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RANZCP experiences in establishing and progressing an externally focussed mental health policy and partnership agenda

Sharon Brownie and Julian Freidin

Objective: This paper traces the background of involvement and increasing external activity of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) in the policy and project area.

Conclusions: Throughout 2008, representatives of the RANZCP paused to review progress and celebrate successes in the implementation of the College's stated aim to develop an externally focussed policy agenda. A summary of key activities across the past 4–5 years is outlined, including the key leadership role undertaken by the RANZCP in the recent formation of the Mental Health Professionals Association's partnership. Tracing the history of the establishment of the RANZCP externally focussed policy functions, the paper provides details of the extensive range of projects and activities undertaken to date. Also highlighted is the broad range of resources that have been developed and are now available for College members including trainees. The progress achieved to date is reflective of RANZCP's deliberate strategic actions and intent to work more closely with others and take an increasingly active role in the development of mental health policy and service delivery standards across the Australian and New Zealand landscape. The functions are now embedded with the College's newly revised Strategic Plan.

Key words: community engagement, external focus, mental health, 'new governance', partnership, public policy, RANZCP.

DEVELOPING THE POLICY AND PARTNERSHIP AGENDA

The concept of developing a forward thinking external focus and policy agenda and establishing strategic partnerships with key external organizations can be traced back 30 years to the late 1970s when the then Honorary Secretary, Dr Sandra Hacker, promoted "the need for the College to develop [an] ongoing political presence in Canberra and Wellington and current and continuing political and governmental intervention in professional . . . practice".¹ (p. 55)

While taking some time to germinate, the ideas were carried forward again in 2002 when a small group of enthusiastic Fellows initiated discussion with the General Council via a formal policy development proposal asserting:

It is imperative for this College and the specialty of Psychiatry that we urgently develop an externally-focussed, proactive policy agenda that places this College at the forefront of mental health policy development in both countries. The policy-making processes of the College need to reflect the concerns of a diverse specialty across the public and private sector to ensure that the specialty of psychiatry remains supported, understood, viable and clinically relevant to the

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community we serve ... inherent in this process is the establishment of strategic partnerships between the College and other key health organisations ... particularly other Colleges, associations etc.² (p.1)

The stated rationale for adopting this direction included the view that it was essential to position the College and its members as leaders in activities such as anticipating issues and initiatives which may impact on health service delivery in Australasia and globally; developing relationships with key health and other relevant policy makers for the purposes of placing the College in a position to positively affect policy making; developing policy and encouraging debate in relation to major health issues; responding to documents from government agencies and other organizations; developing a public profile for the College as a repository of credible health policy and planning data; obtaining funding for, and undertaking projects relevant to the College; and, developing and extending partnerships and alliances with other health and policy agencies.^{3,4}

The stated aim was to “position the College ahead of the health system development and reform process, as a key informant in these processes, and as a credible, objective and clinically informed source of evidence-based policy advice”,² (p. 4) the desired outcome being enhanced services for patients and their families.

The rationale outlined triggered a 4–5 year history of discussion and proactive action within the College, which led to the establishment of the College’s policy and project unit; procurement and delivery of a broad range of projects; development of extensive resources to support the practice of College members including those seeking membership; development of resources for consumers and carers; and the embedding of continued externally focussed partnership activity within the College’s stated strategic direction.⁵

SURROUNDING PUBLIC POLICY CONTEXT

Discussing and moving the College towards an externally focussed partnership-based organization has not occurred in isolation of current public policy trends. Over the past two decades, public policy makers have increasingly introduced models of joint and collaborative working to enhance social and economic outcomes.^{6–9} This is a complex and continually evolving public policy development pathway evident in a broad range of socioeconomic contexts, the health service context being no exception.^{10,11}

International public health policy has seen a dramatic shift from isolated models of health care towards ‘new governance’ health care arrangements that support local health systems that are collectively responsible and accountable for the health needs of a community.^{10,12} Albeit a little slower than the rest of the world, the same movement is occurring across the Australian healthcare system.¹¹

