

**WEST WOOD**  
**SPICE**

BETTER OUTCOMES ▶ BETTER LIVES

**FINAL REPORT**

**Public Interest Advocacy Centre**

Mental Health Legal Services Project  
Evaluation

*October 2011*

This evaluation report was prepared by Margaret Scott, Senior Consultant WestWood Spice with assistance from Roger West, Liz Cunneen and Francesca Piazzi

Roger West  
WestWood Spice  
21A Elliott Street  
Balmain NSW 2041  
Ph: 02 9555 4429  
Fax: 02 9352 3443  
Email: [rogerwest@westwoodspice.com.au](mailto:rogerwest@westwoodspice.com.au)  
Website: [www.westwoodspice.com.au](http://www.westwoodspice.com.au)

© Copyright WestWood Spice 2011  
CFW Spice Pty Ltd trading as WestWood Spice ABN 17 095 066 318

## Table of Contents

Part A: Evaluation of the Mental Health Legal Services Project .....	6
1. Executive summary.....	7
2. Introduction .....	12
2.1. Background and context.....	12
2.2. Mental Health Legal Services Project.....	13
2.3. The pilot projects.....	15
2.4. Management and governance arrangements.....	19
2.5. The evaluation .....	20
3. Evaluation findings.....	22
3.1. Key achievements and outcomes overview .....	22
3.2. Client outcomes.....	24
3.3. Service outcomes .....	35
3.4. Pilot worker outcomes .....	36
3.5. Systemic outcomes.....	38
3.6. Project management and governance .....	39
4. Analysis of evaluation findings .....	42
4.1. What are the legal and other barriers that impede access to justice for people who are mentally ill? .....	42
4.2. How effective were the MHLSP pilots in addressing barriers to access to justice for people who are mentally ill? .....	46
4.3. What were the impact of the MHLSP pilots on the services and pilot workers?.....	48
4.4. How could the MHLSP pilot projects be replicated in communities across NSW?.....	50
4.5. What were the unintended outcomes? .....	51
5. Conclusions and recommendations .....	52
Part B: Mental Health Legal Services Project Pilots .....	59
Shopfront Youth Legal Centre.....	60
Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS).....	65
Multicultural Disability Advocacy Association (MDAA) .....	71
Indigenous Men’s Access to Justice .....	75



Part C: Attachments .....	79
Attachment 1: Mental Health Legal Services Project Evaluation Methodology.....	80
Attachment 2: Evaluation framework.....	83
Attachment 3: Mental Health Legal Services Project Data Collection Framework .....	84
Attachment 4: Data collection methods.....	88
Attachment 5: Collaborative Inquiry approach .....	89
Attachment 6: Summary of MHLSP client numbers and outcomes .....	92
Attachment 7: Client outcomes .....	93
Attachment 8: Table of systemic issues identified by the MHLSP .....	101

**List of Tables**

Table 1: MHLSP client presenting issues.....	18
Table 2: MHLSP significant outcomes.....	23
Table 3: Numbers attending Gamarada activities .....	75

## List of Abbreviations

AAT	Administrative Appeals Tribunal
ALS	Aboriginal Legal Service
CALD	Culturally and Linguistically Diverse
CI	Collaborative Inquiry
DEEWR	Department of Education, Employment and Workplace Relations
DIAC	Department of Immigration and Citizenship
IARC	Immigration Advice and Rights Centre
IMAJ	Indigenous Men's Access to Justice
MDAA	Multicultural Disability Advocacy Association
MHCC	Mental Health Coordinating Council
MHLSP	Mental Health Legal Services Project
NESB	Non English Speaking Background
NGO	Non Government Organisation
PaCE	Parent and Community Engagement
PIAC	Public Interest Advocacy Centre
PPF	Public Purpose Fund
PTSD	Post Traumatic Stress Disorder
PW	Pilot Worker
RRT	Refugee Review Tribunal
S32	Section 32 of Mental Health Act (Forensic Provisions)
STARTTS	Service for the Treatment and Rehabilitation of Torture and Trauma Survivors

## Acknowledgements

This evaluation has been greatly assisted by the input and collaboration of many people. In particular the ongoing input and generosity of the pilot workers has been invaluable; also the support of PIAC management and the host services Shopfront Youth Legal Centre, Services for the Treatment and Rehabilitation of Torture and Trauma Survivors, Multicultural Disability Advocacy Association, Gamarada Mens' Healing Program as well as other stakeholders.

## Part A: Evaluation of the Mental Health Legal Services Project

---

This report documents the evaluation of the Public Interest Advocacy Centre (PIAC) Mental Health Legal Services Project (MHLSP) which was implemented between mid 2009 and May 2011. The evaluation was undertaken by WestWood Spice, human services consultants, from the commencement of the project. The report is structured in three parts:

Part A: Provides a description of the MHLSP, an overview of the evaluation, and outlines the outcomes of the MHLSP pilot projects and provides an analysis of the evaluation findings and recommendations. Specific illustrative examples of client outcomes and case studies are threaded through this section.

Part B: Provides a description of each of the MHLSP pilots.

Part C: Contains the attachments to this report with details of the evaluation methodology and pilot outcomes.

**Note regarding terminology.** The term people with “mental health issues” is used throughout in this report to encompass people with diagnosed mental illness as well as those who experience periods of poor mental health either intermittently or on an ongoing basis. It also recognises that many people experience the effects of mental illness or mental ill health but are not necessarily diagnosed as such for a range of reasons including stigma and shame.

## 1. Executive summary

### Introduction

The Public Interest Advocacy Centre (PIAC) has taken a leadership role in addressing barriers to justice for people with mental health issues, who are among the most disadvantaged members of the community. The many complex and interrelated problems that these individuals face are not adequately resolved by current legal, health and community welfare systems in NSW, resulting in their over-representation in rates of unemployment, poverty, homelessness, incarceration and morbidity.

### The Mental Health Legal Services project

The Mental Health Legal Services Project (MHLSP) commenced in January 2008 with a grant from Legal Aid NSW. Following an initial 12 month research phase PIAC, received funding through the Public Purpose Fund (PPF) to establish a two year Mental Health Legal Services Project trialling four pilot projects. Those pilots were designed to increase access to justice for four chronically disadvantaged groups in the community: young homeless people who are mentally ill, refugee survivors of torture and trauma, people from non-English speaking backgrounds with a disability who are mentally ill, and Indigenous men who have experienced trauma.

The broad aims of the MHLSP were:

1. To explore the unmet legal needs of people in NSW who are mentally ill;
2. Through piloting innovative strategies, to initiate sustainable, effective processes to meet those legal needs; and
3. To systematically identify and respond to the barriers to justice facing people in NSW who are mentally ill.

The pilots funded new positions in existing services and programs to provide enhanced multi-disciplinary care and support for clients of the host services. These services had previously identified gaps in their capacity to support the needs of clients with mental health issues. A training strategy was also developed with modules for legal and other professionals and for people with mental health issues.

A fundamental premise of the MHLSP was that much of the excess contact with the justice system is potentially avoidable through appropriate and timely intervention.

### The pilot projects

The MHLSP pilots, implemented from mid-2009 through to mid-2011, were the following:

- **A youth social worker in Shopfront Youth Legal Centre** in Darlinghurst provided case management and care co-ordination for the vulnerable young clients who are homeless or at risk of homelessness. The social worker role was also to increase the referral networks and early intervention potential of Shopfront.

- **A lawyer at the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)** at Carramar provided legal information, casework and referral of clients identified as having legal problems. The objective was also to improve STARTTS's ability to engage in early intervention for clients with legal problems, and to increase the number of organisations to which STARTTS could refer clients for legal assistance.
- **A lawyer at the Multi-cultural Disability Advocacy Association (MDAA)** in Harris Park and its service outlets provided legal information, casework and referral of clients with mental health issues. It also aimed to increase early intervention for clients with legal problems, and to increase the number of organisations to which MDAA could refer clients for legal assistance.
- **An Indigenous** mental health specialist worked with PIAC as the **Indigenous Men's Access to Justice (IMAJ)** worker, with the objective of improving access to justice for Indigenous men. The project worked in collaboration with the Gamarada Men's Healing Program to identify men and boys at risk and connect them with appropriate legal, health and community services. The aim was also to increase awareness and understanding of other service providers about mental health issues for Indigenous men through networking, training and education.

Apart from the IMAJ project, all workers were embedded in the existing host services and all spent one day a week at PIAC. While sharing the same broad aims, the MHLSP pilots differed in significant ways both in their client base, the range of issues encountered and the nature of their services and activities. All pilots had a focus on identifying and responding to systemic barriers to justice for their clients and building host service capacity.

### The evaluation

An evaluation was commissioned at the outset of the project with an "action research methodology". This approach was selected so that knowledge gained from reflective evaluation and review processes during the project could be used to further develop and improve the project throughout. The intent was also to develop the skills and capacity of the pilot workers.

The questions given in the evaluation brief which framed the evaluation were:

1. What are the legal and other barriers that impede access to justice for people who are mentally ill?
2. How effective are the pilot projects in addressing barriers to access to justice for people who are mentally ill?
3. What is the impact of the pilots on the services and pilot workers?
4. How could the pilot projects be replicated in communities across NSW?

To address the evaluation questions, data collection focussed on capturing outcomes for clients, services and pilot workers along with systemic issues and outcomes and the unintended impacts of the pilots. Evaluation processes and tools were developed collaboratively with the MHLSP team and tailored to each project. Quantitative and qualitative data were collected in three six-month phases, and the findings reviewed at each phase; lessons were then used to further strengthen the project implementation. Systemic issues which emerged during the project were linked into broader PIAC systemic activities.

## **The findings**

Overall the pilot workers engaged with approximately 270 clients directly and dealt with a very broad spectrum of some 240 presenting issues, reflecting the complexity of client circumstances. Approximately 150 Indigenous men were directly involved during that period in four Gamarada programs and the IMAJ worker had broader contact with many others through community and professional workshops and education sessions. A key function of the pilot workers was providing information about, and explanation of, various Australian legal and administrative systems and matters which clients needed to deal with. This also included information and support to access a wide range of services including legal, justice, health and welfare services. They assisted clients to both understand and be better able to navigate complex systems and processes and thus increase their access to justice. They also acted as advocates and supports on behalf of clients with services and systems where this was deemed to be appropriate for optimising client outcomes.

The evaluation findings confirm that individually and collectively the MHLSP pilots had a significant, positive impact in the four major areas of client, service, pilot worker and systemic outcomes. The pilots confirmed our hypothesis, and other research, in relation to systemic challenges for people with mental health problems. They have also allowed us to identify additional specific problems faced by the MHLSP client groups.

### **1. Client outcomes**

Clients of the MHLSP pilots benefited greatly and in multiple ways from the enhanced access to multidisciplinary support from the MHLSP in a trusted service setting. There were positive gains in a range of areas for clients including legal, psychosocial, health, economic and practical matters. Client benefits included, for instance, obtaining a positive resolution to legal disputes or problems; gaining improved knowledge of legal services, rights and processes; individually pursuing matters with enhanced confidence and capacity; having improved psychosocial status and overall well-being. For many there was significantly improved interaction with the justice system and there were instances of incarceration being avoided and referrals made to diversionary programs. There were also broader socio-economic benefits such as improved housing and financial status, uptake of education and employment as well as increased access to a wider range of services and support.

### **2. Service outcomes**

The host services benefited in different ways from the addition of the MHLSP worker position and had enhanced capacity to provide a more holistic service response to complex client needs. Thus important gaps were filled. The capacity of staff to respond to both legal and mental health issues was strengthened, and there was increased understanding and insights into the close interaction between these issues. Improved organisational processes and procedures were put in place and internal and external referral networks were significantly expanded.

### **3. Pilot worker outcomes**

The nature and complexity of the clients and the pilot project requirements posed considerable challenges for the MHLSP roles. However, all pilot workers reported gaining significantly in their professional practice through these roles. There was considerable learning all round and increased insights into a range of issues related to dealing with clients with mental health issues and with complex backgrounds of disadvantage. Despite the diverse roles of the workers and the different settings and client groups, a strong sense of team spirit developed between the workers during the project implementation.

#### 4. Systemic outcomes

The MHLSP pilot workers identified a wide range of general and specific systemic issues impacting their clients. They addressed issues on behalf of individual clients through a variety of actions, for instance advocacy with services or government departments. To a lesser extent broader service and sector issues were addressed through training of a range of service staff, development of referral networks and advocacy in interagency and other forums. A framework of key systemic issues for people with mental health issues in the client groups has been developed to inform future action by PIAC and others.

The management and governance arrangements put in place for the pilot generally worked well in maintaining oversight of four different projects in diverse settings with workers employed by PIAC but based there only one day a week. The multiple levels of reporting were at times experienced as burdensome by the pilot workers, however were an essential requirement to enable consistent monitoring and evaluation of project implementation and impacts.

#### Analysis

In considering the evaluation questions the analysis of the findings fell into the following nine key areas:

1. **The value and importance of providing multidisciplinary services in trusted safe settings** for people with mental health issues was resoundingly confirmed. This enabled greater responsiveness to their complex and inter-related needs and reduced service fragmentation.
2. The **combined effects of collaborative teams** working to address mental health, legal and social issues had enormous benefits for clients and significantly increased their access to justice. The two-way benefits from this more holistic approach this were on the one hand stabilising clients' psychological and mental status which enabled greater capacity to address legal issues. On the other hand resolving legal matters had enormous psychosocial benefits and enabled individuals to progress more effectively with therapeutic interventions and improved life functioning.
3. The **overall quality and capacity of services was strengthened** by the introduction of new professional staff disciplines (social worker, lawyer) into the existing service teams. This created considerable efficiencies as other staff were more able to focus on their core areas of work rather than expend excess time addressing other pressing client needs generally beyond their professional expertise. Improvements in internal processes and procedures, increased knowledge and understanding of legal, social work or mental health issues and expanded referral networks and service contacts were very valuable.
4. **Early intervention, appropriate legal representation, quality referrals and follow-up support** assisted in effective resolution of issues in a timely manner and prevented escalation of many legal matters. This in turn had benefits in efficiencies and cost savings for justice systems and courts as well as obvious benefits for clients.
5. **Individual client advocacy and ensuring that comprehensive background information** about client history and circumstances provided to lawyers and courts and other referral services was vital in enhanced outcomes. It was clearly demonstrated to contribute to improved access to justice for people with mental health issues and complex backgrounds. High quality, comprehensive client information enables appropriately considered decision making in the best interests of clients and reflecting the complexity of client circumstances. Understanding and taking account of cultural issues and sensitivities was also important for certain clients.

6. **Increasing client and community understanding of individual rights, entitlements, legal issues and processes for accessing justice** was very important in the MHLSP. Provision of appropriate information, explanations and advice in plain English or community languages and through interpreters resulted in increased confidence and capacity for self advocacy by many clients. This saw an increase in clients exercising their rights and also reduced fear and suspicion of Australian legal systems. Assistance with navigating and interacting more effectively with various aspects of Australian systems led to many gains for clients, particularly those with limited capacity for effective communication. For instance there were improvements in housing situations, migration matters, pursuing claims, resolution of long-standing disputes, increased access to health, welfare and other services.
7. **Training and education of a wide range of legal professionals and various other service providers** about the manifestations and impacts of mental illness, legal issues, the impacts of torture and of trauma on vulnerable community members such as refugees and Indigenous people was an important contribution to building overall system responsiveness. Through increased understanding of these impacts, service providers were better equipped to respond more appropriately to their situation.
8. A host of **significant systemic issues at a range of levels were identified as barriers to justice** which need to be addressed to enable appropriate responsiveness to the multiple needs of people with mental health issues.
9. The importance of **effective governance and management structures** in oversight of complex multi-site projects was demonstrated with adequate supervision of pilot workers and ensuring evaluation processes were undertaken consistently. It is a credit to PIAC that, despite various challenges, the pilot workers remained consistent throughout the pilot. Valuable lessons were learned about future project management and the need for strong and sustained engagement of the many stakeholders involved in the area of mental health and access to justice.

In summary the provision of enhanced multidisciplinary services in a trusted setting for people with mental health issues was shown in the MHLSP pilots to contribute significantly to increased access to justice for the clients of the pilot services. There were also wider benefits from this service model for the clients and for the service providers.

### Recommendations

A number of recommended actions arising from the evaluation findings have been made across a range of relevant stakeholders in mental health, justice and legal systems:

- Increasing collaborative cross sector planning for services for people with mental health issues
- Promoting the benefits of multidisciplinary service models for people with mental health issues
- Increasing resources for delivering multidisciplinary service models for people with mental health issues
- Enhancing the capacity of existing services to better address the needs of people with mental health issues and trauma
- Building the capacity of legal and justice systems to respond effectively to people with mental health issues
- Increasing access to and utilisation of existing services by people with mental health issues
- Enhancing community engagement and education and information dissemination
- Addressing institutional racism and discrimination.

## 2. Introduction

This report documents the evaluation of the Public Interest Advocacy Centre (PIAC) Mental Health Legal Services Project (MHLSP) which was implemented between mid 2009 and May 2011. The evaluation was undertaken by WestWood Spice, human services consultants, from the commencement of the project. The report is structured in three parts:

Part A: Describes the MHLSP, an overview of the evaluation, the outcomes of the MHLSP pilot projects, the analysis of the evaluation findings and recommendations. Specific illustrative examples of client outcomes and case studies are threaded through this section.

Part B: Provides a description of each of the MHLSP pilots.

Part C: Contains the attachments to this report with details of the evaluation methodology and pilot outcomes.

A compendium of client vignettes collected during the project implementation provides specific examples of outcomes for clients of the MHLSP which are illustrative of the project impacts and can be read in conjunction with this report.

### 2.1. Background and context

#### Mental illness and access to justice

People who are mentally ill are among the most disadvantaged and disenfranchised members of the community, and are subject to higher levels of discrimination, harassment and vilification than others and have higher levels of avoidable morbidity. They are over-represented in population rates of incarceration and homelessness and experience multiple barriers to justice including access to legal assistance<sup>1</sup>. There are multiple known barriers to justice for people who experience mental illness, particularly where there are other co-existing factors of disadvantage such as poverty, physical disability, histories of abuse and torture and trauma, low literacy and English language skills and Indigenous background. The legal system often appears intimidating and frightening to the extent that the stress of accessing legal assistance, making court appearances and addressing the court in an adversarial system prevent people with mental illness from participating in it.

Generally, systems and associated services are not well equipped to respond adequately to people with mental health issues and the complexity of problems and issues frequently experienced by these people. The Law and Justice Foundation report *On the Edge of Justice* highlighted how poorly placed the legal system is to work with the discrete needs of people who are mentally ill and observed that a community-based approach would improve their access to justice<sup>2</sup>. The report identified a range of solutions including enhanced understanding of mental illness by legal practitioners, more flexibility in the way legal services are delivered and greater collaboration between legal and other service providers. It recommends the assistance of a specialist community based mental health legal service and that the court system adopts a therapeutic approach by allowing direct interaction between judges and advocates for people with mental illness.

The Public Interest Advocacy Centre (PIAC) has taken a leadership role in addressing the barriers to justice for people with mental illness, in a number of ways.

<sup>1</sup> M Karra, E McCarron, A Gray & S Ardanski. 2006. *On the Edge of Justice: The Legal Needs of People with a Mental Illness in NSW*. pp105-119

<sup>2</sup> Op cit

## 2.2. Mental Health Legal Services Project

The Mental Health Legal Services Project (MHLSP), auspiced by PIAC, commenced in January 2008 with funding from Legal Aid NSW and with the stated aim of piloting “sustainable models for supporting continuing improvements in access to justice for people with mental illness”. The first stage of the MHLSP employed a project co-ordinator to undertake research into what was known about the unmet legal needs of people who are mentally ill in NSW and to identify different models for responding to the legal and related needs of people with mental illness.

Following an initial 12-month research period, four two-year pilot projects were proposed, each based with different services for four groups of vulnerable people who are at particular risk due to mental illness:

- Young homeless people who are mentally ill;
- Refugees who as a result of trauma are mentally ill;
- People from non-English speaking backgrounds (NESB) who are mentally ill;
- Indigenous men who as a result of trauma are mentally ill.

Funding was granted from the Public Purpose Fund (PPF) in March 2009 over two years to fund the four pilots and an evaluation, but extra funds to extend the project co-ordination were not granted. This was subsequently supported through PIAC resources.

### Broad aims of the MHLSP

1. To explore the unmet legal needs of people in NSW who are mentally ill;
2. Through piloting innovative strategies, to initiate sustainable, effective processes to meet those legal needs; and
3. To systematically identify and respond to the barriers to justice facing people in NSW who are mentally ill.

The pilot model involved establishing enhanced multidisciplinary services to increase access to justice for clients within existing host services, where specific gaps and needs had been identified in relation to access to justice<sup>3</sup>. The multidisciplinary model was not a particularly new or innovative approach, however, it had not been available in NSW with a focus on access to justice for people with mental health issues. The pilot projects are outlined below. The project also involved supportive training and systemic strategies.

### Mental Health Legal Services Project training

Two training modules were developed as part as the MHLSP. Both were delivered as stand alone, one day courses that could be adapted to particular target audiences and either linked to the pilot projects themselves or delivered in other relevant contexts. The focus of the training development was determined by the requirement for the modules to be flexible and portable and not to reproduce existing training related to mental health and legal services.

---

<sup>3</sup> Public Interest Advocacy Centre Ltd 2009. Mental Health Legal Services Project. The Pilot Projects. (Internal document)

## **1. Legal Problems? Not sure what to do?<sup>4</sup>**

The course was aimed at helping people with mental health problems better identify and appropriately deal with their pre-legal and legal problems. The focus was on promoting awareness about problems turning into potential legal issues, developing skills and confidence to deal with them and, by doing so, reducing the impact of legal issues. The course was designed for people with mental health issues, who often have limited financial possibilities for accessing assistance and who often have had negative experiences in dealing with the bureaucracy involved in the legal system. This increases their reluctance to work with lawyers and the legal system in general.

The course provided participants with preliminary legal information in an accessible format in order to develop the ability, skills and confidence to identify what might constitute pre-legal and legal problems, to know what to do and where to find assistance, and in general to better understand the Australian legal system and how it works. Practical strategies were offered not only for dealing with pre-legal problems in order to avoid them becoming full legal issues, but also for dealing with lawyers in a more efficient way.

A total of 27 training courses were delivered as part of the MHLSP pilot projects (6 at IMAJ, 9 at MDAA, 6 at Shopfront and 6 at STARTTS), while 8 modules have been run with broader audiences.

## **2. How to work with consumers**

This course responded to the needs of lawyers working in the community legal sector and broader legal assistance in NSW to address more adequately the legal problems faced by people with mental illness. The rationale for this training module came from an acknowledgement that lawyers often move quickly from identifying a legal problem to working towards its legal solution, frequently without developing the relationship-building skills needed to relate to people with complex needs.

