



Annotated Bibliography – Review of Literature and Resources

Addressing the legal needs of people experiencing mental health concerns is an acknowledged priority, but few legal assistance services are equipped to engage appropriately with this client group. The two organisations in Queensland providing specialist civil legal services to people experiencing mental health concerns are:

- QPILCH – Mental Health Law Practice (MHLP); and
- Queensland Advocacy Incorporated (QAI) – Mental Health Legal Service (MHLS).

Existing QPILCH practices confirm the research that best practice in service delivery requires careful collaboration between lawyers and those professionals, services and advocates who support people experiencing mental illness. This annotated bibliography has been prepared by QPILCH as part of the ***Mental Health Collaboration Project***. The project aims to assist Queensland lawyers who provide generalist services to clients experiencing mental health concerns and/or legal issues under mental health laws (the client group). This project encourages collaborative service delivery and aims to move away from a lawyer-centric model. Currently a best practice resource does not exist to assist generalist lawyers assisting this client group and collaborating with others. It is hoped this project bridges the gap by creating awareness through the development of best practice resources, as well as linking lawyers to existing resources that will support and empower them when assisting this client group.

Research indicates that this client group is vulnerable and disadvantaged in the community, and most have complex needs. Unfortunately the complex legal and non-legal needs of this client group often compound and serious negative life experiences result. Often they do not seek legal assistance. This client group has been identified by the Queensland Government as a high prevalence vulnerable group in greatest need of legal assistance services in 2014-17. Information about the 2014-17 legal assistance service investment for vulnerable and disadvantaged Queenslanders (*The strategy and investment model and priority service areas for 2014-17*) can be found on the Queensland Government website.

<https://www.qld.gov.au/law/legal-mediation-and-justice-of-the-peace/legal-advice-and-investment/legal-investment/legal-assistance-service-investment/>

The focus of the Mental Health Collaboration Project is to address the civil legal needs of people experiencing mental illness, especially those with complex and multiple issues and severe mental illness. This project will benefit all Queensland community legal centres involved in providing assistance in mental health law or assisting clients with a mental illness facing other legal issues.

To enable improved health, legal and social outcomes and to ensure increased access to justice for this vulnerable client group, it is vital that lawyers adopt a holistic, non-adversarial, client-centred, and multidisciplinary approach through collaborative practices in community and mental health service settings. Literature about collaborative service delivery to assist this vulnerable client group is limited and still evolving.

This annotated bibliography is not intended to be a comprehensive overview of the various aspects of best practice management of this client group. Rather, each section provides a general overview of pertinent literature and resources of interest to lawyers. Articles discussed relate to various aspects of integration and collaboration of social sector services to support the complex needs of clients. Further, this review does not seek to duplicate other current reviews and work related to legal need or the various aspects of integration and collaboration of social sector services to support people with complex needs. Other reviews have been taken into account as appropriate. It is acknowledged that some aspects of this literature review have been extracted from the **DJAG Legal Health Check** (LHC) project prepared by QPILCH (flagged as [LHC]). The literature review conducted as part of the LHC project is important and relevant for generalist lawyers to understand. The legal needs assessment tools developed as part of the LHC project are recommended for use in identifying all legal issues and needs of this vulnerable and disadvantaged client group, most of whom suffer long-term severe mental illness.

Mental Illness – Disorders, Statistics, and Medications

Allens Linklaters & Queensland Advocacy Incorporated, 'The Queensland Handbook for Practitioners on Legal Capacity' (Handbook, Queensland Law Society, 2015)

This handbook was created to help Queensland lawyers better understand issues of capacity, and to guide lawyers on what process to follow when assessing whether a client has capacity to give legal instructions. This Handbook is relevant when assessing issues of capacity for the elderly, and for clients with mental illness, cognitive impairment, intellectual disability, and acquired brain injury.* The aim of the Handbook is to ensure lawyers understand how to take instructions from these vulnerable client groups to ensure their legal needs and rights are addressed, and they can access legal advice and representation.

* It must also be noted that issues of capacity for minors is not addressed in the Handbook.

Australian Government, Mental health services in Australia (Webpage, Australian Institute of Health and Welfare) <http://mhsa.aihw.gov.au/home/>

Mental health services in Australia (MHSA) is an initiative of the Australian Institute of Health and Welfare's (AIHW), and is an online presentation of the series of annual mental health reports that describe the activity and characteristics of mental health care services in Australia.

Information about the most recent data available from the national response of the mental health care needs of Australians is provided by AIHW on the MHSA website, and statistics reported indicate that:

- 45% of Australians aged 16–85 in their lifetime will experience a common mental health-related condition such as depression, anxiety or a substance use disorder (National Survey of Mental Health and Wellbeing, 2007);
- about 35% of people surveyed in the 2007 National Survey of Mental Health and Wellbeing who reported a 12-month mental disorder (1.1 million people) accessed mental health services in the preceding 12 months (Slade et al. 2009);
- 86% of those surveyed who did not receive mental health care reported that they perceived having no need for any mental health care (2007 National Survey of Mental Health and Wellbeing);
- about 14% of children and adolescents aged 4–17 (approximately 560,000) experienced mental health disorders in 2012–13 (*Young Minds Matter* survey, the second national household survey of the mental health and wellbeing of Australian children and adolescents released in August 2015);
- almost 64,000 people have a psychotic illness and are in contact with public specialised mental health services each year (the National Survey of Psychosis, March 2010);
- more recent evidence suggests an increase to treatment rates (to an estimated 46%) when compared to the 2007 survey, due primarily to the introduction of government subsidised mental health treatment items to Medicare (Whiteford et al. 2014); and
- over \$8 billion per annum is spent on mental health-related services in Australia (services include residential and community services, hospital-based inpatient and outpatient services, and consultations with both specialists and general practitioners (GPs)).

The website reports that access to mental health-related services maybe subsidised but this may be dependant on eligibility and / or the preparation of a Mental Health Treatment Plan by a GP.

Beyond Blue (website) www.beyondblue.org.au

This website is recommended when needing quick access to information about depression and anxiety. This website reports that 3 million Australians are living with depression or anxiety. Information about suicide, publications, videos, and relevant support contacts. It is reported that suicide is the leading cause of death in Australia for males and females aged between 15 and 44. It is estimated that around 2,500 people in Australia die by suicide each year, which is more than seven people per day.

S Diminic et al., 'Estimating the community prevalence and treatment rates for mental and substance use disorders in Queensland (Report to the Queensland Mental Health Commission, November 2013). Available <https://www.qmhc.qld.gov.au/wp-content/uploads/2013/10/2014-27-Estimating-the-community-prevalence-and-treatment-rates-for-mental-and-substance-use-disorders-in-Queensland.pdf>

The purpose of this report was to inform the development of the Queensland Mental Health Commission (QMHC) whole of government strategic plan. This report provided the best available estimates of the community prevalence and treatment rates for mental and substance use disorders in Queensland (but notes limitations). The report discusses treatment targets from the National Mental Health Service Planning Framework and provides a benchmark to work towards in improving treatment rates for mental and substance use disorders in the Queensland population.

Prof P McGorry, A Parker & Dr R Purcell 'Youth Mental Health Services' (online article, Department of Psychiatry, The University of Melbourne and ORYGEN Research Centre) https://www.psychology.org.au/publications/inpsych/youth_mental_health/

The mental health of young people is of growing concern within developed countries and has become the major threat to health during adolescence and early adult life. This article states that in Australia, the prevalence of mental health problems among children aged 4-12 years is at most 14 percent (based on parental reports; Sawyer, Arney, Baghurst et al, 2000), which rises to 19 percent among adolescents aged 13-17 years (Sawyer et al, 2000) and increases again to 27 percent among young adults aged 18-24 (McLennan, 1997).

Access to adult public mental health services is limited to individuals aged 18 years or over who have a 'serious mental illness' (SMI), which in practice usually means schizophrenia and related psychotic disorders. This article argues that youth-specific services are required that focus on the onset phase of a broad range of potentially serious mental disorders (including psychosis, mood and eating disorders, and substance use disorders), in order to have maximum impact for prevention and early intervention purposes.

S MacDonald, "Which Way is Justice?" A Practice Manual for supporting people with an intellectual disability in the criminal justice system' (VOICES Project, Community Living Association, Inc., 2008)

The aim of the VOICES Practice Manual is to assist support workers helping people with intellectual disability involved in the criminal justice system, either as a victim or as an offender. The manual also intends to assist workers supporting people with other impaired decision-making capacity, including mental health issues. The purpose of the manual is to give workers an insight into the complexity of the criminal justice system. It is not a substitute for legal advice and expertise.

The National Mental Health Consumer and Carer Forum (NMHCCF), 'Understanding psychosocial disability' (Feature article, Issue 111, Summer 2014) 12.

Psychosocial disability is the term that mental health (MH) consumers and carers use to describe the disability experience of people with impairments and participation restrictions related to mental health conditions. While not everyone with a mental illness will experience psychosocial disability, those that do can experience severe psychological effects and social disadvantage (NMHCCF, 2011).

The NMHCCF is the combined national voice for MH consumers and carers in Australia (members). In this article, the NMHCCF discusses psychosocial disability, its social consequences, and the support needs of the thousands of Australians who experience psychosocial disabilities. Members use their lived experience, understanding of the MH system and communications skills in systemic advocacy to promote the issues and concerns of MH consumers and carers in Australia.

Queensland Health, Choice and Medication (webpage)

www.choiceandmedication.org/queenslandhealth

This website is recommended by Queensland Health as it provides information about mental health conditions, treatments and medications for people who use services, carers and professionals.

Information about medications, and the various drug groups, can be accessed in the "How medicines work ("Learn More About Your Medicines")" booklet. Available <http://www.choiceandmedication.org/queenslandhealth/pdf/handybookhowdrugsworkcomplete.pdf>

SANE (webpage) <https://www.sane.org/>

SANE Australia is a national charity helping all Australians affected by mental illness. The SANE website provides information, statistics and support information about mental health, illness, disorders, medication and treatment.

- Factsheets: <https://www.sane.org/mental-health-and-illness/facts-and-guides>
- Statistics: <https://www.sane.org/mental-health-and-illness/facts-and-guides/facts-figures>
 - Around 20% of adults are affected by some form of mental illness every year.
 - Nearly half (45%) of the population will experience a mental disorder at some stage in their lives.
 - Almost one in five Australians (20%) will experience a mental illness in a 12-month period.
 - During a one-year period, anxiety disorders will affect 14% of the population, whilst depression affects 6%.
 - Around 3% of adults experience psychosocial disability caused by the effects of mental illness. Some people are so severely affected by mental illness that it affects their ability to participate fully in society.
 - Schizophrenia can be a particularly disabling condition for some: this is a persistent form of mental illness that affects approximately 1% of Australians at some stage in their lives.

