



## **A Model for Improved Health of Rural and Indigenous Australians through Education, Support and Training for Psychologists**



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# A model for improved health of rural and Indigenous Australians through education, support and training for psychologists

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The health needs of rural communities have been increasingly recognised as an area of concern, particularly due to the lack of accessible and available mental health and social services. High levels of need for psychological intervention have been identified, however only recently have strategies concerning rural psychological services been specifically flagged to receive funding (the 45 million allocated to rural allied health). A relatively small number of projects funded by the Commonwealth Government's Rural Health Support, Education and Training (RHSET) scheme have begun to explore mechanisms to increase psychological services in the bush. These preliminary efforts have informed the present proposal, which is aimed at tackling rural psychological workforce issues at multiple points along the professional career chain, from the recruitment of students through to the retention, development and career diversification of psychologists in rural and remote locations. In this process, it is held that this will synergistically require the development of a stronger knowledge base concerning a variety of aspects of rural psychology and rural psychological practice in Australia.

The difficulties inherent in the provision of rural psychological services are complex and encompass factors such as: a general lack of rural psychologists; reduced capacity for rural supervision of Clinical Masters and research students; inappropriate post graduate training in rural psychological issues and practice; the small knowledge base regarding rural psychology and Indigenous health issues; difficulties in recruiting and retaining rural psychologists; and problems associated with the professional isolation of rural psychologists. These factors all underpin the low capacity of psychological services in rural Australia, which falls far short of meeting demand (Dunn 1996).

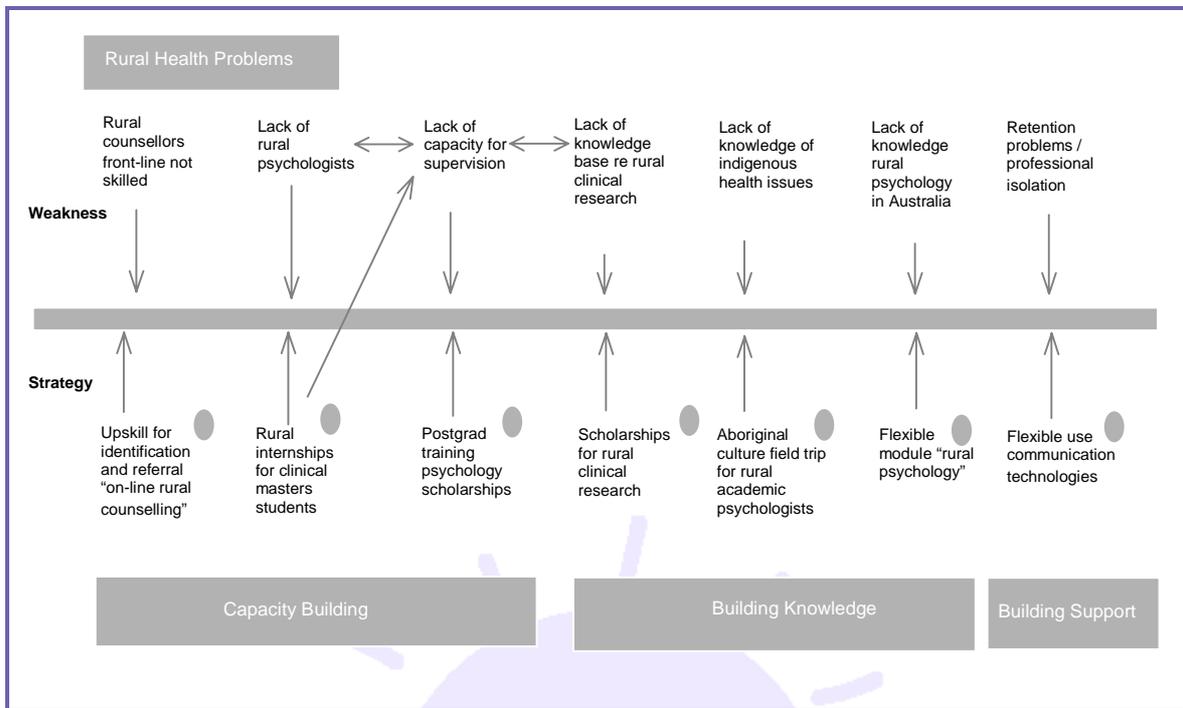
Of the Commonwealth Department of Health and Aged Care (2000–01 budget) \$562 million allocated for the next 4 years to improve access to health and aged care services for rural and regional communities, over \$322 million was specifically allocated to General Practitioners. Allied health professionals were allocated 49.5 million to increase the range of allied health services and to support GPs (2000–01 budget). No specific funding was allocated to rural and remote psychologists nor targeted rural psychological services.

