



Mental Health Support Pilot Project

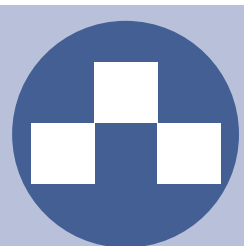
FINAL REPORT



CLIENT REFERRALS



STAFF SKILLING



PROTOCOLS



MENTAL HEALTH
LITERATURE

AUGUST 2006

The Family Court of Australia and Federal Magistrates Court of Australia (the Courts) would like to thank the following organisations for their help and support during the development of this pilot:

NATIONAL REFERRAL SERVICE AGENCIES	OTHER AGENCIES OFFERING ADVICE AND SUPPORT
Lifeline Australia	Attorney-General's Department
Mensline Australia	Centre for Mental Health Research, Australian National University
	Department of Health and Ageing
	Indigenous Strategies Working Group
	Law Society of New South Wales
	Legal Aid
	National Advisory Council on Suicide Prevention
	National Association of Community Legal Centres
	Women's Legal Services
STATE-BASED REFERRAL SERVICE AGENCIES	
Anglicare Resolve Northern Territory	
Centacare (Adelaide)	
Centacare (Northern Territory)	
Crisis Line Inc (Northern Territory)	
Danila Dilba Health Service (Darwin)	
Uniting Care Wesley Adelaide	

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Executive Summary

On 12 October 2004, the Family Court of Australia signed a Memorandum of Agreement with the federal Department of Health and Ageing (DoHA) to initiate a Mental Health Support Project (MHSP). Under this agreement, DoHA provided funding out of the Australian Government's National Suicide Prevention Strategy to pilot a variety of approaches to improve mental health support to clients of the Family Court and the Federal Magistrates Court (the Courts).

The pilot had four broad elements:

- 1 A referral service to link clients directly to a professional counselling service through community based organisations.
- 2 A skilling program to provide staff with the skills to deal with clients who present with mental health or emotional wellbeing issues.
- 3 Protocols to guide staff when dealing with clients who present with mental health or emotional wellbeing issues, including those who threaten harm to themselves or others.
- 4 Mental health literacy program to improve client and staff awareness of mental health and emotional wellbeing issues during separation.

In summary, the pilot was a success with performance measures showing that it achieved all agreed outcomes and most to a high level. In addition, pilot surveys revealed a significant change in the attitude of staff towards clients with staff becoming more understanding of, and confident in, responding to clients suffering from stress and other mental health issues. As well as improving the client experience, this led to a reduction in staff anxiety.

In June 2006 the MHSP Steering Committee and DoHA endorsed the detailed final report, including recommendations, bringing the pilot to an official conclusion. Also contained in the final report were the evaluation results providing sound evidence of which pilot elements worked best and the areas for improvement, laying a firm foundation on which to plan the national implementation.

Part 1 of this report outlines the background to the project, while Part 2 covers the variety of approaches tested and a summary of associated recommendations. As a framework to better understand the results and as a guide for future efforts, Part 3 highlights the leading characteristics of the design process. The report concludes with a brief discussion of how the pilot may be implemented nationally.

Pilot results

Skilling Program	Protocols	Referral System	Mental Health Literacy	Evaluation
<ul style="list-style-type: none"> ■ All staff in pilot sites receive MHS training which significantly improves staff knowledge and understanding of mental health issues ■ A considerable improvement in perception of the court and its services by some clients ■ An increase in confidence and corresponding reduction of stress for staff ■ As well as treating clients with more compassion, managers report staff treating their colleagues suffering from stress with more compassion 	<ul style="list-style-type: none"> ■ Preventative protocols to guide staff through dealing with all new clients ■ Responsive protocols to guide staff through dealing with clients who demonstrate a mental health need ■ Emergency protocols to guide staff through dealing with clients exhibiting an immediate or imminent threat of harm to self or others 	<ul style="list-style-type: none"> ■ A referral system where clients who present with mental health issues, either on the phone or at the counter, can be referred to an appropriate service provider ■ A network of local and national community based organisations providing mental health support in South Australia and Northern Territory ■ Staff feel they have options to offer clients in need 	<ul style="list-style-type: none"> ■ A mental health support flyer distributed in Adelaide and Darwin ■ Key mental health support messages in court brochures and pamphlets 	<ul style="list-style-type: none"> ■ Firm evidence of what worked and areas of improvement for the national implementation

Foundation principles of the pilot

Clients of the Family Court of Australia and many clients of the Federal Magistrates Court of Australia (the Courts) are experiencing relationship breakdown, separation and divorce. Family separation has been linked to child and adult mental health problems. In particular, adults involved in family separation and divorce often experience short-term and long-term consequences which may result in suicidal behaviour (Pryor, J & Rodgers, B, 2001, *Children in Changing Families: Life after Parental Separation*, Blackwell, Oxford).

While the Courts do not have a direct role in providing mental health services to clients, they acknowledge they have a facilitating role to ensure, where possible, clients are able to access mental health services provided by external organisations. Specifically the Courts acknowledge, through staff and judicial officers and court processes, that they should:

- 1 identify those who may require assistance and refer them to appropriate agencies within the mental health support community
- 2 ensure clients are aware of the mental health and emotional wellbeing services provided by community based and government organisations
- 3 support clients with mental health illnesses by ensuring staff, judicial officers and processes do not (as far as can reasonably be avoided) do harm or make worse any mental illness
- 4 acknowledge that some court processes may present difficulties for those with mental health problems, and
- 5 develop a coordinated and cooperative approach in partnership with other organisations and initiatives within the community to assist clients who present with mental health issues.

In recognition of these principles the Courts began investigating better ways to support clients with mental health issues.

Endorsement and pilot overview

Endorsement through the National Suicide Prevention Strategy

In 2004 the Family Court of Australia, along with the Federal Magistrates Court, developed a proposal for the Department of Health and Ageing to acquire \$300,000 in funding under the National Suicide Prevention Strategy. This proposal covered a variety of approaches to support suicide prevention and, more broadly, to support the emotional wellbeing of the Courts' clients. The proposal acknowledged the need to align with the guiding principles of the Living is For Everyone framework which states that suicide prevention initiatives must be evidence-based, outcome-focused and incorporate expert input.

On 12 October 2004, a Memorandum of Agreement (MOA) was signed between the Department of Health and Ageing (DoHA) and the Family Court of Australia to initiate the Mental Health Support Project (MHSP). Funding was provided up to 30 June 2006 in order to pilot various measures to improve mental health support to clients of the Courts.

Pilot Overview

The MOA specified 11 outcomes for the pilot. To achieve those outcomes, the MHSP Steering Committee established a governance model to develop an appropriate pilot design. A working party of mental health experts was brought together from within the Courts and from non-government bodies. This team mapped the outcomes into a set of pilot goals and objectives to guide work; developed a set of performance measures to evaluate the pilot results against the objectives and outcomes; and organised the mental health support approaches into four project elements: a referral service for clients, a staff training program, the development of a set of protocols to guide staff through interactions with clients, and the creation of mental health literature for both clients and staff.

