for this study to take place at the following sites:

- **Hunter New England Local Health District**
- **Far West Local Health District**
- **Mid North Coast Local Health District**
- **Western Local Health District**
- **North Coast Local Health District**

Approval from the Hunter New England Human Research Ethics Committee for the above protocol is given for a maximum of 3 years from the date of this letter, after which a renewal application will be required if the protocol has not been completed.

The *National Statement on Ethical Conduct in Human Research (2007)*, which the Committee is obliged to adhere to, include the requirement that the committee monitors the research protocols it has approved. In order for the Committee to fulfil this function, it requires:

- A report of the progress of the above protocol be submitted at 12 monthly intervals. Your review date is **April 2014**. A proforma for the annual report will be sent two weeks prior to the due date by email.
- A final report must be submitted at the completion of the above protocol, that is, after data analysis has been completed and a final report compiled. A proforma for the final report will be sent two weeks prior to the due date by email.
- All variations or amendments to this protocol, including amendments to the Information Sheet and Consent Form, must be forwarded to and approved by the Hunter New England Human Research Ethics Committee prior to their implementation.
- The Principal Investigator will immediately report anything which might warrant review of ethical approval of the project in the specified format, including:
 - any serious or unexpected adverse events
 - Adverse events, however minor, must be recorded as observed by the Investigator or as volunteered by a participant in this protocol. Full details will be documented, whether or not the Investigator or his deputies considers the event to be related to the trial substance or procedure. These do not need to be reported to the Hunter New England Human Research Ethics Committee
 - Serious adverse events that occur during the study or within six months of completion of the trial at your site should be reported to the Manager, Research Ethics & Governance, of the Hunter New England Human Research Ethics Committee as soon as possible and at the latest within 72 hours.
 - All other safety reporting should be in accordance with the NHMRC's Safety Monitoring Position Statement – May 2009 available at http://www.nhmrc.gov.au/health_ethics/hrecs/reference/files/090609_nhmrc_position_statement.pdf
 - Serious adverse events are defined as:
 - Causing death, life threatening or serious disability.

Hunter New England Research Ethics & Governance Unit

(Locked Bag No 1)
 (New Lambton NSW 2305)
 Telephone (02) 49214 950 Facsimile (02) 49214 818
 Email: hnehrec@hnehealth.nsw.gov.au
http://www.hnehealth.nsw.gov.au/research_ethics_and_governance_unit

- Cause or prolong hospitalisation.
- Overdoses, cancers, congenital abnormalities whether judged to be caused by the investigational agent or new procedure or not.
- Unforeseen events that might affect continued ethical acceptability of the project.
- If for some reason the above protocol does not commence (for example it does not receive funding); is suspended or discontinued, please inform Dr Nicole Gerrand, as soon as possible.

You are reminded that this letter constitutes ethical approval only. You must not commence this research project at a site until separate authorisation from the Chief Executive or delegate of that site has been obtained.

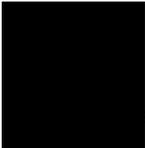
A copy of this letter must be forwarded to all site investigators for submission to the relevant Research Governance Officer.

Should you have any concerns or questions about your research, please contact Dr Gerrand as per the details at the bottom of the page. The Hunter New England Human Research Ethics Committee wishes you every success in your research.

Please quote **13/04/17/5.06** in all correspondence.

The Hunter New England Human Research Ethics Committee wishes you every success in your research.

Yours faithfully

For:  arsons
Hunter New England Human Research Ethics Committee

Hunter New England Research Ethics & Governance Unit

(Locked Bag No 1)

(New Lambton NSW 2305)

Telephone (02) 49214 950 Facsimile (02) 49214 818

Email: hnehrec@hnehealth.nsw.gov.au

http://www.hnehealth.nsw.gov.au/research_ethics_and_governance_unit

Appendix D: Information Sheet – Hunter New England LHD



School of Rural Medicine
University of New England
Armidale NSW 2351
Australia

Phone 61 2 6773 3322
Fax 61 2 6773 2388

ruralmed@une.edu.au
www.une.edu.au/rural-medicine/

A partner of the Joint Medical Program

Information Sheet for participants (Group 1- clinical –health professionals from Hunter New England Local Health District)

