

## “Best practice in collaborative service delivery – mental health law”

Webinar held Thursday 6 October 2016 [3-4pm]. Webinar recording available:

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### Panel

Host	CLC Queensland (CLCQ)	James Farrell [JF]
Project Lawyer	Mental Health Collaboration Project, Mental Health Law Practice (MHLP) QPILCH	Deborah Stafford [DS]
Barrister-at-Law	Queensland (background – Specialist Mental Health Nurse)	Anthony Skelton [AS]
Specialist Mental Health Solicitor	Mental Health Legal Service (MHLS) Queensland Advocacy Incorporated (QAI)	Tony McCarthy [TC]
Training	Senior Project Officer, ADA Australia (formerly QADA)	Catherine Aitken [CA]

### Script for Webinar

JF	<p><b>[Title slide]</b></p> <p>So it’s James from Community Legal Centres Queensland here. Welcome everybody to another webinar. This one looking at Best Practice in Collaborative Service Delivery, and in modelling that collaborative practice we have quite a panel of experts here to talk us through this work.</p> <p>Acknowledgement of Country, and First Australians.</p> <p>Housekeeping. Link to page on website with PowerPoint presentation and additional resources. How to ask a question in today’s webinar. Best to hold questions until the end.</p>
DS	<p><b>[Title slide]</b></p> <p>Welcome to the webinar. The purpose of this webinar is to highlight and showcase project initiated by QPILCH called the <b>Mental Health Collaboration Project</b>. This project is to raise awareness about lawyers collaborating with non-legal services to better assist clients with mental illness.</p> <p>Part of the project has required me to consult with people around Queensland. I have been in touch with many different services that deliver legal services to clients with mental illness and/or involved with collaborations such as health justice partnerships (HJP).</p> <p>So, part of my project was to look at how to deliver legal services in collaboration, and looking at the particular relationship between a client’s support worker and lawyers. When I consulted around the state (Queensland) I was asking those services/professionals:</p>

- How they collaborate?
- What happens in the room together?
- How they collaborate to have a client-centred approach?  
and also
- If they had to start outreach clinics to meet the needs of clients with mental illness?

We will be touching on a few of the project's key deliverables in today's webinar. I will also involve a panel of experts who have experience in Mental Health Law or working with clients with mental illness.

**[Slide: Panel Introductions]**

With me today I have:

- Tony McCarthy – Solicitor from Queensland Advocacy Incorporated
- Anthony Skelton – Barrister, who also has a background in mental health nursing
- Catherine Aitken – from ADA Australia (formerly QADA – rebranded in September)

**[Slide: Project Focus]**

We'll get underway. I will talk to the slides then address the panel. Feel free to type questions as we go and we will address those.

NOTE: To avoid confusion – Anthony will refer to Anthony the Barrister; and Tony will refer to Tony the Lawyer/Solicitor. Be mindful to use Anthony and/or Tony when directing questions specifically to Anthony and Tony.

4:27 The Project's focus was to look at the collaboration between generalist CLC lawyer, the client, and any other professional / services that support that client.

Our specific client group was people experiencing mental health concerns, or those with lived experiences. A big part of the project was to develop resources to assist generalist lawyers – to empower them and encourage them to use these resources to improve the delivery of services to this client group; and ultimately increase the access to justice and meeting the client's needs.

I will acknowledge that there are two specialist mental health legal services in Queensland.

- QAI
- QPILCH

We won't go into the detail about how those specialist mental health legal services work, but more so to acknowledge they do deliver those specialised services. This project is more about talking about what happens when we need to collaborate, and what the conversations look like in the room.

5:50 **[Slide: Key Project Deliverables]**

Brief update on the key project deliverables. Part of the project's work was to look at the different areas, to develop resources that looked at creating access for this client group, to provide a little bit of understanding around mental health conditions, collaboration, diagnostic tools such as the legal health check, looking at the approach the lawyer can take when assisting clients in a collaborative environment, and also briefly touch on the importance of client support.

