



# **Response to the Productivity Commission's Inquiry into Mental Health, Draft Report**

23 January 2020



*NOTE: Updated data are available to replace those quoted in section 16.4 of the Productivity Commission's draft report. Please see appendix 1 for detail*

## Introduction

Health Justice Australia is a national charity and centre of excellence supporting health justice partnerships. These partnerships offer a holistic approach to care by embedding legal help into the health care services and teams most likely to be accessed by people with complex needs.

In 2012, a landmark study established that more than one-fifth of people in Australia experience three or more legal problems in a given year; and that vulnerability to legal need increases with deepening disadvantage. These legal issues may occur in clusters and many of them lead to illness. People often seek no advice for these problems but, when they do, they are less likely to seek help from a lawyer than another advisor such as a health professional.<sup>1</sup> Most relevantly for this inquiry, people with disability ranked highest among those with unmet legal need in Australia.

Together, this evidence points to groups of people with intersecting health and legal issues who access health services with symptoms, but who do not seek out legal solutions.

Health Justice Australia builds expertise, identifies system barriers, creates opportunities for systems change, and enables health justice partnerships to expand and increase their impact. We do this in three ways:

**Research:** we believe that, to be effective, our research must be practical and collaborative. We study how health justice partnerships work and why they have impact. We translate our research into resources for practitioners and host a national health justice conference to share knowledge and expertise. We also bring together an interdisciplinary network of

practitioners, policy makers, researchers, and funders working at the intersection of health and justice to build the evidence base for health justice partnerships and promote evidence-based learning.

**Practice:** Health Justice Australia builds the capacity of health justice partnerships by supporting practice excellence in the establishment, management and improvement of the partnership. We do this through partnership brokering and training and we support practitioners to manage the challenges of breaking down siloes and working collaboratively. As global leaders in health justice partnership, our influence extends beyond our national borders: practitioners and researchers in the UK, Canada, USA and Scotland are looking to us for advice including to establish their own national movements of health justice partnership.

**Policy Advocacy:** Informed by our research and practice-based evidence, Health Justice Australia develops policy solutions and undertakes strategic advocacy to advance the systemic impact of partnership across health and legal sectors. We leverage our applied policy work through relationships of influence with important stakeholders, including in communities, service providers and government departments. We convene roundtables and other consultative processes to identify different and shared agendas and build momentum across a range of actors working towards systems change.

Health justice partnerships aim to improve health and wellbeing for:

- individuals, through direct service provision in places that they access
- people and communities vulnerable to complex need, by supporting integrated

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<sup>1</sup> Coumarelos, C, Marcourt, D, People, J, MacDonald, HM, Wei, Z, Iriana, R & Ramsey, S (2012) *Legal Australia-Wide*

*Survey: legal need in Australia*, Law and Justice Foundation of NSW, Sydney.

service responses and redesigning service systems around client needs and capability

- vulnerable populations through advocacy for systemic change to policies which affect the social determinants of health.

Health justice partnerships support populations that are particularly at risk of poor health and justice outcomes. Key populations include people experiencing mental ill-health, along with people experiencing domestic and family violence, people at risk of elder abuse and Aboriginal and Torres Strait Islander people. Legal support is provided across a wide range of needs, such as family, housing and money issues that affect their health. For instance, accumulated fines or debts that may cause stress or may result in someone not being able to buy their medication. There are more than half a dozen health justice partnerships between mental health services and legal services in Australia and many general health justice partnerships report assisting clients with mental health issues in their practice.

Health justice partnerships address the interconnected health and legal issues that can lead to, and entrench, disadvantage and make people sick or keep them from getting better. From the legal side, partnership offers the opportunity to reach and assist clients known to have unmet legal problems, but who do not access legal help in a timely way or at all. From the health side, partnership offers a broader range of tools beyond the medical to address factors which drive poor health.

