

Money and Mental Health Response to Money and Pensions Service listening document

Introduction

The Money and Mental Health Policy Institute is working for a world in which the vicious cycle of money and mental health problems is broken, so that we all have an equal chance of financial security, regardless of our mental health; and everyone's mental health can flourish, regardless of their financial circumstances. We aim to be a world-class centre of expertise on the links between money and mental health problems, developing practical policy and solutions, working in partnership with those providing services, those who shape them, and those using them, to find out what really works. Everything we do is rooted in the lived experience of our Research Community, a group of 5,000 people with personal experience of mental health problems. We are delighted to have the opportunity to respond to the Money and Pensions Service listening exercise.

This response covers questions 2-5 and 19-26 on working-age people, and provides a focus on the needs of people experiencing mental health problems, who are highly vulnerable to financial difficulty.

- In any given year, one in four people will experience a mental health problem,¹ and over a lifetime this rises to nearly half the population.² Yet a third (36%) of people with a mental health problem have never been diagnosed by a professional.³
- People with mental health problems are three and a half times as likely to be in problem debt as those without.⁴ Half of adults in problem debt also have a mental health problem.⁵
- People with mental health problems are more likely to be living on a low income.⁶ Only 43% of people with mental health problems are in employment, compared to 74% of the general population and 65% of people with other health conditions. People with mental health problems are also overrepresented in high-turnover, low-pay, part-time or temporary work.⁷

¹ McManus S et al. Adult psychiatric morbidity in England, 2007. Results of a household survey. NHS Information Centre for Health and Social Care. 2009.

² Mental Health Foundation. Fundamental facts about mental health. 2016.

³ McManus Set al (eds.) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. NHS Digital. 2016.

⁴ Holkar M. Mental health problems and financial difficulty. Money and Mental Health Policy Institute. 2019. Derived from Adult Psychiatric Morbidity Survey 2014: covers England only.

⁵ Ibid.

⁶ The Mental Health Taskforce. The Five Year Forward View for Mental Health. 2016.

⁷ Independent Mental Health Taskforce, The Five Year Forward View for Mental Health, NHS England, 2016. Derived from Labour Force Survey; UK wide.



- Mental health problems cause cognitive and psychological symptoms that make money management harder. For example increased impulsivity can affect spending, while low motivation and unreliable memory can make it impossible to stay on top of regular bills. Reduced planning and problem-solving abilities can affect budgeting, choosing appropriate products, and saving, while anxiety or paranoia can make it very difficult to ask for help.⁸
- Mental health and financial problems can form a devastating, self-reinforcing cycle. Over 420,000 people in problem debt consider taking their own life in England each year, and more than 100,000 people in debt actually attempt suicide.⁹

Cross-cutting themes

Question 2. We are required to help those ‘most in need’ and those who are ‘in vulnerable circumstances’. How can we best identify and reach them? What evidence do you have to help us target these groups effectively?

As the figures above demonstrate, people with mental health problems are likely to be among the ‘most in need’ of support, and yet can find that support much harder to access.

People with mental health problems may not ask for support, in part due to the psychological and cognitive difficulties mentioned above which can make communication much more difficult. These difficulties are often compounded by embarrassment, shame or simply not realising that help is available.¹⁰ Some people with mental health problems will benefit from tools and services that can be made available to everyone, without the need for them to disclose a mental health condition or reach out for specific support. These universal services should be designed with the needs of people with mental health problems in mind, to ensure that they are truly accessible. However, people with more severe needs may be more effectively reached through partnerships with other organisations who are better placed to identify and reach out to them with tailored support.

For example health and social care services are often already in touch with people with mental health problems, and want to be able to support them with financial difficulty because they recognise the impact this has on recovery.¹¹ Partnering with mental health services to make high quality money and debt advice available to this group would be a lifeline to many, and an efficient way to reach this group.

⁸ Holkar M. Seeing through the fog: How mental health problems affect financial capability. Money and Mental Health Policy Institute. 2017.

⁹ Bond N and Holkar M. A silent killer: Breaking the link between financial difficulty and suicide. Money and Mental Health Policy Institute. 2018.

¹⁰ Clarke T. Whose job is it anyway: How mental health practitioners help navigate financial difficulty. Money and Mental Health Policy Institute. 2017.

