ATTACHMENT [**LM 1**]

This is the attachment marked "[**LM 1**]" referred to in the witness statement of Lorna McNamara dated 12 August 2015.

Towards Better Practice: Enhancing collaboration between mental health and domestic violence services

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Collaborating Partners

- Education Centre Against Violence (New South Wales Health)
- Fairfield/Liverpool Mental Health Service
- Joan Harrison Support Services for Women
- Transcultural Mental Health Centre

The project aims to:

1. Explore the practices and perspectives of mental health and women's domestic violence services workers about intervention with women experiencing domestic violence and mental health problems
2. Pinpoint ways in which collaboration can be enhanced between these two service sectors
3. Explore women's accounts of their contacts with these two groups of service providers and ensure that the research is informed by these accounts
4. Identify, implement and evaluate new models of collaborative practice between mental health and women’s domestic violence services

Study 1 - Self-completion Survey: Practitioners' responses to the co-existence of domestic violence and mental health concerns

This study will:

- Explore how practitioners in each service sector **respond** in cases where there are both domestic violence and mental health concerns
- **identify** examples of collaboration and/or conflict between agencies
- **explore** barriers to collaboration
- **generate** ideas for areas of collaboration

Study 2 – In-depth Interviews: Women's stories of domestic violence and mental health service provision

Eliciting women's accounts of service provision in the mental health and domestic violence service sectors.

Study 3 – Focus Groups: Barriers and opportunities in collaboration

These explored:

- **current practices** in situations where domestic violence and mental health concerns co-exist
- situations where there was **collaboration between agencies** and the processes and factors that contributed to collaboration working or not working
- **the barriers to collaboration**
- suggestions for **future collaborative responses** between the two sectors.

Study 4 – Action Evaluation: Working together

1. Draw on the data obtained from the first three studies to assist in the generation of collaborative initiatives between the service sectors
2. Utilize an **action evaluation** approach to trial and evaluate these initiatives in the different locations over a twelve month period.

Preliminary Survey Findings:

The respondents:

- 107 respondents
- 56% MH workers; 44%DV workers
- 90% female; 10% male
- 85% providing direct client service

Survey Respondents cont.

- 3.2% remote; 42.6% rural; 9.6% city centre; 35.1% urban; 9.6% urban fringe
- More DV than MH respondents from rural/remote (52.5% vs. 40%)
- Ave years in position: MH: 5.04 years; DV 5.23 years
- Ave years employed in the sector: MH: 12 (range 1-40); DV:12 (range 1-28)

Survey: Mental health respondents

- 76% are required by agency to record when clients are living/have lived with DV
- 76% had contacted a DV service in their current position
- 69% had referred a clients to a DV service in their current position
- Ave % of current caseload who experience both DV and MH issues: 36% (range 0 -100%)

Survey: Domestic violence respondents

- 76% required by their agency to record when clients currently have or previously have had a mental illness or mental health concern
- 98% had contacted a MH service in their current position about a client's mental health
- 89% had referred a client to a MH service in their current position
- Ave % of current caseload who experience both DV and MH issues: 47% (range 10-90%)

Survey: Agency context

- Agency provided information about managing situations where clients have both DV & MH issues – 78% MH; 85% DV
- Protocol – 38% MH; 38% DV
- Policy – 53% MH; 62% DV
- Training – 56% MH; 66% DV

Survey: Views about collaboration with other organisation

Mental health practitioners

- 56 % insufficient collaboration
- 20% collaboration was sufficient

Domestic violence practitioners

- 72% insufficient collaboration
- 16% sufficient collaboration

Survey: Views about collaboration within organisations

Mental health practitioners

- 44% collaboration was sufficient.

