

Assessing legal needs and capability for health justice partnership

The experience at Neami National

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A list of terms used

This report includes a range of terms that may not be familiar to some reading this report. Here we describe what we mean by these terms.

Health justice partnerships: Partnerships, commonly between one or more health or wellbeing services and one or more legal assistance services, to integrate legal help into services that support people's health and wellbeing.

Intermediaries: A term used in some legal services to describe staff in health and community settings that may link their clients who have legal problems to legal assistance services. The intermediary becomes a pathway between legal services and people who need legal help but are otherwise unlikely to go straight to legal services.

Legal issues/legal problems: Problems that have a legal element that a lawyer can assist with.

Legal need: The experience of having ongoing legal problems. Legal need arises when legal issues are not addressed.

Legal assistance: Assistance provided by lawyers or legal services to help people address their legal issues. This help can be in the form of general information, advice on what to do about specific problems, help such as writing letters or negotiating with people, or representation in a court or tribunal.

Legal assistance services: Community based legal services that provide help to people with their legal problems. Examples include [Legal Aid Commissions](#) (in each State and Territory), [Community Legal Centres](#), [Aboriginal Legal Services](#) and Family Violence Prevention Legal Centres.

Legal capability: The skills, knowledge, mindset and resources to needed to effectively identify, know what to do about and take action on legal issues.

Secondary consultation: Communication and information sharing between partnering practitioners that helps them to support their patients and clients.

Warm referral: When a practitioner in one service contacts another service on the client's behalf. In health justice partnership this could look like a practitioner making an appointment with another practitioner, or in some cases, introducing the client to another practitioner. In partnerships this may also involve writing a report or case history on the client for the legal service and/or attending the service with the client. A cold referral, by contrast, involves providing the contact details of a legal service to a client, for them to follow up independently.

Executive Summary

When you're dealing with mental health, you know, you're dealing with people's lives ... That's the main objective. You're dealing with the person's life.

Neami staff member

Background: Neami National provides community-based services in more than 70 locations around Australia to improve mental health and wellbeing in local communities. Informed by evidence about the prevalence and impact of unmet legal need for people experiencing mental health issues, Neami and Health Justice Australia started working together to set the foundations for health justice partnership (HJP) in three of its service sites. HJPs are collaborations to integrate legal help into services that support people's health and wellbeing. In HJPs, health and legal partners can provide more comprehensive support to consumers who experience intersecting health and legal issues in their lives.

Methodology: This paper summarises research undertaken to explore the potential for HJPs in Neami sites. It draws together findings from two complementary projects. The first was a baseline survey sent to 999 frontline staff working in 70 mental health and wellbeing service sites across Australia, with 146 responses (14.6%). The survey examined the types of legal issues that frontline Neami staff see their consumers experiencing, and what staff feel they need to support consumers experiencing these issues. It also explored Neami staff perceptions of lawyers and justice systems, noting the importance of trust as a foundation to collaborative partnership.

The second project involved in-depth legal needs assessments in three Neami sites, to help identify, based on need, potential legal service partners in those locations. Appropriate partner legal services are those that prioritise and can provide the legal help required by the client groups that Neami is already serving: people who are experiencing unmet legal need and who face particular barriers to accessing legal assistance directly. In each site, we assessed the types of legal issues likely to arise

based on the profile of consumers in each site and legal needs evidence about those cohorts, together with semi-structured interviews and focus groups with 18 staff across the three sites.

Results: In the survey, staff identified a wide range of legal issues experienced by their consumers at the time they are seeking support for their mental health and wellbeing. Most common were credit, debt and social security issues, housing, family law and family violence. However, the legal needs assessments identified how the combination of legal issues varied from place to place, influenced by the profile of consumers served (e.g. gender, age, other intersecting needs). Two-thirds (67%) of staff who responded to the survey indicated that they spent around 50% or *more* of their time responding to the types of legal issues listed. Staff also identified what they needed more of to assist clients with these issues: knowledge of other services, connections with professionals in other organisations and connections with community.

The legal needs assessments added context to these findings, identifying key differences between sites in the types of consumer groups served, the legal needs arising in each setting and what staff felt they needed to respond to legal issues. The assessments explored the role and remit of staff in each site, their current connections and relationships with legal services, and staff level of comfort with the idea of partnership.

The main purpose of the legal needs assessment was to help Neami identify legal services that each site could approach to form an HJP. As a next step, Neami has used the assessments to inform conversations with these legal services. The readiness and interest of these legal services to partner with Neami is addressed as part of this partnership brokerage process, also supported by Health Justice Australia.

Introduction

Neami National is a community-based organisation providing services in more than 70 locations around Australia to improve mental health and wellbeing in local communities. Neami services include community based mental health and wellbeing services (including Head to Health Services), urgent mental health care services, recovery support, youth mental health, homelessness support, and throughcare services for people exiting prison with severe mental health issues. Neami's purpose is 'to enable people aged 16 to 65 living with mental health issues to achieve outcomes that they value'. Across all services, Neami has more than 1,500 staff including clinical staff and a range of generalist and specialist support workers including peer support workers (Neami National 2023).

In 2021, Neami National and Health Justice Australia started working together to set the foundations for and pilot health justice partnerships (HJPs) in three of its service sites. [Health justice partnerships](#) are collaborations to integrate legal help into services that support people's health and wellbeing.

HJP is a way for otherwise siloed practitioners and services to bring their expertise and resources together to address intersecting health, legal and social issues affecting shared client groups. HJPs bring legal help to people with unmet legal needs in places that they are

already accessing. While they vary by context, HJPs commonly provide on-site legal help to individual clients and enable secondary consultations. Secondary consultation refers to communication and information sharing between partnering practitioners that helps them to support their patients and clients (Rajan, Carlow et al. 2021). HJPs can also offer cross-disciplinary training for partnering practitioners, facilitate 'warm' referrals, and provide the opportunity for partners to work collaboratively to support shared clients. Recognising the important role of health staff as 'intermediaries', partnership can build the capability of health staff to identify and address social issues that are already arising in their practice (Clarke 2017).

The activities and structure of any particular HJP will depend upon the needs of consumers and services, existing service relationships and local infrastructure. Partnerships are commonly between community based legal assistance services that can provide legal help, and health or community services that support people who are vulnerable to having unmet legal needs. Settings include community health services, ante-natal care settings, child and family services, Aboriginal Community Controlled Health Services and hospitals.

Background:

The intersection between legal need and mental health

Legal problems are common in Australia. It is estimated that one in five people encounter three or more legal problems in a given year (Coumarelos, Macourt et al. 2012). Factors such as having a physical, mental or chronic illness, being a single parent, being unemployed or living in disadvantaged housing increase vulnerability to legal problems, and these factors are found to have an additive effect (McDonald and Wei 2013). The LAW survey also reveals that legal issues cluster (for instance, family law, family violence, debt) and interact with other life issues.

Balmer and Pleasence (2018) found that in the UK, those experiencing mental ill-health are:

- more likely than others to have legal problems
- more susceptible to having large numbers of problems
- more likely to report a broad range of adverse consequences from their problems.

Access to justice research points to the bidirectional and cumulative impact of mental health and legal problems. Issues such as spiralling debt, insecure or inappropriate housing and family breakdown can all contribute to poor mental health, and poor mental health can in turn escalate these issues (Pleasence, Balmer et al. 2008, Balmer and Pleasence 2018, Nagy and Forell 2020).

Research has also identified associations between mental health problems and specific stressors such as insecure or poor quality housing (e.g., Pevalin, Reeves et al. 2017 and Brackertz, Borrowman et al. 2020) and financial hardship (See Fitch, Hamilton et al. 2011, Evans 2018, Heartward Strategic 2022, Pitt 2023). In their review of the link between mental health and money issues, Heartward Strategic (2022) observe:

...falling behind on loan payments and bills, as well as having credit card debt and short-term/pay day loans, have been associated with higher likelihood of experiencing mental health conditions such as depression and anxiety, as well as thoughts about suicide (p17).

