



Public
Understanding
of Law
Survey

Short paper

Are legal problems bad for your health? Are health issues bad for your law?

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A project by

Victoria**Law**
Foundation

Victoria**Law** Foundation

This report is published by Victoria Law Foundation. Victoria Law Foundation supports better justice through research, education and grants. Victoria Law Foundation is funded by the Victorian Legal Services Board's Public Purpose Fund.

The suggested citation for this document is:

Haultain, L. & Wei, Z. (2025). *Are legal problems bad for your health?
Are health issues bad for your law?* Melbourne: Victoria Law Foundation.

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ISBN: 978-0-6459099-8-2

This report is available to download at puls.victorialawfoundation.org.au

The office of Victoria Law Foundation is on the traditional lands of the Wurundjeri people of the Kulin Nation. We acknowledge their history, culture and Elders both past and present.



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About the Public Understanding of Law Survey

The Public Understanding of Law Survey (PULS) is a state-wide survey exploring how Victorians experience, understand, and engage with the law.

Using a probability sample, 6,008 respondents from across Victoria were surveyed face-to-face about their personal experience of navigating the law.

The PULS explored questions relevant to:

- people's knowledge of the civil justice system and its Institutions
- people's experience of civil legal problems and how they respond to such problems
- how people see the law as relevant to their lives.

The data in this short paper are drawn from *The Public Understanding of Law Survey Volume 1: Everyday problems and legal need* by Balmer, N., Pleasance, P., McDonald, H.M. & Sandefur, R.L. (2023), *The Public Understanding of Law Survey Volume 2: Understanding and Capability*, Balmer, N., Pleasance, P., McDonald, H.M. & Sandefur, R.L. (2024), and *The Public Understanding of Law Survey Volume 3: A New Perspective on Legal Need and Legal Capability*, Balmer, N., Pleasance, P., McDonald, H.M. & Sandefur, R.L. (2024).

Papers drawn from the Public Understanding of Law Survey (PULS) explore a range of family and civil legal needs, problem experience and its social patterning across the community.

Reports and papers from the PULS are available at puls.victorialawfoundation.org.au.

Summary

People with physical and mental health issues fare badly at law. This paper looks at the bi-directional relationship between health problems and legal problems, raising further questions for research and discussion.

Data from the Public Understanding of Law Survey (PULS) demonstrates a clear and strong link between health conditions and the experience of legal problems. In particular, as was the case in the Legal Australia Wide survey findings, moderate or severe levels of mental distress are a significant accelerant. The numbers in the sample are relatively small for people with both mental distress and long-term illness/disability, but their experience of legal problems is starkly elevated.

This analysis of the PULS shows that people with long-term illness or disability and/or elevated levels of mental distress have higher numbers of problems which last longer and are more severe. In terms of problem types, people in these categories are more likely to have debt, money and family problems than others – which often present in combination with other legal issues.

The consequences of legal problems are also investigated, and there is sobering evidence on the health effects, including high levels of stress and loss of confidence, as well as physical injury. In addition, other significant life changes as a consequence of legal problems (changing jobs, moving house) are likely to bear on mental health, leading to potential exacerbation of both legal problems and ill-health.

The PULS measured legal capability for the first time, and analysis here also goes to the significant challenges people with chronic health issues and/or mental distress in responding to their legal problems. People in these groups have greater legal need and lower capability to respond to their legal problems, and entrenched negative attitudes.

For people in Victoria with ill-health/disability and/or higher levels of mental distress, the data is gloomy, but it is also revelatory and powerful. Consistently across the measures, the evidence shows irrefutably that people with long-term illness or disability and/or mental distress have worse outcomes, and consequently their access to justice is seriously impaired.

Introduction

The intersection of legal, or justiciable problems¹ and life circumstances is a function of everyday human interaction: if you buy or sell goods and services, there will be consumer issues; where there are workplaces, there will be employment problems.²

Our encounters with civil law are ubiquitous and cover a broad spectrum – they can be relatively low influence and short lived, or they can upend lives and livelihoods. Legal problems can be routine and largely anonymous (fines, faulty products) or deeply personal and complex (family law, employment disputes). They can lead on from one another and extend beyond the legal to other social problems. The fact that these problems are common does not reduce their effect. They can be serious and life-changing and can present “wicked problems” for social policy (Churchman 1967).

As we know from the PULS and legal needs surveys around the world, certain demographic groups, specifically people experiencing disadvantage, have higher vulnerability to legal problems; higher vulnerability to certain types of problems; higher likelihood of concurrent or consecutive legal problems; and variable, though often lower, capability in responding to them.³

This phenomenon is summarised in the Organisation for Economic Cooperation and Development/Open Society Foundation (OECD/OSF 2019) global guidance on legal needs surveys and access to justice,⁴ which describes the inequality of problem experience and the links between disadvantage and legal problems.

The OECD/OSF (2019) also sets out some common elements of the effect of justiciable problems, including on health and social function. Balmer et al. (2023, p.25) noted that:

The impact of justiciable problems on individuals and broader society is substantial. For example, justiciable problems are commonly reported to cause or aggravate health problems, employment prospects, income and family stability.

¹ The term “justiciable problems” was coined by Hazel Genn (1999, p.12) to describe problems which raise legal issues, whether or not they are recognised as such by the parties, and whether or not any action to resolve them involves legal professionals or processes. In this paper, these kinds of problems are also described as “legal problems”.

² Pleasance et al. (2004, p.13)

³ See further PULS Volume 1 (Balmer et al. 2023).

⁴ OECD/OSF (2019).

Data from the only national legal needs survey conducted in Australia, the Legal Australia-Wide (LAW) Survey, was consistent:

... confirming strong links between justiciable problem experience and long-term illness/disability – which strengthen with severity of illness/disability and particularly strong for mental impairment ...⁵

It is clear in the data that people experiencing chronic ill-health and disability are particularly vulnerable to legal problems. It is also clear that people in these groups have greater difficulty in responding to them. This is evident in the PULS data on legal capability, measuring for the first time key dimensions necessary for problem resolution: knowledge, skills, attributes and attitudes.

The analysis in this paper uses population level data from the PULS to examine links between long-term illness/disability and/or mental distress, and the experience of legal problems.⁶ Specifically, does ill-health (physical and/or mental) increase the likelihood of legal problems? And do legal problems cause ill-health?

We know, for example, that a clear majority of problems negatively affect people's lives, indeed stress is almost inevitable.⁷

Using the population-level evidence in the PULS, this paper explores:

- specific cohorts with long-term illness/disability and/or mental distress
- the prevalence of legal problems
- the scope and scale of legal problems: number, duration and severity
- the types of legal problems these groups experience
- the consequences of their justiciable problems
- how people in these groups responded to their problems
- dimensions of legal capability in the focus cohorts
- and whether their legal needs were met.

Finally, the paper discusses policy and practice implications of the findings – what changes service providers could explore, and how changes could improve the poor experience of these groups, responding to a demonstrable legal need and addressing fundamental access to justice questions.

This work was first presented as a paper at the International Access to Justice Forum in Toronto Canada in October 2024.⁸

⁵ Coumarelos et al. (2013), p.1

⁶ See Balmer et al. (2023).

⁷ See Balmer et al. (2023).

⁸ International Access to Justice Forum, Osgoode Hall Law School, Toronto, Canada, October 23–25, 2024.

Methods

The Public Understanding of Law Survey

The PULS was a large-scale face to face survey designed to explore how people understand, experience and navigate justiciable problems. A probability sample of 6,008 adult respondents was surveyed in Victoria, Australia in 2022/23. Probability sampling means the data can be extrapolated to the Victorian population with confidence.

While the PULS included a legal needs survey, it was also designed to provide measures of the legal capability of the Victorian community, and assess how knowledge and understanding, skills, attributes and attitudes affected legal problem experience, behaviour and outcomes.

The PULS was intended to yield insights with practical applications to improve access to justice, and inform design of legal assistance and justice processes to meet the legal need and capability of the Victorian community.

Justiciable problems are described in the PULS as everyday legal issues – civil problems (rather than criminal) which a high number of people might experience during their lives. The PULS asked respondents about ten broad problem types: goods and services, housing, family, injury, employment, government payments, fines, government and public services, debt or money, business or investment property. The survey measured civil legal problems that began or were ongoing in the two-year period before the interviews.⁹

⁹ See further Balmer et al. (2023), pp.32–36.

This paper

This paper focuses on people experiencing longer-term illness/disability and mental health issues, separately and in combination.¹⁰ Poor health status was identified from the following demographic groups in the PULS dataset:

- people experiencing long-term illness or disability – for example having a condition which has or is likely to restrict activity for six months or more
- and people living with moderate to severe mental distress.¹¹

In the PULS data, 23 per cent of respondents reported having a long-term illness or disability, and over a third reported either moderate or severe mental distress. At statewide levels, that equates to 1.3 million adult Victorians with long-term illness or disability, and 1.9 million experiencing moderate or severe mental distress (see Table 1.1 below).¹² While there is some overlap in these categories, the numbers make clear the significance and scope of these conditions in designing and delivering access to justice.

Other studies have consistently found strong links between justiciable problems and psychiatric morbidity.¹³ To add to this body of knowledge, the PULS adopted the widely used Kessler K6 inventory measure to gauge mental distress, a six-item screening tool designed to assess risk for serious mental illness in the general population.¹⁴

Using the K6 measure, PULS respondents were categorised into three levels of mental distress based on their status at that moment in time: none or low, moderate, and severe. Across the PULS sample 65 per cent, or 3,905 respondents,

had no or low mental health distress, 29.8 per cent (1,790) were moderate and 5.2 per cent (312) reported having severe mental distress based on the K6 scale. These percentages are broadly in keeping with figures from other population studies.¹⁵

Of those with mental distress, half (49.6%) with moderate distress had at least one legal problem (49.6%) and two-thirds (66.3%) in the severe category had at least one. Of those with no or low-level mental distress, just over one-third (36.6%) reported a legal problem.¹⁶

It is important to note that mental distress of the kinds picked up in the K6 measure are common and increasing. According to the Australian Institute of Health and Welfare (AIHW), around one in five Australians are reported to be diagnosed with depression, anxiety or a long-term mental illness at some time in their lives.¹⁷

People may move from no or low mental distress to moderate, or from there to severe in response to a range of factors (including legal problems), which may then have a bearing on their capacity to respond. This bi- and even multi-directional flow is strengthened in the findings below. They offer further insights into the contours of this experience which may have broader application for their navigation of legal problems and other life events.

A detailed description of the PULS methodology is set out in the three volumes of the PULS reporting and technical report.¹⁸

10 Descriptive analyses, such as frequencies and percentages, were calculated, and inferential statistical analyses were used to examine associations with demographic and problem characteristics. To examine association with problem duration, a discrete time event history model was fitted.

11 See further PULS annotated questionnaire (Balmer et al. 2022). A further health-related category in the PULS dataset was also examined, 'not working – health'. However, as this category had a high overlap with the other health-related categories, 73 per cent, it was not used in the analysis.

12 Extrapolated from PULS respondent numbers and ABS (2024) estimated resident population figures for the Victorian adult population.

13 See Balmer et al. (2024a), p.27.

14 Kessler et al. (2010).

15 See, for example, the Taking the Pulse of the Nation Survey (Melbourne Institute of Applied Economic and Social Research, 2024) and Regional Wellbeing Survey (University of Canberra Health Research Institute, 2025).

16 See Balmer et al. (2023), pp.48–51.

17 AIHW (2024).

18 See PULS volumes 1–3 (Balmer et al. 2023, 2024a, 2024b) and Roy Morgan (2023).

Six category health status measure

For the purposes of this paper, a six-category measure was developed from the PULS data, covering people who reported long-term illness/disability, moderate or severe mental distress, both or neither.

PULS respondents were grouped into one of the following six categories:

- 1. No long-term illness/disability, no or low mental distress
- 2. No long-term illness/disability, moderate mental distress
- 3. No long-term illness/disability, severe mental distress
- 4. Long-term illness/disability, no or low mental distress
- 5. Long-term illness/disability, moderate mental distress
- 6. Long-term illness/disability, severe mental distress.

Note that for layout purposes, 'long-term illness/disability' is labelled as 'disability' within figures and tables.

Figure 1.1 shows the percentage and number of PULS respondents across the six categories. It shows the declining numbers of respondents across the categories, from no long-term illness/disability and/or no or low mental distress (3,244 respondents), to 143 respondents identifying as having no long-term illness/disability but severe mental distress, and 171 respondents with both long-term illness/disability and severe mental distress.