The Royal Australian and New Zealand College of Psychiatrists (webpage)

<https://www.ranzcp.org/advice.aspx>

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) aims to support people with mental illness and their carers, family and friends in learning about mental illnesses and the treatments that are available. The RANZCP have information and "guide" booklets based on best available evidence and written by mental health experts based on mental health topics including:

- Bipolar disorder
- Depression
- Schizophrenia
- Post-Traumatic Stress Disorder (PTSD)
- Panic disorder and agoraphobia
- Self-harm
- Eating disorders
- Adult attention deficit hyperactivity disorder (ADHD)
- Telepsychiatry

Legal Assistance Services & Complex Needs of Disadvantaged Clients

C Coumarelos et al., 'Legal Australia-Wide Survey: Legal Need in Australia (LAW Survey Report, Law and Justice Foundation of New South Wales, 2012) Available

<http://www.lawfoundation.net.au/ljf/app/&id=FC6F890AA7D0835ACA257A90008300DB>

This LAW Survey undertaken in 2008 was a telephone survey which involved 20,716 telephone interviews with household residents aged 15 years or over across Australia. The purpose of the study was to better understand the patterns of legal need in the Australian population. It found that the strongest independent predictors of legal problem prevalence in Australia were age, illness or disability and family status. Significantly it was found that respondents with three or more legal problems were just over one-fifth of the sample but accounted for four-fifths of the legal problems experienced. A legal problem was more than twice as likely to be experienced by those with a chronic illness or disability, and problems were more likely to be multiple and substantial. Of the major categories of legal problems studied, chronic illness or disability was a significant predictor of every major category.

This report highlights that people with chronic illness/disability with legal problems require joined-up responses from legal and broader human services in order to address all of their needs. The findings from this LAW Survey led the authors to conclude that a holistic approach to justice in Australia is required, and that justice should be 'made to measure' according to the varying legal needs and capabilities of people and groups across the whole community.

Marking pathways to legal assistance via 'problem noticers' and other non-legal gateways at points that coincide with when a person may perceive a problem or become psychologically ready to act may also be a feature of the more holistic approach to access to justice (see Coumarelos et al. 2012; Genn 1999; Pleasence 2006).

C Coumarelos & Z Wei, 'The Legal Needs of People with Different Types of Chronic Illness or Disability' (Justice Issues Paper No. 11, Law and Justice Foundation of New South Wales, 2009) Available <http://www.lawfoundation.net.au/report/justiceissues11> [PDF [http://www.lawfoundation.net.au/ljf/site/articleIDs/8F7E30A44DA0D60ECA2575BB00083A10/\\$file/JI11_Chronic_illness_web.pdf](http://www.lawfoundation.net.au/ljf/site/articleIDs/8F7E30A44DA0D60ECA2575BB00083A10/$file/JI11_Chronic_illness_web.pdf)]

Using data from the NSW Legal Needs Survey, this paper compares people with different types of chronic illness or disability on their incidence of legal problems, their rates of taking action in response to these problems and their resolution rates. The paper suggests that people with a chronic illness or disability have "increased likelihood of having multiple, complex and interconnected legal and non-legal needs". It is acknowledged that further research is required, but noted there may be enhanced benefits in developing integrated service models.

C Coumarelos, Z Wei & A Z Zhou, 'Justice Made to Measure: NSW Legal Needs Survey in Disadvantaged Areas' (Article, Law and Justice Foundation of New South Wales, Vol 3, 2006) Available

[http://www.lawfoundation.net.au/ljf/site/articleIDs/B9662F72F04ECB17CA25713E001D6BBA/\\$file/Justice_Made_to_Measure.pdf](http://www.lawfoundation.net.au/ljf/site/articleIDs/B9662F72F04ECB17CA25713E001D6BBA/$file/Justice_Made_to_Measure.pdf)

This report examined the legal needs of people with chronic illness and disability. The survey found that chronic illness and disability was not only determined by biology, but by the social consequences of chronic illness and disability too. It was found that those people with chronic illness or disability are more likely to experience disadvantage and social exclusion, and they were more vulnerable to a wide range of legal problems despite lower rates of resolution and serious negative impact. The article suggested an association between chronic illness and disability with legal problems, and noted that legal problems may aggravate mental or physical illness. However this association was not well measured.

S Forell & A Gray, 'Outreach legal services to people with complex needs: what works? (Justice Issues, No 12, Law and Justice Foundation of New South Wales, October 2009) [LHC]

This paper suggests that clients can benefit from the provision of legal assistance in an accessible, familiar and trusted site, and from more streamlined and holistic service delivery and referral.

The paper analysed existing research on best practice for face-to-face outreach legal services to people with complex needs. The paper discussed relevant research and identified several features of effective outreach legal services and other considerations, including:

- initial and ongoing relationships between the legal service and community organisation, as well as training for community workers to identify and refer legal needs were key ingredients for an effective partnership;
- co-location with community organisations was not enough to guarantee clients will access the service;
- awareness by legal advisers of referral pathways for non-legal needs, including understanding the role and capacity of the partner agency;
- the need for ongoing communication between the legal service and community organisation to sustain referrals and support the delivery of legal services (e.g., workers assisting clients to access documents);
- it was important to build effective referral pathways with key 'problem noticers' and 'market' the service directly to potential clients; and
- a need for one person (lawyer or separate 'coordinator') to have responsibility for developing and sustaining relationships with 'problem noticers' and providing ongoing training to community workers and lawyers.

The paper identified lack of research about the role of community legal education in outreach legal services as something to be addressed by further research.

S Garlick, 'Legal Health Checks: A Targeted Response to Legal Need' (2010) 23(6) *Parity* 22 [LHC]

This article discusses how the Homeless Persons' Legal Clinic (HPLC) seeks to close the gap with access to justice issues for the homeless, and the HPLC model. It identifies how the Legal Health Check (LHC) project by QPILCH was the response of HPLC in Queensland to the "double knowledge-gap" of both clients and caseworkers regarding the identification of client legal need/s. This article discusses the LHC pilot at Roma House HPLC and the processes to ensure success.

S Garlick, 'There's no place like HPLC: A 'legal menu' serves help for the homeless' (2013) Vol. 33, No. 5, June 2013 *Proctor* 26 [online] Available

http://www.qpilch.org.au/dbase_upl/June_2013_Proctor.pdf (Accessed 16 June 2016)

Research confirms that disadvantaged or socially excluded groups are more vulnerable to legal issues. The research also indicates that these people are more likely to experience multiple legal problems but less likely to take action to resolve these issues. This article reviews the pro bono partnership between Herbert Smith Freehills and the Homeless Persons' Legal Clinic (a service of QPILCH) and the use of the Legal Health Check (LHC) legal needs assessment tool at the HPLC at Roma House. The article outlines the use of the LHC at a HPLC from a lawyers perspectives and the partnerships opportunities that arose.

Legal Aid New South Wales, 'Annual Report 2014-2015' (Refer to "Section 1 Client Services – Addressing clients' complex needs"). Available

http://www.legalaid.nsw.gov.au/data/assets/pdf_file/0009/23022/Legal-Aid-NSW-2015-Annual-Report.pdf

This report highlights that 23 per cent of people involved in a survey experienced three or more legal problems within a 12-month period, and some people are likely to experience multiple legal problems.

The survey found that nearly 10 percent of the people surveyed from NSW accounted for 66 per cent of the legal problems reported. Research shows that these clients often have multiple social, psychological and physical needs and complex legal problems. They therefore have the greatest need for assistance and are the most challenging to access and engage. NSW has adopted a client-centred approach in response to these findings.

H M McDonald & Z Wei, 'Concentrating disadvantage: a working paper on heightened vulnerability to multiple legal problems' (Updating Justice No. 24, Law and Justice Foundation of NSW, May 2013) [LHC]

This paper confirms that the experience of multiple "clusters" of legal problems is more prevalent among disadvantaged groups and populations. It recognises the role of "legal health checks" and diagnostic tools in identifying clusters of legal issues for disadvantaged and vulnerable client groups.

NSW Government Department of Attorney-General & Justice, 'Review of the delivery of legal assistance services to the NSW Community' (Report, June 2012). Available

http://www.justice.nsw.gov.au/justicepolicy/Documents/delivery_of_legal_assistance_services_report_final.pdf

An important collaboration recommendation stated that a focus should be on strengthening non-legal pathways to legal assistance services because non-legal pathways are often the gateway to legal services. By identifying ways to help non-legal professionals who deal with disadvantaged people to identify any legal issues and to refer those clients to appropriate legal services.

P Pleasence, C Coumarelos, S Forell & HM McDonald, 'Reshaping legal assistance services: building on the evidence base' (Discussion Paper, Law and Justice Foundation of New South Wales, April 2014). [LHC] Available

[http://www.lawfoundation.net.au/ljf/site/templates/reports/\\$file/Reshaping_legal_assistance_services_web.pdf](http://www.lawfoundation.net.au/ljf/site/templates/reports/$file/Reshaping_legal_assistance_services_web.pdf)

This paper sets out a framework and strategies for access to justice 'practice' based on the significant body of legal needs research undertaken by the Law and Justice Foundation of New South Wales. It considers the different types of legal health checks, and supports the use of legal health checks in appropriate partnerships between legal and non-legal services. The findings and strategies in this discussion paper are reflected in the Collaborative Service Planning tool. This paper acknowledges that to most efficiently and effectively assist people with the most legal need, legal services must be:

- **targeted** to those most in need;
- **joined-up** with other services (non-legal and legal) likely to be needed;
- **timely** to minimize the impact of problems and maximize utility of the services; and
- **appropriate** to the needs and capabilities of users.

This paper acknowledges the benefits of effective legal outreach services to disadvantaged people with complex needs, and the importance of locating outreach services in places that disadvantaged people will access. This paper notes that clarity is needed as to the place of public legal assistance services within the broader community services sector.

