

Mental Health Legal Centre

Annual Report 2017-2018



Improving programs, improving services, improving lives

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Who are we at MHLC?

The Mental Health Legal Centre (MHLC) is a service designed to help provide legal and social supports to people who have a mental illness. We provide this support through our various clinical and community centred programs, providing outreach services to people across the community.

OUR VISION

FOR THE COMMUNITY

We are working towards a **socially just and inclusive community** that understands and supports people with mental health issues, respects their rights and by doing so improves overall quality of life.

FOR MHLC

We deliver justice for people with mental health issues.

OUR PURPOSE

We provide access to justice for Victorians experiencing mental health issues through our multi-disciplinary legal service, research and advocacy work.

We provide expert legal advice, representation and other services to Victorians experiencing mental health issues.

We educate and inform staff, students, volunteers, partners and the broader community about mental health issues.

We provide unique professional development opportunities for students, volunteers, organisational partners and staff.

We develop and share our innovative practice knowledge around delivery of legal and social supports for people experiencing mental health issues.

We advocate for reform to improve social justice

OUR VALUES

PERSON-CENTRED

Our clients will be listened to and treated with dignity, compassion, empathy and respect.

COLLABORATION

We encourage and develop sustainable partnerships aimed at meeting the needs of our clients.

SERVICE EXCELLENCE

We provide confidential high quality holistic and responsive services. We develop and share best practice.

EMPOWERMENT AND ADVOCACY

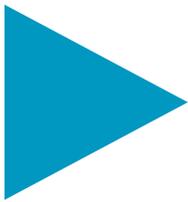
We work fearlessly on behalf of and alongside our clients to protect their human rights and increase community awareness about the challenges they face.

ACCOUNTABILITY/INTEGRITY

We monitor and evaluate the quality of impact of our services. We act ethically and responsibly.

IMPACT

Our staff, volunteers and Board are committed to making a difference and creating positive change. We work as a team, respect each other's background, skills and contribution, support and live our shared values, communicate openly and celebrate milestones and achievements.



Board Update

Our vision for the MHLC is to deliver justice for people with mental health issues. This annual report documents the extraordinary variety of ways in which the MHLC delivers justice. It reports on the delivery of justice that is accessible; on the tens of thousands of telephone calls made from people with mental health issues to volunteer lawyers staffing the MHLC telephone advice service; on the justice services delivered to people who would otherwise be unable to access them as a consequence of homelessness or detention in closed environments, forensic settings and prisons.

It describes justice that is integrated and responsive, holistic and multidisciplinary; the rehabilitative and reintegrative justice of providing wrap-around legal and social support for women prisoners before and after their release through Inside Access. It documents the educational and informational justice being delivered to prisoners who have been taught about the nature of their

“when justice is delivered, improvements in health and wellbeing, and the alleviation of the stress and anxiety associated with legal problems often follow”

rights—on topics as broad and diverse as institutional abuse and redress and access to health—and how to bring them to life, how to exercise, protect and promote them.

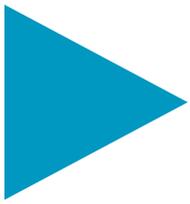
There are extraordinary examples within this report of the justice that can be achieved when the crushing weight of hundreds of thousands of dollars of debt is lifted from the shoulders of prisoners through the work of Clean Slate—how it can

free people from the quicksand of the criminal justice system. It describes the lasting and systemic legacy of justice established through the delivery of training to hundreds of lawyers and clinicians in the use of Advance Statements to ensure that people’s needs, interests and wishes are understood and observed. It tells the story of the justice, respect and dignity accorded to those provided with representation to enable full participation in processes like Mental Health Tribunal hearings.

In almost every one of these examples, the therapeutic benefits associated with the delivery of justice come through clearly; this report shows that when justice is delivered, improvements in health and wellbeing, and the alleviation of the stress and anxiety associated with legal problems often follow.

But this annual report also highlights the ongoing challenges facing the MHLC in achieving its vision for justice for people experiencing mental illness, and the implications of failure. Six-thousand telephone calls from people desperately seeking help that were not answered, despite the contributions of many hundreds of volunteer hours. Thousands of prisoners across the state with mental health issues and a need for legal, social and financial assistance who were unable to access the multidisciplinary services only available to those serving time in Dame Phyllis Frost Centre and Ravenhall. People left without representation in Tribunal hearings, despite the best efforts of a service that delivered 76% more representation than in the previous year with minimal funding. People who have missed out on justice, who describe feeling pathologised and powerless.

That is the challenge that we must continue to address. With the prospect of a Royal Commission into Mental Health, the work of the MHLC in delivering justice has never been more important.



Board Update

Thanks

All of the MHLCs partnerships are critical, so I'd like to personally extend my thanks to each and every organisation and individual who has brought their resources, skills and passion to collaborate with the MHLC and deliver so much for our clients. They are all identified elsewhere in this report and they know how grateful we are for their support.

However, special thanks must go to the Minister for Corrections, The Hon. Gayle Tierney and her Chief of Staff Cath Whelan for recognising and supporting the work of Inside Access through a Ministerial grant, and the Attorney-General, The Hon. Martin Pakula, MP for his ongoing support for the MHLCs operations, along with Sue Ball of the Legal Services Board who has supported the long-term growth of the MHLC.

For our accommodation, for our steady supply of students, for making the multidisciplinary practice vision a reality, along with opportunities to contribute to the vibrant and impactful research developing within what is rapidly becoming an innovative justice destination, the Vice Chancellor of RMIT University, Martin Bean OBE, and the Director of the Centre for Innovative Justice, Rob Hulls, as well as to CIJ staff seconded to the MHLC, Kat Ogilvie and Anna Howard, together with Professor Ronnie Egan for her enthusiasm, advice, support and ideas.

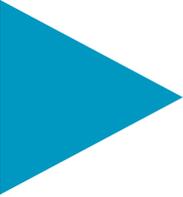
I'd like to thank my fellow Board members for their contributions to the governance of the MHLC and strategic guidance.

A lot of work has been done to keep us on track and to keep us pointing in the right direction. This year we welcomed new Board members, Treasurer Geoff Southwell and Theresa Swanborough OAM, who joined current Board members Sarah Manly, Vicky Keller, Sophie Brown. Everyone put in a lot of hard work this year contrib-

uting to the operation of the Board and to a range of Board projects and I'm very grateful for this. It's not always easy. I'd also like to recognise and thank departing Board member Michael Houghton for his service over a number of years, particularly for his financial stewardship.

I'd like to extend my heartfelt thanks to all past and present MHLC staff and volunteers, led by Charlotte Jones over the last five years. Together, we have delivered justice.

Stan Winford
Chairperson



Manager's Update

The team at the MHLC has worked tirelessly over the last five years to provide better access to legal services for people experiencing mental health issues. Every organisation which has contributed to funding, every person, lawyer, student, loyal supporter and staff member has contributed to the current position in which we find ourselves in today.

Each person who works with the MHLC has their own personal journey as to why they support and work with us. The devotion of time, labour, resources and financial support are all significant and have a large impact on how many people we can reach.

The span of the MHLC has grown enormously in the past five years. We take more calls, attend to more clients, provide more education and help more people than ever before. The work of our whole team has been pushed to the absolute limit and this is now a time to reflect and review on the service we provide. We have a new five year chapter ahead of us and, with new funding streams coming on line, a clear direction in service delivery. This means that we need to look at effective service delivery and resource allocation moving forward.

