

# Supporting people experiencing a mental health issue who are justice involved

A companion guide to *Our workforce, our future: capability framework for the Victorian mental health and wellbeing workforce*

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Except where otherwise indicated, the images in this document show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services. This document may contain images of deceased Aboriginal and Torres Strait Islander peoples.

In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.

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# Acknowledgements

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# About Forensicare

Forensicare (Victorian Institute of Forensic Mental Health) is a statutory authority that provides specialist forensic mental health services in Victoria.

Forensicare operates under the *Mental Health and Wellbeing Act 2022*. It has obligations under the *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997* in respect of consumers placed on supervision orders under that Act.

Forensicare is funded by the Victorian Government. It is Victoria's leading provider of forensic mental health care. It sits at the nexus between the mental health and criminal justice systems.

Forensicare delivers specialist forensic mental health services to people with mental health and criminogenic needs. These services are delivered in:

- secure inpatient services (Thomas Embling Hospital)
- courts
- prison
- community-based settings.

Forensicare also has a legislated mandate to undertake forensic mental health research. This aims to drive clinical excellence and professional development across the specialist forensic mental health system.

Forensicare works closely with the mainstream mental health and wellbeing system to improve continuity of care and health and wellbeing outcomes for people with a mental illness who are justice involved or at risk of offending.

Visit the [Forensicare website](https://www.forensicare.vic.gov.au) for more information about the organisation and its work.<sup>1</sup>



<sup>1</sup> <https://www.forensicare.vic.gov.au>

# Preface

This guide is a companion to *Our workforce, our future: a capability framework for the Victorian mental health and wellbeing workforce* (*Our workforce, our future*).

It is based on the principle that all people, regardless of whether they are involved with the justice system, should have equitable access to care, support and treatment when they experience a mental health issue.

Victoria's mainstream mental health and wellbeing services provide most of the care, support and treatment for people involved, or at risk of involvement, with the justice system. Only a small proportion of these consumers engage with specialist, time-limited public forensic mental health services.

This means the mainstream mental health and wellbeing workforce must be well equipped to handle the unique challenges and needs of justice-involved consumers.

When developing this guide, we worked with people with lived experience of mental illness and the justice system. They stressed how important it is for the workforce to provide non-judgmental, collaborative and compassionate care. They said that the most important workforce capability is a professional attitude that keeps this marginalised group engaged in care, support and treatment.

We rely on our service leaders to model behaviour and support the workforce to work with justice-involved consumers. They must be able to ensure the workforce can work collaboratively with justice, legal and forensic mental health practitioners to support mutual consumers. This is particularly important to ensure continuity of care when people transition between the community, prison and secure forensic settings.

Consumers involved with the justice system have additional needs relative to the general population. Their life trajectory often includes trauma, abuse, neglect, chronic instability, poverty, lack of social

connections and entrenched intergenerational disadvantage. We know that adverse childhood experiences can lead to maladaptive coping styles as an adult. These can then lead to, or exacerbate, offending behaviours.

The mental health and wellbeing workforce needs to be able to engage with and respond to these consumers. This includes understanding how mental illness, trauma, co-occurring substance use, coexisting disability and related behaviours contribute to offending risk.

This vulnerable group also has unique drivers of self-harm and suicidality that need to be understood and responded to holistically. A history of violence towards others, being a victim of violence and self-harm are highly correlated.

Further, many consumers who have been incarcerated are likely to have been exposed to highly restrictive and punitive approaches. This may discourage them from being open about their mental health needs, vulnerabilities and distress.

Consumers who are justice involved are often subject to multiple forms of stigma and discrimination. These experiences can lead them to avoid care. This dynamic underscores the importance of building trust and rapport and providing easy-to-access, safe, non-judgmental care.

This guide aims to support the mainstream mental health and wellbeing workforce to understand the issues that are unique to consumers who are justice involved or at risk of offending. It seeks to help them build on their foundation capabilities to safely, effectively and confidently work with this vulnerable group.

Leaders in the mental health and wellbeing system will play a critical role in helping the workforce understand the principles and capabilities set out in this guide and put this understanding into practice.

# Introduction

The capabilities identified in this guide build on the generalist mental health and wellbeing capabilities identified in *Our workforce, our future*. The guide does not replicate the content of this framework.

Like the companion guide for the infant, child, youth and family workforce, it aims to help mental health professionals to enhance their generalist capabilities. This allows the workforce to work safely, effectively and confidently with people who are justice involved or at risk of offending.

- The guide supports reflection, growth and development for:
- all members of the mental health and wellbeing workforce
- service leaders
- organisations
- education and research institutions that engage with the mental health and wellbeing system.

## Scope

The guide sets out the capabilities that Victoria's mental health and wellbeing workforces need to provide safe, effective care, support and treatment to people of all ages who have a mental health issue and are justice involved or at risk of offending.

It identifies the:

- **baseline 'foundation' mental health capabilities** for all professionals working in the mainstream mental health and wellbeing service (MHWBS) system to work effectively with justice-involved consumers
- **functional capabilities** for technical or specialist activities, such as forensic mental health consultation
- **professional and personal behavioural capabilities** for all MHWBS staff to work safely, non-judgementally and inclusively with justice-involved consumers. This includes the professional and personal behaviours, attitudes and attributes competent staff exhibit.

This guide sets out the capabilities that will have the most bearing on care, support and treatment for consumers who:

- are at risk of offending (that is, their current behaviour may attract police engagement and potential criminal sanction)
- have a history of offending (that is, they are justice involved. This may be through engagement in the court system, incarceration or on community-based orders)
- have been a victim of, or witness to, a serious offence, including carers, family and supporters.

The guide mirrors the capabilities identified in *Our workforce, our future*.

It does not include the capabilities 'Enabling reflective and supportive ways of working', 'Embedding evidence-informed continuous improvement' and 'Working effectively with digital technologies' as standalone capabilities.

The skills, knowledge and professional behaviours required for these capabilities are integrated throughout the other capabilities.

## Language

In this guide, we use person-first language to describe people with experience of the justice system, or at risk of justice involvement.

We do not use labels such as 'criminal', 'offender', 'perpetrator', 'convicted felon', 'ex-prisoner', 'person engaged in the criminal justice system' or 'forensic' needs. These terms can be dehumanising and may elicit negative attitudes, stigma and discriminatory behaviour and barriers to care.

Instead, we use terms such as 'person/consumer who is justice involved', a 'justice-involved consumer' or a 'person with justice involvement'. This comprises people who are already involved with the justice system, as well as those who are at risk of justice system involvement.

We use the term 'formerly incarcerated' instead of 'ex-prisoner'. This recognises a person is more than the things they have done.

We use the term 'Aboriginal people' to encompass all First Nations peoples, including Torres Strait Islander people.

# Structure of the guide

The guide supports the mental health and wellbeing workforce to understand and respond to the needs of consumers who are justice involved or at risk of offending, and their families, carers and supporters.

It encompasses every point of care, including when consumers transition from prison and the specialist forensic mental health system.

The guide has 2 main sections that set out:

- how the workforce will apply the principles in *Our workforce, our future* when engaging with consumers who are justice involved, and their carers and families
- the capabilities the workforce needs to engage, care for, support and treat consumers of all ages who are justice involved.

The guide describes capabilities for the following workforce categories:

- **care, support and treatment professionals** – these professionals provide direct mental health and wellbeing care, support and treatment for consumers who are justice involved, and their families, carers and supporters
- **technical or specialist professionals** – these professionals have specialist and technical skills within the described capability, including those in consultation roles. This may include technical and specialist expertise in one or more areas of a capability domain but not necessarily all areas
- **leadership** – this workforce category comprises team managers, supervisors, mentors and service leaders across different functions and settings. It includes those in education, training and professional development roles.

**Appendix 1** provides definitions of terms used in this guide.

**Appendix 2** defines justice-related terms to support the mainstream health and wellbeing workforce in their work with justice-involved consumers.



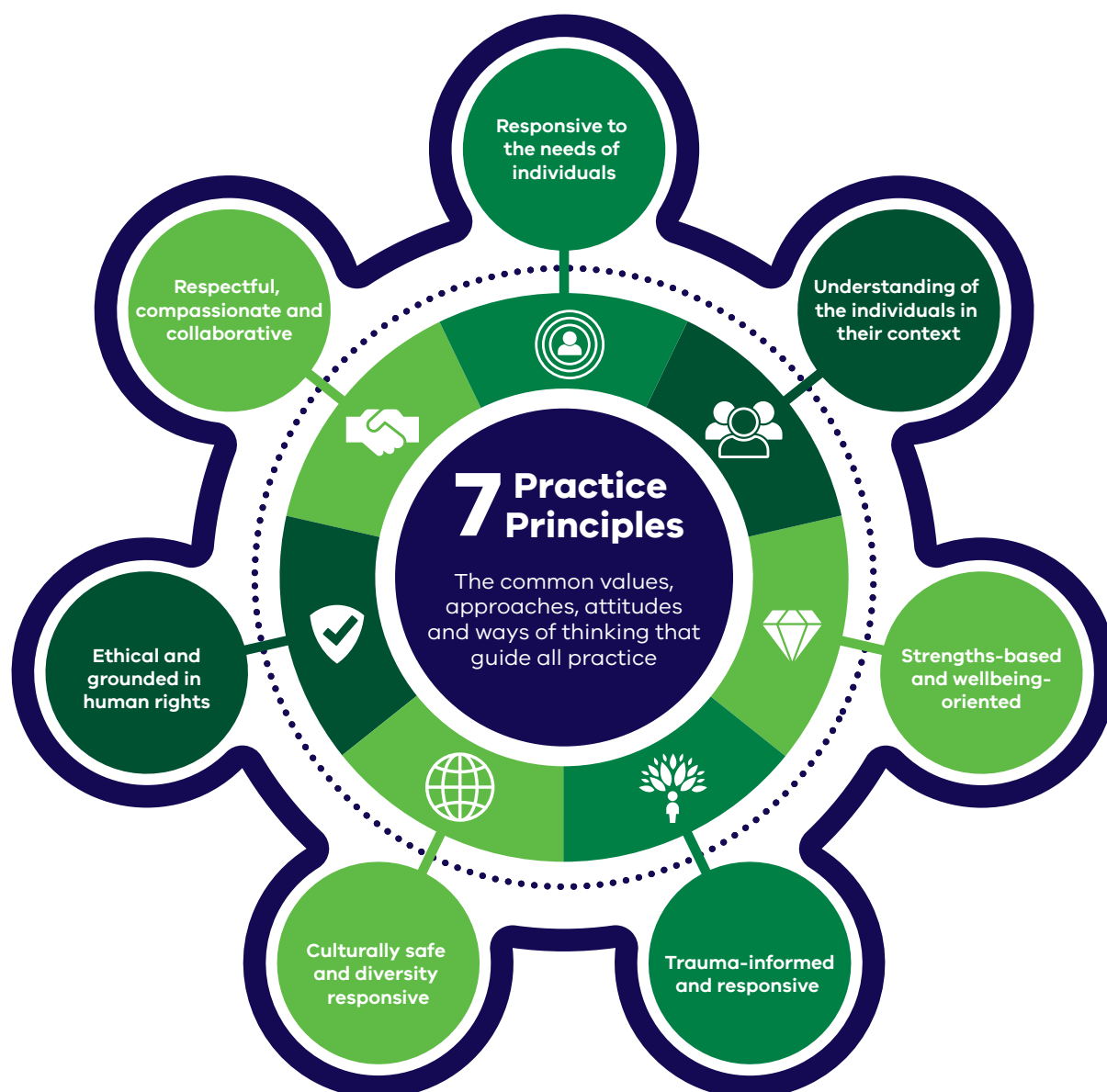


# Principles

The *Our workforce, our future* capability framework has 7 principles that provide a common set of core values and approaches. These inform all interactions between mental health professionals and consumers, carers and families (see **Figure 1**).

The following section provides additional guidance on how these principles are applied in practice for people living with a mental illness who are justice involved or at risk of offending, and their carers and families.

**Figure 1: The seven practice principles in *Our workforce, our future***



# All practice responds to the consumer's needs



Services, teams and practitioners put the person at the centre of practice and service delivery.

## What this looks like in practice: considerations for consumers who are justice involved or at risk of offending

When translating this principle into practice, people providing care understand that:

- justice-involved consumers have additional needs relative to the general population
- working proactively with justice-involved consumers builds rapport, maintains engagement and fosters trust, even when there may be barriers to seeking care, support and treatment
- justice involvement is not a barrier to receiving care, support and treatment that responds to the preferences, needs, values and life stage of consumers.



### Considerations for the workforce supporting consumers who are justice involved or at risk of offending

- Have I considered the additional needs the consumer has in relation to their justice involvement?
- Have I tried to understand how a consumer's unmet health, social and wellbeing needs contribute to their risk of offending?
- Am I taking the time to build trust and rapport so that consumers who are justice involved or at risk of offending will remain engaged in care, treatment and support?
- Do I actively seek to help consumers address the factors driving risk of offending, within the scope of my practice/expertise and through supported referral pathways?



### Considerations for managers and leaders to support positive outcomes

- How do we consider the voices of consumers of all ages with lived or living experience of justice involvement in service design and practice?
- In what ways do we as leaders ensure people with a mental illness who are justice involved or at risk of offending receive equitable access to mental health care (at a minimum) that is responsive to their needs?

# All practice understands the consumer in their context



Services, teams and practitioners consider the broader context that affects a person's mental health.

This includes socioeconomic, environmental and relational factors. Practice uses evidence-informed approaches according to the preferences and needs of the person, their family, carers and supporters.

## What this looks like in practice: considerations for consumers who are justice involved or at risk of offending

When translating this principle into practice, people providing care understand that:

- care, support and treatment considers the life trajectory of many people with mental health issues who are justice involved, which can include abuse, neglect, chronic instability, poverty, lack of social connections and entrenched intergenerational disadvantage
- people experience additional psychological stress and trauma because of their justice involvement (such as attending court and being in custody)
- they will proactively support, accept and understand the needs of justice-involved consumers in context.



### Considerations for the workforce supporting consumers who are justice involved or at risk of offending

- What have I done to build my knowledge and understanding of the social, health and environmental risk and protective factors related to offending by people with a mental illness?
- What action have I taken to support the transfer of care as people with a mental illness (of all ages) leave prison or a youth justice centre?
- What action have I taken to help a consumer, their carers and family to manage or reduce the psychological distress and trauma associated with their justice involvement?
- How have I provided effective mental health care and support to justice-involved consumers who have multiple needs, particularly substance use issues and/or disability?



### Considerations for managers and leaders to support positive outcomes

- How do we ensure care, support and treatment responds to the mental health, health and social support needs of consumers who are justice involved?
- How do we involve people with lived or living experience of justice involvement, their carers and families in the design of our model of care, policies and procedures?
- Do we have collaboration pathways and networks with justice, forensic mental health and other relevant service systems to ensure people who are justice involved or at risk of offending receive care that is coordinated, and they do not fall between the gaps between service systems?
- Have we built a workforce with the capability to provide integrated care to consumers who are justice involved who also have substance use issues, addiction and/or disabilities?

# All practice focuses on the consumer's strengths and wellbeing



Services, teams and practitioners work together with consumers and their families, carers and supporters to identify the person's strengths and support recovery and wellbeing.

## What this looks like in practice: considerations for consumers who are justice involved or at risk of offending

When translating this principle into practice, for people with a mental illness who are justice involved or at risk of offending:

- people providing care help consumers identify the health, social and environmental factors that are protective for them and support them to build coping mechanisms, problem-solving skills and resilience.
- all care, support and treatment is evidence-informed and supports skill development in emotional regulation and perspective taking
- interventions aimed at addressing evidence-based risk factors for offending behaviour acknowledge and respond to the consumer's strengths and wellbeing.



### Considerations for the workforce supporting consumers who are justice involved or at risk of offending

- How do I acknowledge each consumer's background, needs, strengths and treatment preferences?
- How do I actively help consumers who are justice involved or at risk of offending to build their capability to cope with life stressors, problem solve and strengthen their resilience?
- How do I ensure I use evidence-informed treatment and care to improve outcomes for consumers who are justice involved or at risk of offending?
- How do I actively help consumers who are justice involved to identify, build and maintain the health, social and environmental factors/ circumstances that will reduce their risk of offending?



### Considerations for managers and leaders to support positive outcomes for consumers who are justice involved or at risk of offending

- How does our organisation support its workforce to provide evidence-informed mental health care for consumers who are justice involved or at risk of offending?
- How do we ensure our organisation is accountable for proactively supporting people with a mental illness who are justice involved or at risk of offending, as part of our core business?
- How do we ensure the workforce is adequately trained and resourced to work with justice-involved consumers who need more persistent support to engage with treatment, care and support?
- How does our service promote protective factors for consumers who are justice involved or at risk of offending?

