

Appendix A: Methodology

This note outlines the methodological approach taken in Money and Mental Health’s 2023 report, *Breaking the Cycle: The case for integrating money and mental health support during the cost of living crisis*, by Nikki Bond.

A.1 Research design

This research project consisted of the following:

- National polling by YouGov of 2,047 people, carried out between 12-13 June 2023, about their experiences of money and mental health during the cost of living crisis.
- Modelling current recovery rates in NHS Talking Therapies
- A cost-benefit analysis of an integrated money advice and Talking Therapies service

Further details on each component of the research are provided below.

A.2 National polling

Between 12-13 June 2023, YouGov conducted a nationally-representative online poll of 2,047 people, re-running several questions asked in polling conducted in May and November 2022, as well as a selection of new questions to gain insights into different experiences. In total, 989 people with lived experience of mental health problems responded, representing 49% of all respondents.

Bases

On all questions and responses used in the report, all respondents - both with and without mental health problems - were eligible to respond, with a small minority in each question answering “Don’t know” or “Prefer not to say.” The bases for sub-groups are provided below.

Respondents who had experienced mental health problems within the last two years (i.e. since June 2021)	577
Respondents who had accessed support through primary care services for mental health treatment in the last two years (net support from GP and medication prescribed by a healthcare professional)	372
Respondents who had experienced suicidal thoughts or feelings in the last 16 months as a result of the rise in the cost of living (i.e. since February 2022)	340
Respondents who are behind on one or more payment	191
Respondents who had started talking therapies or counselling through the NHS for mental health treatment in the last two years (i.e. since June 2021)	159

A.3 Modelling current recovery rates

Our modelling brings together several independent pieces of evidence to consider the likely rates of recovery from common mental disorders (specifically depression and anxiety) for those with and without financial difficulty. This approach builds on that taken in our 2016 report by Acton R. [The missing link](#) – which explored how tackling financial difficulty could boost recovery rates in NHS Talking Therapies.

Our assumptions and their sources are listed below.

1. Currently, 48.9% of Talking Therapy patients recover from depression following treatment, as do 52.1% of patients with anxiety and stress-related disorders. – Source: [NHS Digital. Psychological Therapies: Annual report on the use of IAPT services England 2021-22, Slide 16](#). September 2023.
2. 25% of people with a common mental disorder also experience financial difficulty – Source: [Jenkins R et al. Debt, income and mental disorder in the general population](#). Psychological Medicine 2008; 38: 1485-1493.
3. Of people with depression, those who also experience financial difficulties are 4.2 times more likely to be experiencing depression 18 months later than those who do not experience financial difficulties. Of people with anxiety, those who also experience financial difficulties are 1.8 times more likely to experience anxiety 18 months later than those who did not experience financial difficulty. Source: 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.

We use the odds ratios presented in assumption 3 to calculate predicted recovery rates for those with and without financial difficulty across NHS Talking Therapies within the constraints of the total recovery rates and prevalence of financial difficulty expressed in assumptions 1 and 2.

This calculation provides us with the implied recovery rates described in the report. We find that 24% of people with depression and experiencing financial difficulty will be symptom-free in 18 months, compared to 57% of those without financial difficulties. For anxiety, 41% of those with financial difficulties will be symptom-free 18 months after first being surveyed, while 56% of those without financial difficulty will have recovered.

The odds ratios presented in assumption 3, which give the likelihood that an individual will have recovered 18 months after their first interview, do not control for treatment. In the modelling described above, we assume that as NHS Talking Therapies currently doesn't treat the underlying causes of financial difficulty, the distribution of recovery across those with and without financial difficulty is determined by this odds ratio.

A.3 Cost-benefit analysis

From the recovery rate modelling described above, we undertook a brief cost-benefit analysis of funding debt advice with NHS funds. This analysis is based on the following assumptions and the recovery rates derived through the analysis described above.

