Legally Minded: understanding how legal intervention can improve the lives of people with mental ill-health

Final Research Report

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NORTHERN COMMUNITY LEGAL CENTRE

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This report presents the research findings and discussion drawn from eight interviews with Northern Community Legal Centre (NCLC) clients experiencing mental ill-health to explore the perceived impact of legal intervention on their lives.

The Legally Minded project

Mind Australia formed a partnership with Northern Community Legal Centre (NCLC) for the Legally Minded project. The aim of this project was to explore and understand the impact of legal intervention on the lives of people with mental health issues and in particular to understand how legal intervention can improve the wellbeing and quality of life of people with mental ill-health. The project aimed to gain insight into the client perspective on the process when a person experiencing mental ill-health receives legal intervention and how this process impacts on their wellbeing.

The project has involved a number of activities. One activity of this project has been to construct a logic model to demonstrate key components of the legal intervention and the process by which this intervention can lead to short and medium-term outcomes. Another has been building a collaborative partnership between NCLC and Mind through funding legal in-reach to Mind services in the northern suburbs and employing a Mental Health Support Coordinator one day per week for six months at NCLC to provide ongoing coordination and linkages between mental health services and legal services.

A final key activity was to undertake a brief research program to explore the perceived impact of legal intervention on the lives of people experiencing mental ill-health. Recent clients at NCLC were invited to join the research with a range of client experiences and legal issues, including fines, family violence and trauma. This report presents the completed research findings and discussion.

Background literature

A brief scan of the literature was conducted for the program logic and is incorporated here as background information.

How do legal interventions contribute towards improved outcomes for people with mental ill-health?

Recent research investigating the legal needs of people in Australia has identified that over one-fifth of people experience three or more legal difficulties a year (e.g., Pleasence et al 2014; Coumarelos et al, 2012). People experiencing social disadvantage, including those with a disability or mental health issues, single parents, people who are unemployed or in poor-quality housing, people experiencing domestic and family violence, Aboriginal and Torres Strait Islander people and culturally and linguistically diverse communities are more likely to experience legal difficulties, which are often compounded by other issues including financial hardship and family breakdown (McDonald and Wei 2013; Pleasence & McDonald, 2013).

Research suggests that people with mental ill-health in particular are more likely to experience legal difficulties and are more likely to experience a broader range of difficulties which impact on multiple areas of life (Balmer & Pleasence, 2018). In addition, there is evidence to suggest that people with mental ill-health will experience greater negative consequences associated with the legal issue, in addition to higher levels of stress, and greater incidence of stress-related illnesses (Pleasence & Balmer 2009). A recent Australian study identified a strong association between the experience of legal difficulties and long-term mental illness, with a strengthening of this association over time without intervention (Coumarelos, Pleasence, & Wei, 2013). Research conducted by the World Justice Project in 2018 found that about one in three people experiencing a legal problem became physically or mentally ill as a result.

There is a growing body of evidence describing the bidirectional nature of the relationship between health outcomes and legal issues (e.g., Genn, 2019). A systematic review of the literature identified a number of poor outcomes associated with legal difficulties including increased financial hardship, homelessness, family breakdown, increased stress and poorer mental health, in addition to physical ill-health (Prettimore, 2015). Allmark and colleagues (2013) identified the theory of change associated with legal interventions for people with mental ill-health which included improvements to living circumstances associated with the impacts of legal support (such as access to improved housing or reduced financial stress), in addition to medium term impacts such as reduced anxiety and stress and longer term outcomes including improved mental and physical health. Research testing this model identified that the provision of legal advice can lead to improved knowledge and the resolution of legal difficulties in the short term, which has positive impacts on stress in the medium term, with longer-term positive impacts on mental health and physical health (Forster, Dalkin, Lhussier, Hodgson, & Carr, 2016). Within this model, legal intervention is considered a critical component of the service model required to address the needs of people experiencing mental ill-health and social disadvantage (Teitelbaum & Lawton, 2017). Legal intervention can reduce the impact of social-economic determinants of ill-health by increasing access to financial entitlements, improving living conditions, increasing safety and avoiding threats to employment (Genn, 2019).

There is a large body of literature which has examined the social determinants of health (e.g., Bell, Taylor & Marmot, 2010; Genn, 2019; WHO, 2008), which can be defined as the social environment, physical environment and access to health services or medical care. Research suggests that people experiencing social disadvantage are less likely to have access to supportive social environments, personal safety and access to required resources and services (including education, employment, housing and income), which contributes to poorer health outcomes, reduced quality of life and shorter life expectancy (Bachrach, Pfister, Wallis & Lipson, 2014). There is also clear evidence in the literature describing the impact of chronic disadvantage and stress over an extended period of time on physical and mental health (McEwan, 2000). The growing

body of literature describing the impacts of trauma and neglect during childhood and adolescence on the development and maintenance of physical and mental health problems in adulthood is also relevant to this field of research, given the complex interrelationships between social disadvantage and mental and physical ill-health (e.g., Bellis et al., 2015).

