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Vision & Intelligence

EVIDENCE BRIEF
NOVEMBER 2026

EVIDENCE BRIEF · INNOVATION AND NETWORKS

Network Meetings Bridge Mental Health Care

Do cross-sector networks improve mental-health care?

Up to 60 to 70 percent of visitors to civic organizations in one Dutch city had mental health problems, two to three times the rate in the general population. Studies of network meetings between Danish hospitals and municipalities and of an open network in Maastricht show whether meetings across sectors improve care, and what holds them back.

By Eventamin · How we work 12 November 2026 Denmark, Netherlands

3 studies

mental health care | cross-sector collaboration | network meetings | recovery-oriented care | intersectoral care | public mental health | health system networks | care coordination | community mental health | professional networks

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KEY FINDING

Cross-sector network meetings support recovery-oriented mental health care: professionals say care works when hospital and community staff meet with users, and an open network in Maastricht revived collaboration after a fragmented system failed. But laws, management tools and medical routines pull meetings toward checklists, and plans are often lost when users move between sectors.

Three studies, 2017–2022

Key findings

- **Meetings make care coherent.** All 18 professionals in Danish focus groups said cross-sector care succeeds when hospital and community staff come together, citing quarterly three-hour meetings with every relevant professional[1].
- **Plans get lost between sectors.** 17 of the 18 professionals said plans made in hospital rarely carry over to the municipality, so users start over[1].
- **Meetings drift to practicalities.** 16 professionals saw network meetings as a priority but disagreed on their aims, and users felt meetings focused on medicine and housing rather than recovery[1,2].
- **Rules pull toward checklists.** Workshops with 32 participants found professionals' language shaped by checklists, laws and economic priorities, with no common language between hospital and municipal staff[2].
- **Open networks can rebuild collaboration.** After a violent incident in Maastricht in 2014, a participative investigation revived dormant collaborations among front-line organizations and proposed a shared network of key staff[3].

FOR THE MARKET

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Market outcomes

What the studies mean for each part of the industry.

Organisers & associations	Cross-sector network meetings work when they are regular, include every relevant professional, the user and relatives, and agree on an aim beyond practical issues; a handover owner prevents plans from lapsing between sectors.
Academia	Participative research can itself convene a network: in Maastricht, the investigation's group meetings and a neutral facilitator rebuilt collaboration among competing organizations.
Investors & advisers	Funders and policymakers who decentralize funding without coordination fragment services; funding a small network of key staff positions across organizations and shared information systems rebuilds the links that failed.

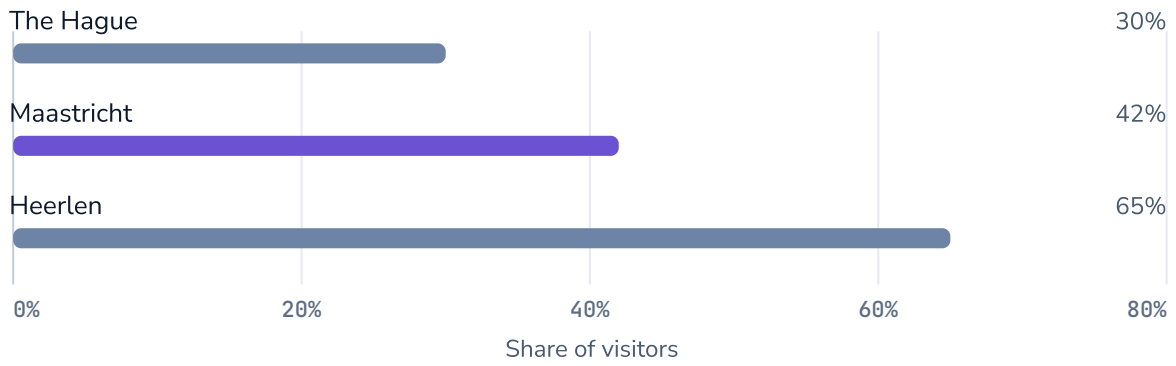
Fragmented care, shared users

People with mental health problems move between hospitals, municipal services and civic organizations, and each sector works under its own rules. In the Netherlands, mental health problems among visitors to civic organizations ranged from 30 percent in The Hague and 42 percent in Maastricht to 60 to 70 percent in Heerlen, two to three times the rate in the general population[3].

