Chapter 1: Background

Establishment of the Mental Health Professionals Network (MHPN)

The Mental Health Professionals Association (MHPA) was established in 2006 as a profession-led, co-ordinated and collaborative forum to advocate for, and advise on, effective mental health reform in Australia. In particular, MHPA has been instrumental in supporting the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative. Better Access was also introduced in 2006 and aims to improve outcomes for people with common mental disorders by encouraging a multi-disciplinary approach to their mental health care. Better Access takes the form of a series of new item numbers which have been added to the Medicare Benefits Schedule (MBS), which enable general practitioners, psychiatrists and selected allied health professionals to be reimbursed for providing specified psychological services in a primary care setting. MHPA, together with its principal partners (the Royal Australian and New Zealand College of Psychiatrists, the Royal Australian College of General Practitioners, the Australian Psychological Society and the Australian College of Mental Health Nurses), has supported the Better Access initiative through the formation of the Mental Health Professionals Network (MHPN).

Initially, $1.6 million was provided to MHPA, under the auspices of the Royal Australian and New Zealand College of Psychiatrists. This funding was allocated for the conduct of an 'environmental scan' to inform the development of the Mental Health Professionals Network (MHPN), and the preparation of an education and training package in interdisciplinary collaborative care models and a web resource. Urbis Pty Ltd was commissioned to conduct the environmental scan, which provided the background and rationale for the establishment of MHPN and highlighted the importance of a collaborative clinical approach to the provision of mental health care.[1] MHPA worked with the Australian Association of Social Workers, Occupational Therapy Australia, and the Paediatrics and Child Health Division of the Royal Australasian College of Physicians to develop the education and training package, which included a range of resources designed to support collaborative care between mental health professionals.

Subsequently, $15 million was provided to MHPA to establish MHPN, the stated purpose of which was to improve consumers' outcomes in the primary care sector by fostering a collaborative clinical approach to the provision of mental health care. The nature and direction of MHPN was strongly influenced by a number of the key findings of the environmental scan. For example, the environmental scan highlighted that the development of effective collaborative practice requires multi-faceted strategies to address the infrastructure and training needs of health care providers, and that effective collaborative practice requires strong leadership and the proactive engagement of professionals who have a shared understanding of the benefits of collaborative practice and mutually complementary skills. Similarly, it pointed to a need to foster better knowledge on the part of particular professional groups about the role of other providers. In addition, it flagged the need to involve particular professional groups that have a crucial role to play in mental health care delivery, such as general practitioners.

Activities and phases of MHPN

MHPN became responsible for fostering interdisciplinary communication and networking between psychiatrists, general practitioners, psychologists, mental health nurses, social workers, paediatricians and occupational therapists to achieve its aim of increasing collaborative mental health care. It did this through activity in three main areas: running interdisciplinary workshops, supported by the updated versions of the above-mentioned education and training materials[2 3] (Area A); fostering ongoing, self-sustained interdisciplinary clinical networks (Area B); and hosting a website and web portal (MHPN Online) and a

1800 phone line (Area C). These three areas were highly inter-related. The idea was that the workshops would reinforce the importance of interdisciplinary collaboration and would allow relationships to develop between local providers, and that this would encourage them to form ongoing networks comprising providers from a mix of disciplines. Support for the workshops and the networks arising from them (e.g., via the website, web portal and phone line) would assist the networks to become self-sustaining.

Having said this, MHPN's efforts have appropriately been conducted in inter-connected phases, which means that some of the above areas have received more attention to date than others:

- The initial ***establishment phase*** involved MHPN putting in place required personnel, governance mechanisms, infrastructure and resources across all three activity areas.

- In the subsequent ***delivery phase***, MHPN placed considerable emphasis on rolling out the workshops, running them via a network of mental health professional facilitators in metropolitan, rural and remote locations across Australia. Mental health professionals were invited to attend a workshop in their local area, and were paid for their first attendance (they could attend additional workshops but were not paid for doing so). Workshops usually involved facilitated introductions, a meal, a discussion of a case study of a client with a mental disorder, and a discussion of the possibility of generating an ongoing local network of mental health professionals. Mental health professionals were also provided with ongoing support via the participant manuals, the interactive website, and the 1800 phone line for the duration of their involvement. MHPN aimed to conduct 1,200 workshops nationwide before the end of June 2010 (30% in rural areas), with a minimum of 20 registrations for each (including at least three different types of mental health professions, and four general practitioners).

