

Vulnerable Clients Guide for Legal Professionals



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Dr Jonathan Iliff is a medical doctor in the NHS, with a background in neuroscience and mental health. Jonathan was the founder and chair of the UCL Society for the Application of Psychedelics and is specialising in psychiatry at the prestigious Maudsley Hospital and Trust in South London. His research has focused on the use of psychedelic compounds but today his focus is science communication and his clinical work - focussing on helping people, and their problems, in the here and now.

Jonathan is in his element talking about mental health and the brain. He believes that in our modern world many of our greatest pains are mental. His mission is to stoke conversation about health and mental health, change attitudes that persist in even the most tolerant parts of our society, and encourage innovation to improve the lives of the millions of people that suffer directly and indirectly from mental health disorders.



*Dr Jonathan Iliff has written this guide in collaboration with Payne Hicks Beach.*

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## INTRODUCTION

Relationship breakdown is an all-encompassing, life-altering process that has profound, lasting effects on the mental well-being of your clients. Divorce is the second-most stressful life event, second only to the death of a spouse/life-partner. There is a strong chance that divorce will contribute to mental health problems or illness in many of your clients.

This guide should be used in conjunction with the Divorce Survival Guide and is designed to help you identify vulnerable clients who are struggling with the process and may be developing mental health problems or mental illness. It offers a psychological lens through which you can view your clients' well-being and helps stratify the degree of concern you should have, based on conversations with your client and how they present to you, as well as having

a handle on what excessive distress in divorce can look like. Finally, it will provide a direction towards self-care, support, mental health professionals and emergency responses, as the need arises.

This guide is not a substitute for timely, professional help, and is not a training resource to allow you to independently deliver mental health care.

## HOW TO USE THIS GUIDE

In this guide we suggest there are three key steps to identifying and supporting vulnerable clients.

First think about the interactions you have had with your client and compare those to our Green, Amber and Red traffic light system below. Consider whether you have noticed a change in your client's tone, method and frequency of interactions. For example, whether your client has become avoidant, overly communicative, aggressive, apathetic or defeatist.

Mental distress is normal in divorce and doesn't necessarily mean someone is unwell. Green signs may be unpleasant but don't, in isolation, require discussion with a doctor. The client will, however, find other kinds of support helpful, such as friends, family, self-care (like exercise and good nutrition), a well-being specialist or a therapist. Offer them the Divorce Survival Guide to guide them on this.

Have you noticed any signs from the Amber section? If so this warrants a specific further conversation about their well-being and mental health. We strongly suggest they speak to a well-being or mental health professional about their problems, in addition to the steps and support suggested for those with Green signs. Vulnerable adults, those pregnant or with young children or those with pre-existing mental health problems should see a professional if they have any signs of concern.

Have they exhibited anything in the Red section? If so this definitely warrants a further conversation about their well-being, and that they speak to a medical doctor as a matter of urgency, including a GP or psychiatrist; they may also want to speak to another professional. They may warrant social workers, other relevant professionals or, in extremis, the police.

The second step is to facilitate further conversations using our 'helpful questions' section, based around the biopsychosocial model of body, mind and relationships. Their responses can help us decide what the next step should be. The 'before, during and after' section can be a useful adjunct here, helping you to think about which problems are most likely to be relevant to them at their stage of the process.

Thirdly, taking together the information gathered, consider how you can take appropriate action the final section of this guide outlines possible next steps. Remember always to consider your professional duties as set out in the accompanying annex and ask for help from colleagues if in doubt.

Each situation and client is unique; discretion and judgment is always advised when using this guide. There is no harm in erring on the side of caution if you are uncertain.

