# Integrating interprofessional education opportunities into a mental health placement model: Stakeholders experiences

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Interprofessional education (IPE) is essential to prepare healthcare students to work collaboratively once they enter the mental health workforce. However, there is limited research exploring IPE for students in a mental health service context. This study aimed to explore stakeholder experiences of a work-integrated learning (WIL) placement model with embedded IPE opportunities for clinical psychology and occupational therapy students in a youth mental health service in Australia. Students ($n$=9), staff ($n$=12) and clients ($n$=10) involved in the model participated in semi-structured interviews. A template thematic analysis derived five themes from the data: placement model valuable for all stakeholders, students' interprofessional learning, the role of the clinical educators, contrasting expectations of students' workload, and challenges of piloting new models of care. The findings from this research highlight the value and challenges of WIL placements featuring IPE in mental health settings, providing useful future directions to organizations hoping to implement similar models.

Keywords: Interprofessional education, work-integrated learning, placement, psychology, occupational therapy

International trends in health care indicate a shift toward collaborative and integrated practices to improve the quality and safety of care provision (World Health Organization [WHO], 2010). Participatory, collaborative, and coordinated partnerships between a team of health care professionals and a client, with shared decision making within the team, is known as interprofessional collaborative practice (WHO, 2010). The need for interprofessional collaborative practice is particularly important in mental health care where professionals are frequently faced with uncertain, chronic, complex, and challenging situations. Individuals living with mental illness present with complex biomedical, behavioral and socio-economic needs, are often in contact with multiple professionals and services, and are often transferred between services (Busch et al., 2020). By working collaboratively, health professionals can draw on a range of skills and approaches leading to more effective mental health care delivery and improved clinical outcomes (Pomare et al., 2020; Reist et al., 2022).

The World Health Organisation has led a global agenda to upskill both the current and future workforce in interprofessional collaborative practice (WHO, 2010). To achieve this, health policy makers have identified Interprofessional Education (IPE) - when learners from two or more professions learn with, from and about each other to improve collaboration and quality of care (Barr & Low, 2013) - as an essential component of health care training and continuous professional development (WHO, 2016). Despite this, a recent systematic review identified only eight studies that have examined IPE initiatives related to the mental health service context for pre-professional students (Marcussen et al., 2019). These studies all focused on undergraduate clinical education in mental health and included a variety of small group learning activities, with workshops and problem-based learning most common. Based on these eight studies, it was concluded that IPE interventions appear to have a positive impact on attitudes towards other professions, and knowledge and skills in collaboration compared to conventional clinical training in mental health.

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While these findings hold promise for the benefits of broadening IPE clinical training in mental health, the studies identified in this review predominantly evaluated IPE initiatives delivered within university environments. Although university-based initiatives are important in preparing students for interprofessional collaborative practice, work-integrated learning (WIL) experiences in the form of service-led placements are also vital as they provide an opportunity for students to integrate theoretical and practice-based skills and apply them in a range of authentic settings (Canadian Interprofessional Health Collaborative, 2010; Lapkin et al., 2013). IPE initiatives can be provided via dedicated IPE placements (e.g., Brewer et al., 2017; Jakobsen, 2016), but are most often embedded into other placements in the form of structured workshops, case study discussions, group supervision and reflective sessions/debriefs, collaborative assessments and interventions, orientation and shadowing (Boshoff et al., 2020; Kent et al., 2017). Several literature reviews have examined the evidence for IPE in placement settings, indicating overall positive outcomes. In particular, they have shown improvements in students' attitudes to collaborative practice, knowledge about their own professional identity and the roles of others, and competency development in interprofessional collaborative practice in authentic settings (e.g., Boshoff et al., 2020; Brack & Shields, 2019; Janes et al., 2022; Kent et al., 2017; Mattiazzi et al., 2024). Again, these reviews rarely identify IPE initiatives in mental health settings or report initiatives that include clinical psychology students. Given the reported benefits of the inclusion of IPE opportunities in WIL placement settings, and recommendations from the mental health sector to diversify placement opportunities and enable more integrated cross-professional education and learning (e.g., Royal Commission into Victoria's Mental Health System: State of Victoria, 2021), there is a need for further exploration of IPE initiatives in pre-professional mental health WIL placements. The present study responds to this need by exploring stakeholders' experiences of a WIL placement model with embedded IPE opportunities in a mental health setting.

