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Legal support as Enhanced Treatment?

Bringing public health and civil justice together

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Executive Summary

Civil justice and mental health outcomes are more closely linked than national policy might suggest. People with poorer mental health are more likely to report 'difficult to solve' civil law problems but less likely to act to resolve them. However, the Ministry of Justice is proposing to significantly reduce the scope of legal aid, which will particularly affect people with a mental health condition. Simultaneously, the Department of Health is emphasising the 'broad canvas' of public and community services that mental health and public health must draw upon. This points to shared health and justice policy goals, which might include recognition (and action) within the NHS at all levels that mental health outcomes are linked to civil justice, and straightforward routes to quality-assured legal information and representation, including via primary care services. Potential approaches explored in this paper include a low-level intervention to improve awareness of legal rights, and a more ambitious approach that puts legal support squarely within the commissioned services of primary care.

Civil justice and mental health outcomes are more closely linked than national policy might suggest. Indeed, a growing body of independent and academic research has highlighted links between the two:

- ▶ People with poorer mental health are more likely to report 'difficult to solve' civil law problems but less likely to act to resolve them;
- ▶ People who consider themselves to have had a mental health problem over the preceding three years are more likely to have experienced a social welfare or family legal problem in the same period;
- ▶ Experiencing three or more social welfare or family legal issues is three times more common among people with severe and enduring mental ill-health living in the community than other people.

In recent years, local and national policy has recognised the link between mental health problems and civil legal problems. For example, the Springfield Law Centre, funded through legal aid contracts, serves users of the St. Georges Mental Health Trust.

However, the Ministry of Justice is proposing to significantly reduce the scope of legal aid, which will particularly affect people with a mental health condition. This is despite evidence showing that individuals with mental health problems are more likely to report that they do not know their rights compared with other people.

At the same time, health ministers have emphasised the 'broad canvas' of public and community services that public health must draw upon, in the wake of the Department of Health White Paper on NHS reform.

Given the link between mental health and civil legal problems, shared health and justice policy goals might include: recognition and action within the NHS at all levels that mental health outcomes are linked to civil justice; straightforward routes to quality-assured legal information including via primary care services; and, civil legal services to be free at the point of delivery for those with the greatest need for support with their mental health.

Achieving these outcomes would lead to: a reduction in the contribution of legal problems to poor mental health outcomes in the population, and a reduction in poor mental health; savings for the NHS and for local government, in its role as the guardian of public health; and, savings for the wider civil justice system.

Two potential policy options, explored in this paper, include:

- ▶ 'Information rights' – a low-level intervention to improve awareness of legal rights;
- ▶ 'Legal aid as enhanced treatment' – a more ambitious approach that puts legal support squarely within the commissioned services of primary care.

1. Introduction

A growing body of academic research has highlighted the link between mental health and civil legal problems...

Proposals set out in the Department of Health White Paper, *Equity and Excellence: liberating the NHS*, represent an innovative and bold approach to improving mental health outcomes across the population.¹

The White Paper promises:

- ▶ An overarching 'outcome framework' with detailed standards that will not ignore mental health services;
- ▶ The beginnings of choice of mental health treatment and provider from April 2011.

The White Paper also promises a more defined structure and ring-fenced funding for public health, which includes mental well-being. Meanwhile, all GP surgeries will, in effect, need to become part of consortia that will be responsible for commissioning all primary and secondary care services required for their patients.

The consultation and transition period in implementing *Equity and Excellence* ensures time to consider how these proposed changes will interact with policy reforms in other domains. In particular, it is important and timely to consider how the implications for mental health services flowing from 'Equity and Excellence' will interact with proposed reforms to legal aid, as set out by the Ministry of Justice in its current consultations, and with a new government strategy on mental health due to be published in the near future. This paper aims to contribute to such an analysis.

Why examine legal aid and mental health? Civil justice and mental health outcomes are more closely linked than national policy might suggest. Indeed, a growing body of independent and academic research has highlighted links between the two.