- **Four out of five people (80%) felt more in control of their financial situation following face-to-face debt advice.** We assume that a feeling of greater efficacy resolves the psychological distress associated with financial difficulty. Source: Optimisa research, [The Money Advice Service Debt Advice Review 2013/14](#), August 2014, Pg. 28.
- **Face-to-face advice costs £306 for a single appointment, which is usually sufficient to provide a solution.** The Money and Pensions Service (MaPS) commits £30 million annually to fund community-based debt advice, which includes face-to-face provision. This funding is intended to serve at least 97,920 clients. We, therefore, divide £30,000,000 by 97,920 clients to arrive at a total of £306 per debt advice provision. Source: MaPS. [Money and Pensions Service update on debt advice commissioning: community-based debt advice in England](#) and [MaPS makes changes to debt advice grants in response to increased complexity of client cases in community-based services](#).
- **The average annual expenditure per person with depression in the UK in 2019 was £9,637.62.** This included costs across all age groups for mental health care, primary care, social care, education, informal care, productivity loss and intangible costs. We arrived at this figure by dividing the total spending on depression by the number of people with depression. Source: McDaid, D. & Park A. [The economic case for investing in the prevention of mental health conditions in the UK](#). London School of Economics. 2022. Tables 6 and 3. Pages 52 and 49.
 - Individual spending category costs (mental health care, primary care, social care, informal care, education, intangible costs, and productivity loss) by each condition are not included within the paper. Therefore, to understand the total spend by mental health condition for each spending category, we took the per person spend on depression (£9,637.62) divided by the total amount spent on mental health conditions in England which totalled £1.8 billion (Table 4), to get a percentage to work out the individual spending category cost for depression.
 - To understand the individual cost for those of working age, we used ages 15 to 69 as a proxy for working age. Due to the way ages were split - under 5, 5-14, 15-49, 50-69, 70+ - this was the best approximation of the working-age population. We took the total annual cost in England of spending on all mental health conditions for each age group (Table 5) and calculated the percentage of total spending for ages 15-69. We then multiplied the total for each spending category for depression by the percentage of spend for ages 15-69. This provided an expenditure per person of working age with depression by each spending category. We subtracted the education cost, which is primarily related

to children. This gave a total figure of £7,924 per person of working age for depression. This was comprised of:

- £3,600 for health and social care system costs, including mental health care, primary care, social care and informal care costs.
 - productivity costs of £4,325 which included productivity loss costs for those not economically active and intangible quality of life-related costs.
- We carried out the same calculation for anxiety, where the average annual expenditure per person aged between 15-69 with anxiety in the UK in 2019 was £4,523. This figure is the sum of £2,054 in health and social care costs and £2,468 in productivity costs.
 - 264,384 people with depression completed NHS Talking Therapies treatment in 2021/22, as did 329,695 people with anxiety disorders. Source: [Psychological Therapies: Annual report on the use of IAPT services in England 2021-22, slide 16](#).

Applying the assumption that debt advice resolves financial difficulty in 80% of cases to the recovery rates modelled above, we find that the provision of debt advice to all those in financial difficulty would raise recovery rates for those with depression and financial difficulty from 24% to 51%, and for those with anxiety and financial difficulty from 41% to 53%. The intervention modelled in the paper would take recovery rates for depression from 48.9% to 55.5%, and for anxiety, recovery rates would increase from 52.1% to 55%.

From here, we isolate the improvement in the recovery rate attributed to the receipt of debt advice and use this to calculate savings across the population of NHS Talking Therapies patients with depression and anxiety in 2021/22.

- In the depression case, for example, we assume that 76% of the £3,600 health and social care costs need to be attributed to each patient (given the 24% recovery rate) in the world without the provision of advice. This falls to 49% when debt advice is provided, and the recovery rate improves to 51%.
- The same calculation is carried out regarding productivity losses to identify gross potential savings per patient with depression if debt advice is provided and successfully resolves financial difficulty in 80% of cases. The cost of delivering a single face-to-face debt appointment is then subtracted to provide gross savings per person.
- This figure is then extrapolated from the NHS Talking Therapies patient population, assuming that 25% of those with depression are in financial difficulty, to provide headline cost-benefit figures. (These same calculations were then carried out for anxiety too.) Source: Jenkins R, Bhugra D, Bebbington P, et al. [Debt, income and mental disorder in the general population](#). Psychological Medicine 2008; 38: 1485-1494.
- We then used the GDP deflator to calculate what the figures provided in the McDaid et al. paper from 2019 would be worth at 2021/22 prices – as this is the year on which the NHS Talking Therapy modelling is based. This gives us a figure of £144 million of health and productivity savings for an integrated money advice in Talking Therapies services.