Domestic violence practitioners

- 27% sufficient collaboration

Survey: Potential barriers

- Lack of a culture of liaison
- High workloads
- Lack of time to consult with other agencies
- Lack of clarity about role demarcation
- Lack of appropriate community resources
- Fear of another agency trying to “take over” management of a client
- Fear of another agency trying to “off-load” a client onto your service
- Differing theoretical bases

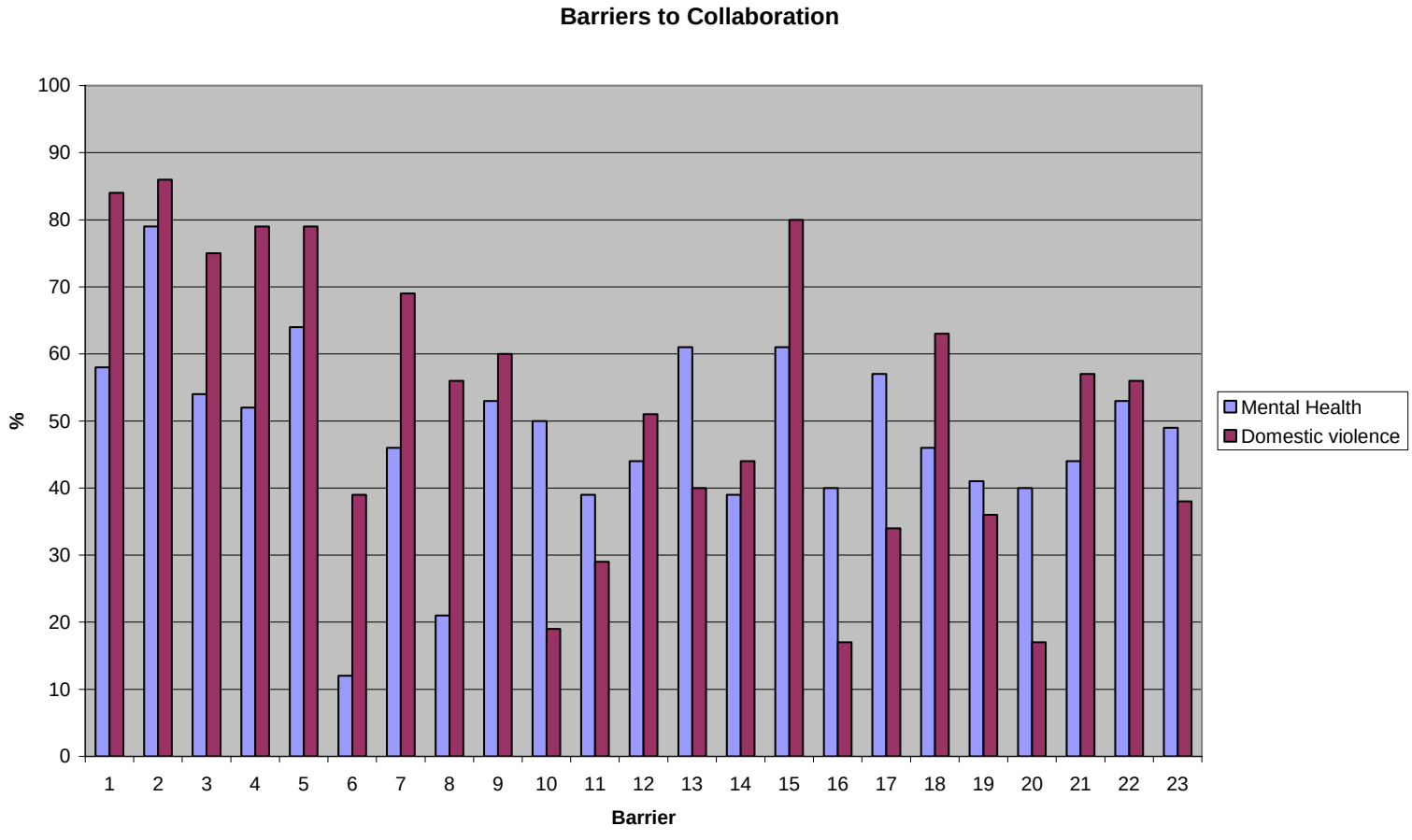
Potential barriers

- Lack of experience in inter-professional collaboration
- Issues of confidentiality
- Gaining consent from your client
- Prior negative experience of attempts at collaboration
- Lack of knowledge about who is the most appropriate person to contact
- Lack of confidence that the other agency can help
- Lack of knowledge about the role of workers in the other agency
- Different practices regarding confidentiality

Potential barriers

- Lack of information on services available
- Conflicting aims and expectations
- Mental health workers have limited knowledge of the lack of resources in the NGO sector
- Domestic violence workers have unrealistic expectations about mental health workers' authority to act.
- Differing geographic boundaries
- Lack of a shared understanding
- Ownership of clients

