



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

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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)

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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, 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**

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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 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)

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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, 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)

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

### Invitation to mental health professionals to complete online surveys regarding MHPN

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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**

Your 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 .....

<b>Why did you attend this workshop?</b> (please tick all that are relevant to you)																							
<b>1.</b>																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Meet other mental health professions in my profession</td><td style="width: 20px;"></td></tr> <tr><td style="padding: 2px;">Meet other mental health professionals in other professions</td><td></td></tr> <tr><td style="padding: 2px;">Meet professionals who I can refer clients to</td><td></td></tr> <tr><td style="padding: 2px;">Meet professionals who will refer to me</td><td></td></tr> <tr><td style="padding: 2px;">Meet professionals who I can consult with when needed</td><td></td></tr> <tr><td style="padding: 2px;">Meet professionals who will consult with me when they need</td><td></td></tr> <tr><td style="padding: 2px;">Learn more about how to collaborate with other mental health professionals</td><td></td></tr> <tr><td style="padding: 2px;">To find/join an ongoing network of mental health professionals</td><td></td></tr> <tr><td style="padding: 2px;">Social interaction with other mental health professionals</td><td></td></tr> <tr><td style="padding: 2px;">Not sure/just curious</td><td></td></tr> <tr><td style="padding: 2px;">Other, please specify</td><td></td></tr> </table>	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		
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Not sure/just curious																							
Other, please specify																							

<b>2. Did you register for this session or did you 'walk in' without registering?</b>	
<input type="checkbox"/> register	<input type="checkbox"/> 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).



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

<b>5. Please rate to what degree your learning needs were met</b>		
<input type="checkbox"/> Not met	<input type="checkbox"/> partially met	<input type="checkbox"/> entirely met

<b>6. Please rate to what degree this activity is relevant to your practice</b>		
<input type="checkbox"/> Not useful	<input type="checkbox"/> useful	<input type="checkbox"/> Very useful

<b>7. How useful was this networking workshop to you?</b>		
<input type="checkbox"/> Not useful	<input type="checkbox"/> useful	<input type="checkbox"/> Very useful

<b>8. How important is to you that you have opportunities to network with other mental health professionals?</b>		
<input type="checkbox"/> Not important	<input type="checkbox"/> Important	<input type="checkbox"/> Very important

<b>9. Would you like to participate in an on-going local network with other mental health professionals?</b>		
<input type="checkbox"/> No	<input type="checkbox"/> Maybe	<input type="checkbox"/> Yes
Why?/why not?		

<b>10. How much has this MHPN activity increased your knowledge of other professionals' potential contributions to mental health care?</b>		
<input type="checkbox"/> Not at all	<input type="checkbox"/> a little	<input type="checkbox"/> very much

<b>11. How much did today's workshop assist participants to create an on-going local interdisciplinary network activity?</b>		
<input type="checkbox"/> Not at all	<input type="checkbox"/> Assisted somewhat	<input type="checkbox"/> Assisted very much

<b>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)?</b>		
<input type="checkbox"/> Not at all	<input type="checkbox"/> a little	<input type="checkbox"/> very much

<b>13. How much has this MHPN activity increased your knowledge of other professional's potential contribution to mental health care?</b>		
<input type="checkbox"/> Not at all	<input type="checkbox"/> a little	<input type="checkbox"/> very much

<b>14. How satisfied were you with the mix of professionals at the workshop?</b>		
<input type="checkbox"/> Not at all	<input type="checkbox"/> a little	<input type="checkbox"/> very much

<b>15. How often do you access MHPN website?</b>			
<input type="checkbox"/> Never	<input type="checkbox"/> Once	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly or more

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

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

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

<b>19. What would have improved the workshop?</b>

<b>20. Any other comments?</b>
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<b>21. Would you be interested in facilitating an MHPN workshop?</b>		
<input type="checkbox"/> No	<input type="checkbox"/> Maybe	<input type="checkbox"/> Yes

<b>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?</b>						
	1 Not at all	2	3	4	5 Extreme ly	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?

1 not 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**

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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**

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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)

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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, 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**

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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 5<sup>th</sup> 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.

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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
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  8. Would you recommend MHPN Online to your colleagues and other health professionals?
 

Yes	No
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  9. Have you used MHPN Online to find professionals to refer to **or** to receive referrals from?
 

Yes	No
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