*Background to the Current Study*

Pre-professional student WIL placements are commonly offered by mental health care providers globally. In Australia, these providers include headspace centers (headspace National Youth Mental Health Foundation, 2019). headspace is Australia's national youth mental health foundation providing free and low-cost mental, physical, and social wellbeing services for young people aged 12 to 25 years in over 100 headspace centers nation-wide (Pomare et al., 2018). Interprofessional collaborative practice is a key feature of the headspace delivery model, with research demonstrating clear patterns of interprofessional collaboration at headspace centers (Pomare et al., 2018). Student WIL placements are also pivotal in the headspace model, reflecting the appreciation that student placements in mental health settings are crucial for increased client onboarding and flow-through (headspace National Youth Mental Health Foundation, 2019). These placements incorporate enhanced training and experience to cover youth specific issues, and can provide valuable contributions to the multi-disciplinary, multi-level, multisector, and multi-linkage approach that is required for sustainable and comprehensive public mental health care (Ng et al., 2013).

Reflecting the call for students to be involved in IPE initiatives (Barr & Low, 2013), the interprofessional collaborative practice model emphasized at headspace centers, and the need for more student placement opportunities due to the potential value they bring to the public mental health sector (Pomare et al., 2018), headspace Geelong and Deakin University implemented a new student WIL placement model in 2021. headspace Geelong is based in the large regional center of Geelong, approximately 70 kilometers from Melbourne. Traditionally, this service had taken only clinical psychology students for placement. This new placement model involved occupational therapy (OT) and clinical psychology students undertaking WIL placements at the same time, with embedded IPE

opportunities. For psychology students, this placement was 50 days in length, while for OT students it was 40 days, with their time on placement overlapping for three days a week in an eight-week period. While students in each profession were working towards their discipline specific competencies, a key feature of the model was the planned embedment of IPE activities into their placement time to enable the students to develop interprofessional collaborative practice competencies common to the two professions. To oversee the placement model, two new part-time (3 days a week each) clinical educators (with clinical psychology and OT backgrounds) were employed, funded by the university. The role of the clinical educators was to facilitate interaction between the psychology and OT students, along with providing cross-disciplinary supervision for students in both professions and guiding learning opportunities to align placement objectives for both student professions. The clinical educators had extensive experience in clinical supervision and received training in IPE facilitation by Deakin University academics with expertise in the area. In addition to the clinical educators, a lead supervisor was provided by headspace along with existing headspace clinicians to provide additional supervision for the students. To enable interprofessional interaction between the students, the clinical educators were tasked with facilitating both formal and informal IPE opportunities within the WIL placement model. Planned formal IPE opportunities were weekly two-hour interprofessional group supervision sessions that included students and supervisors from both professions together reflecting on their caseload, placement learning and development. In addition, weekly structured education workshops involving the psychology and OT students learning with, from and about each other aligned with mental health related topics were planned. The final proposed formal IPE opportunity was for students from both disciplines to contribute to psycho-education-based group programs when offered. Informal IPE opportunities were intended to include spontaneous experiences that might arise during their WIL placements such as shadowing and collaborating with clinicians from a range of disciplines, and working with the clinical educator from the opposite profession.

### *Aim of Study*

The present study aimed to explore the experience of this WIL placement model with embedded IPE opportunities for Deakin University OT and clinical psychology students from the perspectives of key stakeholders. As this was a new placement model, the overall experience of the model was of interest, along with the experience of the embedded IPE opportunities. The study therefore intended to answer the following research questions:

1. What was the experience of students, staff and clients of the WIL placement model for OT and psychology students in a mental health setting?
2. What was the experience of students, staff and clients of the embedded IPE opportunities within this WIL placement model?

## METHOD

### *Research Design*

Reflecting the aim of understanding the experiences of stakeholders of the WIL placement model with embedded IPE opportunities, an exploratory qualitative design was utilized. This involved the use of semi-structured interviews and template thematic analysis (TTA) (Brooks et al., 2015) to explore the experiences of students, staff and clients. This study was considered within a contextual constructivist position drawing on an interpretive paradigm, where reality and knowledge are believed to be constructed and reproduced through communication, interaction, and practice (Lincoln et al., 2018). A contextual constructivist position assumes there can be multiple interpretations of phenomena,

depending on the position of the researcher and the specific social context of the research. Given the contextual constructivist position of the proposed study, a-priori codes were not utilized. This study design received Deakin University ethics approval (reference number: 2021-218).

