

MHLC Annual Report

MENTAL HEALTH LEGAL CENTRE



ANNUAL REPORT

2019-2020



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Our Visions and Values

The MHLC is a community legal centre that has been providing legal services for more than 30 years to people who have experienced mental illness. We provide a range of innovative services in the community, in treatment facilities and in prisons. We work in partnership with other agencies to provide integrated services that address the needs of the most complex and vulnerable members of our 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 and quality of life for people with mental health issues.

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.

Chairperson's Report

2019 and, in particular, 2020 have presented many challenges. As an organisation, as members of the broader community and as individuals, we have had to come to terms with functioning within the context of a global pandemic. The MHLC has proven to be a resilient organisation, underpinned by a workforce and Board that have demonstrated an ability to absorb and adapt to change. Significant organisational changes were required in order for the MHLC to continue to work effectively and safely within a COVID 19 landscape. As reflected within the body of this Annual Report, offering a service to individual consumers continues to be central to all that the MHLC does. I would like to thank the MHLC team of dedicated workers, who are so ably lead by Charlotte Jones; it is they who breathe life into MHLC. The willingness of the MHLC to evaluate practice supported by Nadu Dove of Dove Ideal Project Solutions ensures that the MHLC remains committed to continual service improvement. I would take this opportunity to thank Nadu for her ten years of service to the MHLC.

The MHLC continues to demonstrate its commitment to ensuring that the experience of consumers drives our strategic advocacy. This commitment was central to the MHLC's responses to a number of key government initiatives; the Royal Commission into Victoria's Mental Health System, the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, inquiries into homelessness and fines, and the Productivity Commission Inquiry into Mental Health. Alongside this we have worked with colleagues in DHHS and Corrections Victoria to ensure covid safe service delivery throughout. In particular, I would note the work undertaken with consumers in supporting them

to provide vital and important information to shape the future direction of service delivery in mental health. I would acknowledge the work of Ann Jorgensen, the Principal Solicitor at the MHLC who has worked to ensure delivery of complex and often challenging submissions across all levels of government.

Gratitude

The MHLC enjoys the support of a number of government Ministers and their staff, notably the Hon Martin Foley as Minister for Mental Health, Hon Jill Hennessy as Attorney General, the Hon Richard Wynne as Minister for Housing and the Hon Ben Carroll as Minister for Corrections. We also acknowledge the support of the Department of Health and Human Services and the Department of Justice and Community safety. We are also fortunate to receive funding from a number of philanthropic organisations including the Sidney Myer Fund, Equity Trustees, William Buckland Foundation, WCF Thomas Fund, Igniting Change, Phyllis Connor Memorial Trust, Gandel Philanthropy and Coopers Investors.

In 2013, RMIT University and MHLC commenced a formal partnership, which enabled RMIT, via the Centre for Innovate Justice (CIJ), to offer Clinical Legal Education programs for RMIT JD students and ensured office accommodation for MHLC. The program has since grown to include social work students and financial counselling students. The partnership has seen CIJ second staff into MHLC, boosting its capacity to offer a unique multidisciplinary clinical student placement. The support offered via this partnership has made a significant contribution to the work of MHLC and for that we are grateful. On behalf of the Board and staff

Chairperson's Report

of MHLC, I would like to thank our former chairs Sarah Manly and Stan Winford. Both stepped down from the board, after many years of service, at the last AGM. We also extend a thank you to Vicky Keller who stepped down from the Board in 2020 after being a member for five years. Collectively they provided many years of dedicated service to MHLC. In 2019, we welcomed new members to the Board, Talisa Jurich, James Kyrios and Dan Max.

This has been my first year as Chair of the MHLC and I have been delighted to be able to work with such a committed and dynamic Board and staff group for the past twelve months. The Board embarked upon a dedicated review of the MHLC and with the support of KPMG and the team at MHLC, we have redesigned our structures, governance and processes. The Board - led by Sophie Brown, the Vice Chair, and a dedicated team at Lander & Rogers - have worked to review, draft and reshape policies, procedures and practice across MHLC. I would like to formally thank my fellow Board members and acknowledge the added contributions made by Geoff Southwell, our Treasurer. My previous role as the Manager of the Bolton Clarke Homeless Persons Program (HPP) offered me the opportunity to observe the positive

impact that a dedicated integrated legal response could bring to the lives of people experiencing homelessness. Central to the success of the MHLC/HPP initiative has been MHLC's willingness to consult and co-design the service response with consumers and the HPP. It was my experience working with MHLC that, on retirement, led me to join the Board. This has enabled me to work with an organisation I admire and to continue to pursue a passion for the development of integrated services delivery, whose philosophies and service outcomes combine to meet the needs of the consumer. I would also like to take the opportunity to thank all the supporters of the MHLC over the past year, the volunteers, students and consumers. Volunteers and students play an important role in the work undertaken by MHLC. MHLC has been able to work with a large number of people and seek change as a direct result of your input and efforts. 2020 has been a challenging year for many members of the Victorian community and this will continue into 2021. I am certain that MHLC will be able to meet those challenges and drive forward in supporting the community.

Manager's Report

It has been quite the year at MHLC- from Royal Commissions to a global pandemic. It is clear that the world will change and that none of the systems we had can remain the same.

Staff changes meant that we said goodbye to some of our wonderful team including Gram Morris from the Ravenhall Project. We also said goodbye to Kate Ottery who sadly left MHLC after a hugely impactful year. We were rewarded, however, when we welcomed Clare Stafford to the Ravenhall team. Vanda, Pam and Rory continued to work diligently across Ravenhall and Night service (until Night Service was forced to close). We also said goodbye to Sarah Davidson, who had been seconded as a financial counsellor, but welcomed Julie Brinkler on staff as our financial counsellor. Nicole Blazinovic added to our social work team and Andre Barca to our Inside Access team along with Cristiana moving into a larger role. Margot expanded her Child Protection work and Kristina coordinated all of these efforts while also providing generalist legal services at DPFC. We also said goodbye to Emma and Isabelle from our administration team during the pandemic. We are grateful for all their hard work.

The contribution of Bernice to the team as a whole and the clients has demonstrated how integrated practice can change how we all work, and how clients can benefit. Thank you for your support to all who work, volunteer or are on placement at MHLC.

The volunteers have, as ever, been remarkable and I would like to thank all the pro bono teams for their unwavering support including Dan Decleva at Sparke Helmore, Amelia Barrow at Ashursts, Jo Rankin at Lander & Rogers as well as John Berrill from Berrill &

Watson. They are all ably guided by our Day Service team led by Sarah and Lynne alongside Rory.

