

# Building Mental Health Networks – In Search of a Best Practice Model

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# Introduction

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- WA Mental health Network
  - Established in 2014, co-sponsored by Mental Health Commission and DoH,
  - Co-leads, Helen McGowan (Clinical )and Rod Astbury (Community)
  - MHN Goal: *"Improve outcomes for people with mental health issues by enabling consumers, families/carers, health professionals, health and community services, the Mental Health Commission and Department of Health, to engage and collaborate effectively, to inform mental health policy and reform, and to strengthen and increase coordination of care and support across Western Australia."* (Mental Health Commission, 2018)
  - Early challenges in building a shared understanding of the complex mental health system and identifying agreed priorities and actions
- FA and HM had been working together since 2008 on similar issues in NMHS – with a focus on strategy, and identification of priorities for reform and development. FA has broad industry and research expertise in the area of strategy, negotiation and collaboration and HM has experience and interest in reform and change management in the MH sector.
- NMHS kindly sponsored the use of FA services to assist MHN. HM and FA collaborated to use methodologies developed by FA and colleagues in MHN.
- This research was conceived to identify key principles and critical elements required to drive development and reform and optimization of networks (inc. governance, processes, resourcing, engagement) to support network goals. FA particularly interested in the research question and HM particularly interested in the implications of findings for the MHN



# ‘Mental Health Networks’?

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## *What*

“Groups of three or more legally autonomous organizations that work together to achieve not only their own goals but also a collective goal

(Provan and Kenis 2008

## *Why*

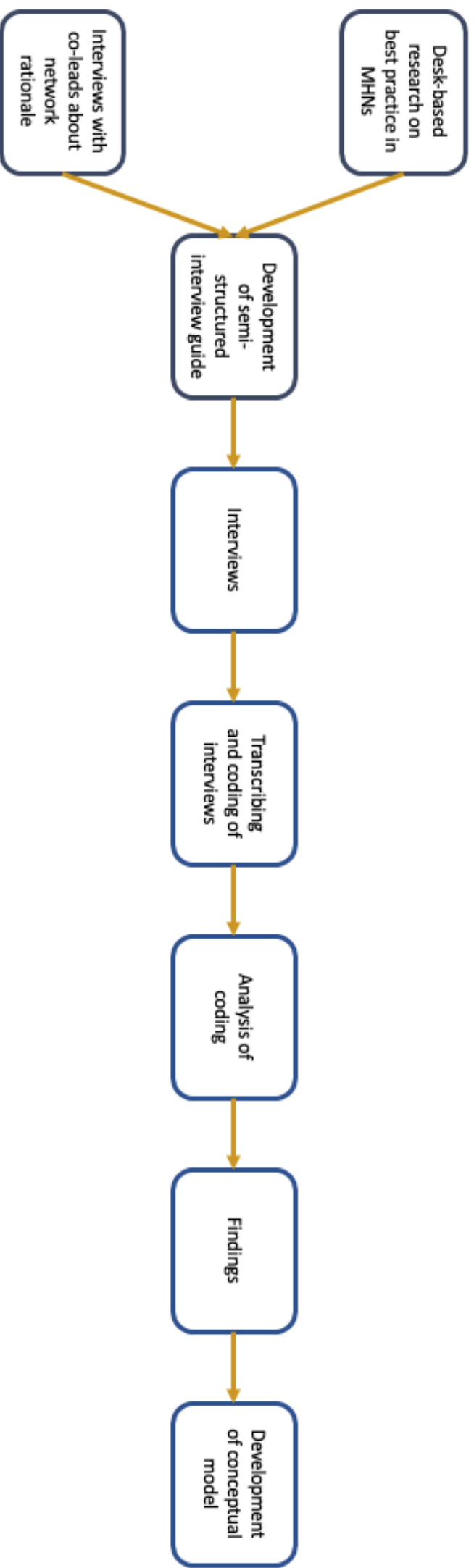
- Research has shown benefits of MHN to include: sharing of evidence based knowledge (Huang, 2014), enhanced patient outcomes (King et al, 2013), and bringing together an coordinate range of services (Compagni, Gerzeli & Bergamaschi, 2011)
- Growing prevalence of mental health issues and associated costs (Demyttenaere et al., 2004) – providing up to date, effective, seamless healthcare services vital (Goodwin, 2015; National Mental Health Commission, 2018).

## *But*

- Establishing effective networks is not straightforward as they are collaborations: fraught with challenges and often unsuccessful (Huxham & Vangen, 2005)

# Research Method

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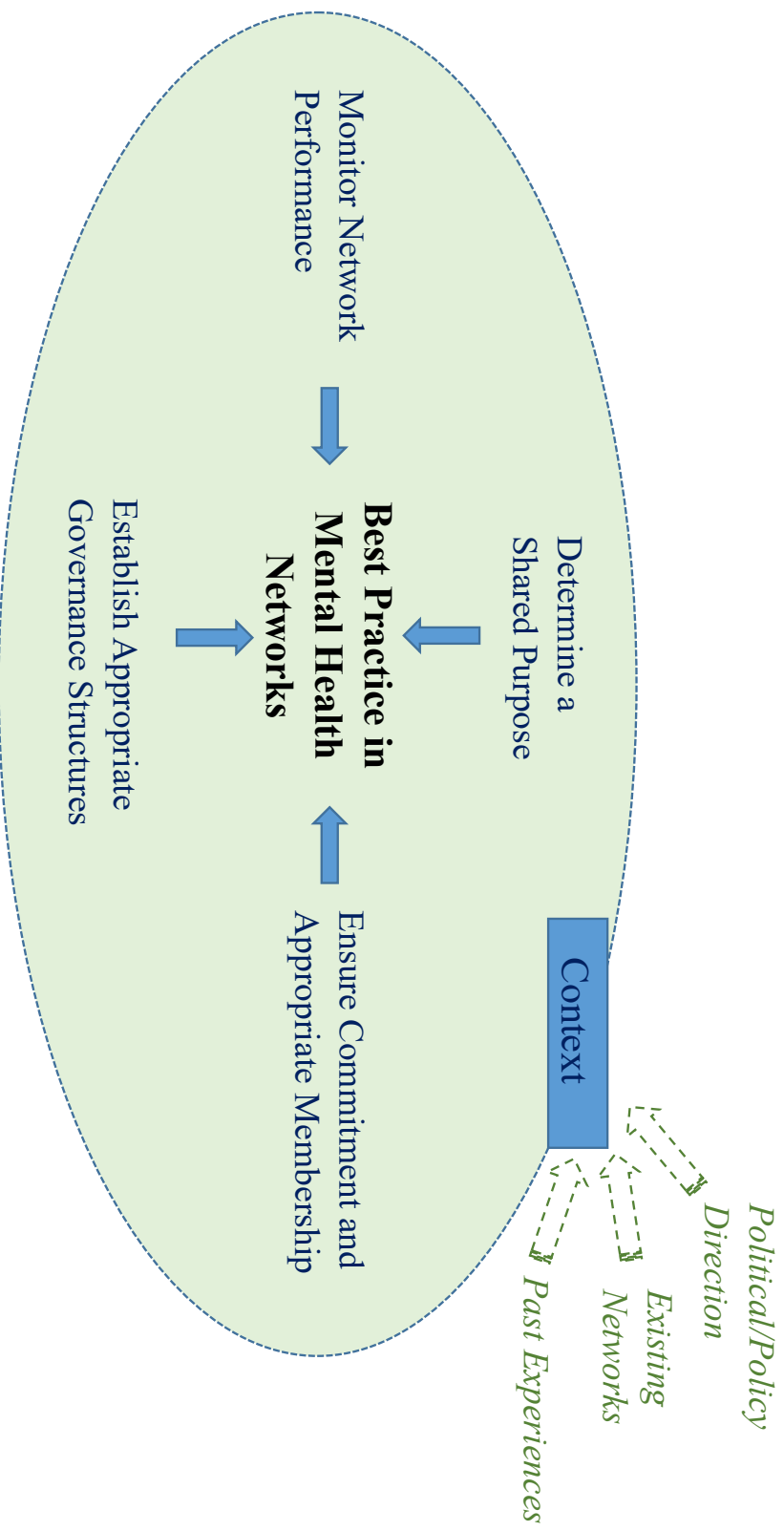
# Semi-Structured Interviews

- Purposive sampling (N=20)
- Clinicians, carer and consumer advocates, and senior managers/policy makers
- Participants had had experience in both setting up and being involved in mental health networks
- Interview guide asked about their experience including: what a MHN should comprise, it's purpose, membership, success measures and governance