This trend towards interagency collaboration is no more evident than at the clinical level where the increasing complexity of health care has generated an expectation and a need for inter-disciplinary health professionals to work as a team. There is growing evidence to suggest that effective interdisciplinary practice improves consumer health outcomes.¹¹ Notwithstanding, there is also a recognition that effective collaborative practice does not ‘just happen’.¹³

Western health systems worldwide are seeking to define the key criteria and strategies to maximize, promote and support collaborative practice.¹⁴ The development of effective collaborative practice necessitates multifaceted strategies that address both the structural (systems, tools) and relational factors (human relationships) at a local level.^{13,15} Effective networks offer the potential to identify and resolve systemic barriers to collaboration, such as development of referral protocols to improve bilateral communication between primary and secondary care, and encourage the development of productive working relationships between service providers.

A key assumption underpinning these public policy trends is that inter-organizational and interdisciplinary collaboration and partnership-based service delivery is a more effective means of yielding improved outcomes; that is, if everyone cooperates, collaborates and works together, improved results will be achieved.^{9,16,17}

Nelson and Zadek describe this concept as the ‘alchemical effect’ or the dynamic that arises when “participants seek to achieve more than the sum of their individual parts by creating leverage and synergy based on and between key components of the partnership” (p. 15).¹⁸ Simply put, “collaboration means that one plus one can equal three”,¹⁹ with the objective of partnership being to deliver more than the sum of the individual parts.²⁰

RANZCP PROGRESS 2002–2008

The progress and continued activity achieved within the RANZCP policy unit has significantly surpassed the imagination and expectation of all who originally conceived of the notion.

It was not until mid to late 2003 that a policy unit was formally established and initial work was commenced. Since that time, activity has grown to include a small and enthusiastic team of full-time staff strongly supported by the College’s Executive Officers, CEO and Fellows in a number of committees. Their work has had influence in both Australia and New Zealand.

Activity within the unit has focussed on four key areas: workforce; service integration; practice standards; and, education and training. A snapshot of activity and outcomes over the past 5 years includes:

Workforce

The development of a sustainable and appropriately trained mental health workforce is critical to the provision of quality mental health care for consumers and carers.

Within the context of current workforce shortages, the College has been particularly active in this area, focusing attention on the provision of orientation support for overseas specialists entering Australia and New Zealand and also recruitment and support for our own home grown specialist workforce.

International medical graduates

As part of its commitment to assist international medical graduates (IMGs) orientate to Australia and/or New Zealand and on their pathway to Fellowship, the College has undertaken a range of projects specifically designed to support this group, including:

- the IMG Online Orientation Program on the New Zealand Mental Health System, <http://www.mho.org.nz/>
- the IMG Online Orientation Program on the Australian Mental Health System, <https://www.rmeo.com/ranzcp>
- Mentoring and Supervision Support, and the Upskilling Pilot Programs which have provided financial support to assist trainees and mentors, and the development of other training support modules (currently being loaded onto the RANZCP website).

Australian and New Zealand trainees

Of equal importance is the emphasis on recruiting Australian and New Zealand medical graduates to the profession of psychiatry, a key focus of the current Workforce Initiative Project. The project includes three new areas of work associated with the recruitment of trainees to the RANZCP training program to address the long-term workforce needs in mental health. These are as follows:

Australian and New Zealand recruitment DVD: "Psychiatry: A Better Understanding": This initiative has included a bi-national approach whereby the College developed and produced 500 copies of a 15-minute information film, packaged as a DVD with fold out flier, to encourage medical students to consider specialist training in psychiatry (<http://www.ranzcp.org/home-content/dvd-psychiatry-a-better-understanding.html>).

The DVD aims to provide medical graduates with improved information and communication about the benefits of choosing a career in psychiatry. It aims to dispel some of the stigma around the prevention and treatment of a mental disorder in order to attract more medical graduates to the career of psychiatry.

The DVD contains four chapters: What does a psychiatrist do?; Why become a psychiatrist?; Where can I work as a psychiatrist?; and, How do I become a psychiatrist?, and effectively communicates the benefits of choosing a career in psychiatry.

Each chapter contains both scripted dialogue presented by actors in the role of medical students, and material from interviews with psychiatrists, psychiatry trainees, medical students, consumers, carers, and people working in other areas of the mental health sector.

