

**THE NORTHERN AREA MENTAL HEALTH SERVICE PARTNERSHIP PROJECT
HISTORY AND OUTCOMES
FINAL REPORT**

1. BACKGROUND

During 2003 and 2004, a series of discussions involving the Northern Area Mental Health Service (NAHMS), Berry Street Northern Family and Domestic Violence Service (NFDVS), Northern Centre Against Sexual Assault (NCASA), the Department of Human Services and various family support organizations were initiated to explore ways in which agencies in the northern metropolitan region of Melbourne could collaborate more effectively to respond to women seeking support through either the mental health, sexual assault or family violence service systems.

These early meetings were critical in establishing a beginning relationship between the sectors that acknowledged the links between mental illness and experiences of sexual assault and violence in the home based on the everyday experience of service demand.

This regional activity reflected on and used the framework that had been developed in response to the *Victorian Women's Health and Wellbeing Strategy Action Plan (2002-2003)* the *Partnerships Between Mental Health Services, Sexual Assault Services and Family Violence Services Project* was undertaken. This was an inter-departmental initiative funded and driven by the Mental Health Branch in collaboration with the Children, Youth & Families Division and the Housing & Community Building Division of the Office of Housing and aimed to:

develop an understanding of the practices, successes and challenges of cross sector collaboration between mental health, sexual assault and family violence agencies.

The overall findings of this project supported the premise that there was a general lack of cross-sector collaboration in Victoria, although some notable exceptions were recognized through the 'Good Practice' awards in 2004.

This statewide activity served to both reinvigorate earlier preliminary regional discussions and the *NAMHS Partnership Project* was established with the allocation of designated staffing resources funded by NAHMS to lead the regional response to statewide project's findings.

2. INTRODUCTION

The *NAMHS Partnership Project* was initiated with recognition of the international research which indicated a prevalence of mental illness among women who had experienced sexual assault and family violence. It also acknowledged that specialist agencies responsible for providing services to these women did not have a strong history of working within clearly articulated partnership arrangements.

**THE NORTHERN AREA MENTAL HEALTH SERVICE PARTNERSHIP PROJECT
HISTORY AND OUTCOMES
FINAL REPORT**

According to the Project Manager,

This related to all aspects of cross-sector collaboration, including referrals, sharing of client information, joint activities, project work, secondary consultation and training/professional development...

The *NAMHS Partnership Project* has operated for over six years from 2005 to 2011. Throughout this period the project has stimulated a range of activities based on a comprehensive planning process that was informed by the views and experiences of a range of agencies in the northern metropolitan region of Melbourne.

This report seeks to record the history of the *Northern Area Mental Health Service Partnership Project* as an example of best practice, and propose recommendations to build on the key achievements that have been identified to date.

3. ESTABLISHING THE PROJECT PARAMETERS

In 2005, the Northern Area Mental Health Service appointed a project manager to the *NAMHS Partnership Project* and a group of representatives from cross sector regional agencies were invited to participate in a Project Group to guide and inform the work of the project. The overall vision identified at the time was that the:

NAMHS Partnership Project aims to increase the quality of service delivery to people who are clients of any of the participating organizations who have experienced family violence and/or sexual assault and who experience mental illness.

The purpose of the Project Group was articulated in the Terms of Reference that have been reviewed annually since 2005, with the most recent iteration being:

1. To promote collaboration, information exchange and networking between the participating organisations.
2. To oversee and undertake developmental work in the areas of planning, implementation and evaluation of collaboration between those involved in such initiatives.
3. To develop strategies that support staff in the provision of high quality service to people with a mental illness who have experienced family violence/sexual assault in the local government areas of Darebin & Whittlesea.
4. To explore the opportunities for joint projects and initiatives, including community education and to undertake them, as appropriate.

Meetings to be held monthly or as determined by the Project Group.

**THE NORTHERN AREA MENTAL HEALTH SERVICE PARTNERSHIP PROJECT
HISTORY AND OUTCOMES
FINAL REPORT**

4. THE PROJECT ACHIEVEMENTS

Since its establishment, a number of agencies have contributed to the *NAMHS Partnership Project* and have supported and participated in project activities at a range of levels.

