Executive summary

The Mental Health Professionals Network (MHPN) has successfully undertaken an ambitious project designed to promote interdisciplinary networking. To date, much of its effort has involved rolling out interdisciplinary workshops across the country. It ran almost 1,200 initial workshops (30% in rural areas) from March 2009 to July 2010, yielding 14,993 attendances by 11,930 unique individuals from a range of professional groups. Workshop participants were positive about the delivery and content of the workshops. MHPN has recently moved into its sustainability phase which focuses on generating ongoing networks of interdisciplinary mental health professionals from the workshops. Its efforts have resulted in the early emergence of a substantial number of local networks, with 938 of MHPN's 1,156 workshops resulting in the formation of 705 ongoing networks (81% of all workshops, 79% of urban workshops, 86% of rural workshops). Further support will be needed for these networks to reach their full potential in terms of improving collaborative care and consumer outcomes. MHPN will need to be clear about the purpose of these networks, and communicate this vision to mental health professionals in general and network members in particular. MHPN will also need to provide guidance about what a sustainable network might look like, bearing in mind that different networking models may be appropriate in different locations or for different mixes of professional groups. In addition, MHPN will need to be clear about the level of support it can and should offer. The initial workshops acted as a catalyst to the formation of networks, and resources like the web portal are proving invaluable. MHPN will definitely need to continue to provide leadership and input, but a careful balance will need to be struck if the emerging networks are to become self-sustaining.
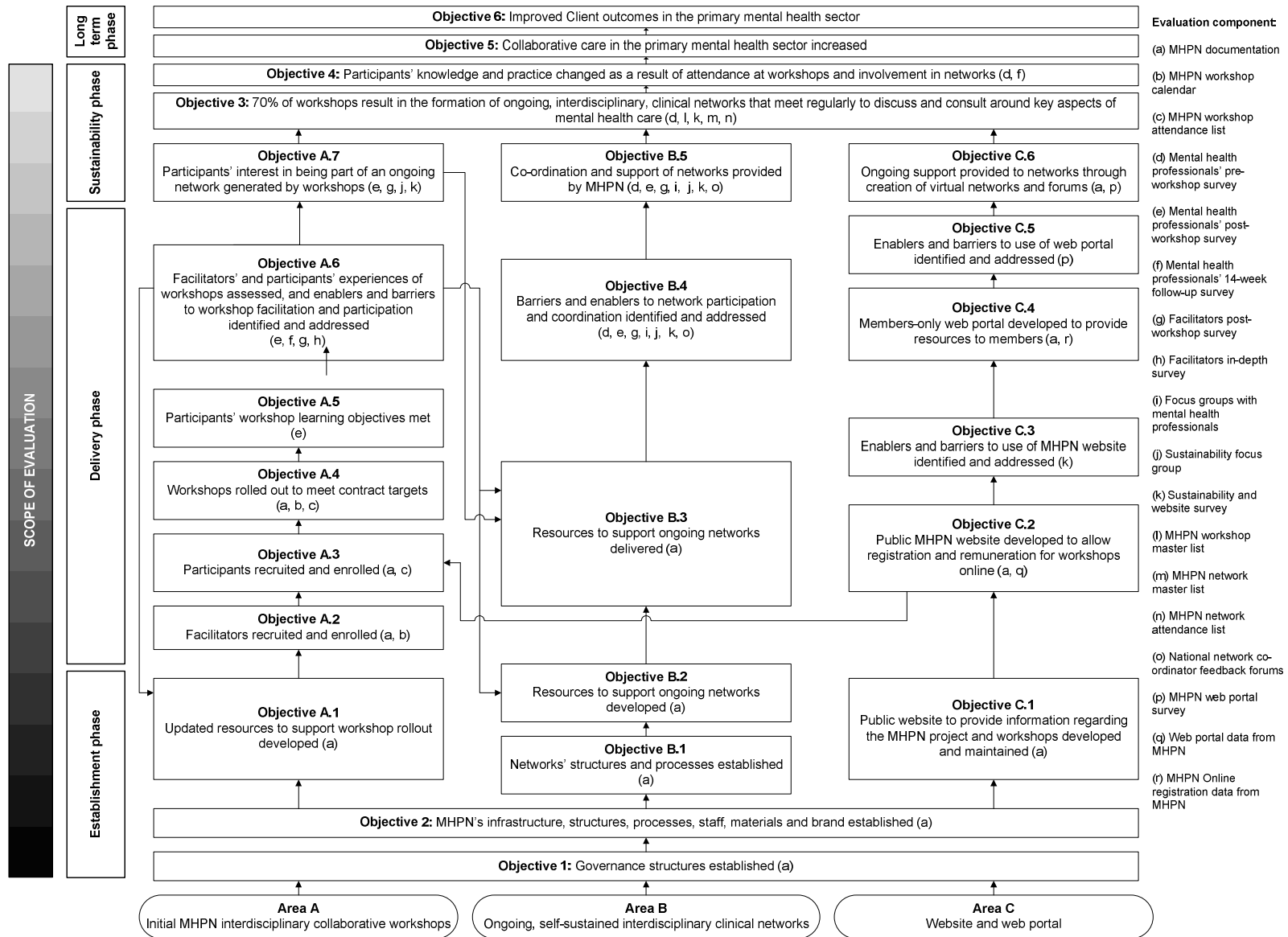
Background

