

# Chapter 7: Achievement of high-level, long-term objectives

## Objective 3: 70% of workshops result in the formation of ongoing interdisciplinary clinical networks that meet regularly to discuss and consult around key aspects of mental health care

MHPN’s workshop master list dataset records the progress of workshops towards meeting as ongoing networks, using the hierarchical approach described in Table 18. Workshops are deemed to have generated ongoing networks when they have at least agreed to meet and have identified a co-ordinator, and the relevant Network Sustainability Project Officer is confident that the workshop attendees will continue to the point of meeting, on the basis of his or her communication with the co-ordinator. Workshops that are beyond this stage (i.e., have clear plans to meet or have met at least once) are also deemed to have generated ongoing networks. Table 18 shows that, by this definition, 938 of the 1,156 workshops identified on MHPN’s workshop master list dataset (81.2%) have generated ongoing networks at a national level. Proportionally, the figures are slightly lower (79.0%) in urban areas and slightly higher (86.4%) in rural areas. In all cases, they exceed the target of 70% articulated as one of MHPN’s goals.

**Table 18: Progress of workshops (n=1,156) towards meeting as ongoing networks**

		National		Urban		Rural		Missing	
		Freq	%	Freq	%	Freq	%		
Network not in place	Group has agreed not to meet	68	5.9	58	7.3	10	2.8	0	0.0
	Progress of group is unknown and follow up is required	60	5.2	47	5.9	11	3.1	2	25.0
	Group has agreed to meet but has no identified coordinator	89	7.7	62	7.8	27	7.6	0	0.0
	<b>Sub-total</b>	<b>217</b>	<b>18.8</b>	<b>167</b>	<b>21.0</b>	<b>48</b>	<b>13.5</b>	<b>2</b>	<b>25.0</b>
Network in place	Group has agreed to meet and has an identified coordinator, but no further plans	280	24.2	166	20.9	110	31.1	4	50.0
	Group has clear plans to meet	262	22.7	166	20.9	95	26.8	1	12.5
	Group has met at least once subsequent to initial workshop	396	34.3	295	37.2	101	28.5	0	0.0
	<b>Sub-total</b>	<b>938</b>	<b>81.2</b>	<b>627</b>	<b>79.0</b>	<b>306</b>	<b>86.4</b>	<b>5</b>	<b>62.5</b>
Missing		1	0.1	0	0	0	0	1	12.5
<b>Total</b>		<b>1,156</b>	<b>100.0</b>	<b>794</b>	<b>100.0</b>	<b>354</b>	<b>100.0</b>	<b>8</b>	<b>100.0</b>

Source: MHPN workshop master list and MHPN workshop calendar

Once a workshop reaches the point of being deemed an ongoing network by the above definition, its details are copied over to the network master list dataset. According to this dataset, the 938 workshops had generated a total of 705 networks, with representation from all states and territories and both urban and rural areas (see Table 19). The number of networks is lower than the number of workshops because members of more than one workshop often joined together to form a network. Two hundred and fifty three of the 705 networks (35%) have met at least once, with the maximum number of recorded meetings being nine.

**Table 19: Networks known to MHPN as at 31 July 2010, by location**

	Freq	%	
State/Territory	New South Wales	211	29.9
	Victoria	213	30.2
	Queensland	149	21.1
	Western Australia	61	8.7
	South Australia	36	5.1
	Tasmania	18	2.6
	Northern Territory	8	1.1
	Australian Capital Territory	7	1.0
	Missing	2	0.3
ASG-RA Classification	Major city	441	62.6
	Inner regional	130	18.4
	Outer regional	68	9.6
	Remote	30	4.3
	Very remote	20	2.8
	Missing	16	2.3
	<b>Total</b>	<b>705</b>	<b>100.0</b>

Source: MHPN network master list

Data from MHPN's network master list dataset shows that various individuals have engaged in network co-ordination; most commonly psychologists have taken up the mantle (see Table 20). In about half of all networks (54%) the original group facilitator has taken on the role of network co-ordinator, and in the remaining cases the co-ordinator has usually been another group member who has volunteered. According to Network Sustainability Project Officers and Senior Project Officers who took part in the sustainability focus group, there is a recognition that network co-ordination places a significant impost on already-busy mental health professionals, so it has often occurred under models designed to maximise involvement and minimise the burden for individuals, with joint co-ordinators and rotating rosters of co-ordinators being common. Mental health professionals who completed the sustainability and website survey identified funding for time spent co-ordinating and administrative support as key incentives for individuals to act as co-ordinators.