For further details on the methods used in this report and a copy of the data tables, please email contact@moneyandmentalhealth.org.

Appendix B: Integrated money advice and mental health services

For further information on an expansive review of health and advice service partnerships across England and Wales, [see The Health Justice Landscape in England & Wales report](#) by UCL Centre for Access to Justice.¹

Mental Health Crisis Breathing Space - One example of successful joined up working in health services with people in mental health crisis has been the introduction of [Mental Health Crisis Breathing Space](#). This statutory instrument, introduced in 2021, protects people in mental health crises from debt collection activity and escalating fees and charges for the duration of their crisis. However, this service is limited to people in mental health crisis - such as those who are acutely unwell - in hospital or under the care of Community Mental Health Services. There remain far wider opportunities to help people struggling with debts before they reach a crisis point in primary care services.

A pilot of routine enquiry about money worries in an Individual Placement and Support (IPS) service - A intervention model has been developed and trialled in partnership between MaPS and North East and North Cumbria Integrated Care System (ICS). Mental health clinical practitioners use a standardised money and mental health question framework to identify service users' financial support needs. This includes difficulties managing or controlling spending, problems with income levels or managing that income, and difficulties with managing debts. Clinicians refer or signpost service users to specialist assistance upon identifying financial support needs.

Developed in partnership with the NHS, the money and mental health signposting tool ([Money in Mind](#)) sets out a range of questions a mental health professional can ask to explore any issues a service user might be experiencing about money. Depending on the nature of those issues, a range of national services, tools and resources can be shared.

Hertfordshire Mental Health Project - co-located services - The Mental Health Project takes referrals directly from community-based mental health clinical staff. Money advisors, who are located in mental health settings, including CMHTs and Crisis Assessment and Treatment Teams, work with patients to increase their incomes and reduce mental health crises by improving mental health and wellbeing. The service also aims to reduce the demand on mental health and specialist staff so they can concentrate on providing clinical care.

The service, approaching its ninth year, has received more than 7,500 referrals from community-based mental health clinical staff. Advisors have achieved around £32 million in extra benefits of debt-write off, and clinical staff estimate that in a single year, the money advice service helped prevent: 40 hospital admissions, 30 episodes of homelessness and 32 episodes of service harm.²

Sheffield Citizens Advice - Two outreach support programmes - Core mental health service - This programme provides welfare advice, information and casework to people with

¹ Beardon, S. and Genn, H. The health justice landscape in England and Wales. UCL Centre for Access to Justice. 2018

² Money Advice Unit Mental Health Project. Survey with 32 clinical staff who have referred patients to the money advice service. Hertfordshire Partnership Foundation Trust. Accessed: 29/06/22

enduring mental health needs. In 2021/22, the service assisted 195 clients, primarily with benefit entitlement and debt issues. High demand for the service means the vast majority of support is provided to in-patients in mental health wards.

Mental health transformation project -This programme supports people in primary and community mental health services. Patients are assigned an adviser with mental health, debt and financial capability expertise, who then works with a client's whole support structure to achieve a more financially secure future. Most of the work relates to debt and welfare benefits, and in 2021/22, the service assisted 68 clients.³

Money Guider training for Employment Advisors in NHS Talking Therapies - MaPS is working with the DWP and NHSE to run an England-wide pilot helping people receiving support from Employment Advisors in NHS Talking Therapies access money guidance support.

The Department of Work and Pensions funds a network of employment advisers to work alongside NHS therapists where relevant to support people receiving NHS Talking Therapies treatment to retain employment or enter the workplace. MaPS is now delivering Money Guider training to over 100 Employment Advisors, providing them with foundation-level learning in money guidance. This will enable those who receive support from Employment Advisors to also be better supported with money-related problems.⁴

³ Sheffield Citizens Advice. Data on delivery of the core mental health service and mental health transformation project. Accessed: 29/06/22

⁴ Money and Pensions Service. Four ways MaPS helps customers with money and mental health problems. 2021