It is suggested that effective legal outreach services:

- meet priority legal needs and fill a service gap;
- successfully engage the target client group;
- are tailored to the specific needs and capabilities of the target client group (for example, client-centred services and effective referral pathways for disadvantaged clients who have complex, interrelated legal and non-legal needs, as well as poor legal capability);
- involve successful collaboration with other legal and non-legal services to meet client needs holistically;
- are accessible, appropriately resourced and sustainable; and
- are appropriately monitored and evaluated.

The multiple, and often intertwined, legal and non-legal needs of disadvantaged groups highlights the potential value of client-centred services in increasing access to justice for these groups and providing holistic solutions to their problems. The concept of 'legal capability' is also addressed as an important consideration in increasing access to justice.

This paper acknowledges that while legal services may work as part of a holistic response to client needs (Forell et al. 2013) and a holistic approach to justice, it assumes that it is beyond their remit and capacity to themselves resolve clients' issues beyond the legal. It highlights that the design of effective, responsive, client-centred, legal services that mirror and appropriately match legal need and capability, requires greater theoretical and empirical understanding of personal legal capability. For an effective legal response, an evaluation of the client types and needs must be undertaken, as well as evaluation of what form and mode of service provision is effective for the type of legal problems experienced by the groups of people identified accessing the service.

This paper also discusses the challenges to successful collaborations, and the various tensions that can occur with collaborations. These may include tensions between groups, lack of trust, differences in language, culture, ethics, and ways of working, or poor and unrecognised outcomes.

Queensland Advocacy Incorporated and Queensland Association of Independent Legal Services Inc, 'Access All Areas – Specialist Services Accessibility Project' (Final Report, June 2014)

The interface between generalist and specialist community legal centres (CLCs) in Queensland is considered. This report follows on from the DJAG review of the Legal Practitioner Interest on Trust Account Fund (LPITAF) which endorsed a mixed model of generalist and specialist CLCs, provided the services operate cohesively within a unified cooperative service delivery framework. A core focus of LPITAF was the promotion of equitable access to specialist legal assistance services throughout Queensland. In response to this, this report develops a framework of options aimed at enhancing access to specialised legal services.

QPILCH, 'Legal Health Check online portal for community workers' (Project Report, June 2015)

The Queensland Public Interest Law Clearing House Incorporated (QPILCH) received funding from the Commonwealth Attorney-General's Department via the National Association of Community Legal Centres Inc. (NACLC) to develop resources to assist frontline community workers to identify and refer the legal needs of their disadvantaged and vulnerable clients. QPILCH developed an online portal for community workers in discussion with NACLC. The website www.legalhealthcheck.org.au houses resources and training to identify disadvantaged and vulnerable clients' legal needs and refer those clients to appropriate legal services for assistance (this site is jointly owned and managed by QPILCH and NACLC, under a Creative Commons Attribution-Non-Commercial use licence (version 4.0)).

The screening tool developed by QPILCH during this project is known as the 'Legal Health Check' (LHC). The LHC is a legal screening tool that enables community workers to both "diagnose" a client's multiple legal needs using structured interview questions and collaborate with legal services to develop effective referral pathways to address those legal needs. Accordingly, QPILCH developed a suite of new Legal Health Check resources and training materials for the Project, which build on its existing work in this area.

Client-Centred Integration and Collaboration for Access to Justice

Australia

M Castles, 'Possibilities for Multidisciplinary Collaboration in Clinical Practice: Practical Ethical Implications for Lawyers and Clients' (2008) Vol 34, No 1 *Monash University Law Review* 116. Available <http://www.austlii.edu.au/au/journals/MonashULawRw/2008/5.html>

This article examines multidisciplinary practices (MDPs) and partnerships such as those between lawyers, accountants and financial advisors. It acknowledges that clinical practices in Australia uniformly focus on the provision of legal services to the financially or legally disadvantaged. The purpose of the article is to evaluate the practical possibilities of providing multidisciplinary services in the particular context of disadvantaged clients. The paper evaluates some strategies proposed to avoid ethical conflicts in MDPs for the disadvantaged, but notes that the nature of legal ethics and the legal profession creates barriers to the development of truly MDP collaborations between lawyers and other professionals. Although this paper focuses on MDPs for the disadvantaged, the perceived benefits of MDPs extend to all areas of the legal services market.

S Clarke & S Forell, 'Pathways to justice: the role of non-legal services' (Justice Issues Paper 1, Law and Justice Foundation of New South Wales, 2007). Available [http://www.lawfoundation.net.au/ljf/site/articleIDs/B0B818584C14F361CA257306000716A2/\\$file/pathways_to_justice.pdf](http://www.lawfoundation.net.au/ljf/site/articleIDs/B0B818584C14F361CA257306000716A2/$file/pathways_to_justice.pdf)

This paper highlights that most people who have legal problems do not go straight to a lawyer for help, and if they do seek help they tend to turn to non-legal sources. This paper explores the challenges and implications of people going through non-legal sources as a pathway to justice. It argues for a greater recognition of and support for non-legal services as key pathways used by people to get legal help.

C Coumarelos, H McDonald, S Forell & Z Wei, 'Collaborative Planning Resource – Service Planning' (Resource, Law and Justice Foundation of New South Wales, November 2015) [LHC] Available <http://www.lawfoundation.net.au/ljf/app/B6DC9E05711F044CCA257EF5000E995F.html>

This resource was developed to assist community legal centres and other free legal service providers to design appropriate legal services for specific priority client groups. It explains how findings from legal needs research can be used to plan services that align with the objectives of the 2015 National Partnership Agreement on Legal Assistance Services. It points out that research suggests that in order for legal services to be effective, they should be targeted, joined-up, timely and appropriate. This resource discusses that often more resources are required to manage relationships between or within organisations when collaborating and joining up services.

The resource notes that there is no single or 'ideal' model of service delivery. To support collaborative service planning, the resource outlines evidence about the legal needs of different vulnerable groups and the types of service delivery strategies that are likely to be most effective for these groups.

Where 'problem noticers' are identified as a mechanism to make services more appropriate or accessible, legal service providers could consider using the Legal Health Check to support collaboration and service delivery.

L Curran, 'University Law Clinics and their value in undertaking client-centred law reform to provide a voice for clients' experiences' (2007) December 2007 *Journal of Clinical Legal Education* 105

This article examines the client-centred approach taken to the law reform that has developed. It highlights the many benefits to the education of students and the benefits to society more broadly of the approach and explores the role of universities in such work. This article explores and forewarns other clinical programs of some of the pitfalls, experiences and significant benefits that have flowed from having a student clinical program which seeks to connect client experience to law reform activity as well as seeing students develop lawyering skills in an ethical and legally professional manner.

G Dal Pont, 'A Collaborative Effort' (2010) Law Institute Journal 72

This article suggests that lawyers are increasingly viewed as collaborators in effecting justice, and notes that lawyers are increasingly required to assist in the administration of justice.

P Flatau et al., 'How integrated are homelessness, mental health and drug and alcohol services in Australia' (Final Report, No 206, Australian Housing and Urban Research Institute (AHURI), May 2013) [LHC]

This report outlines findings from a cross-sectional, mixed method study in Melbourne, Perth and Sydney involving community organisations and service users. It considers the practical reality and experience of integration in relevant services from the perspective of different stakeholders.

Service integration is defined broadly as 'services working together to achieve common goals', and the report adopts a comprehensive framework for analysing the scope, depth and extent of integration from the perspective of different stakeholders.

Key findings from the report are:

- there is a desire on the part of both clients and service providers for greater levels of service integration. However, there are some limits to desired integration, which ought to be recognised by governments;
- in general, service integration is associated with improved outcomes for clients;
- service integration is highest between services in the same domain rather than across domains; and
- practices around governance, information sharing and staff collaboration are limited and resources are required to support their development.

Overall, the report finds that policy makers have a key role to play in supporting and funding bottom-up integration, as well as considering potential for systems-level integration across different 'sectors'.

A Gray, S Forell & S Clarke, 'Cognitive impairment, legal need and access to justice' (Justice issues paper 10, Law and Justice Foundation of NSW, Sydney, 2009)

Available

<http://www.lawfoundation.net.au/ljf/app/&id=2EDD47C8AEB2BB36CA25756F0018AFE0>

This article defines cognitive impairment (CI) and identifies the varied sources including intellectual disability, dementia, mental illness and brain injury (resulting from an accident, illness or substance abuse). The research suggests that the similar symptoms that arise from these disabilities appear to contribute to the types of legal problems people with CI experienced and the barriers they faced in accessing legal help and participating in legal processes. As well as highlighting the legal issues commonly experienced by people with CI, this article explores the barriers people with CI face when accessing legal assistance and participating in legal processes. The article discusses suggested strategies to address this disadvantage.

L Gyorki, 'Breaking down the silos: Overcoming the practical and ethical barriers of Integrating Legal Assistance into a Healthcare Setting' (Final Report, Winston Churchill Memorial Trust of Australia, 25 September 2014) [LHC]

Available

https://www.churchilltrust.com.au/media/fellows/Breaking_down_the_silos_L_Gyorki_2013.pdf

Recommended use of legal screening tools by frontline health and social work professionals to identify and refer legal needs of patient populations.

M Karras et al., 'On the Edge of Justice: The Legal Needs of People with a Mental Illness in NSW' (Report, Law and Justice Foundation of New South Wales, Vol 4 2006)

This report details a qualitative study into the legal issues faced by people with a mental illness in NSW, their capacity to obtain legal assistance, participate effectively in the legal system and obtain assistance from non-legal advocacy and support agencies. It concluded that people with a mental illness face many barriers in accessing justice and addressing legal issues. It is accepted that this

client group already disproportionately experiences financial and social disadvantage, marginalisation and legal problems and this report highlights that not only do they have to deal with a number of legal issues, but many of the issues have potentially serious personal and financial consequences.

M A Noone , ‘Access to Justice Review Submission’ (Submission to the State Government of Victoria, Access to Justice Review, 22 February 2016). Available <https://law.blogs.latrobe.edu.au/2016/03/14/professor-mary-anne-noones-submission-to-the-access-to-justice-review/> (Accessed 12 July 2016)

This submission is in response to the ‘Access to Justice Review’ facilitated by the Victorian Government which aimed to investigate and improve access to justice to ensure that the most disadvantaged and vulnerable in the community receive the support they need when engaging with the law and justice system. This submission responds to the Review and addresses the definition of access to justice, complex legal need, integrated legal service delivery model, the challenges of ‘joined up’ services, increased use of Alternative Dispute Resolution, legal education, the role of law students improving access to justice, Legal Aid Impact Statements, and maintenance of efficient and effective mixed model of legal assistance services.