Our intrepid evaluator Nadu Dove from Dove Ideal Project Solutions has continued to guide much of the work on the projects along with developing a new practice framework. With the support of KPMG we have undergone an internal restructure process. This has led to new roles and opportunities for many of the team while we have been able to expand our resources and supports for our clients with additional social work and financial counselling resources.

Community Legal Centres always need the support of teams of people who ensure the work continues by donating their time and skill. I am always amazed, not just by their dedication but by their unwavering enthusiasm for the task at hand. Vanda and Rory worked tirelessly to support the Night Service team who showed up regardless of flu season only to be shut down by the pandemic. We hope to see you all again soon, when we are able to look to a completely new service design.

The work of MHLC marched on regardless and with so many reports and submissions due we were able to utilise resources internally through our Principal Solicitor, Ann Jorgensen, and externally through Nadu Dove, the embedded evaluator on our Health Justice Partnership and Inside Access, to provide valuable and informative insights.

This year asked so many questions of the team: we moved location, we undertook more work, and we expanded all existing projects alongside strengthening our teams. The one part of the year that stood out for me was in early March when the team were asked if they wished to work from home, all of them wanted to stay in the office and remain as

Manager's Report

part of the team. Sarah Duane worked tirelessly when we were no longer able to remain in our office to ensure everyone had the supplies they needed. Who knew a team marched on envelopes, papers and stamps! Lynne, Rory and Sarah did manage a brief return to the office in June and, as ever, maintained their remarkable good humour as we transferred the phone team home again.

While the year has proved challenging, the clients remained resilient, thoughtful and insightful not just in respect of the events they witnessed but the impacts on society as a whole. Some reflected that the reduction of the world to the four walls of home was an experience they now shared with many rather than a few; the inability to feel safe outside of home and to be afraid of those around you for fear of catching COVID was the new normal. While we adapted our services, many of our funders reached out offering support. In turn, we offered insights into emerging issues and changes. We are as ever grateful to all who have supported us financially and in kind. I would like to thank all the Grant Managers and Program Managers who immediately relaxed deadlines and supported us as we left offices and built new places to work at home. I would like to thank the team for their good grace and patience as we all adapted to a new way of working.

I would like to thank the Legal Services Board and Commissioners, Igniting Change, Equity Trustees, Lord Mayors Charitable Foundation, William Buckland Foundation, Phyllis Connor Memorial Trust, WCF Thomas, The Sidney Myer Fund and Mental Health Victoria, along with the teams at DHHS and

Corrections Victoria with whom I have worked in the past year to ensure funding and support during complex times. None of our work would happen without your support. To all the staff working in departments alongside Ministers, who have listened and supported MHLC, I am grateful for your time and compassion when both seemed scarce.

The work completed by Ann Jorgensen to ensure that the consumers' voice was heard along with Nadu Dove meant that the MHLC was able to have the voices of the consumers placed at the heart of our submissions. The Royal Commission into Victoria's Mental Health System will lead to lasting reform in Victoria and I am very grateful and deeply humbled by the work they undertook on behalf of our consumers.

Along with Sarah, Stan and Vicky who had provided support over so many years through the Board, I would also like to thank the Board for their continued support and hard work this year it has been a privilege to work with and learn from you all.

I hope as we move on in the coming year the team will be together once again and able to share our extraordinary work in person. I look forward to seeing you all soon.

The names and identifying details in case studies throughout this report have been changed to protect the privacy of the people involved.

The MHLC Team

Manager

Charlotte Jones

Principal Solicitor

Ann Jorgensen

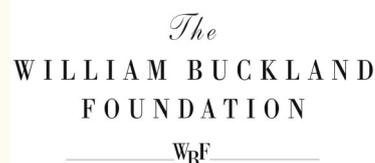
Lawyer	Kristina Bucak	Lawyer	Vanda Hamilton
Lawyer	Margot Powell	Lawyer	Lucy Carter
Lawyer	Cristiana Tomasino	Lawyer	Gram Morris (until Dec 2019)
Lawyer	Clare Stafford (from Dec 2019)	Paralegal	Sarah Duane
Junior Lawyer	Andre Barca	Junior Lawyer	Rory Slatter
Administrator	Lynne Hamilton	Administrator	Pamela Marrinan
Administrator	Isabelle Nesbit	Administrator	Emma Collard
Social Worker	Nicole Blazinovic	Financial Counsellor	Julie Brinkler (2020)

RMIT Seconded Staff

Lawyer & Student Program Manager	Kate Ottrey (until Dec 2019)	Social Worker & Student Program Manager	Bernice Beaucaine
Financial Counsellor	Sarah Davidson (2019)		

MHLC would like to extend our utmost gratitude to all our dedicated and talented volunteers who assist the centre across all of our projects. Without their hard work and commitment we would not be able to deliver the high quality service our clients have come to expect from the MHLC.

MHLC Supporters



Collier Charitable Fund



Submissions to Commissions and Inquiries

The Mental Health Legal Centre had a busy year in the policy space with a number of major commissions and inquiries continuing their work. Our policy work draws on the experiences of our clients and our staff to make recommendations for systemic and legal reform. In 2019—2020 we made the following submissions:

Royal Commission into Victoria's Mental Health System.

Following two major submissions in June 2019, we have continued to engage with the Royal Commission. Our focus for this year was to support consumers we have worked with to tell their own stories to the Royal Commission. We had a small team of staff work closely with consumers to capture their thoughts about the mental health system and their recommendations for reform.

Fines Reform Advisory Board

The MHLC welcomed the opportunity to provide feedback to the Fines Reform Advisory Board about how the fines system has working since reforms introduced by the Fines Reform Act 2014 took effect in 2018.

The feedback came from our experience in delivering fines clinics at the Dame Phyllis Frost Centre and Ravenhall Correctional Centre, and also our general fines work. We made a number of recommendations for changes to both the 'time served' scheme and enforcement review.

Parliamentary Inquiry into Homelessness

The MHLC made a submission to the Victorian Parliament's Inquiry into Homelessness. Our experience working in partnership with the Bolton Clarke Homeless Person's Program nurses and in our prison programs informed this submission.

The submission addressed some of the social, economic and policy factors that impact on homelessness and identified policy responses that would improve the delivery of services to people experiencing homelessness in Victoria. We made recommendations around better integration of services, the importance of providing appropriate outreach legal services to people experiencing homelessness, the impact of incarceration on housing and increased oversight of rooming house providers.