Access to justice research has also identified barriers to help seeking, and inaction about legal problems meaning that people experiencing mental health issues are among those most vulnerable to having unmet legal need (Coumarelos, Macourt et al. 2012, Pleasence, Coumarelos et al. 2014). Intersecting issues can also directly interfere with people's ability to engage with their treatment, for example by causing them to miss appointments or by reducing the amount of clinical time that can be spent on health issues (see, for e.g. Fairak 2018).

The role of health professionals in addressing socio-legal issues

Legal needs research has identified the key role of health and social care professionals, also described as ‘trusted intermediaries’, in linking people experiencing legal issues with the legal help they would otherwise not access in a timely manner or at all (Pleasence, Coumarelos et al. 2014, Cohl, Lassonde et al. 2018). This is because people with legal issues are more likely to be in contact with trusted workers in health and community settings than directly with legal professionals and services. Contributing to this, many people do not necessarily identify legal issues relating to housing, credit and debt, family violence and the like as issues that a lawyer can help them with (Coumarelos, Macourt et al. 2012, Cohl, Lassonde et al. 2018, Nagy and Forell 2020). The skills, knowledge, mindset and resources to identify and appropriately respond to legal issues are described in the access to justice literature as ‘legal capability’ (McDonald and People 2014). The phrase is most commonly used in reference to those experiencing legal need, rather than the service providers supporting them. However, to effectively link people experiencing legal needs to the professionals that can assist them, intermediaries also require ‘legal capability’.

A Canadian study on the role of ‘trusted intermediaries’ identified that, to effectively identify legal need and act as a pathway to legal assistance, community workers required a range of support: training, tools, resources, connections and partnerships (Cohl, Lassonde et al. 2018).

Clarke (2017) found that mental health professionals provided clients with support including identifying financial difficulties, helping clients to access debt advice services and address the financial issue, as well as providing specialist support to address the underlying psychological causes and consequences of financial difficulties (Clarke 2017 p. 5). The study identified the challenges faced by practitioners in undertaking this role, including lack of knowledge of, access and connection to specialised financial advice services, lack of clarity around the limits of their own roles in helping clients with these issues, or feeling the need to step beyond their expertise and role to address a critical need (Clarke 2017 p.30, Pitt 2023). The study recommended training around financial difficulty and its link to mental health, more streamlined ‘warm referral’ channels to appropriate expertise, and a specialised, co-located service for those with the most severe needs (Clarke 2017 pp 40 & 38).

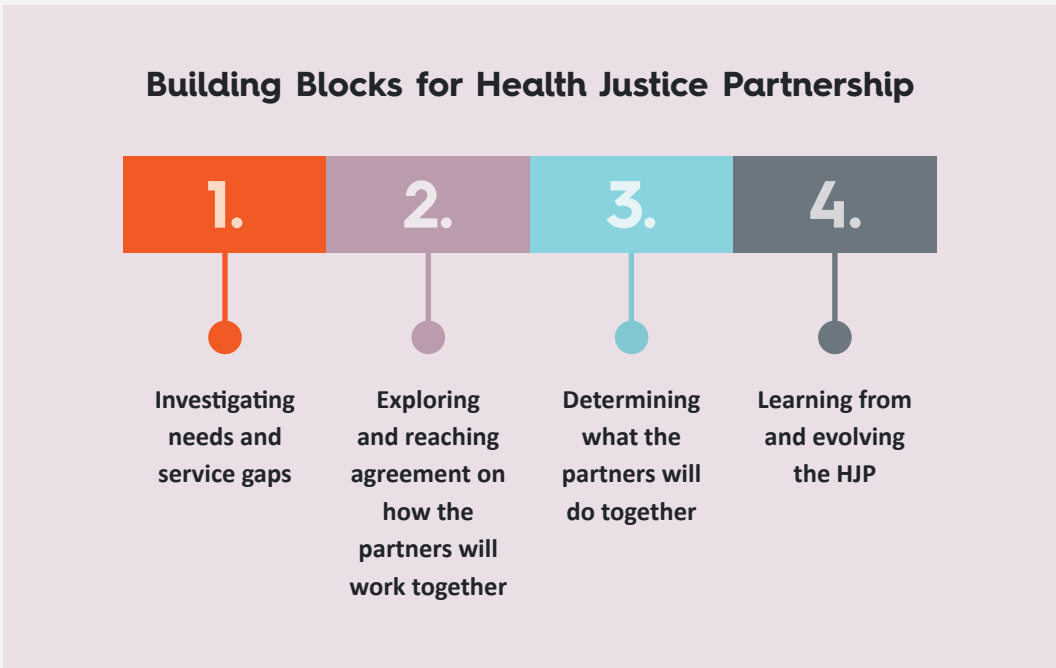
Setting up a health justice partnership

Health justice partnerships involve health and legal services coming together to assist a common set of clients that are vulnerable to intersecting health and legal issues. By working together, partner services each build their capacity to support clients, in ways that they cannot achieve alone.

Building an effective partnership involves partners identifying their common concerns (client groups, issues) and the scope to support each other's work towards addressing those concerns. In this case, Neami first needed to

identify legal services that may be interested in partnership with them. And to do this, they needed to understand the types of legal issues that their consumers are vulnerable to, and the strengths and challenges that their services currently face in responding to these issues.

This is a foundational step, and the first of four common 'building blocks', identified by HJA, to developing and maintaining an HJP. This report captures the insights from Neami taking this foundational step (Turner, 2021).



Methodology

This paper draws together findings from two streams of work, described in detail below. The first was a survey of 146 frontline staff working in 70 mental health and wellbeing service sites

across Australia. The second stream involved legal needs assessments in three very different service settings as a foundation for health justice partnership in these sites.

Research questions

Together these streams of work addressed the following questions:

1. Who is accessing Neami services and are they the same groups of clients that local legal assistance services aim to support?
2. What types of legal issues are consumers experiencing when accessing Neami services?
3. What barriers do Neami staff see their consumers facing in addressing their legal issues?
4. What are the experiences, strengths and challenges of Neami staff in supporting consumers with intersecting health and legal issues?

These findings are used to discuss:

- The need and opportunities for establishing HJP in Neami sites
- The potential barriers to establishing HJP in Neami sites.

The survey

A voluntary online survey was sent by email to consumer-facing staff (n=999) in all Neami National service sites across Australia, including peer support workers, clinical staff, operational support staff, site managers and team leaders, wellbeing coaches, Aboriginal health officers, registered nurses, employment specialists and support coordinators. Survey questions focussed on:

- Types of legal issues that staff see their consumers experiencing
- Time spent addressing legal issues
- Whether staff felt they had the resources to address legal issues in their work
- History of consulting with lawyers
- Views about lawyers and courts
- Current referral relationships with legal services.

After two reminders, 146 staff completed the survey, which corresponded to a 14.6% response rate. Response rates for each state and territory were: Northern Territory (30%), Western Australia (16%), NSW (15%), Victoria (14%), Queensland (10%) and South Australia (10%). As a note of caution, we cannot assume that the views of those who responded are representative of the views of all staff.

Survey responses were analysed by role type and the type of Neami service. A separate analysis explored whether staff having previous experience in consulting with a lawyer may have affected how they responded.¹ However, with a

relatively small response rate, few significant differences were found. The results reported here are largely descriptive statistics.

Staff responded from 70 service sites across Australia, in every state and territory that Neami has services. Most respondents were from NSW (30%), Victoria (21%), South Australia (20%) and Western Australia (16%). Nearly half (47%) of all respondents were peer support workers, 20% were support workers (including wellbeing coaches, specialist support workers, Aboriginal health officers), 17% managers/team leaders and 15% clinical staff (including nurses).

