CENTRE for HEALTH POLICY,
PROGRAMS and ECONOMICS

The Independent Evaluation of the Mental Health Professionals Network

FINAL EVALUATION REPORT

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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.

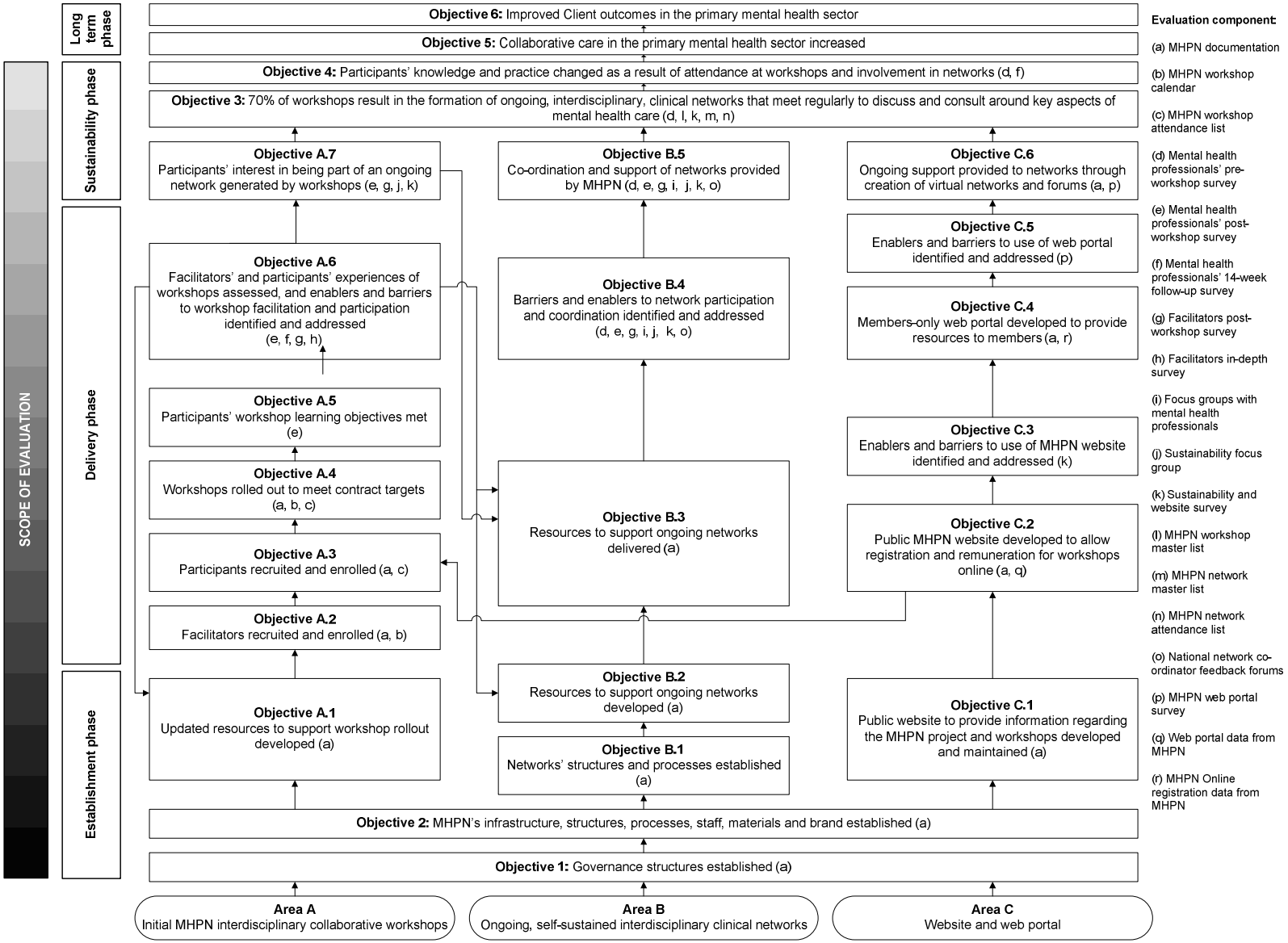
Background

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



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.

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
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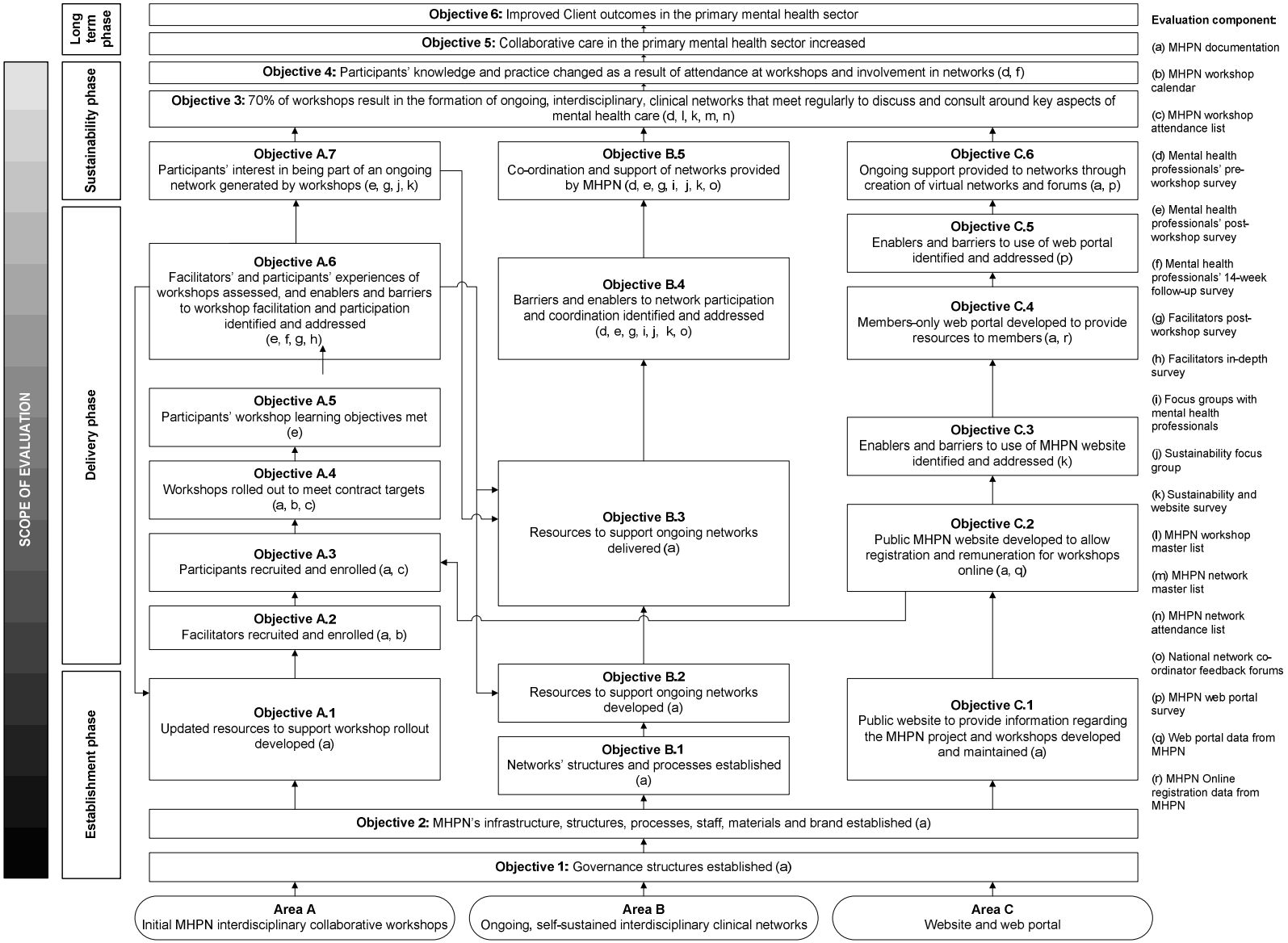
Figure 1: Hierarchy of objectives and evaluation components



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.

Chapter 2: Method

Evaluation components

MHPN documentation (Component a)

MHPN provided the evaluation team with relevant documentation relating to the establishment, delivery and sustainability phases. These included the MHPN governance charter, its 2009 annual report, organisational charts, meeting timetables, examples of regular communication with mental health professionals (e.g., FAQ sheets), marketing materials, the participants' manual, facilitators' kit and network co-ordinators' kit. The evaluation team undertook a desktop review of this documentation.

MHPN workshop calendar and workshop attendance list (Components b and c)

MHPN provided the evaluation team with data on the registrations for and attendances at workshops by mental health professionals between February 2009 and June 2010. These data came from each state/territory MHPN office from two sources: the workshop calendar and the workshop attendance list, both of which were provided to the evaluation team in the form of Excel spreadsheets.

The workshop calendar dataset included data about each workshop's location (using the Australian Bureau of Statistics' Australian Standard Geographical Classification Remote Area [ASGC-RA] classification system[12]) which was not available from the attendance list dataset, as well as information about facilitators' professions.

The attendance list dataset included information on each workshop participant who registered for a given workshop, including their date of registration, their profession type, and whether the registration resulted in an attendance, a cancellation, or a no show. Data on individuals who 'walked-in' to a workshop without previously registering were also available. Data were also available on the location (state/territory) of each workshop.

It should be noted that there were some inconsistencies between the two datasets, with the attendance list data providing a slight undercount of the number of participants attending overall (because of delays or failures on the part of facilitators to provide the relevant data, despite follow-up prompts).

Mental health professionals' pre-workshop survey (Component d)

The mental health professionals' pre-workshop survey was designed by the evaluation team to collect demographic and professional/employment information from participants, as well as information about their expectations regarding workshop participation and their current practices with respect to interdisciplinary collaboration and networking (see Appendix 1). Once a mental health professional had enrolled in his/her first workshop, he/she was invited via email to participate in the evaluation and complete the survey. Surveys were completed between December 2009 and July 2010.

All 4,508 mental health professionals who registered to participate in initial workshops in the specified time period were asked to complete the pre-workshop survey. In total, 1,696 mental health professionals responded to the pre workshop survey, representing a 38% response rate that was representative of the profession mix at workshops. Appendix 2 profiles the survey respondents by their key demographic and professional characteristics.

Mental health professionals' post-workshop survey (Component e)

The mental health professionals' post-workshop survey was designed by the evaluation team to elicit feedback from workshop participants. It incorporated questions from a post-workshop survey that MHPN had used to evaluate workshops prior to CHPPE's involvement in the evaluation. Mental health professionals were asked to rate how well the workshops' objectives were met, the relevance and usefulness of the workshop to them, their intention to participate in ongoing networks, the facilitation of the workshop, and the materials used in the workshop (see Appendix 1). After attending a given workshop, mental health professionals were emailed a link to the survey and encouraged to complete it. Surveys were completed between December 2009 and July 2010.

All 7,132 mental health professionals who participated in the workshops in the specified time period were invited to complete the post-workshop survey, and 2,369 did so. This equated to a 33% response rate, and was representative of the profession mix at workshops. Appendix 2 profiles the survey respondents by their key demographic and professional characteristics.

It is worth noting that the number of invitations to complete post-workshop surveys was greater than the number of invitations to complete pre-workshop surveys. This was because the pre-workshop survey was offered to mental health professionals when they registered to attend an initial workshop, and therefore any given individual received only one pre-workshop survey. By contrast, the post-workshop survey was offered to attendees at all workshops, so those who attended subsequent workshops received more than one invitation to complete a post-workshop survey. In addition, the post-workshop survey was collected from the outset, whereas the pre-workshop survey was introduced once the workshops were underway.

Mental health professionals' 14-week follow-up survey (Component f)

The mental health professionals' follow-up survey was designed by the evaluation team and mirrored the questions asked in the pre-workshop survey (Component d) with respect to interdisciplinary collaboration and networking, which enabled changes in these activities to be monitored (see Appendix 1). Fourteen weeks after attending a given workshop, participants were emailed a link to the survey and encouraged to complete it. Surveys were completed between April 2010 and July 2010. It should be noted that because workshops were conducted until the end of July 2010, and the analysis for the current report was conducted in August, not all participants had the opportunity to complete the 14-week follow-up survey.

All mental health professionals who participated in the workshops were invited to complete the 14-week follow-up survey. By July 2010, 245 of 1,433 had done so. This constitutes a response rate of 18%. Appendix 2 profiles the survey respondents by their key demographic and professional characteristics.

Facilitators' post-workshop survey (Component g)

The facilitator post-workshop survey was designed by the evaluation team in conjunction with MHPN's evaluation committee. It sought information from facilitators on how they felt the given workshop was received by participants, plans for ongoing network arrangements, suggestions for future workshops, and the quality of MHPN resources and support (see Appendix 1). The survey was emailed to workshop facilitators by Strategic Data after each workshop. The survey data were collected between February 2010 and July 2010.

Five hundred and twenty nine facilitators who facilitated workshops between February and June 2010 were invited to complete the post-workshop survey and 331 did so (a response rate of 63%). Appendix 2 profiles the survey respondents by their key demographic and professional characteristics.

Facilitators' in-depth survey (Component h)

The facilitators' in-depth survey was designed by the evaluation team to collect information about facilitator's perceptions of the effectiveness of MHPN in generating sustainable ongoing networks and improvements in collaborative mental health care (see Appendix 1). Facilitators who responded to an invitation at any time during their involvement with MHPN were invited to participate in the facilitators' in-depth survey.

Six hundred and sixty six facilitators who facilitated workshops before the end of June 2010 were sent the survey and 190 completed it. This equated to a response rate of 28%. Appendix 2 profiles the survey respondents by their key demographic and professional characteristics.

Focus groups with mental health professionals (Component i)

Ten focus groups were conducted in two rounds to explore the impact of the workshops on mental health professionals who had attended them. The focus groups were run by the evaluation team in New South Wales, Queensland, South Australia, the Northern Territory, Tasmania, Victoria and Western Australia in December 2009 and April 2010.

Focus group participants were recruited in the following way. MHPN provided the evaluation team with a list of workshop attendees for each location. In order to protect participants' privacy, the list did not contain the names of participants, but identified them by a unique unit record number. The evaluation team selected a random sample of 481 providers (stratified by type of provider) from each list, and returned the corresponding list of unique identifiers to MHPN. MHPN then re-attached names to the list and emailed the selected providers to invite them to take part in the relevant focus group. A more detailed description of the recruitment and selection procedures can be found in the CHPPE's previous evaluation reports.[5 7]

Each focus group was conducted by two members of the evaluation team (with one facilitating the discussion and the other acting as a scribe). Each focus group lasted between 60 and 90 minutes and was structured around a consistent set of questions (see Appendix 1), although they were fairly fluid and involved little detailed probing from the evaluation team. This methodology allowed each focus group to discuss content that was relevant and meaningful to the participants. Participants were asked about their professional qualifications, the number of MHPN workshops they had attended, whether they were involved in ongoing networks as a result, and their experiences of MHPN workshops in relation to the stated MHPN aims. Participants were paid $100 for their involvement. All the focus groups were audio recorded and transcribed for analysis.

In total, 89 attendees participated in the two rounds of focus groups nationally, representing a 19% response rate. The maximum number of participants for each focus group was set at 12.

Sustainability focus group (Component j)

One sustainability focus group was held in May 2010 with MHPN Network Sustainability Project Officers and Senior Project Officers. These individuals were identified as potential participants for the focus group by MHPN, as their roles were seen as instrumental in the development and maintenance of ongoing networks. They were sent a plain language statement via email, and asked to complete and return a consent form if they wished to participate.

The evaluation team developed a set of questions for the focus group in collaboration with MHPN (see Appendix 1). The questions sought information from participants on their experiences of working with mental health professionals in establishing and maintaining ongoing networks, and their views about what enabled or inhibited this process.

The focus group was conducted by four members of the evaluation team (two acting as facilitators, one as a scribe, and one collating comments on butchers' paper). The focus group lasted for 90 minutes. Participants were asked to view the focus group as a 'brain storming' session and interactions between participants were encouraged. The evaluators provided little comment during the process. This methodology allowed participants to provide content that was relevant and meaningful to them. No incentive was paid to participants for their involvement. The focus group was audio recorded and transcribed for analysis.

Nine Network Sustainability Project Officers and Senior Project Officers were invited to participate in the focus group and all returned consent forms. Ultimately, eight of these attended the focus group; four Network Sustainability Project Officers and four Senior Project Officers.

Sustainability and website survey (Component k)

All mental health professionals who attended workshops between January 2009 and June 2010 were sent an email invitation in July 2010 to participate in an online survey regarding their involvement in ongoing interdisciplinary networks and their views of the website in July 2010. Participants were asked about the MHPN website and their level of desire for interdisciplinary networking, their preferred method for networking, and the support they would like from MHPN to achieve their networking goals (see Appendix 1).

In total, 1,543 out of 7,689 mental health professionals completed the sustainability and website survey, a response rate of 20%. A smaller proportion of general practitioners completed the survey than attended workshops. The sample was otherwise representative of workshop attendees. Appendix 2 profiles the survey respondents by their key demographic and professional characteristics.

MHPN workshop master list (Component l)

The workshop master list data is collated directly from the workshop calendar data set and is updated by MHPN Project Officers from their communication with workshop facilitators. This dataset was given to the evaluators by MHPN. This dataset includes information about the each workshop's status (i.e., whether the group has agreed to meet again and if so, the progress it has made towards doing so and whether the facilitator has agreed to remain involved in the network).