*Participants*

As the experiences required to participate in the current study was highly specific, purposive sampling was used, whereby participants from three stakeholder groups were deliberately invited to participate in the research due to their unique insights (Liamputtong, 2017). These stakeholder groups included students, staff (both university and headspace), and clients involved in the placement model in 2021. The students were enrolled in either the Bachelor of Occupational Therapy, or Masters or Doctorate of Clinical Psychology at Deakin University. Each of these degrees include a professional placement program in accordance with external accreditation requirements (Australian Psychology Accreditation Council, 2019; Occupational Therapy Council of Australia, 2018). The students involved in the placement model were in the advanced stages of their training. Although students did not necessarily collaborate together directly with headspace clients apart from in the psycho-education based programs, the clients were still included as key stakeholders given we were interested in stakeholders overall experience of the model. Table 1 summaries key information for each stakeholder group.

TABLE 1: Summary of stakeholder groups.

| **Stakeholder Group** | | [a]***N*** | [b]***n*** |
|---|---|---|---|
| Students | Bachelor of Occupational Therapy 4th year (40-day placement) | 6 | 3 |
| | Master of Psychology (Clinical) 1st year (50-day placement) | 4 | 3 |
| | Doctor of Psychology (Clinical) 2nd year (50-day placement) | 4 | 3 |
| Staff | headspace Geelong Organisational management staff across service centers including titles such as Operations Manager, Wellbeing Manager, Practice Lead, Clinical Lead, and Team Leader | 8 | 7 |
| | Clinical supervisory team staff including two clinical educators employed by Deakin University and a lead supervisor from headspace Geelong | 3 | 2 |
| | Deakin University course directors of Bachelor of Occupational Therapy, Master/Doctor of Psychology (Clinical) | 2 | 2 |
| Clients | Young people allocated to a student clinician or attended a group program run by student clinicians. | n/a | 10 |

*Note.* [a]*N*= Total possible participants within sampling limits of the current study. [b]*n*= Total participants recruited for the current study.

Targeted recruitment was conducted for the student and staff stakeholder groups where individual emails providing an overview of the study, including the plain language statement (PLS) and consent form, were sent to potential participants. To avoid any perceived potential coercion from researchers

or those involved in directly assessing student competency, Deakin University placement coordinators, who were not involved in assessment, sent the recruitment email to students. Client participants were recruited through advertising flyers displayed in headspace Geelong waiting areas, as well as emails directing clients to the study flyer were deemed appropriate. Advertising flyers highlighted key details regarding the study including the student researcher's contact information for potential participants to seek further information or to express interest in participating. Clients under the age of 18 were required to have parental or legal guardian consent to participate.

Thirty-one individuals completed interviews, comprising of nine students, twelve staff and ten clients. Table 1 includes further details regarding the participants.

*Data Collection*

Semi-structured interviews of participants were utilized for data collection to provide consistency whilst enabling participants to spontaneously elaborate upon questions and tell their unique experiences (Serry & Liamputtong, 2013). To encourage responses that reflected these experiences, interview schedules comprising of open-ended questions were devised for each stakeholder group. For students and staff members, this included inquiry about the positives and challenges of the WIL placement model, the formal and informal IPE opportunities that were provided, and the factors that facilitated and inhibited the WIL placement model more broadly. For clients, questions focused on the types of interactions they had with student clinicians, the perceived advantages and disadvantages of working with the student clinicians and recommendations for adapting student service delivery in the future. Depending on participant preference, interviews were held in-person at headspace Geelong, over the phone, or via Zoom. Each interview went for approximately 30 minutes. Interviews were audio recorded and transcribed by the student researcher for analysis purposes. All information was de-identified during the transcription phase and stored securely on Deakin University servers.

*Data Analysis*

Template thematic analysis (TTA) was used to analyze participant interview responses for this study to flexibly code patterns of data into meaningful themes (Brooks et al., 2015). Template thematic analysis works by developing a coding template which summarizes themes identified by the researcher(s) as important in a data set and organizes them in a meaningful and useful manner. To ensure the current study conducted a TTA in a deliberate and rigorous way, the steps to TTA as described by Brooks et al. (2015), were utilized. These steps, in the context of the current study, are summarized in Table 2. The qualitative data analysis software program, NVivo (Version 14), was utilized throughout the coding process to aid in the organisation, analysis, and documentation processes throughout.