Productivity Commission Inquiry into Mental Health

In October 2019, the Productivity Commission released its Draft Report on Mental Health. The MHLC welcomed a number of the draft recommendations particularly those relating to Mental Health Tribunal representation and health justice partnerships. We made a submission to the draft report building on our earlier submission and responding to the draft recommendations and requests for additional information.

Charlotte Jones appeared before the Productivity Commission in November 2019 and following this we provided a range of additional information to the Commission on tribunal representation, advance statements, health justice partnerships and our prison programs.

Day Service

Our telephone lines are open from Tuesday to Friday 9am-5pm. Our highly experienced and well trained administrators answer calls and provide support and information to anyone who calls. As we are a generalist service we are often the last port of call for people who have been endlessly referred on throughout the system. We take the time to speak to people and identify their needs and endeavour to provide warm referrals and realistic information. Our administrators refer clients to our Night Service or individual MHLC programs where appropriate and can also utilise our social worker.

During the 2020 lockdown MHLC could not run Night Service which meant the complexity of the Day Service calls increased. Calls were generally of a longer duration and multiple outgoing calls were often necessary to contact clients. We set up a Voice Message service with messages transferred via email so we could deal with calls as soon as they came in. Calls were then handled by members of the Day Service team who ascertain what the client required and then decide the best way to help. Our in-house legal staff were also available to take calls and provide legal advice.

In early 2020, as part of our updated website, we developed an online message service so clients could contact us via email. Once an email is received the client is contacted by the staff member most suited to their needs.

Our phone statistics

Incoming Calls

15,632

Outbound Calls

8362

Mental Health Tribunal Hearings

In the last financial year we organised representation for 157 Mental Health Tribunal hearings, including 4 ECT hearings.

The MHLC focuses on Community Treatment Order (CTO) hearings although we do take on inpatient treatment order hearings when we can. CTO representation, by its nature, is often more resource intensive than inpatient hearings. While CTO hearings comprise around 70% of hearings, they account for less than 30% of the total hearings with representation. Given its limited resources, however, the MHLC itself is unable to fully meet this need. We are constantly working to find ways to increase the number of hearings we cover including training pro bono lawyers and other support staff.

We work with many pro bono lawyers who make this possible and their hard work and dedication can change people's lives. It's through their support that we can provide this service. If we are unable to find a lawyer for a hearing, we provide phone advice prior to the hearing, working with clients to self-advocate.

When services went into lockdown at the end of March 2020 most hearings were held via teleconference. This has been a challenging time for both our clients and our pro bono team as they deal with this significant change. Our pro bono team has done an amazing job adapting to the changes. One upside of the move to telephone hearings is that we are able to provide more representation to people in rural and regional areas. This has previously been impossible.

During this year we have advocated for legal and policy reforms to increase the rate of legal representation for people appearing before the Mental Health Tribunal. We hope to see significant advances in this area over the coming years.

46

Inpatient hearings

107

Community hearings

4

ECT hearings

Mental Health Tribunal Hearings

Meredith's story

Late one Thursday afternoon in June, MHLC received a referral for a client who had a hearing on the following Monday, first hearing for the day. The client had the MHT3 report and some notes and we sent a request to our pro bono team. Fortunately, one of the team was available.

Meredith was new to the mental health system. Her first hearing was earlier in the year when a 16 week CTO was made and the June hearing was to determine the next stage. Meredith was willing to be a voluntary patient. She had a new baby and wanted to live independently with her child and had a psychiatrist willing to treat her once she was settled. She did not want to be on a CTO; she thought the medication was helping but preferred oral rather than depot. She was still breastfeeding her child and was concerned about the effects of taking the medication in depot form.

Meredith had a difficult relationship with her mother, who had been the person to call a CAT Team initially, however the treating team made a condition of discharge from Meredith's first inpatient experience that she move in with her mother who would help with the baby. While the client was willing to work on their relationship, she did not want to live with her and in particular did not want her mother to be her 'nominated' person or be involved in any future hearings. Some of the material in the MHT3 report had been provided by the mother and, as such, was not the client's experience. She also had a difficult relationship with her mother's partner and felt this was part of the cause of her anxiety and PTSD.

The treating team considered this difficult relationship an example of Meredith's delusion. There was also an example of the client jumping from a balcony while avoiding police and the team interpreted this as a suicide attempt when in fact the client was a trained circus performer. The client considered this a practical means of avoidance! However, in the MHT3 report this was given as an example of her instability and was referred to a number of times, usually without dates or context.

Meredith acknowledged that she needed to participate in treatment and was willing to do so; in her words she was 'committed to staying well so she could be the best mother to her child'.

Meredith acknowledged that she needed to participate in treatment and was willing to do so; in her words she was 'committed to staying well so she could be the best mother to her child'.

AT the MHT Hearing the lawyer emphasised the improvements in Meredith's life, including her recent history of engaging with her treating team and taking medication, her positive relationship with her child, her insight into her mental health condition, and her future plans. The Tribunal agreed with the submissions that there were less restrictive means available to enable the applicant to receive treatment (s 5(d) of the Act). The Tribunal directed that Meredith's CTO be discharged and recommended that she be treated on a voluntary basis.

Night Service

The Night Service, when it was running earlier in the year, was staffed by 52 volunteers— solicitors, students, paralegals and legal graduates. Our Night Service delivered 396 legal services up until lockdown at the end of March 2020. Whilst issues related to mental health law make up the bulk of our client's requests for assistance, problem types range from guardianship and administration issues, complaints to various oversight bodies, applications under Freedom Of Information legislation, tenancy issues, social security, problems arising from the NDIS, criminal law matters and property. Although we cannot provide advice in all specialist fields, we will always attempt to refer clients to services with which we have a relationship, be they firms, other community legal centres or specialist practices.

During the Covid-19 Lockdown Night Service was put on hold with the bulk of the work that would go through this service being handled by Day Service. We set up a triage day service and our in-house legal staff were delegated return calls based on the issue and each team members' relevant experience.

Lawyer's reflection

In the introduction of his new book, barrister Andrew Boe says that 'In places like Australia, court proceedings remain an adversarial blood sport at times distorted by smoke and mirrors or failed by individual shortcomings. Navigating it is difficult and uncertain for any one of us but more so if you are poor, not white - or not white enough - not a straight male or have no formal education. Simply put, the most vulnerable among us are unfairly exposed to unjust outcomes.'

In fact, many systems—not just our justice systems—are like that, and our job at the MHLC is often to navigate those systems with our clients until we get an outcome. It might not be the most just outcome, but it will, hopefully, be a better outcome than they might otherwise have received.

And here's the thing; the issues we most often help with are small in the scheme of things. They're not very sexy. They don't attract the interest of services or lawyers wanting plaudits. But they are issues that can have a devastating impact on the lives of people who are already overwhelmed by the world.

