

# Chapter 4: Achievement of intermediate-level objectives relating to the delivery of interdisciplinary, collaborative workshops (Area A)

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## Objective A.1: Updated resources to support workshop rollout developed

From the outset, MHPN has produced and revised its various resources to support the roll-out of the workshops in response to changing demands. Early communications clearly outlined the schedule of workshops and contained frequently asked questions (FAQ) sections designed to address facilitator and participant concerns. The original facilitator and participant manuals were updated during the evolution of MHPN activities, and, over time, these have been condensed in response to facilitator and participant feedback regarding their content and usefulness. The more recent manuals have included a greater focus on encouraging ongoing network formation. This reflects the evolving nature of MHPN from a provider of workshops to a facilitator of interdisciplinary clinical networks, and the realization that it is difficult to both provide education and training and foster ongoing relationships in the space of a two-and-a-half hour session.

## Objective A.2: Facilitators recruited and enrolled

MHPN promoted the facilitator role to a wide range of mental health professionals through a variety of avenues. For example, it published an article entitled *'The hunt for a thousand facilitators'* in the Australian Psychological Society's bimonthly news magazine, *InPsych*. The original communication aimed to pique the interest of potential facilitators, and emphasised how MHPN would support them (e.g., with a manual and other materials) and reward them (e.g., through payment and professional development points). It also outlined the skills needed for good facilitation, and what was required of facilitators in the context of running workshops.

According to the workshop calendar, 748 facilitators were recruited and between them they facilitated 1,162 workshops. The majority (515, or 69%) facilitated only one workshop; a further 142 (19%) facilitated two; and the remaining 91 (12%) facilitated between three and 11. Table 1 shows that facilitators were most commonly psychologists, a fact that might be explained by their relative workforce numbers. Psychologists accounted for 46% of all facilitators and delivered 48% of all sessions. Although not shown in Table 1, this pattern was relatively consistent across both urban and rural areas.

**Table 1: Facilitators and number of workshops facilitated, by professional group**

|                        | Facilitators |       | Workshops facilitated |       |
|------------------------|--------------|-------|-----------------------|-------|
|                        | Freq         | %     | Freq                  | %     |
| General practitioner   | 83           | 11.1  | 135                   | 11.6  |
| Psychologist           | 342          | 45.8  | 552                   | 47.5  |
| Psychiatrist           | 90           | 12.0  | 132                   | 11.4  |
| Social worker          | 79           | 10.6  | 117                   | 10.1  |
| Mental health nurse    | 63           | 8.4   | 99                    | 8.5   |
| Occupational therapist | 20           | 2.7   | 32                    | 2.8   |
| Other                  | 71           | 9.4   | 95                    | 8.2   |
| Total                  | 748          | 100.0 | 1,162                 | 100.0 |

Source: MHPN workshop calendar

## Objective A.3: Participants recruited and enrolled

In some locations, prior to the details of workshops being finalised, MHPN distributed a ‘heralding flyer’ to encourage interest in MHPN in general and the workshops in particular. The flyer emphasised the benefits of being part of MHPN as meeting other mental health professionals, identifying referral pathways, increasing professional profiles and having access to professional development opportunities. Once details of workshops were finalised, MHPN and the relevant professional groups sent invitations to potential participants. Invitations were generally sent via email although other methods were also used. Generic invitations were sent to multidisciplinary clinics, and, in some instances, MHPN partnered with large health organisations to promote workshops. Initially, registering for a workshop involved a somewhat laborious process which required mental health professionals to fax or email their details to Project Officers. However, the process soon became more streamlined as registration was completed on MHPN’s website.

Figure 2 provides an overview of the numbers of workshops and expressions of interest<sup>a</sup> (registrations<sup>b</sup> and walk-ins<sup>c</sup>), by state/territory. As noted in Chapter 2, the number of workshops is lower than the number reported against Objective A.2 (1,132 compared with 1,162), above, because the current analyses relied on data from the attendance list dataset which provides a slight undercount. In total, there were 19,926 expressions of interest in the workshops, or a mean of 17.6 expressions of interest per workshop. Not surprisingly, the numbers of workshops and expressions of interest were highest in the more populous states/territories. The mean number of expressions of interest per workshop was often slightly higher in the smaller states/territories where the number of workshop opportunities was fewer.

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<sup>a</sup> An ‘expression of interest’ for a workshop is either a registration or a ‘walk-in’ to a workshop by a mental health professional.

<sup>b</sup> A ‘registration’ is when a mental health professional contacts MHPN (through the web portal, or by fax, email or phone) and is booked to attend a workshop. This person may then go on to attend a workshop or may cancel or be a ‘no show’.

<sup>c</sup> A ‘walk-in’ is when a mental health professional attends a workshop without having previously registered for that workshop.