The aim was to enhance participants' communication, understanding and capability. The course provided legal practitioners with information about mental illness and challenged discriminatory beliefs so that they were more able to relate to their clients with complex needs as they would with any other client. Lawyers were also assisted to deal professionally with crisis-type situations and to be more capable of making appropriate referrals to health and community services.

The course was offered five times during the MHLSP, both for participants at the Community Legal Centre Quarterlies and for Homeless Persons' Legal Service pro bono lawyers.

---

<sup>4</sup> Previously titled How to sort out your (pre-legal) problems).

### 2.3. The pilot projects

The four MHLSP pilots were established in mid 2009, with the four staff commencing on two-year fixed term contracts between May and July 2009. The pilot workers were embedded within four existing legal or community services and programs to provide an enhanced multidisciplinary service approach to address unmet legal needs for the target client groups. The services were NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), Multicultural Disability Advocacy Association (MDAA), Shopfront Youth Legal Centre and Gamarada. Prior to the pilots the host services had identified that clients' complex needs were not being adequately met and that clients were "falling through the cracks" due to lack of capacity in the services. Excessive amounts of staff time was consumed endeavouring to attend to either legal or mental health needs by professionals who had either no legal training or social work background.

The pilots were intended to utilise a collaborative service delivery approach and to share the following features:

- Enabling holistic service responses to the complex needs of people who are mentally ill;
- Encouraging the development of working partnerships between legal, health and community services;
- Capture of reliable data on the individual and systemic barriers to justice for people who are mentally ill;
- Incorporation of a dedicated community legal education component for people who are mentally ill, their carers and advocates;
- Upholding a human rights approach to mental health that recognises the right of consumers to the full realisation of their legal entitlements; and
- Providing direct service as well as an emphasis on early intervention and prevention strategies<sup>5</sup>.

Each of the pilots differed significantly in relation to the target client group and their issues and the nature of the host service; the roles of the pilot workers also varied. The Indigenous Men's Access to Justice (IMAJ) pilot differed most in design and ultimately in implementation. It was initially intended to be based with an inner city Aboriginal community organisation however this did not eventuate and the IMAJ worker was based full-time at PIAC. All pilots were expected to identify systemic issues for their client groups in order to inform systemic responses through PIAC and other initiatives. Pilot workers were also expected to participate in the evaluation of the MHLSP.

The pilot projects were each implemented according to the purpose of the host service, nature and needs of the client group and the particular pilot worker role. Each focussed on enhancing access to multidisciplinary services and other strategies to reduce their barriers to justice.

Details of the four pilots are in Part B of this report.

<sup>5</sup> Public Interest Advocacy Centre Ltd 2009. Mental Health Legal Services Project. The Pilot Projects. (Internal document)

## **Mental Health Legal Services Project pilots**

### **Shopfront Youth Legal Centre: social work support**

A youth social work position was based at the Shopfront Youth Legal Centre in Darlinghurst four days a week to provide professional social work service for Shopfront's young marginalised clients who are homeless or at risk of homelessness. The role was to incorporate the core functions of care co-ordination and case management and to increase the referral network capability and early intervention potential of Shopfront.

### **NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS): legal support service**

A lawyer was based four days a week at the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) based at Carramar, to provide professional legal services for the refugee clients of STARTTS who have mental illnesses and related complex needs. The lawyer's role was to provide legal information, advice, advocacy, casework and referral at STARTTS and to increase the referral network capability and early intervention potential of STARTTS. It was also to increase the level of knowledge of workers and clients of STARTTS about the Australian legal system.

### **Multicultural Disability Advocacy Association (MDAA): legal support**

A legal position was based four days a week at MDAA in Harris Park to provide an accessible, quality legal service for clients with mental illnesses at MDAA and its service outlets. The lawyer was to provide legal information, advice, referral and casework services for the mentally ill clients of MDAA, enhance the capacity of those clients and their advocates to identify and respond to common legal problems and to increase the referral network capability and early intervention potential of MDAA and its service outlets.

### **Indigenous Men's Access to Justice Worker (IMAJ): Gamarada Men's Healing Program**

An Indigenous Men's Access to Justice (IMAJ) mental health worker position was located at PIAC to facilitate improved access to justice for Indigenous men who have mental illnesses and related complex needs. The core focus of the IMAJ project was to identify legal service delivery gaps for Indigenous men and their significant others and evolved to provide a facilitation, referral and advocacy service in a holistic framework. The IMAJ worker had a key role in supporting delivery of the Gamarada Mens' Healing Program and linking men and significant others with appropriate legal, health and community services. It also had a strong networking role and facilitated relevant training and education for legal and other workers. Ultimately the focus of the IMAJ project was in Central Sydney and Wagga Wagga rather than the originally intended Lake Macquarie and mid-north coast regions of NSW.

## **Clients of the pilots**

In total the MHLSP pilots had direct contact with approximately 270 clients, with further informal contact with many others. Contacts varied from intensive case management over an extended period for recurrent or varied client issues, to short term provision of advice or participation in information or training sessions. The nature of the contacts varied according to the pilot and the client group. For instance, the Shopfront client numbers were relatively smaller reflecting the size of the service, the client group and intensive nature of interventions needed, to address multiple client needs.

## **Nature of clients**

The MHLSP pilot clients are from four of the most severely chronically disadvantaged groups in the community. Most have complex backgrounds of abuse, neglect, trauma and other factors of social, cultural, economic and systemic disadvantage and experience related mental health issues. The complex interaction of mental illness and other issues brings them into contact with the legal and justice systems at disproportionate rates. However, a fundamental premise of the MHLSP was that much of this contact is potentially avoidable through appropriate and timely intervention.

The following factors characterised the MHLSP clients:

- a. Client needs are complex and involve multiple linked factors;
- b. Involvement with the justice system can be a consequence of manifestations of mental illness and/or the effects of past trauma and abuse; similarly access to justice can also be impaired by those same factors;
- c. Contact with the justice system also causes or exacerbates mental health issues;
- d. Client needs can fluctuate according to their state of mental health and the quality of management of mental illness;
- e. Many clients require long term engagement, varied types of support and extended follow up for multiple issues, repeat presentations, recurrent episodes of mental illness;
- f. Development of trust in service providers can be a critical factor in client engagement.

## **Client presenting issues**

The range of client presenting issues was very extensive and diverse, including criminal and civil issues along with family law matters, compensation and a wide range of other concerns. Many clients presented with multiple issues, often over an extended period, some with a single issue. An overview of the presenting issues is at Table 1 below.

**Table 1: MHLSP client presenting issues**

<b>MHLSP client presenting issues</b>		
Inadequate housing, homelessness, tenancy disputes	Apprehended Personal Violence Orders (APVO)	Victims of crime matters
Unfair dismissal (disability discrimination)	Workers/ personal injury other compensation	Family law matters - divorce, separation, parenting orders
Breaches of orders, fines	Assaults, violence, domestic violence, rape	Courts and sentencing
Debts, letters of demand	Drug and alcohol related offences	Property offences
Migration (citizenship, visa applications) and family reunion	Involuntary detention	Child removal
Protracted, unresolved legal issues and claims	Inappropriate legal representation	Tribunal appearances (e.g. Refugee Review Tribunal, Mental Health Review Tribunal)
Crisis and emergency situations	Death in custody: Coronial Inquest	Fraud issues
Health care complaints	Bail and maintaining legal orders	Establishment of non-government organisations with DGR/ PBI status

### **Services provided**

The pilot workers responded to the diversity of client issues through a range of supportive interventions including:

- Individual case work and care co-ordination;
- Direct client information and advice about rights, services, avenues for appropriate action;
- Assistance in conciliation;
- Preparation of documents for courts including treatment plans;
- Preparation of background information for pro-bono lawyers, other legal representation;
- Referral or transfer to (more) appropriate/ accessible legal services or advice and including making appointments and assisting with transport for attendance;
- Accompanying clients to appointments for legal advice, assisting understanding and follow-up with clients and families;
- Attending court and tribunal hearings;
- Facilitation of communication between services including provision of assistance, advice and background information to other lawyers, social services; liaison with interpreters;
- Assistance with letter writing, court reports (for clients and community members, e.g. letters of commendation and support), lodging insurance claims, visa and other applications;
- Provision of information and advice to host service staff and other service providers;
- Liaison with community members/ elders/ spokespeople;
- Referral to a range of support services e.g. medical, counselling, housing;
- Advocacy with government agencies and assistance in resolving issues; service brokerage;
- Written representations to Ministers, government officers.

## 2.4. Management and governance arrangements

### Management arrangements

The pilot workers were employees of PIAC and three (STARTTS, Shopfront and MDAA) were out-posted four days a week at the host services and based with PIAC one day per week. The IMAJ worker was based full time at PIAC which provided easy access to the infrastructure and support of the PIAC office. The pilot workers met as a team at PIAC one day per week with the intention of facilitating integration of systemic issues identified through the MHLSP pilots into the broader functions of PIAC where possible.

A range of management and governance arrangements was established to guide the project and to support the pilot workers. The nature of the pilot and its structure (with worker location in both host services and PIAC) meant that several levels of reporting were required and included liaison with their respective host service managers in relation to clients and local administrative matters. There were ongoing reporting requirements for the purposes of the evaluation.

The MHLSP management and governance arrangements were as follows:

- PIAC Board, CEO and Policy and Programs Manager had overall responsibility for the project; quality and governance was reported through the CEO to the PIAC Board;
- A project co-ordinator based in PIAC was responsible for the day to day project administration and management. A project officer was also part of the team in the first six months of the project. The initial project co-ordinator left the project in December 2009 and a second project co-ordinator was in place from February 2010 until November 2010. Subsequent to this the project management functions were taken on by existing PIAC management;
- Pilot workers participated in monthly PIAC staff and program meetings; and
- Supervision arrangements for the individual pilot workers varied to reflect the nature of their different roles. The lawyers based in MDAA and STARRTS were largely supervised by the PIAC Principal Solicitor. The STARTTS lawyer was also able to access clinical supervision from a STARTTS counsellor and the social worker based with Shopfront had an external clinical supervisor (social worker). The IMAJ worker had an Indigenous mentor.

### Team support arrangements

**Team meetings:** Team meetings were usually held fortnightly at PIAC with the CEO, MHLSP Co-ordinator, Policy and Programs Manager to deal with administrative and logistical issues, ongoing reporting and planning matters.

**Collaborative inquiry sessions:** Weekly collaborative inquiry sessions involving structured one hour sessions with the four pilot workers were built into the program support and evaluation to provide a peer mentoring, reflective practice and shared learning environment. Themes from the sessions were recorded and contributed to the ongoing development, review and evaluation of the pilots.

### Steering Committee

The development and implementation of the MHLSP Project was guided by a Steering Committee, which also oversaw the evaluation.

The members of the Steering Committee were representatives from the following organisations:

- The NSW Consumer Advocacy Group (for people who are mentally ill and their carers);
- The Mental Health Co-ordinating Council;
- Legal Aid NSW;
- The Law and Justice Foundation of NSW;
- The NSW Law Society;
- The Bar Association of NSW;
- The NSW Disability Discrimination Legal Centre; and
- The Intellectual Disability Rights Service.

Steering Committee meetings were intended to be quarterly but in practice this did not occur consistently throughout the project.

## 2.5. The evaluation

### Evaluation purpose and requirements

An external evaluation of the MHLSP was commissioned at the outset of the project with a specific brief to develop an “action research” methodology to guide project development and implementation. An integrated, comprehensive evaluation was required with the aim of:

- Assessing the effectiveness of the pilot projects in responding to unmet legal needs of people with mental illness;
- Determining elements of pilot project success;
- Concurrently building the project effectiveness throughout the implementation; and
- Developing a solid, consistent and reliable evidence base which can be used for policy, legal and other reform initiatives<sup>6</sup>.

The “action research” approach was selected as it is a flexible and dynamic approach which incorporates cycles of planning, action and review during project implementation to enable ongoing development and strengthening of the project.

### Evaluation questions and outcome areas

Based on the requirements in the evaluation brief, the investigative questions for the evaluation were:

- What are the legal and other barriers that impede access to justice for people who are mentally ill?
- How effective are the MHLSP pilots in addressing barriers to access to justice for people who are mentally ill?
- What are the impact of the MHLSP pilots on the services and pilot workers?
- How could the MHLSP pilot projects be replicated in communities across NSW?
- What were the unintended impacts of the MHLSP?

---

<sup>6</sup> PIAC, 2009. *Mental Health Legal Services Project. Evaluation brief* (internal document)

The evaluation focussed on collecting data in **four key outcome areas** to answer the evaluation questions:

- Client outcomes
- Service outcomes
- Pilot worker outcomes
- Systemic outcomes.

### **Evaluation methodology**

The evaluation methodology and design of the evaluation framework were developed in close collaboration with the MHLSP team, incorporating an action research methodology as outlined above. A capacity building approach was used to build the individual and collective knowledge and skills of the pilot workers in undertaking evaluation processes. Processes were developed for MHLSP pilot workers to share learning and challenges, collaboratively develop tools and processes to guide project implementation and to build a sense of team endeavour. Quantitative and qualitative data was collected over three 6 month reporting phases during the project implementation.

Evaluation data relating to the impacts for clients was collected by the pilot workers and augmented by data from staff at the host services, and in some instances by clients. Data on host service outcomes was provided by pilot workers and service providers in the host services (apart from IMAJ) through focus groups, confidential surveys and letters from staff. Pilot workers reported on their individual outcomes in each of the reporting phases and during collaborative inquiry sessions. Systemic data was collected from pilot workers throughout the project and through a stakeholder consultation workshop held in October 2009.

Details of the evaluation methodology and implementation are at Attachments 1-3.

### **Limitations of the evaluation**

The evaluation was undertaken with considerable resource constraints across the entire two year period of implementation of the MHLSP pilots. Although sharing a common purpose and goals, each of the pilot projects differed in significant ways in terms of their service setting and client group; evaluation did not thus seek to undertake comparisons between pilots. The major focus of the evaluation was on the overall effectiveness in increasing access to justice of the enhanced multidisciplinary approach MHLSP pilots in existing services and programs for the target groups. The evaluation resources did not allow for detailed evaluation of each pilot project individually but instead focussed on drawing out similar themes and issues across all projects.

Finally, the evaluation did not seek to gather data directly from MHLSP clients due to the nature of the clients, ethical issues and resource constraints. There were challenges in capturing and quantifying precisely the changes which have resulted for clients other than reports from MHLSP pilot workers, other service staff and observers. Also many of the legal and other longer term client outcomes following legal and other referrals were lost to follow up.

### 3. Evaluation findings

*“The benefits have been enormous - clients are getting a better and more holistic service from the Shopfront.”* (Shopfront solicitor)

This section reports on the findings from the MHLSP implementation in the four focus areas of the evaluation: client, service, pilot worker and systemic outcomes as well as project management and governance.

#### 3.1. Key achievements and outcomes overview

##### Key achievements

- **Over 270 MHLSP clients seen in total**
- **Benefits of the multidisciplinary service approach demonstrated**
- **New social work position established for three years at Shopfront Youth Legal Centre as a direct result of the pilot**
- **Funding being sought to establish a legal position at STARTTS**
- **Prominent awards and public recognition of the Gamarada Men’s Healing Program**

Each of the MHLSP pilots was different in setting and client group and in many respects the services and activities undertaken as part of the pilots differed. However, they shared a common purpose and goals, and each has resulted in many significant improvements for both clients and services. Collectively they have demonstrated the importance and value of a multidisciplinary approach to service delivery that combines health, legal and community services reflecting the complexity of issues faced by people with mental illness.

During the period of the project the pilot workers engaged directly with approximately 270 clients<sup>7</sup> dealing with at least 240 presenting legal and linked client issues (See Table 2). The project also reached far more people through informal contacts, education and training sessions with community groups and professionals. A large proportion of the clients presented with multiple, interrelated issues reflective of the complexity of their backgrounds and socio-economic and psychosocial circumstances. Some clients were seen by their MHLSP worker over an extended period and/or for repeat visits in relation to ongoing or new issues.

---

<sup>7</sup> The number of individual clients directly seen was approximately 250, however particularly with the IMAJ project and workshops there were more individuals engaged with the pilot activities overall even if not in a direct client service capacity.

**Table 2: MHLSP significant outcomes**

**Significant client outcomes**

- Improved legal outcomes:
  - Incarceration avoided, better sentencing outcomes, referrals to diversionary programs
  - Legal issues resolved, improved legal representation
  - Improved client knowledge of legal issues, entitlements and rights
  - Improved or reduced interaction with the justice system.
- Improved mental health and psychosocial and well-being:
  - Reduced suicidal ideation, self reported enhanced happiness and well-being
  - Improved personal relationships
  - Increased self efficacy and self advocacy.
- Improvements in related social and economic circumstances:
  - Stable or improved housing
  - Family re-union, child restoration
  - Improved financial situation
  - Access to education, employment gained
  - Residency visa secured
  - Access to and use of community and other services.

**Strengthened host service capacity**

- More holistic service provided
- More efficient use of staff time and skills
- New systems and protocols implemented
- Improved referral pathways and networks
- Staff skills and knowledge developed.

**Systemic outcomes**

- Increased knowledge and understanding of lawyers and other professionals in dealing with clients with mental health issues
- Identification of unmet needs of target clients and options for advocacy
- Contribution to law reform (Youth Justice Coalition, Indigenous Men’s Mental Health)
- Cost savings and efficiencies in courts and Corrective Services.

**Pilot worker outcomes**

- Increased knowledge, skills and understanding of mental health and legal issues
- Enhanced capacity in holistic service delivery
- Improved networks and knowledge of broader range of services
- Enhanced understanding of systemic issues and implications.

### 3.2. Client outcomes

*"I will never forget the lawyers who helped me. I cannot thank them enough. May God give them good health and well-being so they can provide such excellent service to others as well."*  
(STARTTS MHLSP client)

*"I was introduced into a circle of loving, caring men of all shades of black who were haunted by the same demons as me (...) I was accepted as an Aboriginal man and for the first time in my life I actually felt that I belong somewhere."* (Gamarada Program participant)

Client outcomes of interest in the evaluation were:

1. Improved legal outcomes;
2. Improved knowledge of legal services, rights and processes;
3. Improved psychosocial status and well-being;
4. Improvement in other social circumstance e.g. financial, housing, education and training, employment;
5. Improved client knowledge of and access to health and community services, recreation/ support programs, education and training services etc; and
6. Other changes.

Across all of the pilots there were many important improvements for clients reported across all the client outcome areas; for many there were positive outcomes across several areas. This reflected the links between for instance legal problems and psychosocial well-being and mental health such that improvements in one area led to improvements in the other.

Significant among the positive changes for clients were for instance avoidance of incarceration, referral to diversionary programs, resolution of legal and other issues, changed patterns of interaction with the justice system (including reduced offending) and major changes in confidence and well-being, along with a greater capacity to function more effectively in their lives. There were also important improvements in key social determinants including housing, financial status and employment for instance. Detailed examples of client outcomes can be found at Attachment 7.

#### 1. Improved legal outcomes

*"In all of the matters in which (the MHLSP worker) has been involved, without exception, the legal outcomes have been dramatically improved; as have the knowledge of clients' rights, services and access to entitlements."* (Shopfront solicitor)

The indicators of improved legal outcomes recorded for MHLSP clients included the following:

- Clients getting appropriate legal advice and/or representation;
- Legal and related issues(housing/ tenancy/ Centrelink etc) effectively referred;
- Legal issues resolved or partially resolved;
- Clients receiving appropriate legal information;
- Improved client outcomes in legal matters;
- Completion or compliance with court orders, treatment plans, diversionary plans; and
- Appropriate sentencing outcomes.

Improved legal outcomes were documented across a wide range of issues including family law, compensation claims, migration, employment, domestic violence, discrimination claims, contracts and disputes, housing and tenancy issues among others. Improved legal outcomes included reduced and alternative sentencing, with redirections to diversionary and rehabilitation or healing programs such as Gamarada and resolution of long standing legal matters and disputes along with clients accessing appropriate legal representation for their matters.

Improved legal outcomes were achieved through: provision of appropriate legal advice and information to clients in accessible language (or with interpreters assistance), referrals to legal and other services, communication of accurate and comprehensive information about clients and their backgrounds and circumstances to lawyers and courts as well as preparation and presentation of treatment plans and advocacy on behalf of clients with various agencies and services.

Some clients who presented to the MHLSP services already had legal assistance for their matters, but the quality of the representation was inadequate. This was frequently because of communication difficulties, client difficulties understanding legal processes or because the lawyer had insufficient information about, and understanding of, the client. The MHLSP intervention improved access to appropriate legal support with referrals to CLCs, pro-bono lawyers, private and specialist lawyers (often also with reduced costs) and resulted often in more effective relationships with legal advisors.

#### **Improved client outcomes**

*The STARTTS solicitor and counsellor worked together for a client from Burma who had resigned from a restaurant where he had been substantially underpaid for 14 months and was subsequently threatened and harassed by his former employer. The matter was referred, along with the necessary documentation, to Legal Aid who agreed to represent the client in a complaint to the Fair Work Ombudsman.*

*An MDAA client from Afghanistan who is a carer of child with disability had a dispute with an associate over money issues. The MHLSP worker referred the client to a pro bono legal practitioner, provided comprehensive background information and the client was assisted with advice and representation. The legal issues were subsequently resolved.*

*Through the support and advocacy of the IMAJ worker and working in collaboration with legal services, Aboriginal men have been directed by courts to the Gamarada Program as a diversionary sentence.*

*The MHLSP lawyer at STARTTS referred a client from Iraq to the Women's Domestic Violence Court Assistance Scheme at Liverpool Local Court as she was very fearful about attending court and confused about the process relating to an Apprehended Domestic Violence Order (ADVO) against her. The lawyer liaised with the service to ensure the background of the client was understood. The case was subsequently dismissed.*

*“The assistance provided by (the MHLSP worker) has helped my clients to develop more trusting relationships with their own solicitors.” (MDAA Advocate)*

The pilot workers also worked collaboratively with other services including Community Legal Centres, Legal Aid, Aboriginal Legal Services, Welfare Rights Centre, Immigration Advice and Rights Centre to resolve client issues along. Liaison and advocacy with a range of agencies including Centrelink, Housing NSW and DIAC and assistance with various tribunal appearances was a major contributor in the satisfactory resolution of issues. Ensuring effective follow-up of referrals to other services was important in ensuring that clients were able to access appropriate support.

Improved court outcomes for a significant number of Shopfront clients were achieved through Section 32 applications which were followed by uptake of treatment plans and support from other services tailored for individual clients. This facilitated subsequent improvement in a range of personal circumstances and for some there was a noted reduction in offending behaviour and improved interaction with the justice system. The longer term social work support from the MHLSP worker was particularly effective in enabling and supporting stabilisation of client circumstances (housing, mental health) which contributed greatly to the improved legal and other outcomes.