The comprehensive project plan that was originally developed in 2005 and updated in 2009 identified a range of strategic activities in key areas which reflect the purposes of the Project Group. These have been sustained and developed throughout the life of the project and are used in this report, as the basis for recording the project's significant achievements.

4.1 Promoting collaboration and networking between the participating organizations

The membership of the original Project Group was resourced with background information and research that had informed the findings of the *Partnerships Between Mental Health Services, Sexual Assault Services and Family Violence Services Project* which included a literature review and the results of web-based searches in regard to the benefits of cross sector collaboration.

The Project Manager undertook a collection of data on the membership's individual and organizational understanding and confidence in cross sector collaboration. This survey provided base line information that assisted to identify the priorities of the project.

Regular meetings and mailing list updates have occurred over the last five years and while individual membership of the Reference/Steering groups has changed throughout the project, broad representation from agencies across the region has been maintained. (See Appendix 1)

Since its inception, the Project Group recognized that collaboration would be enhanced through a structured process for sharing information about each of the participating organizations so formal presentations were scheduled as a part of the agenda of the meetings in 2005-06. (See Appendix 2)

4.2 Overseeing and undertaking developmental work

The *NAMHS Partnership Project* stimulated the involvement of the participating agencies in a broad range of developmental areas which included the:

4.2.1 *Mental Illness and Family Violence Project* which generated a background paper to inform the future directions of this work

4.2.2 *Making Connections Project* which undertook a range of developmental activities including a one day forum for the Family Violence sector

**THE NORTHERN AREA MENTAL HEALTH SERVICE PARTNERSHIP PROJECT
HISTORY AND OUTCOMES
FINAL REPORT**

- 4.2.3** *Pilot Project on Secondary Consultation on Family Violence* which explored options for establishing a system for secondary consultation.
- 4.2.4** *Strengthening Risk Management Framework Project* an Office of Housing Project where membership was represented on the Reference Group
- 4.2.5** *Statewide Steering Committee to Reduce Sexual Assault* where membership was represented on the Reference Group
- 4.2.6** *Northern Regional Strategic Family Violence Network* where membership was represented on the network
- 4.2.7** *Victorian Women's MH Network* where membership was represented on the network
- 4.2.8** *Safety in Psychiatric Inpatient Units Steering Committee* where membership was represented on the committee
- 4.2.9** *Guidelines on Gender Sensitivity and Safety in Psychiatric Inpatient Units Steering Committee* where membership was represented on the committee

4.3. Developing strategies to support staff in the provision of high quality services

The *NAMHS Partnership Project* recognized that the provision of high quality services to women and men with a mental illness who had experienced family violence or sexual assault required that the respective staff of specialist agencies were familiar with the critical issues that were associated. The Project Group provided the conduit for the implementation of a professional development program both within and between agencies that were specifically targeted to each of the participating organizations needs. (See Appendix 3)

The *NAMHS Partnership Project* also played a role in supporting organizations to reflect on the relevant concerns in the development of appropriate service structures and models. This was demonstrated when NAMHS began to undertake a review of its model of care for the Psychiatric Inpatient Unit (due to the expansion from a 25 to a 50 bed unit), and the *NAMHS Partnership Project* Manager was invited as an expert to participate in planning processes that would promote gender sensitivity and address issues associated with maintaining safety for in-patients.

Liaison roles between the Northern Centre Against Sexual Assault (NCASA) and the Northern Psychiatric Inpatient Unit (NPU) were developed as a result of the linkages established through the NAMHS Partnership Project. This has been an important strategy for improving communication between the agencies and has facilitated greater coordination of referrals across the sectors.

Increased secondary consultations have also been a resulting feature of the NAMHS Partnership Project. This has meant that staffs of the cross sector organizations have been more able to discuss interventions with women that consider both ongoing mental health and freedom from violence needs. The Project Manager has also offered tertiary consultation to government on strategies to reduce violence against women and has provided comment on mental health matters at both state and commonwealth levels.