# All practice is trauma informed



Services, teams and practitioners understand trauma and its prevalence among people who use mental health services. They understand and respond to the biological, psychological and social effects of trauma.

## What this looks like in practice: considerations for consumers who are justice involved or at risk of offending

When translating this principle into practice for people with a mental illness who are justice involved or at risk of offending:

- all consumers who are justice involved or at risk of offending will receive trauma-informed care, support and treatment
- care, support and treatment will respond to the high prevalence of trauma experienced by consumers who are justice involved. This includes acknowledging that involvement in the legal and justice systems is traumatising. It also includes minimising the use of restrictive practice to prevent further trauma
- care, support and treatment providers understand the challenging behaviours exhibited by consumers who are justice involved may be coping mechanisms developed to manage/ self-protect from unresolved and overwhelming traumatic experiences and life circumstances. This understanding informs the provision of safe, supportive, non-judgemental care.



### Considerations for the workforce supporting consumers who are justice involved or at risk of offending

- How do I understand the impact of trauma in early life on consumers who are justice involved and the contribution of unresolved trauma to the risk of offending?
- How do I create a safe, inclusive and respectful environment in my engagement and interactions with consumers who are justice involved or at risk of offending?
- How do I show the consumer that I have deeply listened to them, and seek to understand their experiences of being justice involved, including those who have been incarcerated?
- Do I apply trauma-informed principles in all my interactions with consumers who are justice involved, their family, carers and supporters?
- Am I practising self-care strategies as part of my responsibilities to myself, consumers and colleagues to reduce the risk of vicarious trauma?



### Considerations for managers and leaders to support positive outcomes for consumers who are justice involved or at risk of offending

- How do we build awareness of the impacts of trauma on consumers who are justice involved or at risk of offending?
- How do I, as a leader, embed trauma-informed principles in workforce practice at all levels of my organisation?
- How do we mitigate the risk of our workforce experiencing vicarious trauma? Does the organisation support regular clinical supervision and other reflective practices?

# All practice is culturally safe and responds to diversity



Services, teams and practitioners understand that Victoria's population is diverse. They respond to the consumer's unique background and needs. This includes personal and cultural identity, values, beliefs, language and circumstances.

All care, support and treatment is safe and inclusive. It incorporates principles of respect, inclusion, equity, compassion and cultural safety. It values shared respect, knowledge and learning.

Care, support and treatment recognise that people's needs will vary depending on their culture, language, background and identity.

## What this looks like in practice: considerations for consumers who are justice involved or at risk of offending

When translating this principle into practice for people with a mental illness who are justice involved or at risk of offending:

- they will provide non-judgemental care, support and treatment that does not discriminate based on life circumstances and/or experience or risk of offending
- consumers' experiences and circumstances are influenced and shaped by their identity, gender, relationships and social factors. These intersecting factors in turn affect mental health and offending behaviour
- provide culturally safe, accessible and responsive mental health care. They understand there is a disproportionately high number of Aboriginal and Torres Strait Islander people and other culturally diverse populations who are justice involved
- people living with a mental illness and co-occurring disability who are justice involved will receive care, treatment and support that is tailored to their individual needs and preferred form of communication.



### Considerations for the workforce supporting consumers who are justice involved

- Do I understand how a consumer's identity, gender, relationships, disability and life experiences affect their mental health and offending risk?
- Do I understand why justice involved consumers with diverse cultural backgrounds, values and/or spiritual beliefs and/or disability may find it difficult to access mental health care?
- How do I ensure people with a mental illness who are justice involved feel welcome and can access our service?
- How do I protect against bias to ensure my personal values, experiences, attitudes and beliefs do not affect my practice?



### Considerations for managers and leaders to support positive outcomes for consumers who are justice involved or at risk of offending

- How do we build the capability of staff to deliver culturally safe care that is responsive to the diverse needs of consumers who are justice involved?
- How do we create a service culture that is non-judgemental, safe, free from stigma and discrimination and respectful of a consumer's cultural and spiritual beliefs?
- How do we ensure staff have up-to-date, relevant professional development and supervision to meet the diverse needs of justice-involved consumers?

# All practice is ethical and grounded in human rights



Services, teams and practitioners act ethically and with integrity in everything they do. They work in accordance with the principles, objectives and specific provisions of relevant legislation.

They support consumers, families and carers to make decisions about their own care, treatment and recovery. They use human rights approaches that challenge stigma and discrimination and prioritise strengths-based recovery and wellbeing.

## What this looks like in practice: considerations for consumers who are justice involved or at risk of offending

When translating this principle into practice for people with a mental illness who are justice involved or at risk of offending:

- consumers who are justice involved, or at risk of offending, have the same legal rights and protections as the general community in terms of their care, support and treatment. Their rights endure regardless of their circumstance, behaviour, history of offending or status as a forensic mental health consumer or because they are justice involved.
- service engagement and interactions afford justice-involved people with the dignity of positive risk taking, for personal growth, self-esteem and overall quality of life
- care, support and treatment are conducted ethically and provided in a way that imposes the least restriction on the rights, dignity, choices and autonomy of people who are justice involved, as far as possible. This is balanced with an ethical and legal obligation to promote the safety of justice-involved people, the safety of the workforce and others.



### Considerations for the workforce supporting consumers who are justice involved or at risk of offending

- How do I ensure that ethical practice underpins all my interactions with consumers who are justice involved or at risk of offending, their families, carers and supporters?
- How do I provide care that respects a consumer's rights, dignity, choices, and autonomy while balancing this against safety for all?
- How do I safely include families, carers and supporters of justice-involved consumers in decision-making wherever possible and appropriate?



### Considerations for managers and leaders to support positive outcomes for consumers who are justice involved or at risk of offending

- How do I know if consumers who are justice involved are receiving ethical, non-judgemental care from our service?
- How do I, as a leader, model ethical behaviours and decision-making towards consumers who are justice involved or at risk of offending?
- How do we integrate human rights principles in practice with justice-involved consumers?
- How do I support a safety culture across the organisation without becoming risk adverse when supporting consumers with challenging behaviours who are justice involved or at risk of offending?

# All practice is respectful, compassionate and collaborative



Services, teams and practitioners at all levels actively involve, value and respect all types of expertise, including lived experience expertise.

They use mutual respect, compassion and collaboration in all their relationships. This includes professional relationships as well as with consumers, families, carers and supporters. All practice is respectful, compassionate and collaborative.

## What this looks like in practice: considerations for consumers who are justice involved or at risk of offending

When translating this principle into practice for people with a mental illness who are justice involved or at risk of offending:

- The mental health and wellbeing, forensic mental health and justice systems have a responsibility to work together to support the mental, physical and emotional wellbeing of mutual consumers who are justice involved throughout their engagement with these systems. Information sharing and clear communication are valued and supported. Interdisciplinary teams work together to support shared planning, coordinated care and collaboration
- respectful, compassionate and inclusive mental health care for people who are justice involved and their family, carers and supporters is shaped by shared values, beliefs, attitudes and practice across the workforce.



### Considerations for the workforce supporting consumers who are justice involved or at risk of offending

- How do I address any conscious or unconscious bias I may have towards consumers who are justice involved or at risk of offending?
- Do I regularly reflect on how to provide respectful, compassionate and collaborative care to consumers who are justice involved, while maintaining appropriate professional boundaries?
- How do I work collaboratively with the corrections, justice and forensic mental health systems to improve the coordination of care for mutual consumers who are justice involved?



### Considerations for managers and leaders to support positive outcomes for consumers who are justice involved or at risk of offending

- How do we create and maintain a culture that is compassionate, genuinely collaborative and welcoming towards consumers who are justice involved or at risk of offending, and their family, carers and supporters?
- How do I as a leader model respectful, compassionate and collaborative mental health care towards consumers who are justice involved or at risk of offending?
- How will I know if consumers who are justice involved are receiving respectful, collaborative and compassionate care from our service?
- How do we ensure access to appropriate opportunities for supervision and reflective practice for staff working with consumers who are justice involved or at risk of offending?



# Capabilities

*Our workforce, our future* organises the capabilities into 15 domains.<sup>2</sup>

These represent key areas of practice in the mental health and wellbeing sector (see **Figure 2**).

Each capability domain includes outcomes for:

- consumers who are justice involved
- carers and families
- the workforce
- collective outcomes.

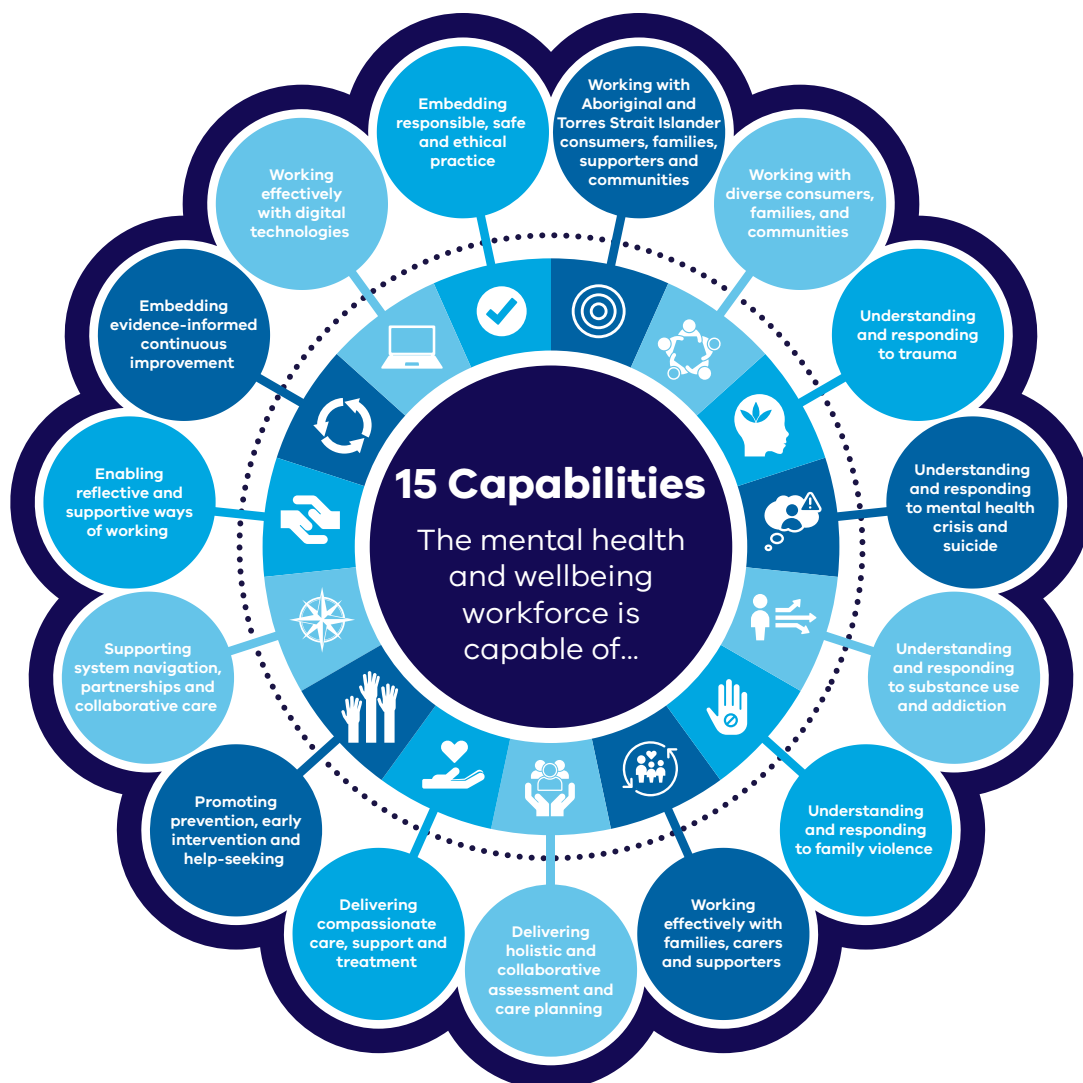
These outcome statements build on those set out in *Our workforce, our future*.

Each domain also includes the desired knowledge, skills and professional behaviours that members of the mental health and wellbeing workforce need to provide safe, responsive and effective care, support and treatment.

This includes the capabilities needed by:

- those in direct-care roles
- specialist and technical roles
- leadership roles.

**Figure 2: The 15 capability domains in the *Our workforce, our future* capability framework**



<sup>2</sup> The guide identifies capabilities for all domains in *Our future, our workforce* excluding the 'Working effectively with digital technologies' domain. The generalist capabilities in this domain adequately cover those needed by the mental health and wellbeing workforce to support consumers who are justice involved or at risk of offending.

# Embedding responsible and ethical practice



Care, support and treatment is provided safely and ethically. It is consistent with professional, legal, human rights and ethical codes of conduct and practice. The rights, preferences and dignity of consumers who are justice involved, their families, carers and supporters are respected, protected and promoted.

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## Consumer outcome statement

“ My inherent rights and dignity are respected, protected and promoted.

My rights are not diminished by any circumstance. This includes any offence I may have committed, my involvement in the justice system or my status as a forensic mental health consumer.

I can access mental health care, treatment and support that is non-judgemental, ethical and compassionate. It gives me hope for my future and helps me live a meaningful life. I am supported to seek redress when this does not occur. ”

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## Carer and family outcome statement

“ Our rights to be a meaningful part of the life of person we care for are not diminished by their involvement in the justice system or status as a forensic mental health consumer.

Our contribution and perspectives are valued and respected. We are supported to seek redress when this does not occur. ”

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## Workforce outcome statement

“ We uphold the right of justice-involved consumers, their families, carers and supporters to receive equitable mental health care, support and treatment. This occurs regardless of their offending history or risk of offending.

We work within the interface between mental health, human rights, legal–ethical responsibilities, and relevant criminal and civil legislation and regulatory systems.

We conduct ourselves in a professional and ethical manner. At all times, we engage without judgement with consumers who are justice involved or at risk of offending.

Our workplace is safe and supportive. We are supported to seek redress when this does not occur. ”

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## Collective outcome statement

“ Together we contribute to an ethical, equitable mental health and wellbeing system. This system respects and upholds the rights of everyone, regardless of their history of offending or risk of offending.

We understand the unique challenges of people experiencing mental ill health who are justice involved. These challenges include oppression, marginalisation, disadvantage, stigma and discrimination. We are compassionate and responsive to these challenges. ”

## KEY KNOWLEDGE AND SKILLS

### Whole of mental health and wellbeing workforce

#### The mental health and wellbeing workforce understands:

- how their core values (bias, beliefs and attitudes) towards justice-involved consumers with challenging behaviours may affect professional conduct and ethical practice
- the unique challenges of oppression, marginalisation, social exclusion, disadvantage, stigma and discrimination faced by consumers with a history of offending.
- the risk to human rights and threats to dignity, justice and diversity that justice-involved consumers face, particularly those with lived or living experience of incarceration or other forms of involvement in the justice system.
- the interface between mental health, forensic mental health, human rights, legal–ethical responsibilities and relevant criminal and civil legislation and regulatory systems
- relevant family violence legislation and reporting requirements in relation to infants, children and dependent young people when working with consumers whose behaviours may affect the safety of family members
- the role of Forensicare as a specialist statewide service in the mental health and wellbeing and justice systems.

### Care, support and treatment roles

#### Those in care, support and treatment roles have the capability to:

- provide responsible, safe and ethical care, support and treatment to consumers with a history of offending. They work within relevant Victorian and federal legislative frameworks<sup>3</sup> that guide practice in the forensic, mental health and wellbeing, and justice systems
- demonstrate professional integrity and ethical behaviour by working with consumers at risk of, or currently justice involved with respect and dignity. This includes balancing consumers' needs and human rights, while upholding safety for themselves, consumers, carers and family, the workforce and the broader community
- contribute to minimising the impacts of marginalisation, social exclusion, disadvantage, stigma and discrimination faced by justice-involved consumers
- prioritise the safety of infants, children and dependent young people when working with consumers whose offending behaviours affect safety
- work in the intersection between the justice and mental health and wellbeing systems to understand the impact of justice processes and legal obligations on consumers, their families, carers and supporters, and the implications for practice
- help consumers involved in the justice system to seek support to understand their legal position and connect with legal services.

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<sup>3</sup> This includes the *Mental Health and Wellbeing Act 2022*, the *Charter of Human Rights and Responsibilities Act 2006*, *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997*, the *Serious Offenders Act 2018*, the *Sentencing Act 1991* and the *Corrections Act 1986* and other relevant legislation.