Figure 1.1. Number and percentage of respondents by illness/disability and mental distress status (N=6,008 respondents)

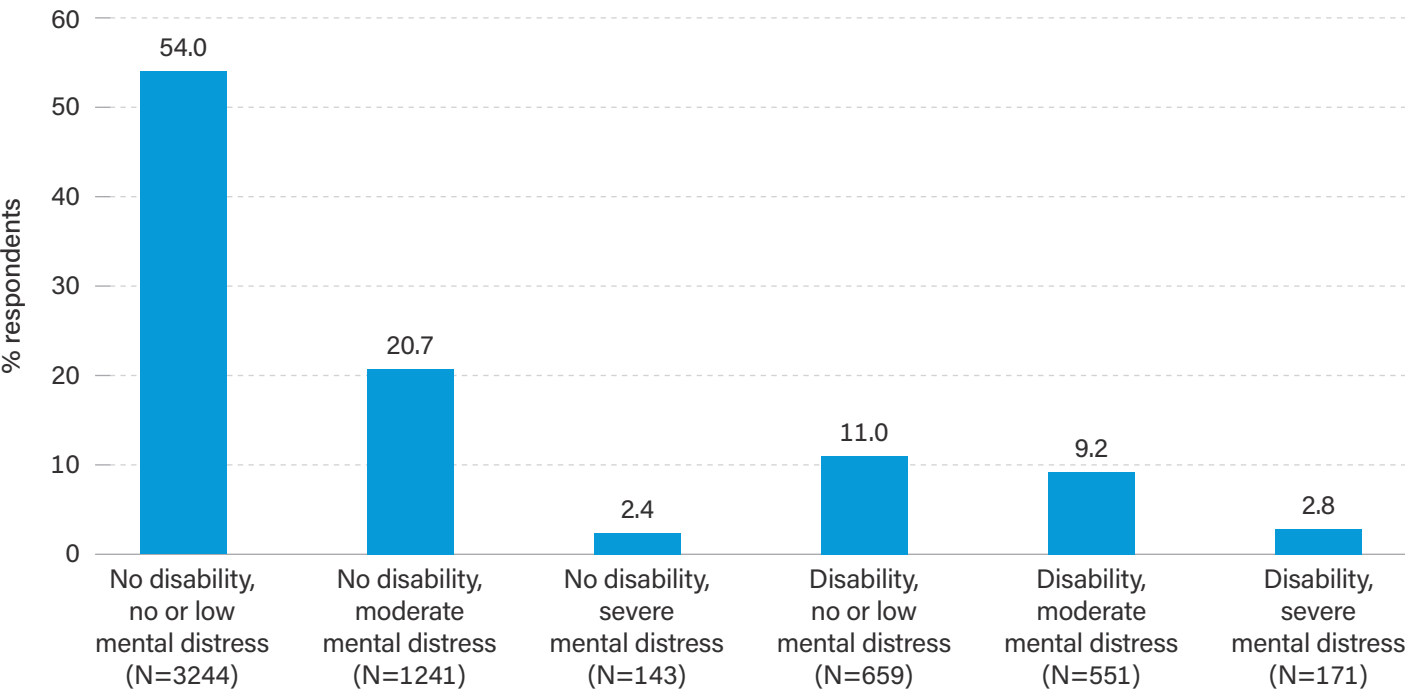


Table 1.1 extrapolates the PULS respondent numbers to the statewide population.¹⁹ Based on 2024 estimated resident population figures for the Victorian adult population, there were nearly 700,000 adult Victorians or 12 per cent of the PULS sample with long-term illness/disability and moderate or severe mental distress.

Table 1.1. Extrapolated Victorian adult population by illness/disability and mental distress status

Illness/disability and mental distress status	PULS respondents	Extrapolated Victorian adult population
No disability, no or low mental distress	3,244	2,979,972
No disability, moderate mental distress	1,241	1,142,323
No disability, severe mental distress	143	132,443
Disability, no or low mental distress	659	607,031
Disability, moderate mental distress	551	507,699
Disability, severe mental distress	171	154,517

¹⁹ As of July 2024 there was a total estimated resident Victorian adult population of 5.5 million people (ABS 2024).

Legal capability

Legal capability is critical in accessing justice: it encompasses what is

required for an individual to have an effective opportunity to make a decision about whether and how to make use of the justice system.²⁰

The PULS was designed to break new ground in measuring dimensions of legal capability – looking at the skills, knowledge and attributes people need to achieve fair outcomes for their legal problems.

In the PULS, legal capability was measured across the following domains:

- Legal skills
 - legal knowledge
 - recognition of the relevance of law
 - practical legal literacy, and
 - digital legal literacy
- Legal confidence
- Attitudes to law
 - perceptions of lawyer accessibility
 - trust in lawyers and
 - broad narratives of law.²¹

For the purposes of this paper, the following aspects of legal capability were examined across the six-category health status measure described above:

- recognition of the relevance of law (characterisation of the problem as legal)
- practical legal literacy (PLL)
- digital legal capability (DLC)
- trust in lawyers
- and a composite measure of skill/confidence and attitude.

There is also some discussion of general legal confidence (GLC).

This analysis gives useful insight into the levels of capability in our target cohorts, which leads to further discussion of what service responses and supports are more likely to be effective in delivering access to justice.

²⁰ Pleasence et al. (2014), pp.123–4.

²¹ For further details see PULS Volume 2 (Balmer et al. 2024a).

Findings

The PULS data shows that across several dimensions of legal problem experience, people with physical and mental health issues fare badly. It also shows that significant numbers of people experience physical and psychological fallout as a direct consequence of their legal problems.

Across the six-category measures, we see a clear pattern over and over again, where negative indicators for problem prevalence, severity, duration and consequence step up with higher rates of mental distress, and ramp up again in combination with long-term illness or disability.

The findings also signal a bi-directional relationship between ill-health and legal problems; poor health status is a strong predictor of heightened legal and capability needs and poor legal experience, and there is patent evidence of the negative health effects of legal problems.

1. Experience of legal problems

In striking contrast with the reducing numbers of respondents across the six categories with increasingly compromised health status (see Figure 1.1), the PULS findings show higher problem prevalence, longer duration and greater severity, particularly where respondents experienced both severe mental distress and disability.

Prevalence

Where just over one-third of respondents with no long-term illness/disability or no or low mental distress had a justiciable problem, the rate was more than doubled for people with long-term illness/disability who also reported severe mental distress, where just under three-quarters reported one or more legal problems (see Figure 1.2).

What is clear is the compounding effect of mental distress; people experiencing moderate or severe mental distress, with or without disability, were much more likely to have a legal problem.

Figure 1.2. Prevalence of legal problems by illness/disability and mental distress status (N=6,008 respondents)

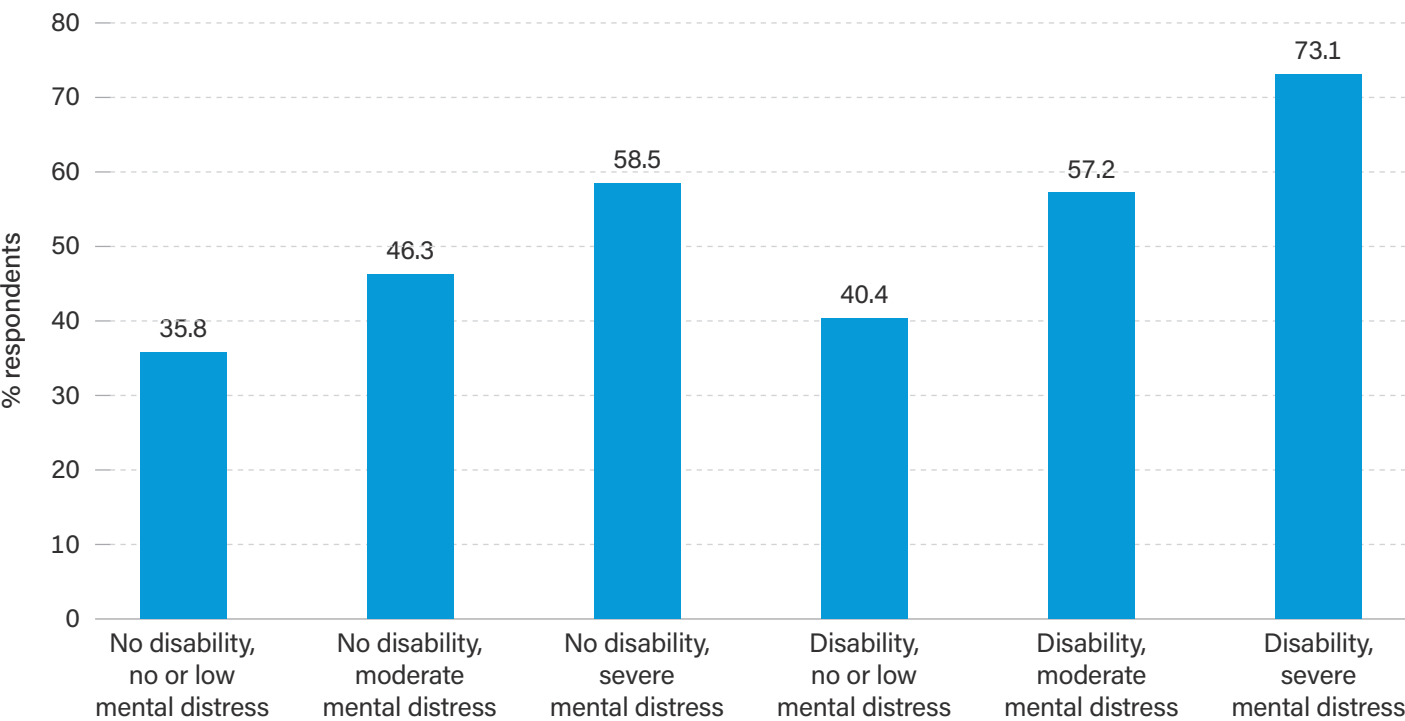
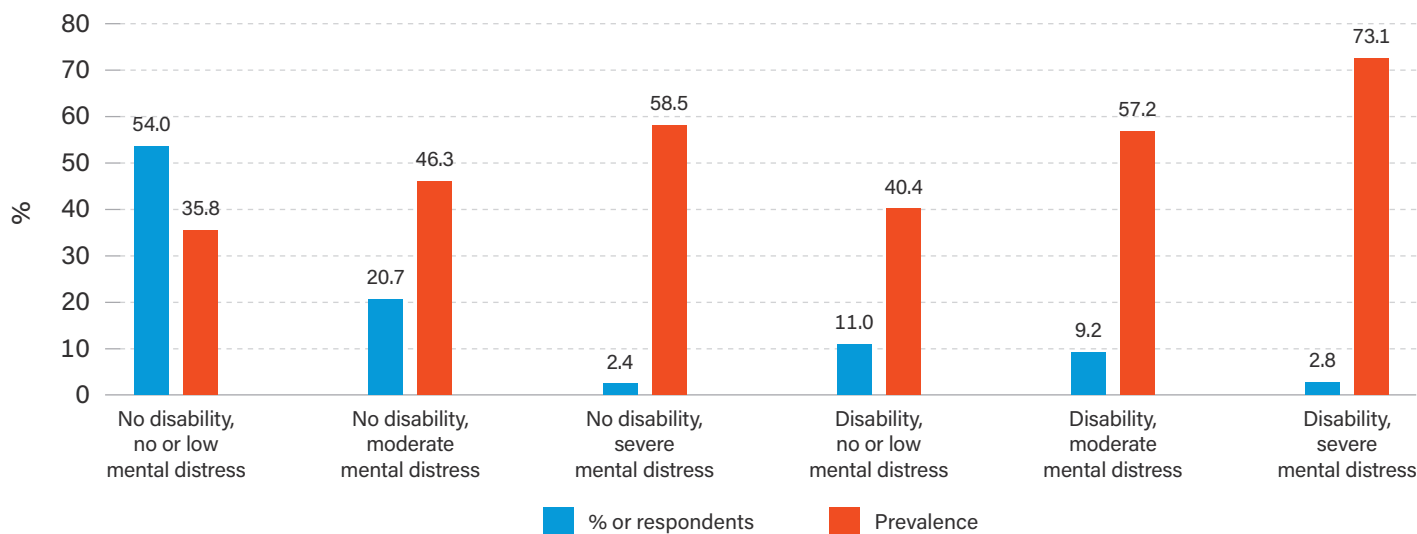


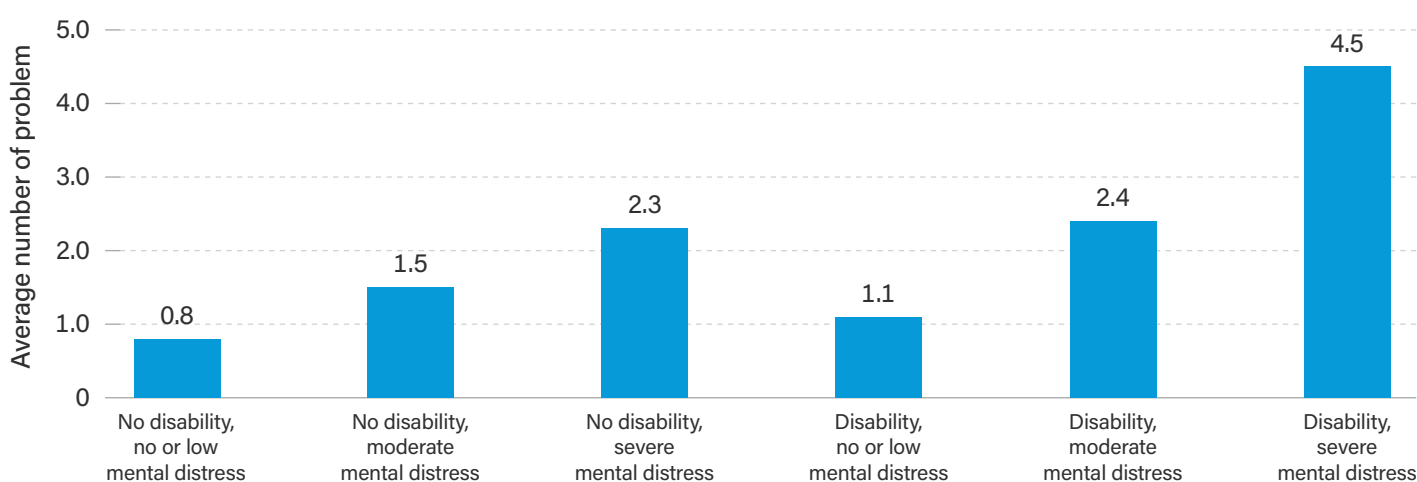
Figure 1.3 below overlays Figures 1.1 and 1.2, illustrating the dramatic reversal in the patterns between the percentage of respondents in each of these groups and their legal problem prevalence. Where the numbers of respondents trends down across the six-category health status measure, legal problem prevalence clearly ratchets up.

Figure 1.3. Percentage of respondents and prevalence of legal problems in the PULS sample (N=6,008 respondents)

Multiple problems

Previous studies²² have found that people with compromised health are more likely to have more legal problems at once or in close succession, and the PULS confirms that relationship.²³

Averages across the sample show the same pattern as noted above, but further amplifying the distinction (see Figure 1.4). Where people with no long-term illness/disability and no or low mental distress had less than one legal problem (0.8) over the survey reference period, people with both long-term illness/disability and severe mental distress had an average of 4.5 problems, nearly a six-fold increase.

