



MONEY AND  
MENTAL HEALTH  
POLICY INSTITUTE



# BREAKING THE CYCLE

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The case for integrating money and mental health support during the cost of living crisis

Nikki Bond

## Executive summary

- As the cost of living crisis enters a new phase with reduced pressure from energy prices but huge hikes in mortgage rates, it's continuing to take a toll on the nation's mental health, with those of us with mental health problems among the hardest hit.
- In new national polling contrasting the experiences of people who have experienced mental health problems in the past two years versus people who've never experienced mental health problems, we found that those of us with mental health problems are three times more likely to be behind on at least one key payment – like energy bills, rent or credit cards – compared to people without mental health problems (19% compared to 6%). And nearly half (48%) of those who are behind on one or more bills have experienced mental health problems.
- People with mental health problems are also nearly three times as likely to have felt anxious, unable to cope, or filled with dread about receiving communications from their creditors due to rising costs in the past three months (78% compared to 28%).
- Money advice offers a solution to helping those of us experiencing financial difficulties. Yet, too many people fail to get the money advice they need before problems are entrenched. Half (50%) of people who are behind on one or more bill payments have not received any support with their finances in the last two years.
- Many people who are behind on payments are in touch with healthcare services about their mental health. Almost half (46%) of those behind on one or more bills and who have experienced mental health problems have been in touch with primary care services such as their GP for mental health treatment, and 21% have started talking therapy or counselling through the NHS – within the last two years.
- Providing people with money advice when they are being supported by NHS Talking Therapies could double recovery rates for people struggling with depression and debt, from 24% to 51%. It would also increase the recovery rate for people with anxiety and debt from 41% to 53%.
- In England, this would help an additional 27,000 people experiencing depression or anxiety to recover each year.

### Key recommendations

#### The government should:

- Urgently commit to funding integrated money advice services in the NHS Talking Therapies programme – the government's flagship programme for treating mild to moderate mental health problems – and rolling the programme out nationally. Better integration of mental health and money advice services could generate savings to the public purse of £144m in England alone – even when the costs of providing additional debt advice support are factored in. This includes potential healthcare savings of £39m and £105m of wider economic benefits too.

#### To deliver on this promise:

- NHS England should introduce a money worries screening question into the NHS Talking Therapies' initial assessment to identify those in need and link them up with appropriate services.
- NHS England and the Money and Pensions Service should work together to ensure referrals from health services to money advice services are streamlined and routinely offered via face-to-face services, over the phone and online.

## The evolving relationship between the cost of living and our mental health

This paper is the third in our series tracking how the cost of living crisis is affecting our mental health, and specifically the impact on those of us with mental health problems. In June 2022, we found the often drastic changes people were already making to cope with higher prices were negatively affecting their mental health.<sup>1</sup> In our second paper in December 2022, we found that falling behind on key payments like energy bills and housing, and the subsequent contact from creditors, was leaving some people desperate and feeling like they had no way out. This was contributing to often severe distress and even suicidality.<sup>2</sup>

Since December, there has been a somewhat mixed picture. Although the rate of inflation remains painfully high – at 7.9% in May – it has fallen from its peak of 9.6% in October and is expected to fall further.<sup>3</sup> However, the slowdown in price rises has been less rapid than was projected by the Bank of England, with the spiking cost of food a particular pressure point.

The broad support coming directly from the government has fallen and, instead, shifted to a targeted approach for those on the lowest incomes or with disabilities. While energy prices have fallen slightly, another wave of rising costs has begun to hit in the shape of mortgage payments. Mortgage interest rates are rising, and the Financial Conduct Authority (FCA) has warned that 750,000 households risk defaulting on their mortgage in the next two years.<sup>4</sup>

Alongside those moving from fire-fighting energy bills to battling rising mortgage costs, for many households perpetually trapped by low incomes, the struggle to make ends meet is leading to increasing use of food banks.<sup>5</sup> As we move into this new phase, with inflation stubbornly high and much support withdrawn, the cost of living continues to exert pressure on people's budgets and wellbeing. While expectations remain that the pace of inflation will slow over the rest of this year, even then it's set to stay well above target, and high interest rates will affect different households in new ways. For those who have been struggling since the start of – or even before – the ongoing spike in the cost of living, the debts and consequences of difficulties over the past 16 months won't resolve themselves overnight.

Here, we provide an update on how our mental health is being affected as we move into this new phase. Alongside this, recognising the need for urgent action to help those affected by mental health problems and financial difficulties, we explore a concrete way in which support at this crucial moment could be delivered more effectively and inexpensively with cost saving benefits built in.

To explore these questions, we:

- Commissioned YouGov to run a nationally-representative online poll of 2,047 people between 12-13 June 2023, re-running several questions asked in May and November 2022, as well as a selection of new questions to gain insights into different experiences
- Carried out a cost-benefit analysis to assess the difference integrated talking therapies<sup>6</sup> and money advice could make to individuals' recovery rates from common mental disorders like depression and anxiety, as well as the scale of savings to the government.

1 D'Arcy C. A tale of two crises: the cost of living and mental health. Money and Mental Health. 2022.

2 D'Arcy C. Bombarded: reducing the psychological harm caused by the cost of living crisis. Money and Mental Health. 2022.