## Technical and specialist roles

**Those in technical or specialist roles will have the capability to:**

- understand the legal and judicial system within which Forensicare and other specialist forensic mental health services operate and how this intersects with the mental health system
- model ethical, non-judgemental and compassionate practice with justice-involved consumers
- build understanding of relevant legislation across the mental health and wellbeing workforce to support responsible, safe and ethical practice with justice involved consumers.



## Leadership roles

**Those in leadership roles have the capability to:**

- ensure justice-involved consumers know their rights and how to exercise them in relation to treatment and support
- develop, support and model desired culture, values, attitudes and behaviours to work safely, ethically and compassionately with justice-involved consumers
- implement processes (such as clinical supervision and reflective practice) that support the workforce to understand and manage personal values, morals, biases and judgements that negatively affect the way the workforce engages and supports justice-involved consumers
- ensure practice is underpinned by human rights and codes of conduct/ethics that promote consumer rights to self-determination and autonomy, within constraints that may be imposed by law (such as obligations imposed by courts, the Parole Board and the Forensic Leave Panel).

# Working with Aboriginal consumers, families and communities



Care, support and treatment is provided in a way that is culturally safe, consistent and non-stigmatising for Aboriginal consumers who are justice involved. It responds to their lived experience of intergenerational trauma, racism, discrimination and social disadvantage and other coexisting issues and needs. Care is delivered collaboratively with consumers, family, kin and community.

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## Consumer outcome statement

“ I receive mental health care, support and treatment that understands how my experience of trauma, racism and disadvantage has contributed to my involvement in the justice system. I am heard, understood and responded to with dignity and compassion, regardless of my history of justice involvement or offending risk.

I receive culturally safe, integrated care, support and treatment that responds to the intersection between my social and emotional wellbeing, justice involvement, experience of trauma, culture, gender and any co-occurring needs.

I am offered, and can accept, access to supports and services provided by Aboriginal workers and organisations if that is my preference. “

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## Carer and family outcome statement

“ The centrality of family, kin and community relationships to cultural safety and protection from further harm is understood and supported.

Our concepts of healing are respected by the care team supporting the person we care for and actively sought, valued and considered in the care, treatment and support of our family member. “

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## Workforce outcome statement

“ We are committed to providing culturally safe, holistic care, support and treatment that responds to Aboriginal consumers' mental health, social and emotional wellbeing needs, regardless of the offences they may have committed or their offending risk.

We understand justice-involved Aboriginal consumers may have additional needs related to their experience of intergenerational trauma, institutional racism and incarceration. These needs may make it more challenging to build rapport and trust. We embrace culturally responsive practices that address their experience of stigma and discrimination.

We value and support connection to culture, family, kin and community as an integral part of our practice when supporting justice-involved Aboriginal consumers.

We are supported to work collaboratively with Aboriginal service providers to optimise outcomes for justice-involved Aboriginal consumers for whom we have a mutual, shared responsibility. “

## Collective outcome statement



“ Together, we contribute to an equitable mental health and wellbeing system that compassionately supports justice-involved Aboriginal consumers. This work helps to optimise their mental health and social and emotional wellbeing, live a safe, connected and meaningful life, and reduces their risk of offending. ”

## KEY KNOWLEDGE AND SKILLS

### Whole of mental health and wellbeing workforce

#### The mental health and wellbeing workforce understands:

- how social and economic injustices, experience of violence, colonisation and intergenerational trauma and inequalities contribute to mental ill health and risk of offending for Aboriginal people
- many Aboriginal people involved in the justice system have mental health issues, disability or behavioural conditions (including substance use disorders)
- most Aboriginal people who are justice involved have experienced trauma. As a result, they have a heightened risk of self-harm, suicide and substance use. These risks increase on release from prison
- while Aboriginal women in prison are a low proportion of all Aboriginal people in prison, they experience higher rates of substance use and mental health issues than their male peers. Many have long histories of childhood and adult sexual and/or physical abuse
- many behaviours of concern exhibited by Aboriginal consumers who are justice involved are adaptive coping responses to trauma and life circumstances that have led to their involvement in the justice system
- a significant proportion of Aboriginal people are held on remand, impeding their ability to access some beneficial mental health supports. Repeated short-term incarceration compounds social disadvantage and health inequalities that Aboriginal people experience
- the lifelong impact of incarceration, such as loss of family and cultural connection and social and economic disadvantage, contributes to adverse mental health outcomes for Aboriginal people
- the impact of colonisation, institutionalised racism and Aboriginal people's perception and experience of the history and power of mental health and wellbeing services. This includes understanding how this inherent power differential affects help-seeking behaviour
- the positive protective role of cultural identity and connection, good family and community relationships and social engagement in reducing

adverse mental health outcomes and risk of offending

- the Aboriginal model of social and emotional wellbeing and how to apply this model to care, support and treatment to Aboriginal consumers who are justice involved or at risk of offending.

### Care, support and treatment roles

#### Those in care, support and treatment roles have the capability to:

- provide easy-to-access, culturally safe, non-stigmatising mental health care for Aboriginal consumers of all ages who are justice involved
- collaborate with Aboriginal community-controlled and managed health, legal, justice, advocacy and social support services and the Aboriginal community to improve early identification, engagement, treatment and support of Aboriginal people with mental health issues who are justice involved or at risk of offending.
- recognise and respond to the impact of intergenerational trauma and trauma resulting from justice involvement. This includes using trauma-informed care at all points of care when working with justice-involved Aboriginal consumers, their family and kin
- respond to a justice-involved consumer's trauma responses in a way that is culturally safe, supportive, consistent and without judgement to reduce the risk of further traumatisation and disengagement from the service
- engage, assess and co-formulate need with Aboriginal consumers in a way that is culturally safe, empowering and responsive to both their mental health and justice-related needs
- recognise the centrality of family, kin and community relationships to cultural safety by engaging with and supporting families and supporters caring for Aboriginal consumers who are justice involved
- proactively work with Aboriginal consumers, their family and community to build protective factors (including cultural factors) that reduce the risk of offending as part of a holistic, comprehensive approach to their mental health care
- reflect on their core values, biases and beliefs in supporting culturally safe, responsive and non-judgemental care for Aboriginal consumers who are justice involved or risk of offending.



## Technical and specialist roles

**Those in technical or specialist roles have the capability to:**

- upskill staff to understand the impact of intergenerational trauma, and trauma resulting from justice involvement, on Aboriginal consumers who are justice involved. This includes how to talk and respond in a trauma-informed way that is culturally safe and responsive
- address stigma, discrimination and negative workforce attitudes towards Aboriginal consumers with a history of offending through advocacy and practice development strategies
- build the capability of the workforce to safely and appropriately engage with and support families and supporters caring for Aboriginal consumers who are justice involved.

## Leadership roles

**Those in leadership roles have the capability to:**

- build partnerships with local Aboriginal Community-Controlled organisations (ACCOS) and Aboriginal-owned businesses that specialise in health, wellbeing, legal and social justice to facilitate justice-involved Aboriginal people's access to mental health care and support co-working to ensure cultural safety
- be knowledgeable of the high prevalence of trauma experienced by Aboriginal consumers who are justice involved, the impact of this on their emotional, relational, psychological and physical wellbeing and offending risk and the implications for clinical and organisational practice and service culture
- support the wellbeing of the Aboriginal workforce, recognising the extent and effect of the justice system on this workforce and their community
- provide opportunities for ongoing learning and professional development for staff to strengthen culturally safe care, treatment and support for Aboriginal consumers who are justice involved
- develop and maintain a positive service culture that provides respectful, non-judgemental culturally safe treatment and care to Aboriginal consumers who are justice involved, their family and kin.



# Working with diverse consumers, families and communities



Care, support and treatment is provided in a way that considers the breadth and depth of diversity needs of justice-involved consumers and their families. Mental Health and wellbeing services meet the needs of justice-involved consumers by providing culturally safe and diversity-responsive care, support and treatment that draws on a range of knowledge, skills and perspectives.

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## Consumer outcome statement

“ My culture, health needs, identity, spirituality, abilities, background and experiences, including my experience of the justice system, are recognised and understood, and shape how my mental health care, support and treatment is provided.

I’m supported by a workforce that upholds my rights, recognises my strengths and resilience and dignity of risk.

I can safely talk about my identity, culture and life when engaging in the mental health and wellbeing system. ”

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## Carer and family outcome statement

“ We are safe to share our knowledge, experience and perspectives. These are heard in a way that respects different cultural and social understanding of health, wellbeing and justice involvement.

The personal, social and cultural impact of justice involvement, stigma and discrimination on our family and the person we care for is understood and responded to respectfully.

We are supported by a workforce who understand the needs, experiences and perspectives of diverse, justice-involved people. ”

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## Workforce outcome statement

“ We understand that consumers who are justice involved have diverse experiences and needs and that these may sometimes be hidden or unacknowledged. We seek to ensure diverse justice-involved consumers are safe to share their needs, experiences and perspectives.

We recognise when we lack knowledge and use this an opportunity to listen, learn and develop our understanding of the experiences and perspective of justice-involved consumer and their families.

We understand that discrimination, structural disadvantage, racism and colonisation can contribute to and be compounded by involvement in the justice system. We work to uncover, understand and modify our unconscious or implicit biases. ”

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## Collective outcome statement

“ Together, we contribute to a system that responds to all expressions of diversity and protects people’s rights, preferences and choices. We recognise that stigma, discrimination and marginalisation harm us all. We actively contribute to a mental health system that seeks to address inequality of access and is culturally and psychologically safe for consumers who are justice involved and their carers and families. ”

## KEY KNOWLEDGE AND SKILLS

### Whole of mental health and wellbeing workforce

#### **The mental health and wellbeing workforce understands:**

- how identity, gender, spirituality, relationships and social factors influence and shape the experiences and circumstances of justice-involved consumers. This includes understanding the intersection of these factors on mental health and offending behaviour
- current Victorian guidelines, policies and frameworks that protect the rights of people involved in the mental health and wellbeing and justice systems
- Aboriginal people, refugees, people from culturally diverse communities, people with disability, LGBTIQ people and other diverse groups in the justice system face barriers to accessing mental health and wellbeing treatment and support. These barriers can be attitudinal, physical, institutional, environmental and communication related
- the breadth of the health, social, cultural and wellbeing needs of consumers and how experiences of marginalisation, trauma and inequality can intersect, overlap, combine and compound the stigma and discrimination associated with justice involvement
- the unequal power dynamics and the compounding impacts of multiple forms of discrimination and disadvantage that can impede access and engagement in mental health services for justice-involved consumers and their families, particularly for those with diverse needs
- justice-involved consumers are disproportionately affected by social determinants of health, such as access to health services, income security, safe housing, social inclusion and employment. It is equally important to address these factors, as well as providing treatment and care to improve mental health outcomes
- people with co-occurring mental health and neurodevelopmental disorders, cognitive impairments, acquired brain injuries, intellectual disability or other learning and communication conditions have a higher likelihood of contact with the justice system, including as victims of crime and are significantly overrepresented in prison populations
- people with intellectual disability experience higher rates of mental health conditions across the lifespan, are more likely to be subject to restrictive interventions and experience disadvantage in the justice system
- the impact of diagnostic overshadowing on outcomes for justice-involved consumers with co-occurring conditions. This results in signs and symptoms of one condition being incorrectly attributed to another condition or cause, disregarded as behavioural or not recognised. It leads to inaccurate assessment and treatment
- behaviour experienced as challenging can be a result of multiple, intersecting factors including coexisting disability, mental health, an adaptive trauma response and/or unmet basic need that should be understood in context, rather than to exclude a justice-involved consumer from treatment, care and support
- multiple forms of disadvantage, lack of recognition of needs and support, discrimination and stigmatisation can lead to cycles of involvement with the justice system by consumers with diverse needs.

## Care, support and treatment roles

**Those in care, support and treatment roles have the capability to:**

- develop knowledge and skills to recognise and provide responsive care, treatment and support to diverse people who are justice involved, including those with co-occurring conditions
- safely seek contextual information from family, supporters and other professionals in a way that is inclusive of different understanding and experience of disability, family and mental health, and sensitive to the impact of justice involvement
- explore, understand and actively address barriers to service engagement and participation experienced by diverse justice-involved consumers
- adapt methods of engagement, treatment and care, including allowing extra time and modifying printed material, to promote understanding of processes and concepts – such as consent, information sharing or compulsory treatment. This includes regularly checking understanding and making further adaptations if required
- maintain current knowledge of disability support, social support and advocacy services relevant to address the broader needs of diverse justice involved consumers, their families and carers
- continuously reflect on knowledge gaps associated with working with diverse consumers who are justice involved, seek advice from specialist or expert services and participate in professional development
- develop an awareness of, and seek to address, their biases towards justice-involved consumers with disability or other co-occurring needs, through self-reflection and participation in reflective practice.

## Technical and specialist roles

**Those in technical or specialist roles have the capability to:**

- provide primary and secondary consultation to improve treatment and support for people with developmental, cognitive, cultural and social diversity in the context of justice involvement
- consider when consultation from specialist disability services would enhance treatment and support for a justice-involved consumer with co-occurring disability and support clinical teams to access these services
- upskill staff to improve treatment and support to consumers with diverse needs who are justice involved.

## Leadership roles

**Those in leadership roles have the capability to:**

- identify and address professional development needs to support staff to work more effectively with diverse individuals and groups overrepresented in justice-involved populations
- support the workforce to undertake specialist training or qualifications to uplift practice and enhance engagement and treatment outcomes for overrepresented diverse groups in the mental health and wellbeing and justice systems, particularly consumers with co-occurring disability
- collect data and insights about how diverse, justice-involved people are engaging with services to improve service quality
- ensure there are different ways for justice-involved consumers with co-occurring disability, families and carers to provide feedback about treatment, care and support services.

# Understanding and responding to trauma



The *Our workforce, our future* capability framework promotes understanding of the concepts of trauma-informed practice. These include trauma awareness, promoting safety, rebuilding control, focusing on strengths, promoting connection and belief in recovery.

Those in care, support and treatment roles have the capability to apply the core principles of safety, trustworthiness, choice, collaboration and empowerment. They can respond appropriately to trauma disclosure.

Care, support and treatment recognises that most consumers who are justice involved have experienced trauma. As a result, these consumers have a heightened risk of self-harm, suicide and substance use.

Care, support and treatment also recognises that challenging behaviours may be a coping response to trauma. Over time, this can lead to involvement in the justice system. It further recognises that experience of the justice system is traumatising.

Based on these understandings, a trauma-informed care, support and treatment approach is provided to all consumers who are at risk of or are justice involved.

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## Consumer outcome statement

“ I receive care, support and treatment that understands how my experience of trauma, particularly unresolved trauma, has contributed to my risk of offending.

The trauma I have experienced because of being justice involved and incarcerated is acknowledged. I am given a safe place to confidentially discuss my experience of trauma.

I receive compassionate trauma-informed mental health care, support and treatment. This includes mental health staff using the least restrictive approach possible, to not create more trauma, particularly if I have experienced incarceration. ”

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## Carer and family outcome statement

“ Our experience of traumatic stress and vicarious trauma because of the challenges of supporting a person with a mental health issue who is justice involved is acknowledged and understood. ”

## Workforce outcome statement



“ We recognise that consumers who are justice involved often experience high rates of trauma exposure. We recognise behaviours of concern by consumers who are justice involved may be a coping mechanism to self-protect from overwhelming trauma.

We recognise consumers who have experienced incarceration are at significant risk of retraumatisation and iatrogenic harm.

We acknowledge and respond to the trauma-related experiences of justice-involved consumers in our practice and seek to minimise the potential for further harm.

We recognise the value of building the capability of the workforce to implement evidence-informed trauma treatment and care that meets the needs of justice-involved consumers and supports their recovery from trauma.

We take action to reduce the potential of direct or vicarious trauma experienced by staff working with justice-involved consumers by providing a safe, trauma-informed workplace. ”

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## Collective outcome statement

“ Together, we contribute to a mental health and wellbeing system that responds safely, compassionately and effectively to justice-involved consumers.

The mental health and wellbeing system creates a safe, supportive and enabling environment that minimises the potential for traumatic experiences and retraumatisation of consumers who are justice involved and facilitates recovery from trauma. ”

## KEY KNOWLEDGE AND SKILLS

### Whole of mental health and wellbeing workforce

#### The mental health and wellbeing workforce understands:

- people who are justice involved experience higher rates of trauma and related mental health conditions compared with the general population
- all at risk of, or justice-involved consumers should receive trauma-informed care and support that promotes recovery from trauma
- how multiple or repeated forms of unresolved trauma contribute to a person's risk of offending and other risks, such as severe psychological distress, self-harm, suicide risk, substance use and addiction, and poor psychosocial functioning
- being in a police cell, involvement with the legal system (including courts), incarceration and the custodial environment are traumatising in their own right. The workforce minimises the use of restrictive practice to prevent further trauma
- many people who are justice involved may have debilitating traumatic experiences and trauma responses but have not been diagnosed with post-traumatic stress disorder or come to the attention of mental health services
- the ways offending behaviour may reflect trauma responses and how trauma responses can include changes to impulse control, aggression, emotion and self-regulation. The workforce understands consumers who are justice involved may use challenging or avoidant behaviours to manage, and self-protect from, the painful, intrusive and overwhelming impact of traumatic experiences and life circumstances
- adverse childhood experiences may seriously disrupt attachment patterns and brain development. Some responses that aim to maintain safety or survival (such as aggression, violence and other challenging behaviours) can result in higher risk of involvement with the justice system in later life
- the significant risk of retraumatisation, further trauma and iatrogenic harm due to the use coercive interventions and/or untreated mental illness
- all justice-involved consumers – irrespective of their current mental health functioning – benefit from trauma-informed care.