**Figure 2: Workshops and expressions of interest, by state/territory**

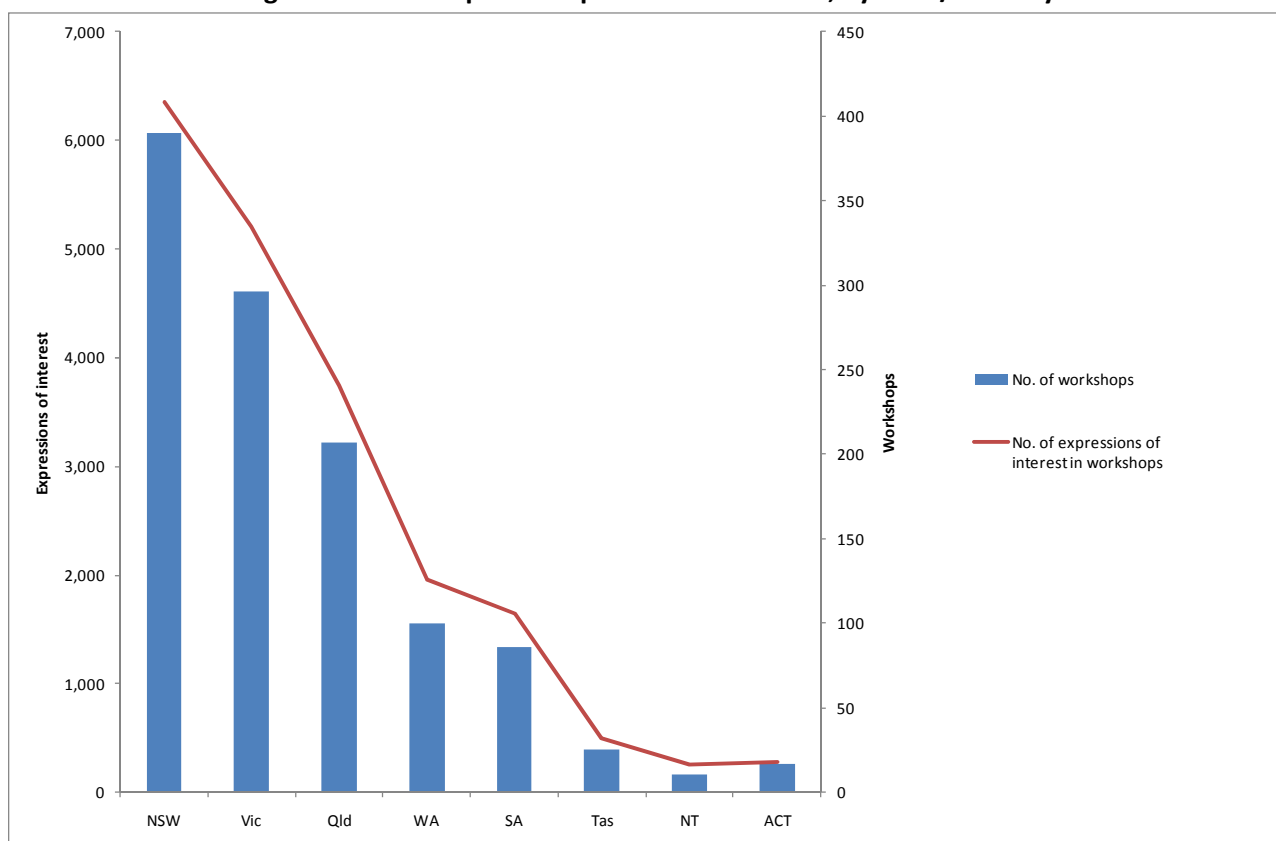


Table 2 provides additional detail about the expressions of interest. It shows that 14,993 of the 19,926 expressions of interest (75%) resulted in attendances<sup>d</sup> at workshops. It also shows that the number of unique individuals represented by these expressions of interest and attendances was 11,930, indicating that some individuals attended more than one workshop.

**Table 2: Summary of expressions of interest and attendances at workshops**

|   |        |
|---|--------|
| No. of workshops                                  | 1,132  |
| No. of expressions of interest in workshops       | 19,926 |
| No. of people who expressed interest in workshops | 13,958 |
| No. of attendances at workshops                   | 14,993 |
| No. of people who attended workshops              | 11,930 |
| No. of failures to attend a workshop              | 4,923  |
| No. of people who failed to attend any workshop   | 4,212  |

*Source: MHPN workshop attendance list*

Table 3 provides further information about the patterns of attendances (following registration and walk-ins) and failures to attend<sup>e</sup> (cancellations<sup>f</sup> and no shows<sup>g</sup>) for each of the professional groups. The pattern

<sup>d</sup> An 'attendance' at a workshop is when a mental health professional is present at a workshop. This may have occurred after he or she has registered for the workshop or after he or she has 'walked in' to the workshop.