In addition to benefits to the clients or patients accessing them, health justice partnerships build the capability of health practitioners working within them. For health practitioners, that can include identifying social and legal issues affecting their patients and responding with relevant and timely assistance. For legal practitioners, that might be through improved understanding about the implications of some health problems on legal outcomes, or the ability to provide trauma-informed care.

## **Social determinants of health**

While mental illness does not discriminate, there are some people and communities who are disproportionately affected by mental ill-health. This includes people and communities experiencing co-occurring and compounding problems that are socially determined in areas such as educational attainment; experiences of stigma and discrimination; quality and security of housing; and social interconnectedness and economic security.

The Productivity Commission's discussion about the critical role played by the social determinants of health is important. It recognises that a key factor driving poor outcomes in Australia's mental health system is its focus on clinical services without adequate consideration of the other determinants of, and contributors to, mental health outcomes. Including a reform area about improving people's experience with services beyond the health system is positive and may also benefit the community at large by driving service improvements in this broader social and community infrastructure.

## **Evaluation, data collection, monitoring and research**

The Productivity Commission has provided a comprehensive outline of the requirements for successful reform of monitoring, evaluation and research (section 25). This includes the need to strengthen the national leadership of mental health program evaluations with designated funding from both levels of government. This direction also reaffirms the Productivity Commission's prior recognition of the deficit in outcomes measurement in relevant areas of the not for profit sector. This dates back at least to the Productivity Commission's 2010 'Study into the Contribution of the Not-for-profit (NFP) sector', which highlighted the need for appropriate resourcing of the sector to ensure relevant and rigorous impact assessment. However, government funding for resourcing this work has continued to fall short.

The Productivity Commission's call for reform also reflects the gaps in suicide prevention monitoring and reporting identified by the Nous Group in their report commissioned by the National Mental Health Commission in June 2018. That report said, 'while a lot of literature exists demonstrating the strong links between mental health issues and social services such as housing, employment, education and justice, there is limited monitoring and reporting on the relationship and impact between them'.<sup>2</sup>

Health Justice Australia understands that measurement of service or intervention outcomes needs to reflect the reality that factors affecting, and affected by, mental health go beyond the boundaries of professional practices and of research specialties. Measurement needs to extend beyond specialist mental health services to allow for inclusion of the broad range of factors which impact upon people's mental health.

In draft finding 16.4 the Productivity Commission noted a lack of rigorous evaluation of the health justice partnership model. This is a rapidly evolving field and the emerging body of evaluation research suggests that health justice partnerships can result in improvements. However, we note that evaluations to date have focused on process evaluation and the collection of qualitative data; rigorous evaluation of outcomes has yet to be developed. To this end, Health Justice Australia is leading the development of a national evaluation framework for health justice partnerships, to include shared metrics/data collection tools and processes. Health Justice Australia is also working closely with key partners to coordinate similar efforts internationally.

In addition to identifying the impact of integrated legal help on health outcomes for patients/clients

and their families and carers, further work is needed to understand the impact of the health justice partnership model for health practitioners, health services, communities, funders (both government and non-government) and for government interests more broadly. We want to explore the value of interdisciplinary practice beyond siloed (single-interest) service provision; and whether legal assistance activities may have benefit/outcomes in the health sector. Outcome evaluation methods need to be transparent and consistent to ensure the data is meaningful across service silos. A capacity to link datasets held in different service portfolios/silos is also essential.

In our current work to develop a national evaluation framework for health justice partnerships, we are considering including a personal wellbeing index to look at financial, housing and family stability as well as safety and health, as a shared metric of impact. It will also reflect work being undertaken by the National Mental Health Commission in monitoring and reporting on mental health and suicide prevention. The challenge is to have a measure that speaks not just to health services but to other services which affect mental health also.

Health Justice Australia is committed to supporting health justice partnerships to demonstrate outcomes through strong empirical evidence. Appropriate resourcing of evaluation as part of service funding would support this imperative.