6:23	<p><b>[Slide: Definitions]</b></p> <p>In terms of the definitions – to clarify when I use the word “caseworker” in this webinar it is also to mean community worker, or support worker, or social worker, and basically any other professional who assists the client.</p> <p>When we are talking about ‘actual legal need’ it’s the same definition that we use for the Legal Health Check (LHC) project. Whether the legal need is met or unmet – we are looking at all the needs of the client.</p>
7:00	<p><b>[Slide: Creating Access]</b></p> <p>The first key deliverable for the project was to look at creating access. When I started this project I conducted a literature review which looked at some of the ways collaborative service planning and the key factors that help make collaborative service planning possible. The evidence is suggesting that when we are collaborating we need to make sure our collaborations are:</p> <ul style="list-style-type: none"> <li>• Targeted</li> <li>• Joined up</li> <li>• Timely</li> <li>• Appropriate</li> </ul> <p>In terms of best practice advice around clients with mental illness – we need to identify and address the legal needs for these clients. There are some services, such as QPILCH, that have seen the need to assist this client group and developed outreach clinics (for example) to meet the needs.</p> <p>We also acknowledge that some of the information about creating access might just be about how to better assist clients with mental illness.</p> <p>We do acknowledge as well that representation before the Mental Health Review Tribunal (MHRT) is not ideal. There have also been resources created to assist advocates and lawyers on how to manage clients under involuntary treatment orders (ITOs) for example.</p> <p>I might handover at this point to Tony who can discuss some resources developed to assist advocates/lawyers assisting clients under an ITO.</p>
TM 8:33	<p><b>[Slide: Creating Access]</b></p> <p>Hello everyone. This is Tony speaking. So Queensland Advocacy Incorporated has developed an ITO handbook essentially to assist advocates (legal and non-legal) to assist individuals with a mental illness with a matter before the Mental Health Review Tribunal relating to a review of their involuntary treatment order. That includes general tips and tricks in relation to the particular jurisdiction, as well as key points on how to go about preparing for those hearings and discussing the particular types of things that usually come up with these types of matters with the client. This includes, for example, talking about mental illness, talking about diagnosis and medications, which sometimes for both the lawyer and the individual can be difficult to discuss.</p>
DS 9:35	<p><b>[Slide: Creating Access]</b></p> <p>Training and education – this part of the webinar is to raise awareness – so CLCs are aware that there are services out there to assist CLCs on how to improve delivery of service to clients with mental illness.</p>

CA  
9:50

**[Slide: Creating Access]**

Hello everyone. This is Catherine Aitken from ADA Australia. As mentioned, ADA Australia offer a number of different training programs which might assist workers in this space. I understand that you have flyers (about ADA Training) that you received with the papers (for the webinar).

So the first training option I want to talk about is the mhWISE “Understanding mental health training” which is the 3 hour program developed to give a foundational knowledge of mental health moving into being mentally unwell; and some foundational knowledge on mental illness, how it presents, and how you can best interact with someone experiencing mental illness. These programs have been developed over a number of years. Looking at the gaps in the community sector in general – from people feeling unsure when someone discloses they have a mental illness; or presenting with behaviours; or language; or behaviours they see as fearing; so it’s reducing some stigma; quelling some myths; and normalising and equalising the understanding of mental illness and people experiencing these problems. So the flyer is available. In-house options. Really no pre-requisites so anyone can sign up for this type of program.

The other type of program that is relevant for your needs is the Guardianship and substitute decision making training which ADA Australia have put together. ADA Australia runs a guardianship team of advocates that provides services to people whose decision making capacity is being questioned and support them through QCAT. In that work they discovered that there is a big gap in general in the way that people are actually interacting with people who might be under Guardianship orders; and the way services are being delivered are basically out of line with human rights and knowledge that really should be in the sector. So these workshops were put together so people could get a foundational understanding of guardianship, capacity, consent, and where that sits with health decision making. In particular, the program has been adapted to a specific understanding mental health and guardianship practice which is the orange one on your flyer. This is particularly pertinent with the Mental Health Act changing and understanding how you can support a person’s human rights with fluctuating capacity. So those training options are available In-House also. ADA Australia delivers training anywhere in Australia. Enquire if you would like more information. I will hand back to Debbie now.

DS  
12:56

**[Slide: Creating Access]**

Legal Australia-Wide Survey: Legal Need in Australia

Thank you. So this next slide on creating access is to link in the fact that there is quite a movement in Australia at the moment with collaboration, and the client-centred approach. Meeting the needs of clients with mental illness, better meeting the needs of all clients with legal issues really, but particularly for our project it’s about meeting the needs of clients with mental illness. So basically there is value in having joined up services to meet the needs and making sure that we are identifying all the client’s legal needs, and identifying all the pathways potentially leading to that legal assistance. The literature is pointing to the fact that many people are often engaging with our non-legal services and that’s where referral to lawyers are coming from, from the non-legal services, so they are bringing the clients to the lawyer. So, one of the key points out of the project’s consultations across Queensland and a common point raised by a few different people is that people working in CLCs need to know and understand the services in their community, and the state-wide