Research Project: *A Study of the Australian rural mental health workforce – A workforce under threat – Who stays and Why?*

I wish to invite you to participate in my research on the above topic. The details of the study follow and I hope you will consider being involved. My name is Cath Cosgrave and I am conducting this research project as part of my PhD at the University of New England. My supervisors are Professor Rafat Hussain, (School of Rural Medicine), Associate Professor Myfanwy Maple (School of Health) and Dr Virginia Mapedzahama all from the University of New England. Rafat can be contacted by email at rhussain@une.edu.au or by phone (02) 6773 3678. Myf can be contacted by email at m.maple@une.edu.au or by phone on (02) 6773 3661. Virginia can be contacted by email at vmapedza@une.edu.au or by phone on (02) 6773 3986. I can be contacted by email at ccosgrave@myune.edu.au or by phone on 0405 110 897.

Aim of the study

This research aims to deepen understanding of the challenging retention issues currently facing community-based, mental health services operating in rural Australia. The study aims to investigate the factors, both professional and personal, that have contributed to sustaining early career mental health professionals (medical, nursing and allied health) working in community mental health services in rural Australia to 'stay' beyond the short-term (two years). It will also explore the ways in which the experiences of these 'stayers' can inform the development of future workforce policy and strategies concerned with addressing the workforce shortages in Australia's rural mental health services. One of the study's aims will be to define the terms 'early-career' and 'stayer' and hence the characteristics of the participants have been kept as broad as possible in terms of age, health profession and previous work experience.

The study has two specific areas of enquiry namely to:

- Identify what factors help 'sustain' mental health professionals in their professional practice, rural workplaces and as individuals living in rural Australia.
- To use the findings to inform future policy and strategies regarding Australia's rural mental health workforce.

This project builds on an earlier pilot study undertaken (UNE's HREC Approval no.: HE12-131). The pilot study involved interviewing five NSW Health Community Mental Health Managers who were working in different rural locations (remote & regional) throughout north-western NSW. The interviews followed a HREC approved interview question guide and focused on workforce issues. All the interviews were undertaken by phone.

This project will employ a grounded theory qualitative data methodology which will involve in-depth, qualitative, semi-structured interviews, theme identification and participant clarification to allow mental health professionals to tell their work and rural-living stories. The primary target group (Group 1) is health professionals employed by NSW Health, working in community mental services operating in rural north-west NSW. Supplementary interviews, to provide input and feedback on the Study's findings and recommendations, will also be undertaken at a later stage with representatives from NSW Health management (Group 2).

Selection

I have worked with your community mental health manager /team leader to identify eligible staff (and ex-staff) that meet the characteristics of Group 1 participants. Your manager was also asked to provide you with, as a potential participant, some introductory material about the study. From that point, the community mental managers /supervisors have remained at arm's length from the recruitment process. The introductory material distributed directs anyone interested in participating in the study to contact the associate researcher directly (and my contact details were included in the material provided).

Time Requirements & Interview method

Wherever possible the interviews will be conducted face to face (or if geographically impossible, a digitally recorded phone interview (using Skype software or teleconferencing facilities, if available) will be conducted instead. The interview is expected to be between 60 and 90 minutes duration. You also have the option to select two shorter interviews.

Consent Procedure

Prior to the interview, your written consent (or verbal if by phone interview) to participate will be sought and recorded. For face to face interviews the consent process will occur by you reading and completing 'The Consent Form for Participants' (attached with this Information Sheet). If you agree to all the statements and sign the consent form you will be considered to have given consent to participate. If verbal consent by phone is being obtained, I will read out the consent form and this consent process will be recorded and your responses noted by me on a copy of the Consent Form.

The Interview

The interview will be a series of open-ended questions that allow you to tell your work and rural-living story and to explore your views on workforce needs and issues.

Confidentiality

As part of the consent procedure you will be advised that you may possibly be identifiable and quoted and specific consent for both will be obtained. Any information or personal details gathered in the course of the study will remain confidential. No individual will be identified by name in any publication of the results. All names will be replaced by a pseudonym. Even though a pseudonym will be used in any publication, given the limited research area and cohort, you are reminded that it may be possible to still identify you.