In addition to increased barriers to service access, research suggest that people experiencing mental ill-health or social disadvantage are also less likely to have access to knowledge, skills and resources to address legal issues and be more likely to seek help from existing services (including health practitioners) (Pleasence, Balmer & Buck, 2008). There is evidence to suggest that a fifth of Australians do not seek support to address legal problems (Coumarelos et al 2012). Social issues such as increased financial hardship and insecure housing may also impact on a person's ability to access support by making it difficult to attend appointments or engage with services (Fairak 2018; Gray et al., 2009). Given these challenges, there is growing support in the literature for an integrated and collaborative approach between legal and mental health services in order to improve outcomes for people with mental ill-health (Allen, Goldblatt, Daly, Jabbal, & Marmot, 2018).

What program strategies are supported by evidence in the delivery of legal interventions for people with mental ill-health?

Although this is identified as being an emerging field of study, there are a number of approaches described in the literature as being important to the delivery of legal interventions for people with mental ill-health. The following information does not include an exhaustive list of strategies, however provides a summary of some of the key approaches described in the literature.

Integrated service provision

In many countries around the world, there has been a shift towards the provision of integrated services to best support people with mental ill-health who are experiencing legal difficulties (Allen et al., 2018; Genn, 2019). Integrated service provision emphasises place-based approaches to the delivery of prevention and early intervention services across the health and legal sectors. One example of this service model includes the Health Justice Partnership approach, in which legal services are provided to clients in mental health settings, in order to address the legal problems which contribute towards mental and physical health issues (Genn, 2019). This approach has been described as responding to the social determinants of health, in order to provide a more holistic and integrated response to the needs of people experiencing mental health issues (Forrell & Boyd-Caine, 2018). There is evidence to suggest that integrated service provision increases access to legal services and can contribute towards reduced stress as well as increasing confidence and social connectedness (Woodhead, Khondoker, Lomas, & Raine, 2017; Woodhead, Collins, Lomas, Raine, 2017).

Integrated service provision requires the establishment of integrated structures and systems, shared purpose and intentions, joint activities (e.g., shared case management, joint advocacy) and shared 'ways of working' (Pleasence et al., 2014). Such a partnership is contingent on the establishment of ongoing clear communication processes and the willingness of both agencies to share knowledge and power in order to increase effectiveness (Forrell & Boyd-Caine, 2018). The benefits to staff associated with working in integrated ways include access to new knowledge and skills, in addition to increased opportunities for networking (Pleasence et al., 2014).

Collaborative and trusting relationships

The effectiveness of models of legal support for people with mental ill-health rely on the existence of trusting relationships between service providers and clients (Forrell, 2017). The literature suggests that clients are more likely to access and act on advice for legal issues if it is provided within the context of existing, trusted service systems or supports, such as those provided through mental health services (Genn, 2019). There is also evidence to suggest that clients experience reduced stigma associated with receiving legal support, when it is accessed in the context of trusted services (Burrows, Baxter, Baird, Hirst & Goyder, 2011; Greasley & Small, 2005).

Accessible and inclusive services

There is evidence to suggest that legal services that are accessible and inclusive are more likely to reach those most in need of support, have a greater likelihood of resolving legal issues and are more likely to prevent the escalation of problems in the future (Pleasence et al. 2014).

Reciprocal inter-disciplinary training

Reciprocal inter-disciplinary training involves the provision of legal training to mental health professionals and training regarding mental health for legal professionals, with the intended goal of increasing the capacity of all workers in understanding and meeting the needs of people with mental ill-health who require legal support (Forrell & Boyd-Caine, 2018). Benefits to the client associated with reciprocal inter-disciplinary training include the increased capacity of mental health practitioners to identify potential legal issues affecting a client, including facilitating more streamlined access to legal support and the increased capacity for legal practitioners to understand and support clients experiencing mental ill-health, which may result in improved outcomes for clients (Lawton & Tobin Tyler, 2013).

Secondary consultation

Secondary consultation provides the opportunity for mental health practitioners to consult with legal practitioners regarding legal issues experienced by clients, and for mental health practitioners to consult with legal professionals regarding mental health issues (Forrell & Boyd-Caine, 2018). Secondary consultation can be either formal or informal and requires high levels of collaboration and trust between agencies (Gyorki, 2013).

Legal advice, casework, duty lawyer services

Legal services may provide advice and casework regarding a broad range of issues including fines and debt, housing, employment, education and domestic and family violence. Services may be delivered via face-to-face appointments, telephone or email and may include the provision of information regarding legal rights, advice and casework which may include advocacy and court representation where necessary (Genn, 2019; Karras et al. 2006).

Warm referrals

Given the challenges associated with 'referral fatigue' and the need to navigate often complex service systems, warm referrals are considered an important component of effective service provision for people with mental ill-health who require legal support (Pleasence, Balmer & Buck, 2006). Warm referrals may result in increased and more timely access to required services and also enable mental health and legal practitioners to support clients to address other issues that may be impacting on their mental health and the legal problems they may be experiencing.

Systemic advocacy

Systemic advocacy involves strategies that aim to address the factors that affect health and wellbeing in society more broadly (Bachrach et al, 2014; Gyorki, 2013). It involves consideration of the broader impacts of laws, policies and practices on the lives of people experiencing mental ill-health and partnership approach to advocacy between legal and mental health services in order to lead to systems change.