<sup>e</sup> A failure to attend is when someone who has registered for a workshop (a 'registrant') either cancels or is a no show to that workshop.

<sup>f</sup> A 'cancellation' is when a registrant informs MHPN prior to a given workshop that he or she will not be attending and then does not attend.

was relatively consistent across professional groups: around three quarters of those who expressed interest attended, and around one quarter failed to attend. Among those who attended, the vast majority did so following registering and expression of interest and only a minority did so as a 'walk-in'. Among those who failed to attend, the majority were 'no shows'; relatively few cancelled in advance.

Table 4 profiles the unique individuals who attended workshops, by professional group. Two fifths were psychologists and one quarter were general practitioners.

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<sup>8</sup> A 'no show' is when a registrant does not inform MHPN prior to a given workshop that he or she will not be attending, but then does not attend.

**Table 3: Attendances and failures to attend, by professional group**

|                        | Attendances             |       |           |       |           |       | Failures to attend |       |         |       |           |       | Missing |       | Total  |
|------------------------|-------------------------|-------|-----------|-------|-----------|-------|--------------------|-------|---------|-------|-----------|-------|---------|-------|--------|
|                        | Registered and attended |       | Walked in |       | Sub-total |       | Cancelled          |       | No show |       | Sub-total |       |         |       |        |
|                        | Freq                    | %     | Freq      | %     | Freq      | %     | Freq               | %     | Freq    | %     | Freq      | %     | Freq    | %     | Freq   |
| General practitioner   | 3,574                   | 68.9% | 227       | 4.4%  | 3,801     | 73.3% | 437                | 8.4%  | 949     | 18.3% | 1,386     | 26.7% | 0       | 0.0%  | 5,187  |
| Psychologist           | 5,950                   | 74.6% | 227       | 2.8%  | 6,177     | 77.4% | 712                | 8.9%  | 1,089   | 13.6% | 1,801     | 22.6% | 2       | 0.0%  | 7,980  |
| Psychiatrist           | 445                     | 69.7% | 24        | 3.8%  | 469       | 73.5% | 69                 | 10.8% | 100     | 15.7% | 169       | 26.5% | 0       | 0.0%  | 638    |
| Social worker          | 1,212                   | 71.3% | 69        | 4.1%  | 1,281     | 75.3% | 169                | 9.9%  | 248     | 14.6% | 417       | 24.5% | 3       | 0.2%  | 1,701  |
| Mental health nurse    | 1,220                   | 71.4% | 35        | 2.0%  | 1,255     | 73.5% | 149                | 8.7%  | 304     | 17.8% | 453       | 26.5% | 0       | 0.0%  | 1,708  |
| Occupational therapist | 352                     | 74.3% | 10        | 2.1%  | 362       | 76.4% | 42                 | 8.9%  | 70      | 14.8% | 112       | 23.6% | 0       | 0.0%  | 474    |
| Paediatrician          | 35                      | 74.5% | 2         | 4.3%  | 37        | 78.7% | 6                  | 12.8% | 4       | 8.5%  | 10        | 21.3% | 0       | 0.0%  | 47     |
| Other                  | 1,478                   | 68.0% | 128       | 5.9%  | 1,606     | 73.9% | 180                | 8.3%  | 386     | 17.8% | 566       | 26.1% | 0       | 0.0%  | 2,172  |
| Missing                | 4                       | 21.1% | 2         | 10.5% | 6         | 31.6% | 3                  | 15.8% | 8       | 42.1% | 11        | 57.9% | 2       | 10.5% | 19     |
| Total                  | 14,270                  | 71.6% | 724       | 3.6%  | 14,994    | 75.2% | 1,767              | 8.9%  | 3,158   | 15.8% | 4,925     | 24.7% | 7       | 0.0%  | 19,926 |