MHPN network master list (Component m)

The network master list is gathered by MHPN project teams from the network co-ordinators. It includes data relating to the number of networks operating, the number of times networks have met, the number of workshops represented in ongoing networks, the profession of the co-ordinator and the ongoing involvement of the facilitator. These data were forwarded to the evaluators by MHPN.

MHPN network attendance list (Component n)

MHPN surveys network co-ordinators regarding the activities and composition of their network. This includes the number of mental health professionals that were invited and that attended network meetings, and the types of professionals attending networks. It should be noted that MHPN data is incomplete, given that it is only available for networks that voluntarily provide it to MHPN. Networks that do not access a $500 payment offered to groups to facilitate ongoing networks have no responsibility to provide data. In addition, there are lags in data receipt.

National network co-ordinator feedback forums (Component o)

MHPN provided the evaluators with a summary report from five network co-ordinator feedback forums conducted by MHPN in March 2010. This report held information about the key themes that emerged from the forums in relation to the enablers and barriers in co-ordinating networks. Forums were held in Queensland, Victoria, South Australia, Western Australia and New South Wales. Forty-nine (out of a total of 94 invited) co-ordinators representing a broad cross section of professions took part (see Appendix 2 for the professions of participants).

MHPN web portal survey (Component p)

All 353 registered users of the web portal were sent an email inviting them to participate in the web portal survey in July 2010. The web portal survey gathered information about the frequency of website access, as well as the reasons for access and perceptions of the content and structure of the website (see Appendix 1). Seventy three registered online users completed the survey, representing a 21% response rate. Appendix 2 profiles the survey respondents by their key demographic and professional characteristics.

Web portal data from MHPN (Component q)

MHPN provided the evaluation team with a spreadsheet detailing the number of hits per month on each of the available web pages. Web portal statistics are collected on a monthly basis using Google analytics and other tracking software.

MHPN Online registration data (Component r)

MHPN Online registration data were provided to the evaluation team by MHPN. These online data are collected on a daily basis from the website.

Data analysis

Descriptive analyses were undertaken of quantitative data from all relevant sources, and the results are presented as simple frequencies, percentages and cross-tabulations.

Qualitative data from all relevant sources were subject to template analysis.[13] This involved identifying a set of key themes and producing a template to organise these themes into a coded hierarchy. Higher order themes were developed by clustering lower order codes. This approach allowed the flexibility of some themes being developed *a priori* and others being developed during the analysis process.

Chapter 3: Achievement of lower-level objectives associated with the establishment of MHPN which straddle all three areas of activity

Objective 1: Governance structures established

The governance structures of MHPN were established relatively early in the piece. MHPN is overseen by a Board, and receives advice from an Advisory Group. In addition, it has an Evaluation Committee and an Audit Committee which have specific roles in monitoring its progress.

MHPN's Board includes representatives of the key professional bodies and the Department of Health and Ageing, as well as several senior MHPN employees. MHPN's Board meets on a monthly basis. As outlined in MHPN's Governance Charter,[14] the key responsibilities of the Board are to oversee all matters relating to the running of MHPN including setting goals, determining major operational policies and reviewing progress.

The Advisory Group acts as an expert resource to the activities of MHPN. The Advisory Group meets quarterly to provide feedback on and make recommendations about planning and delivery of training and education workshops, establishment and maintenance of ongoing networks, ongoing revision of materials, independent project evaluation, usability of the web portal, and consultation with key stakeholder groups. The Advisory Group is chaired by John McGrath, the Chair of MHPN. Advisory Group members include representatives from different professional groups, the Department of Health and Ageing, consumers and carers (via the National Mental Health Consumer and Carer Forum) and the Mental Health Council of Australia.

The Evaluation Committee meets monthly to advise on the evaluation progress. It consists of two MHPN directors, one member of the Advisory Group, two external members and a Department of Health and Ageing representative.

The Audit Committee meets monthly. The Audit Committee is responsible for overseeing the annual audit, monitoring of the financial and control systems, advising the Board on the approval of the annual financial statements and recommending the appointment of an external auditor to the Board.

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

MHPN's infrastructure, structures, processes, staff, materials and brand were put in place early in the life of MHPN, although some elements of these have been modified as the activities of MHPN have become more established. Two examples are provided here.

In September 2008, MHPN appointed four managers, each of whom was responsible for a different portfolio (Finance, National Project, Office and Evaluation). In April 2009, a fifth manager was appointed to oversee the Communications portfolio. This structure has remained in place since then. All five managers report to the Chief Executive Officer who, in turn, reported to MHPN's Board of Directors. Senior Project Officers are responsible for different geographical locations and different professional bodies, and each reports to the National Project Manager. During the establishment and delivery phases of MHPN, Project Officers played a significant role in organizing and implementing the workshops. The Project Officers reported to the Senior Project Officers. The core of this structure has remained consistent over time, but

the roles of some of the relevant parties have changed as MHPN has moved into its sustainability phase. When this happened, Project Officers became Network Sustainability Project Officers. They still report to the Senior Project Officers, but their role has shifted to supporting ongoing interdisciplinary networks as they emerge. Other roles have also been added to MHPN's staffing structure over time, including administrative support for teams, and a Communications Co-ordinator who works with the Communication Manager. MHPN's overall staff numbers have increased substantially over time (from about 10 to over 30).

Early marketing materials and standard communications from MHPN to professional groups and mental health professionals focused on defining MHPN's purpose, the role of initial workshops and the benefits of participation for mental health professionals. By late 2009, MHPN had refined its message, with an increasing focus on the importance of networks. Continual communications in publications like the Australian Psychological Society's *InPsych* have promoted MHPN's achievements at different points in its trajectory.

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

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[a] (registrations[b] and walk-ins[c]), 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.

[a] An 'expression of interest' for a workshop is either a registration or a 'walk-in' to a workshop by a mental health professional.

[b] 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'.

[c] 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

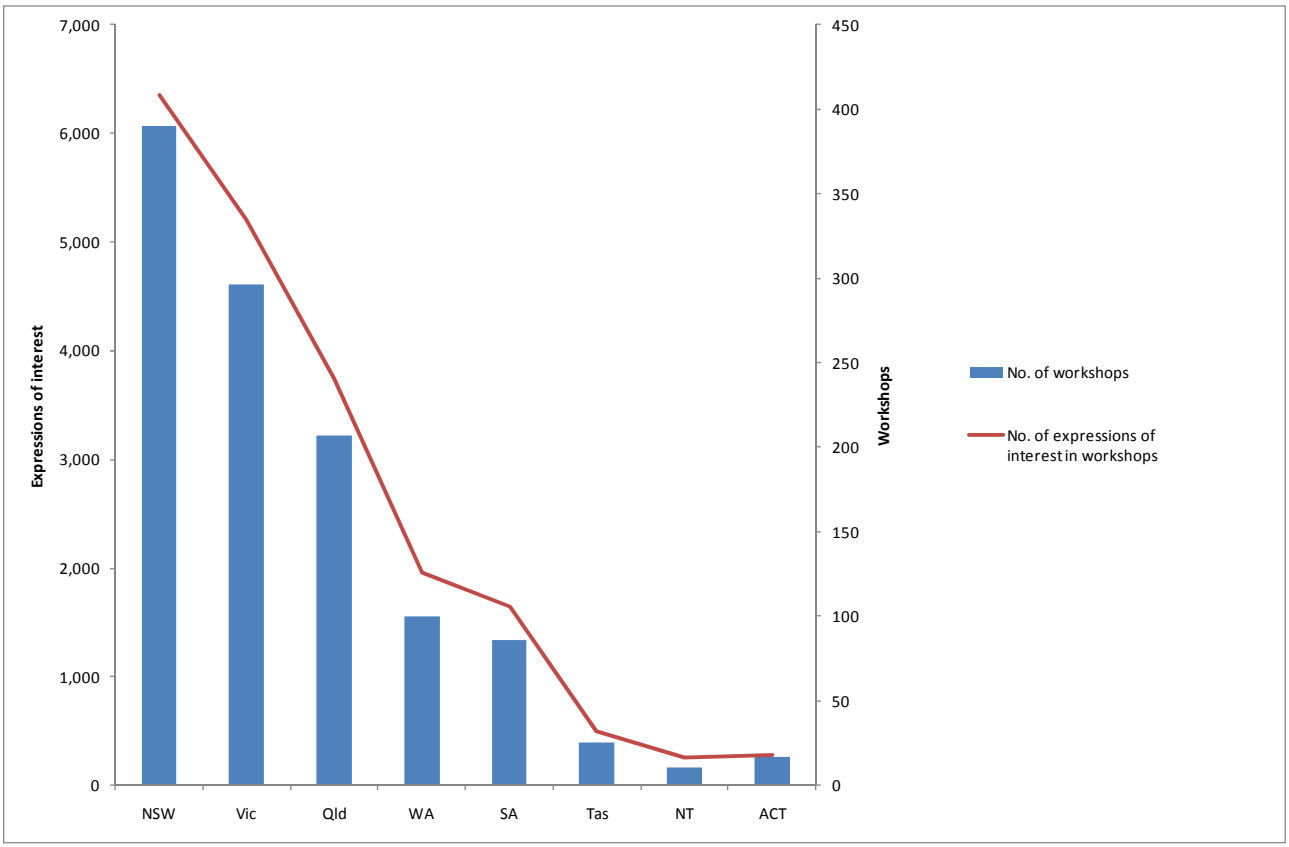


Table 2 provides additional detail about the expressions of interest. It shows that 14,993 of the 19,926 expressions of interest (75%) resulted in attendances[d] at workshops. It also shows that the number of unique individuals represented by these expressions of interest and attendances was 11,930, 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[e] (cancellations[f] and no shows[g]) for each of the professional groups. The pattern

[d] 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.

[e] 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.

[f] 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.

[g] 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%	1089	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%	3158	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

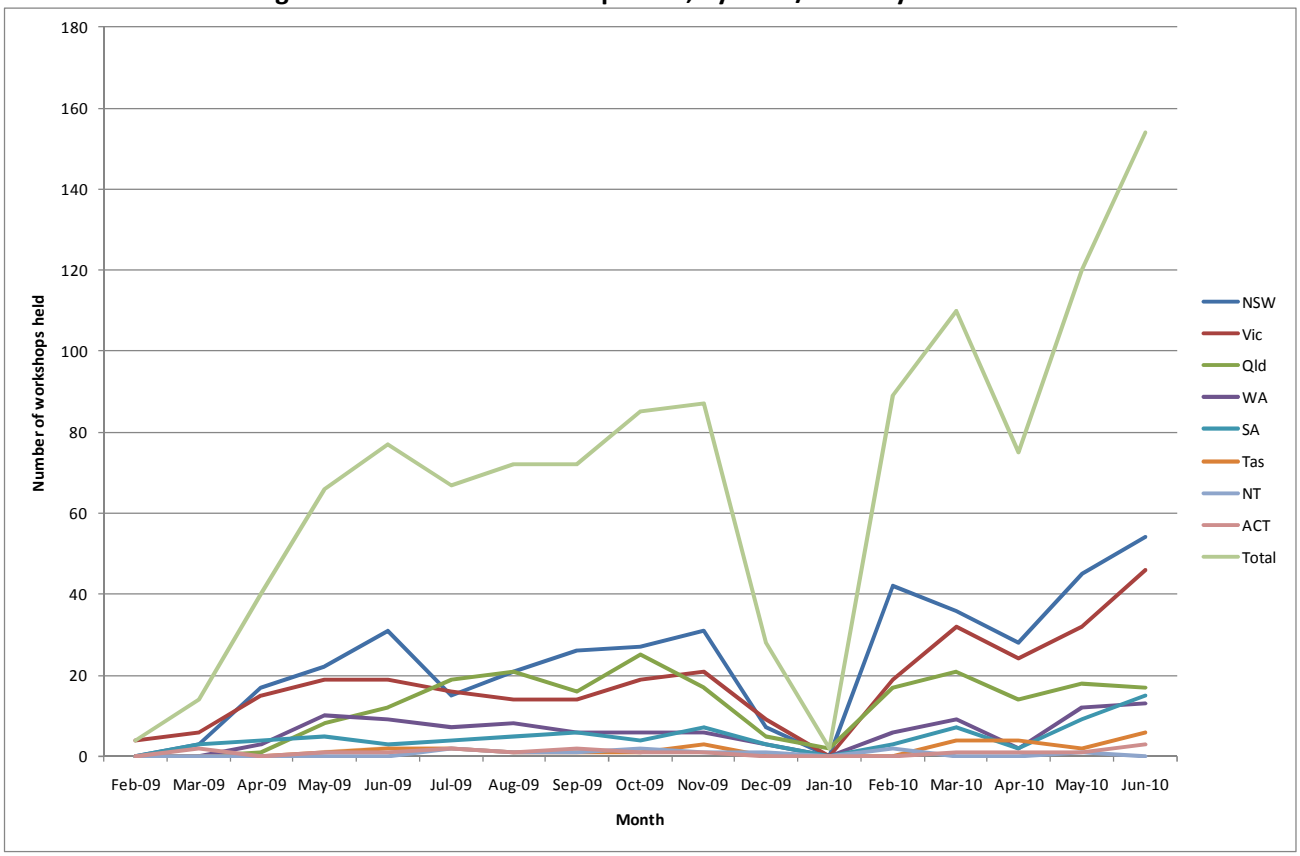
	Facilitators	
	Freq	%
General practitioner	3,298	27.6
Psychologist	4,633	38.8
Psychiatrist	367	3.1
Social worker	904	7.6
Mental health nurse	968	8.1
Occupational therapist	294	2.5
Paediatrician	34	0.3
Other	1,432	12.0
Missing	1	0.0
Total	11,930	100.0

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[12] 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
Recognise the expertise of other mental health professionals		n=446	n=799	n=49	n=197	n=108	n=49	n=705	n=2,353
	Not met	2.9%	3.9%	2.0%	3.0%	2.8%	6.1%	3.1%	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%
Identify ways of referral to local mental health professionals		n=447	n=796	n=49	n=195	n=107	n=49	n=699	n=2342
	Not met	4.9%	11.2%	6.1%	10.3%	6.5%	16.3%	8.6%	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%
Identifying opportunities for ongoing professional development and mutual support with mental health professionals		n=444	n=793	n=49	n=194	n=107	n=49	n=697	n=2,333
	Not met	5.2%	8.6%	8.2%	8.2%	6.5%	14.3%	6.6%	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%
Learning needs		n=447	n=798	n=48	n=197	n=109	n=49	n=704	n=2,352
	Not met	4.3%	9.0%	12.5%	7.1%	2.8%	12.2%	7.2%	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%
Relevance to practice		n=445	n=799	n=49	n=196	n=109	n=48	n=703	n=2,349
	Not relevant	0.9%	3.5%	12.2%	4.1%	0.0%	10.4%	3.0%	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%
Usefulness of networking workshop		n=448	n=796	n=48	n=197	n=109	n=49	n=706	n=2,353
	Not useful	6.0%	4.8%	10.4%	5.1%	0.0%	6.1%	3.8%	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%
Increased knowledge of other professionals' potential contribution to mental health care		n=444	n=793	n=49	n=196	n=109	n=48	n=705	n=2,344
	Not at all	4.5%	7.4%	6.1%	10.7%	2.8%	16.3%	5.5%	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
Importance of interdisciplinary networking		n=443	n=791	n=49	n=196	n=107	n=48	n=701	n=2,335
	Not important	2.3%	1.3%	0.0%	0.5%	0.0%	0.0%	1.0%	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%
Increased desire to engage in collaborative mental health care		n=445	n=798	n=49	n=197	n=109	n=49	n=707	n=2,354
	Not at all	6.1%	4.9%	10.2%	6.6%	0.9%	12.2%	4.6%	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%
Extent to which workshop assisted in creating ongoing local interdisciplinary network activity		n=448	n=799	n=49	n=196	n=107	n=49	n=706	n=2,354
	Not at all	3.3%	3.9%	4.1%	3.6%	0.9%	0.0%	4.2%	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
	n=447	n=796	n=49	n=197	n=110	n=49	n=706	n=2,354
No	4.7%	1.0%	6.1%	1.5%	2.7%	0.0%	2.3%	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'.

Chapter 5: Achievement of intermediate-level objectives relating to ongoing, self-sustained interdisciplinary clinical networks (Area B)

Objective B.1: Networks' structures and processes established

At the beginning of the MHPN project, there was an expectation about creating sustainable networks, but no specified model as to how these networks would be developed and maintained and no dedicated resources to support them. At this time the sustainability aspect of the project was supported by Project Officers who, undertaking the rollout of workshops, had many competing demands on their time.

As MHPN evolved, the need for greater focus on sustainability was acknowledged and a system of support for sustainable networks was developed at all levels, from governance through to MHPN staff. This took considerable time and resources to conceptualise and operationalise. In February 2010, the MHPN leadership group and Network Sustainability Project Officers met to review and refine processes to support the establishment of networks after it became clear that there were increasing demands from network groups for administrative support, leadership and strategic planning. In March 2010, MHPN conducted five network co-ordinator forums involving 49 co-ordinators in New South Wales, Victoria, Queensland, South Australia and Western Australia. Participants from various professional groups got together at these forums to provide feedback about the barriers and enablers to sustainable networks. This information was used to improve MHPN's resources and systems for supporting ongoing networks.