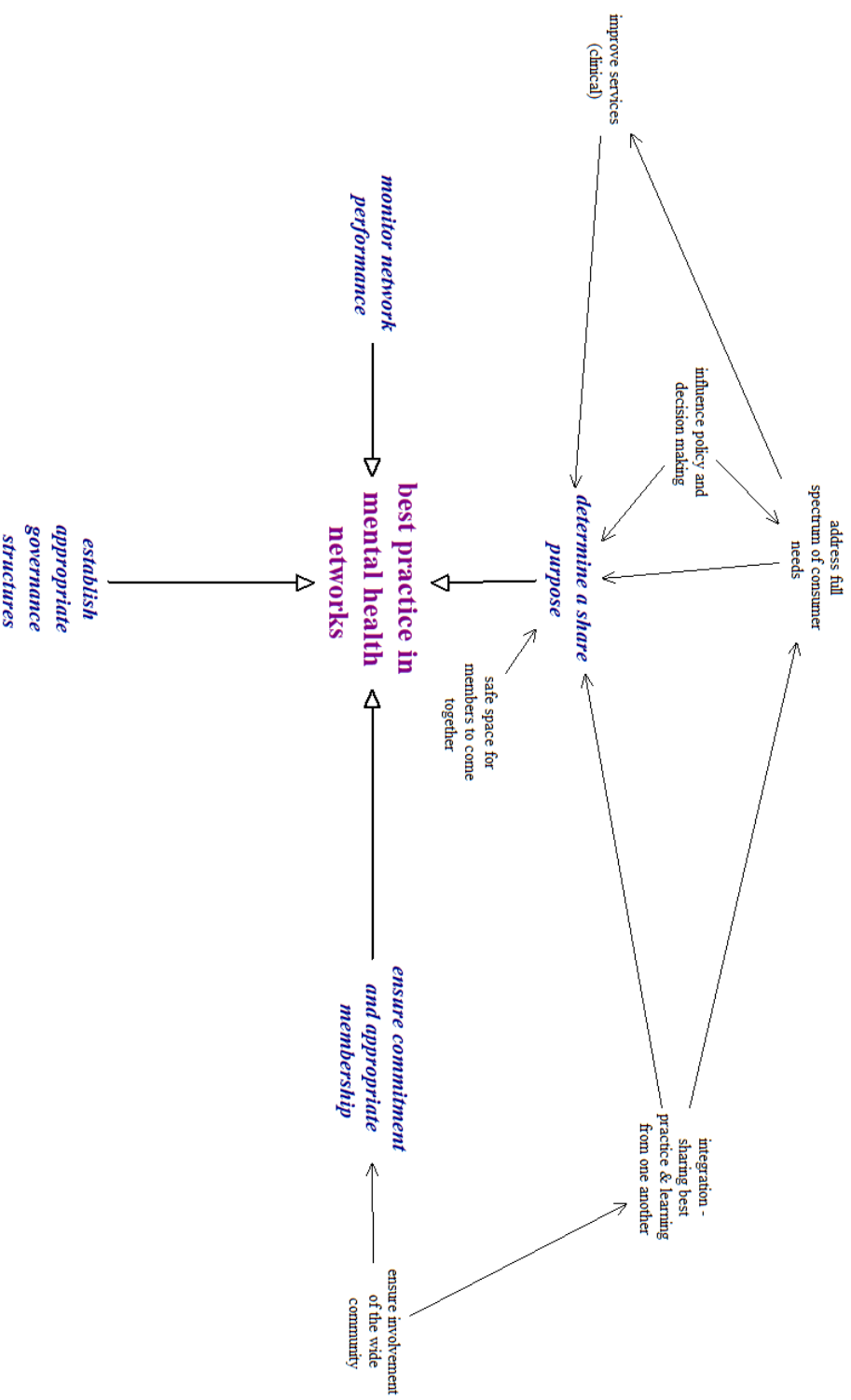
Classification				
	Clinician	Senior Management	Carer Consumer Advocate	Senior Management /Clinician
Western Australia	3	4	3	2
Queensland	X	2	X	X
New South Wales	1	1	X	X
Victoria	X	X	X	3
Tasmania	X	X	X	1

# A Conceptual Model of Best Practice in Mental Health Networks

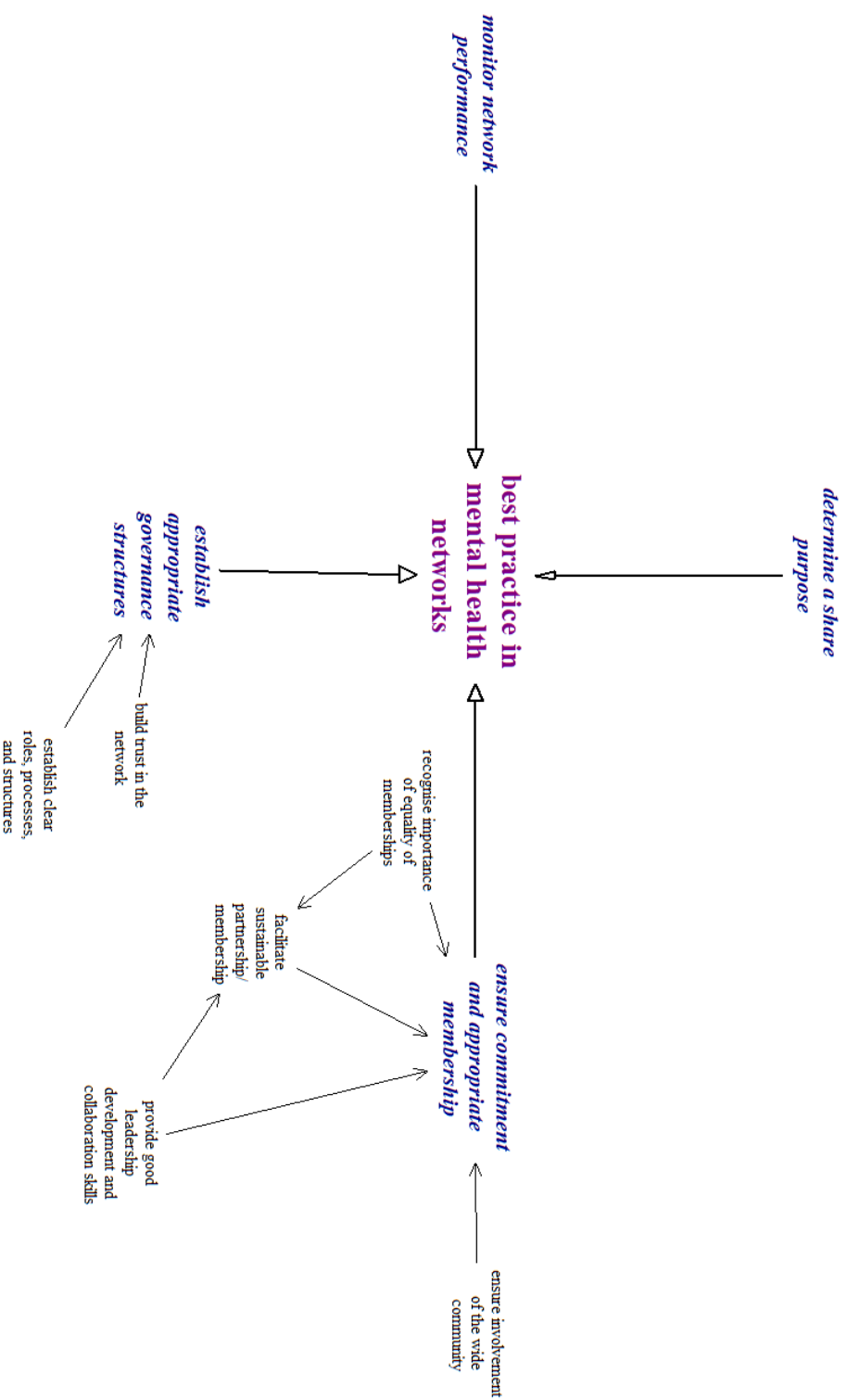
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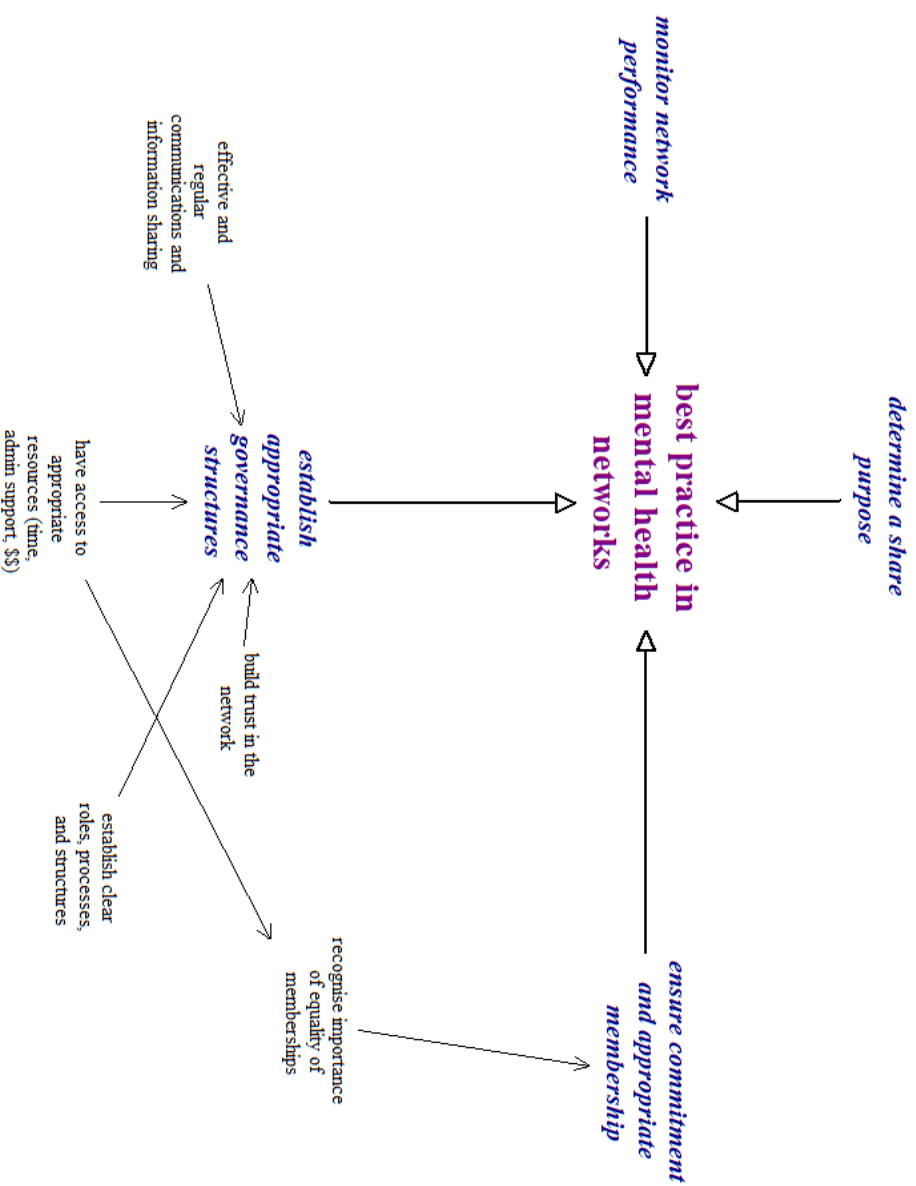
# Findings: determine a shared purpose