In the past year we have undertaken significant new projects. We have expanded our health justice partnership with Bolton Clarke to include a clinic in Frankston. We have begun service delivery in Ravenhall, the new men's prison. At Dame Phyllis Frost Centre we have developed new services including child protection and most recently a specialist fines clinic. We have worked with Brimbank Melton Community Legal Centre to bring the Clean Slate program to DPFC which resulted in nearly \$300,000.00 in consumer debt being waived for women.

Developing and maintaining our strategic relationships has remained an important focus. The ongoing work building the Multi Disciplinary Practice with RMIT has been a key feature and later in the year a fines clinic has commenced to address the needs of the women who are sentenced to periods of

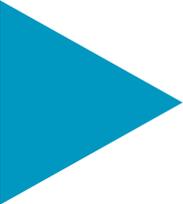
incarceration.

We are also developing areas of advocacy; a field we have had less focus on in recent years. We have now built the evidence base to support our recommendations for legislative and policy changes. We will continue to advocate strongly to Department of Health and Human Services for support for advance statements and increased representation and support for people appearing before the Mental Health Tribunal.

In the past year it has become clear that at the point at which we encounter our clients many need intensive support. A self-help model is not enough. They need more than a leaflet or a pamphlet they need support to get through the next barrier that stops them from getting on with their lives. The MHLC seeks to be that support to walk with them on a short part of their journey until they are ready to walk alone again. So my deepest and most sincere thanks go to everyone who ensures that the team at the MHLC can do this. To all our amazing funders and grant managers who listen to our stories and support our work. To all who give their time, energy and knowledge to support and underpin our work through volunteering or donating their expertise. To Rob Hulls and the Centre for Innovative Justice for ensuring we have a base and a place from which we can operate our services. To all the people we work with and alongside in formal and informal partnership who make sure that we can deliver a service that reaches the people who need it most.

Our volunteers have been the life blood of the MHLC for the past few years, each one has been a fundamental part of our operation. Many have become invaluable members of the team, and as the demands of their degrees have become all consuming we have had to say goodbye this year to a number of these team members. My thanks especially to Tamika Chikulin and Nazia Farhat for their extensive help over the past years.

Charlotte Jones



Helen's Story

The powerful story of one of our clients has made the MHLC team pause and think about where we direct our energies and target support. We believe that supporting the needs of elderly mental health consumers is important to ensure they are treated with respect and dignity.

Helen* has been in contact with mental health services for 50 years. It was only in 2018 that she had access legal support for the first time.

Helen was born overseas in 1950 to Australian parents and moved back to Australia with them when she was 7. It was just Helen and her mum from age 11 onwards until Helen's mum died when she was 15 leading to a breakdown the following year.

Helen was struggling with her mental health throughout her late teens. At 17 she had her first round of shock treatment at Larundel with a further round administered before she was 20. She then went to live in a hostel which supported women with mental health problems while she continued to work in the city.

Helen travelled overseas when she was 22. When she returned she sought help at Larundel, but after returning home found herself becoming more unwell. At the age of 25 she was admitted to Plenty Hospital for four years. Here, Helen met her husband Michael. Helen went to therapy everyday and was paid \$2.00 a week for packing work.

When Helen left the hospital she went to a boarding house for people with mental health issues. Helen got married and her first child Ruth was born but she died shortly after birth as a result of brain damage. Helen believes this is related to the medication she was receiving while pregnant. Three years later Helen was pregnant again, and at 36 she gave birth to Sarah. She had been in Larundel for six months at this point. Helen spent the next 7 years in Larundel and during this time her husband Michael was admitted. He then divorced Helen and married another patient. Helen left Larundel again at 43. By this time there was no work or activity available for her to undertake, so she spent seven years walking and sewing. Through the period at Larundel Helen was on injections which continued after she left the facility.

Helen was finally given permanent housing in January 1996. Injections continued and the dose had remained stable for the past 16 years. In April 2018 Helen became medically unwell and this stopped her normal medication from being effective. Helen found herself admitted first to hospital and then to an elderly unit where the decision was made for her to undergo ECT again. Helen was outraged at this decision as she had taken medication and always sought help when it was needed. Helen had little recall of the ECT she had previously endured but she knew she did not want it again. The MHLC represented Helen and successfully contested the ECT order.

Helen's daughter Sarah is in contact with Helen. Helen saw her daughter only twice a year for most of her childhood but now lives close to her. Helen was very insightful into her treatment and her recent hospitalisation. Helen was aware of the importance and impact of having a legal representative at the hearing.

In articulating what would make a real difference for her, Helen said "I would like personal friendships where I rely on people and not just speak superficially with them. I need the friendships more than the physical injections. I do not think I am that bad and I think things could be resolved with regular contact or discussion or just a bit of familiarity. Like my doctor in Box Hill but I would like friends as well."

Helen identified her loneliness and isolation as a result of death and divorce as huge factors contributing to her mental health. Helen is a truly remarkable example of a person who has experienced all aspects of the mental health system and typifies why the MHLC needs to provide specialist support to clients like Helen. In this way we can truly impact how people who have been part of the system all their adult lives are treated.

** Helen very kindly agreed to share her story with us but some details have been changed.*

The MHLCTeam

STAFF

Manager
Charlotte Jones

Principal Solicitor
Ann Jorgensen

Lawyer	Kristina Bucak	Lawyer	Gram Morris
Lawyer	Jill Menius	Lawyer	Lucy Carter
Lawyer	Margot Powell	Lawyer	Vanda Hamilton
Lawyer, Night Service	Peter Cavanagh	Administrator	James Kyrios
Paralegal	Sarah Duane	Administrator	Pamela Marrinan
Paralegal	Cristiana Tomasino		

RMIT Seconded Staff

Lawyer & Student Program Coordinator	Anna Howard	Social Worker & Student Coordinator	Katherine Ogilvie
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VOLUNTEERS

Thank you to our volunteers past and present:

Day Volunteers

Nazia Farhat, Alana Ray, Sam Brabender, Emma Rea, Tamika Chikulin, Lynette Munoz, Sarah Nikakis, Kaif Ul Wara, Marie Kinsella.

Night Service (Solicitors)

Dinah Amrad
Alexander Andelkovic
Victoria Appleton
Marie-Elainer Bakas
William Blake
Marissa Bobko
Premila Canagaratna
James Cheshire
Benny Chong
Eleanor Downie
Tessa Duthie
Donna Filippich
Simon Fixler
Edward Fraser

Harry Green
Gemma Hallett
Justin Hansky
Laura Keys
Niko Kordos
Mary Kozlovski
Cassandra Krylov
Victoria Lambropoulos
Jennifer Lay
Joel Lazar
Andrix Lim
Perveen Maan
Declan McAleese
Tessa Micucci

Isabella Moore
Elizabeth Morris
Lauren Myers
Stephanie Pallhorn
Tessa Pham
Sasha Ponniah
Robbert Roos
Nancy Roufail
Samantha Senior
Jai Shepherdson
Neath Sokhom
Katerina Stevenson
Archie Tchangarajah
Laura Wilkinson

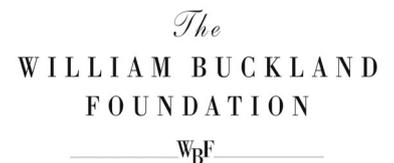
Night Service (Students/Paralegals)