## Care, support and treatment roles

#### Those in care, support and treatment roles have the capability to:

- apply the principles of trauma-informed care (at all points of care) when working with consumers who are justice involved. Where capability exists and need is indicated, evidence-informed trauma treatment is provided by appropriately trained clinicians
- provide a safe space for justice-involved consumers to control what they disclose regarding their experience of trauma, including the pace of disclosure. The workforce responds appropriately to disclosure
- identify and respond to trauma responses (including aggression or other behaviours that are perceived as challenging) in a way that is safe (to consumers and staff), supportive, consistent and without judgement to reduce the risk of further traumatisation and disengagement from the service
- apply a trauma-recovery focus in assessment, treatment, wellbeing support and referral processes. This includes:
  - appropriately screening for, identifying and assessing the presence and impact of trauma in justice-involved consumers of all ages and use this information as part of a trauma-informed approach to care planning
  - taking a holistic approach to case conceptualisation and not make assumptions (for example, a focus on aggressive behaviour may obscure the fact that this is a trauma response)
  - provide trauma-informed intervention tailored to the needs of consumers who are justice involved, with a focus on promoting resilience and capacity for emotional self-regulation and trauma recovery, particularly for young consumers who are justice involved
- discuss the benefits of trauma-specific treatment with consumers who are justice involved and support them to access this form of treatment using supported referral processes (if trauma-focused treatment is not provided at your service)
- self-reflect to better appreciate personal trauma responses and how this may affect the way you engage with and provide care, support and treatment to consumers who have experienced trauma and are justice involved.

## Technical and specialist roles

**Those in technical or specialist roles have the capability to:**

- upskill staff to understand and identify the impact of trauma on consumers who are justice involved (including trauma-related behaviours that may contribute to their risk of offending) and how to talk and respond in a trauma-informed way
- undertake comprehensive assessment that includes the consumer's trauma history (including trauma related to their justice involvement) and provide evidence-based, trauma-focused treatment or referral to trauma treatment service if required
- provide education and training to staff to support trauma-informed practice and recovery from trauma that responds to the needs of consumers who are justice involved
- provide trauma-informed debriefing support and supervision to staff working with consumers who are justice involved.

## Leadership roles

**Those in leadership roles have the capability to:**

- embed an understanding of the high prevalence of exposure to multiple or repeated forms of trauma by consumers who are justice involved. This includes the impact of this on their behaviour and emotional, relational, psychological and physical wellbeing, and the implications for clinical and organisational practice and service culture
- proactively build a trauma-informed workplace and organisational culture that:
  - acknowledges the potential for trauma/ retraumatisation due to organisational/ systemic/service delivery processes for justice-involved consumers, and takes action to minimise this risk
  - minimises the risk of burnout, compassion fatigue and vicarious trauma that can be experienced by staff working with justice-involved consumers with trauma
- identify and address training needs to build a trauma-informed workforce that can respond to the needs of justice-involved consumers.
- embed practices that support staff to maintain personal and professional boundaries when working with consumers who are justice involved
- build local collaborations, shared-care arrangements and referral pathways to providers of trauma-focused treatment to enable consumers who are justice involved to access and benefit from this treatment option (if your service does not provide trauma-specific treatment).

# Understanding and responding to crisis and suicide



Providers of care, support and treatment recognise the unique factors and life circumstances of justice-involved consumers that increase their risk of mental health crisis, self-harm and suicide.

They actively work with the person to prevent suicide and mental health crisis by helping them lead meaningful and connected lives, build resilience and improve their psychological wellbeing.

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## Consumer outcome statement

“ I am met with compassion and non-judgement. I receive care and support even when there are barriers that make this difficult. I am supported to actively create plans that ensure my safety and wellbeing.

I am supported to understand how to identify and anticipate situations that cause me psychological distress and raise my risk of a mental health crisis, self-harm or suicide.

I am actively and compassionately supported to address thoughts of suicide and suicidal behaviours and build my resilience and coping skills in response to stressful situations, including those related to my involvement in the justice system.

The care I am provided supports me through periods of crisis, safely and in the least restrictive way possible. ”

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## Carer and family outcome statement

“ Our concerns and knowledge inform the early identification of suicide risk and escalating mental health needs in the person we care for. This includes increased suicide risk when leaving prison and other key points of engagement with the justice system. These concerns inform plans that respond to the safety and wellbeing of everyone involved.

We are enabled to build our capability to help the person we support when they are experiencing a mental health crisis or expressing thoughts of suicide.

The effects of mental health crises and suicide on families, carers and supporters is recognised and responded to. ”

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## Workforce outcome statement

“ We understand that people who are justice involved are at higher risk of suicidal ideation, self-harm and suicide attempts, particularly when they leave custodial settings. We recognise violence towards others, being a victim of violence and violence to self are highly correlated.

We recognise the risk factors for suicidality are also risk factors for justice involvement. We recognise we have a critical role to play in preventing mental health crises and suicide by consumers who are justice involved.



To achieve this outcome, we will work proactively with consumers who are justice involved to build rapport, maintain engagement, and foster trust in receiving mental health care, support and treatment even when there may be barriers that make this difficult.



We work collaboratively with the justice system to proactively, engage, treat and support mutual consumers with a history of self-harm, suicidal ideation and suicide attempts. "

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## Collective outcome statement

" Together, we contribute to a system that recognises and understands the unique needs and experiences of people with mental health issues who are justice involved. We also recognise how these experiences contribute to psychological distress and heightened risk of mental health crisis and suicide.

We work together to respond without judgement to consumers' needs and those of their family, carers and supporters at every point of care. "

## KEY KNOWLEDGE AND SKILLS

### Whole of mental health and wellbeing workforce

#### The mental health and wellbeing workforce understands:

- the unique drivers for mental health crisis, self-harm and suicidality for justice-involved consumers
- people who are justice involved have a higher vulnerability to intentional self-harm (a major risk factor for suicidal behaviour), suicide attempts and death by suicide compared with the general community
- a history of violence towards others, being a victim of violence and violence to self are highly correlated and need to be considered when assessing for suicide risk
- justice-involved people are more likely to experience disadvantage across a range of life circumstances and social determinants, which can increase their risk of dying by suicide
- adverse childhood experiences intertwined with social determinant factors – common in justice-involved groups – are a risk factor for poorer mental health, suicide attempts and self-harm and impact help seeking and service engagement
- justice-involved women with mental health needs are often victims of violence and abuse, which contributes to their higher risk of suicide. Acute stressors, such as losing care of children while incarcerated, can also contribute to increased suicide risk
- certain offences – such as sexual offences, family violence and violent offending generally – confer a higher risk of suicide due to feelings of shame and guilt, loss of role and family, and social exclusion
- impulsivity contributes to increased suicide risk. Many consumers who are justice involved experience impulsivity due to a history of attention deficit hyperactivity disorder, personality vulnerability, mental health deterioration, substance use and coexisting acquired brain injury or intellectual disability

- the key points of heightened/increased suicide risk across the justice system are when:
  - charges are first laid
  - a court date is coming up
  - the person is remanded to custody
  - the first two weeks after leaving custody.
- Risk remains elevated above the general population until 6 months post-release (provided the person can successfully adjust back to the community)
- justice-involved consumers who have experienced suicidality in custody are likely to have been exposed to highly restrictive and punitive approaches to suicide. This may discourage them from being open about suicidal thoughts and behaviours and seeking help early. As a result of this experience, they may come to the attention of the mental health system only when they are experiencing a mental health crisis
- consumers who are justice involved, including those with co-occurring cognitive impairment, acquired brain injury or neurodevelopmental disorder, may present with difficult and challenging behaviours and triggers. These place them at risk of experiencing rapid escalation of need or mental health crisis.

### Care, support and treatment roles

#### Those in care, support and treatment roles have the capability to:

- integrate understanding of suicidality into a broader understanding of the experiences of justice-involved consumers
- participate in warm referrals with a consumer prior to their release from prison to establish rapport and enhance their likelihood of engaging post-release. This includes streamlining the transition process and recognising that moving from prison to community is a time of increased suicide risk
- develop and implement strategies and approaches to reduce justice-involved consumers' risk of suicide and self-harm, based on their identified risk and protective factors. This includes the capability to assess for, and proactively manage, access to lethal means including firearms<sup>4</sup> as part of the suicide risk assessment

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<sup>4</sup> On the basis some consumers who are justice involved may have a greater likelihood of having access to firearms than the general population.

- provide care, support and treatment that has an evidence-informed cognitive behavioural focus to support justice involved consumers to build their capacity for self-regulation, perspective taking, problem-solving and ability to cope with life stressors
- work collaboratively with justice-involved consumers to help them self-identify, anticipate and prevent high-risk situations that place them at risk of suicide or mental health crisis
- be alert to imminent risks, adverse circumstances, precipitation events and potential tipping points (such as an approaching court date, legal frustration or risk of re/incarceration) that increase risk of suicide or mental health crisis and provide timely care and support when vulnerability and exposure to these risks/triggers are high
- manage suicide attempts and provide postvention support to the consumer, their family, carers and supporters that is responsive to their risk and protective factors
- consider when to engage the support of police when responding to a mental health crisis with a justice-involved consumer. Be able to work with police ahead of them engaging with the consumer to manage risk (including the risk of 'suicide by cop').

## Technical and specialist roles

### Those in technical or specialist roles have the capability to:

- work collaboratively with relevant staff to facilitate the safe, timely transfer of mental health care for people leaving prison who have a history of suicide attempts, suicidal ideation or are known to have a prevalence of suicide risk factors
- provide expert guidance, education and training to the mental health and wellbeing workforce to support the workforce to:
  - confidently build therapeutic rapport with, and provide compassionate care to, justice-involved consumers, as cornerstones to suicide prevention
  - understand the drivers of mental health crisis, self-harm and suicidality in justice-involved consumers

- undertake suicide risk formulation for justice-involved consumers and develop safety plans, and contingency plans as part of broader risk assessment and care planning
- provide postvention support, tailored to the unique risk factors experienced by justice involved consumers
- provide clinical leadership across the health service to improve how suicidality among consumers who are justice involved is assessed and responded to. This includes building workforce and organisation capacity to address identified practice issues.

## Leadership roles

### Those in leadership roles have the capability to:

- understand the interplay between offending and mental health crisis and suicidality
- advocate for the needs of consumers who are justice involved to receive as a minimum equivalent mental health treatment and care to reduce their risk of self-harm, suicide attempts and suicide
- work collaboratively with specialist forensic mental health and primary care services in prisons to develop pathways of care for justice-involved consumers. These pathways prioritise safe transitions into and out of custody
- create positive, responsive and supportive environments and cultures to support suicide prevention for justice-involved consumers
- demonstrate strong leadership during mental health emergencies involving justice-involved consumers with known suicide risks
- ensure systemic information-sharing processes are in place to rapidly share relevant information, including with police, to safely manage justice-involved consumers with known suicide risks
- provide training, professional development opportunities and supervision to support staff to early identify, assess, treat and support justice involved consumers at risk of mental health crises and/or suicide.

# Understanding and responding to substance use and addiction



Services, teams and practitioners understand the high prevalence and significant effects of co-occurring substance use and addiction among justice-involved mental health consumers. They ensure integrated and collaborative treatment, care and support as a person moves through the justice system and community.

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## Consumer outcome statement

“ My experiences of stigma and discrimination related to my mental health issues, substance use and justice involvement are acknowledged and addressed.

I receive equivalent access to services that are holistic, welcoming and built on trust. I receive integrated treatment and care for my mental health, substance use and addictive behaviours and broader needs, delivered in a way that is cognisant of my involvement in the justice system.

I am proactively engaged in my treatment and support and feel hopeful for my future. ”

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## Carer and family outcome statement

“ We understand how to access mental health, alcohol and other drug and justice services, and how these services work together to provide effective, coordinated treatment and support.

Our experiences of stigma and discrimination are acknowledged as a supporter of a justice-involved person with multiple health needs. We feel included and valued. ”

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## Workforce outcome statement

“ We recognise the high prevalence and impact of co-occurring mental illness, substance use and addiction among people who are justice-involved. We provide treatment and support that is integrated, evidence based and responsive to consumer needs, preferences and motivation.

We use non-stigmatising language and behaviour in our practice. ”

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## Collective outcome statement

“ Together we contribute to a system that provides safe, non-judgemental integrated treatment, support and care for justice-involved people experiencing mental health conditions, substance use and addictive behaviours. ”

## KEY KNOWLEDGE AND SKILLS

### Whole of mental health and wellbeing workforce

#### The mental health and wellbeing workforce understands:

- substance use and addictive behaviours are highly prevalent among people with mental health conditions who are justice involved
- substance use and addictive behaviours may be ways to manage experience of trauma which is highly prevalent among people who are justice involved. For justice involved people with co-occurring mental illness and substance use disorders, the substance use disorder had a greater association with offending than the mental illness alone
- substance use and addiction are evidenced-based risk factors in offending behaviour. Consumers with personality disorder and substance use have heightened risk of offending
- people with co-occurring mental health conditions, substance use issues, addiction/addictive behaviours, and justice involvement are more likely to experience barriers to treatment and support
- the factors that can cause, contribute to, or protect against co-occurring mental health conditions and substance use/addictive behaviours. These co-occurring conditions can have a mutually influencing relationship
- transition points in the justice system can be traumatic and destabilising. They may heighten the risk of continuation or increase in substance use and exacerbation of mental health symptoms. Transition points include being arrested, going to court, being incarcerated or released from a secure setting - can be traumatic, destabilising and heighten the risk of continuation or increase in substance use and exacerbation of mental health symptoms.
- substance use can start or continue in prison

- consumers who are justice involved may be mandated to attend treatment and support for their addiction/addictive behaviours if these are deemed associated with their offending. Mandated treatment can be an effective method for engaging consumers and addressing needs. Consent, boundaries (for example around information sharing and aspects of care) and a positive working alliance should be negotiated and maintained
- the impact of stigmatising language and discriminatory behaviour towards consumers with co-occurring substance use/addiction and justice involvement on service access, engagement and treatment
- carers and families experience the compounded stigma and discriminatory behaviour associated with their loved one who has co-occurring substance use/addiction and justice involvement
- recovery from substance use, addiction and desistance from offending behaviour is usually a complex, non-linear process.

### Care, support and treatment roles

#### Those in care, support and treatment roles have the capability to:

- maintain their knowledge of commonly used substances, their potential effects and interactions, including substances used in prison
- engage in comprehensive screening, assessment and formulation of co-occurring substance use or addiction and justice involvement. This includes understanding how a consumer may be using different substances that affect their mental health, behaviour and ongoing contact with the justice system
- assess and understand how various risk and protective factors for substance use, addiction and addictive behaviours may intersect, compound and/or contribute to risk of offending
- ensure role clarity when working collaboratively with alcohol and other drugs providers and the justice system to support the best outcomes for a justice-involved consumer

- deliver integrated mental health and alcohol and other drugs treatment and support, especially at transition points such as release from prison to community, where vulnerability to adverse outcomes can increase
- support justice-involved consumers to identify and strengthen protective factors relating to their mental health, substance use or addiction and justice involvement
- use reflective practice and similar supports to explore and challenge their own values, attitudes and beliefs about consumers with substance use, addiction and offending behaviour
- identify the need for and seek specialist secondary consultation regarding co-occurring mental health, substance use and addiction, as required, from relevant health services and forensic alcohol and other drugs services in the justice system.

## Technical and specialist roles

**Those in technical or specialist roles have the capability to:**

- contribute to clinical supervision and reflective practice to support the needs, perspectives and knowledge of consumers experiencing mental illness, substance use or addiction and who are justice involved or at risk of offending.
- provide expert guidance via primary and secondary consultation to improve treatment and support of justice-involved consumers with co-occurring substance use or addiction
- source education and training initiatives to support mental health clinicians and addiction practitioners to work more effectively with justice-involved consumers
- undertake or contribute to research into co-occurring mental health conditions, substance use, addictions, offending behaviour and justice involvement.