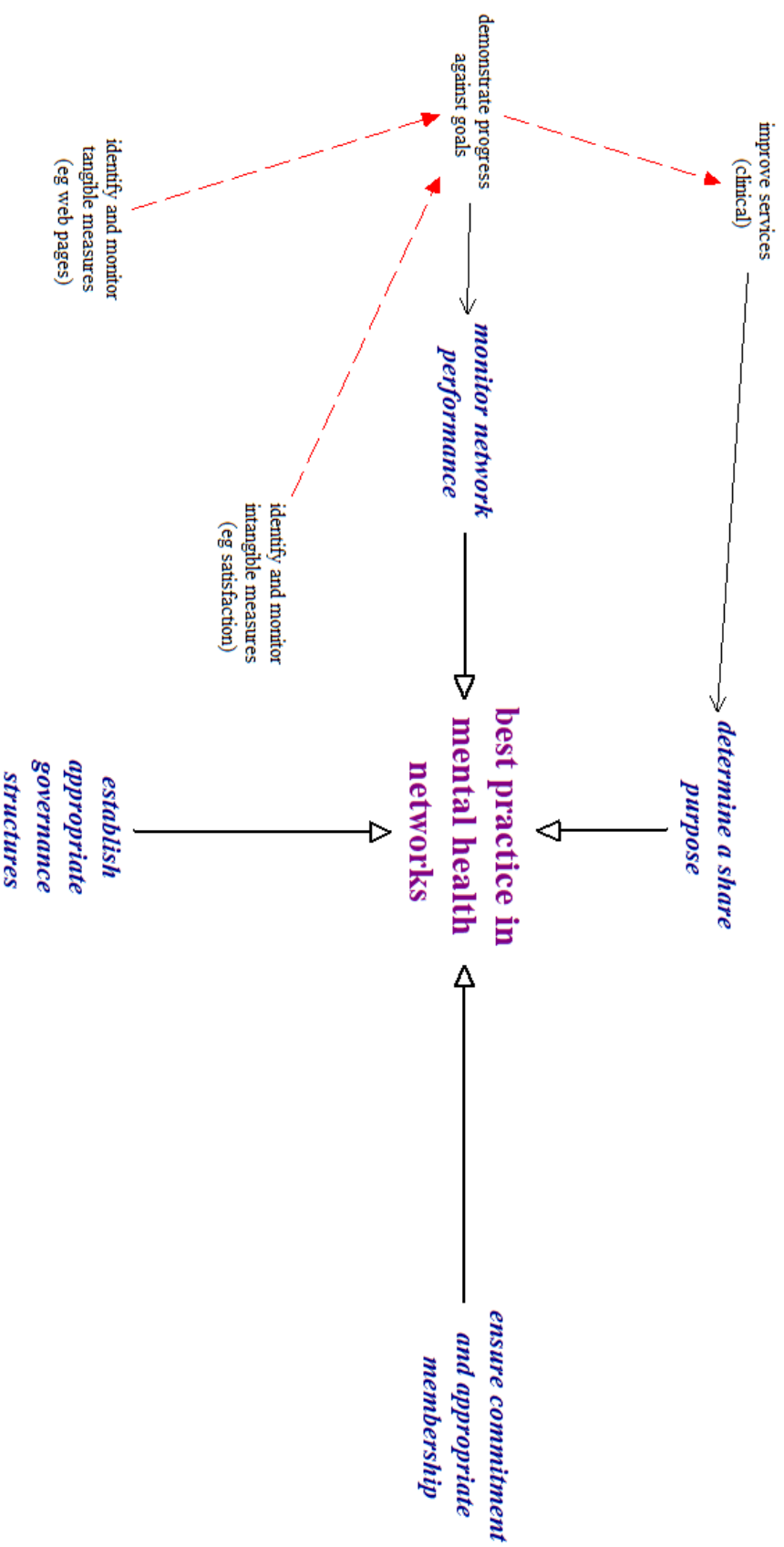
# Findings: ensure commitment & membership