James Angelopoulos
Alex Batsis
Michael Botha
Sam Brabender
Gretel Cannon
Kristin Carao
Tamika Chikulin
Abbey Clark
Kaylene Downey
Lachlan Einsiedel
Nazia Farhat

Qaanitah Hendricks
David Johnson
Fortis Josephides
Sharlene Kuruppuarachchi
Kayla Laird
Samantha Little
Nicola Macrow
Gwendolyn Monteiro
Samantha Moxey
Lorraine Ng
Elizabeth Petsinis

Davina Rimmer
Kristina Sardellis
Jake Selleck
Ante Sentic
Shilpa Sringar
Simone Tagliaferro
Ash Thomas
Hayden Walker
Derek Zhong

MHLC Supporters



Collier Charitable Fund



Collier Charitable Fund



Project Updates

Night Service
Telephone
Advice Line

Day Service -
Mental Health
Tribunal
hearings

Inside Access
Dame Phyllis
Frost

MHLC &
Bolton Clarke
HPP

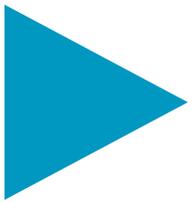
Multi-
Disciplinary
Practice

Inside Access
Ravenhall

Clinical Legal
Education

Advance
Statements

Clean Slate



Day Service

The Office is open and takes calls Tuesday to Friday from 9.00 am to 5.00pm. MHLC provides expert legal assistance for people with co-occurring mental health and legal concerns. These calls are triaged to ensure that people are directed appropriately to meet their needs.



11,690
incoming calls



9,191
outbound calls



1,230 hours
on the phone
That's 162 full
working days!

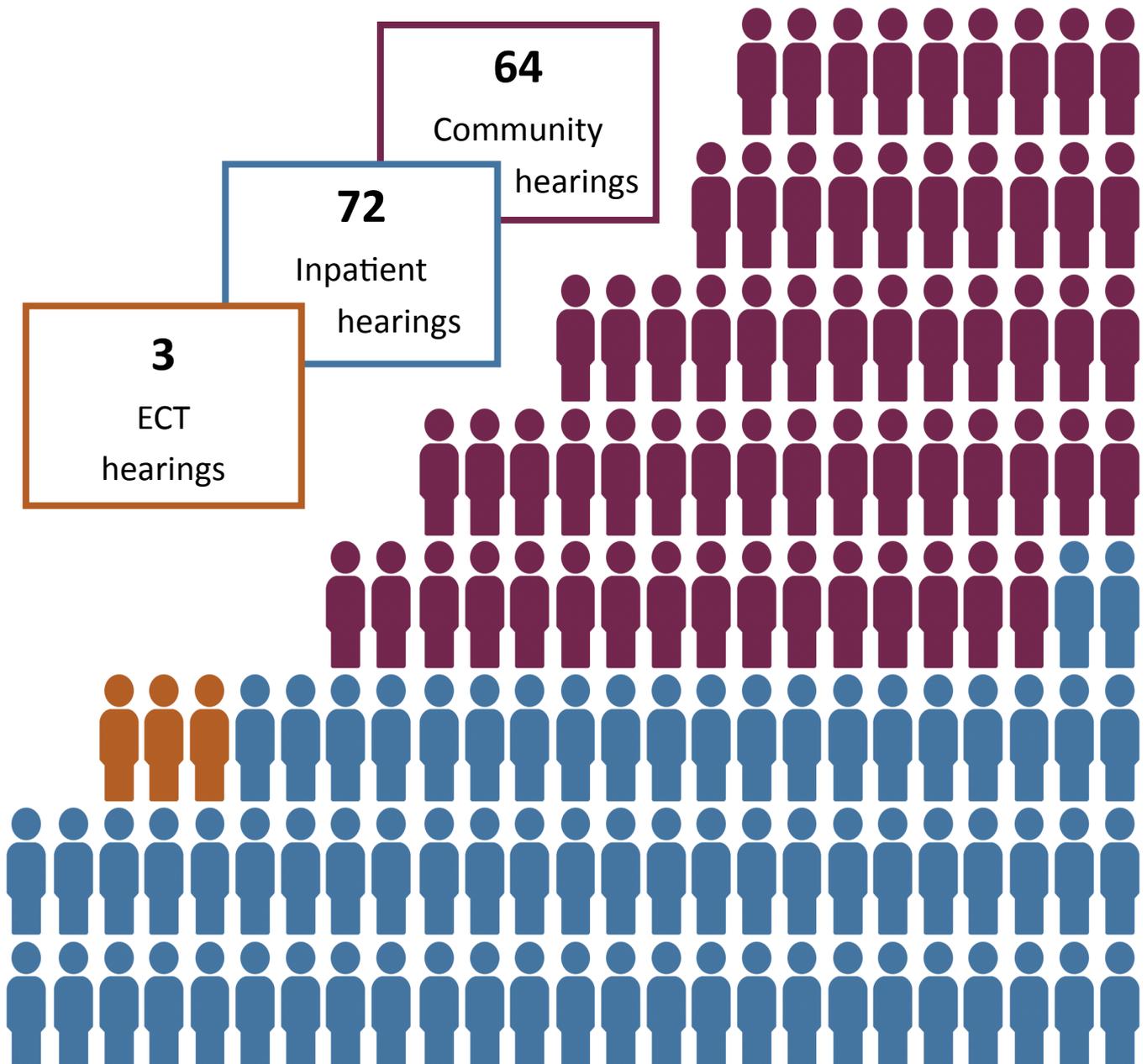
Over 6000 calls
have been
missed.

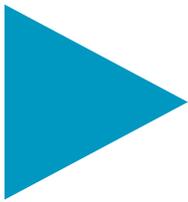


Mental Health Tribunal Hearings

In the last financial year we organised representation before the Mental Health Tribunal on 139 occasions. This is a 75.95% increase compared to the last financial year!

We would like to thank our pro bono partners for their dedication and hard work for making this possible. Our most conservative estimates indicate that a combined \$84,000 worth of free legal services has been provided. It's through their support that we are able to help people like Helen (see page 7).





