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Biography

Tabitha Merrell is the Information Services Officer at the Centre for Rural and Remote Mental Health Library based at Bloomfield Hospital in Orange NSW. Tabitha has been with the CRRMH almost since its beginning. She started there in 2002 as one of the first staff members. Tabitha has previously worked in a number of other special libraries including the Information Research Center at the Embassy of the United States in Canberra for four years, the National Sport Information Centre at the Australian Sports Commission, in Canberra for two years, and the JK Avery Resource Centre at the NSW Police Academy in Goulburn for four years.

The role of partnership libraries in New South Wales health – The Centre for Rural and Remote Mental Health Library Experience

Abstract

Libraries in NSW Health are becoming more involved in partnerships. As partnership libraries there are a set of unique challenges to be faced. The Centre for Rural and Remote Mental Health Library for example is a joint venture between the NSW Department of Health, Greater Western Area Health Service and The University of Newcastle. These libraries are usually small libraries similar to other health libraries, usually staffed by only one or two team members. They have similarities to health libraries and similarities to University libraries, but for all that they are still very unique. This presentation looks at the Benefits and Challenges of these unique partnerships and attempts to assist others who may find themselves in similar situations.

Introduction

Partnership libraries in health are growing in number. But what is a partnership library and what is its role? What are their benefits and what are their challenges? Why are they becoming so popular and what does the future hold for the partnership library?

First a definition of partnership library. The Macquarie Concise Dictionary (1988) defines partnership as 'the state or condition of being a partner; participation; association; joint interest.' A partnership library then is a group of organizations working together to provide library services. In the case of the Centre for Rural and Remote Mental Health (CRRMH) it is New South Wales Health; The University of Newcastle and the Greater Western Area Health Service (GWAHS). To illustrate the role of this partnership library in NSW Health, it is important to understand the background of the Centre for Rural and Remote Mental Health and the role that was envisaged for the Library.

Background – CRRMH

The concept of the Centre was initiated by Dr John Hoskin, a psychiatrist with many years experience in the Orange area and Associate Professor Paul Fanning, former Area Director of Mental Health Services for the Greater Western Area Health Service (GWAHS) who wanted to 'bring together a critical mass of expertise in order to provide leadership and focus for the development of effective and efficient rural and remote mental health services in NSW.' (CRRMH 2004).

Finally a statement of agreement between the Health Administration

Corporation and The University of Newcastle was signed in June 2000 to provide funding over five years to establish the Centre. The first staff members were appointed in January 2001. The Information Service Officer of the Library was appointed in January 2002. Other administrative and academic staff were appointed in subsequent years.

Background of the Library

Bloomfield Hospital, where the Centre is based; had its own library for patients and staff. A library officer ran the library on a part time basis. When plans for the Centre Library were formulated guidelines were set up to protect the collection and services that existed.

Included were:

- ownership of material;
- contributions to salary of librarian;
- current subscriptions to journals;
- access to the Centre Library;
- library resources for the patients;
- including location and availability;
- and
- consultative process for purchases.

The Bloomfield Hospital library collection was reviewed and divided into fiction and non-fiction. The fiction material was located separately to ensure easy access by patients. The non-fiction material was relocated to a designated room that was to become the library. A desk had been built, but the rest of the room was bare, an exciting if somewhat daunting prospect.

The collection was sorted as much of the material was quite old and no longer

reflected the perceived aims of the library. This was a sensitive area as current services were important and had to be protected. However this was made easier as many of the needs of the current library users were similar to those of the projected ones. A consultative process is maintained by having a Collection Committee that meets on a regular basis to provide valuable input into the scope of the collection. It was important however for the library to specialise in mental health with a rural and remote focus whilst still trying to meet the needs of the staff of Bloomfield Hospital and the area health service.