Research using data from multiple waves of the *Civil and Social Justice Survey* shows that:

- ▶ People with poorer mental health are more likely to report 'difficult to solve' civil law problems but less likely to act to resolve them. They also more often seek a combination of legal advice and general support/advice²
- ▶ In particular, people who consider themselves to have had a mental health problem over the preceding three years are more likely to have experienced a social welfare or family legal problem in the same period than those who don't³
- ▶ Experiencing three or more social welfare or family legal issues is three times more common among people with severe and enduring mental ill-health living in the community than other people⁴
- ▶ Twenty-six percent of civil legal problems reported in the *Civil and Social Justice Survey* are also reported to have led to stress-related illness.⁵

In short, there is an established link between mental health and civil legal problems. In many instances, civil legal problems may be a key contributory cause of mental health problems.

This report therefore explores recent policy announcements and development across the Department of Health and Ministry of Justice in light of the link between civil legal problems and mental health.

The next chapter explores in more detail legal services for individuals experiencing mental health problems, and recent trends in the delivery of legal aid funded services

The third chapter develops some new policy solutions building on recent directions and changes in mental health and legal aid policy from the Coalition Government. The conclusion summarises recommendations for policymakers.

2. Current policy on legal aid and mental health

Primary care settings can provide access to some of the people most in need of civil legal services...

The previous chapter identified the relationship between civil legal problems and poor mental health outcomes.

Many individuals and organisations have long recognised the relationship between health - specifically mental health - and access to justice. In terms of delivering services, Citizens Advice Bureaux have been among those most active in providing outreach in mental health settings, where services may be funded through any or all of legal aid contracts, local authority contributions, primary care trust (PCT) funding, charitable donations or other grants (such as Big Lottery funding).

There are other examples. Springfield Law Centre, funded through legal aid contracts, serves the patients, relatives and carers of South West London and St. Georges Mental Health Trust.

Pre-empting some aspects of polyclinics, other integrated services are hosted at primary care settings, where legal services are a core part of the overall service available. For example, benefits advice and assistance is provided to patients of Great Chapel Street Medical Centre for homeless people in Westminster by the London Homeless Services Team of the Department for Work and Pensions. In 2009, North Staffordshire Primary Care Trust funded an 'Advice on Prescription' service commissioned from three Moorlands Citizens Advice Bureaux, although this funding has now ended. The drivers, structures and funding behind such services have been diverse and often in flux, reflecting variable levels of interest and commitment from policymakers and grant-makers at a local and national level.

Nevertheless, evidence from local projects as well as the national Civil and Social Justice Survey (2001-2009) has led to increasing recognition among policymakers locally and nationally not only that primary care settings can provide access to some of the people

most in need of civil legal services – i.e. help with *targeting* of services - but that improving *access to civil justice* can contribute to improvements in health and mental health.

The Legal Services Commission, together with its local authority funding partners, has designated people with poor mental health as among the 'priority' client groups of Community Legal Advice Centres and Networks. In the face of growing evidence, the Ministry of Justice commissioned a 'review of the existing evidence of the experiences of adults with mental health problems' (2009), which concluded that its findings justified 'more research into the experiences and outcomes for adults with mental health problems in the domains of civil or non-criminal justice'.⁶

However, since 2009, the negative fiscal outlook for public spending has seen a dramatic change in approach. Recent announcements on legal aid policy from the Ministry of Justice indicate a change of direction, and could herald an end to the approaches and interventions built on the evidence outlined above.

Reform of legal aid in England and Wales

Legal aid in England and Wales is administered by the Legal Services Commission with funding from the Ministry of Justice. In criminal proceedings, this guarantees that people under police investigation or facing criminal charges can receive legal advice and representation. In civil matters, it provides for legal advice and representation at court (or tribunal) for many areas of civil law, including employment, community care, family, mental health, asylum and immigration law, and problems to do with education, debt, welfare benefits and housing. Civil legal aid is, for most areas of law, restricted to people who are financially eligible and whose case is deemed to have sufficient merit.