Night Service

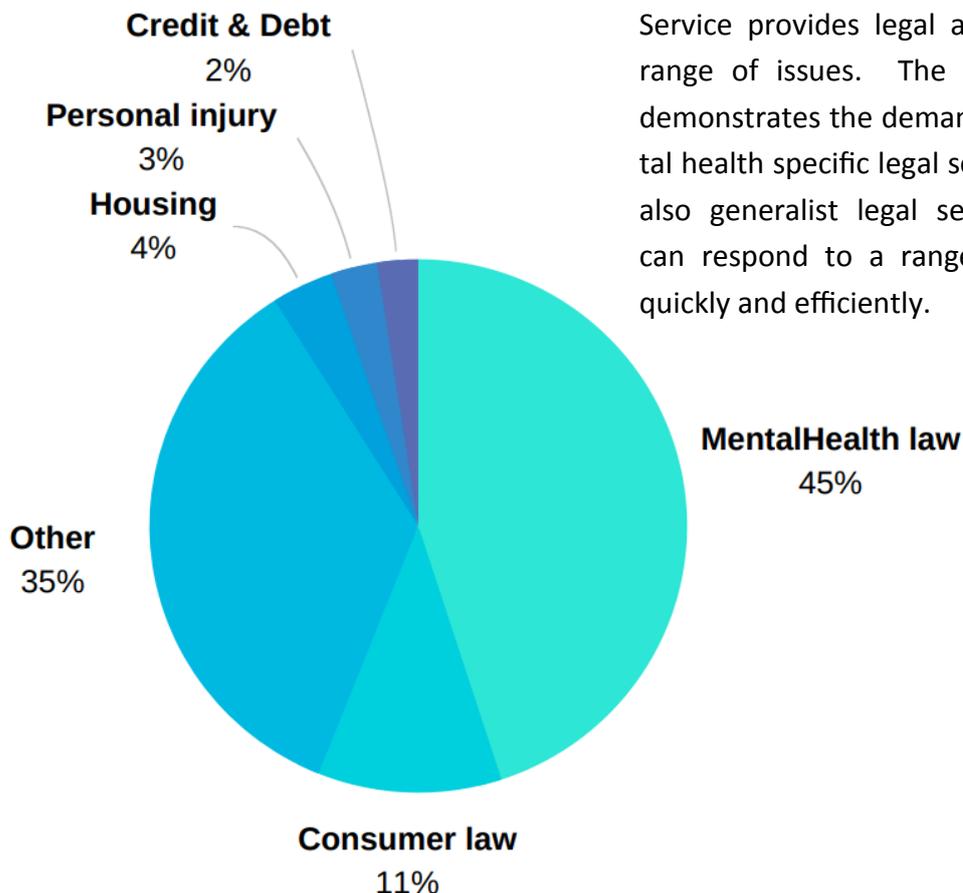
The legal advice phone line is operational every Tuesday and Thursday evening from 6.30pm to 8.30pm.

MHLC employs a solicitor to co-ordinate and support a diverse range of experienced volunteer solicitors. This service provides an essential and unique after-hours telephone advice line to support consumers.

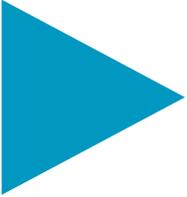
The Night Service grew to up to 77 volunteers this year, with 44 lawyers and 33 students/paralegals. We provided 569 legal services with an increased focus on quality and depth of service. With our increased capacity we were able to:

- ◆ Draft letters/applications; and
- ◆ Facilitate referrals for several clients to law firms; and
- ◆ Provide ongoing legal advice through legal processes where no legal assistance was otherwise available.

The Night Service has provided over \$170,000 worth of legal services to our callers over the past year. We could not do this without our dedicated, kind, committed and caring volunteer team. A big thank you to those who dedicate their nights to the Night Service.



As a generalist service the Night Service provides legal advice on a range of issues. The chart (left) demonstrates the demand for mental health specific legal services, but also generalist legal services that can respond to a range of issues quickly and efficiently.



Advance Statements for Effective Recovery Journeys

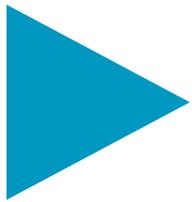
Advance Statements for Effective Recovery Journeys was a two year project designed to improve the uptake of advance statements by mental health consumers and to provide legal education and training for mental health practitioners. The project was generously supported by Helen Macpherson Smith Trust and the RE Ross Trust.

Advance statements help consumers to have a greater say in how they are treated when receiving compulsory treatment. They were introduced under the *Mental Health Act 2014* and must be considered by treating teams when they are making decisions about treatment and also by the Mental Health Tribunal when deciding whether to make an order for compulsory treatment.

MHLC provides one of the only services to assist people to actually write their advance statements. We work with consumers, often over a number of sessions, to draw out their treatment preferences and help them to think about what has worked well for them in the past and what has not. We help to refine these discussions into a concise document using the individuals own words to tell their story. Over the course of the project we wrote more than 100 advance statements with clients.

In order to be effective advance statements need to have buy-in from mental health clinicians. For this reason a key part of the project involved training clinicians about advance statements and their importance to consumers. We provided training to more than 600 clinicians over the course of the project. We also provided training to lawyers in our pro bono program and from other legal services so that more people were able to receive advice and information about advance statements.

Dr Chris Maylea from RMIT lead a research project with RMIT social work students to look at the experience of clients who had prepared advance statements through our service. The clients were interviewed about their experiences making and using advance statements. The resulting paper was published in a special mental health issue of *Laws*. The findings have enhanced our understanding of what consumers value about advance statements and how they would like to see them strengthened. This will inform our advocacy work going forward.



Advance Statements

Case Study:



For most of his adult life Steven* had dealt with childhood trauma by drinking. He instructed MHLC that the abuse he had experienced as a child, coupled with years of alcoholism had left him with symptoms of depression and anxiety however he did not believe he had schizophrenia.

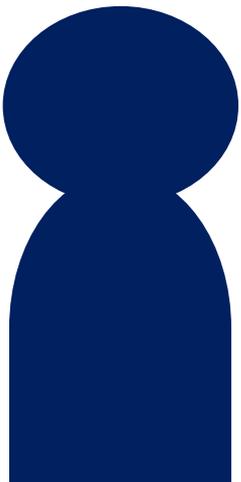
After his wife of 40 years passed away he became unwell and drank heavily on several occasions. A CATT team was called and Steven was diagnosed with schizophrenia and placed on a Community Treatment Order shortly after. He felt pathologised and powerless when dealing with psychiatrists who claimed to know more about how he felt than he did. The shaking and tremors caused by the medication were so severe that he became too embarrassed to leave the house. Steven ranked his quality of life as a zero out of ten.

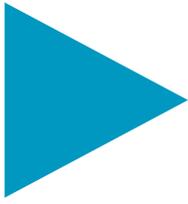
Over several telephone interviews MHLC assisted Steven by helping him to draft and Advance Statement that told his story in his own words. In Steven's words:

My wife died in January this year. The psychiatric reports imply my brain is deteriorating as a result. My grief is not a symptom of mental illness but a natural reaction to my loss. I don't agree that strong medication is the best way to manage traumatic life events especially when the side effects are so severe and create their own problems that have to be managed with more medication.

Steven's Advance Statement detailed the severe side effects of the medication that he was receiving under the Treatment Order as well as setting out his preferred treatment for anxiety and depression.

Unfortunately MHLC was unable to provide legal representation on the day of Steven's MHT hearing. However, armed with his Advance Statement to read from, Steven attended his own hearing and the Tribunal decided to revoke the order. Steven was "over the moon" with the result and told MHLC. "Thank you for the Advance Statement. You have put it perfectly. I am so glad someone is out there





MHLC & Bolton Clarke Homeless Persons Project

We were very excited this year to receive an additional two years funding from the Legal Services Board and Commissioner for our health justice partnership with Bolton Clarke's Homeless Persons Program (Bolton Clarke was formerly known as the Royal District Nursing Service). This project provides increased access to justice and improved outcomes for a vulnerable cohort of Victorians with multiple and complex needs who are homeless or at risk of homelessness.

At the centre of this project is the genuine partnership between the lawyers at MHLC and the incredibly dedicated nurses from Bolton Clarke. We learn from each other and work closely together to provide individualized support to clients. The nurses identify clients with legal needs and refer them, get clients to appointments (or take the lawyer along to their appointments!) and help collect supporting documents for court matters. The trusting relationship that the nurses have with their clients allows MHLC lawyers to quickly build rapport with clients. Together with the nurses we go to the client rather than expecting them to attend appointments at a time and place that suits us. Over the past year our lawyers have had client appointments in rooming houses, back yard sheds, on the street, in hospitals and even at McDonalds. This assertive outreach approach allows us to provide legal assistance to people with complex legal issues who would otherwise never access legal services.

