

Domestic Violence and Mental Illness

Interagency Forum

29th July 2004, Kapiti

Final Report



Acknowledgements

Organising Committee

Many thanks to the following individuals and their organisations for their contribution in organising the forum:

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Jude Ball	Regional Public Health – Like Minds, Like Mine
Jane Seymour and Nancy Hakaraia	Kapiti Women’s Refuge
Jo Hodge	CCHMHS
Kiri Parata	Kapiti Healthlinks
donna	Case Consulting & Central Potential
Ray Rodrigo	WIPA

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Thanks to Capital & Coast DHB Funding & Planning Directorate for the financial support to enable the forum to be held.

Many thanks also to Debbie Hager who did a wonderful job of facilitating the forum.

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Summary

'Information from the literature and research supports the inference that there is a group of women – most of whom will remain unidentified, who are not only abused by their partners, but are also experiencing severe mental distress. This mental distress is compounding these women's difficulty accessing help, used by abusive partners to further abuse women and preventing services responding appropriately to women who are attempting to access help. These same experiences are further exacerbating the mental distress that women experience – and so a vicious cycle is set up' – **Debbie Hager, 2003**

Early in 2004 a number of people expressed concern about access to services for women who experienced mental illness and domestic violence. It appeared that women might experience exclusion from services for domestic violence because of mental illness and visa versa. A forum was held to try and understand the reasons for this from the perspectives of the organisations supporting women.

Kapiti is a community that has strong inter-sectoral relationships. Links were already established between key organisations e.g. mental health, Refuge, and Kapiti Choices (a consumer organisation). The forum was designed to build upon these links and relationships. Over 20 people attended the forum and three organisations gave presentations on what their service provides as well as the challenges they face in supporting women who experience mental illness and domestic violence.

Key themes emerged during the course of the forum and participants suggested a number of actions that could work toward solutions. These are detailed in the report.

Participants also identified the areas of the highest priority, along with proposed course of action. These were:

1. EDUCATION

- a. Within the community about mental illness, drug and alcohol use and domestic violence. This will include people who have personal experience of mental illness and/or domestic violence in the delivery of education. Focus on reducing discrimination and stigma.

- b. Within health and welfare organisations to identify the difference between mental illness, generalised anxiety and distress about a given situation. Understanding the relationship between domestic violence, distress and mental illness.
- c. For women that builds self-confidence and enables connections with others to be made.
- d. For funding agencies to support the above training and acknowledge the cost involved.

2. PROVIDING SAFE PLACES FOR WOMEN AND CHILDREN

- a. Developing flexible packages of support that are needs based and are inclusive of children. For example: family accessible respite, treatment facilities, safe houses and crisis services.
- b. Develop confidence and skill in Refuge and mental health workers that incorporates responding to mental illness, distress and domestic violence.

A group of participants who attended the forum have expressed an interest in pursuing these proposed courses of action. Initiatives are already underway in the community, for example, the initiative between Kapiti Men for Non Violence, Women's Refuge, Kapiti Safer Community Trust and Te Runanga O Ati Awa Ki Whakarongotai to employ a coordinator who works between the four groups with the aim of creating seamless service provision. Funding for this position remains the biggest challenge currently.

Child, Youth & Family have also expressed a willingness to work collaboratively on the issues highlighted.

Resource constraints are a very real issue for many of the groups involved as funding and staffing constraints limit their ability to be as responsive as they would like to be. Kapiti Choices and Kapiti Refuge rely largely on a volunteer workforce.

Feedback from participants at the forum was very positive and it is felt that the forum provided a positive beginning.

Introduction

This report has been prepared following an inter-sectoral forum that was held on the Kapiti Coast on the 29th July 2004.

The purpose of the forum was:

1. To clarify the issues and build relationships between organisations involved in supporting women who experience domestic violence and mental illness.
2. To propose and agree to solutions that will enable services to meet the needs of women.

This report briefly provides information relevant to domestic violence and mental illness and describes the process used to hold the forum as well as the findings and outcomes. The report will be forwarded to all participants of the forum as well as Capital & Coast Planning & Funding Directorate.

Domestic Violence, as defined in the Domestic Violence Act 1995, is physical, sexual and psychological abuse against a person by any other person with whom that person is, or has been, in a domestic relationship.