3 ONS. [Inflation and price indices](#). June 2023 (Accessed: 27/06/23).

4 FCA. [Letter to the Chair of the Treasury Select Committee](#). December 2022 (Accessed: 27/06/23).

5 The Trussell Trust. [Emergency food parcel distribution in the UK: April 2022 – March 2023](#). (Accessed: 27/06/23).

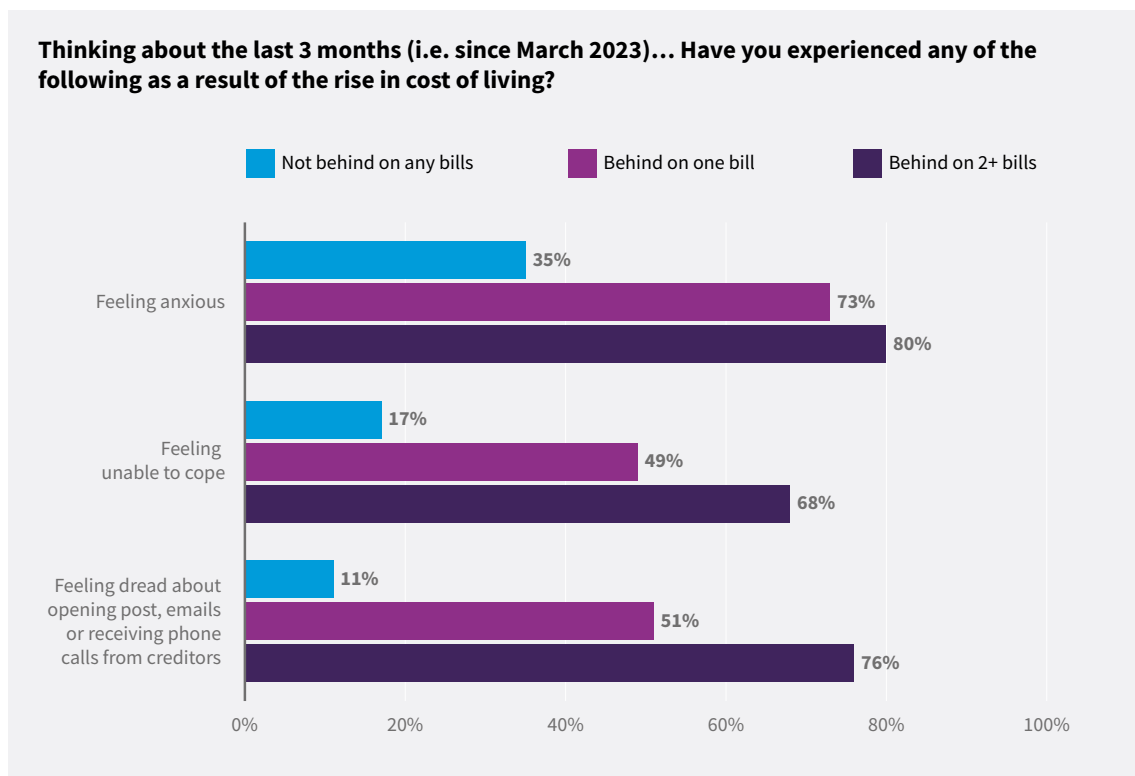
6 NHS Talking Therapies programme introduced in 2008 but previously known as IAPT (Improving Access to Psychological Therapies).

## The mental health toll of the cost of living crisis remains widespread

In November 2022, we asked people how the cost of living had affected their mental health in the preceding three months. In June 2023, we found once again that almost half of people (49%) have experienced negative feelings as a result of the rise in the cost of living.<sup>7</sup> Four in ten (41%) have been anxious and almost two in ten (19%) have felt dread about receiving communication from creditors.

Among those who are behind on one or more bill payments, the share reporting having felt anxious, unable to cope or dread about opening communications from creditors in the last three months rises to 92%.

Figure 1: The cost of living continues to have a negative impact on our mental health



Source: Money and Mental Health analysis of YouGov online polling of 2,047 UK adults in June 2023, 189 of whom have been behind on payments in the last three months.

## The cost of living challenges are pronounced for people with mental health problems

Beyond experiencing financial difficulty, having had a mental health problem within the past two years also appears linked to having faced more psychological distress as a result of the cost of living of late:

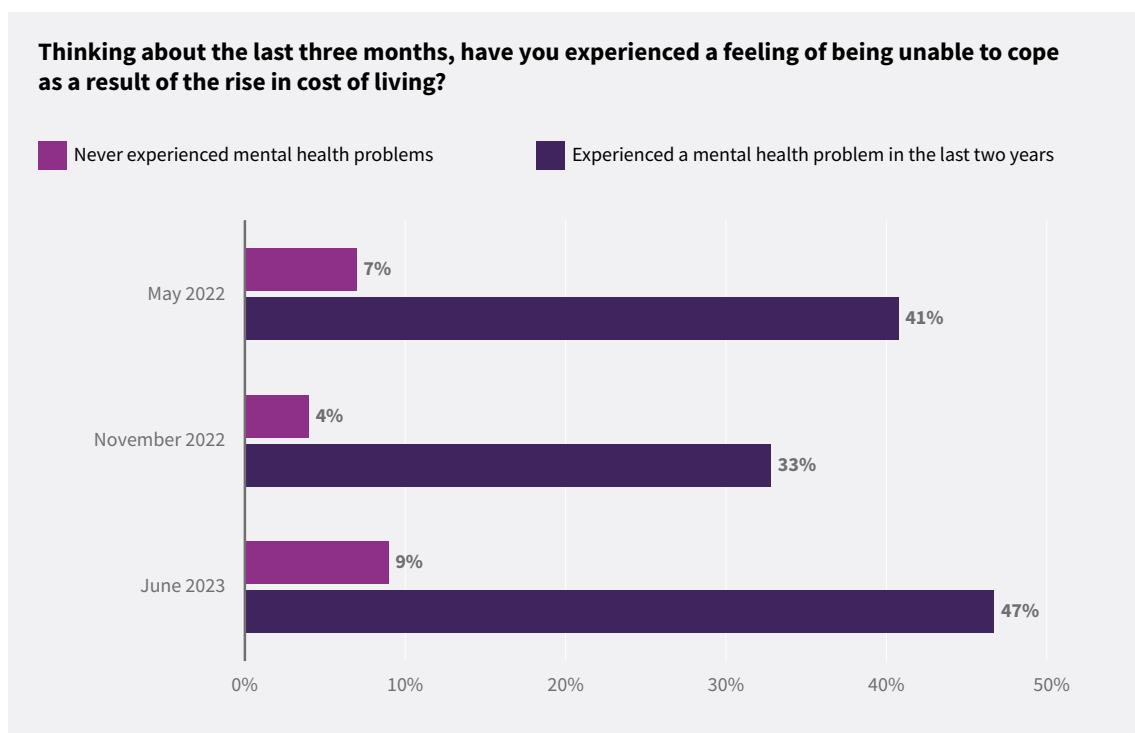
- Two-thirds (68%) of people with recent mental health problems reported feeling anxious due to the rising cost of living

