Final grant report: Mental Health Information Referral and Court Peer Support Program

<table>
<thead>
<tr>
<th>Grant recipient</th>
<th>Manning Valley Neighbourhood Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project manager</td>
<td>Anne McKenzie</td>
</tr>
<tr>
<td>Position</td>
<td>Coordinator</td>
</tr>
<tr>
<td>Law and Justice Foundation</td>
<td></td>
</tr>
<tr>
<td>awarded amount</td>
<td>$46,520.00</td>
</tr>
<tr>
<td>Date of this report</td>
<td>30.08.2017.</td>
</tr>
</tbody>
</table>

1. Description of the project

Describe the project in just enough detail so that anyone can understand it. What was the aim of the project, who was the intended audience and what strategies did you implement to achieve the aim?

The Mental Health Court Support and Referral Project (MHCSRP) is designed as a non-legal, single point of contact service providing support for people with a lived experience of mental illness through their local court and legal processes. The program has two components: information and referral, and court support. The project aimed to utilise volunteers to act as a single information and referral point to:

- Link them to needed legal and mental health services, and/or
- Support them to navigate the criminal justice and housing tribunal systems at Taree Court.

Court support strategies were developed and provided by trained volunteers who supported clients by acting as a useful link to court services, and who were a friendly face in an intimidating environment. Volunteers supported clients on the day of their court proceedings. This service was provided to potential clients through either of two pathways:

- Referral to the Project Coordinator from partner community agencies and assignment to a volunteer; or,
- Direct engagement either through court services or by MHCSRP volunteers at Taree Court on list day Tuesdays.

2. The project – what happened?

How did the project come about?
Manning Valley Neighbourhood Services, through the Cooperative Legal Services Delivery Program (CLSD), identified a service gap in the Taree area for clients presenting with mental health issues who
are due to appear in the Local Court for criminal or tenancy matters. The CLSD regional group established a Mental Health Justice Working Group to facilitate discussion and action between the legal and mental health sectors.

The Working Group investigated how other programs, such as the Criminal Justice Support Network a service of the Intellectual Disability Rights Service (IDRS), successfully help vulnerable people with their legal issues at court. They also undertook a client survey and literature review of state and federal research reports. These reports identified that the Taree community remains one of the more disadvantaged locations in NSW, with:

- community members more likely to have spent time in prison and to have a significant mental health problem;
- the likelihood of disadvantaged groups to ignore their legal problems or leave them un-finalised;
- the important role that the non-legal sector has as the first point of contact in assisting people with mental problems to identify a legal issue;
- the high proportion of people appearing before courts and entering the prison system with a mental illness;
- the need for a simple gateway to enhance early legal intervention; and
- the individual and systemic barriers to accessing legal services and participating effectively in court proceedings, such as not understanding how the court system works, lacking confidence to seek support, and not knowing from whom to seek support.

The Working Group continued to engage appropriate stakeholders to support the need for funding to engage a worker to implement a support program at Taree Court.

**Briefly set out the project stages and what happened in each stage.**

1. **Initiation**
   A Steering Committee was built on previously established relationships with organisations already involved in seeking funding (from the LJF – members of the Taree/Forster CLSD network). The initial planning and governance framework was agreed, with governance to fall under MVNS, other than where unique circumstances were identified.

2. **Design**
   - The project coordinator commenced later than anticipated in the project plan, which extended timeframes.
   - Consultations with other providers to learn from their experiences – including but not limited to Community Restorative Centre court support program.
   - Governance and policy framework developed.
   - Risks identified and strategies implemented where possible eg volunteer self-care, duty of care, safety, etc. Risks identified as organisational were addressed within MVNS policy and procedures.
   - 15 volunteers came forward from a peer support program at the local TAFE and through local community services and media.
   - Volunteer recruitment included EOI, interviews, and recent Police checks were sourced.
• The training program was developed and delivered by staff from MVNS, the Mid North Coast Community Legal Centre, and Legal Aid NSW.
• Court support processes were developed through a small subcommittee.
• A court data collection tool was developed.
• Referral processes and procedures were developed, including forms.