### WHAT THEY SAY

### WHAT YOU NOTICE

#### GREEN

Feeling rejected or down for much of the time

Taking less interest in things that interested them before

Eating too much or too little

Feeling indecisive or unable to concentrate

Feeling shame, guilt or self critical thoughts

Sleeping too much or too little

Feelings of worry

Headaches

Anger

Finding work more challenging

Ups and downs of mood

Looks tired

Unable to sit still

Speaking slower than normal

Appears distant or distracted

Reduced eye contact

Slumped posture

Forgetting what instructions they have previously given

Not responding to emails on time

Struggling to meet deadlines

#### AMBER

Feeling a burden to others

Feeling trapped

Persistent low or fluctuating mood

Feeling depressed

Loss of interest

Irritability

Feelings of humiliation

Persistent anxiety

Symptoms of panic

- Racing heart rate
- Chest feels tightened
- Digestive issues
- Excessive sweating

Persistent headaches

Financial crisis

Feeling worthless, helpless, hopeless

Increasingly isolated

Withdrawn from friends, activities or hobbies

Not being able to do daily tasks or work

Unusual behaviour of their own (overspending, hoarding)

Increased use of alcohol or drugs

Struggling to maintain hygiene or appearance.

Missing multiple appointments without clear reason

Disproportionate or inappropriate anger

Not responding to emails at all

Failing to communicate coherent instructions

Missing important deadlines

#### WHAT THEY SAY

RED

Unbearable pain

Feelings of rage

Acting recklessly

Having no reason to live

Thoughts of death or not wanting to be around

Thoughts of taking own life or self harm

Behaving suicidally or self-harm

Getting affairs in order, calling people to say goodbye,  
leaving notes or giving away prized possessions

Bizarre ideas or experiences that only the client is  
experiencing (eg. sights, sounds, hallucinations)

Looking for a way to kill themselves, such as  
searching online for materials or means

#### WHAT YOU NOTICE

Smell or paraphernalia of alcohol or drugs

Controlling, abusive or  
aggressive behaviour

Risky behaviour toward others  
(stalking, harassing, abduction)

Evidence of self-harm  
(eg. scratches, wounds, burn marks)

Any risk to children, former partner  
and/or any other person including  
neglect or aggression

This is not an exhaustive list, if you are uncertain or substantially worried do encourage they seek medical help in the first instance.





## QUESTIONS

### MIND

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How are you feeling?

How's your attention span been lately?

Have you had thoughts of wanting to hurt yourself?

How has your mood been?

Have you been able to enjoy anything lately?

Have you experienced anxiety or racing thoughts?

Have you had any dark/troubling thoughts?

### BODY

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How has your sleep been?

Have you struggled to look after yourself?

Have you felt reduced heart racing, sweaty, or tight in the chest?

Are you eating properly?

Have you experienced dread or a sinking feeling?

Are you managing to exercise?

How have your energy levels been?

### SOCIAL

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Who do you have around you for support?