Objective B.2: Resources to support ongoing networks developed

In September 2009, MHPN signed an agreement with the Department of Health and Ageing (DoHA) which enabled some funding to be redirected to provide $500 per network to support sustainability. Focus on sustainability in workshop delivery and communication began, and in November 2009 development of resources to support ongoing networks commenced. These resources included a 'next steps' guide and co-ordinators' kit, designed to assist network co-ordinators with developing and maintaining networks. These resources were distributed to all network co-ordinators.

Objective B.3: Resources to support ongoing networks delivered

As noted earlier, 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, when MHPN shifted its emphasis from delivering workshops to fostering networks, that full MHPN resources were directed into sustainability. At this time, *all* Project Officers became Network Sustainability Project Officers whose role was to assist with sustainability. These individuals focused on the issue of sustainability and assisted in the development and continuation of ongoing networks. Their role was to build relationships with and to support network co-ordinators, with the ultimate aim of building viable sustainable networks. This role included developing promotional strategies to suit different networks, providing advice about continuing professional development accreditation and promoting MHPN's resources (e.g., the $500 funding opportunity), helping networks to define their purpose, providing administrative support to networks, and promoting MHPN's web portal.

Objective B.4: Barriers and enablers to network participation and co-ordination identified and addressed

Combined data from MHPN's workshop master list dataset, workshop calendar dataset and workshop attendance dataset offer some clues as to the barriers and enablers to developing sustainable ongoing networks. Table 12 shows the findings from a logistic regression analysis that considered the relationship between a number of workshop-related variables and the likelihood of members of a workshop forming a network. It includes data from 899 workshops for which data on all variables was available.[8]

Initially, each variable was considered in isolation. By far the greatest predictor of a workshop forming a network was workshop members agreeing to meet again (OR = 123.42; 95%CI = 28.78-529.27). Facilitator agreement to continue involvement as a network co-ordinator was also significant (OR = 4.12; 95%CI = 2.73-6.22). Rural workshops were also more likely to lead to networks (OR = 1.63; 95%CI = 1.02-2.59). Subsequently, each variable was considered in the context of all other variables in the model. The intention of workshop members to meet again continued to show a statistically significant association with network formation (OR = 74.66; 95%CI = 17.00-327.78), as did the ongoing involvement of the workshop facilitator as a network co-ordinator (OR = 2.60; 95%CI = 1.64-4.14). However, when the other variables were taken into account, rural workshops were no more likely than urban workshops to generate networks. Introducing a more conservative split for number of general practitioners in the workshop (e.g., 0-1 versus ≥2) did not influence these findings.

Table 12: Workshop-related predictors of ongoing network formation

		Network formed		Unadj. OR (95%CI)	P	Adj. OR (95%CI)	P
		No	Yes				
Location of workshop	Urban	83	532	1.00	0.039	1.00	0.416
	Rural	26	267	1.63 (1.02-2.59)		1.24 (0.74-2.06)	
Facilitator to continue involvement as network co-ordinator	No	60	181	1.00	0.000	1.00	0.000
	Yes	49	609	4.12 (2.73-6.22)		2.60 (1.64-4.14)	
Agreed to meet again	No	26	2	1.00	0.000	1.00	0.000
	Yes	83	788	123.42 (28.78-529.27)		74.66 (17.00-327.78)	
Number of general practitioners in workshop	0-2	45	318	1.00	0.837	1.00	0.693
	≥3	64	472	1.04 (0.70-1.57)		0.91 (0.57-1.45)	
Number of different professional groups in workshop	1-2	7	57	1.00	0.763	1.00	0.968
	≥3	102	733	0.88 (0.39-1.99)		0.98 (0.41-2.36)	

Source: MHPN's master list dataset, workshop calendar dataset and workshop attendance dataset

[8] It was necessary to have complete data on all of the variables included in the regression analysis. Complete data on all variables were available for 899 workshops (78% of the total of 1,156 workshops reported elsewhere). In total, 88% of these workshops generated ongoing networks. In comparison, 81% of the 1,156 workshops generated ongoing networks.

The above finding was broadly consistent with the results of the sustainability focus group, but with some nuances. MHPN Network Sustainability Project Officers and Senior Project Officers who took part in this focus group highlighted the importance of having a strong co-ordinator to show leadership, noting that the facilitator was often well-placed to take on this role. They also flagged that the dynamics of the workshop group influenced their desire to continue to meet. These themes are explored in more detail below, along with an additional theme brought up by focus group participants in the context of their discussing barriers and enablers to network formation: the purpose and format of network meetings.

Network co-ordination

Most participants in the sustainability focus group agreed that the key to ongoing networks presently was the presence of a *'champion co-ordinator'*, an individual who was a *'good leader'* who was *'respected'* and had '*skill, competency, time, effort'*. Mention was made of the fact that some workshop facilitators were in a position to command this sort of respect when they had positive motivations and the appropriate skills to lead the group. Participants noted, however, that there were risks that this person could get '*overwhelmed'* and *'burnt out'* and that a model of shared co-ordination by a number of individuals was likely to be more sustainable in the long term, but that this also presented challenges in terms of individuals working effectively together. Participants also spoke about the difficulties in finding appropriate individuals to be involved in network coordination, noting that a lack of *'skills and competencies'* in a co-ordinator can be a barrier to creating successful ongoing networks.

Dynamics of workshop group

Sustainability focus group participants commented that the characteristics of network members were both a potential barrier and a potential enabler to successful ongoing networks. Some commented, for example, that success or failure was determined by the level of enthusiasm of members of given initial workshops. Participants reported that having local groups of providers who were already networking involved in workshops could act as an enabler by providing networking structures and fostering enthusiasm, but might also have the reverse effect if these local groups of providers had pre-existing agendas, factions and/or tensions. Participants also commented that the mix of professionals both at the workshops and in the networks was also seen as a key factor that could enable or stifle ongoing networks; on the one hand, sustainability focus group participants spoke of desire from many mental health professionals to have a range of providers involved (particularly general practitioners), and on the other hand they noted the challenges in dealing with interdisciplinary tensions.

Purpose and format of network meetings

A number of sustainability focus group participants noted that a key influence on the success of ongoing networks was the format of the network meetings. Participants agreed that networks that had a clear purpose and clearly set out their topics and meeting dates in advance were more successful because this allowed professionals to plan ahead and attend meetings that were of interest to them. Participants also reported that capitalizing on the groups' expertise when deciding on meeting topics was useful. They also agreed that constant communication with network members between meetings was crucial.

Objective B.5: Co-ordination and support of networks provided by MHPN

The sustainability and website survey asked respondents to consider what kind of support from MHPN might be required for the establishment of ongoing networks. Specifically, it asked them to rank a series of potential support options in order of importance. Table 13 shows that, overwhelmingly, respondents thought that MHPN should 'Provide financial incentives' – 85% of respondents listed this as their first choice and 10% as their second. This prioritisation was consistent across urban and rural respondents and across professional groups.

Table 13: Workshop attendees' views of the support required from MHPN for the establishment of ongoing networks

If MHPN were to continue its activities, how could they support the establishment of ongoing networks?	Ranked as 1st most important form of support	Ranked as 2nd most important form of support
Provide financial incentives	85.3%	10.2%
Assist with developing a network meeting calendar of events	7.1%	11.6%
Pay for experts to attend meetings to present of their area of expertise	4.4%	20.1%
Provide meetings for network co-ordinators from different locations	2.9%	2.3%
Provide learning materials about network co-ordination	0.3%	3.5%
Provide venue support	-	10.8%
Provide information regarding educational opportunities offered by other organisations that are relevant for network members	-	8.6%
Provide access to online resources	-	8.2%
Have a contact staff member within MHPN to assist with co-ordination of emails and other modes of communication with the network members	-	8.2%
Provide catering for meetings	-	7.1%
Provide a network starter kit containing resources suggesting how the network might function	-	5.6%
Assist networks to define their purpose	-	3.8%

Source: Sustainability and website survey

Sustainability focus group participants also spoke about the key role of the MHPN in contributing to network success. Many of the participants reported that without the involvement of the MHPN the networks would flounder. Participants reported that networks often sought guidance from the MHPN regarding network meeting purpose, format and content, and that provision of this guidance was a key enabler of network success. Participants spoke of the capacity of the MHPN to assist networks with administrative tasks (e.g., communicating with network members, organising meeting venues, managing meeting invitations and acceptances); many participants saw this as a key role of the MHPN in enabling networks. Participants also viewed the practical resources provided by MHPN as enablers. In particular, they discussed the potential of MHPN Online, commenting on its ability to assist professionals to become more aware of networks, and to assist members who might be unable or unwilling to attend network meetings.

Having identified the above enablers, participants cited a range of barriers faced by MHPN in providing optimal support to networks. The first of these was staffing levels, which they saw as limiting their capacity to support

emerging networks. The second was MHPN's own lack of clarity about how best to support networks; participants spoke of their frustration in not being able to give networks clear guidance and instruction regarding what would make a successful network. The third perceived barrier was their inability to provide networks with assurances about the longevity of MPHN which they felt jeopardised potential network likelihood of engagement.

Chapter 6: Achievement of intermediate-level objectives relating to the website and web portal (Area C)

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

The MHPN website was launched in February 2009 with the primary objectives of enabling facilitators to register an expression of interest to facilitate a workshop, enable mental health professionals to register for workshops, and provide information regarding workshops (e.g., dates and times, eligibility criteria). Its development has been an evolving process and it has undergone modifications in line with the activities of MHPN. It now has three main functions: to direct mental health professionals to local networks; to provide a gateway to MHPN Online; and to provide resources to support network meetings.

Objective C.2: Public MHPN website developed to allow registration and remuneration for workshops online

Initially, paper-based forms were made available to participants via the facilitator kits in order to remunerate them for attending an initial workshop. Participants completed these forms and returned them by fax or mail to MHPN. This was labour-intensive for MHPN's finance team and other administrative staff, so, in December 2009, functionality was added to enable mental health professionals to register for initial workshops online. In February 2010, an online payment system was launched that allowed participants to register their details online in order to be paid for their attendance.

Objective C.3: Enablers and barriers to use of MHPN website identified and addressed

The sustainability and website survey indicated that awareness of the website was sub-optimal, particularly among some professional groups. Overall, 20% of respondents did not know it existed; the figure was higher than average for psychiatrists (at 35%), general practitioners (at 25%) and 'other' professionals (at 30%). These findings were corroborated by the pre-workshop, post-workshop and follow-up surveys of mental health professionals which indicated that between 21% and 39% of mental health professionals had never accessed the website (possibly because their reception staff submitted online registrations on their behalf). Having said this, there are indications that these figures are declining over time.[15]

Those who did access the website, however, viewed it positively. According to the sustainability and website survey, those who used it tended to do so multiple times (43% did so between two and five times). They most commonly accessed it to find and register for a workshop, and were positive about features relating to this activity, like its online registration functionality.

Table 14 shows how respondents rated various aspects of the website, including its user friendliness, ease of navigation, flow of information, aesthetics and relevance, and the extent to which it fulfilled their expectations.

Each aspect had a mean rating of around 3 (on a scale of 1 to 5, where 1 was ‘very poor’ and 5 was ‘excellent’) indicating that, on average, respondents thought it was ‘good’. These patterns were largely consistent across professional groups.

Table 14: Mean ratings of selected aspects of the website

		General practitioner	Psychologist	Psychiatrist	Social worker	Mental health nurse	Occupational therapist	Other	Total
Ratings of aspects of MHPN website (1 = 'very poor' … 5 = 'excellent')	How user friendly did you find the website?	n=135 3.1 (0.6)	n=530 3.2 (0.7)	n=18 3.1 (0.6)	n=126 3.2 (0.7)	n=93 3.5 (0.7)	n=29 3.2 (0.6)	n=163 3.3 (0.7)	n=1,094 3.2(0.7)
	How easy was it to navigate through the site?	n=134 3.0 (0.6)	n=525 3.2 (0.8)	n=18 3.1 (0.8)	n=124 3.1 (0.7)	95 3.5 (0.8)	n=29 3.2 (0.7)	n=162 3.2 (0.7)	n=1,087 3.2 (0.7)
	Was the information presented logically?	n=131 3.1 (0.6)	n=523 3.2 (0.7)	n=18 3.0 (0.8)	n=123 3.1 (0.7)	n=95 3.6 (0.7)	n=29 3.2 (0.7)	n=161 3.3 (0.7)	n=1,080 3.3 (0.7)
	Was it aesthetically pleasing?	n=132 3.1 (0.5)	n=521 3.2 (0.7)	n=18 2.9 (0.7)	n=123 3.1 (0.7)	n=95 3.4 (0.7)	n=29 3.3 (0.6)	n=160 3.3 (0.7)	n=1,078 3.3 (0.7)
	Did the website provide you with the information you were looking for?	n=134 3.1 (0.8)	n=526 3.3 (0.8)	n=18 2.9 (0.8)	n=124 3.2 (0.9)	n=95 3.5 (0.8)	n=29 3.5 (0.7)	n=161 3.4 (0.7)	n=1,087 3.3 (0.8)
	How relevant was the content to you?	n=132 3.1 (0.6)	n=518 3.4 (0.8)	n=17 2.9 (0.7)	n=124 3.3 (0.8)	n=95 3.5 (0.8)	n=28 3.3 (0.5)	n=158 3.3 (0.7)	n=1,072 3.3 (0.7)

Source: Sustainability and website survey

Objective C.4: Members-only web portal developed to provide resources to members

In May 2010, the members-only web portal MHPN Online was launched. This was advertised in direct communications to workshop and network participants as well as in publications of professional groups such as the APS's *InPsych*. The members-only web portal has several different functions aimed at supporting ongoing networking and interdisciplinary collaboration. These include a members search function and networks search function, clinical and general discussion forums, a mailbox, event organisation tools, and help pages.

Objective C.5: Enablers and barriers to use of the web portal identified and addressed

The MHPN web portal survey was designed to assess mental health professionals' uptake of the web portal, and to examine enablers and barriers to its use. According to the survey, 33% of those who had accessed the web portal had done so once, 53% had done so 2-5 times, 11% had done so 6-10 times, and 1% had done so more than 10 times. Two thirds (67%) had first learnt about the web portal through an email from MHPN, and a further 14% had done so through attending an MHPN workshop. Smaller proportions had learnt about the web portal from work colleagues (7%), network members (1%), a notice in a professional publication (3%), or some other source (7%).

Mental health professionals were asked to indicate the extent to which they liked the idea of networking online on a scale of 1-5, and, on average, gave it a rating of 3.9, indicating that they 'liked' the idea. Table 15 shows mental health professionals' expectations of the web portal, and demonstrates that, most commonly, they hoped that it would help them stay in contact with local mental health professionals. Other related expectations to do with identifying mental health professionals to consult with and refer to were also relatively common. When subsequently asked about the extent to which these expectations were met, web portal survey respondents indicated that, on average, their expectations were partially met.

Table 15: Expectations for MHPN web portal (n=73)*

	Freq	%
Stay in contact with local mental health professionals	54	74.0%
Be able to find mental health professionals to consult with	34	46.6%
Be able to find mental health professionals to make referrals to	26	35.6%
Promote your private practice	20	27.4%
Take part in online discussions with other mental health professionals	18	24.7%
To find networks to join	14	19.2%
To organise networking events	9	12.3%
Not sure	7	9.6%
Other	2	2.7%

Source: MHPN web portal survey
** Multiple responses permitted*

Mental health professionals who had used the web portal were asked to rate it in terms of key aspects such as ease of navigation and presentation of information, as well as sections of the web portal such as search functions and the mailbox tool (see Table 16). All responses were on a five-point scale where 1 was 'very poor' and 5 'excellent'. Overall, respondents rated each surveyed aspect and function at around 3.0, indicating that they viewed them as 'good'. It is worth noting that because the web portal was only launched relatively

recently, respondents may have found it difficult to assess sections like the clinical and general discussion forums, which will develop and grow with increased use over time.

Table 16: Mean ratings of selected aspects and sections of the web portal (n=73)

		Mean	SD
Ratings of aspects of MHPN web portal (1 = 'very poor' … 5 = 'excellent')	Was it aesthetically pleasing?	3.2	0.7
	Was the information presented logically?	3.1	0.8
	How relevant was the content to you?	3.1	0.8
	How user friendly did you find MHPN Online?	3.0	0.9
	How easy was it to navigate through the site?	3.0	0.9
Ratings of sections of MHPN web portal (1 = 'very poor' … 5 = 'excellent')	Members search function	3.0	0.9
	Event organisation tools	3.0	1.0
	Networks search function	2.9	0.9
	Group discussion forums	2.9	1.0
	Mailbox	2.9	0.9
	Help pages	2.9	1.0
	Clinical or general discussion forums	2.8	1.0

Source: MHPN web portal survey

Objective C.6: Ongoing support provided to networks through the creation of virtual networks and forums

The MHPN web portal survey also explored the ways in which the web portal was assisting mental health professionals to participate in local interdisciplinary networks. Table 17 shows that the web portal had fostered participation in a variety of ways, most commonly by helping mental health professionals to learn about other professionals in their area (60%), but also by expanding their networks (53%). The web portal had assisted in practical ways too, by enabling participants to organise events and network meetings (40%), and enabling them to RSVP to such events (47%).