The digital audiotapes and any computer files from these interviews will be stored on my password protected computer and related printed matter will be kept in a locked filing cabinet in my office. Upon the successful completion of my thesis, the data will be returned to my Principal Supervisor Prof Rafat Hussain and kept for another five years in the same manner and then destroyed. Only the investigators will have access to the data.

Voluntary Participation

Your Participation is completely voluntary. If you decide to participate, you are free to withdraw your consent from the project and discontinue at any time without having to give a reason and without consequence. It is unlikely that this research will raise any personal or upsetting issues but if it does you may wish to contact Lifeline Counselling Services in your local area 13 1114 (this is a free service that operates 24hrs a day) or HNELHD Employees Assistance Program (6767 7165).

Research Process

The aim of this research is to inform the PhD thesis however the results of this study may also be presented at conferences and published in peer-reviewed journals.

Approval & Complaints Process

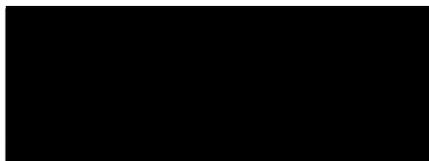
This project has been approved by the Human Research Ethics Committee of the University of New England (Approval no. HE 13-022, valid to March 2014). Should you have any complaints concerning the manner in which this research is conducted, please contact the Research Ethics Officer at the following address:

Research services
University of New England
Armidale, NSW 2351
Telephone: (02) 6773 3449; Facsimile: (02) 6773 3453
Email: ethics@une.edu.au

The conduct of this study at the Hunter New England Mental Health has been authorised by Hunter New England Local Health District. Any person with concerns or complaints about the conduct of this study may also contact the Research Governance Officer on 4921 4950 and quote reference number **[LNRSSA/13/HNE/116]**.

Thank you for considering this request and I look forward to further contact with you.

Regards



Cath Cosgrave

Appendix E: Information Sheet – Western LHD



School of Rural Medicine
University of New England
Armidale NSW 2351
Australia

Phone 61 2 6773 3322

Fax 61 2 6773 2388

ruralmed@une.edu.au

www.une.edu.au/rural-medicine/

A partner of the Joint Medical Program

Information Sheet for participants (Group 1- clinical –health professionals from Western NSW Local Health District)

Research Project: *A Study of the Australian rural mental health workforce – A workforce under threat – Who stays and Why?*

I wish to invite you to participate in my research on the above topic. The details of the study follow and I hope you will consider being involved. My name is Cath Cosgrave and I am conducting this research project as part of my PhD at the University of New England. My supervisors are Professor Rafat Hussain, (School of Rural Medicine), Associate Professor Myfanwy Maple (School of Health) and Dr Virginia Mapedzahama all from the University of New England. Rafat can be contacted by email at rhussain@une.edu.au or by phone (02) 6773 3678. Myf can be contacted by email at m.maple@une.edu.au or by phone on (02) 6773 3661. Virginia can be contacted by email at vmapedza@une.edu.au or by phone on (02) 6773 3986. I can be contacted by email at ccosgrave@myune.edu.au or by phone on 0405 110 897.

Aim of the study

This research aims to deepen understanding of the challenging retention issues currently facing community-based, mental health services operating in rural Australia. The study aims to investigate the factors, both professional and personal, that have contributed to sustaining early career mental health professionals (medical, nursing and allied health) working in community mental health services in rural Australia to 'stay' beyond the short- term (two years). It will also explore the ways in which the experiences of these 'stayers' can inform the development of future workforce policy and strategies concerned with addressing the workforce shortages in Australia's rural mental health services. One of the study's aims will be to define the terms 'early-career' and 'stayer' and hence the characteristics of the participants have been kept as broad as possible in terms of age, health profession and previous work experience.

The study has two specific areas of enquiry namely to:

- Identify what factors help 'sustain' mental health professionals in their professional practice, rural workplaces and as individuals living in rural Australia.
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This project will employ a grounded theory qualitative data methodology which will involve in-depth, qualitative, semi-structured interviews, theme identification and participant clarification to allow mental health professionals to tell their work and rural-living stories. The primary target group (Group 1) is health professionals employed by NSW Health, working in community mental services operating in rural north-west NSW. Supplementary interviews, to provide input and feedback on the Study's findings and recommendations, will also be undertaken at a later stage with representatives from NSW Health management (Group 2).