<sup>7</sup> This total also includes those who said they felt dread about opening letters, reading emails or receiving phone calls from creditors.

- Almost half (47%) reported feeling unable to cope
- More than one-third (35%) reported having felt dread about receiving communications from their creditors during the last three months
- Over three-quarters of people with experience of mental health problems in the last two years (78%) have experienced one or more of these feelings.

This evidences a persistent difference between the general population and those with mental health problems, who are twice as likely to report feeling unable to cope due to rising living costs across the polling period from February 2022 to June 2023 (see Figure 2 below).

**Figure 2: The cost of living is having a consistently greater impact on the mental health of people with existing mental health problems**



Source: Money and Mental Health analysis of YouGov online polling of 2,047 UK adults in June 12-13 2023, 2,049 in November 11-14 2022, and of 2,149 UK adults, May 5-6 2022.

Rates of experiencing suicidal thoughts or feelings as a result of the rise in the cost of living have remained relatively static, with 18% of respondents – more than one in six UK adults – reporting suicidal thoughts or feelings due to the rise in the cost of living in June 2023, compared to 17% in November 2022.<sup>8</sup> However, we find stark differences between those with and without mental health problems. While 5% of people who have never experienced a mental health problem have experienced suicidal thoughts or feelings due to the rising cost of living, this increases almost eight-fold to 39% among people who have experienced mental health problems within the last two years. This suggests that people with mental health problems are a group where support – both financial and health-based – should be focused.

<sup>8</sup> It is worth underlining that suicidal thoughts and feelings are very common, and can and do pass. A range of organisations exist to support people who are experiencing thoughts of harming themselves. Contact information for a number of organisations are available on [Money and Mental Health's website](#).

“Assistance with my debts would have helped improve my mental health. I struggled with debt for four years during which time I attempted suicide three times before discovering debt advice – which led to declaring myself bankrupt. Until then my 'solution' to my debts was to take my own life.”

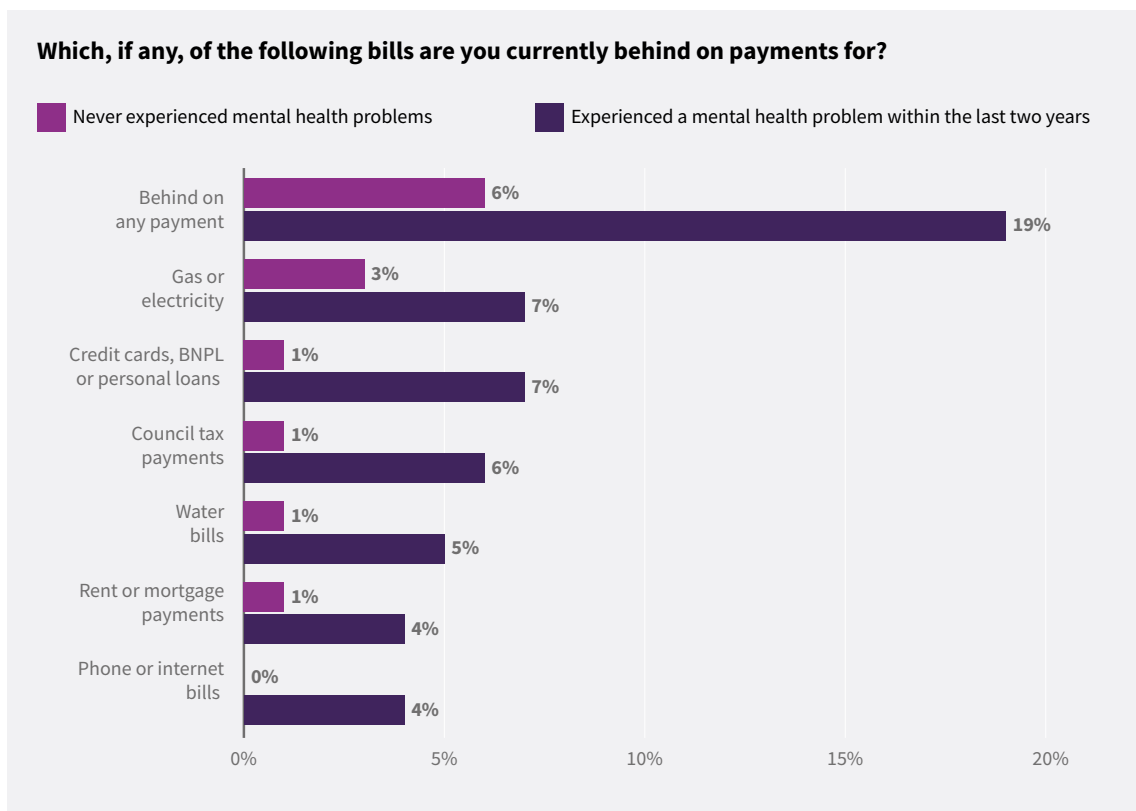
*Expert by experience*

### People with mental health problems are more likely to be behind on bills

Supporting people with mental health problems with their finances is a key way to ease pressure and allow people to focus their energy and efforts on recovery. Our polling found that people with mental health problems are more likely to be behind on bills and therefore in need of support. Among those who are behind on one or more bill payments, such as energy, housing or credit cards, almost three-quarters (73%) have ever experienced a mental health problem, and nearly half (48%) have experienced a mental health problem within the last two years.