Mental Illnesses can cause major disruption to a person's behaviour, emotions or thinking that can last weeks, months or years. Almost all mental illnesses are treatable. It is important to remember that each person's experience of mental illness is different. (Like Minds, Like Minds – What is Mental Illness Fact Sheet)

The New Zealand Health Strategy DHB Toolkit on Interpersonal Violence (October 2001) reports that about 400 women are hospitalised annually from assault. Eleven women die from assault each year. Of New Zealand Women's Refuge residents, 15 percent had a permanent disability as the result of battering. Psychological abuse is a core part of family violence.

Abused women are five times more likely to use psychiatric services than non-abused women. Some women begin drinking excessively after the onset of abuse. Smoking and drug use are other coping responses.

Mental Health outcomes for women who experience violence in the forms of partner violence, sexual assault and / or child sexual abuse can be:

- Post Traumatic Stress
- Depression
- Anxiety
- Phobias / panic disorder
- Eating disorders
- Sexual dysfunction
- Low self esteem
- Substance abuse

Background

In October 2003 a number of people came together to discuss ways in which services for women who experience domestic violence and mental illness could be improved. A number of issues had been raised that suggested services (specifically Women's Refuge, Police & Mental Health Services) were not meeting the needs of women who experience mental illness and domestic violence.

A number of underlying reasons were suggested for this:

1. Organisations may feel that they are already overstretched and don't have the specialist skills or resources to be able to help women who have either mental health problems and/or domestic violence.
2. Women's Refuge consider that a refuge is an unsettling place and therefore not appropriate for someone with mental illness, since it may cause them to become unwell.
3. There are no mental health respite services that take women and their children or are deemed 'safe' in that their location is not disclosed.
4. There may be a lack of effective support from other mental health or welfare services when Women's Refuge requires backup.
5. There seems to be a lack of dialogue and perhaps a lack of understanding between Women's Refuge, Mental Health Services and Police.

Deciding to hold a forum

In the early stages there was a lot of discussion as to where to begin to address the issues raised. The initial group that had formed was aware that their perspective, which was largely from a mental health point of view, did not have a clear understanding of the issues organisations faced.

A meeting with the National Collective of Women's Refuge was useful in identifying that each refuge works independently of each other, and there is no national-level policy about how Refuges should deal with women who experience mental illness. This helped to clarify the need to hold a local forum. This also supported the idea of "local solutions to local problems".

Kapiti was identified as a community that has strong inter-sectoral relationships. Links between mental health and domestic violence agencies had already started to develop, which indicated the willingness to work on the issues. It was decided the way forward was to hold a forum that would enable agencies to build on relationships, clarify issues and explore solutions.

The Organising Committee

The forum organisers (people who were interested in seeing responsive services for people who experience mental illness and domestic violence) formed a committee. This comprised of mental health consumers and service providers.

Meetings were also held with other key organisations outside of the committee to seek their support and ideas, for example Police and Victim Support.

Consumer Participation

People who experienced mental illness and/or domestic violence raised the initial identification of issues, which led to the meeting being called in 2003. Consumers were involved in the planning and delivery of the forum.

Choosing a facilitator

The organising committee chose a facilitator, Debbie Hager who has experience in working on these issues and also has proven experience as a facilitator.

Debbie, originally from Levin and now based in Auckland, kindly agreed to facilitate the forum. Debbie has researched and campaigned for better understanding and services for women who experience mental illness and domestic violence.

(See reference list for articles written by Debbie.)

Budget

Funding for the forum was sought from Capital and Coast District Health Board Funding and Planning.

\$1,400.00 was sought and approved for a venue, facilitation and catering. A lead agency (Kites) was identified to accept the contract and to distribute funds.

The organising of the forum relied upon gifted time and resources from individuals and their organisations.

Invitations

The size of the forum was deliberately kept small to enable the group to focus on the issues and solutions. Organisations directly involved in supporting women who experience domestic violence and mental illness needed the opportunity to commence discussions and share openly any challenges they face. With this in mind, the decision was made that the forum be invitation only. The invitation list was developed based on local knowledge and networks.

Kapiti Healthlinks (who operate an e- mail network that includes over 500 groups) offered to seek input from the wider community into the issues. A notice was sent out to these groups requesting their input. This proved to be very useful. A number of initiatives already underway in the district were identified as well as people who had a keen interest in being involved.

A small number of organisations were also asked to make presentations. Mental Health Services, Refuge and the local consumer group (Kapiti Choices) made presentations outlining what their organisation does and offers specifically for women who experience mental illness and domestic violence, how people access their service and the key issues and challenges they face.

Timetable

It was decided that a half-day forum would be held to accommodate the time constraints many organisations are under, especially taking into account volunteers. The forum was timetabled to start at 9.30am to accommodate parents who may have needed to get their children to school.