Source: MHPN workshop attendance list

**Table 4: Unique individuals attending workshops, by professional group**

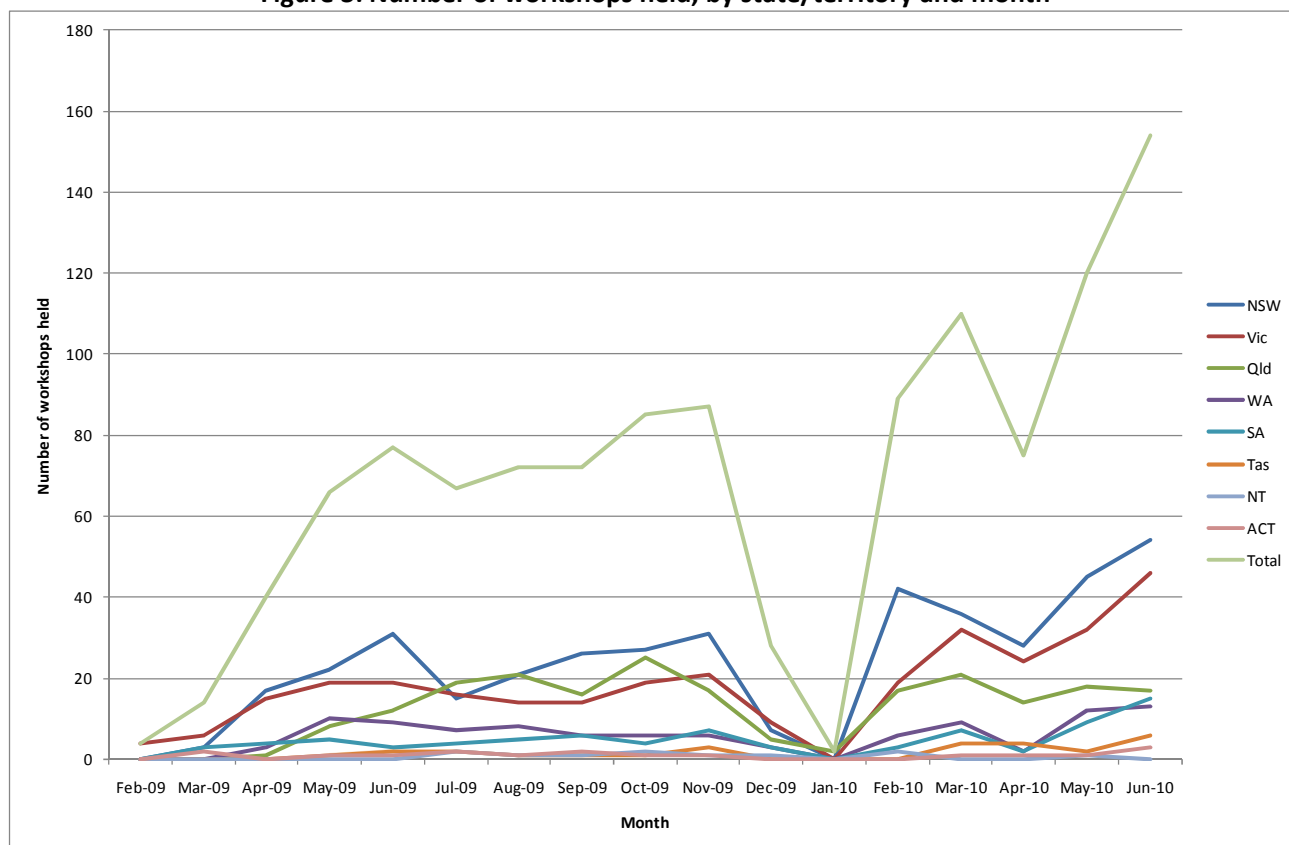
|                        | Facilitators |       |
|------------------------|--------------|-------|
|                        | Freq         | %     |
| General practitioner   | 3,298        | 27.6  |
| Psychologist           | 4,633        | 38.8  |
| Psychiatrist           | 367          | 3.1   |
| Social worker          | 904          | 7.6   |
| Mental health nurse    | 968          | 8.1   |
| Occupational therapist | 294          | 2.5   |
| Paediatrician          | 34           | 0.3   |
| Other                  | 1,432        | 12.0  |
| Missing                | 1            | 0.0   |
| Total                  | 11,930       | 100.0 |

Source: MHPN workshop attendance list

## Objective A.4: Workshops rolled out to meet contractual targets

MHPN had a contractual target of 1,200 workshops. According to the workshop calendar, it conducted 1,162 workshops between February 2009 and June 2010, almost meeting this target. Figure 3 shows that the workshops were delivered with greater momentum over the life of the project, peaking at 154 in June 2010. This pattern was consistent across all states/territories.

**Figure 3: Number of workshops held, by state/territory and month**



One of MHPN's primary objectives in relation to the delivery of workshops was that 30% should take place in rural areas. Table 5 uses the ASGC-RA classification system<sup>12</sup> to rate the remoteness of workshops, and indicates the percentage of workshops listed on the workshop calendar that occurred in major cities, inner regional areas, outer regional areas, remote areas and very remote areas. It shows that MHPN 358 workshops were delivered in locations with an index value of 2 or more, indicating that MHPN met its target of 30% of workshops being delivered in rural areas.