Our quarterly education sessions with the nurses have covered a wide range of topics including intervention orders, fines, superannuation and the Disability Support Pension. These highly interactive sessions keep us on our toes and abreast of the issues of most importance to the client group. Our lawyers also learn from the nurses through shadowing them in their work.

Over the past year we have set up an outreach clinic in Frankston as our lawyer and the nurses working there identified that it was an area with unmet need.

Our lawyer, Lucy Carter, was a finalist in this year's LIV Awards in the category of Community Lawyer of the Year in recognition of her tireless work on this project.

This year the BC HPP continued its great work, providing 117 homeless Victorians:



24 Court/Tribunal Appearances



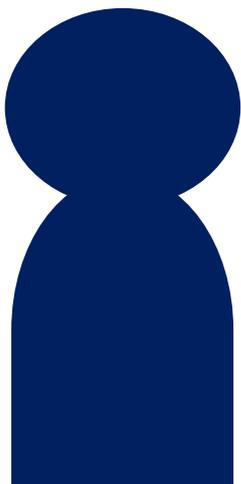
56 Legal Advices

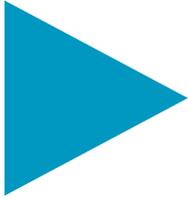


17 Legal Tasks



145 Active Files





MHLC & Bolton Clarke Homeless Persons Project



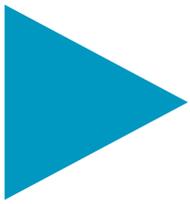
Case Study cont:

Sam suffers from anxiety and depression. He lives in a rooming house and has two children who he has little contact with. Despite Sam's impoverished circumstances he is determined to leave something to his children when he dies. So approximately six years ago he took out a life insurance policy. Unhappy with the continued increase in premiums, approximately two years ago Sam took out another life insurance policy.

When Sam was referred to our service by his Bolton Clarke nurse he was extremely agitated and angry at the second insurance company. He had thought that the second insurer would cancel his first policy, which they had not and Sam did not have the capacity to contact the insurer and cancel the policy himself.

We immediately cancelled the second insurance policy for Sam. We also wrote to the second insurer and requested that all the premiums that Sam had paid toward the policy be refunded. We enclosed a letter from Sam's general practitioner addressing his mental state and drug use at the time. We argued that (1) the policy was not suitable for Sam (given that he already had almost the exact same life insurance policy) and (2) he did not have the capacity to fully understand the terms and conditions of the contract. The second insurance company agreed and refunded the two years of premiums that Sam had paid toward the policy.





Community Legal Education

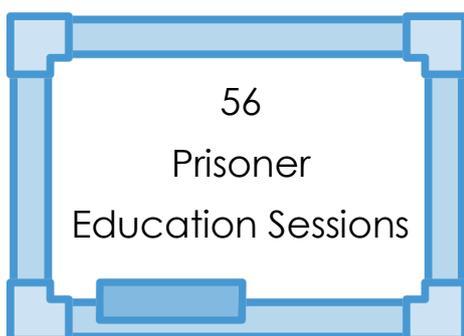
Inside Access conducts Community Legal Education (CLE) sessions at the Dame Phyllis Frost Centre and Ravenhall Correctional Centre. The purpose of the CLE sessions is to:

- Raise client awareness of the law and legal processes
- Improve clients ability to deal with and use the law and the legal system
- Create a climate of participating in or influencing the law making process and pursuing law reform through collective action where appropriate

The sessions are specifically designed to provide practical information that meets the identified needs of persons in custody. Topics have included:

- Family Law and access to Children
- Family Violence and Intervention Orders
- Deportation orders on character grounds
- Fines & Infringements
- Debt and Money Management
- The Criminal Appeals Process
- Parole
- Sentencing Options
- Prisoner's Rights
- Institutional Abuse Redress Scheme

The sessions are delivered by either a solicitor from MHLC or a solicitor from a pro bono partner firm who holds expertise in an area of law relevant to the identified needs of the prison population. By conducting the sessions in a participatory way MHLC have been able to identify recurring areas of concern for prisoners and advocate for systemic change when needed.





Case Study:

A CLE session at Ravenhall Correctional Centre enabled MHLC to identify and respond to the needs of prisoners who were facing deportation and successfully advocate to the Adult Parole Board on their behalf.

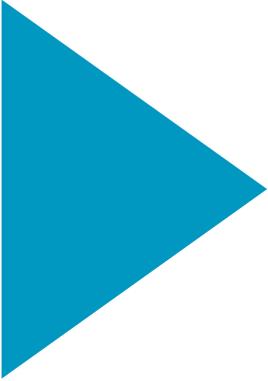
At a deportation session presented by WLW immigration lawyers it became apparent that many prisoners wanted to know more about the relationship between parole and deportation. For example if a parole application was granted to a prisoner who was going to be removed from Australia, would the applicant have to spend the remainder of their parole period in immigration detention or could they be removed from Australia even though they still had a substantial portion of their sentence to serve on parole?

Another question was whether parole would be granted to a prisoner facing deportation given that a prisoner who is removed from Australia is not able to be subject to their parole conditions. On the other hand if a prisoner is denied parole on the ground they are subject to removal and has to serve their whole sentence in prison then they are in a significantly worse position than an identical prisoner who is not facing deportation. It was also important to retain the prospect of release on parole because it provides vital incentive for prisoners to undertake rehabilitation while in prison.

After the session Lawyers at MHLC made repeated requests to the Parole Board for clarification regarding this issue and in September 2018 the Parole Board significantly expanded its stated policy towards prisoners who were subject to deportation. By advocating for clarity MHLC were able to significantly improve the emotional wellbeing of prisoners who might otherwise have spent years in uncertainty. The information was also distributed to clinicians at the prison to ensure shared understandings amongst relevant stakeholders.

This example demonstrated the value of CLE sessions that:

- identify the needs of specific communities,
 - allow those communities to participate in and control the information provided
 - lead to advocacy that makes the legal system more accessible and transparent.
- 



Inside Access

Dame Phyllis Frost

Since 2009, Inside Access has been successfully delivering a civil legal clinic for incarcerated women at the Dame Phyllis Frost Centre.

This clinic operates every Thursday morning and provides a broad range of advice and casework services. The types of matters we deal with include fines, Centrelink debt issues, access to health/ mental health services, discrimination and guardianship and administration. We have a specialist family violence lawyer who advises women on intervention orders and represents women in Victims of Crime Assistance Tribunal matters. This year we have expanded the service to include a child protection lawyer to address an area of enormous need and great importance to women.

Through our extensive case work in the area of fines we identified an opportunity to streamline the delivery of services in this area. We worked together with the prison and Fines Victoria to develop a better approach and with the support of RMIT developed a fines clinic which now runs fortnightly and provides advice, casework and representation where necessary.

Over the past year our lawyers had 690 face to face sessions with women incarcerated at the Dame Phyllis Frost Centre. The program has an excellent reputation with staff at the prison and the women themselves and many women come to us because our service has been recommended to them by their peers.