Studies in Denmark and the Netherlands examine whether networks and meetings across sectors improve care.

Share of visitors to civic organizations with mental health problems in selected Dutch cities

Point prevalence.



Source: Rhodes & de Vries · Release date: 2017 · Region: Netherlands

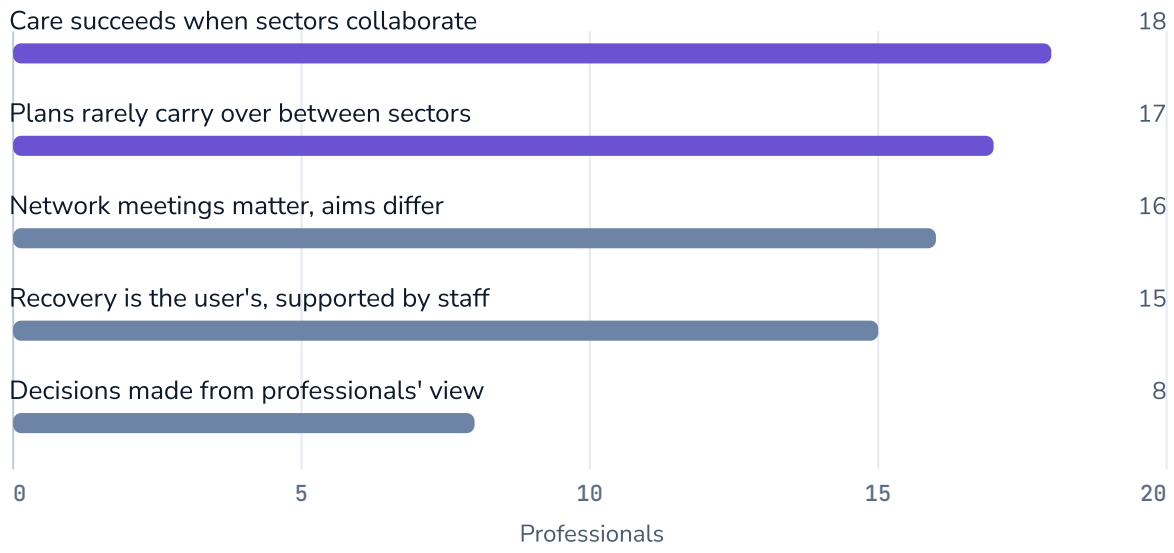
What professionals and users say: Denmark

Professionals see meetings as the key to joint care. In five focus groups with 27 participants from a Danish mental health hospital and community services, all 18 professionals said cross-sector care succeeds when it brings together all relevant professionals with a focus on recovery; one described quarterly three-hour meetings between hospital and municipality as creating coherence[1].

Continuity remains the weak point. 17 of the 18 professionals said plans rarely carry over from hospital to municipality, and 16 saw network meetings as a priority but disagreed on their aims[1]. Users described contradictory advice from different sectors and found a trusting relationship with one community professional the fixed point of their care[1].

Views of health professionals on cross-sector mental health care in Denmark

Number of professionals, out of 18.



Source: Jørgensen et al. · Release date: 2020 · Region: Denmark (Capital Region) · Number of professionals: 18

Inside the network meeting

Network meetings give professionals, users and relatives a framework to agree a recovery plan[2]. In three workshops with 32 professionals, users and researchers, users said meetings focused on practical matters rather than recovery, and professionals' language split between checklists, laws, economic priorities and systematic screening on one side and open dialogue and recovery on the other[2].

The sectors work under different mandates. The hospital is legally obliged to diagnose and treat, while the municipality works under service and employment laws aimed at self-sufficiency, and there is no common language to discuss users' problems[2].

What cross-sector mental health networks achieve in Denmark and the Netherlands

Classification of the studies' findings.



Sources: Jørgensen et al.; Rhodes & de Vries · Release dates: 2017 to 2022 · Regions: Denmark; Netherlands · Classification: Eventamin

From hierarchy to open network: Maastricht

A failure in Maastricht showed the limits of a hierarchical system. An investigation after a violent incident in December 2014 found no individual or facility to blame; the main failure was poor communication in a fragmenting field of public mental health providers[3]. Decentralized funding under the 2014 Participation Act had cut top-down coordination, and organizations turned defensive and competitive[3].