**THE NORTHERN AREA MENTAL HEALTH SERVICE PARTNERSHIP PROJECT
HISTORY AND OUTCOMES
FINAL REPORT**

4.4 Exploring opportunities for joint projects and initiatives

The relative longevity of the *NAMHS Partnership Project* has provided a range of opportunities for collaborative projects and initiatives. These have included the:

- 4.4.1** *Making Connections. Family Violence and Mental Health Project*, a project designed to address issues current and best practice in family violence services working with women living with mental illness and challenges (referral pathways not really attended to). The project sought to increase the level, quality and opportunities for support of women with mental illness who had experienced family violence recently or at some time in the past.
- 4.4.2** *Masters Program in Social Work, Student Placement*, a pilot project to develop an approach to the provision of secondary consultation in regard to family violence for clinicians operating at one site of NAMHS service delivery, the Whittlesea Community Mental Health Centre. This project has resulted in the publication of a report co-authored by the NAHMS Project Manager and the Masters Student who is also a member of staff at the Berry Street Northern Family and Domestic Violence Service.
- 4.4.3** *Collaborative presentations to agencies and forums*, a significant number of joint presentations have been developed and provided by the Project Manager and members of the Steering/Reference Group in a range of settings (See Appendix 4)
- 4.4.4** *Publication of a book chapter*, Fernbacher, S. & Hodge, C. (2010). Childhood sexual abuse and depression-connections, theories and practice implications within the primary care setting. In Hussain, I. (Ed) (2010). *Women and Depression*: Cambridge Scholars Publishing.
- 4.4.5** *Development of a NAMHS Partnership Project Poster* targeting professionals in the Darebin and Whittlesea local government areas and providing information about prevalence, links between violence and mental illness and promoting collaboration by providing contact details for services of all three sectors

5. Regular Meetings

The *NAMHS Partnership Project* Group has met monthly throughout the life of the project. Although individual membership has changed over the five years, organizational representation has been consistent. Participating organizations who are unable to attend meetings receive regular updates from the Project Manager. The terms of reference have been reviewed annually, but have remained constant apart from some minor wording changes.

**THE NORTHERN AREA MENTAL HEALTH SERVICE PARTNERSHIP PROJECT
HISTORY AND OUTCOMES
FINAL REPORT**

6. The views of the partners

The NAHMS Partnership Project Group has a broad regional membership, with a core group that attends meetings and lead initiatives with another less active group of participants who are kept informed through regular email outs (See Appendix 1). There has been consistency in the participation of the agencies, although representation has altered according to staff changeover in particular organizations.

A sample of views of partners in the core group and the Project Manager responded to a set of questions that required them to:

- reflect on their agency's involvement with the NAHMS Partnership Project
- identify the impact the project had on agency policies, training and service delivery
- articulate key gaps and achievements.

(See Appendix 5)

6.1 Agency engagement with the NAMHS Partnership Project

The Project Manager and all of the partners indicated that the participation of management and senior staff had contributed to the profile of the project in each of the agencies. This was considered to be both a challenge,

A frustrating aspect of this work is that busy people find it hard to find the time to contribute as much as they would like to...

but also a benefit,

People in senior roles participating in a project like this send a message within and beyond the organization....

Both NAHMS and BSFVS representatives suggested that there was a general staff awareness of the project, while the NCASA representative indicated that the entire staff team may not be as clearly aware as the Manager and the senior staff directly involved in project group and liaison meetings. This may be attributed to the direct project promotion that has been possible with the Project Manager working across both NAHMS and BSFVS sites.

The responses suggested that the common incentive to be and stay involved is encapsulated in a comment made by one of the partners,

The purpose, from my perspective, is to allow each party the opportunity to develop a deeper understanding of some of the issues in addressing the particular service area, whether that is sexual assault, mental health, mental illness or family violence.

The critical role of the Project Manager was considered to be central element to the success and longevity of the Project Group. In the words of one of those consulted,

**THE NORTHERN AREA MENTAL HEALTH SERVICE PARTNERSHIP PROJECT
HISTORY AND OUTCOMES
FINAL REPORT**

We really have to acknowledge the contribution of NAHMS and particularly Robin and Sabin for their committed stewardship of the project over such a long period time.