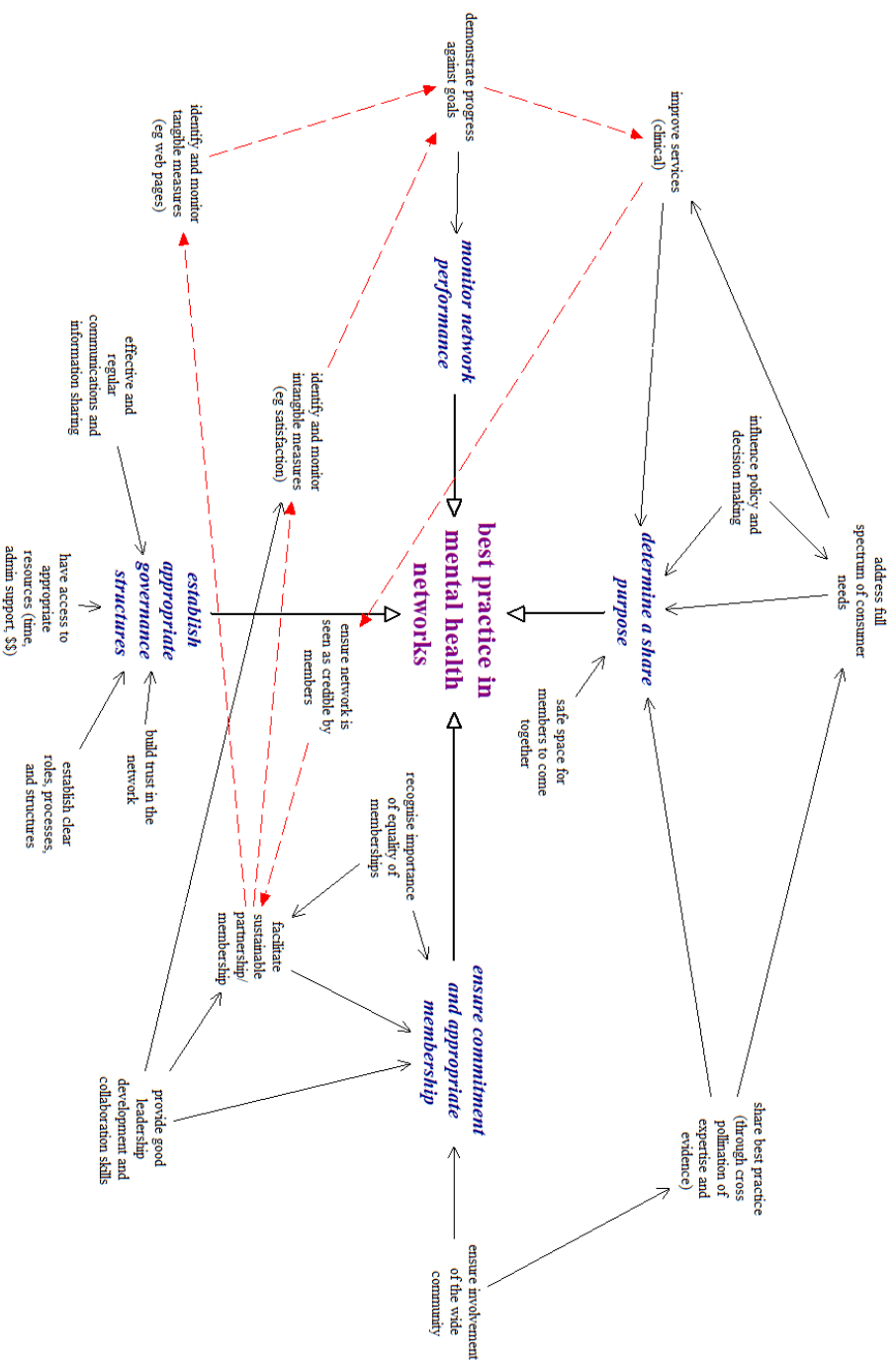
# Findings: appropriate governance



# Findings: monitoring performance

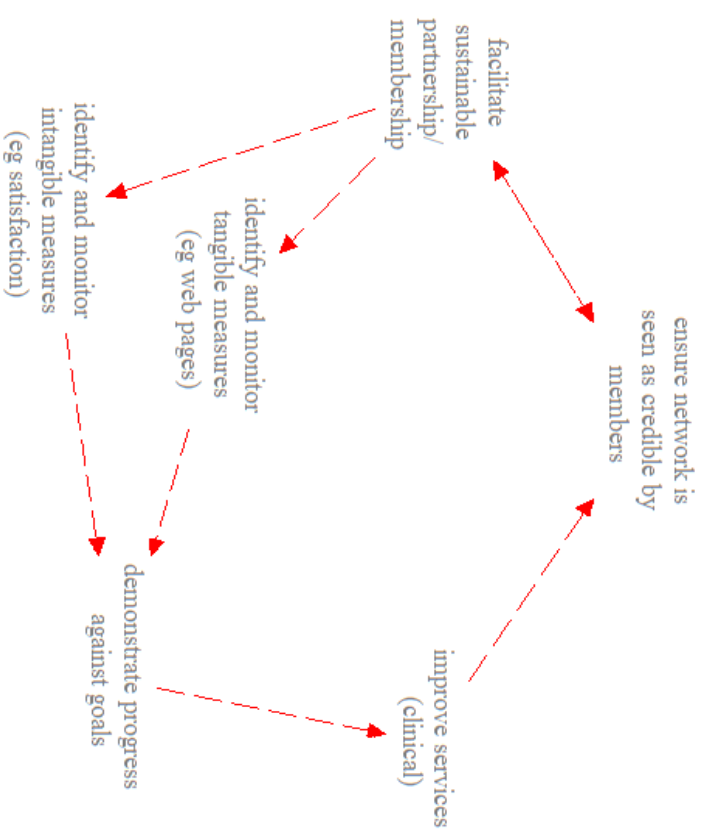




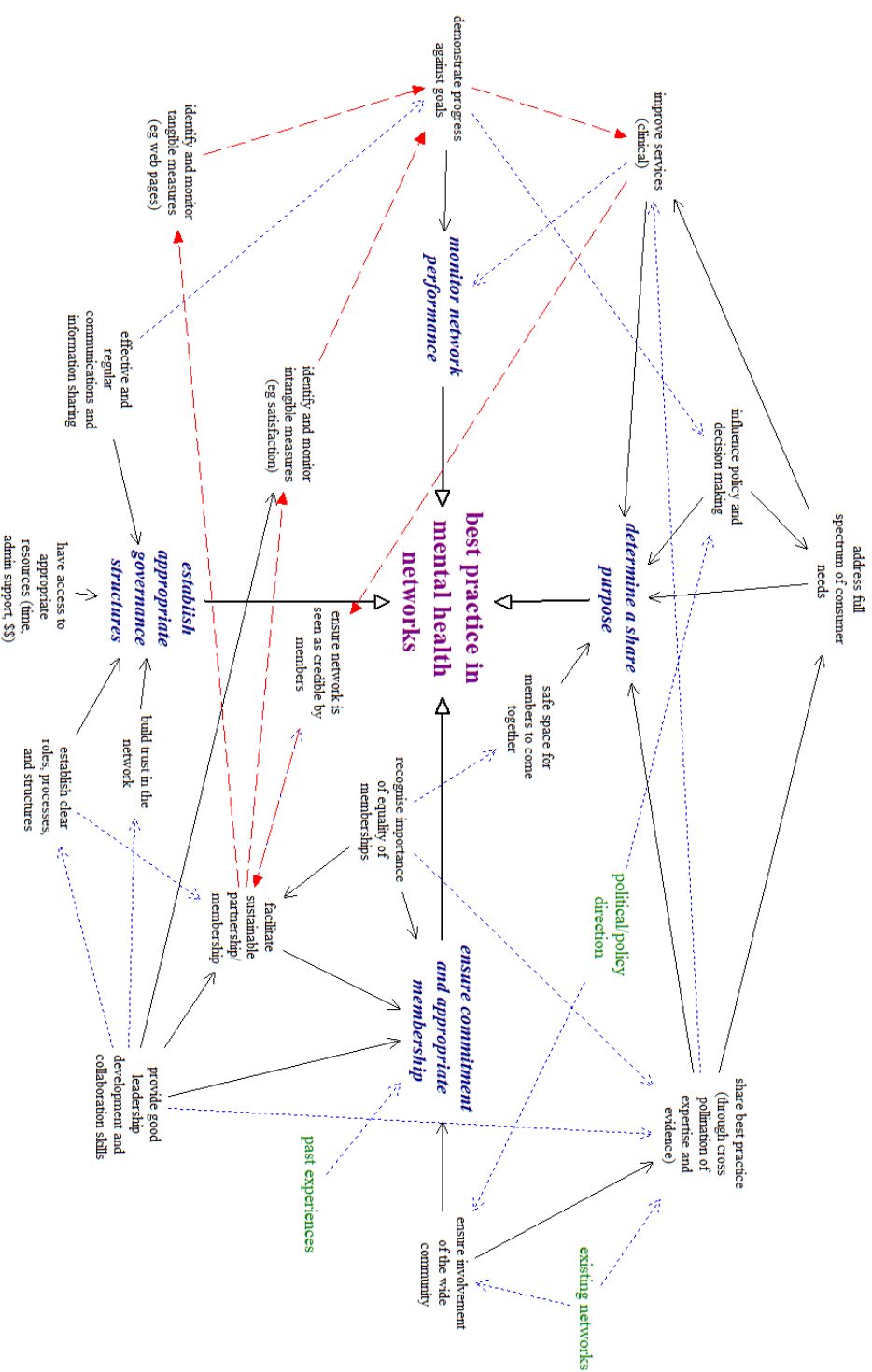


# A Virtuous Feedback Cycle

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# Findings: extending further



# Limitations and Next Steps

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## Limitations

- Focused only on one mental health network at one point in time
- Risk of self-fulfilling outcome from literature review and initial interviews

## Next Steps

- Compare the 'espoused' views elicited from the interviews and literature with the views of those attempting to make the network work 'in action'.
- Compare 'espoused theory' with 'theory in action' (Argyris, 1976) and thus aid the move from single loop learning to double loop learning

# Value to date

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Findings have been considered and incorporated in the most recent review of the MHN by MHC and utilized by Co-leads. In particular, the following actions have been implemented:

- Determine a shared purpose
  - Regular Engagement by Co-leads with MHC and DoH executives
  - Steering committees develop workplans and engage with requests for advice from MHC
  - Sharing of key documents
- Build commitment and membership
  - Communication strategy (webpage, newsletter, mass emails)
  - Targeted consultations and communications ( depending on interests, professions, employer etc)
  - Orientation packages have been completed to assist members
- Establish appropriate governance structures
  - MHC provides admin support and regular meetings with MHC executives
  - EAG provides advice and oversight
  - TOR for steering committees and EAG recently completed and approved
- Monitor performance
  - Annual report
  - Workplan template
  - Completed reports on webpage

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Thank you  
Questions?





# All roads lead to ED

Lived experiences of mental health crisis and mental health emergency

care

Helena Roennfeldt



There are no  
wrong turns, only  
unexpected  
paths.

