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Effective Partnership Links

Introduction

The Court Psychiatric Assessment, Consultation and Liaison Service (CPACALS) commenced as a pilot project with Corrections Health Service in the Sydney Metropolitan Area in February 2000. The service was launched at two sites, Parramatta and Sydney Local Courts and is currently staffed by a Clinical Nurse Consultant (CNC) at both sites. It was established to assist the courts divert mentally ill offenders from the judicial system to appropriate mental health services. However, if a magistrate orders a person facing charges to remain in custody, the CNC's role is to liaise between the judicial system and various correctional centres in regards to clients' current mental status and health needs.

Prior to the establishment of the CPACALS, a person with a mental illness or mental health issues facing charges at a local court, experienced difficulties in equitable access to mental health services. When Magistrates become concerned about a client's mental state in relation to a charge or charges faced by that person, orders can be made to either remand the person in custody pending a psychiatric report from a psychiatrist employed by Corrections Health Service, or to be sent to a local psychiatric facility for a current mental state assessment. Other alternatives resulted in a breakdown of continuum of care for the client. The first option created undue delays during unnecessarily lengthy incarcerations in the provision of mental health assessment and care. The second option lacked a liaison mechanism between mental health services and the judicial system to provide feedback to the judicial system about the diversionary progress of the client.

The system as it was lacked a clinical mechanism to facilitate prompt and accurate assessments and to instigate the recommendations to address the health needs of the person facing charges. Defendants were not effectively referred to appropriate services and services either did not receive referrals or the referrals were inadequate.

This paper will now examine links that have been effectively established between the Parramatta CPACALS and other organisations, including Non-Government Organisations (NGOs), to supplement recommended case management plans as directed by the court through examining:

- deficits in the legal system prior to implementing CPACALS
- a mental health consultation-liaison model of practice
- the model of service delivery used by the Parramatta CPACALS CNC
- a case management model
- demographic, diversionary and liaison data

Deficits In The Legal System Prior To The Implementation Of The CPACALS

Prior to the CPACALS being implemented the following deficits were evident within the judicial system.

- There was no designated point of entry to the mental health system from the legal system for defendants;

- There were no dedicated personnel to provide prompt assessment, consultation and liaison in relation to the defendants' mental health, or to be initially responsible for the establishment of a health plan;
- There were no dedicated personnel to advocate for the defendants' mental health needs in the judicial system, nor were any dedicated personnel available to advocate for the defendants' legal matters in the health system;
- There were no means by which effective partnerships were established in the ongoing diversionary mental health care of the defendant; and
- There was no opportunity for monitoring of the suggestions of health care.

The process that pre-existed the CPACALS lacked a consultation and liaison mechanism that could establish a "service appropriate" care plan. Consultation or liaison had no consistent existence between the judicial and the health system. People with a mental illness or mental health issues require the same type of mainstream support that the general population enjoys, however, prior to the CPACALS, defendants were disadvantaged and marginalised as they were not accepted or absorbed into mainstream services due to their complicated set of health circumstances and perhaps even the stigma of having a criminal history record.

A Mental Health Consultation Liaison Model of Practice

According to Tunmore (page 48), liaison mental health nursing involves:

Mental Health Assessment

The CPACALS CNC initially conducts a mental health assessment. The CNC reviews the need for further assessment, e.g., further psychiatric evaluation may be required either by a psychiatrist for diagnostic evaluation, or, psychological evaluation may be required by a psychologist for psychometric, neuropsychological or other assessment. Further assessments are organised as required.

Intervention For Clients

After the mental health assessment has been completed, a recommended diversionary management plan is constructed in consultation with the client. The CNC proceeds to negotiate this plan with various services that may agree to provide partnership support in the provision of health care for the client. The final recommendations are then presented to the court as an alternative to custodial care.

And is conducted in:

Non Psychiatric Settings

The assessment and development of the plan is conducted onsite at the courthouse, where the client is either in remanded in custody or on bail.

Model Of Practice Currently Being Used by The Parramatta CPACALS

A model of practice has evolved at the Parramatta CPACALS. A number of functions are performed in a process to achieve a favourable clinical outcome of client's mental health.

This model of practice has eleven stages to complete the process of assessment, consultation and liaison. Five of these stages (networking, pre report liaison with other services, court reports and recommendation, post report liaison with other

services and post client follow up liaison with other services) can only be navigated when effective liaison and partnership links between services involved in the health care of the defendant have been negotiated. Without ongoing contact with effective partnership links, this process would be impotent and without mobility. The impact on effective case management and the quality of life of the client in relation to these process functions will be explored later in this paper.

A Case Management Model

Joslin and Fleming stated in their abstract "case management is the process of client assessment, identification of needs, plan development and implementation of that plan to achieve the goal". They further stated that case management continues cyclically; it reassesses the progress of original goals, identifies obstacles, modifies plans and may redefine goals (based on client needs or change in status). The plan may also be modified and reintroduced at any time. The frequency of this cycle, they state, depends on the stability and progress of the client.