Figure 1.4. Average number of legal problems by illness/disability and mental distress status (N=6,008 respondents)

22 Coumarelos et al. (2012); Coumarelos, Pleasence and Wei (2013); Pleasence, Balmer, Patel, Cleary, Huskinson and Cotton (2011).

23 The PULS asked respondents about problems they had at the time of the interview, or which started and continued into the preceding two years (see further Balmer et al. 2022).

Findings

Looking at the number of problems reported by respondents, the data further reveals the reality of the life and legal problem experience of people with poorer health. In Figure 1.5, the percentage of respondents with two or more problems is higher amongst people with long-term ill-health/disability, and higher again for people reporting severe mental distress. Of people with ill-health/disability and severe mental distress, the likelihood of two or more problems was more than double those with none.

Figure 1.5. Percentage of number of legal problems by illness/disability and mental distress status (N=6,008 respondents)

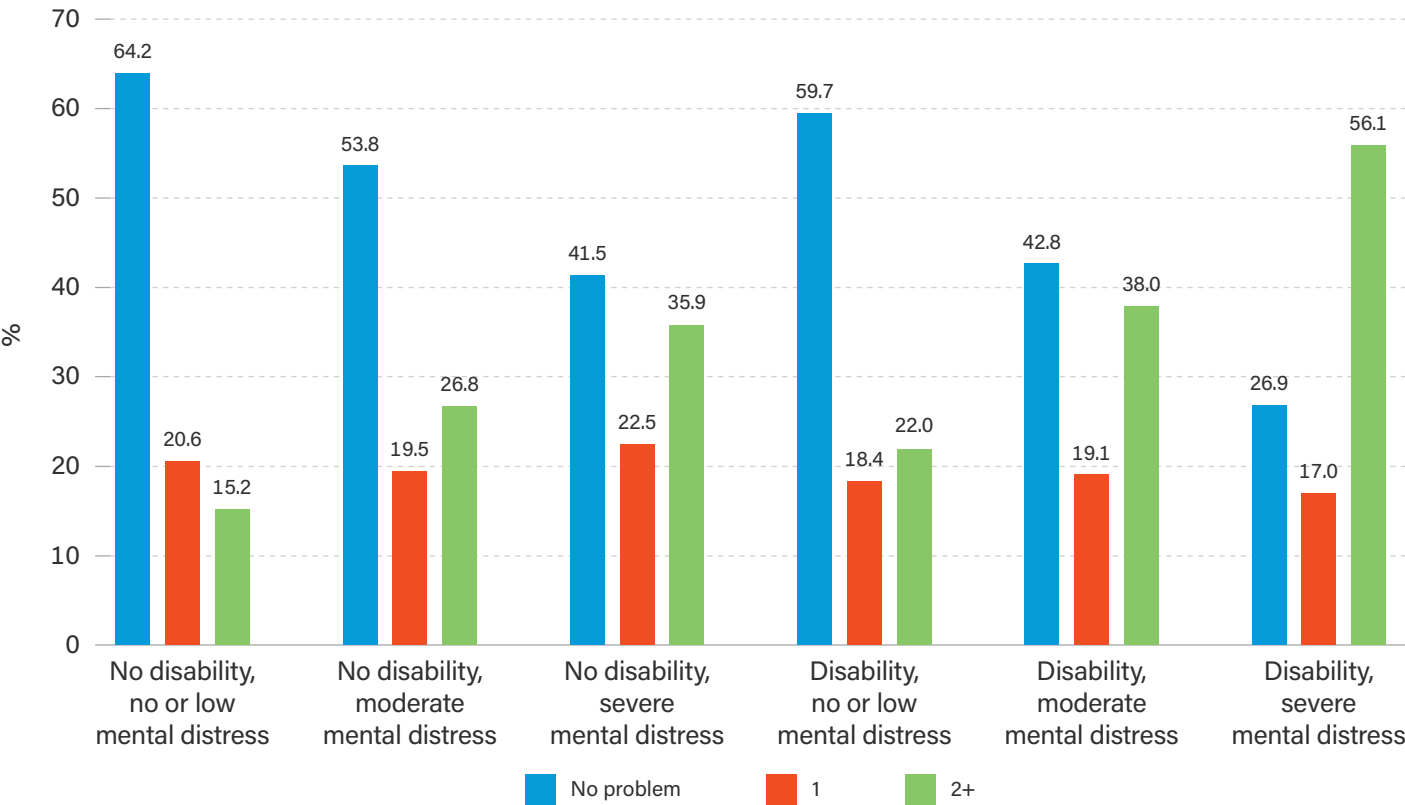


Figure 1.5 also shows that more than one-quarter (26.9%) of people with long-term ill-health/disability and severe mental distress reported five or more problems, compared to only three per cent of those without long-term illness/disability and no or low mental distress.

This points to a clear relationship between health and legal problems: poor health status (physical and/or mental) increases the prevalence and volume of legal problems.

The stress and disruption involved with addressing this number of legal problems is significant. People in severe mental distress number around 287,000 Victorians,²⁴ and the findings indicate that they carry a heavy legal burden on top of serious health challenges.

24 See extrapolated Victorian adult population figures in Table 1.1.

Problem duration

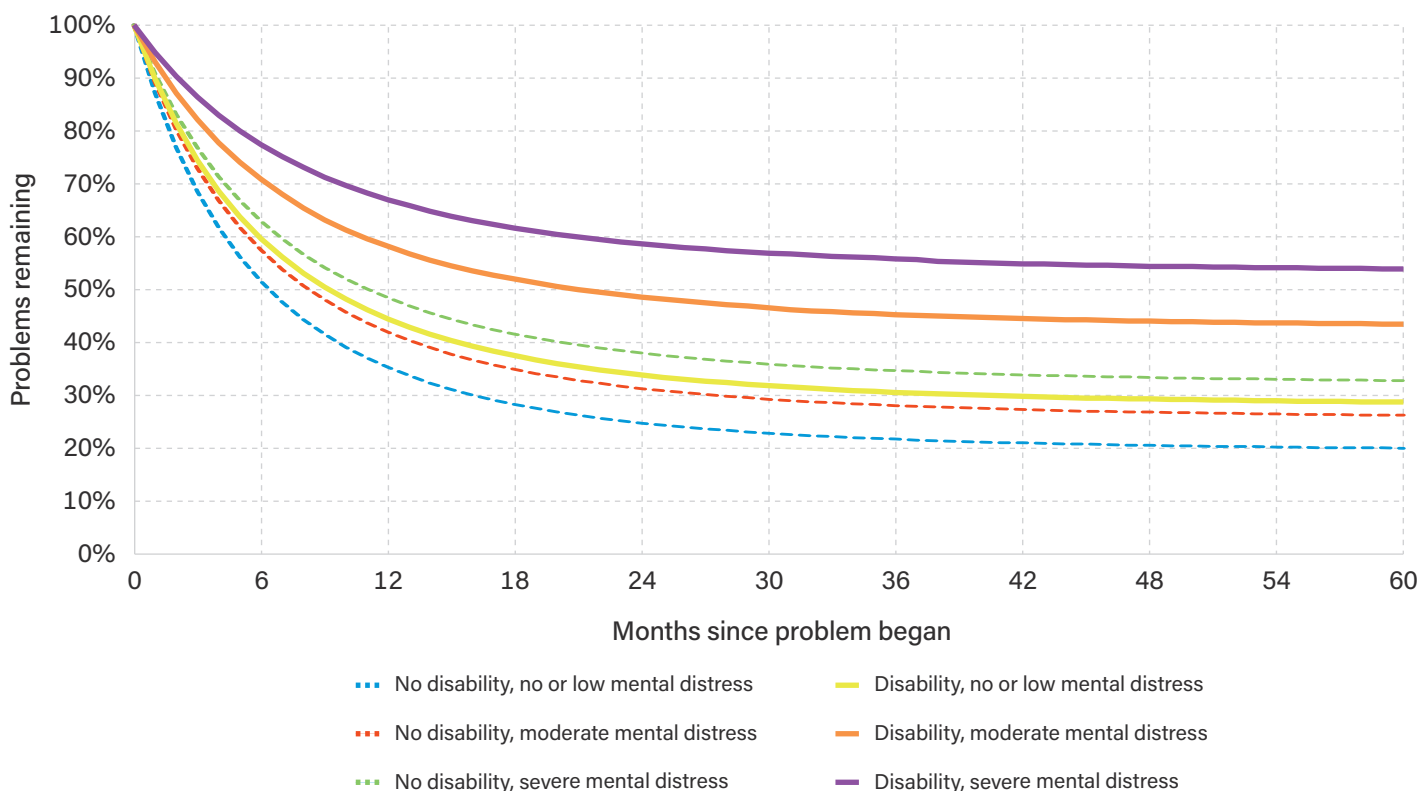
The PULS applied a measure of legal problem duration for the first time in Australia. Analyses to date have shown that problem duration is strongly patterned by legal matter type, as well as respondent legal capability and demographic characteristics.

Problems which often resolve more quickly are generally those where there is a relatively small financial impost or routine process: payments of fines, or resolution of goods and services disputes.²⁵ Those which take longer can concern higher financial stakes and/or interpersonal issues: family, debt and money, and government and public services problems.²⁶

Around 40 per cent of all problems reported by PULS respondents concluded within six months, and just over 55 per cent after a year. After three years, around 30 per cent were ongoing, with just under 30 per cent persisting after five years.

By way of contrast, Figure 1.6 shows much longer problem duration associated with long-term illness/disability and mental distress. For respondents in these cohorts, less than one-quarter of problems concluded within the first six months (22.6% against 40% in the general population), and only around one-third after the first year. After five years, more than half of justiciable problems were still ongoing for these groups, compared to 20 per cent for those without long-term illness/disability and no or low mental distress.

Figure 1.6. Problem duration by illness/disability and mental distress status



²⁵ Balmer et al. (2023), p.18.

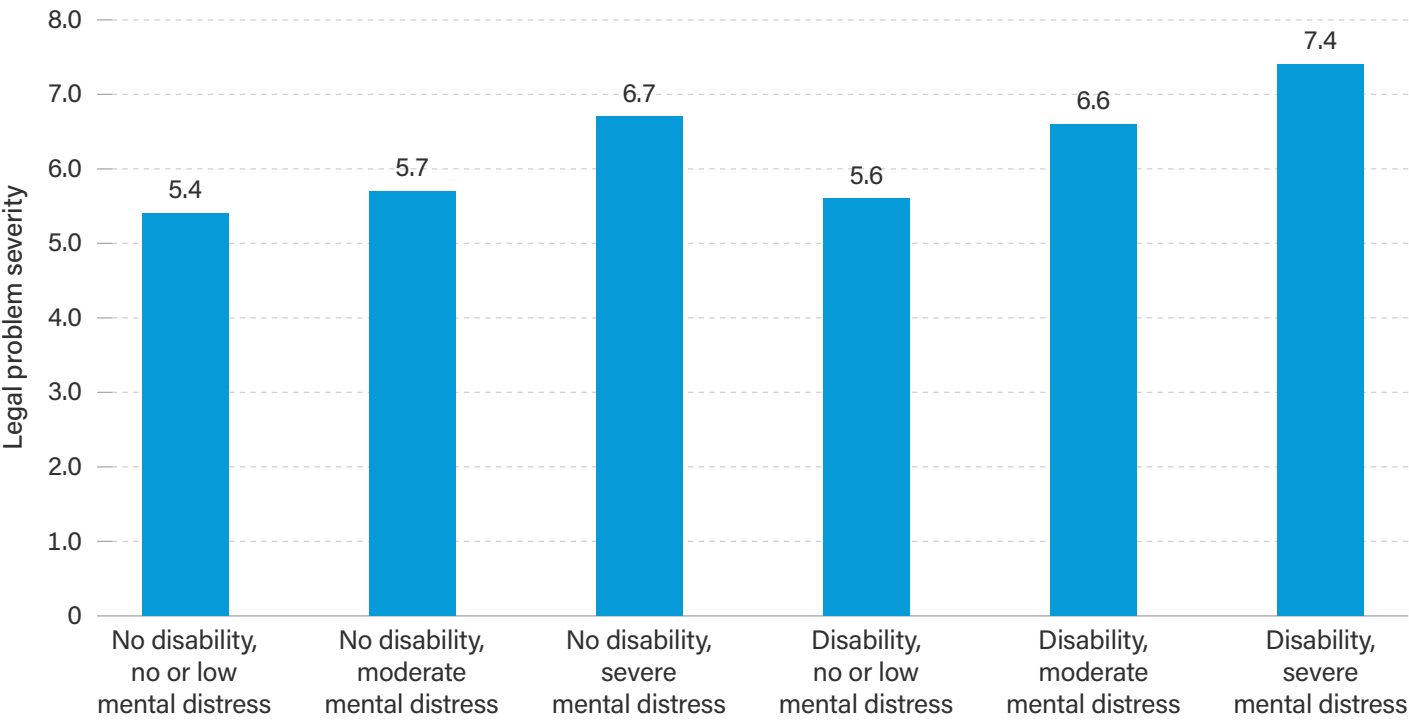
²⁶ See further Balmer et al. (2023), pp.133–135.

Problem severity

In the PULS, respondents were asked to assess the severity of their problems on a scale from one to ten, where one represented the least serious type of problem they could face, and ten the most serious.

Figure 1.7 shows that PULS respondents with more compromised health status reported higher average problem severity than others. Once again, the finding was clearly patterned by ill-health/disability and mental distress status. Overall, the average severity of problems was 5.9. As expected, while the average severity for people without long-term illness/disability and no or low mental distress was relatively lower at 5.4, amongst people with long-term ill-health/disability and severe mental distress, the average problem severity increased to 7.4, 25 per cent higher than the average problem severity score.

Figure 1.7. Average legal problem severity by illness/disability and mental distress status



2. Problem types

The PULS asked respondents about their experience of 10 broad types of legal problems. Table 2.1 shows that, once again, elevated mental distress compounds problem prevalence across almost all problem types, and even more so when in combination with disability.