Barriers to Collaboration



Higher % of mental health workers identify these as barriers

- Issues of confidentiality - MH 50% ; DV 19%
- Gaining consent from your client - MH 39 %; DV 29%
- Different practices regarding confidentiality - MH 40%; DV 17%
- Lack of knowledge about who is the most appropriate person to contact - MH 61%; DV 40%
- Lack of information on services available - MH 57%; DV 34%
- Domestic violence workers have unrealistic expectations about mental health workers' authority to act - MH 41%; DV 29%
- Ownership of clients – MH 49%; DV 38%

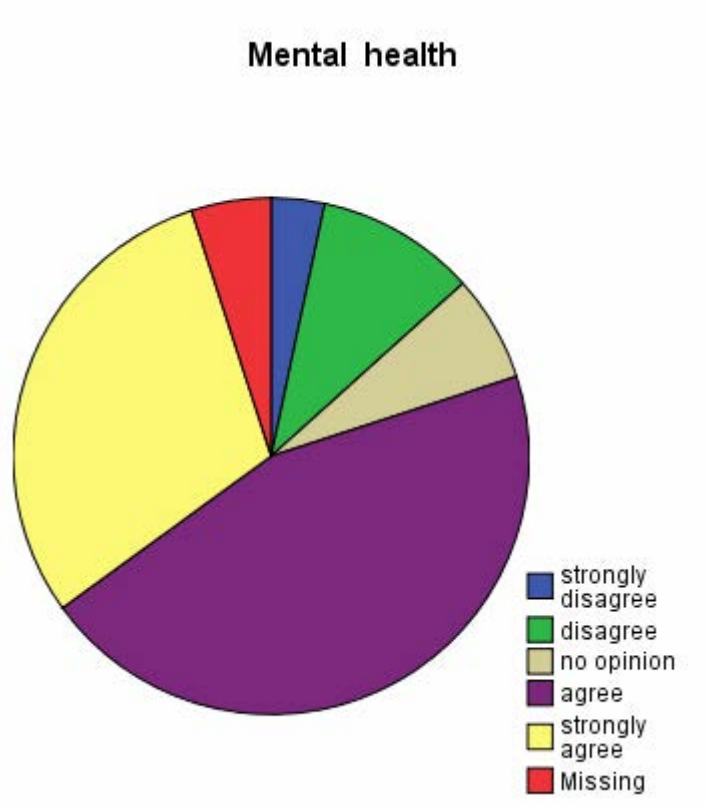
Most significant barriers for mental health workers

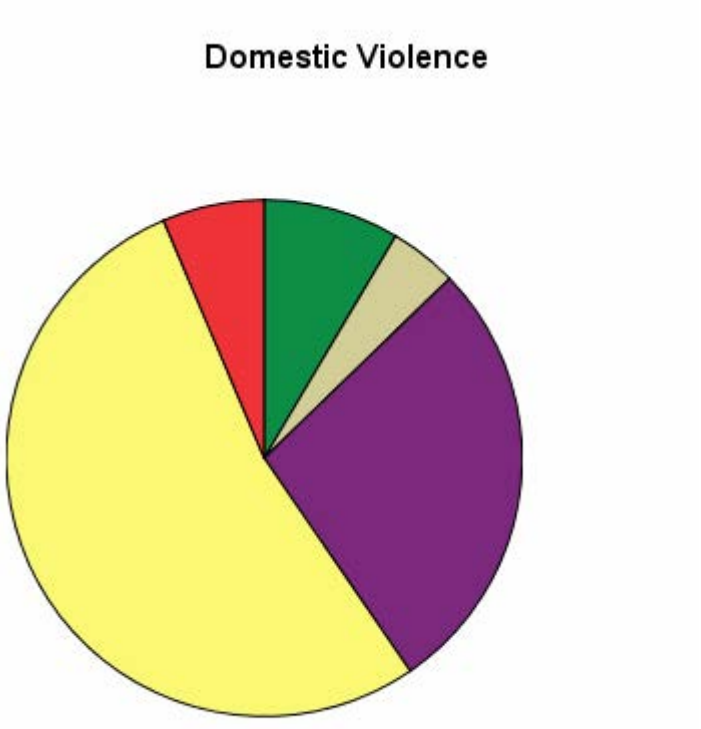
- High workloads: **79 %**
- Lack of appropriate community resources: **64%**
- Lack of information on services available: **61%**
- Lack of information about roles of workers in other agencies: **61%**
- Lack of a culture of collaboration: **58%**