TABLE 2: Template thematic analysis steps as taken in the current study.

| Template Thematic Analysis step | Description |
|---|---|
| 1. Familiarization | Two members of the research team (SE, EL) familiarized themselves with the raw data by reading all transcripts. |
| 2. Preliminarily coding | Preliminary coding was completed by EL through systematic reading of transcripts across the entire data set and spontaneously and inductively coding relevant pieces of information |
| 3. Organizations of codes | Codes were then organized into clusters that illustrated candidate themes in the data. EL made notes of how codes within and between clusters related to each other, including hierarchical relationships where more specific themes were nested within broader themes. |
| 4. Formation of initial thematic template | An initial template was then drafted on a subset of the data to meaningfully represent the relationship between different themes and codes. EL & SE ensured that the subset captured a broad cross-section of the issues and experiences of all stakeholder groups. |
| 5. Application of thematic template to the remainder of the data set | The initial template was then applied to the remainder of the data set by EL, followed by an iterative process of recursive analysis and refinement of successive versions of the template until a comprehensive representation of the data was achieved. New themes were added, and existing themes were redefined or deleted where redundant. To bolster the validity of the research findings, SE coded a subset (20%) of the data. |
| 6. Finalization of the thematic template | The entire dataset was then coded in NVivo (EL), followed by double coding of 25% of the data (SE). Any discrepancies were discussed and resolved by the research team, and a final linear template was generated (EL, SE, MO). This involved authors determining names and definitions for each theme and sub-theme. This final template served as the basis for the interpretation of the data. |

To reduce bias, a paper-based reflexivity journal was used for ongoing reflection regarding the research team's decision making. The background, experiences, and characteristics of each researcher (EL, MO, SE) was actively considered throughout the project. All research team members reside in Victoria, Australia. Of those who read, coded, and interpreted the qualitative dataset, two had experience in teaching collaborative practice and IPE principles to university students in healthcare disciplines (MO, SE), and one had experience as a recent student of such teaching (EL). All members had backgrounds working in collaborative healthcare settings, with varying levels of experience. Two researchers also had experience working with headspace (MO, EL). This varied experience ensured that both insider and outsider perspectives were used in interpreting and understanding the data.

## RESULTS

The inductive TTA led to the data being categorized into five main themes which capture the stakeholders' experiences of the WIL placement model with embedded IPE opportunities. Each of these themes are narratively described below, with supporting illustrative quotes.

### *Theme 1: Work-Integrated Learning Placement Model Valuable for all Stakeholders*

Stakeholders reflected on the value of the new WIL placement model for the students, the clients they worked with, and the service overall. Of paramount importance, students and staff felt that the interprofessional nature of the WIL placement was beneficial for the clients involved in the model. They reported that having the combination of occupational therapy (OT) and psychology students onsite lead to a greater amount of service offerings to the clients. They especially noted that the OT students were able to provide sensory modulation focused work for clients, as well as more flexible and less clinical approaches (e.g., "walk and talk" and art groups). Provisional psychologists were able to provide support with diagnostic clarity and administration of otherwise expensive and difficult to access cognitive assessments. Students from both disciplines were involved with the running of the "healthy headspace" psychoeducation-based group program. In reflecting on these offerings, the staff widely reported positive clinical experiences for clients and their families involved with the placement model, including high quality, client centred service provision, particularly as a result of student enthusiasm for practice and their up to date, evidence-based training. "We felt like our students offered a really good standard of contemporary clinical care, so available, good care under supervision of course which is an advantage to clients" (Staff: Supervisory team member 2).

Some clients reported having initial trepidations about being allocated to a student clinician, often related to concerns with the level of care or expertise that students might have due to not yet being fully qualified. However, they largely described the care they received from the students as positive and of a high quality, particularly noting students' up to date knowledge, enthusiasm, and ability to overcome barriers to treatment with the use of flexible and innovative strategies. Some clients described the experience as more positive than previous engagement with fully qualified mental health professionals.

> I think it was really great having a student specifically because she knew a lot of the newer stuff. She had a lot of tactics for me to deal with a lot of my problems that were a lot more practical for me than [previous mental health professionals]. (Client 2)

Clients also universally reported that student's relatively younger age to many experienced clinicians was a particularly positive aspect, especially regarding effective engagement. "I think students are typically a bit younger and I am only in my twenties so I felt like I could relate to her more. You know, use the same lingo and stuff" (Client 5).

Clients did note however that the short-term nature of student availability due to length of placements was challenging, with some reporting they were unaware that this would be the case until pending closure. "A bit disappointed to be back on the waitlist because I was really making progress with the provisional psychologist" (Client 3).

In addition to being valuable for the clients, staff emphasized that the WIL placement model was beneficial in responding to the overall service needs. They noted improved demand management on a

pressured service platform, easing pressure on staff, increasing client flowthrough, and reducing wait lists.

> We're having a lot more young people in the community accessing mental health support, which is really positive, just means it's a challenge for us as a platform to be able to manage that. So, I think the students have really been able to step into that role and provide some of that brief intervention or counselling support. It's been really helpful. (Staff: Organisational management team member 3)

In addition, staff reflected that having the interprofessional model embedded in the platform also brought a sense of enthusiasm to the staffing group, whereby students were passionate in sharing their recent learnings. Interestingly, the staff also acknowledged their own interprofessional learning attributable to the students running several workshops for staff on how novel modalities could be used effectively for clients across the service.