The Ministry of Justice has proposed significant cuts in the scope of legal aid, but not acknowledged that that people with a mental health condition will be particularly affected by the removal of legal aid...

The Ministry of Justice published the consultation paper, *Proposals for the Reform of Legal Aid in England and Wales*, in November 2010.⁷

Under these proposals, most employment, education, welfare benefits and debt cases (except where the home is at immediate risk) will no longer be in the scope of legal aid, as will many housing cases if the reforms are implemented in full. Fewer people will be financially eligible for legal aid assistance, and more will be asked to make a financial contribution to the costs of their case.

The means by which people will access legally-aided services will also change, the proposal being that all potential clients will make initial contact via a telephone service based on the current 'Community Legal Advice' phone-line. This will be the single gateway to access civil legal aid services in England and Wales.

In contrast to ring-fenced and protected health spending, including public health spending, the intention is to massively curb the scope (and thus the cost) of civil legal aid. The reforms to civil legal aid services above are some of the main proposals put forward in a package that is envisaged to save £350m in 2014/15.

Legal Aid, public health and GP commissioning

The Ministry of Justice consultation paper acknowledges that in many areas of law that would be removed from scope, would-be clients are more likely to be ill and/or disabled. However, what has not specifically been acknowledged is that people with a mental health condition will be particularly affected by the removal of legal aid, as illustrated by the evidence above.

The Ministry of Justice consultation paper does acknowledge that the removal of legal aid funding may

- indeed will - indirectly lead to 'serious consequences' for individuals and their families including, potentially, loss of income - such as benefits to which they are entitled, greater risk of ill-health (including mental health), and loss of work.

It is clear that under the Ministry of Justice proposals, legal aid will no longer be available to help people negotiate the benefits system, uphold their employment rights, or resolve their housing issues. It will be easier for both negligent errors - for example, in public administration - and deliberate violations of people's rights to go unspotted, unchallenged and unremedied, particularly among the poorest and most ill in society. Thus there will be greater scope for such injustices to undermine all other efforts to improve these people's health and well-being.

Because the type of cases facing withdrawal of funding are precisely those most frequently accessed by the poorest (as well as the most mentally unwell) individuals, these people will inevitably be among those least likely to be able to access free or affordable legal services that can alleviate the civil problems that lead to mental ill-health. This will be true both for those people currently supported by services specifically designed around their needs (like the examples mentioned above), and for those who simply access services at any contracted legal aid provider.

Instead, people will be expected to resolve their problems in other ways. This has particularly important implications for people in poorer mental health: evidence shows that individuals with mental health problems are more likely to report that they do not know their rights compared with other people.

Knowing your rights is, understandably, linked to achieving your civil justice objectives; people claiming some legal knowledge of their rights report meeting their justice objectives 'completely' more than twice as often as people with no knowledge. They also report

It makes sense for policymakers to specifically target people reporting poor mental health for any social welfare legal services that can still be made available...

stress-related ill-health as a consequence of problems less than half as often.⁸ Thus the 70.7% of Civil and Social Justice Survey respondents reporting poor mental health who also report not knowing the rights relevant to their legal problem(s) are already less likely to meet to meet their objectives than people reporting no mental illness⁹ – and this is while legal aid is still available.

Since receiving legal advice and assistance appears to 'cancel out' the negative effect that lack of rights knowledge has on the likelihood of meeting ones objectives,¹⁰ it makes absolute sense in policy terms to specifically target people reporting poor mental health for any social welfare legal services that can still be made available, in order to minimise inequalities in both health and justice, and indeed to improve healthcare outcomes. This is true however limited the state-funded provision of such services may be.

Key points

- ▶ In recent years, local and national policy has recognised the link between mental health problems and civil legal problems.
- ▶ For example, the Springfield Law Centre, funded through legal aid contracts, serves users of the St. Georges Mental Health Trust.
- ▶ However, the MoJ is proposing to significantly reduce the scope of legal aid, which will particularly affect people with a mental health condition.
- ▶ This is despite evidence showing that individuals with mental health problems are more likely to report that they do not know their rights compared with other people.