Noting some staff work in more than one service, respondents (n=144) reported their main worksite as:

- Community-based mental health support (47%). These services include mental health outreach, intake and assessment and/or service navigation, consortium management/subcontracting, group programs, residential programs.
- Recovery-oriented clinical mental health services (42%). These services include short-term subacute residential services, subacute community outreach, recovery focussed clinical services, and Adult Mental Health Centres.
- Housing and homelessness services (12%). These services include street outreach, wrap around support, transitional residential and support, and low intensity housing support.

1. An ANOVA on scores of history of consultation with lawyers as a function of service type showed significant variation between the 3 service types ($F=4.2321$, $p<0.05$). A post hoc Tukey test comparing scores on history of consultation with lawyers as a factor of service type showed significant differences between housing and homelessness services and recovery-oriented clinical mental health services ($p<0.05$), and between housing and homelessness and community-based mental health services ($p<0.05$).

Legal needs assessments

Legal needs assessments were conducted to inform the development of HJPs in three Neami service sites. Neami selected sites that varied by service model and target client groups, as well as geographic location (in three different states/territories) and their proximity and connection to other services. Two are in regional locations and one in an inner-city location. The sites were:

- An **urgent mental health care centre (UMHCC)**, which offers a safe and welcoming space for people seeking urgent mental health support, as an alternative to Emergency Departments. Clients can self-refer, be referred or arrive with emergency services. With clinical and peer support staff, this centre provides immediate care within the first 24 hours. There is also an **aftercare** service of 4-6 weeks for consumers needing that support.
- A non-clinical **individual support and recovery program (IRSP)** of up to 12 months, for people recently released from prison with severe mental health issues.
- A **'Head to Health' (H2H)** mental health and wellbeing service for people experiencing psychological distress. This Commonwealth funded service model provides a highly visible, accessible and welcoming entry point to services for people experiencing psychological distress, and offers assessment to match people to the services they need. Consumers receive on the spot support, care and advice without needing referral, prior appointments or out of pocket cost. (Australian Government Department of Health, 2021). Neami is one of a number of providers running H2H Services in locations across Australia.

The legal needs assessments aimed to identify the range of consumers supported in each location, the types of legal issues they experience and barriers to accessing legal help. This information helps to identify what types of legal services may be most appropriate as partners in any particular location. In most HJPs, the legal partners are community legal services or legal aid commissions. However, legal assistance services vary in the type and amount of support they can provide for different types of issues and different cohorts, and some may apply means and merit tests for certain types of help. In addition to generalist community legal services that provide legal help in a geographic region, there are specialist legal assistance services that focus on particular issues (e.g. financial issues, welfare rights, immigration, employment) or supporting certain client groups (e.g. people with disability, women, Aboriginal and Torres Strait Islander peoples). The aim is to identify legal services that support the same client groups, and that can assist with unmet legal issues that these clients are experiencing.

We also explored any concerns about potential partnership with legal services and issues such as trust. In each location the analysis involved:

- Summary service data on the profile of consumers supported through the service in the previous 6 or 12 month period. While the summary data available varied service to service, it included client numbers, gender, age ranges and cultural background. Two services provided information about the mental health issues/reasons for presentation and one included data about intensity of care services provided. Referral was provided where available.

- A comparison of the data indicating the profile of consumers assisted in each site against existing legal needs and access to justice evidence on the legal needs that different cohorts of people are vulnerable to, taking account of factors such as age, gender, cultural background, intersecting needs and life experiences (see Coumarelos, McDonald et al. 2015).
- A scan and analysis of legal assistance services providing relevant legal help to those clients in those locations.
- The insights of staff in each location, gathered through online interviews and focus groups. Across the three services we spoke with a total of 18 service managers and leads, clinicians, Aboriginal and generalist wellbeing coaches, peer support workers and employment specialists. Eleven of the 18 staff consulted were based at the largest of these three services, the H2H service. Many staff brought both highly valued professional and lived experience.

Results

People accessing Neami services

... underlying almost every presentation we have, is trauma. Yeah. And childhood victimisation.

Staff member, Head to Health

I'd say the biggest one would be that acute anxiety, depression, mental ill health. Feeling overwhelmed. That can sometimes, from the people that I see, sometimes prevent them from getting the help they need.

Staff member, Head to Health

The legal needs assessments commenced with analysis of summary service data to identify the profile of client groups (known in Neami as consumers) assisted in each location. This was then reviewed against evidence about the likely legal needs and capabilities of different cohorts to assess likely legal need and capability of clients in each location. This helped to identify how consumers supported in each site may align with the remit and priorities of local legal assistance services.

All Neami services support people experiencing mental health issues and mental health symptoms including psychological distress. However, the legal needs assessments in each of the three Neami services highlighted the diversity in the profile and needs of clients in each service. For instance, 53% of UMHCC consumers were women, as were 90% of the consumers supported by the Aftercare services. Two-thirds of the visitors at the H2H were women. In comparison, three-quarters

of the IRSP consumers were men. In terms of cultural background, 6% of UMHCC consumers were Aboriginal and Torres Strait Islander peoples, compared to three-quarters of IRSP clients.

The gender identity and cultural background of consumers are two factors that align with vulnerability to the different legal issues. Women are more vulnerable to being victims of family and domestic violence and the associated legal issues (Coumarelos 2019). Aboriginal and Torres Strait Islander peoples are more vulnerable to multiple and intersecting legal needs and more serious legal issues (Coumarelos, Macourt et al. 2012, Cunneen, Allison et al. 2014).

The profile of consumers in each service also vary by other intersectionalities, such as experiences of homelessness and recent incarceration. This is perhaps unsurprising given the diversity of Neami services, both geographically and in terms of specific focus or specialty. People experiencing homelessness and those recently released from prison are particularly vulnerable to multiple and intersecting legal issues while having particular barriers to accessing and engaging with legal support (Forell, McCarron et al. 2005, Grunseit, Forell et al. 2008).

The common theme arising from the interviews and focus groups is that people seeking support from Neami services are experiencing various forms of psychological distress and that this distress is linked to other life issues and experiences. Among these are issues that may have a legal solution (Nagy and Forell 2020).

Types of legal issues identified by staff

Insights from the survey

In the survey of frontline clinical and support staff working in Neami services, respondents were asked how often the following list of legal issues arise in their work with consumers.

- Money issues (e.g. debts, fines, payday loans and mortgage stress)
- Social security/Centrelink issues (e.g. breaches and eligibility)
- Housing/tenancy issues (e.g. eviction and disputes with landlords)
- Family/relationship issues (e.g. separation and child access)
- Domestic or family violence (e.g. risk to self or family)
- National Disability Insurance Scheme/ National Disability Insurance Agency issues (e.g. access to scheme and appeal process)
- Victim of crime issues (e.g. fraud and abuse/neglect)
- Care and child protection issues (e.g. risk of child removal and protection orders)
- Crime issues (e.g. court appearances as a defendant and traffic infringements)
- Discrimination, harassment, or bullying issues (e.g. in school, housing, and employment)
- Issues relating to mental health legislation
- Employment issues (e.g. unfair dismissal and poor work conditions)
- Other issues (e.g. consumer issues, scams, and car accidents)
- Visa and immigration issues (e.g. family and refugee visas)

Response options were not at all, occasionally (i.e. arising with up to about 30% of consumers), sometimes (i.e. arising with around 50% of consumers) or frequently (i.e. arising with around 70% of consumers or more).

Virtually all respondents (99%) said that legal issues relating to money came up at least occasionally with the consumers they support, with 60% indicating that this was 'frequently' the case. Other legal issues seen at least occasionally by more than 90% of respondents were: family/relationship issues (95%); family violence (95%); housing/tenancy (94%) and social security issues (90%).

In addition to money issues, other 'frequently' raised issues were family/relationship issues (51%), housing or tenancy issues (49%), social security issues (44%), and family violence issues (32%).