Through to the first half of 2005, the team designed the pilot and prepared the pilot sites of Adelaide and Darwin. The pilot was launched in November 2005 and ran through to April 2006. An evaluation was conducted at critical points during the pilot and at its conclusion.

In June 2006, a report on the agreed performance measurements was provided to the Steering Committee and the Department of Health and Ageing (DoHA). The results were very positive, including significant side benefits that were not part of the original outcomes. A body of learning was produced from the pilot which provided a firm foundation for the national implementation of the pilot initiatives. The Steering Committee deemed the pilot a success and endorsed the planning for national implementation.

This report provides information on each area of the pilot process. Further detail is available through the final report on pilot outcomes submitted to the Steering Committee and DoHA. This can be found on the Family Court website at www.familycourt.gov.au

Introduction

A Client Services Officer's View

Client Circumstances

A mother called and explained that she had orders in place giving the father time with the children, however, this time had never been taken by the father. She further explained that she was having difficulty coping with the children full-time and she wanted to make an application to the court to make the father take the children as per the times specified in the order.

Impact of MHSP Initiatives

Because of the training I received, I was aware that this mother was dealing with stresses that may lead to depression and other illnesses. The training gave me the confidence to engage and empathise with her in an appropriate way. I explained I would send her the forms she required to make an application to the court but in reality the court could not make the father take the children if he did not want to. I suggested that she might consider seeking support and advice for both herself and the children from community providers. I explained that the Courts have a program in place where I could transfer her directly to an appropriate provider. The mother said she was willing to try anything. I told her the list of community support providers available and the mother requested to be connected to Just Ask, which I did.

Benefits

To the Client Services Officer In this example the Courts cannot provide any options (other than mediation, if available). This can be very frustrating for a Client Services Officer as no one wants to leave clients without options. Being able to link the client to a provider gives the Client Services Officer the satisfaction of helping a client access appropriate options.

To the Client When a client reaches out to the Courts they expect appropriate options will be provided to them. When the Courts are unable to respond, the client can be left with a feeling of hopelessness and disillusionment. This is particularly true of clients suffering mental health issues. The referral service provides direct help for the client. Just as importantly, by making the offer clients are left with the understanding that the Courts are listening and trying to provide an appropriate option for their situation.

Donna Sachs

Client Service Officer
Darwin Registry

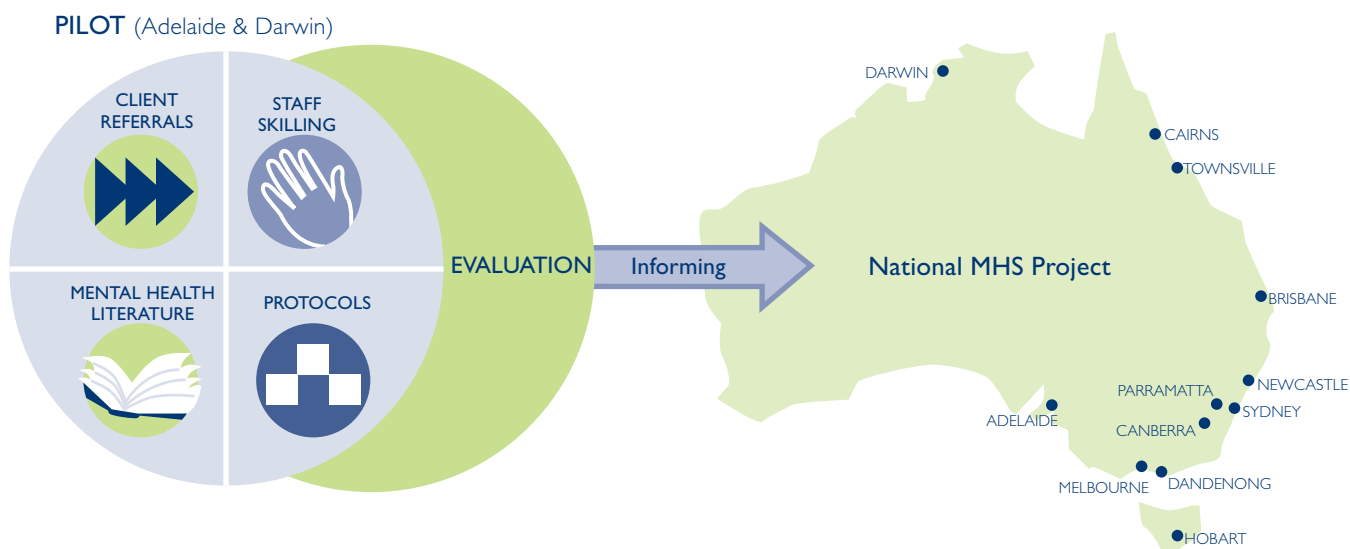
Key elements of the pilot design

To develop the detailed design of the pilot the project team grouped the objectives (see Part 3: Goals and Objectives) into four key elements:

- 1 Referral Service:** supporting clients of the Courts with mental health issues by linking them directly to the professional counselling services of community based organisations (Objectives 1, 10).
- 2 Staff Skilling:** providing staff with the skills to deal with clients who present with mental health or emotional wellbeing issues (Objectives 3, 4, 6, 7).
- 3 Protocols:** developing clear guidelines for staff in dealing with clients who threaten harm to themselves or others (Objective 5).
- 4 Mental Health Literacy:** improving client and staff awareness of mental health and emotional wellbeing during separation (Objectives 2, 3, 8, 9).

The pilot tested various new approaches to better mental health support for clients of the Courts. The purpose was not just to introduce new approaches into pilot sites, but to learn from the pilot experience in order to modify the processes and approaches in a manner which would maximise the benefits of the national implementation. Therefore, although it was not one of the four pilot elements, evaluation was integral to the pilot. Not only were interim results fed back to improve pilot processes, participants contributed to a database of learnings to inform national implementation planning (Figure 1).

Figure 1 ~ Overall Design



Element 1 Referral Service

Description of element

The Mental Health Support Project Referral Service was based on the following objectives:

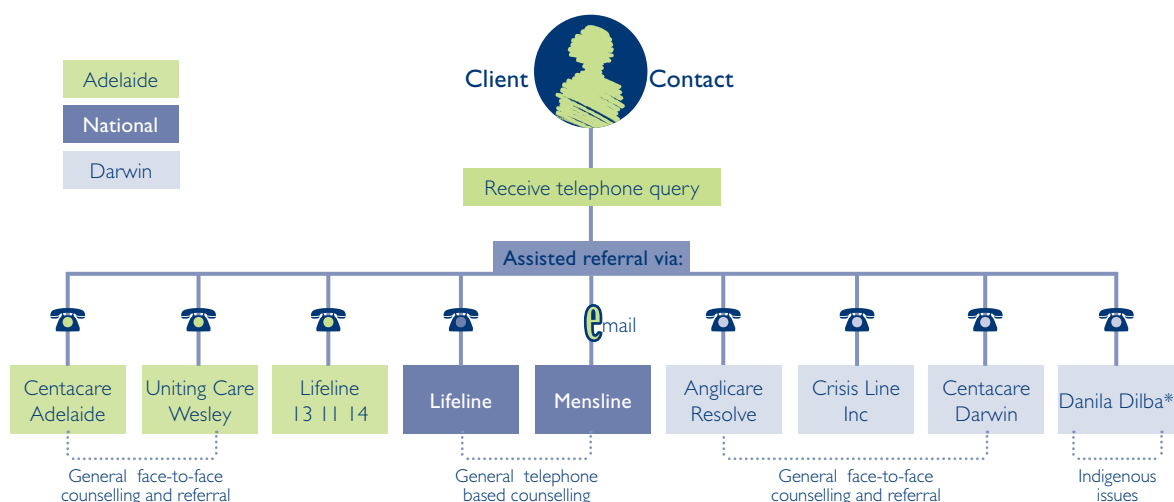
- identify clients who may require assistance and refer them to appropriate agencies within the mental health support community, and
- ensure clients are aware of the services provided by community based and government organisations in the areas of mental health and emotional wellbeing.