The current model proposes to: improve and consolidate rural internships for Master of Clinical Psychology students; improve the education standards of existing rural psychologists so that they can supervise these students; offer scholarships for research to be conducted on rural health issues; encourage the completion of Aboriginal culture field trips; develop a flexibly offered rural psychology module; and increase support for rural psychologists through web and internet communication developments. This collective approach is planned to tackle the major issues of increasing the numbers of

rural psychologists, build knowledge of rural psychology and increase support for existing practitioners.

The coherent model (Figure 1) provides a pathway for addressing the issues of: the need to increase the capacity of psychologists in rural and remote Australia; expanding knowledge surrounding rural psychological issues; and increasing and developing support networks for existing and future rural psychologists. The expectation of this model is to ultimately increase and improve recruitment and retention of psychologists in rural and remote Australia and through this process improve the health and well-being of rural and Indigenous Australians.

**Figure 1 A coherent model for improved health of rural and Indigenous Australians through education, support and training of psychologists and rural counsellors**



The model identifies strategies to assist in the process of, and progression towards, increased recruitment and retention of rural psychologists. The strategies are implemented through a number of interventions and approaches that address the limitations, concerns, and inhibiting factors, impacting upon low rates of psychologists practising in rural Australia. Having few psychologists in the bush limits the options and resources available to rural and remote Australians and finding approaches to resolve this will assist in improving the physical and emotional well-being of rural Australians.



## CAPACITY BUILDING

### Increase the numbers of rural psychologists

The first process in this model aims to build the capacity of psychological services through increasing the numbers of sufficiently qualified rural psychologists. Strategies need to be put into place to address both short-term and long-term numbers. We recommend two avenues to assist in this process viz the continuation and embedding of rural internships for students in Master of Clinical Psychology Programs; and the provision of scholarships which enable and encourage existing rural psychologists to upgrade their qualifications. These avenues of change are anticipated to develop the existing skills of rural counsellors to fill the void of service provision and improve recruitment and retention rates of existing psychologists.

### **Recommendations: Rural internships for Master of Clinical Psychology students and Postgraduate Training Psychology Scholarships.**

#### Rural internships for Master of Clinical Psychology students

The first step in building the capacity of psychologists in rural and remote communities is through a rural clinical placement scheme. A pilot program of MPsych students completing rural placements, funded by RHSET in 1999, has now been completed and evaluated (Dollard, Shafik, Court & Heffernan 2000; Wallis 2000). The pilot demonstrated that as a result of the placement opportunity, students displayed an increased willingness to take up rural psychology positions (Dollard, Shafik, Court & Heffernan 2000). Rural psychology placements clearly provide students with the challenges of autonomy, independence and greater decision making and responsibility than do metropolitan placements. The pilot also yielded unexpected benefits in terms of some participants becoming involved in related clinical and workforce research, further strengthening interest in rural practice and a diversified rurally-based career mix involving clinical work, research and the possibility of pursuing further higher qualifications. Therefore, participants exiting this program are expected to maintain better links in the future with psychology faculties and the profession in general when compared with non-rural interns on average.