¹¹ Ibid

Once identified, people with mental health problems who are struggling financially should be offered a service that is appropriate to their needs. They may need flexibility and additional support in accessing information and guidance. For example travelling to a public advice centre could be impossible for someone with social anxiety, whereas for someone else disclosing details online could trigger paranoia. Offering a variety of communication channels and flexibility of where and when support is available is crucial to allow this group equal access to the support MAPS is aiming to deliver. It is helpful for advice providers to have had good mental health training, including covering how mental health problems can affect our financial capability and ability to access and utilise support.

These partnership possibilities are explored further in our response to question 21 below.

Recommendations

- MAPS should partner with health and social care services to ensure that high quality money and debt advice is routinely signposted to and easily accessible
- MAPS should ensure that advice services are equally accessible to people with mental health problems. This includes ensuring flexibility in the timing and location of advice, the communication methods available to everyone, and ensuring that advice providers have appropriate mental health training.

Question 3. For each area of our remit, how should we balance maximising impact with 'most in need' and 'vulnerable' groups (even if that means reaching fewer people overall), and reaching as many people as possible (even if that means we have less impact on each individual reached)?

Nearly half of people will experience a mental health problem at some point in their lives,¹² and at that time will be at increased risk of developing financial difficulties.¹³ Because people with mental health problems form such a large proportion of the general population, reaching them need not mean detracting from services available to everyone - in fact we would argue that it is not possible to effectively serve the general population without understanding the needs of this group. This problem should be framed as a question of equal access to existing support, understanding that many of the adaptation that might be needed to increase accessibility and effectiveness for people with mental health problems will be of benefit to everyone.

Some types of support in avoiding financial difficulty can be provided through self-service tools that are equally helpful for someone who is well as for someone with a mental health problem, such as budgeting apps, browser plug-ins to help control online spending, or opt-in spending

¹² Mental Health Foundation. Fundamental facts about mental health. 2016.

¹³ Holkar M. Mental health problems and financial difficulty. Money and Mental Health Policy Institute. 2019. Derived from Adult Psychiatric Morbidity Survey 2014: covers England onl

alerts and controls. While these can improve financial outcomes to everyone, due to the fluctuating nature of mental health problems, putting these kinds of personalised mechanisms in place early can prevent problems arising when someone becomes unwell later on.

When additional support is needed to access services and guidance, this need not necessarily mean a whole extra service diverting lots of resources from mainstream services, but simply a question of alterations to allow equal access. For example, for someone with social anxiety, travelling to a public advice centre for face to face advice could be impossible, whereas for someone else disclosing details online could trigger paranoia. Simply having a variety of communication channels available would meet both of these needs by allowing people choice and flexibility - which would also help to meet the needs of those who are digitally excluded, time poor or with mobility issues. For some people with more severe mental health problems, extra support might be needed to access a mainstream service, for example through the provision of a trusted link worker or peer support worker who could book appointments, remind someone about them and even attend alongside them. This could be arranged through effective collaboration with mental health services.

Recommendations

- MAPS should work with banks and fintech firms on the development of technologies that make it easier for anyone to manage their money, including people with mental health problems, such as budgeting apps, browser plug-ins to add friction and help control online spending, or opt-in alerts and controls that banks could provide. These should be developed in partnership with people with experience of mental health problems.
- MAPS should ensure that mainstream advice services are also equally accessible to people with mental health problems. This includes ensuring flexibility in the timing and location of advice, the communication and access methods available to everyone, and the possibility of working in partnership with mental health services when extra support to access advice is needed.

Question 4. How should we balance Money and Pensions Service resources between preventing financial difficulties occurring in the first place, and helping people who are in need or crisis right now?

The provision of urgent support for those who have already developed a financial problem is always going to be a core part of MAPS work. However the need for it can be reduced if preventative measures are targeted efficiently. Identifying the right moment to offer preventative guidance and advice, and making it accessible to those who could benefit most is crucial in making this support efficient.