The enhanced input and involvement of the MHLSP workers, working collaboratively with the host service staff was instrumental in achieving improved legal outcomes for clients and increased their access to justice considerably. The existing service capacity was enhanced with the complementary professional expertise, specialised knowledge of a broader range of services and processes and understanding of client complexity. Assisting clients to understand and navigate systems was instrumental in these legal outcomes together with additional support as required to optimise access to justice. The personal qualities of the workers in engaging effectively with clients in a sensitive and culturally respectful manner were an essential element of success. Advocacy on behalf of clients and ensuring information about their circumstances was conveyed to relevant legal and other services was also a vital factor in the legal outcomes.

### **Shopfront case study**

*A NZ youth was sent at age 16 to Australia on a Special Category Visa to escape involvement in gangs; he has a mild-moderate intellectual disability making him particularly vulnerable. He had a falling out with his relatives who were hosting him and subsequently lived on the streets for several years, during which time he was sentenced to 2 years for arson. During his time in custody, the Shopfront Social Worker put together a plan for his release, obtained brokerage funding for accommodation (with a semi-supported youth accommodation service), food, clothes, training and recreation and a range of support services. As the time of his release approached, his visa was cancelled on character grounds. The Shopfront Youth Legal Centre worked with a pro bono barrister and a support plan was developed by the MHLSP worker. The client was successful in appealing the visa cancellation. The evidence given to the Administrative Appeals Tribunal by the Shopfront Social Worker was crucial in the success of his appeal.*

### **STARTTS case study**

*The South Sudanese community needed assistance in writing support letters for the Legal Aid Commission for bail applications for 4 young Sudanese defendants charged with home invasion offences. The young men were unfamiliar with Australian culture or law. At least two of them had only been in Australia for a few months, having spent most of their lives in violent refugee camps in Africa. Letters had been drafted by a community elder, but the Legal Aid Commission required further detail about the refugee backgrounds of the defendants, their experiences of trauma, loss and displacement, the likely detrimental impact of incarceration on them and any sources of support available to them in the South Sudanese community. The STARTTS legal officer liaised with community elders to obtain the relevant information, amended the letters, and arranged for them to be signed by an appropriate senior community official. The judge hearing the bail application proceedings took the letters into account, and each of the young men was subsequently released on bail.*

## 2. Improved knowledge of legal services, rights and processes

*“Yes clients have increased knowledge about their rights especially in relation to the use of writing a stat dec when they are required to provide evidence of their experience, life circumstances in relation to accessing a better service. Clients have a greater understanding of their legal rights”. (MDAA advocate)*

For MHLSP clients, lack of knowledge and understanding of legal rights, processes and available services, and limited capacity for navigating and negotiating Australian legal and administrative systems is common and it is a significant barrier to access to justice. The indicators of improved outcomes here were:

- Clients with increased competence in negotiating the legal system;
- Clients with increased understanding of systems;
- Increased client self advocacy and action taken to access rights and entitlements.

Many MHLSP clients benefited greatly from the advice and information provided by the pilot workers and the options available to them for pursuing justice and securing rights and entitlements. Attention to explanations and advice in plain English, supported where necessary by interpreters, along with advocacy and support to access specialised legal advice and representation was of major importance.

### Improved client outcomes

*Aboriginal men participating as Gamarada members showed an increased capacity for self advocacy in dealing with the justice system after information sessions during the program and contact support of the IMAJ worker. This was evidenced by increased confidence and willingness in dealing with their own cases, such as making phone calls and speaking with solicitors or other relevant parties in order to obtain supporting documentation.*

*The STARTTS solicitor advised a client on the procedures for reporting an indecent assault by another passenger while travelling on a train. Due to a previous history of child sexual abuse and rape by police in her country of origin she was very fearful of reporting the matter. She was advised on how to report the incident to the police, and to RailCorp, and provided with information about other services that could offer her practical support, including a sexual assault service.*

A common outcome across all MHLSP pilots was improved client and community understanding of legal systems and processes, rights and entitlements and how to access these. For many this was instrumental in overcoming fears, anxiety and misunderstandings about the Australian legal system and accompanied by increased confidence and self advocacy in pursuing justice. This very significant change for vulnerable citizens demonstrated in the project highlights the importance of providing accessible information for all members of the community to enable them to access justice for themselves and their families in a timely manner. There are significant potential savings for individuals and society by the early intervention this can enable, thus preventing unnecessary escalation of minor issues to serious legal matters.

### 3. Improved psychosocial status and well-being

*“The Project contributed positively to the emotional wellbeing of our clients as they were easily and quickly linked with the PIAC lawyer at STARTTS who was able to provide relevant information and/or referrals and coordinate client access to legal advice services relevant to their issue. The clients reported feeling supported and assisted with their issues.” (STARTTS counsellor)*

The indicators of improvement in this outcome area tracked during the pilots were:

- Clients with an appropriate treatment plan implemented;
- Increased social participation and/or cultural engagement or improved resettlement capacity;
- Client self-reports of improved psychosocial wellbeing evidenced by:
  - reduced misuse of substances/ prescription drugs;
  - reduced inappropriate risk taking;
  - self recognition of strengths (resilience);
  - improved mental health and coping strategies;
  - decreased self harm, crisis calls, hospital admissions;
  - decreased levels of stress and anxiety.
- Reports and/or observation of improved relationships including, where relevant, improved family functioning.

Many of the MHLSP clients either reported or were observed to have significant improvements in mental health and well being directly as a result of the interventions of the pilot workers. Changes evidenced in all of the above indicators for various clients, unsurprisingly, were frequently attributed to legal and other matters being effectively dealt. The additional support and advice of the MHLSP worker was also instrumental. The resultant reduction in client stress and anxiety in turn enabled demonstrable improvements in functioning in other aspects of life such as relationships, enhanced efficacy in dealing with personal matters and increased social participation. For STARTTS clients in particular, it was reported by counsellors that resolution of legal matters enabled therapeutic processes to proceed more effectively which has also led to improvements in resettlement capacity.

#### Improved client outcomes

*An MDAA client who received MHLSP advice and assistance became more confident in his ability to self-advocate and also excited about his newly discovered ability to advocate on systemic issues confronting people with disability. He has published media articles in community news papers describing his success fighting Centrelink over its treatment of people with disability.*

*Due to extreme distress about her legal issue (problems with her application to sponsor her husband to come to Australia) a STARTTS client was very socially isolated and withdrawn when she first presented to the MHLSP and reluctant to become involved in social groups. Once the legal issue was resolved by the MHLSP lawyer, she reported feeling much better and told the MHLSP solicitor that she had joined a STARTTS Women’s Group.*

For Shopfront clients, access to an experienced social worker providing high quality case management, support, advocacy and referral over an extended period was pivotal in stabilising a number of previously unstable and chaotic clients. Important changes in client behaviours and psychosocial well-being were both observed and measured showing decreased levels of depression, self-harm and substance abuse and of suicidal ideation. More stable functioning allowed these clients to make progress in others domains of life and for a significant number this resulted in reduced interaction with the justice system. The role of the social worker in facilitating access to stable housing was found to be a major contributor to enhanced well being for some clients.

#### **Improved client outcomes**

*A young woman presented to Shopfront in crisis after reporting being held captive and assaulted in her accommodation; she reported feeling very traumatised and vulnerable. The MHLSP social worker facilitated her move out of this accommodation which assisted her to feel safer and move forward from her trauma, despite the fact that she refused to accept a referral to trauma counselling services.*

Indigenous men involved with the Gamarada Men's Healing Program reported major changes in self-esteem, reduced anger, enhanced management of relationships and a more positive outlook on life in general following participation in the Program.

The close two-way relationship between psychosocial health status and legal issues was highlighted in the positive outcomes which resulted for MHLSP clients. Through the multi-disciplinary approach to client management enabled by the project, resolution of legal matters resulted in improved mental health and responsiveness to therapeutic interventions resulting in longer term enhancement of well-being. Similarly, the intervention of social worker/ counsellor roles enabled enhanced management and stabilisation of clients' mental health; this in turn, for some, led to reduced offending rates and enhanced capacity for effectively addressing legal issues.

### **Shopfront case study**

*When DF was first referred to Shopfront he was sleeping at Central Sydney train station. His wallet had been stolen and he reported symptoms of hearing voices and active thoughts of suicide. He had a previous history as a victim of domestic violence and sexual assault but was not accessing any services for accommodation or mental health support. The Shopfront MHLSP worker worked to stabilise his accommodation and link him with mental health services and also assisted him with practical matters, including accessing Centrelink benefits. Accommodation was an ongoing issue as a number of times he was evicted from services or barred for short periods, however eventually he moved into medium term accommodation outside Sydney. He was observed to be emotionally more settled and less volatile and angry.*

### **Gamarada Program case study**

*A 36 year old Aboriginal father who was addicted to gambling and alcohol since the age of 18 slid into an unmanageable state and was convicted for an alcohol related offence. He attended the Gamarada Mens' Healing Program over a period of 18 months which started the healing process for him.*

*He wrote in a testimonial "... Gamarada has provided me with a healthy space where I could share my story and learn with other men and in return they have rewarded me with the tools I need to live a healthy, happy, loving and honest life-style."*

*In a subsequent hearing the evidence and commitment of his efforts in changing his life were recognised by the magistrate and the case was discharged without a conviction but with the direction to keep attending Gamarada and Alcoholics Anonymous.*

#### **4. Improvement in other social circumstance e.g. financial, housing, education and training, employment**

Indicators of improved client outcomes in related social circumstances were:

- Improved financial situation through increased income and/or improved debt management;
- More appropriate housing.

The financial status of some MHLSP clients improved through various ways including fines being dropped, penalties reduced, entitlements secured, compensation granted assisted by the interventions of the pilot workers. Accessing affordable legal advice through Legal Aid or pro-bono lawyers contributed for some. Resuming employment and securing access to more affordable housing, gaining access to financial management advice and reducing spending on alcohol and other substances contributed for other clients.

Improved housing outcomes included avoidance of evictions, transfers to more appropriate housing, longstanding repairs being undertaken, resolution of tenancy disputes including rent arrears, and gaining access to stable housing. Advocacy by MHLSP workers and assistance with applications and advice contributed to improvements in housing status. The Shopfront worker reported that securing stable housing for clients is a key factor in enabling more rapid resolution of a wide range of other client issues and is vital for enhancing capacity for managing other life matters.

The problems experienced by people with mental health issues are interconnected and associated with poverty or financial disadvantage, unstable housing or homelessness and reduced participation in education, training and employment. Addressing legal and other issues through a multi-disciplinary service approach was demonstrated by the MHLSP to also substantially improve some of these factors.

### **Shopfront case study**

*A young male Shopfront client with significant anxiety, a gambling problem and at risk of homelessness had to leave his mother's home, but managed to get into a share house. He needed a bed, fan and cookware and the Shopfront social worker referred him to a counselling and case management service and also successfully applied for the Transition to Independent Living Allowance for these items. Through advocacy he also facilitated restoration of Centrelink payments which had been cut off.*

### **STARTTS case study**

*During an MHLSP legal appointment to discuss a motor vehicle accident, a STARTTS client from Afghanistan disclosed that he was homeless and had been living in his car for two weeks. He was referred to a STARTTS counsellor who organised crisis accommodation through Wesley Mission (brokerage agreement) and from there he was able to move to more appropriate, stable housing.*

### **MDAA case study**

*Due to deterioration of her Multiple Sclerosis an MDAA client had to use a walking frame which was too big for the bathroom. She lived in an area with limited public transport and safety was an ongoing concern. She had been refused a transfer by Housing NSW and the MHLSP lawyer assisted the client, advocated for an appeal and prepared evidence in support of the client's successful claim for a housing transfer.*

## 5. Improved client knowledge of, and access to, health and community services recreation and support programs, education and training services etc

Many available services and programs in the community are underutilised by people with mental health issues. This can be due to lack of knowledge of services, lack of confidence, apprehension and fear, limited self efficacy and/or pre-occupation with other issues or life crises. Indicators of change in this outcome were the following:

- Increased knowledge of services/ programs;
- Changed pattern of contacts with appropriate services and programs.

A key role of all of the MHLSP workers was providing information and referrals to a wide range of relevant services, assisting clients in navigating systems to access more services and support appropriate to their legal, health and other needs. Many clients were reported to have accessed a range of service types, in some cases due to increased confidence and skills in self-advocacy. Several clients took up education and training opportunities and resumed employment through having increased confidence following resolution of legal issues.

As a result of the enhanced capacity of host services to address broader client issues, benefits for MHLSP clients were far broader than legal outcomes only. Overall well-being and social and economic participation of people with mental health issues in the longer term can flow from increased use of the range of services in the community. Increasing confidence and capacity for self advocacy and the ability to access services and support is of substantial benefit to themselves, their families and communities.

### **Gamarada Program case study**

*Indigenous men participating in the Gamarada Program have attended the Redfern Medical Service for check-ups and medical care following presentation and information from general practitioners from the service.*

### **Shopfront case study**

*The Shopfront social worker showed a homeless client how to access both crisis and medium term accommodation and was able subsequently to access these services himself when he again became homeless, using appropriate websites and vacancy lines.*

### 3.3. Service outcomes

The MHLSP pilots were all reported to have contributed to important outcomes in the host services which included:

#### 1. More efficient and effective holistic services for clients

- a. Access to the MHLSP workers enabled enhanced access to important areas of clients' legal, mental and other support needs;
- b. Service providers were able to focus more on their designated role rather than expending excessive time on addressing legal/ social support needs beyond the scope of their core professional expertise;
- c. New and improved internal processes and protocols were developed with MHLSP input and these have created efficiencies e.g. intake forms, referral forms, letters, templates, client consent and authority forms;
- d. Access to on-site legal/ social work advice and support within the service facilitated more rapid and streamlined addressing of client issues which in turn reduced stress on clients who otherwise had to seek services externally;
- e. More timely intervention in legal or social work issues prevented escalation of matters and further complications.

*"Referring my clients who needed referral and/or information on legal issues to the Mental Health Legal Services Project has meant that the clients are quickly linked with a professional who is qualified and skilled to deal with such a specific and sensitive area of resettlement. This allowed me as a counsellor to focus on supporting my clients with issues related to their emotional and psychological wellbeing knowing that a very important practical issue is being dealt with."* (STARTTS counsellor)

*"The MHLSP worker involvement frees up lawyers' (and legal assistants') time and allows us to concentrate on the legal aspects of clients' cases, where our skills are best utilised."* (Shopfront solicitor)

#### 2. Broader service linkages and reach

The impacts and reach of the services increased through:

- a. Expanded linkages and referral networks with other types of services including social support, legal services, health services and other PIAC services;
- b. Clients being more efficiently referred to appropriate legal/psychosocial advice and other support services; and
- c. Linkages across MHLSP pilots e.g. Shopfront and Gamarada.

#### 3. Increased staff and service capacity

The overall capacity of host services and individual staff has been strengthened and there was reported to be considerable two way formal and informal learning between the service staff and the MHLSP workers. There was also enrichment of professional practice through working across disciplinary teams and gaining broader input from other professional disciplines.

Service capacity was increased through:

- a. Training and education by MHLSP workers which enhanced staff capacity to provide appropriate tailored services and support;
- b. Shared learning across interdisciplinary sessions enhanced service provision; for instance, joint counsellor/ social worker and legal officer sessions and case conferencing;
- c. The knowledge and expertise of the MHLSP workers enhanced understanding and awareness of other staff in relation to specific aspects of mental health and legal issues; and
- d. Collaborative on-site work enhanced the capacity of services for follow up by staff.

*“He (the MHLSP pilot worker) has also provided enormously valuable input into our policy work, especially in relation to fines and general youth justice issues. Not only does he help free up senior lawyers’ time e.g. by attending meetings and writing submissions he provides a broader perspective on relevant issues.”* (Shopfront director)

The professionalism and personal characteristics of the individual MHLSP workers was frequently noted to have played a significant role in improved outcomes within the host service.

The contribution of the MHLSP pilots to the host services was found to be substantial. The enhanced multidisciplinary model had multiple benefits for staff and overall service quality and capacity as well as improving client outcomes. The contribution of diverse disciplines and across sectors in service settings has many advantages and efficiencies and is clearly well suited to the needs of clients with complex issues.

### 3.4. Pilot worker outcomes

The MHLSP pilot worker roles involved a challenging combination of providing on-the-ground direct service delivery within the host services, identifying and responding to systemic barriers to justice and collecting ongoing evaluation data. In many ways this entailed significantly different roles than they had previously experienced. The workers reported throughout that the MHLSP roles provided unique learning opportunities to build professional practice and a broadened understanding of working effectively with the MHLSP client groups and across sectors more broadly.

Also benefits of working within a multidisciplinary team in the host services and across the MHLSP team collaboration were important. There was in addition increased learning and understanding of the client groups of the other MHLSP pilot.

**Valuable learning and development outcomes** identified by the MHLSP pilot workers included the following:

- **Increased understanding of mental health issues:** a more thorough understanding of mental health issues including manifestations and impacts of mental illness and ways of responding effectively. The importance of working holistically was recognised along with the value of professional practices such as providing written advice when clients have serious mental health issues or communication barriers.

- **Knowledge and awareness of wider services and sector processes:** increased knowledge and use of a wider range of services including other legal services, mental health services, health and community services, tribunals, refugee and migrant services and disability services. The workers also gained insights into the operation of a number of agencies and services including Corrective Services, Community Legal Centres, court processes and increased understanding of police processes and arresting patterns of young Indigenous people.
- **Increased understanding of legal issues and how to address these:** increased knowledge in areas such as domestic violence, immigration, child protection, family law, granting of DGR status for NFP organisations. This came through training opportunities, conferences, awareness sessions and increased interaction with a broader range of services.
- **Increased understanding of systemic advocacy:** increased understanding of the nature of systemic barriers and the importance of systemic advocacy as an adjunct to individual service provision. The value of interventions such as direct action, personal meetings and deputations with decision makers and key government personnel, which improved client outcomes. It was also the power of authority through for instance sending letters using the PIAC letter head.
- **Importance of cultural issues and community consultation and engagement:** awareness of cultural issues and sensitivities and the need for consultation and engagement with communities was important learning in working with individuals, families and communities of diverse cultural backgrounds and with Indigenous people.
- **Increased professional effectiveness and capacity:** increased professional confidence, efficiency and capacity to work with the MHLSP clients in a number of ways including:
  - increased capacity for client advocacy and for accessing improved, culturally appropriate legal services and support for clients;
  - more effective and appropriate referrals and active follow up of referrals, accompanying clients to courts or meetings, briefing lawyers and advocates thoroughly about client backgrounds;
  - enhanced confidence and skills communicating effectively with CALD clients and using interpreters;
  - increased confidence in engaging with a broader range of service providers and exploring alternate pathways for justice;
  - increased confidence and capacity to engage with judges and magistrates; and
  - Increased understanding of policy development processes and ways of leveraging government funding.

### 3.5. Systemic outcomes

A key focus of the MHLSP was to identify through the pilot projects the systemic issues faced by the people with mental health issues in the MHLSP client groups and to seek to address these where possible.

#### Systemic barriers identified

The systemic barriers to justice for people with mental health issues were explored with particular reference to the four target groups of the MHLSP i.e. Indigenous men, young homeless people, survivors of torture and trauma and CALD people with mental health disability. The pilots largely confirmed what was previously known relating to barriers to justice and, in addition, identified a wide spectrum of both general and specific systemic issues impacting the client of the individual pilots. The systemic barriers to justice for people with mental health issues can be broadly grouped into the following six key areas:

1. Legislative and regulatory systems and structures;
2. Policy and resource allocation;
3. Service or institutional systems;
4. Service access and appropriateness;
5. Workforce and professional practice and capacity; and
6. Community awareness and attitudes.

The types of systemic barriers identified by the pilots in each of these areas are detailed in the table at Attachment 8.

A consistent and fundamental systemic barrier confirmed in the project is the poor understanding of the complexity of the social, emotional, psychological and behavioural issues which are inherent in mental illness and exacerbated when combined with cultural and language differences. This was identified across the spectrum of governments, professionals and a wide range of agencies and service providers. The manifestations of mental illness together with memory and concentration problems and combined with communication difficulties creates enormous problems for these vulnerable citizens in navigating systems, accessing their entitlements and exercising their human rights. The lack of attention to issues of mental ill-health and the impacts of torture and trauma and grief in systems and processes of service delivery is a fundamental barrier to justice. This is apparent in multiple services and particularly so in legal services.

Inadequate funding, narrow models of service delivery and poor integration and co-ordination results in disconnected services which fail to meet client needs. There are few models of effective multidisciplinary care for those with the complexity of the MHLSP clients. The pilots confirmed previous evidence that flexible service delivery is greatly needed.

A vital issue for all the MHLSP target populations is the importance of prevention and early intervention, through access to legal information and advice and/or psychosocial support as soon as possible. This can avoid the frequent unnecessary escalation and snowballing of legal and other matters on exacerbation of mental illness which inevitably results.

## Systemic action taken

Various actions were taken by the pilot workers on an individual basis for specific clients. Also the capacity of the host services was strengthened to respond more effectively to legal needs through improved policies and processes, stronger networks and referral pathways and provision of education and information for other service providers by the MHLSP.

The pilot workers responded in a range of ways to identified systemic issues – predominantly on an individual advocacy basis, and also through service and community awareness activities, advocacy forums and working groups. Actions taken included:

- Letters, submissions, individual representations on behalf of clients to various agencies and services and assistance with preparation of documentation;
- Referrals for legal services including support and attendance at legal meetings;
- Support for court and tribunal hearings including reports, letters and attendance;
- Written representations and meetings with Ministers and government officers;
- Presentation and participation in professional forums, committees inter-agencies etc; and
- Journal articles about access to justice issues for people with mental health issues.

The social worker at STARTTS was actively involved in the Youth Justice Coalition and other youth advocacy committees and interagency networks and had input into relevant submissions. The IMAJ worker engaged widely in systemic advocacy with a range of services including Police, Justice Health, Probation and Parole, Juvenile Justice, Redfern Aboriginal Medical Service, Community Legal Centres in Redfern and Marrickville and the Aboriginal Legal Service at Redfern, Department of Aboriginal Affairs. He also participated in a number of interagency forums, high level roundtables and Justice forums pertinent to Indigenous men and access to justice issues and was involved in various media releases and events.

Training provided through the MHLSP for various legal and other services and for a number of community groups contributed to increased systemic capacity to respond appropriately to people with mental health issues and for communities to have improved understanding of legal issues and services and their rights.