As Figure 3 shows, across a range of payments, people with mental health problems are more than three times as likely to be currently behind on payments compared to people without experience of mental health problems.

**Figure 3: People with mental health problems are three times more likely to be behind on a payment.**



Source: Money and Mental Health analysis of YouGov online polling of 2,047 UK adults, 600 of whom had experienced a mental health problem within the last two years.

## The potential of joining up mental health care with debt advice

Money advice offers a solution to those of us experiencing financial difficulties. Yet too many people do not access this vital support before problems become entrenched.<sup>9</sup> Our polling found half (50%) of people who are behind on one or more bill payments have not received any support with their finances in the last two years.

“I lost my house because of money problems and my mental illness – I should have had support to prevent that from happening. Also, if you don't know about what financial support is available, having this combined intervention would really help.”

*Expert by experience*

Our research over the last seven years has established a clear evidence base demonstrating the toxic links between mental health problems and financial difficulties. While these links are not new, the Covid-19 pandemic and the cost of living crisis have brought these challenges to the fore. As the polling outlined above indicates, people struggling with their mental health urgently need support with their finances.

“I didn't realise how much my mental health affected my finances and vice versa. I lived for years in shame and horrific anxiety about money which caused my mental health to spiral. I thought there was no help out there for me and I didn't want to be alive, as I couldn't see a way out of my money troubles.”

*Expert by experience*

But the need for the links between money and mental health to be recognised in how services are designed and delivered has long been flagged by members of our Research Community, a group of 5,000 people with lived experience of mental health problems. There is also a substantial body of evidence (see our methodology note for more detail) that partnerships between primary mental healthcare and advice services work.<sup>10 11</sup> Despite these proven results, integrated services in primary mental healthcare have not yet been delivered nationally nor with long-term sustained investment. This lack of joined-up thinking risks leaving people stuck with money problems and common mental disorders for longer – and misses a vital opportunity to intervene.

### Hiding in plain sight

Our polling confirms the size of the opportunity. Many of those behind on payments are already in touch with healthcare services. Almost half (46%) of those currently behind on one or more bill have been in touch with primary care services, such as their GP, about their mental health, 21% have started talking therapy or counselling through the NHS and 13% have been in touch with secondary mental health care in the last two years.

“If I'm at NHS Talking Therapies stage then life won't be going well and [my] income is probably at risk.”

*Expert by experience*

9 Money Advice Service. Mapping the unmet demand for debt advice in the UK. 2018.

10 Beardon, S. et al. International Evidence on the Impact of Health-Justice Partnerships: A Systematic Scoping Review. University College London. 2021.

11 Beardon, S. and Genn, H. The health justice landscape in England and Wales. UCL Centre for Access to Justice. 2018.

Nearly seven in ten (69%) people we polled who have been supported through NHS-provided talking therapies or counselling have felt anxious as a result of the rising costs of living over the last three months and 42% have felt unable to cope. Four in ten (40%) people who have received support through talking therapies or counselling through the NHS in the last two years report having experienced suicidal thoughts or feelings due to the rise in the cost of living.

Despite mounting pressure about how to meet everyday payments and some falling behind on bills, only one in seven (14%) people who had started receiving talking therapy or counselling through the NHS had received support with their finances in the last two years.

## Revisiting the modelling for recovery rates within an integrated service

In 2021-2022, 1.24 million referrals accessed NHS Talking Therapies.<sup>12</sup> Of these referrals, 50.2% moved to recovery. Past research on people receiving support through talking therapies for conditions like anxiety and depression suggests headline figures such as these mask different outcomes. One important factor in those different outcomes appears to be financial difficulty:<sup>13</sup>

- Among people with depression, those experiencing financial difficulties were 4.2 times more likely to be still experiencing depression 18 months later, compared to those without financial difficulty
- Among people with anxiety, those experiencing financial difficulty were found to be 1.8 times more likely to be still experiencing anxiety 18 months later than those without financial difficulty.<sup>14</sup>

This link between mental health problems and financial difficulties and the consequent drag on recovery is widely accepted in NHS Talking Therapies services.<sup>15</sup>

## Modelling recovery rates for people with financial difficulties

To explore what impact more joined-up support could have, we model how these recovery rates could improve if people in financial difficulty and receiving treatment through NHS Talking Therapies were offered money advice. Our modelling of improved recovery rates in NHS Talking Therapies is based on two core assumptions:

- A quarter of people with common mental health problems are in financial difficulty<sup>16</sup>
- Financial difficulties significantly hold back people's recovery from common mental disorders, to the degree set out above for people with anxiety and/or depression.<sup>17</sup>

In 2021-22, the recovery rate among people with depression was 48.9%.<sup>18</sup> Based on the assumptions above, our analysis suggests that, due to the drag on recovery that financial difficulties can have, recovery rates for people experiencing both depression and problem debt is likely to be just 24%, less than half that of those who have depression but no financial difficulties (57%).