**Table 20: Co-ordination of ongoing networks, by co-ordinator profession**

	Freq	%
General practitioner	51	7.2
Psychologist	336	47.7
Psychiatrist	32	4.5
Social worker	54	7.7
Mental health nurse	65	9.2
Occupational therapist	13	1.8
Other	120	17.0
Missing	34	4.9
<b>Total</b>	<b>705</b>	<b>100.0</b>

Source: MHPN network master list

As at the end of July 2010, MHPN had sent 5,015 invitations to mental health professionals to attend network meetings, according to the MHPN network attendance list (see Table 21). These invitations yielded 1,587 attendances. In absolute terms, psychologists represented the greatest number of both invitees and

attendees, followed by general practitioners. However, social workers and mental health nurses were, relatively speaking, the most likely to take up an invitation to attend a network meeting. Paediatricians and general practitioners were the least likely to do so. Network attendees who completed the sustainability and website survey have found all elements of network meetings valuable, but have particularly appreciated opportunities for informal networking and learning about the availability and expertise of local mental health professionals.

**Table 21: Invitations to and attendances at network meetings, by member profession**

	Invitations		Attendances	
	Freq	%	Freq	%
General practitioner	1137	22.7	208	13.1
Psychologist	2232	44.5	754	47.5
Psychiatrist	186	3.7	44	2.8
Social worker	401	8	159	10
Mental health nurse	377	7.5	114	7.2
Occupational therapist	104	2.1	28	1.8
Paediatrician	12	0.2	1	0.1
Other	439	8.8	180	11.3
Missing	127	2.5	99	6.2
	5,015	100.0	1,587	100.0

*Source: MHPN network attendance list*

The above early indicators suggest that MHPN has made significant advances in terms of establishing local networks of mental health professionals. This is remarkable, given that MHPN's starting point was a situation in which interdisciplinary networking was far from the norm. It is perhaps not surprising, however, given the demand for this sort of interaction on the part of mental health professionals. MHPN Network Sustainability Project Officers and Senior Project Officers who participated in the sustainability focus group perceived a strong interest in ongoing networks on the part of mental health professionals, and this was supported by data from mental health professionals themselves, via the sustainability and website survey. When asked to rate their desire to be part of an ongoing network on a scale of 1 to 5 (with 1 being 'not at all' and 5 being 'very much'), survey respondents' overall mean score was 3.8. There was some variation by professional group, however, with allied health professionals (e.g., social workers) showing the highest level of interest and medical practitioners (e.g., general practitioners) showing the lowest level. Those who are not so keen on being part of ongoing networks most commonly attribute their reticence to not having yet found a network that they would like to be part of in the long term. Other common reasons are the degree of effort required and a lack of time.

## **Objective 4: Participants' knowledge and practice changed as a result of attendance at workshops and involvement in networks**

The mental health professionals' pre-workshop survey and 14-week follow-up survey shed some light on the extent to which MHPN has achieved this objective. It should be noted, however, that although 1,696 mental health professionals responded to the pre-workshop survey, only 245 responded to the 14-week follow-up survey, and data from both surveys was only available for 142 individuals. Data are presented here for all mental health professionals who responded to the pre-workshop survey and all who responded to the 14-week follow-up survey, and for all general practitioners, psychologists and social workers who responded to each survey (these groups were selected because they were the three professional groups for whom data were consistently available in both cases). In other words, the data should be regarded as cross-sectional

information taken from two separate (though overlapping) groups of providers and the findings should therefore be treated as indicative only.

Both surveys asked respondents to indicate whether they were aware of providers from other professional groups to whom they would confidently refer consumers. Table 22 shows that after attending the workshops and taking advantage of early ongoing networking opportunities, greater percentages of total providers indicated that they would refer to each of the named professional groups. In some cases (e.g., with referrals to mental health nurses, social workers and general practitioners), this percentage increased by more than one third. This pattern of increase was largely consistent across the three respondent groups, although it varied in magnitude.

**Table 22: Professionals to whom referrals could be confidently made prior to the workshops and 14 weeks after the workshops, by selected professional groups**

	Respondents' professional grouping							
	General practitioner		Psychologist		Social worker		Total	
	Pre- (n=409)	F/up (n=61)	Pre- (n=661)	F/up (n=105)	Pre- (n=147)	F/up (n=25)	Pre- (n=1,696)	F/up (n=245)
Psychologist	90.2%	93.4%	75.9%	78.1%	65.3%	60.0%	70.5%	77.4%
Mental health nurse	20.5%	31.1%	11.3%	21.9%	25.2%	20.0%	18.2%	27.8%
Paediatrician	43.8%	47.5%	19.8%	21.9%	13.6%		22.5%	24.2%
Social worker	12.0%	19.7%	14.2%	21.0%	52.4%	60.0%	18.5%	25.0%
Occupational therapist	4.2%	8.2%	5.4%	8.6%	11.6%	8.0%	7.0%	9.7%
Aboriginal health worker	2.9%	9.8%	4.5%	6.7%	15.6%	4.0%	5.7%	9.7%
General practitioner	40.3%	49.2%	61.3%	72.4%	58.5%	56.0%	49.3%	63.3%
Psychiatrist	76.0%	73.8%	44.0%	47.6%	38.1%	32.0%	49.5%	53.2%
Other	2.4%	1.6%	4.5%	3.8%	5.4%	4.0%	4.4%	4.4%