### 3.6. Project management and governance

Implementation of the MHLSP pilots involved considerable complexity with workers in three different host service sites and the IMAJ worker based with PIAC with co-ordination and management centrally provided from PIAC. In a relatively complex project of this nature the governance and management arrangements worked fairly well, and due to the individual variations in the projects, worked better for some pilot workers than others. More concerted efforts by PIAC to actively engage a broader range of stakeholders throughout the project would have benefited wider cross-sectoral awareness of the project and “buy-in”.

Also an extended period following the end of the pilots would have enabled a more comprehensive follow up of project findings particularly in relation to developing a cohesive plan for systemic action on identified issues.

## **Governance arrangements**

The oversight of the project through the PIAC Board was effective in maintaining the project impetus generally. The Steering Committee had fairly broad cross sectional representation, with the MHLSP client group mostly represented, along with most relevant agencies. However, the lack of representation of young consumers and representatives from NSW Health mental health services and other key government agencies was an important omission. Engagement of government stakeholders in the oversight of the project implementation and ongoing awareness of emerging findings and benefits of the enhanced multi-disciplinary model would have been valuable.

## **Project management and support**

The project management and support arrangements from within PIAC were effective during most of the project implementation. However, these were disrupted somewhat due to several key staff changes which resulted in fluctuations in morale of the pilot workers and lack of continuity of project oversight and documentation. The workers commenced in their roles over a period of several months and opportunities were lost to effectively orient all the workers into the nature of the pilot and particularly the evaluation processes. The early implementation of the pilots and development of the evaluation and reporting processes would have benefited from an initial project orientation and establishment period to build capacity and understanding of the pilot workers regarding the requirements of the pilots. Clarifying the scope and roles of pilot workers placed within services of which they were not employees took time and created some ongoing tensions in terms of accountability and managing competing requirements and expectations. Multiple levels of reporting were experienced at times as burdensome, however were an inevitable part of the project structure and the commitment to evaluation of the MHLSP.

## **PIAC management and support**

PIAC support for pilot workers was important at different levels and in different ways for each of the pilot workers. Inevitably, due to staff changes at PIAC and with a complex project of this kind, there were some inconsistencies experienced by pilot workers in the quality of support experienced. However PIAC management flexibility and understanding of the different roles and diverse range of work and demands was important. Legal supervision by the Principal Solicitor was very valuable as a sounding board and source of support in legal and other matters. For the IMAJ worker it was a major advantage to be based within PIAC with easy access to a range of supports on a daily basis which facilitated linkages with other PIAC initiatives.

It was perceived by pilot workers that at times there was limited understanding of the stresses of their roles. In particular, the impact of exposure to the complex psychosocial issues of the MHLSP clients which led to a level of vicarious trauma. Access to in-house social work expertise and clinical supervision support would have been of great benefit; however ultimately alternative arrangements were able to be made. In addition, it was found that some PIAC policies and systems are more suited to legal than social work requirements.

- **Pilot worker team support**

The peer support of the other pilot workers was invaluable, particularly given the complex, demanding and often stressful roles of the pilot workers who experienced considerable isolation at times. The collaborative inquiry (CI) process provided an invaluable team building and peer support mechanism and built a sense of collegiality and trust between the four workers. It provided an opportunity to draw on different knowledge, experience and perspectives, share learning and develop solutions to difficult problems. Important themes and insights emerged from the CI sessions to inform the evaluation.

- **Working with other PIAC functions**

Collaboration with other PIAC functions was valuable, particularly in relation to referrals to other services and progressing some identified systemic issues. For instance through developing media articles and reports, linking with services such as Homeless Person's Legal Service, PIAC Health Solicitor, Indigenous Justice Project, collaborative development of submissions e.g. Mental Health and Cognitive Impairment (with Law Reform Commission), National Healing Foundation, Men's Health Policy and the Federal Government Youth Round Table. Working within PIAC assisted greater understanding of systemic perspectives beyond individual client service provision.

- **Host services support and networking**

Host services overall provided a welcoming and accommodating environment and greatly valued the MHLSP role in their services and through their involvement in case work meetings, referrals, informal liaison and shared training. Access to cultural advice and mentoring in dealing with diverse client groups was invaluable for the pilot workers in their specific service settings. Networking with other peer professionals within and outside the host service was also an important factor in reducing isolation.

## 4. Analysis of evaluation findings

The evaluation sought to capture data throughout the implementation of the MHLSP pilots to answer the following questions:

- What are the legal and other barriers that impede access to justice for people who are mentally ill?
- How effective are the MHLSP pilots in addressing barriers to access to justice for people who are mentally ill?
- What is the impact of the MHLSP pilots on the services and pilot workers?
- How could the MHLSP pilot projects be replicated in communities across NSW?
- What were the unintended impacts of the MHLSP?

### 4.1. *What are the legal and other barriers that impede access to justice for people who are mentally ill?*

The MHLSP pilots highlighted (yet again) the vulnerability of each of the target client groups in relation to access to justice. They added to existing knowledge and understanding of the range of challenges and barriers experienced by these members of the community in this regard. Some of the barriers are legal; others are to do with other service and systemic issues. The most significant barrier is the lack of overall system capacity to respond effectively to the complexity of needs of people with mental health issues, many of whom have multiple linked problems. The associated disproportionate contact with justice systems incurs multiple individual, community and social costs and impairment of human rights.

Multiple factors were identified across the MHLSP pilots which are barriers to justice for the client groups; many of these also apply to other vulnerable members of the community with mental illness. Some of the barriers relate specifically to individual clients and their particular backgrounds and circumstances while others relate more generally to access issues for people with mental illness. Many of the current barriers are potentially remediable by systemic action and improved service delivery within and across sectors. The barriers identified through the MHLSP have been categorised into government, service and system, and client and community related factors.

#### **Government related factors**

Poor planning and inadequate prioritisation of services and support for people with mental health issues in policy making and resourcing is a major contributing factor to limited access to justice including:

- i. Lack of collaborative high level cross-sector planning of services and support across legal, justice, mental health and welfare systems. Consequently systems and services are fragmented and have limited capacity for holistic support for the complex needs of individuals with mental health issues;
- ii. Lack of resources for the delivery of community based mental health services which incorporate multi-disciplinary care beyond specific health needs;
- iii. Limited funding and support for multidisciplinary service models across different types of service sectors;

- iv. Inadequate resourcing of court systems to address the needs of people from diverse cultural backgrounds and experiences, including Indigenous and CALD people, refugees and the specific needs of people with mental health issues;
- v. Lack of funding for diversionary programs as alternatives to incarceration;
- vi. Limited resourcing for Indigenous healing programs;
- vii. Limited resources for information in multiple community languages;
- viii. Limited sensitivity and understanding of refugee issues in administrative agencies and systems.

### **Service and systems related factors**

Many factors in legal and other services and systems which individually and in combination create barriers to justice have been previously identified. Many of these were found to be particularly significant for MHLSP clients and further confirmed as impediments to justice in this project. The service and system related factors include:

#### **Fragmented service delivery**

- i. Limited collaboration across different parts of justice and other systems (including police, corrective services, lawyers, mental health services) means there is limited capacity to respond in a co-ordinated and holistic way to complex individual needs;
- ii. Inadequate communication processes between services and systems is a key issue: for instance significant problems can result for people who are admitted to hospital with mental illness and unable to attend court hearings or meet probationary requirements. Also lack of effective systems and processes to communicate the health and social backgrounds and circumstances of clients with mental illness to lawyers and courts and other administrative tribunals and forums can result in harsh and inappropriate sentencing and lack of justice in decision making;
- iii. Limited knowledge of, and referral networks between, different services and support agencies for people with complex mental health and other issues;
- iv. Poor linkages and follow-up between correctional services and probation and parole following prisoner release.

#### **Inadequate knowledge and awareness of legal and other service providers**

- i. Inadequate knowledge and understanding by lawyers and judiciary of mental illness and its manifestations;
- ii. Limited knowledge in health, social work and welfare systems of legal issues and options and processes for recourse for clients;
- iii. Limited understanding by legal and other professionals of the nature and impacts of the refugee journey;
- iv. Lack of understanding by legal and other professionals of the impacts on individuals of trauma and abuse which can severely limit effective functioning.

### **Limited service capacity**

- i. Inadequate processes and protocols within services to adequately record and efficiently manage the multiple complex needs of clients with mental health and associated issues;
- ii. Inadequate referrals and lack of follow-up of referrals by service providers for clients with mental health issues who have limited capacity and self-agency;
- iii. Institutional racism and discrimination against people from Indigenous and CALD backgrounds and against people with disabilities.

### **Limited resources and services which are culturally appropriate**

- i. Inadequate access to appropriate language interpreters for people with non-English speaking backgrounds;
- ii. Limited access to plain English information or information in community languages about citizen entitlements and rights, legal issues and services;
- iii. Inadequate availability of culturally appropriate diversionary and healing programs for Indigenous people in particular.

### **Client related factors**

A range of client related factors contribute to both reducing access to justice and also to the increased likelihood of interaction with justice systems for people with mental illness. Most of the MHLSP clients had experienced trauma, abuse and discrimination of some sort and many suffer from post traumatic stress disorder (PTSD) or other diagnosed or undiagnosed mental illnesses. The main client related barriers to access to justice identified in the MHLSP include the following:

### **Limited awareness of services and systems, fear and negative attitude**

- i. Lack of awareness of individual rights, entitlements, options and processes for accessing justice was a major barrier for many of the MHLSP clients. This includes knowledge of Centrelink entitlements, tenancy rights, discrimination laws and legal processes. This barrier is particularly noted for people who have limited English language capacity and those with low literacy and/or cognitive impairment. Limited access to plain English information or information in relevant community languages is a significant issue for many;
- ii. Linked to the above is also lack of awareness of available services; consequently low utilisation of services is common for clients with mental health issues;
- iii. Poor understanding and misapprehension of court and administrative systems, which can be complex and frightening for vulnerable clients;
- iv. Negative history with legal, administrative and justice systems is common for Indigenous people, refugees, people with disabilities and people with mental health issues. This results in lack of trust and fear of legal and other systems and can be a major barrier to accessing justice.

### **Limited communication capacity**

- i. Limited written and verbal communication capacity of MHLSP clients were barriers in communicating with lawyers and other service providers, writing applications, providing appropriate documentation and effectively articulating their situation and concerns.

### **Impacts of mental illness and trauma**

- i. The impacts and manifestations of mental illness and its treatment can result in fluctuating cycles of ill health and impaired functioning with for example periods of chaotic behaviour, disorganisation and confusion, tiredness and lethargy, poor physical health;
- ii. Mental illness can also involve periods of hospitalisation and disruption to communication and ability to attend court hearings, meetings etc;
- iii. The physiological effects of trauma and abuse impacted MHLSP clients' abilities to organise life matters, concentrate and focus on issues, attend meetings or hearings and articulate their perspectives or concerns in a cohesive manner.

### **Other individual factors for MHLSP clients**

- i. Poverty and inability to afford services or to travel to services, unstable housing, family and community conflicts were commonly noted barriers to accessing legal and other services for MHLSP clients with mental health issues;
- ii. Clients often may not perceive themselves as having a mental health issue, or deny this due to stigma and shame in families and in communities. This results in either not accessing services or mental health factors not being recorded and subsequently taken into account in civil or other matters;
- iii. Many people with mental health issues have other co-morbid issues such as substance abuse which can impair their capacity to function well and access services;
- iv. For some MHLSP clients it was also found there can be lack confidence in navigating different locations for services and problems, for instance using public transport alone in order to attend meetings or hearings.

### **Community related factors**

Community issues identified as contributing to barriers to justice for MHLSP clients include issues in specific ethnic and cultural community groups as well as the broader community. Community views and norms can be a powerful influencing factor for many individuals within those communities in either positive or negative ways. Specific cultural and community related factors noted as barriers to justice included:

- i. Fear, suspicion and misunderstandings within community groups about Australian systems, services and service providers which is conveyed to other community members with mental illness. These suspicions can be based on prior negative experiences either in Australia or in countries of origin or transit;
- ii. Misconceptions and misinformation about services, systems and entitlements;

- iii. Negative stereotypes and stigma about mental illness across a wide range of communities can prevent people with mental health issues seeking treatment or acknowledging they are unwell.

The widespread prejudice and stigma related to mental illness in the wider community together with racism and discrimination also contributes significantly to reduced access to justice. Misperceptions and fears about mental illness and its manifestations contribute to an environment which is not supportive of people experiencing mental health issues.

#### **4.2. How effective were the MHLSP pilots in addressing barriers to access to justice for people who are mentally ill?**

Over the two years of their implementation the MHLSP pilots individually and collectively were very effective in improving access to justice in a wide variety of ways for many clients in the target client groups. The client outcomes outlined in Section 3 confirm that across the considerable diversity of client backgrounds, and in diverse settings, the provision of enhanced services in a safe, trusted environment made access to various forms of justice easier. Filling gaps in identified areas of need in existing services enabled them to be more responsive to complex client needs and offer a more holistic service. The pilot workers achieved this through their roles in providing legal and other information, advice, referral and casework services, care co-ordination and early intervention. A key function of the pilot workers was as informants and interpreters of the Australian legal system for clients and assisted them to navigate complex systems. They also acted as advocates and supports within the systems to optimise positive outcomes for them.

The system and sector impacts of the pilots also contributed to addressing barriers to access to justice more broadly. There were positive impacts on courts and legal and justice systems through the provision of comprehensive client information and follow up of clients. This enabled improved decision making in courts, reduced sentencing and diversions into rehabilitation and other programs. This was reported to have resulted in efficiencies and reduced costs to the systems, although the extent of these was not quantified.

The factors contributing to the effectiveness of the MHLSP in addressing barriers to justice included the following:

##### **Benefits of enhanced multidisciplinary service provision**

- The enhanced multidisciplinary model increased capacity in the host services to respond to broader client needs in relation to access to justice;
- Providing enhanced services in a familiar trusted setting was effective for vulnerable clients who underutilise services;
- Providing client centred holistic services which take into account the complexity of client issues and needs was a critical factor of effectiveness;
- Facilitated access to appropriate, timely legal support and advice onsite brought wider benefits for STARTTS and MDAA clients including positive impacts on mental health and overall well being and increased client self-efficacy;
- On-site access to social worker support significantly benefited Shopfront clients with more holistic specialised support which improved access to justice in many ways along with contributing to other longer term benefits for homeless and at risk youth;

- Access to an Indigenous mental health worker with linkages to welfare, legal and other services and support was beneficial for Aboriginal men participating in the Gamarada Program and others associated with the IMAJ project.

#### **Building host service capacity and efficiency**

- Building the capacity of host services through the MHLSP workers' provision of information, specialist advice, training of staff and development of new systems and processes increased the effectiveness of services to support client access to justice;
- Increased awareness of a broader range of services and support for clients with mental health issues and increased referral networks contributed to enhanced service capacity and effectiveness;
- Freeing up service staff to focus on their core work enabled greater service efficiency and enhanced client access to appropriate services more quickly.

#### **Broader sector engagement and capacity building of services and systems**

- Broader systemic impacts of the project through information and training of a range of legal professionals, advocates and other community service providers contributed to addressing barriers to justice by increased understanding of mental health issues, and the impacts of trauma and abuse;
- Increased engagement of the pilot workers with a range of legal and pro-bono services increased access and affordability for clients;
- Raising the profile and awareness across key agencies about issues of access to justice and the importance of healing programs for Indigenous men was an important aspect of the IMAJ pilot. These included Police, Community Legal Centres, Attorney General's Department and a range of local community services.

#### **Skills and capacity of the pilot workers**

- The effectiveness of the pilot projects and the success in engaging with clients in the services was due in no small part to the professionalism and personal attributes of the MHLSP pilot workers who have been able to engage in a sensitive and appropriate way with clients;
- Working in a culturally respectful and sensitive manner for a diverse range of cultural groups was vital for the STARTTS and MDAA pilot workers as well as working across a breadth of legal issues;
- The experienced youth social worker at Shopfront was highly skilled in engaging very effectively with young homeless people and very successful in building their trust over time which enhanced their confidence and willingness to access Shopfront and other services;
- The IMAJ worker worked in an effective and culturally respectful way through consultation throughout with Aboriginal community members and community based services in the development of project activities. For instance the new two day, portable Gamarada Men's Healing Program was developed through a weekend consultative workshop with the local community and a range of relevant service providers.

## Cultural and community respect and engagement

- Provision of empathic culturally appropriate support and advice in negotiating complex legal and social support systems contributed to the effectiveness of the MHLSP and is very important for vulnerable people from diverse cultural backgrounds;
- Engaging and collaborating with key community leaders to disseminate information and understanding of legal issues and to inform appropriate processes was an important aspect of developing community capacity;
- Community engagement and awareness raising in Aboriginal and CALD community groups was of benefit through education and information about Australian legal systems and processes and advice on how to use those systems;
- Building understanding of and trust and confidence in Australian services and systems was very important for refugees and other migrants who have a very negative history of injustice in their countries of origin or transit.

### 4.3. *What were the impact of the MHLSP pilots on the services and pilot workers?*

The placement of three MHLSP pilot worker positions in existing services (Shopfront, STARTTS, and MDAA) to address identified gaps and provide a broader multidisciplinary service had significant impacts for both the services and the workers as detailed above.

#### Service impacts

The MHLSP host services endeavour to provide holistic services within their existing resources to respond to the complex needs of their particular clients. Baseline data from interviews with STARTTS and MDAA indicated that there were major gaps for clients with mental health issues. Many identified legal and related needs that were not being met and clients were falling through the gaps in current services. This was exacerbating their underlying mental health problems, limiting their healing and profoundly impacting their well-being and quality of life. Efforts by staff to link clients with appropriate legal support and advice were time consuming and taking valuable time away from their core professional roles. Similarly, at Shopfront, excessive time was consumed by lawyers endeavouring to address the broader psychosocial issues of their young clients without the specialised training in social work and mental health and welfare that this requires.

The Gamarada Men's Healing Program was established by the efforts of a group of community volunteer leaders in Redfern and was showing promising benefits for participants. However sustainability before the MHLSP was uncertain and there was limited potential to develop a structure and more formalised processes for the program's ongoing viability.

The host services benefited from enhanced service capacity and reach with the MHLSP worker and from strengthened internal processes and external networks and referral pathways. Significant improvement in service capacity in comparison with prior to the pilots was reported. Staff within the services gained increased understanding of legal and mental health issues accordingly and were able to access specialist advice and support to better serve clients.

Drawing comparisons across the three services is problematic due to the differences in the types of services and their clients, the context and settings of each service. However, the impacts for Shopfront and STARTTS overall service delivery approach were, overall found to be more substantial than for MDAA. The specific nature of Shopfront and STARTTS clients enables more ready identification of clients with mental health issues and identification of related legal needs. The broader scope of MDAA clients encompasses all disabilities and the central advocacy role spans many client issues. There are considerable difficulties in identifying MDAA clients with mental health issues due to the stigma and shame attached to mental illness in many ethnic communities and reported high levels of under-diagnosis.

For both Shopfront and STARTTS the enhanced services were considered invaluable for clients and for staff and for the service overall. Consequently services both sought funding for creation of ongoing positions to sustain the MHLSP work. From the perspective of MDAA the access to legal support was very worthwhile for clients; however, restricting this service only to clients with mental health issues was problematic. While access to legal advice was considered valuable during the pilot period MDAA has a range of other potential avenues to access legal advice and this is not currently considered the most pressing priority area of need for their clients.

The IMAJ project did not have the specific direct client service delivery context of the other services. However, through the MHLSP pilot there was significant development of the Gamarada Men's Healing Program which has increased access to healing programs for Indigenous men in Sydney and Wagga Wagga. The employment of the IMAJ worker and the support structures of PIAC enabled structural and governance development of Gamarada and expansion to the two day portable program which was piloted in Wagga Wagga. Broader engagement of the Indigenous community with the Gamarada program built its credibility in the community. There was also increased recognition by services and several magistrates and others of the value of Gamarada in facilitating healing and as an appropriate diversion for Indigenous men. Important linkages and networks were built across justice and legal services and systemic advocacy with key agencies involved in Indigenous justice increased awareness of issues for Indigenous men.

### **MHLSP pilot worker impacts**

From the perspective of the MHLSP pilot workers, there was invaluable learning and professional development and great benefits from involvement in the pilot as detailed in the previous section. The new professional roles were challenging, more for some than others, particularly working as part of a multi-disciplinary team and in new areas of focus for their work. The roles were at times both isolating (at the host service and at PIAC) and very stressful due to the nature of the client groups and the presenting issues the workers were dealing with. This was particularly the case for those who had not previously been involved with the types of complex clients which their host services support. Individual work with clients was found to be very stressful and demanding and called for emotional and spiritual resilience, resources and support.

Understanding the nature of systemic barriers and issues proved difficult initially for professionals whose primary professional practice is individual client focussed. Changing to reflective practice required by the action research evaluation model was challenging for some, particularly at the outset, but was ultimately highly rewarding.

Being part of the MHLSP team, despite the considerable differences in their pilots and their roles, was very valuable. The team processes and CI facilitated collective learning and professional development in dealing appropriately and effectively with the MHLSP client groups and with broader issues. The support of the host services and PIAC was invaluable although there were considerable tensions for the workers in being PIAC employees based in services where they had accountability regarding clients but no direct management reporting lines.

Working with complex and vulnerable clients with mental health issues highlighted the stressful and demanding nature of this area of professional work and the need for staff to have adequate access to appropriate supervision and emotional resources and support.

#### **4.4. How could the MHLSP pilot projects be replicated in communities across NSW?**

The MHLSP tested the effectiveness of providing enhanced multidisciplinary services to specific client groups as a means of increasing access to justice for people with mental health issues. This was trialled through embedding additional service capacity within existing host services. It did not involve implementing a single discrete model across all sites and each of the pilots was implemented within specialist services focussed on specific groups of clients. There is thus limited scope for replicability of a discrete model more broadly as there are few specialist services of the nature of Shopfront, MDAA and STARTTS.

However, the key features of the pilots which were effective in increasing access to justice can be extrapolated to other relevant services for people with mental health issues. Building capacity in existing services which are safe and trusted environments for vulnerable clients is likely to be more effective for many clients than establishing new mental health legal services.

Community based legal services and centres can, for example, consider ways to incorporate access to social work or mental health support professionals within their service teams. This could be achieved either through seeking enhanced resources to establish new internal positions or through exploring opportunities for collaboration with other services. Collaborative arrangements between legal and other services could be negotiated to collectively provide integrated holistic services for clients with mental health issues in a specific area or region. If creating an internal position or capacity is not a realistic option, a range of arrangements may be considered including outreach into the legal centre from another service. Similarly, legal centres could arrange to provide an outreach service into mental health or general health and social welfare services.

Concerted efforts to enhance linkages and communication mechanisms across existing services and across sectors (legal, health, housing and social welfare) is an important option to enable increased access to a range of relevant services. This can facilitate efficient responsiveness to various client needs in the absence of additional in-house capacity. Integral to this is building the capacity and understanding of all services (legal and other) to be able to respond appropriately to people with mental health issues.