The Mental Health Professionals Network (MHPN) was established to improve consumers' outcomes in the primary care sector by fostering a collaborative clinical approach to the provision of mental health care. MHPN has been responsible for promoting 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 has done this through activity in three inter-related areas: running interdisciplinary workshops, supported by education and training materials (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) (see Figure i).

MHPN's efforts have appropriately been conducted in inter-connected phases. The initial **establishment phase** involved MHPN putting in place required personnel, governance mechanisms, infrastructure and resources across all three 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. Relatively recently, MHPN has moved into its **sustainability phase** which focuses 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. Ultimately, MHPN will strive to reach a **long-term phase** which will be characterised by improved collaborative care and better client outcomes in the primary mental health sector.

The Centre for Health Policy, Programs and Economics (CHPPE) at the University of Melbourne was contracted by MHPN to undertaken an independent evaluation of MHPN's activities from July 2009 to June 2010. The evaluation has drawn on a range of data sources, the findings from which have been presented in a number of interim evaluation reports. 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 i). 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.

Figure i: Hierarchy of objectives and evaluation components

SCOPE OF EVALUATION

Long term phase

Sustainability phase

Delivery phase

Establishment phase

Objective 6: Improved Client outcomes in the primary mental health sector

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

Objective 4: Participants' knowledge and practice changed as a result of attendance at workshops and involvement in networks (d, f)

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 (d, l, k, m, n)

Objective A.7
Participants' interest in being part of an ongoing network generated by workshops (e, g, j, k)

Objective B.5
Co-ordination and support of networks provided by MHPN (d, e, g, i, j, k, o)

Objective C.6
Ongoing support provided to networks through creation of virtual networks and forums (a, p)

Objective A.6
Facilitators' and participants' experiences of workshops assessed, and enablers and barriers to workshop facilitation and participation identified and addressed (e, f, g, h)

Objective B.4
Barriers and enablers to network participation and coordination identified and addressed (d, e, g, i, j, k, o)

Objective C.5
Enablers and barriers to use of web portal identified and addressed (p)

Objective A.5
Participants' workshop learning objectives met (e)

Objective C.4
Members-only web portal developed to provide resources to members (a, r)

Objective A.4
Workshops rolled out to meet contract targets (a, b, c)

Objective A.3
Participants recruited and enrolled (a, c)

Objective B.3
Resources to support ongoing networks delivered (a)

Objective C.3
Enablers and barriers to use of MHPN website identified and addressed (k)

Objective A.2
Facilitators recruited and enrolled (a, b)

Objective C.2
Public MHPN website developed to allow registration and remuneration for workshops online (a, q)

Objective A.1
Updated resources to support workshop rollout developed (a)

Objective B.2
Resources to support ongoing networks developed (a)

Objective C.1
Public website to provide information regarding the MHPN project and workshops developed and maintained (a)

Objective B.1
Networks' structures and processes established (a)

Objective 2: MHPN's infrastructure, structures, processes, staff, materials and brand established (a)

Objective 1: Governance structures established (a)

Area A
Initial MHPN interdisciplinary collaborative workshops

Area B
Ongoing, self-sustained interdisciplinary clinical networks

Area C
Website and web portal

Evaluation component:

(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 from MHPN

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.