**Table 5: Location of workshops**

| Remoteness classification category | Freq  | %     |
|------------------------------------|-------|-------|
| Major city (RA1)                   | 804   | 69.2  |
| Inner regional (RA2)               | 235   | 20.2  |
| Outer regional (RA3)               | 84    | 7.2   |
| Remote (RA4)                       | 22    | 1.9   |
| Very remote (RA5)                  | 17    | 1.4   |
| Total                              | 1,162 | 100.0 |

Source: MHPN workshop calendar

As noted in Chapter 1, each workshop was to have a minimum of 20 registrations of interest by mental health professionals (including at least three different types of mental health professions, and four general practitioners). The composition of individual workshops was gauged from the attendance list dataset, which, as noted earlier, does not quite include the full complement of workshops delivered (1,132 instead of 1,162). Table 6 shows that 41% of these workshops had 20 participants registered and, after cancellations, no shows and walk-ins, 9% had attendances of at least 20 participants. Across workshops, the average number of registrations was 18 and the average number of attendances was 13.

Ninety-six per cent of the workshops had three or more types of mental health professionals registered, and 92% had this composition in terms of attendances. Fifty-nine per cent of the workshops had four or more general practitioners registered, and 42% had this number attending. Given that the denominator for registrations and attendances was lower than 20, the requisite number of general practitioners might be revised to three. Under these circumstances, the registration and attendance percentages would be revised to 74% and 58%, respectively.

**Table 6: Workshop composition in relation to stated objectives**

|                                     | Registered |      | Attended |      |
|-------------------------------------|------------|------|----------|------|
|                                     | Freq       | %    | Freq     | %    |
| Up to 20 participants               | 459        | 40.5 | 98       | 8.7  |
| At least three professional groups  | 1,084      | 95.7 | 1,036    | 91.7 |
| At least four general practitioners | 671        | 59.2 | 474      | 41.9 |

*Source: MHPN workshop attendance list*

## **Objective A.5: Participants’ workshop learning objectives met**

Table 7 draws on data from the mental health professionals’ post-workshop survey and summarises the extent to which participants’ learning objectives were met by the workshops, by professional group. Between 90% and 95% of participants had their needs partially or entirely met with respect to recognising the expertise of other mental health professionals, identifying referral pathways to other local mental health professionals, identifying opportunities for ongoing professional development and mutual support with other mental health professionals, and the participant’s own individual learning needs. Table 7 also outlines participants’ views with respect to the relevance and usefulness of the workshops in terms of their practice and their networking opportunities. Again, the response was positive with over 95% of participants indicating that the workshops were partially or entirely relevant and partially or entirely useful. Table 7 also summarises the extent to which participants’ felt their knowledge of other professionals’ contribution to mental health care had increased as a result of attending the workshops. Over 90% of participants indicated that their knowledge had increased a little or very much. The findings were relatively consistent across professional groups, although where there were differences they tended to be with occupational therapists and psychiatrists who tended to be less positive about the degree to which the workshops met their learning objectives than other professional groups.