People with both long-term illness/disability and severe mental distress were just under five times more likely to have debt and money issues (20% as against 4.2%), and family problems (24% to 5.2%) than PULS respondents overall. That just under one-quarter of respondents with both ill-health/disability and severe mental distress had family problems is striking. We know from other PULS findings that family law matters have the longest problem duration and are often found in combination with other legal problems.²⁷ Predictably, legal problems specifically about injury or illness, and problems regarding government payment also rank very high for this group.

The sea of red and orange to the right in Table 2.1 underscores the overall prevalence data set out above. Circumstances where problem types cluster are easily envisaged: financial and family law problems are often seen together, which can lead to issues with housing, fines, and goods and services.²⁸ Tobin Tyler et al. (2011) described how a vicious cycle can be created, such as where employment problems can lead to loss of income and eviction due to rent arrears, which can lead to homelessness, in turn causing health problems and disruption to the ability to work and earn income.

Table 2.1. Prevalence of legal problem types by illness/disability and mental distress status (colours illustrate percentages in cells under (green) or over-represented (red) against overall)

	No disability, no or low mental distress	No disability, moderate mental distress	No disability, severe mental distress	Disability, no or low mental distress	Disability, moderate mental distress	Disability, severe mental distress	Overall
Goods and services	17.9	24.0	29.4	19.9	27.9	28.1	20.9
Housing	7.9	11.6	16.2	9.7	17.8	25.7	10.5
Fines	7.2	11.7	16.1	8.2	14.9	18.7	9.5
Employment	4.4	11.5	14.8	3.8	9.5	18.1	6.9
Family	3.3	4.8	11.3	5.2	9.3	24.0	5.2
Government payments	2.3	5.2	5.6	4.0	11.3	19.9	4.5
Debt and Money	2.0	4.8	9.2	3.3	10.0	20.3	4.2
Injury or illness	2.1	2.8	7.7	4.6	10.2	19.3	3.9
Government and public services	2.1	3.3	4.9	4.4	8.5	14.6	3.6
Business or investment properties	2.5	2.4	2.1	3.3	2.5	4.1	2.6

²⁷ See PULS Volume 1 (Balmer et al. 2023), pp. 84–85; pp.134–135.

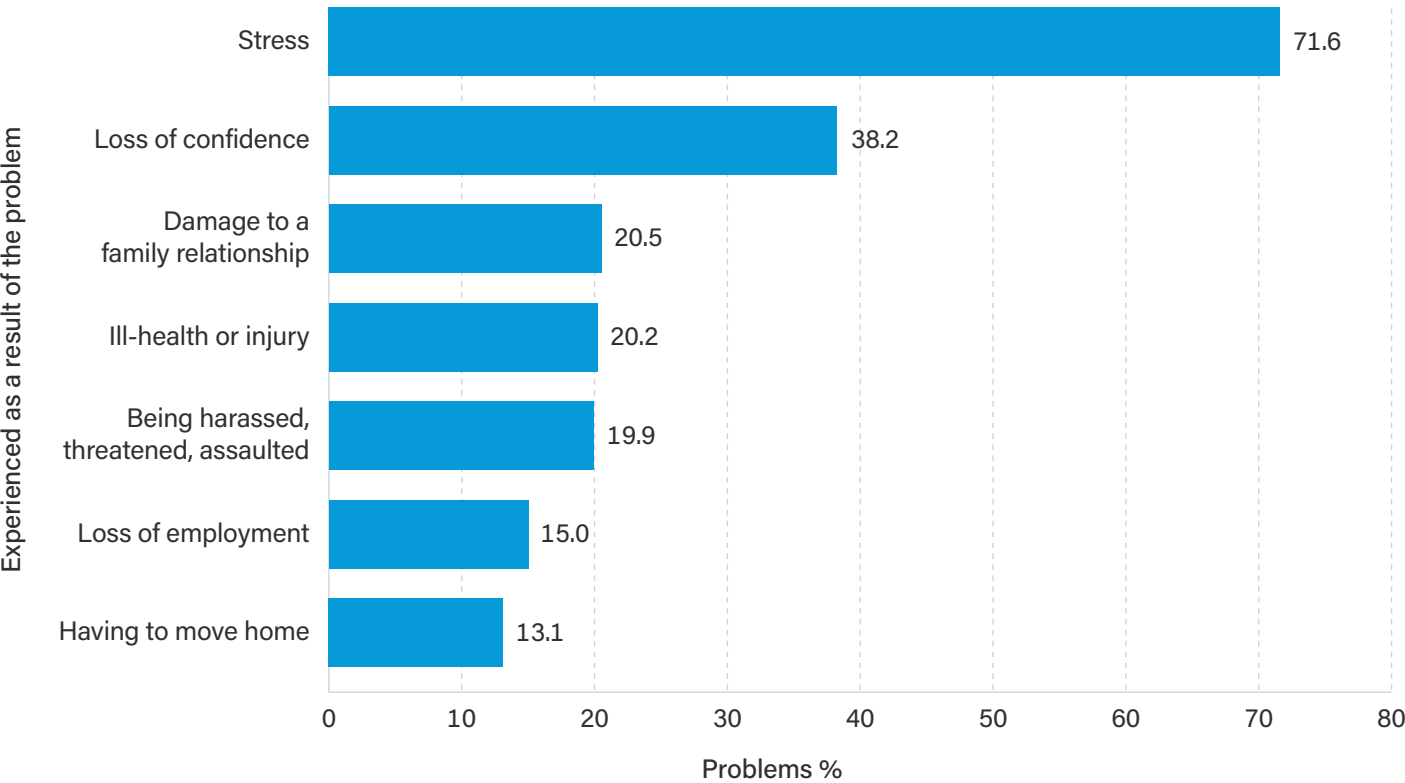
²⁸ Analysis of the PULS dataset revealed that family and government payments problems clustered together. See further Balmer et al. (2023), pp.84–85.

3. Adverse consequences of legal problems

The measures above show over and over again that compromised health status can have a powerful bearing on people’s experience of the law and their problem-solving approach. But does the data also run the other way? Do legal problems worsen health?

In the PULS, respondents were asked about the impact of their legal problems across a range of effects. Figure 3.1 shows adverse consequences attributed to justiciable problems by PULS respondents, where for example, very high levels of stress were reported overall.²⁹

Figure 3.1. Adverse consequences of legal problems, PULS sample



Twenty per cent of all people with legal problems reported ill-health or injury as a direct consequence of their legal problem. This covers circumstances where, for example, workplace injury is the subject of the legal problem, and also where ill-health, such as a heart condition or depression, has been triggered by a legal problem. There were also significant reports of profound socio-economic effects, like losing employment or having to move house.

29 Balmer et al. (2023), p.88.

Findings

Multiple adverse consequences were often reported from a single legal problem, and the consequences likely affect others – for example, stress having a bearing on family relationships, and loss of employment generating stress and loss of confidence. This is consistent with OECD/OSF (2019), which noted that justiciable problems commonly cause or aggravate health problems, as well as employment prospects, income, and family stability.

Looking at the six-category health status measure, Table 3.1 shows the same pattern as shown in problem prevalence, severity and duration: higher levels of adverse consequence for people with long-term illness/disability and/or mental distress. On all measures the combination of illness/disability and severe mental distress resulted in the highest level of every type of adverse consequence – and in almost all instances (excepting stress, which was high across the board, and having to move house) this was more than double the overall figure.

These groups were particularly prone to high stress, loss of confidence, damage to family relationships, ill-health or injury, and being harassed, threatened or assaulted. Where loss of employment is a reported consequence, having moderate or severe mental distress without disability is a greater risk. This may indicate that people in these categories have more employment options than those with disability, and therefore higher exposure to job loss.

Table 3.1. Adverse consequences of legal problems by illness/disability and mental distress status (N=2,476 problems)

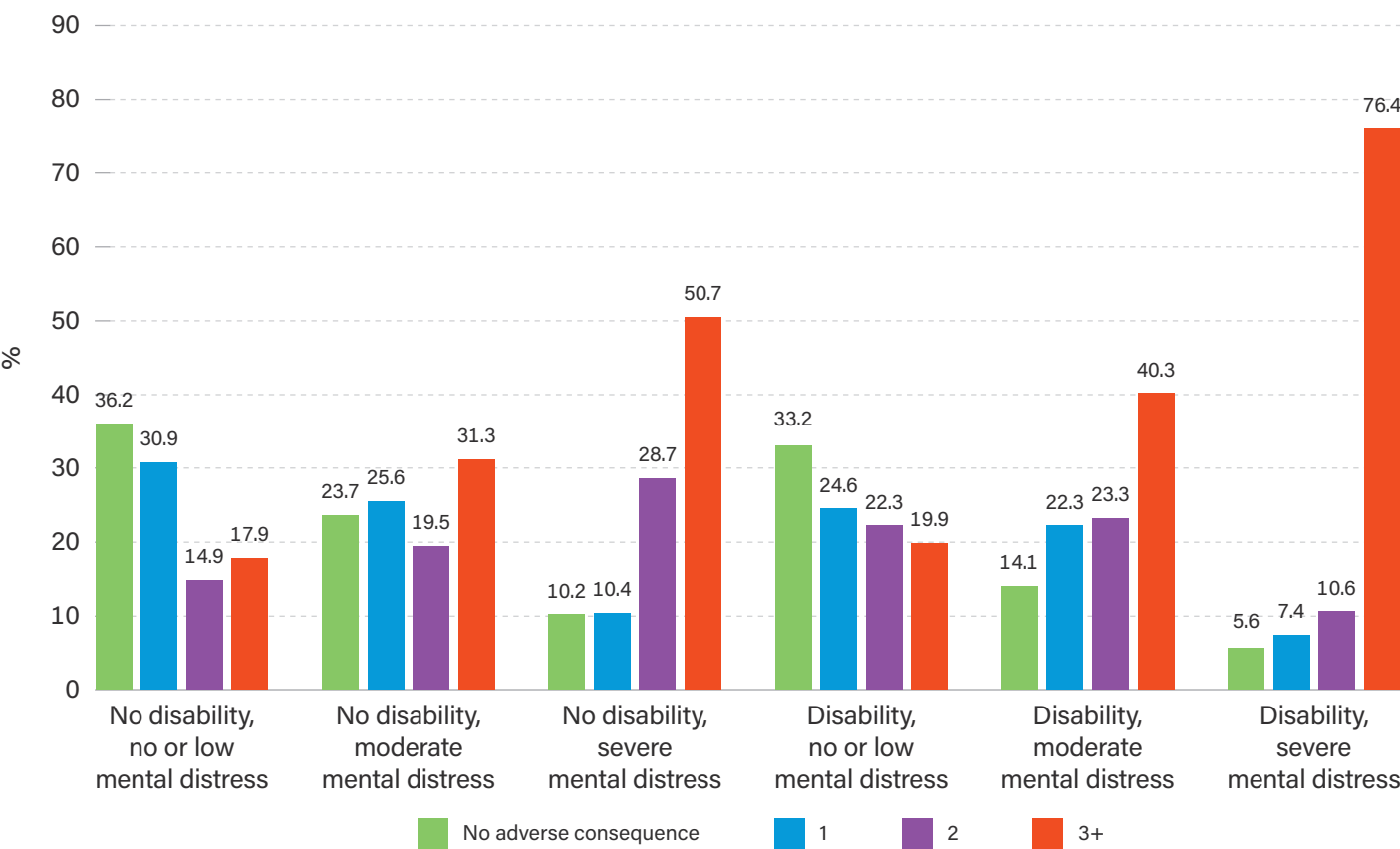
Adverse consequence	No disability, no or low mental distress	No disability, moderate mental distress	No disability, severe mental distress	Disability, no or low mental distress	Disability, moderate mental distress	Disability, severe mental distress	Overall
Stress	59.6	72.9	89.2	61.6	83.7	94.3	71.6
Loss of confidence	20.4	41.5	73.2	24.8	46.0	81.7	38.2
Damage to a family relationship	13.5	16.1	20.3	15.8	28.4	50.4	20.5
Ill-health or injury	11.7	14.1	24.9	13.0	31.6	54.8	20.2
Being harassed, threatened, assaulted	12.5	17.7	23.8	13.1	26.9	46.7	19.9
Loss of employment	7.5	20.9	36.5	6.9	12.1	32.4	15.0
Having to move home	7.4	17.2	14.6	9.1	17.4	19.8	13.1

Number of adverse consequences

In analysis examining the number of adverse consequences of legal problems, PULS respondents reported again the familiar pattern (see Figure 3.2).³⁰ The proportion with three or more consequences was relatively higher for respondents with long-term illness/disability and increased further with mental distress, with or without illness/disability.

The finding for the group with both long-term illness/disability and severe mental distress is particularly striking, where 77 per cent reported three or more different adverse consequences – a more than four-fold increase on respondents with no ill-health/disability and no or low mental distress. For those reporting no adverse consequences, the converse was true, with relatively higher rates for those with no ill-health/disability and decreasing with severity of mental distress.

Figure 3.2. Percentage of number of adverse consequences of legal problems by illness/disability and mental distress status



Putting these data points together, the PULS data shows a clear bi-directional relationship: having health problems increases the likelihood you will have more legal problems, which last longer and are more severe; and the experience of legal problems for these people can lead to greater adverse consequences, including on health.

30 To examine the relationship between the different types of adverse consequences reported across the 6-category health status measure, the number of adverse consequences reported for a problem were counted, and grouped in the following categories: 'No adverse consequences', '1 adverse consequence', '2 adverse consequences', '3 or more adverse consequences'.

4. Response to legal problems: sources of advice

Thus far, we have explored the number and experience of legal problems and their consequences and can see clear patterning of exacerbation for people with poorer health status. But is health status also associated with legal problem-solving behaviour?

Legal capability is more fully explored in the section below, but consistent with previous legal needs work, the PULS asked respondents who reported any problems detailed questions about how they managed one of them.³¹

Across all PULS respondents, nearly one-third of people handled this legal problem themselves, without advice or help from others, and just under two-thirds sought help from family or friends or other sources of independent help (including a legal service). A small number (4.2%) did nothing at all.