The Project Manager has taken lead responsibility for planning, convening, recording and acting on decisions made at Project Group meetings and distributing information to those who are and are not in attendance.

The agencies described a range of ways in which they have been involved in the project that have been generally referred to elsewhere in this report but specific examples cited included:

- Senior staff involved with NCASA / NPU liaison - bi-monthly meetings between NCASA and inpatient unit staff
- Exploring options for raising awareness of NCASA services and potential for NCASA involvement in NAMHS training in relation to *Responding to trauma*
- Co-presentation at forums and conferences
- Accessing and Providing In –service Training at various sites
- Ongoing collaboration around secondary consultation
- Joint agency student supervision

There remains a strong commitment amongst those consulted to build on the achievements of the project now that the intersection between the sectors has been well established throughout the region.

6.2 Impact on agency policies, training and service delivery

The direct impact of the project on the individual agencies has not been systematically measured, but the responses of the partners consulted suggest that it has fostered or reinforced a collaborative approach to practices in each of the agencies. This is evidenced in openness to and implementation of:

- Provision and access to in-service training between the agencies;
- Consultative case planning in relation to individual service users;
- Professional Development sessions targeting medical and allied health staff;
- Increased secondary consultation between staff groups;
- Enhanced general awareness of networks through the wide display of the poster
- Improved communication and relationships between key agencies, including a verbal protocol between NAMHS and NCASA

6.3 The critical gaps and the key achievements of the project

The prevailing view was that the project needs to expand the membership of the core Project Group to encourage more active participation from generalist agencies in the region who are also responding to the needs of women and children who have experienced sexual assault, family violence which has affected their mental health and who may also be living with a mental illness.

The need to develop a new plan with clearly focused objectives and a more comprehensive strategy for measuring outcomes in terms of the direct service delivery was considered to be the most pressing issue for the Project group to address.

**THE NORTHERN AREA MENTAL HEALTH SERVICE PARTNERSHIP PROJECT
HISTORY AND OUTCOMES
FINAL REPORT**

We need a more systematic way of ensuring that the achievements of the project reach who it needs to reach - the women and the children needing holistic services...

It was suggested that the achievements of the work to date provided the opportunity to continue to work collaboratively on specific areas of development including Practice Guidelines in a range of settings.

A central achievement of the project is the strong sense of partnership between the agencies. This is evidenced in the broad range of outcomes already identified including protocol development, presentations, publications, in-service training, collaboration, communication and consultation. Clearly the longevity and ongoing commitment to the project are seen as a major benefit, according to one respondent,

There are less tangible achievements that come from a sustained relationship over the years...it has gone some way to putting windows in the sector silos already...

All of those consulted indicated that a common ground has developed based on a real understanding of the various challenges and opportunities in each of the sectors. According to the Project Manager,

We have learned to use the same language or at least have a much better understanding of the dialects used in each of the sectors. There is a much more informed approach to making connections across the service systems...

The development of the poster, identifying pathways and links and contact details of the regional agencies, was considered to be a concrete expression of the partnership and the work on the other specific projects a means of grounding the work.

It was also suggested that the partnership has offered a solid platform for the broader public policy advocacy strategy at local, regional, statewide and national levels. According to the Project Manager,

We have been able to create a shared agenda across the sectors. Mental illness/mental health on the sexual assault and family violence agenda and sexual assault and family violence on the mental illness/health agenda...

6.5 The work ahead

A common theme amongst those consulted was that there is an ongoing need for the project in the region.

A number of those consulted suggested that there needs to be sustained strengthening of effort to promote cross sector understanding but with a greater emphasis on targeting the direct service practitioners.

The NCASA representative expressed enthusiasm for participation in the NAHMS Gender Sensitivity Model of Care Working group and would welcome opportunity to have input into NAMHS policies in regard to promoting sexual safety and responding to allegations of sexual assault in the inpatient unit. She indicated that NCASA would also see benefit in delivering some training to NAMHS staff with a focus on:

- responding to disclosures of sexual assault

**THE NORTHERN AREA MENTAL HEALTH SERVICE PARTNERSHIP PROJECT
HISTORY AND OUTCOMES
FINAL REPORT**

- providing information about impact of sexual assault services provided by NCASA
- possibilities of collaborative work/ secondary consultation.