A large proportion of people experience a mental health at some point, and at that time will be at increased risk of developing financial difficulties. They are a crucial group to target for both preventative and remedial support. Targeting people with mental health problems for support at an early stage can help prevent some of the most severe financial problems from arising later on. This fits neatly into a public health approach to financial difficulty, since avoiding financial difficulty will also help avoid the spiralling of mental health problems, in a virtuous cycle. People with depression who are also in financial difficulty are 4.2 times more likely to still have depression when contacted 18 months later than people without financial difficulty. For those with anxiety, having financial difficulties means you are 1.8 times more likely to still be experiencing anxiety 18 months later than if your finances were sound.¹⁴

Our research has shown that public health authorities are currently more likely to consider financial difficulty as being within their remit than Clinical Commissioning Groups, although both should consider it when developing their Joint Strategic Needs Assessment.¹⁵ Working together with these organisations could help MAPS target their preventative work at a population who stand to benefit from advice even if they have not yet developed a financial problem, and who without advice, are highly likely to find themselves in severe financial difficulty.

To strike a balance between prevention and helping people who are in immediate need, these partnerships must also include mental health services directly, who are already in contact with this group people. They are well placed to refer people for both preventative and crisis support, and can also offer advice on ensuring that existing services are made truly accessible for people with mental health problems, who might otherwise struggle to access a mainstream service.

To complete this cycle of support, once someone with both mental health problems and financial problems has accessed help with a financial problem, this support should be tailored to help them prevent it occurring again. This could include:

- Looking at the reasons for the problem arising, including in the context of problematic behaviours caused by mental health problems, such as avoidance or impulsivity
- Helping the person build financial resilience and capacity
- Putting in place simple contingency planning, such as consent and mechanisms for a third party to access essential services accounts, or spending alerts and controls through a bank.

¹⁴ Skapinakis P, Weich S, Lewis G, et al. Socio-economic position and common mental disorders: Longitudinal study in the general population in the UK. *British Journal of Psychiatry* 2006; 189: 109-17.

¹⁵ Clarke T, Acton R and Holkar M. The other one in four: How financial difficulty is neglected in mental health services. Money and Mental Health Policy Institute. 2016.

Recommendations

- MAPS should work closely with public health and mental health commissioners and service providers to support people with mental health problems to access preventative and crisis financial advice. This work should also focus on ensuring such advice is truly accessible to people with mental health problems.
- When people with mental health problems access crisis advice, planning for relapse prevention should be built into the intervention from the start.
- Prevention planning for people with mental health problems should include looking at what options are available when it comes to tools like spending controls, budgeting support and third party access to accounts.

Question 5. How should we facilitate the improvement of quality, efficiency and capacity within the money guidance, financial capability, debt advice, or pensions guidance sectors?

Improving quality and capacity within money guidance and debt advice services would be hugely beneficial for people with mental health problems. As we know that people with mental health problems are more likely to be in financial difficulty, but also less likely to be able to access advice in a timely way, getting the right, accessible support to them at the right time should improve the efficiency and effectiveness of services too. Ensuring that effective money and debt advice reaches people with mental health problems will also improve efficiency and effectiveness of those services, bringing broader savings to the NHS and efficiencies in other public spending.

Our analysis of the main NHS talking therapies programme (IAPT) found that the recovery rate for people with both depression and problem debt is likely to be just 22%, less than half that of those who have depression but no financial difficulties (55%). For those with anxiety and debt, the recovery rate is likely to be just 38%, compared to 52% for those with just anxiety. We modelled the likely impact of routine screening for financial difficulty and signposting to integrated money advice within IAPT; across the programme overall, the intervention would likely improve the recovery rate for depression to 53%, and would raise the recovery rate for anxiety disorders to 52%.¹⁶ As well as financial difficulty acting as a drag on mental health recovery, mental health problems in turn make accessing debt advice and tackling financial problems significantly harder. Integrating mental health services and money advice is likely to both improve mental health recovery rates and the effectiveness and efficiency of money advice.

¹⁶ Acton R. The missing link: How tackling financial difficulty can boost recovery rates in IAPT. Money and Mental Health Policy Institute. 2016.

Our modelling estimates that increasing mental health recovery rates through tackling financial difficulty would generate healthcare savings of at least £2.4 million, decrease barriers to work, increase productivity and generate at least £105 million in additional economic benefits. This takes the total savings to £108 million, with savings of £61 million for people with depression alone.¹⁷ A sensible next step would be to build the evidence base for the effectiveness of integrated money advice within IAPT by supporting a pilot, evaluating the effects both on clinical outcomes and on the effectiveness and cost efficiency of advice.