The program was clearly in line with *2001 Healthy Horizons*, and is novel by virtue of extreme shortages of rural clinical psychologists and the lack of specific preparation and recruitment for rural practice in most Australian psychology training programs. A recent census of rural and remote SA identified education, support and training needs of registered psychologists practising in country areas (Farrin, Dollard & Court 2000). Despite a higher rural incidence of male youth suicide, drug and alcohol abuse, domestic violence, and socioeconomic disadvantage, there is a significant shortage of rural psychologists and rural mental health issues have been predominantly addressed by general practitioners (GPs), welfare workers and the nursing profession. However general practitioners, in particular, have expressed a need for more psychiatric and psychological services in rural Australia (Welch 1994, cited in Dunn 1996). Although rural training placements for Clinical Psychology students were suggested in the past (Wolfenden 1996), the pilot project was one of the first such programs in Australia. This project increases capacity building by increasing recruitment and retention of rural psychologists, through orientating students to, and promoting, rural clinical practice.

### Postgraduate training psychology scholarships

The second prospect for building the capacity of psychologists in rural and remote Australia is through the offering of postgraduate psychology scholarships to rural psychologists in need of improving their level of education. This need has arisen from the changes to registration requirements by the Australian Psychological Society that state from the year 2000 the base level of education will be lifted from 4 years to 6 years (ie Master of Clinical Psychology qualification) in order for psychologists to be eligible for membership. Psychologists in rural and remote areas are directly affected by this decision as they do not have access to training, supervision and professional development requirements, (that their city counterparts enjoy) to meet this standard (Kenardy & Griffiths 1996). The MPsych programs at university level require that the supervisors of students in their MPsych degrees have to be psychologists with a Master of Clinical Psychology qualification. As a result few rural psychologists are eligible to supervise psychology students and subsequently few students are able to complete rural psychological placements. In a recent census of rural and remote psychologists in SA only 21.6% (8 psychologists) of respondents held a Master of Clinical Psychology qualification (Farrin, Dollard & Court 2000). Of these eight practitioners in SA, two are recent graduates who are not eligible to supervise for 2 years, two are not employed in direct clinical practice, and two are primarily employed in part-time private practice and as such find it difficult to offer supervision to psychology students. Therefore the lack of available rural psychology supervisors is clearly evident. Moreover, the lack of rural Clinical Psychologists severely restricts the number of students being able to complete rural psychology placements as part of their Master of Clinical Psychology program.

The recent introduction of the MPsych program offered by flexible delivery by Charles Sturt University provides country psychologists with the opportunity to upskill. By offering rural psychologists the chance to complete this course, on the contingency that they provided future supervision to MPsych students should result in: an expansion of eligible rural psychologists equipped to supervise students in Clinical Masters of Psychology courses; greatly improved services that these workers are able to provide to rural communities; and improved skills that allow them to address more complex issues. Further, greater skills should lead to improved job satisfaction, which in turn increases the likelihood of rural psychologists remaining in rural communities.

This strategy would aim to increase the capacity of Australia for more trainee psychologists through upgrading the qualifications of rural supervisors. This would be achieved through offering existing registered psychologists residing in rural Australia the opportunity to apply for scholarships to complete their MPsych through the distance program offered through Charles Sturt University. This is the only program that is offered by flexible delivery in Australia.

### Improve access to scarce services for those who are most in need: early-stage and high-risk clients

Creating improvement in the efficient use of scarce psychological resources for the benefit of those who are most in need requires the study and possible re-evaluation of how rural psychological resources are actually being accessed and used. Referral mechanisms and the degree to which at-risk clients are prepared to admit to psychological problems will be key factors in understanding and improving efficiency.

Since early intervention can have a significant impact on the course of some serious psychological and psychiatric conditions (Lloyd, Bassett & Samra 2000), consideration needs to be given to developing alternative, subtle means of providing early warning and referral systems to detect possible early-stage psychiatric illness and high risk clients. This could help those who would most benefit from the early use of scarce mental health resources. As access to qualified psychological professionals in many remote areas is effectively zero, the multi-skilling and upskilling of other workers in rural social and health delivery systems could provide this early referral.

