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**Special Circumstances Court, Women, Health Issues  
and Looking for Workable Responses**

It is with much regret I am not able to attend this conference. Thankyou Ms Tilley for agreeing to deliver this short overview of my response to some of the health issues we frequently deal with, and the consequences & challenges faced by many of the women we support particularly those attending the Special Circumstances Court.

It is with great respect that I also acknowledge the traditional owners of this land.

One of the greatest challenges of working with women who are homeless, women with disabilities and women with mental health and substance abuse issues is to find appropriate responses to the presenting issues, the underlying issues and the coexisting multi-layered complex issues. For many of the women we support at the Special Circumstances Court and those who have been involved in the criminal justice system, their human rights have been abused since childhood. For many low self esteem and lack of trust is intrinsically linked with homelessness, violence, addiction and mental health. For many women, issues of abandonment, grief and loss, the basic need to love and to be loved, to belong and to have a place to call home, to be safe and to be heard are the issues that consolidate yet another layer of the complexities of marginalisation.

To respond well and effectively is to be committed. These responses are not basic 9 to 5 Monday to Friday issues. They can not be “bandaid” solutions and they can not be dealt with in shortcut style. Most of the health issues associated with our clientele are of a chronic nature. Many of our clientele are young and able bodied yet have fallen through the gaps in the health care system at an appalling rate and at a dangerous level. However we believe in hope and the cycle of change. Time and commitment being the most important ingredients.

**Take for example recently the case of a 20yr old female who had never actually been to a doctor's surgery, had never experienced having a private consultation, and who had never had the opportunity to chat in private to a health professional. She told me she had only ever been to a doctor in a clinic or at a hospital when she was unwell, with lots of others sitting around listening, and where her confidentiality felt threatened. She told me it was a very scary experience to feel she could be listened to and heard and could trust someone. In other words she had never felt safe and secure in these environments and was very worried about how she was going to cope. Her belief was that she could never trust anyone with her dark secrets because who cared and why would or should they care about her!**

**Another young lady recently told us she just wanted to be "normal"! She had sought help many times for her depression and psychosis to be told she didn't fit the criteria of the mental health system. Her problem was substance abuse. She strongly believed this to be secondary to her "Personality disorder" so she was in limbo. No help and no-where to go. The visits to the court room became a safe and supportive place for her to connect despite the daily difficulties she faced with OCD(Obsessive compulsive disorder) and the voices in her head. Her mental health disorder only began to be recognised and treated after us supporting her to get out of her room and driving her to the clinic, long hours of sitting with her at the clinic and insisting she wait to be seen. Often this is time consuming, frustrating and very anxiety provoking for the client particularly and almost impossible, if they were to attempt to do it alone and without support which is often assumed will or should happen!**

**Both of these situations have major health consequences. Both are not uncommon scenarios. To even begin to deal with these issues and the many others, we require time to build rapport, time to listen, time to build trust, time to sort out finances and accommodation and social status. Then to find an appropriate bulk billing doctor in her area, who is willing to holistically and non-judgementally treat the client. All takes time and commitment. To then use time and situation opportunistically and to secure a consultation while the client is available and motivated to receive treatment is again a challenge within itself. It can be increasingly difficult to build and keep up a client's morale and enthusiasm over a number of weeks and months while waiting for professional help. For example: - waiting to get on a methadone program or to get into one of the limited rehabilitation centres. To build confidence and alleviate fear is just the beginning of the long process around support. In the meantime, to be able to offer a range of psycho-social interventions including motivational interviewing, relapse-prevention management and medication management etc can be useful**

**interim support for those experiencing both substance misuse and mental health disorders.**

**Another major gap we commonly experience exists around chemists dispensing drug replacement therapy. Many of our clients are using these therapies. In this situation a woman is trying to stop a substance but has no other choice to be back to the very centre of their drug dealing environments because there are very limited chemists to dispense. If or when the client decides to move from their regular area the hassle with chemists transfer and travelling distance daily from one town to another becomes expensive, tiring and leaves the client at risk of failure.**

**Another group of clients who fall into the almost impossible to access health care category are those who self injure. Often with a personality disorder diagnosis the woman presents with a complex life jigsaw which commonly involves a history of grief, loss, addiction, abuse and family dysfunction and violence. Intense, consistent non judgemental engagement and support is the least we can offer. Engaging in further intense psychotherapy through the Medicare better health scheme has proved to be a beneficial and positive step for these clients.**

**Being discharged from prison and/or a hospital with no back-up appointments, no medication and no idea of a treatment plan is a major frustration for us as grass root practitioners. It is not uncommon to have to deal with these problems late on a Friday afternoon: - no money, no medication and no information or referrals. Where to go and what to do? This becomes a very disempowering position in which a vulnerable person should not have to find themselves in. It can certainly create further risks of failure and criminal activity.**

**Some effective interventions we have found helpful include the ability to engage in their own environment, to listen carefully and to spend time with the client. To be honest and up front with the client creates a respectful environment and promotes realistically based hope and empowerment for the client. Being absolutely reliable and 'keeping your word' is an important practice in order to create the foundations of effective intervention. Accompanying clients to appointments and supporting them emotionally and physically provides an opportunity to build a relationship based on positive affirmation, trust and encouragement and is a valuable opportunity to communicate and validate the client's experiences. To support and advocate for these clients within a hospital setting has also proved to have significant benefits. Often the woman is feeling anxious, scared and very exposed and unsafe within this setting. The consequences of discharging before**

**adequate treatment planning and delivery can result in extensive and expensive life challenging and life changing circumstances.**

**Here I have provided you with just a glimpse of the complexities of our health issues and women with complex needs. However it surely raises the question as to whether acknowledging the challenges to regain good health and a healthy lifestyle and the emphasis on planned support and engagement in an effective, efficient and holistic manner is the best we can do? Of course having a place to call home is “an essential” to human life!**