3. Options for Legal Aid and Mental Health

Shared health and justice policy goals could reduce the contribution of legal problems to poor mental health outcomes in the population, and lead to savings for the NHS and for local government, as guardians of public health...

The previous section identified the relationship between mental health problem and civil-legal problems, proposals for cuts in funding of legal aid, and the likely implications for individuals with poor mental health.

However, in the background to these changes, recent statements from the Department of Health have adopted a very different stance, both in relation to the importance of mental health, and the way in which public health policy must seek to tackle mental health problems. Ministers have emphasised the ‘broad canvas’ of public and community services that mental health and public health must draw upon - from Jobcentre Plus and housing teams through to children’s services and environmental planning – which are needed to help people stay on track and in control of their lives’.¹¹

Given this awareness among policymakers of the broad-based services that underpin mental health, and the established link between mental health and civil justice problems, what would shared health and justice policy goals look like? These might include:

- ▶ Recognition and action within the NHS at all levels (national, local authority, GP consortia, public and primary care services) that mental health outcomes are linked to civil justice;
- ▶ Straightforward routes to quality-assured legal information, advice and representation, including via primary care services;
- ▶ Every individual experiencing stress, depression and/or any other mental health condition to be aware of the relevant route/s to such services;
- ▶ Civil legal services to be free at the point of delivery for those with the greatest need for support with their mental health, and who do not have the means to pay for them, and in particular for key social welfare issues that will be removed from the

scope of legal aid (debt, housing, welfare benefits and employment);

- ▶ Subsidised civil legal services for others with mental health needs;
- ▶ Affordable civil legal services for people who are not funded by the state.

Achieving these outcomes would lead to:

- ▶ A reduction in the contribution of legal problems to poor mental health outcomes in the population, and a reduction in poor mental health;
- ▶ Savings for the NHS and for local government, in its role as the guardian of public health;
- ▶ Savings for the wider civil justice system (for example, courts and tribunals administration, benefits administration) and local government, in its provision of legal services, due to better problem prevention and earlier resolution.

Policies for shared health and civil justice objectives

What potential policy approaches to achieving shared health and justice objectives would be appropriate?

Two possible approaches are explored:

- ▶ ‘Information rights’ – a low-level intervention to improve awareness of legal rights;
- ▶ ‘Legal aid as enhanced treatment’ – a more ambitious approach that puts legal support squarely within the commissioned services of primary care.

‘Information rights’

Summary

Primary care venues (principally GP surgeries and poly-centres) mandated to advertise any local services that can explain the law to people with regard to ‘everyday’ scenarios relating to, for example, benefits, housing and employment matters.

Primary care venues could advertise any local services that can explain the law to people with regard to 'everyday' scenarios...

Why?

In order that people know about their rights before they experience the legal issues that can cause or exacerbate stress and other mental ill-health, it would be preferable for everyone to know the rights most relevant to them.

The Public Legal Education Network envisages *everyone* being provided with sufficient knowledge of law that affects their every day lives. However, for people with or at risk of developing a mental health diagnosis, it should be both a public health and a primary health priority to provide timely access to information about their rights.

How would it work?

Primary care venues would be required to advertise local services able to explain the law to people with regard to 'everyday' legal problems. Local authorities, either directly, or indirectly via the local health and social care consumer champion that they commission (HealthWatch service), would need to remain up to date about what advice, information and assistance is available locally and ensure this knowledge was passed to local primary care services.

Meanwhile, callers to the new legal aid 'gateway' telephone line who state that their issue is causing them stress or making them ill and whose problem is not 'legally-aidable' (because, for example, it is out of scope) could be referred to their local authority (or HealthWatch) in the first instance in order to be provided with information about the same appropriate local sources of legal support.