Selection

I have worked with your community mental health manager /team leader to identify eligible staff (and ex-staff) that meet the characteristics of Group 1 participants. Your manager was also asked to provide you with, as a potential participant, some introductory material about the study. From that point, the community mental managers /supervisors have remained at arm's length from the recruitment process. The introductory material distributed directs anyone interested in participating in the study to contact the associate researcher directly (and my contact details were included in the material provided).

Time Requirements & Interview method

Wherever possible the interviews will be conducted face to face (or if geographically impossible, a digitally recorded phone interview (using Skype software or teleconferencing facilities, if available) will be conducted instead. The interview is expected to be between 60 and 90 minutes duration. You also have the option to select two shorter interviews.

Consent Procedure

Prior to the interview, your written consent (or verbal if by phone interview) to participate will be sought and recorded. For face to face interviews the consent process will occur by you reading and completing 'The Consent Form for Participants' (attached with this Information Sheet). If you agree to all the statements and sign the consent form you will be considered to have given consent to participate. If verbal consent by phone is being obtained, I will read out the consent form and this consent process will be recorded and your responses noted by me on a copy of the Consent Form.

The Interview

The interview will be a series of open-ended questions that allow you to tell your work and rural-living story and to explore your views on workforce needs and issues.

Confidentiality

As part of the consent procedure you will be advised that you may possibly be identifiable and quoted and specific consent for both will be obtained. Any information or personal details gathered in the course of the study will remain confidential. No individual will be identified by name in any publication of the results. All names will be replaced by a pseudonym. Even though a pseudonym will be used in any publication, given the limited research area and cohort, you are reminded that it may be possible to still identify you.

The digital audiotapes and any computer files from these interviews will be stored on my password protected computer and related printed matter will be kept in a locked filing cabinet in my office. Upon the successful completion of my thesis, the data will be returned to my Principal Supervisor Prof Rafat Hussain and kept for another five years in the same manner and then destroyed. Only the investigators will have access to the data.

Voluntary Participation

Your Participation is completely voluntary. If you decide to participate, you are free to withdraw your consent from the project and discontinue at any time without having to give a reason and without consequence. It is unlikely that this research will raise any personal or upsetting issues but if it does you may wish to contact Lifeline Counselling Services in your local area 13 1114 (this is a free service that operates 24hrs a day).

Research Process

The aim of this research is to inform the PhD thesis however the results of this study may also be presented at conferences and published in peer-reviewed journals.

Approval & Complaints Process

This project has been approved by the Human Research Ethics Committee of the University of New England (Approval no. HE 13-022, valid to September 2014). Should you have any complaints concerning the manner in which this research is conducted, please contact the Research Ethics Officer at the following address:

Research services
University of New England
Armidale, NSW 2351
Telephone: (02) 6773 3449; Facsimile: (02) 6773 3453
Email: ethics@une.edu.au

The conduct of this study has been authorised by the Hunter New England Human Research Ethics Committee (HREC) accredited by the NSW Department of Health as a lead HREC under the model for single ethical review. Any person with concerns or complaints about the conduct of this study may contact the Research Governance Officer on (02) 4921 4950 and quote reference numbers [NSW HREC: LNR/13/HNE/115 or HNEHREC No: 13/04/17/5.06]. [See Attachment A]. A Site Specific Assessment for Western NSW with a declaration signed by Associate Professor Russell Roberts supporting the project has also been authorised (LNRSSA/13/GWAHS/87) [See Attachment B].

Thank you for considering this request and I look forward to further contact with you.

Regards



Cath Cosgrave

Appendix F: Expression of Interest Form for Potential Participants

Potential study participant – Expression of Interest

Name	Position	Profession	email	Work: - Mobile	Work: landline	Alternative contact non – work

Appendix G: Consent Form

CONSENT FORM for PARTICIPANTS

Research Project: A study of the Australian rural mental health workforce – A workforce under threat – Who stays and why?