- Relatively recently, MHPN has moved into its ***sustainability phase***. The focus here is on generating ongoing networks of interdisciplinary mental health professionals from the workshop attendees, with the aim of achieving improved interdisciplinary collaboration and changing knowledge and practice. Network co-ordinators are appointed by the network members to guide the directions of the network and to attend to tasks like booking venues and sending out invitations. MHPN has appointed Network Sustainability Project Officers to provide administrative support and guidance to the network co-ordinators. MHPN also makes $500 funding available to assist with the maintenance of networks (e.g., funding venues, catering or guest speakers, but not paying network members or co-ordinators). MHPN's web portal also supports ongoing networking and interdisciplinary collaboration through various functions, including a members search function, a networks search function, clinical and general discussion forums, a mailbox, event organisation tools, and help pages. MHPN is aiming for 70% of its workshops to result in the formation of ongoing, interdisciplinary, clinical networks that meet regularly to discuss and consult around key aspects of mental health care.

- Ultimately, MHPN will strive to reach a ***long-term phase***. This phase will be characterised by improved collaborative care and better client outcomes in the primary mental health sector.

Overview of the evaluation of MHPN

The Centre for Health Policy, Programs and Economics (CHPPE) at the University of Melbourne was contracted by MHPN to undertake an independent evaluation of MHPN's activities from July 2009 to the end of July 2010. It did so with the support of Strategic Data Pty Ltd, experts in information system and database design.

The evaluation drew on a range of data sources, the findings from which have been presented in a number of interim evaluation reports.[4-8] The current report brings together these findings in order to assess whether MHPN's objectives had been achieved. In order to do this, the program logic of MHPN was