Table 17: Use of the web portal to assist with local network participation (n=15)*

	Freq	%
Learned more about professionals in your local area	9	60.0%
Expanded your network	8	53.3%
RSVPed to events/network meetings	7	46.7%
Organised events/network meetings	6	40.0%
Shared clinical information	4	26.7%
Contacted network members about referrals	2	13.3%
Communicated about non-clinical subjects	0	0.0%

Source: MHPN web portal survey

** Multiple responses permitted*

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
	Sub-total	**217**	**18.8**	**167**	**21.0**	**48**	**13.5**	**2**	**25.0**
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
	Sub-total	**938**	**81.2**	**627**	**79.0**	**306**	**86.4**	**5**	**62.5**
	Missing	1	0.1	0	0	0	0	1	12.5
	Total	**1,156**	**100.0**	**794**	**100.0**	**354**	**100.0**	**8**	**100.0**

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
	Total	705	100.0

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
Total	705	100.0

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)
Professionals to refer to	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.

Chapter 8: Discussion and conclusions

Strengths and limitations of the evaluation

The current evaluation had a number of strengths, not the least of which was the fact that it was largely developed alongside the MHPN project, in collaboration with MHPN. It drew on information from a number of evaluation components; some relied on routinely-collected data and others were purpose-designed for the evaluation. This recourse to different data sources and methodologies allowed for the triangulation of findings, and engendered confidence in the conclusions that could be drawn from them.

Having said this, some of the data sources were more reliable than others. For example, some of the routinely-collected data relied on systems that 'went down' on occasion, resulting in periods where data were missing. Similarly, some of the purpose-designed surveys had sub-optimal response rates (e.g., the mental health professionals' 14-week follow-up survey). In some of these cases, certain biases may have been introduced (e.g., if those who chose to participate had particularly positive or negative views). In addition, some data were arguably collected too early, before an appropriate establishment period for the relevant activity had elapsed (e.g., the MHPN web portal survey).

Summarising MHPN's achievements against its stated objectives

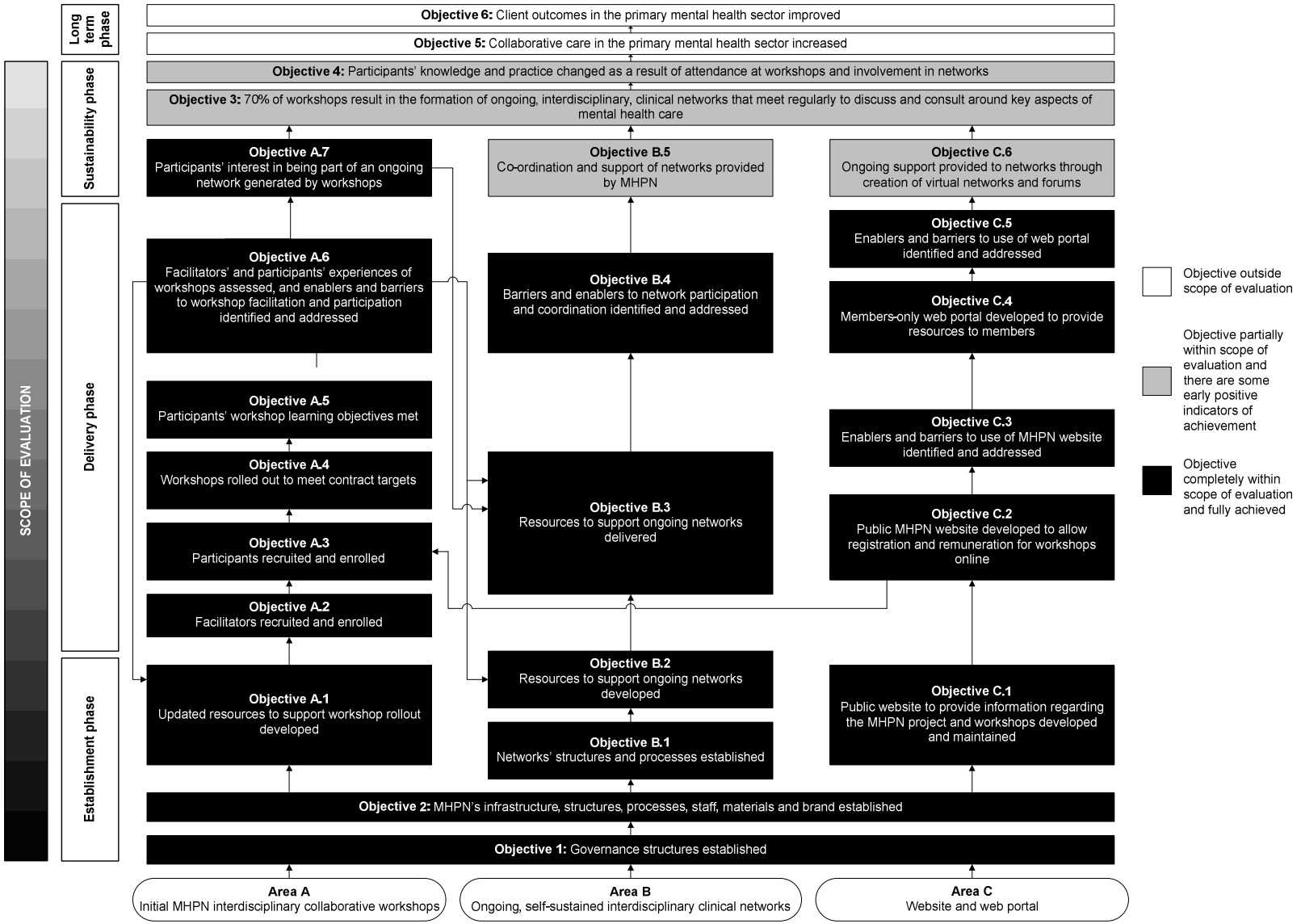
Figure 4 provides a summary of the extent to which MHPN has achieved the objectives outlined in its program logic. MHPN's lower-level objectives (relating to the establishment of structure and processes) have been completely achieved. It has established governance structures that are working well, has 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.

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 reached a significant number of mental health professionals from a range of disciplines who were working across the country in both urban and rural locations. The workshops were received positively by participants and generated considerable interest in the formation of ongoing, self-sustained, interdisciplinary clinical networks. MHPN established structures and processes to foster these networks, and developed and delivered resources to assist them in their establishment phase. MHPN also developed and maintained a public website to market and manage the workshops, and a members-only web portal to support within-network communication and collaboration. Across all of these areas of activity, MHPN worked hard to identify and address barriers and enablers to success.

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. It has begun to provide co-ordination and support for emerging networks, including virtual support via MHPN Online. 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. There are also indicators that participation in the workshops and membership of these emerging networks are leading to some improvements in mental health professionals' interdisciplinary knowledge and collaborative practice.

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 (e.g., a quantitative survey of providers' practices conducted as part of the environmental scan[1] that preceded the development of MHPN).

Figure 4: Achievement of objectives in the hierarchy



Understanding MHPN's achievements

MHPN's workshops were highly successful by any standard. MHPN ran almost 1,200 initial workshops, yielding 14,993 attendances by 11,930 unique individuals. This clearly represents a sizeable proportion of the mental health workforce, although the exact figure is difficult to quantify.[9] 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.

Through the workshops, MHPN has made inroads into establishing 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.

It is worth considering why the workshops and the networks that have emerged from them have been so well-received. One of the reasons probably relates to MHPN's systematic approach. MHPN's graded, flexible and supportive approach that involved conducting the three inter-locking areas of activity (running workshops, fostering networks and providing online support) over four distinct phases (establishment, delivery, sustainability, long-term) has worked well. Identifying barriers and enablers and modifying elements of the project accordingly was also a strength.

Another key reason may relate more to the 'climate' within which MHPN was introduced. MHPN's efforts began at a time when there was an increasing recognition of the potential benefits (both for providers and consumers) of interdisciplinary collaboration but there were few formal avenues through which such collaboration was being encouraged. Mental health professionals were keen for better collaboration with their peers. With the introduction of Better Access, new players (e.g., psychologists, social workers and occupational therapists) were emerging in far greater numbers in the primary mental health sector. For these providers to offer optimal care to their clients, they needed to have good working relationships with others from whom they might receive referrals and/or with whom they might provide shared care. At a more basic level, they needed to 'come to grips' with how these other professionals operated. The same imperative existed for

[9] This difficulty arises because the appropriate denominator is hard to calculate. The Costing Information Analysis Section of the Department of Health and Ageing provided the CHPPE evaluation team with denominator data on providers who were registered to provide relevant services in the twelve months prior to the end of data collection (e.g., psychologists who were registered to provide Better Access services; mental health nurses who had registered for the Mental Health Nurse Incentive Program (MHNIP)). However, these figures represented an underestimate because MHPN encouraged attendance at workshops by those who were not registered to provide these services in order to encourage collaboration more broadly. This created the potential for individuals to be represented in the numerator (because they had attended a MHPN workshop) but not in the denominator (because they were not registered to provide relevant services). For this reason, the proportions of each provider group who attended MHPN workshops are not presented here.

medical providers (e.g., general practitioners and psychiatrists) although arguably Better Access had less of an impact for them because their provision of mental health care services already attracted a Medicare rebate.

Where to from here?

Despite its achievements, 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. For example, MHPN should consider how to prioritise the three scenarios outlined above: the situation in which networks are 'up and running' and holding meetings; the situation in which networks are in a fledgling state and have not yet become sufficiently organised or mobilised sufficient interest to meet; and the situation in which a workshop group has not spawned any network activity. Early on, equal attention might be given to all three scenarios, on the basis that it is likely that weaker networks can be strengthened and additional networks can be formed, but that this shouldn't occur at the expense of networks that have already begun to flourish. As time passes, however, it might be sensible to invest most heavily in networks that are demonstrating effectiveness, on the grounds that there is likely to be a point at which only diminishing returns will be realised.

Some of the barriers to networking identified in the current evaluation can be regarded as start-up issues that are likely to reduce over time; others are more likely to be longer term impediments. The latter will need to be approached in innovative ways if they are to be overcome. For example, the time required to participate in networking activities is clearly an impediment for many. This is likely to remain an issue, given that MHPN's target group primarily comprises mental health professionals who are operating on a fee-for-service basis and for whom attendance at network meetings may involve forfeiting income. In addition to encouraging mental health professionals to understand that the benefits of networking may outweigh any perceived costs, MHPN will need to consider ways to help offset these costs. It would not be realistic to recommend that MHPN should be funded to recompense mental health professionals for their time spent on networking activities, but there might be other forms of incentives that could be considered. One option might be for MHPN to provide networks with some level of financial support (over and above the existing $500 payment) that is tied to their bringing in expert speakers. Another option might be continuing professional development points. MHPN is well-placed to pursue this, given its relationship with the major professional bodies that represent the key disciplinary groups targeted by MHPN; the recent move to national registration for these groups also presents opportunities in this regard (e.g., by mandating that mental health professionals accrue a certain number of professional development points within a given time period).

Some of the issues faced by MHPN in assisting networks to take root and grow are within its control and others are beyond its influence. For example, MHPN can do a lot with respect to helping networks clarify their own

goals and working with them to develop a program of meetings that are likely to meet these goals. However, MHPN will have less control over some of the more nuanced factors that promote or inhibit network activity, such as whether there are pre-existing tensions within or between disciplinary groups in a local area, whether or not the initial workshop members 'get on', and whether there is someone who has the respect of workshop members and is keen to take on the role of network co-ordinator. Having said this, MHPN may still be able to use clever approaches to overcome some of these barriers. For example, the fact that so many of the existing networks have developed from a combination of workshop groups suggests that members engage in some 'shuffling around' before settling on a group with whom they want to form an ongoing relationship. There may be ways that MHPN can assist individuals to make contact with those from other workshop groups in order to facilitate networking. MHPN Online may be particularly helpful here.

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. In part, this will involve explicating the way in which networking is expected to improve collaborative care and consumer outcomes. It will also involve determining whether the desired impact is for MHPN to produce self-sustaining networks, or whether there is an ongoing expectation that MHPN will need to continue to be involved in facilitating the networking process for it to flourish. Clarifying these issues will provide a conceptual framework within which MHPN Network Sustainability Project Officers and Senior Project Officers can provide visionary leadership and practical advice to network co-ordinators and members.

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. Few comparable initiatives have been conducted in mental health; most international efforts designed to promote good collaboration and communication between different groups of primary mental health care providers have been much smaller in scale.[16]

MHPN's 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.

MHPN is a lynchpin of the Better Access initiative. As noted in Chapter 1, the Better Access initiative aims to improve outcomes for people with mental disorders by encouraging an interdisciplinary approach to their mental health care. The Medicare item numbers go some way to doing this by increasing the range of mental health care professionals that consumers can readily access, but, arguably, without MHPN, these providers would be operating in relative isolation. Through MHPN, substantial numbers of mental health professionals have been exposed to each other. At the most basic level, this has meant that professionals from one discipline have met professionals from another discipline. At a more complex level, this has meant that these mental health professionals have been exposed to others' treatment perspectives, skills and ways of operating. This exposure has increased mental health professionals' understanding of each other, and increased their likelihood of providing collaborative care and achieving positive outcomes for consumers.

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Appendix 1: Plain language statements and surveys used throughout the evaluation

Independent Evaluation of the Mental Health Professionals Network (MHPN)

Jane Pirkis, Justine Fletcher, Kylie King, Grant Blashki, Fay Kohn, Reem Ramadan.

The Centre for Health Policy, Programs and Economics at The University of Melbourne

Invitation to facilitators to participate in the independent evaluation of MHPN (Facilitator Post Workshop Survey)

You are being invited to participate in an evaluation of The Mental Health Professionals Network (MHPN).

The Mental Health Professionals Network

The Mental Health Professionals Network (MHPN) is responsible for four primary pathways through which it will foster interdisciplinary communication and networking. These are: initial interdisciplinary mental health workshops, sustainable local mental health professional networks, a website and members only web-portal, and a 1800 (toll free) phone support for MHPN members.

The evaluation

A team from the Centre for Health Policy, Programs and Economics (CHPPE) in The University of Melbourne's School of Population Health is conducting an evaluation of MHPN. The evaluation is being funded by MHPN and has received clearance from the University's Human Research Ethics Committee. The evaluation seeks to determine whether MHPN project has been effective in enhancing collaborative mental health care in the primary care sector through online surveys of facilitators and participants, and focus groups with participants and stakeholders.

What you are being asked to do

There are three ways that you may be involved in the study:

1. By consenting to the release of your post workshops surveys
2. By consenting to the release of information from your post workshop interview with MHPN

Routinely, at the completion of each workshop, MHPN will ask you to complete an online feedback survey and conduct a phone interview with you as part of their usual processes, we ask your permission for the information you provide on the survey and in your phone interview with MHPN to be released to the CHPPE for the purposes of the evaluation.

If you agree to take part in all aspects of the evaluation your data will be linked by a unique identifier. Your identifying information (name and email) will be stored separately so that all of the components you participate in may be linked.

Your decision to participate is entirely voluntary and will not influence your involvement in MHPN activities in any way and will not affect your payment for attending a workshop. You can participate in none, some, or all of the evaluation activities. At each point in the evaluation you will be given the option to end your involvement. If you wish not to be contacted by the CHPPE regarding any further evaluation activities please indicate this on the registration form. The CHPPE team will only have access to your email address if you agree to take part in the evaluation, and will at no time have access to any identifying information.

Protecting your rights

Your participation in the evaluation is voluntary, and you will be free to withdraw consent at any time, and to withdraw any information you have previously supplied.

Confidentiality is very important to the CHPPE team, which is why you are being approached by MHPN rather than directly by the CHPPE team. Only if you decide to participate will the CHPPE be provided with your email, and these will be stored off-site by a third party (Strategic Data Pty Ltd). The CHPPE team will ensure that any information you supply cannot be linked to you by name. All data will be held on a secure, password-protected computer. When the evaluation is written up, care will be taken to make sure that you cannot be identified on the basis of your responses. All information will be destroyed after a period of five years.

Further information

If you require further information about the evaluation, please contact the Chief Investigator, Associate Professor Jane Pirkis (Centre for Health Policy, Programs and Economics, School of Population Health, University of Melbourne, phone: 03 8344 0647). If you have any concerns about the conduct of the evaluation, please contact the Executive Officer, Human Research Ethics, University of Melbourne, phone: 03 8344 2073).

Consent form inviting Facilitators to take part in the Independent Evaluation of the Mental Health Professionals' Network

The Centre for Health Policy, Programs and Economics at The University of Melbourne has been contracted by MHPN to undertake an independent evaluation of MHPN.

The CHPPE is asking for your permission for MHPN to release your demographic details to the evaluation team, in order that they can know the numbers and types of professionals conducting workshops

We also ask your consent to release the information you provide to MHPN in the online survey after each workshop.

Please read the above statement describing the evaluation and indicate your consent to take part here.

I have read the information above and I agree to:

☐ MHPN releasing my post workshop surveys and interviews to the CHPPE evaluation team

Thank you for taking the time to consider your participation in the evaluation.