Our Inside Access team provided 420 legal services to 346 women in the past year!



15 Court/Tribunal Appearances



71 Legal Advices



41 Legal Tasks



293 Active Files



Case Study 1:

Peta** was serving a sentence in prison when she contacted Inside Access requesting assistance with her outstanding fines. Peta has a long history of anxiety and depression, along with substance dependence issues. Peta's partner was convicted of a serious offence and imprisoned five years ago. As a consequence, Peta's life spiralled out of control.

Peta had accrued over \$48,000.00 worth of fines over a five year period, which she was unable to pay off. At the time, Peta was struggling to support herself.

Peta applied to convert her fines to time served. Given the huge amount of debts incurred, Peta was facing 156 additional days in prison.

We represented Peta at the Magistrates' Court, requesting that the Magistrate discharge the 156 additional days on special circumstances. In support of our application, we were able to obtain a letter from her GP outlining her mental health and substance abuse issues. The Magistrate made an order to discharge her outstanding fines.

Peta avoided spending unnecessary time in jail, and had one less thing to worry about on release from prison, allowing her to get on with her life.

**Not their real name



Case Study 2:



Rosie was serving a sentence in prison when she contacted Inside Access requesting assistance with access to healthcare. Rosie, a previous heroin addict, had been on methadone treatment for the last 7 years. On reception to prison, Rosie was accepted to partake in the Victorian Prison Opioid Substitution Therapy Program (Program), thereby maintaining her treatment.

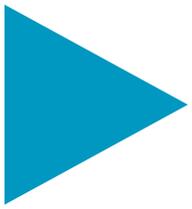
Earlier this year, Rosie had a relapse whilst reducing her methadone dosage and 'stupidly' as she put it, accepted a small amount of heroin from a fellow prisoner. Rosie was subsequently drug tested and produced a positive test. It was decided by the medical staff that Rosie would be withdrawn from the Program. Rosie was inconsolable as the medical staff were not willing to discuss the issue with her, and she faced five more years in prison without being able to access methadone treatment. Rosie conceded that she would not be able to cope physically nor mentally, and would be forced to illicit drugs in the prison subjecting her to blood borne diseases and a potential overdose.

Having reviewed the relevant policies governing the Opioid Substitution Program we had concerns that Rosie had been treated unfairly and unlawfully. In particular, whether Rosie had been made aware of her obligations under the Program, and whether the decision to remove her from the Program was for disciplinary reasons and not sound medical reasons.

We raised our concerns with the health service provider and eventually the decision was made to allow Rosie to participate in the Program. Raising these issues with the health service provider also had the effect of overturning the decision to withdraw other prisoners from the program.

** Not their real name





Clean Slate

Clean Slate was an innovative service designed to assist women in prison with their debts. The aim of the project was to clear clients' outstanding debts while they were imprisoned with the view of providing a 'clean slate' on release.

We conducted information sessions with prisoners to provide education and the opportunity to participate in the project. The client intake information was then collated and negotiations with the relevant creditors commenced.

The project engaged with 100 women at the Dame Phyllis Frost Centre, these women collectively had debts of \$380,000, of which \$299,163 was waived with a range of creditors.



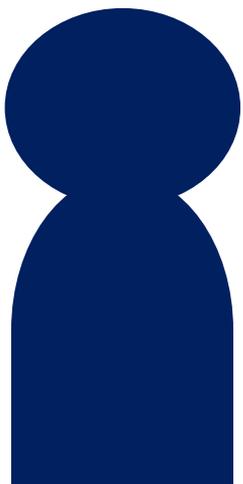
Case Study 1:

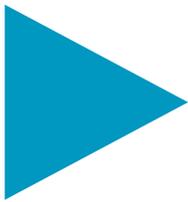
Janet** signed up for the Clean Slate program while on remand at DPFC. She was released shortly afterwards. Janet was unemployed and on Centrelink payments before she was imprisoned. She had been a victim of assault, had experienced drug addiction and been homeless. She also had a history of mental illness.

Janet thought she might owe money to four different companies when she signed up. We obtained her credit report and found that she had 10 outstanding debts listed. Her debts related to electricity and water, pay day loans, mobile phone, and a fridge she had rented through a consumer lease company.

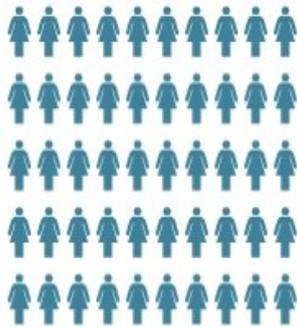
As a result of our negotiations 8 of these debts (totaling over \$10,000) were waived and a further debt was significantly reduced.

**Not their real name





Clean Slate



100 Women

CLEAN SLATE In Prison



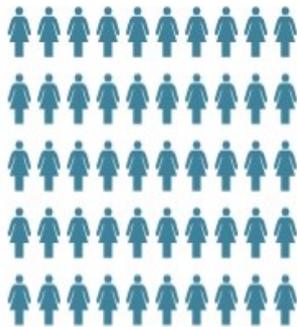
has cleared

\$299,123

worth of debt in
the past year



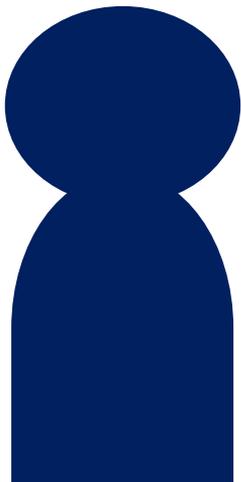
Owed over
\$380,000

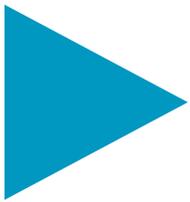


Case Study 2:

Cindy** signed up for the Clean Slate program in December 2017 and is serving a 5 year sentence. She had a number of debts including a car loan. The outstanding loan amount was \$40,000 and was increasing by \$10 each day due to interest even though she was in prison and had no capacity to pay. As the debt was a secured debt the limitation period was 15 years. Through our individual advocacy with the debt collectors and the bank in question we were able to have the total debt waived.