More information about the Review and access to formal submissions based on the Review’s Terms of Reference can be accessed at <https://myviews.justice.vic.gov.au/accesstojustice>. Submissions closed on 22 February 2016.

M A Noone & K Digney, “It’s Hard to Open up to Strangers” – Improving Access to Justice: The Key Features of an Integrated Legal Services Delivery Model’ (Research Report, Rights and Justice Program – School of Law, La Trobe University 2010) [LHC] Available <http://lcclc.org.au/wp-content/uploads/2013/09/Noone-Digney-Its-hard-to-open-up-to-strangers.pdf> (Accessed 7 July 2016)

International and Australian research has established links between legal and health need, particularly for people with chronic illness and disability; links between social exclusion and clusters of legal need; and the prevalence of non-legal services as the first port of call for assistance with legal need. This research project aimed at gathering quantitative and qualitative data on integrated (holistic) legal practice, identifying key features of an integrated legal service delivery model, and to assess what facilitates and impedes the provision of an integrated legal service. It recognises that community members may face challenges in identifying which problems are “legal” in order to seek assistance from lawyers. It also considers the role of intake and assessment tools in facilitating effective legal referrals.

The authors argue (p. 217) that the manner in which community members connect or do not connect with a service is an important ingredient, perhaps the essential ingredient, in the success of integrated legal service delivery. To achieve best possible outcomes for addressing multiple, complex and interconnected legal, health and social problems, community-based legal organisations require an understanding of how their community interacts with services, so that they can adapt and develop holistic services and supports which will engage the community.

T Walsh, ‘Lawyers and social workers working together: ethic of care and feminist legal practice in community law’ (2013) 21 Griffith Law Review 3:752

Available http://espace.library.uq.edu.au/view/UQ:320601/UQ320601_OA.pdf

This article explores the nature, effectiveness and benefits of working relationships between lawyers and social workers in Brisbane community legal centres. This article notes the limited literature in Australia on interdisciplinary teams comprising lawyers and social workers, but acknowledges that many legal organisations employ social workers to support their practice. The social workers work alongside lawyers in the delivery of socio-legal services in many community legal settings.

Literature supports that social workers can offer a significant amount of assistance to lawyers in community legal settings, especially where a client is distressed, overwhelmed or vulnerable to communicate clearly because they can work with the client to enable them to provide the lawyer with relevant material. This article discusses the skills social workers can bring to a legal practice, and acknowledges role confusion and the lack of understanding regarding the role of social workers

International

Association of Community Legal Clinics of Ontario, 'Community Legal Clinics in Ontario: Ensuring Access to Justice' (Information Booklet, Community Legal Education Ontario)

The ACLCO in conjunction with its member clinics has prepared an information booklet providing an overview of the Community Legal Clinic system in Ontario. The Ontario community legal clinics and services are a wonderful example of how collaboration is positively impacting disadvantaged clients. The focus is on adoption of an holistic approach that aims to achieve change to protect and advance the rights of the disadvantaged, as well as ensure them greater access to justice, improved communication with health teams, and ultimately better health outcomes.

K Brousalis, 'Don't smoke, don't be poor, read before signing: Linking health literacy and legal capability' (Report, Community Legal Education Ontario, April 2015) [LHC]

The report draws comparisons between community health information and community legal education practices and makes recommendations for the improvement of community legal education, taking into account the legal capability of vulnerable clients.

The report finds that in the legal sector, there is little recognition of social and economic determinants and barriers to the access and use of legal information. The paper assesses the way in which legal capability is affected by social determinants of health including income, education, employment, housing, gender, race and disability, and recommends strategies and opportunities to address these barriers in the provision of community legal education.

The paper notes the significance of 'trusted intermediaries' (community organisations) in reaching vulnerable individuals in both the health and legal sectors. It also recommends that legal services design a 'quick screening tool' to help 'trusted intermediaries' and frontline legal workers to identify needs. A screening tool could also help vulnerable people recognise legal needs before they reach crisis point. The recommendations in this report support the use and adoption of a Legal Health Check as a community legal education resource for vulnerable clients.

D I Schulman et al., 'Public Health Legal Services: A New Vision' (Research Paper 150, Boston College Law School Legal Studies Research Paper Series, 2008)

This paper discusses how public health legal services may be used as a tool for public health, and considers the challenges of public health legal services in practice.

Health Justice Partnerships / Medico-Legal Partnerships

Health Justice Partnerships (HJPs), or Medico-Legal Partnerships (MLPs), are an expanding area both within Australia, and internationally. Internationally MLPs have existed for years, and successfully address legal and health issues experienced by people with mental illness. Australia is acknowledging the advantages of this model of care and many HJPs/MLPs are emerging across Australia for the benefit of the client group.

Australia

L Bishop, H Shakhhan & B Loff, 'A Hospital-based Patient Legal Clinic' (2016) 23 *Journal of Law and Medicine* 678

An integrated model of care that addresses clinical needs and ameliorates other problems faced by patients, including health-related legal needs, may have greater capacity to generate positive outcomes for patients than one where clinical needs and health-related legal needs are addressed in silos by the respective professions. Located at The Alfred Hospital (Melbourne, Australia), the HeLP Patient Legal Clinic has provided free legal advice to public hospital patients with health-related problems since March 2014. This article reports on the findings of a study of the first six months of HeLP's operation. The study adopted qualitative methods informed by grounded theory and sought to understand patient and social worker experiences of HeLP.

HeLP is located in the Social Work Department and staffed by lawyers from the medical negligence practice at Maurice Blackburn. Initially, the lawyers of the clinic were relatively senior and included a partner who was a Principal and Director of the firm. Their experience with health issues and settings enabled them to assimilate readily into the hospital environment. All requests for a legal consultation were required to go through the Social Work Department. At a patient's request, social workers attended the consultation with HeLP lawyers.

This article discusses the referral process, where the referrals stem from, the fact that arrangement of suitable referrals is often also a time-consuming exercise, and the creation of a reliable and comprehensive referral list has involved, and continues to require, significant effort. It is noted that clinician concern about potential legal problems customarily triggered a referral to social work. However with the permission of the hospital board clinicians other than social workers were able to refer patients to HeLP, and patients could self-refer. Despite this, the dominant mode of referral to HeLP remains referral by social workers who become aware of patients' legal issues. It was acknowledged that referrals were "warm" to lawyers or others who have been briefed about the issues and are expecting the client. When necessary, the lawyers to whom patients have been referred have taken their instructions by the hospital bed.

HeLP lawyers collect basic descriptive data about the patients and their legal and medical issues. The legal issue for which advice was most sought was medical and legal powers of attorney, followed by wills, superannuation, housing and property, perpetrating or being a victim of a crime, and family law problems. The article notes that social work staff regarded patients' legal issues as major "psychosocial stressors". Both patients and social workers reported that patients are more willing to engage with their health care when pressing legal issues are being dealt with on their behalf.

The article acknowledges that prior to the HeLP legal clinic the social workers sought advice from Legal Aid Victoria, community legal services or hospital legal counsel and this was a protracted "hit and miss" exercise. However since the HeLP clinic was established, the social workers considered the HeLP collaboration time-saving rather than time-consuming as social workers no longer had to deal with legal problems in which they were not expert. Social workers asserted that it was extremely useful to be able to obtain immediate guidance from lawyers about whether or not a matter is a legal issue and, if so, the steps that should be taken. This teamwork has also had an impact on social worker job performance and satisfaction. The layout of the collaboration also contributed to success.

L Gyorki, 'A Healthy Partnership – Legal and health issues often go hand in hand – community legal centres are responding in healthcare settings' (2014) Jan/Feb *Law Institute Journal* 81

This article discusses a pilot project which viewed legal assistance through a social model of health, and the benefits of advocacy-health alliances delivering legal services and improving access to justice for vulnerable people in the community. It discusses the research that indicates that legal professionals are only consulted for 16 per cent of all legal problems. It notes that people often turn to their trusted health and welfare professionals for advice and assistance with legal issues, not lawyers. The article recognises that legal problems can have detrimental impacts on the health and social circumstances of individuals. It also highlights that community legal centres in Victoria have responded to this nexus between legal and health issues by working towards embedding legal assistance within healthcare settings.

M Hardham, 'Starting a Health Justice Partnership – A toolkit' (Health Justice Partnerships Network, 2015) [LHC] Available

<http://www.justiceconnect.org.au/our-programs/seniors-law/health-justice-partnership/health-justice-partnerships-toolkit>

The toolkit was developed on behalf of the Health Justice Partnerships Network to support organisations planning or providing legal services in health or welfare settings. The toolkit outlines 12 steps to establish a partnership between legal and non-legal services, and draws on Australian case studies to illustrate each step.

The Legal Health Check is included as a suggested resource for training and capacity building. The toolkit is an important resource for the community legal sector in Australia, and a good record of innovative practices and initiatives in place at the time of writing.

NOTE: The toolkit will continue to be updated to reflect learnings from practice.

Health Justice Australia, 'National Centre for Health Justice Partnership' webpage.

Available <https://healthjustice.org.au/> (Accessed 30 June 2016)

The creation of the National Centre for HJP (the Centre) was in response to the increasing effort in Australia to provide legal services in health settings because it was recognised that unmet legal need can exacerbate or contribute to poor health, and undermine health outcomes. The HJP model is an innovative way of providing access to justice through health settings. The HJP integrated service model targets people who don't access legal services, or don't know they have legal needs. The Centre aims to support improved outcomes in health and access to justice through systemic advocacy, supporting best practice, and sharing resources.

P Noble, 'Advocacy-Health Alliances: Better Health through Medical-Legal Partnership' (2012). Available http://lccclc.org.au/wp-content/uploads/2012/02/AHA-Report_General.pdf

(Accessed 20 June 2016)

This is the final report on the outcomes of the 2011 Clayton Utz Foundation Fellowship to research Medical-Legal Partnership (MLP) and its application in Australia. It is accepted that the US experience of MLP has shown that legal assistance which is provided at the same time as disadvantaged people access health treatment can help to tackle some of the environmental causes of poor health, change policies which impact on poor health and reduce readmission rates.

This report supports and encourages the expansion of legal practice to build a Medical-Legal Partnership model and culture in Australia in response to community legal and health needs. The report discusses multi-disciplinary legal practice in the Community Legal Centre sector, some notable examples of existing multi-disciplinary legal practice, and the potential challenges (practical and ethical) presented by multi-disciplinary practice.