Where geographic or regional interagency forums or initiatives exist, there may be options to develop collaborative initiatives to share resources across a regional area, for instance through the regional Cooperative Service Delivery Program or Legal Aid.

A key issue for replicability is the requirement for adequate legal and social work supervision. With the breadth of legal issues encountered by people with mental health issues, demonstrated in the MHLSP a key consideration will be accessing adequate legal supervision.

#### **4.5. What were the unintended outcomes?**

The extent of personal and professional development of the MHLSP pilot workers was an important outcome of the MHLSP and their enhanced capacity not only to work with their client groups, but also greater insights into the issues and approaches for the clients of the other pilots. A major unintended outcome of the MHLSP was the development of collegiality and learning across the pilots between the pilot workers. The structured CI sessions provided an important opportunity to share experiences and learning and concurrently built a sense of team endeavour.

The level of stress on the pilot workers was not anticipated and the impact of vicarious trauma relating to client experiences was under-estimated. This highlighted the need for ensuring appropriate professional supervision arrangements are in place in relation to the emotional and psychological impacts of workers dealing with the types of client issues encountered with MHLSP clients.

## 5. Conclusions and recommendations

PIAC has taken an important leadership role in initiating the Mental Health Legal Services Project and undertaking the four pilots. This has significantly contributed to enhanced understanding about effective approaches to increasing access to justice for vulnerable members of the community with mental health issues. The project has been relatively complex to implement and oversee over an extended period, with diverse pilots in a number of service settings. With the various levels of management and reporting required and an imperative to ensure systematic evaluation throughout, there has been a range of challenges. However, it is a credit to PIAC's commitment and organisational capacity that the pilots were sustained effectively for the full term of the project; several look to be ongoing due to the valuable pilot outcomes. Important lessons have been learned in project management and governance, which will strengthen future implementation of projects by PIAC.

The pilot projects have been very effective in increasing access to justice for people with mental health issues in the vulnerable client groups targeted in their host services. The effectiveness of the enhanced multidisciplinary service model and the benefit of working collaboratively across sectoral disciplines (legal, social work, mental health) has been resoundingly confirmed. The findings have significant lessons for improving services and support for people with mental illness and complex needs to enable early intervention and action at key points to prevent the unnecessary escalation of legal matters.

Ongoing efforts to educate lawyers and court personnel and community services about issues related to mental illness, and the impacts of trauma and abuse on individuals is vital. Achieving fair and well informed decisions and appropriate responses to these people in services and justice and other systems requires a comprehensive understanding of their history and circumstances. In addition, there is substantial value to be gained through marginalised citizens and communities having increased understanding about their rights, entitlements and the operation of the Australian legal system. Enhancing their capacity for self advocacy and knowledge and skills to navigate these systems effectively and increase their access to justice has overall benefit for individuals and the community at large.

The pilots provided additional information regarding unmet needs and the barriers to justice faced by the clients of the MHLSP. Providing more integrated and supportive services and systems can contribute to significantly reduced contact with justice systems; this in turn has the potential for considerable savings to society. Furthermore there are major benefits in the greatly enhanced quality of life which can result for these citizens. Investment by government in early intervention and enhanced multidisciplinary service delivery is likely to yield substantial longer term savings through, for instance, reduced rates of incarceration and less engagement with courts and other parts of the justice systems.

The recently constituted NSW Mental Health Taskforce and the establishment of a Mental Health Commission provide new opportunities for concerted action to improve services for people with mental health issues, particularly in relation to reducing their contact with the justice system. The current reforms to health systems and the progressive establishment of Medicare Locals may also offer scope for promoting more integrated linkages between health, legal and other services in the community for people with complex needs.

There are many excellent individual services operating in the community which could be substantially enhanced through an expanded capacity for multidisciplinary service delivery and improved linkages across the various sectors. Opportunities also lie in building on a range of existing legal service initiatives, e.g. the Legal Aid Co-operative Legal Service Delivery Program, which are endeavouring to respond more effectively to the complex needs of disadvantaged individuals and communities.

The key recommendations from this report relating to increasing access to justice for people with mental health issues are as follows:

#### **A. Increasing collaborative cross sector planning for services for people with mental health issues**

The project has demonstrated that high level cross sector collaboration and planning between health, justice, social welfare and other related agencies has the potential to bring many benefits for people with mental health issues and complex needs. Identifying and addressing service gaps and reducing fragmentation will result in decreased interaction with the justice system and significant overall savings in social, welfare and justice systems. This is in addition to major improvements in the quality of life of individuals, families and communities.

Ideally, integrated services should provide access to physical and mental health, legal, housing and other welfare services to support a more holistic response to the complexity of client issues. There is benefit to be gained from mapping the pathways of clients across health, justice and welfare systems and identifying the potential points of intervention where action may prevent unnecessary progression into justice systems. This mapping can then inform the collaborative design and delivery of relevant actions and service enhancements which can be implemented at various points across the systems.

The Mental Health Commission has the opportunity to lead major reforms in this regard in partnership with other organisations and agencies.

##### **1. Recommendation**

That PIAC work with other organisations to advocate with the Mental Health Commission and other agencies for collaborative cross-sectoral planning of services for people with mental health issues.

##### **2. Recommendation**

That PIAC work collaboratively with Legal Aid, CLCNSW, MHCC and other mental health and legal services to develop a regular forum with all key agencies to discuss issues related to mental health and justice. The outcome of the forum to be used to promote and advocate for increased resources, improved service models and enhanced understanding of mental health issues by legal and justice professionals.

## **B. Promoting the benefits of multidisciplinary service models for people with mental health issues**

The benefit of providing multidisciplinary services and support to meet the complex needs of vulnerable people with mental health issues has been confirmed through the MHLSP pilots. This approach needs to be actively promoted across government and all relevant service sectors including health, legal, justice and social welfare. Providing a broader scope of services in a safe and trusted setting is a significant factor in increasing access to justice for mental health clients.

### **3. Recommendation**

That PIAC develop a comprehensive communication strategy to promote the findings of the MHLSP evaluation to targeted audiences; in particular, promotion of the specific benefits and importance of access to multidisciplinary models of service delivery for people with mental health issues. In doing this PIAC should highlight their complex needs and how these can be more effectively met to reduce barriers to justice.

### **4. Recommendation**

That PIAC work with other relevant organisations and agencies to promote the benefits of multidisciplinary services for people with mental health issues. For instance, through utilising opportunities for advocacy with the Mental Health Commission and other relevant organisations.

### **5. Recommendation**

That PIAC explore with Legal Aid, CLCNSW, MHCC and others a range of options to support legal and mental health services to increase their capacity for the provision of multidisciplinary care for people with mental health issues.

### **6. Recommendation**

That community legal, mental health, welfare and social support services and other relevant organisations work individually and collaboratively to enhance their capacity to provide multidisciplinary care and integrated support for people with mental health issues. This includes establishing mechanisms to reduce service fragmentation through developing networks, effective referral pathways, communication systems and processes for shared client consultation.

In particular, that services (legal, mental health, welfare or other) which are regularly used by people with mental health issues seek strong linkages with other services to enhance their capacity to meet broader client needs. Strategies may include increasing staffing in additional complementary disciplines (legal, social work etc) or establishing collaborative service arrangements for outreach/in-reach with existing services.

Also, that collaborative relationships are built between legal, mental health and other social support services to ensure appropriate and comprehensive client background information is made available to lawyers and courts to assist in decision making and sentencing which reflects the best interests of the client.

### **C. Increasing resources for delivering multidisciplinary service models for people with mental health issues**

There are limited multi-disciplinary services available which cross legal, health and welfare sectors to address the complex needs of people with mental health issues. Directing resources to additional services and supporting a concerted systematic approach to both addressing gaps and increasing existing service co-ordination is likely to have significant longer term cost savings for government and for society overall.

Enhanced resources are particularly needed to increase access to legal and mental health services and support for marginalised groups such as the clients of the MHLSP. Increased access to healing and diversionary programs for Indigenous men will also contribute further to reduced interaction with the justice system for this very vulnerable group.

Resources for administrative support for new services, and for enhancing co-ordination of existing services, are essential to ensure their effectiveness.

#### **7. Recommendation**

That increased resources be made available by government for providing greater access to multi-disciplinary services and for providing administrative and other support for the development of enhanced multidisciplinary services.

### **D. Enhancing the capacity of existing services to better address the needs of people with mental health issues**

Many existing community legal, health and other services are not well equipped to adequately respond to the needs of people with mental health issues and enhance their access to justice. There is limited understanding of the manifestations of mental ill health and the impacts of trauma and abuse; there is also inadequate knowledge of the range of services and support available.

#### **8. Recommendation**

That community legal, mental health, welfare and social support services and other relevant organisations work to build service capacity to respond to people with mental health issues and reduce barriers to justice through, for instance:

- Increasing knowledge and awareness of:
  - the impacts and manifestations of mental illness on client capacity, and
  - the availability of services and support to reduce the potential for contact with justice systems;
- Increasing knowledge and awareness of the impacts of trauma on client functioning, including the nature of the refugee journey and Indigenous trans-generational trauma;
- Increasing knowledge and awareness of the nature of legal issues encountered by people with mental health issues and the options and services available to address these;
- Ensuring flexible service delivery which is responsive to diverse and fluctuating client needs including for instance providing outreach service visits to community, homes and other

community based services which can be important in enhancing access for some mental health clients;

- Improving referral patterns and processes between legal, health and other social support services to ensure access to appropriate support and follow up of clients, particularly those who have limited capacity for self-agency;
- Ensuring client access to accurate information about entitlements, legal issues and administrative processes through provision of information and using plain English or community language resources and;
- Ensuring that specific and, where necessary, detailed written information is provided to referral services and courts about clients, particularly those who have communication difficulties;
- Ensuring effective client referrals through active follow-up and supporting client capacity to attend referral services.

#### **E. Strengthening the capacity of legal and justice systems to respond effectively to people with mental health issues and trauma**

The MHLSP confirmed that increasing awareness and understanding in the legal profession and justice systems of the impacts and manifestations of mental illness and of trauma is vital for increasing access to justice. The specific issues and vulnerability of Indigenous people, refugees and others who have experienced abuse and trauma need to be highlighted and understood in communication and dealings with these clients. Ongoing efforts are needed to promote training in mental health awareness for the legal profession and for those involved in all aspects of the justice system including police, correctional, probation and parole services.

The importance of client focussed advocacy and preparing and presenting accurate reports that outline the personal circumstances of clients to courts or legal services cannot be overstated. It is invaluable in assisting lawyers presenting cases and magistrates and judges in making more informed decisions in the best interests of the individuals.

#### **9. Recommendation**

That PIAC continues to seek opportunities through its systemic work (including in its work on homelessness) for ongoing advocacy in relation to promoting awareness of and education about the impacts of mental health issues on access to justice.

#### **10. Recommendation**

That PIAC continues to promote mental health training for lawyers widely through the Homeless Peoples Legal Service, CLCNSW and other services.

#### **11. Recommendation**

That PIAC, in collaboration with MHCC, Legal Aid, CLC NSW and others, seek opportunities to educate mental health and welfare services about legal issues for people with mental health issues and including court processes. In particular, the importance of providing comprehensive client information to support legal cases.

## 12. Recommendation

That PIAC consider developing, in collaboration with other relevant organisations including MHCC, Legal Aid a resource/guide for legal services to assist in building capacity to better address the needs of clients with mental health issues.

## 13. Recommendation

That lawyers and other people acting or advocating for people recognise the value and importance of courts and tribunals having comprehensive information about client circumstance and backgrounds in relation to, for instance, mental health issues, trauma and abuse.

## 14. Recommendation

That PIAC and other mental health and ethnic community advocacy groups advocate with the Mental Health Commission for increased resources for court personnel including:

- Access to culture and language appropriate interpreters in services and courts for more CALD community groups.
- Mental health workers in all courts.

## F. Increasing access to and use of existing services by people with mental health issues

A key barrier to justice for people with mental health issues is lack of awareness of available legal and other support services and consequent limited use of these. This can also be linked with past negative experiences with legal systems and services. Increasing access to relevant information and appropriate services can enable appropriate timely referrals to be made which can prevent escalation of legal matters. The lack of availability of information in plain English and community languages can be a major factor in this; lack of awareness and information in locations and facilities accessed by people with mental illness is also a factor. Providing relevant information in familiar settings and community services and facilities can be important way of increasing awareness. This includes ethnic and community groups and services, including Indigenous communities, homeless services, crisis centres, refuges, police, migrant resource centres, resettlement services etc.

## 15. Recommendation

That Legal Aid, MHCC and other relevant mental health advocacy organisations advocate with government for resources to develop information materials in plain English and in identified community languages about legal services and services for people with mental illness.

## 16. Recommendation

That community groups, services and facilities accessed by vulnerable community members with mental health issues ensure education and information about rights, entitlements and legal and other support services is readily available.

## **G. Enhancing community engagement and education and information**

Cultural and community groups play an important role in disseminating knowledge of issues and services among their community members and also in conveying attitudes and perceptions about services and systems. Engaging with key community spokespeople and groups and providing information and accurate advice about Australian legal systems, citizen entitlements and avenues for addressing issues is an important mechanism for reaching vulnerable community members with mental health issues. Outreach education and awareness raising with client groups provides broader community understanding and can facilitate more timely and effective engagement with legal and other administrative services and avenues of redress.

### **17. Recommendation**

That community ethnic, Indigenous services and community groups and relevant advocacy organisations work together to develop a broad information strategy for their community members about the Australian legal system, citizen entitlements and rights with plain English resources and resources in diverse community languages. Collaborating agencies may include, for example, Diversity Health Institute, Mental Health Association, Multicultural Mental Health, Migrant Resource Centres, MHCC, PIAC, Legal Aid and others.

## **H. Reducing institutional racism and discrimination**

Increasing awareness and understanding in government administrative agencies and systemic processes about the impacts of trans-generational trauma, abuse and the refugee journey is needed on an ongoing basis to reduce racism and discrimination and enhance access to justice for people of diverse backgrounds.

### **18. Recommendation**

That government agencies and services consider ongoing education and awareness raising for front line and other staff regarding the impacts of mental illness, trauma and abuse and the refugee journey.

## **I. Strengthening PIAC project management and governance**

Many lessons have been learned throughout the period of implementation of the MHLSP project pilots that can provide valuable insights for the future effectiveness of PIAC pilot projects.

### **19. Recommendation**

That PIAC consider the lessons learned in the MHLSP implementation in planning for future pilot projects.

## Part B: Mental Health Legal Services Project Pilots

---

## Shopfront Youth Legal Centre

*“The benefits have been enormous - clients are getting a better and more holistic service from the Shopfront”. (Shopfront solicitor)*

### Background

The Shopfront Youth Legal Centre provides free legal services to young people under 25 years who are homeless or at risk of homelessness. It is a joint initiative of Mission Australia, Freehills Foundation and the Salvation Army. The Shopfront service aims to be holistic with an approach which is preventative, educational and remedial, and also endeavouring to support the non-legal needs of their clients ([www.theshopfront.org](http://www.theshopfront.org)). The majority of the Shopfront clients have backgrounds of abuse, neglect and trauma with family dysfunction and/or breakdown; many have been in departmental care. Most have a mental illness, an intellectual disability, a substance abuse problem or a combination of these issues. The Centre plays an important advocacy role for the rights of clients at individual and systemic levels and has a core goal of keeping clients out of gaol. Clients are frequently in crisis situations and present with a wide range of issues including multiple legal issues. As many of the clients have been extensively involved with the juvenile and adult criminal justice systems Shopfront has a strong focus on criminal law and court-based advocacy.

In 2008 the need for a social work position was identified to support clients with mental illness and complex needs, to promote their engagement in services and recovery and to facilitate improved access to justice in legal matters. The PIAC MHLSP pilot enabled the employment of a youth social worker four days a week to establish the value and benefits of the role. Prior to the establishment of the MHLSP project a considerable amount of valuable time was used by the Shopfront lawyers in assisting their clients with a complexity of psycho-social and non-legal issues and arranging referrals and other support. Outcomes from court hearings were not considered optimal. Shopfront had a range of established referral networks, particularly in surrounding services however it was felt by staff that many of their clients “fell through the cracks” and were not adequately supported.

### Shopfront MHLSP pilot

The Shopfront MHLSP social worker worked very closely with the legal staff to provide a broader multidisciplinary model of support to meet legal and non-legal needs of clients in a co-ordinated fashion. Over the pilot implementation up until the end of April 2011 the MHLSP worker worked directly with a total of around 64 clients, many of these over an extended period or for multiple presentations and often for emergencies. The clients presented with a multitude of issues, with approximately 300 separate issues recorded, including many repeat issues; these ranged across a wide spectrum of psychosocial, practical, legal (criminal and civil), financial and personal matters.

The MHLSP pilot worker provided individual case work and care co-ordination, counselling, crisis management, referrals, education and practical support for clients together with brokerage applications. He was active in facilitating communication between health, community and legal services including within Corrective Services. While not providing legal advice, he acted as an access point for legal services, information and referral. Preparing court support documentation and treatment plans was an important part of the role with a total of 56 court letters drafted during the course of the pilot. This included preparation of Section 32 court applications for relevant clients.

As an experienced youth worker the social worker also provided advice and support for the other staff on many aspects of mental health and related issues for their clients and approaches to dealing effectively with manifestations of mental illness and psychosocial issues. A key role of the MHLSP worker was networking with other services in the sector and undertaking extensive systemic advocacy around mental health and access to justice for young vulnerable people through submissions and active engagement in working groups and interagency forums.

### **Benefits of multidisciplinary model**

The expansion of the Shopfront service delivery legal model to incorporate the social worker position had multiple benefits for clients, staff and for overall service capacity. The service was able to provide more holistic care and benefitted from the specialist skills and networks which the MHLSP worker brought to the position. This enabled a broader range of referrals and extended support networks and services for the clients.

The social worker was particularly effective in engaging with vulnerable Shopfront clients, which engendered trust in him and also in the service; this in turn enhanced their access to the services Shopfront offers. Many positive outcomes for clients were reported from having access to a social worker including practical, psychosocial and legal outcomes. Meeting practical needs such as housing and accommodation, access to Centrelink benefits and so on in turn led to greater use of legal services and enabled clients to get on and deal with a range of personal life matters.

### **Positive outcomes for Shopfront clients**

Short and longer term psycho-social benefits were observed for Shopfront clients with many instances of immediate alleviation of client anxiety and distress with which clients frequently present to the service. Involvement of the MHLSP worker with clients in a state of emotional crisis (anger, paranoia, frustration, sadness, suicidal ideation, etc) provided reassurance, positive engagement, and counselling strategies such as brief solutions focused therapy techniques. This resulted in clients being able to settle and deal more effectively and responsively with their situation. Improvements in longer term mental health status were recorded resulting from care co-ordination and referrals to counsellors, and other mental health professionals. Stabilisation of accommodation and other situational factors contributed greatly to client improvements overall. Resolution of legal matters and significantly improved court outcomes were achieved in conjunction with Shopfront legal staff.

Improvements in legal outcomes for Shopfront clients were facilitated through the enhanced ability to use legal processes in courts to divert clients out of the criminal justice system into treatment. The social worker worked with clients to establish treatment plans and case-plans to assist in diversion from the criminal justice system, or from custody into the community. This was a vital and valued part of the role. This preparation of court documents demonstrably influenced the decisions of magistrates, some of whom commented positively on the quality of the plans and reports presented and the important contribution these made to their deliberations.

*“The social worker's involvement ensures that the client is included in developing the case-plan and feels more empowered in the process. In my opinion, the result is a case-plan which is more realistic, has a greater ownership and is more likely for the client to comply with.”*  
(Shopfront solicitor)

*“Most of the clients I have referred to Jamie have ended up with better legal outcomes, including having criminal charges dealt with under Section 32 due to his ability to ensure clients are receiving appropriate services and to co-ordinate case planning.”* (Shopfront solicitor)

*“In all of the matters in which Jamie has been involved without exception the legal outcomes have been dramatically improved. As have the knowledge of the clients' rights, services and access to entitlements.”* (Shopfront solicitor)

Examples include a young man who was on a long list of charges for alcohol related offences and was able to be diverted into a drug and alcohol rehabilitation program. A number of clients were diverted under section 32 of the Mental Health (Forensic Provisions Act). Another client had his visa cancelled but his appeal to the Administrative Appeals Tribunal was successful with evidence and a case-plan from the Shopfront social worker being an important part of the evidence.

*“Jamie has been invaluable to these clients because it allows me as their advocate to persuade the courts that diversion and rehabilitation are genuine prospects for these clients. These are the principles that the courts place weight on when dealing with young people/ adults with mental health issues. A concrete treatment plan and demonstrated progress in terms of rehabilitation allows the courts to divert these young men and women away from the often more punitive regime when being dealt with according to law, that is in accordance with the usual sentencing law and procedures.”* (Shopfront solicitor)

Educating clients was an important part of the MHLSP worker role both in legal rights and processes and related matters and in factors which can affect psychosocial well-being and mental health. This clearly assisted in clients having a better understanding of their situation, their rights and options. The psycho - education role also involved educating clients about the effects of drug and alcohol use, diet, exercise and rest on their mental health and encouraging them to utilise self-help strategies, in addition to accessing professional services to improve their mental health.

*“Therefore having the assistance of a social worker on the premises has been invaluable. Mr Alford, at my request, has sat in on my meetings with certain clients, supporting both myself and the client in dealing with this difficult subject matter, assisted me in understanding the best way in which to help the client tell his/ her story and in particular provided some form of follow up to ensure that the client is sufficiently supported after commencing this difficult process.”* (Shopfront solicitor)

Along with improvements in a range of practical matters for Shopfront clients there were changes in client behaviours noted resulting in reduced offending, reduced substance abuse, greater self efficacy, increased social participation and less victimhood. In some cases improvements were small and short term, in others they were longer term. Sometimes rather than an improvement in circumstances there was not a deterioration of circumstances, which was an important outcome.

### Benefits for Shopfront lawyers, staff and volunteers

The presence of the social worker as part of the Shopfront team also built the wider capacity and efficiency of the service and brought many other benefits for staff through increased understanding of mental health issues, access to a wider range of support services and improved referral pathways. The pilot worker's networks with other mental health and community services resulted in more cohesive referral pathways into and out of the services for clients. Staff of the Shopfront frequently consulted him about services to refer their clients. Frequently this was for accommodation, mental health, drug and alcohol and case-management services and was particularly useful when services outside the immediate area of the Shopfront and the inner city were required. More positive relationships were built with other non-legal services.