More broadly, the needs of people with mental health problems must be considered in any attempts to improve quality, since this is a group who are particularly vulnerable, and particularly struggle when services do not have enough capacity or fail to meet their specific needs. Meeting their needs at an early stage can prevent more serious problems arising, therefore improving efficiency and effectiveness.

Debt advice is extraordinarily effective not only in resolving debt issues but in reducing associated stress and mental health problems. However people with mental health problems can struggle to access mainstream advice services for various reasons such as:

- **Long waiting times:** people with mental health problems may have left it very late to access appropriate support, for example due to anxiety or poor motivation, and may be in urgent need. They may also lack the mental space needed to plan ahead and book appointments, then remember to attend.
- **Location:** people with mental health problems may struggle to travel or to access busy public places, for example due to anxiety or motivational problems. They may need to receive support in a familiar environment such as a GP practice, at home, or may just need a supportive person to attend appointments with them and help them remember important details.
- **Communication methods:** for some people using the internet may cause paranoia, whereas for others picking up the phone might cause paralysing anxiety. It is crucial that a variety of ways of communicating are available to allow people with a wide range of very specific needs to have equal access. This should include facilitating communications from third parties such as health professionals or family and friends, with consent from the person involved, for example to set up appointments, in case the person is unable to communicate directly.
- **Unstable funding:** projects are often only funded in the short term, making it difficult for local people, including health practitioners, to build up familiarity with what is available. This particularly impacts on people with mental health problems who may need more encouragement to attend, from a mental health professional who knows what services are available and can recommend them as high quality, and maybe even secure an appointment for them. With pilot projects appearing and disappearing within one or two years it is hard for professionals to build up working relationships and

¹⁷ Acton R. The missing link: How tackling financial difficulty can boost recovery rates in IAPT. Money and Mental Health Policy Institute. 2016.

knowledge of local services in order to support people with mental health problems to access them.

Addressing these issues would improve the quality and effectiveness of debt advice for all clients, but with a particularly benefit for those who are likely to be struggling the most as a result of their mental health.

Recommendation

- MAPS should ensure that money guidance and debt advice is made accessible to people with mental health problems. This should be done in partnership with health and social care authorities to:
 - Ensure a variety of communication options are available to everyone. This includes provision for a variety of locations of face to face advice, such as home visits or co-location with health services.
 - Ensure urgent appointments can be made available for people in financial crisis
 - Facilitate communication with carers and professionals involved with an individual, accepting information from them, and working in partnership where appropriate.
- MAPS should support a pilot of money advice integrated within the Improving Access to Psychological Therapies programme.

Question 19 and question 23. Do you agree with our analysis of the issues?

We agree with your analysis and would like to reiterate some of the particular impacts on people experiencing mental health problems raised earlier in our response.

- In any given year, one in four people will experience a mental health problem,¹⁸ and over a lifetime this rises to nearly half the population.¹⁹
- People with mental health problems are three and a half times as likely to be in problem debt as those without.²⁰ Half of adults in problem debt also have a mental health problem.²¹
- Mental health problems cause cognitive and psychological symptoms that make money management harder. For example increased impulsivity can affect spending, while low motivation and unreliable memory can make it impossible to stay on top of regular bills. Reduced planning and problem-solving abilities can affect budgeting, choosing

¹⁸ McManus S et al. Adult psychiatric morbidity in England, 2007. Results of a household survey. NHS Information Centre for Health and Social Care. 2009.

¹⁹ Mental Health Foundation. Fundamental facts about mental health. 2016.

²⁰ Holkar M. Mental health problems and financial difficulty. Money and Mental Health Policy Institute. 2019. Derived from Adult Psychiatric Morbidity Survey 2014: covers England only.