**Communication and promotion plan:** The Coordinator was from out of area and so it took time for her to meet with key community people. The plan included attending community and mental health inter-agencies, face to face meetings with key stakeholders, development and distribution of a service brochure, and organising the official launch of the project.

An initial three month evaluation was planned but it became evident since the launch of the project that some of the evaluation processes were not compatible with the realities of the project eg sensitivity of client circumstances. Ongoing consideration was given to the evaluation processes, and changes recommended to ensure validity and usefulness.

### 3. Implementation

Referral and court support processes were put into operation. The Coordinator with two volunteers attended List Day (Tuesday) at Taree court.

**Incoming referrals** were either received though forms emailed or faxed from the referring organisations, by phone, or on the day at court. Most of the service users were approached by volunteers at court rather than being referred into the service. MVNS continued with community promotion of the service throughout the project.

**Outgoing referrals:** Many people supported by the project at court were not connected into community and health services at the time of their appearance at court. Referrals were made to a wide range of services including GPs for mental health plans, mental health services, psychologists/counsellors, drug and alcohol services, homelessness services, financial counselling, case management services, social activities and support. Where possible, referrals were made with the client on the day of their court appearance.

The coordinator attended list day at local court each Tuesday with up to three volunteers. Volunteers also supported individuals returning to court on another day, or clients who had been referred to the program by a community or health service.

Originally the project planned to attend the Tenancy Tribunal on Wednesdays but there were no referrals of clients.

Volunteers worked one to one with people attending court and any support people who attended with the clients. They also assisted supporters of those who were in custody if required. The main role of the volunteers included:
• Reassurance and support
• Checking legal representation, client signed in, forms completed etc
• Explaining the court process
• Providing appropriate referrals
• Attending interviews (if requested)
• Attending court with the client.

The Coordinator
• Worked with clients at court
• Supported volunteers
• Assisted with referrals
• Completed admin and reporting duties.

**Now that the project has concluded, how did the implementation and/or the outcome differ from what was originally intended? Did anything surprise you? Were there any unintended outcomes?**

Originally we were going to be offering support to people attending the Tenancy Tribunal but this did not happen due to lack of numbers attending on the day and the different skills needed of the volunteers. Instead we offered the service to those attending the local court on Mondays or Fridays. We only attended if we had previously worked with the person or they had been referred to us. While not a huge demand it did work well.

Originally we envisaged working very closely with legal representatives at court – that they would directly refer clients to us who needed support and referral. This did not occur and as the project went on we became more independent of them. This was to the detriment of the people we were supporting. Much thought has been given to the reasons for this. Our conclusion was that the culture of the court system is such that a new project such as this can seem threatening to the status quo. It goes to show that services/providers are still unsettled by change and many of the hurdles associated with this pilot are symptomatic of a wider systemic issue for people with a mental illness in the community. It would appear that this improved as time went on, indicating that perhaps the longer the project continued, the more acceptance there would be.

We supported a number of people (family and friends) of people who were in custody. These people were very much in need of support as they had little idea of the process, how and who to talk to. They often needed a lot of emotional support and were always very grateful for any assistance received.

In general people arrive at court anxious and not understanding the system. They all have the same attendance time 9.30am and are not aware that they may be there all day. There are no hot or cold drink facilities nearby, and (without this court support program) no-one to tell them what to do or how it works.

**3. Evaluation**

**What questions did you ask to evaluate whether you had achieved your aim?**

To what extent:
• do clients have a better understanding of court processes and procedures?
• do clients experience reduced stress and anxiety at court?
• are clients more willing to participate in the court/legal process?
• are clients’ potential issues identified early?
• are clients linked to needed legal, mental health and other services?
• has MHCSRP improved clients’ capacity to navigate the court system?
• are clients satisfied with the service they have received through the MHCSRP?

What data did you gather to answer your questions?
• Interviews with clients, volunteers, stakeholders and project coordinator.
• Client satisfaction surveys.
• Administrative data analysis – daily diary record sheets

Did you achieve your aim? What did you find out?
The aim was achieved.

