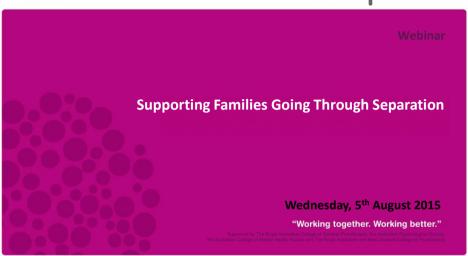
#### Mental Health Professionals Network Ltd

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## This webinar is presented by mhon Professionals' Network

## Tonight's panel



Dr Peter Maguire GP (WA)



Dr Catherine Boland Psychologist (NSW)



Ms Vanessa Mathews Social Work / Family Law (NSW)



Dr Michelle Phillips Psychiatrist (QLD)

#### **Facilitator**



Ms Vicki Cowling OAM Social Worker and Psychologist

#### **Ground Rules**



To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Be respectful of other participants and panellists. Behave as if this were a face-to-face activity.
- Post your comments and questions for panellists in the 'general chat' box.
  For help with technical issues, post in the 'technical help' chat box. Be mindful that comments posted in the chat boxes can be seen by all participants and panellists. Please keep all comments on topic.
- If you would like to hide the chat, click the small down-arrow at the top of the chat box.
- Your feedback is important. Please complete the short exit survey which will appear as a pop up when you exit the webinar.

## **Learning Outcomes**



#### At the completion of the session participants will:

- Recognise the key principles of intervention and the roles of different practitioners in assessing, managing and supporting families going through separation
- Explore tips and strategies for interdisciplinary collaboration between practitioners working with members of families experiencing mental health distress
- Identify challenges to, and opportunities for collaboration that may emerge as practitioners from different disciplines work together to support families going through separation

## **Rural GP Perspective**



- Belinda is the one presenting often the female partner who presents
- She presented with a physical illness
- Hard to present with emotional distress as the primary complaint to the doctor
- Risk that the GP never gets past the cold may not pick up the cues
- How often do separating families present to GP? Not sure...



## **Rural GP Perspective**



- GP likely to know the whole family pluses and minuses
- Positives trust, therapeutic relationship
- We're not neutral observers have feelings, may have sympathy for one or other
- Careful! Self awareness when do we have too much emotional investment?
- Individual versus family.



## **Rural GP Perspective**



#### Role of the GP

- May be the only easily accessible service
- Listen /support /empathic response
- Care not to over-medicalise a normal reaction
- But watch for depression etc.
- Engage the family?
- Guide through the available services.



## **Rural GP Perspective**



#### **Family issues**

- Kids, parents and grandparents dynamics
- "Family court" issues of access, money, interests of the children need expert advice. (how to find it, especially rural?)
- GP hopefully knows the local resources in my area public mental health services will only see if high risk / major psychopathology
- Referral most likely via Better Access to clinical psychologist
- Who is struggling? Maybe referral for counselling individual / family.



## **Psychologist Perspective**



#### Triage – assessment and treatment

- Identification and prioritising treatment of presenting client
- Assessment of Belinda's mental health depression, adjustment, anxiety, grief/ loss, alcohol use/ dependence
- · Family violence screening
- May require immediate treatment; may require psychiatric referral; legal referral
- Impact on parenting capacity
- Referral/s for children.



## **Psychologist Perspective**



#### Managing family system in circumstances of separation

- Involvement of both parents? Risks and benefits
- Family versus individual therapy? Risks and benefits
- Managing conflict
- Psycho-education: needs of children, adjustment responses, children's attachment relationships and routine.



## **Psychologist Perspective**



#### Ethical and professional considerations in family disputes

- Referrals and communication with other professionals mediators, lawyers, family consultants
- Awareness of entrapment risk
- Therapeutic versus forensic roles
- Children's "best interests" as paramount
- Ethical dilemmas.



## **Family Law Perspective**



#### Issues identification – legal & non-legal

- Legal advice in brief
- Non-legal advice in brief
- Referral to GP/psychologist/psychiatrist
- Impact of mental health issues on legal advice.



## **Family Law Perspective**



#### Collaborative approach

- Potential collaborators in brief
- Limits to family law collaboration and confidentiality:
  - o Lawyer/client confidentiality
  - o Non lawyer/client relationships non-confidential everything is admissible even if participants treated as confidential
  - o Client consent to disclose information to other professionals
  - o Family counselling/counsellor evidence exemption (abuse exception)
  - o Family dispute resolution/mediation exemption (abuse exception)
  - o Court order e.g. family report
  - o Subpoena e.g. produce client file/give evidence
  - o Client capacity/Litigation guardian
  - o Independent children's lawyer.



Ms Vaness Mathews

## **Family Law Perspective**



#### Court reports/evidence

- Court ordered
  - o family report
  - o psychiatric report
  - o child development report
- Client provided counselling report
  - o counselling report
  - o interviewing children.



## **Family Law Perspective**



#### **Tips and Traps**

- Advise client as to limits to confidentiality
- Read court order and court rules
- Limits to expertise
- Cross-examination and subpoena.



## **Psychiatrist Perspective**



#### Why a child psychiatrist for clinical purposes?

- Assess and treat one or more family members for mental health difficulties including medication prescription
- Can provide family therapy
- If treating a parent for their own issues, able to keep needs of children in mind
- If family have crossed their Extended Medicare Net Safety Threshold 80% of out of pocket expenses are rebated and any patient can receive rebates for 50 sessions per calendar year.



r Michelle Phillips

#### **Psychiatrist Perspective**



#### Who to see and who to treat

- Warning about confidentiality and potential use of information in family court proceedings or by insurance agencies e.g. income protection insurance
- Hard to get separated fathers to attend for appointments about their children (often as mothers are resistant). May come for information gathering about children
- Would see Belinda first most likely on available information to have a depressive illness
- Can also gather information on individual children.



## **Psychiatrist Perspective**



#### **Belinda**

- Assess and treat if indicated for major depressive disorder or adjustment disorder with depressed mood
- Careful to point out what is normal adjustment in her situation
- Assess parenting and changing role as single parent.
- Therapy options start with something symptoms targeted. May wish something longer-term to address identity issues etc.
- Encourage assertive action where appropriate.



r Michelle Phillips

## **Psychiatrist Perspective**



#### **Brian**

- Do I attempt to engage him?
- Hard to catch 40 year old men to assess for depression, anxiety, substance abuse
- Would not treat both separated parents
- Can he be motivated to step-up his involvement with the children
- If one or more child has psychological difficulties can he be motivated to help.



## **Psychiatrist Perspective**



#### Kids

- Andrew not identified with symptoms
- Jessica is she depressed/anxious or having trouble adjusting
- Tom decline in functioning likely assess first
- Beware of too much therapy in a family
- Likely treat Tom with mother if indicated.

#### **Independent assessment for Family Court**





**Q&A** session

## Thank you for your participation



- Please ensure you complete the *exit survey* before you log out (it will appear on your screen after the session closes). Certificates of attendance for this webinar will be issued within two weeks.
- Each participant will be sent a link to online resources associated with this webinar within one week.
- Our next webinar will be announced soon.



Are you interested in leading a face-to-face network of mental health professionals in your local area?

MHPN can support you to do so.

Please fill out the relevant section in the exit survey. MHPN will follow up with you directly.

For more information about MHPN networks and online activities, visit <a href="https://www.mhpn.org.au">www.mhpn.org.au</a>



# Thank you for your contribution and participation