**Recommendation: Upskill for identification and referral for “on-line rural counselling”**

One possible candidate to receive this training is the extensive network of rural counsellors. These are primarily involved in rural financial counselling but anecdotally report that they frequently find themselves having to deal with psychosocial issues for which they are ill-equipped (Fuller, Edwards, Proctor & Moss, in press).

There has been a trend to employ rural counsellors around Australia, to assist rural workers, particularly farmers. Counsellors provide assistance with financial counselling in areas such as budgeting, loan applications, purchases and contracts, and they also offer personal and family counselling, assistance with decision making and conflict resolution and advocacy and the provision of information. These counsellors frequently deal with the related social, emotional and behavioural issues, which emerge as the result of financial stress. Many of these counsellors see clients who turn out to have pre-clinical or clinical mental health and social problems that require intervention, but they are not equipped to recognise these issues so that more appropriate professional help can be sought where necessary. In a recent report on rural mental health problems, a financial counsellor commented that many rural clients were reluctant to admit to emotional problems and instead contacted the financial counsellor for assistance under the guise of a financial problem (Fuller, Edwards, Proctor & Moss, in press). This report also highlighted the importance of capitalising on the broad range of helpers, including rural and financial counsellors, and exploring ways of assisting and supporting them to provide more extensive mental health services (Fuller, Edwards, Proctor & Moss, in press). A recent review of counselling services in rural and remote areas identified that the demand for counselling was strongly linked to the current economic conditions (New South Wales Farmers’ Association, accessed online Aug 1 2000). This report also highlighted the lack of appropriate trained staff in rural and remote areas and identified the unique position that financial counsellors enjoy in regard to their contact with rural and remote communities (NSW Farmers’ Association accessed online Aug 1, 2000).

Consultation with the network of rural counsellors has indicated that there is a pressing need for training in psychosocial aspects of counselling techniques. The shortage and problems in the rural mental health workforce contribute to the demand and subsequent load on rural counsellors. Rural financial counsellors are acting in effect as defacto rural mental health workers. Nonetheless they have much credibility in rural communities and act as a key access point for tackling mental health issues at the coalface.

An Online subject, “Rural Counselling” has been recently developed and would be appropriate for study by rural counsellors. This course has been specifically designed with a rural focus and has arisen from the need for counselling skills to be accessible to workers in rural and remote areas. The completion of the Rural Counselling Online subject would assist these workers in furthering their skills in the areas of youth suicide, Indigenous health, drug and alcohol issues, rural counselling and the health of older rural Australians. It would thus provide rural and remote communities with greater variety of services through the expansion of skills and knowledge of rural counsellors. As the subject is accessed through the Internet it provides support to practitioners by email (both lecturing staff and other students) and telephones and is easily accessible to workers in rural and remote areas.

Building the capacity for rural counsellors to provide more extensive services through further training would be one of three avenues to address this problem. This would provide rural counsellors with the skills to provide an early warning mechanism in the local primary care network for high risk clients (eg youth suicide, Indigenous and aged health care, drug and alcohol issues) and first line counselling strategies for other clients.

It would also attempt to increase the level of counselling services available to rural and remote communities, increase the retention of counsellors in the rural workforce, and expand the knowledge and skills of rural counsellors so that they are able to detect issues and treat them or know to refer to appropriate specialists when needed.

## BUILDING KNOWLEDGE

### Increasing and improving the rural psychological knowledge base

The second focus of the model is upon improving and increasing a knowledge base in rural psychology. It is anticipated that this would be achieved through: offering postgraduate students scholarships to complete their research on a rural issue or topic; providing Aboriginal culture field trips to academic psychologists; and establishing a flexibly offered module on rural psychology.

### **Recommendations: Scholarships for Rural Clinical Research**

Expanding knowledge into rural psychology could be achieved through creation of programs to encourage higher degree students to complete their dissertation research in rural locations, and on rural issues. This would assist in further development of this knowledge base, and would also help in the identification of issues and needs of rural communities. The usefulness of such research would be in the exposure of psychology students to rural communities and the collaborative identification of concerns requiring examination, together with assisting such communities in the development of primary health care strategies to overcome these issues.