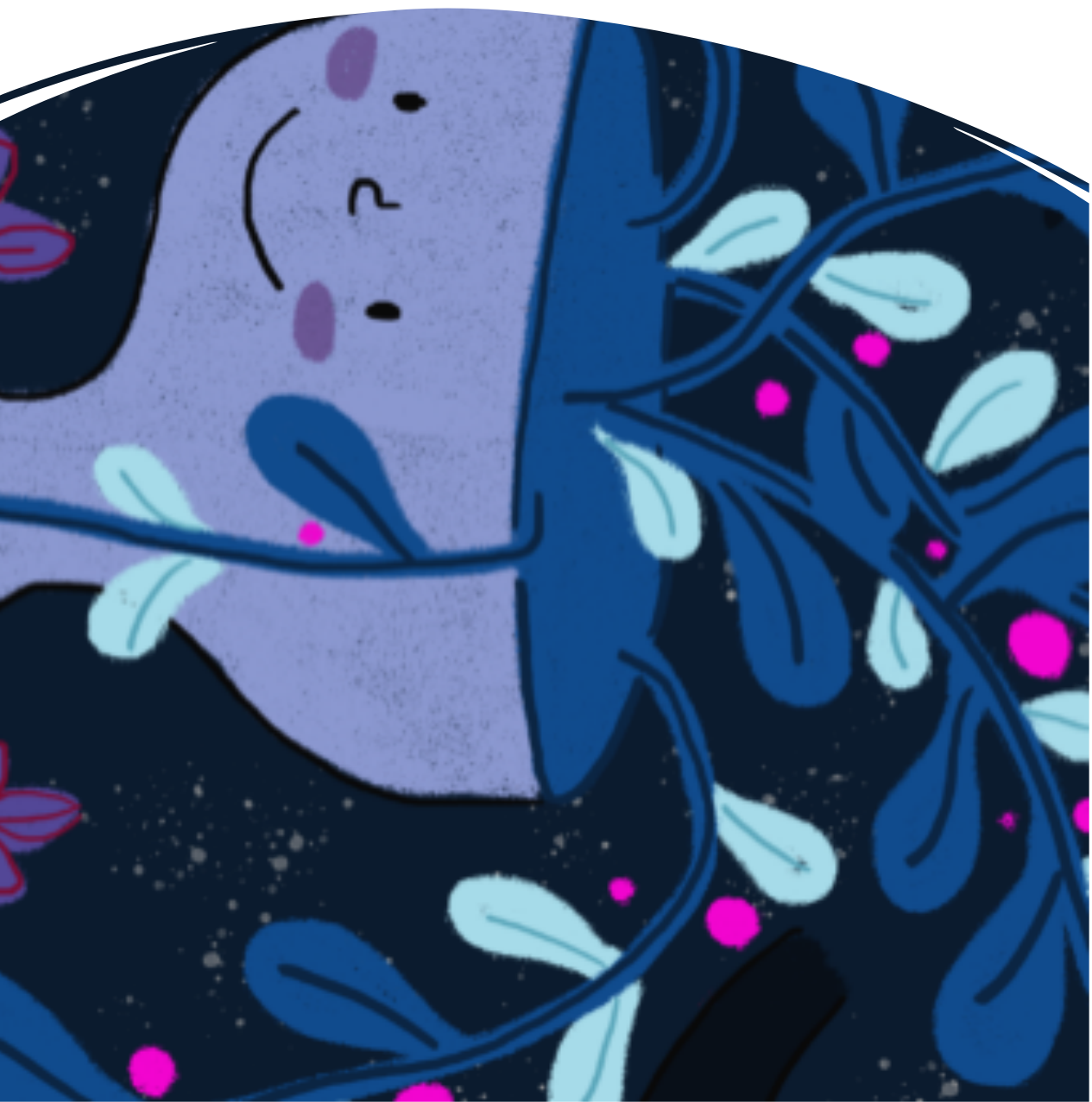




# Lived Experience as identity, in phenomenology, and as ‘evidence’

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Within phenomenology, lived experience has a broader meaning and refers to our embodied experiences and is concerned with deepening our accounts of subjective experience.



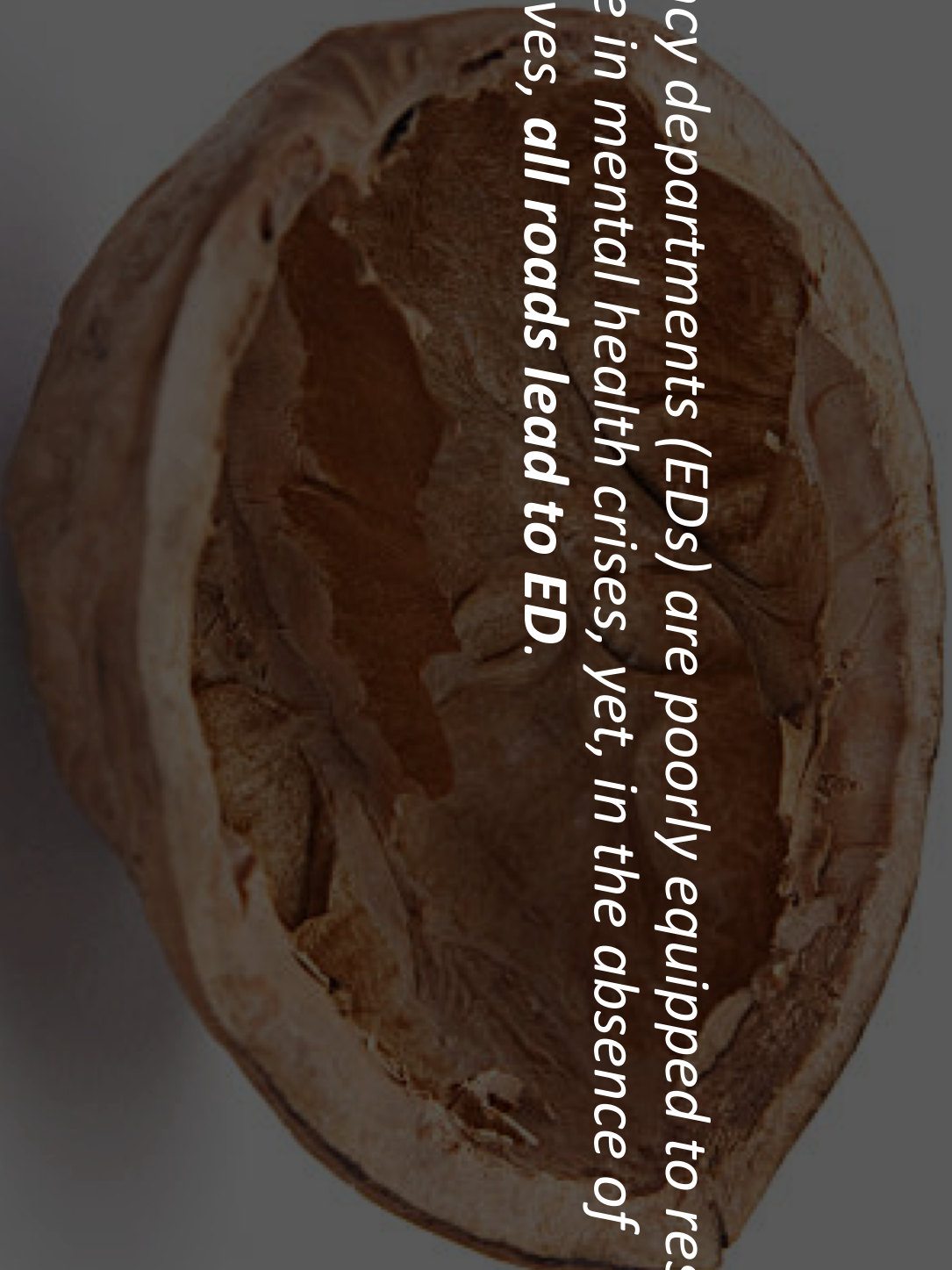
An abstract artwork featuring four stylized human figures in red, blue, grey, and light grey, walking from left to right. The background is a textured, light-colored surface with various colorful lines (red, blue, green, yellow) and shapes, including a large black circle and a smaller black circle. The figures are composed of solid colors with some internal details like a yellow circle in the red figure and a blue circle in the blue figure. The overall style is graphic and expressive.

## **How LE has shaped my topic?**

**I want to avoid objectifying  
and de-contextualising  
lived experience within  
mental health.**



*Emergency departments (EDs) are poorly equipped to respond to people in mental health crises, yet, in the absence of alternatives, **all roads lead to ED.***