Resource Kits

Participants were provided with resource kits that they could take away with them.

These kits contained the following:

- Articles of interest (see appendix list)
- List of useful websites (see appendix list)
- Like Minds Like Mine fact sheets – “What is Mental Illness?” and “Families Living With Mental Illness”.
- Information about organisations, for example: Women’s Refuge, The Kapiti Women’s Centre, Kapiti Choices, Wellington Mental Health Consumers Union, Central Potential, Warm-line, CCDHB Mental health Services, Kapiti Men for Non Violence, The Mental Health Act, Mental health Foundation National resource and Information centre, Women’s refuge safety plan, Speakers Bureau, Work and Income, and Tu Tonu Ki Te Whenua - Relapse Prevention Education Programme.

Evaluation

Participants were asked to complete a written questionnaire at the end of the workshop. (Refer Appendix One)

Feedback was positive, with the majority of participants feeling their expectations were met. People found the networking, information sharing, consumer perspectives and the genuine willingness to work on the issues most useful.

Findings – outcomes of forum

Presentations

A number of key organisations were invited to present at the forum.

Kapiti CHOICES

Kapiti Choices is a consumer run mental health support service whose purpose is to support Tangata whaiora / consumers to take charge of and manage their own mental wellness. They do this by providing information, advocacy and support to tangata whaiora and their families.

They maintain a number of groups including women's support group, social group, sane 'n' solo, bipolar support group and Maori group.

People can access the service by self-referral.

Contact details:

19B Milne Drive

P O Box 597

Pararaparaumu

Phone / fax 04 905 2110

Email: kapitichoices@paradise.net.nz

Capital and Coast DHB – Mental Health Services

Capital and Coast Mental Health Services are a secondary¹ service providing acute services, community mental health services, specialist services, alcohol and drug services, forensic services, rehabilitation services and child and adolescent services. Some services are provided only to people living in the Capital and Coast region – Wellington, Porirua and Kapiti whilst others provide a regional service.

The majority of people who experience mental illness are seen by GP's.

Kapiti Mental Health Team - works with adults in the Kapiti region with major mental illness.

An intake worker is able to discuss where to get help and assist with referrals.

Phone: 04 903 0260

¹ Secondary Health Service refers to specialist services that people access when their needs are unable to be met by Primary Care Services.

Te Whare Marie – Specialist Maori Mental Health – A regional service, that provides clinical expertise in cultural setting emphasizing Tikanga Maori and Whanaungatanga for all Maori 0 –65 years.

Phone 04 385 5999 - 04 298 6069

Crisis Assessment and Treatment Team (CATT) – Provides 24 hour 7 day a week urgent assessment and short tem treatment. Urgency is determined based on safety issues, for example if the person is deemed a danger to self or others.

Phone 04 494 9169

Kapiti Women’s Refuge

A women – run organisation for women and children experiencing domestic violence.

They Provide:

24 hour phone line

Safe house for women and children

Crisis intervention, advice, advocacy / support at Police, lawyers, court, WINZ, Housing NZ,

Doctors, Immigration, Child, Youth and Family

Referrals to counselling etc, education and support groups

Community support for women who want to stay at home.

Anyone can phone and ask for services.

Contact details: Phone 04 297 2595

The following responses were forwarded by e-mail:

Kapiti Women’s Centre

Runs a relapse prevention programme for women with alcohol and drug issues.

It is crucial to include the issue of drug use within the mental health context because of the links between violence, drug use, depression and anxiety.

Work and Income New Zealand

Offer a 24-hour service to Kapiti Women’s Refuge. Clients seen outside normal working hours by a health professional, Police or other agency can contact Work and Income and ask for an urgent appointment.

Kapiti Men for Non Violence, Kapiti Women’s Refuge, Kapiti Safer Community Trust and Te Runanga o Ati Awa ki Whakarongotai.

These groups are exploring an initiative to employ a co-ordinator who works between the four groups, establishing links with the aim to creating seamless service provision.

Key Themes

During the presentations and the following question time a number of key themes became apparent. These were identified as:

- Stigma related to mental illness within the community and within organisations.
- Fear of being associated with mental health services and alcohol and drug services.
- Fear of losing children to Child, Youth & Family.
- Where can women go? – Lack of safe, appropriate places they can go with their children.
- Education and training about each other's issues/knowledge.
- Time and resources for developing relationships and interagency communication.
- Believing what women say – listening to what they want.
- The children – safe places and appropriate services.