While research has been conducted on the health issues of those residing in urban locations, the public health concerns of those residing in country areas have been largely ignored (National Rural Public Health Forum 1997). Research conducted on the health status of rural communities will provide the information necessary for identification of priority areas for interventions to be properly determined and

implemented. More specifically, research in rural Australia needs to focus on the knowledge and issues surrounding rural health and the factors impacting upon it. This would then assist in building upon the existing knowledge base and provide avenues for further exploration (Australian Health Minister's Conference 1999). Furthermore, workloads and isolation of clinical psychologists are such that they have few resources to critically reflect on their practice or to undertake research on crucial issues that arise from their caseloads. This reduces a potentially rich source of field data, which might have otherwise been incorporated in appropriate training for clinical psychologists and improved rural mental health services, generally.

The provision of increased rural research would also offer existing rural psychologists the opportunity to participate and contribute to rural research. It would also contribute to maintaining the interest level and improve the professional knowledge of rural psychologists through participation in research and supervision activities. It would also reduce their isolation and increase their social support networks. The lack of education and preparation for rural psychological practice may be a key element in the high employment attrition in rural settings (Kenardy & Griffiths 1996). It has been suggested that specific emphasis on rural-based courses, study and placements is an appropriate response to address these concerns. Few undergraduate or post-graduate psychology programs offer rural curriculum subjects and rarer still are rural-based supervised clinical psychology placements (Dollard, Shafik, Court & Heffernan 2000). An extension of both of these areas has been proposed as a possible answer to recruitment and retention problems for psychologists (Kenardy & Griffiths 1996; Sacco 1994). It has been well documented that metropolitan-based training has not generally prepared allied health staff for work in rural settings (Hodgson 1992), and that specifically trained staff are more likely to move to another rurally-based job (Sturmey & Edwards 1991).

Offering scholarships to postgraduate psychology students, enrolled in either a Honours Psychology, Master of Clinical Psychology, or Postgraduate Research Program in any Australian university, to undertake their dissertation research on a rural issue and to complete their study in a rural community are strategies suggested to increase and improve rural knowledge. Students would be encouraged to collaborate with the local community, including existing rural psychologists, in identifying areas of need for research projects, complete the collection of data in the rural location, and then provide feedback to the rural community about the research findings and implications. The program would also orientate and expose students to rural communities with the intention of creating an environment where students would consider future rural employment.

### Developing improved and extending skills in Indigenous psychological understanding

Currently there is very little curriculum content focused on Indigenous health, and there is unlikely to be when we find that psychology academics themselves are unfamiliar with the lived experiences of Aboriginal people. Offering Aboriginal culture field trips would assist in overcoming this deficit in knowledge.

**Recommendation: Aboriginal Culture Field Trip for Rural Academic Psychologists**

The second approach to improving knowledge is through the development of Aboriginal culture field trips to academic psychologists. Psychology as a profession has a large role to play in advancing the health of Aboriginal Australians. As health (including mental health) has a socioeconomic gradient, and the latter is linked to power within the culture, prejudice and racial bias underpins much of the health disadvantage Aboriginal people experience. Psychology has an extensive history in the study of attitude formation, how attitudes affect behaviour, and so on yet the specific focus on Aboriginal health status is rarely raised let alone salient in the curriculum.

One of the most powerful means to change attitudes and instil new knowledge is through experiential learning. If academic psychologists were immersed in a cultural experience we believe this could achieve new understandings conducive to the recruitment of Aboriginal students to the study of psychology, and to the development of a curriculum which makes more salient the crisis in physical and mental health currently experienced by Indigenous Australians. We believe this in turn will stimulate further research, and lead to develop a knowledge base in Indigenous health psychology, which in turn will lead to improved services, including clinical intervention and counselling strategies sensitive to cultural difference. Attendance may also improve participation rates of psychologists in the Indigenous Psychology Interest Group of the Australian Psychological Society, which is set to become a powerful lobby group for Indigenous psychological issues. It will likely lead to better facilitation of psychology students into Indigenous health placements.

