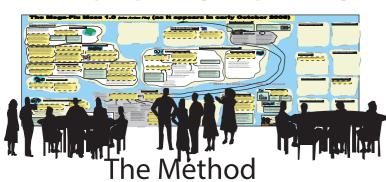
What is this?



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,
- 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

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

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

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).

Mess Map and Mess Mapping are trademarks of MacroVU, Inc..

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

MacroVU® Analytics

Robert E. Horn

How do I get a printed copy?

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

Commentary on the Suite of Mess Maps and and the project

What the Fife task force found about those who commit suicide and the vortex they grow up and live in.



'The system' – how it operates, the assumptions it makes about people, how it sustains itself rather than healing its clients etc

Public agencies – that is the public system of agencies etc that are supposed to support people at risk. People have to fit the system, rather than the system adapt to the people.

- · Working the system becomes a full time job
- Need to fit into a box
- If outside, or overlap: don't know what to do
- Less flexibility because of resource: demand; expectations of clients
- Big gaps that people fall down
- Deliverers make assumptions about clients' capacity to cope
- "not ill enough yet"
- No systemic response Person not in the centre
- Dealing with problem not whole person. Time lacking to do this and see what "stage" client is at.

Lip service only given to values that institutions have for themselves

The System Assumptions

Things that are not actually said e.g. "can't teach parenting skills" "Drug abusers bring it on themselves" etc

No one says it its implicit

Tools seen as solutions – policy statements become a solution in itself: "guidance of wise men and instructions of fools!"

Housing

- · Lack of appropriate/supported housing
- People coming out of hospital
- People leaving home for first time People with/becoming disabled etc etc

Bottom right of the map there is a box pointing out that there are internal and external reasons why people at risk do not get helped by the system: How do we process info, expectations, and emotions?

And finally in this bottom right corner a link back to the self-esteem

Self-perception as 'a victim'

Becomes self-fulfilling prophecy



Self-esteem. Links back to the earlier stuff around early years. What are the symptoms of poor self

Poor Self Esteem

Delay help seeking or avoid it

Lack of social support – sense of isolation

lying and being a bully (scape goaling) Difference – lack of tolerance, disconnecting people

Disconnect – broken and selected information which perpetuates the disconnect

What is there to help?: booze, drugs, state dependent

learning (whilst state is in progress). These are unbalanced coping mechanisms – turning up the volume.



Stigma and prejudice -- how the internal feeling of being stigmatised and a victim can become a self-fulfilling

prophecy. This is where the analysis that 'the system' is interested only in returning people to their pre-encounter state, or to a steady state of behaviour, rather than to health or wellness surfaces for the

- Stigma and Prejudice
- Huge barrier to work
- · 70% of people with long term/enduring mental illness want to
- work/can't find work or lose work
- Systems do not support them back to wellness Stigma is an internal feeling
- Prejudice is an external perception

System returns people to previous level (pre hospital) of wellness/illness does not return people to health. It does not enhance people's lives or increase their capacity for health.

System works best to alleviate symptoms also works to perpetuate

- control, negative labels, medication
- social control
- better drugs alleviate symptoms but do not heal
- the system does not then get beyond the symptoms to listen and help to heal – we deal with the external and ignore the internal
- Lack of skills for this within the system..



Practical circumstances – notably debt, welfare benefits, employment etc.

Lack skills for life

Why people lack the skills to cope with

- inadequate role models
- inadequate nurturing
- abusive environment - education institutions not directly
- teaching life skills/practicalities - poor health, physical and psychological
- disabilities: physical and learning Lack of emotional intelligence/balance: Social networks

Relationships

Unable to express/manage emotions (linked to parenting)

Going into debt

- The causes of getting into debt and how easy the problem escalates.
- Lack of problem solving skills - Lack of organisational skills
- Citizens Advice Bureau waiting list not knowing about - Loan sharking - easy to get into debt. Normalisation
- debt in our culture. Punitive response from lenders.
- Complications in benefit systems etc
- Continuous changes to benefit systems
- Inconsistencies Political short term

The emphasis of education is on academic qualifications rather than how to cope/live:

Failing in school means greater

- Education Emphasis Focus - Academic achievement (leads to university/college = lower unemployment figures. Schools failing to make children
- Curriculum change very slow - Teaching methods change very slow - Few alternatives to traditional approach

unemployment and unskilled workers

Link from education to employment – and the poverty trap that happens when you get only a low paid job and lose welfare:

- Employment and Unemployment Gap: employment = poverty trap:
- Earning too much to get benefits - Having to pay all expenses including rent A COUPLE OF THESE NEED EDITORIAL

School is a place where you go to get bullied, or to bully:

MEANS

- Not being believed Support for bullies
- Schools feeling empowered to deal with bullies - Fashion items ???NOT SURE WHAT THIS

Early years/parenting The lack

- of preparation for many young people with the skills to cope with life when it does not treat you
- The task force found that there is
- Lack of resilience
- Poor attachment - Over attachment
- Lack of nurture - Lack of emotional support
- :.linking to
- poor parenting linking to

and social learning)

- Poor social skills - Poor learning,
- Also feeding into 'early years' blob but from the upper left. This is a description of the pressures on the individual child: - equally over and under stimulated, no

- Impaired learning ability (interactive

- Individual lack of balance
- Volume turned down and volume
- Under stimulation and over stimulation
- Constant state of alarm

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

very difficult to know what is in people's minds?

What is this?

The CONTENT - How the suicide

prevention system looks to people

delivering services - Scotland - 2003

How can problem-solving groups, commissions, task

the social messes they've been assisgned to work on?

How can we find and help people who are thinking of

committing suicide? How can we do this when it is

forces understand the context and interrelationships of

facing? How to rapidly develop visual common mental models that enable the task?

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

Organiztional challenge

Challenge of the issue

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

View of how to predict and find

sectors in the county.

Another set of diagrams shows how we addressed the thorny issue of how do you identify "potential" suciciders. It is like looking for a needle in a haystack as the old metaphor goes. Maybe it is even looking for the havstack itself.

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 capabilities of large visual knowledge maps to illuminate various aspects of the vortex system in more detail. (SHOWN AT LEFT)

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

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,

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