Facilitator Post-Workshop Survey

WORKSHOP DETAILS

1. Facilitators name:

2. Workshop date:

3. Workshop venue:

4. Workshop state:

5. Workshop code:

6. Profession?
    - General practitioner
    - Psychiatrist
    - Pediatrician
    - Psychologist
    - Mental Health Nurse
    - Mental Health Social Worker
    - Mental Health Occupational Therapist
    - Aboriginal Health Worker
    - Other, specify

7. Gender?

8. Work Postcode?
9. Participants professions: (please indicate numbers of each)
    a. General practitioner
    b. Psychologist
    c. Psychiatrist
    d. Mental health nurse
    e. Mental health social worker
    f. Mental health occupational therapist
    g. Paediatrician
    h. Aboriginal health worker
    i. Other, specify

10. Which case study was discussed today? (drop down list)
    - Post Natal Depression (Julie and her 5 month old son)
    - Eating Disorder (Melissa, 14)
    - Grief and Depression (Marie, history of stillborn and miscarriages)
    - Adjustment Disorder with depressed mood (Alex, 3 children and an estranged wife)
    - Anxiety (Grace, 82, with chronic and acute medical issues)
    - Conduct Disorder (Max, 13, physical violence, mother not coping)
    - Social Anxiety (Sam, 8, school refusal victim of bullying)
    - Sleep Disorder (Hilda, 48)
    - Chronic Schizophrenia (Simon, 21, history of depression)

- Alcohol and other Drugs with Depression and Anxiety (Peter, 32, heroin and alcohol misuse and marriage breakdown)
- Obsessive Compulsive Disorder with mild intellectual disability (Robyn, 40s, dermatitis from frequent hand washing, epilepsy, social isolation)
- Anxiety and Depression with co-morbid chronic physical illness (Russell, 16 with Spina Bifida).

ONGOING NETWORK

11. Did the participants agree to meet again?
    a. yes/no

12. Did they arrange a venue?
    a. yes/no
    b. provide details

13. Did they arrange a date?
    a. yes/no
    b. provide details

14. Did they arrange a time?
    a. yes/no
    b. provide details

15. Will you be part of the ongoing group?
    a. yes/no

16. What is the purpose of the next meeting?
    - Not decided
    - Planning the aims of future meetings
    - Networking
    - Discussion of further MHPN case Studies
    - Discussion of Clinicians own Case Studies
    - Education about specific topics
    - Other, please specify

17. To what extent did the group identify any of the following barriers to participating in an ongoing interdisciplinary network?

	1 Not at all	2	3	4	5 Extremely	Not sure
Lack of time						
Lack of facilitation/leadership of network by designated professional						
Lack of ongoing co-ordination of network by MHPN						
Locating a venue for meetings						
Agreeing to a date & time for meetings						
Lack of interest by different professional groups						
Other, specify						

18. To what degree do you think the following things would make this group more likely to engage in an ongoing interdisciplinary clinical network?

	1 Not at all	2	3	4	5 Extremely	Not sure
Facilitation/leadership of network by designated professional						
Ongoing co-ordination of network by MHPN						
Receive PD/CPD points from my professional association for attendance						
Opportunity to network online in a virtual network/forum						
Ongoing payment for attendance						
Ongoing provision of venue for network meetings						
Access to training/learning materials to use in network meetings						
Financial support for resources						
Other, specify						

19. What did you do with this group that you think contributed to the group's commitment to meet in an ongoing network?

Please select as many of the following as relevant

- Participants not interested in an ongoing network
- Participants were highly motivated to meet again and little facilitation was needed
- I offered to facilitate/co-ordinate the meeting
- Helped the group identify someone to facilitate/co-ordinate the next meeting
- I offered to provide participants with list of other participants' email addresses
- Discussed benefits of ongoing networking
- Discussed barriers to ongoing networking
- Discussed goals and purposes of next meeting
- Discussed the $500 incentive offered by MHPN
- I was enthusiastic about the idea and encouraged the group to meet again
- I did not do anything to facilitate group's commitment to ongoing networking
- Other – please specify.

WORKSHOP FEEDBACK

20. What were your overall reflections and/or comments on the workshop delivered?

21. Did you feel that the participants expectations and/or goals were met for the workshop?
    a. yes/no, explain

22. Was the case study useful in promoting discussion around referral pathways?
    a. yes/no, explain

23. Were there any particular issues that arose from the mix of professions?
    a. yes/no, explain.

24. What improvements would you recommend to the overall workshop?

25. Do you have any facilitation advice for other facilitators?

26. Are you willing to facilitate a workshop in another area?
    a. yes/no

27. What, if any, extra skills do you think you need if you are to continue your role as facilitator?

RESOURCES AND SUPPORT (1 not at all, 5 extremely)

		1	2	3	4	5
a	How useful was the facilitators manual?					
b	How clearly did MHPN explain the facilitator's role?					
c	How useful was the session outline when planning your session?					
d	How well did MHPN organize the sessions you facilitated?					
e	How would you rate the overall support of your MHPN project officer?					
f	How would you rate the case studies in demonstrating how professionals might collaborate?					
g	How well did the facilitator materials prepare you to answer questions about collaborative care?					
h	How would you rate the suitability of the venue for MHPN workshops?					

PHONE INTERVIEW WITH MHPN

Questions?

Independent Evaluation of the Mental Health Professionals Network (MHPN)

Jane Pirkis, Justine Fletcher, Kylie King, Grant Blashki, Fay Kohn, Reem Ramadan.

The Centre for Health Policy, Programs and Economics at The University of Melbourne

Invitation to facilitators to participate in the independent evaluation of MHPN (Independent Survey)

You are being invited to participate in an evaluation of The Mental Health Professionals Network (MHPN).

The Mental Health Professionals Network

The Mental Health Professionals Network (MHPN) is responsible for four primary pathways through which it will foster interdisciplinary communication and networking. These are: initial interdisciplinary mental health workshops, sustainable local mental health professional networks, a website and members only web-portal, and a 1800 (toll free) phone support for MHPN members.

The evaluation

A team from the Centre for Health Policy, Programs and Economics (CHPPE) in The University of Melbourne's School of Population Health is conducting an evaluation of MHPN. The evaluation is being funded by MHPN and has received clearance from the University's Human Research Ethics Committee. The evaluation seeks to determine whether MHPN project has been effective in enhancing collaborative mental health care in the primary care sector through online surveys of facilitators and participants, and focus groups with participants and stakeholders.

What you are being asked to do

We are asking you to be involved in the study by completing the online in-depth survey. For the purposes of the evaluation, the evaluators will be conducting more in-depth surveys of facilitators online, which will take no more than 10 minutes. This is independent of MHPN. This survey will provide additional information to the online feedback survey and phone interview with MHPN which you are asked to do after each workshop you have facilitated.

If you agree to take part in all aspects of the evaluation your data will be linked by a unique identifier. Your identifying information (name and email) will be stored separately so that all of the components you participate in may be linked.

Your decision to participate is entirely voluntary and will not influence your involvement in MHPN activities in any way and will not affect your payment for attending a workshop. You can participate in none, some, or all of the evaluation activities. At each point in the evaluation you will be given the option to end your involvement. If you wish not to be contacted by the CHPPE regarding any further evaluation activities please indicate this on the registration form. The CHPPE team will only have access to your email address if you agree to take part in the evaluation, and will at no time have access to any identifying information.

Protecting your rights

Your participation in the evaluation is voluntary, and you will be free to withdraw consent at any time, and to withdraw any information you have previously supplied.

Confidentiality is very important to the CHPPE team, which is why you are being approached by MHPN rather than directly by the CHPPE team. Only if you decide to participate will the CHPPE be provided with your email, and these will be stored off-site by a third party (Strategic Data Pty Ltd). The CHPPE team will ensure that any information you supply cannot be linked to you by name. All data will be held on a secure, password-protected computer. When the evaluation is written up, care will be taken to make sure that you cannot be identified on the basis of your responses. All information will be destroyed after a period of five years.

Further information

If you require further information about the evaluation, please contact the Chief Investigator, Associate Professor Jane Pirkis (Centre for Health Policy, Programs and Economics, School of Population Health, University of Melbourne, phone: 03 8344 0647). If you have any concerns about the conduct of the evaluation, please contact the Executive Officer, Human Research Ethics, University of Melbourne, phone: 03 8344 2073).

Consent form inviting Facilitators to take part in the Independent Evaluation of the Mental Health Professionals' Network

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The Centre for Health Policy, Programs and Economics at The University of Melbourne has been contracted by MHPN to undertake an independent evaluation of MHPN.

The CHPPE is asking for your consent to completing an independent in-depth survey about MHPN workshops.

Please read the above statement describing the evaluation and indicate your consent to take part here.

I have read the information above and I agree to:

☐ Completing the independent in-depth survey for the evaluators

Thank you for taking the time to consider your participation in the evaluation.

Facilitators In-depth Survey

1. Profession?
   - GP
   - Psychiatrist
   - Paediatrician
   - Psychologist
   - Mental Health Nurse
   - Mental Health Social Worker
   - Mental Health Occupational Therapist
   - Aboriginal Health Worker
   - Other, please describe

2. Gender?

3. Work Postcode?

4. How many workshops have you facilitated for MHPN?
   i. When was the last time you facilitated a workshop for MHPN?

5. How many of these have resulted in some form of ongoing networks as far as you know?

6. Please indicate by selecting from options below what form these ongoing networks have taken.
   - Ongoing meetings
   - Referral List
   - Email Communication
   - Telephone communication
   - Other, please describe

7. How many of these ongoing networks (in any form) have you been involved with?

8. To what extent do you believe the initial workshop encouraged professionals to form ongoing local networks? (1 not at all – 5 extremely)

9. Prior research has also identified a number of **enabling** factors that can make effective interdisciplinary care possible or easier. To what extent have the following factors contributed to successful ongoing networks, to your knowledge

	1 Not established	2	3	4	5 Fully established	Not sure
Brokerage services (e.g. Local divisions of general practice)						
Agreed referral protocols						
Good interdisciplinary knowledge of each others professionals roles						
Co-location of interdisciplinary professional teams						
Agreed treatment protocols						
Supported networking activities (e.g. interdisciplinary clinical education)						
Agreed care planning models						
Integration of practice information systems						

10. In the areas you have been involved with, how successful do you think MHPN is in achieving its goal of fostering a collaborative clinical approach to the provision of mental health care?
    (1 not at all successful to 5 very successful)
    From your experiences of facilitating do you believe that MHPN networks have been useful in meeting a previously unmet need for professionals to collaborate with those from other professions? Yes No

11. Do you think that local networks will be sustainable? Please explain your answer

12. How could MHPN better meet its goals of creating sustainable local mental health professional networks?

Resources & Support

13. Please rate the following resources and support, from 1 very poor – 5 excellent

		1	2	3	4	5
A	How useful was the facilitators manual?					
B	How clearly did MHPN explain the facilitator's role?					
C	How useful was the session outline when planning your session?					
D	How well did MHPN organize the sessions you facilitated?					
E	How would you rate the overall support of your MHPN project officer?					
f	How would you rate the case studies in demonstrating how professionals might collaborate					
g	How well did the facilitator materials prepare you to answer questions about collaborative care					

14. Was there anything else you needed from MHPN in order for you to better facilitate the workshops? Please describe

Independent Evaluation of the Mental Health Professionals Network (MHPN)

Jane Pirkis, Justine Fletcher, Kylie King, Grant Blashki, Fay Kohn.

The Centre for Health Policy, Programs and Economics at The University of Melbourne

Invitation to mental health professionals to complete online surveys regarding MHPN

Thank you for agreeing to be contacted regarding the independent evaluation of the Mental Health Professionals Network (MHPN). The CHPPE received your email address when you recently registered for a workshop with MHPN and consented for us to contact you.

We are inviting you now to take part in a series of 3 online surveys regarding your participation in the workshops for mental health professionals. Specifically we are interested in obtaining your demographic details, your impressions of the workshops and your involvement in interdisciplinary networking and collaborative mental health care. We are interested in your responses before you attend a workshop, immediately after you attend a workshop, and 146 weeks after your attendance at a workshop. Your completion of all three surveys would be much appreciated, however you are welcome to complete as many or as few of these as you like.

The email you have received now includes a link to pre-workshop survey. If you would like to take part, please complete this as soon as possible **prior** to your attendance at MHPN workshop. This survey will ask you about your demographic details, experiences of collaborative mental health care and involvement in multidisciplinary networking.

Participants who complete the pre-workshop survey will be automatically sent an email from the CHPPE team immediately after their attendance at a workshop and approximately 14 weeks after their attendance at a workshop inviting them to complete two online follow-up surveys.

You will also be sent an invitation at some time to undertake another online survey regarding MHPN website and you may also be invited to take part in a focus group.

Your participation in these further evaluation activities is also voluntary and you can refuse at that time if you would not like to take part. You can participate in none, some, or all of the evaluation activities.

Protecting your rights

Your decision to participate is entirely voluntary and will not influence your involvement in MHPN activities in any way and will not affect your payment for attending a workshop. If you completed your workshop registration online, MHPN will not know whether or not you have agreed to take part in the evaluation. However, if you complete a 'hard copy' registration form, then MHPN will know your choice regarding participation in the evaluation and will be responsible for releasing your contact email to CHHPE. All other information released from MHPN will be de-identified and therefore anonymous to CHPPE.

Confidentiality is very important to the CHPPE team, which is why you are being approached by MHPN rather than directly by the CHPPE team. Only if you decide to participate will the CHPPE be provided with your email, and these will be stored off-site by a third party (Strategic Data Pty Ltd). The CHPPE team will ensure that any information you supply cannot be linked to you by name. All data will be held on a secure, password-protected

computer. When the evaluation is written up, care will be taken to make sure that you cannot be identified on the basis of your responses. All information will be destroyed after a period of five years.

Further information

If you require further information about the evaluation, please contact the Chief Investigator, Associate Professor Jane Pirkis (Centre for Health Policy, Programs and Economics, School of Population Health, University of Melbourne, phone: 03 8344 0647). If you have any concerns about the conduct of the evaluation, please contact the Executive Officer, Human Research Ethics, University of Melbourne, phone: 03 8344 2073).

Consent form for Mental Health Professionals
Invitation to participate in online surveys regarding MHPN

If, having read the information on the preceding pages, you are willing to participate in the evaluation, please tick the appropriate box. Involvement in the project is voluntary and you are free to withdraw your consent at any time.

Your tick in the box indicates that you have been provided with sufficient information to allow you to decide that you wish to participate.

☐ **I have read the information on the preceding page, and I agree to complete the pre-workshop survey and to be contacted via email to take part in the post workshop and 16 week follow up survey**

You consent will be returned electronically along with your survey to the Centre for Health Policy, Programs and Economics.

Thank you for agreeing to participate.

Mental Health Professionals' Pre-Workshop Survey

Interdisciplinary networking is defined here as the bringing together of mental health professionals from a range of disciplines to communicate and work with one another to assist people with a mental disorder. This survey uses the term 'interdisciplinary care' to refer to care for patients with mental health care needs that involves collaboration with other mental health professionals. This is also often called multidisciplinary care or collaborative care. Interdisciplinary care may be informal or formal and may involve referral, consultation, provision of patient/client reports, feedback regarding patient/clients' progress, case conferencing, workplace conversations, relationship building, meetings, and training with other mental health professionals.

Section 1
Demographics

Please provide us with the following demographic information.

1. Year of birth? Provide drop down list of years
2. What is your gender? Male female

Professional Qualifications & Experience

3. What is the profession in which you do most of your mental health care work?
Please tick only one: (drop down list)
- Psychiatrist
- Psychologist
- Mental Health Nurse
- Paediatrician
- Mental health Social Worker
- Mental Health Occupational Therapist
- Aboriginal Health Worker
- GP
- Program officer/Program Manager/Program Co-ordinator
- Other

4. In total, how many years have you spent working in your mental health profession? (drop down list)
- < 1 year
- 1-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- >20 years

5. What is your highest qualification in your mental health profession? (drop down list)
- PhD
- Doctorate
- Fellowship (Psychiatrists only)
- Masters
- Postgraduate diploma
- Bachelor degree with Honours
- Bachelor degree

- Diploma
- Certificate
- Other

Expectations for the workshop

6. How did you find out about the Mental Health Professionals Network? (please select one)

Email invitation	
Presentation/Conference	
Work colleague	
Friend	
Professional organisation (i.e. RACP, OT AUSTRALIA, AASW, ACMHN, RANZCP, RACGP, APS etc).	
Direct contact with MHPN staff	
Other, specify	

7. How many MHPN workshops have you attended in TOTAL?
(write 'O' if you have not yet attended a MHPN workshop)

7a. If you have attended more than one workshop, why did you attend more than one?
(tick as many as relevant)

To meet more mental health professionals in a different location	
I work in more than one location and wanted to meet professionals in each location	
After I attended my first workshop I realised that one in a different location would be better for me	
I am hoping to meet as many professionals as possible who will refer to me	
I am hoping to meet as many professionals as possible who I can refer to	
I am hoping to meet professionals from whom I can receive, or provide, secondary consultation regarding clients when needed.	
I didn't meet the types of professionals I wanted to in previous workshops	
I would like to be part of an ongoing network and the previous workshops have not supplied this opportunity	
Curious to see if other workshops were the same	
To discuss a different case study	
For social contact with other mental health professionals	
To obtain professional development/accreditation points with my professional organisation	
Other, please specify	

8. Would you rather meet;

Local mental health professionals	
OR	
Many mental health professionals from different locations	

Section 2
Working as a Mental Health Professional

Main employment/job is defined here as 'paid employment in which a mental health professional spends most of the working week'.