The report reveals that providing legal services in partnership with health care providers can have a significant impact on the health of disadvantaged people, but it notes that many disadvantaged people do not access the legal system and are more likely to access the healthcare system.

QPILCH, 'Health Justice Partnerships' webpage. Available <http://www.qpilch.org.au/cms/page.asp?ID=61014> (Accessed 11 July 2016)

Often complex legal and social issues can form part of the environmental causes of ill-health in patients. The Health Advocacy Legal Clinic (HALC) assists patients/clients in addressing their legal and social challenges. The HALC uses a combination of medical, social work and legal skills to address the issues confronting patients.

A M Ryan et al., 'Pilot Study of Impact of Medical-Legal Partnership on Stress and Wellbeing' (2012) 23 *Journal of Health Care for the Poor and Underserved* 1536

This article acknowledges that the best sources of referrals to legal outreach services are the individuals and organisations that are already trusted by the client group. It stresses that co-location of legal services within health services is insufficient to create a successful working relationship. It notes that co-location for a medico-legal partnership is only one step of the collaboration, and effort in building processes and trust is essential to enable ongoing communication, continued cooperation, and coordination. For the pilot study in focus for this article, the hospital and its social workers assumed the position of trust.

VicHealth, Partnerships Analysis tool: A resource for establishing, developing and maintaining partnerships for health promotion (2011) [LHC] Available https://www.vichealth.vic.gov.au/~/_/media/ResourceCentre/PublicationsandResources/General/Partnerships_Analysis_Tool_2011.pdf?la=en

This tool builds on an analysis of a number of initiatives undertaken by VicHealth, and offers suggestions for the formation of effective partnerships. It notes the benefits of successful partnerships between and within sectors, including diverse and complementary skills, and efficient pathways to better outcomes. The tool highlights the importance of shared values, clear understanding of structures and relationships, and thorough planning of joint activities.

International

There is considerable literature available discussing medico-legal partnerships (MLPs) in USA emerging as an increasingly popular model of care, with 2013 data indicating that MLPs operated in 276 health care institutions in 36 States.¹ There is also significant literature discussing client-centred care and integrated approach in Canada (particularly Ontario).

T Beeson, B D McAllister & M Regenstein, 'Making the Case for Medical - Legal Partnerships: A Review of the Evidence' (Report, National Center for Medical - Legal Partnership, February 2013) [LHC]

Available <http://medical-legalpartnership.org/wp-content/uploads/2014/03/Medical-Legal-Partnership-Literature-Review-February-2013.pdf>

This report identifies the mechanisms and tools for assessing and identifying the legal needs of patients are an evidence gap in the practice of medical-legal partnerships. It recommends best-practice and information sharing across programs.

E Cohen et al., 'Medical-Legal Partnership: Collaborating with Lawyers to Identify and Address Health Disparities' (2010) 25 *Journal of General Internal Medicine* 136

This article features four selected MLP programs to illustrate how MLPs teach physicians and other health care providers to address health disparities. The MLP programs were selected on the basis of their successful educational curricula and innovative practices, developed jointly by doctors and lawyers.

JD Colvin, B Nelson & K Cronin, 'Integrating social workers into medico-legal partnerships: comprehensive problem solving for patients' (2012) 2012 Oct; 57(4) *Journal of Social Work* 333

MLPs aim to resolve legal issues that have a negative impact on patient health by integrating legal services into the health care setting to. This article highlights that literature is only beginning to recognize the significant role that social workers can play in greatly enhancing the MLP in terms of development, process, and success.

B Freshman et al., 'Collaboration across the Disciplines in Health Care' (Jones and Bartlett Publishers, USA, 2010)

This resource aims to provide best practice collaborative tips. It is intended by the editors to be a resource for effective and successful collaboration. The editors suggest that understanding the driving and restraining forces at play in collaborations is likely to contribute to success in developing or facilitating collaborative practices and processes.

E Lawton, 'Medical-Legal Partnerships: From Surgery to Prevention?' (2007) Spring 2007 *Management Information Exchange Journal* 37

Ellen Lawton was the Executive Director of MLP for Children (MPLC) at Boston Medical Center (BMC)/Boston University School of Medicine when this article was published in 2007. This article supports the move away from responding to crisis, and supports preventing it. The injury prevention trend is a powerful analogy for legal work. MPLC view the clinical setting as the gateway to preventative law for the legal services population so that families can access legal help before a crisis point (losing a job or eviction from living situation) that would typically lead them to legal services.

¹ National Center for Medical-Legal Partnership, *The MLP Response* <<http://medical-legalpartnership.org/mlp-response>>; Tishra Beeson, Brittany D McAllister and Marsha Regenstein, *Making the Case for Medical-Legal Partnerships: A Review of the Evidence* (National Center for Medical-Legal Partnership, 2013) <<http://medical-legalpartnership.org/wp-content/uploads/2014/03/Medical-Legal-Partnership-Literature-Review-February-2013.pdf>>.

E Lawton and ET Tyler, 'Optimizing the health impacts of civil legal aid interventions: the public health framework of medico-legal partnerships' (2013) Jul 1 *Rhode Island Medical Journal* 23

MLPs are a result of healthcare providers, public health professionals and lawyers concerned with social determinants joining forces to offer a preventative approach to addressing the complex social, legal and systemic problems that affect the health of vulnerable populations. This article explores the many benefits of the MLP model for improving patient health care, transforming medical and legal practice and institutions. It also discusses the importance of generating policy changes that specifically address health disparities and social determinants.

H A McCabe & ED Kinney, 'Medical Legal Partnerships: A Key Strategy for Addressing Social Determinants of Health' (2010) 25 *Journal of General Internal Medicine* 200

Available <http://link.springer.com/article/10.1007%2Fs11606-010-1298-9?LI=true>

(Accessed 7 July 2016)

This article highlights that many people without health insurance coverage tend to have lower incomes and this results in poorer health outcomes and more disease than the more affluent in the population. It discusses the role of MLPs to education fellow professionals about how to address social determinants of health that influence treatment and recuperation. Social determinants are identified as being the conditions in which people are born, grow, live, work and age, including the health system.

This article suggests MLPs bridge the gap where legal problems impede treatment and recovery, and encourages interdisciplinary discussions as they may lead to further innovations to ameliorate the effects of social disparities for patients.

Medical-Legal Partnership | Boston webpage. <http://www.mlpboston.org/>

(Accessed 20 June 2016)

MLP | Boston addresses the complex social determinants of patients' health and ensures that low-income patients are able to meet their basic needs for food, housing and utilities, education and employment, health care, and personal and family stability and safety.

MLP | Boston is an interdisciplinary team of health care staff, attorneys, and paralegals who integrate legal assistance into the medical setting as a vital component of patient care. The legal team collaborates with healthcare providers in three key activities that promise to transform the delivery of health care and legal services and improve health for vulnerable individuals and families.

Other articles recommended on the MLP Boston webpage include:

- **Advancing the Integrated Practice of Preventive Law and Preventive Medicine.**
Samantha Morton, Thomas Barton and Jack Maypole. *Preventive Law and Problem Solving: Lawyering for the Future*. Lake Mary, FL: Vandephas Publishing, 2009. Ed. Thomas Barton.
- **Disparities in Health, Disparities in Law: The Global Potential of Individual Advocacy.**
Ellen Lawton, Robyn Riseberg, Gavriela Bogin-Farber, Rachael Knight, Jonathan Cohen and Lauren Smith. *Health Capital and Sustainable Socioeconomic Development*. New York: CRC Press, 2008. 419-439. Ed. Patricia Cholewka and Mitra M. Motlagh.
- **The Lawyer is In: Why Some Doctors are Prescribing Legal Remedies for Their Patients, and How the Legal Profession Can Support This Effort.** *Boston University Public Interest Law Journal*. Spring/Summer 2003. P Tames, P Tremblay, T Wagner, E Lawton & L Smith.

JS Murphy, EM Lawnton & M Sandel, 'Legal Care as Part of Health Care: The Benefits of Medical-Legal Partnership' (2015) 62(5) *Pediatric Clinics of North America* 1263

This article highlights that MLPs may positively change clinical systems as many of the social determinants of health stem from legal problems experienced by a patient. There are benefits when a MLP team works with patients to identify and address legal needs to improve health care outcomes.

E Paul et al., 'Medical-Legal Partnerships: Addressing Competency Needs Through Lawyers' (2009) Vol 1, No. 2 *Journal of Graduate Medical Education* 304

Available <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2931240/>

This aim of this paper is to introduce MLPs as an important collaboration designed to address legal needs as part of health care delivery, and to discuss and encourage MLPs as a practical curricular element of residency education.

M Regenstein et al., 'Medical-Legal Partnership and Health Centers: Addressing Patients' Health - Harming Civil Legal Needs as Part of Primary Care' (Report, National Center for Medical-Legal Partnership, February 2015)

[LHC] Available <http://medical-legalpartnership.org/wpcontent/uploads/2015/02/Medical-Legal-Partnership-and-Health-Centers.pdf> .

This article considers different training and screening tools developed in the context of existing medical-legal partnerships (e.g. incorporating screening and referral into electronic medical records).

M Sandel et al, 'Medical-Legal Partnerships: Transforming Primary Care By Addressing The Legal Needs Of Vulnerable Populations' (2010) 29 *Health Affairs* 1697

Available <http://content.healthaffairs.org/content/29/9/1697.full.pdf>

This article highlights that medical-legal partnerships in the United States have been actively involved in improving conditions for vulnerable populations.

E Tobin Tyler, 'Aligning Public Health, Health Care, Law and Policy: Medical-Legal Partnership as a Multilevel Response to the Social Determinants of Health' (2012) VIII *Journal of Health & Biomedical Law* 211

As critically important as expansion of access to health care is, a fuller understanding of the role of social justice in health is needed, particularly as mounting evidence points to the role of social conditions in health outcomes. As public health researchers continue to document the role of the social determinants of health ("SDH") – "where we live, learn, work and play" – in racial, ethnic and economic health disparities in the U.S., discussion of the intersection between health and social justice is unavoidable. Yet, shifting focus to legal and policy changes that may address SDH has been difficult. The role that law plays in SDH is a relatively new area of concern for both health law scholars and lawyers who serve vulnerable populations.

E Weber & B Polkey, 'Building a Health Care Legal Partnership Learning Collaborative' (2015) 21(3) *Creative Nursing* 144

This article highlights the need for both health care and legal interventions to maximize opportunities for health. MLPs bring the power of law to health care to reduce barriers and negative social determinants of health. Growing research shows MLPs improve care, health outcomes, financial status of patients and providers, and enhance inter-professional collaboration.