Most significant barriers for domestic violence workers

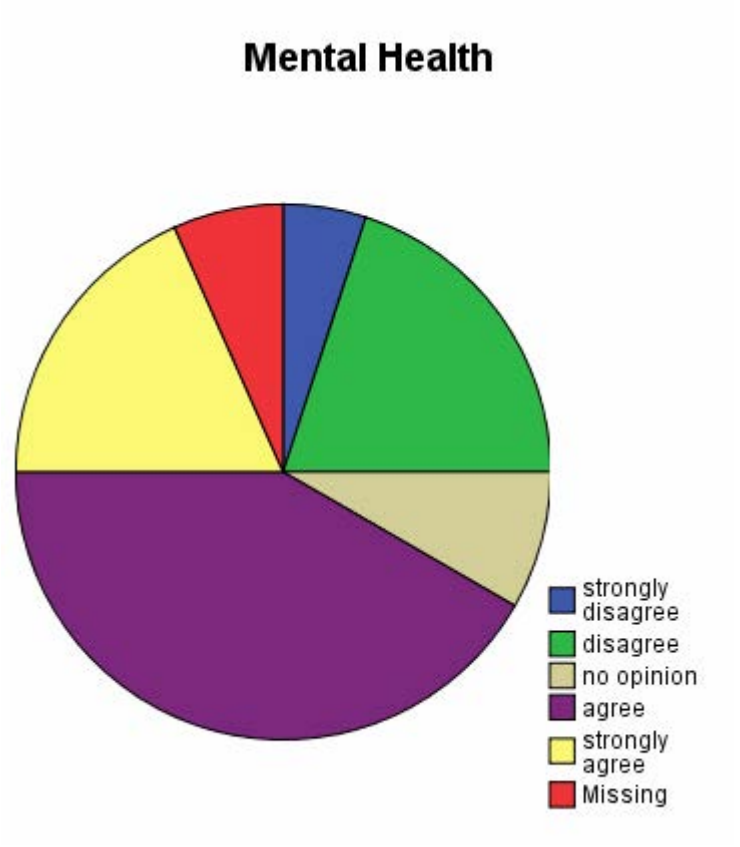
- High workloads: **86%**
- Lack of a culture of collaboration: **84%**
- Lack of knowledge about roles in other organisations: **80%**
- Lack of clarity of role demarcation: **79%**
- Lack of appropriate community resources: **79%**

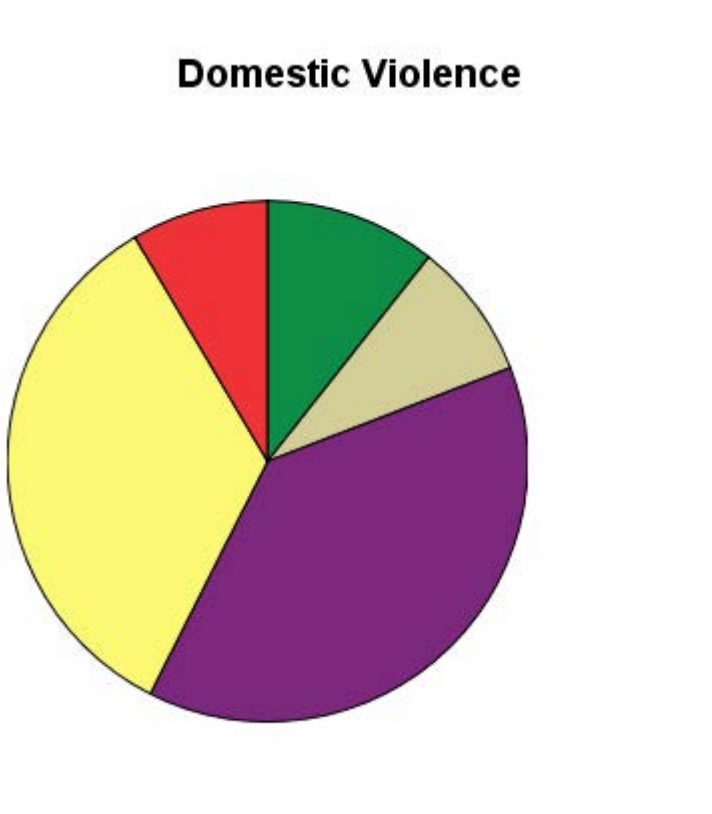
Significant barriers for both domestic violence and mental health workers: High work loads