*Source: Mental health professionals' pre-workshop survey and 14-week follow-up survey*

The mental health professionals' pre-workshop and 14-week follow-up surveys also examined interdisciplinary collaboration before and after the workshops and the subsequent opportunities for networking. Table 23 shows that, overall, mental health professionals were more likely to engage in almost all forms of interdisciplinary collaboration identified. In some cases, these rates rose by half. For example, the percentage of mental health professionals participating in interdisciplinary meetings rose from 32% before the workshops to 46% after the workshops, and the percentage of mental health professionals taking part in interdisciplinary lunches/recreational networking increased from 19% to 28%. With a few exceptions, these increases occurred for the three professional groups represented.

**Table 23: Interdisciplinary collaboration prior to the workshops and 14 weeks after the workshops, by selected professional groups**

	Respondents' professional grouping							
	General practitioner		Psychologist		Social worker		Total	
	Pre- (n=409)	F/up (n=61)	Pre- (n=661)	F/up (n=105)	Pre- (n=147)	F/up (n=25)	Pre- (n=1,696)	F/up (n=245)
None	26.4%	13.1%	12.4%	7.6%	7.5%	0.0%	14.2%	6.9%
Informal interdisciplinary workplace conversations	42.1%	59.0%	59.2%	63.8%	69.4%	64.0%	57.6%	64.1%
Interdisciplinary consultation	48.2%	42.6%	59.9%	58.1%	66.7%	76.0%	59.3%	59.3%
Interdisciplinary meetings	14.7%	27.9%	27.1%	39.0%	42.9%	68.0%	31.6%	46.4%
Interdisciplinary lunches/recreational networking	10.8%	23.0%	16.5%	21.9%	28.6%	52.0%	18.6%	28.2%
Interdisciplinary case conferences, discussion of one patient/client per case conference	12.0%	11.5%	27.8%	34.3%	39.5%	48.0%	30.1%	35.1%
Interdisciplinary professional development/education	28.4%	37.7%	51.9%	53.3%	59.9%	84.0%	48.0%	54.0%
Other	1.5%	0.0%	2.3%	5.7%	4.8%	8.0%	2.8%	3.6%

Source: Mental health professionals' pre-workshop survey and 14-week follow-up survey

The observed changes in knowledge (e.g., of other professionals to whom referrals could be made) and practice (e.g., in terms of interdisciplinary activity) were paralleled by increased levels of satisfaction with networking. Table 24 shows that whereas 32% of mental health professionals were not at all satisfied with their level of networking prior to the workshops, only 21% were not at all satisfied after their conclusion. Conversely, before the workshops 64% were moderately or extremely satisfied, and after 77% were. Again, these patterns were relatively consistent across the three provider groups represented.

**Table 24: Satisfaction with current level of networking prior to the workshops and 14 weeks after the workshops, by selected professional groups**

	Respondents' professional grouping							
	General practitioner		Psychologist		Social worker		Total	
	Pre- (n=409)	F/up (n=61)	Pre- (n=661)	F/up (n=105)	Pre- (n=147)	F/up (n=25)	Pre- (n=1,696)	F/up (n=245)
Not at all	34.5%	26.2%	37.0%	25.2%	27.4%	20.0%	32.3%	20.9%
Moderately	57.3%	63.9%	57.4%	64.1%	63.0%	72.0%	60.3%	68.4%
Extremely	3.2%	8.2%	2.6%	7.8%	5.5%	4.0%	3.7%	8.2%
N/A	5.0%	1.6%	3.0%	2.9%	4.1%	4.0%	3.7%	2.5%

Source: Mental health professionals' pre-workshop survey and 14-week follow-up survey

Mental health professionals who took part in the 14-week follow-up survey were asked to what extent they would attribute any increases in their networking activities to their involvement with MHPN. Table 25 shows the results. Fifty three per cent indicated that MHPN was 'moderately' responsible for these increases, and 8% indicated that it was 'extremely' responsible. Again, this pattern was reasonably consistent across the three selected provider groups, with some differences in magnitude.

**Table 25: Extent to which MHPN involvement has increased involvement in interdisciplinary networking, by selected professional groups**

	Respondents' professional grouping			
	General practitioner (n=61)	Psychologist (n=105)	Social worker (n=25)	Total (n=245)
Not at all	28.8%	31.7%	36.0%	28.3%
Moderately	59.3%	46.2%	52.0%	52.5%
Extremely	6.8%	13.5%	12.0%	12.3%
N/A	5.1%	8.6%	0.0%	6.9%

*Source: Mental health professionals' 14-week follow-up survey*

## **Objective 5: Collaborative care in the primary mental health care sector increased**

It was beyond the scope of the evaluation to examine the achievement of this objective.

## **Objective 6: Client outcomes in the primary mental health sector improved**

It was beyond the scope of the evaluation to examine the achievement of this objective.