It was also proposed that the Family Violence Common Risk Assessment Framework training would be valuable for NAHMS and Suicide prevention training for agencies in the Family Violence and Sexual Assault sectors.

The Project Manager suggested that there needed to be attention to measuring the impact on service delivery and establishing a formal structure of secondary consultation across the sectors, which was supported by other respondents. She also proposed extending links to the broader acute health sector, with an initial focus on Emergency Departments.

The need to continue to build the knowledge base was also emphasized, but with a focus on action oriented and practice based research. An example of a potential piece of work, proposed by the BDFVS representative was to monitor access to and the creation of new pathways to refuges for women with a mental illness.

The NAHMS representative expressed an interest in the development of a virtual service system with the consumer as central. She suggested that shared secondments would offer the opportunity for staff to work in each of the sectors and enhance their capacity to intervene more effectively with service-users.

7. Recommendations

It is clear that the NAHMS Partnership project achievements demonstrate the effectiveness of sustained collaboration over a number of years. It is suggested that the maintenance of the achievements of the Project Group would be enhanced by:

1. A designated planning day to determine future priorities
2. Additional documentation of the partnership relationship that clearly identifies:
 - the need for the partnership and its purpose;
 - the agencies that are participating as partners;
 - an annual review, planning and evaluation cycle for the partnership and its range of projects
3. Identifying strategies that focus on direct service provision action oriented research for the cohort of women and children that have been identified as of mutual concern
4. Exploration of funding sources to support the development of special projects

**THE NORTHERN AREA MENTAL HEALTH SERVICE PARTNERSHIP PROJECT
HISTORY AND OUTCOMES
FINAL REPORT**

Appendix One

Core Partnership Members

First	Last	Organisation
Christine	Hodge	NAMHS/PMHT
Felicity	Rorke	Berry Street/ NFDVS
Gail	Correnti	Berry Street/ NFDVS
Liz	Burrage	NEAMI
Robyn	Humphries	NAMHS
Sabin	Fernbacher	NAMHS
Sandra	Morris	WHIN/NIFVS
Sophie	Schapiro	NASPS/Plenty Valley CHS
Charmaine	Farrell	NCASA

Members of MH & FV working group

First	Last	Organisation
Deb	Western	DVVIC
Felicity	Rorke	Berry Street/ NFDVS
Sabin	Fernbacher	NAMHS
Sandra	Morris	WHIN
Shannon	Keebaugh	Berry Street/ NFDVS

Other members (on mailing list for information only)

First	Last	Organisation
Alison	Duncan	Darebin Family Support Service
Angela	Obradovic	NAMHS
Dayle	Schwartfeger	DHS
Janine	Harvey	DHS
Jo	Chambers	DHS
Judy	Walsh	Child First
Julie	Boffa	NE Family Services Alliance
Liz	Shields	WISHIN
Sarah	Longmore	DHS
Suzanne	Stewart	NASPS/ Plenty Valley CHS
		Martina/Georgina Women's Refuges

**THE NORTHERN AREA MENTAL HEALTH SERVICE PARTNERSHIP PROJECT
HISTORY AND OUTCOMES
FINAL REPORT**

Appendix Two

NAMHS Partnership Project Presentation Guidelines:

These guidelines were developed by the members of the Partnership Project group and were utilized for the initial presentations made to provide a detailed overview of each of the participating organizations.

The aim of presentation is to inform other members of the Partnership Project about each other's organisations, in particular as they relate to the project.

Presentations should take 10-15 minutes.

If you provide handouts or use overheads/power point for your presentation, ensure that you email copies to Sabin (sabin.fernbacher@mh.org.au) after the meeting, so she can distribute the information to all members. If you want to use power point, please liaise with Sabin about the equipment in advance.