## **“A state of crisis”**

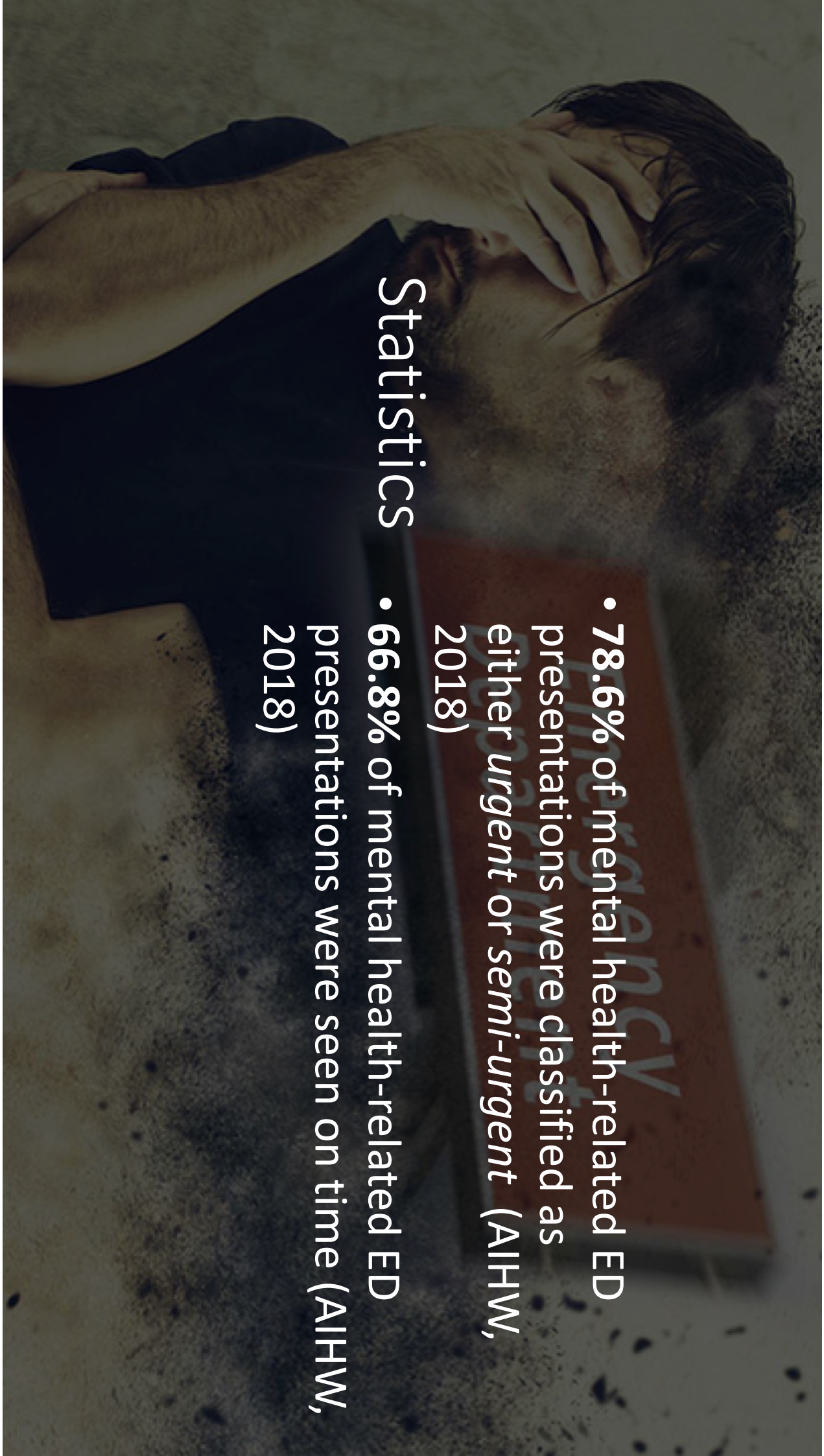
**“Australia’s health system is failing to meet the needs of people who present to emergency departments with a mental health crisis”**

**“Emergency departments are failing in their role as a timely and accessible entry point to the mental health system”**

**“Emergency departments in ‘crisis’ as mental health patients left waiting: new report”**

**“After-hours access challenging for adults with a mental health issue”**

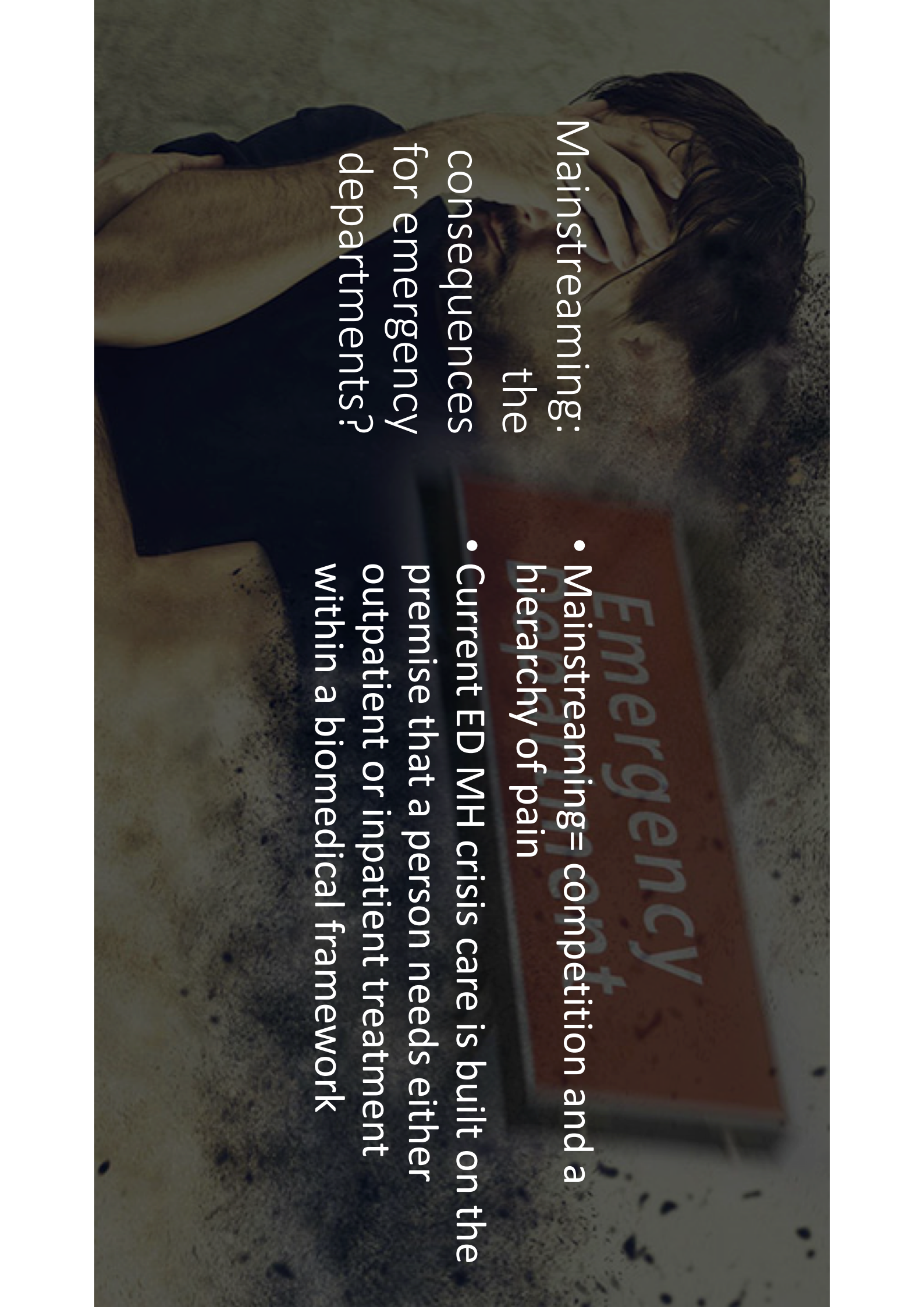
**“Tackling The Mental Health Crisis In  
Emergency Departments”**

- 
- **78.6%** of mental health-related ED presentations were classified as either *urgent* or *semi-urgent* (AIHW, 2018)

## Statistics

- **66.8%** of mental health-related ED presentations were seen on time (AIHW, 2018)



A photograph of a man with dark hair and a beard, wearing a dark shirt, covering his face with his hands in a gesture of distress or despair. He is standing in front of a wall with a red sign that has the word 'Emergency' written on it in white. The image is dark and grainy, with a somber mood.

Mainstreaming:  
the  
consequences  
for emergency  
departments?

- Mainstreaming= competition and a hierarchy of pain
- Current ED MH crisis care is built on the premise that a person needs either outpatient or inpatient treatment within a biomedical framework

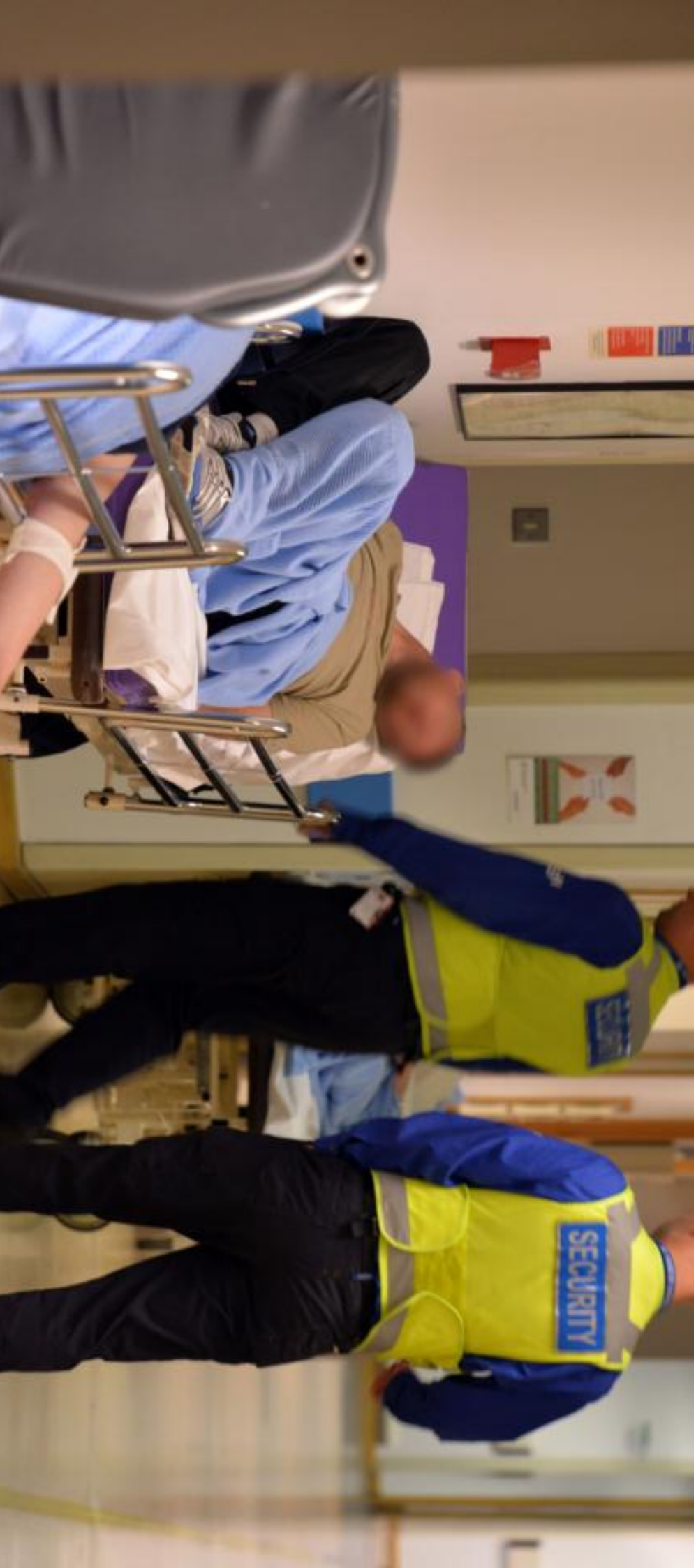
# Why this topic?