Have you read the information contained in the Information Sheet for Participants and if you had any questions have they now been answered to your satisfaction? Yes/No

Do you agree to participate in this activity, realising that you may withdraw at any time? Yes/No

Do you agree that the research data gathered from this interview study may be published using a pseudonym? Yes/No

Do you agree that you can be quoted using this pseudonym? Yes/No

Do you agree to participate in this activity, realising that you may still be identifiable, even though a pseudonym will be used? Yes/No

Do you agree to the interview being digitally recorded and transcribed? Yes/No

Are you older than 18 years of age? Yes/No

Subject's Name: _____

- Yes, voluntarily consented to participate in this research**
 No, did not consent to participate in this research

(If no Interview will be discontinued).

Subject's Signature
(or if verbal consent obtained signature of researcher):

_____ **Date:** _____

Appendix H: Ethics Approval (Pilot Study) – UNE



Ethics Office
Research Development & Integrity
Research Division
 Armidale NSW 2351
 Australia
Phone 02 6773 3449
Fax 02 6773 3543
jo-ann.sozou@une.edu.au
www.une.edu.au/research-services

HUMAN RESEARCH ETHICS COMMITTEE

MEMORANDUM TO: Prof R Hussain, A/Prof M Maple, Dr V Mapedzahama
 & Ms C Cosgrave
 School of Rural Medicine

This is to advise you that the Human Research Ethics Committee has approved the following:

PROJECT TITLE: A Pilot Study of the Australian rural mental health workforce.
APPROVAL No.: HE12-131
COMMENCEMENT DATE: 10th July 2012
APPROVAL VALID TO: 10th July 2013
COMMENTS: Nil. Conditions met in full.

The Human Research Ethics Committee may grant approval for up to a maximum of three years. For approval periods greater than 12 months, researchers are required to submit an application for renewal at each twelve-month period. All researchers are required to submit a Final Report at the completion of their project. The Progress/Final Report Form is available at the following web address: <http://www.une.edu.au/research-services/researchdevelopment/integrity/ethics/human-ethics/hrecforms.php>

The *NHMRC National Statement on Ethical Conduct in Research Involving Humans* requires that researchers must report immediately to the Human Research Ethics Committee anything that might affect ethical acceptance of the protocol. This includes adverse reactions of participants, proposed changes in the protocol, and any other unforeseen events that might affect the continued ethical acceptability of the project.

In issuing this approval number, it is required that all data and consent forms are stored in a secure location for a minimum period of five years. These documents may be required for compliance audit processes during that time. If the location at which data and documentation are retained is changed within that five year period, the Research Ethics Officer should be advised of the new location.



10/07/2012

Jo-Ann Sozou
 Secretary/Research Ethics Officer

A12/195

Appendix I: Site Specific Approval – Western and Far West LHDs



18th December 2013

Professor Rafat Hussain
Deputy Head of School of Rural Medicine
School of Rural Medicine
University of New England
ARMIDALE NSW 2351

Dear Professor Hussain,

**Western NSW & Far West Local Health Districts
HREC Project No. LNR/13/HNE/115
SSA Application No. LNRSSA/13/GWAHS/87**

***The Australian Rural Mental Health Workforce, A Workforce Under Threat –
Who Stays and Why?***

***Site Specific Assessment Application
for Low & Negligible Risk Research***

Thank you for submitting a site specific assessment application to conduct research within the Western NSW Local Health District.

I am pleased to inform you that authorisation has been granted for this study to take place at the following sites within the Western NSW Local Health District:

- Mental Health Services, WNSWLHD

The following conditions apply to this research project. These are additional to those conditions imposed by the Human Research Ethics Committee that granted ethical approval:

1. Proposed amendments to the research protocol or conduct of the research which may affect the ethical acceptability of the project, and which are submitted to the lead HREC for review, are copied to the research governance officer;
2. Proposed amendments to the research protocol or conduct of the research which may affect the ongoing site acceptability of the project, are to be submitted to the research governance officer.

Research Governance

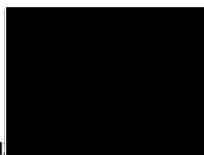
PO Box 143
Level 1, 230 Howick Street
BATHURST NSW 2795
Tel: (02) 6339 5601 Fax: (02) 6339 5189

Should you have any queries regarding your project, please do not hesitate to contact the Western NSW & Far West Local Health Districts Research Governance Officer on (02) 6339 5601 or via email ethics.committee@gwahs.health.nsw.gov.au.