## Leadership roles

**Those in leadership roles have the capability to:**

- develop collaborative relationships and accessible treatment pathways with relevant service providers to effectively support people who are justice involved and who have co-occurring mental health conditions, substance use and addiction
- ensure staff working with justice-involved consumers with co-occurring substance use or addiction are provided with suitable clinical support, supervision, training and professional development to support optimum consumer outcomes
- support staff to manage the ethical tension arising when providing integrated mental health and alcohol and other drugs treatment and care to justice-involved consumers mandated to attend treatment by the justice system
- draw on relevant expertise to drive service and system improvement, including lived experience perspectives of substance use, addiction, mental health and involvement in the justice system
- actively address professional stigma, supporting services and the workforce to reduce stigma and discrimination associated with co-occurring substance use and addiction to enhance consumer access to and engagement with services.

# Understanding and responding to family violence



*Our workforce, our future* defines family violence as exercising power and control over intimate partners or other family members. This involves coercive and abusive behaviours designed to intimidate, humiliate, undermine and isolate. These behaviours can include physical and sexual abuse, as well as psychological, emotional, cultural, spiritual, social, technological and financial abuse. Young people may also use violence in a family context.

*Our workforce, our future* also uses a broader definition of family violence for Aboriginal communities. This definition includes family violence within extended families, kinship networks and communities. It extends to one-on-one fighting, abuse of Aboriginal community workers, and self-harm, injury and suicide.

The mental health and wellbeing workforce prioritises safe, effective care, support and treatment for:

- consumers who are justice involved or at risk of offending identified as adult victim survivors of family violence
- consumers who are justice involved or at risk of offending identified as an adult person using violence
- young people/adolescents with a mental health issue who are justice involved or at risk of offending and are:
  - victim survivors of family violence and/or are
  - using violence in a family context
- family and carers of a justice involved consumer who are victim survivors or a person using family violence against the consumer.

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## Consumer outcome statement

“ My experience as a victim survivor of family violence and the impact of this on my psychological wellbeing, behaviour and offending risk is acknowledged. I am given a safe place to discuss this experience. I am supported to develop practical strategies I can implement to be safer when living with family violence.

I am supported to develop the knowledge and skills needed to address my use of family violence and understand the impacts of my behaviours and develop healthy, safe, equal and respectful relationships.

I experience an integrated response to my mental health and family violence and other co-occurring needs. This support helps me address the behaviours and factors that contribute to my use of family violence and my involvement in the justice system. ”

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## Carer and family outcome statement

“ As victim survivors, we are given a safe place to discuss our experiences of family violence. Our safety is prioritised. Responses, plans or supports to address our concerns are collaborative and reflect our diverse needs and circumstances.

We have choice and control about involvement in care pathways, and how our information and information we provide about our experience as a victim survivor is used and managed. ”



## Workforce outcome statement



“ We recognise positive family and social relationships are protective against offending.

We recognise people with mental health issues and a history or risk of offending may be a victim survivor of family violence. This experience may have shaped their behaviours and world view. We understand offending should not be a barrier to receiving integrated treatment and care for mental health and family violence needs.

We acknowledge some consumers are people who use violence against their family members.

We work collaboratively under the MARAM framework to provide coordinated risk management and safety planning with other key providers to ensure care plans are safe, informed and aligned with evidence-based best practice. ”

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## Collective outcome statement

“ Together, we contribute to a system that is family-violence informed and that safely, effectively and correctly identifies family violence. We provide collaborative and inclusive responses for consumers with a history or risk of offending who are experiencing or using family violence, their families and carers. ”



## KEY KNOWLEDGE AND SKILLS

### Whole of mental health and wellbeing workforce

#### The mental health and wellbeing workforce understands:

- family violence is a fundamental violation of human rights and is unacceptable in any form
- many behaviours that constitute family violence under the *Family Violence Protection Act 2008* are also criminal offences, bringing the person using family violence and victim survivors into contact with the justice system
- mental illness is an evidence-based risk factor for family violence. Other factors include gender, age and history of offending
- justice-involved consumers can be abusive and violent to their partner or family members regardless of their mental state
- the impact of family violence on dependent children of justice-involved consumers. This includes the need to prioritise and advocate for the voices and safety of children/young people
- the intersection between family violence and women's involvement in the justice system
- women who are victim survivors may be misidentified as a predominant aggressor when they use violence to protect themselves and or their children. Mental health professionals may have a role to correct misidentification
- shame and discrimination associated with being justice involved and using or experiencing family violence. This can be a barrier to accessing services. It can compound social exclusion and contribute to a higher risk of suicide
- justice-involved consumers who are victim survivors or who use family violence (including young consumers using violence in a family context) face unique challenges and barriers to receiving mental health care. These challenges and barriers are further amplified for members of marginalised and diverse groups such as Aboriginal people
- the importance of understanding behaviour patterns of the person using violence and coercive control (including frequency, escalation and severity of behaviours) when assessing for family violence risk

- consumers using family violence may present in a victim stance and attempt to collude with clinicians to justify, minimise or disguise their use of violence
- the significant increased risk of harm, including fatality where a victim/survivor is planning to leave, has recently left or has re-partnered, when working with a justice involved consumer using violence
- how recommendations for risk management when family violence is identified may affect a justice-involved consumer's conditions on a range of court and supervision orders and how to manage information sharing in the justice context so as not to compromise the safety of victim survivors.

### Care, support and treatment roles

#### Those in care, support and treatment roles have the capability to:

- sensitively screen to identify if a justice-involved consumer may be either a victim survivor or a person using family violence. This includes responding safely and non-collusively
- assess family violence in alignment with professional obligations under the MARAM framework
- where family violence has been identified, request and share information that informs ongoing risk assessment, risk management, collaboration and safety planning
- identify, consider and develop risk management plans in relation to all relevant and intersecting orders when assessing the family violence risk posed by a justice-involved consumer using violence. Orders include family violence intervention orders, Family Court and child protection orders, and community corrections orders
- respond to family violence risks as part of ongoing assessment, treatment planning and risk/safety planning and management for justice-involved consumers who use family violence, or when families or carers may be using violence against them. Draw on advice from specialist roles as required
- consider the role (if any) a justice-involved consumer's mental health has in relation to their use of family violence (direct and contributory). Ensure significant mental health and wellbeing-

related risk factors (including self-harm/suicide risk) are identified, assessed and addressed

- provide safe mental health treatment and support tailored to the individual needs of justice-involved consumers of all ages who use family violence or are victim survivors of family violence. This includes identifying and responding to the unique therapeutic care needs of young justice-involved consumers who use violence in a family context (sibling-to-sibling violence, violence against parents and intimate partner violence)
- understand how and when to seek specialist secondary consultation from specialist family violence services/roles to inform risk assessment, risk management and safety planning
- safely engage a justice-involved consumer's family members (including children) and carers (with consideration of FVIO's, child protection/children's court orders) to inform care planning, risk assessment, information sharing, collaborative risk management and discharge planning
- respond to family violence risk requiring immediate protection/intervention for the safety of the justice-involved consumer/person impacted by the violence. Draw on advice from specialist roles as required
- critically reflect on any assumptions and biases they may hold about family violence and justice involved consumers who victim survivors and or a user of family violence.

## Technical and specialist roles

### **Forensic Clinical Specialists have the capability to:**

- facilitate information sharing and collaborative planning between the justice and the mental health and wellbeing systems when a consumer's offending behaviour is related to family violence
- when supporting the workforce to assess for family violence risk:
  - ensure all relevant and intersecting justice-related orders have been identified and considered
  - integrate the results of other violence assessments to inform intermediate MARAM assessment, risk management, safety planning and collaborative risk management

- work collaboratively with Specialist Family Violence Advisers (or other family violence services) to provide primary and secondary consultation to the tertiary mental health and wellbeing workforce. Help the treating team identify risk factors and develop protective intervention/risk management plans and therapeutically responsive care plans.

### **Specialist Family Violence Advisers have the capability to:**

- support the mental health and wellbeing workforce to undertake family violence assessment, collaborative risk management, information sharing and develop safety plans, drawing on specialist advice from Forensic Clinical Specialists and other specialist services as required
- educate the mental health and wellbeing workforce on how to identify and safely assess for patterns of behaviours associated with the risk/presence of different forms of family violence experienced or used by consumers who are justice involved.

## Leadership roles

### **Those in leadership roles have the capability to:**

- advocate for the needs of consumers at risk of or with a history of offending who are victim survivors of family violence
- develop and maintain a positive service culture that provides respectful, non-judgemental treatment and care to consumers with a history of family violence offending
- provide and maintain the therapeutic milieu that integrates safety while working with consumers with high-risk family violence offending behaviours to support them to achieve therapeutic goals and recovery
- where possible, support staff working with high-risk justice-involved consumers using family violence to nominate an independent clinician to continue contact with the family/carer or victim survivor to avoid conflict of interest (particularly when the victim survivor is also a consumer at the service).

# Working effectively with families, carers and supporters



Supportive family and social relationships are vital in protecting consumers from becoming, or continuing to be, justice involved. Services understand the complexities and benefits of practices that meaningfully involve carers, families and supporters in the care of justice-involved consumers.

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## Consumer outcome statement

“ My family, carers and supporters are appropriately involved in my care, support and treatment, with my consent, without stigma, discrimination or judgement.

Those providing care, support and treatment understand that change is supported by helping me connect with people I respect and trust. Safety is prioritised at all times, as is my right to not involve my family, carers or supporters in decisions related to my care.

I am supported to make decisions, including decisions related to disclosing my offending history to my family, friends, service providers and others. ”

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## Carer and family outcome statement

“ The challenges and additional stigma and discrimination of supporting a person with a mental health issue who is justice involved are recognised and understood. The strength and protection we provide through our care and support are recognised and respected.

Our concerns are validated and actively responded to.

We receive support for our own difficulties generated through the process of supporting, caring for or acting as an advocate for a justice involved family member or friend experiencing mental ill health.

Our right to place limits on our availability to provide care and support is respected. Our safety is prioritised in circumstances where continuing to provide support or remain connected would be unsafe for us. ”

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## Workforce outcome statement

“ We understand the importance of safe, supportive and meaningful relationships as a protective factor for justice involved consumers of all ages.

We support family, carers and supporters to be meaningfully involved in ways that are appropriate and safe for justice-involved consumers and themselves, and to participate in decisions that affect them and their safety. We respect their rights to confidentiality and privacy.

We understand the emotional and practical complexity that exists for family, carers and supporters to provide care and at the same time set boundaries to ensure their own safety and wellbeing.

We actively assist families, carers and supporters to understand and navigate the mental health, legal and justice systems. ”

## Collective outcome statement



“ Together we contribute to a system that acknowledges that families, carers and supporters play a vital role in protecting and supporting justice-involved consumers. The impact of the challenges on the whole family system of supporting a person with a mental illness who is justice involved is recognised, understood and supported. ”

## KEY KNOWLEDGE AND SKILLS

### Whole of mental health and wellbeing workforce

#### The mental health and wellbeing workforce understands:

- the stigma, discrimination and impact of offender status and incarceration on justice-involved consumers felt by their families, carers and supporters
- positive protective roles of good family relationships, positive peer relationships and social supports in reducing risk of offending, particularly for young consumers
- the challenges faced by family, carers and supporters in helping the consumer they care for to navigate the complexity of the mental health and justice systems
- the importance of building safe connections between justice-involved consumers and their family and carers, particularly for young justice-involved consumers who have/are experiencing family violence and abuse
- how to know when it is safe to include family, carers and supporters in the treatment and care of justice-involved consumers when they have been a victim of an offence committed by the consumer
- family members, carers and supporters have the right to place limits on their availability to provide care and support for a justice-involved consumer for their own safety and wellbeing
- the direct and vicarious trauma experienced by family members, carers and supporters who have been a victim or witness of an offence by a person they care for or are supporting a person who has been the victim or witness of an offence (including dependent children).

### Care, support and treatment roles

#### Those in care, support and treatment roles will (have the capability to):

- as part of risk assessment and care planning, sensitively identify and appropriately assess for the:
  - safety and mental health/psychological needs of family members, carers or supporters who are a victim or witness of an offence by a consumer they care for, particularly family violence
  - safety and wellbeing risks presented by family, carers and supporters to justice-involved consumers, including family violence and coercive control
- balance the needs of justice-involved consumers with those of families, carers and supporters, particularly in circumstances where the consumer's informal support network poses a risk to their safety and wellbeing
- safely and appropriately include family members, carers and supporters of justice-involved consumers in decision-making wherever possible, while respecting their rights to not provide informal care or participate in care planning
- provide family-centred and family-focused therapeutic interventions, trauma treatment, psychosocial education and consultation tailored to the needs of family and carers, particularly for carers/family members of young consumers who are justice involved
- provide advocacy for and support to families, carers and supporters who have been a victim or witness to a serious offence to have their broader care needs met. This includes being aware of and making referrals to other relevant services and supports
- engage and assist families, carers and supporters to understand and support the consumer they care for to navigate the mental health, legal and justice systems.

## Technical and specialist roles

**Those in technical or specialist roles have the capability to:**

- support the mental health and wellbeing workforce to engage in victim safety planning as part of a consumer's risk management plan to ensure the needs and safety of:
  - families, carers and supporters are identified and prioritised
  - justice-involved consumers, whose family, carers or supporters present a risk to their safety and wellbeing
- provide expert secondary consultation to support the mental health and wellbeing workforce to understand and overcome barriers to involving families, carers and supporters of justice-involved consumers in their care, treatment and support.

## Leadership roles

**Those in leadership roles have the capability to:**

- champion and model attitudes and culture that support the proactive, safe involvement of families, carers and supporters in mental health assessment, risk assessment and care planning for justice-involved consumers
- systematically build and maintain structures and processes throughout the organisation that:
  - respect and embed policy and practice that support the safe and appropriate involvement of families, carers and supporters in the treatment and care of justice-involved consumers
  - support best practice in risk assessment, risk management and safety planning for family, carers and supporters who have been a victim of a serious offence by a justice-involved consumer, including protocols for safe engagement and information sharing
  - support the delivery of evidence-based therapeutic interventions and psychosocial education and consultation tailored to the needs of families, carers and supporters caring for a justice-involved consumer
- build the capability of the workforce to safely and appropriately engage with and support families, carers and supporters caring for a justice involved consumer through professional development opportunities and by supporting the work of staff in specialist family support roles.

# Delivering holistic and collaborative assessment and care planning



Care, support and treatment is based on a comprehensive understanding of the needs of consumers who are justice involved. Assessment and care planning is undertaken collaboratively with the person, their family, carers and supporters and other professionals involved in their care. This develops a shared understanding of needs and fosters trust and mutual respect.

Assessment and care planning is informed by consumers' unique life experiences that may have contributed to their involvement in the justice system, such as trauma, family violence, substance use and disadvantage.

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## Consumer outcome statement

“ My lived and living experiences of being justice involved and other life events and circumstances, and the impact of these experiences on my mental health and wellbeing, are heard and inform an authentic understanding of my needs, strengths and care.

I can safely talk about my experience of being justice involved and the factors that place me at risk of justice involvement. I know this will not create a barrier to receiving compassionate, respectful and timely support.

I am confident the people working with me will seek to understand how my mental health, social and wellbeing needs have contributed to my risk of offending.

I am confident my preferences, needs and concerns are heard and respected and workers take the time to build trust and rapport with me. ”

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## Carer and family outcome statement

“ Our knowledge and experience of caring for those we support, particularly their unmet needs and the factors that contribute to their risk of justice involvement, is valued and respected. This knowledge and experience inform a holistic understanding of the needs of the person we care for.

Our own wellbeing is considered and supported, including the social, emotional and safety impacts of caring for a person who is justice involved or at risk of offending. ”

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## Workforce outcome statement

“ We listen and respond to the experiences of consumers who are justice involved, their families, carers and supporters. We take the time to build trust and rapport so that justice involved consumers feel safe to engage in assessment and care planning processes.

We understand the life trajectory of many people who are justice involved includes abuse, neglect, trauma and disadvantage.

We use our understanding of the relationship between offending and mental illness and other co-occurring conditions to inform how we engage and work with consumers who are justice involved throughout the assessment and care planning process.

We seek to understand the consumer's unique needs in context, including the nature and purpose of challenging behaviours and risks to self and other.