Health Justice Australia supports the proposed framework for monitoring, evaluation and research and the key principles underpinning it (figure 25.1). The proposed framework will benefit from the inclusion of sectors, such as legal assistance services, that are outside mental health but whose work is closely linked.

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<sup>2</sup> Nous Group (2018) *Complete Final report to the National Mental Health Commission Mental Health and Suicide Prevention Monitoring and Reporting Framework*, June, p.112.

<https://www.mentalhealthcommission.gov.au/getmedia/6d-ba2c68-b83e-442c-a964-34362bbbfd7c/Mental-Health-and-Suicide-Prevention-Monitoring-and-Reporting-Framework>.

Health Justice Australia strongly agrees that a strategy to improve data linkage in mental health is required (draft recommendation 25.1).

Consideration could also be given to linking to data systems that focus on the social determinants of mental health, including the activities of legal assistance services. The work of health justice partnerships and the outcomes framework being developed by Health Justice Australia may support the development of these linkages.

Health Justice Australia supports the recommendation for routine national surveys of mental health and wellbeing which would make an important contribution to the development of national minimum datasets on health and wellbeing (25.2). The proposed survey design would benefit from expanding data about service usage to include the relevant services accessed outside the health sector, for example legal assistance, financial counselling, employment and housing support. We also agree with the need for a Mental Health Information Strategy Steering Committee (box 25.3). In addition to the range of advisor/representatives suggested, expert advice about the social determinants that affect people's mental health may be useful.

Health Justice Australia supports the recommendation to develop, and adequately fund, long-term strategies to address identified data gaps and information priorities (25.3). We agree that a comprehensive consultation process will be required to ensure data is high-quality and fit-for-purpose.

### **National mental health and suicide prevention agreement**

Health Justice Australia supports the Productivity Commission's recommendation for a national mental health and suicide prevention agreement between the Australian, state and territory governments (draft rec 22.1).

The Productivity Commission has recognised the role of non-health supports in meeting consumer

and carer needs and a national mental health and suicide prevention agreement would benefit from including non-health supports. There is strong evidence that alleviating the underlying drivers of stress and anxiety including unmet, health-harming legal need, can enhance mental health. An example of this is the accumulation of fines or debt that cause stress or act as a barrier to being able to pay for prescriptions necessary in managing episodes of mental illness. The fines/debts clinic provided by WEstjustice and Werribee Mercy Hospital in Victoria is one example of a partnership that responds to these needs. The consultation process supporting the development of a national mental health and suicide prevention agreement will benefit from insights on the value of integrated service models like health justice partnership.

In addition to improving accountability for system outcomes, clarifying responsibilities for program funding and delivery, and ensuring consumer participation, a national agreement may also provide an avenue for the identification of key system gaps.

### **Funding of the mental health system**

In principle, Health Justice Australia agrees that a funding model should support a people-oriented mental health system and encourage investment in prevention and early intervention to avoid costly hospitalisations. A funding system for mental health services in Australia should draw on connections with existing state government priorities or population needs, for example Victoria's focus on family violence or Western Australia's focus on regional infrastructure.

Health Justice Australia notes that the Commission is considering developing a new funding model for mental health in Australia. We will be pleased to comment when the draft is distributed.

## APPENDIX 1:

### Updated data re number of services on the health justice landscape 2008 – 2018 in Vol 1 P637

Health Justice Australia's most recent data identifies 73 health justice services across the identified models of service (i.e. partnerships, outreach clinics, integrated services and service hubs).<sup>3</sup> The vast majority were HJPs or legal outreach clinics. All of these services provided legal advice and assistance in healthcare settings or teams during the 2017-2018 financial year.

To discuss this submission further,  
contact HJA Policy Lead



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<sup>3</sup> Forell, S, & Nagy, M (2019) *Joining the dots: 2018 census of the Australian health justice landscape*, Health Justice Australia, Sydney <https://www.healthjustice.org.au/wp->