As reported in PULS Volume 1 by Balmer et al. (2023), there was overlap in the types of advisers PULS respondents tended to use. Advice from doctors, healthcare workers and social/welfare workers (independent help) tended to overlap with each other, as did lawyers, government departments, and the police.³²

Looking at the six-category health status measure, Table 4.1 shows higher use of legal services amongst people with long-term illness/disability and elevated mental distress, and a much lower use of informal help from family and friends. This finding raises consideration of eligibility for legal assistance which is addressed further in the Discussion below.

People with long-term illness/disability but no or low mental distress were more likely to handle problems alone and less likely to do nothing. This is consistent with observations that people in some demographic groups (including carers for people with poor health or disability³³) have greater skills in managing legal problems because they deal with more of them than other groups and are more used to advocating and dealing with institutions and bureaucracies.

The group with no ill-health/disability and severe mental distress is notable for their lower use of legal services – public or private. At 13.7 per cent, this cohort is well below the overall figure of 21.2 per cent. These people were, however, more likely than those with both disability and severe mental distress to handle their problems alone and to seek informal (friends and family) and independent (non-legal) assistance. They were also the highest group in taking no action at all.

Further analysis of the use of public and/or private legal advice is instructive. As a percentage of the cohort, more than twice as many respondents with long-term illness/disability and elevated mental distress used public legal services compared with the general population (see Table 4.2). Eligibility for and/or awareness of legal assistance services may be a factor here.

³¹ In total, 2,476 legal problems were the subject of detailed questions in the PULS. See further Roy Morgan (2023) and Balmer et al. (2022).

³² See Balmer et al. (2023), pp.103–105.

³³ Balmer et al. (2023), p.166.

Table 4.1. Strategy in response to legal problems by illness/disability and mental distress status (N=2,476 problems)

Strategy	No disability, no or low mental distress	No disability, moderate mental distress	No disability, severe mental distress	Disability, no or low mental distress	Disability, moderate mental distress	Disability, severe mental distress	Overall
Did nothing	5.2	2.4	6.6	2.1	5.8	3.3	4.2
Handled alone	33.3	28.6	34.8	39.7	28.2	25.0	31.3
Informal help from family and friends	15.8	22.0	10.5	10.7	6.7	7.0	14.2
Independent help	28.4	29.3	34.4	26.8	28.8	32.7	29.2
Legal service	17.4	17.6	13.7	20.8	30.5	32.0	21.2

Table 4.2. Sources of legal advice by disability and mental health status

Source of advice	No disability, no or low mental distress	No disability, moderate mental distress	No disability, severe mental distress	Disability, no or low mental distress	Disability, moderate mental distress	Disability, severe mental distress	Overall
Legal service (public or private)	17.4	17.6	13.7	20.8	30.5	32.0	21.2
Private lawyer	10.9	10.5	4.7	12.6	21.0	12.0	12.5
Private lawyer only	10.2	9.7	4.7	9.4	13.4	8.3	10.1
Public legal service	7.2	7.9	9.0	11.4	17.0	23.7	11.0
Public legal service only	6.5	7.1	9.0	8.2	9.5	20.0	8.7
Both private and public	0.7	0.8	0	3.2	7.6	3.6	2.4

5. Legal capability

When people experience legal problems, what does it take to respond effectively?

Legal capability is the sum of knowledge, skills and attributes “required for an individual to have an effective opportunity to make a decision about whether and how to make use of the justice system”³⁴, and for the first time, the PULS explores dimensions of legal capability across the population.

The analysis below looks at aspects of legal knowledge, capacity to navigate systems and processes (online and otherwise), and confidence and trust in lawyers.

Seeing the law in your problem

If you do not characterise your problem as having a legal aspect, you are unlikely to go in search of legal information or legal help to resolve it.

Around 34 per cent of justiciable problems in the PULS (836 of 2,476 problems) were understood by respondents to have a legal dimension.³⁵ This means that around two-thirds of problems were not recognised as having a legal dimension, and consequently, people may have a more protracted or challenging path to resolution. Returning to Genn’s definition of justiciable problems,³⁶ this is a core issue and common across many countries.

This is one area where data for the groups with poorer health was stronger than those without health issues and/or mental distress (see Figure 5.1). Problems were characterised as legal at a higher rate by respondents with increasing levels of mental distress, and substantially higher by people with both long-term illness/disability and severe mental distress (48.4% of problems).

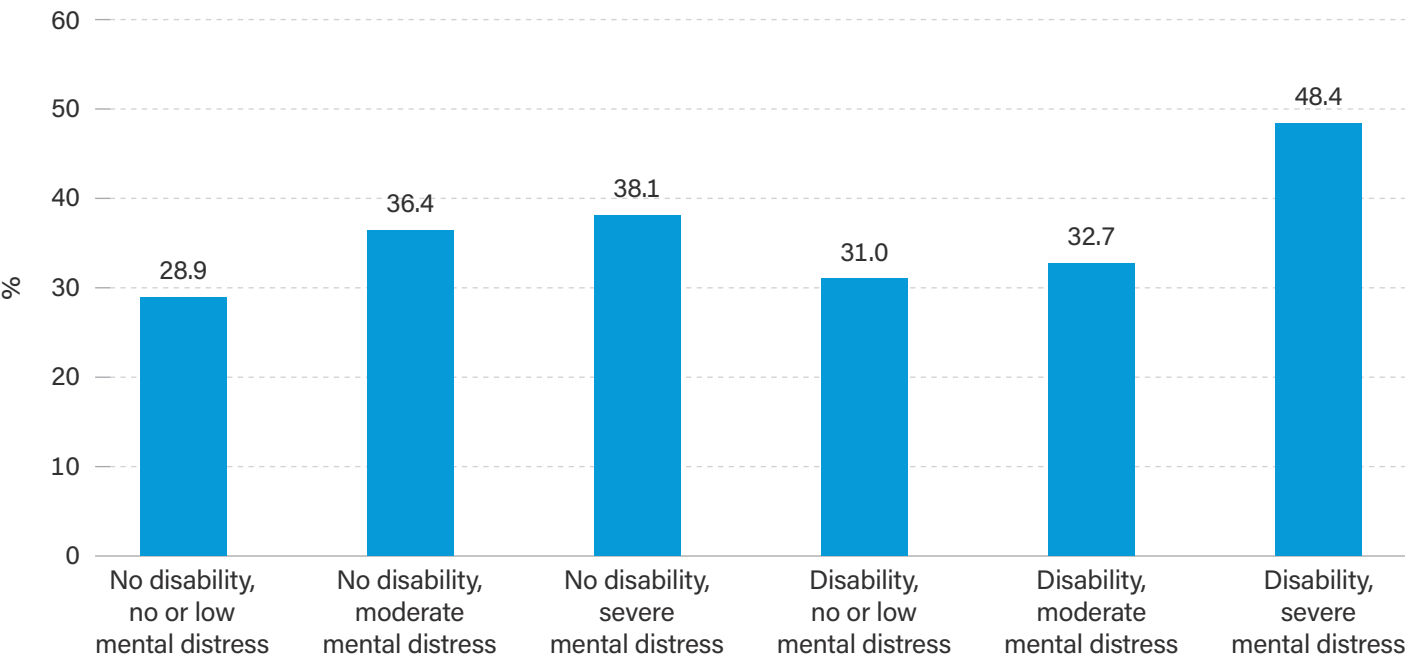
The elevated levels of legal problem prevalence, severity and duration for these cohorts may mean these respondents build higher awareness of law and legal situations through relatively greater involvement and handling of legal problems and use of advisers. This is further considered in the Discussion below.

34 Pleasence et al. (2014), pp.123–4.

35 Balmer et al. (2023), p.114.

36 See note 1 above, “... problems which raise legal issues, whether or not they are recognised as such by the parties...”

Figure 5.1. Percentage of problems identified as legal by illness/disability and mental distress status (N=2,476 problems)



Legal literacy: practical and digital

For this paper, two legal skills items from the PULS were used to investigate the capacity to navigate systems in both traditional and online environments: Practical Legal Literacy (PLL) and Digital Legal Capability (DLC). The legal capability composite measure developed for the PULS was also examined.

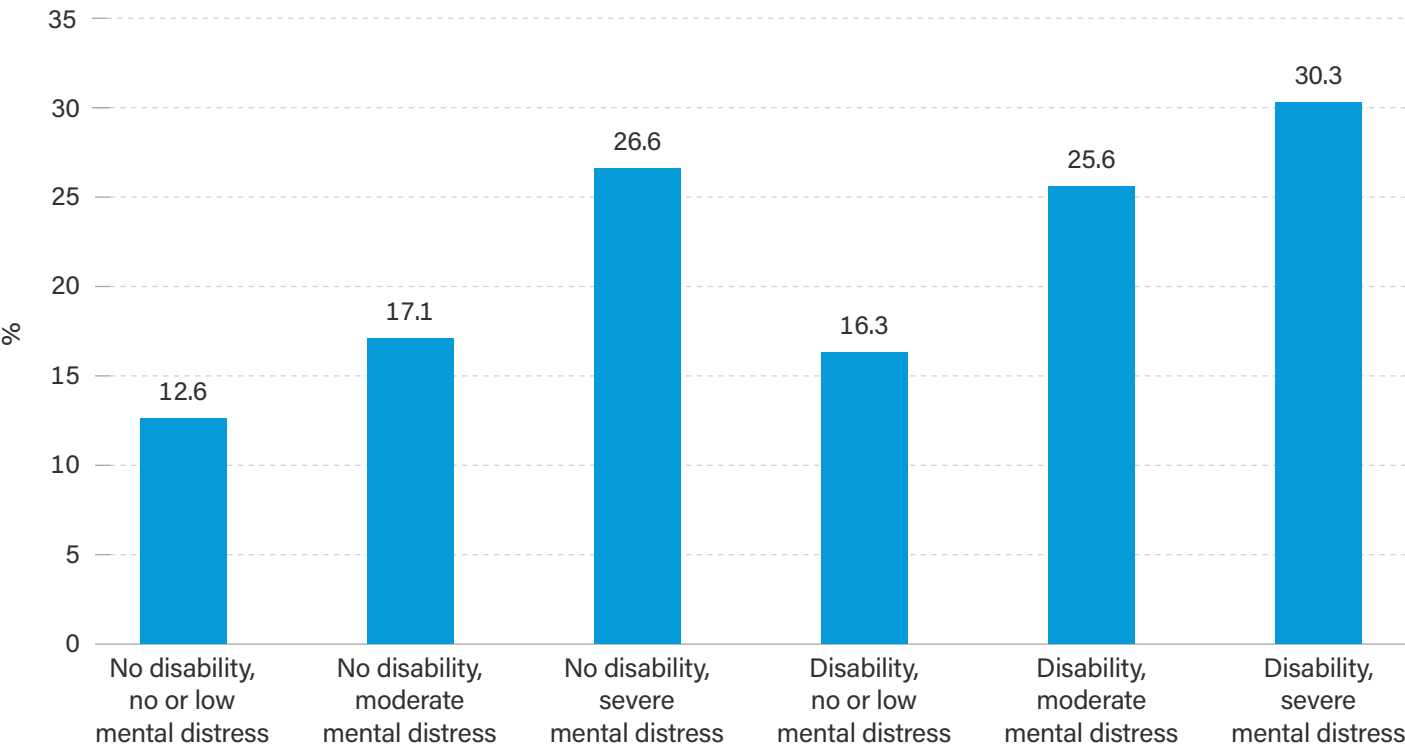
Practical legal literacy is the ability to obtain, understand and navigate information and services needed to deal with everyday justiciable issues. The PULS measured PLL with six items, and the raw score was converted to 100 standard points.³⁷

The PLL items were derived from measures of functional and health literacy, covering reading ability and comprehension, the ability to write statements and complete forms, verbal communication and comprehension, and system navigation and problem-solving. The scenarios were of common environments where these skills are required, for example, banks, local government, and dealing with doctors.³⁸

For the PLL measure, a higher score indicates higher difficulty with these literacy tasks or a lower level of skill.

³⁷ Balmer et al. (2024a).
³⁸ See further Balmer et al. (2024a), p.69.

Figure 5.2. Practical legal literacy by illness/disability and mental distress status



Again, the pattern in the findings is clear. Respondents with ill-health/disability reported greater difficulty with practical literacy tasks,³⁹ and their challenge increased with the severity of mental distress.⁴⁰ People with both ill-health/disability and severe mental distress had the greatest difficulty and consequently the lowest level of PLL, even though, as shown in Figure 5.1, they were more likely to identify the problem as being a legal one.

This seems to indicate that characterising a problem as having a legal aspect is not sufficient and that services need to step-in to address functional literacy deficits.

In broad terms, digital capabilities are defined as those which “equip someone to live, learn and work in a digital society”.⁴¹ In both policy and practice, it is increasingly important to understand the extent to which people have these skills, as some institutions implement digital-first and even digital-only services. This is particularly the case where people have difficulty accessing support as a result of physical or mental compromise.⁴²

39 Balmer et al. (2024a), pp. 79–80.
40 Balmer et al. (2024a), p.165.
41 Balmer et al. (2024a), p.147.
42 Balmer et al. (2024a), p.147.