So this year I reflect on a few of the cases we've worked on, not just one. The man whose house was going to be sold at a mortgagee's auction, which we couldn't stop. But I did negotiate for two other major debtors to be paid out of the proceeds, and for that to be the full and final payment of the debts, which would not have happened without our intervention. He was then referred to Berrill & Watson, and he will get payment from his super insurance. We continue to assist him to sort out the rest of his debts, so that when he is ready to go back into the world, he can do so without the fear of a knock on the door from sheriffs.

Night Service

Lawyer's reflection continued

Another client could not access his funds when he left prison due to inadequate ID. I intervened, and negotiated for him to be able to use the ID he did have while waiting for proper photographic ID. Until then, he had literally no money. I also persuaded him not to just sign off a property settlement that his wife had sent him, but to seek help from the family lawyer to whom I did a warm referral.

We assisted a number of people to obtain diversions for their criminal matters. Had they not sought our help, they would have probably ended up with a criminal record, as they could not find any other lawyer who would assist them.

The common thread with these matters is that they are small. They often do not fit into the rigid case guidelines of other services. They don't need a brilliant legal mind, or indeed sometimes even a legal mind. A case worker could assist the person if they had the confidence and knew what to do. I can assist because this service gives me the flexibility to assist. All these matters take time. Sometimes a lot of time. Sometimes they are like a big nasty knot, that you have to tease out until you can see the individual strands. Sometimes it's straightforward, but still time consuming. Sometimes it could be worked out quickly, but because we're dealing with a fragile client, it can't be. And sometimes it actually is legally complex.

I have always thought it is a privilege to be able to assist people simply because I have a law degree. Not because I have a great legal mind, but just because I have a qualification that helps me to do the little things that loom large for some people. It is equally a privilege to work for a service that allows me to do that, gives me the tools to do that, and is staffed by people whose skills and knowledge complement mine, inform me, and increase my own knowledge and skills.

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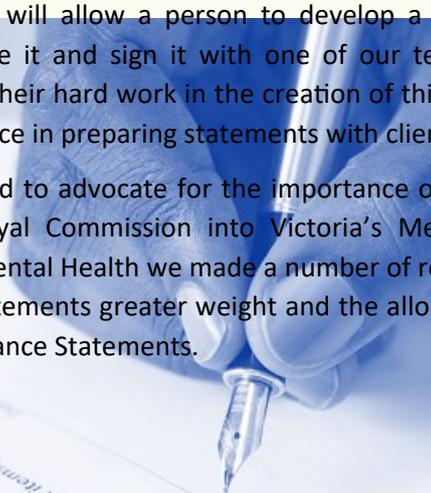
Advance Statements

Advance Statements are the key legislative tool available in Victoria to formally facilitate supported decision making. These were introduced under the Mental Health Act 2014 as an important component of its recovery-oriented framework. They were intended to 'improve communication, give patients greater control over their treatment when they are subject to compulsory treatment and promote an improved patient experience and recovery.' (Victoria, Legislative Assembly 2014, p 472).

Advance Statements can be made at any time and allow for people experiencing mental illness to express and communicate their treatment preferences.

The MHLC has continued to support the uptake of Advance Statements in 2019/20. We assist people to complete Advance Statements through outreach appointments, phone appointments (for people living outside of Melbourne), a weekly clinic at our office and the development of a new app. Our app is in the final stages of development and will allow a person to develop a basic Advance Statement online with the opportunity to further refine it and sign it with one of our team. We are very grateful the Melbourne University Law students for their hard work in the creation of this app. We also continue to provide training to the mental health workforce in preparing statements with clients.

The MHLC has also continued to advocate for the importance of Advance Statements to be recognised. In our submissions to the Royal Commission into Victoria's Mental Health System and the Productivity Commission's Inquiry into Mental Health we made a number of recommendations. These included legislative reforms to give Advance Statements greater weight and the allocation of funding to services, like ours, that assist people to prepare Advance Statements.



32

Advanced Statements

52

services

Advance Statements

Lorna's story

A common theme I hear from my Advance Statement clients is a lack of understanding from clinical staff about treating co-occurring mental health and physical health needs. More often than not, a mental health diagnosis is only one of many things that affect a person's wellbeing, but clinicians will treat these as separate issues without acknowledging a link in their occurrence.

One particular client who comes to mind is Lorna, who has been engaging with mental health services on and off for 10 years. Lorna has been diagnosed with anxiety, PTSD and bulimia, but has never received help for all three at the same time. No matter which condition Lorna is admitted to hospital for, the focus will always be on 'fixing' her weight while neglecting her mental health. This is despite Lorna's attempts to explain that her bulimia relapses are caused by anxiety-induced panic attacks. It is also difficult for Lorna when she does not have access to her mental health supports while on an inpatient order, as she finds hospital settings trigger her PTSD from abuse she experienced as an adolescent in multiple mental health facilities.

This lack of whole-of-life care meant that once the treating team 'fixed' Lorna's issues relating to her eating disorder, they discharged her without any wellbeing supports. This led to a decline in Lorna's mental health, and required a subsequent admission to a mental health facility not even a week after she left the hospital for her eating disorder. This resulted in a never-ending cycle of admissions for Lorna, and is why she decided to create an Advance Statement.

Lorna's Advance Statement helped her categorise opinions on her treatment, explain her trigger points and self-advocate for more holistic and whole-of-life care while on an order. With the aid of Lorna's advance statement, her treating team is now more sensitive to her mental health needs while she receives treatment for her eating disorder, and have started treating Lorna as an outpatient to minimise the risk of re-traumatisation.

People should not be defined by their diagnoses, and Advance Statements aim to facilitate communication and advocacy for collaborative decision-making between people and their treating teams.

A client's story and a lawyer's response

Belinda's story

In May 2016 I was assaulted by two nurses while an inpatient in an ICU in a rural Victorian hospital. I was physically restrained, verbally threatened and ridiculed, while struggling to breathe during a botched medical procedure. The event lasted just under three hours, during which time I thought I would choke or suffocate to death. I was manhandled like a ragdoll, my hair was repeatedly pulled, and I was told multiple times that I deserved it and it served me right. The event was severe enough that I needed to wear a portable cardiac monitor for 72 hours afterwards.

What compounded the trauma from this event was that afterwards no one listened to or believed me, or seemed to acknowledge or care about how badly I was harmed, not just physically but also psychologically. I have never been able to reconcile the fact that 'health professionals' used their employment as a means of justifying their behaviour, as though it gave them a free pass to brutalise someone who was already vulnerable.