12 NHS Digital. *Psychological Therapies: Annual report on the use of IAPT services, 2021-22*. September 2022

13 Acton R. *The Missing Link. Money and Mental Health* Policy Institute. 2016

14 Skapinakis, P. et al. Socio-economic position and common mental disorders: Longitudinal study in the general population in the UK. *British Journal of Psychiatry*. 2006.

15 NHS. *The Improving Access to Psychological Therapies Manual – version 6*. Updated February 2023.

16 Jenkins R, Bhugra D, Bebbington P, et al. Debt, income and mental disorder in the general population. *Psychological Medicine* 2008; 38: 1485-1494.

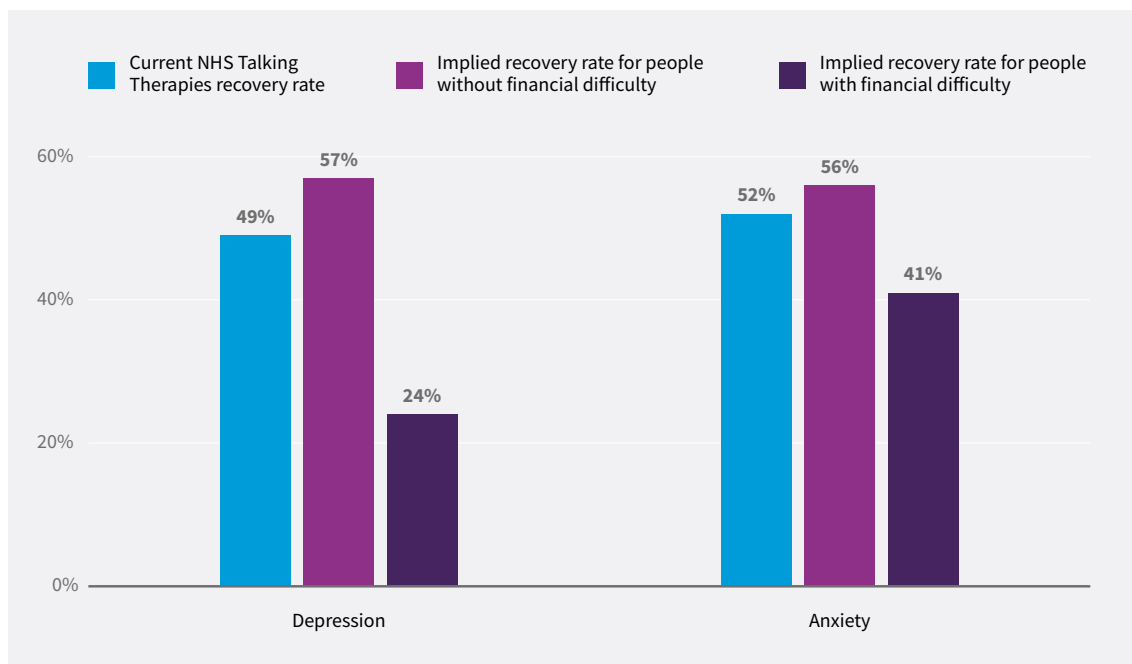
17 Skapinakis, P. et al. Socio-economic position and common mental disorders: Longitudinal study in the general population in the UK. *British Journal of Psychiatry*. 2006.

18 NHS Digital. *Psychological Therapies: Annual report on the use of IAPT services England 2021-22*. September 2023.



In the same period, the recovery rate among people with anxiety was 52.1%.<sup>19</sup> Taking the same approach, our analysis estimates that the recovery rate for people experiencing anxiety and financial difficulty is likely to be 41%. By contrast, the recovery rate is expected to be around 56% for people without financial difficulties. Figure 4 demonstrates the magnitude of the impact of financial difficulties on recovery rates.

**Figure 4: Impact of financial difficulties on NHS Talking Therapies recovery rates**



Source: Money and Mental Health modelling of NHS Talking Therapies recovery rates 2021-2022, based on the assumptions detailed above. For more detail see Appendix.

### How an intervention on financial difficulty could improve recovery rates

Our analysis suggests an intervention on financial difficulty could transform the success rate of the NHS Talking Therapies programme. To model the potential impact of delivering integrated money advice in Talking Therapies, we assume most clients experience a significant improvement in their emotional well-being, with eight in ten people (80%) agreeing they feel more in control of their finances.<sup>20</sup>

We also assume that regaining control of your financial situation reduces the psychological distress caused by financial difficulties, and removing this additional pressure moves an individual with financial difficulties towards a normal likelihood of recovering from their mental health problem.

For the 20% of those with financial difficulties for whom debt advice is ineffective, the recovery rate remains significantly lower. Our analysis suggests that even adjusting for the 20% of cases where