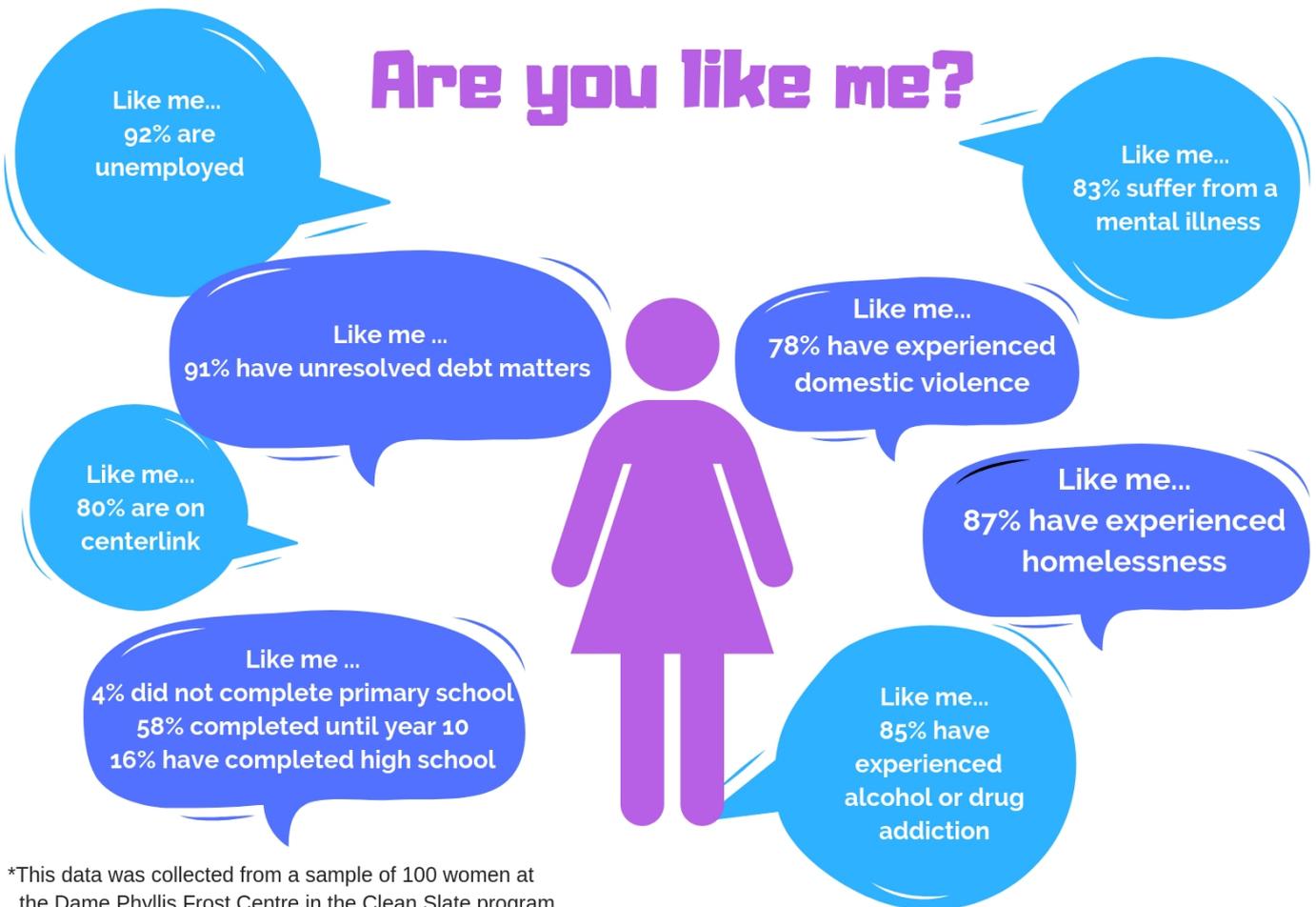
**Not their real name



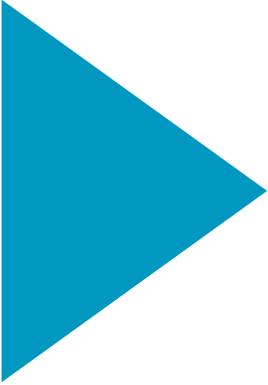


Clean Slate

The scope of the Clean Slate program provided us an opportunity to look at the population of women incarcerated in Victoria. Through the data we collected we were able to put together a picture of what the population at the Dame Phyllis Frost centre looks like...



*This data was collected from a sample of 100 women at the Dame Phyllis Frost Centre in the Clean Slate program.



Inside Access Ravenhall

Beginning at the end of 2017, Inside Access opened a clinic at Ravenhall Correctional Centre.

This legal clinic operates fortnightly and has a dedicated lawyer who provides advice and casework on a wide range of civil legal matters.

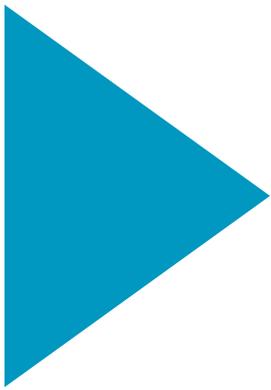
Our Community Legal Education program is integral to our service delivery at Ravenhall Correctional Centre. Each fortnight we hold multiple sessions on topics that the men in prison request themselves. This allows us to proactively engage with our attendees by providing information on issues that they feel effect them the most.

Case Study 1:

Roger* had put a stop on his bank account when he was taken into remand. Later in his remand he requested funds from the bank, and the stop was left off the account. Someone who had access to his card then drained the account of all funds.

Roger discovered the loss of funds when he requested further funds from the bank. The Inside Access (IA) lawyer wrote to the bank and asked that funds be returned to him, as he had believed there was a stop on the account and he had not given anyone permission to use the account. All funds were returned by the bank to the account, and another stop was put on it.

**Not his real name*



Inside Access Ravenhall

In just over 6 months the clinic at Ravenhall Correctional Centre had held 129 face to face appointments!

Since we opened the clinic we have provided:



44 Legal Advices

1 Legal Task

21 Active Files

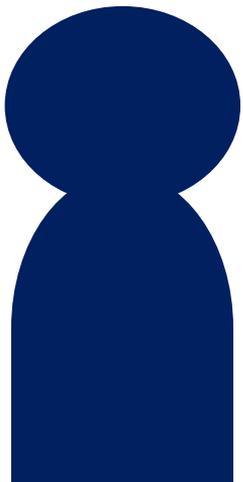
Case Study 2:

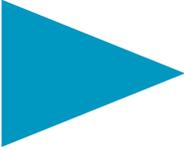
Steven* did not have representation for a contested criminal matter coming up in July, and did not know who to contact as he had been representing himself. IA lawyer organized a criminal lawyer from a firm which does legal aid work to make an appointment with the client to discuss his representation.

**Not his real name*

Case Study 3:

The IA lawyer is handling several victims of crime matters for clients who have been assaulted. All of them are difficult as they are out of time, and will involve character issues under the VOCAT Act. However we hope for some good results in obtaining funding for educational opportunities for long term prisoners in particular.





Multi-Disciplinary Practice

Since the launch of the social work and law multidisciplinary practice (MDP) in mid-2016, the partnership between the Centre for Innovative Justice and the Mental Health Legal Centre (MHLC) has been consolidated and there is now social work support provided across a number of programs within the Mental Health Legal Centre.

The multidisciplinary support has been mostly delivered within the Inside Access program, which provides civil legal and social work support to people with mental health issues or cognitive impairment, at the Dame Phyllis Frost Centre women's prison. The social worker, Kat Ogilvie, and RMIT social work students (Masters and undergraduate) have been providing holistic assistance to people in prison and post-release support, to help break the cycle of recidivism and incarceration.

Alongside lawyers and law students, social workers and social work students have provided support around issues such as lack of stable housing, tenancy advocacy, access to or contact with their children, post-release support and being linked to local services in the community. Clients have received a quality, holistic service, which looks further than the legal issue and continues beyond the period of incarceration (which is often quite short but very disruptive).

Through the MDP, women in prison have completed much-needed Office of Housing forms to go on the Victorian Housing Register wait list; women have been connected to their children and started having contact with them through phone calls or letters; women have had services such as health insurance or phone lines suspended; and have been linked to essential services for sustainable support in the community. Students have gained experience in service delivery, sector referrals and developed the capability to identify systemic injustices impacting on criminalised women.