Please quote SSA Reference No. LNRSSA/13/GWAHS/87 in all correspondence.

The Western NSW Local Health District wishes you every success in your research.

Yours sincerely



Su
Ethics & Research Governance Officer
Western NSW & Far West Local Health Districts

cc Ms Catherine Cosgrave, PhD Student, University of New England

Appendix J: Open Codes

Open codes	Preliminary categories
1. Training to be a health professional 2. Aspiring to a career in NSW Health 3. Develop an interest in MH as a career 4. Wanting to work with the client group 5. Making career plans	Making career plans
6. Taking first career steps – starting out as a health clinician 7. Taking next career steps – building a career 8. Looking for a position in mental health 9. Getting the job	Job seeking
10. Taking a risk/having an adventure 11. Thinking right time/right life-stage/right for others 12. Hoping to fast track career by working rurally – come, learn, leave 13. Making short term sacrifices comforts for longer term career gains	Weighing up the costs and benefits
14. Having access to in-house training 15. Having access to professional development 16. Receiving clinical supervision 17. Having opportunities to link up with profession-specific peers 18. Adjusting to public MH system and its processes 19. Being shown the ropes – given an orientation 20. <i>There wasn't even a desk for me</i> – receiving no orientation 21. Being given nothing to do 22. Being thrown in the deep end 23. The blind leading the blind – absence of clinical leadership 24. Feeling adequately mentored and supported 25. Facing extra challenges – New graduate experiences 26. Importance of profession support for new graduates 27. Facing extra challenges – People recruited from overseas 28. Facing extra challenges – sole CMH professionals 29. Building local networks 30. Learning to live with risk – <i>will they kill themselves tonight?</i> 31. Learning to leave the job at work 32. Gaining skills and experience 33. Feeling adequately supported 34. Beginning to find ones feet – getting used to it 35. Managing the gap between expectations and reality 36. Broken promises 37. Wanting to support future new comers	Arriving and beginning to find your feet
38. Adjusting to realities of rural-living – getting used to 39. Dealing with unexpected consequences 40. Impacts of rural-living on others (partner and children)	Adjusting to rural-living (outsiders)
41. Being an outsider 42. Being a local 43. Adjusting to the challenges of working in MH and living in a rural community 44. Wanting to stay connected to home, 45. Tyranny of distance – cost of staying connected to home 46. Coming with a partner or family, 47. Starting to make connections 48. Experiencing the realities/limits of rural culture and living 49. Finding local people friendly but closed 50. It's harder when you are older, single 51. Adjusting expectations/learning to accept less	Making connection

52. Experiencing social impacts of stigma around MH 53. Experiencing unexpected personal benefits 54. Encountering unexpected personal consequences/costs 55. Making friendship with colleagues – the good, the bad, the ugly	
56. Needing to be self-reliant – just getting on with it 57. Relying on the support of the team/other staff 58. Having to create your own opportunities 59. The challenges of working in sites with off site management 60. Managing the impacts of understaffing 61. Managing the impacts of constant staff turnover 62. Being motivated by the clients 63. Extra challenges when local no inpatient unit 64. Having to do emergency consults 65. Coping with extra travel and outreach 66. The challenges of accessing professional development 67. Being expected to do more and work harder but receive no extra benefits 68. Revolving door management – constantly changing managers at the service level 69. Managing constant procedural changes at the service level 70. Navigating and managing the relationship with line managers 71. Feeling supported by line manager 72. Feeling unsupported by line manager 73. Coping with the extra challenges of working in a rural service setting 74. Coping with resource constraints of public health 75. Feeling batteries running down – job is taking its toll 76. Zero degrees of separation – personally knowing the clients 77. Managing the fallout from a bums on seats approach recruitment 78. Consulted but not heard – nothing ever changes 79. Division of workload 80. <i>It's a lot of work, it's a big job</i>	Doing a big job long-term
81. Being recruited – dealings with HR – slowly does it 82. Everything 'Goes around in circles' – never any effective change 83. Feeling things are getting worse 84. Feeling like a mushroom -never knowing what is going on 85. Working in a culture of constant restructuring and uncertainty 86. Think we should be growing our own local workforce 87. Effort is all focussed on recruitment – Sink or swim attitude after recruitment 88. Managing the challenges of working in the public sector 89. Budgetary cuts and broken promises	Working in a bureaucracy
90. Working in a multidisciplinary team 91. Profession specific approaches/ clashes 92. Working with difficult people – power plays, offloading, bullying, sabotaging 93. <i>You do a MH role and you do everything</i> – Working in generic roles – treating everybody the same 94. Working in sub-teams – dynamics/culture 95. Dividing up the workload 96. Feeling bullied 97. Navigating the team dynamic/workplace culture 98. Experiencing an often changing team mix - 99. Finding my place in the team – or not 100. Culture of complaint/negativity 101. Prefer to do without than make do – fallout from recruitment of inappropriate staff 102. Poor recruitment practices – sugar-coating the job and the place	Finding your place in the team