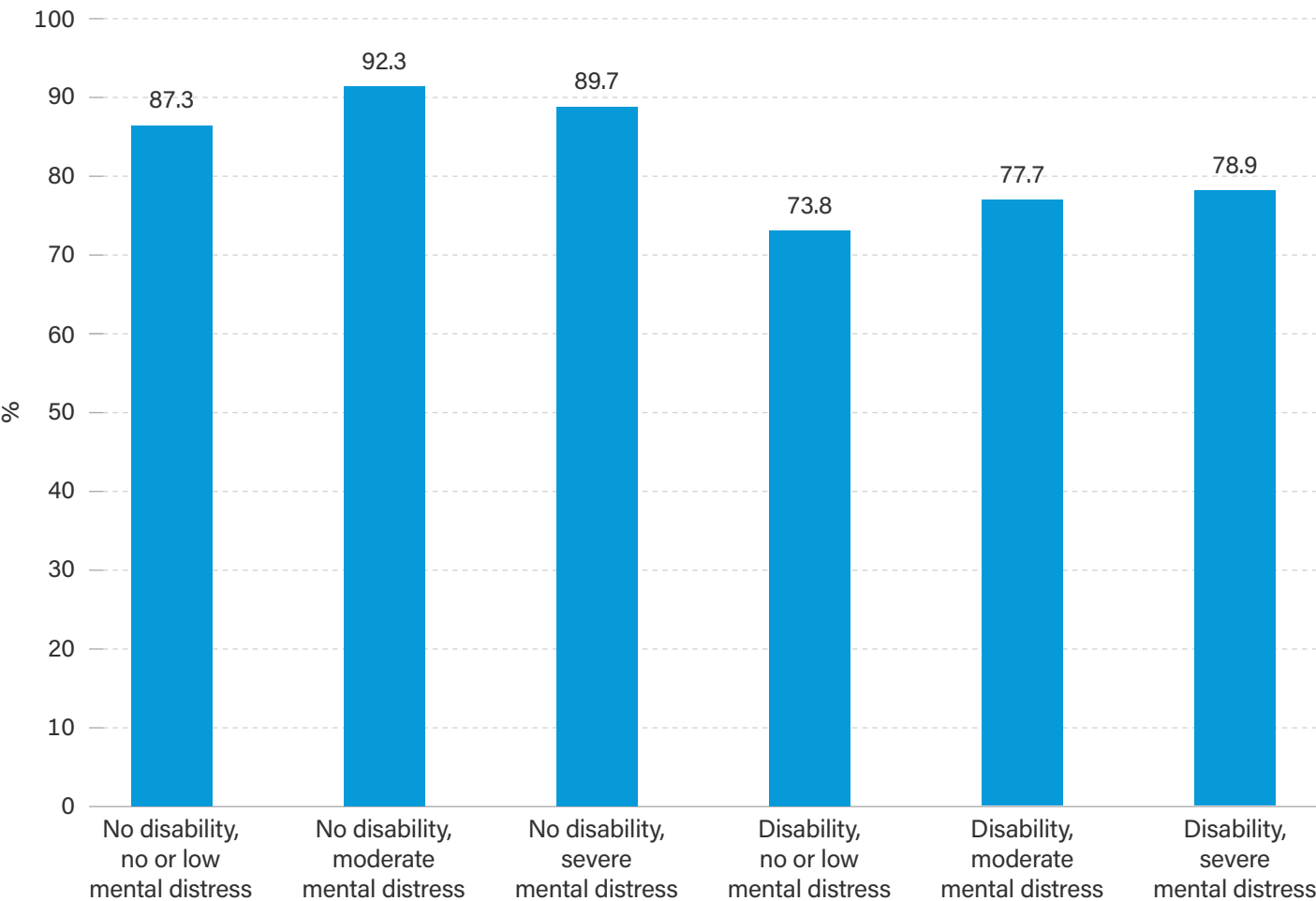
Findings

For digital legal capability, questions in the PULS built on previous legal needs work and focused on “information seeking/management, communicating, creating, problem solving and transacting”.⁴³ Items were “designed to be analogous to tasks involved in dealing with justiciable issues”.⁴⁴

PULS respondents were asked about the frequency of internet use and then experience and proficiency in relation to eight online tasks of differing nature and complexity, including paying bills online, finding specific information through the internet, and uploading documents. For the DLC measure, higher scores indicate higher digital capability.⁴⁵

Figure 5.3 shows relatively lower DLC amongst respondents with long-term illness/disability, with or without higher levels of mental distress.

Figure 5.3. Digital Legal Capability by illness/disability and mental distress status



Interestingly, while DLC was lower amongst those reporting disability, people reporting elevated mental distress without illness/disability scored higher (92.3% and 89.7%) than those without such health compromise.

43 See Balmer et al. (2022), p.85.

44 Pleasence and Denvir (2021), p.15.

45 See further Balmer et al. (2024a), p.35.

Confidence

The PULS also included items to assess General Legal Confidence (GLC): a respondent's level of confidence in being able to "achieve an outcome that is fair, and [that they] would be happy with".⁴⁶

Looking at respondents with low GLC, the pattern remained generally consistent with the evidence on problem experience; people with long-term ill-health/disability and/or mental distress had lower levels of GLC than respondents without, though this was not as strong as in other measures. For those with no long-term illness or disability, the proportion of respondents with high GLC decreased as the severity of mental distress increased.

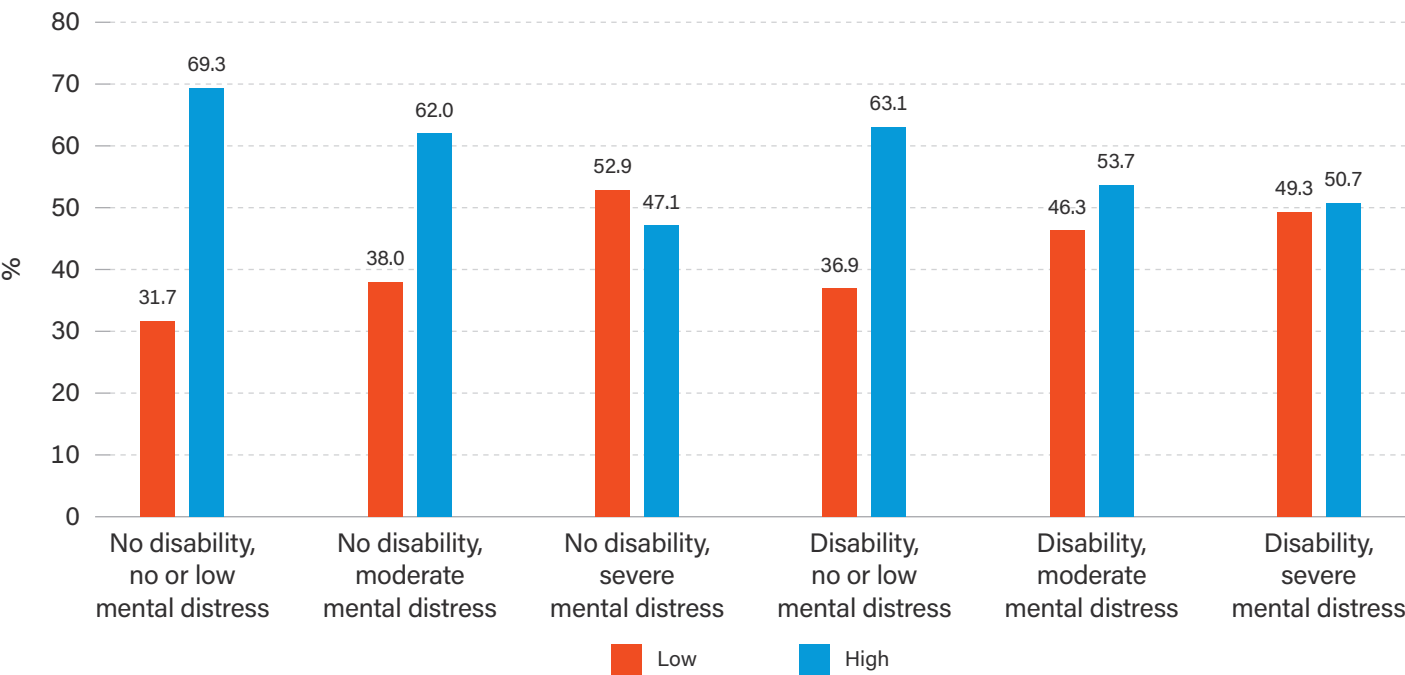
Taken together with other measures, GLC may be adversely affected by poor legal problem experience or otherwise play into poor legal experience. Whatever the case, PULS findings demonstrate that people with poorer health are more pessimistic about their problems and their capacity to resolve them satisfactorily.

Trust in lawyers

This negative sensibility is also reflected in the measure of trust in lawyers. Again, clear patterning is evident in Figure 5.4: an increase in the level of mental distress is consistent with a decrease in trust in lawyers. People with severe mental distress without ill-health/disability issues were, however, the only group of the six in which more than half the respondents were found to have low trust.

⁴⁶ Balmer et al. (2024a), p.53.

Figure 5.4. Trust in lawyers by illness/disability and mental distress status



This measure adds to the impression of distrust and disillusion, which may be borne of higher problem prevalence, severity, duration, and adverse consequence.

Legal capability overall

To give an overall impression of legal capability, composite measures were created for the PULS, encompassing the broad areas of skills, confidence and attitudes to law.⁴⁷

Figure 4.5 shows the composite measure of legal capability by the six-category health status measure. Using the composites, each respondent was grouped as having:

- lower skill/confidence, more negative attitudes
- higher skill/confidence, more negative attitudes
- lower skill/confidence, more positive attitudes or
- higher skill/confidence, more positive attitudes.⁴⁸

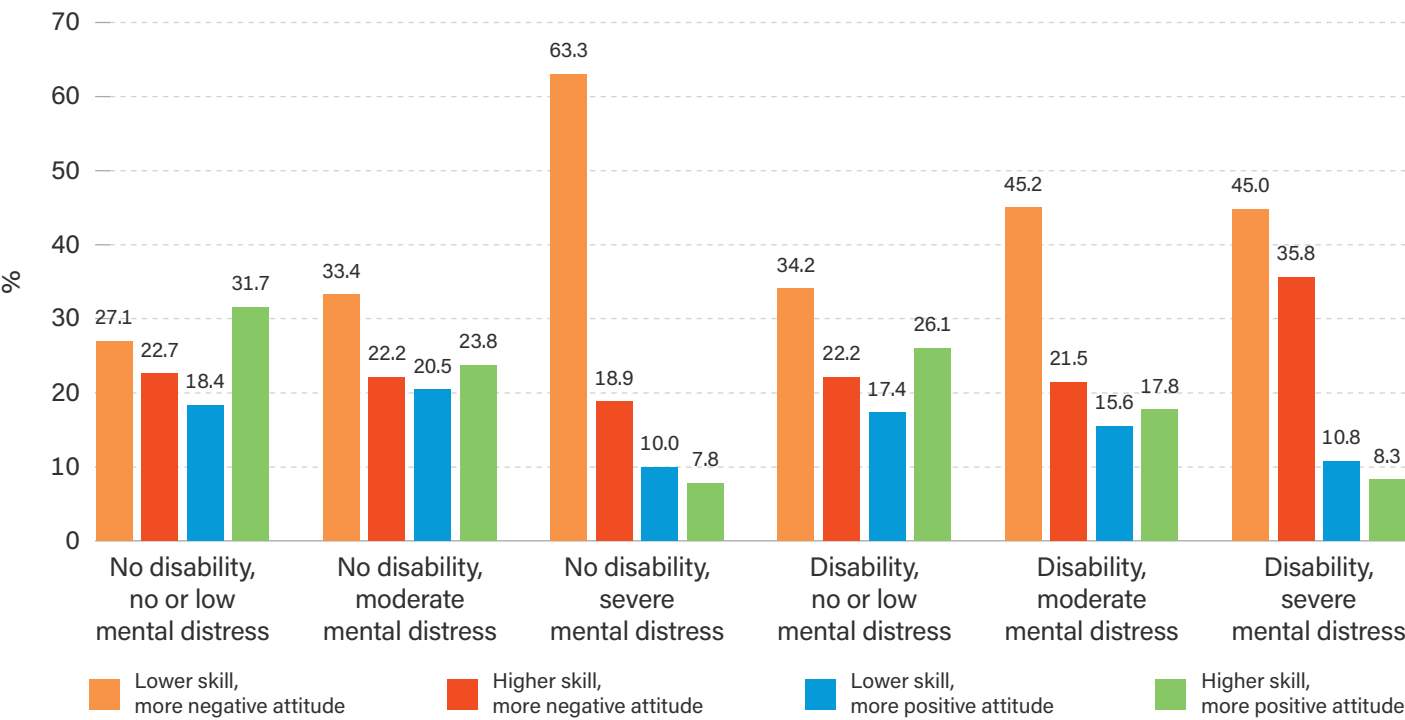
Looking at the six-category measure below in Figure 5.5, the population without illness/ disability and no or low mental distress was more evenly divided across the four categories, with just under a third showing higher skill and more positive attitudes.

In the target cohorts, this clustering breaks down. Data across the six-category set shows that mental distress is a key indicator of lower skill and more negative attitudes, but at depth it is a mixed picture.

47 See Balmer et al. (2024b), pp.161–168.
48 See further Balmer et al. (2024b), p.168.

None of the respondents in these groups came close to those without health challenges on higher skill/more positive attitude. People with severe mental distress without ill-health were more than twice as likely to have lower skill and more negative attitudes than those with no or low levels of mental distress. Those with both ill-health/disability and severe mental distress, however, registered higher skills but persistently negative attitudes.

Figure 5.5. Composite legal capability by illness/disability and mental distress status



The PULS data shows that people with severe mental distress held the strongest negative attitudes of all demographic groups. They had the lowest levels of legal confidence, the lowest level of trust in personal lawyers and were the least likely to see lawyers as accessible. This group were the most likely to see law as a game, something to resist, and as remote, and were slightly less likely than others to see law as a practical means to achieving objectives.⁴⁹ Negative attitudes can have a bearing on willingness to engage with legal processes and services, and manage legal problems.