We draw on advice from specialist roles to develop evidence-informed, responsive care plans that include ongoing risk assessment where required. "



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## Collective outcome statement

" Together, we work collaboratively to holistically understand and plan for the mental health and psychosocial wellbeing needs of consumers who are justice involved or at risk of offending. "



## KEY KNOWLEDGE AND SKILLS

### Whole of mental health and wellbeing workforce

#### The mental health and wellbeing workforce understands:

- a person's history of offending or challenging behaviours that place them at risk of offending is not used as a barrier to service access, mental health assessment and care planning
- the difference between static (fixed) and dynamic (modifiable) risk factors for offending, and how identifying and addressing dynamic risk factors unique to the consumer should be factored into general assessment and care planning
- the intersection between offending and mental illness, substance use and addiction, co-occurring disability, trauma, gender, personality and cultural factors when assessing for and formulating need, identifying risk (to self and others) and developing a care plan
- the unique drivers for self-harm and suicidality for justice-involved consumers when assessing for suicide risk
- consumers with a personality disorder, co-occurring substance and/or coexisting disability have a heightened risk of offending
- potential for diagnostic overshadowing when labelling behaviours (that may place a consumer at risk of offending) as not mental health related, without proper consideration, screening and assessment
- the type and seriousness of different offences and the implications for ongoing risk assessment and management and therapeutic progress
- how to use mandated treatment as an opportunity to positively engage the consumer and assess their mental health needs
- how the brain development of children and young people and their experience of mental illness impacts their executive functioning and risk-taking behaviour, and what this means in the context of offending risk
- how to work collaboratively with the forensic mental health and justice systems and other specialist services to support joint assessment and care planning for mutual consumers, including child protection and other agencies that may have parental responsibility for a young consumer

## Care, support and treatment roles

#### Those in care, support and treatment roles have the capability to:

- safely, effectively and proactively engage people who are justice involved who may be reluctant, hostile or ambivalent towards engaging in the assessment and care-planning process
- have a structured conversation with a consumer about their history of offending including use of violence, ask follow-up questions and know how to respond to this information
- establish safety using relational security practice
- effectively engage with and navigate the forensic mental health, justice and other service systems to gather information to inform risk formulation, risk mitigation and mental health need assessments
- as part of comprehensive biopsychosocial assessment, assess for the static and dynamic risk factors associated with the risk of offending and risk to self and others. Takes this account when formulating a shared understanding of risk and developing a care plan with the consumer:
  - undertake age and developmentally appropriate need and risk assessments of young consumers under 26 years at risk of or with a history of justice involvement
- develop therapeutic care plans based on the consumer's mental health needs and individual risk and protective factors, strengths, preferences and concerns, drawing on advice from specialist roles as required
- undertake collaborative care pathway/transition care planning, in partnership with providers in custodial settings, to support people requiring ongoing mental health care when they leave youth and adult custodial settings
- Assess a justice involved consumer's risk of using family violence and respond as part of treatment and risk management planning, drawing on advice from specialist roles as required
- undertake regular mental health risk assessment and adjust the formulation and risk management response to the individuals' changing circumstances and offending risk, drawing on advice from specialist roles as required
- consider when a referral to the Forensic Clinical Specialist for a specialist forensic risk assessment or secondary consultation is required to inform a risk assessment and/or the formulation of a risk management plan.

## Technical and specialist roles

### **Forensic Clinical Specialists have the capability to:**

- undertake specialist forensic risk assessment using structured professional judgement tools for a broad range of problem behaviour presentations by consumers who at risk of, or have, offended
- provide a formulation of a consumer's problem behaviour (for those at risk of or who have offended) to help the treating team and consumer understand the consumer's risk profile, potential need for intervention/risk management and to inform a therapeutically responsive care plan
- provide expert secondary consultation to build the capability and confidence of staff to identify risks, formulate, implement and review risk management plans for consumers with problem behaviours and offending risk
- liaise and collaborate with Forensicare, courts, corrections, law enforcement, other justice stakeholders and child protection services to inform risk assessment and a risk management response for mutual consumers
- use advocacy and education to address negative or discriminatory workforce attitudes towards justice-involved consumers that create a barrier to assessment and care planning
- build the tertiary mental health and wellbeing workforce's understanding of relevant legislative frameworks that impact consumers who are justice involved such as the *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997*, the *Serious Offender Act 2018*, the *Sentencing Act 1991* and the *Disability Act 2006* (as it relates to intellectual disability and offending).

### **Mental Health Advice and Response Service (delivered by regional area mental health and wellbeing services) has the capability to:**

- undertake mental health screening and assessments, develop court reports to inform judicial decisions and refer people to appropriate services for further assessment, treatment and support when necessary
- provide specialist clinical mental health advice to judicial officers and the corrections system regarding appropriate, available mental health treatment, services and supports
- provide mental health screening and assessment for people being considered for a community-based order
- provide education and training on mental illness, the mental health and wellbeing system, and related legislation to court users and court staff.

### **Youth Justice Mental Health Initiative has the capability to:**

- undertake assessments to identify the mental health needs of young people on youth justice orders and connect justice-involved young people to appropriate mental health treatment, care and support
- provide expert mental health advice, specialist assessment support, secondary consultation and education to tertiary mental health clinicians and youth justice staff, building capability to respond effectively to the needs of justice-involved young people with mental health issues.

### **Other specialist roles have the capability to:**

- undertake neuropsychological assessment for people with a mental illness and coexisting cognitive impairment presenting with behaviours of concern or other factors that place them at risk of offending and contribute to multidisciplinary need and risk formulation and care planning, where relevant.

## Leadership roles

### Those in leadership roles have the capability to:

- ensure consumers' offending risk is not a barrier to mental health assessment and care planning
- champion and model attitudes and culture that support the proactive engagement and provision of mental health assessment, risk assessment and care planning with justice-involved consumers
- systematically build and maintain structures and processes throughout the organisation that:
  - support evidence-based practice in risk assessment and risk management of justice-involved consumers, including improving the understanding and practice of relational security (integrated with procedural and physical security)
  - facilitate effective collaboration with Forensic Clinical Specialists and other relevant staff to support consumers with high-risk complex presentations/challenging behaviours associated with their offending
  - facilitate interdisciplinary collaboration and information sharing with the forensic mental health and justice systems and other key interfacing systems to inform care planning for mutual consumers
- work collaboratively with the Forensicare Forensic Clinical Specialists Program Coordination team to support the ongoing professional development, reflective practice and clinical supervision of Forensic Clinical Specialists
- provide ongoing education, professional development and on-the-job training opportunities to support staff (including specialist staff) to address skills and knowledge gaps/build capability in the assessment and formulation of need, and risk assessment and risk management planning for justice-involved consumers
- proactively support the use of data and evidence to inform continuous improvement in the provision of mental health care to consumers who are justice involved.



# Delivering compassionate care, support and treatment



Care, support and treatment is provided safely, consistently and without judgement to consumers who are justice involved or at risk of offending. It responds to their lived experience of trauma and other coexisting issues and needs, and it is delivered collaboratively.

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## Consumer outcome statement

“ I am heard, understood and responded to with dignity and compassion, regardless of my history of justice involvement or offending risk.

The care, support and treatment I receive instils genuine hope in myself and for my future. I am respected and empowered as a decision maker in my own care.

My care team responds to my behaviours and related needs consistently, fairly and without judgement.

I receive coordinated, collaborative mental health care with the least restriction on my rights, dignity, choices and autonomy, as possible. ”

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## Carer and family outcome statement

“ We are included and respected by the treating team supporting the person we care for.

Our insights and expertise are actively sought, valued and considered in the care, support and treatment of our family member.

Our preferences, capacity and capability to contribute to ongoing care are considered and factored into the care plan and in discharge planning.

Our experience as a victim is understood and responded to appropriately. Our safety is paramount and prioritised when we are involved in supporting a family member with a history of mental ill health who is or has been justice involved. ”

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## Workforce outcome statement

“ We are committed to providing the best care, support and treatment possible in response to a consumer’s mental health and wellbeing needs, regardless of offences they may have committed or their offending risk.

We understand that while justice-involved consumers have many similarities with the general population, they also present with additional needs that may make it more challenging for us to build trust and rapport with them, or for them to stay in treatment.

We provide respectful, non-judgemental care to consumers who are justice involved and work in ways that minimise their experience of stigma, discrimination and risk of iatrogenic harm.

We seek to balance a consumer’s right to take reasonable risks while balancing the need to support safety for all and provide the least restrictive care when possible.

We are supported to work collaboratively with other service providers to optimise outcomes for justice involved consumers for whom we have a mutual, shared responsibility. ”

## Collective outcome statement

“ Together, we contribute to an equitable mental health and wellbeing system that compassionately supports justice-involved consumers to optimise their mental health, live a safe, connected and meaningful life and contribute to a reduced risk of offending. ”



## KEY KNOWLEDGE AND SKILLS

### Whole of mental health and wellbeing workforce

#### The mental health and wellbeing workforce understands:

- being justice involved or at risk of offending should not be a barrier to receiving mental health care or enjoying the same legal rights and protections afforded to the general community as it relates to their care
- the dynamic and static risk factors that have contributed to the consumer's risk of offending and the social and psychological impact of being involved in the legal and justice systems
- behaviours of concern by justice-involved consumers may be ways to manage the impact of childhood or developmental trauma or other traumatic life experiences and circumstances
- Aboriginal people face additional social and economic injustices, including exposure to and experience of violence, colonisation and intergenerational trauma, that contribute to mental ill health and risk of offending
- the highest rates of offending occur within the 15–19 years age group. Young people in the justice system experience high rates of mental illness and substance use. Mental illness among young people in the justice system is correlated with experiences of neglect, trauma and abuse
- children with unaddressed severe conduct disorder have an increased risk of offending in later life
- children and young people who have experienced abuse and neglect and contact with the child protection system are at a higher risk of engaging in offending behaviour and involvement with the justice system
- the intersection between mental health, substance use, personality factors, trauma, disability and offending risk
- people with personality disorder have a heightened risk of offending and the implications for care, support and treatment
- consumers who have been incarcerated are likely to have been exposed to highly restrictive and punitive approaches that may discourage them from being open about their mental health needs, suicidal thoughts/behaviours and negatively impact help-seeking behaviour

- a history of violence towards others, being a victim of violence and self-harm are highly correlated
- the unique drivers for self-harm and suicidality for justice-involved consumers and how transition points in the justice system may increase these risks
- broadly, how the legal, justice and forensic mental health systems work and the implications for practice.

### Care, support and treatment roles

#### Those in care, support and treatment roles have the capability to:

- build trust and rapport with justice-involved consumers, including those with high-risk behaviours
- develop and maintain a therapeutic alliance with justice-involved consumers that is tolerant of safe risk taking, respectful of their life choices and affords them the dignity of positive therapeutic risk taking for personal growth, self-esteem and overall quality of life (in alignment with the dignity of risk principles in the *Mental Health and Wellbeing Act 2022*)
- respectfully negotiate consent and the boundaries of the working relationship with justice-involved consumers, making clear the limitations of confidentiality when their behaviours represent a risk to the safety of others
- provide trauma-informed treatment and care that is responsive to the range of mental health and co-occurring conditions commonly experienced by consumers who are justice involved, particularly personality disorder, disability and substance use
- monitor and adjust care, treatment and support to a consumer's changing circumstances, dynamic risk factors or changing behaviour/s, drawing on specialist advice as required
- use motivational interviewing techniques and other evidenced-informed approaches to support treatment engagement and behavioural change
- monitor and rapidly respond to escalating risk of offending behaviour associated with the consumer's mental health and related behaviours of concern. This includes knowing when (and how) to engage police



- provide holistic psychosocial wellbeing support to help justice-involved consumers return to the community and reduce the likelihood of offending. This includes the capability to help them re-establish social roles, develop life skills, and address employment and housing needs (protective factors for offending)
- with the consumer's consent, appropriately and safely involve family members in their care, considering the consumer's experience as a victim survivor of family violence (if relevant)
- help the consumer to understand that their current behaviours may attract police engagement and potential criminal sanctions, such as stalking, substance use and violence to others
- advocate for the mental health needs of consumers in custody and proactively provide continuity of mental health care on their release
- Contribute to a positive workforce culture by actively challenging discriminatory attitudes and behaviours other professionals may have towards justice-involved consumers
- work collaboratively with forensic mental health and justice systems to provide coordinated/ shared care for mutual consumers
- work collaboratively with legal services by providing relevant mental health documentation when consumers are appearing before the courts.

## Technical and specialist roles

### **Forensic Clinical Specialists have the capability to:**

- build the capability of the tertiary mental health and wellbeing workforce to provide safe, effective, therapeutically responsive treatment and support to justice-involved consumers or those at risk of offending by:
  - providing expert secondary clinical consultation, including risk management and review
  - delivering education and training tailored to the needs of the workforce. This includes the capability to support the translation of relevant evidence into practice and promote and facilitate the development of positive professional and personal behaviours towards justice-involved consumers
  - undertaking service development and quality improvement initiatives. This includes the capability to:
    - initiate and contribute to the development, review and evaluation of relevant risk assessment and management frameworks and policies, protocols and procedures as they relate to/impact on justice-involved consumers
    - contribute to the review of critical incidents involving justice-involved consumers
  - undertaking partnerships, relationship and network development with key stakeholders. This includes the capability to coordinate referrals of consumers from the corrections system, courts, prison and Forensicare services
- provide clinical leadership across the health service in relation to consumers who are justice involved and advocate on behalf of these consumers within the organisation and the broader system of care
- provide support and debriefing for staff working with justice-involved consumers.

### **Other specialist roles have the capability to:**

- neuropsychological expertise to support staff to develop, review and implement neuropsychology behaviour management and rehabilitation strategies, as an integral part of treatment and support for justice-involved consumers with coexisting cognitive impairment.

## Leadership roles

### Those in leadership roles will (have the capability to):

- advocate for the needs of consumers at risk of, or with a history of, offending using an informed and evidence-based approach
  - develop and maintain a positive service culture that provides respectful, non-judgemental treatment and care to justice-involved consumers or at risk of offending and actively addresses biased attitudes and discriminatory processes towards these consumers within the workforce. Model desired behaviours, attitudes and attributes
  - support staff to the balance management of risk with dignity of risk, while maintaining safety for all
  - develop structures and procedures to support Forensic Clinical Specialists in their role
  - provide clinical supervision and reflective practice to support staff to work safely and effectively with justice-involved consumers and identify their related learning needs
  - establish processes to support cross-sector collaboration, coordination of care and shared decision-making with the forensic mental health, corrections, legal and other relevant services to support outcomes for mutual consumers
  - strengthen accountability for the proactive engagement, treatment and care of consumers who are justice involved and continuity of care as they move between justice, forensic and mainstream mental health settings. This includes consumers with high-risk offending behaviours
  - provide education and professional development opportunities to support staff to address skills and knowledge gaps in the treatment and care of justice-involved consumers and the prevention/management of offending risk
  - implement strategies and processes to:
    - help staff build resilience when working with consumers with high-risk offending behaviours
    - reduce risk of occupational violence and/or vicarious trauma staff may experience when working with consumers with a history of violent offending
- contribute to the evidence base by participating in research on mental health practice for consumers who are justice involved, in partnership with Forensicare, the Centre for Forensic Behaviour Science, the Victorian Collaborative Centre for Mental Health and Wellbeing and/or other research partners.



# Promoting prevention, early intervention and help seeking



Mental health care, psychosocial wellbeing support and treatment help build the protective factors that contribute to preventing or reducing a consumer's risk of offending. Consumers at risk of offending, particularly young people, along with their carers and families, receive early, holistic mental health care that is responsive to both their mental health and offending prevention needs.

Stigma and discrimination-free care, support and treatment encourage help-seeking behaviour and early engagement by consumers who are justice involved.

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## Consumer outcome statement

“ I receive help to understand and advocate for my own mental health, justice, legal and social support needs and make decisions.

I am actively supported to build my own resilience and ability to cope with life stressors, including stressors related to being justice involved.

I am proactively supported to understand and build the protective health and social factors that will reduce my risk of offending.

I receive early, integrated psychosocial wellbeing support and treatment to both improve my mental health and wellbeing and reduce my lifetime risk of offending. ”

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## Carer and family outcome statement

“ The impact on our mental health and wellbeing – individually and as a whole family – when a family member is justice involved or at risk of offending is acknowledged.

We are empowered to prioritise our own needs and are supported to seek help for our mental health and wellbeing.

The wellbeing needs of dependent children of a consumer who is justice involved are actively considered and promoted. ”

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## Workforce outcome statement

“ We recognise many people with a mental illness who are justice involved experience stigma and discrimination and resultant health inequity. We work to address this by actively promoting early access to responsive, non-judgemental mental health and wellbeing supports.

We take action to address the barriers that prevent people with a mental illness who are justice involved from receiving early intervention mental health care.

We understand the importance of working with people with a mental illness to address factors that increase their vulnerability to offending, particularly coexisting substance use or addiction and social disadvantage.

