



Northern Territory Legal Aid Commission

Submission to Productivity Commission Inquiry into Mental Health April 2019

Introduction

The Northern Territory Legal Aid Commission ('NTLAC') welcomes the opportunity to make a submission to this Inquiry by the Productivity Commission ('the Commission') into the social and emotional benefits of improving mental health in Australia. It is the view of NTLAC that there are significant impacts experienced by clients in relation to mental health concerns and these directly interplay into access to justice concerns in the NT.

The submission is brief due to resource constraints and the number of funding negotiations, enquiries and law reform initiative impacting on NTLAC at this time. NTLAC would be pleased to meet any further requests for more specific information from the Commission.

About NTLAC

NTLAC is an independent statutory body established under the *Legal Aid Act NT* (1990) and is governed by a Board of Commissioners appointed by the NT Attorney-General. NTLAC provides information, community legal education, legal advice, representation and assistance to persons in a range of matters, including:

- Family law, including Family Dispute Resolution;
- Domestic violence;
- Child in need of care;
- Criminal law; and
- Civil law.



NTLAC aims to ensure that the protection or assertion of the legal rights and interests of people in the Northern Territory are not prejudiced by reason of the inability to:

- obtain access to independent legal advice;
- afford the financial cost of appropriate legal representation;
- obtain access to the Federal or Territory legal systems; or

- obtain adequate information about access to the law and legal system.

NTLAC also provides early intervention and prevention services pursuant to the *National Partnership Agreement on Legal Assistance Services* the ('NPA') between the Australian and NT Governments. These services include legal information, education, referral, advice, family dispute resolution services and legal and non-legal task assistance.

NTLAC is a Northern Territory-wide legal service provider with offices across the NT and fits within a matrix of legal and related service providers in the NT. NTLAC's head office is in Darwin, with regional offices located in Palmerston, Alice Springs, Katherine and Tennant Creek¹. NTLAC's client base is approximately 30% Indigenous. Due to the high levels of geographic remoteness in the NT, many people in the NT are not able to access NTLAC services in person. People who speak English may access services of the Commission by phone, however a high number of people in the NT do not speak English as a first language². While there have been significant improvements in access to interpreters and training of interpreters and professionals who use interpreters in recent years, there are still significant concerns at the lack of accredited indigenous language interpreters in languages required and in the ability of professionals and services such as the courts to use interpreters appropriately. Even with the facility of interpreters, geographic remoteness and post colonisation factors create additional barriers to Indigenous clients accessing legal services from a remote location.

Legal service arrangements

NTLAC provides key service types:

- Legal information and referral.
- Duty lawyer services - initial representation in court for clients who do not have their own legal representation;
- Legal advice - provision of legal advice by telephone, in person at clinics and through outreach programs;
- Legal Task assistance – limited assistance to address a legal problem before it escalates.
- Non-Legal Task Assistance – Social support to address concerns related to
- Casework - legal representation at court, tribunal, mediation or other body for which a grant of aid had been submitted and approved;
- Family Dispute Resolution - lawyer assisted family conferencing chaired by a Family Dispute Resolution Practitioner; and
- Community legal education.

¹ The Tennant Creek office was established following the report NTLAC, *Justice Too Far Away* 2003

² ABS, Australian Social Trends, 4102-0

Response to Discussion Paper Questions

QUESTIONS ON JUSTICE

- *What mental health supports earlier in life are most effective in reducing contact with the justice system?*
 - *To what extent does inadequate identification of mental health and individual needs in different parts of the justice system increase the likelihood, and extent, of peoples' future interactions with that system?*
 - *Where are the gaps in mental health services for people in the justice system including while incarcerated?*
 - *What interventions in the justice system most effectively reduce the likelihood of re-offending, improve mental health and increase prospects for re-establishing contributing lives? What evidence is there about the long-term benefits and costs of these interventions?*
 - *What are the main barriers to lowering the over-representation of people living with a mental illness in the justice system and what strategies would best overcome them?*
 - *To what extent do inconsistent approaches across states and territories lead to inefficient, ineffective or inequitable outcomes for offenders and their families?*
-

Question 1

Child protection interventions by the state indicate both mental health concerns and contact with the justice system in both parents and children. Conversely unaddressed parental mental illness can trigger child protection interventions by the state³.

We refer to our point below in relation to the need for intensive family support where there are child protection and neglect concerns. In addition, intensive family supports being available at an early stage, where there are risk factors present, can prevent child protection interventions eventuating. The availability and resources and processes to ensure early identification and response to mental health concerns are critical to what may otherwise be a trajectory towards contact with the justice system.