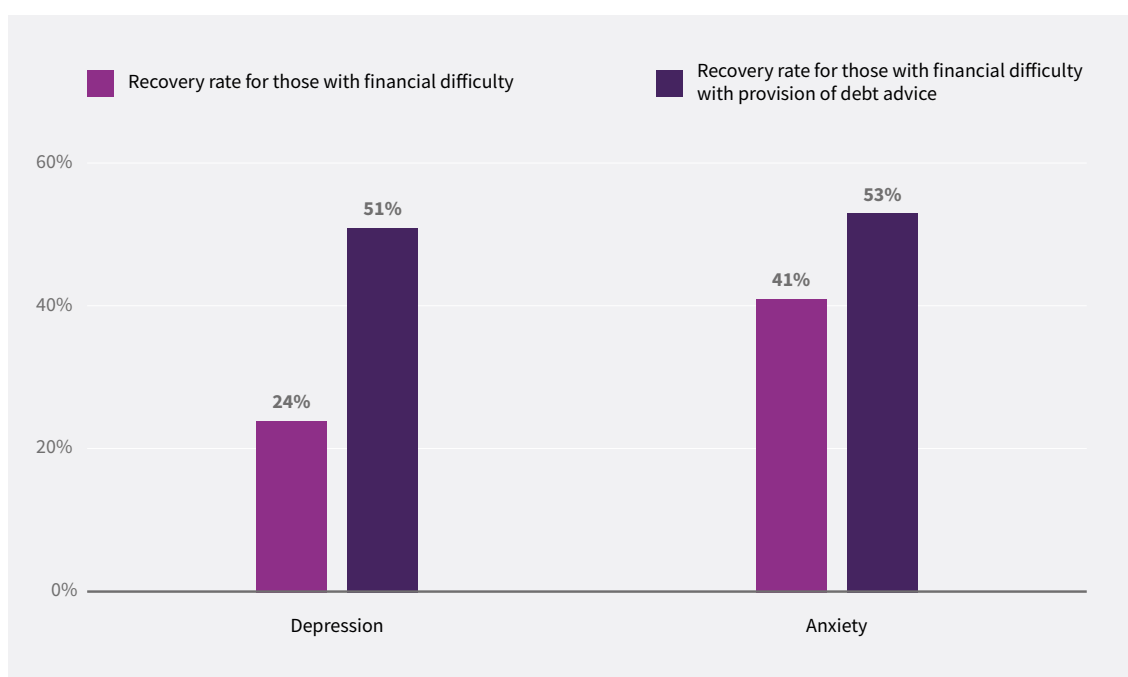
<sup>19</sup> NHS Digital. *Psychological Therapies: Annual report on the use of IAPT services England 2021-22*. September 2023.

<sup>20</sup> O'Brien, C., Willoughby, T., & Levy, R. *The Money Advice Service Debt Advice Review 2013/14*. Optimisa Research. 2014.

financial advice isn't effective,<sup>21</sup> tackling financial difficulty through NHS Talking Therapies would increase recovery rates substantially, as detailed below and illustrated in Figure 5.

- Depression – For an individual with depression and financial difficulties, receiving debt advice more than doubles the likelihood of recovery, from 24% to 51%.
- Anxiety – For an individual with anxiety and financial difficulties, the likelihood of recovery increases from 41% to 53%.

**Figure 5: Modelled recovery rates under the NHS Talking Therapies Programme for people with depression or anxiety and financial difficulty, with and without provision of money advice**



Source: Money and Mental Health modelling of NHS Talking Therapies recovery rates 2021-2022, based on the assumption above. For more details see Appendix.

### Increase NHS overall recovery rates

This modelled intervention would take recovery rates for depression from 48.9% to 55.5%, and for anxiety recovery rates would increase from 52.1% to 55%. Consequently, this would see another 17,000 people with depression and 10,000 with anxiety move to recovery, an increase of 27,000 people in total. Addressing financial difficulties could raise NHS Talking Therapies' recovery rates for depression and anxiety specifically from the current 50.7%<sup>22</sup> to 55.2%.

21 This conditional probability modelling allows us to reflect the fact that debt advice is helpful in many cases, but can't completely solve all problems. In practical terms, this means the modelled recovery rate for those with financial difficulty remains slightly lower than for those without financial difficulty, e.g., depression modelled recovery rates for those with financial difficulty is 55.5% vs 57% for those without financial difficulty. And for anxiety 55% vs 56%.

22 50.7% reflects our analysis of the recovery rates for anxiety and depression alone in 2021-22, and as such differs from NHS Talking Therapies headline recovery rate of 50.2% as it excludes 'other presenting complaints' which make up a small minority of referrals that finish treatment. See Slide 16 of NHS Digital. [Psychological Therapies: Annual report on the use of IAPT services England 2021-22](#). September 2023.

In 2020, we teamed up with Impact on Urban Health and King's College London to deliver a pilot of such an integrated service in South London and Maudsley (see Box 1).

### **Box 1: A combined money advice and psychological therapy intervention in the NHS Talking Therapies programme**

A pilot currently underway in South London and Maudsley (SLaM) NHS Foundation Trust, trialling a combined Talking Therapies and money advice intervention to increase recovery rates in the NHS Talking Therapies programme.

The pilot is being delivered to people with common mental disorders, such as anxiety and depression, receiving High-Intensity Therapy (HIT) in NHS Talking Therapies. Clients are routinely asked about money worries during referrals to Talking Therapy HIT services. Where money worries are identified, clients are directly referred to Citizens Advice for a follow-up appointment with a money advisor. The two services, money advice and NHS Talking Therapies – can then be delivered either concurrently or separately – dependent upon the client's preference.

### **The business case for integrated services**

As a direct consequence of boosting recovery rates, tackling financial difficulty will enable NHS Talking Therapies to deliver patient-centred care to more of those whose needs are the greatest. It would reduce healthcare and productivity costs too.

**Reduce health and social care costs** – Our analysis of a recent LSE paper funded by the Mental Health Foundation<sup>23</sup> finds that working-age people,<sup>24</sup> with ongoing depression cost £3,600 more, and £2,000 more for those with anxiety, in health, social care and informal care costs per year than people without those mental health problems. Improving recovery rates through tackling financial difficulty would mean less spending on health, social care and informal care. Using this analysis, we estimate that increasing recovery rates through tackling financial difficulty would generate health and social care savings of £39 million.<sup>25</sup>

**Increase employment and productivity** – Improving recovery rates would generate additional productivity savings. Our analysis finds that working-age people with ongoing depression cost £4,300 more per year, and for those with anxiety nearly £2,500 more per year, in lost productivity and other intangible costs.<sup>26</sup> This figure is likely to be a significant underestimate as it only includes costs for individuals who are not economically active. We know that ten of thousands of people who access NHS Talking Therapies are in work. Still, they, and the wider economy, will be paying a financial cost due to their mental health problems impacting the type and hours of work they do, progression opportunities,<sup>27</sup> and lost days through sickness absence.<sup>28</sup> Tackling financial difficulty would decrease barriers to work, increase productivity and generate an estimated £105 million in additional economic benefits.