Mentoring and support for Year 1 registrars: This projects aims to provide additional support services to Year 1 registrars on the RANZCP training program via:

- development and implementation of a mentoring model;
- improved access to multimedia mentoring support services for Year 1 registrars.

This project will include a pilot initiative with objectives to:

- develop the pilot as contribution to retention/recruitment – the presence of a dedicated mentoring program will be attractive to potential registrars;
- design a program which contributes to learning engagement for Year 1 registrars;
- develop a model that could be implemented across the training program;
- improve the quality of the first year experience for registrars.

The pilot program will be conducted in training programs from four states and will engage senior registrars as mentors.

Career information for medical students and prevocational doctors: This project aims to deliver career information to indigenous and non-indigenous medical students and prevocational doctors, and will be implemented through the following initiatives:

- the development of a career information package pertaining to the specialization of psychiatry for medical students and prevocational doctors, including Aboriginal and Torres Strait Islander potential trainees, and an informational DVD about the specialization of psychiatry targeted specifically at medical students and prevocational doctors;
- development and delivery of 10 information sessions by 'ambassadors' in at least four different states and territories to Aboriginal and Torres Strait Islander and other medical students and prevocational doctors across Australia;
- the RANZCP website enhanced to include more extensive information about the specialty of psychiatry as well as links to more information

regarding psychiatry training, available courses and FAQs.

This project is at the research stage with substantial investigations underway in relation to the College's existing strategies. Benchmarking across other Colleges is also being undertaken. A working group has been established and this is recruiting ambassadors. Relationships have been established to secure input from registrars and the relevant medical student groups.

Development of cadetship model: This includes the compilation of a systematic literature review of national and international best-practice literature regarding the delivery of cadetship models for prevocational doctors, and formulation of recommendations from which the model can be implemented. Recommendations will take into account the following issues:

- locations where a potential cadetship model could be implemented;
- duration of potential cadetship models;
- understanding of enablers and barriers to implementation;
- potential funding models to support implementation of the model;
- formulation of eligibility criteria for prevocational doctors;
- the incorporation of psychiatry training within prevocational training;
- the role of clinical and non-clinical support from the RANZCP and state and territory health departments;
- recognition of prior learning arrangements on entry to the RANZCP program;
- the potential development of guidelines outlining the extent to which a focus on psychiatric experience can be accommodated within the National Guidelines for Junior Medical Officer Training and Assessment.

Service integration and collaborative care

Mental Health Professionals Association partnership

The Mental Health Professionals Association (MHPA) partnership was established by bringing together the four major professional organizations, namely the Royal Australian College of General Practitioners, the Australian College of Mental Health Nurses, the Australian Psychological Society, and the Royal Australian and New Zealand College of Psychiatrists. It provided a formalized forum for professional discussion, joint policy development, lobbying, project implementation, education and training across the sector (www.mhpa.org.au).

The partnership is reflective of RANZCP's deliberate strategic actions and intent to work more closely with

others and take an increasingly active role in the development of mental health policy and service delivery standards across the Australian and New Zealand landscape.

Consistent with current trends in public policy, the initiative is well aligned with the partnership-based public policy paradigms of 'networked' and 'associational' activity. Subsequently, government administrators seeking to effectively progress and implement a range of on-the-ground education and training, workforce development and service improvement initiatives embraced the newly emerging group.

For the first time in Australia, government was able to simultaneously partner with a coalition of mental health professionals working in unity with an agreed common purpose, the advancement of sector-wide workforce developments and service improvements for the benefit of patients and their families.

The partnership quickly flourished as the MHPA group began working with government to assist in the implementation of initiatives arising from the Council of Australian Governments allocation of additional resources for the mental health sector.

Following formation, the partnership sought to secure funding to advance a range of policy initiatives supported by the collaborative. Funding was subsequently secured from the Australian Government's Department of Health and Ageing to develop a multidisciplinary education and training package for the "Better Access to Psychiatrists, Psychologists and General Practitioners through the Medical Benefits Schedule" (Better Access) initiative.

Through the project's initial stages, the RANZCP fulfilled the role of lead agency, working with the other professional groups to undertake an environment scan, develop and pilot test a multidisciplinary training package, and develop a website information portal for new and existing mental health arrangements.