	<p>services that are available to assist them and start making those partnerships. We do acknowledge that many CLCs have pioneered many lawyer and social service collaborations and there is some really great work going on. We encourage to keep those connections going and be consistent with those to ensure we are still meeting the needs and fine-tune the services delivery in those collaborations and partnerships.</p> <p>We are trying to move towards a more holistic approach to access justice. There is a lot more information about this if you would like to read the Legal Australian-wide survey.</p>
<p>DS 15:05</p> <p>17:14</p>	<p><b>[Slide: Understanding Mental Health]</b></p> <p>The next deliverable in the project was addressing mental health and mental illness, and basically identifying how much information about mental illness and conditions of mental health the lawyer’s need to know to be able to best assist clients coming to CLCs needing assistance. From a best practice point of view, the consultations raised the point that basically lawyers working with clients with mental illness said that lawyers only really need a good general understanding of mental health conditions. Lawyers are not expected to know everything but it is important that they do have a basic understanding. Trauma was also another point that came up often in the consultations; and the consults basically emphasised the importance of lawyers being aware of trauma-informed practice and making sure they start incorporating this into their practice, if not already.</p> <p>One of the key things that came across in the consultations was that initially a client experiencing mental illness may appear difficult and think the client is hard works. However looking at the client history it may be that a lot of the their background relates to trauma; or the client is on the defence because of some of the situations they have experienced but once you understand the client it is easier to work with that client.</p> <p>So from a best practice point of view as well the client connection and communication was a key point that came out of the consults. One of the best practice tips offered about how to assist clients with mental illness is find out who their case worker is. If possible get their caseworker involved when assisting the client because the caseworker is there to assist you and help you better understand the client; and how the client communicates. It might be that the caseworker is able to make sure the client really understands the message you are trying to get across; and they can also help with the follow up with the actions that may come out of the meeting.</p> <p>When communicating with clients experiencing mental concerns, lawyers obviously are required to use standard practice when conducting interviews but we do need to be mindful when dealing with clients with mental illness. Often, they say the best practice tip is not to ask about diagnosis straight up but to build trust and rapport initially, and then once client feels comfortable, of if the client wants to tell their story just let them tell their story, and just ask about diagnosis at a point that is appropriate. I might handover to Tony the solicitor from QAI at this point to talk through best practice tips and advice about understanding mental health, conditions, and the importance of client connection and communication when you are at a client interview; and potentially how mental illness, medications can impact on you interview the client; and the instructions you are trying to get from the client.</p>

TM **[Slide: Understanding Mental Health]**

18:25

Ok, so I will just touch base first on the initial point made in the slide. We are lawyers. We aren't medical health professionals, and we aren't expected to have a thorough understanding of different diagnoses, different symptoms, different types of medications, and mental illness. It is enough to just have a general understanding of how mental illness can impact on an individual, how different types of medication and symptoms can impact on an individual, and the fact these can fluctuate quite significantly over time as well.

So for example, a case example is recently we attempted to assist an individual over the phone who had a mental illness. Quite quickly in the telephone conversation it became apparent that the individual was becoming quite aggressive, quite upset, and ended the telephone conversation. We were able to, because of our strong collaboration with The Advocacy and Support Centre in Toowoomba, we were able to link in with them who had a person on the ground able to discuss with the individual there and link up with them to have a second appointment with the individual. It became apparent that the individual was very apologetic for becoming aggressive and abusive on the telephone previously, and it was apparent that the effects of their medication and the impacts of trauma had led to them becoming quite aggressive on the phone. An example of how just a general understanding of how mental illness and medications can impact upon an individual; and the importance of having collaborative relationships – including other non-legal advocates in the process can assist to provide best practice to individuals with mental illness.

Second point, when talking about diagnoses or mental illness, it is important to note that some individuals do not recognise that they do have a mental illness even though they might have a diagnosis. They might completely disagree they have a mental illness. Some may also attribute factors that might be symptoms of a diagnosis to other factors such as sleeplessness, diet, religious beliefs for example, and not identify them as symptoms of a mental illness. So sometimes when just asking the individual "Do you have a mental illness?" they might just say "No" even though they have some sort of diagnosis. Or they may even have concerns about their mental illness but not believe they have a mental illness. So it might be more helpful, more productive to ask more general questions like, for example

"Have you had concerns about your mental health in general, or your general physical or mental well-being?"

When talking about diagnosis for example, rather than asking "Do you have a diagnosis?" – while some will respond to that quite well, others may not so it can be easier to discuss or ask for example

"Are the doctors telling you that you have a diagnosis or that you have a mental illness?"

The same sort of non-confrontational questions in relation to medication can be asked as well. Another thing important to note is that individuals with mental illness, because of either medication or symptoms of mental illness, or other factors in their life, might need a little bit more time when you are having an appointment with the individual or trying to take instructions from them. They might need more time because they lack basic organisation skills. They might need more time to think about questions the lawyer is asking. It is important to take this into consideration as well, and the impacts that mental illness and medications can have on those aspects.