Issues relating to the National Disability Insurance Scheme were reported to be raised frequently by more than one-third of respondents. Criminal law issues were seen by 84% of respondents, but most commonly this was 'occasionally' (45%).

Overall, 70% of staff said that they saw 12 of these 14 issue types at least occasionally in their practice. This is consistent with existing legal needs research which identifies that legal issues often co-occur, particularly for those who experience one or more indices of disadvantage (McDonald and Wei 2013). For instance, family breakdown and family violence tend to cluster with money and debt, housing and employment issues (Coumarelos 2019).

Figure 1: Legal issues identified by staff

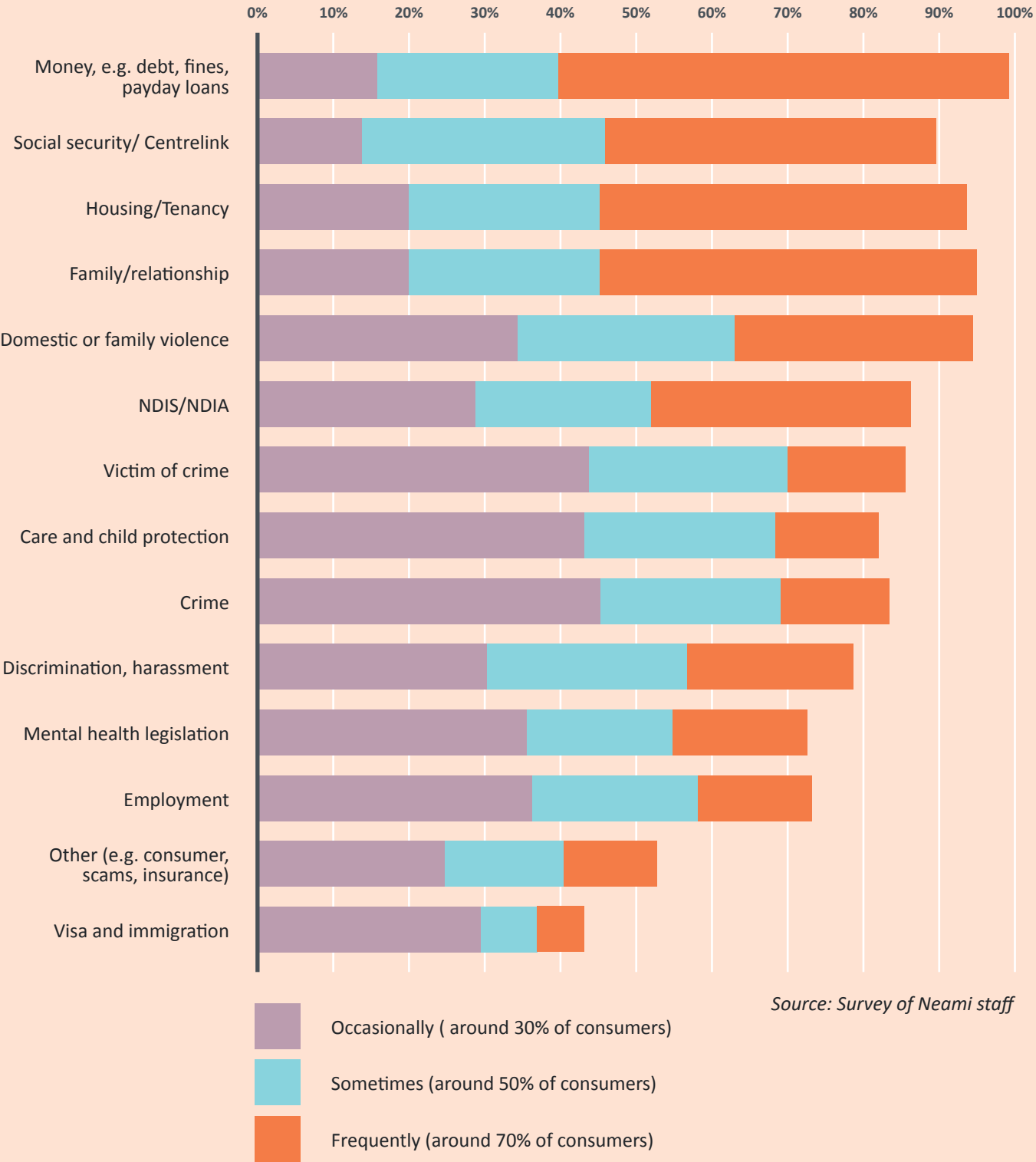


Table note: Legal issues are ordered by 'Sometimes' and 'Frequently' combined (50% or more)

We explored whether there were differences in the types of legal issues reported in different service settings. The only statistically significant differences detected were that criminal law (crime) issues were raised significantly more frequently by respondents who worked in housing and homelessness services compared to those from community-based mental health support services and recovery-oriented clinical

mental health services. While the statistical power was limited by the small number of respondents, these results suggest that the main types of legal issues being seen by staff are fairly consistent across all services. The legal needs assessments, however, give more insight into how the profile of issues can vary from site to site.

Insights from the legal needs assessments

... they're people! They don't come with one issue.

Staff member, Head to Health

A consistent observation from the legal needs assessments in all three services was that clients are often experiencing a range of issues interacting with or in addition to their mental health concerns. And across the services, examples were provided of nearly all the legal issues listed above. An exception was that issues concerning mental health legislation

(e.g. compulsory treatment orders) were rarely raised by staff and when they were, were noted as uncommon. This may reflect the types of services offered by Neami which are community based rather than inpatient services.

The most common issues reported across all three services were family law and family violence, money and housing issues. Discrimination was also a theme across services and issues. As discussed below there were differences in how these issues played out in each setting.

Family breakdown and family violence

Family law related issues were noted in each of the in-depth legal needs assessments, with family violence and/or child protection issues commonly arising.²

... family violence is a huge one up here. Like I've had multiple consumers come through with issues either they're facing, or they've been victims of.

Staff member, Head to Health

As of March 2022, 55% of UMHCC consumers, and more than 90% of those who progress to

Aftercare were women, with the experience of family breakdown and family violence (as victim/survivor) a common trigger for help seeking. Both reported seeing an increase in family violence since the previous year, with Aftercare reporting that in March 2022, 72% of their consumers are experiencing domestic and family violence, including coercive control – such as monitoring communications and bank accounts. Family law and family violence was also reported as a common issue at the H2H service.

2. Of note family violence is seen as an issue in most HJP settings in Australia, whether or not those services specifically support family violence (Forell & Nagy, 2019).

Child protection issues

The association with child protection issues was also noted, but the scope to support consumers with these issues varied due to differences in the circumstances of clients. For instance, staff at the UMHCC identified consumers where there was a risk of child removal, but it had not taken place. However, staff report that in the Aftercare service, where the lives of consumers were more complex, it was more common that children had already been removed.

The H2H service supported clients at a variety of points, and identified how mental health and child protection issues can intersect:

... we see people in mental health distress, that are at risk of having their children removed or their children are being or have been removed ... It's about being able to see them and get access, you know, just navigate that. ... and then there is even a bit of discrimination against the fact that they might even have a mental illness and like, well, 'are you suitable to care for your child'?

Staff member, Head to Health

In contrast to the other services, family law issues at the IRSP tended to concern access to or making arrangements for children, who were with family members or in care.

Income and financial related issues

As Neami services do not charge a fee, they are accessible to consumers who are on limited incomes, including social security. This may be associated with the prevalence of money related issues identified by staff. Some money related stresses may be due to lack of funds or the management of funds, which themselves are not legal issues. However, there were a broad range of legal issues reported that relate to money – from credit issues including payday loans, debts, outstanding fines, bankruptcy, through to issues accessing and sustaining income support.

At the H2H service, financial stress was widely observed, together with its impact on people's mental health. The main financial legal issues identified at this service included scams, payday loans and for clients with more complex needs, access to entitlements. Staff identified clients that were not able to access support payments (Centrelink and NDIS) and bank accounts for reasons including lack of documentation.