²¹ Ibid.

appropriate products, and saving, while anxiety or paranoia can make it very difficult to ask for help.²²

Some financial products, notably insurance and credit, can be even less available and affordable for people with mental health problems, leaving more limited options to deal with unexpected costs or life events that can lead to financial difficulty. Our research found that people with mental health problems are routinely charged extremely high premiums for products like travel insurance, denied cover, or offered cover that excludes their mental health. As a result, many people go without this cover - leaving them exposed to potentially very high costs should something go wrong and weakening financial resilience.²³

However, it is not only affordability of and access to financial products and services that matter, but how appropriate they are. Mental health problems can impair our ability to make wise choices and control impulses at certain times, so easy access to credit is not always a good thing. For example increased spending is one of the diagnostic criteria for bipolar disorder, which can quickly result in escalating debts. MAPs has a role in influencing good product design, and this should include considering ways that friction can be built into processes for spending or taking out new credit, supporting those who struggle with impulse control to limit financial harm. MAPS could also focus on making available fintech tools that help people manage their money more generally, such as budgeting apps and opt-in spending alerts and controls.

When it comes to consumer engagement with support, people with mental health problems are particularly at risk of failing to engage until it is too late, for example due to issues with motivation, difficulty communicating, or because of the double stigma of having both a mental health problem and financial difficulties. If support was targeted to people experiencing mental health problems at an early stage this could prevent both financial and mental health problems from spiralling.

The fragmentation and inconsistency of existing support is also particularly detrimental to people with mental health problems, who may be more reliant than others on needing an introduction to an advice service from another professional who can recommend it. For example a mental health professional wanting to signpost an individual towards debt advice would not be able to quickly and easily link that person in to a service they trust if they are in an area where services have changed very regularly.

Recommendations

²² Holkar M. Seeing through the fog: How mental health problems affect financial capability. Money and Mental Health Policy Institute. 2017.

²³ Holkar M. Travel insurance and mental health: a turbulent journey. Money and Mental Health Policy Institute. 2018.

- MAPS should keep the needs of people with mental health problems at the forefront of their analysis, particularly when working with partners to develop products and services.
- MAPS should routinely collect data on how people with mental health problems use their services and those they commission, and use this data to improve practice and push for improvements across the sector from partners, firms and regulators.

Question 20 and 24. Are we focusing on the right outcomes?

The outcomes identified in the listening paper are:

1. An increase in the number of people in the working-age population saving regularly
2. A decrease in the number of people in the working-age population relying on credit for everyday essentials
3. At least 500,000 more people are accessing free debt advice every year by 2023
4. 32% of people, a few months after receiving debt advice, report that they are still missing payments on their bills or credit commitments by 2023.

We agree with these outcomes, and note that they would be particularly helpful for people with mental health problems. However, given the increased likelihood that people with mental health problems will be in problem debt, and the difficulties many have accessing advice, we suggest that two additional outcomes could be:

3. An increase in the proportion of people accessing free debt advice who have mental health problems
4. A decrease in the proportion of people with mental health problems who are in financial difficulty.

Targetting these additional outcomes would safeguard against the risk that achieving outcomes one to four increases the inequality between those with mental health problems and those without, by targetting the 'easiest to serve' and leaving more vulnerable groups behind.

Recommendations

- MAPS should ensure that its strategy does not increase the inequality in outcomes between those with mental health problems and those without. This should include targetting specific outcomes to improve the financial lives of people with mental health problems and other groups who services currently struggle to reach.

Questions 21 and 25. Have we highlighted the right priorities for action?

We welcome the intention to focus on the three main areas identified, namely:

- MAPS' funded services covering guidance and debt advice;
- Partnering through UK-wide, or national-level, solutions under the National Strategy; and,
- Partnering through local partnerships pursued under the National Strategy, but with significant seed funding from MAPS' budget.

Support to avoid financial difficulty when someone is experiencing a mental health crisis can be crucial to avoid bigger problems developing. We therefore welcome this more preventative approach to funded guidance and debt advice.

People can often feel the double stigma of having both a mental health problem and financial difficulties, and often do not, or cannot, ask for support until financial issues have reached a crisis point. We agree that partnerships will be crucial in reaching out to this group and ensuring that they have access to effective services. Partnering with essential services firms, employers and providers of mental health services will be particularly helpful, which requires a mix of national and local partnerships.

