What is this?

The Method

MESS MAPPING PROCESS

The Mess Mapping analytic process. Building a Mess Map™ is a group process. Facilitated teams usually in task forces build a common mental model of the interrelated set of problems the sector will face before we have adequately prepared ourselves. This process was invented by Robert E. Horn and has been used in approx. about a dozen cases (as of 2013).

The concept of "Social Messes. Russell Ackoff, of the Wharton School, originated the concept of the mess. He describes messes as collections of problems and other messes, suggesting that "no problem ever exists in complete isolation. Every problem interacts with other problems and is therefore part of a set of interrelated problems, a system of problems."

At MacroVU, we think of social messes as having these characteristics:

- complicated, complex, and ambiguous
- much uncertainty – even as to what the problems are, let alone what the solutions might be
- great constraints
- tightly interconnected, economically, socially, politically, technologically
- seen differently from different points of view, and quite different world views
- contain many value conflicts
- are often a-logical or illogical.

Different levels of analysis for social messes. Messes can be analyzed and described at different levels of focus. For example we have helped county task forces on mental health, long term care of the elderly, and national and international task forces to address their messes.

A new group process for capturing expertise. The Mess Mapping™ process is a general method for groups working on complex problems. It is based on the assumption that multidisciplinary task groups need special forms of group interactions in order to effectively use the expertise assembled. Nearly every expert in such a group has come to the table with their pet "solutions" to the "problem." This interferes with deeper exploration of the mess as well creative exchange.

The use of the concept of a "mess' as an interrelated set of problems breaks that initial mind set and challenges the experts to work together to produce an analysis they would not have produced by themselves or in a conventional group process. This changes their motivation from displaying their expertise to involvement in exploring new territory together.

The use of the physical metaphor of a "map" also intrigues them. It draws on their experiences of navigating in new territory as well as in the process of constructing the map which changes significantly over several sessions.

A large version (24 x 36 inches) of the mess map template was placed on each table. An even larger, mural size version hung on the wall. In addition, each participant was also given a more abbreviated "place mat" version (about 11 x 17 inches).

For further information on Mess Mapping processes for your group, contact:

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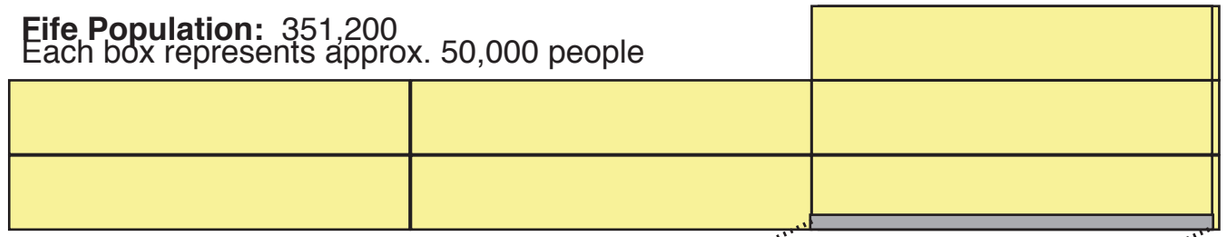
How do I get a printed copy?

You can print this mess map out at your local print service bureau.

Where to look for potential suicides

Suicide Statistics for Fife

Fife Population: 351,200
Each box represents approx. 50,000 people



Who is depressed?

2.5 % **depressed people** at any one time
Approx. **8700 people.**

Who gets treatment for depression?

Depressed people make 42,000 contacts per year with National Health Service doctors, mostly with their family doctor not mental health services.

**Police Pick up

Est. 270 people who self-harm per year are picked up by police and detained at the police station (based on observed patterns at Kirkcaldy police station - see note**).

220 people who self-harm are known to have a mental illness, usually depression

Who self-harms?

Approx 1600 people who self-harm per year are seen in A&E or picked up by police. There are others who do not come to the attention of services. In studies that follow-up over 10 years the annual suicide rate is 1%. Thus we might expect 16 suicides a year in Fife to come from the group of people who self-harm and are seen either by the police or A&E.

*Who gets seen in A&E?

1300 people who have self-harmed are seen in A & E each year. At least half have alcohol and drug use problems (see note *).

Who gets a psychiatric assessment?

Of people who self-harm, 850 (about 2/3) are admitted to general hospital, get psychiatric assessment the following day and are then discharged. In addition approx 130 (10%) are seen by a mental health specialist in A&E and sent home without admission.

Who commits suicide without a history of self-harm?

Almost 1/2 of suicides (probably depressed) have no history of self-harm and are not known to mental health services (although over 70% of all suicides see their GP in the two weeks prior to suicide).

Who commits suicide?

54 suicides committed in Fife in 2002

Who is affected by suicide?

Est. 324 close family members and friends are affected per year, so in Fife, an est. 1,300 people at any one time will be in grief

Notes

*Approx. half are men and half women
Average age is 29 years. Range is 15 - 71.
80% of these people arrive in A&E outside working hours.
70% arrive by ambulance.
15% refuse treatment.

**In 6 months in Kirkcaldy police station 45 people with self harming behavior were diverted from the justice system into other mental health services (results from pilot MHO project).

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What is this?

The CONTENT - How the suicide prevention system looks to people delivering services -

Organiztional challenge
How can problem-solving groups, commissions, task forces understand the context and interrelationships of the social messes they've been assisgned to work on?

Challenge of the issue
How can we find and help people who are thinking of committing suicide? How can we do this when it is very difficult to know what is in people's minds?

Information analysis and display challenge
Part of our project challenge evolved as the project developed. How to portray different views of the social messes that such task forces usually find they are facing? How to rapidly develop visual common mental models that enable the task?

Solution
Develop a suite of knowledge maps -- displayed as murals -- that provide the groups with successively more detailed and comprehensive views of the issues. In particular, we developed ***five views*** of the suicide prevention mess, each shown on separate panels.

View from top manaement
The first shows the set of organizations and secctors of governance and service delivery as seen from the standpoint of top managament, where most organizations were focused on other issues and goals and thus regarded suicide prevention as only one of many secondary issues they had to manage.

View of service deliverers: the mess
Another was a "standard" mess map showing the systemic inter-relationships of problems as seen from the points of view of different organizations and sectors in the county.

View of how to predict and find
Another set of diagrams shows how we addressed the thorny issue of how do you identify "potential" suiciders. It is like looking for a needle in a haystack as the old metaphor goes. Maybe it is even looking for the haystack itself. **(SHOWN AT LEFT)**

View of the larger system: the vortex
We also developed a larger knowledge maps to show the creation of a rather expressive view of the mental health delivery system from the standpoint of the metaphor of a vortex.

View- Stepping back for commentary
We also used the capabiilties of large visual knowledge maps to illuminate various aspects of the vortex system in more detail.

Client
National Health Service, County Fife, Scotland, U.K.

Project team
Robert E. Horn, visiting scholar, Stanford University and President, MacroVU, Inc., Margaret Hannah, M.D., Fife Public Health, Scotland, and Graham Leicester, President, International Futures Forum, St. Andrews, UK.

Thirty directors and staff of the different agencies who had some role or part of their mission as suicide prevention.