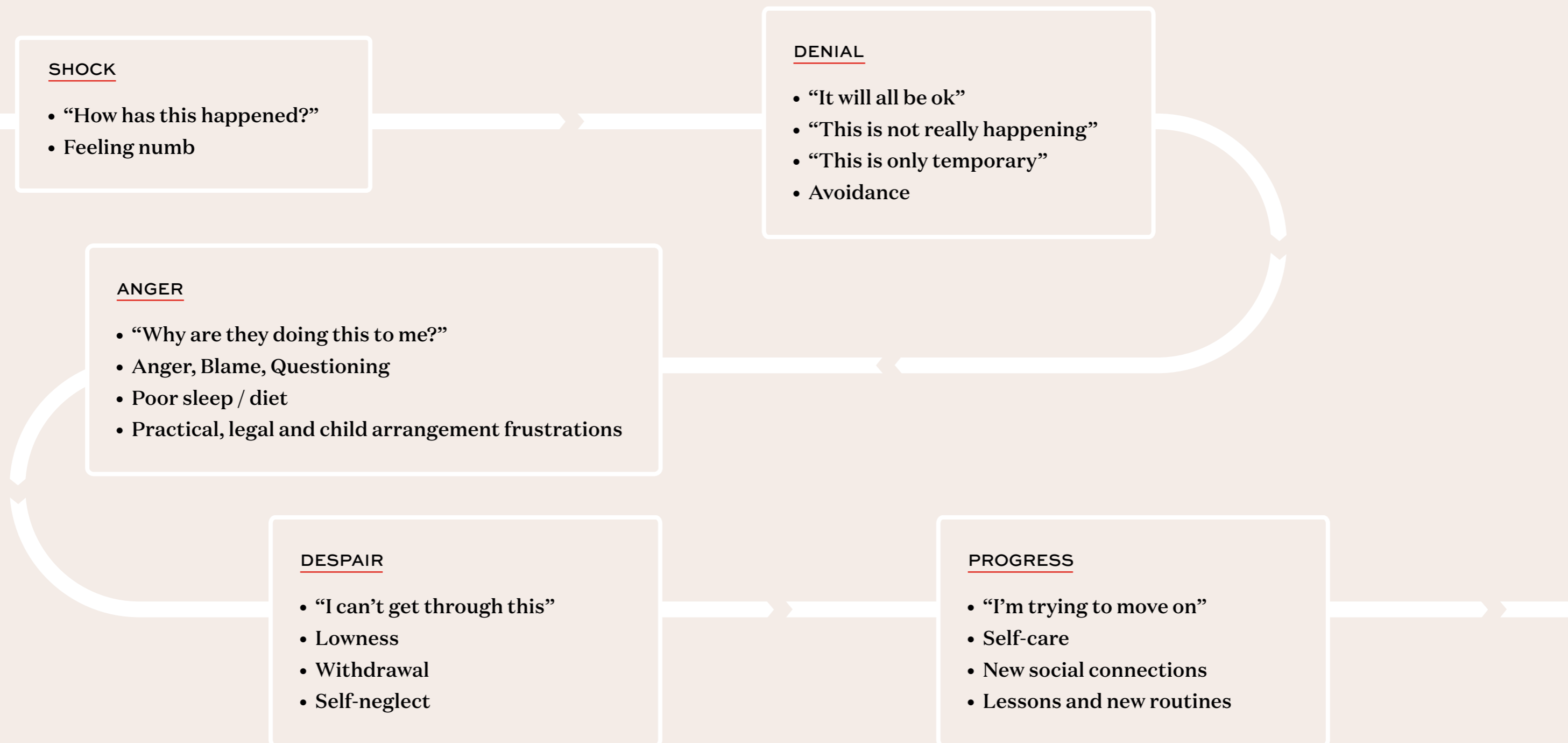
Have you found yourself consuming more alcohol or drugs than normal?

Are you still doing things that you enjoy?

Have you been able to spend time with friends/family recently?

## THE EMOTIONAL JOURNEY OF DIVORCE

Divorce is a grief process. Grief is like a very bad cut, it hurts a lot at first but slowly heals leaving a scar that lasts forever.



## NEXT STEPS:

1. Offer them the Vulnerable Clients Survival Guide in the first instance.
2. In all cases encourage the client to engage with known social and family supports, including trusted siblings, friends and parents. Seeing these people regularly provides ongoing structure and things to look forward to. If they are living alone, is there someone they could stay with or could stay with them as support?
3. Self-care practices will vary depending on the individual, but often include: walks in nature, breathing exercises, prayer, meditation.
4. Positive distraction is helpful: it might include a favourite magazine or TV show, a project, a hobby, or, in moderation, work.
5. Those showing green signs may want to speak to a professional. A good place to start is a well-being specialist, counsellor, coach or psychotherapist with experience in the area. The choice should depend on client preference.
6. It is advisable to work with one primary team or professional at a time, or two with complementary skills (such as a psychiatrist and a therapist).
7. Those showing amber signs should be encouraged to speak to a professional, but should also speak on at least one occasion with their GP or a psychiatrist as well. Medical doctors will be able to take a holistic view; consider risk of mental and physical illness; and refer on to the right service for the client's needs.
8. Those showing red signs should be strongly encouraged to speak to their GP or a psychiatrist in the first instance and as soon as possible.
9. If there is any concern about possible risk to life or limb (such as thoughts of wanting to take their own life, self-harm, or wanting to hurt others with any intent to do so): this should prompt a same day assessment by a psychiatrist or other medical doctor. If you are in doubt about the urgency, they should attend A+E or 999 be called; if someone other than the client is at risk - police should be called.
10. Have they acted on these thoughts in any way? **Certain red flags** should be a prompt to attend A+E, or where relevant, call the police. Has there been an attempt to take their own life or self-harm such as cutting, head-banging, taking medications, swallowing bleach or cleaning fluid, and ligature? If so, an ambulance should be called via 999.
11. If there are any concerns about safeguarding (for example if the client is a vulnerable adult, or there are children at risk) a safeguarding concern should be raised - typically a doctor, psychotherapist or social worker is the best person to assess and complete this.
12. Signs of self-neglect or extremely poor self-care (not showering or washing their clothes to the point of malodour, for instance), or evidence of malnourishment (starvation, not drinking fluids), should also prompt medical attention at the earliest opportunity.