23 McDaid, D. & Park A. The economic case for investing in the prevention of mental health conditions in the UK. London School of Economics. 2022.

24 The age groupings within the original report mean our definition of working-age includes people aged 15-69.

25 Figures based on 2019 analysis by McDaid et al. Overall health and social care and productivity figures updated to 2021/22 prices in keeping with Talking Therapies referral and recovery rate data.

26 McDaid, D. & Park A. The economic case for investing in the prevention of mental health conditions in the UK. London School of Economics. 2022.

27 Bond, N. and D'Arcy, C. Mind the Income Gap. Money and Mental Health Policy Institute. 2020.

28 Bond, N. and Braverman, R. Too ill to work, too broke not to. Money and Mental Health. 2018.

**An intervention that will pay for itself** – Our cost-benefit analysis shows how if the government wholly funded a financial difficulty intervention, it would pay for itself. Tackling financial difficulties through NHS Talking Therapies would generate overall savings to the public purse of £144 million. This is a net saving, taking into account the additional cost of providing money advice.<sup>29</sup> Other advice delivery methods would be even cheaper – and results in an intervention that would both pay for itself and yield long-term savings.

### A future vision of joining up primary mental health care with debt advice

There are various iterations of what integrated money advice in the NHS Talking Therapies Programme could look like, each with different cost implications. Table 1 below illustrates three possible iterations of what an integrated service could look like.

**Table 1: Illustrative example of possible iterations of an integrated service**

Point of identification	Where money advice colleagues are based	Referral route	Delivery comms channel
Screened as part of NHS Talking Therapies routine initial intake assessment	Co-located in NHS Talking Therapies offices	Electronic referral pathway	Face-to-face
	Located at local and national money advice service	Electronic referral pathway via Money Advisor Network (MAN)	Telephone
	National money advice services	Signposted to Money and Pensions Service Money Guider	Online

It's important to note that several excellent money advice in health settings services exist across the country already.<sup>30 31</sup> But these are often plagued by short-term funding arrangements, or remain delivered only in small-scale pilots – despite an abundance of evidence to support their effectiveness and cost benefits to the public purse.<sup>32</sup> Similarly, there are five integral points to the success of delivering the improvements outlined in this report – as detailed below, which set this model apart from other existing services:

29 Using figures published by the Money and Pensions Service, we estimate that each session of debt advice costs £306. The figures used in the calculation are drawn from: MaPS. [Money and Pensions Service update on debt advice commissioning: community-based debt advice in England. 2022.](#) (Accessed: 30/06/23) and MaPS. [MaPS makes changes to debt advice grants in response to increased complexity of client cases in community-based services. 2023](#) (Accessed: 30/06/23).

30 Beardon, S. et al. *International Evidence on the Impact of Health-Justice Partnerships: A Systematic Scoping Review.* University College London. 2021.

31 Money and Pensions Service. *Four ways MaPS helps customers with money and mental health problems.* 2021.

32 Beardon, S. and Genn, H. *The health justice landscape in England and Wales.* UCL Centre for Access to Justice. 2018.

1. **Routine screening** – Some joined-up services already exist, including Money Guider training for Employment Advisors in NHS Talking Therapies and referral to social prescribing services – although these rely on people voluntarily raising financial difficulties as an issue or the matter arising organically during therapy. This approach risks failing to capture the huge numbers of people experiencing financial difficulties accurately. Even in a therapeutic setting, we cannot rely on people experiencing mental health problems to proactively raise financial difficulties with healthcare professionals.<sup>33</sup>
2. **Warm referral by healthcare professionals and proactive outreach on the part of money advice services** – People experiencing common mental disorders like anxiety or depression can struggle with a lack of motivation to take action, social anxiety or fear of approaching services for support.<sup>34</sup> This makes relying on the client to reach out problematic. If healthcare professionals take the first step and make a referral to money advice, this first hurdle can, in many cases, be overcome.
3. **Communication channel choice** – Our cost-benefit analysis is based on modelling face-to-face money advice. This is in recognition of the fact that some people with mental health problems are experiencing complex circumstances which may necessitate face-to-face advice.<sup>35</sup> However, not everyone will need or even want face-to-face money advice, and their advice needs may be met through telephone services or digital routes. Any successful integrated service would, ideally, be able to offer NHS Talking Therapy clients money advice services through a range of communication channels.
4. **Location of money advisers** – We have the advantage of the lessons learnt about opportunities and challenges of embedding Employment Advisors in NHS Talking Therapies. Co-location of money advice staff alongside Talking Therapy professionals has been an integral part of the success of Employment Advisors in NHS Talking Therapy services, facilitating better partnership-working and the flow of referrals between clinicians and employment colleagues.<sup>36</sup>
5. **Choice of the timing of money advice interventions** – People should be given a choice about the point in their Talking Therapies journey they wish to be referred for support with money advice. Some people may want both services to be delivered in tandem; others may prefer to start immediately while on the waiting list. In 2021-22 the mean waiting time for the first treatment in Talking Therapies was 20.9 days, and for the first to second treatment, 42.8 days.<sup>37</sup> Offering people the opportunity to engage with money advice services at this early point may alleviate financial pressure.