Without sufficient preventative mechanisms, children taken into care and placed in the out of home care environment are at higher risk of having contact with the criminal justice system.⁴ Mechanisms in place in jurisdictions such as NSW⁵ (and

³https://ww2.health.wa.gov.au/~/_media/Files/Corporate/general%20documents/Child%20protection/PDF/InfoSheet13-Parental-mental-illness-can-be-a-child-protection-issue.pdf

⁴ Care Not Custody, Victorian Legal Aid Commission, <http://www.legalaid.vic.gov.au/sites/www.legalaid.vic.gov.au/files/vla-care-not-custody-report.pdf>; The Drift from Care to Crime, Legal Aid NSW, https://www.legalaid.nsw.gov.au/_data/assets/pdf_file/0019/18118/The-Drift-from-Care-to-Crime-a-Legal-Aid-NSW-issues-paper.pdf

⁵ Joint Protocol to reduce the contact of young people in residential care with the criminal justice system, <https://www.facs.nsw.gov.au/download?file=585726>

now introduced in Queensland⁶) have reduced this risk. These mechanisms recognise the impact of trauma on children living in residential care and embed a trauma informed response at all stages.

In there NT there has been a commitment by successive governments to this approach, however this is not yet in place and it is not known if this will occur.

Question 2

The Law Australia Wide⁷ survey found that people facing legal problems take a broad range of responses to that problem. In the NT people are more likely to 'take no action' in response to a legal problem than in any other jurisdiction. 'Seeking advice' might involve approaching a range of non legal agencies, contact points or friends in some cases and not a legal assistance service. This research provided valuable information to legal assistance services of the importance of developing strategies to improve the likelihood that help seeking by approaching non-legal agencies can facilitate a pathway to a legal assistance service.

Civil law services in legal aid Commission are vital to assisting people who do not have the ability to 'self help' or who are not able to advocate due to vulnerabilities such as mental illness, homelessness or domestic violence. The Law and Justice Foundation has examined the question of early and timely interventions in averting downstream and escalated interactions with the justice system⁸. It recognises the value of preventing legal problems from forming and escalating, rather than mopping up once the crisis has struck.

In addition, people experiencing mental illness face barriers to access to justice and to legal assistance, and to participating in the justice system.⁹ The report summarises barriers that appear to prevent people from accessing and participating in the legal system.⁸ These included:

- *Stress*, which may deter people with a mental illness from initiating or continuing with legal proceedings.
- *Cognitive impairment*. While not always a symptom of mental illness, this can create barriers in understanding legal documents and processes.
- *Problems with time management*. When present, these can lead to difficulties in managing documents and appointments, and complying with timeframes.
- *Communication problems associated with the symptoms of mental illness*. Such problems may be exacerbated when a person does not speak English as a first language and when complicated legal terminology is used.

⁶ https://www.qfcc.qld.gov.au/sites/default/files/joint_agency_protocol_to_reduce_preventable_police_call-outs_to_residential_care_services.pdf

⁷ Law and Justice Foundation, Law Australia Wide Survey, [http://www.lawfoundation.net.au/ljf/site/templates/LAW_AUS/\\$file/LAW_Survey_Australia.pdf](http://www.lawfoundation.net.au/ljf/site/templates/LAW_AUS/$file/LAW_Survey_Australia.pdf)

⁸ Law and Justice Foundation, Is Early Intervention Timely? [http://www.lawfoundation.net.au/ljf/site/articleIDs/C52871BCF76CF60FCA257E70001DC9C3/\\$file/JI_20_Early_intervention_web.pdf](http://www.lawfoundation.net.au/ljf/site/articleIDs/C52871BCF76CF60FCA257E70001DC9C3/$file/JI_20_Early_intervention_web.pdf)

⁹ Law and Justice Foundation of NSW, On the Edge of Justice, the legal needs of people with a mental illness in NSW, <http://www.lawfoundation.net.au/report/mental>

- *Features of the courtroom environment*, such as the formality and structure of courtrooms, can intimidate people with a mental illness and at times even exacerbate their symptoms.
- *Features of alternative dispute resolution (ADR)*. Certain benefits of ADR for people with a mental illness were noted. However, concerns about ADR were raised where people with a mental illness are unrepresented during the dispute resolution process, and where there is an imbalance in power between parties.
- *A lack of legal representation*. Stakeholders argued for the importance of legal representation in facilitating effective participation in the legal system.
- *A perceived lack of credibility*. Consultations for this study also highlighted the perception by those in the legal system that people with a mental illness are less honest and less credible as a result of their illness.
- *Failure to identify or recognise a person's mental illness*, resulting in no allowance being made to cater to the individual's needs, or the illness not being taken into consideration in determining the outcome of the matter.