Research questions

The interviews were undertaken in order to answer the research question:
What is the perceived impact of legal intervention on the lives of people experiencing mental ill-health?

Methodology

Sampling approach

NCLC conducted the sampling and recruitment activities. Research participants were selected from the CLASS (Community Legal Assistance Services System) database (used by Community Legal Centres across Australia as a case management and reporting tool).

Selection was based on the following parameters in a search of the CLASS database:

- Client had accessed NCLC services between 1st July 2019 and 22nd October 2020 (date of sampling)
- Client had a case opened for them (i.e. service was not just a single 45-minute advice session)
- Client's legal matters were "closed"
- Clients had indicated they were living with a mental illness in response to intake interview questions.

Fifty-four clients met criteria for this search.

The group of 54 clients in scope was also cross-checked on a number of additional parameters to ensure representativeness. Firstly there was a check to ensure most clients were referred from partnering agencies, including Mind clients and were thus most likely to be collaboratively managed by the legal service and the mental health service. Secondly, 'Outreach Location' was checked to ensure that the client list was representative across a range of NCLC service types such as: Family Violence, Youth, Newly arrived and Refugee, as well as substantive law area; Fines and Family Law. Different types of services are provided via "Clinics" conducted both at the head office in Broadmeadows and at partner outreach locations including health services, youth services, neighborhood houses, child and family services, and mental health services, including Mind Australia.

From this data set NCLC identified a subset of 19 clients who were receiving more intensive types of mental health support (eight CCU Clients, eight PARC Clients, three Mind SIL clients). NCLC prioritised contacting this subset of 19 clients first by SMS, phone call and email. Once this subset had been exhausted they then begun recruiting from the larger data set of 54 participants. At the end of the recruitment process, all 54 clients had been contacted.

Eight clients responded expressing interest in participating in the research. After staff from NCLC spoke them to explain the project, the time commitment, and confirmation of consent, the details of all eight clients were passed on to the researcher at Mind.

Semi-structured telephone interviews were conducted by a peer researcher (Mind employee with lived experience of mental ill-health) with eight interview participants, all of whom were registered clients of NCLC. The interview schedule is included in the appendix. Participants who completed an interview were sent a $35 gift voucher as recognition of the time taken and expertise shared in the interview process.

We analysed the data from semi-structured telephone interviews with eight participants using thematic analysis structured around the topics elicited in the interview schedule (Braun & Clarke, 2006). The analysis was conducted by a researcher naïve to the program logic, to minimise bias in the selection of themes.

Results

The following results examine the impact of legal intervention on participants' mental health and their experiences of legal and mental health services, including the extent to which these two types of services worked together effectively.

Participants

Eight people living with mental ill-health were interviewed – five females and three males. The legal issues that the participants received help with ranged from complex issues such as family violence, child sexual abuse and assault to less serious legal problems such as traffic fines and offences. Most participants reported receiving clinical and medication support from a mental health professional.

Impacts

When examining the impact of legal interventions on the lives of people experiencing mental ill-health, we identified three strong themes: a reduction in stress levels and improved mental health, a shift from isolation to greater connection, and knowledge, trust and empowerment.

Reduction in stress levels and improved mental health

All participants stated that the legal issues they faced had caused them significant stress and had a negative impact on their mental health. On a stress level scale of zero to ten, (zero being very low stress and ten being very high), most participants reported having stress levels of nine or above prior to legal intervention.

> *My stress was through the roof. I was smoking a lot of dope, and just not dealing with things (Participant 7 or P7).*

> *[The unpaid parking fines] hang over your head... and you're frustrated, stressed – just to make it go away, but it won't go away (P8).*

> *Because of the legal things, I am always stressed, because I don't know what will happen next (P3).*

> *The stress, God. I can't even explain because it felt like I wasn't even here. No one could talk to me. I would just snap (P2).*

> *Just no sense of peace; always like I'm walking on eggshells or something (P4).*

The stress of the legal problems – and the direct impacts of the circumstances that had led to the legal issues (such as domestic and family violence and financial difficulties) – had a negative impact on participants' mental health.

> *The family violence, the family problems, affect me a lot, because I am relapsing all the time, because I cannot maintain high stress, high levels... they le[a]d me to hallucinations... If someone threatened me or something like that I'm developing the hallucination, and after that start the schizophrenia (P3).*

> *Got to a point that I have to say I took sleeping tablets... I just couldn't take it anymore. I was actually drinking myself to sleep and then it just got to a point one afternoon I said, "I've had enough." I didn't want to go on. I just didn't want to go on (P2).*

Seven of the eight participants stated that legal intervention led to a reduction in their stress levels. This was evident not only in the reductions in their stress level scores, but also in their descriptions of the impacts of legal intervention. For example, two years after she received legal support to deal with a Centrelink debt and speeding fines, one participant described herself as having "come back to normal life." After legal support to deal with an insurance claim, another participant stated:

> *I just felt like I had a new outlook on life. Like a whole weight was lifted off my shoulders. It just felt like I had a fresh start (P7).*

For some participants, a reduction in stress had 'flow-on' effects for their family. For example, one participant noted the 'flow-on' effects of the legal support he had received; not only had it led to an improvement in his own mental health, but also the mental health of his children, and his relationship with his children.