B Zuckerman et al., 'Medical-Legal Partnerships: Transforming Health Care' (2008) 8 November 2008; 372 (9650) *The Lancet* 1615

Available [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(08\)61670-0/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(08)61670-0/fulltext)
(Accessed 20 June 2016)

This article suggests a way to transform the health care system is to address the social determinants of patients, especially those who are on low incomes and their health is adversely affected by social determinants. The article recommends lawyers be trained to work as part of the health care team to enforce to laws and regulations that are in place to protect health. The article discusses the several advantages of medical-legal partnerships, and how it is a flexible model that can be effectively implemented in countries. It explores how new generations of lawyers are practising a form of preventative law which allows for the identification of legal needs before they turn into legal – and health emergencies, such as child abuse, homelessness, failure to thrive, and severe asthma episodes.

Service Delivery Models, Frameworks and Practices

The focus of this mental health collaboration project is to encourage generalist lawyers to shift focus from a lawyer-centric model of service-delivery to addressing the need for lawyers to develop collaborative practice skills in community legal centres, mental health service settings, and other relevant settings, in order to increase access to justice for this vulnerable client group.

Australia

Australian Government, 'Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services' (Review Report, Department of Health, Commonwealth of Australia, 2015) Available

<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-review-response>

This Review report is the Australian Government response to the Review of Mental Health Programmes and Services (the Review) undertaken by the National Mental Health Commission (NMHC). NMHC was tasked by the Australian Government and the Review's final report was provided to the Australian Government in December 2014, '**Contributing Lives, Thriving Communities**', highlighted the existing complexity, inefficiency and fragmentation of the mental health system. It also recognised the health, social and economic costs of mental illness and suicide for individuals and the community. The breadth of the report reflects the multitude of issues faced by people with mental illness and the sector and the complexity associated with mental health reform

The Australian Government's response presents significant system reforms that are needed to produce an efficient, integrated and sustainable mental health system and to improve the targeting of efforts and outcomes for people with or at risk of mental illness. It also encourages partnerships and better integration with other service providers. Importantly, the mental health consumer is at the centre of the reforms.

Note also that a factsheet is available on the Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services.

<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-review-fact>

Commonwealth of Australia, 'A national framework for recovery-oriented mental health services: Policy and theory' (National Framework, The Department of Health, 2013).

Available <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-recovpol>

The national framework focuses on how mental health services respond to people with mental health issues and their families. The aim is to create a system that is client-centred and offers consistently high-quality care with long-term positive impacts on people's lives.

The national framework for recovery-oriented mental health services was developed under the guidance of the Mental Health, Drug and Alcohol Principal Committee. This guide was designed to be a valuable resource that outlined the importance of a national framework, and also encourages those involved in the provision of mental health services to establish and embed recovery approaches in mental health services across Australia.

The framework was informed by extensive research, submissions and consultations, as well as by a wealth of articles, reports and policy documents both national and international. Most importantly, the framework was informed by the stories, pictures, thoughts and viewpoints of people with a lived experience of mental health issues, both in their own personal experience and in the lives of those close to them.

Commonwealth of Australia, 'Implementation Guidelines for Non-Government Community Services, Principles of recovery oriented mental health practice' (The Department of Health, 2010). Available

<http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-i-nongov-toc~mental-pubs-i-nongov-pri> (Accessed 5 July 2016)

The principles of recovery oriented mental health practice ensure that mental health services are delivered in a way that supports the recovery of mental health consumers. The principles of recovery oriented mental health practice are relevant to all of the 10 national standards and apply to the whole mental health service system, including the non-government community mental health service sector. The principles are: [1] Uniqueness of the individual; [2] Real choices; [3] Attitudes and rights; [4] Dignity and respect; [5] Partnership and communication; [6] Evaluating recovery.

J Gutman, 'Non-Adversarial Justice: implications for the legal profession' (Conference Paper, Non Adversarial Justice: Implications for the Legal System and Society conference, Melbourne, 4-7 May 2010) Available

<http://www.aija.org.au/NAJ%202010/Papers/Gutman%20J.pdf>

This paper explores a range of ethical and legal practice tensions that arise in the move from traditional to problem-solving approaches to justice in Victoria. The paper also questions whether current professional regulation and standards are appropriate for adversarial and non adversarial legal practice. Topics discussed include: The Importance of Lawyers; Lawyer Well Being; A New Approach to Lawyering; Lawyer Client Relationship; Conduct; Representation; and Competence.

The paper acknowledges that professional rules need to keep adapting professional standards to cater for the institutionalisation of ADR, legal practice in the non adversarial justice environment and their impact on lawyers and legal practice. Further it notes that the legal system involves both adversarial and non-adversarial approaches so a 'one size fits all' approach to legal regulation and legal ethics is inappropriate.

J Gutman, 'The Reality of Non-Adversarial Justice: Principles and Practice' (2009) 14 *Deakin Law Review* 29

This article discusses recent shifts of direction in the theory and practice of law. It acknowledges how the alternative dispute resolution (ADR) processes in Australia have paved the way for a changing legal culture. It points out that this development evidences an institutional shift from adversarial justice towards the greater inclusion of non-adversarial dispute resolution processes, and that contemporary best practice lawyering demands recognition and acceptance of this change.

This article examines the various trends in lawyering and the legal institutions that have developed as a result of ADR practice. The changes considered in this article reflect 'collaboration and connection rather than adversarialism and separation'.

H McDonald and Z Wei, 'How people solve legal problems: level of disadvantage and legal capability' (Justice Issues, No 23, Law and Justice Foundation of New South Wales, March 2016) [LHC] Available

<http://www.lawfoundation.net.au/ljf/app/&id=4752B67A5D6A030FCA257F6A0004C3C5>

This paper draws on findings from the 2012 Legal Australia-Wide (LAW) Survey to consider how people's personal capability affects their ability to seek advice or assistance for legal matters.

Key findings in relation to the advice-seeking behaviours of people experiencing disadvantage are:

- these people are less aware of not-for-profit legal services and less likely to take action in response to legal problems;
- they are significantly less likely to make use of self-help, non-legal advisers and private lawyers as a strategy to resolve legal needs; and

- because of these factors, targeted and tailored CLEI may be critical to assisting more disadvantaged people to 'get help', as well as assisting non-legal professionals to 'give help' by connecting them with legal assistance.

The paper also observes that improved clarity about the target audience and purpose of CLEI would assist legal service providers to develop more integrated and coordinated legal information and services. The Legal Health Check can support planning for CLEI and service delivery to the extent that it helps legal service providers understand the advice-seeking behaviours of disadvantaged clients and referral practices of community agencies.

Mental Illness Fellowship Victoria Limited (MI Fellowship), 'National Review of Mental Health Services and Programmes' (Webpage)

<http://www.mifellowship.org/content/whats-happening-mental-health-nationally>

This webpage discusses the major review of Australian mental health services which was conducted by the National Mental Health Commission at the request of the Australian Government and looked at improving the efficiency and effectiveness of mental health services across Australia. The review was completed in December 2014. The Australian Government's response to the Review was released in November 2015.

This webpage also discusses the National Disability Insurance Scheme (NDIS) which is an insurance-based support scheme for Australians living with disabilities, including mental health-related disabilities (also called psychosocial disability). It notes that whilst the NDIS provides a very positive increase in their choice and control over good quality support services, it also presents many significant challenges and issues in mental health including the notion of 'permanent impairment'. A concern for the NDIS is its requirement that people are not eligible for support unless they have a 'permanent impairment'. However, there is no evidence to support the idea of permanent impairment in mental health.

MI Fellowship believes that the idea of 'permanence' has no place in a mental health system that understands that recovery and change is possible so they dispute the NDIS and the Victorian Mental Health Community Support Services sector approach which requires people with mental health-related disabilities to have a 'permanent impairment' in order to get support.

National Mental Health Commission (webpage) <http://www.mentalhealthcommission.gov.au/>

Australia's first National Mental Health Commission (NMHC) was established in 2012 to provide independent reports and advice to the community and government on mental health and wellbeing. Their focus is on leading, collaborating, advising, and reporting on mental health, and making an effort to promote mental health and prevent mental illness and suicide.

A goal of NMHC is to transform systems and promote change across all areas including government, non-government, health, education, housing, employment, human services and social support to ensure that all Australians achieve the best possible mental health and wellbeing.

The NMHC promote that mental wellbeing is as important to the individual, as it is to their family, support people and community. It sees that the interconnections between services, families, employers and co-workers, health providers, teachers and friends, together improve mental wellbeing and a sense of a life well lived.

The NMHC produced a review report for the Australian Government on the national review of mental health programmes and services. The focus of the review was on assessing the efficiency and effectiveness of programmes and services in supporting individuals experiencing mental ill-health and their families and other support people to lead a contributing life and to engage productively in the community. Available <http://www.mentalhealthcommission.gov.au/our-reports/contributing-lives,-thriving-communities-review-of-mental-health-programmes-and-services.aspx>

The NMHC Review highlighted the existing complexity, inefficiency and fragmentation of the mental health system, and that long-term reform was required.

Note also:

- The Commission prepared a summary document from the Review report on Aboriginal and Torres Strait Islander challenges in mental health; and
- Supporting reports that do not necessarily reflect the views of the NMHC were also commissioned as part of the review process to inform the work of the NMHC, and one of these reports is “*Improving the integration of mental health services in primary health care at the macro level*”.

Further information about the Australian Government’s Mental Health Reform is available:

<http://www.mentalhealthcommission.gov.au/media-centre/news/giant-steps-towards-building-the-mental-wealth-of-the-nation.aspx>

M Slade & E Longden, ‘The empirical evidence about mental health and recovery: how likely, how long, what helps?’ (Report, Victoria: Mental Illness Fellowship Victoria Limited (MI Fellowship, July 2015) Available <http://www.mifellowship.org/content/mental-health-and-recovery-empirical-evidence-and-why-it-matters>

This report was commissioned by MI Fellowship to consider the question of permanent impairment in mental health. In this report internationally renowned academics in the field of recovery, Professor Mike Slade and Dr Eleanor Longden, respond to notions of permanence and challenge recent research to reveal what the evidence tells us about permanency and recovery. They advocate for mental health services that focus on evidence and hope, instead of permanence.