*"Although Shopfront lawyers and staff have a pretty good knowledge of many available youth services, we don't have as much knowledge as Jamie does. Nor do we have his social work skills. Jamie also has more credibility with some services who are a bit suspicious of lawyers. He can definitely open doors more easily than we can."* (Shopfront solicitor)

The MHLSP social worker also provided expert advice and assistance in dealing with clients in a more holistic way as illustrated in the following example:

*"For example, we had a client with borderline personality disorder. He was distrustful and, sometimes paranoid and often very angry. Mr Alford assisted me in dealing with his victims compensation matters, which related to sexual assault and childhood domestic violence. He not only sat in on our meetings with the client but gave me advice on the best manner in which to deal with the client so that we could establish a relationship of trust which is very important in these sorts of matters. In all my dealings with this client and others like him, I first discussed my approach with Mr Alford to ensure that I could provide the best service possible. Therefore having him situated on our premises and accessible was very important."* (Shopfront solicitor)

Students and volunteers at the Shopfront gained valuable knowledge and experience by working with the Shopfront Social Worker on topics which they would not necessarily have had from their interactions with lawyers: for example how to work with clients with mental illness, managing challenging behaviours, working with clients who are suicidal, assessing complex situations for Occupational Health and Safety risks etc.

Of great importance to Shopfront were tangible efficiencies in lawyers' time being freed to devote to legal matters.

*"Jamie's involvement frees up lawyers' (and legal assistants') time and allows us to concentrate on the legal aspects of clients' cases, where our skills are best utilised."* (Shopfront solicitor)

Improvements were made in Shopfront policies and processes (for instance templates for court reports) through input of a different professional perspective.

*He has also provided enormously valuable input into our policy work, especially in relation to fines and general youth justice issues. Not only does he help free up senior lawyers' time (e.g. by attending meetings and writing submissions), he provides a broader perspective on relevant issues.”* (Shopfront director)

### **Broader systemic impacts**

It was reported by that there were improved court efficiencies and savings through the high quality of treatment plans and court reports provided by the social worker which were commented on positively by magistrates. In addition the diversion of clients to rehabilitation and treatment services rather than incarceration have significant savings for Correctional Services.

The MHLSP worker also engaged with broader systemic issues and was very active in advocacy work in a range of ways. These included sector development through provision of training to other services, journal articles and conference presentations and participation in youth justice forums related to youth mental health issues and for instance work with the Youth Justice Coalition Mental Health sub-group. Engagement and collaboration with a wide range of other services also improved communication and co-ordination between health, community and legal services.

### **Conclusion**

The inclusion of an experienced social worker in a multi-disciplinary model of service delivery was a major benefit for Shopfront and enabled the service to provide an improved holistic service to better meet client needs. This filled a very important gap in the service which had been previously identified. Benefits of the pilot were for clients, Shopfront staff and volunteers, other sectors and for the court system generally, including cost efficiencies and systemic improvements. The benefits of the broader multidisciplinary model of service delivery were so resoundingly demonstrated that a successful submission resulted in funding for the social work position in Shopfront for a further three years.

## Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)

*“Referring my clients who needed referral and/or information on legal issues to the Mental Health Legal Services Project has meant that the clients are quickly linked with a professional who is qualified and skilled to deal with such a specific and sensitive area of resettlement. This allowed me as a counsellor to focus on supporting my clients with issues related to their emotional and psychological wellbeing knowing that a very important practical issue is being dealt with”. (STARTTS Counsellor)*

### Background

STARTTS works with refugees from many parts of the world to assist their settlement in Australia. A wide range of therapeutic and other services are provided along with community development. The service seeks to provide holistic care in a safe and trusted environment for their clients, all of whom experience mental health issues ([www.startts.org.au](http://www.startts.org.au)). Clients of STARTTS are particularly vulnerable because of their refugee journey and experiences of torture and trauma; frequently they have had very negative experiences of legal and justice systems in countries of origin and/or transit during their journey. The impact of torture and trauma for STARTTS clients has complex ramifications which can result in involvement in a wide range of legal, criminal and civil matters. This can include domestic violence, injury, assault, family law, property and financial disputes, and migration and citizenship issues, and so on. These issues can both result from and also be profoundly exacerbated by the ongoing effects of torture and trauma.

Prior to the commencement of the MHLSP pilot, STARTTS counsellors and other staff recognised the prevalence and impact of legal issues for their clients. They were found to exacerbate poor mental health and impede therapeutic engagement and recovery. Efforts to link clients with appropriate legal advice and services took excessive time which was valuable time taken away from their core counselling work.

Access to justice is viewed as an essential factor in recovery for many STARTTS clients. It was recognised that many clients experience multiple barriers to justice through a range of factors including lack of English, lack of information and understanding about Australian legal and administrative systems, fear and apprehension, underutilisation of services, discrimination in services and lack of information in community languages. Legal issues frequently escalated due to lack of early intervention, timely advice and support.

### STARTTS MHLSP pilot

The MHLSP lawyer worked very closely and collaboratively with STARTTS counsellors with clients from a very diverse range of cultural groups and backgrounds. Building relationships and working in a culturally appropriate manner is particularly important with these client groups to ensure trust and confidence in the advice provided.

The MHLSP lawyer provided a range of services in response to identified needs, including individual client information and advice, assistance with preparation of documentation, preparation of letters of support for defendants, referrals to appropriate services, accompanying clients to hearings, individual advocacy and representations on behalf of clients. At a broader and systems level the worker developed improved referral processes with legal services, provided training for lawyers and community legal education and information.

The MHLSP assisted approximately 133 clients (some for repeat issues) during the pilot with a total of approximately 158 presenting issues. There have been improved outcomes for a high proportion of these clients including legal and other outcomes.

### **Benefits of the enhanced multidisciplinary model**

The MHLSP pilot worker provision of a legal advice and support service to clients of STARTTS proved to be an invaluable enhancement of the STARTTS holistic service model. Having an on-site legal service has enabled clients to be efficiently referred for information, advice and referral for pro-bono and specialist advice and representation. Access to the additional service in a safe and trusted environment enabled increased responsiveness of STARTTS to the complex needs of their clients. Of particular benefit from the enhanced model has been the markedly improved capacity of clients to engage with therapeutic processes and healing following resolution of their legal matters. Overall service capacity was also strengthened through the inclusion of another professional discipline.

### **Positive outcomes for clients**

There were improved legal outcomes for a high proportion of the MHLSP clients including resolution of legal matters, access to appropriate and affordable legal representation and advice, increased knowledge of rights and services. It was important for the MHLSP lawyer to work very sensitively to gain an understanding of cultural issues and sensitivities of individual clients as well as their background and circumstances along with their legal concerns. Close collaboration with counsellors was essential as well as working with interpreter services where needed. Client legal outcomes noted to be improved where there was ongoing close involvement of the counsellor as well as the lawyer.

Providing information and advice about legal issues and options for clients, facilitating access to appropriate services, engaging and briefing pro-bono lawyers and supporting client and at times family attendance at meetings and hearings all contributed to the improved client outcomes. Assisting clients with applications and letters and advocating with services and agencies on behalf of clients was vital in increasing access to justice.

Letters of support from the MHLSP lawyer were particularly valuable in setting out the refugee backgrounds of the defendants, their lack of understanding of the legal system, the likely detrimental impact on them of further incarceration and describing sources of support and mentoring available to the defendants in the community. These provided important information for magistrates and judges resulting in improved legal outcomes for some clients. Providing written background documentation is particularly effective in support of clients who have language and/or communication barriers due to their ethnic origins and their mental health status.

*"I have developed the practice of writing referral letters for clients (with their consent) setting out their refugee backgrounds, torture and trauma experiences and mental health issues. Clients have given these letters to duty solicitors at Court, or to advice lawyers at Legal Aid and Community Legal Centres. Feedback has been that the letters have led to a better understanding of the client's needs by the lawyer that is assisting them."* (MHLSP lawyer)

A very positive and significant outcome of the work of the MHLSP lawyer was the improved emotional and mental health of the STARTTS clients which then facilitated their engagement with therapeutic processes.

*“The Project contributed positively to the emotional wellbeing of our clients as they were easily and quickly linked with the PIAC lawyer at STARTTS who was able to provide relevant information and/or referrals and coordinate client access to legal advice services relevant to their issue. The clients reported feeling supported and assisted with their issues. One of my clients who has memory issues and sometimes dissociates during our sessions was worried that she will not be able to focus on the appointment and the information she received. She was recently escorted to the IARC appointment by Anne Mainsbridge who assisted with gathering and recording the information.” The client later reported: “Anne helped me a lot. I did not feel well during the appointment and it was good that she was there to help me.”*

*“In the time of (the STARTTS' solicitor's) tenure I have learnt how invaluable her help has been in lessening the stress of patients with whom I have been working. This has then allowed the patients and me to focus on the trauma work for which I am employed. I wish to say that this is an essential and important contribution to our service at STARTTS.” (Consulting psychiatrist attached to STARTTS)*

STARTTS counsellors commented on a range of positive benefits for clients such as:

*“Clients are aware of their rights.”*

*“Feel supported in this process.”*

*“Feel confident to raise the issue with authorities and have their voice heard.”*

*“Clients begin to feel hopeful as a result and this rubs off on the therapeutic process as well.”*

*“They begin to feel that this is a fair society.”*

*“Some clients are still going through the process, pursuing their rights in itself is a positive outcome – more knowledge of their rights, entitlements, clients felt more empowered and supported.”*

*“Client developed trust in Australian legal system.”*

Some clients have been particularly appreciative of the role played by the STARTTS solicitor in linking them with appropriate legal support. According to one client: *“I would never have been able to find the lawyers who helped me win my case. Thank you for finding them.”*

### Benefits for STARTTS service capacity

There were tangible benefits for STARTTS overall service capacity in a number of ways including the availability of the on-site MHLSP lawyer, professional input into a range of staff development activities, development of policies and processes and broader referral pathways with legal services and pro bono lawyers. Knowledge of the Australian legal system was built through training and information sharing along with linkages with a broad range of services and agencies.

STARTTS staff were assisted by the MHLSP lawyer in preparation of letters of support and other documentation in relation to the client legal matters. An important role was also following up on client cases and keeping staff updated as relevant to assist their response to clients.

The lawyer also improved STARTTS processes and efficiencies for instance through the development of an intake and referral form for counsellors to record important information about the client's legal problem and their mental health issues, as well as contact details and information about their refugee background. This made initial meeting with clients more efficient, allowing more time to build rapport with client and focus on the legal issues. Referral processes to other services were also developed.

Providing training and information sessions to STARTTS staff in relation to specific legal issues was important in building staff capacity along with expanding knowledge of appropriate services for referral and other advice.

*“The half day training on the Australian Legal System which was very informative and helpful. In addition, Anne is a very useful resource in our service for talking through the legal aspects of a particular situation and also due to her experience and knowledge of the Australian legal system and also the Australian welfare system.”* (STARTTS counsellor)

A focus group with STARTTS counsellors in December 2010 explored the impact of the presence of the MHLSP lawyer as part of the STARTTS service. The counsellors were unanimous that the inclusion of a lawyer in the multidisciplinary model of holistic support for STARTTS clients was invaluable. The following key points were made by the counsellors:

- Having access to readily available on-site legal advice for STARTTS clients is invaluable, and sensitive to the cultural and psychosocial needs of the clients;
- Ready access to an on-site lawyer can be a very important enabler of the therapeutic model;
- It is very important for clients to receive accurate credible information about legal issues and services and to be linked with appropriate lawyers and legal services; the on-site lawyer greatly facilitated this;
- Accompanying clients to legal appointments is invaluable in reducing misunderstandings and enhancing follow up and compliance with specific actions;
- The environment of trust established within the STARTTS service makes advice and support more accessible for clients who have had very negative experiences with justice systems in the past;
- Building trust with community members is invaluable in receiving advice and information which is credible for STARTTS clients;
- Individual advocacy on behalf of clients greatly assists access to justice in many cases and resulted in more positive outcomes from;

- An on-site lawyer is able to develop familiarity with the nature of individual client issues and a wide range of cultural issues and through working closely with counsellors provide culturally sensitive, appropriate advice;
- Clients suffering anxiety and post traumatic stress disorder (PTSD) have difficulties with self-communication and self-advocacy due to limited speech, forgetfulness, confusion etc. They frequently do not follow through with external service arrangements. The lawyer is an important advocate with other legal services in highlighting the impact on clients of PTSD;
- The expertise and experience of the onsite lawyer improved access to appropriate legal services and avenues of redress, referrals to relevant services and support as necessary. This saved considerable time for other professional staff who are less familiar with legal services;
- The comfort for clients in being in a familiar safe environment with an empathic, trusted legal informant had discernible positive impacts on well being and mental health.

STARTTS staff responses confirmed the positive outcomes from the MHLSP pilot service for staff as illustrated in the following examples:

*“The presence of the MHLSP had a wide range of impacts. To me as a counsellor, she has been an accessible useful resource, I don’t have to assess the legal dimensions of clients issues and where best clients could get help ( whether it’s an issue related to the department of fair trading, or is DV court counselling and advise service, personal or workers compensation) so it is about a legal practitioner who could advise you on the wide spectrum of legal issues.”*

*“Her presence helped me in helping clients managing their expectation. Sometimes I get advice from her, where there is nothing could be done, or little could be gained if clients decided to pursue the matter.”*

### **Broader community and systemic impacts**

The MHLSP lawyer was instrumental in increasing awareness and understanding of lawyers about the impacts of torture and trauma on citizens. This was through direct referral processes with individual lawyers, legal services and firms, provision of background information to lawyers and courts and delivery of training and education. Extensive networking and engagement with a wide range of legal services increased overall awareness of issues for STARTTS clients. Education about the legal needs of refugee survivors of trauma was delivered – for instance to the Legal Aid Commission and NSW Probation and Parole. Communicating about the impacts of trauma on brain chemistry and the effect PTSD can have on memory, motivation and concentration and a client’s ability to give evidence and/or legal instructions was also valuable.

Support and information for family members and ethnic community groups including education sessions for specific groups was a helpful and an important way to engage with communities as part of the STARTTS community development approach. Providing training and education about the Australian legal system for community groups assisted in building trust and understanding of Australian systems.

The STARTTS pilot worker also engaged in a range of other awareness raising activities including writing journal articles.

### **Key issues noted**

A key issue identified by the MHLSP lawyer in the STARTTS environment was the impact of dealing with torture and trauma victims and the vicarious trauma associated with this for her. For lawyers and other professionals in this context it is important that consideration be given to provision of adequate clinical supervision and emotional and psychological support.

The scope of the legal issues presented by the STARTTS clients is very broad with a significant proportion being migration and family reunion, with others being civil and criminal issues. This presents particular challenges from a legal risk and supervision perspective; for instance during the pilot many legal issues presented to the STARTTS lawyer were beyond the parameters of PIAC legal expertise.

### **Conclusion**

The benefits of the enhanced multidisciplinary model for improving access to justice for people with mental health issues was very well demonstrated in the MHLSP pilot at STARTTS. A more holistic approach with easy access to legal advice and support in a familiar setting had multiple benefits for the STARTTS clients including improved legal, psychosocial and other social and outcomes. There were also been benefits for wider community groups who are linked with the service in greater understanding of the Australian legal system. The overall improvements in efficiency and capacity for the STARTTS service were also significant.

The worth of the MHLSP model has been recognised with the current endeavours by STARTTS to secure funding to establish an ongoing position for a lawyer based at the service. Making adequate arrangements for legal supervision, (given the scope of issues presented by STARTTS clients) will be important for the sustainability of an expanded service.

## Multicultural Disability Advocacy Association (MDAA)

### Background

The clients of MDAA include a wide diversity of individuals from culturally and linguistically diverse backgrounds (CALD) who have a spectrum of disabilities, many of which are not mental health issues ([www.mdaa.org.au](http://www.mdaa.org.au)). MDAA provides a comprehensive advocacy service largely through individual advocates as well as a wide range of education and training and advisory services in relation to disability and related issues for CALD people through their Sydney office and other outlets across NSW.

MDAA clients can be very vulnerable and are particularly at risk of discrimination due to their disability and their cultural backgrounds. MDAA staff estimate that a high proportion of their clients have mental health issues, many of which may be undiagnosed and/or frequently unrecognised by the clients and their families. An important issue for MDAA clients can be an unwillingness to acknowledge mental health issues because of associated stigma and shame.

### MDAA MHLSP pilot

Over the two year period of the MHLSP the MDAA solicitor dealt with approximately 87 clients for around 122 presenting issues which included a broad spectrum of legal and administrative matters. A wide range of legal services and support was provided for MDAA clients from a diversity of backgrounds, not all of whom had identified or diagnosed mental health issues. This included providing information about different aspects of the Australian legal system and administrative processes and avenues for pursuing complaints, providing legal advice and assistance with preparing documentation and court applications, pursuing matters of injustice and providing referrals to appropriate legal services and support including access to pro-bono lawyers. Training and information for MDAA advocates was provided in disability discrimination issues along with skills development in some legal processes - for instance in drafting statutory declarations. Training was also provided for other services to which MDAA clients are referred along with community training sessions for approximately 100 MDAA clients.

The MHLSP worker undertook extensive liaison with other legal services and advocacy on behalf of clients with services and government agencies such as Centrelink and Housing to assist clients to access entitlements and justice.

### Positive outcomes for clients

The majority of the MHLSP clients benefited considerably from the engagement of the MHLSP lawyer in many different ways including legal, psychosocial and other social matters. Improved outcomes included understanding legal systems and processes, resolution of legal issues, experiencing reduced stress, less financial burden and a clear sense of empowerment. An important outcome for many clients was increased understanding of their legal and welfare entitlements, their rights and being able to independently access justice. Clients were reported to have subsequently experienced a changed pattern of contact with the justice system. Even though cases were not always successful there was a sense of justice having been done and matters addressed and a consequent increased confidence in the Australian legal system.

Many MHLSP clients had significant positive outcomes in a wide range of other areas including improved housing, improved financial status due to waiving of fines, access to entitlements, successful pursuing of compensation claims and so on. Many were reported to have enhanced capacity and confidence in self-advocacy, increased social participation and improved relationships particularly following resolution of legal matters.

The following comments from MDAA advocates demonstrated the nature of client benefits:

*“Due to a significant amount of my clients with mental health disability having anxiety disorders, having a solicitor speak with clients, this assists with reducing their stress levels and therefore levels of anxiety because they are provided with information which helps them understand their rights and in turn assist in access to services.”*

*“MDAA clients are mostly on benefits and this legal service benefits them financially because they do not have to pay for the service which would otherwise cost them a lot of money.”*

*“Another client said she was better able to understand guardianship and what she needed to do to become a legal guardian over her sister and the importance of legalising her carer role for her sister.” (MDAA advocates)*

Some clients were found to have greater trust in the Australian legal system and in dealing with lawyers to advance their own cases. Some people with mental illness hold conspiracy theories and a belief that they are at the mercy of numerous systems. The positive experience through the MHLSP gave them greater faith and confidence in the system.

*“The assistance provided by Nancy through MDAA and PIAC has helped my clients to develop more trusting relationships with their own solicitors.”*

*“The benefits are that the consumers are feeling confident that with the solicitor present someone will stand up for them and protect their rights.”*

*“Yes, most of the consumers were feeling hopeless before and sometimes very suspicious about solicitors. Most do not have good experiences with solicitors who do not give time to explain the progress of their cases nor does the solicitor consult them. Consumers did not know their rights or the law or whom to ask for help. With Nancy here the consumers have reported feeling more confident, more secure and safe. They can talk freely with Nancy.”*

*“Consumer who was unfairly dismissed reported that after Nancy assisted her with the conciliation with Fair Work Australia and she received compensation she felt very safe and no longer felt afraid to speak up. She also felt her rights were upheld.”*

*“Another client was very angry with his solicitor and had unrealistic expectations of the solicitor. After speaking with Nancy he had a better understanding of the legal case and the work the solicitor was doing and the time it takes to do the work.” (MDAA advocates)*

Having access to a lawyer in the safe, familiar context of MDAA provided clients with more timely access to legal services from an on-site person who could communicate in plain English in a culturally sensitive manner. This had important benefits for clients:

*“Better understanding of the legal system. Someone is available for consultation immediately instead of spending time to source the answer.”*

*“MDAA clients who are in crisis or urgent need of legal advice usually have to wait for weeks before they can be seen by Legal Aid or any other community legal centres.”* (MDAA senior manager)

### **MDAA service and staff benefits**

The increased access to pro-bono lawyers from major law firms was an important service enhancement for MDAA with the establishment of a series of new relationships. The presence of the MHLSP lawyer also benefitted staff, particularly many of the advocates through increased understanding of legal issues and options and how to work effectively with clients to address these. It provided a *“supported way of stepping into the legal system”* according to one advocate. There were efficiencies also with advocates being able to save time save by not having to seek information externally and consequently being able to provide a more efficient service. Advocates’ comments on the benefits of the MHLSP service include:

*“Having direct access to a solicitor is beneficial. Legal issues that may arise in the course of work can be dealt with promptly and there is potential to resolve issues in-house. The alleviation of stress on consumers could be significant as their problem is being dealt with without them having to be referred on to a new group.”*

*“The MHLSP lawyer has been available to help resolve difficult problems and has given us advocates more power to work with to assist our clients.”* (MDAA advocates)

The regular training of MDAA advocates on a range of topics by the MHLSP lawyer increased service capacity and was greatly valued by many advocates.

*“Nancy has also provided learning and development training which I have found invaluable.”*

However the training was found to be more useful for some advocates than others who already had a background knowledge of a wide range of legal issues.

### **Broader systemic and community impacts**

The work of the MHLSP lawyer in building awareness and understanding of Australian legal issues with community groups was very valuable and has broader long term impacts across these communities. In addition, the education with other legal services and building stronger networks and referral pathways across services was important at a broader sector and systems level for overall enhancement of the capacity of services to respond appropriately to people with mental health issues.

## Conclusion

The availability of the MHLSP lawyer on-site at MDAA had considerable benefits for many clients and for the service overall, both its internal capacity and its enhanced reach through increased referral networks. The many benefits to clients were significant and the efficiencies enabled for staff were very valuable. However there were found to be several limitations to the merit of the MHLSP model in the MDAA setting which services a broad range of client issues in relation to disabilities. Many of the MDAA clients need access to legal advice and support, so the selective targeting of clients with mental health issues is problematic. Despite the staff estimates of high prevalence of mental illness, the issues of under-diagnosis and reluctance to acknowledge mental health issues make the specialised service less relevant in this context. Also, overall, for MDAA staff it is considered that there are other service needs for MDAA clients which are considered to be a higher priority than legal services at this time.

## Indigenous Men's Access to Justice

### Background

The Indigenous Men's Access to Justice (IMAJ) project largely focussed on the Gamarada Men's Healing Program and a range of associated activities to improve interactions with justice for Indigenous men who have experienced trauma, and to address systemic barriers to justice for Indigenous men. The Gamarada Men's Healing Program (<http://www.gamarada.org.au/>) established by volunteers in 2007 is a self healing program targeting Indigenous men who have had contact with the criminal justice system. The Program is run with 3 hour evening sessions over 10 weeks in the Community Centre in Redfern and focuses strongly on empowerment approaches and peer support to foster personal growth and development, drawing on traditional and contemporary healing approaches.