The key to achieving these objectives was warm-linking. That is, having identified that a client may need assistance, court staff ring a service provider, find an appropriate counsellor then transfer the client directly to the counsellor. During the warm-linking process client confidentiality is maintained at all times with clients able to hear everything that is said between court staff and the service provider.

The project team selected service providers for the pilot based on: (a) organisations with an existing relationship with the court, and (b) organisations receiving government funding. (The latter was used to determine reputability since it's not the Courts' business to differentiate between service providers.)

Figure 2 ~ Preventative Referrals

In recognition that relationship breakdown is a distressing time for most people, **assisted referral to counselling support** is offered to new clients who telephone the Courts and others in need.



* Note: Staff will refer Indigenous clients to a Indigenous Family Liaison Officer in the first instance who would then refer to Danila Dilba*

One of the most important pilot outcomes was the development of relationships between local registry staff and the community based organisations providing referral services. These relationships are expected to have a positive impact on client service beyond the pilot. To promote these relationships, Statements of Understanding (see Appendix) were negotiated between the Courts and the service providers by a group of experienced negotiators from the project team, a court staff member from the local registry and representatives from the service providers.

Referrals began during December 2005. There were some minor problems on both sides, including call drop outs in the new registry building in Adelaide due to problems with the telephone service, and some receptionist staff at service providers not being fully trained. These problems were resolved with court staff in Darwin and Adelaide offering the referral service to all first time callers and clients attending mediation sessions during January and February 2006. The number of callers dropped significantly with the opening of the National Enquiry Centre (NEC) in March. By the end of April 2006, 36 referral offers had been accepted and successfully completed.

Evaluator's View

The pilot demonstrated that the Mental Health Support Project is a successful approach to assisting clients who are identified as in need of mental health support. This view is strongly supported by the service providers in the pilot.

David Lambert
Senior Evaluator
Sage Consulting

Service Provider's View

For Lifeline, as a non-government organisation, the creation of a detailed Statement of Understanding (SOU) on the service expectations and processes for service operation between the Courts and us was an essential element to the success of this project. The SOU allowed us to specify the service we would provide and the limits or exclusions of that service. Accordingly, risk issues and operational implications from the partnership were able to be addressed in a business-like manner. The process for development of the SOU allowed for open discussion between Lifeline and the Courts that supported the process of this partnership.

Alan Woodward
National Manager Service Development
Lifeline Australia

Sage Consulting evaluated the referral service based on pre-agreed performance measures (see Part 3) around the number of referrals and the change in practices of service providers. Although all performance measures were met, due to the time limits of the pilot and the opening of the NEC reducing client calls into pilot sites, the numbers reported by individual organisations were too low to be statistically significant. For further clarification Sage conducted interviews with all service providers. They were positive about the referral process but were concerned that strictly measuring the number of referrals did not reflect the value of the process. They also emphasised how worthwhile the relationship-building process between the Courts and the community based organisation had been, even though it was not one of the factors being evaluated.

Background to Recommendations

1 CBO Relationship Development A structured process was used to engage community based organisations (CBO's) to work with the Courts on this project. The process included: (a) describing the services the Courts were hoping to refer clients to, (b) using local registry networks such as Pathways to identify appropriate community organisations, (c) conducting an initial meeting to determine interest from both sides to work together, and (d) undertaking a negotiation process to document agreed working relationships. Although the process took longer than expected, all parties agreed the resulting relationships were worthwhile and should be maintained. An important element of the process was the involvement of registry staff with the local CBO's to develop the relationship at a grassroots level.

2 Statements of Understanding Though not legally binding, the resulting Statements of Understanding ensured shared understanding and agreement by:

- clarifying the services and contributions each party will make to the delivery of referral services to clients
- clarifying the roles and responsibilities of each party, and
- identifying operational mechanisms and infrastructure needed to support the arrangements.

Both CBOs and the Courts agreed that the Statements of Understanding were an essential ingredient to forming a firm relationship.

3 Relationship Management Several minor issues occurred during the first attempts at warm-linking. Though they were resolved in the end, they highlighted the need to develop a sound working relationship early, and to ensure feedback loops are put in place to monitor processes and resolve issues.

Summary of Recommendations

- Developing sound relationships between the Courts and CBOs requires time, which must be allowed for during national implementation planning.
- Involvement of local registry staff in SOU negotiations is essential as they have on-going carriage and ownership of the relationships with CBOs.
- A sound working relationship needs to be developed between the Courts and the CBO network. This includes regular feedback sessions, visits from court staff to CBOs to understand their role and how they work and visa versa, and possibly including key CBO staff in training.

Description of element

The main aims of the mental health support skilling program were:

- (a) to educate the Courts' staff about mental health issues
- (b) to provide training to identify people at risk of self-harm, and
- (c) to de-stigmatise mental health problems, including depression, in family law proceedings.

The project team used a competitive tendering process to select Orygen Research Centre to adapt its Mental Health First Aid course to the Courts' needs. The resulting training package addressed the mental health crisis situations of suicidal behaviour/thoughts, panic attacks/acute stress reactions, and acute psychotic behaviour. The package also dealt with on-going mental health problems such as: depression, anxiety disorder, gradual onset psychosis, and substance misuse. Practical training on the use of protocols was included as well (see the next subsection).

During October–November 2005, 58 of the Courts' staff from pilot sites received skills training. This group included all staff who normally deal with clients, that is, family consultants, registrars and client service staff. Follow up training occurred during January and February 2006 to reinforce the initial training. One of the keys to the successful training program was the use of a co-delivery model where a mental health expert and a Family Court trainer presented the course together.

A Client Services Manager's View

I feel much more able to respond to clients who are suffering than I did before training. Two examples come immediately to mind: in the first a very distressed man attended a child dispute service session and realised that he would possibly be handing his child over to the mother. When the father arrived in child-care he was crying and his chest was hurting. The client said he felt even worse because all of this was happening in front of his three-year-old child, but he couldn't help it. The child care officer came to see me after he had left because she was concerned over some of the comments he made in relation to suicide. I then took immediate action to prevent self-harm.