Question 3

In the NT there is a significant lack of availability and coordination of mental health assessment, diagnosis and supports for people in the justice system. In addition, there is inappropriate infrastructure to prevent and support mental health concerns in adult and youth detention facilities.

The first hand experience of court or tribunal interventions is often a very stressful and negative experience. Supports available are under resourced and not sufficiently coordinated or connected. This concern arises across a range of contact points with the 'justice' system, including experiences of victims, alleged offenders, people experiencing family breakdown and civil disputes.

The gaps in mental health services for people incarcerated in the NT are concerning. A coronial hearing in the NT recently heard that the mental health screening and support available in NT Prisons is seriously flawed.¹⁰ Additionally, mentally ill or impaired people may be detained indefinitely in prisons in the NT¹¹. This has been the subject of an Inquiry and Report and recommendations by the Senate Community Affairs Committee in 2016¹². Prison is not an appropriate place to detain people who are mentally impaired. They should be placed in a purpose built facility with appropriately trained staff and supports.

The Royal Commission into the Protection and Detention of Children in the NT¹³ (the Royal Commission) found that the mental health concerns of young people in detention in the NT were not adequately met, and staff (including lawyers) had inadequate mental health training. Chapter 15 of the Royal Commission report made numerous recommendations about the health and mental health of children.

¹⁰ <https://www.ntnews.com.au/news/northern-territory/death-of-sean-daniel-collins-at-holtze-prison-in-darwin/news-story/55b2f70eeabf5c0ee79144a1b610d06b>

¹¹ <https://www.abc.net.au/news/2019-02-10/justin-walker-indefinite-detention-prison-mentally-unfit-guilty/10796740>

¹² www.aph.gov.au/senate_ca

¹³ <https://www.royalcommission.gov.au/sites/default/files/2019-01/rcnt-royal-commission-nt-findings-and-recommendations.pdf>

The implementation of the recommendations of the Royal Commission is intended to occur over many years, however the experience to date is that the pace at which the mental health and related services and programs for young people in detention and at risk of detention are being designed and made available is slow and is significantly hampered by resources and infrastructure.

The Royal Commission recognised the infrastructure of the current youth detention facilities in Darwin and Alice Springs was not appropriately designed to meet the needs of young people in detention. It is understood that the construction of new youth detention facilities in the NT as recommended by the Royal Commission is now further delayed. This is of great concern due to the findings of the Royal Commission. In 2018 the Youth Justice Court accepted evidence that the conditions of detention were not fit for purpose¹⁴.

Particular concerns relevant to mental health include the use of isolation and separation, force and restraints without sufficient regard to therapeutic interventions by trained and skilled practitioners, such as counselling, therapy, de-escalation, recreation and maintenance of connection with family, community and culture. Services in the NT welcomed amendments to the *Youth Justice Act* in May 2018 which introduced safeguards including in relation to the isolation and restraint of young people. These provisions imposed a requirement to ensure that therapeutic interventions were endeavoured and that such interventions were as a last resort and for the shortest time practicable. These provisions were retrospectively amended in March 2019, significantly broadening the discretion and power to isolate, use force and restrain and decreasing the emphasis on therapeutic interventions. These amendments occurred on the basis of urgency through the suspension of standing orders of the NT Legislative Assembly, attracting criticism from many, including the Law Council of Australia¹⁵.

The Youth Justice Court (YJC) has for many years had great difficulty in obtaining appropriate psychiatric and neuropsychological assessment for children. A growing number of children in the justice system suffer from FASD and there is an urgent need for early assessment of these children. Appropriately qualified psychiatric neurological support services are essential for the YJC and do not exist in the NT.