It's improved, actually, my mental health, and I think my children's mental health as well, because our separation or divorce is helping them... Now it's a really big impact on [my children] because now I'm improved and... they've got more education about my illness... because I'm doing the parenting to them (P3).

Another stated that after he received legal support to deal with unpaid fines:

I felt more relaxed [and] I think my mum and dad could see that I wasn't so stressed and they were just so happy, that it had all gone away (P7).

One participant noted an increase in stress because of legal intervention. This increased stress related to fear and uncertainty around giving evidence in court (regarding child sex abuse) and the invasiveness of the legal process.

The stress increased because it's invasive. It's intruding in my mind of what I've gone through. The thought of taking the stand and expressing myself in front of people, what if I say the wrong thing? What if I'm having a bad mental health day [and] I have to take the stand? (P4).

There was also a reciprocal relationship between the mental health problems and legal problems, each feeding into the other. Resolution of the legal issues had a significant impact in breaking this 'vicious cycle.'

From isolation to connection

Legal support helped participants connect to other services, including psychologists and financial counsellors. By facilitating these connections, participants felt less alone with their problems.

Whatever experience, they connect it to you. They're not going to leave you there. They're not going to tell you that they're not going to do this (P1).

These referrals were appropriate and helpful. For example, psychologists and other mental health supports helped to reduce participants' stress and helped them with medication.

When I'm in that situation... I think about what [my psychologist] had told me and the stress levels go down (P2).

They are improving my mental health conditions... they are addressing my symptoms and my stress levels (P3).

[The mental health service] helps me [with] medication... because I've been on this medication for a long time [and] the doctors tell me to reduce... she's helping me with that area as well (P1).

Participants described how mental health professionals had helped them develop strategies to manage their symptoms.

[My psychologist] taught me some strategies like having a box when I get distressed, like having some teabags... angel cards, having a book in there that I like to read, or some nail polish or some hand cream. Things that are going to soothe and calm me down (P4).

I have several coping methods I am practising now, for my anxiety and my post-traumatic stress. I am practising that one, and it's a big improvement [in] my life (P3).

And then you think about it, when you're in that [stressful] situation [and] you think, 'Ah, this is what [the psychologist] said, yes, I'll just let it go. Think of something else' (P2).

Knowledge, trust and empowerment

Multiple participants reported that their interactions with legal support services had improved their knowledge and trust of the legal system and led to feelings of empowerment.

[Legal support] increased my knowledge and trust in the legal system... Because I am coming from [a] country [where] the legal system break[s] down (P3).

[What made you feel you could trust the lawyer?] Just the way he was – he explained everything out properly, if I had trouble understanding, he would say what it means (P5).

[The legal support] taught me that I've got a voice, so I can get some outreach help and someone's willing to [offer] their services, or their help (P7).

[What effects did the help provided by legal [support] have on your life?] More knowledge definitely [about]... the way things work... about the

legal system... like [when I asked] 'What can you do? What can't you do?' they had answers (P2).

One participant who received help from his lawyer to deal with unpaid parking fines reported that his legal support lawyer had provided him with a way of dealing with a potential run-in with the police or the Sheriff's Office.

[The lawyer] had to stop the Sheriff from coming around to my house, so [the lawyer] said, 'Go in your car but if the Sheriff pulls you over, don't say anything. Just give him the card and say, 'Speak to my solicitor' (P8).

Prior to this, the participant was afraid and on 'high alert'.

The Sheriff [had] the power to... if they see my car, they can just claim my car anytime they want, but I can't argue with them (P8).

Two participants noted that they wanted to 'give back' to the community because of the legal support they had received. This desire to 'give back' reflects both the connecting role of the legal support (i.e., through their involvement, they have a desire to connect) and the empowering effects of this interaction (i.e., through their involvement, they feel they have something they can offer to their community).

If legal [support]... calls me, if they want some people who can volunteer... If they wanted me [to], I could go there... In the future I'm going to be [a] volunteer. I want to be [a] volunteer one day (P1).

[The legal support service] are doing an awesome thing for people with mental illness... and I am really happy about that. The other thing, I need to be giving back to the community... That's my personal goal (P3).

Experiences of legal services

Two strong themes emerged regarding participants' experiences of legal services: respect, and accessibility and consistent support. Some participants also had some suggestions for improvements.

Respect

Respect was a dominant theme that emerged when participants described their interactions with legal support lawyers.

I like the way they spoke to me, the way they handled things (P2).

They were always there to help you. Even in my bad days, I was able to ring and just cry if I needed to. They were fantastic, [they] never told me, 'Come on, stop carrying on,' [they] just listened to me and helped (P6).

They listened to everything. They took it all on board. They were just so professional (P7).

The carer of another participant described the working relationship between the participant and her lawyer as "just lovely… he went above and beyond" (P5). The carer went on to say that:

[She] shared with me on three different occasions, 'I really like [name of lawyer], he's really helped me'... just knowing all the work that [name of lawyer] did really provided her with a sense of relief and I could see a shift in her (P5).