9. What is the setting of your main employment/job? (drop down list)
- Independent Private Practice
- Division of General Practice (employee)
- Community Health Service
- Community Mental Health Service
- Other community health service
- Government department
- Hospital – general health
- Hospital – psychiatric
- Not for profit organisation, including NGO's
- Primary care/GP Clinic (employee)
- School
- Tertiary Education (other than as a student)
- Other, please specify

9a. Does this job involve contact with clients? (i.e. providing mental health diagnosis and/or interventions directly to a patient/consumer). Yes/No

Second employment/job is defined here as 'paid employment in which a mental health professional spends the second most amount of time in a working week'.

10. What is the setting of your second employment/job (if any)? (drop down list)
- Independent Private Practice
- Division of General Practice (employee)
- Community Health Service
- Community Mental Health Service
- Other community health service
- Government department
- Hospital – general health
- Hospital – psychiatric
- Not for profit organisation, including NGO's
- Primary care/GP Clinic (employee)
- School
- Tertiary Education (other than as a student)
- Other, please specify

10a. Does this job involve contact with clients? (i.e. providing mental health diagnosis and/or interventions directly to a patient/consumer). Yes/No

Section 3

Interdisciplinary Collaboration & Networking

The rest of this survey relates primarily to your private practice work in the provision of direct services to patients with mental health issues if you do not work in private practice please leave these questions blank.

11. What professionals are onsite with you in your private practice?
choose all that apply;

- GP
- Psychiatrist
- Psychologist
- Mental Health Nurse
- Paediatrician
- Social Worker
- Occupational Therapist
- Aboriginal Health Worker
- Other
- None

12. How available are the following mental health professional groups for referral, consultation and networking in relation to your private practice?
(0 not relevant/have never needed to contact, 1 seldom, 2, 3 always)

- Psychiatrist
- Psychologist
- Mental Health Nurse
- Paediatrician
- Mental health Social Worker
- Mental health Occupational Therapist
- Aboriginal Health Worker
- GP
- Other, specify

13. Do you know someone in the following professional groups that you would confidently refer to for mental health care in relation to your private practice? (choose all that apply).

- Psychologist
- Mental Health Nurse
- Paediatrician
- Mental health Social Worker
- Mental health Occupational Therapist
- Aboriginal Health Worker
- GP
- Psychiatrist
- Other, specify

14. How important do you think the following professionals are in contributing to mental health care?
(0 not relevant, 1 not at all -3 very important)

- Mental Health Nurse
- Paediatrician
- Mental health Social Worker
- Mental health Occupational Therapist
- Aboriginal Health Worker
- GP
- Psychiatrist
- Psychologist

15. How beneficial would you find clinical networking activities with the following professionals in relation to your private practice?
(0 not relevant, 1 not at all- 3 extremely)

- Paediatrician
- Mental Health Social Worker
- Mental health Occupational Therapist
- Aboriginal Health Worker
- GP
- Psychiatrist
- Psychologist
- Mental Health Nurse

16. What type of Interdisciplinary networking activities are you currently involved in? choose all that apply

- None
- Informal interdisciplinary workplace conversations
- Interdisciplinary consultation (i.e. consultation with another mental health professional regarding the care of a client)
- Interdisciplinary meetings
- Interdisciplinary lunches/recreational networking
- Interdisciplinary case conferences, discussion of one patient/client per case conference
- Interdisciplinary professional development/education
- Other, please specify

17. A. How satisfied are you with your current level of networking activities with other mental health professionals? (1 not at all, 3 extremely)

B. How interested are you in increasing your Interdisciplinary networking activities with other mental health professionals? (1 not at all, 3 extremely)

18. Have you had any of the following Interdisciplinary interactions with the following professionals in regards to patient mental health care in the last 2 months?

	Referred/ recommended to	Received referral from	Consulted with/ for regarding a mutual client	Had informal workplace conversations about clients	Attended a meeting/ case conference with	Gave or received feedback in a report/letter	Attended formal professional development with	Attended an informal recreational networking activity with	Other, please specify
GP									
Psychiatrist									
Mental Health Nurse									
Psychologist									
Paediatrician									
Mental health Social Worker									
Mental Health Occupational Therapist									
Aboriginal Health Worker									
Other, please specify									

19. Prior research has identified a number of barriers that can prevent different mental health professionals from working together in cases where this would be of significant clinical benefit. In your area, how significant are the following barriers?

	1 Not a barrier	2	3	4	5 Major barrier	Not sure
Low availability of specialised services						
Cost of access to services						
Low availability of general mental health services						
Poor support for service co-ordination						
Lack of interdisciplinary networking opportunities						
Poor communication between professionals						
Lack of remuneration for co-ordination of services						
Complexity of referral and reporting systems						
Lack of knowledge about other health care providers						
Patient/client preference for care from a single provider						
Service providers not co-located						
Poor understanding of different professional roles						
Lack of agreed treatment protocols						
Lack of confidence in other health care providers						
Other, please specify						

20. Prior research has also identified a number of factors that can make it easier for different mental health professionals to work together. How established (if at all) are the following things in your area with regard to interdisciplinary mental health care?

	1 Not established	2	3	4	5 Fully established	Not sure
Services that co-ordinate mental health care (e.g. Local divisions of general practice)						
Agreed processes for making referrals to other mental health professionals						
Good interdisciplinary knowledge of each others professionals roles						
Co-location of interdisciplinary professional teams						
Agreement between different mental health professionals about use of mental health treatments for clients						
Supported networking activities (e.g. interdisciplinary clinical education)						
Agreed care planning models						
Integration of practice information systems						
Other, please specify						

21. Prior research has identified a number of barriers that can prevent effective networking between different mental health professionals. In your experience of clinical networking, how significant are the following barriers?

	1 Not a barrier	2	3	4	5 Major barrier	Not sure
Limited available time						
Lack of funding support for clinical networks						
Competing clinical priorities						
Lack of co-ordinated support for clinical networks						
Cost of participation						
Lack of understanding about the options available using new technology						
Uncertain value of clinical networks						
Few other professionals in my area						
Lack of access to digital technology						
Preference for peer networking						
Lack of relevance to my clinical role						
Other, specify						

22. How often, if at all, do you access MHPN website?

- Never
- Once
- Monthly
- Weekly
- Daily

MENTAL HEALTH PROFESSIONALS POST WORKSHOP SURVEY

Workshop Date…….Workshop location ……

1. Why did you attend this workshop? (please tick all that are relevant to you)

Meet other mental health professions in my profession	
Meet other mental health professionals in other professions	
Meet professionals who I can refer clients to	
Meet professionals who will refer to me	
Meet professionals who I can consult with when needed	
Meet professionals who will consult with me when they need	
Learn more about how to collaborate with other mental health professionals	
To find/join an ongoing network of mental health professionals	
Social interaction with other mental health professionals	
Not sure/just curious	
Other, please specify	

2. Did you register for this session or did you 'walk in' without registering?

☐ register	☐ walk in
If you 'walked in', why didn't you register for the session?	

3. Which case study was discussed at the workshop you attended? (drop down list)

- Post Natal Depression (Julie and her 5 month old son)
- Eating Disorder (Melissa, 14)
- Grief and Depression (Marie, history of stillborn and miscarriages)
- Adjustment Disorder with depressed mood (Alex, 3 children and an estranged wife)
- Anxiety (Grace, 82, with chronic and acute medical issues)
- Conduct Disorder (Max, 13, physical violence, mother not coping)
- Social Anxiety (Sam, 8, school refusal victim of bullying)
- Sleep Disorder (Hilda, 48)
- Chronic Schizophrenia (Simon, 21, history of depression)
- Alcohol and other Drugs with Depression and Anxiety (Peter, 32, heroin and alcohol misuse and marriage breakdown)
- Obsessive Compulsive Disorder with mild intellectual disability (Robyn, 40s, dermatitis from frequent hand washing, epilepsy, social isolation)
- Anxiety and Depression with co-morbid chronic physical illness (Russell, 16 with Spina Bifida).

Please show your response to the following questions with a ✓:		
4. Please rate to what degree the following objectives of the workshop were met: **(a)** to recognise the skills and expertise of other mental health professions in your local area		
☐ Not Met	☐ Partially Met	☐ Entirely Met
(b) to identify ways to refer to local mental health professionals		
☐ Not Met	☐ Partially Met	☐ Entirely Met
(c) to identify opportunities for on-going professional development and mutual support with other mental health professionals		
☐ Not Met	☐ Partially Met	☐ Entirely Met

5. Please rate to what degree your learning needs were met		
☐ Not met	☐ partially met	☐ entirely met

6. Please rate to what degree this activity is relevant to your practice		
☐ Not useful	☐ useful	☐ Very useful

7. How useful was this networking workshop to you?		
☐ Not useful	☐ useful	☐ Very useful

8. How important is to you that you have opportunities to network with other mental health professionals?		
☐ Not important	☐ Important	☐ Very important

9. Would you like to participate in an on-going local network with other mental health professionals?		
☐ No	☐ Maybe	☐ Yes
Why?/why not?		

10. How much has this MHPN activity increased your knowledge of other professionals' potential contributions to mental health care?		
☐ Not at all	☐ a little	☐ very much

11. How much did today's workshop assist participants to create an on-going local interdisciplinary network activity?		
☐ Not at all	☐ Assisted somewhat	☐ Assisted very much

12. How much has this MHPN activity increased your desire to engage in collaborative mental health care (i.e. care for a patient that involves the input of other professionals)?		
☐ Not at all	☐ a little	☐ very much

13. How much has this MHPN activity increased your knowledge of other professional's potential contribution to mental health care?		
☐ Not at all	☐ a little	☐ very much

14. How satisfied were you with the mix of professionals at the workshop?		
☐ Not at all	☐ a little	☐ very much

15. How often do you access MHPN website?			
☐ Never	☐ Once	☐ Monthly	☐ Weekly or more

16. Rate between 1 and 10 the following components of the workshop: (1 = Poor 10 = Excellent)	
Venue:	Catering:

17. Rate between 1 and 10 the facilitation of the workshop (1 = Poor 10 = Excellent)**:**	
Group management:	Knowledge:
Respect for all professions:	Time keeping:
Equity of input:	Clear instructions:

18. Rate between 1 and 10 the materials used in this workshop with regards to: (1 = Poor 10 = Excellent)
Relevance:
Complexity:
Discussion questions:

19. What would have improved the workshop?

20. Any other comments?

21. Would you be interested in facilitating an MHPN workshop?		
☐ No	☐ Maybe	☐ Yes

22. To what degree do you think the following things would make you more likely to engage in an ongoing clinical network with other mental health professionals?

	1 Not at all	2	3	4	5 Extremely	Not sure
Facilitation/leadership of network by designated professional						
Ongoing co-ordination of network by MHPN						
Receive PD/CPD points from my professional association for ongoing attendance						
Opportunity to network online in a virtual network/forum						
Ongoing payment for attendance						
Ongoing provision of venue for network meetings						
Access to training/learning materials to use in network meetings						
Other, specify						

Mental Health Professionals' 14 Week Follow-up Survey

Some of the following questions related to work in private practice in the provision of direct services to patients with mental health issues, if you do not work in private practice please leave these questions blank.

1. How available are the following mental health professional groups for referral, consultation and networking in relation to your private practice? (drop down list)
   (0 not relevant/have never needed to contact, 1 seldom, 3 always)

   - Psychiatrist
   - Psychologist
   - Mental Health Nurse
   - Paediatrician
   - Mental health Social Worker
   - Mental health Occupational Therapist
   - Aboriginal Health Worker
   - GP
   - Other, specify

2. Do you know someone in the following professional groups that you would confidently refer to for mental health care in relation to your private practice? Tick all relevant.
   - Psychologist
   - Mental Health Nurse
   - Paediatrician
   - Mental health Social Worker
   - Mental health Occupational Therapist
   - Aboriginal Health Worker
   - GP
   - Psychiatrist
   - Other, specify

3. How important do you think the following professionals are in contributing to mental health care? (drop down list)
   (0 not relevant, 1 not at all -3 very important)

   - Mental Health Nurse
   - Paediatrician
   - Mental health Social Worker
   - Mental health Occupational Therapist
   - Aboriginal Health Worker
   - GP
   - Psychiatrist
   - Psychologist

4. How beneficial would you find clinical networking activities with the following professionals in relation to your private practice?
   (0 not relevant, 1 not at all- 3 extremely)

   - Paediatrician
   - Mental Health Social Worker
   - Mental health Occupational Therapist
   - Aboriginal Health Worker
   - GP
   - Psychiatrist
   - Psychologist
   - Mental Health Nurse

5. What type of interdisciplinary networking activities are you currently involved in? choose all that apply

   - None
   - Informal interdisciplinary workplace conversations
   - Interdisciplinary consultation (i.e. consultation with another mental health professional regarding the care of a client)
   - Interdisciplinary meetings
   - Interdisciplinary lunches/recreational networking
   - Interdisciplinary case conferences, discussion of one patient/client per case conference
   - Interdisciplinary professional development/education
   - Other, please specify

6. a. Have you increased your involvement in interdisciplinary networking activities since your involvement with MHPN? 1 not at all, 3 a lot

   b. How much has your involvement with MHPN contributed to you increasing your involvement in interdisciplinary network activities? 1 not at all, 3 very much.

   c. Have you met with a local interdisciplinary network directly as a result of your attendance at an MHPN workshop? YES/NO?
   If YES, did the network use the support of MHPN to facilitate ongoing meetings? How?

7. a. How satisfied are you with your current level of networking activities with other mental health professionals? (1 not at all, 3 extremely)

   b. How interested are you in increasing your clinical networking activities with other mental health professionals? (1 not at all, 3 extremely)

   c. How much has your involvement with MHPN contributed to your interest in being involved in clinical network activities with other mental health professionals? (1 not at all, 3 very much)

8. Have you had any of the following interdisciplinary interactions with the following professionals in regards to patient mental health care in the last 2 months?

	Referred/ recommended to	Received referral from	Consulted with/ for regarding a mutual patient	Had informal workplace conversations about patients	Attended a meeting/ case conference with	Gave or received feedback in a report/letter	Attended formal professional development with	Attended an informal recreational networking activity with	Other, please specify
GP									
Psychiatrist									
Mental Health Nurse									
Psychologist									
Paediatrician									
Mental Health Social Worker									
Mental Health Occupational Therapist									
Aboriginal Health Worker									
Other, please specify									

8a. how much has your involvement with MHPN contributed to you increasing your involvement in activities related to interdisciplinary care? (e.g. referral, consultation, provision of client reports, feedback regarding clients' progress, case conferencing, workplace conversations, relationship building, meetings, and training with other mental health professionals).
1 not at all – 3 very much

9. Prior research has identified a number of barriers that can impede effective interdisciplinary care in cases where this would be of significant clinical benefit. In your area, how significant are the following barriers?

	1 Not a barrier	2	3	4	5 Major barrier	Not sure
Low availability of specialised services						
Cost of access to services						
Low availability of general mental health services						
Poor support for service co-ordination						
Lack of interdisciplinary networking opportunities						
Poor communication between professionals						
Lack of remuneration for co-ordination of services						
Complexity of referral and reporting systems						
Lack of knowledge about other health care providers						
Patient/client preference for care from a single provider						
Service providers not co-located						
Poor understanding of different professional roles						
Lack of agreed treatment protocols						
Lack of confidence in other health care providers						
Other, please specify						

10. Prior research has also identified a number of factors that can make it easier for different mental health professionals to work together. How established (if at all) are the following things in your area with regard to interdisciplinary mental health care?

	1 Not established	2	3	4	5 Fully established	Not sure
Services that co-ordinate mental health care (e.g. Local divisions of general practice)						
Agreed processes for making referrals to other mental health professionals						
Good interdisciplinary knowledge of each others professionals roles						
Co-location of interdisciplinary professional teams						
Agreement between different mental health professionals about the use of mental health treatments for clients						
Supported networking activities (e.g. interdisciplinary clinical education)						
Agreed care planning models						
Integration of practice information systems						
Other, please specify						

11. Prior research has identified a number of barriers that can prevent effective networking between different mental health professionals. In your experience of clinical networking, how significant are the following barriers?

	1 Not a barrier	2	3	4	5 Major barrier	Not sure
Limited available time						
Lack of funding support for clinical networks						
Competing clinical priorities						
Lack of co-ordinated support for clinical networks						
Cost of participation						
Lack of understanding about the options available using new technology						
Uncertain value of clinical networks						
Few other professionals in my area						
Lack of access to digital technology						
Preference for peer networking						
Lack of relevance to my clinical role						
Other, specify						

12. How often, if at all, do you access MHPN website?
    - Never
    - Once
    - Monthly
    - Weekly
    - Daily

13. How many MHPN workshops have you attended in TOTAL?

    13a. If you have attended more than one workshop, why did you attend more than one? (tick as many as relevant)

To meet more mental health professionals in a different location	
I work in more than one location and wanted to meet professionals in each location	
After I attended my first workshop I realised that one in a different location would be better for me	
I am hoping to meet as many professionals as possible who will refer to me	
I am hoping to meet as many professionals as possible who I can refer to	
I am hoping to meet professionals from whom I can receive, or provide, secondary consultation regarding clients when needed.	
I didn't meet the types of professionals I wanted to in previous workshops	
I would like to be part of an ongoing network and the previous workshops have not supplied this opportunity	
Curious to see if other workshops were the same	
To discuss a different case study	
For social contact with other mental health professionals	
Other, please specify	

14. How useful did you find the Participants' Manual provided at the workshop?
    1not at all – 3 very

Independent Evaluation of the Mental Health Professionals Network (MHPN)

Jane Pirkis, Justine Fletcher, Kylie King, Reem Ramadan, Grant Blashki, Fay Kohn.