Method

The evaluation drew on data from a range of sources related to various evaluation components:
   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

Key findings

Achievement of lower-level objectives

MHPN's lower-level objectives (relating to the establishment of structure and processes) have been completely achieved. It has established governance structures that are working well, has put in place appropriate infrastructure and personnel, and has developed a range of processes and physical resources to support its endeavours. It has also worked hard to market its activities to mental health professionals around Australia.

Achievement of intermediate-level objectives

The majority of MHPN's intermediate-level objectives (relating to the delivery of workshops and sustainability of networks) across its three main areas of activity have also been completely achieved. It successfully developed and ran an ambitious series of initial workshops which were highly successful by any standard. MHPN ran almost 1,200 initial workshops, yielding 14,993 attendances by 11,930 unique individuals. As intended, more than 30% of these workshops were conducted in rural areas. Although the average number of registrations at each workshop fell slightly short of the desired 20, there was a good mix of professionals at each group with 92% having representation from at least three types of mental health professionals. Forty two per cent of workshops met their target of four general practitioners in attendance. Workshop participants were positive about the delivery and content of the workshops and, more importantly, the workshops generated participants' interest in becoming part of interdisciplinary networks.

As noted, because MHPN was only moving into its sustainability phase at the time the evaluation ended, its remaining intermediate-level objectives were only partially within the scope of the evaluation. Nonetheless, there are early signs that MHPN is making inroads in terms of achieving these objectives. Through the workshops, MHPN has begun to foster local networks of mental health professionals who can meet to share experiences, exchange interdisciplinary perspectives, learn from each other and develop potential collaborative working relationships. Four fifths of the workshops have resulted in the formation of ongoing, interdisciplinary networks of local providers, and MHPN is now supporting these networks in a range of innovative ways to encourage them to reach their full potential. MHPN has achieved its ambitious target of 70% of its workshops resulting in the formation of ongoing, interdisciplinary, clinical networks, and has done so in a relatively short space of time. As yet, the networks are in their early developmental stages but there are indicators that a reasonable proportion of them will continue to evolve and grow. MHPN has begun to provide co-ordination and support for emerging networks to assist them in their establishment phase.

MHPN has also developed and maintained a public website to market and manage the workshops, and a members-only web portal (MHPN Online) to support within-network communication and collaboration. Across all of these areas of activity, MHPN has worked hard to identify and address barriers and enablers to success.

There are indicators that participation in the workshops and membership of emerging networks are leading to some improvements in mental health professionals' interdisciplinary knowledge and collaborative practice.

Achievement of highest-level objectives

Assessment of the achievement of the highest level objectives in the hierarchy (relating to MHPN's purpose and overarching aims) was beyond the scope of the evaluation. It was not possible to assess whether collaborative care practices have changed in primary mental health care, nor whether client outcomes have improved. Such cultural and systemic change is difficult to measure, although there might be possibilities for doing so in future by using existing provider-based and client-based data collections as baseline information and repeating these data collections to examine change.

Where to from here?

MHPN has, as yet, really only had the opportunity to 'scratch the surface' in terms of promoting interdisciplinary collaboration. It has achieved its project deliverables within the relatively short allotted timeframe; however, because of the complexities of creating ongoing interdisciplinary networks, a longer period is necessary to allow these networks to develop and flourish. Networks are complex, evolving entities and are not yet fully understood. Many have not yet met, and it is likely that their membership may be quite fluid until their purpose and approach are more clearly defined. There are many workshop attendees who have yet to be convinced about the benefits of networking; they are not actively opposed to it but have, so far, not found a network to which they feel that they belong. Even those networks that have met have not generally yet had time to establish themselves as fully functional entities. MHPN's role in supporting these networks at the various stages in their evolution over the coming twelve months and beyond is likely to be crucial to their success. In addition, it will be important for MHPN to monitor workshops from which no networks have emerged to date, in order to ascertain their potential.

In performing these support activities, MHPN will need to set priorities, recognising that these priorities may change as more becomes known about the way networks operate and the relationships on which they are based. It will also need to address impediments to networking that are likely to remain long term issues and over which MHPN may have some control (e.g., offering incentives to counter the obstacle of the time required to participate in networking activities). In order for MHPN to address many of these issues, the overall purpose of MHPN as it continues its sustainability phase will need to be further clarified.