People are not in the right mindset to be able to get through the session that you require to be able to collect the information or whoever ... so they don't

receive the right Centrelink amount, or even received Centrelink because they just can't get through the appointment, or they can't get their documentation or don't have any documentation.

Staff member, Head to Health

At the IRSP, consumers were also experiencing issues getting access to identification documents and other documentation upon release from custody. This added to difficulty in setting up access to Centrelink payments, accessing bank accounts and reestablishing life post prison release.

The UMHCC supports people in mental health crisis. Managers at the UMHCC described 'situational crises' as a common trigger for help seeking and noted that issues such as family breakdown or family violence, employment issues, grief and loss, money or housing disputes can be part of these crises. For some experiencing grief and loss, there can also be disputes around wills and estates. These observations are consistent with broader legal needs evidence that legal issues – including financial legal issues – can cluster around and become part of crises (Plesence et al, 2014; Heartward Strategic, 2022).

Housing/homelessness

Around half of the UMHCC Aftercare consumers were noted to be at risk of or experiencing homelessness. Consistent with research into the legal needs of people experiencing homelessness (Forell, McCarron et al. 2005), the Aftercare team saw a range of intersecting issues around family violence, tenancy, fines and debt. Similarly, at the H2H service were a group of clients experiencing a cluster of issues including homelessness, lack of identification documents, access to entitlements, criminal justice involvement, histories of trauma and crime victimisation.

Across the services engaging with housed clients, issues raised included disputes with landlords (around rent arrears, quality of the housing, eviction etc), neighbour disputes and mortgage stress.

At the IRSP, the availability of appropriate housing for people released from prison and discrimination in access to accommodation were the primary issues raised by staff. Underpinning these issues is the broader systemic issue of limited availability of housing stock, particularly for people on parole, which potentially leads to poor outcomes. For instance, IRSP staff indicated:

- a person cannot be released from a correctional centre on parole without a parole address. If there is no address, the

person remains in custody past the time they are eligible for parole, and at most, until the end of their sentence.

- to secure release, people may accept accommodation that is inappropriate to their needs (e.g. backpacker hostels) and puts them at risk of breaching parole and resulting reincarceration. Risk arises from lack of support in the accommodation, vulnerability to negative influences, hypervigilance of accommodation providers to any 'rule breaking' by the consumer, feeling unwelcome or unsettled in the accommodation, and cost.
- moving addresses without approval (within 48 hours of moving) or to inappropriate accommodation (e.g. in contact with people their parole conditions prohibit) will result in a breach of parole and possible reincarceration [IRSP focus group].

Systemic issues such as the shortage of housing require a more systemic approach, such as advocacy for appropriate housing stock, rather than one on one legal service delivery. This points to different ways that health and legal services can come together – as shared voices in advocacy – to have impact for shared clients.

Discrimination

Issues of discrimination were raised in relation to housing, employment, education and child protection/removal. Examples were given of discrimination based on people's mental health status and other issues including recent incarceration.

I've got two who I'm seeing currently one of whom has been employed by the same organisation for 25 years or something, and her employment conditions increasingly have deteriorated to the point where it sounds abusive and illegal. She has had a mental breakdown and I've referred her to the ...Working Women Centre and they're supporting her.

Staff member, Head to Health

Barriers to consumers addressing their legal issues

People are so deep in the struggle they have no sense of their rights whatsoever. ... Yeah, that's most of our clientele.

Staff member, Head to Health

Health justice partnerships are established to reach and support people experiencing legal problems that are affecting their health but who face barriers to accessing legal help for these issues at all or in a timely way.

Due to the complexity of the legal system, people often need high 'legal capability' to identify and address their legal issues without assistance. Legal capability refers to the skills, knowledge, mindset and resources required to deal with legal issues (Pleasence et al, 2014; Nagy & Forell, 2020). It involves being able to identify issues as legal or as having a legal solution, know what to do or who to turn to for help, feel confident that taking this action is worthwhile, and take the steps necessary to address that issue. Barriers also include the availability, accessibility and cost of legal assistance that is appropriate to the needs and legal capability of the user.

Mental ill-health, particularly when existing alongside other vulnerabilities, not only affects the legal issues people can experience, but also their legal capability. Staff reported that consumers do not necessarily identify their issues as 'legal' or having a legal solution:

Yeah, I think sometimes people access lawyers when they know that what's happening to them is against the law. But sometimes people don't know that, like, their employment rights.

Staff member, Head to Health

Other barriers identified to consumers accessing and engaging with lawyers or legal help included:

- Fear of the repercussions

I think a lot of people are afraid of it [seeing a lawyer], you know... It's too intense if I do that, you know? Oh my husband will find out. ... there's all that fear associated with doing that.

Staff member, Head to Health

- Feeling overwhelmed

I think sometimes people feel like it's a lot of effort to pursue it and so they just sort of don't, even if it might be really affecting their life.

Staff member, Head to Health

I'd say the biggest one would be acute anxiety, depression, mental ill-health. Feeling overwhelmed. ... I think the process of trying to get help has been quite stressful and because ... they're already suffering from whatever it is that they're going through, they give up.

Staff member, Head to Health

- Lack of trust in services/previous experience of being let down by services

Our cohort are used to [not knowing when services are going to get back to them] and that is why they don't engage with services because they keep getting phone numbers and referrals and it does not go anywhere.

**Staff member,
Urgent Mental Health Care Centre**

- The impact of mental illness and complex lives

...We might find them housing, but they're not able to turn up here to, like, have that appointment because they just have difficulty with their routine, like, because of their mental illness...

Staff member, Head to Health

- The need for support when dealing with legal issues

If the legal help person was here, then you know, these people are already comfortable with accessing the service here. Their supports are here. They have a support worker to sit with them because sometimes some of the issues that they might be raising might be really triggering for them so that they, they do need that extra support.

Staff member, Head to Health

The 'linking' role and legal capability of Neami staff

Insights from the survey

Legal assistance services prioritise support to people experiencing disadvantage, who are vulnerable to experiencing legal issues and face personal and systemic challenges to dealing with these issues without support. Building supported referral pathways to legal help through intermediaries such as mental health staff and services is one response to this.

However, this is a strategy that assumes that workers playing this linking role have relatively high legal capability: they can identify issues

that may have a legal solution, know where to refer people with legal issues and have confidence that these services will support their consumers. Part of the purpose of this study was to explore these assumptions as a foundation for HJP. Health justice partnership can then build and support the connections, confidence, trust, knowledge, skills and resources of non-legal staff to connect their consumers with the legal help they may otherwise not receive.

The time workers spend responding to legal issues

In the survey of Neami frontline staff, two thirds (67%) of respondents indicated that they currently spent around 50% or more of their

time helping people with the issues as listed above. Within this, 36% indicated that this took around 70% of their time.

What workers need to support consumers with legal issues

Consumers present to services with a range of socio-legal issues in their lives. We asked staff whether they 'had enough' of what they needed to support consumers with these issues, or whether they needed 'a bit more', 'some more' or 'a lot more'. The survey covered their connections, aspects of their legal capability (skills, knowledge and mindset to see and address legal issues) and features of their work environment (time, remit, processes, relationships).

The most common thing that respondents said they needed more of was connections with professionals in other organisations (88%). In terms of legal capability, most commonly respondents indicated that they needed (a bit, some or a lot) more of: knowledge of other support services (84%), trust in other services (76%), and knowledge about the types of legal issues that consumers may face (73%).

Around two-thirds indicated they need more appropriate skills and experience (68%) and confidence to link clients to help beyond their expertise (63%).

In terms of service context, respondents indicated they needed at least a bit more:

- time to manage their caseload (71%)
- allocated time to assist consumers with non-clinical issues (70%)
- scope within their role to provide this support (64%)
- connections to their own service colleagues (60%).