	<p>That also brings in the fact that having an individual, such as a support person, to assist the client in an appointment can be quite beneficial, and can make the appointment much more efficient provided that the individual has of course given consent to the support person being there. They might be able to provide much more historical or contextual story of the individual's circumstances.</p> <p>The final point I will make is of course mental illness and medication can impact on an individuals capacity. A lawyer should always start with the assumption that the individual has capacity but they should also be conscious of the fact that in an appointment some red flags may arise that suggests that the person may not have capacity. There are a number of things that the lawyer should take into account. I won't go into detail right now as these factors are discussed in quite a bit of depth in the <b>Legal Practitioners Guide to Capacity for Queensland</b> – available both on the Queensland Law Society (QLS) website, and the QAI website as well. It is important to note that there a number of steps the lawyer can take to maximise an individual's capacity, and those steps should always be taken. I refer everyone back to the capacity handbook for more on those factors.</p> <p>At that point I will pass back over to Debbie.</p>
<p>DS 24:12</p>	<p><b>[Slide: Understanding Mental Health]</b></p> <p>I am now going to ask Anthony the Barrister to talk to the webinar participants around the episodic nature of mental illness. With your experience with your background in mental health nursing and also jumping the fence to being a lawyer/barrister – please offer some tips/advice to generalist lawyers, or people assisting clients with mental illness about how you need to take that into consideration when you are assisting clients, and some general information around mental illness. Thank you</p>
<p>AS 24:45</p>	<p><b>[Slide: Understanding Mental Health]</b></p> <p>Hi everyone. It's Anthony here. The points that have already been raised by everybody – there is nothing fundamentally different about engaging a person with mental illness history than any other client. The things you would take into a best practice approach with any client about clarifying expectations and confirming receipt and comprehension of instruction. As Tony alluded to, the issue about corroborating factual context with client information where it may seem unusual. These are things you have to spend more time going into, as well as the obvious one that we talk about trauma informed practice.</p> <p>Trauma doesn't necessarily have to be a childhood thing, it can be to do with the episodic nature of how one presents to receive involuntary treatment in a health facility. It often will involve authorities such as police, and judicial processes, and as a lawyer you may be perceived as part of that so there are mutual stereotypes and assumptions that you have to overcome initially just to establish that position of rapport.</p> <p>That's where engaging with a collaborative practice model works very well so the person who has established rapport can effectively be an introducer.</p> <p>You can engage (as Tony already spoke of) a narrative technique where people can talk of their experiences rather than discretely identifying a diagnosis which might cause the relationship to become awkward from the start where they don't necessarily have insight into that condition, or disagree with it, and that may be the basis of you seeing them, in fact. They might be contesting that treatment order.</p>

	<p>Also, just because you have seen somebody once and you have had an interaction with them – seeing them on another occasion they may not be in the same condition. There is a cyclical nature of mental illnesses. The fundamental thing you need to consider is that typically how an individual will respond to a stressor. These people might be more compromised than normal. We say normal but really that is a fiction. We understand what we mean by the use of that word. So they may be less capable of dealing with stresses that people would typically be expected to deal with, like ambiguity and authority. To take that sort of a facilitative approach with them as someone who is assisting them rather than an authority they are speaking to – you are not part of that system. You are someone who is trying to help them move through it to resolve a particular issue, or achieve a particular outcome. I think as long as you get those things right then you won't have that position of the obvious breach of trust which is something that you really have to – I mean it is at the heart of the entire relationship. There is a history of probable trust relationships being compromised to do with the illness, not necessarily the trauma that precipitated the condition. I think as long as you take those factors into consideration you really put yourself in a good position to move forward with the relationship. Back to Debbie.</p>
<p>DS 28:00</p>	<p><b>[Slide: Understanding Mental Health]</b></p> <p>Before we move onto the next slide a common theme that kept recurring in the consultations with nurses, social workers, and lawyers around medications and their side effects was around how do you ask about this. When I posed this question during consults, some said that it's not necessarily about knowing the drug name. For the purpose of taking instructions, you need to identify how the medications affect the client. It is really important to ask questions about medications. If the client doesn't remember the medication name this is not an issue because it is about asking the client "When is the best time of day to meet with you?"</p> <p>As we mentioned before we need to make sure we are maximising the client's capacity when we are meeting with the client, or talking with them over the phone. So if they say "I am not really good in the morning. I take drugs at night and I am a bit groggy in the morning so it's best to meet me in the afternoon" – then these are the best things to consider from a best practice point of view to take on board when assisting the client.</p> <p><b>[Slide: Understanding Mental Health] Trauma – Informed Practice</b></p> <p>We will briefly touch on this slide as we have already addressed it. This slide is to highlight there is literature out there. This paper has been recently published in Victoria by Blue Knot Foundation. It is particularly applicable to the legal industry because it is a paper written about trauma-informed practice and how it impacts in a legal and judicial context. So the links are there. I want to highlight once again that the trauma and the law are interconnected.</p>
<p>DS 29:51</p>	<p><b>[Slide: The Reality]</b></p> <p>So the reality is, as Catherine mentioned, there is stigma. Many of the clients being seen by the specialist mental health legal services in Queensland suffer severe mental illness. Many of them have complex and multiple needs. Most of them are impacted by their medications. We, as lawyers, need to understand the side effects. The other thing that is important to know and understand is that medications affect individuals in many different ways. So clients may be on the same medications but may suffer different side effects, or some may not suffer side effects at all. So the point this slide is saying – with some clients with mental illness – as soon as they are seen to be suffering mental illness – they may</p>