There is a good case for the continuation of MHPN. The emerging networks are not yet sustainable and further support from MHPN is necessary for them to 'stand on their own two feet'. The current lack of certainty about MHPN's future may be hindering its momentum and hampering its ability to plan for the future. This in turn may be creating a sense of uncertainty among network members, and jeopardising the development of a shared vision. MHPN should concentrate its immediate efforts on consolidating existing membership of existing networks, but ultimately it might expand its activities to creating bigger and more numerous networks, possibly with a broader mix of private and public mental health professionals. It should explore different models, systems and processes of networking that may work best in particular circumstances. It should also continue to develop and implement MHPN Online as a tool to keep mental health professionals engaged. Paid network/and or regional co-ordinators will also be necessary if the emerging networks are to avoid floundering.

Recommendations

- Ongoing support should be provided for MHPN in order to capitalise on its early successes in creating ongoing, interdisciplinary, clinical networks that meet regularly to discuss and consult around key aspects of mental health care.

- Careful consideration should be given to the definition and purpose of networks, in order to promote a shared understanding with respect to their ongoing directions. This will involve articulating their role in improving collaborative care and consumer outcomes, and determining whether there is an expectation that networks will ultimately become self-sustaining or will continue to require support from MHPN in the longer term.

- MHPN should continue to provide clear vision and practical support to networks at all stages of their development, but ultimately it will have to prioritise where it invests its largest efforts. At some point, it is likely that the greatest returns will accrue from focussing attention on networks that are 'up and running' and holding regular meetings.

- MHPN should make a concerted effort to reduce identified impediments to networking, particularly those which are likely to remain problematic in the long term (e.g., lack of time on the part of busy mental health professionals). Some of these will need to be addressed by innovative approaches which might include providing funding for expert speakers who might act as drawcards, and offering continuing professional development points. Different strategies may be required for different professional groups.

- MHPN should assist networks to identify co-ordinators with leadership potential, and should encourage workshop facilitators to take on the role. It should continue to provide support to network co-ordinators, which might include reimbursement for their time, administrative support, and skills development. It might also include communication about the various models of co-ordination that are being employed by different networks, including joint co-ordination and rotating rosters. In addition, it might include opportunities for network co-ordinators to come together to plan regional strategies for network activities.

- MHPN should continue to communicate regularly with existing and potential networks, delivering consistent messages about networking. This communication should not be prescriptive, and should recognise that individual networks will require the flexibility to tailor their activities to the expressed needs of their constituent members. At the same time, however, MHPN should offer insights from its growing body of knowledge on networking.

- MHPN should continue to foster communication between mental health professionals, including not only those who have already joined a network but also those who have not yet found a network to which they wish to belong. MHPN Online should be the cornerstone of these communication activities, but other forms of communication may also be required.

- Emphasis should be given to the ongoing evaluation of networks once the definitional issues surrounding networks are further refined. The evaluation approach should draw a range of data sources, and should aim to not only quantify the number of networks and the number of network members, but also to characterise the quality of the networking experience for participants and to consider the impacts of networking on collaboration and consumer outcomes. Consideration should be given to whether there are ways of maximising the comprehensiveness of data from sources like the network master list dataset and the network attendance dataset (e.g., by maximising their utility as tracking tools for individual networks). Consideration should also be given to what additional data sources would be of value in monitoring the progress of networks. It is likely that additional one-off surveys and focus groups will be important to examine the experiences of networking from the perspective of key stakeholders.

Conclusions

MHPN has successfully undertaken an ambitious project designed to promote interdisciplinary networking. Its efforts have resulted in the early emergence of a substantial number of local networks, and there are signs that mental health professionals' behaviour is changing, but further support will be needed for these networks to reach their full potential. Several factors may assist these emerging networks to fulfill their potential in terms of improving collaborative care and consumer outcomes. MHPN will need to be clear about the purpose of these networks, and communicate this vision to mental health professionals in general and network members in particular. MHPN will also need to provide guidance about what a sustainable network might look like, bearing in mind that different networking models may be appropriate in different locations or for different mixes of professional groups. In addition, MHPN will need to be clear about the level of support it can and should offer. The initial workshops acted as a catalyst to the formation of networks, and resources like the web portal are proving invaluable. MHPN will definitely need to continue to provide leadership and input, but a careful balance will need to be struck if the emerging networks are to become self-sustaining.