### IMAJ MHLSP pilot

The IMAJ pilot worker was based with PIAC full time initially, which changed to part-time in the last 9 months of the MHLSP pilot. The work of the IMAJ role included co-ordinating the Gamarada Program activities and a number of linked initiatives, developing the structural and organisational capacity of Gamarada and facilitating linkages between Indigenous men health, and legal and other community services. Targeted systemic initiatives were an important focus of the pilot.

The Gamarada Program was run 4 times during the MHLSP pilot, having direct interaction with approximately 100 men during this period. Well attended community information session preceded the delivery of the Program to raise awareness of issues of justice, mental health and healing. The IMAJ worker participated in a number of other community information and education forums over the period. An estimated total of 140 men have been exposed to both the Gamarada Program and the various information and education sessions.

A two day community consultation workshop, attended by around 25 professionals and community members, was held in Redfern in February 2011. The workshop informed the development of a portable 2 day Gamarada Mens' Program which was trialled in Wagga Wagga in March 2011.

**Table 3: Numbers attending Gamarada activities**

Activity	Participants
GMHP delivery 4 times	Approx 100
Redfern Community Consultation workshop	20-25
Wagga Wagga 2 day pilot workshop	29
Bundanoon men and boys residential camp	19

Through funding acquired from NSW Health a three day residential program in Bundanoon for men and boys was held with 19 participants in October 2010. Funding from the Department of Education, Employment and Workplace Relations (DEEWR) was received for a men's parenting mentoring program through the Parental and Community Engagement for Education initiative (PaCE). The IMAJ worker subsequently took a part-time role with PACE through the final 9 months of the MHLSP pilot, in conjunction with continuing the pilot.

The MHLSP pilot worker individually and together with the Gamarada team conducted numerous public and community information sessions for a range of general and specific audiences on various topics related to Indigenous access to justice. These included:

- The Gamarada community information sessions;
- Community and youth education forum on legal rights and communicating with police (25 participants);
- Participation in key community events such a Family Culture Day and help on 'the block' to engage the target group; and
- A presentation was made to a community anti-crime and violence forum held by Redfern Police with approximately 200 community members in attendance.

Through participation with various community events IMAJ conservatively estimates that close to 1000 community members had either direct or indirect access to the various aspects of the MHLSP pilot services.

The IMAJ worker also provided one to one counselling sessions for some clients, referrals to a wide range of services and written letters of support and court reports for legal services appearing for Indigenous men in relation to legal matters. Experience gained during the pilot led to an increased ability to develop more specialised case plans that include a focus on gaining the support of magistrates and Judges to consider alternatives to incarceration. The IMAJ worker facilitated preparation of a number of treatment plans for client matters sentenced under S32, and referrals to the Credit program and forum sentencing.

Advocacy with a range of services along with wider networking and liaison with key agencies included Police, Justice Health, Probation and Parole, Juvenile Justice, Redfern Aboriginal Medical Service, Community Legal Centres in Redfern and Marrickville, the Aboriginal Legal Service at Redfern, Department of Aboriginal Affairs and a number of interagency forums. The IMAJ worker also participated in a range of high level round-tables and justice forums pertinent to Indigenous men and access to justice issues and was involved in various media releases and events.

### **Positive client and community outcomes**

The holistic Gamarada healing program has a strong cultural renewal core and has had many positive outcomes and direct benefits for members from its inception. Evidence of this is in testimonials and feedback received via written letters, radio and newspaper interviews, video interviews and anecdotal accounts from the IMAJ pilot worker. Benefits for individuals included improved psychosocial well being and a range of other social, economic and quality of life changes attributed to their contact with Gamarada. There were reports of increased self confidence, less anger and increased confidence in parenting and improved family relationships. Enhanced self efficacy was seen through increased self advocacy of some men who were able to address personal matters and legal issues which had been outstanding. There were also positive impacts on substance abuse and addictive behaviours such as gambling along with improved management of mental health issues and increased access to counselling, therapy and rehabilitation programs.

*“Most notable is graduate David Leha who on release from prison for violence and drug related offences completed three Gamarada programs and after graduating was paid by probation and parole to run Gamarada anger management or 'non-reaction' techniques. Furthermore David has gone on to buy a house and marry. Another milestone for David was the completion of local leadership training. David's career as a profession musician has also gained enough ground to warrant him taking on a manager to further his career.” (IMAJ pilot worker)*

Sharing of cultural knowledge is an important underpinning of Gamarada along with enhanced social participation. Being provided with the opportunity to take on mentoring and leadership roles was transformative for some participants who were subsequently able to cease contact with the justice system. Stolen Generation members who were Gamarada participants reported improved intimate and family relationships, the close bonding with other men in the group greatly assisted in a sense of well being.

Referral for a range of legal and other matters on an individual basis as well as in the context of the Gamarada Program assisted numerous men in dealing with legal, welfare, housing and other matters. Attendance of lawyers at Gamarada programs and information sessions on legal issues assisted in increasing legal knowledge and access to justice of participants.

The importance of good legal representation early for a client was recognised along with the value of having a strong network of referral services. The court reports and letters provided by the MHLSP worker for clients of the Redfern Aboriginal Legal Service were instrumental in more positive outcomes for these clients instead of custodial sentences or harsher penalties. The partnership established with Probation and Parole enabled referrals to Gamarada as part of rehabilitation, which also contributed to favourable outcomes in cases reviewed by courts.

Through contact with the IMAJ worker Gamarada participants were referred to a range of services including therapeutic services and support in the transition from residential drug and alcohol programs to secure independent housing. Following encouragement through the program members have reported increased access to GPs to get health checks. The enhanced personal growth and self efficacy realised through the Gamarada Program was followed by improved education, training and employment outcomes for a number of young men who stayed at school, undertook training or were successful in gaining employment. Leadership skills were developed in some men.

### **Broader community and systemic impacts**

Ongoing liaison between the IMAJ worker and Redfern Police saw improved relationships with the police and the Redfern Community and an observed tendency towards increased community policing. A number of important partnerships were established including with Redfern and Marrickville Community Legal Centres, and with Probation and Parole. The IMAJ worker advised on the establishment of a men's healing program within Redfern Aboriginal Medical Service.

Effective networking built a strengthened partnership between the Aboriginal Legal Service (Redfern) with referrals for mental health support of ALS clients through the Gamarada program and the option to refer to Gamarada as a diversionary measure. This was reported to be yielding positive results for ALS lawyers representing Indigenous clients.

The development and piloting of the portable Gamarada Program provides the potential to offer the benefits of the Program widely for Indigenous men across NSW and further.

### **Improvements in Gamarada capacity and sustainability**

Gamarada has become established as an important community based alternative to charges and sentencing for Indigenous offenders and is accepted by a number of metropolitan courts as an effective diversionary option. Through the MHLSP pilot Gamarada was able to enhance its service capacity through increased knowledge of services and systems, increased use of legal and referral pathways for clients and knowledge of other avenues for systemic advocacy. The establishment during MHLSP of Gamarada as an independent incorporated organisation with a governing board is very important for the sustainability and further development of the program.

### **Conclusion**

The major benefits for men participating in Gamarada which were documented as part of the MHLSP pilot confirmed the value for Indigenous men of peer support, and participation in a culturally oriented healing program as a pathway to reducing contact with justice systems.

The strengthening and increased sustainability of the Gamarada Program was an important outcome of the MHLSP pilot and there were many positive individual and community outcomes resulting from the Gamarada Men's Healing Program and the role of the IMAJ worker. These cannot be solely attributed to the impacts of the MHLSP pilot as the program had been previously established and is run on a collective basis by the group of Gamarada leaders. Nevertheless the role of the IMAJ worker, and the support of PIAC was invaluable over the period of the pilot in sustaining and strengthening the program and instrumental in its development as an incorporated organisation. Development of the portable Gamarada program and establishment of linkages and other programs such as PACE made an important contribution to providing enhanced service access in general for Indigenous men and other community members.



## Part C: Attachments

---

## Attachment 1: Mental Health Legal Services Project Evaluation Methodology

---

### Evaluation purpose and requirements

An external evaluation of the MHLSP was commissioned at the outset of the project with a specific brief to develop an “action research” methodology to guide project development and implementation along the way. An integrated, comprehensive evaluation was required with the aim of:

- Assessing the effectiveness of the pilot projects in responding to unmet legal needs of people with mental illness;
- Determining elements of pilot project success;
- Concurrently building the project effectiveness throughout the implementation; and
- Developing a solid, consistent and reliable evidence base which can be used for policy, legal and other reform initiatives<sup>8</sup>.

The “action research” approach was selected as it is a flexible and dynamic approach which incorporates cycles of planning, action and review during project implementation to enable ongoing responsiveness to emerging issues.

### Evaluation questions and outcomes of interest

Based on the evaluation requirements, the investigative questions for the evaluation were:

- What are the legal and other barriers that impede access to justice for people who are mentally ill?
- How effective are the MHLSP pilots in addressing barriers to access to justice for people who are mentally ill?
- What are the impact of the MHLSP pilots on the services and pilot workers?
- What were the unintended impacts of the MHLSP?
- How could the MHLSP pilot projects be replicated in communities across NSW?

The list of detailed questions relating to each of the broad evaluation questions can be found in the evaluation framework in Attachment 3.

In order to answer the key evaluation questions, data drawn from the implementation of the pilots focused on four groups of pilot outcome areas which were:

- **Client outcomes**, including improvements in:
  - legal outcomes
  - knowledge of legal services, rights and entitlements
  - psychosocial status and well-being
  - other social circumstances e.g. financial, housing, education and training, employment
  - client knowledge of and access to health and community services recreation/support programs, education and training services etc.

---

<sup>8</sup> PIAC Mental Health Legal Services Project. Evaluation brief 2009

- **Service outcomes;**
- **Pilot worker outcomes;** and
- **Systemic outcomes.**

The evaluation also considered the management and governance of the MHLSP pilot and the effectiveness in supporting the project implementation. Information about unintended outcomes of the pilots was also an interest of the evaluation.

## **Methodology**

The evaluation methodology and design of the evaluation framework was developed in close collaboration with the MHLSP management team incorporating an action research methodology as outlined above. A capacity building approach was used to build the individual and collective knowledge and skills of the pilot workers in undertaking evaluation processes. The action research methodology during the course of implementation provided processes to enable MHLSP pilot workers to share learning and challenges, collaboratively develop tools and processes to guide ongoing project development and to build a sense of team endeavour.

## **Evaluation framework**

An evaluation framework was developed shaped around the key evaluation questions with a range of tailored data collection processes and stages for the evaluation (see Attachments 2 and 3). The framework and data collection tools were developed collaboratively in the early stages of project implementation to enable the capture of data from the four different pilots and diverse client groups and to draw out the common themes across the MHLSP. The framework was designed to capture both formative (process) and summative (impact) data from the pilots, drawing on quantitative and qualitative data to assess the effectiveness of the elements of the enhanced multidisciplinary model being tested.

Formative aspects of the evaluation involved systematic data collection relating to project development and implementation processes and quality through collaborative enquiry, reflection, discussion and journaling activities.

Summative aspects of the evaluation focussed on the overall project impacts and outcomes and the lessons and implications.

## **Data collection**

Indicators for each of the outcome areas were developed collaboratively with the MHLSP team and tailored to each pilot to ensure that the indicators were meaningful, relevant and aligned with the evaluation questions. This was particularly important due to the complexity and diversity of the pilots.

Data was collected at baseline and subsequently over three systematic six monthly phases (April 2010, October 2010, and April 2011) along with on-going data from the Collaborative Inquiry and regular review processes. Baseline data regarding service capacity and client issues was collected through interviews with staff at the host services during the first phase of project implementation.

Data collection tools were developed and trialled over several months and refined to streamline data collection and useability for the pilot workers.

The MHLSP Pilot Projects Database enabled workers in each of the four pilots to capture key demographic and thematic data, notably:

- 1. The number of people using the service;**
- 2. The types of presenting issues (legal, health, welfare);**
- 3. The interventions employed by the worker; and**
- 4. The outcomes achieved by and for the clients.**

### **Evaluation project implementation**

There were inherent challenges and complexities in developing evaluation processes to draw meaningful data from four significantly different pilot projects. While the projects share a common goal of increasing access to justice for people with mental health issues, there have been some key differences in nature and operation across the four pilots. The IMAJ pilot in particular had a different design and implementation with less focus on individual client service interface and case management.

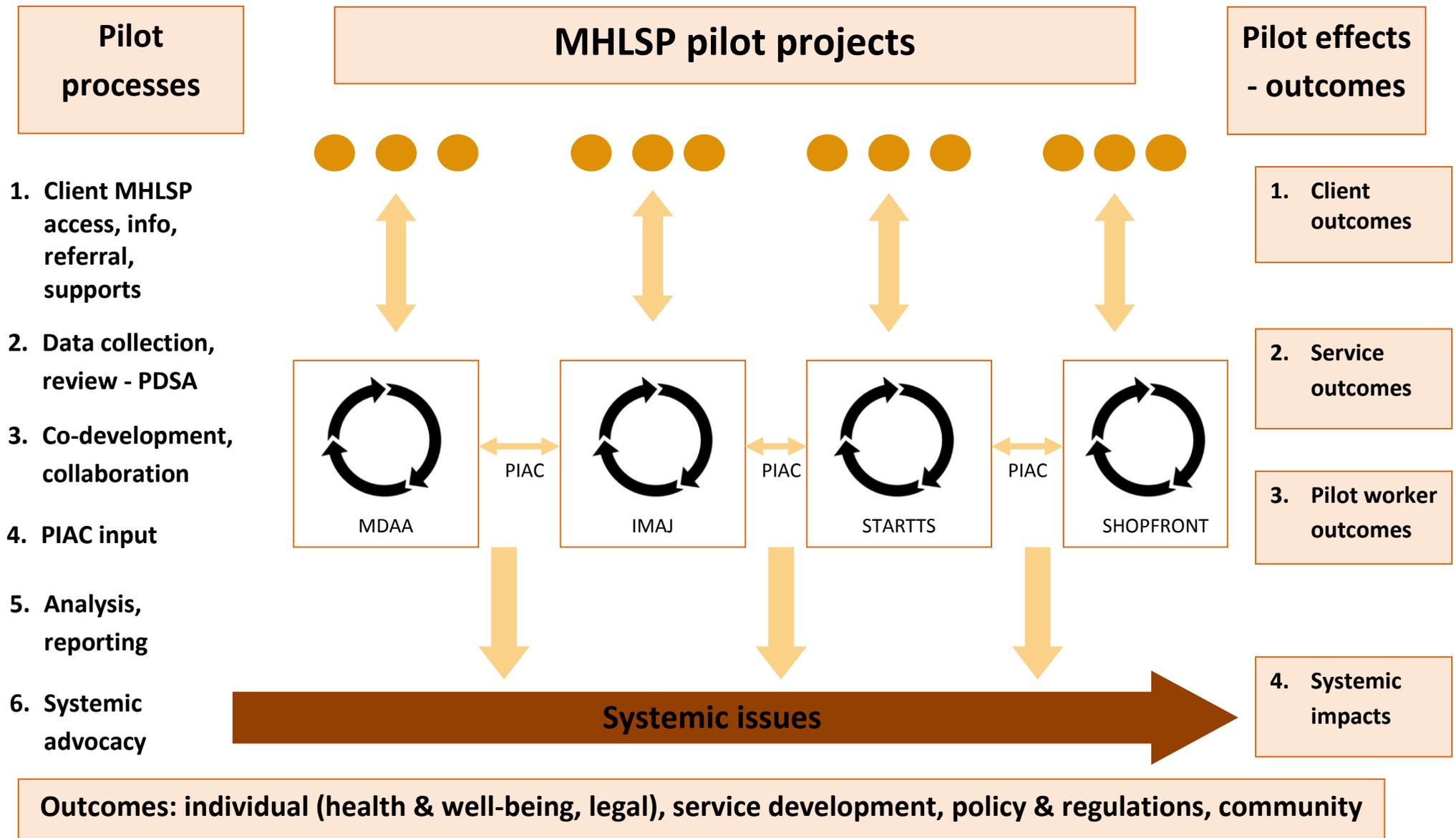
A series of workshops was held with the MHLSP team over several months to refine the evaluation approach, familiarise pilot workers with evaluation processes and to develop and refine data collection tools. The individual workers had access to support, advice and mentoring from the evaluator as they needed during the project. The action research approach has seen ongoing cycles of reflection and review within and between the pilots and identification of issues, challenges and learnings which guided the ongoing project development. Pilot workers were guided in the development of a structured Collaborative Inquiry process (see Attachment 4) to facilitate regular team sessions of reflective learning. An evaluation kit was developed to assist the team in the evaluation processes.

The findings and key themes emerging from Phase 1 data collection were summarised in a discussion paper which was reviewed with the PIAC MHLSP team in June 2010 followed by a workshop with the Steering Committee in July 2010 to consider the implications of the findings to date. A MHLSP project Interim Report was prepared in March 2011 with a review of findings from Phases 1 and 2.

### **Client case studies**

Many client case studies were also collected during the MHLSP implementation which provided a wide cross section of illustrative examples of client outcomes. These include stories about the changes in the lives of numerous vulnerable individuals which have occurred as a result of the MHLSP pilots. Other service providers also provided case studies, and for the IMAJ project there have been testimonials from men involved with Gamarada Men's Healing Program describing the impacts of the program in improving their lives.

## Attachment 2: Evaluation framework





## Attachment 3: Mental Health Legal Services Project Data Collection Framework

### Data collection framework for investigative questions

Confirmed September 2009

**Code:** LR: literature review, CI: collaborative inquiry CFA: case file analysis, II: intake interview, SI: structured interview, FG: focus group/group interview

Investigative questions	Data source	Data collection method	Who
<b>A. What are the legal and other barriers that impede access to justice for people who are mentally ill?</b>			
<ul style="list-style-type: none"> <li>Which people with mental illness face greatest barriers to legal access?</li> </ul>	Academic literature PW case files	LR, CI, CFA	PIAC, PW (CFA/CI)
<ul style="list-style-type: none"> <li>What are the characteristics of the people with mental illness accessing the MHLSP?</li> </ul>	Client data form Pilot workers	II, CFA, CI, SI, SI, FG Ongoing casework/review	PIAC , PW (CFA/CI) WWS
<ul style="list-style-type: none"> <li>What are the legal needs of people with mental illness?</li> </ul>	Academic literature Client data form Pilot workers Law & Justice Foundation Key stakeholders	LR, II, CI, SI Ongoing casework/review On-line survey	PIAC, PW (CFA/CI) WWS
<ul style="list-style-type: none"> <li>What are the determinants/ precursors of legal need for people with mental illness?</li> </ul>	As above	As above.	PIAC, PW WWS
<ul style="list-style-type: none"> <li>What are the unmet legal needs of people with mental illness?</li> </ul>	As above	As above	
<ul style="list-style-type: none"> <li>What are the key factors relating to unmet needs – to what extent are unmet needs systemic?</li> </ul>	Academic literature Key stakeholders Service data	LR, SI, CI	PIAC, PW (CI) WWS
<ul style="list-style-type: none"> <li>What are the potential points of intervention which can address/</li> </ul>	As above	As above	PIAC



Investigative questions	Data source	Data collection method	Who
ameliorate the systemic barriers to justice for people with mental illness?		Analysis	WWS PW (CI)
<b>B. How effective are the pilot projects in addressing barriers to access to justice for people who are mentally ill?</b>			
<ul style="list-style-type: none"> <li>What are the elements of the projects which have an impact?(person, setting/service, context/environmental)</li> </ul>	Benchmark data Client data form Pilot workers PIAC Key stakeholders Client evaluation	Pilot project specific – may include CFA, II, SI, CI Ongoing casework (PW) Site & stakeholder analysis Evaluation form (or equivalent)	PW (CI) WWS
<ul style="list-style-type: none"> <li>What is the nature of the impact of the project intervention?</li> </ul>	As above	As above Analysis	PW (CI) WWS
<ul style="list-style-type: none"> <li>How can projects be modified to make them more effective?</li> </ul>	Pilot workers PIAC Services Key stakeholders Client evaluation	CI, SI, Analysis Evaluation form (or equivalent) or FG as appropriate	PW (CI) WWS
<ul style="list-style-type: none"> <li>What are the similarities &amp; differences between project effectiveness?</li> </ul>	As above	As above	
<b>C. How could the pilot projects be replicated in communities across NSW?</b>			
<ul style="list-style-type: none"> <li>What are the core elements of all the projects which could be replicated in other sites?</li> </ul>	As above Key stakeholders other sites PIAC	As above CI, SI Analysis	PW (CI) WWS



Investigative questions	Data source	Data collection method	Who
<ul style="list-style-type: none"> <li>What are the elements/characteristics of individual projects which may be replicable elsewhere?</li> </ul>	As above	As above	PW (CI) WWS
<ul style="list-style-type: none"> <li>What factors are likely to increase the likelihood of effective replication elsewhere?</li> </ul>	As above Academic literature	As above LR Analysis	PW (CI) WWS PIAC
<ul style="list-style-type: none"> <li>What elements of the projects are unlikely to be replicated elsewhere?</li> </ul>	As above	As above Analysis	PW (CI) WWS
<ul style="list-style-type: none"> <li>How could project models be adapted to make them more replicable elsewhere?</li> </ul>	Pilot workers Key stakeholders (incl. other sites) Client evaluation	SI  Evaluation form (or equivalent)	PW(CI) WWS
<ul style="list-style-type: none"> <li>How can the effects/outcomes of MHLSP be promoted for influence and greater impact</li> </ul>	PIAC, PW Services Steering committee Stakeholders	Interviews Forum/workshop	PIAC WWS
<b>D. What are the impacts of the pilots on the services and pilot workers?</b>			
<ul style="list-style-type: none"> <li>What have been the impacts of the pilots on the existing services and staff</li> </ul>	Services PW	Site visits, interviews Journal/CI	WWS, service staff PW
<ul style="list-style-type: none"> <li>How has service delivery changed as a result of the pilot workers?</li> </ul>	Services PW	Site visits, interviews Journal/CI	WWS, service staff PW
<ul style="list-style-type: none"> <li>What have been the key learning's for the pilot workers?</li> </ul>	PW	Journal, CI Interview	PW WWS



Investigative questions	Data source	Data collection method	Who
<ul style="list-style-type: none"> <li>What are the workforce implications of the learning's?</li> </ul>	PW Stakeholders	CI, interviews Forum	PW WWS
<ul style="list-style-type: none"> <li>How well has the collaborative inquiry approach worked</li> </ul>	PW PIAC	CI, Interviews	PW WWS
<b>E. What are the unintended impacts of the pilots?</b>			
<ul style="list-style-type: none"> <li>What are the unintended impacts and what are the effects of these?</li> </ul>	PW PIAC Services Stakeholders	CFN, CI, interviews Site visits Forum, on-line survey	PW WWS
<ul style="list-style-type: none"> <li>Other emerging questions?</li> </ul>			

## Attachment 4: Data collection methods

Group	Data Collection Method	Data topics
The “target group” - recipients of the service	Personal interview ? Focus group Case file review Other TBD	Personal experience/ impact Outcome impact
Host agencies for the service	Face-to-face and telephone interviews Stakeholder forum	Experience/ impact for agency and clients Outcome impact Operational effectiveness Future implications/ sustainability
Participating pilot workers	Collaborative enquiry sessions MHLSP data base Periodic reports Journaling	Experience/ impact for selves/ agency and clients Process elements including AR and CE approach Outcomes Operational effectiveness Systemic implications Replicability elements
PIAC project officers	Collaborative enquiry sessions Face to face ? Journaling Periodic reports	Experience/ impact for selves/ PIAC/ and clients Outcome impact Process elements including AR and CE approach Operational effectiveness Systemic implications Replicability elements
CEO, PIAC	Collaborative enquiry sessions Face to face interview Reports/ papers	Experience/ impact for self/ agency and clients Outcome impacts Operational effectiveness Agency implications – systemic/ advocacy
Steering Committee	Stakeholder forum, face-to-face, telephone interview	Impacts, outcomes Implications Systemic/advocacy implications
Other stakeholder’s agencies in the sector (referring agencies and others)	? On-line survey Stakeholder forum Telephone interview	Experience/ impact for selves/ agency and client/s Outcome impacts Operational effectiveness Systemic issues

## Attachment 5: Collaborative Inquiry approach

### Principles of the Collaborative Inquiry process

- Clarity of purpose;
- Designated leader for each session;
- Establishment of trust, safe environment;
- Presence;
- Deep listening;
- Participation;
- Action orientated; and
- Shared learning and support.