> The prov psychs were really interested in new resources and modalities, they're usually the first ones to try it out. Like with ERIC, they came already with ERIC training, and that was something we were implementing within the team at the same time…The actually did the training to the remainder of the staff with examples of how they have used ERIC in their work…it was really well received [by headspace staff], really valued rich learning for them. (Staff: Organisational management team member 5)

*Theme 2: Students' Interprofessional Learning in the Mental Health Setting*

The placement model provided valuable learning opportunities for the students. In particular, the embedment of both formal and informal IPE opportunities in the WIL placement enabled interprofessional learning. Students and staff noted that although the formal IPE initiatives of interprofessional group supervision and workshops did not occur as frequently as planned, rich interprofessional learning was associated with the opportunities that did arise. Interprofessional group supervision sessions included case presentations and treatment plan discussions. Structured workshops involved the students learning with from and about each other on topics such as managing risk, engaging young people and facilitating group programs. Most of the students also participated in one psycho-education group program. For some students, these opportunities were viewed as the highlight of the placement experience, reflecting that they aided in developing their understanding of both their own and alternate professions roles within a youth mental health service context, and how these professions might collaborate in this setting.

> We had an interprofessional workshop with the provisional psychs who were at headspace… I reckon that was the most I've learnt over that 8 weeks, just in that one two hour workshop… I found that so beneficial. That was the best out of all of it. (Student 4, OT)

In addition to the formal IPE opportunities, students and staff suggested that a range of other informal IPE activities enhanced the students' interprofessional learning. Staff described the interprofessional learning benefits from students being integrated and included in the broader headspace team, which prides itself on "a really strong team approach" (Staff: Organisational management team member 2), collaboration, and limited siloes and hierarchies between staff. The staff felt that immersion in this collaborative culture fostered interprofessional learning for the students. The collaborative approach was also evident to the students. "I think here there is more interprofessional practice than any of the

other placements, rather than just working alongside and occasionally consulting with- this is more interwoven and free flowing" (Student 6, Psychology).

Being integrated into the headspace team resulted in the students' observing clinicians from varying backgrounds in session with clients as well as collaborating within the team. Students reflected that this led to insight into the various roles professions play in youth mental health, how these roles might interact, and how different clinicians may apply varying theoretical underpinnings to client presentations in this setting.

> There were other counsellors who had … a social work background or psychology background who were talking about how they were handling their clients and their caseload. For me, that was a really good perspective [and] really good in letting me sort of filter out the parts that are relevant to OT and then figure out "oh, that's definitely the social work side of things and that's the psychology side of things", and being able to see where we could work together. (Student 1, OT)

*Theme 3: The Valuable Yet Challenging Role of the Clinical Educators*

Students and staff highlighted the central role of the clinical educators in their experience of the WIL placement model, indicating they were particularly pivotal in facilitating and supporting both formal IPE opportunities (e.g., interprofessional group supervision), as well as the less structured, informal IPE (e.g., supporting opportunities to interact with the headspace clinicians). In particular, the students reflected on their positive and fruitful relationship with the educators, which lead to positive and supportive direct and long-arm supervision, within and across disciplines. This, in turn, provided students with the opportunity to learn with, from and about their cross-discipline educator.

> I learnt to make use of [the occupational therapy clinical educators'] skills as an OT… from an assessment point of view, she would be able to offer different tools and skills that we didn't have and upskill us. (Student 7, Psychology)

Staff also reflected on the valuable role of the clinical educators particularly in supporting communication both between and within stakeholder groups, acting as a "middle man" (Staff: Organisation management team member 2) in stakeholder communication. The clinical educators' role in enabling interprofessional learning over and above usual supervision and support requirements in clinical placements was highlighted as pivotal in the success of the WIL placement model both in the current iteration, and for its future sustainability by staff. Given this, staff described a sense of anxiety over whether funding for the clinical educators involvement in the model would be extended.

> Obviously without the additional funding for clinical educator support to support learning and interprofessional work, we're not going to be able to continue to have 24 placements a year. That's just not possible within existing resources. (Staff: Organisation management team member 7)

Whilst the clinical educators were crucial in the facilitation of IPE for students on the WIL placement, students also noted that the demanding nature of these roles restricted the potential for interprofessional learning. Students reflected that as the clinical educators were part time and split across sites, the lack of physical presence on the ground limited student interprofessional learning and capacity for the clinical educators to provide adequate support to students at times, particularly in initial stages of the placement. "Her schedule made it a little bit harder, but when she was there, she was present, and it was great. It was just a shame she wasn't there five days a week" (Student 3, OT).