We understand that by helping consumers address the social determinants of health, we are making a meaningful contribution to reducing their risk of offending. ”

## Collective outcome statement

“ Together we contribute to a system that proactively provides mental health care that contributes to preventing or reducing a consumer’s risk of offending. We work together to destigmatise mental illness, justice involvement and offending to encourage help seeking and early engagement with mental health care, treatment and support. ”



## KEY KNOWLEDGE AND SKILLS

### Whole of mental health and wellbeing workforce

#### The mental health and wellbeing workforce understands:

- the experience of individual and systemic stigma, discrimination and disadvantage experienced by consumers who are justice involved, their carers and families negatively impact help seeking and health equity
- people with mental health issues who are justice involved experience difficulties accessing services and supports. The impact of incarceration and a general mistrust of professionals discourages openness around mental health issues and willingness to engage
- the onset of mental ill health during adolescence and young adulthood often disrupts normal developmental processes and can adversely affect future life opportunities. This increases the risks of vulnerability to poverty, homelessness and crime. The period of transition from adolescence into mid-20s is also a time of experimentation and risk-taking behaviour
- early, timely access to community-based mental health care integrated with alcohol and other drugs treatment and psychosocial supports that build protective factors can reduce a person's risk of offending
- their role in promoting the psychological wellbeing and safety of dependent children of consumers who are justice involved, with a focus on prevention and early intervention.

### Care, support and treatment roles

#### Those in care, support and treatment roles have the capability to:

- provide easy-to-access, safe, non-stigmatising mental health care to consumers of all ages who are justice involved early in the illness and offending pathway
- work collaboratively with local schools, social support services, child protection, corrections and communities to identify people with mental health issues who are at risk of offending and facilitate early engagement

- identify and assess for risk factors that contribute to a consumer's risk of offending and/or engagement with the justice system
- proactively work with the consumer, their carers and family to build protective factors that prevent offending as part of a holistic, comprehensive approach to their mental health care. This includes capability to provide integrated care for consumers with co-occurring substance use or addiction
- identify conduct disorders in children and young people to intervene early, and provide effective, evidence-informed care, support and treatment to the consumer, their family, carers and supporters
- support or enable consumers who are justice involved to build positive family/parenting and social relationships, social connection, problem-solving skills and individual resilience (protective factors that reduce risk of offending)
- identify and proactively support the psychological wellbeing of dependent children of consumers who are justice involved, either directly or through referral, with a focus on prevention and early intervention
- advocate for, build supported referral pathways to, and work collaboratively with, local service providers to support justice involved consumers to access health, housing, education, employment and legal services they need.

### Technical and specialist roles

#### Those in technical or specialist roles have the capability to:

- provide expert advice to support the provision of evidence-informed conduct disorder services to children and young people, their carers and families
- provide expert advice to support justice involved consumers in their role as parents and promote wellbeing outcomes for dependent children
- provide expert guidance and consultation advice to promote help-seeking, early engagement and smooth pathways to mental health care for people with a mental illness who are justice involved or at risk of offending, including referral pathways from schools and correction services

- deliver or provide expert guidance to build cross-sector collaboration and referral pathways to support justice-involved consumers to access the range of health, social support, legal and community services they need.

## Leadership roles

### **Those in leadership roles have the capability to:**

- ensure service access/triage processes are designed in a way that recognises many people with a mental health issue who are at risk of offending or are justice involved (particularly those with a disability and/or are disadvantaged) will not seek help proactively and need support to engage with services
- work collaboratively with local health, social support, education, legal and corrections services to facilitate the early identification, engagement of people with a mental illness who are at risk of offending, particularly young people
- build organisational culture, structures and processes that contribute to preventing offending as part of holistic, person-centred mental health care
- build workforce capability to provide integrated mental health and alcohol and other drugs treatment and care in recognition of substance use is a risk factor for offending
- advocate for the needs of consumers at risk of offending at the service and system levels to proactively support their access to education, housing, employment and legal services in recognition that addressing these needs will contribute to reducing their risk of offending.



# Supporting system navigation, partnerships and collaborative care



Services, teams and practitioners support justice-involved consumers to navigate the mental health and wellbeing, legal, justice and broader health and community support systems. Care, support and treatment is collaborative and coordinated to overcome barriers to access and ongoing engagement and optimise outcomes for justice involved consumers.

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## Consumer outcome statement

“ I receive mental health care, support and treatment that is coordinated with the range of services I need or the systems I am involved in.

I experience services that can work together to support my mental health and wellbeing. By working in this way, services help me reduce my risk of offending.

I am supported to understand and navigate service pathways within and between the forensic mental health, legal, justice and mainstream mental health and wellbeing systems. ”

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## Carer and family outcome statement

“ We are actively supported to understand and navigate pathways within and between the forensic mental health, legal, justice and mainstream mental health and wellbeing systems.

While we are supported to help the person we care for to navigate the range of services they need, we experience services that proactively provide coordinated care and have established referral pathways to the right care. ”

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## Workforce outcome statement

“ We undertake partnership building and network development with a broad range of providers to facilitate care pathways and collaborative care for justice involved consumers who need support from multiple services. We strive to ensure care is not siloed but holistic.

We advocate on behalf of justice involved consumers to address barriers to the range of services they need.

We develop and maintain effective care coordination and referral pathways to support the smooth transfer of mental health care when consumers leave custodial settings, secure forensic mental health inpatient care and other transitions between services.

We have systems to support the timely, confidential and appropriate sharing of relevant health and personal information with services for whom we have mutual consumers. ”

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## Collective outcome statement

“ Together, we support cross-sector collaboration and care coordination to make services easier to access and navigate and ensure consumers who are justice involved receive timely, integrated and coordinated mental health care, support and treatment. ”

## KEY KNOWLEDGE AND SKILLS

### Whole of mental health and wellbeing workforce

#### The mental health and wellbeing workforce understands:

- easy-to-access mental health care and continuity of care is critical to reducing the risk of offending and optimising health and wellbeing outcomes for justice-involved consumers
- people with a mental illness who are justice involved will often be involved with or need supports from a range of systems, including alcohol and other drugs, housing, social services, disability (National Disability Insurance Scheme and forensic disability services), legal and justice systems, and require coordinated care
- the local service landscape for people with a mental illness who are justice involved, including how to access alcohol and other drugs, trauma and disability support for this consumer group
- how to navigate and effectively collaborate with child protection services when supporting young consumers who may be in the care and protection of the state
- the roles and responsibility of the forensic mental health, legal and justice systems as key parts of the service landscape for justice-involved consumers
- how to work with a consumer's lawyer/s and when relevant, provide treatment information to support consumers appearing before the courts
- relevant legislation and guidelines regarding information sharing. This includes understanding and appreciation of appropriate information sharing in ensuring continuity of care, treatment and support and in optimising safety.

### Care, support and treatment roles

#### Those in care, support and treatment roles have the capability to:

- support consumers, families, carers and supporters to understand and navigate the mental health, forensic mental health, alcohol and other drugs, disability, legal and justice systems. This includes supporting the agency of justice-involved consumers by providing them with their mental health information throughout their justice trajectory
- support and advocate for justice-involved consumers to access the range of health, social support and legal services they need
- undertake shared-care planning, shared care and information sharing with Forensicare, alcohol and other drugs, disability, corrections and other relevant services to support coordinated care/continuity of care for mutual consumers who are justice involved
- collaborate effectively with youth and adult custodial services to support the transition of care as people with a mental illness leave custodial settings and reintegrate into the community
- collaborate effectively with Forensicare to support consumers:
  - transitioning to and from Thomas Embling Hospital, including civil patients and those reintegrating into the community who require ongoing mental health care
  - transitioning from specialist community-based forensic mental health services to mainstream mental health and wellbeing services, including capability for shared care
- develop and maintain effective referral pathways to, and information sharing protocols with, the range of health, social support, legal and community services justice-involved consumers need
- work as part of interprofessional teams to support cross-sector planning, care coordination and referral.

## Technical and specialist roles

Those in technical or specialist roles will (have the capability to):

### Forensic Clinical Specialists

- lead the development of strong collaborative relationships between the tertiary mental health and wellbeing service and corrections services to support the transfer of mental health care as consumers are released from courts or prisons to facilitate mutually beneficial consumer outcomes
- develop and maintain a collaborative working relationship between tertiary mental health and wellbeing services and Forensicare for mutual consumers, including capability for joint planning, information sharing and shared care
- proactively engage with and act as the primary contact for key agencies, including police, community corrections, prisons, mental health services, the mental health advice and response service and other Forensicare services to facilitate the transition of justice-involved consumers to tertiary mental health and wellbeing services
- advocate for consumers who are justice involved to address barriers to access and help them uphold their rights through their engagement with the police, legal and justice systems
- develop resources to build the capability of the mental health and wellbeing workforce to navigate the justice system and enhance knowledge of services involved in supporting consumers who are justice involved.

### Youth Justice Mental Health Initiative workforce has the capability to:

- undertake partnership building and network development between youth justice, primary, secondary and tertiary mental health and community health services to support information sharing and pathways to care for justice-involved young people.

### Mental Health Advice and Response Service (delivered by regional tertiary mental health and wellbeing services) has the capability to:

- build referral pathways to mental health services for people with a mental illness who are court users who require further assessment and treatment.

## Leadership roles

### Those in leadership roles have the capability to:

- be highly knowledgeable on the role of key interfacing systems and how to work effectively with these systems for the benefit of justice-involved consumers
- lead service level cross-sector partnership development to support coordinated care for justice-involved consumers and address systemic barriers to collaboration
- advocate for the needs of justice-involved consumers at the service and system levels, including the identification of service gaps and system deficiencies
- develop and oversight shared clinical governance to support shared care for consumers who are justice involved with Forensicare, corrections and other relevant services
- strengthen organisational structures and processes that support information sharing and facilitate collaboration, including cross-sector care planning and coordinated/integrated service provision
- work collaboratively with Forensicare, the Centre for Forensic Behavioural Science at Swinburne University, the Victorian Collaborative Centre for Mental Health and Wellbeing and/or other partner organisations to progress research on care, support and treatment for consumers who are justice involved
- foster a strong culture of collaborative care for justice involved consumers, where the mental health workforce is supported and celebrated in their proactive engagement with other services and their investment in shared-care planning.



# Appendix 1: Glossary

This glossary defines key terms used in this guide. These definitions are indicative and may not reflect the 'dictionary definition' of each term.

| Term                                | Meaning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Addiction</b>                    | A chronic condition when someone continues to consume a substance or engage in a behaviour (including gambling), even when it has harmful effects on them and/or their family.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Adverse childhood experience</b> | A range of adverse, stressful and potentially traumatic events that children can be exposed to while growing up. These include abuse (physical, sexual and emotional abuse); neglect (physical and emotional neglect); and household dysfunction (household/parental substance use, household mental illness, abuse of the mother/ exposure to family violence, having a parent/relative incarcerated and divorce).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Care coordination</b>            | The organisation of consumer care among all service providers engaged with a specific consumer and their family, carers and supporters to achieve safer, more effective care. It focuses on communication of the consumer's needs and preferences to ensure a person-centred approach to care, support and treatment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Carer</b>                        | A person who actively provides unpaid care to another person with whom they are in a relationship of care. This may be a family member, partner, dependent child, friend or other person who has a significant role in the life of the person. Paid carers, such as professional staff in services, disability support carers or residential workers are not included in this definition.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Consumer</b>                     | A person who identifies as having a lived or living experience of mental illness, psychological distress or problem behaviours, irrespective of whether they have a formal mental health diagnosis, who have used mental health services and/or are receiving mental health treatment, care and support.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Cognitive impairment</b>         | A condition that can cause changes in thinking, memory, mood, attention, speech, decision-making, planning and functioning. Cognitive impairments result from many causes and may be short-term, progressive or permanent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Consultation</b>                 | <p>The three types of consultation are:</p> <ul style="list-style-type: none"> <li>• <b>primary consultation</b> – direct (face-to-face) assessment of a consumer of another service provider for the purpose of providing specialist mental health care advice to the other provider on diagnosis or management.</li> <li>• <b>secondary consultation</b> – where a clinician shares their professional expertise with a service provider from a different service or team for the purpose of supporting best outcomes for a specific consumer. The consumer is not present during a secondary consultation.</li> <li>• <b>tertiary consultation</b> – where education and training is provided to enhance and expand the overall capabilities of individuals or organisations in relation to mental health care, support and treatment. There is usually no reference to treatment of a specific consumer.</li> </ul> |

| Term                                                                        | Meaning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Compassion</b>                                                           | Compassion refers to the feeling that arises when a person is confronted with another's suffering and feels motivated to relieve that suffering. Compassion literally means 'to suffer together'. It is different from empathy or altruism, although the concepts are related.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Compassion fatigue</b>                                                   | Arises from working with people who have experienced psychological distress and traumatic experiences rather than the direct exposure to a traumatic event (that is, the cost of caring). It can involve emotional and physical exhaustion which reduces the ability to empathise or feel compassion towards others.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Crimes (Mental Impairment and Unfitness to be Tried) Act 1997 (CMIA)</b> | <p>A law used to determine if a person accused of committing a crime is found unfit to stand trial, or not guilty by reason of 'mental impairment'. The CMIA recognises that in some cases a person with a mental health condition, intellectual disability or cognitive impairment will not have the capacity to be responsible for their actions. This is called the 'defence of mental impairment'. This defence does not include situations where a person is impaired solely due to drug or alcohol use.</p> <p>The issue of whether a person is unfit to stand trial is when their mental illness or cognitive impairment mean they cannot understand and/or properly participate in court processes. The CMIA sets out a system for supervising and managing people subject the Act.</p> |
| <b>Criminal justice system</b>                                              | The criminal justice system is a system of law enforcement that is directly involved in apprehending, prosecuting, defending, sentencing, and punishing those who are suspected or convicted of criminal offences. The criminal justice system comprises police, courts and corrective service systems.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Culturally responsive</b>                                                | The intentional and consistent decision mental health care providers make to see, respect, and celebrate the cultural aspects that make each person unique. It is an acknowledgement of their intersectional existence in the world and how this shapes their experiences.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Dignity of risk<sup>5</sup></b>                                          | A person receiving mental health and wellbeing services has the right to take reasonable risks in order to achieve personal growth, self-esteem and overall quality of life. Respecting this right in providing mental health and wellbeing services involves balancing the duty of care owed to all people experiencing mental illness or psychological distress with actions to afford each person the dignity of risk.                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Ethical mental health care</b>                                           | <p>Mental health care practised in a way that:</p> <ul style="list-style-type: none"> <li>• respects a person's autonomy, dignity and the right to self-determination</li> <li>• is non-maleficent (that is, not engaging in intentional physical or emotional harm or in actions with a high risk of harm)</li> <li>• is beneficent (that is, directing treatment in a way that promotes the best interests of the person you are working with; being careful not to project your perception of what is 'best' onto others)</li> <li>• is just (that is, treating people in similar circumstances similarly, and acknowledging when a person's circumstances differ and may require additional support).</li> </ul>                                                                            |

<sup>5</sup> Source: *Mental Health and Wellbeing Act 2022* (Vic), section 23.