49 Balmer et al. (2024a), p.167.

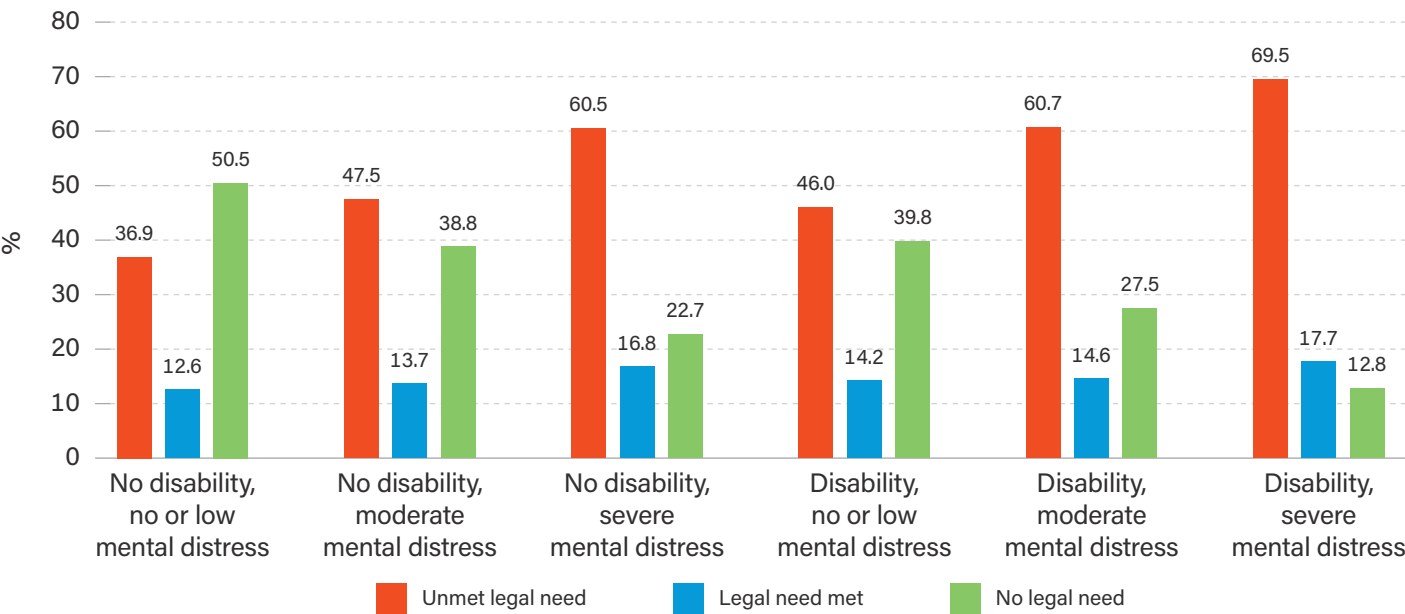
6. Were legal needs met or not met?

Confidence, trust, skills and knowledge can help people find information and assistance, but that does not necessarily mean they get the help they need.

The PULS applies the OECD/OSF framework for measuring legal need and classifies justiciable problems into three categories: where there was legal need and it was unmet, where the legal need was met, and where there was no legal need.⁵⁰ This is relevant as a high-level assessment of both the levels and efficacy of services and other types of action.

Consistent with the pattern of findings for the six-category measure above, Figure 6.1 shows higher unmet legal need amongst those with ill-health/disability than those without, and that unmet legal need increased again with severity of mental distress for both those with and without ill-health/disability. Where the problems did not give rise to legal need (green bars), the converse was true: having no legal need was actually lowest amongst those with ill-health/disability and severe mental distress. So, people at this end of the spectrum had genuine legal need, more of which went unmet than other groups, and at almost twice the rate of those without ill-health/disability and mental distress.

Figure 6.1. Percentage of legal need, met or not met, by illness/disability and mental distress status



The influence of unmet legal need on people with significant health challenges could also contribute to other dimensions explored here – for example, longer problem duration and higher numbers of legal problems. These issues are considered further in the Discussion that follows.

50 Not all problems give rise to legal need as described in the OECD/OSF Framework, for example where a matter is of short or moderate duration, low seriousness and there is procedural fairness, there is no legal need for this purpose. See further Balmer et al. (2023), pp.149–152.

Discussion

The answer to the questions posed in this paper is yes: legal problems are bad for your health, and poor health is bad for your access to justice.

Consistent with previous legal needs research, this analysis of the PULS shows overwhelmingly that people with long-term illness or disability and/or elevated levels of mental distress have a particularly poor experience of the law. They have higher prevalence and numbers of legal problems, which last longer and are more severe. The consequences of these problems are more numerous and more pronounced.

While their heightened legal need is clear, the PULS also reveals their lower capability to respond and more negative attitudes. The evidence points to access to justice barriers being experienced by a significant segment of the Victorian population: the 12 per cent, or 660,000 people with long-term illness or disability and/or moderate or severe mental distress.

Law better serves those who are more able to assert themselves. Sometimes that is reflected in the experience of handling legal situations (e.g. where carers or people with high problem experience demonstrate higher skill), but the accompanying negative attitudes also point to many with poor health having negative experiences of justice systems and legal services.

These findings are canaries in the coalmine – a clear warning on access to justice. Given an ageing population that experiences higher rates of long-term ill-health and disability, and increasing levels of mental ill-health, the PULS findings point to increasing legal and capability needs of an increasing number of people with poor health.

Responding to the evidence through effective policy and practices could reorient experience of the law, better meet needs, improve attitudes, and make a significant difference to many lives and the community at large.

Problems beget problems

The burden of higher numbers of legal problems which last longer is more likely to fall on those whose wellbeing is already compromised through long-term ill-health, disability and/or mental distress. The findings show people in these categories are more likely to have debt, money and family problems than others – which often present in combination with other legal issues. They also report greater severity in their problems and higher rates of adverse consequences.

The data on legal problem prevalence paints a startling picture. These groups are up to 4.5 times more likely to have legal problems than people without ill-health/disability or mental distress, and over eight times more likely to have five or more problems.

Numerous justiciable problems, concurrently or in sequence and intertwined with poor health, appear symptomatic of heightened legal and capability needs. However, the evidence further suggests significant potential for early intervention to improve problem experience and possibly reduce the number, severity and duration of problems.

Many services are keenly aware of clients with complex needs, but some legal service providers do not engage with the complexity a client may be dealing with. Integrated and wrap-around services are invaluable, such as health justice partnerships, and there is growing evidence of the difference such services make and of client benefits. This includes successfully reaching groups with legal needs which detrimentally affect health who would otherwise not seek help, and in improving individual socioeconomic circumstances, although there are also knowledge gaps and more to learn.⁵¹ However, responses that take better account of complex needs are needed in a much wider range of service settings. These could include stronger referral pathways and more coordinated case management.

People with elevated mental distress

Untangling cause and consequence in the relationships between elevated legal needs and mental distress is beyond the data available in the PULS, but tight associations and a likely bi-directional relationship are clear. Layer upon layer of analysis shows the accelerant effect of mental distress. In broad terms, it is a factor in poor experience, lower capability, and hardened negative attitudes to the law.

This is a particularly critical consideration given the high and rising incidence of anxiety and depression in Victoria and Australia. A recent study concluded that 8.5 million Australians aged 16 and over will be diagnosed with a mental illness at some time in their lives (43% of the population) and that 22 per cent of the national population had had a mental illness in the previous twelve months.⁵²

Stress as a consequence of legal problems

The grim cycle of poor problem experience in these cohorts then locks in negative attitudes and repeats, leading in turn to increasing problem prevalence, number, severity and duration,⁵³ is one manifestation of the bi- or multi-directional relationships between poor health and legal problem experience stress and ill-health as consequences of legal problems are others.

The PULS demonstrates that legal problems are inherently stressful and can damage health. Stress, loss of confidence and ill-health or injury are three of the most reported consequences by PULS respondents, further heightened where there is moderate or severe mental distress. The potential for stress to develop into elevated mental distress and/or exacerbate other negative consequences and erode confidence and capability is substantial.

Capability and response to legal problems – implications for service

Access to and use of law to achieve fair resolution of legal problems requires clusters of internal capabilities and external opportunities.⁵⁴ The PULS legal capability findings build on previous research, demonstrating the nexus between poor health and heightened legal need, and throws new light on legal problem behaviour, experience and outcomes.

Capacity to navigate systems and processes is essential to accessing justice. Reading, comprehension, ability to fill out forms and engage with providers and others are baseline requirements if people are going to respond effectively to their legal problems.

This PULS analysis demonstrates that respondents with ill-health or disability reported greater difficulty with practical literacy tasks,⁵⁵ and their challenges increased with the

51 See Beeson et al. (2013), Forell and McCarron (2024), Murphy (2020) and Tyler-Tobin et al. (2023).

52 See AIHW (2024) based on estimates from the 2020–2022 National Study of Mental Health and Wellbeing (NSMHW).

53 See Balmer et al. (2024a), p.11 and Balmer et al. (2024b).

54 Balmer et al. (2024b), p.163.

55 Balmer et al. 2024a), pp.79–80.

severity of mental distress.⁵⁶ People with both ill-health or disability and severe mental distress had the most difficulty with literacy-related tasks and consequently the lowest level of PLL. They were, however, more likely to identify the law in their problems (see Figure 5.1) and use legal services, particularly public legal services, at higher rates than others.

Given the low practical literacy of these groups, policy makers and practitioners need to consider how they can support people to do the basics in managing their legal problems to assert and protect their rights under law – to access justice. Many legal assistance organisations are too resource-constrained to provide such basic help.

There is an obvious gap here, one which Citizens Advice Bureaux, chamber magistrates and registrars and the like used to fill: helping people understand their issue, fill out forms, and connect with the right services.⁵⁷ This is a stitch-in-time opportunity, and fundamental to access to justice. Light touch in person guidance at an early stage could make a significant difference in helping people grasp and resolve their problems, obviating escalation and reducing adverse consequences.

Other research points to benefits from early intervention and support services for legal processes, such as reduced demands on courts and legal services where staff need to fix incomplete forms or spend time explaining processes under time and staffing pressure.⁵⁸ Some libraries, council and community agencies provide this kind of assistance, but it is not universal. While local government may be well placed to offer this kind of help to their communities, many may need resources and support to do so.

Increasingly, resources which help people see the law in their problem and find pathways to information and assistance are online. On its face this makes good sense: offering more information to more people. However, as the PULS data shows, legal institutions and service providers must be mindful of groups that can be digitally excluded – older Victorians, and people on low incomes, for example.

The digital divide was not so apparent for the cohorts examined here, but the overlay of age and/or poverty could have a bearing in the future.

All of us operate at different points on a spectrum of capability and will require different levels of support throughout the process. The data shows that compromised health can compromise capability and therefore have a bearing on the effectiveness of a service response.

Identifying that your problem has a legal aspect is a critical first step which may get you to the door of a legal service. Demonstrably lower levels of practical literacy and relatively lower composite legal capability (shown in lower skill/confidence and more negative attitudes) mean light touch legal assistance may be insufficient to address need.

Other PULS reporting has discussed how some demographic groups with relatively higher legal knowledge and stronger capability may be a product of frequent encounters with law and legal services: that familiarity leads to facility.⁵⁹ This pattern does not seem to apply here, despite high problem prevalence. People with higher mental distress and/or ill-health or disability remain steadfastly negative in their attitudes to law, pointing again to the cycle of poor legal problem experience and resolution, and negative attitudes.

On these findings, service and other responses which identify and respond to mental distress earlier and more appropriately are very likely to improve problem experience and outcomes. Services, both public and private, could benefit from screening and triage, such as screening for mental distress at entry or early service, and/or training to support frontline staff to identify and engage with people in mental distress.

There are strong examples going the other way: where health services see the legal problems and refer to legal services. This is at the heart of many health justice partnerships, working to manage health issues which may then reduce stress and improve the prospect of a satisfactory legal resolution.

⁵⁶ Balmer et al. (2024a), p.165.

⁵⁷ See Balmer et al. 2006 and Coumarelos et al. (2012).

⁵⁸ Forell & Cain (2011, 2012).

⁵⁹ Balmer et al. (2024a, 2024b).

Shifting attitudes

An important aspect of the PULS measurement of legal capability is on attitudes. Negative attitudes can have a highly corrosive effect on whether and how people try to make use of law. In the composite legal capability measure reported here, people with poorer health had lower skills/confidence and negative attitudes to the law, and those in higher mental distress held the strongest negative attitudes. Negative experience of the law can lead to hardening attitudes, which can exacerbate problems through inaction or rejection, repeating the vicious cycle of negative experience, potentially resulting in frustrated resignation and withdrawal from or avoidance of law.⁶⁰

There is evidence of this in the knot of data on low confidence and trust, low capability, and the strong impression of defeatism suggested in the attitudinal findings. Negative attitudes can stem from and be cemented by a lack of agency, where the law is seen not as a way to achieve fair outcomes but as a system used by others against you – not a tool but a cudgel.⁶¹

This is a bleak assessment of the legal system from this cohort – whom as we have shown have higher problem prevalence and suffer more adverse consequences. Teamed with low practical legal literacy, there is a clear need to consider how to better support people with elevated mental distress deal with their legal problems to build more positive attitudes.

Eligibility

While the PULS reveals greater reliance on public legal assistance services amongst people with poor health, it is important to note that service eligibility for public legal assistance varies from service to service. “People with disability or mental illness” is one of the national priority client groups for legal assistance under Commonwealth criteria,⁶² and is reportable by those public legal assistance services that receive Commonwealth funding (including community

legal centres). Victoria Legal Aid set out their priorities and place “people who experience a mental health issue that significantly affects their ability to engage in everyday activities” in their highest tier and disability in the third of three,⁶³ which demonstrates the inconsistencies in eligibility. It should be noted that as a result of very constrained budgets and resourcing, not all public services are able to provide the level of support needed by all priority clients.

The K6 mental distress screening tool provides a moment-in-time assessment of serious mental illness. Some people experiencing severe mental distress using this tool will not have a clinical diagnosis and may not satisfy the service eligibility criteria described above. This means people with debilitating levels of mental distress may fall through the cracks of legal assistance services.

Beyond this, people who do not qualify or cannot find free legal assistance are left to decide whether to pursue their options through private lawyers. The preference for public legal assistance services is clear in the data, and given the levels of unmet legal need, it is likely many do not complete processes or proceed at all.

The findings here indicate the K6 measure is not only a screening tool for serious mental illness but also a useful indicator of legal and capability need. The strength and consistency of the findings across the measures point to potential benefits in incorporating some screening for mental distress in legal service settings, and is worthy of evaluating in appropriate service settings.