The lack of psychiatric services available to the YJC is replicated in the Local Court. As referred to below, defendants charged with matters that can be dealt with summarily can pursuant to section 77 of the *Mental Health and Related Services Act* have their charges dismissed if they were suffering a mental illness or mental disturbance at the time of the offending and, as consequence, were impaired. The *Act* provides that the Court can request a certificate from the Chief Medical Officer stating whether the defendant was suffering from a mental illness or disturbance at the time of the offending and whether this is likely to have contributed to the conduct. The problem again is inadequate resourcing as the Court does not have appropriately qualified mental health practitioners to prepare the certificates and this

¹⁴ <https://www.abc.net.au/news/2018-07-26/don-dale-youth-detention-not-fit-for-purpose-nt-judge-says/10039708>

¹⁵ <https://www.lawcouncil.asn.au/media/media-releases/nt-governments-unacceptable-don-dale-backflip-fails-young-people-and-community->

point is often taken by the prosecution to the detriment of the mentally ill/ impaired defendant.¹⁶

Question 4

There are two concerns here, firstly whether the 'justice' system could be designed in a more trauma informed way; and secondly, whether support services can be increased and designed in a better coordinated way.

Design of justice system

In 2007, amendments were made to the *Mental Health & Related Services Act* to introduce a way for the Local Court to deal with offenders affected by mental illness or mental disturbance at the time of their offending, rather than it being sent to the Supreme Court (if it was an indictable offence) where it would follow a very lengthy process or dismissed (if it was a summary offence). Sections 74, 74A, 77 and 78 are the primary sections.

The improvements for those suffering from mental impairment at the time of the offending that the changes were supposed to bring about have not been fully realised in practice. There has been some reluctance on the part of prosecution to consent to Local Court jurisdiction if section 77 may be utilised. This is because the outcome of section 77 is that a charge is dismissed, rather than having any treatment component to it. Section 78 is also under utilised, despite being a well constructed and useful section. It appears that it may be under utilised because it can be difficult, where an offender has co-existing mental illness or mental disturbance along with voluntary drug & alcohol abuse, to determine what is the true cause of the mental impairment. If it is voluntary drug & alcohol abuse, the courts (and prosecution) can be reluctant to permit the offender to utilise what is seen as a 'softer' option. This is perhaps misguided, because section 78 still permits the court to sentence under the *Sentencing Act* if it so determines, even if the offender has completed a voluntary treatment plan. However, that is the perception. Unfitness to plead is not presently provided for in the Local Court. It must be referred to the Supreme Court if it is an indictable offence.

Other states have different mental impairment regimes in the lower courts. It would be a more efficient use of resources to have an effective Local Court regime for such people, as the Supreme Court process for those with mental impairment or unfitness issues (or both) is often lengthy and leads to offender's being in custody for far longer than they would be had the matter proceeded as an ordinary guilty plea in the Local Court. This is a heavy cost for the taxpayer, community generally and offender and is often unnecessary where the offending is of a relatively minor nature.

Design of support services

NTLAC has redesigned some services in an endeavour to meet the second concern. Under the *National Partnership Agreement on Legal Service Delivery 2015-2020* (the NPA) NTLAC has been able to design the role of 'Social Support Workers' (SSW) in a range of practice areas in recognition of these concerns. These have been

¹⁶ For a more detailed examination, see

https://justice.nt.gov.au/_data/assets/pdf_file/0007/365146/Report-on-the-Interaction-between-people-with-Mental-Health-Issues-and-the-Criminal-Justice-System_Report-No.-42_FINAL.pdf

integrated into our service delivery model. The role of the SSW is to assist clients with their underlying issues related to the legal matter, including mental health concerns.

There are two concerns here, firstly whether the 'justice' system could be designed in a more trauma informed way; and secondly, whether support services can be increased and designed in a better coordinated way.

NTLAC has redesigned some services in an endeavour to meet the second concern. Under the *National Partnership Agreement on Legal Service Delivery 2015-2020* (the NPA) NTLAC has been able to design the role of 'Social Support Workers' (SSW) in a range of practice areas in recognition of these concerns. These have been integrated into our service delivery model. The role of the SSW is to assist clients with their underlying issues related to the legal matter, including mental health concerns.

These positions are now integrated into the NT Legal Aid Commission's youth justice practice (Darwin and Alice Springs), criminal law practice (Darwin and Katherine), child protection and family law practice (Darwin) and domestic violence practices (for protected persons and defendants). These positions provide an important dual function of supporting the client's range of needs that relate to their legal need and enabling legal service delivery to be provided in a more trauma informed way. A formal evaluation of this service model is occurring in 2019 through the Jumbana Institute of Indigenous Education and Research and Education, UTS.

SSW's working within the criminal justice arena at NTLAC, agree along with experts that "a Trauma Informed System is one in which all parties involved recognize and respond appropriately to the varying impacts of trauma stress on children, caregivers, families and those who have contact within the system. Programs and organizations within the system must infuse this knowledge and awareness within their own organizational cultures. It is vital that the Criminal Justice System, specifically law enforcement and prosecutors, be not only Trauma Informed but also a catalyst for systemic change in this area. Early childhood victimisation demonstrably increases the risk of violent offending through the life span"¹⁷.