As demonstrated in the previous diagram, the CPACALS supports this model of case management. The CNC assesses clients, identifies clients' health needs and develops an appropriate care plan after liaising with services to negotiate the implementation of that plan in order to achieve the health goal. The model of practice used by the CPACALS is also cyclical in nature. The follow up allows for the client's progress to be reassessed, the obstacles in achieving health care to be identified, and the plan to be modified. This plan is reviewed and discussed collaboratively, with the client and the services involved in the negotiated health plan.

Tunmore cites Kaplan and considers difficulties with non-mental health services responding to referrals due to lack of knowledge, objectivity and confidence. He suggests collaboration between services when referring a person as a way to address this dilemma. The CPACALS achieves this through the consultative aspect of the CNC's role when negotiating referrals to establish an effective care plan. A comprehensive referral provides clarity about the complicated health needs of referred clients to other services. The CNC liaises with stakeholders from clients' previous contact with mental health services and clarifies the psychiatric history of the client. The CNC (with consent of the client) relays this history to services being vetted to provide support in the current recommended health plan. Opportunities are then provided for services to discuss and explore available resources and the limitations of responding to the referral prior to accepting the referral.

A number of services can be implicated in the management of some clients' issues, e.g., a client may have a mental illness and require stable support from a health service. This support may already be established with a General Practitioner. Boredom may exacerbate symptoms in this client, and a referral to a supportive employment agency may be beneficial to diffuse the trigger of boredom simply by addressing a life stage need in the client who is disabled by a mental illness. The employment agency needs confirmation that the mental state of the client is stable; therefore a network is established with assistance from the CPACALS CNC to enable the employment agency to verify the stability of the client's mental state with the General Practitioner.

Supplementation Of Effective Partnerships In The Development Of Recommended Plans Presented To The Local Court By CPACALS

As mentioned previously in this paper, the process utilised by the Parramatta CPACALS is impotent if liaison with other services fails to be activated. The five

liaison functions of the CPACALS process mentioned previously in this paper are listed below. This paper will consider the impact of each liaison stage on the quality of case management and the consequent quality of life of the client.

Networking with other services to establish or modify partnership links with other services

- Impact on case management:

Service could not be provided without common goals and committed interactions between CPACALS and other services.

- Impact on quality of life of client:

A failure to activate liaison at this stage would deny CPACALS client's access to clinical pathways enjoyed by other members of our society. The quality of life of the client would stagnate, if not regress. There is no harmonised way forward without cooperation between services.

Pre report liaison with other services

- Impact on case management:

To verify the history the client provides at assessment, the CNC contacts all significant stakeholders (with the specific consent of the client) and obtains professional discharge summaries, family histories, school reports and any other relevant material from the client's past contact with health services.

- Impact on quality of life of client:

The CNC coordinates the establishment of the management plan in consultation with the client. The client enjoys a continuum of care as a result of this coordination and is clear on what to expect from the service he/she is referred to by the CPACALS CNC.

Court reports and recommendations

- Impact on case management:

Without substantiation from previous stakeholders, the recommended plan would not be credible in the court's view and may not be accepted as a diversionary alternative to a custodial option.

- Impact on quality of life of client:

The client receives prompt access to health or other relevant services to address the mental health issues that may have contributed to the charge currently being faced at a local court.

Post report liaison with other services

- Impact on case management:

If the court decides to uphold the recommended diversionary management plan, the CNC activates the management plan through liaising with other services at this time.

- Impact on quality of life of client:

The client receives advocacy by the CPACALS CNC and an appropriate plan provides an effective clinical pathway to deal with issues that may have precipitated or been implicated in the client's difficulties with the law.

Post-client follow up liaison with other services

- Impact on case management:

At the time of follow up, the client discusses any difficulties with the management plan with the CPACALS CNC. The CNC liaises with services involved in service provision re these difficulties and advocates for the modification of a plan that is consistent with the court's instructions and outcome of the hearing.

- Impact on quality of life of client:
A client who has poorly developed skills in communicating difficulties to various agencies receives support to enjoy a quality continuum of care. Support by the CPACALS CNC provides a positive experience at navigating and negotiating health service and provision.

Conclusion

- CPACALS was established in February 200 by CHS to address a gap in between the judicial and mental health system for clients facing charges before a local court;
- No liaison mechanism to effectively facilitate the diversion of clients from the judicial system to the mental health system;
- Parramatta CPACALS has been established through best practice models of:
 1. Mental health consultation and liaison process
 2. A newly evolved court liaison process
 3. Case management process
- To address the clinical gaps for mental health clients within the judicial system; and
 - Partnership links have supported and enhanced continuum of care and quality of life for the client referred to the CPACALS

Bibliography

Joslin and Fleming (Journal of Gerontological Social Work. Vol 34(3) 2001, 33-48 "Case management in the law office")

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