have inequalities – they may get treated differently. In one of the consults relating to health justice partnerships, it was highlighted that often when a client with mental illness presents to an emergency department with a medical issue, as soon as the emergency department sees they have a mental illness, they are automatically put into treatment for the mental illness. They may increase the psychotropics and the reason for presentation/issue may be a medically related issue – not a mental illness issue. The effects of possible overdose of psychotropics can take months to unravel. Sometimes clients with mental illness may not be receiving the best health care treatment – their behaviour may appear to be mental illness related where in fact the behaviour may be related to a medical issue.

So there is a lot of stigma out there associated with mental illness, and there are lots of consequences associated with this client group. At CLCs I know we are working really great at the moment with collaborations assisting clients with mental illness but it is about being more mindful that we need to better assist this client group and not listen to our biases and assumptions and manage each client as an individual.

Another key point I wanted to touch on here is one of the health justice partnerships collaborations existing started by QPILCH – the Health and Legal Advisory Clinics (HALC). This is a great example of collaboration between lawyers, medical and social workers. It's been working really well and clients have been getting lots of benefits. When we are grouping together and having a client-centred approach and collaborating in partnerships to better assist this client group – people are actually getting better outcomes. Part of the consultation also showed that when we are addressing the legal needs, often the health needs improve. So everything has a domino effect but a lot of the time if the client is stressed regarding some of their issues that they may not even recognise as legal issues, such as debt issues, or housing issues, or accommodation issues, this is impacting on their ability to improve their health issues because they are stressed out with other issues whether identified or not. So we really want to make improvements for this client group across the health, legal and social contexts.

The reality of the statistics is that 1 in 5 people will be treated for mental health issues at some point in their life. Some stats suggest that as many as 1 in 2 will experience a mental health concern at some point in their life time but may not seek help for it. So the reality is that every one of us is touched by someone who at some point in their life will experience mental health concerns. Whether this is a serious mental illness like many of the clients we assist in a specialist mental health legal service environment. Whether it's a moment of stress. Stress plays a big part in mental health experience. It is the reality, whether we want to admit it or not, do at times get impacted by mental illness. One of the consults I did was with a nurse who has over 20 years experience in nursing industry and working with mental health clients for most of that time. He said about anxiety and depression that they are recognised as mental illness. Many people successfully live with anxiety and depression but many people wouldn't know because of the stigma associated – many don't admit that. It's just something to be mindful of as CLC lawyers / people working in CLCs to be mindful of.

DS **[Slide: Collaboration]**

34:54 The next part of my project looked at collaboration and partnerships. Specifically, when I was tasked with this project the focus of the project was about the collaboration of lawyers with the client's support workers, and looking at the conversations that happen in a client-centred approach, in collaboration. A lot of the project consultations found that even

though from a wider point of view partnerships are definitely going on, and there is some wonderful partnership work happening out there, many of the collaborations are actually not happening in the room between the services. So, even though the lawyers may be linking with social workers, or lawyers linking with the support workers, and doctors for example in health justice partnerships, it doesn't necessarily always mean that they are all sitting in the one room together with the clients. It may be perhaps in the HALC clinic set-up by QPILCH at two sites in Brisbane – at some points they may be in the one room together, i.e. the lawyer and the doctor, or the lawyer and the social worker and the client, but many of the consultation experiences I had that more often than not they are one-on-one with the client and they refer each other down the hallway or to the other person's room. So I just wanted to raise that point now. Even though collaboration is happening we aren't really doing too much collaboration all in the one room.

As we've touched on many times in the webinar so far, collaboration needs to be client-centred. It is really important when you are in partnership that there is 100% engagement from both parties. Much of the literature suggests that many of the collaborations are successful – and it boils down to the personalities of the people that are part of the partnership / collaboration. For example, there may be an advocate that has a nursing or social work background and they understand the holistic nature of helping this person so they are really passionate. Part of their passion is a reason why successful collaboration happens. The literature is also suggesting that if people weren't so into the collaboration and one party worked harder than the other, then more often than not the collaboration often fell away or there became tension because of different goals. They didn't have the same goals or vision.

So with that in mind – I have touched on negotiating another professional in the room. From a best practice point of view, I will let Tony or Anthony talk to this – the importance of explaining to the client why it is important to have collaborative practice going on to help meet their needs. Also talking about nurturing formal and informal collaborations. It may be that you don't even realise you are in a collaboration or partnership with a service, but it is important to keep those relationships going so we can help these clients.