## DOMESTIC ABUSE

Anyone can be a victim of domestic abuse and there are different kinds of abuse, including physical, emotional and sexual abuse. In each situation, the abuser attempts to exert power and control over the abused.

If the relationship your client describes sounds controlling, be that emotionally or financially, or if there are signs of threats or intimidation, or of physical violence, gently let them know that you have noticed something is wrong and that they can speak with you if they choose to do so.

If a client confides in you and confirms that they are suffering abuse, take care to listen, not to blame them, and to acknowledge the strength it has taken to open up about such a difficult experience. Assure them that no one deserves to be abused, they are not alone and it is not their fault that they have been in an abusive situation. Be ready to provide information about organisations that offer help for people experiencing domestic abuse.

A non-exhaustive list of resources which you may offer to a client as support:

- women can call The Freephone National Domestic Abuse Helpline, run by Refuge on 0808 2000 247 for free at any time, day or night. The staff will offer confidential, non-judgemental information and support
- talk to a doctor, health visitor or midwife
- men can call Men's Advice Line on 0808 8010 327 (Monday to Friday 10am to 8pm), or visit the webchat at Men's Advice Line (Wednesday 10am to 11.30am and 2.30pm to 4pm) for non-judgemental information and support

- men can also call ManKind on 0182 3334 244 (Monday to Friday, 10am to 4pm)
- LGBT+ people can call Galop on 0800 999 5428 for emotional and practical support
- anyone can call Karma Nirvana on 0800 5999 247 (Monday to Friday 9am to 5pm) for forced marriage and honour crimes. You can also call 020 7008 0151 to speak to the GOV.UK Forced Marriage Unit
- women can email [helpline@womensaid.org.uk](mailto:helpline@womensaid.org.uk) (staff respond within 5 working days)
- men can email [info@mensadviceline.org.uk](mailto:info@mensadviceline.org.uk)
- LGBT+ people can email [help@galop.org.uk](mailto:help@galop.org.uk)

**Remind a client to always call 999 in an emergency**

Someone who has suffered abuse is vulnerable and should be shown extra patience and care in any correspondence. Furthermore, due to the controlling nature of domestic abuse it is important to remind those who have been abused of their own autonomy and ability to make decisions and to empower them to do so.

## GLOSSARY OF RELEVANT MENTAL HEALTH TERMINOLOGY

We have minimised medical and psychological jargon wherever possible. Nonetheless, here is a glossary of terms you may find useful.