### Lack of knowledge of rural psychology in Australia

In a recent census of rural and remote South Australian psychologists, the respondents identified a clear lack of undergraduate and postgraduate educational opportunities in rural psychology (Farrin, Dollard & Court 2000). They suggested increased attention to the development and offering of a specific subject devoted to rural psychology (Farrin, Dollard & Court 2000). This would assist them in developing appropriate practice skills relevant to the communities in which they work and also link their current knowledge, through active consultation with existing practitioners, into university curriculum thus reducing their professional isolation and increase their social support networks. Ultimately this would be anticipated to assist in recruitment and retention of rural psychologists.

### **Recommendation: Flexible Module “Rural Psychology”**

A means by which rural psychological knowledge is proposed to be improved upon is through the development of a module in rural psychology that is offered flexibly. Historically, Australian universities have failed to address the need for accessible and flexibly delivered programs in rural psychology. As yet no specifically developed course in rural psychology, covering education and practice issues, exists in Australia. The school of psychology at the University of South Australia (SA) recently adopted a range of initiatives in rural psychological practice, arising from the introduction of an internship program (RHSET funded, 1999). The innovative and unique outcomes occurring as a result of the pilot rural psychology internship project included: rural psychological clinical placements; development of a rural psychology handbook for students; completion of two academic papers during the internship; creation of a rural counselling subject offered online; and the presentation of five papers at the 4<sup>th</sup>

Regional Australia Conference, including three presented by MPsych students involved in the internship program. This component of the model aims to address the current deficits in rural psychological training by developing course materials in rural psychological practice, incorporating clinical, research, health and workforce issues, to be disseminated to, and adapted by, universities around Australia. An integral aspect in developing these subject materials would be consulting with the Standards and Training Committee of the Australian Psychological Society (APS). This committee sets the education standards for university MPsych programs to be accredited by the APS. With the support of the Standards and Training committee policy changes can be made to integrate rural psychological training as a compulsory component of MPsych programs Australia wide. Negotiations are occurring with the APS in respect to increased rural psychological training.

This pioneering subject topic and method of delivery would begin to address some of the issues and concerns of rural communities and educate future practitioners on the intricacies of rural life. It would provide the impetus for research and increase knowledge and literature surrounding rural health (clinical, Indigenous, forensic and workforce issues) and thus serve to address rural concerns more appropriately. Further exploration of the issues facing rural youth together with the psychological distress country young people are facing, would be one important aspect of the subject materials developed. Other important issues for rural psychologists and health workers to receive training in are clinical diagnosis of rural mental health problems and the use of medications to treat psychiatric disorders. A subject devoted to rural psychology would also allow for the particular idiosyncrasies of rural health and mental health to be examined, in addition to aspects of rural work, clinical work and cultural awareness topics. Such a subject could be offered at both undergraduate and postgraduate level and also to disciplines other than psychology.

The creation of a rural psychology subject would provide practitioners with the vital training and information concerning rural issues that can then be utilised in rural employment and in expanding the knowledge of rural psychology. The subject would be accessed through the Internet and thus would provide support to practitioners by email (both lecturing staff and other students) and telephones and would be easily accessible to workers in rural and remote areas. Offering rural health workers the opportunity to participate in this program is likely to increase their confidence in dealing with more complex psychological issues and consequently improve the chances of retaining such workers in the rural workforce.

## **BUILDING SUPPORT**

### **Problems of retention and professional isolation**

The final element of the model is the building of support for rural and remote psychologists with the intention of improving support networks, coping skills and increasing recruitment and retention rates of psychologists.

### **Recommendation: Flexible Use Communication Technologies**

The need for professional support and contact was reiterated as a central issue in a recent census of rural SA psychologists, conducted by the University of South Australia, and the Australian Psychological Society (Farrin, Dollard & Court 2000). Nearly 40% of respondents identified the provision of peer support, mentoring and supervision of rural psychologists as critical in the recruitment and retention of rural psychologists, consistent with previous research (Farrin, Dollard & Court 2000; Harvey & Hodgson 1996; Wolfenden 1996). A recent RHSET report (1999) assessed the impact of linking 20 rural and remote psychologists with 20 city-based senior clinical psychologists in a mentorship program (Hunter Institute of Mental Health 1999), and the outcomes of this project again highlighted the utility of professional support. The census (Farrin, Dollard & Court 2000) confirmed this observation and the respondents further identified that this support would be best provided by other psychologists living and working in a rural community.