Alcohol and drug abuse was also identified as an area requiring awareness and attention.

Participants then broke into smaller groups and identified a number of solutions to address the issues.

Stigma related to mental illness within the community and community organisations

Women may not wish to acknowledge they are experiencing mental illness or want to access mental health services for a variety of reasons. This may include feelings of grief and shame, the change of identity, feeling judged or not listened to.

Consumers report being told by abusers they cannot manage because they have a mental illness, which erodes confidence and therefore they feel unable to leave situations of violence.

Services may not understand either mental illness or the effects of domestic violence. This can lead to people not having access to resources and agencies and therefore further isolation.

Services may not take women who experience mental illness seriously and may believe the perpetrator is justified or that she 'deserves' ill treatment. Attitudes toward women with mental illness can include "she gets the bash because her partner is so frustrated by her."

Women experiencing domestic violence may not be believed or their experiences dismissed if they have a mental illness, or distress may be wrongly perceived as mental illness. The relationship between drug and alcohol use and domestic violence needs to be recognised, in both the perpetrator and the victim of violence. Women may self medicate with alcohol and drugs in response to their situation.

Proposed Action

1. Education within the community about mental illness, drug and alcohol use and domestic violence. Education should focus on wellness:
 - a. Include specific training for specific groups based on their needs e.g. GP's and the use of screening tools for alcohol and drug overuse, depression identification.
 - b. Ensure people who have personal experience are included in the delivery of training and/or in the planning and/or provision of services;
 - c. Lobby Like Minds campaign to develop specific resources.
2. Work toward better working relationships within the community. Consider cultural aspects, which include same sex relationships as well as Pacific Island and Maori.
3. Learn to understand the relationship between domestic violence, distress and mental illness. Validate the women's experience.
4. Ensure women have access to programmes and opportunities that build self-confidence, make connections and allow women to do for themselves.

Stigma means a mark or sign of shame, disgrace or disapproval, of being shunned or rejected by others.

Stigma can lead to people not feeling safe in disclosing their mental illness as it can have a detrimental effect on their ability to obtain services, their recovery, the type of support they receive, and their acceptance in the community. Stigma often leads to discrimination.

Discrimination means unfair treatment and is illegal on certain grounds under the Human Rights Act 1993.

(Countering Stigma and Discrimination – Service Guidelines for the Public Sector, Mental Health Foundation 2000.)

The fear of being associated with mental health services

Refuge identify that often women do not want to be referred to mental health services. Kapiti Choices also identifies that fear of the mental health services due to past experiences can result in people not wanting to access clinical treatment. There may be fears relating to the treatment being offered, including the impact of medication in relation to personal safety, i.e. remaining alert to danger is difficult under sedation and fear of being “locked up”.

There is a need to recognise the fear is often justified and that discrimination is real. Women may be forced to make choices they are not ready to make. For example they can lose control over their situation, and agencies may take away any power she still has, by making decisions on her behalf.

People fear disclosure as it may lead to their children being taken away from their care and fear of being placed under the Mental Health Act.

Proposed Action

1. Acknowledge that people’s fear can be based on past trauma or experience with services and the fear of losing control or power of self is very real.
2. Mental health services to explain what they do and how they do it. Honest dialogue about what they can and cannot do.
3. Develop and promote services in a positive way. Primary Health Organisations have a vital role to play in mental health.
4. Develop ways to raise the profile of services and de-mystifying mental health services in our community. Organisations to offer each other training.
5. Ensure mental health services are accessible, visible and allow for consumer choice, for example: where treatment is offered and access to advocacy.

The fear of losing children to Child, Youth & Family Services

Women often fear disclosing or acknowledging mental illness and/or drug and alcohol overuse for fear their children may be removed from their care. The fear can be of partners claiming she is not a fit mother due to mental illness or of services that may remove their children. Women may stay in violent situations because of this fear. Crisis situations can precipitate children being separated from their mothers. Boys over 15 years of age cannot stay in a refuge safe house.

Proposed Action

1. Agencies to develop a better understanding of the role of Child, Youth & Family (CYF). What services they offer, the legislation they work to including the opportunities and restrictions within in it and their goals when working with families.
2. More resources that enable families to stay connected. For example: respite for mothers and children, safe houses that are appropriately resourced. Consider including 'recovery' in the name.
3. Encourage families to plan ahead – have plans in place in case of illness or crisis.
4. Advocacy for women – it is a responsibility of all agencies involved.
5. Inform people if other agencies are going to be involved. Work right through with families to re-unite them if children are taken into alternative care.