A stage two project successfully secured \$15 million of Australian Government funding to roll-out the education initiative across the entire Australian landscape.

WPA 2007 International Conference

From 28 November to 1 December 2007, the RANZCP hosted the World Psychiatric Association (WPA) International Congress. The WPA International Congress is a major annual international CME event for psychiatrists and provides opportunity for participants to obtain the latest in research, techniques and management from worldwide experts and develop working relationships across the mental health sector. This was the first time this international event had been held in Australasia.

Under the theme, "Working Together for Mental Health: Partnerships for Policy and Practice", the

College took a unique partnership approach in developing and delivering the Congress with the involvement of psychiatrists, general practitioners, nurses, psychologists, consumers, carers, allied health, NGOs and policy makers rather than psychiatrists alone. This was another 'first', whereby representatives from these groups had direct presence and input to the overall Congress organizing team and scientific program committee.

Consistent with the partnership-based approach and the global trends towards collaborative care, the College was committed to ensuring that there were strong indigenous, consumer and carer components throughout the program. Members of the organizing committees and project office worked closely with the above named groups to ensure these perspectives were embedded throughout the program.

The 2007 WPA Congress attracted 2833 participants from 79 countries and incorporated all those involved in mental health, including psychiatrists, general practitioners, nurses, psychologists, consumers, carers, allied health, NGOs and policy makers. This diversity of cultures and countries ensured the sharing of knowledge across numerous networking meetings and discussion groups.

Practice standards

Development and distribution of a set of six clinical practice guidelines in Australia and New Zealand proved to be a landmark project for the College (<http://www.ranzcp.org/resources/clinical-practice-guidelines.html>).

A full copy of the clinician versions were published in the College journal while the carer and consumer versions have, with the support of both the Australian and New Zealand Government, been printed and widely distributed in small booklet form. To date, 42 000 sets of six booklets have been printed and distributed. This includes 222 000 CPG booklets (37 000 sets), which have been printed and distributed in New Zealand. A new contract has recently been secured to update and print a further 528 000 booklets (88 000 sets) in response to the continual attestation from consumers, carers, NGOs and clinicians of their value.

In addition to the printed versions, electronic versions are extensively accessed via the College website with more than 500 and often closer to 1000 downloads per month.

The development and distribution of these resources is the result of extensive pro-bono input from Fellows across a wide range of specialties and is an example of one of the most far reaching clinical leadership activities of the College and its members.

National Practice Standards for the Mental Health Workforce implementation pilot project

The RANZCP has been funded by the Australian Government Department of Health and Ageing to develop a framework and associated resources for the implementation of the National Practice Standards for the Mental Health Workforce (Practice Standards) in adult acute inpatient settings.

A draft version of the framework and associated resources has been developed in consultation with key stakeholders. This draft is now being piloted in six mental health acute inpatient units across four jurisdictions, including public and private services and services with metropolitan, rural/regional, and remote catchments. Subsequent refinement of the framework will be undertaken, integrating information obtained from the piloting process and further input from key stakeholders. An induction program providing comprehensive orientation documentation to the Practice Standards for new staff and familiarization package for existing staff will be delivered as part of the final product.

PHARMAC NZ Project – development of clinical recommendations for the use of antipsychotics in dementia in nursing homes

The development of the clinical recommendations was completed in July 2008 and was delivered to PHARMAC in late August for publication in hard copy. Copies of the recommendations have been distributed to prescribers/aged care facilities across New Zealand. They have also been forwarded to all FPOA (NZ) members and are available on the College website for the access of all members.

Education and training

The Curriculum Improvement Project (CIP) and Expanded Specialist Training Program (ESTP) in Psychiatry continue to develop as the two major educational development initiatives. These projects address the training and educational needs of psychiatrists and ways of meeting those for 2012 and beyond.