AS **[Slide: Collaboration]**

38:24

Hi it's Anthony here. The issue was just raised about ethical requirements. What we are getting at is consent, capacity – and the things you would normally presume the party had the ability to undertake with you. It is critical again using this collaborative model that you get that corroboration from caseworker or from someone who knows client as their capacity. As a solicitor, or in any kind of capacity assisting the person, it's already been mentioned that we are not mental health experts in this particular field so assessing consent and capacity with a client is something that is typically undertaken as a mental health assessment. That is one of the components – that issue of judgement and capacity to make reasonable decisions and make a fair determination of likely outcome. A decision to do or to not to do something. Those sort of things instruct whether someone is in a position to provide broader instruction about legal direction and things like that. Typically these are involuntary clients anyway so that should raise some immediate, obvious concerns that in some form their capacity has been deemed to be compromised. It is just for you to work out – Is it going to affect their ability to give, receive, and respond to instruction or advice? Again, it goes back to those relationships long-term.

<p>TM 40:00</p>	<p><b>[Slide: Collaboration]</b></p> <p>Hi this is Tony, the solicitor from Queensland Advocacy Incorporated. Debbie has just asked me to touch on a collaborative project that QAI and ADA Australia (previously QADA) conducted fairly recently throughout Queensland in relation to substituted decision making within mental health. We together provided training sessions, education sessions to, I believe, over 140 individuals accessing mental health services as well as their support persons around the roles and responsibilities around substitute decision making for individuals with mental illness.</p> <p>Something that we found is that quite a few individuals, both the individuals accessing services and their support persons, didn't have a great understanding or knowledge of the roles and responsibilities of substitute decision makers. It became apparent that lawyers and non-legal advocates potentially have a significant role in educating support persons and the individuals they are supporting about best practice, and the best ways to implement substitute decision making frameworks to best protect the rights of the individuals with mental illness in those sorts of circumstances.</p>
<p>DS 41:34</p>	<p><b>[Slide: Severe mental illness – multiple and complex issues]</b></p> <p>Thank you Tony. We will move on now to the next slide. This slide is to re-emphasise the point that many clients with mental illness do suffer severe mental illness and are experiencing multiple and complex needs – being legal and non-legal. Most of the time you will find that this vulnerable group are approaching a clinic because of homelessness issues, or issues with debts, and it will also unfold that they may also have issues under mental health law or they are experiencing mental health concerns. So this is just a really basic slide. It is not comprehensive and it doesn't include every service but it is just to demonstrate that a lot of the time that the issues do go hand-in-hand, and so some of the common issues experienced by clients with mental illness are the homelessness and tenancy issues, and there are services and clinics out there like the QPILCH Homeless person legal clinic that can assist, or QSTARS if there are tenancy issues. Also, to encourage CLCs that if they do feel out of their depth with any issues under mental health law that they can always touch base with the specialist mental health legal services, QAI or QPILCH, and ask for guidance or seek advice on a matter. So thank you, next slide.</p>
<p>DS 43:00</p>	<p><b>[Slide: Diagnostic Tools]</b></p> <p>The next deliverable for the project was linking in with diagnostic tools and the importance of using a legal assessment tool when you are interviewing or meeting with a client to help identify the actual legal need. One of the key points that was raised in many of the project consults was that sometimes even the people referring the client to the lawyers may not recognise all the needs, and they may not recognise all the legal needs that the client has. They just know that maybe a lawyer needs to be involved.</p> <p>So, the key point for slide is to encourage the use of Legal Health Check (LHC). Ensuring CLCs are in the habit of using them. Linking with services in your local area – make them aware of the LHC and the benefits it can bring and help the lawyer. The LHC is really good if client has been referred to you but you are not quite sure what the need is. You can use the LHC as well to identify all the potential and actual legal needs. There is a basic LHC, but there is also a specific mental health LHC. The link is on the slide.</p> <p>The best practice tip of using LHC and encouraging services to use a guide. I will pass over to Tony here to discuss the benefits of using LHC in his experience.</p>