Table 1 breaks down the extent to which respondents felt they had enough of these connections, capabilities and organisational support.

Table 1: What staff felt they needed to respond (assist) their consumers facing legal issues

	Have enough	Needed a bit more	Needed some or a lot more
Connections			
Connections with professionals in other organisations	12%	37%	51%
Connections with local communities	14%	36%	50%
Connections to their own service colleagues	40%	30%	30%
Capabilities			
Knowledge of other services that can support consumers with these issues	15%	41%	44%
Trust in other services	24%	38%	38%
Knowledge about the types of legal issues that consumers may have [^]	26%	33%	40%
Appropriate skills and experience	32%	35%	33%
Confidence to link consumers to help beyond my expertise	37%	34%	29%
Organisational factors			
Processes, tools, and resources to link consumers with other support services	18%	29%	53%
Time to manage their caseload	29%	27%	44%
Allocated time to assist consumers with non-clinical issues	30%	29%	41%
Scope (remit) within their role to provide this support	36%	33%	31%

Source: Survey of Neami staff

Notes: [^] = 99% as 1 respondent (0.7%) selected Don't know

The above findings identify features of legal capability – skills, knowledge and mindset (trust, confidence) – as part of what this group of mental health workers feel they need more of. However, equally important were connection with other services and professionals and connection with

community. While broad support is part of the remit of many Neami respondents, many said they still needed at least a bit more time and scope within their roles to help clients experiencing legal issues, as well as more time to manage their caseloads more generally.

Staff views about lawyers and legal help

Survey respondents were also asked to respond to a series of statements (see Figure 2) about legal issues and their role in helping consumers with these issues. The purpose of these statements was to provide a baseline against which we could assess any change once an HJP was established in a site.

First, nearly all (95%) agreed or strongly agreed with the statement that ‘Legal issues affect consumers’ wellbeing’.

Three quarters of respondents (75%) agreed with the statement ‘It is a good idea to have a lawyer available in our service to help consumers with their legal issues’. Staff comfort with the idea of lawyers on site is explored in more detail below, drawing upon the legal needs assessment work.

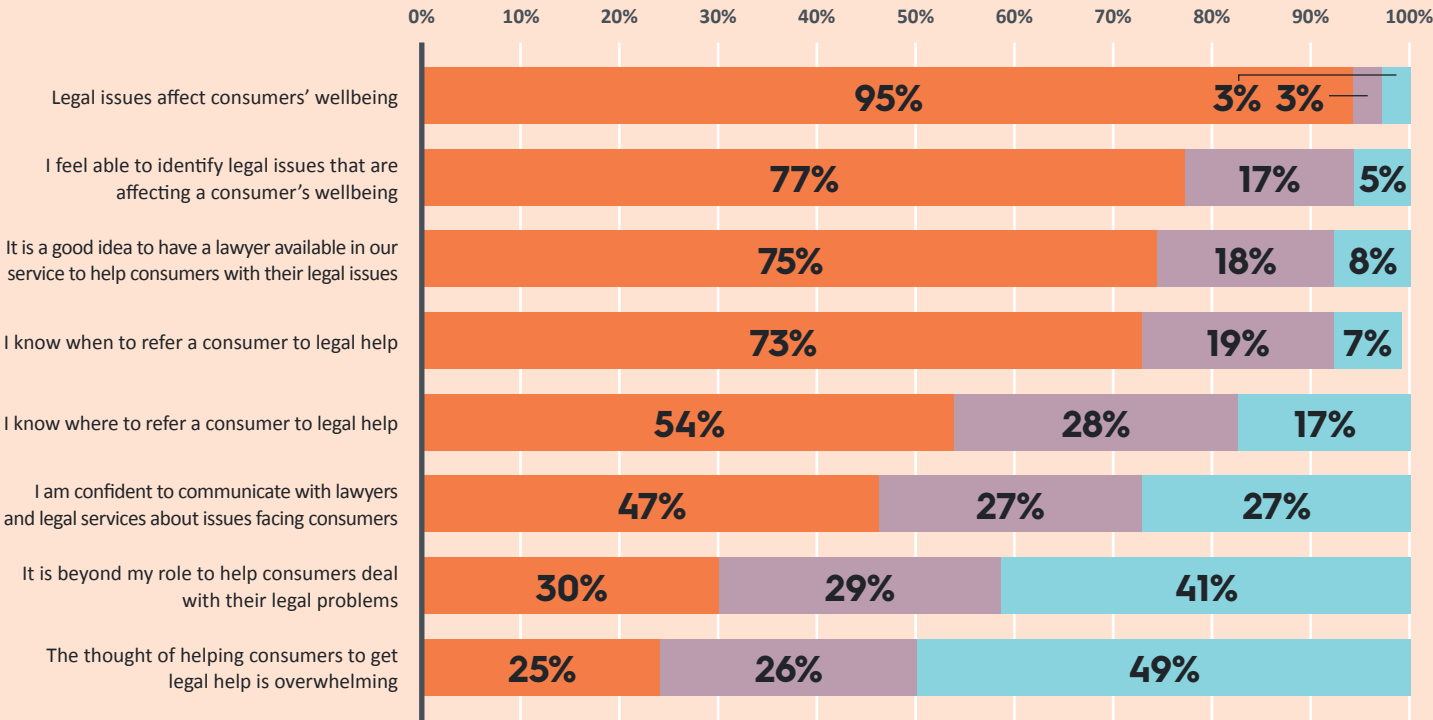
Around three-quarters (77%) agreed they ‘feel able to identify legal issues that are affecting

a consumer’s wellbeing’ and 73% agreed they ‘know *when* to refer a consumer to legal help’.

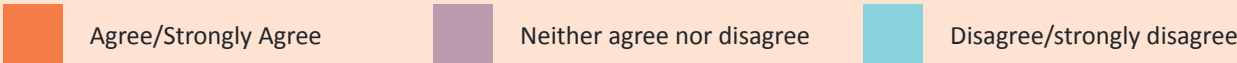
However, only 54% agreed that they ‘know where to refer a consumer to legal help’ and less than half (47%) agreed that they are ‘confident to communicate with lawyers and legal services about issues facing consumers’. This is consistent with the findings above that staff felt they needed more connections and knowledge about legal services. The statement ‘It is beyond my role to help consumers deal with their legal problems’ received a mixed response, with 30% of respondents agreeing with the statement, another 29% neither agreeing nor disagreeing and 41% disagreeing. When we explored this by respondent role type we found no difference.

A quarter (25%) of respondents agreed or strongly agreed that ‘The thought of helping consumers to get legal help is overwhelming’.

Figure 2: Neami staff perceptions of legal capability



Source: Survey of Neami staff



Experience with and attitudes to lawyers

Partnerships that cross sectors as diverse as health and legal sectors need to be built on understanding, trust and common interest (Turner 2021). Among survey respondents, one-third (32%) of respondents had never consulted lawyers to support their clients while a further 28% said they had done so 'a bit'.