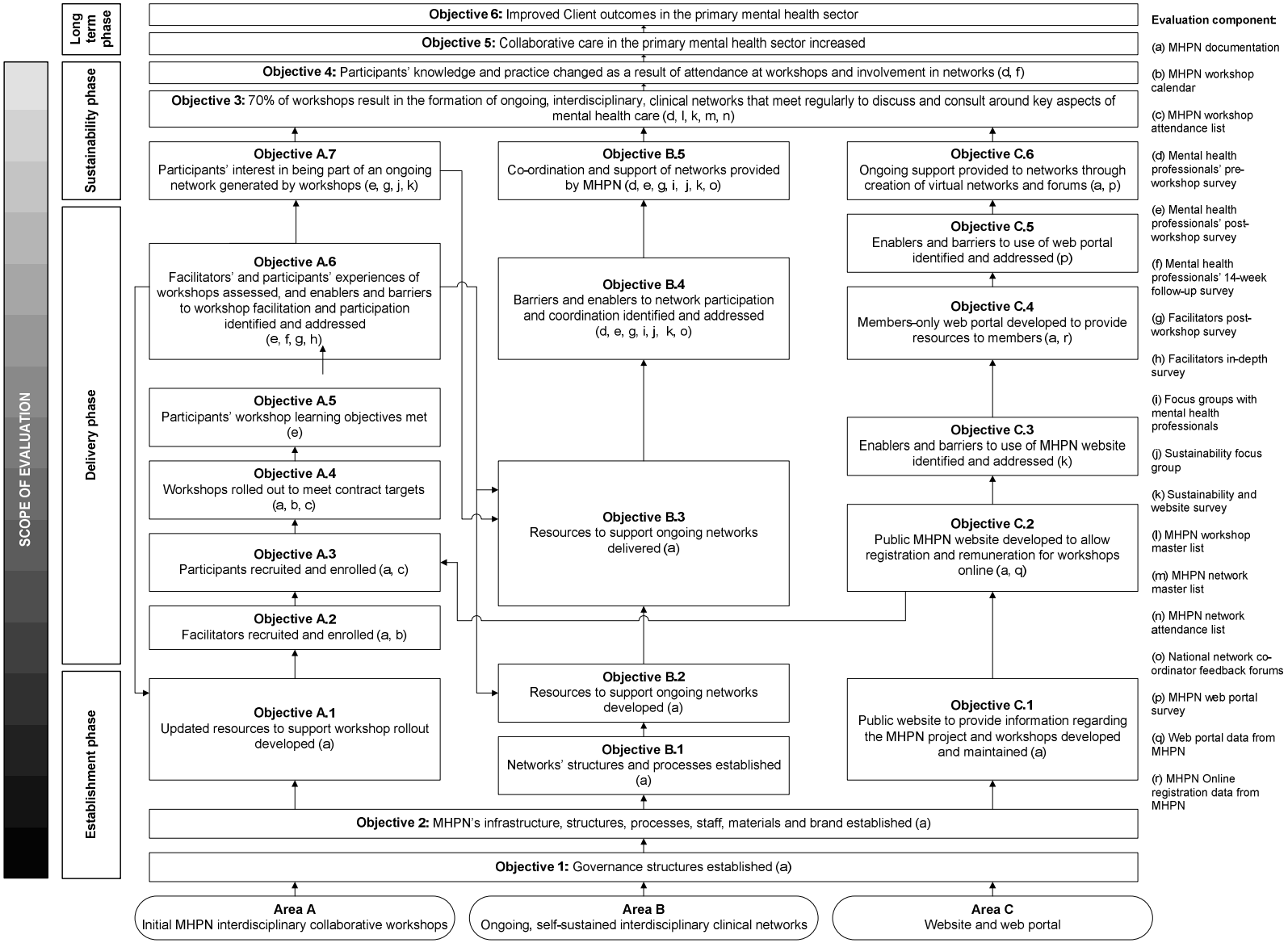
clarified and a hierarchy of objectives was developed (see Figure 1). The hierarchy of objectives reflected the activity and desired outcomes in Areas A, B and C. In general terms, the lowest level objectives related to the above-mentioned establishment phase, the intermediate level objectives related to the delivery phase, and the higher level objectives related to the sustainability and long-term phases.

It should be noted at this point that because MHPN was only moving into its sustainability phase at the end of CHPPE's evaluation exercise, the evaluation is largely limited to an examination of the objectives in the bottom half of the hierarchy. Having said this, the evaluation does provide some useful insights into MHPN's progress in achieving its higher level objectives as they relate to the sustainability of ongoing networks. This is reflected in Figure 1 by the diminishing scope of the evaluation with the increasingly higher levels of objectives.

The evaluation drew on data from a range of evaluation components – some internal and some external to MHPN – to answer the above question. Each evaluation component is listed below, and more detail is provided in Chapter 2.

a. MHPN documentation
b. MHPN workshop calendar
c. MHPN workshop attendance list
d. Mental health professionals' pre-workshop survey
e. Mental health professionals' post-workshop survey
f. Mental health professionals' 14-week follow-up survey
g. Facilitators' post-workshop survey
h. Facilitators' in-depth survey
i. Focus groups with mental health professionals
j. Sustainability focus group
k. Sustainability and website survey
l. MHPN workshop master list
m. MHPN network master list
n. MHPN network attendance list
o. National network co-ordinator feedback forums
p. MHPN web portal survey
q. Web portal data from MHPN
r. MHPN Online registration data

Figure 1: Hierarchy of objectives and evaluation components



Understanding sustainability in the context of MHPN

Although the evaluation of MHPN is limited in the extent to which it can assess sustainability, several observations should be made about the notion of sustainability as it applies to MHPN. These observations are important because the issue of sustainability is now crucial for MHPN.