In the second situation a female client, who suffered from depression, lived alone and had a series of medical conditions, attended court. After her hearing she was quite distressed because the matter had gone on longer than expected and she was late taking medication. I accompanied her to a waiting room where she began rocking herself and seemed quite irrational. I stayed with her and encouraged her to talk to me. I was able to establish who her carer was and receive further advice. In the end the woman needed to be transferred to a hospital. A few weeks later I received a letter and a postcard from the woman thanking me for my help.

In both situations it was critical for the clients' wellbeing that I took the right action which I was able to do thanks to my training. Dealing with our clients can be stressful at times. During the pilot, I felt that staff treated both clients and each other with a lot more empathy.

Julie Greig

A/g Client Services Manager SA/NT

Evaluation Results—Staff Skilling

Orygen Research Centre assessed the training through a series of surveys: before training, immediately after training and four to six months after training. This approach was used to assess the change in staff skills as a result of training and the retention of skills after several months. Various parameters measured included basic mental health knowledge, strengths and weaknesses of the training, confidence levels in dealing with clients with mental health issues, and changes in behaviour towards clients and colleagues as a result of the training. All areas showed a good result but the most dramatic change was in the area of increased knowledge.

Summary survey results ~ Skilling and protocol development

What was being measured	Most common response*
Satisfaction with training	Quite to Extremely
Strengths of skilling program	Presenter, training materials, group interaction
Weaknesses of skilling program	Lack of time, more practice needed
Satisfaction with protocols	Moderately to Quite
Changes in knowledge	From 45% correct before training to 88% correct after (highly statistically significant)
Changes in intended action and confidence to respond	Highly statistically significant increases
Retention of knowledge (4 months)	78% (compared to 45% before skilling and 88% immediately after)

* The survey was multiple choice with respondents being able to choose from five categories:

- ~ Not at all
- ~ A little bit
- ~ Moderately
- ~ Quite
- ~ Extreme

There was a wide variation in the responses to some of the questions due to the fact that family consultants generally had a better foundation in the material being presented. Details of the spread are available in the Orygen report, however, the most common response is used here as the best indicator of overall results.

From the convenor of focus group sessions, ‘All the focus groups were very vocal in support of the project. Although many participants admitted scepticism about the project before the training, all agreed the training was highly valuable and said they strongly supported a national implementation. Several volunteered to be “champions” sharing their experiences with other registries.’

Background to Recommendations

1 Co-delivery of Training One of the primary objectives of holding a pilot was to trial various approaches and learn from them prior to a national implementation. The learnings were intended to include solutions and concepts that worked well and should be retained as well as things that needed adjustment. One of the concepts that worked best was the co-delivery model for training. Under this model, training was co-delivered by an Orygen Research Centre trainer and a trainer from the Courts. Staff, particularly the family consultant team, posed many questions around the mental health material. It was important to have a trainer with a background in mental health who could adequately answer questions. It was equally as important to have a co-trainer who was from the Courts, and in a leadership role, to respond to administrative questions.

2 Improvements to Skilling Program Overall the training was very well received, however a small number of participants expressed a concern about the amount of material presented during the time period. Others suggested tailoring the course to suit the special needs of different audiences. For example, family consultants generally have a much higher level of base knowledge about mental health so their course could be abbreviated. On the other hand, some client service staff could have used further grounding in basic client service methods. The mental health expert agreed with the latter point suggesting attendees would have gained even more from the training if they had had additional understanding of general client service techniques.

Summary of Recommendations

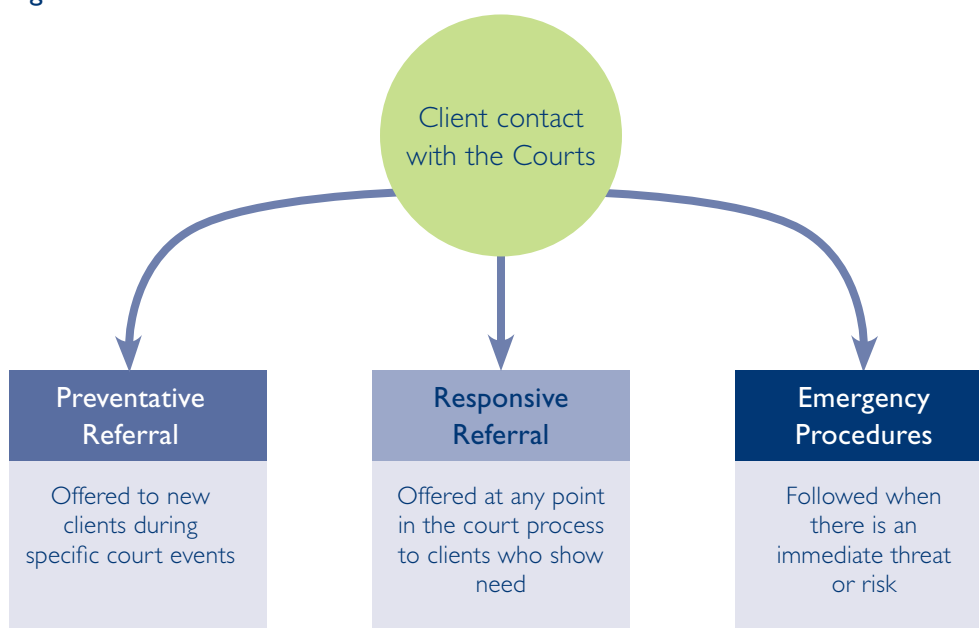
- The co-delivery model should be used for training during a national rollout with a trainer expert in mental health and a court trainer. It is particularly important that delivery of training to specialist staff is by an expert in mental health.
- The training modules should be tailored prior to a national rollout. This includes:
 - ~ extending the length of mental health support training for general staff to two-and-a-half days
 - ~ splitting the course into two modules: Mental Health First Aid and Making Referrals
 - ~ specialised training for family consultants and judicial staff
 - ~ a module specifically about local CBOs and the services they offer, including site visits
 - ~ add basic client service modules, and
 - ~ more court specific scenarios and practice of techniques (family consultants may be used to help develop these).
- A client service expert should be involved in developing training modules for client service staff and reviewing protocols in terms of their client service orientation.

Description of element

The aim of the protocols was to develop clear guidelines for staff when dealing with clients who threaten harm to themselves or others. Analysis of the different situations led to the identification of three types of protocols (see Figure 3):

- 1 Preventative:** which recognise that separation and divorce is a stressful situation and all new clients should be provided the opportunity to seek help through a mental health service provider.
- 2 Responsive:** where a client presents with mental health issues and staff feel there is a real need for help.
- 3 Emergency:** where there is an immediate threat of harm to a client's self or others.

Figure 3 ~ Protocols



This classification was basic to the development of protocols and the referral system. It provided an underlying conceptual structure to help staff understand the different ways to respond to different situations and was also a useful foundation on which to base the Statements of Understanding with community based organisations.

Orygen Research Centre developed a draft set of protocols to address these three types of situations. These protocols were modified to better fit court needs after consultation with the project team and court staff. The staff skilling program, which took place during October and November of 2005, included a half-day of training in using the protocols and making different types of referrals.