Although not reflecting directly on the roles of the clinical educators, some clients also acknowledged the value of the supervisors for them. More specifically, clients reflected on the benefits of knowing that student clinicians were highly supervised by the supervisory team overall and knowing that the students were able to draw on their levels of knowledge and experience. These clients felt they were receiving an exceptionally high level of care because of having two clinicians involved.

> I found that having two people [was] sort of like a team approach and they actually want to help you… she would ask me if she could ask her supervisor about a different approach, and I liked that. (Client 8)

*Theme 4: Contrasting Expectations on Students' Workload*

Students and staff reflected that there were, at times, contrasting expectations between the students and staff, and within the staff stakeholder group, particularly in relation to what the students' role was, and their associated workload. This was partly attributable to this being the first time OT students had undertaken placement at the service. Staff reported that students had expectations of a broad scope of clinical mental health OT work and large caseloads, and that this would begin quickly after starting their placements. This was reported by staff as difficult to provide, given the nature of the organization's thorough orientation processes.

> One of the challenges was probably the OT students wanting to get into the nitty-gritty of the work before having completed what we consider to be a really good, solid orientation… Particularly when we're working with a client population that can present with high risk, particularly suicide, we need to ensure for everybody's sake that the groundwork is done before getting into clinical work where they may be in a situation that is out of their scope and their skills may not prepare them for. (Staff: Organisational Management team member 5)

Some OT students however described feeling that their "clinical experience was undervalued and misunderstood" in a workplace and placement model that was "very psychologist heavy." These students reflected feeling that the service lacked understanding of how OT might contribute to mental health services. They felt this led to a perceived "disappointing" hierarchy between disciplines, ultimately limiting these students' interprofessional learning opportunities with staff.

> I definitely learnt the importance of [interprofessional practice]. But then, in saying that, I think the organisation need to be more willing to learn from the other health professions and accepting of the role [of OT] ... A bit of a hierarchy absolutely still exists. Which is disappointing to see, because you learn about it, but to see it still happening out in practice is quite disappointing. (Student 4, OT)

In contrast, organizational management staff viewed that provisional psychologists did not feel confident in the high caseloads and client complexities that they had been allocated. "They felt their workload was too much… I've really pushed back because I felt it's been fair, the workload we've given them, and they felt differently" (Staff: Organisation management team member 1).

Staff described competing demands of course work, being on placement during the COVID-19 pandemic restrictions, individual personalities, and confidence level differences, as potential contributors to this tension. In these cases, organizational management described the expectation that provisional psychologists should be willing to step outside of their comfort zone and "lean into the uncertainty" of such presentations, conveying a sense of confidence in provisional psychologists'

competencies. The clinical educators, however, discussed the difficulty in students servicing a large caseload whilst also prioritizing learning, which they felt was a barrier to students' engagement in interprofessional learning opportunities at times. The clinical educators were at the forefront of managing this tension.

> From a headspace point of view, they're wanting the students there because there's waiting lists and staff pressures, so they're wanting the extra resources. And the students are there to learn and get as much as they can from the placement experience… So, it's just kind of managing those expectations on both sides. (Staff: Clinical Educator 1)

Staff also reflected that what experiences and activities that were appropriate and feasible for students was largely dependent on their length of placement. Occupational therapy students' short length of placement duration (eight-weeks, full time) was considered a barrier to having their own significant caseloads due to the time needed to engage young people and not wanting to sacrifice continuity of care. In contrast, provisional psychologists had a longer length of placement (up to six-month placement durations, part time) and could therefore be allocated these caseloads.

*Theme 5: Finding Their Feet: Challenges of Piloting New Models of Care*

Students and staff reflected on several challenges with the WIL placement model which they mostly attributed to it being the first time the model was delivered. Students reported a range of perceived barriers in particular to interprofessional learning, including pragmatic challenges and more broader tensions within the structure of the WIL placement. Pragmatic barriers to collaboration between student disciplines included COVID-19 restrictions, division of disciplines between placement sites at times, and limited overlap in placement time frames between disciplines. Students reported that even when they were co-located, often lunch breaks did not align, nor did they have capacity to initiate meaningful conversation with students from the opposite discipline. For some students, this translated to a limited perceived need to interact.

