



Health-Justice Partnerships: Innovation in service delivery to support mental health

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Abstract

Purpose – This paper introduces the concept of ‘health-justice partnership’ (HJP), the provision of legal assistance for social welfare issues in healthcare settings. It discusses the role of these partnerships in supporting health and care for people with mental health issues.

Design/methodology/approach – We describe an example of a health-justice partnership, discuss the rationale and evidence for this approach in relation to mental health, and reflect on implementation challenges and future directions in the UK. We draw on both health and legal literature to frame the discussion.

Findings – Social welfare legal needs have negative impacts on mental wellbeing and are more likely to occur among people with mental health conditions. Integrating legal assistance with healthcare services can improve access to support for those with unmet need. High quality research has demonstrated positive impacts for mental health and wellbeing as a result of HJP interventions. Both further research and wider strategies are required to support implementation of HJPs in practice.

Originality/value – Legal assistance is rarely positioned as a health intervention, yet it is an effective tool to address social welfare issues that are harmful to mental health and to which people experiencing mental health are at greater risk. This paper highlights the importance of the HJP movement as an approach for supporting mental health.

Social welfare legal problems and mental health

Social welfare law governs the rights of citizens in relation to issues such as welfare benefits, debt, housing, employment and community care. The conditions referred to as ‘social determinants of health’ often have their roots in social welfare legal issues; for example, poverty, homelessness, adverse living and working conditions. A wealth of literature documents the impacts of these social determinants on health and inequalities (e.g. Marmot *et al.*, 2010, Marmot *et al.*, 2020), however their legal underpinnings are rarely recognised in the public mental health discourse.

Unmet legal needs have a particularly strong relationship to mental health and wellbeing. Stress-related illnesses or other adverse consequences for mental health are reported by a fifth of adults

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3 experiencing a legal problem(Franklyn *et al.*, 2017). These health consequences can lead people to
4 require and utilise healthcare services(Pleasence *et al.*, 2008). The relationship between legal
5 problems and health is bi-directional, with illness being one of the major factors leading to the
6 development of social welfare legal problems such as issues with employment and eligibility for
7 income support(Nosowska, 2004; Zevon *et al.*, 2007). People with mental health issues tend to have
8 more complex and urgent needs for legal advice(Mette and Williams, 2017) and more commonly
9 report discrimination in relation to welfare benefits(Hamilton *et al.*, 2016).

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15 Legal assistance is an intervention that can be used to tackle mental health-harming social
16 conditions and help prevent adverse social impacts of deterioration in mental health (Genn, 2019).
17 Partnerships between healthcare and legal services have emerged across the world in response to
18 these interconnected health and welfare needs(Lawton, 2014; Forell, 2018). In this paper we
19 describe an example of a health-justice partnership, discuss the rationale and evidence for this
20 approach in relation to mental health, and reflect on implementation challenges and future
21 directions in the UK. We draw on both health and legal literature to frame the discussion.
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30 **The health-justice partnership approach**

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32 In England and Wales, the most common health-justice partnership service model is primary-care
33 based welfare rights advice, where the advice service is co-located and/or receiving referrals from
34 healthcare professionals(Beardon and Genn, 2018). One example of this type of partnership
35 operated across two London boroughs until 2018, having begun around a decade before. The local
36 Citizens Advice service ran appointments co-located in GP practices across the boroughs, to which
37 patients could self-refer or be signposted by practice staff. Specialist advice and casework support
38 was provided primarily for welfare benefits and debt, and generalist advice was offered on a broader
39 range of welfare issues such as housing and employment. A diversity of other service models exists
40 across the country, with legal assistance being integrated into a range of healthcare settings; this
41 includes examples in secondary mental healthcare and community-wide mental health
42 strategies(Beardon and Genn, 2018).
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52 The co-located welfare advice in the London GP practices had various aims. On an individual level it
53 aimed to reduce symptoms of anxiety, depression and stress associated with adverse social
54 circumstances, by improving the accessibility of advice and increasing income. At a practice level,
55 aims included to reduce GP consultations for social welfare legal issues and the anxiety linked to
56 them; to reduce practice time spent on non-health issues; and to increase staff confidence in raising
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3 and addressing social welfare issues among patients. This reflects the typical objectives of health-
4 justice partnerships: the underlying rationale is that this approach can better reach people in need
5 of legal assistance and resolve health-harming socioeconomic circumstances, thereby tackling the
6 interconnected problems of health, inequalities and access to justice(Genn, 2019).
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10 This rationale is particularly pertinent in relation to mental health. People with mental health
11 conditions face greater difficulties accessing advice services, despite being more likely to need
12 them(Barnes *et al.*, 2017). Studies have highlighted how links with healthcare can facilitate access to
13 legal services for people with health issues and other vulnerabilities(Galvin *et al.*, 2000; Greasley and
14 Small, 2005). The healthcare environment can facilitate help-seeking because it is somewhere
15 familiar and trusted, discreet, confidential and accessible(Kite, 2016), which may be particularly
16 important for people experiencing mental ill health(Woodhead *et al.*, 2017a). Referrals from
17 healthcare professionals can also help to legitimise receipt of welfare assistance, a commonly
18 stigmatised issue(Sherratt *et al.*, 2000; Moffatt *et al.*, 2004), which may be particularly beneficial for
19 those with poor mental health(Hamilton *et al.*, 2016). The anxiety and shame associated with debt in
20 particular can prevent legal help-seeking(Pereira *et al.*, 2015) and signposting from healthcare could
21 support timely access to debt advice (London Health Forum, 2009).
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34 **Research on mental health impacts of health-justice partnerships**