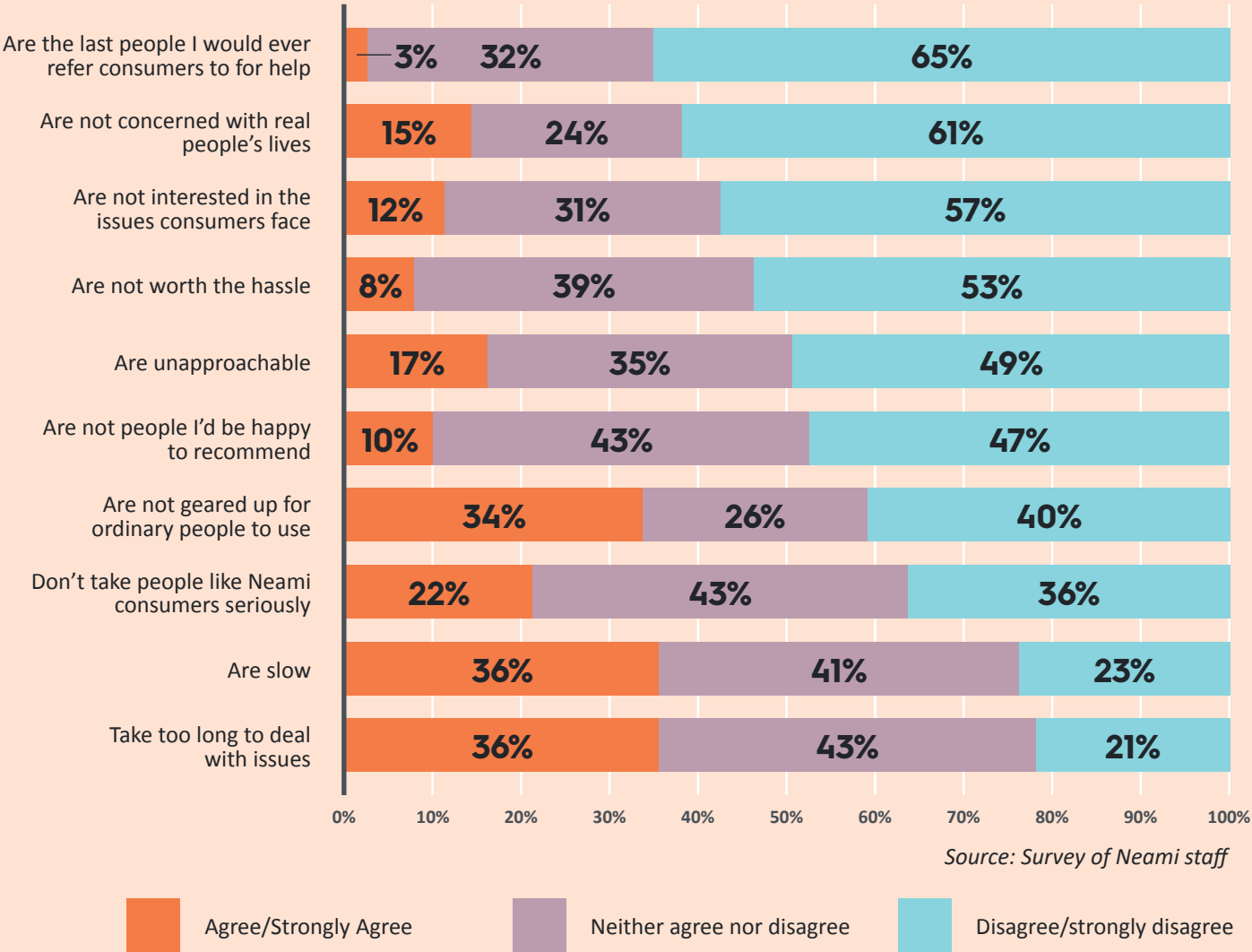
Respondents were also asked if they already had referral relationships with legal services. More than one quarter (27%) said they had no referral relationships with legal services, and 13% did not know. Respondents also identified

their need for more connections with legal professionals and more knowledge about what they can provide.

A question adapted from the recent Public Understanding of Law survey (PULs) (Balmer, Pleasence et al. 2022) was included to explore respondents' attitudes to lawyers, with respondents invited to agree or disagree to a series of statements. Any work towards partnership would need to be aware of negative attitudes to lawyers in building relationships and trust.

Figure 3: Neami staff views about lawyers

In general, lawyers in Australia...



As indicated in Figure 3, only 3% of respondents agreed with the statement 'In general, lawyers in Australia are the last people I would ever refer consumers to for help', with 65% disagreeing with the statement and nearly one-third (32%) undecided. Less than one in five respondents agreed with statements that 'In general lawyers in Australia':

- are not worth the hassle (8%)
- are not people I'd be happy to recommend (10%)
- are not interested in the issues consumers face (12%)

- are not concerned with real people's lives (15%) or
- are unapproachable (17%).

However, more than one third agreed that Australian lawyers are not geared up for ordinary people to use (34%) and take too long to deal with issues (36%).

However, between 24% and 43% of respondents were undecided about these statements, possibly suggesting a high level of unfamiliarity with lawyers. This suggests there is a need to build understanding and trust as a foundation for any partnership work ahead.

Perceived possibilities of health justice partnership

Insights from legal needs assessments

Observations made in the legal needs assessments regarding having a lawyer available to support consumers included:

...I think one of the biggest advantages of it is, you know, we know that there's legal support in the community, but to have it in the centre would just make it so much more accessible and we would be better able to support people dealing with mental illness to access that help.

Staff member, Head to Health

I think it's always helpful to know more about all the services, even if it's not directly related to mental health, because at the end of the day, everything is linked to everything, affecting everything at the same time. So I guess the more that we know, the more we can help our visitors.

Staff member, Head to Health

Staff also identified the value in terms of building their own capabilities:

I think improving the knowledge of our staff will make us better advocates for people accessing the kind of support they need.

Staff member, Head to Health

It would be good to have the secondary consults too, because sometimes we're not sure as staff, if the issue is a legal issue. ...sometimes the story is quite complex and you have got to know all the details. ... But most people bring up issues and you think, oh, that could be a legal issue, but I'm just not sure. ... It's kind of like another language.

Staff member, Head to Health

A relatively new staff member from a clinical background observed:

I think this would be a good opportunity for someone like me or who doesn't know much about, you know, community legal services and all that sort of thing. It is a good way to start that formal, informal training and whatever comes with it. I think it's a good idea to have that knowledge in the pocket.

Staff member, Head to Health

Legal help as early intervention

In a focus group, managers expressed interest in understanding more about what triggers an issue to become a legal issue and when is a good time to seek legal help. This is with a view to 'early intervention' where possible, to prevent issues from evolving or at least escalating. As noted in the focus group:

I didn't think it was serious enough to engage legal at that point, but what we are trying to do with this partnership is to have [slightly] earlier intervention, so that support and building confidence ...to have that conversation to test the waters and see... because legal seems scary.

**Staff member,
Urgent Mental Health Care Centre**

We are the first point of contact so we want to be able to provide the right advice.

**Staff member,
Urgent Mental Health Care Centre**

A staff member also suggested information sessions for consumers (as well as staff), on fairly general issues that affect most people, such as tenancy rights or payday loans:

When I just think about our consumers ...I think it doesn't have to be like a weekly visiting service. I don't think we'd have enough for that. But even occasional visits or some legal service might like to run a workshop that we can invite people to, you know, like tenancy rights or, you know ... something on scams or payday loans like you know. Even something really general. And that's just a really good non-personal way to introduce legal services to the centre in some way ... it's about something completely neutral that could affect any of us.

Staff member, Head to Health

There was general interest in more direct access for consumers to legal assistance, that can be provided in a trusted space with access to the support of wellbeing coaches and support workers, and that reduces '...how long someone would need to wait to get some guidance on what's stressing them out legally'. [Staff member, Head to Health]

However, there was also concern expressed about legal help onsite, some of which arise from lack of experience in working with lawyers or negative experiences with 'the law' more broadly.

Cautions and concerns about health justice partnership

While a relatively low number of respondents to the survey and staff in the interviews and focus groups appeared concerned about lawyers and/or about having lawyers available to assist their consumers, it is important to understand, identify and address these concerns.

In one location a strong concern was expressed about having lawyers onsite in a mental health service established as a place of trust and safety, and the risk of blurring the boundaries between mental health support and criminal justice issues.

Underpinning this concern is the recognition that for many, particularly for First Nations peoples and communities, ‘the law’ and ‘lawyers’ evoke government and criminal justice, and experiences of legal and criminal justice processes have often been very unsafe, disempowering and triggering.