Since that time, I have spent hours trying to communicate what happened to me, because if it could happen once it could happen again, or might have already. My family and I contacted the hospital, AHPRA, the Health Complaints Commissioner and the Mental Health Complaints Commissioner. All of them gave the same answer: there was nothing they could do. AHPRA, in particular, has always been uncooperative and

'Ann at the MHLC was the first person to listen to me and to believe me.'

dismissive of the trauma I sustained, and unwilling to accept further evidence beyond my initial letter to them. Finally, I even wrote to the Ministers for Health and Mental Health; I received no response

from one and a placating answer from the other about how AHPRA was conducting a 'timely and robust' investigation. That was two years ago.

The current complaints processes appear to be designed to protect 'health professionals', not members of the public. Different organisations act in isolation instead of communicating with one another to get the full picture. This lack of accountability and need to keep repeating myself to different people has had a profound impact on me, and it is easy to see why people would not pursue a complaint when the processes are designed to stonewall them and invalidate their experiences, until their despair forces them to give up.

Ann at the MHLC was the first person to listen to me and to believe me. That made a huge difference because I think the only thing worse than being assaulted and told I deserved it, is to be consistently told it never happened, in the face of overwhelming evidence to the contrary. It has been so difficult for me to keep trying to get justice when the complaints bodies either ignore me or give excuses as to why my life and wellbeing are not important enough to initiate a proper investigation. The complaints process is almost as damaging as the assault, so much so that there came a point where I needed to back away and put the burden of dealing with it onto Ann, because by that stage I was barely able to function.

MHLC Annual Report

It is over four years since my initial complaint to AHPRA. I am still unable to return to work and I have flashbacks of being choked and tied up multiple times a day. Not a day passes when I do not wonder why these nurses have gotten away with what they did, why my life is so worthless that health and complaints organisations do not consider it important enough to act on clear evidence that these nurses failed on multiple counts to offer the bare minimum required by professional and humanitarian standards.

After four years, I have no closure. Where is the duty of care, the accountability and the responsibility to keep the public safe? Do complaints bodies believe that only some of us are worth protecting and not others? The message I have been given is that 'health professionals' are entitled to break the law, to act well below acceptable standards of society, to hide behind their jobs and there will be no repercussions for them. In contrast, the deterioration of the quality of life of their victims is of no concern to those charged with our protection.

Lawyer's response

I have worked at the MHLC for nearly five years now and Belinda has been a client for more than four of those. Belinda first came to see me to write an advance statement back in 2016 when she was trying to make sure her traumatic experiences during an inpatient stay were never repeated. In essence Belinda had been tied to a hospital bed for a significant period of time while an incorrectly placed nasogastric tube was choking her. The nurses were rudely dismissive of her and refused to remove the tube or untie her until well after an x-ray confirmed the incorrect placement.

Belinda made various complaints about her treatment. Due to the complexities of the system, there were three different complaints bodies – the Health Complaints Commission, the Mental Health Complaints Commission and AHPRA. All had a part of the story but none could look at it all together. I assisted Belinda with some of complaints and took over communication when it all became too much to deal with. I obtained all of Belinda's notes from the hospitals involved.

I reviewed Belinda's notes and they supported Belinda's account of what had happened. They also showed a major failure to follow the clear obligations set out legislation and professional guidance.

**Without accountability,
how can the system improve?**

AHPRA is the agency which actually considers individual practitioner wrongdoing. It investigates notifications and has the power to take action. In 2016 Belinda made a complaint about the nurses involved in her care. In December 2018, she received correspondence from AHPRA stating that the Nursing and Midwifery Board of Australia had decided to take no action in relation to one of the nurses and were investigating deficiencies in the documentation of the other.

I wrote a response to AHPRA just prior to going on Christmas holidays in 2018 setting out the failings of the nurses. I received a response in February 2019 that the Board would be looking into the matter further. It is now well over 18 months and despite regular requests for updates and a complaint there is no apparent progress in relation to either nurse.

In the meantime I have tried numerous times to get a personal injury law firm to take up the case but the response is always similar. It is too difficult to run cases where the plaintiff has pre-existing issues no matter how significant the harm done to them is. What Belinda's experience has shown me is how impossible it is for people who have been harmed by the mental health system to get justice and how little accountability there is. Without accountability, how can the system improve?

More than four years have now passed since the events that have affected every single part of Belinda's life. The initial cruelty of those nurses back in 2016 is compounded by a complaints system marred by delay, lack of communication and indifference to people's trauma. We need to do better.

Bolton Clarke

Homeless Persons Project

The MHLC has worked with the team of dedicated nurses at Bolton Clarke for the past five years delivering a Health Justice Partnership. This fully evaluated project has high satisfaction ratings from clients and our partner nurses. With clinics in Frankston and Glenroy working alongside nursing teams funded through the Rough Sleepers Initiative, we are able to provide meaningful legal support for people with complex health needs and insecure housing.

This service also combines an embedded education component which enables clinical staff to easily identify legal issues and make effective referrals.

The lawyers in the team partner with the nurses to provide assertive outreach services to some of the most vulnerable members of our community. These include people who are street homeless, living in crisis accommodation or in rooming houses and caravan parks. It also includes people at risk of homelessness and those who are newly placed in housing. An important aspect of the program is that the lawyers meet the clients where they are rather than expecting them to access formal appointments and centre-based services. The clients already have a relationship of trust with their nurses and the MHLC can build on that relationship to quickly establish rapport and identify how to most effectively assist clients. The nurses facilitate contact with the client, in many cases attend client interviews, prepare support letters and help the lawyer to link into other service providers if needed.

The lawyers assist with a broad range of legal issues and endeavour to address multiple issues for a client rather than having strict guidelines for assistance. The main areas of law are fines, debt, housing, access to health services, minor criminal matters not covered by legal aid, social security, MHT, family violence and crimes compensation.

Our quarterly education sessions have continued to be an important opportunity to strengthen the partnership between the Bolton Clarke and MHLC teams. The education topics are selected in consultation with the nurses. The sessions are practical in nature and highly interactive. The sessions help the nurses to recognise when a client has a legal issue so that prompt referrals can be made and the nurses can focus on providing clinical care and other supports.

50**Court attendances****255****Services delivered****180****Clients seen**

Bolton Clarke

Homeless Persons Project

Frank's story

Frank's Bolton Clarke nurse contacted us when he received a summons for charges for criminal damage and assaulting an emergency worker.

Frank was apprehended by police for kicking a garbage bin. When approached by two police officers he allegedly raised his fists. He was sprayed with pepper spray. He then walked away from police with his back towards them but was not following their instructions – they sprayed him with pepper spray again.