*We all are likely to run into psychiatric crises – the person who never does, is rather to be pitied. It is also a situation where we all should have the right to receive help – help to listen to our own capabilities of finding a solution, not to run away from the sometimes painful self-defining that the situation often contains- (Cullberg, 1974)*









Emergency departments as a barometer of the state of our mental  
health system

# Narrative Analysis of the Subjective experiences of people: The Journey Map of Experience in E.D.



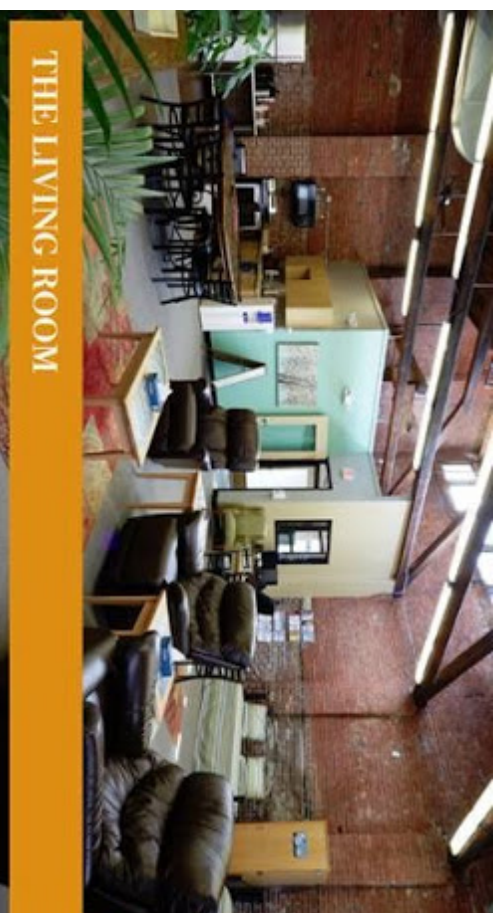


# Impact of MH crisis care

- Shame
- Guilt
- Dismissed
- Humiliated
- Feeling punished like a criminal

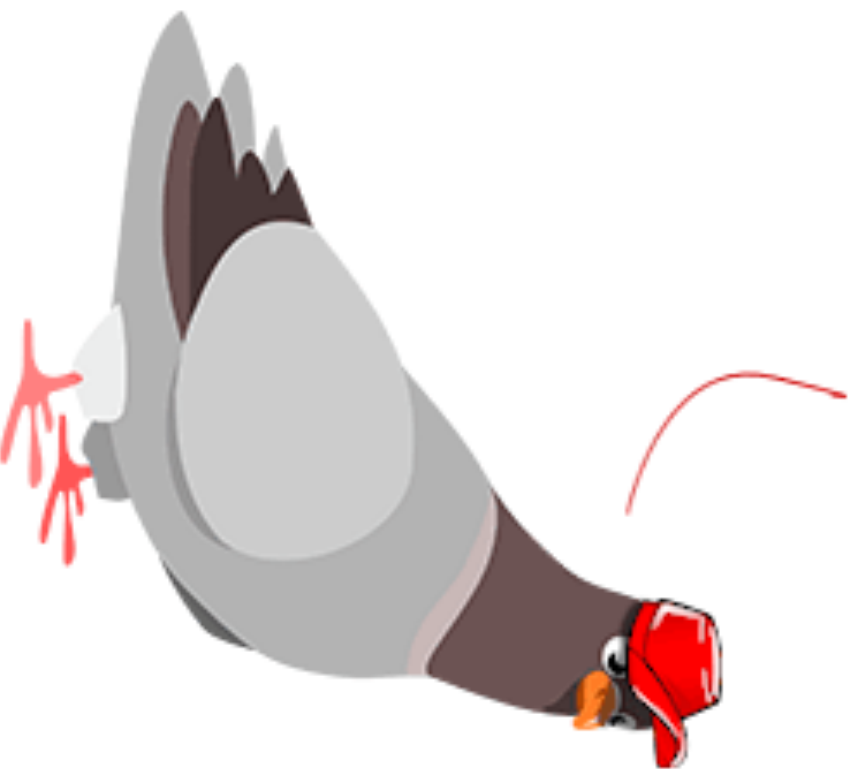
Allen et al., 2003; Cerel et al., 2006; Clarke et al., 2007; Harris et al., 2016; Harrison et al., 2015 Summers & Happell, 2002; Wise-Harris et al., 2017; Vandyk et al., 2013 ).

# The only place with the lights on: The need for alternatives to ED





what's the  
opposite of  
transformative?



uneventful, everyday, ordinary





UBUNTU

"I AM, BECAUSE WE ARE. WE ARE, BECAUSE I AM."



A complex network graph visualization. The central part of the image is a dense, tangled mass of red lines and red circular nodes of varying sizes. Some nodes are significantly larger than others, suggesting hubs or highly connected individuals. Radiating from this red core are numerous thinner, multi-colored lines (blue, green, yellow, purple) that connect to smaller, more distinct clusters of nodes. These peripheral clusters are also multi-colored, with nodes in shades of blue, green, yellow, and purple. The overall shape is roughly circular but with many protrusions and a very irregular, organic boundary. The background is plain white.

# Complexity theory



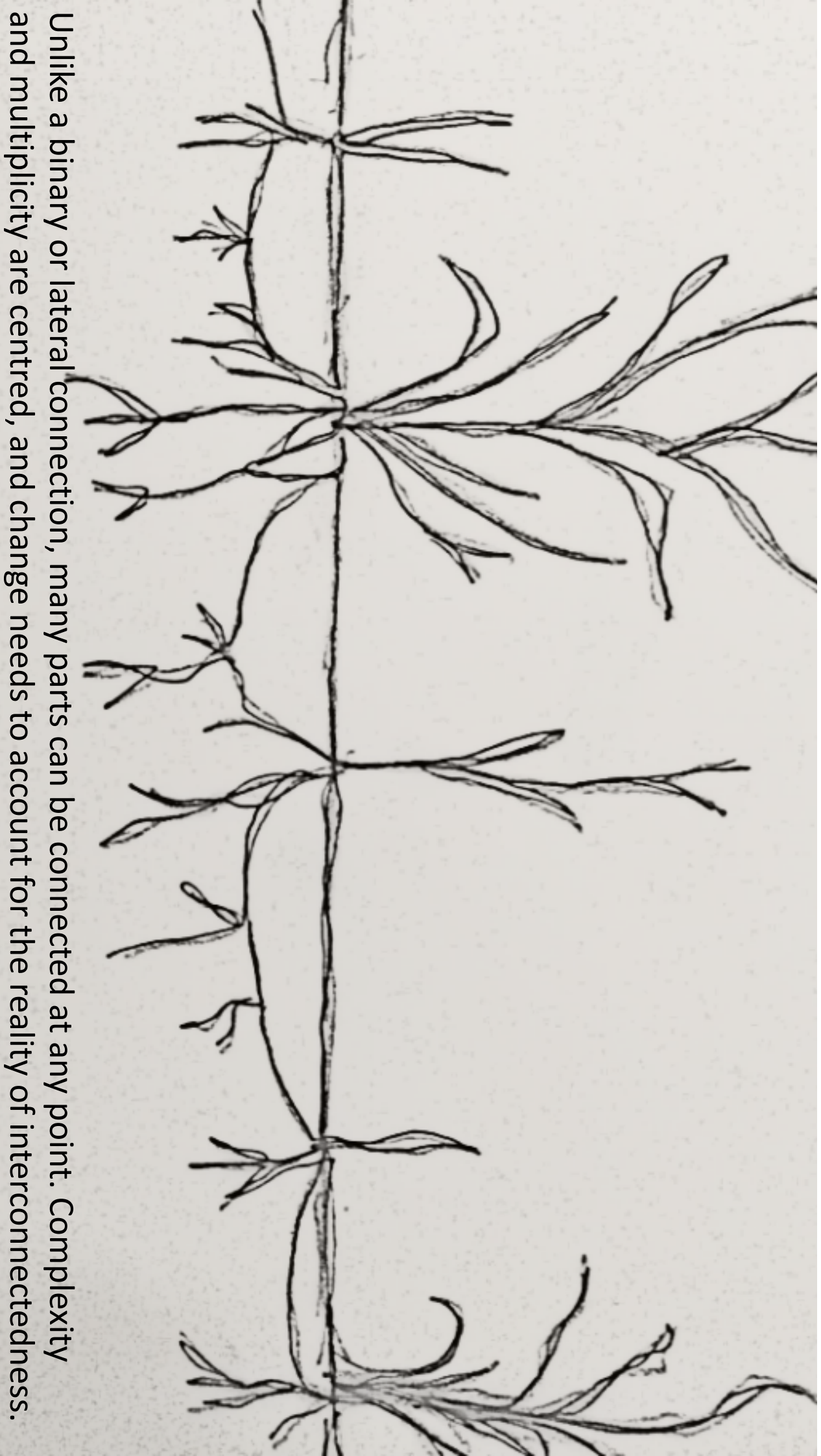
# Dancers and the dance....