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36 Evidence of mental health improvements has largely been explored through qualitative studies,
37 which have consistently identified positive impacts; for example reduced feelings of stress, anxiety
38 and depression, greater peace of mind and reassurance, better sleeping patterns, improved quality
39 of life and a sense of hope, empowerment, confidence and wellbeing(Moffatt *et al.*, 2004, 2006,
40 2010; Moffatt and Scambler, 2008; Moffatt and Mackintosh, 2009; Burrows *et al.*, 2011). However,
41 translating these findings into quantitative evidence has proved a challenging task for researchers:
42 robust comparator groups are difficult to generate for both practical and ethical reasons, and
43 existing randomised controlled trials have been affected by poor intervention targeting,
44 contamination between trial arms and loss to follow-up(Howel *et al.*, 2019).
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52 A study conducted in the London GP setting described above overcame these limitations: it
53 successfully demonstrated significant improvements in mental health and wellbeing among people
54 receiving welfare rights advice through their GP practices using a quasi-experimental
55 design(Woodhead, *et al.*, 2017b). Symptoms of common mental disorder and wellbeing scores were
56 measured over a three month period before and after receipt of welfare rights advice. The
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3 comparison group was drawn from a community sample and analyses minimised selection bias
4 through the use of propensity score weighting and a difference-in-difference approach. Compared to
5 controls, the findings demonstrated significantly greater improvements in financial strain for the
6 intervention group overall; in mental wellbeing among individuals whose situation improved as a
7 result of advice; and, in rates of common mental disorders among women and Black participants.
8 Improvements in stress levels since receipt of advice were also reported, with 26% of respondents in
9 the intervention group reporting this outcome at follow-up.
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18 **Implementation challenges**

19 In the time since the study in the London GP setting was conducted (Woodhead *et al.*, 2017a,b), the
20 Citizens Advice service in one of the boroughs where the research took place was decommissioned
21 and no longer operates. The care navigation service it was replaced with provides no dedicated or
22 specialist assistance for social welfare legal issues. This reflects the challenges for sustainability that
23 health-justice partnerships commonly experience. In England and Wales, funding comes largely from
24 charities and local authorities and much of it is short-term (Beardon and Genn, 2018). The turnover
25 rate also seems to be high, with services breaking apart or closing down after a period of operation.
26 Other challenges include developing effective systems for joining up care, achieving the engagement
27 of healthcare staff, and embedding integrated ways of working into routine practice (Bateman, 2008;
28 Gabbay *et al.*, 2017; Woodhead *et al.*, 2017a).
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36 There are many factors that could be responsible for the success or failure of health-justice
37 partnerships and these influences are currently not well understood. Cultural differences between
38 health and legal sectors may play a part: professional relationships and attitudes are known to
39 influence whether inter-professional working practices take root (Greasley and Small, 2005). Other
40 factors such as management, governance and resourcing arrangements are also likely to be
41 important (Sherr *et al.*, 2002). To generate evidence on how health-justice partnerships can be
42 implemented successfully, the authors are undertaking more in-depth research with services across
43 England. This work will use a comparative case study approach to explore various service models and
44 generate insights from different approaches, with the aim of supporting service delivery on the
45 ground and informing strategy in the field more widely.
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56 **Future directions in policy and practice**

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58 Recent cuts to publically funded legal aid have significantly reduced access to free legal assistance
59 for social welfare issues in England (Ministry of Justice, 2012) with disproportionate impacts on
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vulnerable groups including those with mental health issues(Amnesty International, 2016). Simultaneously, reforms to welfare provision have increased destitution, debt and homelessness(Hudson-Sharp *et al.*, 2018) with negative impacts for mental health in the population(Moffatt *et al.*, 2016; Cheetham *et al.*, 2019; Wickham *et al.*, 2020). Following the Covid-19 pandemic, access to legal assistance for social welfare issues will be of even greater importance. Impacts of the pandemic on job losses, financial strain and domestic violence are already becoming apparent and increases in indebtedness and homelessness are likely as the economic shockwaves are felt. Mental health impacts are likely to be long-lasting(Kousoulis *et al.*, 2020) and groups vulnerable to poor health are likely to be hit hardest with consequences for inequalities(Banks *et al.*, 2020). Health-justice partnerships could play a critical role in supporting patients and health services through the aftermath of the pandemic and helping to mitigate potential impacts on mental health. Wider strategies are required to facilitate this nationally.

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