Points to cover

- Main focus of the organisation
- Provide overview of different teams/programs as relevant to the project
- Geographical boundaries
- Funding source/s
- Staff roles
- Staff numbers and profile
- Caseload and capacity
- Referral and exit processes
- Intake processes
- Service delivery boundaries ('What we do/don't do')
- Inclusion/exclusion criteria ('who we work/don't work with')
- Length of involvement with clients and focus
- Please finish the following sentence: 'We have expert skills in
- Identify workforce-training needs ('What my service would like from Sa/FV/MH services re skills development).

The ten presentations were made by project members during 2005 and 2006 included:

- Northern CASA
- Northern Family Violence Prevention Networker (Berry Street)
- Northern Domestic Violence Outreach Service (Berry Street)
- Anglicare, Northern Area Mental Health Service (overview)
- Primary Mental Health Team (NAMHS)
- Plenty Valley Community Health (Counselling)
- Darebin Community Health Counselling
- NEAMI Darebin
- CPS/Sexual Abuse Counselling Prevention Program
- Martina Women's Refuge
- WISHIN

**THE NORTHERN AREA MENTAL HEALTH SERVICE PARTNERSHIP PROJECT
HISTORY AND OUTCOMES
FINAL REPORT**

Appendix Three

THE NORTHERN AREA MENTAL HEALTH PARTNERSHIP PROJECT PROFESSIONAL DEVELOPMENT PROGRAM

- **NCASA** provided the Psychiatric Inpatient Unit with three one-hour sessions which were repeated three times (total 9) on working with sexual abuse within an inpatient setting;
- **BSFVS** provided DCMHS with two sessions on family violence;
- **BSFVS** provided WCMHS with one session on family violence and one on working with CALD communities and FV
- **NAMHS** provided the Victorian Women's Domestic Violence Crisis Service with a professional development session on mental illness; and following this a staff member assisted the service with the development of guidelines on 'suicidal callers and callers who self harm'.
- **NAMHS** provided three presentations on the 'promoting sexual safety, responding to sexual activity and managing allegations of sexual assault in adult acute inpatient units' guideline.
- Session on 'working with clients with Personality Disorders' provided by **NAMHS** for Berry Street FV team
- Development of session for GPs on 'family violence and sexual assault' (**BSFVS, NCASA, PMHT/NAMHS, NDGP**)
- **NAMHS** provided Berry Street with four professional development sessions (overview NAMHS and mental health system & Bi Polar Disorder)
- **NAHMS/BSFVS** provided DVIRC/SAAP sector with a professional development session for their advanced professional development series (showcasing partnership project);
- **PMHT / BSFVS** teams met to exchange information & get to know each other's teams & work;
- **BSFVS/DCHC** teams met to exchange information & get to know each other's teams & work;
- **BSFVS** works closely with NART Team (PVCHS) to provide fv input;
- **NWMH Training & Development Unit: DVRC** provided half day training on SA policy & guidelines for NWMHS staff;
- **NCASA** provided Whittlesea CMHS with session on Whittlesea outpost role & Crisis Care Unit
- **NCASA** provided NEAMI with professional development session on SA (two half-days)
- **NAHMS** provided professional development sessions for Darebin & Whittlesea Community Mental Health Services and CATT on the NWMH Sexual Abuse Policy & Guidelines in collaboration with staff from those teams

THE NORTHERN AREA MENTAL HEALTH SERVICE PARTNERSHIP PROJECT

HISTORY AND OUTCOMES

FINAL REPORT

Appendix Four

THE NORTHERN AREA MENTAL HEALTH PARTNERSHIP PROJECT:

Presentations and interagency meetings

- Supporting a woman's panel participation at the *Women with Disabilities and Family Violence Forum, May 2009*.
- A presentation *Family Violence and Mental Health* at the *NAMHS Clinical Forum*, November 2006
- A presentation at the *Statewide Steering Committee to Reduce Sexual Assault* on the Partnership Project and issues of abuse and mental illness, Melbourne, November 2006
- Presentations at the Women's Mental Health Network about the Partnership Project;
- Sabin presented at the Western Cluster conference on the Partnership Project;
- Kate and Sabin presented at NAMHS' clinical forum on Family Violence and Mental Illness;
- Sabin presented at NAMHS clinical forum on the Sexual Abuse Policy and Guidelines (NWMH);
- Sabin presented a seminar on 'policy relevant to women & mental illness with a focus on sa & fv' to University of Melbourne, Social Work, Master students;
- Sabin presented at the NWMH SA policy and guidelines launch.
- NCASA & NPU Liaison meetings: regular meetings held since 2007 between staff from NCASA, NPU and NAMHS Partnership Project manager. Development of information leaflet for NPU consumers about sexual assault.
- Sabin co-presented/lead discussion on 'making the invisible visible' (diversity issues) at the 'Preventing Violence Against Women' conference (organised by WHIN & NACSA)

Publications

- Articles in *Division News* of the Northern Division of General Practice
- Fernbacher, A. S. (2011). Interpersonal Violence and Mental Illness – Making the Connection. *Violence Against Women Disability Newsletter, VWDN*. Invited contributor.
- Fernbacher, S. & Hodge, C. (2010). Childhood sexual abuse and depression-connections, theories and practice implications within the primary care setting. In Hussain, I. (Ed) (2010). *Women and Depression*: Cambridge Scholars Publishing.
- Fernbacher, S. Asche, A. & Humphries, R. (2010). Clinical mental health care and trauma informed care – conflicting paradigms or possibilities for integration? Paper presented at TheMHS conference, Sydney.
- Fernbacher, S. Rorke, F., Western, D., Morris, S. & Keebaugh, S. (2010). Cross-sector partnerships addressing women's mental health and family violence. 5th Australian Women's Health Conference, Hobart.
- Fernbacher, S. & Humphries, R. (2008). Abuse and Mental Illness, Changing perceptions changing practice. TheMHS conference, Auckland, NZ.
- Fernbacher, S. & Humphries, R., (2008) – part of a panel presentation: Ensuring women's safety in psychiatric inpatient units. Challenges and opportunities for change. Symposium Presentation. 5th International Women's Mental Health Congress, Melbourne.
- Fernbacher, S. (2008). Bringing It All Together. Cross-sector partnerships addressing abuse and mental health issues. World conference on the promotion of mental health and prevention of mental and behavioural disorders. Melbourne.

**THE NORTHERN AREA MENTAL HEALTH SERVICE PARTNERSHIP PROJECT
HISTORY AND OUTCOMES
FINAL REPORT**

- Fernbacher, S. Bringing It All Together. (2007). Cross-sector partnerships addressing mental health and abuse issues. TheMHS conference, Melbourne.
- Fernbacher, S. (2006). Bringing It All Together. Cross-sector partnerships addressing mental health and abuse issues. Partnerships Towards Recovery Conference (RFV/VICSERV. Melbourne.
- Fernbacher, S. & Hodge, C. (2006). Childhood Sexual Abuse & Depression-Connections, Theories and Practice Implications within the primary care setting. Women and Depression Conference, Sydney.
- Fernbacher, S. (2005). Women, Mental Illness and Mothering–Social and Policy Implications. Paper presented at ‘mothering, madness and discrimination’ forum, absolutely women’s health, RWH, Melbourne.
- Fernbacher, S. (2005). Cross Sector Collaborations. Considerations to Work Across Mental Health, Family Violence & Sexual Assault Services. 5th Australian Women’s Health Conference, Melbourne, April 2005.

**THE NORTHERN AREA MENTAL HEALTH SERVICE PARTNERSHIP PROJECT
HISTORY AND OUTCOMES
FINAL REPORT**

Appendix 5

Those interviewed:

Charmaine Farrell, NCASA

Sabin Fernbacher, Project Manager

Robyn Humphries, NAHMS

Felicity Rorke, BSFVS

Consultation Questions

- 1. Describe your agency's involvement with the NAMHS Partnership Project**

- 2. What impact has the project had on your agency's policies, training and service delivery?**

- 3. What would you say are the key achievements of the project?**

- 4. Do you see significant gaps in this work?**

- 5. What needs to be prioritized for action over the next 3 years?**