103.	The role of the psychiatrist in the team	
104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114.	Enjoying working in MH Working in a supportive team Enjoying working in public sector (compared with private) Having opportunities to build career in the job Over dealing with team issues Considering the needs of others (family matters) Feeling connected to community Better the devil you know Its ok for now If I don't do the job then who will – feeling of commitment to clients/community Enjoying job security	Making the decision to stay put
115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129.	Wanting to more fully utilise professional skills (not a generic role) Taking next career move – building a career (in MH) Wanting to specialise Wanting to earn more money Wanting to return home (outsiders) Over dealing with clients Desiring new life experiences – having an adventure Wanting to explore other career pathways (not in MH) Wanting a less stressful job (non-clinical) Having achieved career goal/personal plans Batteries run down – needing to get out of job Wanting more professional autonomy Wanting new challenges/variety Over with dealing with service level management approach/attitudes, working in public sector Health Seeking greener pastures – finding somewhere better – escaping this town	Making the decision to leave

Appendix K: Town Profiles

In this Appendix a short description of each of the nine towns (A-I) in which the interviews were conducted is provided. The aim of these descriptions is to give a sense of the town in terms of living and working as a CMH professional. Information is presented regarding its geographic size (which is described in square kilometres²³), an outline of the major industries operating in the area, the size of the population including the percentage of Aboriginal people²⁴, its remoteness in terms of distance from the nearest capital city and the closest rural town with a public hospital that has a psychiatric unit that takes involuntary admissions and modes of transport to these locations is also discussed. Population data is drawn from the ABS 2011 census. As most towns were also the local Shire capital, Local Government Area (LGA) data was used except for Town I where town census data was used instead. The ABS's Index of Relative Socio-Economic Disadvantage (IRSD) for each LGA is also noted (ABS, 2011). The IRSD average score for Australia is 1000, with scores above indicating a relative lack of disadvantage and those below indicating relatively greater disadvantage. For LGAs with scores under 1000, this suggests a population group that has low income, low educational attainment, high unemployment and/or employment in relatively unskilled occupations. The NSW government drew on this ISRD data to categorise its LGAs into 10 groups, with Group 1 being the most advantaged and Group 10 the least. The group number for each LGA has also been included (HealthStats NSW, no date). As these town descriptors were only meant to be vignettes and to help lessen their identifiability, in most cases figures have been rounded, with the exception of the ISRD score and its group number.

Town A – small town, outer regional area

Town A is a small town located in outer regional NSW. The town is the capital of the Shire and has a population of approximately 16,000 people, with 6.5 per cent identifying as Aboriginal. The LGA is an area of 8,500 square kilometres and its key industries are agriculture and mining. The IRSD score for the LGA is 921 and categorised in Group 8 for NSW LGAs. It is approximately 300 kilometres from the nearest capital city and 200 kilometres from the nearest large rural town in an inner regional area. A private air service runs small planes to the nearest large rural town and from there domestic air carriers run daily flights to the capital cities. There are also regional coaches that link to the larger rural towns that have rail lines to the capital cities.

²³ For comparative purposes, the geographic area of Australia's island state of Tasmania is 90,758 square kilometres.

²⁴ For comparative purposes Aboriginal people comprise 2.5% of the NSW population.