The funding of the Centre comes from the NSW Department of Health through the Centre for Mental Health program unit. Some funding from the Greater Western Area Health Service is also contributed. The Centre is run under the auspices of The University of Newcastle who provide in kind support. This partnership then is a three-way partnership between The Centre for Mental Health, Greater Western Area Health Service and The University of Newcastle. The Library's direct clients are the staff of Bloomfield Hospital for services similar to those provided by other health service libraries, but it also provides specialist services to all staff of NSW Health.

What is the role of a partnership library?

The role of a partnership library is similar to other libraries in that it aims to meet the perceived needs of its clients. What makes this library different from the previous library and from other health libraries is that it was to meet a need not currently being met, that of, in

this example, mental health information with a rural and remote focus. This partnership library also differs in that its clientele is all of NSW health, rather than a specific health service. However, services for existing clients of Bloomfield Hospital do have to be maintained.

This library then is a hospital/medical library, as it provides services to the established clientele; but it is also an extension of the research and education facility of the Centre, providing services to the staff and conjoint appointees of the Centre and specialist services to staff of NSW Health.

What are the benefits of a partnership library?

What are the benefits of a partnership library? Why not just provide funding to University Libraries or existing health libraries?

Partnership organizations particularly in this example are able to have the best of both worlds. They are able to stay relevant and place into practice new research by being a part of the health service and dealing with health service personnel. Those that are dealing with day-to-day issues can identify key areas of research. By seeing that research is relevant, it also increases the co operation by health service personnel. However by being part of a University the research the Centre is doing is recognized academically, which promotes publications and funding. This also means that direct changes in policy are more likely to occur. The partnership library then is able to promote both benefits. It can promote and promulgate the relevancy of research and information to health service personnel,

but it can also act as a conduit for concerns and requests for information from the health service to the researchers.

Because this is a partnership library and the position is equally funded by GWAHS and The University of Newcastle; the Librarian has access to the research databases of both organizations. In this example access to CIAP (Clinical Information Access Program) is available. This is a suite of medical databases with licensing agreements for NSW Health Department employees. The Librarian also has access to The University of Newcastle's databases. This is obviously a much larger range of databases and electronic journals, reflecting the courses at Newcastle with licensing agreements for the staff and students of the University. Although for licensing reasons it is important to establish each person's employer and therefore the databases they access; the Librarian can access both due to funding arrangements. This is an invaluable tool when doing search requests for clients.

Partnership libraries then have the advantage of more flexible boundaries, unlike the more traditional health libraries. This allows them to specialize. Many other health libraries have to have a broader medical focus. The CRRMH library however is able to have not only a mental health specialty, but to narrow this down further to a rural and remote focus. It also allows access to a wider client base. The services can be offered to a wider range of people, not just those of a particular area health service. The services offered by the Centre Library are for anyone with a specialty in

mental health. This is often an area that is under serviced.

Partnership libraries also have the benefit of flexibility. After almost four years the CRRMH library has evolved quite rapidly and will now be given the opportunity to do so further with the extension of the Centre's funding for a further five years. The CRRMH library supports the research the Centre does. This means when the research changes focus, so does a part of the library both in terms of collection, and access to material. This means the library and its policies continue to evolve. Again, it is important to note here the balance and sensitivity that must be used, as the current services provided to the staff of Bloomfield, and the area health services must be maintained, even though they are being enhanced in other ways.

What are the challenges of a partnership library?

The most unique challenge for partnership libraries, especially this one with balanced funding is duplication of tasks for different funding bodies; each organization has its own policies regarding internet usage, procurement and firewall access. The partnership library has to know that these policies exist, and when they are applicable. Policies or procedures that must be used may not even be known.

One of the biggest challenges for the CRRMH Library, and in fact a large part of the initial start up was finding, creating and documenting policies and procedures used for different tasks. In some cases this has meant two procedures for the same task, depending on which organization the practice is for, for example, acquisitions.