Curriculum Improvement Project

The aims of this project (<http://www.ranzcp.org/fellowship/curriculum-improvement.html>) focus on the structural reform of the RANZCP training program. Supported by the Commonwealth over a 5-year time span, the CIP is designed to enhance the program preparing and maintaining the psychiatry workforce which is pivotal to the provision of quality mental health services across Australia. Key strands within the project include:

- developing a best practice competency-based curriculum framework;
- improving the uptake of training in psychiatry and consequently increase the number of psychiatrists available to practice as specialists;
- increasing the flexibility of training part-time and for trainees with interrupted training;
- enhancing CME opportunities and support;
- expanding options for lateral entry, particularly for doctors from other medical colleges and overseas trained doctors.

In August 2008, the RANZCP General Council through the Board of Education accepted the Royal College of Physicians and Surgeons of Canada's well-established 'CanMEDS' curriculum framework to lead this exciting project as a continuous improvement model.

Expanded Specialist Training Program 'Psychiatry'

The aim of this initiative (<http://www.ranzcp.org/fellowship/expanded-training-settings-project.html>) is to extend the availability of opportunities for specialist training outside of major public teaching hospitals (including but not limited to, private hospitals, GPs, Aboriginal medical services, non-clinical settings and publicly funded rural and remote hospitals). The project therefore aims to improve resources to develop the skills, knowledge and attitudes required for achieving Fellowship. Broadly, the objectives are to:

- establish at least 15 new accredited psychiatry training positions in settings other than major public teaching hospitals within 2 years;
- document the experience that registrars have in seven typical accredited positions to inform the wider development of the expanded training setting initiative.

The College has comprehensively embraced the opportunities that have arisen through participation in the expanded settings program. The Expanded Specialist Training Program (ESTP) has undergone two funding rounds. The initial 2008 funding round received 57 applications and 47 of these were offered funding. The second funding round for 2009–2010 received 108 applications; an additional 20 settings were added to the 2008 round, bringing the total number of new psychiatry training posts in expanded settings to 67. In the 2009–2010 round, the Commonwealth aimed to achieve 250 additional expanded settings across all of the medical specialties; approximately 26% of these are occupied by psychiatrist trainees.

CME support for rural specialists

The support scheme for rural specialists has over recent years helped to deliver CPD and peer review opportunities to psychiatrists in rural and remote practice.

Round eight funding has just been secured to enable continuance of this educational support provision. Furthermore, the Rural Advanced Specialist Training Support Scheme has included the development of a dedicated website (<http://rural.ranzcp.org/>).

Indigenous training resources

The Indigenous mental health website is a recently developed resource which has been developed by the RANZCP Aboriginal and Torres Strait Islander Mental Health Committee, with funding assistance provided by *beyondblue*.

The site contains resource material to assist psychiatrists, other practitioners working with mental health and the broader community to improve knowledge of Aboriginal and Torres Strait mental health issues and to achieve better outcomes. Among the key resources available to College members are detailed case studies. The site is a live work, which has developed over time and for which there are current plans for further development. Interest in the website is strong; for instance, between 13 November and 17 December 2008, there were 502 visits from 344 unique visitors (<http://indigenous.ranzcp.org>).

Extensive resources have been developed and are available for the benefit of the target group plus all College members.

See:
<http://www.mho.org.nz/>
https://www.rmeco.com/ranzcp/dls_rrmeo.pl?a=welcome
<http://rural.ranzcp.org/>
<http://indigenous.ranzcp.org/index.php>
<http://www.ranzcp.org/resources/clinical-practice-guidelines.html>
<http://www.mhpa.org.au/>

SUCCESS FACTORS

As highlighted, partnership and collaborative models of care underpin the new public sector policy framework through which all relevant participants pertinent to a sector may be brought together and contribute to improving a given situation on an equal basis.^{9,20} This is a pathway in which the College has increasingly engaged over the past 4–5 years and many lessons have been learned.

A growing body of literature is emerging which details factors that are seen as either essential to or associated with successful partnership and collaborative outcomes.^{9,17,18,21–27}

However, thus far there are few evaluative studies that can be called upon to provide clear empirical evidence of the outcomes and the impact of different forms of partnership.^{24,28,29} Indeed, in 2001 the Organisation for Economic Co-operation and Development was clear that:

Today, in most OECD countries, governments support networks of partnerships . . . Despite the new popularity of partnerships, and mechanism through which partnerships contribute to economic development, social inclusion or any other policy objective pursued are not fully clear.