They returned him to his home; an SRS for older people with mental health issues. Some time later the police were called to the property. Frank was found naked in the yard spraying his eyes with a garden hose and in the words of the police 'suffering from a severe mental health episode'. Prior to this he had sprayed a fire extinguisher in his eyes to relieve the burning from the pepper spray. This caused some flooding to the property.

The police apprehended him under section 351 of the Mental Health Act and transported him to hospital where he was a psychiatric inpatient for six weeks. Frank was charged with assaulting police and willful and intentional damage to property. The owner of the accommodation service sought restitution for the damage to the property.

Our lawyer tried to negotiate with the police to have the charges withdrawn prior to hearing. This was not possible. At court the Magistrate agreed to dismiss the charges under section 76 given his mental illness, that he was unwell at time and had no priors. The Magistrate did not make the order for restitution either.



Community Legal Education

Inside Access conducts Community Legal Education (CLE) sessions at the Dame Phyllis Frost Centre and Ravenhall Correctional Centre. We constantly review our CLE program to ensure that it is engaging and meets the needs of persons in custody.

The sessions are specifically designed to provide practical, relevant and clear information. Topics have included:

- Family Law and access to Children
- Family Violence and Intervention Orders
- Immigration and Deportation
- Fines & Infringements
- Debt and Money Management
- The Criminal Appeals Process
- Parole
- Prisoner's Rights
- Superannuation
- The Disability Support Pension
- Institutional Abuse Redress Scheme

The sessions are delivered by either a solicitor from the 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 the MHLC have been able to identify recurring areas of concern for prisoners and advocate for systemic change when needed.

Once we went into lockdown at the end of March 2020, CLE sessions were put on hold.



Inside Access — Dame Phyllis Frost Centre

The MHLC provides a unique service to women prisoners at the Dame Phyllis Frost Centre (DPFC). The project continues to evolve to meet the needs of a changing prison population and, over the ten years since we began, we have developed education sessions and clinic-based legal and social work services to provide holistic services to women in prison. The team consists of a generalist lawyer and co-ordinator, a child protection lawyer, a family violence and victims of crime lawyer, a specialist fines lawyer and a social worker.

Inside Access helps people within prison to transition back into the community by helping them to deal with their legal issues prior to release. This includes helping people to address outstanding fines, Centrelink issues and debts, supporting victims of violence to seek intervention orders or victims of crime compensation, facilitating contact with children and a range of other issues which cause stress and anxiety for people. This unique suite of services is possible due to funding from the Department of Corrections, the Attorney General and philanthropic organisations.

At the beginning of the Covid-19 lockdown the project was able to continue to visit clients, following very strict protocols. When in-person visits were no longer viable, the service continued via teleconference and, where possible, video conferencing.

689

Clinic attendances

531

Services delivered

364

Clients seen

Inside Access – Dame Phyllis Frost Centre

Reflection

Even before incarceration, Inside Access clients are often isolated from their community. Sometimes there are thin threads of connection left that could either take little effort to break or small steps to reinforce. As a lawyer dealing with the intensely emotional issue of children it seems to me that it can be a matter of chance as to whether my assistance will make the individual client feel stronger or underscore her sense of alienation.

When mothers have not had any contact with their young children for years it is difficult to know how to approach their queries about those children. The women have often spent their time in gaol unable to escape, through anger, alcohol or drugs, the impact of the pain of that separation.

Sadie had not seen her two young children for about 3 years. She understood that they had each been effectively 'adopted' by separate unrelated couples. She recalled being told at the time that she had the right to make contact with the children twice a year but had no way of doing so. Sadie did not know where either of the children were living.

As Sadie only had days to go before release, I called her into the clinic without an appointment. When she entered the room I apologised for not having been able to do any more than obtain the Permanent Care Orders for each child from the Court. I expected rage- a common response masking displaced guilt or shame.

As I handed her the pages I explained that according to each Order she in fact had the right to a minimum of four visits per year with each child. She started to weep. I became concerned that the finality of seeing the Court Orders had been too hard for her to manage. She looked up at me tearfully and quietly asked whether the people named on the Orders as the permanent carers were the people she could write to in order to ask for contact with the children. I said they were. In her hands were the very ordinary Court Orders of the kind that we handle every day but in her mind it was the information she needed to re-connect with her children, no matter how tentatively.

Melinda's story

Melinda had fled to Melbourne after her ex-partner had found her at crisis refuges in her home state. Unfortunately, Melinda did not have any social or financial support in Melbourne and soon became homeless. As a consequence of her circumstances, she started stealing to get by and was subsequently incarcerated.

Melinda divulged a tragic tale of family violence. I assisted Melinda to lodge an Application for Financial Assistance with the NSW Victim Services (NSWVS). Ultimately, Melinda was awarded a payment of the highest category, \$10, 000, in recognition of the pain and suffering she had experienced as a result of the violence perpetrated against her.

When I contacted Melinda to share the good news, she became overwhelmed, shedding tears on the telephone. Melinda explained that she was again living in a refuge due to her ex-partner's violence and that she 'didn't have anything to her name'. Melinda was very grateful for our assistance and felt like she'd been given another chance, at a time when she needed it most.

Melinda's story is one of many that has stuck with me, as it illustrates how factors such as family violence, homelessness, poverty, trauma and criminality intersect and compound to marginalise women. It prompts us to remain cognisant of the fact that the majority of women who are incarcerated have a background of trauma and victimization.

Inside Access — Dame Phyllis Frost Centre

Sandra's story

Sue contacted Inside Access (IA) seeking assistance with a long standing Centrelink Debt. The debt of approximately \$10,000.00 was raised during a very difficult period in Sue's life. Sue was overpaid by Centrelink during various times over a three year period. Due to substance abuse and mental health issues, Sue had failed to report changes in the care of her children to Centrelink.

Sue had a difficult childhood, which resulted in her developing depression and substance abuse issues in her teenage years. She was often witness to frequent abuse by her father towards her mother and was placed in foster care as a young teenager. She was later the victim of abuse at the hands of violent partners.

Sue was admitted multiple times to a psychiatric hospital following a suicide attempt and was diagnosed with several mental health conditions. It was also during this time that Sue started using heroin as a way to self-medicate. It was during this period that Sue's children left her care.

We submitted a review application, with supporting material, to the Centrelink Authorised Review Officer (ARO) to waive Sue's debt on the grounds of special circumstances, and that said special circumstances affected her capacity to fully understand and meet her obligations required of her to inform Centrelink of a change in her circumstances.