Accessibility and consistent support

Another dominant theme that emerged when participants described their interactions with legal supports was accessibility and consistent support.

I always call them whenever. Anything, any problem, school issue. If I have anything... I call my lawyer. I say what happened today. What am I going to do? (P1).

I could ring her whenever I wanted to. If she couldn't take my call she'd call back (P2).

They were always in contact with me and letting me know what was happening and what was the best way to deal with things (P6).

She felt like she was supported during that time... because she had fears of going to jail... but she felt like somebody had her back and that somebody was fighting for her (Carer of P5).

These experiences of accessibility may have been especially significant to some participants because of their experiences of feeling shut out of services. For example, prior to receiving legal support, one participant stated that:

I just felt like I was up in the air. Just battling the whole time, like from wall to another. That's what it felt like... Just a never-ending wall (P2).

For people who are vulnerable to feelings of abandonment or isolation, consistent interaction with a respectful and accessible professional is clearly important. One participant repeatedly referred to the fact that she didn't feel alone with her problems because of the connection she had with her lawyer. Describing her interactions with the legal support service she stated:

They not going to leave you there. They're not going to tell you that they're not going to do this. You're not going to be alone (P1).

The carer of another participant stated:

She's very, very cautious when it comes to having to liaise or engage for long periods of time with someone new and she doesn't feel that anybody really cares or you're only there for a little while and you're going to dump me anyway and I think that all comes from her past (P5).

These past experiences may explain why, for some participants, trust was a key issue when building a relationship with their lawyer and legal support services generally.

I had to learn how to trust [the legal support service]... that they were here to help me not only... because of these [legal] matters but trying to understand what I was going through as a human being (P6).

At first, I kind of freaked out. When I heard [he is] my lawyer,' I'm like, 'I don't really trust him' (P5).

Areas for improvement

Although all but one of the participants were overwhelmingly satisfied with the assistance they had received from the legal support service, three noted potential areas for improvement in the legal system. One participant was unhappy with the amount of time it took for his legal issues to be resolved. Another participant felt more information could be provided by legal services around other types of services.

The legal services could possibly have the option to refer or make the person aware of what's available, because sometimes you don't know what's out there unless you're told and you don't know to ask (P5).

Another participant who had experienced domestic and family violence reported that she would have liked to have known that when she went to a hearing, she was going to hear her ex-husband's name and potentially see him.

As soon as I saw his face I was trembling and started to cry... And then they announce your name over the speaker and I think, 'Ah, I just heard his name' and I thought, 'Can't they go by numbers?' It probably would have [helped], knowing that... if he comes in and you're already here, you are going to hear his name (P2).

Some participants spoke about the alienating role legal terminology and jargon played in preventing them from understanding important legal issues. For those who did speak about this theme, most highlighted how the legal service helped improve their understanding of the jargon and improved social equity outcomes. Increased knowledge of legal terminology resulted in improved self-respect.

Experiences of mental health services

Although most participants were also satisfied with the mental health services they had received, there was less consistency in their levels of satisfaction with these services. Some participants were very satisfied with the mental health services they had received, whereas others had mixed feelings.

I am really happy about [the mental health services] because they are very... holistic and they are really caring, and they treat you as a human (P3).

The mental health service... did help and it didn't help (P7).

It was very, very helpful. I couldn't be who I am today without their help (P1).

They didn't really show interest in what was happening in my life. If I showed up, that was all right but if I didn't show up, it was okay as well (P6).

Three participants highlighted experiences where they felt their concerns or needs were dismissed or overlooked by mental health professionals:

When you suggest that maybe [the medication] does not work anymore and you might need something else or maybe put the dose up, they're kind of 'no, you're alright that way' (P6).

When I came out of... the mental health clinic, I said, 'look, I'd like to be able to speak to you once a week,' and they said, 'well, look, you're not on any antipsychotics so we can't really see you.' And I was like, '...I stopped taking antipsychotics ten years ago. I was on them for 20 years. So why do I have to take antipsychotics?' And their only answer was... 'well, look... all you need to do is go for a walk and find some friends.'

I have seen other psychologists and I had one... [that made me] feel like I was being pushed into doing something that I didn't want to do (P2).

Three participants highlighted issues relating to cultural background and mental health support. For example, one participant explained how people from her cultural background, "don't believe [in] medication [for mental health]. No one believes in it" (P1). This participant felt that if she listened to her family – who have told her not to take her medication, "I couldn't be like normal… I couldn't be controlling myself. I couldn't be a mother" (P1).

Another participant, when referring to her current psychologist, stated that:

Because she's Italian and I'm Italian, she understands. I suppose it is... the culture, our culture, like how men control women in the Italian culture... not all of them, but obviously this family... As the psychologist put it, the mother is the matriarch. And I didn't even have to say anything to her, she just picked it right up (P2).

Another participant compared the mental health treatment he received in Australia to the treatment he had received overseas.

[The mental health care professionals] are really caring, and they treat you as a human. Because when I am in [other country], [I am] not treated like that (P3).