Essential services firms

We particularly welcome the plan to commission and test a publicly funded fintech intervention intended to support people with low financial capability and mental health problems with making financial decisions. New tools, settings and processes made possible by technological innovation in financial services, and facilitated through Open Banking have the potential to make financial management easier and less stressful. This is particularly helpful for people experiencing a mental health problem, who are one of the most economically disadvantaged groups, in reducing the burden of financial management, helping them stay on track and avoid problems, including a worsening of mental health problems.²⁴

In partnering with firms on fintech, we would highlight that any fintech intervention needs to find a balance between making financial management easier, but allowing enough friction to remain so that people stay in control. This means making it easier to budget and save, but not necessarily easier to spend money on purchases that people might want to think twice about, for example through voluntary spending limits or gambling blocks. Such interventions could be seen as providing reasonable adjustment practices for consumers with mental health problems under the Equality Act 2010, and framing it in this way could help address any gaps currently left by commercial providers.

²⁴ Evans K and Acton R. Fintech for good: How financial technology can support people experiencing mental health problems. Money and Mental Health Policy Institute. 2017.

We would also welcome fintech interventions in the preventative arena. This could include service providers using open banking data or artificial intelligence to help people identify their own particular financial triggers or problematic patterns of spending, in order to alert people early that they are at risk of financial difficulty, and offer appropriate support. This work needs to bear in mind the need for sensitivity and guidelines around consent, and the limits of responsibility when it comes to mental capacity.

Recommendations

- MAPS should ensure funding for developing fintech in partnership with essential service providers is protected.
- Any fintech solutions developed should bear in mind the aims of making it easier for people to identify problems at an early stage, and to manage and control their money, rather than making it easier to spend it.

Employers

Partnering with employers also promises rich opportunities to improve the provision of money and pensions guidance to people with mental health problems, and to balance this by also supporting people who might otherwise develop mental health problems as a result of financial difficulty.

Over two thirds (67%) of employees who are struggling financially report at least one sign of poor mental health that could affect their ability to function at work. These include loss of sleep, poor concentration, and reduced motivation. This can begin another vicious spiral, with financial difficulty driving mental health problems and poor performance at work, which in turn affects our mental health and can lead to further financial problems. Ultimately, 300,000 people with a longterm mental health condition lose their job each year.²⁵

Supporting people to stay in work, by helping them stay financially buoyant, would address this productivity gap, reduce demands on the state and offer additional economic capacity.²⁶ Employers also stand to benefit from helping employees to build financial resilience, reducing stigma, and partnering with money advice services and we would recommend that MAPS partner with them to help build workforce resilience.

Recommendation

²⁵ Farmer P and Stevenson D. Thriving at work: The Independent review of mental health and employers. 2017.

²⁶ Evans K, Holkar M and Murray N. Overstretched, overdrawn, underserved: financial difficulty and mental health at work. Money and Mental Health Policy Institute. 2017.

- We recommend that MAPS partner with employers to help build workforce resilience to financial difficulty, for example through making it acceptable to ask for help, making guidance and information easily and discreetly accessible via an employer and supporting the development of products such as workplace savings and debt consolidation tools.

Health and social care providers and commissioners

The listening paper mentions local area organisations bringing together local support agencies, community groups, financial services providers and employers. We welcome integrated working on this subject, and would like to see this commissioned in partnership with local public health authorities, and health and social care commissioners, particularly those working in mental health.

As covered in response to question five, NHS mental health services have a critical interest in this area due to the impact of financial difficulty on people's ability to recover from mental health problems. However, despite the evidence for the positive impact of advice on recovery rates, our research found that only a third (35%) of those who had experienced financial difficulty while accessing secondary mental health services were asked about their finances, and only one in ten (11%) received an onward referral for help.²⁷

Our in-depth research with mental health practitioners found that, although they recognise the crucial role of money advice in supporting people to recover from a mental health problem, practitioners do not feel well equipped to either provide advice directly or often to effective signpost. This is due to lack of specialist knowledge, access to resources, and practicalities, like having the clinical time available to do so.²⁸ Due to the population they serve, mental health practitioners are uniquely well placed to identify people at risk of financial difficulty, or who are already in problem debt. However they are not necessarily best placed to provide money advice directly, which is a complicated and regulated activity that could take away valuable clinical time currently spent using existing skills to help with mental health problems.