When referral numbers were lower than expected the project team, with the help of the pilot registry managers, reviewed the process. As a result, staff received re-enforcement training which gave them further guidance in using the protocols and provided practice in making referrals in a safe environment. The protocols, along with the referral process, were then implemented in the pilot sites with staff reporting reasonable comfort with the process.

During the assessment of the protocols, a significant and unexpected outcome of the pilot came to light. As a result of the skilling program and the use of protocols, staff became more confident and understanding in their responses to clients suffering from stress and other mental health issues. As well as improving the client experience, this reduced staff anxiety in such situations.

Evaluation Results—Protocols

Orygen Research Centre assessed the protocols with the same methodology used to assess the skilling program (that is before training, immediately after training and four to six months after training.) Performance was measured by the degree to which protocols assisted front-line staff with referrals. Protocols rated well in being clear to understand and being relevant. Although still above average, the lowest rating was associated with staff confidence.

Background to Recommendation

Modifications to Protocols The overall structure of the protocols and the general contents were considered very good, however many staff felt it was necessary to modify some of the wording and developed their own style sheets to use with clients. In addition, although the referral process supported the protocols when the client was on the phone, when clients presented at the counter there were some issues with privacy.

Summary of Recommendations

- Prior to national implementation, a client service expert should provide advice on the best wording for individual protocols.
- All registries should provide a phone away from the counter to warm-link attending clients, in a separate room if possible to provide privacy and confidentiality.

Element 4 Mental Health Literacy

Description of element

The original intention of this element was to have two basic components:

- 1 Literature:** which would provide appropriate tools, according to the results of the research, to improve client and staff awareness of mental health and emotional wellbeing during separation.
- 2 Research:** to discover where the highest stress levels are for clients within the court processes in order to develop targeted strategies for mental health support.

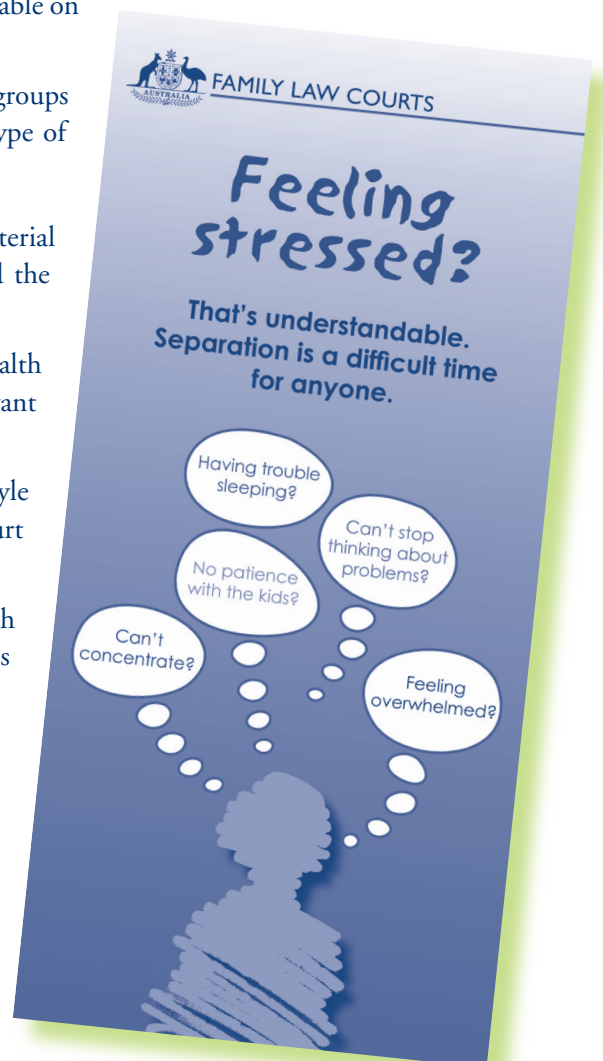
The Literature Component

One of the basic principles of the team was to build on previous work by other agencies rather than 're-inventing' existing material. A three-pronged approach was basic to developing mental health literature:

- 1 the National Support Office Communications Office developed a communication strategy to identify appropriate communication materials
- 2 the project team conducted a stocktake of relevant materials being produced by other organisations, such as the Child Support Agency, and materials available on the internet, and
- 3 focus group sessions were held with some client groups to determine what they felt was needed and what type of literature worked best.

As well as ensuring the availability of appropriate material from other agencies and registries, this pilot element had the following outputs:

- a mental health expert developed a set of mental health messages for clients which are to be inserted into relevant court brochures each time they are printed
- a key mental health message was included in the style manual which guides the development of all court documentation, and
- the project team developed a mental health flyer which was distributed in the Darwin and Adelaide Registries from June 2006.



The Research Component

The Steering Committee directed that primary research was out of scope for the pilot. As a result, four actions were used to explore the stress points in court processes: (a) holding workshops where staff identified, from their experience, the stress points for clients, (b) holding a limited number of client focus groups where clients themselves identified stress points, (c) searching literature including supporting documentation available to clients from other organisations, and (d) scanning the National Coroners Information System to determine if there was evidence of which court processes were most stressful for clients.

One of the most significant outcomes of the research was to classify actions taken by staff, in a client mental health generated situation, as preventative, responsive or emergency. These classifications became basic to the design of protocols and referrals. The research was also important in determining the direction of the literature component of mental health literacy. Further research into the stress points in court processes was curtailed due to the scheduled introduction of Children's Cases Program and the Family Relationships Centres which are both expected to significantly change client stress points in court processes.

Background to Recommendation

Cumulative messages According to expert advice, clients do not respond to a single mental health support message but rather several different messages from different sources become cumulative over time thus causing a response.

Summary of Recommendation

- The national implementation should employ a variety of media to convey a spectrum of mental health support messages which may become cumulative to clients over time.