The Centre for Health Policy, Programs and Economics at The University of Melbourne

Invitation to mental health professions to take part in a focus group regarding MHPN

You are being invited to participate in a focus group as part of the evaluation of The Mental Health Professionals Network (MHPN).

The Mental Health Professionals Network

The Mental Health Professionals Network (MHPN) is responsible for four primary pathways through which it will foster interdisciplinary communication and networking. These are: initial interdisciplinary mental health workshops, sustainable local mental health professional networks, a website and members only web-portal, and a 1800 (toll free) phone support for MHPN members.

The evaluation

A team from the Centre for Health Policy, Programs and Economics (CHPPE) in The University of Melbourne's School of Population Health is conducting an evaluation of MHPN. The evaluation is being funded by MHPN and has received clearance from the University's Human Research Ethics Committee. The evaluation seeks to determine whether MHPN project has been effective in enhancing collaborative mental health care in the primary care sector through online surveys of facilitators and participants, and focus groups with participants and stakeholders.

What you are being asked to do

The CHPPE team is asking you take part in a focus group designed to find out more about your experiences of MHPN activities and your experiences of collaborative mental health care and multidisciplinary networking. The focus group will be taking place:

Date:

Time:

Location:

If you take part you will be paid $100 in recognition of your involvement. The focus group will comprise up to 10 mental health professionals of various professional backgrounds and will be facilitated by 2 staff from the CHPPE. Focus groups will be audio recorded and transcribed.

Protecting your rights

Your decision to participate is entirely voluntary and will not influence your involvement in MHPN activities in any way. MHPN will not know whether or not you have agreed to take part in the evaluation as your consent form, if you choose to take part, will come directly to CHPPE.

Confidentiality is very important to the CHPPE team, which is why you are being approached by MHPN rather than directly by the CHPPE team. The CHPPE will only have your name and contact details if you complete and return the attached consent form. The CHPPE team will ensure that any information you supply in the focus group cannot be linked to you by name. All data will be held on a secure, password-protected computer. When the evaluation is written up, care will be taken to make sure that you cannot be identified on the basis of your responses. All information will be destroyed after a period of five years.

Further information

If you require further information about the evaluation, please contact the Chief Investigator, Associate Professor Jane Pirkis (Centre for Health Policy, Programs and Economics, School of Population Health, University of Melbourne, phone: 03 8344 0647). If you have any concerns about the conduct of the evaluation, please contact the Executive Officer, Human Research Ethics, University of Melbourne, phone: 03 8344 2073).

Consent form for Mental Health Professionals
Invitation to take part in focus groups regarding MHPN

If, having read the information on the preceding pages, you are willing to participate in a focus group, please tick the appropriate box and sign and date the statement below. Your signature indicates that you have been provided with sufficient information to allow you to decide that you wish to participate. Please provide your name and contact details in order that we can contact you to discuss your participation further. Please also tell us your profession so that we can ensure a mix of professionals in the focus group.

Please tick:

☐ **I have read the information on the preceding page, and I agree to take part in the focus group in PLACE on DATE.**

Signed: _____

Date: ___/___/_____

Name: _____

Contact email: _____

Contact phone: _____

Profession: _____

Please fax this consent form to:

For the Attention of: Reem Ramadan on (03) 93481174

Or post to:

Reem Ramadan
The Centre for Health Policy, Programs and Economics
Melbourne School of Population Health
The University of Melbourne
Victoria 3010

We will then be in contact with you shortly. In the event that we receive more than 10 responses for this focus group, participants will be selected on the basis of their profession, in order that there is a mix of professionals in the focus group.

Thank you for agreeing to participate.

Mental Health Professionals' Focus Group Questions

We, X and X, are from the Centre for Health Policy, Programs and Economics (CHPPE) in The University of Melbourne's School of Population Health. We are conducting an independent evaluation of MHPN, which is being funded by MHPN and has received clearance from the University's Human Research Ethics Committee.

The evaluation seeks to determine whether MHPN project has been effective through online surveys of facilitators and participants, and focus groups with participants and stakeholders. The focus group tonight is one aspect of the evaluation. Other aspects of the evaluation, such as online surveys, explore participants' experiences of the workshops themselves. If you attend another MHPN workshop you may be invited to take part in these surveys. This evening we would like you to focus your discussions on the aims of MHPN project, which relate to the impact that attending MHPN workshops has had on your clinical practice and client outcomes.

There are differing ideas about what constitutes collaborative mental health care; for the purpose of this focus group, we consider collaborative mental health care to include any activities, whether formal or informal, which involve the input and collaboration between different mental health professionals in the care of a mental health care consumer.

All of you have been invited to participate in this focus group because you have attended at least one MHPN workshop. This evening, we will be asking you to consider six questions about your experiences of the workshops in relation to the impact on your practice. You will have just over 10 minutes to discuss each question as a group.

We are keen to hear from all of you. The group will be recorded so that we can reflect on your comments later. All data will be held on a secure, password-protected computer. We will ensure that any information you supply in this focus group cannot be linked to you by name. When the evaluation is written up, we will take care to make sure that you cannot be identified on the basis of your responses.

For the purpose of the recording can you each quickly tell us your profession, the number of MHPN workshops you have attended, and whether you are involved in any ongoing networks as a result of your involvement with MHPN. **(short)**

1. Firstly, we are interested in finding out more about what the culture was around collaborative mental health care in local region prior to MHPN workshops commencing in your area. What has your experience been of interacting with other mental health professionals? **(short)**

PROMPT if necessary: is the only contact you have with other professionals by referrals?

PROMPT if necessary: is there any co-location?

PROMPT if necessary: how readily were you able to find other professionals to consult with and refer to?

2. MHPN workshops aim to facilitate communication and collaboration between health professionals from a range of disciplines involved in mental health care at the local level. Based on your experiences, what are your thoughts about how well this aim has been achieved in your local area? **(important)**

3. a) The major aim of MHPN workshops is to provide opportunities for health professionals to establish an on-going local team-based approach to patient care by building sustainable interdisciplinary networks. In what ways, if any, has this been achieved in your local area? **(important)**

PROMPT if necessary: Are there any ongoing networks that you know of? And if attended what activities have they included?

b) If you are not involved in an ongoing network? Why not? What's prevented this?

4. Ultimately, MHPN workshops aim to facilitate better quality mental health care. In what ways, if any, has attending a MHPN workshop had an impact on your practice and client outcomes? For example, do you do more or less case conferencing, consultation with other professionals, supervision, are clients experiencing more satisfaction, or better outcomes?**(important)**

5. How could MHPN better engage health professionals who are less likely to attend and be involved in networking activities? (e.g. General Practitioners, Psychiatrists, Paediatricians, Mental Health Nurses, Social Workers, Occupational Therapists, Aboriginal Health Workers) **(short)**

6. How do MHPN aims for interdisciplinary collaboration and networking match with your professional and practice needs? **(short – this question may not be necessary if already answered through other questions)**

PROMPT if necessary: MHPN has lots of ideas about what is good for you and your practice; do you think these things are good?

Independent Evaluation of the Mental Health Professionals Network (MHPN)

Jane Pirkis, Justine Fletcher, Kylie King, Grant Blashki, Jo Christo, Anna Machlin.

The Centre for Health Policy, Programs and Economics at The University of Melbourne

Invitation to participate in the Independent Evaluation of MHPN (Network Sustainability focus group)

You are being invited to participate in an evaluation of The Mental Health Professionals Network (MHPN).

The Mental Health Professionals Network

The Mental Health Professionals Network (MHPN) is responsible for four primary pathways through which it will foster interdisciplinary communication and networking. These are: initial interdisciplinary mental health workshops, sustainable local mental health professional networks, a website and members only web-portal, and a 1800 (toll free) phone support for MHPN members.

The evaluation

A team from the Centre for Health Policy, Programs and Economics (CHPPE) in The University of Melbourne's School of Population Health is conducting an evaluation of MHPN. The evaluation is being funded by MHPN and has received clearance from the University's Human Research Ethics Committee. The evaluation seeks to determine whether MHPN project has been effective in enhancing collaborative mental health care in the primary care sector through online surveys of facilitators and participants, and focus groups with participants and stakeholders.

What you are being asked to do

The CHPPE team is inviting you take part in a focus group designed to find out more about the barriers and enablers of ongoing network sustainability. You have been identified by MHPN as either a Network Sustainability Officer or a Senior Project Officer and thus in a position to comment on the sustainability of ongoing networks. The CHPPE team is not yet aware of your identity and only will be if you consent to being contacted by them.

Your decision to participate is entirely voluntary and will not influence your involvement with MHPN activities in any way. MHPN will not know whether or not you have participated in the focus group as the focus group will not be held at MHPN offices.

Protecting your rights

Your participation in the evaluation is voluntary, and you will be free to withdraw consent at any time, and to withdraw any information you have previously supplied.

Confidentiality is very important to the CHPPE team, which is why you are being approached by MHPN rather than directly by the CHPPE team. Only if you decide to participate will the CHPPE be provided with your email, and these will be stored off-site by a third party (Strategic Data Pty Ltd). The CHPPE team will ensure that any information you supply cannot be linked to you by name. All data will be held on a secure, password-protected computer. When the evaluation is written up, care will be taken to make sure that you cannot be identified on the basis of your responses. All information will be destroyed after a period of five years.

Further information

If you require further information about the evaluation, please contact the Chief Investigator, Professor Jane Pirkis (Centre for Health Policy, Programs and Economics, School of Population Health, University of Melbourne, phone: 03 8344 0647). If you have any concerns about the conduct of the evaluation, please contact the Executive Officer, Human Research Ethics, University of Melbourne, phone: 03 8344 2073).

Consent form inviting MHPN employees to take part in the Independent Evaluation of the Mental Health Professionals' Network

If, having read the information on the preceding pages, you are willing to participate in the focus group, please tick the appropriate box and sign and date the statement below. Your signature indicates that you have been provided with sufficient information to allow you to decide that you wish to participate.

Involvement in the project is voluntary and you are free to withdraw your consent at any time.

☐ **I have read the information on the preceding page, and I agree to take part in the Network Sustainability focus group at the Collins Street Business Centre, 350 Collins Street, Melbourne on the 5th of May, at 1030am.**

(The focus group will be held in Meeting Room 1. Level 15, 350 Collins St. It will commence at 1030am. Morning tea will be served from 10:15am. The focus group will end at 12:00 and lunch will then be provided.)

Signed: _____

Date: ___/___/_____

Name: _____

Contact email: _____

Contact phone: _____

You consent will be returned to the Centre for Health Policy, Programs and Economics and we will be in contact with you shortly.

Thank you for agreeing to participate.

MHPN sustainability focus group questions

Need to consider 3 groups: sustainability officers, network co-ordinators and mental health professional

1) Engagement of **Mental Health Professionals** participating in ongoing networks.
    a. Are mental health professionals seeking ongoing networks?

    b. What evidence substantiates this response?

2) **Sustainability officers and other MHPN employees attending discussion–**
    a. What are the barriers you face in network co-ordination?

3) Barriers and enablers faced during **network co-ordination** and perceived capacity to foster the establishment and maintenance of ongoing networks
    a. How are ongoing networks being co-ordinated and who is involved?

    b. What are the encountered barriers and enablers of establishing a network?

    c. What are the encountered barriers and enablers of maintaining a network?
    -What is the difference between a sustainable network and one which is not?
    -Model of support that is most requested

4) In an 'ideal world' what would make ongoing networks successful? (Consider processes, strategies, systems and the resources that are involved).

    a. Describe the best example of an ongoing network you are involved with
    - What gap is there between ideal and other networks?

Independent Evaluation of the Mental Health Professionals Network (MHPN)

Jane Pirkis, Justine Fletcher, Kylie King, Jo Christo, Anna Machlin, Grant Blashki, Fay Kohn.

The Centre for Health Policy, Programs and Economics at The University of Melbourne

Invitation to participate in an online survey regarding MHPN Network sustainability

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Thank you for your interest in the independent evaluation of the Mental Health Professionals Network (MHPN).

The Mental Health Professionals Network

The Mental Health Professionals Association was established by the Department of Health and Ageing in 2006 as a profession-led, co-ordinated and collaborative forum to advocate for, and advise on, effective health care reform in Australia. The Mental Health Professionals Network (MHPN) was then created with the primary purpose of improving consumer outcomes in the primary care sector by fostering a collaborative clinical approach to the provision of mental health care. MHPN is responsible for four primary pathways through which it will foster interdisciplinary communication and networking. These are: initial interdisciplinary mental health workshops, sustainable local mental health professional networks, a website and members only web-portal, and a 1800 (toll free) phone support for MHPN members.

The evaluation

A team from the Centre for Health Policy, Programs and Economics (CHPPE) in The University of Melbourne's School of Population Health is conducting an evaluation of MHPN. The evaluation is being funded by MHPN and has received clearance from the University's Human Research Ethics Committee. You have been emailed by MHPN on behalf of the evaluators. The evaluators will not have your contact details unless you consent to being involved in the evaluation.

What you are being asked to do

You may or may not have already completed other online surveys for the evaluation. We are now inviting a random sample of workshop attendees to take part in an online survey regarding their perceptions about the development of sustainable ongoing interdisciplinary networks. This is a 'one off' survey and you are welcome to take part whether or not you have already completed other online surveys for the evaluation. We are interested in responses from those who have been participating in ongoing networks and those who haven't.

Protecting your rights

Your decision to participate is entirely voluntary and will not influence your involvement in MHPN activities in any way and will not affect your payment for attending a workshop. MHPN will not know who has completed this survey. The CHPPE team will at no time have access to any identifying information.

Your participation in the evaluation is voluntary, and you will be free to withdraw consent at any time, and to withdraw any information you have previously supplied.

Confidentiality is very important to the CHPPE team, which is why you are being approached by MHPN rather than directly by the CHPPE team. Only if you decide to participate will the CHPPE be provided with your email, and these will be stored off-site by a third party (Strategic Data Pty Ltd). The CHPPE team will ensure that any

information you supply cannot be linked to you by name. All data will be held on a secure, password-protected computer. When the evaluation is written up, care will be taken to make sure that you cannot be identified on the basis of your responses. All information will be destroyed after a period of five years.

Consent

If, having read this information, you are willing to participate in the online survey regarding sustainable ongoing networks, please start the survey using the button below. Your completed survey will then be automatically provided to the evaluators.

Further information

If you require further information about the evaluation, please contact the Chief Investigator, Associate Professor Jane Pirkis (Centre for Health Policy, Programs and Economics, School of Population Health, University of Melbourne, phone: 03 8344 0647). If you have any concerns about the conduct of the evaluation, please contact the Executive Officer, Human Research Ethics, University of Melbourne, phone: 03 8344 2073).

Sustainability Survey

This survey focuses on what is needed to sustain MHPN networks. Completing this survey will provide valuable information whether or not you are currently part of an MHPN network.

Section A: Demographic questions

1. Please select your location
    i. (list of states)
    ii. What is the postcode of your primary practice?

2. What is your profession? (forced choice)
    i. General Practitioner
    ii. Psychiatrist
    iii. Psychologist
    iv. Paediatrician
    v. Mental Health Social Worker
    vi. Mental Health Occupational Therapist
    vii. Mental Health Nurse
    viii. Aboriginal Health Worker
    ix. Other, specify

3. In which sector is your primary job? (forced choice)
    i. Private
    ii. Public
    iii. Community
    iv. Non-Government Organisation (NGO)

4. If you work in more than one sector, in what sector is your secondary job? (forced choice)
    i. Private
    ii. Public
    iii. Community
    iv. Non-Government Organisation (NGO)

Section B: Establishing Ongoing Interdisciplinary Networks

For the following questions we would like you to think about the ongoing networks you may have been involved in.

5.

    i. How many initial MHPN workshops have you attended?

    ii. Are you part of an MHPN generated ongoing interdisciplinary network? (Yes/No)
    (If no – skip to q 6)
        a. If yes, how many meetings of an ongoing network have you attended? (Drop down list 0 -30)

        b. If yes, for how many months have you been a part of a network?(Drop down list 1 – 36)

        c. If ongoing face to face meetings are the format of your interdisciplinary networking, how often do these meetings take place?
            i. Fortnightly

ii. Monthly
iii. Bimonthly
iv. Quarterly
v. Every 6 months
vi. Once a year

d. If yes, how valuable did you find the following components or your network meeting(s)?
(Rate all 1- not useful to 5- extremely valuable or N/A if did not do)
i. Informal networking
ii. Socialising
iii. Case discussions
iv. Peer support and review
v. Learning about the roles of the different professions
vi. Learning about the availability and expertise of local mental health professionals
vii. Learning about collaborative care models
viii. Developing consistent referral and review processes and templates
ix. Focusing on special interest topics and skill development
x. Learning about current government funding and referral streams for mental health (e.g. Better Access, Better Outcomes, Pregnancy Support, Autism Spectrum Disorders, CDM)
xi. Expert speakers on particular topics
xii. Mapping of local services/professionals
xiii. Education and/or training

Other, please specify other network activities that you found useful_____

6. How much do you want to be part of an ongoing interdisciplinary network?
(1= not at all, 5 = very much)

i. If you answered 1, 2 or 3 to question 6, why are you uncertain about wanting to be part of an ongoing network? (Rank the 3 most important)
i. I have participated in an MHPN network and did not find it useful
ii. Don't think it would be of benefit to me
iii. Not enough time
iv. Already engage in interdisciplinary networking
v. Too much effort
vi. Have not yet found a network I would like to be a part of in the long term

Additional Comments

ii. If you answered 4 or 5 to question 6, what format would you like those ongoing interdisciplinary network activities to take? (Rank from 1 to 5 in order of importance)
i. Regular face to face meetings
ii. Teleconferences
iii. Email contact

iv. Online networking (i.e. using an online forum/professional networking site)
v. Directory of other professionals to use as needed

Additional Comments

Section C: Ongoing Interdisciplinary Networks in the Future

For the following questions we would like you to consider your **expectations about networking in the future**. If you are already part of an ongoing network do not feel limited to considering what happens in your current network; rather, consider your expectations of networking in an ideal context.