**PIAC – MHLSP team CI purpose:** To provide mutual support in a safe trusting environment where we can come together to share experiences, information, resources and ideas in a spirit of collaboration.

### Collaborative Inquiry Process

Time allocated: 60 minutes

Process	Who	Time	Purpose/comment
<b>Welcome &amp; confirm purpose</b>	Leader	2 mins	Greeting, reminder of purpose
<b>Clearing &amp; moment of focus</b>	All	2 mins	Focus, presence
<b>Wins, learning's, challenges</b>	Each alternate	12 mins	Follow on from last & reflections
<b>Focus topic/theme</b>	Leader facilitate	30 mins	Select from evaluation focus themes /emerging issues
<b>Reflections on discussion, intentions, requests</b>	All	10 mins	Reflect & each identify specific focus actions/ intentions, requests for support. Leader take notes.
<b>Theme for next session</b>	All	2	Follow on from current or identify new priority theme. Confirm leader.
<b>Wrap up &amp; close</b>	Leader	2	

## Collaborative Inquiry approaches

The overall approach in the MHLSP pilots is developmental with an explicit action research approach which involves ongoing cycles of reflection, review, action and further development throughout the implementation of the pilots. In this way the lessons being learned in each of the pilots and between the pilots can be fed into strengthened processes and enhanced understanding of the elements of the pilots which are most likely to be effective. The evaluation is a parallel process interwoven with the action research.

For optimal effectiveness this type of action orientated method requires adoption by the pilot workers of reflective practitioner processes through use of a diary, case study review and other means. The Collaborative Inquiry process provides a structured means of incorporating a group reflection and learning method into the overall action research approach.

The “ Collaborative inquiry” model being tailored for the PIAC MHLSP evaluation is a hybrid based on a combination of participatory approaches developed in a range of disciplines – such as reflective practice, cooperative inquiry, action learning, critical reflection, peer mentoring, action research and so on. Various Collaborative Inquiry approaches have been developed in educational, social work, human resource management and other research and professional development settings. It is a form of participatory human inquiry essentially involving critical reflection and sharing in a collaborative experiential process with peers. Appreciative Inquiry is a form of collaborative inquiry which encourages people to discover the positive core of their organisation and then to co-construct the future of the organisation based upon what is best in it.

## Definition of Collaborative Inquiry

*Collaborative Inquiry is a process consisting of repeated episodes of reflection and action through which a group of peers strives to answer questions of importance to them.*

Such processes enable deeper practitioner reflection and facilitation of adult education experience; and the cycles of action and reflection which are at the heart of CI approaches have been found to be powerful approaches to individual and shared learning. Critical reflection is deeper than “thinking” and links changed awareness with changed action and can be an important starting point for evaluating practice. The reflective process also places a value on intuition, creativity and artistry.

A key assumption in CI is that learning resides in the experience of the inquirers and dialogue is the foundational aspect of the inquiry leading to meaning making. New “meaning” is generated with and for people and each inquirer is a participant.

The common features of CI are: developing knowledge in a field setting as a catalyst for change-personal change, organisational change, and large scale social changes.

## Collaborative Inquiry processes

The manner in which the episodes or cycles of reflection and action are organized depends on the context and circumstances of the group and the questions the group is exploring. It requires commitment to the process which arises from a commitment to the questions being investigated. The questions can be modified over time.

Two basic principles apply in the CI process:

1. Each person explores through their own experience; and
2. Each member of the group is equal in contributing to the process of answering the questions of interest.

It is important to create a trusting safe environment in the group where participants feel free to reflect honestly and openly on their practice, perspectives and learning and to critically review their actions and meanings. Agreeing to a deep listening to each other is also important.

Some questions to focus critical reflection include:

- What assumptions underlie my perspective?
- What could I change?
- What perspectives are missing from my account?
- How do I influence this situation through my presence, actions and assumptions?
- How might I have acted differently?

### **Key reference**

Bray, J., Leem, J., Smith, L., Yorks, L. (2000) Collaborative Inquiry in Practice. Action, reflection and making meaning, Thousand Oaks: Sage Publications Inc.

## Attachment 6: Summary of MHLSP client numbers and outcomes

		Improvements for clients					
Pilot site	No of clients recorded (approx)	No of issues	Legal outcomes	Improved knowledge of legal system	Improved psychosocial status, *well-being	Improved social circumstances	Knowledge/ access to services, supports
MDAA	87	122	65	80	52	78	N/A
STARTTS	119	154	99	110	55	37	N/A
Shopfront	64	204	34	36	33	53	60
Gamarada	120	35	40	90	90	65	56
		Improvements for clients					

**Note 1.** The client numbers are imprecise – client numbers were reported for each of the three phases of data collection by each pilot worker. Clients had different levels of contact for many different reasons. However not all clients were new, many clients had repeat presentations for repeat or for new issues. Similarly many of the presenting issues reported were repeated for different clients or recurrences for an individual client on repeat presentations.

**Note 2.** For some outcomes it was not possible for data to be collected –for instance the outcomes of referrals for legal and other services are unknown.

**Note 3.** Indicators of each of these client outcomes were developed for each pilot project.

**Note 4.** \*Improved psychosocial status was difficult to assess for some clients and in many instances based on self-reported changes or observations or reports from other service staff such as counsellors. Also for people with mental illness there can be intermittent and major fluctuations in psychosocial status.



## Attachment 7: Client outcomes

1. Improved legal outcomes		
Outcome and indicators	Examples	MHLSP pilot worker actions
Legal matters resolved/ partially resolved	<ul style="list-style-type: none"> <li>▪ Judgement debts recovered</li> <li>▪ Bridging visa extended</li> <li>▪ Visa approval,</li> <li>▪ Sponsorship applications expedited or successful</li> <li>▪ Assault/ AVO charges withdrawn</li> <li>▪ Disputes again public housing providers regarding urgent repairs resolved satisfactorily</li> <li>▪ DIAC reconsideration of identity decision</li> <li>▪ Housing eviction averted</li> <li>▪ Medical negligence issues resolved</li> <li>▪ Family law issues resolved/ partly resolved</li> <li>▪ Contract dispute partly resolved</li> <li>▪ Family estate finalised satisfactorily</li> <li>▪ Successful application to DG Health for exhumation of body for removal to crypt</li> <li>▪ Debt reduction by insurance company</li> <li>▪ Somali refugee assistance group established as Co Ltd by Guarantee</li> </ul>	Letters of support, representations, legal advice, referrals to appropriate services, appearance at hearings with evidence of client background & circumstances, assistance with preparation of applications,
Improved sentencing outcomes -alternatives	<ul style="list-style-type: none"> <li>▪ Penalties/ detentions reduced or not imposed</li> <li>▪ e.g. clients/defendants released on bail rather than custody e.g. Sudanese youths, non-custodial sentences (Supreme Court in a serious criminal matter)</li> <li>▪ S32 diversionary and community based sentences</li> </ul>	<p>MHLSP letters of support outlining client mental health issues and circumstances</p> <p>MHLSP referrals</p>



1. Improved legal outcomes		
Outcome and indicators	Examples	MHLSP pilot worker actions
	<ul style="list-style-type: none"> <li>▪ Referral by local magistrate to Gamarada as diversionary program</li> <li>▪ Lack of license suspension</li> <li>▪ Debts advice – Time to Pay Order with SDRO</li> </ul>	
Improved, more appropriate legal advice/representation and support	<ul style="list-style-type: none"> <li>▪ Access to appropriate legal advice for specific/ specialist advice e.g. family law, care and protection matters, personal injury matter, AAT in citizenship matter, IARC advice</li> <li>▪ Legal Aid grant in exceptional circumstances</li> <li>▪ Legal representation for AVO/ compensation/ discrimination matters/ Fairwork Australia matter</li> <li>▪ Migration legal advice</li> <li>▪ Complaints organisations</li> <li>▪ Pro bono legal advice</li> <li>▪ Appropriate interpreter in court</li> <li>▪ Advice from specialist legal services e.g. Pro-bono support for appeal to RRT, advice re: governance issues</li> <li>▪ Changed patterns of interaction with justice system</li> <li>▪ Reduced clients focus on conspiracy theory, less vexatious claims</li> <li>▪ Meritorious claims pursued</li> </ul>	Referrals, information provision, contacts, representations on behalf of clients, explanations of issues



2. Improved client knowledge of legal/ administrative systems		
Outcome and indicators	Examples	MHLSP pilot worker actions
Demonstrable increased understanding of clients and families in systems, entitlements and processes	<ul style="list-style-type: none"> <li>▪ Client comprehension and understanding of offence, nature of charges and court related matters e.g. AVO</li> <li>▪ Bail and probation conditions and consequences of breaches of conditions</li> <li>▪ Obligations/ implications of S32</li> <li>▪ Alternatives to court</li> <li>▪ Knowledge of agency and boundary disputes and responsibilities</li> <li>▪ Information about human rights, workers compensation,</li> <li>▪ Housing repairs vs. tenant obligation to maintain rent payment</li> <li>▪ Knowledge of entitlements/ processes and appropriate avenues for action and redress</li> <li>▪ Family law/ separation</li> <li>▪ Information about options following citizenship refusal</li> <li>▪ Freedom on Information and applications</li> <li>▪ Knowledge of victims compensation/personal injury</li> <li>▪ Health Care Complaints Commission</li> <li>▪ SSAT appeal against Centrelink</li> <li>▪ Migration Review Tribunal hearings</li> <li>▪ More meritorious claims pursued rather than vexatious claims</li> </ul>	MHLSP advice, information, liaison with legal/other services, work with interpreters, other host service providers, education and training for services and sector professionals



2. Improved client knowledge of legal/ administrative systems		
Outcome and indicators	Examples	MHLSP pilot worker actions
Access to appropriate legal and other advice and support	<ul style="list-style-type: none"> <li>▪ Coronial Inquest process following death in custody</li> <li>▪ Migration lawyers and services</li> <li>▪ Family law, compensation services including victims compensation</li> <li>▪ Family estate matters settled i.e. will</li> <li>▪ Accessing community Legal Centre for Family Law and Sexual Assault advice</li> <li>▪ Access to marriage certificate to apply for divorce</li> <li>▪ Establishment of a NFP organisation with DGR status</li> </ul>	MHLSP advice, information, referrals
Enhanced client self efficacy in accessing services and support	<ul style="list-style-type: none"> <li>▪ Client self reports of increased confidence in navigating legal system following resolution</li> <li>▪ Proactive using systems to exercise rights</li> <li>▪ Clients proceeding independently with action e.g. migrant visa applications</li> <li>▪ Unaccompanied Afghani minors assisted with family reunion visa applications</li> <li>▪ Client reports of enhanced self advocacy and accessing services</li> </ul>	MHLSP workshops, advice, information, Afghani youth, Sudanese, Bosnian
Improved community knowledge of legal systems	<ul style="list-style-type: none"> <li>▪ Community attendance at workshops in Redfern and Wagga Wagga</li> </ul>	Community workshops with Aboriginal communities, sub-Saharan African communities, youth



3. Improved psychosocial status & well-being		
Outcome and indicators	Examples	MHLSP pilot worker actions
Improved care and treatment processes in place	<ul style="list-style-type: none"> <li>▪ Clients being on treatment plans, receiving case work and appropriate support resulting in</li> <li>▪ More stable mental health status</li> <li>▪ Reduced hospital admissions</li> <li>▪ Linkages with support services</li> <li>▪ Entry to alcohol rehab program</li> </ul>	Case work MHLSP advice, information, liaison with legal/ other services, work with interpreters, other host service providers, education and training for services and sector professionals
Client self reports of improved mental health and well being	<ul style="list-style-type: none"> <li>▪ Reduced depression, happier</li> <li>▪ Reduced anxiety, less suicidal ideation</li> <li>▪ Improved confidence, less shame about abuse, ability to speak openly</li> <li>▪ Feelings of increased safety, reduced fear</li> <li>▪ Higher self esteem, cultural belonging</li> <li>▪ Feelings of increased safety and happiness after legal matter resolved</li> <li>▪ Improved relationship status</li> <li>▪ Improved parenting and family engagement</li> <li>▪ Increased social and cultural engagement</li> <li>▪ Increased confidence in self advocacy</li> </ul>	<p>Case work, counselling, referrals to services and healing programs, individual client encouragement and support.</p> <p>Information and advice, participation in programs</p>
Evidence/reports of others of client improvements	<ul style="list-style-type: none"> <li>▪ Reduced substance abuse</li> <li>▪ More reasoned decision making, less volatility</li> <li>▪ Increased social engagement</li> <li>▪ Less expression of anger</li> <li>▪ Reduced anxiety and more responsive to therapeutic interventions</li> <li>▪ Increased confidence, less dependence</li> <li>▪ Increased social and cultural engagement</li> </ul>	



3. Improved psychosocial status & well-being		
Outcome and indicators	Examples	MHLSP pilot worker actions
	<ul style="list-style-type: none"> <li>Improved mental health/ social stability enabling clients to deal with chronic issues e.g. outstanding fines</li> </ul>	

4. Improved social and related circumstances		
Outcome and indicators	Examples	MHLSP pilot worker actions
Financial circumstances	<ul style="list-style-type: none"> <li>Employment gained or resumed resulting in increased income</li> <li>Increased self confidence following resolution of a dispute enabled employment</li> <li>Resumption of employment following criminal charges being dropped, resolution of claims, legal issues</li> <li>Access to education supplement through advocacy with Centrelink</li> <li>Enhanced Centerlink entitlements</li> <li>Relief of fines debt, reduced insurance debt</li> <li>Access to TILS, Disability Support Pension</li> <li>Receipt of compensation for unfair dismissal</li> <li>Reduced fee for written advice from migration lawyer</li> <li>Improved management of fines/debts</li> </ul>	Referrals, information and advice about issues and entitlements, assistance with resolution of legal issues and claims, referral to free services,
Improved housing and accommodation stability	<ul style="list-style-type: none"> <li>Access to stable housing – enabling court/ tribunal appearances</li> </ul>	Referrals, information and advice and support



4. Improved social and related circumstances		
Outcome and indicators	Examples	MHLSP pilot worker actions
	<ul style="list-style-type: none"> <li>▪ Alternative housing secured away from abusive relationship</li> <li>▪ Prevention of eviction through referral to Tenancy services</li> <li>▪ Access to subsidised private rental pending public housing availability</li> </ul>	
Education and training	<ul style="list-style-type: none"> <li>▪ Resumption of TAFE course following assistance with divorce</li> <li>▪ School retention IMAJ</li> <li>▪ Undertaking Cert 4 in mentoring IMAJ</li> <li>▪ Leadership training with FaHCSIA IMAJ</li> </ul>	Support and encouragement, Assistance with resolution of outstanding issues.
Other changes e.g. migration issues etc	<ul style="list-style-type: none"> <li>▪ Restoration of child to mother from Community Services</li> <li>▪ Waiving of DIA requirement for Assurance of Support –enhanced possibility of successful sponsorship of spouse from overseas</li> </ul>	Support with legal advice and case presentation



5. Improved access to other community services and facilities		
Outcome and indicators	Examples	MHLSP pilot worker actions
Health service access	<ul style="list-style-type: none"> <li>Increased access to primary care services for health checks</li> </ul>	Encouragement, advice and referral
Healing programs	<ul style="list-style-type: none"> <li>Quest for Life 3 day residential Program for young men</li> </ul>	MHLSP advice, information, workshops, community engagement
	<ul style="list-style-type: none"> <li>Increased access to community activities and programs</li> </ul>	Information, referral and encouragement



## Attachment 8: Table of systemic issues identified by the MHLSP

<b>1. Legislative and regulatory structures and systems</b>
<ul style="list-style-type: none"> <li>▪ Discrimination in the migration processes</li> <li>▪ Lack of capacity in DIAC and migration systems to consider character checks of applicants egg domestic violence, abuse cases</li> <li>▪ Harsh, inflexible bail legislation leading to unnecessary incarceration</li> <li>▪ Laws that inhibit the ability of Indigenous men to take part in programs e.g. bail conditions that prohibit activities during the evening can prevent attendance at Gamarada and other community activities e.g. Family Culture Day on the Block in Redfern</li> </ul>
<b>2. Policy and resource allocation issues</b>
<ul style="list-style-type: none"> <li>▪ Inadequate housing availability &amp; allocation for people with mental health issues</li> <li>▪ Lack of mental health &amp; social support service availability generally</li> <li>▪ Lack of culturally appropriate interpreters &amp; liaison personnel in courts and other justice services</li> <li>▪ Lack of government commitment to Indigenous mental health equality – absence of clear goals, achievable timeframes to progress this</li> <li>▪ Limited recognition of the value and importance of healing programs for Indigenous communities</li> <li>▪ Current policy and allocations/ funding KPIs for services are not aligned with best practice service delivery</li> </ul>
<b>3. Service systems and institutions</b>
<ul style="list-style-type: none"> <li>▪ Limited multidisciplinary care models for people with mental health and associated issues</li> <li>▪ Inadequate referral pathways and networks between social support, legal and health services</li> <li>▪ Lack of appropriate mental health assessment and treatment processes in the criminal justice system e.g. at point of entry to the system and subsequently within the system</li> <li>▪ Lack of capacity assessments, consideration of Guardianship orders</li> <li>▪ Lack of adequacy of court reports to include nature and impacts of mental health issues</li> </ul>



<ul style="list-style-type: none"> <li>▪ Access to justice not linked into a holistic support plans</li> </ul>
<ul style="list-style-type: none"> <li>▪ Failure of courts &amp; legal service providers to take into account the backgrounds of vulnerable people during sentencing &amp; bail application processes, e.g. Refugees, torture and trauma, mentally ill and Indigenous people</li> </ul>
<ul style="list-style-type: none"> <li>▪ Inadequate mental health support officers at courts</li> </ul>
<ul style="list-style-type: none"> <li>▪ Inadequate interpreters in courts for some cultural groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ Lack of appropriate cultural support in prisons for some cultural groups e.g. African</li> </ul>
<ul style="list-style-type: none"> <li>▪ Health services not implementing Mental Health policy directives</li> </ul>
<ul style="list-style-type: none"> <li>▪ Limited partnerships between Area Health Mental Health Services and vulnerable communities</li> </ul>
<p><b>4. Service access and appropriateness</b></p>
<ul style="list-style-type: none"> <li>▪ Lack of affordable, accessible, culturally appropriate legal services e.g. immigration law, family reunion applications (particularly difficult in rural and regional/remote areas)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Australian care and protection systems not culturally appropriate or responsive to many cultural groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ Legal information not available in appropriate range of formats and languages on personal injury law issues e.g. motor vehicle accidents, workers compensation, etc</li> </ul>
<ul style="list-style-type: none"> <li>▪ Limited access to appropriate, quality interpreters in matters at court especially for smaller, emerging communities</li> </ul>
<ul style="list-style-type: none"> <li>▪ Lack of culturally appropriate court support services for refugee survivors of torture and trauma, particularly in the higher courts</li> </ul>
<ul style="list-style-type: none"> <li>▪ Lack of understanding of community elder roles and cultural/ traditional processes for dealing with community issues internally, e.g. Indigenous and CALD communities</li> </ul>
<ul style="list-style-type: none"> <li>▪ Lack of healing programs for Indigenous men</li> </ul>
<ul style="list-style-type: none"> <li>▪ Access to justice not linked into a holistic support plan</li> </ul>
<p><b>5. Workforce and professional practice and capacity</b></p>
<ul style="list-style-type: none"> <li>▪ Limited understanding of mental health issues by Community Legal Centres lawyers, magistrates, police, social security services, Centerlink etc</li> </ul>
<ul style="list-style-type: none"> <li>▪ Limited capacity to communicate effectively with MHLSP client groups in many professional groups</li> </ul>



<b>6. Community awareness and attitudes</b>
<b>Broader community and media</b>
<ul style="list-style-type: none"> <li>▪ Negative attitudes of community and media towards certain mental illness</li> <li>▪ Negative attitudes of community and media towards certain mental illness cultural groups (e.g. Indigenous, Sudanese in rural and regional areas)</li> <li>▪ Community attitudes associating certain cultural identities and groups with criminal behaviour</li> </ul>
<b>In target communities</b>
<ul style="list-style-type: none"> <li>▪ Lack of trust in and fear of the legal system because of previous negative experiences in country of origin or exile or in Australia</li> <li>▪ General lack of awareness and knowledge of the Australian legal system and rights to compensation under personal injury, workers compensation, victims compensation and discrimination laws</li> <li>▪ Lack of awareness and knowledge of the availability and pro bono and reduced fee legal services, misapprehension that any legal advice or assistance will be too expensive</li> <li>▪ Lack of support for accessing legal assistance because of health problems related to PTSD, depression, anxiety, etc (e.g. memory and concentration problems make it more difficult for them to keep legal appointments and to understand the advice that they are given)</li> </ul>