The first observation is that sustainability is not well defined and, consequently, not well understood. An implicit assumption is often made that a program that receives initial funding can be deemed to be 'sustainable' if it continues on once external resources have been withdrawn. In fact, this is often not the case and many new programs 'wither on the vine' after termination of initial funding.[4] Even when programs do continue beyond the original funding period, this way of viewing sustainability is quite blunt and does not take into account factors like the alternative supports that are required (e.g., the 'fit' of the program with the culture of the provider(s) or organisation(s) responsible for its delivery; whether 'champions' are required to keep it going), whether the program undergoes ongoing modification and 'morphs' into something qualitatively different in order to remain viable, and whether stakeholders perceive it to have continuing benefits.[5]

The second, related point is the question of what sustainability means in the context of MHPN. MHPN has adopted a working definition that relates to the objective described above, namely that 70% of its workshops will translate into ongoing networks. It lists the following as indicators of a network being sustainable: has an explicit purpose focused on mental health; continues to meet or maintain contact on a regular basis; has a membership of more than one relevant discipline and at least three clinicians; includes a general practitioner; exists where it did not before, or for the purpose of collaborative mental health care has broadened its disciplinary base; and clinician contact can be face-to-face, via teleconferencing, videoconferencing or email.[6] The components of this working definition require further exploration, however. The target of 70% is somewhat arbitrary, and doesn't take into account the fact that some workshops may result in more than one network, and that some networks may emerge from a combination of workshops (e.g., ones held in adjacent locations). The term 'regular' could also be used more specifically – at present it is not clear whether a minimum frequency of network meetings is required. The issue of membership could be teased out further – how is active membership maintained and demonstrated (i.e., if an individual does not actively participate in any network activities for a particular period, does his or her membership lapse?) and what constitutes a quorum at any given network meeting? These observations are not intended as criticisms; rather they are meant to generate further discussion about the operationalisation of the term 'sustainability' in the context of MHPN.

The third consideration, which also relates to definitional issues, is whether networks ultimately have to be completely independent of MHPN in order for them to be regarded as sustainable. At present, MHPN is working hard to provide tailored supports to networks in order to help them 'get off the ground'. This would seem to be entirely appropriate, and it may be necessary and desirable that some form of support from MHPN continues well into the future.

The fourth observation is that the evaluation of the sustainability of the networks that have emerged as a result of MHPN's endeavours must take into account the context in which MHPN has operated. The environmental scan suggested that there was very little happening prior to the existence of MHPN in terms of interdisciplinary networking activities. There were few local or international precedents for MHPN to draw on with respect to how best to go about establishing networks, either from the general health sector or the mental health sector. MHPN's activities took place in a 'green field' context, and this should be taken into account in interpreting the findings relating to sustainability in the subsequent chapters.

Finally, it is worth reiterating that the sustainability phase of MHPN is in its infancy. From October 2009 until June 2010, only one Project Officer in each MHPN team was dedicated to supporting the sustainability of networks. It was not until the beginning of July 2010 that full MHPN resources were directed into sustainability (e.g., MHPN redirected existing Project Officers to act as Network Sustainability Project

Officers). The data collection period for the current evaluation report ceased at around this time, limiting the extent to which valid conclusions can be drawn about the ultimate sustainability of the networks that emerged as a result of MHPN. For this reason, the current report should be regarded as providing an interim picture of progress towards sustainable networks, rather than a definitive summation of the success of MHPN in achieving sustainability. Having said this, the report does provide some valuable insights into strategies that show promise for promoting sustainability.

Structure of the current report

In the current report, key findings are presented in the context of the achievement of objectives in the hierarchy, and reference is made to the results of interim evaluation reports wherever relevant. Chapter 2 provides more detail about the methods used in the evaluation. Chapters 3-7 present the findings from the analysis of data from each of the evaluation components. Chapter 3 deals with the two lowest-level objectives that straddle all three areas of activity and are related to the establishment of MHPN. Chapter 4 considers the intermediate-level objectives that relate to the delivery of the interdisciplinary, collaborative workshops (Area A). Chapter 5 examines the intermediate-level objectives that are associated with fostering ongoing, self-sustained interdisciplinary clinical networks (Area B). Chapter 6 is concerned with the intermediate-level objectives that relate to hosting the website and 1800 phone line (Area C). Chapter 7 deals with the four highest level objectives that sit across all three areas of activity and culminate in improved client outcomes in the primary mental health sector. Chapter 8 summarises and interprets the findings, and offers some recommendations for potential future directions that MHPN might take.