Partnerships are sometimes compared to a “black box”: inputs and outputs are visible, but the mechanisms enabling the transformation from input to output are not.²⁸ (p. 18)

While a degree of consistency exists in the literature, there is an equal degree of disparity.

Within this context, recommendations regarding the foundations to success for practitioners are increasingly plentiful. Scott offers lists of instructions, such as: key players need to recognize that interagency conflict is predominantly structural and not personal; develop goodwill at an interpersonal level and at an interagency level; avoid making the other agency into the common enemy; form coalitions with other agencies on a broader agenda of change; and build a knowledge base on effective collaboration.²² Equally, according to Pichierri,²³ suggestions are emerging to highlight possible barriers or obstacles to success, including the presence of competing players in the area/locality concerned, an excess of institutionalization and inadequate structures of implementation. These are highlighted as pitfalls for those working in the partnership arena to proactively identify and avoid.

The RANZCP experience highlights the critical role of the founding leadership; the passionate urgency to progress; resilience and sustained enthusiasm for whatever it takes to get the job done; teamwork; creative collaboration; an ability to stand in other’s shoes, see their point of view and inhabit each other’s minds; friendship and intense trust between key players; excessive acts of kindness as team members (often over and above the call of duty in support of the team and the overall collaborative); and ongoing leadership which focuses into the future and which embeds and sustains.

MANAGING GROWTH AND OTHER IMPLEMENTATION ISSUES

While the theory of partnership and joint action appears indisputably logical, implementation reality is highly challenging. There is no doubt that implementing and maintaining partnership-based activity is resource intensive and hard work and that there is the potential for political, cultural, financial and other complexities to significantly disrupt progress.

With such a glow of approval around it, one might expect to see coordination everywhere. But one does not. Coordination is easier to advocate than to practice.³⁰

Without effective implementation, the new collaborative and partnership-based paradigms are potentially

meaningless; that is, any policy without implementation is just a collection of words.^{31,32}

The College’s policy and project unit is relatively new and yet it has already delivered significant outcomes. Even more recently established are the policy functions which have been added to the New Zealand National Office and several of the Australian Branch offices under the ‘Strengthening the Branches’ initiative. Thus, the organization and its branches are still in the early establishment and capacity building phases of its partnership-based capacity. The challenges are plentiful, including engagement of the broader membership in partnership-based activities; building new partnerships and strengthening existing ones; development of Branch and Melbourne-based staff; development of supporting organizational capacity such as finance, IT and contract management capacities. However, with the existing achievement base, participating teams are highly optimistic of continued success.

LOOKING FORWARD

At its November 2008 meeting, RANZCP’s General Council ratified the College’s strategic direction as outlined in the document ‘Working with the Community’ (RANZCP 2008). In detailing the way forward over the next 3 years, the College re-affirms its key leadership role in medical specialist education; supporting and enhancing clinical practice; and, influence and leadership across the mental health sector. In so doing, it takes the next steps in embedding functions of external engagement, partnership and collaboration as central to the ongoing work of the College and its members.

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Australian Indigenous Mental Health

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Welcome

Welcome to the Australian Indigenous Mental Health site. This site has been developed by the Aboriginal and Torres Strait Islander Mental Health Committee of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) and *beyondblue: the national depression initiative*.

We have created this site to support the work of health professionals in improving knowledge and understanding of Aboriginal and Torres Strait mental health issues and to achieve better outcomes.

The dance of life

It is important to develop an understanding of Indigenous mental health from an Indigenous perspective. The Dance of Life model combines paintings, narrative, theory and existing evidence in a framework to assist practitioners in understanding the complexities in Indigenous mental health.

The dance of life painting is the last in a series depicting a multi-dimensional model of health and wellbeing from an Aboriginal perspective. Read more

CASE STUDY 01 John – Treating psychosis from alcohol and substance abuse

CASE STUDY 02 Shantee – Impact of Fetal Alcohol Syndrome on an abandoned child

CASE STUDY 03 Virginia – Use of narrative therapy

CASE STUDY 04 Margaret – Involving family members in problem solving

CASE STUDY 05 Bob – Understanding indigenous homelessness

CASE STUDY 06



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