Access to information technology and services has been one of the biggest challenges for the CRRMH library. However, other health partnership libraries have had similar problems dealing with firewalls and helpdesks. With partnership libraries you have all the parent organizations firewalls to deal with. With the CRRMH it was The University of Newcastle and the NSW Department of Health. The difficulties of this can be demonstrated by the Centre Library's catalogue. The CRRMH uses the catalogue of the library of The University of Newcastle. The connections to the databases and the catalogue originally could only be accessed via a separate Internet Service Provider and dial up modem. This was a slow and unreliable option, particularly with a country connection.

This challenge has been partially solved by the University's implementation of WAM (Web Access Management) software that allows for direct connection to databases via the internet, with no firewall issues. This allows direct access to the databases available through The University's library.

The catalogue however, is a different story. It can be difficult, in the experience of the CRRMH, to get Information Technology departments talking to each other. This means that currently the CRRMH has telnet access to a dumb terminal type interface of a much more sophisticated system. The telnet access will also cease in the foreseeable future. A solution has been reached in that the CRRMH will be moving to The University of Newcastle's Information Technology platform; however this brings with it its own

challenges of firewalls and access to the Department of Health intranet. Again a solution has been reached by utilizing the library. The library will maintain at least one connection to the Department of Health server so that a terminal is available for use in the library. This solution has yet to be implemented and the reality may create its own challenges.

The other side of this is the University Library's catalogue. The CRRMH was unable to isolate its holdings and could only do broad searches for information. It was not possible to see at a glance the Centre's collection, which made the catalogue very unfriendly from a user's point of view. This has recently been solved by an upgrade to the Millennium software and the collection is now available for searching.

The first challenge faced was dealing with the process of an organization that was associated with the Centre but that the Centre was not necessarily seen as part of. This meant that tasks such as working out how to organize movers for the packed boxes and how to get the shelving constructed became quite complicated.

Another challenge was coming into a new library that had been designed and partially begun by someone who had not seen the actual space. It meant that some creative design was used to make full use of the available space. There were also little things like not having bookends when putting books on the shelf. It really is the little things that matter.

This highlights the difficulties faced when dealing with more than one

organization. There is a need from an early stage of development, of a dedicated individual or team, with the relevant technical support and knowledge, to map the focus of the infrastructure of all areas of the partnership including, in this example, the Library.

Other challenges faced by partnership libraries are those faced by all special libraries; particularly health libraries. Among these are staffing. The CRRMH library is a one-person library. The library went from being a part time staffed, twenty-four hour accessible operation to a full time staffed, business hours only accessible operation (A total of at least thirty five hours per week). This has meant challenges in expectations. The library is now staffed longer, with more services being offered and therefore expected.

This library is also run as a job share that brings with it its own challenges in communication and information sharing. There is also a casual staff pool, which can create difficulties. Because it is not a simple library operation, it can be confusing to those who only work for short periods at intermittent times.

The library is servicing a much wider range of clients, meaning more demand on services, added to this are the staffing levels at the Centre. These can fluctuate due to the number and nature of projects that are running at the Centre or being serviced by the Centre. When there is an influx of new staff there is an increase in demand on the library services until staff gain an understanding of how to use databases and other services they can access directly. Staffing levels have increased

at the Centre from two others at the beginning of the library to a current total of twenty-seven on-site staff.

Health Partnership Libraries such as the CRRMH Library are created on limited funding. The Centre's funding ceases in 2006, and although funding has been awarded, details are often not confirmed until a new funding period has started. This can be unsettling for staff and it can impact on funding for purchases and long term planning.

It is important to note here that because partnership libraries are so new, there is no template. Although currently partnership libraries are outside of many people's experiences, hopefully as they become more common, many of the challenges will decrease or disappear.

Why are Partnership Libraries becoming so popular?

Health Partnership libraries then have many benefits and challenges, so why are there more of them starting to appear? Examples of these are the University Departments of Rural Health, such as those through The University of Newcastle at Tamworth and Armidale, with partnerships with the hospital libraries in the region. A similar situation exists at Dubbo and Orange, with the University of Sydney.