Primary care venues could also advertise or even provide access to the proposed legal aid 'gateway' telephone number.¹²

Pros

- ▶ Reaches people who may be particularly vulnerable to linked civil justice and mental health problems;

- ▶ No need to identify and target individuals – targets a vulnerable group cheaply, anonymously, and with broad coverage;
- ▶ Potentially provides information at an early stage of developing mental health problems
- ▶ A model involving local HealthWatch services would help ensure the accuracy of advertised information, since HealthWatch services will be set up to maximise patient feedback and its impact.

Cons

- ▶ No means of guaranteeing quality of services advertised;
- ▶ Some patients will be unable to perceive the relevance of, and unwilling or unable to act on, the information provided; this may include some with the most to gain from such services.

Legal support as enhanced treatment in primary care

Summary

Enable mentally-ill primary care users access to paid-for legal services as part of their treatment through primary care funding.

Why?

Civil legal problems contribute to mental health problems, thus the cutting of legal aid funding, and particularly the removal of key social welfare services from the scope of legal aid, will limit the potential for mental health outcomes to be improved via legal services.

How would it work?

Options for the treatment of people in poor mental health would include access to a certain value of specialist legal advice. Legal advice would operate as a 'currency' for mentally ill people under a tariff system, in the same way that other treatments are and will be. Patients could also opt to make a financial contribution

Mentally-ill primary care users access to paid-for legal services as part of their treatment through primary care funding...

if their NHS entitlement would not cover a meaningful amount of support.

A national template for civil legal services as an 'enhanced service' would be drawn up with Monitor and the NHS Commissioning Board.

For the provision of civil legal aid services no longer within the scope of civil legal aid, several potential solutions are possible:

- ▶ National route - a national organisation or network of organisations may be 'uniquely placed' to provide those civil legal services that are beyond the scope of legal aid, in particular for the majority of debt, housing, welfare benefits and employment justiciable problems. An appropriate template and associated tariffs could be drawn up, and GP consortia could commission services from them accordingly.¹³
- ▶ Local route - GP consortia could tender and contract with services on an individual, local basis, if it were felt that the additional administration merited the envisaged benefits of such a bespoke approach. Local authorities and Directors of Public Health may be required to take on some quality assurance and oversight functions.
- ▶ Mixed approach – GP consortia given choice to opt out of provision by national provider to exploit local private and third-sector providers where available and quality-assured.

Local authorities could allocate some of their public health budgets and/or prioritise some of their existing advice budgets for supporting people most likely to experience significant (mental) health outcomes as a result of such a service. In this way, a local-authority funding stream could be added to any primary care and private contributions.

To aid this enhanced treatment approach, planned local public health strategic needs analyses would

routinely include indicators of both mental well-being and of the experience of social welfare type 'justiciable' problems in such a way that the two kinds of data can be cross-interrogated. Directors of Public Health could use these insights to support relevant local decision-making (in consultation with the local HealthWatch as the local statutory health and social care consumer champion). Decisions both at council level and among commissioning consortia would benefit from such analysis, enabling them to consider, for example, whether purchasing legal services in bulk for some groups of people or patients would be a cost-effective means of delivering improved health (particularly mental health) outcomes. Analyses might show that only some council wards would be likely to benefit significantly or, by contrast, that mentally ill people in all wards would benefit comparably from services in only one or two areas of law.

Payment and performance monitoring

Where funding is (entirely or in part) through primary care, there is a question around the extent to which payment and performance monitoring should be built into GP consortia's accountability responsibilities, as per the standard 'Payment by Results' approach. Any approach adopted would need to be very cost-efficient and straightforward, and not disproportionately burdensome for commissioners.

Ideally, it would take into account both information from PROMs (Patient Reported Outcome Measures) and objective measures of quality of legal services, such as key performance indicators similar to those currently used by the Legal Services Commission for legal aid contracts. However, this would be placing a considerable burden on commissioners. A proxy for quality based on the characteristics of the provider and its staff (such as qualifications and supervision arrangements) may be preferable to such dynamic performance indicators, although these could not be an effective substitute for input from patients. Similarly,

This would address the causes of mental ill-health rather than just symptoms...

such a quality 'benchmark' could be based on the current and historic 'Quality Mark' scheme operated by the Legal Services Commission. For consistency, any approach would be set nationally, with the involvement of NICE and (national) HealthWatch, potentially with support from the Ministry of Justice, Legal Services Commission and/or Legal Services Board.