Social work placement students have also supported MHLC's telephone legal advice Night Service, which provides confidential legal advice over the phone two nights a week. Many people that contact the MHLC seeking legal advice have overlapping issues

associated with their legal matter, such as considerations about their mental health, housing, employment, family violence and financial hardship. Students have assisted with intake calls for the legal team, bringing a trauma-informed and strengths-based perspective to their information gathering when speaking with people who have complex support needs, many of whom receive compulsory mental health treatment in the community or in an inpatient context.

Social work students also have an opportunity to observe hearings with Mental Health Legal Centre lawyers, such as Mental Health Tribunal Hearings and to offer support services after the Hearing.

In addition to the important client-facing work, social work students have assisted in developing best practice approaches to multidisciplinary support models, as well as providing essential feedback to conversations with those active in the research sector to address and advocate around systemic issues.

We know there is substantial value in integrated legal and social work services for client outcomes, staff wellbeing and long-term economic savings through the prevention of legal and other issues arising in the future. The service delivery work of the Mental Health Legal Centre is stronger and more responsive because of the support and capacity building of social work students and the development of the multidisciplinary practice. To date, more than 200 clients of the Mental Health Legal Centre have been assisted by a social worker and Field Education 1 social work students, over just three semesters of placements.

Social work students completing their second (Field Education 2) placements have also contributed to important research work at MHLC over the last year. Recently MHLC hosted two final year social work students to support a qualitative research project which looked at the experience of mental health consumers and their Advance Statements under the Mental Health Act 2014 (Victoria).

Students were engaged to undertake a literature review; organise, observe and transcribe the

Multi-Disciplinary Practice

interviews; and participate in the data analysis and report writing.

The project ultimately documented the experience of people who use mental health services in completing and using an Advance Statement. This important information will be used by MHLC to inform the broader discourse relating to Advance Statements, the Mental Health Act and the Mental Health Tribunal.

Through the establishment of the MDP at CIJ and MHLC, we have confirmed the importance of social

workers and lawyers (and in future hopefully other disciplines) working together, with the valuable support of RMIT students. We look forward to continuing to highlight innovative and holistic approaches to addressing legal and social need and to supporting the people that access MHLC services in the most responsive way.

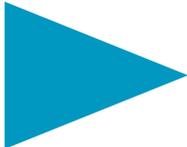
Case Study 1:

Milly* has recently gone to the Dame Phyllis Frost Centre for the first time. She has been living with violence in her relationship for a long time and it is only since she has been at DPFC that she has started to recognise what was happening for her over all these years is named as family violence. Milly has received support from other women at DPFC, who have similar stories to her and she says she feels scared but is ready to talk about her experiences.

Milly has a number of infringements in her name that are quickly escalating, from when her ex-partner was driving her car around, especially on toll roads. Milly was encouraged by staff at DPFC to see an Inside Access lawyer who can support her with her long list of infringements. When Milly was meeting with the Inside Access lawyer to discuss her fines and infringements, she mentions that now that she has broken up with her partner, she does not know where she will live when she is released in a year.

The lawyer asked Milly if she would like to speak to the Inside Access social worker about her housing, which Milly agreed to.

Continued on next page...



Multi-Disciplinary Practice

Case Study 1 continued:

The social worker saw Milly at a future clinic at DPFC, where Milly told the social worker about what had been happening for her in the community. Milly and the social worker completed a number of Office of Housing forms so that Milly can be registered as having a priority housing need on the Victorian Housing Register. With Milly's consent, the supporting documentation that was collected for Milly's special circumstances application for her infringements matters were also used to inform a strong support letter from Inside Access social work to accompany her housing application.

Milly now trusts the social worker and would like to talk about contacting her teenage son, who is living in a residential care facility on the outskirts of Melbourne. Milly says that she doesn't know what kind of order her son has about his care and asks for the Inside Access child protection lawyer to assist her in getting this information. With Milly's consent, the Child Protection lawyer accesses the existing order from DHHS and passes on to the social worker to read together with Milly. It is clear that the order does not prevent Milly from having contact with her son, so Milly asks the social worker to get the landline number for her son's residential care facility (landlines are exceptionally cheaper to call from prison than mobile phones are). The social worker calls DHHS and ascertains the number for Milly's son and passes it on to Milly as soon as possible. Milly makes contact not long after and her and her son are able to develop their relationship.

Milly was also offered post-release support, when she mentions that she would like counselling in the community as well as support for her substance use. The Inside Access social worker was able to offer Milly information before her release to assure her of services in the community near where she would like to live.

Milly was able to address her infringements and housing concerns with a year left of her sentence at DPFC, as well as pick up contact with her son and nurture that relationship. Milly felt like she was in a better space to start considering her future and what she wanted when she left DPFC.

*name changed



Case Study 2:

Lucy* has recently received a short jail sentence of five months, after a period of chaos in the community where Lucy was experiencing family violence and caring for her two year old child.

Lucy had made a referral at the DPFC Programs Building to see a Family Violence lawyer with Inside Access in order to explore lodging a VOCAT claim for the family violence she had recently been experiencing from her violent ex-partner, who is also the father of her child. During Lucy's first appointment with Inside Access, the lawyer discovered that Lucy was also anxious about her social housing property in inner-city Melbourne. The lawyer explained to Lucy that Inside Access has a social worker who can chat with her about these issues. Lucy was happy for a referral to be made within Inside Access to have an appointment with the social worker.

The social worker caught up with Lucy the following week at the Inside Access clinic, where Lucy and the social worker discussed a number of issues that were impacting on Lucy and on her chances of smoothly reintegrating back into the community. Lucy has had a social housing property for a number of years and used to live there with her violent ex-partner and child. The violent ex-partner has never been on the lease and Lucy believes that her ex-partner has recently moved out of the property. Lucy was concerned about damage to the property and possible maintenance debt. Lucy was also worried that her violent ex-partner was taking or reading her mail.

The social worker explored where Lucy's child was living and whether Lucy needed any support around Child Protection concerns, as Inside Access has a lawyer that supports people around their Child Protection matters. Lucy confirmed that her child is with Lucy's sister and that there had been no Child Protection involvement, but she appreciated knowing that support was there if she needed in future as she had previously had some contact with Child Protection and was motivated to not be in that situation again.

By the end of the session together, the social worker had Lucy's permission to contact DHHS Office of Housing to enquire about the possible maintenance debt, as well as to confirm that Lucy was paying the subsidised rental amount for the short period of incarceration. When the maintenance debt was confirmed by Office of Housing, the Inside Access social worker got Lucy's permission to refer the debt – which had largely been incurred largely since Lucy was incarcerated – to another community legal centre called Justice Connect, who work to get these kinds of debts reduced or wiped.

Lucy also provided permission for Inside Access to request Australia Post redirect Lucy's email to DPFC for the period of her incarceration, a service Australia Post offers for free for people who have experienced family violence.

After working with Lucy over a few clinic appointments, the lawyer and social worker were able to collect the documentation needed to lodge a VOCAT claim, redirect Lucy's mail safely to DPFC, confirm Lucy's subsidised rental amount and get Lucy's maintenance debt referred to Justice Connect.

Inside Access is an essential multidisciplinary service that wrapped services around Lucy's legal and social support needs. Lucy did not have to tell her story a number of times to different practitioners, which made receiving these services easier for Lucy, while also minimising re-traumatisation. Lucy was also offered post-release support from the social worker if Lucy needed any ongoing support with family violence, housing or re-engaging with her child.

*name changed