It would be interesting to further investigate the reasons for this however the author would speculate that some of the reasons for this may be, funding. Partnership libraries are funded jointly rather than by one organisation. This allows for more flexibility in size and coverage by the library. Partnership libraries can specialise to a much greater level, as demonstrated by the

CRRMH library; which has not only a mental health specialty, but within this a rural and remote focus. Partnership libraries are often set up, again as demonstrated through the CRRMH example, to meet perceived needs that are not being met through the current infrastructure, including restriction by area health service, rather than state wide. Because partnership libraries are not part of the existing infrastructure when they have met the need identified; or made the required changes to the existing infrastructure, they are no longer required, and can cease to exist. Partnership libraries also allow for the joining of expertise across disciplines, which may be harder to otherwise achieve. The CRRMH Library uses the expertise of The University of Newcastle for the research and education components. For the health components however, the expertise lies with the NSW Department of Health employees.

What Does the Future hold for Partnership Libraries?

Partnership libraries will continue to emerge and evolve. This has been demonstrated by the increase of libraries such as those that are evolving as a result of the University Departments of Rural Health. These are not new libraries, but they are existing libraries changing to meet the expectations and needs of the larger roles they have been given.

There is a growing need for specialist libraries and the funding and infrastructure that is currently available precludes existing libraries from being able to meet this need, as they are. It may be that health libraries as we know them change and partnership libraries become the more common.

Mental health particularly is an area where information is being sort, through research and as a means of trying to understand a subject that has been for too long ignored. One way of increasing the information both for research purposes and for those suffering from or caring for someone with a mental illness; is through access. This access can be obtained through partnership libraries such as the CRRMH Library.

It is possible to speculate that Partnership libraries will meet the goals they were set up for and disappear or they will create a niche and become a more permanent fixture. Or as technology and access to it continue to develop; it may be that the role of the partnership library becomes more of a virtual one; acting as a guide to existing literature and resources, rather than a provider or collector.

There are interesting times ahead for partnership libraries. However one aspect of the future that won't change is the need for rapid development. To meet the needs of the organisations that created the partnership, this will always be an essential feature.

Conclusion

The CRRMH was set up to meet an identified need to bring together the expertise through research and education to identify and provide effective and efficient mental health services to rural and remote mental health. To support these aims the CRRMH Library was set up using the existing resources of the Bloomfield Hospital Library as it cornerstone. A health partnership library was formed. This was done because the current infrastructure alone was unable to meet

the identified need. A partnership library was able to go beyond the area health service and university boundaries.

The benefits of partnership libraries are their potential to specialise, not just to the level of subject areas, but to particular parts of a subject area. They are flexible as the changes in the organisation are rapid, so too are the changes in the library.

There are many challenges facing partnership libraries; such as staffing. Most of these libraries are one-person libraries like health and special libraries generally. As with all one-person libraries there is more demand than hours available. The other aspect of demand is that a wider client base also generates more demand. As specialised services become known demand also grows. Technology is another challenge. With partnership libraries there is often more than one IT department to deal with, as well as more than one system. Policies are duplicated. Each parent organisation has its own policies and in many cases more than one set of procedures must be developed and

used depending on the specifics of the situation. Funding is another issue. In the case of partnership libraries funding is usually through grants and therefore for very definitive time periods. New grants have to be applied for if the organisation continues, and this can mean uncertainty for staff, resources and planning.

Why the growth of partnership libraries then? Reasons included funds, allowing expenditure to be shared between organisations. Partnership libraries can become more specialised in subject areas that other health libraries may not be able to do. Partnership libraries are also able to meet perceived needs that are not covered by existing infrastructure. Partnership libraries can also be transient. Once they have met the requirements for their creation the possibility exists for them to be removed or discontinued. Partnership libraries also allow for the joining of expertise from different disciplines. These are likely to grow, due to the continuing need to provide a service that is not otherwise an option.

References

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