Clearly it would be easier to make any performance monitoring or quality benchmarking approach, however light-touch, effective within a *national* framework of provision.

Pros

- ▶ Builds on successful existing approaches;
- ▶ Tackles linked mental health and legal issues concurrently, at individual and structural levels;
- ▶ Addresses causes/contributory factors of mental ill-health rather than just symptoms;
- ▶ Requires active support for a legal advice option from *both* patient and clinician;
- ▶ Ensures that healthcare commissioners have a stake in the success of legal support;
- ▶ Flexible funding options would maximise the numbers of people able to be helped.

Cons

- ▶ Untested nationally or under new commissioning and contract management structures;
- ▶ Setting the amount, 'value' and price of different levels of legal support for different areas of law may be complex (notwithstanding the availability of historic legal aid information);
- ▶ Lack of familiarity may discourage stakeholders from managing quality/performance.

GP commissioning of legal support in areas that will be within the future scope of legal aid

Finally, it is necessary to explore how this proposed framework for mental health and civil legal problems which, under MoJ proposals, will no longer be funded

through legal aid, could interact with services that *will* continue to be legal-aid funded. This is an important consideration given that individuals may have civil legal problems that fall into both categories.

With regard to civil justice matters that remain in scope of legal aid, the government is consulting on the possibility of making services equivalent to those it will fund through legal aid available to paying clients. By extension, it could make them available to clients paid for through alternative funding – for example, NHS funding. Under EU rules, it is not compulsory to tender a service where a provider is 'uniquely placed' to deliver that service. Arguably a national advice service already commissioned to provide services to eligible legal aid clients could be viewed as a service uniquely placed to provide the same advice to non-eligible clients, also on a national basis.

Existing legal-aid providers (or, conceivably, 'provider') could then be contracted by consortia to supply services to non-eligible patients, using the tariff system described above.

Since financial eligibility for legal aid often operates as a spectrum rather than a black and white 'yes or no', 'enhanced service' tariffs could be used to supplement the legal aid support that a client qualifies for, regardless of how much or little legal aid support they are entitled to. And as before, local authorities may choose to allocate public health and/or advice funding to such a service.

In this way, patients may be funded by local authority, NHS, and/or legal aid funds. And again, where state funding (be that legal aid, NHS or both) is not sufficient to buy the necessary or desired level of service, patients could opt to contribute their own funds in order to make up the difference.

Quality and performance monitoring

In this model, where services within the future scope of legal aid are accessed through this alternative route, some aspects of quality assurance would be on a par for that of legally aided clients, regardless of where patients live. That said, this would not include dynamic performance management, unless this aspect was specifically taken on by the NHS, be that by consortia, or NICE, for example.

Pros

- ▶ All relevant stakeholders involved;
- ▶ A certain level of quality assurance is guaranteed, by virtue of the link to the quality-assured legal aid system;
- ▶ Multiple funding routes make access possible for the greatest number of people.

Cons

- ▶ Reduces but does not remove entirely the impact of personal wealth on access to justice;
- ▶ Potential unwillingness of funders to set up the necessary relationships and structures.

Key points

- ▶ Health ministers have emphasised the ‘broad canvas’ of public and community services that mental health and public health must draw upon.
- ▶ Shared health and justice policy goals might include: recognition and action within the NHS at all levels that mental health outcomes are linked to civil justice; straightforward routes to quality-assured legal information including via primary care services; and, civil legal services to be free at the point of delivery for those with the greatest need for support with their mental health.
- ▶ Achieving these outcomes would lead to: a reduction in the contribution of legal problems to poor mental health outcomes in the population, and

a reduction in poor mental health; savings for the NHS and for local government, in its role as the guardian of public health; and, savings for the wider civil justice system.