All clients who provided feedback were satisfied with the court support and referral service. Those who responded to the satisfaction survey felt much better after speaking to the volunteers than they did before leaving home.

All but one client – who had a lot of previous experience with courts – said that they had a better understanding of the court system because of their involvement with a volunteer. Clients said that volunteers:
• Gave support on how to behave in court;
• Explained the court process;
• Helped them understand that court proceedings take time, and not to worry about that;
• Gave guidance and explanations about how to get through the court system;
• Supported them to talk with the Legal Aid solicitor;
• Helped them manage paperwork and Legal Aid support.

All of the clients interviewed also said that they felt highly anxious ("a mess") before meeting with their volunteer. A few mentioned that volunteers initially just sat with them and chatted about general things - the “sit beside approach”. This distracted the clients from their stresses and calmed them down. They saw volunteers as trustworthy and kind people offering support when they needed it the most.

Two clients had previous experience in a court case. Both said their previous experiences were very unpleasant and that having a volunteer present made a huge difference to their experience.

“At one point during my first court visit, I couldn’t even stand when the magistrate came in because I was so afraid and nervous. But when they were with me, they helped me be calm. That support is everything.” [Client]

“It wasn’t until I met them that I felt better about the program. I know I do better if I have someone with me to distract me from my anxiety” [Client]
Stakeholders believed that the program had positive outcomes for Taree court. Most stakeholders commented on the ability of volunteers to make the court process smoother by helping clients to remain calm and stay at court. Some commented on the way that the program had raised awareness of mental health at Taree court, which was previously not dealt with as openly.

A few stakeholders believed the program had more potential to support clients and other services in the court than had been realised. They suggested that the program could alleviate the workload and burden for other services by focusing purely on supporting a client, so that other staff providing services to court users could focus more on their own specialties.

4. Conclusion and recommendations

What is your conclusion?
Clients and their support people overwhelmingly expressed appreciation and gratitude for the MHCSRP service. They reported that volunteers had reassured, supported, and clarified things for them, helping them develop a better understanding of court processes and experience less anxiety before their court appearance. These outcomes for clients are aligned with the MHCSRP’s theory of change, suggesting that the program is positively contributing to longer term outcomes for clients, those close to them, and Taree Court. [From ARTD Final Evaluation]

The program invested in establishing relationships and setting up processes for referral intake. Although the number of clients referred to the service was not as high as expected, the high numbers of referrals out to other programs is an unexpected positive outcome of the program, as clients are better linked to community services.

Almost all stakeholders interviewed were convinced that MHCSRP is essential to fill in the gap in service provision. The large majority of stakeholders felt that the program complemented, rather than duplicated, existing services. Some people commented that other services, family members or friends could provide similar support or referrals that the program provided, but most felt that by making this role their core business, the MHCSRP left room for other services to support people in more specialised ways. Participants also commented that although this support could be offered through other avenues, it was clear that some people were falling through the cracks and remaining disconnected from community services in Taree.

What are your recommendations for improvements both for the intended audience of your project, and for the strategy you used to achieve your aim? What would you do differently next time?

• Formalise the program so all relevant stakeholders are fully aware of the objectives of the program processes. While a volunteer program is very good at filling the existing gap, replacing it with employed workers might further enhance the client outcomes and also help increase the trust and support from stakeholders. Alternatively two components can be incorporated into the program with the volunteer role being quiet support, and paid roles taking on the responsibility of referrals.
- Additionally, the communication between the various stakeholders should be formalised (e.g., volunteers communicating with solicitors or referral agencies).
- Greater engagement with the court.
- Volunteers taking on advocacy role though this might also mean changing the recruitment strategy to attract people who are more suited to the role.
- Volunteer training to increase focus on what help they can offer, and when to refer them to others for expert advice (i.e., not overstepping boundaries).
- Further develop mental health referral network.
- Increase emphasis on referrals as a very useful avenue to catch people who are out of the loop. A few also suggested increased follow-ups on referrals out by the program. The referrals can also be improved by targeting the right services, particularly probation and parole, psychologists and mental health unit, GPs.
- Invest more in recruiting Indigenous volunteers.