As with all eligibility tests and screening tools, there are practical challenges in operationalisation, particularly in high-demand service settings. There are also ethical questions to consider on the use and recording of screening results, and there may be issues with the levels of training and support required for staff to manage appropriate service responses.

All together, eligibility may require review, to improve consistency and equity.

60 Sandefur (2007).

61 Other PULS analysis points to negative attitudes as a consequence of many people’s experience of lawyers and the legal process, and how knowledge, skill and attribute dimensions of legal capability can form a virtuous or vicious cycle in legal problem-solving experience and behaviour. See further Balmer et al (2024b), pp.12–13.

62 See Attorney-General’s Department (2020), p.A-1.

63 Victoria Legal Aid (2019).

Unmet need

The data on unmet need is striking – a final measure of the poor experience of our focus cohorts. That people with ill-health/disability and/or severe mental distress had around twice as much unmet legal need as people without poor health illustrates real challenges for legal systems and services, and is another indicator that justice is not as accessible for these Victorians.

As noted, people with compromised physical health and severe mental distress have the most negative attitudes of all demographics in the PULS. This seems entirely consistent with their experience of unmet legal need. In addition to entrenched pessimism reflected in negative attitudes, if legitimate legal needs are not met, it is also likely to play into the data on prevalence, duration, and confidence.

Conclusion

A simplistic description of the PULS overall is that personal capacities (knowledge, skills, attributes) plus external opportunity (access to systems and institutions, other resources like time, money etc) result in a level of capability, which when sufficient, increases the likelihood of just outcomes to legal problems – to access to justice.

None of us has perfect capability, so the systems we construct and the services we provide need to take account of these variable deficits to deliver fair and reasonable outcomes. For many, including the focus cohorts in this paper, the reality falls well short. Consistently, the evidence from the PULS marks people with long-term illness or disability and/or mental distress as having worse experiences and outcomes, and consequently their access to justice is seriously impaired.

For people in Victoria with ill-health or disability and/or higher levels of mental distress, the data is gloomy, but it is also revelatory and powerful. It signals the opportunity and need to improve access to justice, to democratise the benefit of law and to better meet need and capability of a sizable section of the population.

The issues discussed here by no means respond to all the questions on ill-health/disability and mental distress in the PULS or this paper. They raise strong findings and point to the need for further work. It should be noted that the evidence suggests some useful parallels between people with long-term illness or disability and those in higher mental distress in addressing need, but common experiences should not be assumed, and further research of both groups is warranted.

There is strong evidence in this analysis of a bi-directional relationship between ill-health and legal problems, but the data gestures at many other interrelationships. These include the relationships and direction of travel between legal problems and consequences; the connections between negative problem experience and unmet legal need; and between legal problem types and problem experience.

There is no question of the strong link between stress as a consequence of legal problems, and more so for people with poorer health. While cause cannot be untangled using the PULS dataset, it appears likely that higher prevalence, higher numbers of problems, greater severity and longer duration are contributing factors to mental distress at the time of the PULS interview. It could also be that in some instances, causation flows the other way – where mental distress is pre-existing and has a deleterious effect on legal problem experience and capability.

Whatever the case, the PULS data presents a complex, possibly cumulative pattern of negative experience at higher rates for people with poor health and/or mental distress. Further investigation in this area would likely illuminate experience in a broad range of service sectors, legal and non-legal, public and private. For example, understanding more about where that stress starts, what fuels it and which other consequences flow from it (e.g. loss of confidence, damage to family relationships, having to change jobs) would help systems and services identify which responses are most likely to be effective. Where people are involved with legal institutions and services, earlier and better engagement through, for example, more timely and clearer communication, greater transparency of process, and better management of expectations, could reduce the likelihood of other negative consequences and outcomes.

There has long been recognition of the interrelationships between experience of law and other domains – most particularly health. Law and the justice system are increasingly recognised as having a role in successfully addressing some social determinants of health.⁶⁴ This demonstrates a growing appreciation of the intersections and interplay between law and other social experience.

In recent years there has been a significant increase in evidence for and commitment to multi-disciplinary service provision, which takes account of the whole experience for the person, rather than a singular focus on the legal. Notably, in health justice partnerships, there is deep awareness and maturing service models geared to clients with complex legal and health needs. Services like these, however, may never be able to meet community demand. As such, a broader suite of policy and practice measures, including strategies to respond effectively in general service settings, is required.

None of the findings here will be surprising to people working in frontline service delivery, and we do not in any way underestimate their efforts. More evidence shows the barriers, challenges and consequences for people with physical and mental health issues in accessing services that meet their legal needs.⁶⁵

Recognising complexity in people and their legal problems, and responding to their capability, is challenging but not beyond us. This paper and others provides clear evidence of the scale of response required to deliver access to justice to many Victorians. To scale up, we need further research, smart policy and practice ideas, and courage.

⁶⁴ See Beeson et al. (2013); Forell (2019); Genn (2019); Gilboe and Curran (2025); Murphy (2020); World Health Organisation, Commission on the social determinants of health (2008).

⁶⁵ See Balmer et al. (2006); Coumarelos, Pleasence and Wei (2013); Karras et al. (2006); Law Council of Australia (2018); Lawton (2011); OECD/OSF (2019); Pleasence et al. (2014); Pleasence, Balmer and Buck (2008); Tobin Tyler et al. (2011).

References

- Attorney-General's Department (2020). *National Legal Assistance Partnership (NLAP)*. Accessed at <https://federalfinancialrelations.gov.au/agreements/national-legal-assistance-partnership-nlap>
- Australian Bureau of Statistics (2024). *National, state and territory population*. Accessed at: <https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release>
- Australian Institute of Health and Welfare (2024). *Prevalence and impact of mental illness*. Accessed at: <https://www.aihw.gov.au/mental-health/overview/prevalence-and-impact-of-mental-illness>
- Balmer, N.J., Pleasence, P., Buck, A. & Walker, H.C. (2006). Worried sick: the experience of debt problems and their relationship with health, illness and disability. *Social Policy and Society*, vol. 5, no. 1, pp. 39–51.
- Balmer N.J., Pleasence, P., McDonald, H.M. & Sandefur, R.L. (2022). *The Public Understanding of Law Survey (PULS) Annotated Questionnaire*. Melbourne: Victoria Law Foundation.
- Balmer, N.J., Pleasence, P., McDonald, H.M. & Sandefur, R.L. (2023). *The Public Understanding of Law Survey (PULS) Volume 1: Everyday Problems and Legal Need*. Melbourne: Victoria Law Foundation.
- Balmer, N.J., Pleasence, P., McDonald, H.M. & Sandefur, R.L. (2024a). *The Public Understanding of Law Survey (PULS) Volume 2: Understanding and Capability*. Melbourne: Victoria Law Foundation.
- Balmer, N.J., Pleasence, P., McDonald, H.M. & Sandefur, R.L. (2024b). *The Public Understanding of Law Survey (PULS), Volume 3: A New Perspective on Legal Need and Legal Capability*. Melbourne: Victoria Law Foundation.
- Beeson, T., McAllister, B.D., & Regenstein M. (2013). *Making the Case for Medical-Legal Partnerships: A Review of the Evidence*. Washington DC: The National Center for Medical-Legal Partnership, School of Public Health and Health Services, George Washington University.
- Churchman, C.W. (1967). Wicked problems. *Management Science*, 14(4), B141–B142.
- Coumarelos, C., Macourt, D., People, J., McDonald, H.M., Wei, Z., Iriana, R. & Ramsey, S. (2012). *Legal Australia Wide Survey: Legal need in Australia*. Sydney: Law and Justice Foundation of New South Wales.
- Coumarelos, C., Pleasence, P. & Wei, Z. (2013). *Law and Disorders: Illness/Disability and the Experience of Everyday Problems Involving the Law*. Justice Issues, No.17. Sydney: Law and Justice Foundation of New South Wales.

References

- Coumarelos, C., Wei, Z. & Zhou, A.Z. (2006). *Justice Made to Measure: NSW Legal Needs Survey in Disadvantaged Areas*. Sydney: Law and Justice Foundation of New South Wales.
- Forell, S. (2019). *The impact of legal help beyond access to justice: learning from health justice partnership*. International Legal Aid Group Conference. Ottawa, Health Justice Australia.
- Forell, S. & Cain, M. (2011). *Managing mortgage stress: evaluation of the Legal Aid NSW and Consumer Credit Legal Centre Mortgage Hardship Centre*. Sydney: Law and Justice Foundation of NSW.
- Forell, S. & Cain, M. (2012). *An evaluation of Legal Aid NSW's Family Law Early Intervention Unit Duty Lawyer Service*. Sydney: Law and Justice Foundation of NSW.
- Forell, S. & McCarron, E. (2024). Health justice partnership: Access to justice meets health equity. *Alternative Law Journal*, 49(3), 168–173.
- Genn, H. (1999). *Paths to Justice: What People Do and Think About Going to Law*. Oxford: Hart.
- Genn, H. (2019). When Law is Good for Your Health: Mitigating the Social Determinants of Health through Access to Justice, *Current Legal Problems*, 72(1), pp.159–202.
- Gilboe S. & Curran L. (2025). The Role of Justice in Addressing the Social Determinants of Health. *International Journal of Social Determinants of Health and Health Services*. 2025;0(0). doi:10.1177/27551938251321973
- Karras, M., McCarron, E., Gray, A. & Ardasinski, S. (2006). *On the edge of justice: the legal needs of people with a mental illness in NSW*, Sydney: Law and Justice Foundation of NSW.
- Kessler, R.C., Green, J.G., Gruber, M.J., Sampson, N.A., Bromet, E., Cuitan, M., Furukawa, T.A., Gureje, O., Hinkov, H., Hu, C., Lara, C., Lee, S., Mneimneh, Z., Myer, L., Oakley-Browne, M., Posada-Villa, J., Sagar, R., Viana, M.C. & Zaslavsky, A.M. (2010). Screening for Serious Mental Illness in the General Population with the K6 screening scale: Results from the WHO World Mental Health (WMH) Survey Initiative. *International Journal of Methods in Psychiatric Research*, 19(S1), pp.4–22.
- Lawton, E., Sandel, M., Morton, S., Ta, L., Kenyon, C. & Zuckerman, B. (2011). Medical-legal partnership: a new standard of care for vulnerable populations. In E. Tobin Tyler, E. Lawton, K. Conroy, M. Sandel & B. Zuckerman (Eds), *Poverty, health and law*. Durham, North Carolina: Carolina Academic Press.
- McDonald, H.M. & Jupp, R. (2024). *Mental distress and experience of legal problems*. Melbourne: Victoria Law Foundation.
- Melbourne Institute of Applied Economic and Social Research. (2024). *Taking the Pulse of the Nation*. Accessed at: <https://melbourneinstitute.unimelb.edu.au/data/ttprn>
- Murphy, C. (2020). Making the Case for Medical-Legal Partnerships: An Updated Review of the Evidence, 2013–2020. Washington DC: National Center for Medical-Legal Partnership, Milken School for Public Health, George Washington University.

References

- OECD/Open Society Foundations. (2019). *Legal Needs Surveys and Access to Justice*. Paris: OECD Publishing.
- Pleasence, P., Balmer, N. & Buck, A. (2008). The Health Cost of Civil-Law Problems: Further evidence of links between civil-law problems and morbidity, and the consequential use of health services. *Journal of Empirical Legal Studies* 5(2), pp. 351–374.
- Pleasence, P., Balmer, N.J., Patel, A., Cleary, A., Huskinson, T. & Cotton, T. (2011). *Civil Justice in England and Wales: Report of Wave 1 of the English and Welsh Civil and Social Panel Survey*. London: Legal Services Commission and Ipsos-Mori.
- Pleasence, P., Buck, A., Balmer, N.J., O’Grady, A., Genn, H. & Smith, M. (2004). *Causes of Action: Civil Law and Social Justice*. Norwich: TSO.
- Pleasence, P., Coumarelos, C., Forell, S. & McDonald, H.M. (2014). *Reshaping legal assistance services: building on the evidence base. A discussion paper*. Sydney: Law and Justice Foundation of New South Wales.
- Pleasence, P. & Denvir, C. (2021). *The Legal Services Board’s Small Business Legal Needs Survey: Researching Legal Capability, Legal Need and the Impact of Covid-19 and Exiting the European Union*. London: Legal Services Board.
- Roy Morgan. (2023). *Public Understanding of Law Survey (PULS) Technical Report*. Melbourne: Roy Morgan.
- Sandefur, R.L. (2007). The Importance of Doing Nothing: Everyday Problems and Responses of Inaction. In P. Pleasence, A. Buck, & N.J. Balmer (Eds.), *Transforming Lives: Law and Social Process*. Norwich: The Stationary Office.
- Tobin Tyler, E., Conroy, K.N., Fu, C-M. & Sandel, M. (2011). Housing: the intersection of affordability, safety and health. In E. Tobin Tyler, E. Lawton, K. Conroy, M. Sandel & B. Zuckerman (Eds.), *Poverty, health and law*. Durham, North Carolina: Carolina Academic Press.
- Tobin-Tyler, E., Boyd-Caine, T., Genn, H., & Ries, N.M. (2023). Health Justice Partnerships: An International Comparison of Approaches to Employing Law to Promote Prevention and Health Equity. *Journal of Law, Medicine & Ethics*. 2023;51(2):332–343.
- University of Canberra Health Research Institute. (2025). *Regional Wellbeing Survey*. Accessed at: <https://www.canberra.edu.au/research/centres/hri/research-projects/regional-wellbeing-survey>
- Victoria Legal Aid (2019). *Client Priority and Capability Policy*. Accessed at: <https://www.legalaid.vic.gov.au/sites/default/files/vla/vla-client-priority-and-capability-policy-28-03-2019.docx>
- World Health Organisation, Commission on the social determinants of health. (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health*. Geneva: World Health Organisation.

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The Public Understanding of Law Survey
is a Victoria Law Foundation project.

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