



# The experience of evolving: from graduate to mental health care coordinator

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## Introduction

Within Australian mental health services care coordinators are generally recruited from four main disciplines- psychology, social work, occupational therapy and/or nursing.

Graduates enter the mental health workforce with discipline specific knowledge and skills, with limited training on severe and enduring mental illness and interdisciplinary management of consumers.

This results in ambiguous role definitions, discipline dependant approaches to mental health care, rather than a unified evidence based model of care for the management of severe and enduring mental illness.

## Employee Impacts

- Loss of professional identity
- Role confusion
- Boundary complications
- Working outside scope of practice



## Purpose

To determine:

- Staff experiences in transition from discipline specific training to generic care coordinator roles.

## Aim

- Increase understanding of care coordination practices in a Local Health District (LHD)
- Understand current issues from a care coordinator's perspective
- To identify processes for the seamless transition of university graduates into mental health care coordination roles.

## Method

- Qualitative research
- Semi-structured interviews
- Sample: Random selection 15-25 care coordinators and team leaders in a New South Wales LHD