Town B – small town, outer regional area

Town B is a small town located in outer regional NSW. The town is the capital of the Shire and has a population of approximately 13,000 people, with 10.7 per cent identifying as Aboriginal. The LGA is an area of 13,000 square kilometres and its key industries are agriculture and mining. The IRSD score for the LGA is 953.4 and categorised in Group 6 for NSW LGAs. It is approximately 500 kilometres from the nearest capital city and 170 kilometres from the nearest large rural town in an inner regional area. There is a train linking to large rural towns and capital cities.

Town C – small town, outer regional area

Town C is a small town located in outer regional area NSW. The town is the capital of the Shire and has a population of approximately 13,500 people, with 20.8 per cent identifying as Aboriginal. The LGA is an area of approximately 18,000 square kilometres and its principal industry is agriculture. The IRSD score for the LGA is 915.1 and is categorised in Group 8 for NSW LGAs. It is approximately 500 kilometres from the nearest capital city and 270 kilometres from the nearest large rural town in an inner regional area. There are regional coaches and a train line linking to large rural towns as well as daily flights linking to capital cities.

Town D – small town, outer regional area

Town D is a small town located in outer regional NSW. The town is the capital of the Shire and has a population of approximately 12,000 people, with 11 per cent identifying as Aboriginal. The LGA is an area of approximately 5,000 square kilometres and the principal industry is agriculture. The IRSD score for the LGA is 936 and it is categorised in Group 8 for NSW LGAs. It is approximately 300 kilometres from the nearest capital city and 70 kilometres from the nearest large rural town in an inner regional area. There is a train line linking to this large rural town and from there to the capital cities.

Town E – large rural town, inner regional area

Town E is a large rural town in inner regional area NSW. The town is the capital of the Shire and has a population of approximately 47,500 people, with 8.4 per cent identifying as Aboriginal. The LGA is an area of approximately 10,000 square kilometres and the town is a major service hub for

the area. The IRSD score for the LGA is 959 and it is categorised in Group 6 for NSW LGAs. It is approximately 400 kilometres from the nearest capital city. There are regional coaches and a train line linking to small rural towns located in the outer regional and remote areas, as well as daily flights linking to capital cities.

Town F – large rural town, inner regional area

Town F is a large rural town in inner regional area NSW. The town is the capital of the Shire and has a population of approximately 39,000 people, with 12.5 per cent identifying as Aboriginal. The LGA is approximately 3,500 square kilometres and the town is a major service hub for the area. The IRSD score for the LGA is 977 and it is categorised in Group 4 in NSW LGAs. It is approximately 400 kilometres from the nearest capital city. There are regional coaches and a train line linking to small rural towns in the outer regional and remote areas as well as daily flights linking to capital cities.

Town G – medium rural town, inner regional area

Town G is a small town located in inner regional NSW. The town is the capital of the Shire and has a population of approximately 23,000 people, with 3.76 per cent identifying as Aboriginal. The LGA is an area of 23,000 square kilometres and the key industries are agriculture, mining and tourism. The IRSD score for the LGA is 962 and it is categorised in Group 6 for NSW LGAs. It is approximately 270 kilometres from the nearest capital city. There are regional coaches linking to large rural towns that have train lines and air services to capital cities.

Town H – small rural town, remote Australia

Town H is a small town located in remote area NSW. The town is the capital of the Shire and has a population of approximately 3,000 people, with 30 per cent identifying as Aboriginal. The LGA is an area of 41,500 square kilometres and the main industry is agriculture. The IRSD score for the LGA is 932 and it is categorised in Group 7 for NSW LGAs. It is approximately 750 kilometres from the nearest capital city and 370 kilometres from the nearest large rural town in an inner regional area. There are regional coaches linking to a larger rural town, which has rail and airlines to the capital cities.

Town I – small rural town, remote Australia

Town I is a small town located in remote area NSW. The town is one of several major towns in the Shire with a population of approximately 2,500 people and 20 per cent identifying as Aboriginal. The LGA is an area of 22,000 square kilometres and key industries are mining, agriculture and tourism. The IRSD score for the LGA is 856 and it is categorised in Group 10 for NSW LGAs. It is approximately 700 kilometres from the nearest capital city and 350 kilometres from the nearest large rural town in an inner regional area. There are regional coaches linking to a couple of larger rural towns and those have rail and airlines to the capital cities.