- ▶ Two potential policy options would include: ‘Information rights’ – a low-level intervention to improve awareness of legal rights; and, ‘Legal aid as enhanced treatment’ – a more ambitious approach that puts legal support squarely within the commissioned services of primary care.

4. Conclusion

This paper has briefly set out the reasons why access to civil justice and improving mental health outcomes are linked.

It has discussed the implications of new health and justice policy, and outlined a number of options for potential consideration by policy-makers and other stakeholders that seek to maximise opportunities for improving mental health outcomes and access to civil justice together. The rationale for creating a new, parallel policy and delivery relationship between civil justice and mental health is clear.

There are many reasons why the proposed legal aid cuts could prove to be a false economy; considerable risks to the success of wider government health and employment policy could result from simply removing advice on the benefits system at a time when it will have changed radically, and from removing advice on everyday legal issues that can cause, contribute or exacerbate mental illness.

For the potential savings to legal aid to be meaningful beyond the Ministry of Justice's balance-sheet, and in order that policies seeking to improve public mental health are not wastefully and chronically undermined by legal aid reforms, strategies such as those proposed in this paper that rest on shared responsibility between key government departments and their delivery partners are essential. It remains a fact that, in civil justice as in health, people do not have equal levels of need. People in poorer mental health are more vulnerable to civil legal issues, are less sure of their civil rights, and less active in seeking to uphold them; they could arguably be characterised as experiencing some of the worst 'justice inequalities' of any group. Such people must remain a focus for innovative health policy-making and a priority for justice interventions.

Although some contend that reducing access to key civil legal services to near-zero on the grounds that

this would, at least, be 'equal', the evidence suggests that, without targeted counter-action, the outlook for health, for justice and for the everyday living that they sustain is neither excellent nor equitable. We now have a unique opportunity to take pro-active and informed preventative action.

¹ Department of Health (2010) *Equity and Excellence: Liberating the NHS*, London

² Pleasence P (2009) *Fact sheet: Civil law, social problems and mental health* (v1 July 2009) [online], Legal Services Commission, p1

³ Bradley L (2010) *A 'priority' group? The role of Community Legal Advice Centres and Networks for people with poor mental health*, MSc Dissertation, University of Bristol, p63

⁴ Ibid.

⁵ Balmer N et al. (2010) *Knowledge, capability and the experienced of rights problems*, Public Legal Education Network, p55. Available at: <http://www.plenet.org.uk/data/files/knowledge-capability-and-the-experience-of-rights-problems/src-may-2010-255.pdf>

⁶ KM Research and Consultancy Ltd (2009) *A review of the existing evidence of the experiences of adults with mental health problems* [online] Ministry of Justice. Available at: <http://www.justice.gov.uk/access-justice-mental-health.pdf>

⁷ Ministry of Justice (2010) *Proposals for the Reform of Legal Aid in England and Wales*, London. Available at: <http://www.official-documents.gov.uk/document/cm79/7967/7967.pdf>

⁸ Balmer N et al. (2010) *Knowledge, capability and the experienced of rights problems*, Public Legal Education Network, p57.

⁹ Bradley L (2010) *A 'priority' group? The role of Community Legal Advice Centres and Networks for people with poor mental health*, MSc Dissertation, University of Bristol

¹⁰ Balmer N et al. (2010) *Knowledge, capability and the experienced of rights problems*, Public Legal Education Network, p58.

¹¹ <http://www.communitycare.co.uk/Articles/2010/09/02/115218/care-services-minister-outlines-revised-mental-health-strategy.htm>

¹² Given that most people and most social welfare and family legal problems would no longer be eligible for legal aid, the usefulness of advertising this number would depend on the effectiveness of available telephone referral to alternative sources of help, and / or the scope for legal aid

providers (telephone-based or otherwise) to take on paying clients by charging 'affordable' and proportionate fees (both of which are included in Ministry of Justice's proposals).

¹³ Such a 'uniquely placed' organisation may, under EU procurement rules, avoid the need for a tendering exercise.

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