When it comes to training practitioners in financial capability, we have concerns about the workload of already stretched and highly trained healthcare practitioners to take on this extra level of expertise and work. A better use of existing practitioners' skills and limited time is to ensure they can identify problems and signpost to effective help from qualified and regulated money and debt advisers. This can also currently be problematic as people with mental health problems may struggle to access mainstream advice services due to symptoms like poor

²⁷ Money and Mental Health survey of 425 people with lived experience of accessing mental health services during a time when they were in financial difficulty. Base for this question: 333.

²⁸ Clarke T. Whose job is it anyway? How mental health practitioners help navigate financial difficulty. Money and Mental Health Policy Institute. 2017.

memory, low motivation or social anxiety that make it harder to book, wait for, and attend an appointment.²⁹

Joint commissioning can resolve some of these difficulties by ensuring smooth care pathways are in place. This will also avoid pitfalls such as lack of staff-capacity, duplication of work, and lack of local knowledge.

Our research has shown that public health authorities are currently more likely to consider financial difficulty as being within their remit than Clinical Commissioning Groups.³⁰ A public health approach makes sense in this area since it takes a preventative approach that complements MAPS' aims to intervene early to prevent the most vulnerable from requiring even more support later on. However, to strike a balance between preventing financial difficulties occurring in the first place, and helping people who are in immediate need, these partnerships must also include mental health services directly, who are already in contact with this group of people.

We also welcome the focus on increasing the supply of high-quality debt advice and on efficient and effective client journeys. To ensure that the debt advice experience is effective for all clients, we also recommend that MAPS ensures that existing and new advice is made accessible to people with mental health problems, who are among the most in need, and stand to benefit highly from advice. Our answer to question five explores in more depth how that could be achieved.

Recommendations

- Partnerships with local support agencies should be approached through joint commissioning with public health agencies and mental health service commissioners.
- Partnerships should focus on making it easier for people with mental health problems to access existing qualified advisers, for example through co-locating advice services within NHS health services, or through providing a link worker who can support someone with a mental health problem to access mainstream money advice provision.
- Training for mental health practitioners within such partnerships should focus on recognising where financial difficulty may be an issue or may in the future become an issue, and signposting towards appropriate support from qualified and regulated money advice providers.

²⁹ Holkar M. Seeing through the fog: How mental health problems affect financial capability. Money and Mental Health Policy Institute. 2017.

³⁰ Clarke T, Acton R and Holkar M. The other one in four: How financial difficulty is neglected in mental health services. Money and Mental Health Policy Institute. 2016.



- In increasing the supply of high quality debt advice, MAPS should have regard to ensuring this is made accessible to people with mental health problems, so as to reduce the inequality in outcomes experienced by this group.

Question 22 and 26. Should we seek to influence the wider policy and regulatory context, and in what areas?

Wherever MAPS comes across regulatory and policy issues that could affect people's ability to engage with money and debt advice or could reduce financial capability, they should highlight these to influence the wider policy and regulatory context. This is similar to the way that the Financial Conduct Authority has been highlighting issues such as how the advice perimeter makes it difficult for social housing providers to signpost people to low cost credit.

One example of an area where this could be particularly helpful is seeking to ensure that the FCA's guidance on vulnerability is informed by an understanding of financial capability in more vulnerable groups. Our research has shown clearly that mental health problems can affect our financial capability by reducing our ability to weigh up complex information, use some communication channels or control our impulses. MAPS could use its understanding of financial capability to lobby for FCA guidance to consider the need for adjustments like clear and accessible information, multiple communication channels, or products and tools that add optional fiction to processes like lending and shopping.

Where MAPS decides to partner, either locally or nationally, on the delivery of services and support, it would be helpful to also seek to influence the wider policy context that can limit the potential for these partnerships. For example, MAPS may wish to influence NHS England or Public Health England guidance to ensure that local health commissioners are encouraged to explore these partnership opportunities.

Recommendations

- MAPS should be prepared to use its influence to shape the policy and regulatory landscape where this limits its ability to effectively deliver its strategy (for example, the ability to form partnerships), where there has the potential to affect people's ability to engage with MAPS' work (for example, ensuring that a referral into money advice is part of the process for those using the mental health access mechanism for the Breathing Space scheme), or where sharing MAPS' understanding of financial capability could improve broader policy or regulatory outcomes.