Consulting the 'oracle': Using a Delphi process to facilitate change to a blended learning model for rural mental health professionals' recruitment

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What happens when time, staffing pressures and a reduced funding base begin to impact on considerations for the future deployment of a successful university-based program promoting professional career options in rural mental health for completing students? This paper outlines the initial steps of shifting the Gippsland Mental Health Vacation School (GMHVS) from a successful week-long face-to-face program to a blended, collaborative and interactive model, distributed across space and time. Further, this blended learning approach encompassing social media opens the possibility to enable greater student numbers to participate in future GMHVS programs.

Keywords: mental health professions; rural recruitment; students; service providers; social media; blended learning

Introduction

Mental health professionals encompass a range of occupations including nurses, psychologists, social workers, and occupational therapists. Their collective involvement in the active promotion and treatment of mental health issues are important in terms of a holistic and interprofessional approach for the patient. Individually they also bring important skills according to their professional training. However, recruiting and retaining workers is a major challenge in rural and remote Australia (Sutton, Maybery & Moore, 2012). There are multiple reasons for this situation ranging from concerns that rural is 'second best' due to anxieties over access to services and fear of isolation (Eley, Young & Shrapnel, 2008), in addition to trepidation over such personal issues as finding a spouse, rewarding employment opportunities and quality education pathways for children (Rosenblatt et al., 2006).

The Gippsland Mental Health Vacation School (GMHVS) was developed by Monash University's Department of Rural and Indigenous Health (MUDRIH) with the aim of attracting students studying at metropolitan tertiary institutions to working in the rural mental health field (Sutton, Maybery & Moore, 2012). The program has now run successfully over four cycles since 2010 and has received positive qualitative and quantitative feedback from both the participating students and representatives of Gippsland service providers. However the GMHVS program is now being challenged on a number of levels, including funding insecurity, time pressures and future staffing options. There is also a desire to create a more self-sustaining, less time-intensive program that can be added to rather than recreated each time that the program is offered. This paper outlines the initial steps of shifting the successful face-to-face program to a blended, interactive model, distributed across space and time. The approach is being refined via the Delphi Study outlined here.

Delphi Study

A Delphi Study is a structured process for the purpose of collecting and condensing group knowledge or feedback by means of a series of 'rounds'. There are usually three rounds to a Delphi Study and, at the end of each round, the feedback is summarised and presented back to the participants for rating. The participants are also able to provide further comments in this procedure. Through this cyclical process of refinements, group consensus is reached. In the current Delphi Study, following ethics permissions, data has been gathered from

two research cohorts as stakeholders in the program: the GMHVS 2012 students, and representatives of the participating Gippsland mental health organisations. This information will give direction and guide the structure of the future GMHVS blended program offering.

Social media

While the results of the Delphi rounds are still undergoing final analysis, a clear theme emerging from both cohorts' responses in Round 1 was the desire for the establishment of continuing contact following the end of the program. As the participants are geographically dispersed, it was felt that the creation of a virtual group via social media might be the best solution. The advantage of social media is that in breaking down access barriers it also enables "communication among ever-widening circles of contacts [and] inviting convergence among the hitherto separate activities of email, messaging, website creation, diaries, photo albums and music or video uploading and downloading" (Livingston, 2008, p. 395). It serves to attract people, holds their attention, impels their contribution, and brings them back as recurring visitors (Johnson, et al., 2011, p. 12 paraphrased). To this extent, the initial step in moving to a blended GMHVS program has been the creation of a group in the social media site *Facebook* (www.facebook.com), chosen as all students had existing accounts. Of the different types of groups in *Facebook*, a 'closed' group was chosen in the first instance. In a closed group, the name and constituent members are visible to everyone, however the content is visible only to members and access to the group is moderated by the administrator of the page. Constituent group members include the GMHVS 2012 students, representatives from the Gippsland mental health service providers, plus MUDRIH staff members.

To date, from positive comments written, the GMHVS 2012 *Facebook* group has enabled the participating students to feel that they belong to a supportive collaborative geographically-dispersed, yet virtually-present professional community; that they can participate in activities promoting rural lifestyle for post-qualifications employment options; that they can respond to the reported job vacancies listed by group members; and that they can share individual updates including the attainment of rural mental health employment placement 'success stories'. As an exemplar of this, one student member wrote on the group's wall "Just thought I'd let you all know that I've been offered [a job] at [one of the Gippsland Mental Health Service providers]! Never would have happened without the vacation school, so thankyou all!"

Conclusion

Moving an educational program from place to space can be a daunting process. The first steps in the successful management of this change process has been to seek the feedback of the key stakeholders involved – the GMHVS student cohort, and representatives of the Gippsland mental health service providers – by means of a Delphi Study. A clear research finding emerging from Round 1 of the Delphi process has been the need for virtual connectivity and community following the program. The early indicators of co-opting a social media site for this purpose suggest that an exciting, dynamic blended model is in the forming, and one which involves not only stakeholder 'buy-in' but also their active participation. This is a work in progress.

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