... If they've been victims and stuff with mental health issues, we can help them here ... but all that legal stuff needs to go to Aboriginal Legal Aid and stuff like that, you know? And all the court system, they can deal with in their office. Because we don't want the police to come here and the lawyers come here. When we got patients here who are not well, you know, everything. I thought this was a mental health service, you know.

Staff member, Head to Health

There was also a concern about getting caught up in legal processes, taking away from the important work of supporting people with their mental health and wellbeing.

The biggest problem when you're dealing with legal issues is that it gets messy. So we want to try and work with the client the best way we can to help it ... we don't want to get mixed up in it because it's a legal issue, you know, we're dealing with mental health here.

Staff member, Head to Health

While the intent of health justice partnership is to support and empower consumers, these very real concerns are a reminder that in the experience of many people and communities, ‘the law’ and ‘justice’ have been weapons used against them, rather than as tools for their use or support. This is not just the case in criminal law matters, but in family and child protection (e.g. child removals), housing (e.g. eviction) and money issues (e.g. debt collection, robo-debt). Respecting these experiences of the law, considerable care needs to be taken about the type of legal assistance services that Neami may seek to partner with, the type of legal help they offer and how, and how that relationship is slowly built with staff. Building trust and a shared purpose will be key:

The one thing we want to be doing in these sorts of partnership is being confident that the person we are engaging with is actually going to have the time to follow through and address this in a way that meets both the need of our consumer ...

**Staff member,
Urgent Mental Health Care Centre**

We spend a lot of time trying to negotiate that belief that these people are on your side and are going to help you so to speak, so language and understanding some of the complexities that our consumers experience would be a big part of who we partner up with.

**Staff member,
Urgent Mental Health Care Centre**

It may be in some locations having lawyers on site will not be appropriate.

Another key concern was about the risk of ‘giving false hope’ (Staff member, H2H) to consumers – and to staff as they support consumers. There will be some issues for which there is no meaningful, viable or accessible legal service or solution available.

Conclusion

There are over 100 health justice partnerships in Australia, most of which have been driven by legal services reaching out to health and community services inviting them to partner (Health Justice Australia 2022). Legal services seek partnership to better reach clients experiencing disadvantage, who have unmet legal needs and who otherwise may not come to legal services directly or in a timely way. Partnership with Neami services could offer legal partners:

- connection to consumers experiencing complex needs. While this may vary from site to site, all are seeking help for issues affecting their mental health and wellbeing, and many also have unmet legal needs
- the opportunity to facilitate more appropriate and effective referrals into the legal service for clients that the legal service is seeking to reach
- the opportunity to work collaboratively with mental health and wellbeing services that are also actively supporting those clients.

In this project Neami National, a national provider of services to support mental health and wellbeing in Australian communities, is seeking to reach out to the legal assistance sector. The organisation is curious about the potential of health justice partnership to increase the capability and resources of its services and staff to support consumers with issues that may undermine their health and wellbeing.

Health justice partnership provides the opportunity to build connections to legal services, knowledge about who they are and what they can do (or not do), and the relationships,

confidence, trust, skills and processes to connect their client with this support. While HJPs differ from place to place, common activities include:

- legal services providing information or education to health service clients about particular issues (e.g. a ‘bring your bills or bring your fines’ day; information about tenancy rights)
- legal partners in HJPs providing legal education and training to health service staff about the types of legal issues affecting consumer health and wellbeing, how lawyers can assist and how and when to seek help. Health staff may also provide training and support to legal staff about mental health issues, and the support and services they provide
- legal and health partner staff engaging in secondary consultation. Secondary consultation refers to communication and information sharing between partnering practitioners that helps them to support their patients and clients
- support for consumers who are experiencing legal issues affecting their health and wellbeing through warm referral and potentially onsite partnership.

Neami identified three sites in which they wanted to trial HJP. They engaged Health Justice Australia to help identify and reach out to potential partner legal services in those locations, and to build a partnership with those services.

As a foundation for this work Neami and Health Justice Australia worked on a number of projects, two of which are reported here.

The baseline survey of frontline staff in all Neami sites

The first was a survey of staff across all Neami sites to understand the types of legal issues they are seeing among their consumers, and to assess the current strengths and needs of staff in identifying and responding to these issues in support of consumers. The survey was designed and administered before any HJPs were established by Neami, with a number of purposes in mind:

1. to get a broad picture of legal need in Neami services across Australia, to help identify other sites in which legal help (including through an HJP) may be required
2. to provide a baseline for later evaluation of how HJP can help build the capacity and capability of health staff to identify

and respond to legal issues that their consumers may be facing.

With the relatively low response rate of 146 people (13% of all frontline staff), the results provide a valuable but broad picture of the nature and extent of legal issues being seen in Neami sites. However, they do not enable analysis by Neami site.

For the purpose of evaluation, the results are useful as a pilot, providing a broad insight into what legal issues staff feel the need to address. The results also indicate ways to improve the survey as a tool that may be used more broadly, to evaluate how HJP may affect the legal capability of staff.

The legal needs assessments

The second project involved in-depth legal needs assessments in three sites, enabling a deeper dive into the issues touched upon broadly in the survey. The assessments detailed the client cohorts served in each location, the legal needs for these clients and the barriers and challenges they faced accessing legal help. The assessment also explored the staff's current connections with legal assistance and other social support services, and their current strengths and challenges in responding to their consumers' legal needs. We also explored staff level of comfort and interest in partnership.

The main purpose of the legal needs assessment work was to help Neami identify legal services that each site could approach as a partner to form a HJP. With shared goals a fundamental basis for partnership, appropriate partner legal services are those that prioritise and can provide legal help to the client groups that Neami is

already serving: people who are experiencing unmet legal need and who face particular barriers to accessing legal assistance directly.

Neami were also able to use the legal needs assessments undertaken in each site to inform conversations with the legal services they are approaching.

The tasks of approaching potential legal assistance partners, exploring shared interest and opportunities for partnership and then building health justice partnership are the next step in this process. The readiness and interest of these legal services to partner with Neami is also addressed as part of this partnership brokerage process, also supported by Health Justice Australia. That work is not reported here.

Together, the survey work and the legal needs assessments provide the following insights.

Legal need in Neami services

The survey provided an overview of the range and prevalence of legal issues that staff saw consumers experiencing. The most common legal issues seen were credit, debt and social security issues, housing, family law and family violence. Further, two-thirds of Neami frontline staff spend around 50% or more of their time responding to these issues in their work with consumers. For more than one-third (36%) these issues take up around 70% of their time.

The fact that consumers using Neami services commonly have other concerns and issues in their lives that interact with their mental health and wellbeing was of no surprise to staff – as one pointed out in the legal needs assessments ‘They’re people! They don’t come in with one issue’. The legal needs assessments in three services added more nuance and identified that, while there are likely to be common legal issues facing consumers (money issues, family, housing), the profile of need varied with the cohort of consumers supported in each setting.

Legal capability in Neami services

The rationale for health justice partnership in Neami services is to connect consumers who have unmet legal needs with legal help to address those issues, particularly when those legal issues impact upon people’s health. In a HJP health service staff become a bridge, linking clients experiencing unmet legal need to legal services that can help address those issues. However, in order to play this linking role to legal help, Neami staff indicated they most needed more knowledge of and connections with legal services. Responses to the survey and discussion with staff also pointed to the critical importance of relationships, understanding and trust as a foundation for building a bridge to legal assistance for consumers. It was clear from

the interviews with staff that for many, lawyers and the law were unfamiliar, particularly as a tool to address civil law issues such as credit and debt, employment, social security and housing.

The findings identify the scope to build staff capability further to support their consumers with co-existing socio-legal issues. In HJP this can be built through a combination of information about the range of issues that legal services can assist with and information about and interaction with local legal services. Neami will also need to provide clarity around the remit of different staff roles in responding to these types of issues, and to invest in opportunities for relationship building with the legal services.

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