**Table 7: Workshop learning objectives, by professional group**

|   |                    | General practitioner | Psychologist   | Psychiatrist  | Social worker  | Mental health nurse | Occupational therapist | Other         | Total           |
|---|--------------------|----------------------|----------------|---------------|----------------|---------------------|------------------------|---------------|-----------------|
| <b>Recognise the expertise of other mental health professionals</b>   | Not met            | n=446<br>2.9%        | n=799<br>3.9%  | n=49<br>2.0%  | n=197<br>3.0%  | n=108<br>2.8%       | n=49<br>6.1%           | n=705<br>3.1% | n=2,353<br>3.4% |
|   | Partially met      | 56.1%                | 63.0%          | 59.2%         | 64.0%          | 58.3%               | 81.6%                  | 55.0%         | 59.5%           |
|   | Entirely met       | 41.0%                | 33.2%          | 38.8%         | 33.0%          | 38.9%               | 12.2%                  | 41.8%         | 37.2%           |
| <b>Identify ways of referral to local mental health professionals</b>   | Not met            | n=447<br>4.9%        | n=796<br>11.2% | n=49<br>6.1%  | n=195<br>10.3% | n=107<br>6.5%       | n=49<br>16.3%          | n=699<br>8.6% | n=2342<br>8.9%  |
|   | Partially met      | 57.3%                | 62.7%          | 63.3%         | 62.6%          | 57.0%               | 63.3%                  | 51.5%         | 58.1%           |
|   | Entirely met       | 37.8%                | 26.1%          | 30.6%         | 27.2%          | 36.4%               | 20.4%                  | 39.9%         | 33.0%           |
| <b>Identifying opportunities for ongoing professional development and mutual support with mental health professionals</b> | Not met            | n=444<br>5.2%        | n=793<br>8.6%  | n=49<br>8.2%  | n=194<br>8.2%  | n=107<br>6.5%       | n=49<br>14.3%          | n=697<br>6.6% | n=2,333<br>7.3% |
|   | Partially met      | 57.2%                | 61.2%          | 59.2%         | 56.7%          | 48.6%               | 59.2%                  | 53.1%         | 57.0%           |
|   | Entirely met       | 37.6%                | 30.3%          | 32.7%         | 35.1%          | 44.9%               | 26.5%                  | 40.3%         | 35.7%           |
| <b>Learning needs</b>   | Not met            | n=447<br>4.3%        | n=798<br>9.0%  | n=48<br>12.5% | n=197<br>7.1%  | n=109<br>2.8%       | n=49<br>12.2%          | n=704<br>7.2% | n=2,352<br>7.3% |
|   | Partially met      | 68.2%                | 68.2%          | 64.6%         | 67.5%          | 58.7%               | 77.6%                  | 61.6%         | 65.9%           |
|   | Entirely met       | 27.5%                | 22.8%          | 22.9%         | 25.4%          | 38.5%               | 10.2%                  | 31.1%         | 26.9%           |
| <b>Relevance to practice</b>  | Not relevant       | n=445<br>0.9%        | n=799<br>3.5%  | n=49<br>12.2% | n=196<br>4.1%  | n=109<br>0.0%       | n=48<br>10.4%          | n=703<br>3.0% | n=2,349<br>3.1% |
|   | Partially relevant | 27.4%                | 43.1%          | 46.9%         | 41.3%          | 27.5%               | 54.2%                  | 37.8%         | 38.0%           |
|   | Entirely relevant  | 71.7%                | 53.4%          | 40.8%         | 54.6%          | 72.5%               | 35.4%                  | 59.2%         | 59.0%           |
| <b>Usefulness of networking workshop</b>  | Not useful         | n=448<br>6.0%        | n=796<br>4.8%  | n=48<br>10.4% | n=197<br>5.1%  | n=109<br>0.0%       | n=49<br>6.1%           | n=706<br>3.8% | n=2,353<br>4.7% |
|   | Useful             | 50.0%                | 49.6%          | 62.5%         | 40.6%          | 35.8%               | 57.1%                  | 41.4%         | 46.2%           |
|   | Very useful        | 44.0%                | 45.6%          | 27.1%         | 54.3%          | 64.2%               | 36.7%                  | 54.8%         | 49.1%           |
| <b>Increased knowledge of other professionals' potential contribution to mental health care</b>                           | Not at all         | n=444<br>4.5%        | n=793<br>7.4%  | n=49<br>6.1%  | n=196<br>10.7% | n=109<br>2.8%       | n=48<br>16.3%          | n=705<br>5.5% | n=2,344<br>6.5% |
|   | A little           | 53.0%                | 62.3%          | 71.4%         | 58.4%          | 53.2%               | 63.3%                  | 54.0%         | 57.5%           |
|   | Very much          | 42.5%                | 30.3%          | 22.4%         | 31.0%          | 44.0%               | 20.4%                  | 40.5%         | 36.0%           |

*Source: Mental health professionals' post-workshop survey*



## **Objective A.6: Facilitators' and participants' experiences of workshops assessed, and enablers and barriers to workshop facilitation and participation identified and addressed**

Participants were asked about their satisfaction with various elements of the workshops in the post-workshop survey, including the facilitation and the materials. On a scale of 1-10, where 1 was 'poor' and 10 was 'excellent', participants gave facilitators the following mean ratings in six key areas: group management (mean = 8.2); knowledge (mean = 8.3); respect for all professions (mean = 8.8); time keeping (mean = 8.5); equity of input (mean = 8.4); and clarity of instruction (mean = 8.4). Participants were also asked about their satisfaction with workshop materials, in terms of their relevance, complexity and discussion questions. Workshop materials were also rated positively, although not quite as positively as facilitation, with mean ratings ranging from 6-8 on the same 10 point scale. These patterns of ratings were fairly consistent across professional groups, with mental health nurses tending to be the most positive and psychiatrists tending to be the least positive. The very positive rating of facilitation and workshop materials suggest that these factors were key enablers of workshop participation.

When asked about their reasons for attending workshops in the pre-workshop survey, 70% of participants indicated that they were keen to meet local mental health professionals. Reflecting on outcomes related to this sort of networking in the post-workshop survey, over half of all participants were 'very much' satisfied with the mix of professionals attending the workshops, and a further 40% were 'a little' satisfied. Again, these patterns showed only minor variability across professional groups, with mental health nurses standing out as being the most likely to express satisfaction.