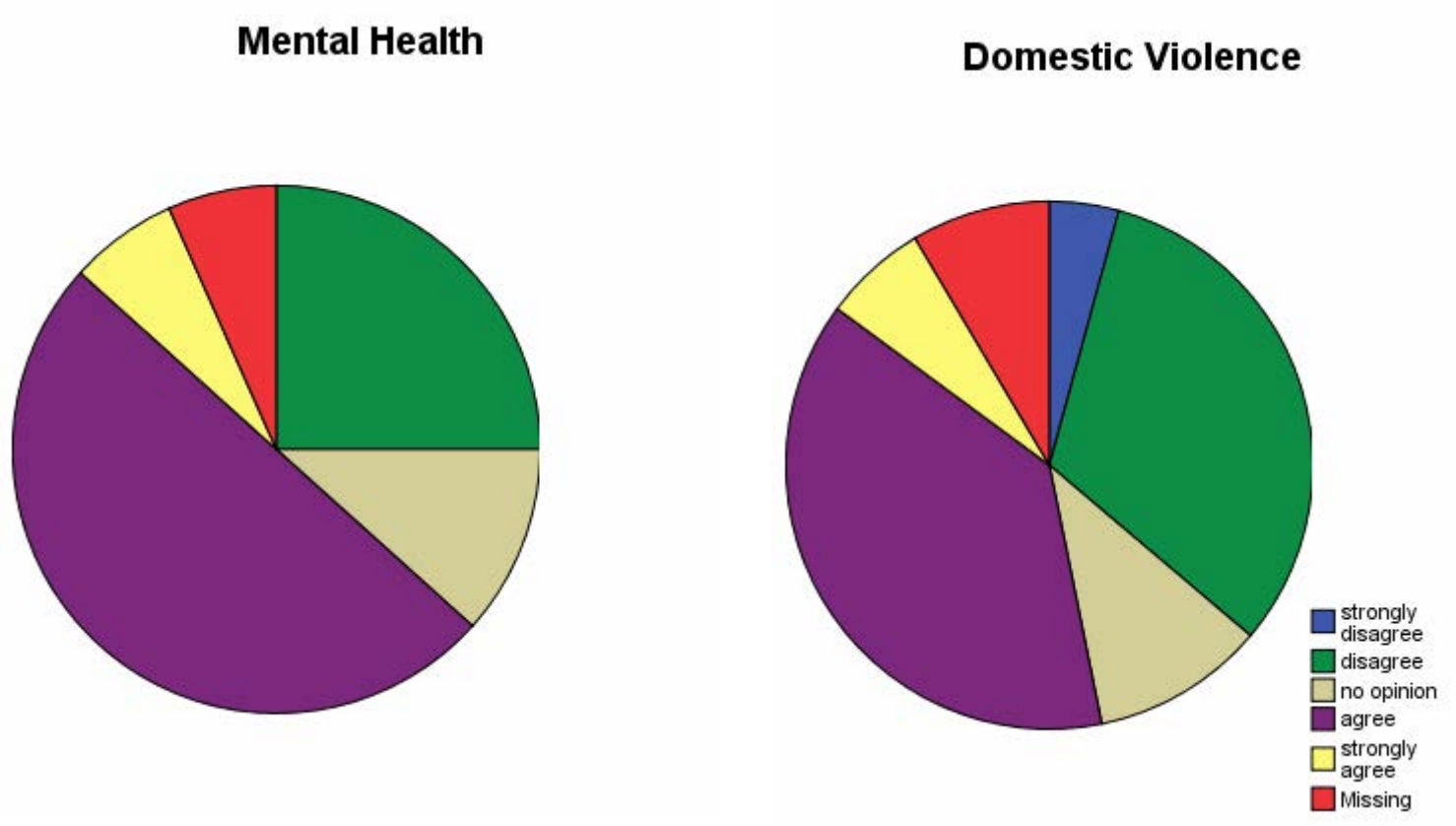


Significant barriers for both domestic violence and mental health workers: lack of appropriate community resources





Significant barriers for both domestic violence and mental health workers: Lack of information about roles of workers in other agencies.