The ARO was persuaded by our submission and granted a waiver of the debt.

Sue was delighted with the outcome. We received a letter from Sue thanking us for our assistance, in particular, that even though she had many years left on her sentence, it was one less thing she had to worry about on her release from prison.

I was obviously very happy to achieve such an outcome for Sue, as Centrelink do not readily waive debts. As a lawyer, I learnt much by going through this process, which will enable me to better assist clients with Centrelink debts in the future. Also, Sue's thank you note is a reminder of the value of our work, and that it can make a positive difference to someone's life.

Inside Access — Ravenhall

Since 2017 Inside Access has delivered legal services at Ravenhall Correctional Centre where our lawyers provide education services, a fines clinic and one to one generalist services. This work is funded by GEO. This service has been operating for three years and has expanded to meet the growing demands within the prison.

Our Community Legal Education program is integral to this 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 affect them the most.



Ian's story

Ian was incarcerated on remand for the first time ever following an incident where he was suffering mental illness. Ian's mental health deteriorated once at Ravenhall and was exacerbated by his ex-wife harassing his family and posting insulting and untrue comments on social media. Ian felt helpless and feared the impact this would have on their young son, as well as on his reputation in the community, and his possible future employment opportunities once released.

The Ravenhall Legal Clinic lawyer assisted Ian, and liaised with his mother to gather evidence to be used to help Ian complete an application for a Family Violence Intervention Order. The lawyer attended the Magistrates' Court on Ian's behalf to file the application where the matter was adjourned. The lawyer's supervising lawyer was able to appear on the second court date and was successful in obtaining an Interim Intervention Order protecting Ian from the sort of behaviour his ex-wife had been carrying out previously.

Ian was overjoyed with the result and told the lawyer how grateful he was for the assistance. Ian stated he would not have been able to get the order without the lawyer's help and that he was very impressed with the work that the lawyer had done for him from the first meeting. Ian was relieved and this helped to reduce his mental health issues. Ian's mother also thanked the lawyer for her work, and told the lawyer that her son was very happy with the result.

The lawyer also referred Ian to a family lawyer to begin mediation with his ex-wife in relation to their son.

Inside Access — Ravenhall

Fines Clinic

Studies have unanimously shown that a person released from custody with debt is more likely to reoffend and return to prison. It is not unusual for prisoners to have tens or even hundreds of thousand dollars in unpaid fines with no hope of paying it back. The worry and frustration that unpaid fines cause, compounded with other problems ex-prisoners face on release mean that helping people to leave prison without any outstanding fines leads to better outcomes for people released from custody, their families and the community.

In certain circumstances the *Sentencing Act 1991* (Vic) and the *Fines Reform Act 2014* (Vic) give prisoners the opportunity to 'call in' their fines without serving any extra time. While prisoners are by no means the only people to face difficulties in reading and understanding legal documents, they are disproportionately affected by cognitive impairment and poor comprehension skills and often have great difficulty understanding the process. Without access to timely and informed legal advice, many prisoners were choosing to forego the opportunity to call in their fines out of fear that completing the application forms would significantly delay their release date. The problem was exacerbated for prisoners with intellectual disabilities, acquired brain injuries and mental illness. The need for timely legal advice and representation – particularly when prisoners have a significant number of outstanding fines became obvious through our work on the *Inside Access* program at both the Dame Phyllis Frost Centre (DPFC) and Ravenhall Correctional Centre.

After the success of the Fines Clinic Pilot project at the Dame Phyllis Frost Centre in 2018, the project was launched at Ravenhall in March 2019 with immediate success. Since then we have assisted many clients and provided 133 services, often reducing or revoking significant fines.

We continue to work with Fines Victoria to try and achieve better and fairer outcomes for many disadvantaged Victorians.

Inside Access – Ravenhall

Fines Clinic

Dave's story

Having spent just under a year delivering the Inside Access Fines Clinic at Ravenhall Correctional Centre, I have had the opportunity to see the impact of fines on a person's chance of rehabilitation. It is difficult for people who are released from custody to deal with outstanding fines. They are often dealing with unemployment or insecure work, homelessness, and other circumstances and dealing with fines on top of this is near impossible.

In his Second Reading Speech of the *Fines Reform and Infringements Acts Amendment Bill 2016 (Vic)*, then Attorney-General, the Hon. Martin Pakula, noted that prisoners with debt were more likely to return to prison (50 per cent) than those without debt (30 per cent). The 'Time Served' scheme, he said, would assist with reintegration and rehabilitation. Now that I have assisted prisoners with large volumes of fines that were incurred in situations of homelessness, chronic drug and alcohol addiction, mental illness, and family violence, I agree wholeheartedly with Mr Pakula's comments. The 'Time Served' Scheme is an essential piece of the post-release puzzle, assisting vulnerable people to gain control of their lives while protecting the community from the risk of recidivism.

One prisoner in particular demonstrated to me the importance of our service. Dave was in prison for charges that arose from living in a disused factory while experiencing homelessness. This experience of continual incarceration was unfortunately typical of much of Dave's adult life. Dave had approximately \$30,000 in infringements and court fines unpaid – whilst this was by no means the most I had seen, given Dave's particular circumstances, with homelessness, mental illness and drug addiction and very few supports in place to assist him, it may as well have been \$300,000.

We assisted Dave through the fines clinic. Dave's fines were significantly more than would have been covered by the days he had been in prison. We represented Dave at the Magistrates' Court and made submissions that Dave's excess fines should be discharged. We were successful. Dave was given the opportunity to return to life on the outside free from the burden of an unserviceable debt. He has since engaged with housing services, drug and alcohol treatment, and after receiving vocational training at Ravenhall, is positive about his prospects of returning to gainful employment.

This is probably the case which stuck with me the most, and shows to me the value of not only the Inside Access Fines Clinics at Ravenhall and DPFC, but of all the work we do to support imprisoned people in returning to the outside world.

Inside Access – Ravenhall

The Bridge

The Bridge Program delivers an on-call civil legal service to clients of the Bridge Centre, a community reintegration facility for prisoners released from Ravenhall. The Bridge Program is overseen by a senior lawyer and an experienced administrator. They work to assist men on exit from Ravenhall Correctional Centre who either have minor legal matters yet to be resolved, or have warrants issued due to a lack of support. The legal matters may include fines and infringements, housing matters, Centrelink issues, family law matters, victims of crime, and minor criminal matters such as driving offences.

The Bridge Program also trains staff to identify legal needs and make appropriate referrals. We have identified that having a lawyer immediately on hand results in increased engagement of clients with services.