Interestingly, the issue of cultural background only emerged once when participants discussed legal support – one participant felt she would be treated unfairly in the justice system because she was "ethnic" (P4).

Relationships and collaboration between legal and mental health services

When asked if the legal and mental health services systems had worked together to meet their needs, two participants reported that they had and five reported that they hadn't. (One participant had not received any mental health support during the period that he was receiving legal support).

The two participants who stated that the two service systems had worked together both explained how the mental health services checked in on them during the time the legal support service was working with them.

[The staff from the community care units] are always checking, they are asking what are the outcomes [of the legal intervention]. I don't know the process, but they will know what's happening (P3).

[The mental health services] even found someone to take me to appointments and things like that. So, they went out of their way to give me that extra support and... every time I had to go and see the legal services, they would ring me afterwards and see how I felt (P6).

One of these participants also noted that the legal and mental health services they were engaged with, "used to talk to each other a fair bit… so they knew what was going on and they were very supportive of what I was doing" (P6).

In some cases, mental health services connected participants to legal services. One participant, who was being harassed by a debt collector, stated:

After that time, the big problems... stressed me a lot... I asked my team [what to do], that means my clinician and case manager, and they [suggested] I go to the legal centre (P3).

When asked whether it would have been helpful for legal and mental health services to work together, participants' opinions were mixed. Some stated that they didn't think it would help and others felt it would have. One participant reported that if the mental health services he was engaged with had worked with the legal support service, it would have:

Just... put my mind at rest. [If the mental health services had been] able to say, 'Look, I know you're stressed. I know you're going through a lot. We can help with this and this, and then that will make you feel a lot better, once that's cleared out of the way.' So yeah, there was none of that. It was just – I felt totally helpless (P7).

The carer of one participant noted that legal services could do more to inform clients about mental health services:

Legal services could possibly... make their [client] aware of what's available, because sometimes you don't know what's out there unless you're told... especially if the lawyer... knows their [client] has got a disability or a mental health issue and they don't have any... long-term ongoing support, [otherwise] they are likely to come back through that loop again and again (P5).

Discussion

The interviews provided clear evidence that legal intervention was associated with a marked reduction in psychological distress. Clients reported that they had increased self-efficacy and confidence as the result of positive legal intervention. This is congruent with the literature we identified about typical outcomes for legal intervention, and consistent with the outcomes identified in the program logic such as 'achieving relief from concerns/stress regarding legal issues' and 'experience reduced stress and anxiety about legal issues' and 'improved mental health'.

Participants also described positive consequences from the stress reduction such as improved relationships, matching outcomes in the program logic such as:

- I experience increased social inclusion and community connectedness.
- An important exception to this was when the legal process necessitated the retelling of traumatic stories such as the experience of child sexual abuse.

Another finding was that participants experienced good connection to the providers of legal intervention and referral and connection to other mental health supports. The effective co-ordination and collaboration of services was important for good outcomes. Participants reported that the legal service was highly accessible. While clients felt that legal services "heard, understood and respected" them, interviewees were not always sure that mental health services did so. This is consistent with the literature we identified around best practice for the provision of legal intervention for people living with mental ill-health.

This is also congruent with the program logic developed as part of the Legally Minded project. The program logic predicted that clients should experience:

- that they worked well together with the legal service to resolve any legal issues they might be experiencing
- supported in managing legal issues
- it is easy to access other supports or services if I need them
- heard, understood and respected by mental health and legal services
- that the support was flexible and tailored to my individual needs
- mental health and legal services work well together to help me meet my needs and achieve my goals
- increased awareness of services and supports
- increased access to and engagement with required services
- increased capacity to navigate complex systems with support
- I build on my strengths and develop my coping skills

These findings show the significant impact of legal intervention as part of the range of required supports for people living with mental ill-health.

In the research, participants clearly identified that they had improved knowledge of the legal system and felt greatly empowered regarding their own legal rights.

This matches outcomes in the program logic such as:

- I increase my awareness of my legal rights
- I have an increased ability to make decisions based on knowledge of my legal rights
- I experience increased economic and social justice

Although not clearly stated, it was implied that participants felt greater hope in their lives as they felt empowered to help others, grateful for the support and resolution of their legal issues and able to look forward to the future.

There was evidence that the legal support was culturally sensitive, which was compatible with the program logic outcome:

- Legal and mental health services engage effectively with culturally and linguistically diverse communities and services.

There was no specific data apparent in the research for the following client experiences or outcomes in the program logic:

- working on my goals
- identifying and developing my strengths
- I receive legal support where and as I need it
- I increase my consumer awareness and knowledge
- I have increased safety
- I have improved physical health
- I have improved quality of life (employment, income, housing, vocational/educational opportunities)

However, these areas of experience or outcome in the program logic were not the focus of direct questions, so unsurprisingly, no clear evidence emerged in the interviews. However, there were implications that participants were able to work more on personal goals or develop personal strengths as a result of reduced distraction of legal concerns and decreased worry and anxiety.

For outcomes in the program logic:

- Mental health and legal services have greater knowledge of the needs of people with mental ill health who require legal support.
- Mental health practitioners have increased knowledge of legal issues and legal practitioners have greater knowledge of mental health issues.
- Increase in support worker capacity to advocate for and support clients with legal issues.