The public expects a criminal justice system that meets community expectations, protects and supports victims, and acts quickly and effectively so that offenders face consequences in a timely manner. However, as we know, court process include many adjournments, mentions and lengthy waits between court dates, which negatively impacts on mental health clients effected by trauma.

Within the adult criminal justice system, the Mental Health Diversion List in the Criminal Division of the Local Court has the objective of diverting persons with possible mental health issues or a cognitive impairment out of mainstream criminal justice system into a specialist list that provides a therapeutic framework that allows for the management and treatment of such offenders. Most of the accused persons diverted to this list have experienced significant trauma throughout their lives which sometimes impacts on their ability to comply with lengthy court proceedings. As such

¹⁷ Webb, T 2016, Children Exposed to Violence: A Developmental Trauma Informed Response for the Criminal Justice System, *Journ Child Adol Trauma* (2016) 9:183–189,

it is submitted that professionals working in this space (including police, prosecution and Judges) would benefit from trauma informed training which assist them in understanding the complex context to which these people live their lives and the ways in which this trauma often impedes on their ability to comply with strict and harsh sanctions and sentences.

Further, challenges are faced by youths effected by trauma within the youth justice system as the Youth Justice Act, considers that rehabilitation of the young person is the paramount sentencing consideration however, youth detention in Alice Springs does not offer programs that provide opportunities for rehabilitation. A recommendation to address this issue, is for more meaningful support for parents. A starting point should be training for Territory Family (TF) workers on working with parents (as opposed to just the children) and knowing where to refer parents to if they don't meet the IFPS criteria. Some workers seem to dismiss the trauma that the parents have experienced and leave them to 'fend for themselves'. If parents feel devalued and helpless this can lead to a lack of motivation to make positive change to have their children returned to their care. This in turn could lead to negative mental health outcomes for their children and themselves. This is particularly true when the 'domino effect' occurs with parents losing their financial support, housing and other services and their mental health precipitates even further. A child centered, family focused approach needs to be adopted to ensure the child's needs are met in the context of their family environment. We suggest a TF conduct a needs assessment of family members involved in the child's life. The steps/case plan must address the needs through a systems lens, rather than solely a child focused lens. The child does not live in a silo, independent of cultural and family systems.

These positions are now integrated into the NT Legal Aid Commission's youth justice practice (Darwin and Alice Springs), criminal law practice (Darwin and Katherine), child protection and family law practice (Darwin) and domestic violence practices (for protected persons and defendants). These positions provide an important dual function of supporting the client's range of needs that relate to their legal need and enabling legal service delivery to be provided in a more trauma informed way. A formal evaluation of this service model is occurring in 2019 through the Jumbana Institute of Indigenous Education and Research and Education, UTS.

An evaluation of the Family Advocacy and Support Service ('FASS')¹⁸, which also integrates social support with legal assistance, recommended extending the model of social support to include clients with mental health issues. In 2019, the Australian Government announced an additional funding to fund male support workers in relation to family law and domestic violence through the FASS Program.

¹⁸ <https://www.ag.gov.au/Publications/Documents/fass-final-evaluation-report.pdf>

QUESTIONS ON CHILD SAFETY

- *What aspects of the child protection programs administered by the Australian, State and Territory Governments are the most effective in improving the mental health of people in contact with the child protection system?*
 - *What, if any, alternative approaches to child protection would achieve better mental health outcomes?*
-

Question 1

Intensive Family Support ('IFS') and Intensive Family Preservation Service ('IFPS') (funded by DSS but referred into by Territory Families) are wonderful, supportive programmes in which child protection workers seem to take a much less adversarial approach to engaging with clients.

It is early intervention and intensive support for families who have come to the attention of the child welfare agency and have been identified as requiring support to keep children with family. Apart from the obvious benefits (primary prevention, both parties more likely to meaningfully engage without the spectre of court proceedings looming over their heads), the primary engagement is with the service external to the child protection authority and they seem to come from a therapeutic (as opposed to, at times, punitive) and strength's based approach adopted during their work with the family. Sometimes these services even challenge the approach adopted by child protective authorities.

Families seem to benefit from the involvement of Territory Families ('TF') through their *Strengthening Families* model supported by the IFPS, where statutory intervention is not warranted but active case management desired to address the child protection concerns. This is empowering for families, keeps children safe and at home which has flow on mental health benefits for the whole family.