The facilitator' post-workshop survey and the facilitators' in-depth survey both asked facilitators to rate their satisfaction with various resources and forms of support. Both used a scale of 1 to 5, but in the facilitators' post-workshop survey 1 was 'not at all' and 5 was 'extremely' and in the facilitators' in-depth survey 1 was 'poor' and 5 was 'excellent'. Facilitators were positive about the support they received from MHPN in general and the Project Officers in particular (means = 3.9 and 4.3 in the post-workshop survey and the in-depth survey, respectively). They felt that their role as facilitators was well explained (means = 4.0 and 4.3), that the resources were valuable (means = 4.1 and 3.9), and that the structure of the workshop sessions was well organised (means = 3.6 and 4.3).

## **Objective A.7: Participants' interest in being part of an ongoing network generated by workshops**

The workshops appeared to generate participants' interest in being part of an ongoing network, as assessed by several indicators. Table 8 presents selected data from the post-workshop survey, and shows that almost all felt that interdisciplinary networking was 'important' or 'very important', and over half felt that the workshops had 'very much' increased their desire to engage in collaborative mental health care. A similar proportion agreed that the workshops had 'very much' assisted in creating ongoing local interdisciplinary network activity. There was some variability across professional groups on these indicators with, for example, psychiatrists being less likely than other professional groups to view interdisciplinary networking as 'very' important and more likely to view it as 'a little' important.

When post-workshop survey participants were asked more explicitly whether they wanted to participate in an ongoing interdisciplinary network, over 70% indicated that they did and almost all of the remainder responded

with 'maybe' (see Table 9). Psychiatrists were the least likely to make such a commitment, and mental health nurses were the most likely.

**Table 8: Workshop outcomes related to interdisciplinary networking, by professional group**

|   |                | General practitioner | Psychologist  | Psychiatrist  | Social worker | Mental health nurse | Occupational therapist | Other         | Total           |
|---|----------------|----------------------|---------------|---------------|---------------|---------------------|------------------------|---------------|-----------------|
| <b>Importance of interdisciplinary networking</b>   | Not important  | n=443<br>2.3%        | n=791<br>1.3% | n=49<br>0.0%  | n=196<br>0.5% | n=107<br>0.0%       | n=48<br>0.0%           | n=701<br>1.0% | n=2,335<br>1.2% |
|   | Important      | 47.9%                | 34.3%         | 67.3%         | 30.6%         | 26.2%               | 50.0%                  | 29.2%         | 35.7%           |
|   | Very important | 49.9%                | 64.5%         | 32.7%         | 68.9%         | 73.8%               | 50.0%                  | 69.8%         | 63.1%           |
| <b>Increased desire to engage in collaborative mental health care</b>                                 | Not at all     | n=445<br>6.1%        | n=798<br>4.9% | n=49<br>10.2% | n=197<br>6.6% | n=109<br>0.9%       | n=49<br>12.2%          | n=707<br>4.6% | n=2,354<br>5.3% |
|   | A little       | 47.6%                | 44.4%         | 49.0%         | 35.5%         | 30.3%               | 53.1%                  | 37.5%         | 41.8%           |
|   | Very much      | 46.3%                | 50.7%         | 40.8%         | 57.9%         | 68.8%               | 34.7%                  | 57.9%         | 52.9%           |
| <b>Extent to which workshop assisted in creating ongoing local interdisciplinary network activity</b> | Not at all     | n=448<br>3.3%        | n=799<br>3.9% | n=49<br>4.1%  | n=196<br>3.6% | n=107<br>0.9%       | n=49<br>0.0%           | n=706<br>4.2% | n=2,354<br>3.7% |
|   | A little       | 48.2%                | 54.4%         | 53.1%         | 50.5%         | 43.9%               | 69.4%                  | 45.3%         | 50.0%           |
|   | Very much      | 48.4%                | 41.7%         | 42.9%         | 45.9%         | 55.1%               | 30.6%                  | 50.4%         | 46.3%           |

Source: Mental health professionals' post-workshop survey

**Table 9: Desire to participate in an ongoing network, by professional group**

|       | General practitioner | Psychologist  | Psychiatrist | Social worker | Mental health nurse | Occupational therapist | Other         | Total           |
|-------|----------------------|---------------|--------------|---------------|---------------------|------------------------|---------------|-----------------|
| No    | n=447<br>4.7%        | n=796<br>1.0% | n=49<br>6.1% | n=197<br>1.5% | n=110<br>2.7%       | n=49<br>0.0%           | n=706<br>2.3% | n=2,354<br>2.3% |
| Maybe | 41.4%                | 25.3%         | 32.7%        | 19.8%         | 13.6%               | 32.7%                  | 23.9%         | 27.2%           |
| Yes   | 53.9%                | 73.7%         | 61.2%        | 78.7%         | 83.6%               | 67.3%                  | 73.8%         | 70.5%           |

Source: Mental health professionals' post-workshop survey

Mental health professionals who completed the sustainability and website survey were also asked about their intentions with respect to ongoing networks. When asked to indicate how much they wanted to be part of an ongoing network, one third of respondents ticked 'extremely' and a further third ticked 'very much' (see Table 10).