Barriers mental health workers least concerned about

- Fear of another agency taking over the management of the case - **12%**
- Different theoretical basis - **21%**
- Gaining consent from a client - **39%**
- Lack of confidence that that the other agency can help – **39%**
- Different practices about confidentiality -**41%**

Barriers domestic violence workers least concerned about

- Different practices about confidentiality **-17%**
- Confidentiality Issues **– 19%**
- Gaining a clients consent **– 29%**
- Domestic violence workers have unrealistic expectations about mental health workers authority to act **-29%**
- Lack of information about services **– 34%**

Disparity in views on barriers

- Lack of a culture of liaison
- Lack of clarity about role demarcation
- Fear of another agency trying to “take over” management of a client
- Differing theoretical bases
- Issues of confidentiality
- Lack of knowledge about the role of workers in the other agency
- Lack of information on services available

"One of the recognized antecedent conditions for joint working is shared recognition of the need for collaboration…Successful partnerships depend on the potential gains from the partnership for each prospective partner outweighing the time and costs involved…"

(Morrison and Horwath, 2007: 61)

Interviews with women

"You need someone like an ambassador to get out there and give the message. If I had enough courage I would do it...I would love to get out there and tell them my experiences and how I took the first step…It is the first step that is the hardest and I did it. I did that first step, I did it. I can pat myself on the back and say "you did it". You took the mind games, the violence, the verbal abuse, threatening my daughter. I did it and I sung like a little bird and I am glad I did…I would love to be someone that could go to people and talk to them about it, give them my experiences…as I am speaking to you right now there are women out there who are copping it so hard and they are in the dark. They don't know where to go…we have got to show the men we do have power."

Participants

29 women: 11 in rural areas; 8 CALD

Ages:

19 - 30	7
31- 40	7
41 - 50	10
51- 60	2
60+	3

Theme: Naming Domestic Violence: Women not naming their experience as DV:

"But the last relationship I just got out of now, he was domestic violence too. I didn't know there was a word for it until I got to the refuge and they called it domestic violence. I thought it was normal…I didn't really understand what domestic violence was…" ("Martha")

Theme: Naming Domestic Violence:
Women not naming emotional abuse as DV

"You get the... 'Australia Says No to Domestic Violence' but you don't really hear the emotional abuse. You hear the physical and the sexual. And what they don't understand is at least you know you've been hit. You have the bruise. You have the hit. The physical slap...If you've been sexually abused, you know you've been sexually abused. And it's that stuff about belief as well, (other people) believing (you), so if you've got a big punch mark, you know...people can see them...you can go to the cops and say, 'Hey look at this!' " ("Isabelle")

Theme: Naming Domestic Violence:
Service providers not naming domestic violence

"…no the mental health team never ever asked me if I was in a bad relationship, they just treated me for my schizophrenia…and they never asked me about my relationships and stuff like that. They never asked me anything about that, like how my living standards were or anything. They just came and gave me my injection and my tablets and that was it." ("Martha")

Theme: Naming Domestic Violence:
Service providers not naming domestic violence

‘They mentioned to me the strategies of getting rid of the idea of killing myself. They haven’t mentioned to me about how to help myself as a victim of domestic violence.’

(“Karen”)

Theme: Naming Domestic Violence: Speaking into silence – not hearing women's stories of violence

"I tried to tell them that the old man was bloody punching me over and being cruel to the kids and I was too scared to escape and they didn't want to know."

("Lily")

Theme: Naming Domestic Violence:
Service providers not naming domestic violence

"Yes and I did have a depressive episode but probably because I was so unhappy. He would go to the doctor and say it was me and you go along with it…Finally (when) I did tell people it seemed crazy. (Later) I did go for [a protection order]… My husband went down and told the Police officer that I was crazy, and that I am depressed and I am on antidepressants…I dropped the order because I thought there was no point. He is a very clever person, very intelligent. He is still highly regarded in the community. And people still think I am crazy."

Links between the theme of naming and collaboration

Key to successful collaborative responses is:

A shared philosophy and understanding of domestic violence

Other preliminary themes

- Trust
- A “Saviour”
- Processing time
- Difficulties compounded for CALD women