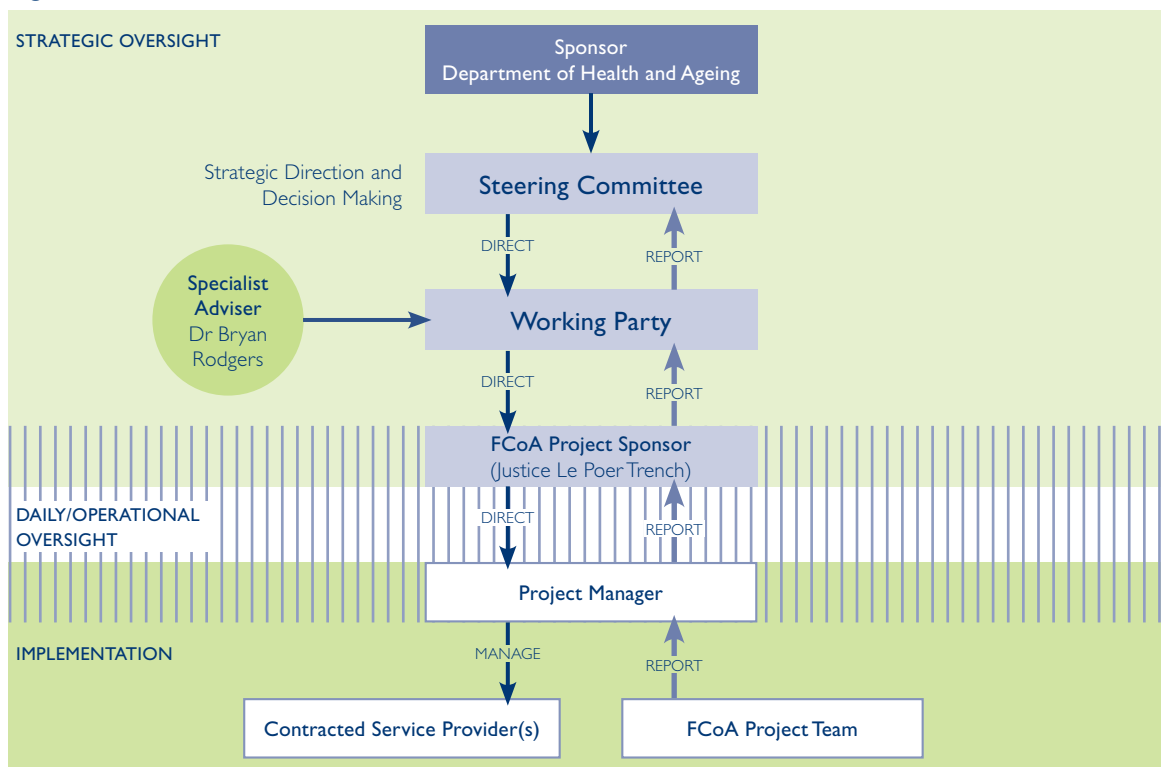
Part 3 Design Process

The pilot was a success in terms of achieving outcomes and building a firm foundation for national implementation. This part summarises some of the key factors of the design process.

Governance

The pilot was structured to encourage participation from all areas of the courts, to seek input from expert advisors in the field of mental health and to enable community based organisations (CBOs) to contribute to the pilot design. Figure 4 displays the general governance structure.

Figure 4 ~ Governance Structure



The innovative use of the Working Party at the core of the structure was a key to the successful design process. The Working Party comprised of representatives from the Courts, DoHA and members from CBOs that support people with mental health issues. This included representatives from men’s groups, women’s groups, the Australian Family Association, Legal Aid, and Indigenous communities. The role of the Working Party was to guide the strategic decision making of the Steering Committee and to translate strategic directions into practical applications.

The Steering Committee also had wide-ranging representation both within the Courts and externally. Internal membership included Justice Mark Le Poer Trench (chair), Deputy Chief Justice John Faulks, and Chief Federal Magistrate John Pascoe. The Executive Director of Client Services, the Principle Registrar and the Director Child Dispute Services also sat on the Steering Committee.

External membership included representatives from DoHA (as sponsors) and the Attorney-General’s Department. Non-government agencies included: the Indigenous Strategies Working Group; the National Advisory Council on Suicide Prevention; Lifeline; and Dr. Bryan Rodgers from the Centre for Mental Health Research, Australian National University.

In addition to these formal bodies, contracted service providers supplied specialist expert advice as required during the pilot.

Goals and Objectives

At the beginning of the project the proposed outcomes were defined in the MOA with the Department of Health and Ageing, and the foundation principles were available (see Part 1). Although the project may have proceeded with these as a basis, there were weaknesses: the principles were high level and lacked the necessary specificity to guide detailed pilot design and, although necessary, some of the outcomes in the MOA were more about accounting for expenditure of funds than obtaining results. Therefore, one of the first tasks of the Working Party was to develop a set of project goals and objectives for endorsement by the Steering Committee. These goals and objectives were based on the foundation principles for the MHSP and the agreed outcomes in the MOA, but had sufficient detail to guide pilot design work.

Project Goals

- Ensure that the Courts systems and processes are as supportive as possible of people's mental health.
- Assist staff of the Courts to support the mental health and emotional wellbeing of clients by promoting awareness, providing skills and putting in place supporting infrastructure.

Project Objectives

- 1 To ensure clients are appropriately referred to professional mental health service providers.
- 2 To promote protective factors, such as education for people to care for their general and mental health while they are in the Courts' processes.
- 3 To highlight depression and other mental health illnesses and issues for court staff and clients in training, brochures and other publications and information sessions.
- 4 To enhance the understanding of mental health among the Courts' communities of internal and external stakeholders.
- 5 To develop sustainable protocols and practices to:
 - ~ facilitate the provision of preventative mental health support to clients through appropriate referral
 - ~ try to identify clients who may be at risk of harming themselves or others and ensure they are appropriately managed and referred
 - ~ deal with life threatening events
 - ~ support the court staff (and, where appropriate, others affected) in cases where suicide, murder or self harm has occurred, and
 - ~ investigate all cases where harm to self or others has occurred or attempted after the commencement of proceedings in the Courts.
- 6 To de-stigmatise mental health problems, including depression, in family law proceedings.
- 7 To develop a specific program which appropriately educates court staff about mental health issues and provide training to identify people at risk of self-harm.
- 8 To identify and, where possible, modify or eliminate processes of the Courts that may exacerbate mental health issues in our clients.
- 9 To identify court processes that are supportive of people with mental health issues.
- 10 To put in place the infrastructure required by court staff to respond to mental health issues.

These 10 objectives were the keys to the pilot's success. They drove pilot design, formed the basis for performance measurement and evaluation, and facilitated decision making on the scope and priorities for the pilot.

Design Basics

Considerations

The Courts' approach to the pilot was consultative with advice sought from experts in the area of depression, suicide and mental health issues. The design development was also informed by a range of projects, initiatives, research papers and other stakeholder input. In particular, the experience and outcomes of the following projects and initiatives shaped the approach:

- **A wide range of research** in areas including mental health literacy, suicide and media reporting, risk factors and self harm, separation and mental health, mental health and the legal system, family homicide and others.
- **The Living is for Everyone framework** produced by the Department of Health and Ageing under the National Suicide Prevention Strategy.
- **The Direct Telephone Support Service pilot** undertaken by the Child Support Agency in QLD. The pilot comprised setting up a direct telephone referral service supported by staff training and the development of protocols for dealing with individuals at risk.
- **The Support Link pilot** undertaken by the Family Court in Sydney. In this pilot a brokering arrangement was used to link clients to the right support agencies.

Design principles

Although the project goals and objectives drove the specifics of the design, learnings from the initiatives outlined above led to the creation of five basic pilot design principles which were seen as critical to achieving a successful outcome. These five principles were:

- The pilot must be sustainable in terms of cost and resources and be transferable (with tailoring) to other registries.
- The special needs of diverse client groups must be recognised and provisions made accordingly. This must include consideration of the social and cultural needs of the Courts' clients, particularly of Indigenous groups.
- The pilot should not be run in isolation. The approach must be integrated and coordinated not only within the Courts but also through cross-sector collaboration.
- The pilot approach must be evidence-based and outcome-focused.
- The approach must incorporate community involvement and expert input.