> I didn't really talk to the OT students… I just didn't really have a need to, and I guess because we didn't really know them. They started while we were already part way through the placement. (Student 5, Psychology)

Students were understanding of the challenges involved in implementing a new placement model, however, noted that the lack of certainty and structure around processes between disciplines and across sites was challenging. According to the students this sometimes acted as a barrier to more interprofessional learning opportunities during the placement.

> My sense is that this was the first time that headspace Geelong had facilitated that sort of IPE experience for students on placement… they were just finding their feet with it… the sense of the crossover in our work and how we could benefit from it wasn't quite there. It did seem quite separate. (Student 5, Psychology)

Staff often reflected on the continually evolving nature of the WIL placement model and reported that as the pilot progressed, processes were updated and enhanced to both improve the experience of all stakeholders and increase IPE opportunities. This left staff feeling optimistic for the future of the placement, describing plans to increase and improve the model and the IPE offerings embedded within it. Staff provided suggestions such as expanding the placement to include more disciplines and increasing the clinical educators number of working days, in turn, increasing ability to provide more

interprofessional learning opportunities. Staff participants also described logistical and pragmatic changes to enhance the model, including having more overlap in time frames between disciplines' placements, having students lunch breaks at the same time, streamlining systems across placement sites, dispersing student disciplines across different days and desk spaces to increase interprofessional collaboration and IPE opportunities.

> I think you could expand it out to different disciplines… social work, dieticians, exercise physiologists, psychiatry registrars, mental health nursing… If it was set up in a way that anyone coming through the site in a learning capacity could join [group supervision], I think that would be great. There's so much scope to do more in that space, I think. (Staff: Clinical Educator 2)

## DISCUSSION

Despite the recognized need for enhanced interprofessional collaboration in mental health services and the value of IPE for current and future health care professionals, few studies have explored IPE for pre-professional students in mental health contexts, particularly in the WIL placement setting (Marcussen et al., 2019). This study intended to explore the experience of students, staff and clients of a WIL placement model for OT and psychology students in a mental health setting. It also aimed to specifically explore these stakeholders' experience of the IPE opportunities embedded within the placement model. The findings from this qualitative study provide a unique insight into the students', staff, and clients' experiences of an innovative WIL placement model with embedded IPE opportunities in a youth mental health service, elucidating the interprofessional learning that can occur in this setting. Both students and staff indicated that when formal IPE opportunities were able to be provided and prioritized, that valuable interprofessional learning occurred, particularly in relation to role understanding of students own and other disciplines, and how disciplines might interact through interprofessional collaborative practice in a youth mental health service. This finding is significant given that understanding own and other disciplines roles within a clinical setting is a key competency of interprofessional collaborative practice (Interprofessional Education Collaborative, 2023). These findings align with previous literature that has also identified that IPE within pre-professional healthcare placement programs can improve student role understanding and attitudes toward other professions (e.g., Boshoff et al., 2020; Brack & Shields, 2019; Janes et al., 2022; Kent et al., 2017; Mattiazzi et al., 2024); this study provides evidence that this also occurs in the mental health context.

Students and staff involved in the WIL placement model also reflected on the students' interprofessional learning from informal spontaneous IPE opportunities that arose, such as observing and collaborating with other headspace clinicians, and through interactions with their cross-discipline supervisor. This finding provides support to the argument that, given the logistics and challenges of designing and implementing formal IPE activities, informal IPE opportunities might be a more sustainable path for interprofessional learning in clinical settings (Kent et al., 2017, 2020; Nisbet et al., 2013). The students acknowledged observing more actual interprofessional collaborative practice in action than in previous placement settings, reflecting the focus on collaboration in the headspace delivery model (Pomare et al., 2018) and providing additional evidence of the opportunity for rich interprofessional learning in mental health settings. Embedding students from multiple disciplines within the mental health workplace where they are exposed to frequent, informal interprofessional learning by capitalizing on the stimulating, spontaneous experiences that arise from routine practice and modelling of a collaborative workforce (Kent et al., 2020; Nisbet et al., 2013) should be prioritized in the future.

The interprofessional nature of the WIL placement model proved to be valuable not just for the students' learning, but also to the staff and the service in which they work. Staff and students both highlighted the interprofessional learning of the headspace staff associated with the students sharing their contemporary learnings related to their disciplines' approaches, supporting the notion that interprofessional learning is valuable not just for students, but also qualified health professionals (WHO, 2010). In addition to the interprofessional learning outcomes, staff also perceived great value in the WIL placement model more broadly in increasing the types of services available for clients that may otherwise not be funded in the public system, as well as increased service output and waitlist management for the organisation of the placement model. headspace services Australia wide have been utilising student placements as key components of demand management for some time, increasing client onboarding and flow-through (headspace National Youth Mental Health Foundation, 2019). However, until now, there has been limited formal research into the value of this strategy, or the wider benefits that WIL placement models may have in youth mental health settings. Although student clinicians work under the supervision of experienced clinicians, they are still able to provide timely and effective service output for services such as regional headspace centers where there is ever growing demand and ongoing workforce shortages. Although these benefits have not been previously explored in mental health service settings, these findings are consistent with those reported in other health professions' student placements (Smith et al., 2018).