No evidence emerged in the interviews as these outcomes related to changes for staff and not clients.

The eight participants were drawn from a representative sample, with an adequate gender balance and wide range of legal issues present. This suggests that our sample provides a good insight of the experiences of people who receive community legal support while living with a mental illness. It is unclear how valid generalisation beyond this group would be.

Although interview content was brief (average 35-40 minutes per interview) and only seven of the eight interviews were analysed (one interview was eliminated due to poor quality of the recording), there was enough thematic consistency and data richness to draw valid conclusions regarding the impact of legal support on mental health.

We spoke to people who all had their case closed, and generally had a positive resolution. It is possible that clients who had more positive experiences of legal support or more successful outcomes were more likely to come forward for interviews. Further research might explore the specific experiences of clients whose legal issues are not resolved so positively.

Further research could more clearly investigate implementation of health justice partnerships and different models for health justice partnerships in addition to people's subjective experiences such as in this report. More fully integrated health justice partnership, may achieve even greater impacts than those reported here.

Conclusion

The report provides supporting evidence that legal intervention is an effective support for people living with mental ill-health when legal matters are causing concern. Important factors in implementing legal intervention that we identified in the interviews include: ease of access, trustworthy, reliable and responsive support, and a need for referral and support collaboration with other services such as mental health providers. The provision of educative and empowering strategies appeared effective.

Participants identified some challenges in engaging with the legal system such as being required to recount traumatic experiences or encountering perpetrators in the court setting.

Clearly, there is no substitute for legal intervention when required, so access is crucial. The participant experience indicates it is important that both legal and mental health support staff work together to both support their client to attain the best level of wellbeing.

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Appendix

Client Interviews: Semi-Structured Interview Schedule

Legal service questions

1. Why did you seek legal help (what was the legal situation you were experiencing)?
2. What affect was the legal problem having on your life?
3. What did the legal service do to help you?
4. How long ago was your legal issue resolved?
5. Could you tell us about any stress you might have experienced before you received help from the legal service? Could you tell us about your stress levels after receiving help from the legal service?
6. What did you like about the way legal services were provided?
7. Was there anything you didn't like about the way legal services were provided?
8. What effects did the help provided by the legal service have on your life?

Prompt for:

a. Wellbeing?

b. Quality of life?

c. Connections to other services or supports?

d. Greater knowledge regarding legal rights?

Mental support questions

1. What mental health support are you currently receiving?
2. What does the mental health service do to help you?
3. What do you like about the way mental health services are provided?
4. Is there anything you don't like about the way mental health services are provided?
5. What effects do the mental health services have on your life?

Prompt for:

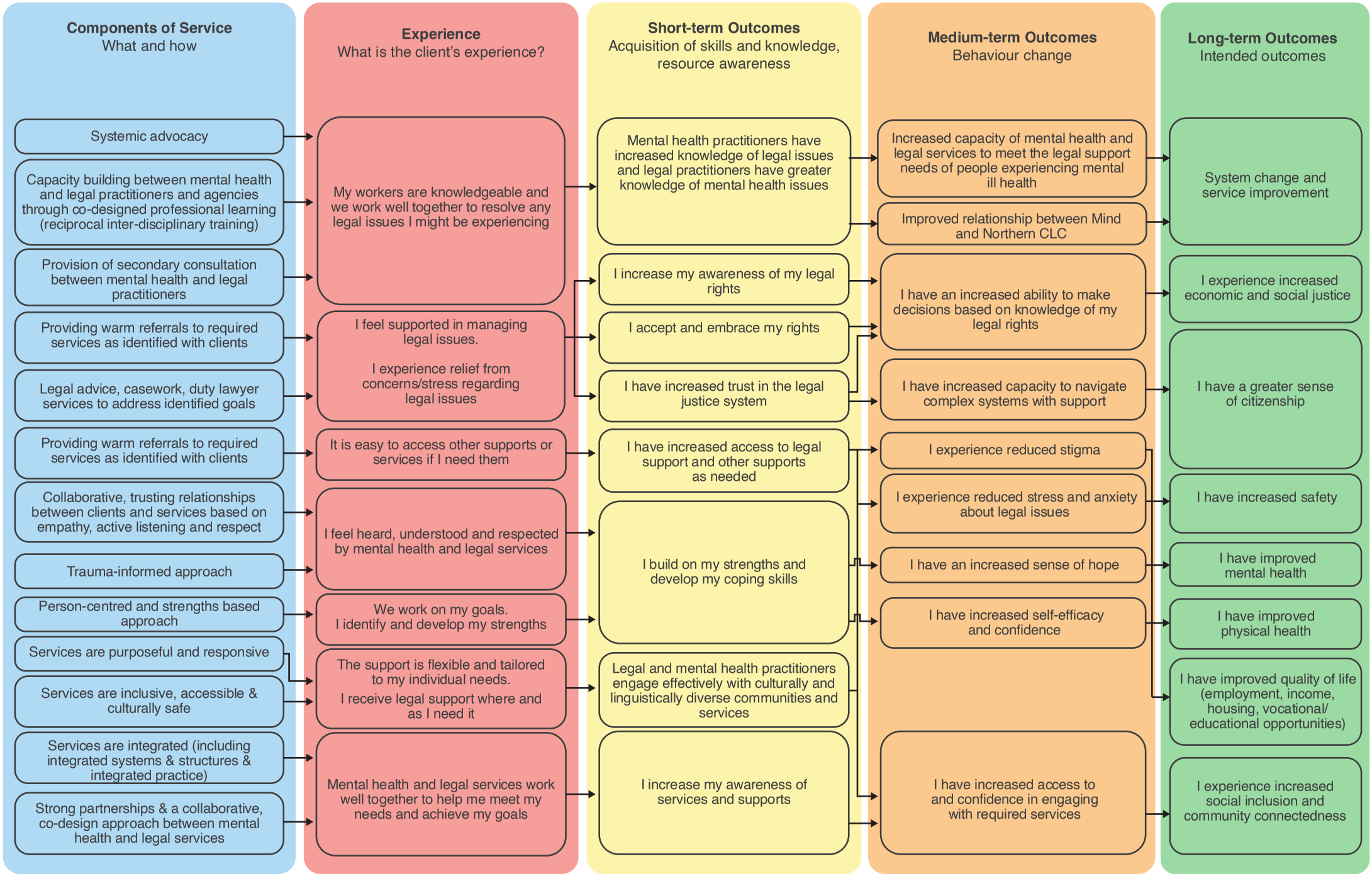
a. Wellbeing?