| Term                                  | Meaning                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Family</b>                         | Family includes the consumer and those with a significant personal relationship with the consumer. This includes biological and non-biological relatives, intimate partners, people in cohabitation, friends, those with kinship responsibilities, and others who play a significant role in the person's life.                                                                                                                                                            |
| <b>Family violence</b>                | Family violence is any violent, threatening, coercive or controlling behaviour that occurs in current or past family, domestic or intimate relationships.                                                                                                                                                                                                                                                                                                                  |
| <b>Forensic mental health</b>         | A specialist area in the mental health system relating to the intersection between mental health, legal and criminal justice systems. Forensic mental health services provide specialist assessment and treatment (including offence specific treatment) for people with a mental illness and/or problem behaviours who have offended or are at risk of offending.                                                                                                         |
| <b>Harm reduction (substance use)</b> | Approaches that aim to reduce the harms associated with substance use without necessarily requiring a reduction in use. Harm reduction strategies support safer decision-making about the use of substances, modify risk factors that can lead to harm related to alcohol and other drugs, and contribute to better health and wellbeing outcomes for individuals and the community.                                                                                       |
| <b>Holistic mental health</b>         | Provision of support that looks at the whole person, not just their mental health and/ problem behaviour needs. It integrates the emotional, mental, physical, social and spiritual aspects of a person's life, offering a broader understanding of health.                                                                                                                                                                                                                |
| <b>Human rights</b>                   | Recognise the inherent value of each person, regardless of background, where people live, what they look like, what they think or what they believe. Human rights are based on the principles of dignity, equality and mutual respect. They are about being treated fairly, treating others fairly and having the ability to make genuine choices in all aspect of daily life.                                                                                             |
| <b>Integrated mental health care</b>  | An approach that coordinates the efforts of separate services to respond more effectively the persons mental health condition/problem behaviour and other co-occurring/coexisting needs.                                                                                                                                                                                                                                                                                   |
| <b>Justice involved</b>               | People who have had direct contact with the justice system. This may be through police caution, arrest, engagement with the court, prisons or corrections systems.                                                                                                                                                                                                                                                                                                         |
| <b>Lived/living experience</b>        | A person who identifies either as someone who is living with (or has lived with) mental illness or psychological distress, or someone who is caring for or otherwise supporting (or has cared for or otherwise supported) a person who is living with (or has lived with) mental illness or psychological distress. People with lived experience are sometimes referred to as 'consumers' or 'carers', acknowledging the experience of consumers and carers are different. |
| <b>Mental health</b>                  | Mental health does not refer simply to the absence of mental illness but to creating the conditions in which people are supported to achieve their potential. Good mental health means a state of wellbeing in which a person realises their own abilities, can cope with the normal stresses of life, can work productively and is able to contribute to their community.                                                                                                 |

| Term                                               | Meaning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>National Disability Insurance Scheme (NDIS)</b> | Established under the <i>National Disability Insurance Scheme Act 2013</i> , the NDIS provides disability support to eligible people with permanent intellectual, physical, sensory, cognitive and/or psychosocial disability.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Post-traumatic stress disorder</b>              | Significant distress and/or impairment with specific symptom clusters, experienced following exposure to a traumatic event/s, persisting beyond one month.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Post-traumatic growth</b>                       | Process where one derives meaning from the traumatic event and experiences a positive change as a result.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Problem behaviours</b>                          | Acts that can intentionally or recklessly cause harm to others and to the person using the behaviour. Such harm can include physical and psychological injury along with property damage and damage to the social wellbeing of victims.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Psychosocial functioning</b>                    | A person's ability to perform the activities of daily living, work roles and relationships with other people in ways that are gratifying, and that meets the demands of the community in which the individual lives. Psychosocial health encompasses the mental, emotional, social and spiritual dimensions of what it means to be healthy.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Recovery</b>                                    | <p>Recovery is defined by the person and refers to an ongoing holistic process of personal growth, healing and self-determination.</p> <p>Clinical recovery is an idea that has emerged from the expertise of mental health professionals and involves reducing or eliminating symptoms and restoring social functioning.</p> <p>Personal recovery is an idea that has emerged from the expertise of people with lived experience of mental illness. It is being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues.</p> <p>Relational recovery is a way of conceiving recovery based on the idea that human beings are interdependent, and that people's lives and experiences cannot be separated from the social contexts in which they are embedded.</p> |
| <b>Recovery-orientated support</b>                 | Support that is provided for people to build and maintain a meaningful and satisfying life, regardless of whether there are ongoing symptoms of mental illness, with an emphasis on hope, social inclusion, community participation, self-management, personal goal setting and improvements in a person's quality of life.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Reflective practice</b>                         | <p>Reflective practice is a process of learning through and from experience to gain new insights via:</p> <ul style="list-style-type: none"> <li>• reflection on experiences of delivering care, treatment and support to consumers, families, carers and supporters</li> <li>• examining and critically reflecting on assumptions underlying everyday practices</li> <li>• reflecting on challenging interpersonal dynamics.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                           |

| Term                                  | Meaning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Relational security</b>            | Is a concept used in correctional and forensic settings. It involves staff using their knowledge of consumers, themselves and the environment to provide quality care and while managing risks and maintaining safety. Relational security relies on building trust between consumers and staff, good communication and effective monitoring.                                                                                                                                                                                                                              |
| <b>Resilience</b>                     | Process of adapting to trauma and adversity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Restrictive intervention</b>       | The <i>Mental Health and Wellbeing Act 2022</i> (Vic) defines restrictive intervention to mean seclusion, bodily restraint or chemical restraint.                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Safety</b>                         | A state in which risk has been reduced to an acceptable level.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Shared care</b>                    | A structured approach between 2 or more health services/providers that each take responsibility for aspects of a consumer's care. This responsibility may relate to the expertise of the health service/provider.                                                                                                                                                                                                                                                                                                                                                          |
| <b>Social and emotional wellbeing</b> | A multidimensional concept of Aboriginal and Torres Strait Islander Health that includes mental health, as well as being resilient, being and feeling culturally safe and connected to land or country, culture, ancestry, family and community.                                                                                                                                                                                                                                                                                                                           |
| <b>Stigma</b>                         | A social process which results in a person being rejected, discriminated against, and excluded based on attributes, conditions or identities considered negatively by members of society. Stigma and discrimination can occur at multiple levels including structural, individual and interpersonal and have significant negative health and social impacts.                                                                                                                                                                                                               |
| <b>Substance use</b>                  | The use of alcohol, tobacco or other drugs (prescription and illicit). Substance use may become harmful to a person's health and wellbeing or can have other impacts on someone's life and/or that of their family and broader social network.                                                                                                                                                                                                                                                                                                                             |
| <b>Supported decision-making</b>      | The process that supports a person to make and communicate decisions with respect to personal or legal matters. This may be achieved by offering consumers access to a variety of tools and resources such as advocates and peer workers.                                                                                                                                                                                                                                                                                                                                  |
| <b>Supported referral</b>             | Is when a person is supported or assisted to contact another service or agency. This can include making an appointment on behalf on the person accompanying them to the first appointment and/ or sharing (with consent) relevant personal or health information. Also referred to as a facilitated or 'warm' referral.                                                                                                                                                                                                                                                    |
| <b>Trauma</b>                         | <p>Psychological and emotional injury associated with exposure to a traumatic event or experience.</p> <p>Intergenerational trauma describes events that significantly disrupt, or erode, the culture or heritage of a community. Communities that have experienced historical trauma are often affected by further trauma and/or adversity.</p> <p>Complex trauma refers to severe trauma experiences that are repetitive, prolonged and cumulative. Complex trauma is often interpersonal, intentional and can be particularly damaging when it occurs in childhood.</p> |

| Term                                                | Meaning                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Trauma-informed care and practice</b>            | An approach which recognises and acknowledges trauma and its prevalence, alongside awareness and sensitivity to its dynamics, in all aspects of service delivery. It is responsive to the impact of trauma, emphasising physical, psychological, and emotional safety for both service providers and survivors; and creates opportunities for survivors to rebuild a sense of control and empowerment. |
| <b>Trauma-specific /trauma-focused intervention</b> | Specialist, evidence-based treatment to support a person to process and recover from traumatic experiences.                                                                                                                                                                                                                                                                                            |
| <b>Self-determination</b>                           | A person's ability to make choices and manage their own life in an autonomous way. Being self-determined means the person feels in greater control, as opposed to being non-self-determined, which can leave the person feeling that their life is controlled by others.                                                                                                                               |
| <b>Vicarious trauma</b>                             | The cumulative effects of exposure to information about, or witnessing, traumatic events and experiences, potentially leading to distress, dissatisfaction, hopelessness and serious mental and physical health problems.                                                                                                                                                                              |
| <b>Victim survivor</b>                              | People – including adults, children and young people – who have firsthand experience of family violence, as well as immediate family members of those who have lost their lives to family violence. This term acknowledges the ongoing effects and harm caused by abuse and violence as well as honouring the strength and resilience of people with lived experience of family violence.              |

# Appendix 2: Glossary of justice-related terminology

| Term                                       | Meaning                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Accused person</b>                      | A person charged with a criminal offence (also referred to as defendant).                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Applicant</b>                           | A person seeking a court order.                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Assessment and Referral Court (ARC)</b> | A specialist stream in the Magistrates' Court that supports accused people with mental illness or cognitive impairment, who would benefit from receiving coordinated supports to address underlying causes of their offending behaviour.                                                                                                                                                                                                                                          |
| <b>Bail</b>                                | <p>A promise that a person who has been charged with an offence will attend a court hearing at a future date. Courts can add conditions to bail such as living in a certain place or not contacting certain people.</p> <p>The type of offence a person is charged with can affect their eligibility to apply for bail. There are different requirements in relation to bail for any accused person who is Aboriginal, a vulnerable adult or a person under the age 18 years.</p> |
| <b>Children's Court of Victoria</b>        | The Children's Court hears matters involving children and young people under the age of 18. It has a Family Division (which hears matters related to the care and protection of children and young people at risk and applications for intervention orders) and a Criminal Division (which deals with children and young people accused of committing crime).                                                                                                                     |
| <b>Civil matters</b>                       | A case filed in court that is neither criminal nor quasi-criminal. Examples of civil matters are cases involving personal injury, employment matters, landlord/tenant disputes, and breach of contract claims.                                                                                                                                                                                                                                                                    |
| <b>Committal\ committal hearing</b>        | A committal hearing occurs in the Magistrates' Court to assess if there is enough evidence to support a conviction for the offence/s charged. If the magistrate decides there is evidence of sufficient weight upon which a jury could convict, the accused person will be committed for trial. If the magistrate decides there is insufficient evidence, the charges will be struck out and the accused person may be discharged.                                                |
| <b>Community corrections order (CCO)</b>   | A penalty given by the court when a person has been found guilty of committing serious offence, served in the community. This may include unpaid work, supervision by corrections and conditions to undertake treatment or rehabilitation.                                                                                                                                                                                                                                        |
| <b>Coroners Court of Victoria</b>          | The Coroners Court investigates the causes of deaths and fires. Coroners can only investigate deaths that are unexpected, unnatural, violent or occurred as a result of an accident or injury. A coroner makes recommendations to help stop similar deaths or fires. Not every death in Victoria is investigated by a coroner.                                                                                                                                                    |
| <b>County Court of Victoria</b>            | Hears civil, criminal and criminal appeal matters before a judge and/or jury. The County Court hears more serious criminal matters such as armed robbery, dangerous driving and sex offences.                                                                                                                                                                                                                                                                                     |



| Term                                      | Meaning                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Court order</b>                        | Court orders are the way the decisions or judgements of judicial officers are described. Court orders include instruction given by the court telling a person what they can or cannot do. When an order is made, each person bound by the order must follow it.                                                                                                                                                                                    |
| <b>Criminal matter</b>                    | Any court proceeding (case, hearing, etc.) that involves a violation or alleged violation of a criminal law, or any other alleged offence.                                                                                                                                                                                                                                                                                                         |
| <b>Criminal record</b>                    | A record of a person's involvement with the criminal justice system containing: the offence; the court that heard the case; the conviction (if there was one); the sentence; and the date of the sentence. The criminal record will show sentences made in Victoria only. Interstate or international offences are recorded separately.                                                                                                            |
| <b>Custodial supervision order</b>        | A court order that requires a person to stay in a secure hospital (usually Thomas Embling Hospital) while receiving compulsory treatment for their mental health. It can be made if the person is found not guilty due to mental impairment or unfit for trial and have committed the offence.                                                                                                                                                     |
| <b>Custody</b>                            | When a person is detained and kept in a correctional facility, court cells or police lock-up until their criminal matter can be heard. When an Aboriginal person is taken into custody the Victorian Aboriginal Legal Service must be notified within one hour or as soon as practicable.                                                                                                                                                          |
| <b>Diversion</b>                          | A way to deal with a criminal matter that avoids a criminal record. Diversion is aimed at people who are facing their first offence, but it may be option in other circumstances.                                                                                                                                                                                                                                                                  |
| <b>Defendant</b>                          | A person charged with a criminal offence (also referred to as accused) or responding to a civil matter.                                                                                                                                                                                                                                                                                                                                            |
| <b>Duty lawyer</b>                        | A lawyer who helps unrepresented people in court on the day of their hearing. They are free of charge, can give legal advice and may be able to represent people in court.                                                                                                                                                                                                                                                                         |
| <b>Family violence intervention order</b> | <p>A court order to protect a person, their children and their property from a family member, partner or former partner who has been accused of using family violence.</p> <p>An interim family violence intervention order is a temporary order is made by a judicial officer until the court can hear more evidence.</p> <p>A final family violence intervention order is made if the judicial officer believes the person needs protection.</p> |
| <b>Family violence safety notice</b>      | A document issued by police if someone needs immediate protection from family violence. A family violence safety notice is also an application by police for a family violence intervention order and a summons for the respondent to go to court within 14 days.                                                                                                                                                                                  |
| <b>Independent third person (ITP)</b>     | A trained volunteer who supports adults and young people with a mental illness, neurodevelopmental disorder or cognitive impairment in police interview. Police are required to contact an ITP if they believe the person requires one or the person requests an ITP.                                                                                                                                                                              |

| Term                                       | Meaning                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Indictable offence</b>                  | A serious offence which may be required to go before a judge and jury in a higher court. Many indictable offences can be heard in the Magistrates Court if an accused person and the magistrate agree.                                                                                                                                                  |
| <b>Intervention order</b>                  | See family violence intervention order or personal safety intervention order.                                                                                                                                                                                                                                                                           |
| <b>Magistrates Court of Victoria</b>       | The Magistrates' Court is the first level of the Victorian court system. There is no jury and each matter is heard and determined by a judicial officer. The Magistrates' Court hears criminal, civil and family violence matters. It has a several specialist court streams including Drug Court, Assessment and Referral Court (ARC) and Koori Court. |
| <b>Mention/mention hearing</b>             | When a matter is listed in the Magistrates' Court where the magistrate will speak with the accused person, lawyer(s) and police involved about the case. May also be referred to as 'first mention' or 'mention date'. A 'mention hearing' may be set if the matter is not resolved at this stage.                                                      |
| <b>Non-custodial supervision order</b>     | A court order allowing a person charged with an offence to live in the community while receiving treatment for mental illness. It can be made if the person is found not guilty due to mental impairment or unfit to stand trial and to have committed the offence(s).                                                                                  |
| <b>Offender</b>                            | A person who is found to have done something which is prohibited by law. Until this happens, a person may be termed a defendant or accused person.                                                                                                                                                                                                      |
| <b>Office of Public Prosecutions (OPP)</b> | Victoria's largest criminal legal practice. The OPP prepares and conducts indictable (serious) criminal matters on behalf of the Director of Public Prosecutions (DPP). The OPP also provides advice to external agencies, litigates proceeds of crime and contributes to law reform, all on behalf of the DPP.                                         |
| <b>Parole</b>                              | Parole allows a person to serve part of their sentence of imprisonment in the community. While on parole, a person will be subject to conditions and placed under supervision. If parole conditions are not adhered to the person can be returned to prison.                                                                                            |
| <b>Personal safety intervention order</b>  | A court order to protect a person, their children and their property from another person who is not a family member.                                                                                                                                                                                                                                    |
| <b>Plaintiff</b>                           | The person/party who initiates legal proceedings. In criminal cases, this is the charging police officer.                                                                                                                                                                                                                                               |
| <b>Plea</b>                                | A formal statement by or on behalf of an accused person, stating guilt or innocence in response to a charge.                                                                                                                                                                                                                                            |
| <b>Prosecutor</b>                          | The person who appears in court to present the case against the accused person in a hearing.                                                                                                                                                                                                                                                            |
| <b>Protected person</b>                    | A person to be protected by an intervention order.                                                                                                                                                                                                                                                                                                      |

| Term                                             | Meaning                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Remand</b>                                    | A person alleged to have committed criminal offences is held in custody before and during their trial by order of a court. Most people on remand are yet to face trial and are legally innocent.                                                                                                                                   |
| <b>Respondent</b>                                | A person who has an application for an intervention order made against them.                                                                                                                                                                                                                                                       |
| <b>Sentence</b>                                  | The penalty a magistrate or judge imposes once a person has been found guilty of an offence. This can include a fine, adjourned undertaking, community corrections order, and/or term of imprisonment. Depending on the severity of the crime committed, the magistrate or judge can sentence a person with or without conviction. |
| <b>Subpoena</b>                                  | A document compelling a person to attend court to give evidence, to produce a document or do both.                                                                                                                                                                                                                                 |
| <b>Summary offences</b>                          | A less serious offence that can be heard at the Magistrates' Court or Children's Court. Summary offences make up most matters heard in the Magistrates' Court. Summary offences can include disorderly behaviour, some assault offences, driving offences and wilful damage to property.                                           |
| <b>Summons</b>                                   | A legal notice advising a person of the requirement to attend court to either respond to criminal charges, provide documents or give evidence in a matter.                                                                                                                                                                         |
| <b>Supreme Court of Victoria</b>                 | The Supreme Court is the highest court in Victoria. It deals with serious criminal matters and complex civil matters. There are 2 divisions: the Court of Appeal and the Trial Division.                                                                                                                                           |
| <b>Victorian Aboriginal Legal Service (VALS)</b> | A community-controlled Aboriginal legal service ensuring Aboriginal people have access to appropriate advice, assistance and representation in criminal, family and civil legal matters. Police are required to notify VALS within an hour (or as soon as practicable) of an Aboriginal person being taken into custody.           |