The Steering Committee endorsed these principles and the Working Party used them to evaluate design options. The first pilot design, which relied on a single external provider to perform the referral service, was rejected based on the first principle as there were concerns it lacked both sustainability and transferability. The Working Party developed a new design based on existing services provided by community based organisations. This new design met all principles and led to the successful outcomes achieved through the pilot.

Measuring outcomes

The MHSP pilot was an opportunity to trial and test a range of approaches to mental health support and to inform future efforts within the Courts, and the broader community. A key measure of the success of the pilot was the ability to evaluate and learn from the pilot's activities. The Working Party developed a set of performance indicators covering all aspects of the project and supporting both the objectives and the agreed outcomes that needed to be reported to DoHA. These performance indicators were incorporated into an evaluation plan which also specified methods of measurement and sources of data.

Some of the more important measures included:

- 1 improvement in knowledge and awareness of mental health issues by court staff
- 2 take-up rate of the referral service
- 3 staff satisfaction levels with training and protocols
- 4 sustainability and transferability of pilot approaches, and
- 5 staff attitudes to clients and colleagues with mental health issues.

Note: Due to its short time length and breadth, the pilot was not expected to produce a measurable impact on suicide rates. Success in such programs is typically measured over years, if not decades, which is not suited to a pilot process.

In order to maintain objectivity in the evaluation process, the pilot team engaged two external evaluators: Orygen Research Centre, a Melbourne-based group specialising in mental health, and Sage Consulting, a Canberra-based research company specialising in evaluations. Orygen assessed the training and protocol development while Sage evaluated the referral process and overall pilot outcomes.

Data collection methods included surveys and personal interviews. Quantitative data was augmented through a set of focus group sessions that provided more qualitative views of the pilot.

Site Selection

Another key to the success of the pilot was the help and support of management and staff at the pilot sites. Selection of the pilot sites was a critical element of the early efforts of the Working Party. The Working Party considered three basic options all with their own advantages and disadvantages. These options were:

Option 1 Run the pilot in two separate sites — one city and one regional/rural location.

Option 2 Run the pilot in two sites that are covered under a single registry.

Option 3 Use a single site to run the pilot.

The Working Party also developed a set of selection criteria to judge the appropriateness of each registry in terms of piloting new approaches to mental health. These criteria included:

- resources available to work on the project
- eagerness to participate
- ability to focus on the pilot
- the site/s were large enough to make the pilot representative of the other agencies, and
- the Indigenous voice could be readily represented.

Results of the selection criteria analysis were mapped to the three options and the Northern Territory and South Australia were selected based on: being not too large and not too small; having the advantages of Options 1 and 2 without some of the disadvantages; allowing focus on Indigenous communities; and being capable and supportive.

The Working Party also recommended that all registrars, family consultants, and client service staff of the pilot sites be included in the project. A special presentation was also organised for judicial staff.



Contents of the National Implementation

The first step towards national implementation of the MSHP will be a proposal for further funding through the Department of Health and Ageing to the National Suicide Prevention Strategy (NSPS). The specific contents of the proposal need to be endorsed by the MHSP Steering Committee and Court management, then negotiated through the approval process with DoHA and the NSPS. Based on pilot results and the recommendations in the final report, national implementation is likely to include:

- The delivery of a national skilling program that integrates the MHSP training package with an overall client service strategy. This may include areas of basic client service training, family violence, addressing the needs of specific client groups such as men, women, children, Indigenous and the culturally diverse.
- The current MHSP skilling program will be tailored for specific staff groups such as client service officers, family consultants and the judiciary.
- The development of a national network of CBOs willing and able to provide referral services. Relationships will be based on a set of Statements of Understanding and will include ongoing relationship management such as feedback sessions, site visits and possibly co-training. The development of this network is expected to generate benefits for other court initiatives.
- The creation of mental health literature to inform clients and staff of mental health issues. Some of this literature may be targeted at specific client groups. This literature may take different forms, such as posters, booklets, CD and videos, but will be based on existing material where possible.
- The provision of a set of protocols to guide staff through the management of different interactions with clients. These protocols will be based on an improved version of the pilot protocols and are likely to include a range of protocols to help with other situations beyond mental health.
- An evaluation process that will measure the outcomes of the MHSP and monitor progress during implementation, facilitating improvements as required. The aim will be to develop an evaluation process that will be fully transferable to other court initiatives and the broader community.

Broad Schedule

The future schedule for national implementation is fully dependent on the success of the proposal for funding through the NSPS and the timing of such funding. The quarterly schedule over the next two financial years may be:

Time Period	Activities
July - Sept 06	<ul style="list-style-type: none"> Plan national implementation Develop proposal through DoHA to NSPS Agree MOA with DoHA for national implementation
Oct - Dec 06	<ul style="list-style-type: none"> Acquisition process for outsourced activities, such as evaluation and training delivery Begin tailoring skilling program for specific audiences Finalise project plan including implementation schedule Prepare implementation documentation Identify candidate CBOs to provide referral service in first implementation areas
Jan - Mar 07	<ul style="list-style-type: none"> Negotiate Statements of Understanding with initial CBOs Conduct introductory sessions with first registries Finalise evaluation plan and collect baseline data Determine research needs for mental health literacy Begin skilling program
Apr - June 07 through July - Sept 07	<ul style="list-style-type: none"> Continue skilling program Develop the mental health literacy program Improve MHSP processes as necessary depending on interim evaluation results Set-up national network of CBOs based on agreed Statements of Understanding
Oct – Dec 07 and beyond	<ul style="list-style-type: none"> Evaluate outcomes and provide final report to DoHA Imbed skilling program into usual business activities Continue measures to monitor and improve relationships with CBOs Put in place on-going evaluation of MHSP

Appendix Sample - Statement of Understanding

Statement of Understanding between <Service Provider> and the Family Law Courts

Background

The Family Court of Australia and Federal Magistrates Court (the Courts) are piloting a range of approaches to providing mental health support to clients in Adelaide and Darwin as part of a Mental Health Support Project.

One key aim of the project is to ensure that clients are appropriately referred from the Courts to organisations that have the capacity and capability to provide mental health support services. This agreement intends to support this aim.

Intent of this agreement

This agreement intends to improve mental health referral pathways for clients of the Courts by setting out clearly the referral working arrangements between the Courts and <Service Provider>.

Specifically this agreement intends to ensure a shared understanding and agreement by:

- clarifying the services and contribution each party will make to the delivery of referral services to clients
- clarifying the roles and responsibilities of each party, and
- identifying operational mechanisms and infrastructure needed to support the arrangements.

The agreement is not intended to create a binding legal relationship but to reflect the agreement reached between the Courts and <Service Provider>.

The agreement initially covers the period of the pilot from <insert date>. All services are to be provided only to clients of the Courts' <state/location> Registry.

Principles to guide the agreement

- The Courts and <Service Provider> will work together to ensure a shared understanding of the services to be delivered to clients and the scope of those services.
- The design of any service delivery arrangements will be customer-centric.
- Where issues arise in delivering services to clients, all attempts will be made to resolve them at the lowest and most informal level prior to escalation.