They review empirical scientific knowledge relating to recovery and identify seven evidence-based messages that may challenge prevailing assumptions:

1. Recovery is best judged by the person living with the experience.
2. Many people with mental health problems recover.
3. If a person no longer meets criteria for a mental illness, they are not ill.
4. Diagnosis is not a robust foundation.
5. Treatment is one route amongst many to recovery.
6. Some people choose not to use mental health services.
7. The impact of mental health problems is mixed.

M Wyder, R Bland, A Herriot & D Crompton, ‘The experiences of the legal processes of involuntary treatment orders: tension between the legal and medical frameworks’ (2015) *International Journal of Law and Psychiatry*, 44

A person may be treated for a mental illness in some circumstances without consent when under an involuntary treatment order (ITO). This paper recognises that whilst involuntary mental health admissions are governed by a framework of legal principles, safeguards and procedures, treatment decisions and assessment of mental illness are essentially based on clinical decisions.

The paper discusses therapeutic jurisprudence and how this approach focuses on the importance of the legal process as a social force and suggests that this can either protect or empower people. It acknowledges however that the legal processes can adversely impact upon ones state of mind. This paper analyses the study of with twenty-five involuntary inpatients and their experiences and highlights the importance of the legal processes and how these can be used as clinical tools.

M Wyder, R Bland & D Crompton, ‘Personal Recovery and Involuntary Mental Health Admission: The importance of Control, Relationships and Hope’ (Unpublished paper, University of Queensland, 2013)

This paper looks into involuntary mental health admissions and discusses how control is a central tenant within a recovery framework. It highlights that involuntary treatment restricts personal freedoms, forces treatment, and denies a person their autonomy to make decisions about their body. It demonstrates that whilst there is an effort in the recovery approach to enable a person to feel empowered, to have some control and input into their own treatment, an involuntary mental health admission means a person has little or no control.

This paper addresses the importance of allowing a person to feel in control by informing them of their rights, involving them and using legal avenues (such as the mental health review tribunal), and

ensuring they have information about their treatment so they have a good understanding of their situation. This paper discusses the concept of control and how it can be seen as a gradual concept with many different layers.

This paper highlights that the health care professionals' ability to hold control as well as gradually giving back control also appears central in fostering this subjective sense of control, and focus on "getting off" rather than "being on" the order. It suggests ways mental health workers can maximize important aspects of the recovery process (such as the opportunities for sustaining hope, for promoting agency, for supporting relationships and for redefining self) within the involuntary treatment. It does note however that the impact of the mental health admission on the long term recovery still remains unclear.

An article about the University of Queensland study reports of the factors associated with those consumers who have a more positive experience during their involuntary treatment, including:

- being seen and treated as a fellow human being;
- being respected and heard;
- having a balanced relationship with the health care professionals;
- being able to experience a return to freedom and control by having input into their own treatment.

(Source: <https://www.uq.edu.au/news/article/2012/09/involuntary-mental-health-admissions-building-better-road-recovery>)

M Wyder, R Bland & D Cromptom, 'The importance of safety, agency and control during involuntary mental health admissions' (2016) January 8 *Journal of Mental Health* 1

This paper addresses recovery oriented practices, and emphasises the importance of personal recovery, patient engagement and consumer involvement approaches in mental health care delivery as they all rely on empowerment and choice.

This study explores the tensions between the principles of empowerment and control and involuntary treatment. The analysis was based on interviews with twenty-five involuntary inpatients of a major teaching hospital who were asked about their experiences of being placed under an Involuntary Treatment Order (ITO). This paper highlights that participants wanted to know information about the ITO process, their treatment, and their environment, as well as having the ability to re-assert personal control.

This study suggests that to aid recovery, focus must be on: the provision of rights; the creation of a sense of safety; establishing supportive relationships; carrying hope and finding ways to foster a strong sense of agency and empowerment.

T Zigmond, 'Mental Illness and legal discrimination' (2009) 6, 4 *International Psychiatry*, 79

Capacity is presumed unless there is evidence to suggest otherwise. It is well understood that capacity is both time and decision specific. This article condemns the detention of people who are mentally ill but have capacity. This article discusses how mental health laws should balance the need to detain people in order to protect them or other people from harm and the need to respect people's human rights and autonomy.

Trauma informed care in practice

Blue Knot Foundation, 'Information for Legal and Justice Practitioners' (webpage, 2016)

<http://www.blueknot.org.au/WHAT-WE-DO/For-Legal-and-Justice-Practitioners>

The Blue Knot Foundation is a national organisation supporting survivors, their families and communities impacted by childhood trauma, including abuse. The webpage includes an information and resources section for legal and justice practitioners which includes papers, information on trauma-informed practice, and educational workshops and in-house training options for organisations and practitioners working with survivors.

Blue Knot Foundation (Kezelman, C and Stavropoulos P), 'Trauma and the Law: Applying trauma-informed practice to legal and judicial contexts' (Background Paper, 2016)

<http://www.blueknot.org.au/Portals/2/Reports%20and%20Docs/Legal%20and%20Justice%20Background%20Paper%20with%20Abstract%20FINAL.pdf>

Blue Knot Foundation's [background paper](#) '*Trauma and the Law: Applying trauma informed practice to legal and judicial contexts*' which establishes the evidence for the need to apply trauma-informed practice within and across the legal and judiciary system. The abstract highlights *the applicability of 'trauma-informed practice' to the practice of law is increasingly recognised. While originating from within the field of mental health, mounting evidence supports the contention that 'more effective, fair, intelligent, and just legal responses must work from a perspective which is trauma-informed' (Randall & Haskell, 2013). By contrast, implementation of trauma informed principles to the contexts of law remains in its infancy. This paper introduces the core principles of trauma-informed practice with reference to the many areas of legal practice to which they relate. The evidence base for widespread application of trauma-informed practice within and across the legal system and judiciary is presented, and the many benefits of implementation of trauma informed principles to legal practice are discussed.*

knowmore, 'Trauma informed, multi-disciplinary legal practice: Ethical dilemmas of lawyers and social workers working together in a multidisciplinary service' (Webinar and PowerPoint presentation, 3 May 2016)

<http://communitylegalqld.org.au/clc-staff/staff-development/webinars/ethical-dilemmas-lawyers-and-social-workers-working-together-multidisciplinary-service>

knowmore is an independent service giving free legal advice to people who are considering telling their story or providing information to The Royal Commission into Institutional Responses to Child Sexual Abuse. Like many community legal centres, knowmore has developed a service model which integrates social workers and counsellors, and ATSI engagement advisors with lawyers to form client service teams. knowmore has explicitly adopted the principles of trauma-informed care and service delivery (Safety, Trustworthiness, Choice, Collaboration and Empowerment), which apply to both clients and staff. This webinar reflects on how trauma informed practice and resilient lawyering can be promoted in community legal centres.

Mental Health Coordinating Council, 'Trauma Informed Care and Practice' (webpage)

<http://www.mhcc.org.au/sector-development/recovery-and-practice-approaches/trauma-informed-care-and-practice.aspx>

Trauma Informed Care and Practice (TICP) is an approach which recognises and acknowledges trauma and its prevalence, alongside awareness and sensitivity to its dynamics, in all aspects of service delivery.

Trauma-Informed Care and Practice Organisational Toolkit (TICPOT)

<http://mhcc.org.au/sector-development/recovery-and-practice-approaches/ticpot.aspx>

TICPOT has been designed to be applied across mental health and human services in public, community and private contexts. It is part of a broader national initiative to promote the integration of the trauma-informed care and practice approach across service systems and programs in Australia.

P Stavropoulos, 'Trauma Informed Practice: how is it relevant to lawyers?' (PhD, CLC Legal Training Day – Domestic Violence, 23 July 2015)

www.clcnsw.org.au/public_resource_details.php?resource_id=583

Trauma is prevalent, and complex trauma is common but frequently undetected. Trauma leads to difficulty regulating emotion and internal states, and often those affected can be 'easily triggered'. Trauma informed practice recognises this reality and organises services accordingly. Trauma informed practice decreases anxiety.

'Difficult' behaviour may be the product of coping mechanisms and attempted self-protection in light of prior adverse experiences. Client behaviour is 'often and inappropriately labelled as pathological, when [it] should instead be viewed as adaptations a person has had to make in order to cope with life's circumstances' (Randall & Haskell, 2013, 'Trauma-Informed Approaches to Law...', p 508). Law plays a pivotal role in regulating human behaviour.

The training focuses on [1] What is trauma informed practice?; [2] Implications for the practice of law; [3] Trauma and law are interconnected; [4] Core principles of trauma informed practice; [5] Experience shapes the brain: implications for mental health; and [6] Translating to practice – a trauma informed approach;

Queensland Lawyers – Relevant Legislation and Resources

The following resources, documents, and websites were also reviewed as part of the Mental Health Collaboration Project in mid-2016, and are considered relevant.

Current Legislation

NOTE: These guidelines reflect the law as at mid-late 2016.

The relevant and current Queensland legislation relating to the management of people with mental illness is the ***Mental Health Act 2000*** (Qld). Available at

<https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/M/MentalHealthA00.pdf>

Proposed Changes to Legislation in 2017

Significant changes to the current legislation were passed by the Queensland State Parliament on February 18, 2016. The ***Mental Health Act 2016*** will commence on 5 March 2017. The significant and proposed changes to the ***Mental Health Act 2000*** are detailed in the *Review of the Mental Health Act 2000 Discussion Paper*, May 2014. More information about the proposed changes and implementation can be found on the Queensland Health website

<<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/mental-health/act/2016/default.asp>>.

Key Resources of Interest

The following resources are considered relevant when dealing with this client group. After identifying clients' legal and non-legal needs, collaboration and/or referral to one or more legal and non-legal services may be required to ensure a holistic and client-centred approach.

Aged and Disability Advocacy (ADA) Australia

(formerly **QADA** – Queensland Aged and Disability Advocacy)

www.adaaustralia.com.au

A not-for-profit, independent, community based advocacy service supporting and improving the wellbeing of **older people and people with a disability in Queensland** to ensure their voice is heard. The service is free, confidential and client directed, with information, education and support being provided to enable people to understand and exercise their rights and responsibilities when receiving an aged care or community care service.