33 Only two in ten (22%) people with mental health problems have spoken to a health or social care professional about how their financial circumstances affect their mental health in the last three years.

34 Bond, N & Holkar, M. Help along the way. Money and Mental Health Policy Institute. 2020.

35 Bond, N. Recommissioning debt advice services: meeting the needs of people with mental health problems. Money and Mental Health Policy Institute. 2021.

36 Loveless, L. *Employment Advisors in Improving Access to Psychological Therapies: process evaluation report*. DWP and DHSC Government Social Research. 2019.

37 NHS Digital. *Psychological Therapies: Annual report on the use of IAPT services England 2021-22*. September 2023.

## Recommendations

Establishing and streamlining pathways between NHS Talking Therapies and money advice services is a key way government can begin to tackle the impact of the cost of living crisis on the nation's mental health. We propose the following recommendations to make integrated money advice services in NHS Talking Therapies a reality.

### **The government should urgently fund integrated money advice services in the NHS Talking Therapies programme**

Given the evidence on the links between financial difficulties and mental health problems and the efficacy of an integrated service,<sup>38</sup> what is needed is a national rollout of the service to ensure that people with mental health problems are supported now, amid a cost of living crisis, and in the future too. Recognising the joint health and employment benefits and the £144 million savings to the public purse,<sup>39</sup> the government should direct the The Department of Health and Social Care (DHSC) and the Department for Work and Pensions (DWP) to join forces to fund an integrated service.

### **NHS England (NHSE) should introduce a money worries screening question into the NHS Talking Therapies' initial intake assessment appointment**

Clear clinical screening prompts are set out in the official NHS Talking Therapies manual.<sup>40</sup> Adding a single question on money worries to this data set will help to identify those who need help and nudge people to talk about their financial situation in a healthcare setting. This would break down stigma and overcome feelings of shame experienced by many people with financial difficulty.

The latest Talking Therapies manual acknowledges the well-established link between mental health problems and debt and the drag on recovery that financial difficulties can cause.<sup>41, 42</sup>

However, these acknowledgements do not go far enough; relying on people to proactively raise financial difficulties is insufficient. Adding an additional prompt about money worries is a quick and easy way to identify those in need and link them up with appropriate services.

### **NHSE should collate data on financial difficulties to inform future service delivery**

Positively, social and personal circumstances data is routinely collected as part of the Mental Health Services Data Set via specific data codes. However, this typically only includes a client's religious beliefs and sexual orientation. Limiting this data collection to these factors misses a vital opportunity to identify clients who require holistic support and the factors that impact recovery. Clinically relevant personal financial characteristics should be added to routine data collection. This will also allow the Talking Therapies Programme to assess the scale of financial difficulty across clients and properly

38 Beardon, S. et al. International Evidence on the Impact of Health-Justice Partnerships: A Systematic Scoping Review. University College London. 2021.

39 See Appendix A for a description of the methodology used to complete this analysis.

40 NHS. The Improving Access to Psychological Therapies Manual – version 6. Updated February 2023

41 Ibid.

42 The manual proposes a solution and stipulates that staff should encourage clients to seek free debt advice where this is identified as needed. Healthcare colleagues are pointed towards the Money and Pension Service (MaPS) Debt Advice Locator Tool, which they're encouraged to signpost clients to. Similarly, throughout 2023, Money Guider training by MaPS is being rolled out to Employment Advisors in NHS Talking Therapies services.

consider the extent to which financial difficulty hinders recovery and what additional measures may be required to prevent this.

### **NHSE and MaPS should work together to ensure a streamlined referral process from health services to money advice services which offer clients a range of delivery methods including face-to-face co-located services**

For integrated money advice in healthcare settings to be successful, an effective referral process between healthcare services and money advice services needs to be established. Currently, two such systems have the potential to facilitate this:

- MaPS' debt advice locator tool – Located on MaPS Money Helper website, the tool has a postcode search function that helps people find free debt advice online on the phone or face-to-face and local services near them<sup>43</sup>
- MaPS' Money Advisor Network (MAN) – Similarly located on MaPS Money Helper website, the MAN brings together debt advice providers so people can immediately access free, confidential and independent debt advice. Clients can enter their details via an online service and choose to start on an online debt advice journey, request an immediate callback or schedule a call back within the next two working days.<sup>44</sup>

Both of these systems are designed for people to navigate access to debt advice themselves. Neither referral pathway has been systematically built into the national Talking Therapies programme, and instead rely on clinicians' individual awareness of the services. In recognition that some people with common mental disorders have complex needs and will require face-to-face money advice, as the biggest single funder of debt advice in England, MaPS should complement this suite of referral pathways by also commissioning money advice colleagues in Talking Therapy services.

### **MaPS should work to ensure their suite of services are accessible to people with mental health problems.**

Since 2020 when mental health was made a cross-cutting theme in MaPS' 10-year UK Strategy for Financial Wellbeing,<sup>45</sup> huge efforts have been made to make money advice services more accessible to people with mental health problems. Despite significant progress, there is still a way to go – particularly in some advice sectors and for some groups, such as those of us with severe mental health problems. MaPS should introduce a mandatory requirement when commissioning remote debt advice services that advisers be trained in mental health problems rather than, as the current commissioning stipulates, only in community-based services.<sup>46</sup>

43 Money Helper. [Where to get free debt advice](#). (Accessed: 03/07/23).

44 Money Helper. [What is the Money Advisor Network](#). (Accessed: 03/07/23).

45 MaPS. The UK Strategy for Financial Wellbeing 2020-2030. January 2020.

46 MaPS. Statement of Requirements: Commissioning Debt Advice in England. Lots 1 & 2. July 2021.



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