Jason's story

Jason tried to access his bank account when he left prison. The account was a new one that had been set up for him while he was in prison. When he attended the bank branch where the account had been set up, he was not allowed to access it as he did not have suitable ID. Staff from The Bridge had tried to resolve the matter, but the bank was being very inflexible.

When Jason was referred to The Bridge lawyer, he had been without funds for some weeks. He was staying in a hotel that had been provided by a housing agency. The lawyer contacted the bank to ask why the ID provided through the prison was not sufficient. The bank was insistent that the ID did not meet their 100 points requirement.

The lawyer contacted Austrac, the agency responsible for setting the requirements, and found that the requirements are not inflexible and are set by the bank, not Austrac. Furthermore, there are procedures in place to cope with vulnerable clients. The bank had not followed those procedures, despite the fact that the person involved with the matter was from their vulnerable customer team.

The lawyer negotiated with the bank to allow Jason to use the ID he had at hand, which was ID from the prison.

The following day the bank allowed Jason access to his funds.

Inside Access — Ravenhall

NDIS Access Project

In November 2019 Inside Access at Ravenhall began a project to work with clients helping them to gain access to the National Disability Insurance Scheme.

The objective of the Ravenhall NDIS Program is to assist eligible individuals who are currently incarcerated at Ravenhall to activate NDIS plans before they exit custodial environments. The team works collaboratively with other services to assist the men in the prison to understand, engage in and complete the NDIS access process.

Referrals are received from Ravenhall PIMS database of men who have a diagnosed intellectual disability, mental health issue and/or acquired brain injury (ABI) and from Reintegration Officers who have identified that their clients may be eligible for NDIS.

Each client receives a tailored service designed to provide assistance in completing the NDIS Access Request Form, including collecting and collating supporting evidence and any additional evidence required by the NDIS. The MHLC also liaises with NDIS planners and support coordinators in the community to facilitate contact with clients who are already on an NDIS package.

Ardalan's story

The MHLC social worker met with Ardalan at the NDIS clinic at Ravenhall Prison. At this meeting Ardalan stated that he believed his NDIS plan had been cancelled due to him entering custody. The social worker explained that this should not be the case as NDIS participants are still entitled to access their plans if incarcerated. Upon investigation it was found that despite Ardalan's support coordinator informing the NDIA in advance that he would be incarcerated at the time of his review meeting and requesting a meeting be organised where someone could attend in his absence, a meeting had been scheduled without either party (Ardalan or his support coordinator) being notified.

After Ardalan failed to attend this meeting as he was incarcerated, his plan was suspended. This meant his support coordinator could no longer access information about his plan as their service booking had ended and he could no longer be supported by this service or any other service. Due to having met with Ardalan at Ravenhall and getting the relevant NDIS forms signed, MHLC was able to contact NDIS on his behalf, find out about the review meeting, inform his support coordinator who had not been aware and organize to have this meeting rebooked at the prison. Without the NDIS clinic, Ardalan likely would not have heard anything from or about NDIS until his release causing a significant delay in supports when he is reintegrating into the community. This case study provides a clear example of the MHLC NDIS clinic providing a vital point of liaison to allow for continuity of supports that would otherwise be lost.

Integrated Practice

Integrated Practice is supported by the partnership between the Centre for Innovative Justice (CIJ) and MHLC. Our social workers work with RMIT social work students to deliver wrap-around, holistic services to our complex and vulnerable clients. The types of issues that the Integrated Practice assists with housing, community information and referrals, case management, advocacy, emotional support, child protection matters such as increasing contact and providing support with emergency aid.

Since the service began it has been effectively embedded in the Inside Access program providing a range of support services to women at DPFC. While the Integrated Practice has continued to work closely with the Inside Access team, a key focus in 2019-20 has been to fully integrate the model across all aspects of MHLC's service delivery.

Our Night Service operates at a time when other services are closed and takes a range of calls from people with legal and other needs sometimes in a state of crisis. Social work students provide invaluable support to the Night Service team – helping with clients who are distressed or who need non-legal support to manage an issue. Clients needing additional support can be provided with ongoing support during the day.

The continued rollout of NDIS has had significant consequences for those of our clients who are unable to access the scheme. At the MHLC we are seeing an ever-increasing number of clients who have fallen through the gaps. They are in desperate need of coordinated support but do not fit within the criteria for particular programs. As a service that is generalist in nature we are often a last port of call for people who have been on the referral roundabout. Our social workers regularly take on the case coordination role for individuals who have no other options or who face extensive wait lists to access alternative services.

Social work clients in 2019–2020 by project:

Inside Access	147
Night Service *	37
Bolton Clarke	12
Mental Health Tribunal	1
Post Release Support	7

* Please note: These figures include day service referrals once we went into lockdown.

Integrated Practice—Social Work

Lidia's story

Lidia was a young woman incarcerated and feeling powerless at the prospect of losing her storage unit and its contents as she had limited means to pay, organise and move its contents due to her incarceration. It is important to recognise, up until her incarceration and for some time during, Lidia had been immensely proactive in paying for and maintaining her storage unit. It was only due to the restrictive nature of her incarceration and lack of available services, that she was unable to maintain this. This risked her losing the contents of the storage unit, which contained irreplaceable and sentimental items from her children.

At her first meeting with Inside Access relating to this issue, Lidia was asked for permission if a male student was able to attend. She responded by saying that her consent and privacy did not matter as she was in prison and she has none anyway. The social worker told her that whilst in the meeting and working with Inside Access, she enjoys the same privileges as anyone regardless of incarceration status. This was an important step in recognising and valuing Lidia.

Lidia went on to explain her issue relating to the storage unit and that she had a friend who was able to store the contents until her release, although she had no way of transporting and paying for the costs. Despite not being an overly complex issue, it did present a gap in services available and risked her losing important personal belongings.

The worker from MHLC was able to contact the storage facility, and be provided with details of when it had been paid until and the process of removing belongings. From there, a number of charities were contacted who were unable to provide free removal services although did provide contact details for a local small business who could for a fee. The MHLC worker was able to apply for a small grant from a service aimed at assisting women who are incarcerated, Flat Out, to pay for the costs of removal.

The social worker told her that whilst in the meeting and working with Inside Access, she enjoys the same privileges as anyone regardless of incarceration status.

In the end, liaising between the storage company, the removal service, Flat Out and her friend, Lidia's belongings were moved safely and with no further charges.

Ultimately, Lidia had been very proactive and organised maintaining her storage unit. It was her incarceration that made this difficult and the lack of available support risked her losing irreplaceable belongings. Thankfully, MHLC was able to address this through their Inside Access program.