- Training <https://adaaustralia.com.au/education/mhwise-training/>
- Resources and Publications <https://adaaustralia.com.au/resources/ada-resources/>
 - including Aboriginal and Torres Strait Islander advocacy publications and videos.
 - Video: Amy is an older women with mental health issues whose community care service provider was threatening to withdraw the service.
- Legal Topics Diary for Older People <https://adaaustralia.com.au/product/2017-diary/>
- Guardianship resources including access to Mental Health Planning Documents
“[Substitute decision making within mental health Factsheet](#)”

<https://adaaustralia.com.au/guardianship/guardianship-resources/>

Mental Health Resources for Carers

An initiative of the Sunshine Coast Hospital and Health Services Mental Health Carer Reference Group, this website has been created to provide information and resources for carers assisting individuals with mental illness.

<http://mhr4c.com.au/>

Topics include information about mental illness, treatment and interventions, the mental health system in Queensland, grief and loss, coping strategies, and relevant resources.

Carers are able to access an online carers forum, as well as link with Carers Queensland Carers Advisory Service (Ph: 1800 242 636)

Mental Health Review Tribunal (MHRT)

An independent statutory body established under the *Mental Health Act 2000* whose primary purpose is to review the involuntary status of persons with mental illnesses. The Tribunal consists of the President and other members, including lawyers, psychiatrists and other persons with relevant qualifications and/or experience.

More information about MHRT services, resources, and information for the various stakeholders is available on the website.

www.mhrt.qld.gov.au

Mental Illness Fellowship Queensland (MIFQ)

MIFQ provides specialised programs and services for people living with mental illness, and their families and carers. MIFQ respect individuality and provide a supportive environment, and they take an empowerment approach to support, and focus on recovery.

MIFQ assists metropolitan, regional and rural Queensland.

<http://www.mifq.org.au/>

Public Health Network (PHN) – North Brisbane

www.brisbanenorthphn.org.au

In 2015 the Federal Government established 31 Primary Health Networks (PHNs) to replace the national network of Medicare Locals. PHNs are designed to increase the efficiency and effectiveness of medical services for patients, especially those at risk of poor health outcomes.

- The decision to place Primary Health Networks at the centre of mental health care, driven by the priorities of local communities and focused on individual consumer needs meant that PHNs took on responsibility for existing and new Commonwealth mental health and suicide prevention programs and new funding for alcohol and other drug treatment services from 1 July 2016.

<http://www.brisbanenorthphn.org.au/page/health-reform/mental-health-services-and-alcohol-and-other-drug-treatment-services/>

- Brisbane MIND services aim to improve access to quality primary mental health care for vulnerable and disadvantaged communities across Brisbane's north and Moreton Bay.
<http://www.brisbanenorthphn.org.au/page/health-professionals/mental-health-services/brisbane-mind-services/>
 - Brisbane North PHN supports clinicians and communities in Brisbane's northern suburbs, Moreton Bay Regional Council and parts of Somerset Regional Council. It covers approximately 4,100 km² of urban, regional and rural areas, with a population of over 900,000.

Queensland Advocacy Incorporated (QAI)

An independent, community-based systems and legal advocacy organisation for people with disability in Queensland. The specialist Mental Health Legal Service provides assistance to people with issues pertaining to state mental health legislation. www.qai.org.au

- Advocate's Guide to Involuntary Treatment Orders
http://www.qai.org.au/images/stories/docs/2016/ITO_Review_Handbook_v5.pdf
 - A guide for advocates in relation to the review of Involuntary Treatment Orders before the Mental Health Review Tribunal in Queensland' (Guide, First Edition, March 2016)
- Capacity Handbook (*Prepared by Allens Linklaters and Queensland Advocacy Incorporated*)
http://www.qai.org.au/images/stories/docs/2015/Queensland_Handbook_for_Practitioners_on_Legal_Capacity.pdf
 - Reference 'The Queensland Handbook for Practitioners on Legal Capacity' (Handbook, Queensland Law Society, 2015)
 - Queensland lawyers are encouraged to use the Handbook to support their vulnerable clients, and to increase access to justice for people with disability.
- Factsheets made by QAI regarding issues arising under the *Mental Health Act 2000* (Qld).
 - I'm a voluntary patient – when can I be involuntarily examined or taken to hospital (pdf)
 - Preparing for forensic order review hearings (pdf)
 - Stopping an involuntary treatment order (pdf)
 - Substitute decision making within mental health (pdf)
 - Electroconvulsive Therapy (ECT) (pdf)
- QAI Resources "Guides and Factsheets"
http://www.qai.org.au/index.php?option=com_content&view=category&layout=blog&id=32&Itemid=58

Queensland Health – Mental Health Services

- Mental Health <http://www.qld.gov.au/health/mental-health/index.html>
- Services <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/mental-health/services/default.asp>
- Legislation changes
<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/mental-health/act/act-2016/implementation/default.asp>
- Help lines <http://www.qld.gov.au/health/mental-health/help-lines/index.html>
- Legal assistance <http://www.qld.gov.au/health/mental-health/rights/legal-help/index.html>
- Medications www.choiceandmedication.org/queenslandhealth
- Rights <http://www.qld.gov.au/health/mental-health/rights/index.html>
- Rural and Remote Support <http://www.qld.gov.au/health/mental-health/rural/index.html>

Queensland Public Interest Law Clearing House (QPILCH)

A not-for-profit community based organisation providing pro-bono civil law legal services to individual and community groups who are unable to afford private legal services and are ineligible for legal aid. www.qpilch.org.au

- Links to Health Justice Partnerships (HJP), Mental Health Law Practice (MHLP), and many other services and resources, including:
 - Legal Health Check (LHC) www.legalhealthcheck.org.au
 - The LHC supports community workers to assist vulnerable clients with many legal problems which impact their lives. The LHC allows identification of the client's legal needs and collaboration with community lawyers to resolve client problems.
 - Legalpedia Queensland www.legalpediaqld.org.au
 - An online legal database hosted by QPILCH. The factsheets, resources and articles on Legalpedia Queensland are made possible by contributions from legal professionals throughout Queensland in community legal centres, law firms and universities as well as barristers.

QPILCH Mental Health Law Practice (MHLP)

- Mental Health Law Advice <http://www.qpilch.org.au/cms/page.asp?ID=61129>
- ITO Advocacy Service <http://www.qpilch.org.au/cms/page.asp?ID=61135>
- General Civil Law help <http://www.qpilch.org.au/cms/page.asp?ID=61134>
 - Civil Law Clinics (Open Minds and Footprints) <http://www.qpilch.org.au/cms/page.asp?ID=61133>

Rights in Action

A not-for-profit, community based organisation in North Queensland that provides strong independent advocacy for people with disabilities who are in vulnerable situations.

<http://www.rightsinaction.org/>

- Rights in Action supports a person with a disability where it is believed an individual has been taken advantage of or their rights have been infringed upon because of their disability.
- Rights in Action provide advocacy assistance to people with disabilities who live in Cairns, Yarrabah, Mareeba and Atherton.

TASC National

A legal and advocacy service for the vulnerable and marginalised members of the regional, rural and remote communities of South-West Queensland. <http://tascnational.org.au/>

- TASC National provides a range of free services to people who are at risk, people who have disabilities (physical and/or intellectual), people who have mental illness, and people who might not otherwise have a voice in the community. Their vision is social justice for all.
- TASC National have offices located in Toowoomba, Ipswich, and Roma.

Lawyer Well-Being

R Bradey, 'The Resilient Lawyer – A Manual for Staying Well @ Work' (version 7, 2014)
http://www.lawcover.com.au/wp-content/uploads/2015/09/3324-The-Resilient-Lawyer_V7.pdf

This manual assists lawyers with identifying and better manage stressors, and to make emotionally informed, wise business and professional decisions to thrive in the legal profession. The manual:

- examines the current understanding of how stress works, particularly in regard to neuroscience;
- aims to better understand the origins of depression and anxiety; and
- teaches lawyers how to help themselves and any colleagues who may be struggling.

Discussion is broken into three sections:

- Part 1 *An Introduction to Stress and Mental (Brain) Illness;*
- Part 2 *What the Workplace Can Do;* and
- Part 3 *Individual Strategies: What You Can Do to Stay Well and Flourish.*

Queensland Law Society, 'love law, live life' (webpage)

http://www.qls.com.au/For_the_profession/Love_Law_Live_Life

Resilience and wellbeing resources for the legal profession.

Refer to this webpage to access the various links to many valuable resources including:

- **Law Care** [free, confidential counselling services to QLS members, their immediate family and legal support staff] – phone 1800 177 743
http://www.qls.com.au/For_the_profession/Love_Law_Live_Life/LawCare
 - Australian Psychological Society Referral – phone 1800 333 497
<http://www.psychology.org.au/FindaPsychologist/Default.aspx?#About>
- **Factsheets** and Videos
http://www.qls.com.au/For_the_profession/Love_Law_Live_Life/Factsheets_and_videos
- **Help services and supports**, including:
 - Lifeline – phone 13 11 14 (24 hours) <https://www.lifeline.org.au/Get-Help/>
 - Beyond Blue – info line 1300 224 636 <https://www.beyondblue.org.au/>
 - Black Dog Institute – <http://www.blackdoginstitute.org.au/>
 - A not-for-profit organisation and world leader in the diagnosis, treatment and prevention of mood disorders such as depression and bipolar.
 - Emergency contact information (24 hours)
<http://www.blackdoginstitute.org.au/public/gettinghelp/emergencyhelp.cfm>
 - RUOK? <https://www.ruok.org.au/>
 - QLS links to [1] Coping with burnout; and [2] How to say you are not ok
 - Moodgym <https://moodgym.anu.edu.au/welcome> [phone Lifeline 13 11 14 (24 hours)]
 - Authentic Happiness (Positive Psychology Center – a University of Pennsylvania website)
<https://www.authentic happiness.sas.upenn.edu/>
 - Helping others
http://www.qls.com.au/For_the_profession/Love_Law_Live_Life/Helping_others
- The **Tristan Jepson Memorial Foundation Psychological Wellbeing: Best Practice Guidelines for the Legal Profession**
http://www.qls.com.au/For_the_profession/Love_Law_Live_Life/TJMF_Psychological_Wellbeing_Best_Practice_Guidelines_for_the_Legal_Profession
- Studies and Publications
http://www.qls.com.au/For_the_profession/Love_Law_Live_Life/Studies_and_publications
- News and articles
http://www.qls.com.au/For_the_profession/Love_Law_Live_Life/News_and_articles

Australian Human Rights Commission

<https://www.humanrights.gov.au/publications/2010-workers-mental-illness-practical-guide-managers/1-mental-health-workplace>