Clients seem to appreciate when they have support from TF's IFPS programme. There have been strong collaborative relationships forged with IFS caseworkers, particularly from CatholicCareNT.

We are not aware of the extent and types of programmes offered for the children by TF/NTG save that Relationships Australia, CatholicCareNT, AnglicareNT and Save the Children receive specific funding to provide counselling and support for children. Intensive family supports from these services can only be put in place while the children are in the parents' care, when they are taken into the care of the CEO this support for the parents ceases until the children return to their care. Parents often require more support when the children have been removed from their care.

A problem is that only Territory Families can refer to the service (given it is funded by them).

The availability of ATAPS/referrals under MHCPs is beneficial to children and parents alike (sometimes it doesn't matter so much who accesses the services, as long as someone in the family does). Unfortunately, this is the only Cth funded scheme we are aware of that assists the MH of people involved in the CP system.

Recommendation: Further funding should be applied to primary prevention and these types of practical services with allied service providers also being able to refer clients to services.

Question 2

Alternative approaches are listed below:

- In terms of general approach, a cooperative/help-based approach to child protection for families in need, rather than an adversarial 'us & them' approach.
- A therapeutic model/problem solving court being established as per the **attached** proposed model.
- Another possibility is a triage support worker who sits at the court who can refer people to services recommended by the court may work more effectively than child protective authorities directing someone to a program. Some short videos in language about these kinds of programs, counselling etc. and what they can achieve.
- A service independent of child protection authorities being funded to prepare a parenting capacity report that provides practical recommendations of what parents need to do to improve their parenting capacity.
- Clear Care Plans in plain, clear language about what parents need to do to achieve reunification that are negotiated between all the parties as opposed to a plan being filed by child protective authorities and then parents having to follow an ambiguously worded document that parents struggle with causing them much distress.
- Earlier intervention support for families (often they don't get significant support from TF until after the children have been removed).
- More meaningful support for parents. A starting point could be training for TF workers on working with parents (as opposed to just the children) and knowing where to refer parents to if they don't meet the IFPS criteria. Some workers seem to dismiss the trauma that the parents have experienced and leave them to 'fend for themselves'. If parents feel de-valued and helpless this can lead to a lack of motivation to make positive change to have their children returned to their care. This in turn could lead to negative mental health outcomes for their children and themselves. This is particularly true when the 'domino effect' occurs with parents losing their financial support, housing and other services and their mental health precipitates even further.

- Earlier identification of kinship carers – this process can be incredibly lengthy and we know that TF can do quick emergency assessments if they want to. More of this would be ideal. Perhaps even identifying family children can be placed with pre-removal as part of a safety plan so that if children do have to be removed from their parents' care they can go straight to family.
- More contact with families (parents or otherwise) under long-term protection orders. This could help children under a long-term protection order to re-connect (or just keep their connection) with family more easily after they have turned 18 (if they choose to do so).
- Training in mental health first aid for all kin, carers, TF workers, Court staff & anyone else likely to interact with children/adults in the CP system.
- Trauma-informed training for all kin, carers & TF workers.
- Better and earlier referrals to mental health services if concerns are identified in parents or children.
- Children's support groups/group therapy for children who suffer mental health illnesses (or whose parents suffer mental health illnesses in the NT as they exist in other jurisdictions. Group therapy can reduce feelings of isolation and provide effective counselling both from the counsellor/facilitator and the children amongst themselves.
- A more collaborative approach to meeting the needs of the family involving mental health workers, education department, TF and any other medical or support services, including family members who have a vested interest.
- Programmes in schools such as "*Seasons for Growth*" which help to connect children going through similar circumstances, or grief and loss, helping them to alleviate the feeling of aloneness and shame.
- Working with families from a strength base and building from this rather than coming from a place of what is wrong and what is lacking. A more inclusive practice with the parents and children together especially when there are school age children.
- Narratives help parents to identify their own deficits rather than being told what they need or lack. The use of language is key, statistics and platitudes are meaningless, narratives and metaphors are more productive in opening effective communication pathways.
- Mentoring of parenting rather than a one size fits all parenting program – parents who are doing parenting programs but do not have their children in their care do not see the benefits, nor are they able to put these strategies into practice. Being expected to demonstrate these strategies at access visits is counter productive as the parent feels that they are being constantly judged

throughout the visit and neither parent nor child gets the full benefit of the visit.