Although clients did not reflect specifically on the interprofessional nature of the WIL placement model, they did offer support to the experience of working with student clinicians on a WIL placement. Given *The Royal Commission into Victoria's Mental Health System* calls for youth mental health services to regard young people as experts in their own experiences (State of Victoria, 2021), the current study prioritized the inclusion of young people to share their experiences of being a client within the WIL placement model. The clients involved in the WIL placement model had a largely positive experience, attributable to the unique services offered by the students and reduced service wait times. Additionally, clients voiced that student clinicians brought enthusiasm, up to date and grounded knowledge in their profession, and a relatable and comfortable engagement style that they felt was or may have been more beneficial than a more senior clinician. Although there are limited previous research findings that suggest changes in client outcomes related to IPE (Reeves et al., 2016), the current study provides support for a WIL placement model with an IPE focus having potentially positive patient benefits in clinical mental health settings. To fully understand the impacts of clients being involved in such models, future research should prioritize understanding client clinical outcomes, aligning with higher order outcomes identified as important in IPE research (Barr et al., 2005).

The current study identified that whilst incorporating IPE opportunities within WIL placement models is potentially beneficial for all stakeholders involved, it is not without challenges and complexities. These challenges included, but were not limited to, differing stakeholder expectations of their roles and workloads, time-tabling logistics of various student cohorts, placement timeframes, and juggling and accessing supervision, aligning with challenges that have previously been identified in the broader IPE literature (Little et al., 2019; Maddock et al., 2022). Such challenges pose risks to the sustainability of IPE in WIL placement models. Dedicated time and resources have been identified however, as a key factor to assist in sustaining IPE in these settings (Kent et al., 2018). The current study offers support to this recommendation, with the resource of the dedicated clinical educators identified as crucial for navigating some of the challenges and facilitating informal and formal IPE opportunities. This is similar to research findings outside of the mental health context, finding that dedicated IPE facilitators help to improve student engagement in collaboration (Bambini et al., 2016). Whilst the current study identified that the clinical educators were integral to the success and future of the WIL placement

model, incorporating these roles in a placement model at an adequate level (i.e., multiple full-time supervisor positions) is difficult and further adds to the already resource intensive nature of providing IPE within WIL placements. This is compounded by the short-term bursts of funding that is typical for such projects. Securing longer term funding to ensure the continuity of the clinical educators in this placement model is therefore of the highest importance. Recent funding for the development and roll out of an early career program within headspace centers across Australia, which offers students and new graduates with dedicated support and supervision (headspace National Youth Mental Health Foundation, 2022), provides a promising start for prioritizing such resources. In addition to securing longer term funding, future programs should aim to ensure agreed and clearly documented expectations for all stakeholders, education for staff regarding the roles of professions not well represented in their service, careful planning of educators across days and sites, and mechanisms to enhance interprofessional student interaction through both formal and informal IPE initiatives.

The following limitations of the current study are noted. The current study explored the experience of stakeholders involved in the WIL placement model amidst the COVID-19 pandemic and related restrictions. As such, for some students involved, they were largely split across headspace sites in their discipline group and IPE opportunities for the students involved for these periods were especially limited. Although the current study prioritized involving clients' voices, the challenges of recruiting voluntary young people in this context resulted in an uneven spread of client experience of the model. As such, clients recruited were predominantly supported by provisional psychologists. It is also of note that the current study's findings are specific to the context of the WIL placement model for clinical psychology postgraduate students and occupational therapy undergraduate students offered through one university and one youth mental health organisation in Australia. Whilst results were rich and informative in nature, the transferability to other services, universities, and discipline specific contexts is unclear. Future research should endeavor to explore stakeholder experiences of similar models in a range of WIL mental health placement contexts in order to understand if the findings from this study are transferable to other settings.

## CONCLUSION

The present study has demonstrated that although embedding IPE within a mental health WIL placement model has inherent challenges, there is an overall net benefit for the students, staff and clients involved. It is hoped the current research will stimulate further implementation of WIL placement models featuring IPE in mental health settings and widen the understanding of stakeholder experiences of similar models in broader contexts.

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