Where women go – safe appropriate places with children

Women may face the problem of having nowhere to go. Mental Health services may use the crisis respite service, however this does not accommodate children. Mental Health services may say no to domestic violence and refuge may say no to mental illness. This can result in women feeling they are being bounced between services. The services themselves may speak to each other but this can take time. There is also no emergency housing in Kapiti, or places for safe withdrawal from alcohol and drugs.

Women's Refuge safe house is not staffed 24 hours a day, and largely relies on volunteers. The house has only three bedrooms therefore there can be constraints on how many families can be there at one time. If a woman is mentally ill this environment may not be safe or appropriate for them.

Resources are needed that can cater for multiple needs e.g. detox from alcohol and drugs/ treatment / safe for children. Detoxification could occur in people's own homes with GP and district nurse support. Children can be the catalyst for women to act.

Proposed Action

1. Flexible packages of funding that enable support to be provided that meets a variety of diverse needs. This might include families staying in a motel during a crisis.
2. Develop services that are inclusive of children that can be accessed by a range of providers. For example: respite that allows families' time out from their situation whether it is a mental health issue, drug and alcohol issue or domestic violence issue.
3. Distinguish between needs that arise from crisis situations versus ongoing needs. Acknowledge that women may want their families to remain intact and what they want is for the violence to stop. Find ways to support children that ensure their routines etc are maintained.

Education and training of each other's issues/knowledge

Refuge staff may feel anxious supporting people with mental health issues. Mental health services do not have any specific resources for women who experience domestic violence. Treatment and assessment of mental illness can be complicated by domestic violence – people require support for needs such as housing and income etc.

Proposed Action

1. Mental health services to undertake screening of domestic violence during assessment.
2. Resource and develop training across agencies that includes working with people who experience trauma.
3. Government agencies to support training and acknowledge its cost when developing contracts.
4. Develop ongoing opportunities for learning and understanding each other's roles, boundaries and unique contributions.

5. Work toward shared responsibility for addressing issues and do not blame each other.
6. Formalise commitments to work together through Memorandum of Understanding.

Time and resources for developing relationships/interagency communication

Funding is an issue especially for Refuge which relies largely on public donations and whose majority of staff are mainly volunteers.

Proposed Action

1. Need to recognise we all have skills. We fear we are not “experts.”
2. Use current networks.
3. Develop specialised roles designed to liaise within agencies to identify training needs and services and ways to combine and share resources.
4. To seek funding and resourcing to do this work.
5. Set up meetings of all the agencies involved with the person, for example Strengthening Families
6. Need 3 – 4 driving agencies to push things forward – other agencies will also need to be kept involved. Keep focused. Remember the client is at the centre – they must feel in control.

Believing what women say - Listening to what they want

Women’s needs can be minimalised. We need to trust what they say.

Women need gender appropriate workers.

Women may not always want to leave; they just want the violence to stop. This needs to be respected.

Distress associated with violence is a normal reaction. There is a need to acknowledge that domestic violence can lead to mental illness.

Proposed Action

1. Listen actively.
2. Give women the opportunity to just blurt it all out, sometimes just sounding off can relieve distress, ask women what they need.
3. Do not discriminate based on past knowledge or illness. Listen to children. Be aware that manipulative behaviours can be about survival.

4. Think outside the square to find solutions that work.
5. Accept we cannot always provide what is being asked for – be honest about it.
6. Know the other agencies that may be able to respond.

The children – safe places and appropriate services

Concern was raised regarding the needs of the children who may see domestic violence and live with a parent who is experiencing mental illness. The safety of children was identified as paramount.

Proposed Action

1. Provide a service that always includes children if need be, which is safe. Ensure easy access from a variety of referral sources.
2. One-stop-shop. A place where families can be together that incorporates separate area for children to be able to spend time away to nurture themselves and be nurtured.
3. Bring someone into the home to look after mum with the children if it is appropriate. This keeps the situation familiar to feel safe e.g. Home Based Treatment mental health services. Adolescents need protection. Consistency amongst agencies. Make plans before a crisis happens.
4. Early Intervention – where the mental health of children can get addressed.

Areas of highest priority

Participants were asked to identify the actions of highest priority. These were:

1. Education.
2. Reducing Discrimination and Stigma.
3. Providing safe places for women and their children.

Proposed Next Steps

1. Gather Information

Find out what is already happening and strengthen it. Investigate if CYF have a policy on inter agency understanding regarding mental illness and domestic violence. Invite Kapiti CYF to participate in ongoing planning and action.