With a lack of critical mass, and the sheer distance between positions, rural psychologists find it difficult to provide professional support to each other. Rural psychologists function in professionally isolated environments with few resources, and little information regarding rural issues and appropriate interventions. Extant data bases of rural psychologists are often incomplete and inaccurate because of high turnover in rural positions, compounding the problem for new comers in locating and networking with rural psychologists to provide mutual on-going support. One outcome of the census was the development of a support network for rural psychologists in SA. While this small project was able to identify those psychologists working in rural and remote areas it was not able to, and did not intend in itself, to provide ongoing support, education and training.

The aim of this third component of the model is to utilise, exploit and extend the website of the International Journal of Rural Psychology (a collaborative project with the Australian Psychological Society Rural and Remote Psychology Interest Group) to provide further support and education to rural Australian psychologists. Rural and remote psychologists often find accessing support services in their local communities extremely difficult due to their high visibility and the community awareness they create as a consequence of their profession. As a result, many rural psychologists are reluctant to obtain support and assistance for mental health or psychological difficulties. The provision of a support service via the Internet would address these issues. In addition, if support was linked to the International Journal of Rural Psychology, practitioners could also access information regarding recent developments and research in rural psychology and also, contribute to the development of this knowledge themselves. The plan would be to facilitate the provision of a 24-hour telephone debriefing and counselling currently offered by Bush Crisis Line (RHSET funded) through providing and promoting details of this telephone crisis line on the website. In conjunction with this, it would be planned to create on-line self help resources incorporating educational materials on stress and burnout and rating scales for workers to assess their level of distress. If more assistance is required the psychologists could then contact the Bush Crisis Line. The advantage of this concept is that the psychologists could obtain support and counselling by telephone, confidentially and anonymously. Secondly it is planned to introduce a chat line so that rural psychologists can talk to other psychologists in Australia and overseas about issues pertaining to rural practice. As well as providing support and contact with other similar professionals, this service would give

practitioners more information which could assist them in supporting their continuing practise in their rural communities.

Thirdly it is planned that provision of on-going education to rural psychologists through the development, expansion, and dissemination of state of the art knowledge in rural psychology will occur through offering participants free access to the e-journal.

## CONCLUSION

The model presented offers novel and innovative strategies to counteract the current lack of practising psychologists in the bush and health (psychological and physical) needs of rural Australians. The model proposes that this issues can be addressed through confronting the issues of low capacity, lack of rural knowledge and few support networks. Capacity for greater numbers of rural psychologists can be built through projects such as: upskilling existing rural counsellors; and increasing rural clinical placements for Master of Clinical Psychology students in conjunction with upskilling existing rural psychologists to levels where they are qualified to supervise these students. Rural psychological knowledge can be expanded upon by establishing postgraduate rural research scholarships, instigating Aboriginal field trips for academic psychologists, and creating flexible methods of delivery for rural psychology modules. Finally, support can be built for rural psychologists by creating access and information services online for rural psychologists to utilise.

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## AUTHORS

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Phil is part of the Whyalla Campus's Executive and plays a key role in business planning and the management of client relationships. In 1998, Phil was awarded the Australia-India Business Council's Business Exchange Grant and spent ten weeks in India, studying Indian research institutions and forming ties with India's most prestigious rural research institution, The Institute for Rural Management in Anand. He is a member of the University's peak India Experts Group and the Quality Management Review Committee, which oversees the ISO9001 accreditation. Prior to joining the University, Phil secured about \$1 million in sponsorship from 60 different organisations as a consult to *The Decade For Landcare*, the Department of Primary Industries and Delfin Property Group, to fund an innovative outdoor classroom for South Australian school children.

