



MENTAL HEALTH PROFESSIONALS NETWORK

Terry Froggatt

Australia-wide attendance via Profession July 2010

Profession	Total	%
General Practitioner	3804	25%
Mental Health Nurse	1314	9%
Occupational Therapist	365	2%
Other	1541	10%
Paediatrician	37	1%
Psychiatrist	469	3%
Psychologist	6184	41%
Social Worker	1286	9%
Grand Total	11,833	100%



DELIVERY OF INITIAL WORKSHOPS TO INTERDISCIPLINARY GROUPS OF PRIMARY MENTAL HEALTH PROFESSIONALS

Number of workshops delivered	1169
Total Number of Participants*	15000
Average number of participants/workshop	13

Australian Standard Geographic Classification - Remoteness Areas classification

In keeping with the new approach to classifying rural areas, MHPN is reporting data according to the Australian Standard Geographic Classification - Remoteness Areas classification system (ASGC-RA) where 1 is metropolitan and 5 is remote. 28% of workshops conducted to date have been held in rural and remote locations.

ASGC-RA (1-5)	Total	%
1	811	69%
2	237	20%
3	84	7%
4	22	2%
5	15	2%
Grand Total	1169	100%

Special Interest Workshops

Whilst the majority of workshops are location-based, an increasing number of special interest workshops are being conducted covering topics including indigenous, dual diagnosis, child and adolescent mental health, culturally and linguistically diverse mental health, aged care, paediatrics and peri natal.



Australia-wide attendance via State/Territory

	Total	%
NSW	4610	31%
ACT	200	1%
VIC	4091	27%
TAS	385	3%
QLD	2778	19%
NT	191	1%
WA	1497	10%
SA	1248	8%
Grand Total	11,833	100%



SUSTAINABILITY OF NETWORKS

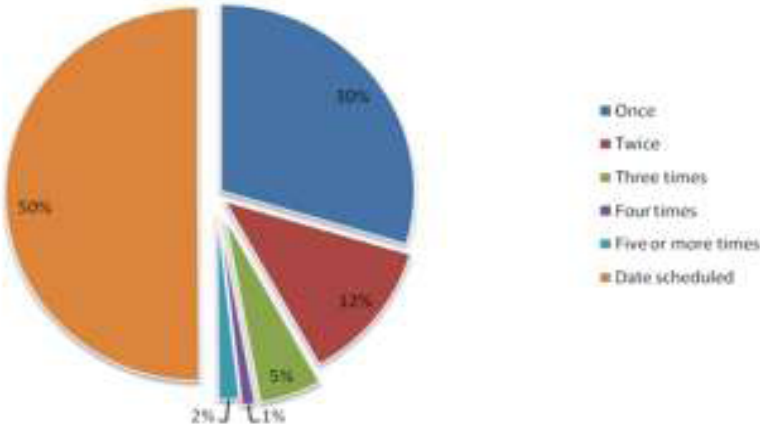
After the initial workshop, groups are encouraged to meet again with MHPN support.

Network status	Total	%
Workshops that have formed Networks	283	30%
Future network events planned	487	52%
Networking information pending	97	11%
No networks formed	65	7%
Total workshop numbers	932	100%

Sustainability of networks is very important and MHPN is putting effort into encouraging and supporting the establishment of ongoing networks. Although 932 workshops have been conducted, there is a time lag for each initial workshop to translate into a second meeting so the 283 networks formed to date is expected to grow.



Number of times active networks have met



IMPLICATIONS FOR POLICY

- ◉ MHPN rely upon the motivation of local members to participate
- ◉ Local members need to 'own' the MHPN
- ◉ How members engage with their networks is influenced by a number of variables
- ◉ This research examined four (4) additional variables which relate to the concept of the Learning Organization

STRATEGIES FOR SUSTAINABILITY

- ◉ an explicit focus on mental health
- ◉ regular meetings
- ◉ multidisciplinary membership
- ◉ inclusion of General Practitioners and
- ◉ the use of multi media forms of communication



RATIONALE FOR THE ELEMENTS

- ◉ There is no longer a general expectation that individuals work entirely alone, or possesses a limited and specialized knowledge base, reacting to problems as they occur rather than being proactive and at the same time, using linear thinking processes; rather, this has been replaced by teamwork, multiple knowledge bases, using pro-active and holistic thinking processes (Morgan 1988: Hames 1994; Senge 1999).



ELEMENTS OF A LEARNING ORGANIZATION

- ◉ Shared Vision
- ◉ Team Learning
- ◉ Facilitative Leadership
- ◉ Systems Thinking



SHARED VISION

- ◉ The practice of shared vision consists of exhuming shared 'vistas of the future' that people are freely committed to. Embedded in Senges' (1990) concept of shared vision is that it is genuinely shared by all members (:9)
- ◉ Facilitating a shared vision for a local MHPN created a compelling picture of the future



TEAM LEARNING

- ◉ As Lepani (1999) contends, the world has become a global village, where people will try to work in their own neighbourhoods and eschewing large organizations in favour of community based organizations. Where they can live, work, play and learn collectively.
- ◉ Learning in the local MHPN is fun. Dialogue and the suspension of assumptions concerning the issues under discussion is vital

FACILITATIVE LEADERSHIP

- Leadership in learning organizations is, according to some writers, somehow different to leadership in other settings. Specific characteristics' of leadership in learning organizations, identified by the leading writers on learning organizations, include; being transformational (Bass 2002) or facilitative (Slater and Narver 1995), visionary (Senge 1992), lifelong learners (Schien1999), and above all create organizations with the capacity to learn faster than their competitors (de Gues 1988).

CONT

- ◉ Creating a healthy competitiveness among the networks members has created a desire to learn and an urgency to share knowledge which advantages members individually and collectively



SYSTEMS THINKING

- ◉ According to Senge 'Systems thinking' is a discipline for seeing wholes. It is a framework for seeing interrelationships rather than things, for seeing patterns of change rather than static 'snapshots'' (Senge, 1990a:68)
- ◉ Senge (1990) identified the use of systems thinking, as being a way to gain a comprehension of complexity in organizations'.



CONT

- ◉ Seeing the whole picture of MHPN in communities can be mind boggling
- ◉ The myriad of practitioners, services and organizations is often an intricate web that health professionals find difficult to navigate



CONCLUSION

- ◎ Policy recommendations
 1. MHPN policy includes the principles of learning communities to enhance sustainability
 2. That all local networks adopt a shared vision, facilitative leadership, systems thinking and Team learning approach
 3. That other elements of learning organizations, i.e. Mental Models - Trust and Trusting relationships - Open and organic structures be researched in the context of MHPNs