<p>TM 44:39</p>	<p><b>[Slide: Diagnostic Tools]</b></p> <p>Thank you Debbie. So in my experience many individuals with mental illness may not acknowledge or fully acknowledge their multiple and complex legal and non-legal issues; or might often prioritise issues over other issues that are most pressing to them. They may also fail to identify and discuss other important issues. While general discussion, open questions, and thorough probing in some circumstances may be enough to identify all of an individual's multiple and complex legal and non-legal issues, sometimes it may not identify all. This is where something like the legal health check may be appropriate. It might be more useful and ensure an efficient approach to identifying the individuals legal and non-legal issues, ensuring a holistic approach, and ensuring things aren't missed that if they continue to go on and on in the individuals life might bring other issues back up again. I will pass it back to Debbie.</p>
<p>DS 45:58</p>	<p><b>[Slide: Approach]</b></p> <p>Thank you. So we might move on to the next slide now. It's talking about a client-centred, holistic, collaborative, and recovery oriented approach to better assist this client group. So, some of the people that I consulted with kept talking about the stigma and how many people view a person with mental illness as the mental illness and not as an individual. So a key part of the resources that will be developed for this project will be to emphasise the importance of looking at the person as a whole person. I will pass over to Anthony the Barrister so he can address the importance of a recovery-oriented, client-centred approach for clients with mental illness.</p>
<p>AS 46:53</p>	<p><b>[Slide: Approach]</b></p> <p>Thanks Debbie. So one of the things key to treatment models with mental illness at the moment is the recovery-oriented model. There are a number of different components to that but one of them is a strengths model so you focus on what the client is able to achieve. So from the time they first present with their initial complaint, in theory, the focus is towards what needs to be done / achieved for the person to go back to a functional community life.</p> <p>The non-adversarial approach is something that you might be familiar with because of the contemporary move to alternative dispute resolution models that we all experienced like conciliation, mediation, and those sorts of techniques and skills actually come in handy here.</p> <p>You can sit beside a client with a mental illness and use a narrative approach where the possessive features of an illness condition don't have to own them but they can talk about the effects of the illness; and you can draw some conclusions about how that might impact their ability to prioritise what issues are, and to understand what can be achieved for them.</p> <p><b>A big part of this is obviously is understanding what the client wants, what they expect, and what can actually be provided.</b> If there is a problem with any of those things lining up that can create a problem within the relationship; and as we have identified a fundamental issue with mental illness clients is how they deal with stress.</p> <p>The non-adversarial approach however you go about it is critical – you are not seen as a gate-keeper or an authority but you are there as a <b>facilitator and an enabler</b> and they understand what you can and can't do – and separate what is legal and non-legal problems – and use a collaborative approach with their care workers. Thanks Deb</p>

<p>DS 48:57</p>	<p><b>[Slide: Approach]</b></p> <p>Thanks Anthony. It is really important to highlight that not one service can assist the client with all their needs, and so it's a really good point that Anthony just raised. Finding a balance between non-adversarial advocacy collaboration and upholding your roles and duties as a lawyer as well – to act ethically in all important aspects that need to be considered in delivering a best practice approach when assisting clients with a mental illness.</p> <p>I have also noted on this slide an article written by a Queensland social worker. I have also attached the article in the resources as well. It looks at lawyers and social workers working together. In that article it discusses the approach in the delivery of services, and it highlights the importance of empowerment, partnership and acknowledgement. This really resonated with me, especially when we are looking at this broader best practice approach of trying to best assist these clients. So it's something for CLCs to be mindful of – if they want to review how the delivery of services is going.</p>
<p>DS 50:10</p>	<p><b>[Slide: Approach]</b></p> <p>So the next slide is about making the point about the 'whole person'. There is lots of information out there, not just in legal context but in medical context as well, about treating the person as a whole person.</p> <p>The 'wrap-around' service is a key word being used a lot at the moment. During my consultations there were quite a few services that said that the wrap-around approach was something that was really important and a key focus in their delivery of services. Involving the client in the process – the client can help identify their strengths; get the client to be part of the solution.</p> <p>The key point with recovery-oriented approach is that the client is always going to be in recovery – there is never an end point. It is just about medical teams / legal teams working with the clients to identify their strengths, their goals, and helping those clients empowering them to deal with and overcoming their issues. This is being part of the recovery process. The recovery will always be ongoing even if an acute episode of their illness does occur again because it is acknowledged that mental illness fluctuates. So it is about empowering those clients to learn the strategies that work well for them to help them live as well as possible within the community.</p>
<p>DS 51:35</p>	<p><b>[Slide: Client Support]</b></p> <p>The last key deliverable that was part of my framework was around client support and the importance of having a family member, carer, or another person assist the client. Obviously we always need to, as a lawyer, seek consent from the client to ensure the support worker or client support person is ok to speak to. The best practice tips and advice that came out of my consultations was that lawyers to be mindful that if there is a client support person in the room that you need to communicate with both parties – that being the client and the client support – openly, honestly and clearly. Make sure that if the client support does come across stressed or anxious that you manage that situation as stress is contagious, so is anxiety so if the client support worker may not be helping the situation when you are in interview with the client it may be easier to get the client one-on-one and continue if you need to without the client support. Most often the key point the came out of the consults was that in the recovery-oriented approach the client support is crucial in helping the client reach their goals and live effectively within the community.</p>