1 Definitions

The following types of referrals are referred to in this document:

Preventative Referral

Preventative Referrals are offered to individuals who are about to become clients of the Courts. Specifically:

- clients who are about to file and have telephone contact with the Court, and
- clients who attend their first mediation event (where that service is offered).

Preventative referral targets all clients who meet the above criteria in recognition that clients are in a period of distress associated with relationship breakdown and may benefit from an assisted referral to external support.

Responsive Referral

Where the Courts' staff are able to recognise that a client is displaying need, they will offer assisted referral to an appropriate external organisation.

In these circumstances referral may occur at any point in the Court process and will be offered to clients who are:

- emotionally distressed
- demonstrating signs of mental illness
- displaying signs of self harm, and
- in need of assistance outside of the Courts and the Courts don't know where to refer the client.

Emergency Referral

Emergency cases are those where there is an immediate and/or imminent threat of harm to self or others. Referral to the police is most appropriate. Clear protocols will be developed to clarify the appropriate response in emergency situations.

2 Description and scope of services

Purpose: to ensure a shared understanding of the services that will be provided to clients by <Service Provider> and the Courts in <registry> as part of the Mental Health Support Project.

2.1 <Service Provider Name>

2.1.1 Overview of services

<Example: <Service Provider> is a telephone counselling line that is able to support clients of the Courts who are associated with relationship breakdown and who show need.

These clients will be supported through 'responsive referral' by the Courts' staff to <Service Provider>. The counselling is available 24 hours a day, seven days a week.

The service will provide to clients:

- short-term counselling
- referrals to services and support programs in local areas, and
- linkage to relevant information.

<Service Provider> services are provided in <general description of geographic extent of services>.

2.1.2 In-scope and out-of-scope services

The following is intended to outline the scope of services offered to the Courts' clients rather than the full scope of services offered by <Service Provider>.

<sample table>

	In-scope	Out-of-scope	Notes
Target Group	All clients who meet the below 'circumstance of referral' criteria	Nil	Only clients who consent to referral are in-scope
Geography	<statelocation>	All other locations	This would not preclude <Service Provider> from providing these services, rather they are not covered by this Statement of Understanding
Circumstance of Service	<p>In these circumstances referral may occur at any point in the court process and will be offered to clients who are:</p> <ul style="list-style-type: none"> ■ emotionally distressed ■ displaying signs of self-harm <p><Service Provider> is also able to provide advice to staff should they have queries regarding emotionally distressed or suicidal clients</p>	<p>Preventative counselling services</p> <p>Clients demonstrating clear signs of mental illness (referral to Mental Health Services)</p> <p>Emergency Response - where there is immediate danger of harm to self or others the police should be contacted on 000</p>	<p><Service Provider> does not take referrals where it is clearly not a counselling situation such as:</p> <ul style="list-style-type: none"> ■ deliberately malicious calls <p>Such calls will be immediately discontinued</p>
Services Offered	<p>Telephone-based services including:</p> <ul style="list-style-type: none"> ■ counselling ■ assisting clients to problem solve ■ linkage to local services if required, and ■ relevant information and referrals to services and support programs in local areas 	Face to face counselling, group counselling, other	
Referral to Other Services	Referring clients to other services		
Follow up	Follow-up that would be undertaken as part of usual business practice will occur	Follow-up outside of normal business practice	
Timeframe	The Courts will make referrals between 8am and 6pm Monday to Friday only	All other times	

2.2 Family Law Courts

- <Insert description of the Courts' services as above, including guarantees to only refer appropriately to service provider and to explain service provider's services>

3 Referral Process

Purpose: to ensure both parties have a shared understanding of how referral will occur

3.1 Referral from the Courts to <Service Provider>

Circumstance for referral	Mechanism for referral	Referral process
Responsive Referral <ul style="list-style-type: none"> emotionally distressed, displaying signs of self-harm 	Clients are given assisted referral to <Service Provider> through a warm telephone link on <telephone number>	All Court business concluded ↓ Referral Program described ↓ Ask the client if they have an existing doctor or counsellor they could see. ↓ Clients informed of <Service Provider> services including: <ul style="list-style-type: none"> overview of type of services <Service Provider> offers, and it is private, anonymous and confidential and not run by the Courts ↓ Client consent received ↓ The Courts use telephone link to contact <Service Provider> ↓ The Courts introduce themselves and the client (without using name) ↓ The Courts drop out of call

3.2 Referral – when direct contact cannot be made

In general, if <Service Provider> number is busy another service should be tried.

4 Pricing Policy

Purpose: to ensure a shared understand of any pricing arrangements that will apply to clients

<Insert any pricing applying to client—normally none>

5 Data and Information Management

Purpose: to collect data that both parties may be able to use to inform future approaches to better service delivery

<Specify data collection requirements—normally based on existing data sources>

6 Infrastructure

Purpose: to ensure parties have in place the infrastructure to support the referrals and data collection

<Note any additional infrastructure required by either the Courts or the service provider in order to provide referrals>

7 Training and skill levels

Purpose: to ensure that personnel involved with referral and referral services have the skills necessary to ensure clients receive appropriate mental health and emotional support

<Note any special skill or training requirements agreed>

8 Privacy

Purpose: to protect the privacy of individuals

In order to protect the privacy of individuals, client consent will be obtained prior to referring to *<Service Provider>*. In the event that an email is used to pass information on to *<Service Provider>*, a disclaimer will be attached specifically stating the following:

'This transmission is intended only for the use of the addressee and may contain confidential and/or privileged information. Any use or dissemination of this communication by a person or entity other than the intended recipient is strictly prohibited. If you have received this transmission in error, please notify us immediately by return e-mail or telephone on [insert telephone number] and delete all copies of this transmission together with attachments.'

When providing client information to *<Service Provider>* staff, the Courts will not record the client's details and will only use the information obtained for the purpose for which it has been provided.

The Courts' staff member will assure the client that the Courts will not use the details for any other purpose and will not disclose it to any other person or body without their consent.

9 Confidentiality

Purpose: to ensure that confidential information of customer is not disclosed without authorisation.

<Insert guarantee not to disclose confidential information>

10 Problem Resolution

Purpose: to provide a mechanism for dealing with issues that may arise in the performance of the agreement

<Service Provider> and the Courts agree to resolve any problems that arise between them at the lowest possible level and agree not to dissolve service provision to clients until all resolution options have been exhausted. The following people agree to be the starting point for resolving problems:

<Insert names and contact details for both the Courts and the service provider>

11 Complaint Handling

Purpose: *to ensure any client complaints are managed in a timely and effective manner*

Both <Service Provider> and the Courts will use their existing complaint handling procedures to handle customer complaints in an effective manner. In the situation where a client is making a complaint about the other organisation, the client will be referred back to the organisation about who they are making a complaint. Wherever possible, the client will be referred directly to someone who can handle the complaint to reduce multiple handling.

12 Insurances

Purpose: *to ensure each party has appropriate insurance cover*

Each party will be responsible for providing their own insurances, including, but not limited, to workers' compensation and public liability insurance.