b. Quality of life?

c. Connections to other services or supports?

Program logic: Legal intervention for people experiencing mental ill-health

Program objective: To improve the wellbeing of people experiencing mental ill health who require legal support, through the provision of integrated legal and mental health services.



Legally Minded Program Logic

Program objective: To improve the wellbeing of people experiencing mental ill health who require legal support, through the provision of integrated legal and mental health services.

Program inputs	Components of Service: What and how	Client experience	Short-term outcomes	Medium-term outcomes	Long-term outcomes
• Program staff • Program funding • MOU between Mind and Northern CLC • Policies and procedures • Research • Training • Community of Practice	• Systemic advocacy • Capacity building between mental health and legal practitioners and agencies through co-designed professional learning (reciprocal inter-disciplinary training) • Provision of secondary consultation between mental health and legal practitioners • Legal health check to identify legal issues in partnership with clients • Legal advice, casework, duty lawyer services to address identified goals • Providing warm referrals to required services as identified with clients • Collaborative, trusting relationships between	• My workers are knowledgeable and we work well together to resolve any legal issues I might be experiencing • I feel supported in managing legal issues. • I experience relief from concerns/stress regarding legal issues • It is easy to access other supports or services if I need them • I feel heard, understood and respected by mental health and legal services • We work on my goals. • I identify and develop my strengths • The support is flexible and tailored to my individual needs. • I receive legal support where and as I need it	• Mental health practitioners have increased knowledge of legal issues and legal practitioners have greater knowledge of mental health issues • I increase my awareness of my legal rights • I accept and embrace my rights • I have increased trust in the legal justice system • I have increased access to legal support and other supports as needed • I build on my strengths and develop my coping skills • Legal and mental health practitioners engage effectively with culturally and linguistically diverse communities and services	• Increased capacity of mental health and legal services to meet the legal support needs of people experiencing mental ill health • Improved relationship between Mind and Northern CLC • I have increased capacity to navigate complex systems with support • I have an increased ability to make decisions based on knowledge of my legal rights • I experience reduced stigma • I have an increased sense of hope • I have increased self-efficacy and confidence • I experience reduced stress and anxiety about legal issues	• System change and service improvement • I experience increased economic and social justice • I have a greater sense of citizenship • I have increased safety • I have improved mental health • I have improved physical health • I have improved quality of life (employment, income, housing, vocational/educational opportunities) • I experience increased social inclusion and community connectedness.

Program inputs	Components of Service: What and how	Client experience	Short-term outcomes	Medium-term outcomes	Long-term outcomes
	clients and services based on empathy, active listening and respect • Trauma-informed approach • Person-centred and strengths based approach • Services are inclusive, accessible & culturally safe • Services are purposeful and responsive • Services are integrated (including integrated systems and structures and integrated practice) • Strong partnerships & a collaborative, co-design approach between mental health and legal services.	• Mental health and legal services work well together to help me meet my needs and achieve my goals.	• I increase my awareness of services and supports.	• I have increased access to and confidence in engaging with required services.	

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Help, hope and purpose

Mind acknowledges that Aboriginal and Torres Strait Islander peoples are the Traditional Custodians of the lands on which we work and we pay our respects to Elders past, present and emerging. We recognise the intergenerational impact of the history of invasion, dispossession and colonisation and are committed to the recognition, respect, inclusion and wellbeing of Australia's First Peoples.

Mind values the experience and contribution of people from all cultures, genders, sexualities, bodies, abilities, spiritualities, ages and backgrounds. We are committed to inclusion for all our clients, families and carers, employees and volunteers.

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