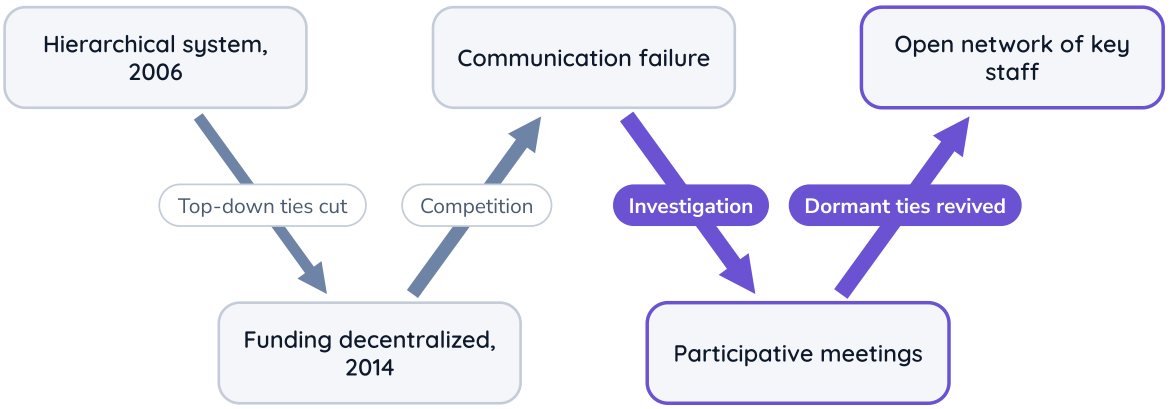
The investigation itself rebuilt the network. Its participative group meetings, a shared framework and a neutral facilitator revived collaborations among front-line organizations that had lain dormant[3]. Two proposals followed: a centrally funded network of key staff positions from each organization, and shared information systems with the public mental health service as hub[3].

How the public mental health network in Maastricht fragmented and was rebuilt, 2006 to 2016

Main sequence; line width shows the main route, not a measured value.

Main route Other links

Arrow width marks the main route, not a measured value · dashed: weak or no link



Source: Rhodes & de Vries · Release date: 2017 · Region: Netherlands (Maastricht) · Classification: Eventamin

Notes on the data

The figures are based on three studies published between 2017 and 2022: five focus groups with 18 professionals and nine users, three cooperative-inquiry workshops with 32 participants in the same Danish region, and a participative investigation in one Dutch city[1–3]. The studies are qualitative; counts of professionals describe how many expressed each view, not a representative survey. Prevalence figures are those reported in the Dutch study; the Heerlen value is shown at the midpoint of the reported range. The grid and sequence are Eventamin's coding of the findings.

Sources

● Study ○ Industry source

1 Jørgensen, K., Rasmussen, T., Hansen, M., Andreasson, K., & Karlsson, B. (2020). Recovery-Oriented Intersectoral Care in Mental Health: As Perceived by Healthcare Professionals and Users [Journal article]. *International Journal of Environmental Research and Public Health, 17(23), 8777*. https://doi.org/10.3390/ijerph17238777 First-hand

2 Jørgensen, K., Andreasson, K., Rasmussen, T., Hansen, M., & Karlsson, B. (2022). Recovery-Oriented Cross-Sectoral Network Meetings between Mental Health Hospital Professionals and Community Mental Health Professionals: A Critical Discourse Analysis [Journal article]. *International Journal of Environmental Research and Public Health, 19(6), 3217*. https://doi.org/10.3390/ijerph19063217 First-hand

3 Rhodes, M. G., & de Vries, M. W. (2017). A Case for Open Network Health Systems: Systems as Networks in Public Mental Health [Journal article]. *International Journal of Health Policy and Management*. https://doi.org/10.15171/ijhpm.2017.01 First-hand

The evidence

●●● 3 studies

SAMPLE

Three studies: five focus groups with 27 professionals and users, three workshops with 32 participants in Denmark, and a participative investigation of the public mental health network in Maastricht

YEARS

2017–2022

METHOD

Qualitative focus groups, cooperative-inquiry workshops and a participative case study

About Eventamin

Eventamin reads the peer-reviewed research on events, exhibitions and hospitality, sets it against industry data and states what it means for the market. Every brief is published by Eventamin as an organisation: its sources, method and corrections are open.

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