	<p>So when you do have client supports in the room – what does this look like? What do you need to do?</p> <p>You need to explain your role as a lawyer and your obligation to act on the instructions of the client. Even if the support worker, support person, family, or carer doesn't think that it is in the best interests of the client you are taking instructions from your clients. This is standard practice for lawyers but we are re-emphasising this point.</p> <p>One of the communication strategies for client support to best assist these clients is do involve caseworkers or client support if client consents to that because they are going to be assisting. Especially with the caseworkers because they can help the client with any actions that they need to follow-up for the lawyer. They can also explain the letters the lawyer may send to a client post-interview. The same goes for carers and family members as well. Also, the other key point raised during my consults was that something to be mindful of when working with client with mental illness even though they consent their capacity can fluctuate because of the episodic nature of mental illness so one of the best practice tips said by a few people was that as lawyers we should regularly check with the client who it is ok to talk to – the caseworker about what happened in the meeting, or it is ok to talk to a family member about issues. This is something to keep in mind as well.</p>
<p>DS 54:44</p>	<p><b><i>[Slide: Take home messages]</i></b></p> <p>We are now at the end of the slides. The take home messages are on the slides for you. I am mindful that we only have a few minutes left so pointing out the following slides are information pages and links to relevant resources. Again this is not comprehensive but it is a guide.</p> <p>Something to be mindful of is that this project is only a short-term project so this project will be finished in November. We will be launching a web-page from the QPILCH website, and this will have this recording from today's webinar, as well as other e-Learning videos to educate our CLCs; guidelines and training packages, and the literature review conducted as part of the project. So, I am also flagging the new mental health legislation. My project doesn't really go into that but the information is provided also because it is relevant to the subject matter for the project.</p> <p>I will hand back to James to see if there are any questions.</p>
<p>56:04</p>	<p><b><i>QUESTIONS – ONLINE</i></b></p> <p><b><i>Just wondering if your project is also looking at dual diagnosis with intellectual disability (ID)?</i></b></p> <p>This has been something that has been raised in consults. Many of the clients that may fall into this client group may also fall into ID client group. I haven't specifically done a section on ID. Obviously because of the limitations with the project – we only have four months to do lots of the work but we will flag it but won't go into detail.</p> <p><b><i>Also wondering if you have considered providing non-violent crisis intervention training lawyers when dealing with stressed individuals?</i></b></p> <p>This is part of the services that potentially could be offered – such as ADA Australia or even the Blue Knot foundation offers training. It will be a matter of looking into what actual training they offer, and if this is not addressed in their training maybe just ask the question whether they can tailor a training program specifically to address that.</p>



57:30	<p><b><i>[Deb queries if any of the panel members would like to add a final message.]</i></b></p> <p>So it's Catherine from ADA Australia. One of the take home messages that I think is also important is understanding that the law can be very linear, and someone on a mental health recovery journey – the journey is never linear! There can be many steps forward, but also equally many steps back and that's not seen necessarily as a negative but as part of the growth journey and learning moving forward. I think that when people understand not to look so much in a linear fashion when dealing with people experiencing these issues it takes some of the – it contextualises things better and allows that real person to person centred engagement.</p>
58:23	<p><b><i>So it's James here. I will jump in and remind people how to ask questions. I might ask Tony or Anthony to comment. We have talked a bit today about the importance of having support workers and others in the room with a client and the lawyer. One of the concerns that some of us conservative lawyers have in that space is protecting privilege and thinking about those concerns. I wonder if you could explain to us what we need to be mindful of in that situation where we are protecting the clients rights but we are getting that level of support for them.</i></b></p>
AS 59:18	<p><b><i>[Response to James question]</i></b></p> <p>Hi it's Anthony speaking. Obviously that is one of the hairy issues at the centre of this. I think it's why you need to be mindful about the way you approach it. Be clear about what you are engaging in, what's being asked of you, and the type of information you are seeking support for. If you have someone who is in a position where their capacity to consent is compromised in a way, how do you then enable the third party to be speaking on their behalf? I think the way you do your recording, and the way you approach it is critical. I think this is something in best practice we have all had drummed into us over the years but it becomes particularly complicated in this situation – just as it would if you had a translator or some similar third party required to facilitate that process – it is something that has been addressed before but something to be mindful of how you approach it. There is no one way to undertake it – you just need to navigate carefully. That's the only think I can say on the point really.</p>
JF 60:34	<p>I think we have dealt with the questions that have come through so on behalf of all the people in the webinar – can I thank our four panellists today. I think it was particularly great to have a mixed approach to the presentation which brought kind of different but really consistent perspectives on how we in CLCs or legal assistance services make sure we are providing collaborative client-focussed services for people with mental illness or people engaged with mental health law systems or problems.</p> <p>Thanks to our panellists. Thanks to everyone tuning in today. We hope to have a recording of this up fairly quickly. We'll also be providing your email addresses to Deb at QPILCH to make sure she can send a copy of the finalised resources from this project, which is a really exciting and important project. I am sure you will all look forward to receiving those materials. Thanks again. Good afternoon everybody.</p>
61:42	<p>Webinar end</p>