2. Education

Training can be separated into two themes. One for raising awareness with the aim of breaking down stigma and discrimination. The other to explore the education component

of identifying the links between alcohol and drug, mental illness and domestic violence. Explore the dynamics of abuse and encourage agencies to self reflect on their policies and procedures. Explore issues of power and control that can be reflected in the way agencies deliver their services.

3. Identify lead agencies

A group of interested people has formed with the aim of exploring ways to work on the issues identified. Child, Youth & Family Services have expressed an interest to be involved.

Domestic Violence & Mental Illness references

Domestic Violence

- <http://www.womensrefuge.org.nz>
Info about NZ Women's Refuge, also has fact sheets about family violence etc
- <http://www.police.govt.nz/service/evaluation/satisfaction-report-2002-womens-refuge.php>
A report prepared by The Evaluation Unit, Office of the Commissioner, New Zealand Police, October 2002 about Women's Refuge satisfaction with Police
- <http://www.dvc.org.nz/>
Website of the Domestic Violence Centre in Auckland – has lots of info, research & links
- <http://www.austdvclearinghouse.unsw.edu.au>
Australian Domestic Violence Clearing House has a large international collection of articles & research, including info on links between mental illness & domestic violence
- <http://www.moh.govt.nz>
Ministry of Health website - see 'publications', subject=family violence

Mental Illness

- www.mentalhealth.org.nz
The Mental Health Foundation is an NGO with a huge amount of information available about different mental illnesses, services, research links etc
- www.likeminds.govt.nz
The website of the 'Like Minds' anti-discrimination campaign FREE fact sheets about mental illness can be ordered online
- www.mhc.govt.nz
Mental Health Commission

Domestic Violence & Mental Illness

- <http://www.health.wa.gov.au/Publications/RespondingtoFDV.pdf>
Clinical Guidebook for healthcare practitioners, it aims to provide practical knowledge & skills to best support people presenting at hospitals who have experienced domestic violence. Has a section on mental illness (Australian)

Reference Articles

Kazantzis, N. et al (2000) Domestic violence, psychological distress & physical illness among New Zealand women: Results from a community-based study. *New Zealand Journal of Psychology*, 29 (2) 67-73

Balzar, R. (1999) The Hamilton abuse intervention project: the Aotearoa experience. In Shepard, M. & Pence, E. (eds) *Coordinating Community Responses to Domestic Violence*. Sage: Thousand Oaks

Hager, D (2003) An investigation into the relationship between domestic violence and mental illness.

Appendix One Evaluation

Participants were asked to complete an evaluation form at the completion of the forum. 19 responses were received. The following is a summary of the responses received.

Participant's expectations of the forum

- Meet people and other agencies and to understand better the services available.
- Listen and learn more about local issues and concerns – identify the issues, identify gaps and discuss solutions.
- Gain and share ideas for supporting people who experience mental illness and domestic violence

Were expectations met?

The majority of participants stated their expectations were either met or largely met. Comment was made of the limited time given that the issues are huge.

Was something missing?

A number of participants identified the need for Child, Youth and Family services to be involved, along with General Practitioners.

The limitation of time and that time could have been spent discussing “where to from here” in more detail.

Most useful part of the forum

- Networking
- Hearing agencies issues
- Working on issues in small groups
- Genuine concern and willingness to listen to each other and work together
- Information
- Hearing from mental health consumers. Consumers are our base of knowledge and experience.

What could have been done differently?

- More time – especially for the discussion on solutions
- Use of audio visuals aids
- Introductions and ground rules not so time consuming
- Venue

Other comments

Thank you, informative and helpful, well done, well facilitated and well planned, I hope this moves forward and is not just a talkfest.

Appendix Two

Participants at the forum included people associated with the following agencies:

Kapiti Choices

Central Potential Consumer Network

Kapiti Women's Centre

Kapiti Birthright

Kapiti Community Mental Health Team

Capital & Coast Crisis, Assessment, Treatment Team (CATT)

Wellington Independent Practitioners Association (WIPA)

Wellink

Work & Income New Zealand (WINZ)

Kapiti Women's Refuge

Kites

Regional Public Health – Like Minds, Like Mine

Kapiti Mana Victim Support

Kapiti Police – Domestic Violence Coordinator

Kapiti Community Health Group Trust

Safer Communities Trust

Case Consulting

Kapiti Healthlinks

Alcohol and Drug Counselling