Complexity theory provides a powerful and flexible set of metaphors, mental models, and strategies that can guide an understanding of service delivery in settings as diverse as healthcare, business, and community-building

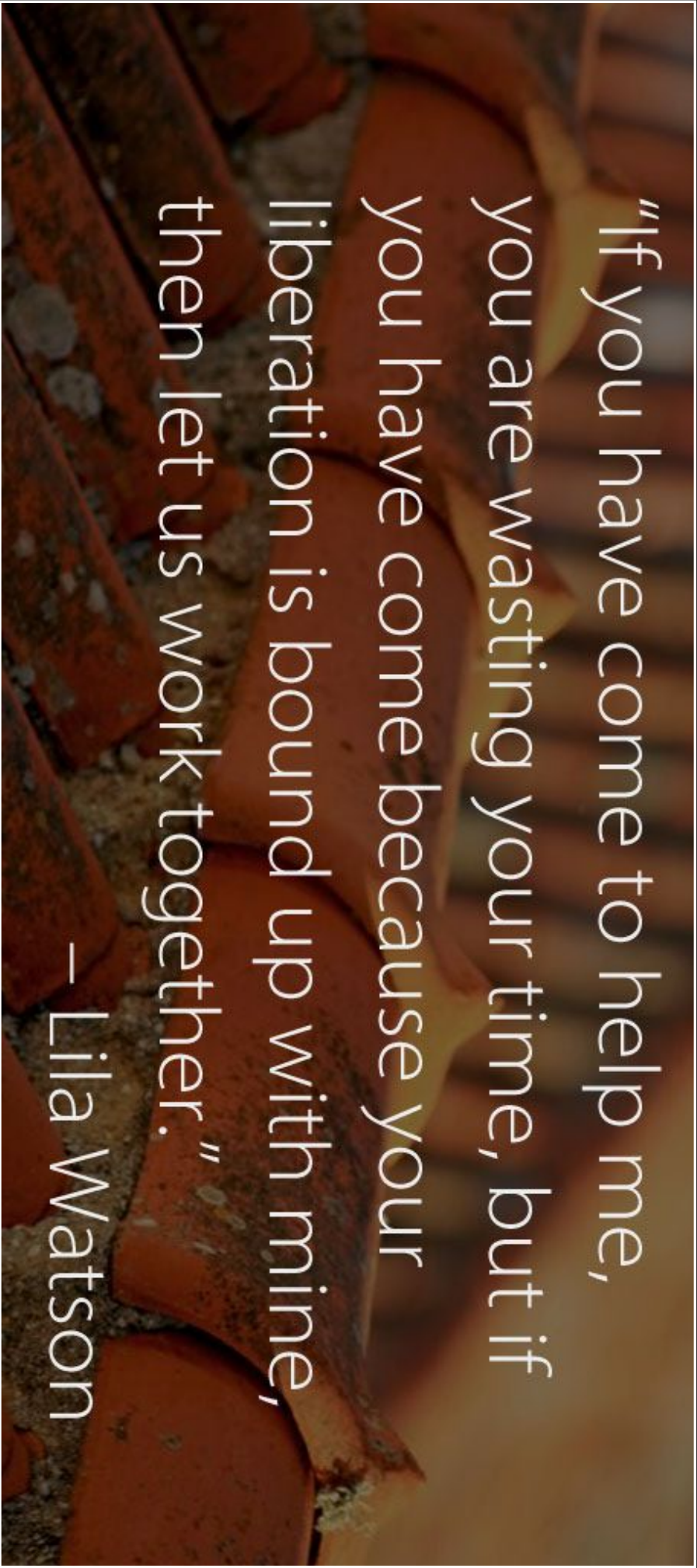
(Zimmerman, Lindberg and Plsek, 2001).







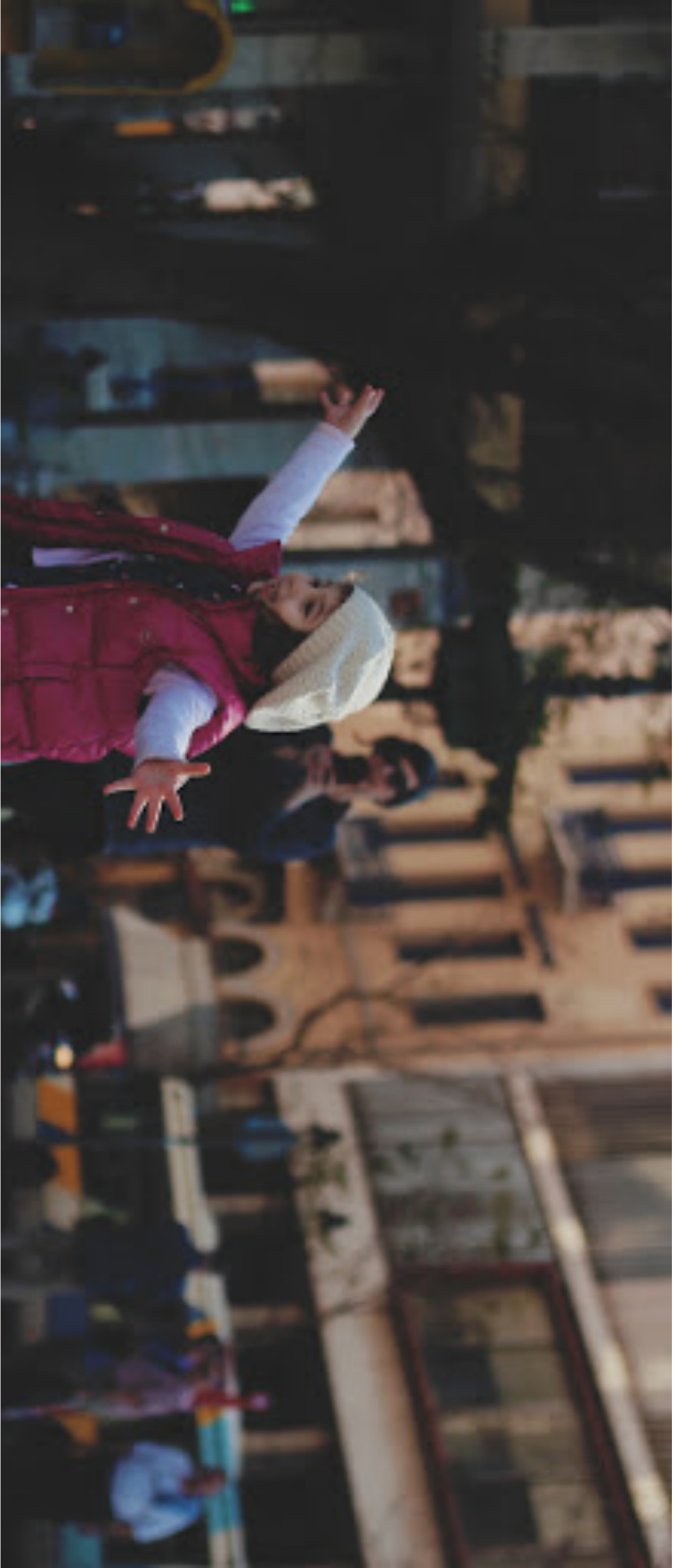
Unlike a binary or lateral connection, many parts can be connected at any point. Complexity and multiplicity are centred, and change needs to account for the reality of interconnectedness.



"If you have come to help me,  
you are wasting your time, but if  
you have come because your  
liberation is bound up with mine,  
then let us work together."

— Lila Watson





“Old ways wont open new doors”





# With deep thanks

To my supervisor: Associate Professor Bridget  
Hamilton, Dr. Nicole Hill & Dr. Louise Byrne

Questions  
welcome