7. What would you like to gain from ongoing networking with other mental health professionals? *(rank your top three objectives in order of importance, 1 = most important – 3 = least important)*

i. Contact with other professionals to refer to
ii. Contact with other professionals to receive referrals from
iii. Opportunities to consult with other professionals about clients
iv. Social contact with other professionals
v. Peer supervision
vi. Shared professional development/training opportunities
vii. Informal, shared learning

If you have further suggestions please include them here

8. To achieve MHPN's overall aim of improving collaborative care among mental health professionals in the primary care sector, what would you like to be incorporated into network meetings?

(Rate all 1- not useful to 5- extremely valuable)

i. Informal networking
ii. Socialising
iii. Case discussions
iv. Peer support and review
v. Learning about the roles of the different professions
vi. Learning about the availability and expertise of local mental health professionals
vii. Learning about collaborative care models
viii. Developing consistent referral and review processes and templates
ix. Focusing on special interest topics and skill development
x. Learning about current government funding and referral streams for mental health (e.g. Better Access, Better Outcomes, Pregnancy Support, Autism Spectrum Disorders, CDM)
xi. Expert speakers on particular topics
xii. Mapping of local services/professionals
xiii. Education and/or training

Other, please specify other network activities that you would find useful.

_____

9. If ongoing face to face meetings were the format of your interdisciplinary networking, **how often would you like** these meetings take place?
    i. Fortnightly
    ii. Monthly
    iii. Bimonthly
    iv. Quarterly
    v. Every 6 months
    vi. Once a year

The following questions ask you to consider what may support **network establishment and ongoing success** as well as what drives your attendance and connectedness with an ongoing network.

10. If MHPN were to continue its activities, how could they support the establishment of ongoing networks? *(Rank in order of importance the top 5 modes of support, 1 = most important – 5 = least important)*
    i. Have a contact staff member within MHPN to assist with co-ordination of emails and other modes of communication with the network members
    ii. Assist networks to define their purpose
    iii. Provide a network starter kit containing resources suggesting how the network might function
    iv. Provide catering for meetings
    v. Provide information regarding educational opportunities offered by other organisations that are relevant for network members
    vi. Provide access to online resources
    vii. Provide venue support
    viii. Provide learning materials about network co-ordination
    ix. Provide meetings for network co-ordinators from different locations
    x. Assist with developing a network meeting calendar of events
    xi. Pay for experts to attend meetings to present on their area of expertise
    xii. Provide financial incentives

    If you have further suggestions please include them here

11. What would encourage you to remain **connected** to an ongoing network in the **long term**? *(Rank your top three reasons, in order of importance, 1 = most important – 3 = least important)*
    i. Planned and organised calendar of network activities i.e. Meetings, training etc
    ii. An established network purpose
    iii. Inviting new members to the network
    iv. A mix of professions attending
    v. CPD credits
    vi. Shared events with other local networks
    vii. Network updates after each meeting (e.g., a newsletter, minutes)
    viii. An online networking tool

    If you have further suggestions please include them here

12. What would encourage you to co-ordinate an ongoing network? (please rank in order of importance from 1 most important – 6 least important, or N/A if it is not at all useful)
    i. Sharing co-ordination with one or two others
    ii. Rotating co-ordination through the group
    iii. Administrative support, eg to send emails/invites, organize venues etc
    iv. Peer support activities for co-ordinators organized by MHPN
    v. Co-ordination resources and information supplied by MHPN
    vi. Funding for time spent co-ordinating

    If you have further suggestions please include them here

Section D: MHPN website

MHPN website provides information about MHPN and its activities, enables people to search and register for workshops online (until the end of June 2010) and to claim remuneration for initial workshop attendance.

This survey asks for your opinions regarding MHPN website.

13. Did you know that MHPN has a website? Yes No

14. How many times have you accessed MHPN website (if not at all, skip to question 16)

15. Not at all One time 2 – 5 times 6 – 10 times more than 10 times
    (a) Reason for first website access? (please tick one)
        i. To find and register for a workshop
        ii. To find out more about MHPN
        iii. To access MHPN Online (the networking part of the website)
        iv. Other, please specify _____

16. Please rate the following aspects of MHPN website, from 1 = very poor to 5 = excellent

	1 – very poor	2 – poor	3 – good	4 – very good	5 - Excellent
How user friendly did you find the website?					
How easy was it to navigate through the site?					
Was the information presented logically?					
Was it aesthetically pleasing?					
Did the website provide you with the information you were looking for?					
How relevant was the content to you?					

17. Did you know that MHPN has an interactive online networking site called ‘MHPN Online’?
    Yes No
18. Are you interested in an interactive online networking site for mental health professionals?
    Yes No

Independent Evaluation of the Mental Health Professionals Network (MHPN)

Jane Pirkis, Justine Fletcher, Kylie King, Grant Blashki, Jo Christo, Anna Machlin.

The Centre for Health Policy, Programs and Economics at The University of Melbourne

Invitation for MHPN Online users to complete an online survey regarding MHPN Online

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You are being invited to participate in an evaluation of The Mental Health Professionals Network (MHPN).

The Mental Health Professionals Network

The Mental Health Professionals Network (MHPN) is responsible for four primary pathways through which it will foster interdisciplinary communication and networking. These are: initial interdisciplinary mental health workshops, sustainable local mental health professional networks, a website and members only web-portal (MHPN Online), and an 1800 (toll free) phone support for MHPN members.

The evaluation

A team from the Centre for Health Policy, Programs and Economics (CHPPE) in The University of Melbourne's School of Population Health is conducting an evaluation of MHPN. The evaluation is being funded by MHPN and has received clearance from the University's Human Research Ethics Committee. The evaluation seeks to determine whether MHPN project has been effective in enhancing collaborative mental health care in the primary care sector through online surveys of facilitators and participants, and focus groups with participants and stakeholders.

What you are being asked to do

The CHPPE team is asking you to complete the online survey regarding the web-portal you are using. By completing the survey online you will remain anonymous to CHPPE and MHPN. Aggregate data will be reported only.

Your decision to participate is entirely voluntary and will not influence your involvement in MHPN activities in any way.

Protecting your rights

Your participation in the evaluation is voluntary, and you will be free to withdraw consent at any time, and to withdraw any information you have previously supplied.

Confidentiality is very important to the CHPPE team, which is why you are being approached by MHPN rather than directly by the CHPPE team. Only if you decide to participate will the CHPPE be provided with your email, and these will be stored off-site by a third party (Strategic Data Pty Ltd). The CHPPE team will ensure that any information you supply cannot be linked to you by name. All data will be held on a secure, password-protected computer. When the evaluation is written up, care will be taken to make sure that you cannot be identified on the basis of your responses. All information will be destroyed after a period of five years.

Further information

If you require further information about the evaluation, please contact the Chief Investigator, Associate Professor Jane Pirkis (Centre for Health Policy, Programs and Economics, School of Population Health, University of Melbourne, phone: 03 8344 0647). If you have any concerns about the conduct of the evaluation, please contact the Executive Officer, Human Research Ethics, University of Melbourne, phone: 03 8344 2073).

Consent form for MHPN Online Users to complete an online survey regarding MHPN Online

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The Centre for Health Policy, Programs and Economics at The University of Melbourne has been contracted by MHPN to undertake an independent evaluation of MHPN.

If, having read the information on the preceding pages, you are willing to participate in the online survey of MHPN Online, please start the survey using the button below. Your consent and email will then be automatically provided to the evaluators. MHPN will not know who has consented to take part. Involvement in the project is voluntary and you are free to withdraw your consent at any time.

MHPN Online Survey

MHPN Online is an internet site that allows mental health professionals who have been involved with MHPN activities to network online. This survey asks for your opinions regarding MHPN Online networking site.

MHPN Online

Postcode:

Profession:
General Practitioner
Psychiatrist
Psychologist
Paediatrician
Mental Health Social Worker
Mental Health Occupational Therapist
Mental Health Nurse
Aboriginal Health Worker
Other, specify

Have you facilitated any MHPN workshops: Yes No
If so how many?

How many MHPN workshops have you attended

Are you part of an ongoing network that was generated directly as a result of an MHPN workshop?
Yes No

Are you directly involved in co-ordinating an ongoing MHPN network? Yes/no

Approximately how many times have you accessed MHPN Online?
One time 2 – 5 times 6 – 10 times more than 10 times

How did you first learn about MHPN Online?
Email from MHPN
MHPN workshop
Work colleague
Network member
Notice in professional college publication
Other

How much do you like the idea of networking online with other mental health professionals? 1 not at all, 5 very much.

What were you hoping to get out of MHPN Online? Please tick up to three of the following options;
Stay in contact with local mental health professionals
Take part in online discussions with other mental health professionals
To find networks to join
To organise networking events
Be able to find mental health professionals to make referrals to

Be able to find mental health professionals to consult with
Promote your private practice
Not sure
Other (please specify)

1. Has MHPN Online met your expectations? Not met, partially met, mostly met, completely met

2. Please rate the following aspects of MHPN Online, from 1 = very poor to 5 = excellent

	1 – very poor	2 – poor	3 – good	4 – very good	5 - Excellent
How user-friendly did you find MHPN Online?					
How easy was it to navigate through the site?					
Was the information presented logically?					
Was it aesthetically pleasing?					
How relevant was the content to you?					

3. Please rate the following sections of MHPN Online, from 1 = very poor to 5 = excellent

	1 – very poor	2 – poor	3 – good	4 – very good	5 - Excellent	Have not used
Members search function						
Networks search function						
Clinical or general discussion forums						
Group discussion forums						
Mailbox						
Event organisation tools						
Help pages						

4. Have you utilised MHPN Online to assist your participation in a local interdisciplinary mental health network? Yes No
   If **Yes,**
   a. How has MHPN Online assisted in your participation in a local interdisciplinary mental health network? (tick all that apply)
      i. Organised events/network meetings
      ii. RSVP'ed to events/network meetings
      iii. Contacted network members about referrals

iv. Expanded your network
v. Shared clinical information
vi. Communicated about non-clinical subjects
vii. Learned more about professionals in your local area

5. How much has MHPN Online contributed to your knowledge of collaborative care opportunities? (0 – not at all, 3 – moderately, 5 – greatly)

6. How much has MHPN Online improved your access to collaborative care resources? (0 – not at all, 3 – moderately, 5 – greatly)

7. If you required further information about collaborative mental health care would you access MHPN Online again? Yes No

8. Would you recommend MHPN Online to your colleagues and other health professionals?
Yes No

9. Have you used MHPN Online to find professionals to refer to **or** to receive referrals from?

Yes No

Appendix 2: Profiles of survey participants

Table 26: Profile of facilitators who completed the facilitators' post-workshop survey

	National	Urban	Rural
Gender			
Male	32.3%	34.8%	27.7%
Female	67.7%	65.2%	72.3%
Profession			
General practitioner	12.8%	11.7%	15.3%
Psychologist	41.0%	45.4%	33.9%
Psychiatrist	8.6%	9.3%	6.8%
Social worker	8.9%	10.7%	5.9%
Mental health nurse	18.3%	13.7%	25.4%
Occupational therapist	1.8%	1.5%	2.5%
Other	8.6%	7.7%	10.2%
State			
NSW	36.5%	35.7%	37.1%
VIC	28.5%	27.5%	30.2%
QLD	14.1%	12.6%	17.2%
WA	10.4%	13.0%	6.0%
SA	7.1%	10.1%	1.7%
TAS	2.1%		6.0%
NT	0.6%		1.8%
ACT	0.7%	1.1%	

Table 27: Profile of facilitators who completed the facilitators' in-depth survey

	National	Urban	Rural
Gender			
Male	28.3%	30%	25%
Female	71.7%	70%	75%
Profession			
General practitioner	10.2%	10.0%	10.5%
Psychologist	41.4%	45.5%	35.5%
Psychiatrist	10.8%	9.1%	13.2%
Social worker	12.9%	13.6%	11.8%
Mental health nurse	15.6%	12.7%	19.7%
Other	9.1%	9.1%	9.3%

Table 28: Demographics of mental health professionals who completed the pre-workshop survey

	National	Urban	Rural
Gender			
Male	28.3%	27.4%	30.0%
Female	71.7%	72.6%	70.0%
Profession			
General practitioner	24.1%	25.2%	21.8%
Psychologist	39.0%	41.5%	33.9%
Psychiatrist	2.6%	3.4%	0.9%
Social worker	8.7%	8.9%	8.2%
Mental health nurse	5.2%	4.4%	6.7%
Occupational therapist	2.2%	2.6%	1.6%
Other	18.2%	14.0%	26.9%
Sector			
Private	57.3%	62.4%	46.9%
Public	20.4%	16.1%	29.1%
Both	19.9%	21.5%	16.7%
Missing	2.4%		7.3%
State			
NSW	29.0%	28.8%	29.4%
VIC	30.0%	30.4%	29.1%
QLD	17.4%	18.1%	16.0%
WA	10.0%	11.4%	7.3%
SA	7.9%	10.0%	3.7%
TAS	2.0%		6.0%
NT	0.5%	0.1%	1.2%
ACT	0.8%	1.2%	
Missing	2.4%		7.3%
Years in Mental Health Profession			
< 1 year	3.2%	2.2%	5.3%
1-5 years	18.5%	16.6%	22.3%
6-10 years	17.9%	18.5%	16.7%
11-15 years	15.3%	16.1%	13.7%
16-20 years	12.3%	12.3%	12.3%
>20 years	32.8%	34.3%	29.7%

Table 29: Demographics of mental health professionals who completed the post-workshop survey

	National	Urban	Rural
Profession			
General practitioner	22.8%	23.5%	21.7%
Psychologist	40.6%	43.5%	35.2%
Psychiatrist	2.5%	3.1%	1.3%
Social worker	10.1%	10.4%	9.5%
Mental health nurse	5.6%	4.9%	7.0%
Occupational therapist	2.5%	2.7%	2.1%
Other	15.9%	11.9%	23.2%
Sector			
Private	58.2%	63.7%	48.4%
Public	21.2%	15.0%	32.2%
Both	20.6%	21.3%	19.4%
State			
NSW	29.8%	27.8%	33.5%
VIC	29.0%	29.8%	27.4%
QLD	18.0%	18.0%	17.9%
WA	10.4%	12.8%	6.1%
SA	7.8%	9.9%	4.0%
TAS	3.0%		8.5%
NT	1.0%	0.1%	2.6%
ACT	1.0%	1.6%	

Table 30: Demographics of mental health professionals who completed the 14 week follow up survey

	National	Urban	Rural
Profession			
General practitioner	24.9%	24.8%	25.0%
Psychologist	42.9%	41.2%	45.7%
Social worker	10.2%	11.8%	7.6%
Other	22.0%	22.2%	21.7%
Sector			
Private	59.6%	62.1%	55.4%
Public	17.6%	11.8%	27.2%
Both	22.8%	26.1%	17.4%
State			
NSW	28.6%	24.2%	35.9%
VIC	30.2%	32.7%	26.1%
QLD	18.0%	19.0%	16.3%
WA	12.7%	13.7%	10.9%
SA	6.5%	9.2%	2.2%
TAS	2.0%		5.4%
NT	1.2%		3.2%
ACT	0.8%	1.2%	

Table 31: Demographics of mental health professionals who completed the sustainability and web site survey

	National	Urban	Rural
Profession			
General practitioner	15.6%	15.4%	16.0%
Psychologist	45.2%	49.6%	37.9%
Psychiatrist	2.0%	2.5%	1.1%
Social worker	13.0%	9.6%	18.4%
Mental health nurse	7.8%	7.7%	8.0%
Occupational therapist	2.4%	2.8%	1.6%
Other	14.0%	12.4%	17.0%
Sector-Primary			
Private	56.9%	63.4%	46.3%
Public	27.5%	24.4%	32.6%
Community	6.9%	5.5%	9.2%
Non-government organisation	8.7%	6.7%	11.9%
Sector-Secondary			
Private	51.2%	53.8%	46.4%
Public	28.9%	28.3%	30.0%
Community	9.1%	9.1%	9.2%
Non-government organisation	10.8%	8.8%	14.4%
State			
NSW	29.0%	28.6%	29.6%
VIC	31.2%	33.3%	27.6%
QLD	16.3%	16.8%	15.5%
WA	10.3%	9.9%	11.1%
SA	8.0%	9.5%	5.5%
TAS	3.6%		9.4%
NT	0.4%		1.1%
ACT	1.2%	1.9%	0.2%

Table 32: Demographics of mental health professionals who completed the web portal survey

Profession	
General practitioner	9.6%
Psychologist	57.5%
Psychiatrist	2.7%
Social worker	11.0%
Mental health nurse	8.2%
Occupational therapist	4.1%
Other	6.9%