- 1. Anxiety:**  
A state of unease or apprehension, often accompanied by worry and fear. It can manifest as physical symptoms like restlessness, rapid heartbeat, and difficulty concentrating.
- 2. Biopsychosocial:**  
A holistic approach to understanding health and well-being that considers biological, psychological, and social factors and their interactions.
- 3. Boundaries:**  
Personal limits that help individuals define their emotional and physical space. Establishing boundaries is important to maintain healthy interactions, especially during divorce.
- 4. Co-Parenting:**  
The practice of raising children together after divorce, often involving effective communication and cooperation between both parents.
- 5. Communication Skills:**  
The ability to convey thoughts, feelings, and needs clearly and respectfully. Strong communication is vital for managing conflicts and negotiating arrangements during divorce.
- 6. Coping Strategies:**  
Methods individuals use to manage stress and difficult emotions, such as exercise, mindfulness, or seeking support from friends and family.
- 7. Depression:**  
A mood disorder characterised by persistent feelings of sadness, low energy, and a loss of interest or pleasure in activities. It can impact daily functioning and may lead to changes in sleep and appetite.
- 8. Emotional Regulation:**  
The ability to manage and control one's emotions in order to respond appropriately to different situations. During divorce, emotions can be heightened, and learning to regulate them is important.
- 9. Grief:**  
The natural response to loss. Divorce can trigger feelings of grief, including sadness, anger, and a sense of loss over the end of the marriage.
- 10. Child Arrangement Orders (CAO):**  
A child arrangement order (CAO) regulates with whom a child is to live, spend time or otherwise have contact and when a child will live, spend time or otherwise have contact with a person.
- 11. Mediation:**  
A process where a neutral third party helps divorcing couples communicate and negotiate to reach agreements. It can assist in managing conflict and reducing emotional stress.
- 12. Mental Illness:**  
A wide range of conditions that affect a person's thinking, emotions, mood, and behaviour. Understanding mental illness is important when supporting individuals during divorce.
- 13. Parenting Plan:**  
A written agreement between parents setting out how they are going to manage the care of their children and how they will exercise shared parental responsibility after relationship breakdown. It helps establish a structured framework for co-parenting.
- 14. Psychiatry:**  
The medical specialty focused on diagnosing, treating, and preventing mental illnesses. Psychiatrists are medical doctors who can prescribe medication, deliver psychotherapy and assess physical and mental causes of mental health symptoms.
- 15. Psychology:**  
The scientific study of behaviour and mental processes. Psychologists use various therapeutic approaches to address emotional challenges during divorce.
- 16. Psychotherapy:**  
A therapeutic process that involves talking to a trained professional to address emotional difficulties and develop coping strategies. It can help individuals navigate divorce-related stress.
- 17. Psychosis:**  
A severe mental state in which a person experiences impaired thinking, hallucinations, and a disconnect from reality. Understanding psychosis is important for assessing well-being during divorce.
- 18. Risk to Life or Limb:**  
A situation where an individual's physical safety is in danger. Recognising and responding to such risks is crucial, especially in cases involving vulnerable adults or children.
- 19. Safeguarding:**  
The process of protecting individuals, particularly vulnerable adults and children, from harm and ensuring their well-being and safety.

- 20. Self-Care:**  
Practices that prioritise one's own well-being, such as maintaining a healthy lifestyle, engaging in hobbies, and seeking support from others.
- 21. Self-Harm:**  
Deliberate acts of injuring oneself as a way to cope with emotional pain. Recognising signs of self-harm is important for ensuring the safety of individuals involved in divorce.
- 22. Self neglect:**  
Ignoring one's own needs or the needs of one's own environment, including poor self care, lack of exercise, poor hygiene, poor eating or drinking, malodor or malnourishment. Signs include changes in or failing to maintain appearance or the appearance of one's clothes and home.
- 23. Social Worker:**  
A professional who provides support and resources to individuals and families facing challenges, including divorce. They can raise safe-guarding concerns and provide practical assistance and emotional guidance.
- 24. Stress:**  
A physiological and psychological response to demands or changes in one's environment. Divorce can be a significant stressor, impacting emotions, thoughts, and physical health.
- 25. Support System:**  
A network of friends, family, or professionals who provide emotional, practical, and social support during challenging times.
- 26. Therapist/Counsellor:**  
A trained professional who offers talk therapy to help individuals process emotions, develop coping skills, and navigate life changes, such as divorce.
- 27. Transition:**  
A period of change from one life stage to another. Divorce represents a significant transition that requires adjustment and coping with new circumstances.
- 28. Trauma:**  
An emotional response to distressing or shocking events that can impact an individual's mental well-being. Divorce can sometimes be experienced as a traumatic event.
- 29. Vulnerable Adult:**  
An adult who, due to physical or mental impairments, may be at risk of harm, neglect, or exploitation. Identifying and addressing their needs is important during divorce.

- 30. Well-Being:**  
A state of feeling content, healthy, and satisfied with one's life. Focusing on well-being during divorce can promote emotional healing and personal growth.
- 31. Well-Being Specialist:**  
A professional who specialises in promoting and supporting individuals' overall well-being through various strategies and interventions. They can offer guidance during divorce.

Remember, while this glossary provides a basic understanding of relevant mental health terms, seeking guidance from mental health professionals when necessary is recommended for addressing complex emotional challenges during divorce.

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