**Table 10: Extent of interest in being part of an ongoing network reported in the sustainability and website survey**

| How much do you want to be part of an ongoing network? | Freq | %    |
|--|------|------|
| 1. Not at all  | 43   | 2.8  |
| 2. A little  | 123  | 8.0  |
| 3. Moderately  | 365  | 23.7 |
| 4. Very much   | 529  | 34.3 |
| 5. Extremely   | 483  | 31.3 |

*Source: Sustainability and website survey*

Those who endorsed the remaining responses (n=531) were asked to give the primary reason for their uncertainty about wanting to be part of an ongoing network. The majority (61%) said that they had not yet found a network that they would like to be part of in the long term. Thirty four per cent said that it was too much effort, and 5% said it was because they already engaged in interdisciplinary networking. Additional consideration was given to whether these patterns of response were consistent across professional groups. Particular attention was given to this question for general practitioners and psychiatrists because of their relatively lower likelihood of being involved in ongoing networks (see Table 8). The pattern of responses for general practitioner was similar to that of all providers, at least for the two most common responses – 58.1% ranked 'I have not yet found a network that I would like to be part of in the long term' as their first reason and 21.7% ranked it as their second reason; and 31.8% ranked 'Too much effort' as their first reason and 13.2% ranked it as their second reason. General practitioners were somewhat more inclined to endorse 'Not enough time' as a reason, however, with 49.1% ranking this second. The pattern of responses for psychiatrists was arguably more different from the broader group. A distinctly higher proportion (70.6%) listed 'I have not yet found a network that I would like to be part of in the long term', although a similar proportion (21.4%) listed it as their second reason. Slightly lower proportions ranked 'Too much effort' as their first reason and second reasons (29.4% and 7.1%, respectively). Psychiatrists were considerably less likely to endorse 'Not enough time' as their second reason than the overall group, with 28.6% doing so.

Additional information on participants' likelihood of developing and maintaining ongoing networks came from the facilitators' post-workshop survey. Through this survey, facilitators provided feedback about whether the formation of ongoing networks was encouraged by the workshops. Overall, they indicated that the workshops provided a moderate level of encouragement. They indicated that an average of 1.3 networks formed from these workshops, with the maximum being seven. The most common formats of these continuing networks were ongoing meetings (65%) and email communication (40%)(responses were not mutually exclusive and multiple responses were permitted). Surveyed facilitators reported that 95% of the time the group had agreed to meet again. Facilitators themselves enthusiastically encouraged this and discussed the benefits of ongoing networking, often helping by discussing the \$500 funding offered by MHPN (see Chapter 5), discussing the goals and purposes of the next meeting, providing participants with contact lists, and offering to co-ordinate the next meeting (see Table 11). There were nuances when these data were broken down by facilitators' profession and location, with, for example, facilitators in rural areas being more likely to offer themselves as the ongoing co-ordinator than their urban counterparts.

**Table 11: Facilitators' roles in fostering commitment to ongoing networks\***

|  | Yes   | No     |
|--|-------|--------|
| I was enthusiastic about the idea and encouraged the group to meet again           | 82.2% | 17.8%  |
| Discussed benefits of ongoing networking   | 81.6% | 18.4%  |
| Discussed the \$500 incentive offered by MHPN                                      | 66.5% | 33.5%  |
| Discussed goals and purposes of next meeting                                       | 59.8% | 40.2%  |
| I offered to provide participants with list of other participants' email addresses | 57.7% | 42.3%  |
| I offered to facilitate/co-ordinate the next meeting                               | 48.6% | 51.4%  |
| Helped the group identify someone to facilitate/co-ordinate the next meeting       | 37.2% | 62.8%  |
| Discussed barriers to ongoing networking   | 28.4% | 71.6%  |
| I did not do anything to facilitate group's commitment to ongoing networking       | 0.0%  | 100.0% |

*Source: Facilitators' post-workshop survey*

*\* Multiple responses permitted*

Further evidence of the extent to which the workshops generated participants' interest in ongoing networks came from the sustainability focus group. Network Sustainability Project Officers and Senior Project Officers who participated in this focus group echoed the above comments about interest in ongoing networks, noting that they detected a strong interest in ongoing networks from mental health professionals. However, they commented that mental health professionals' desire to engage in networks is strongly influenced by the characteristics of their local environment and by their professional grouping. For example, they described mental health professionals in some rural locations as being 'isolated' and 'hungry' for interdisciplinary interactions. They also noted that allied health professionals, particularly those who are new to private practice, were the most motivated to engage in interdisciplinary networking. By contrast, they felt that general practitioners were less motivated to engage in networking, viewing it as 'more work' and 'outside what they're normally used to doing'.