



MONEY AND
MENTAL HEALTH
POLICY INSTITUTE

Policy Note Number 38
May 2026

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It takes a neighbourhood

Putting integrated money and mental health support
at the heart of neighbourhood health services

Introduction

The country is facing a mental health crisis. The proportion of working age adults in England with a common mental health condition, such as anxiety or depression, has reached 22.6%, up from 18.9% in 2014¹. A similar trend is visible in demand for healthcare, with mental health services in England receiving a record 5.2 million referrals during 2024, up 37.9% from 2019.²

With more than half of the public placing the cost of living crisis as the most important problem facing the nation,³ addressing the impact that people's finances can have on their mental health will be key to tackling this.

Financial stress can trigger, worsen and prolong periods of poor mental health. This might stem from an income shock such as losing a job or benefits entitlement, an unexpected expense like home or car repairs, or the general strain of struggling to afford essentials such as food, fuel or decent housing. The impact of living daily under this pressure can be profound. Indeed, the Adult Psychiatric Morbidity Survey 2023/4 – the most robust and important national mental health survey – provides renewed evidence of the strong and persistent association between the incidence of mental health problems and area-level deprivation, problem debt, and economic inactivity.⁴

Over the past several years, the soaring costs of everyday expenses, coupled with stagnant real wage growth, have created additional pressures on household finances. Across the UK, 7.3 million adults (14%) are in problem debt, and a further 11.7 million people (22%) are at high risk of falling into this category.⁵ As a result, a growing number of people are finding themselves at the harmful intersection of these problems.

Yet evidence suggests that despite mounting pressure about how to meet everyday payments and some falling behind on bills, less than half (44%) of those who need money advice actually seek it,⁶ and only one in seven (14%) people receiving NHS counselling have received support with their finances.⁷

That's why we were delighted to see the government put a 'neighbourhood health service' at the centre of its 10 Year Plan for the NHS last year,⁸ which signalled that support for social welfare needs, including advice on debt and employment, should be delivered alongside health services.¹⁰

¹ Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/4.

² NHS Digital Mental Health Services Monthly Statistics.

³ YouGov. [Britons and the cost of living, January 2026](#). 2026.

⁴ Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/4.

⁵ Money and Pensions Service. [MoneyView 2025 How people feel about money](#). 2025

⁶ Money and Pensions Service. [8 million people need debt advice and another 12 million are living on the edge](#). 2024.

⁷ Bond N. Breaking the cycle: [The case for integrating money and mental health support during the cost of living crisis](#). Money and Mental Health Policy Institute. 2023.

⁸ Gov.UK. [Government takes action to deliver neighbourhood health services](#). July 2025.

⁹ Wright I. A big win! [Government commits to joining up money and mental health support](#). Money and Mental Health Policy Institute. 2025.

¹⁰ Department of Health and Social Care. [Communities to benefit from health centres on their doorstep](#). 2026.

The government's vision involves greater integration of services across health, local government and wider community-based partners, and shifting care upstream to prevent illness in the first place or tackle it earlier. This will partly be achieved by further devolving budgets and decision-making, with the aim of making more efficient use of resources, decreasing pressure on expensive and acute services like hospitals, and reducing health inequalities in the long term. It also includes a commitment to create 250 new neighbourhood health centres that will be a 'one-stop shop' for a range of services from urgent treatment and pharmacy to family support and debt advice.

'Neighbourhood working' is not a new concept. This builds on a broader, welcome shift across the health system in recent years towards community based, person-centred care. In particular, towards care that better acknowledges the socio-economic problems that significantly impact mental health but sit outside the scope of clinical care, such as through the creation of Integrated Care Systems (ICSs), and the Community Mental Health Framework.¹¹ In fact, there are pockets of excellence where money advice and mental health support is already being delivered in a joined-up way.

What the government's plan does offer is greater national ambition, and a once-in-a-generation chance to tackle one of the principal underlying drivers of the country's mental health crisis.

However, the recently published Neighbourhood health framework,¹² which sets out the government structures, metrics and guidance on population health delivery models, disappointingly has very little focus on how to deliver wider support for the socio-economic needs that can drive poor health, and access to advice specifically is not mentioned at all. This is despite the initial press release that announced the plans stating that neighbourhood care will tackle the issues that drive poor health and include 'services like debt advice'.¹³

As the implementation of the plan gets underway, we should not lose sight of this critical opportunity to ensure that everyone who struggles with this pernicious combination of problems gets the accessible, high quality, integrated support they need.

A nationwide neighbourhood health approach will demand more from local leaders than ever before. They will have complex and difficult decisions to make, and numerous opportunities and partnerships to explore. Wherever leaders are working to deliver joined-up support for mental and financial health, there are some principles that should be universally applied, drawing on robust evidence from across the country. Without that guidance, the current postcode lottery of access to integrated support will persist or worsen.

¹¹ Rethink Mental Illness. [Building community into the integrated care system](#). 2023.

¹² Department of Health and Social Care. [Neighbourhood health framework](#). Gov.uk. 2026.

¹³ Gov.UK. [Government takes action to deliver neighbourhood health services](#). July 2025.

In this short paper, we present new research demonstrating the urgent need for a comprehensive rollout within new neighbourhood health centres and within health services more widely. We also outline key principles to inform the successful design and implementation at a local level.

These principles are grounded in:

- the views of our Research Community, a group of more than 5,000 people with personal experience of mental health problems;
- a non-exhaustive review of existing examples of such interventions from across the country; and
- insights from professionals involved in these interventions on the factors that have enabled success and the challenges encountered in practice.

We also highlight a range of case studies backed by robust evaluations demonstrating significant improvements in health and financial outcomes, as well as reducing demand on health services. They illustrate the different pathways available to delivering successful interventions across both primary and secondary care.

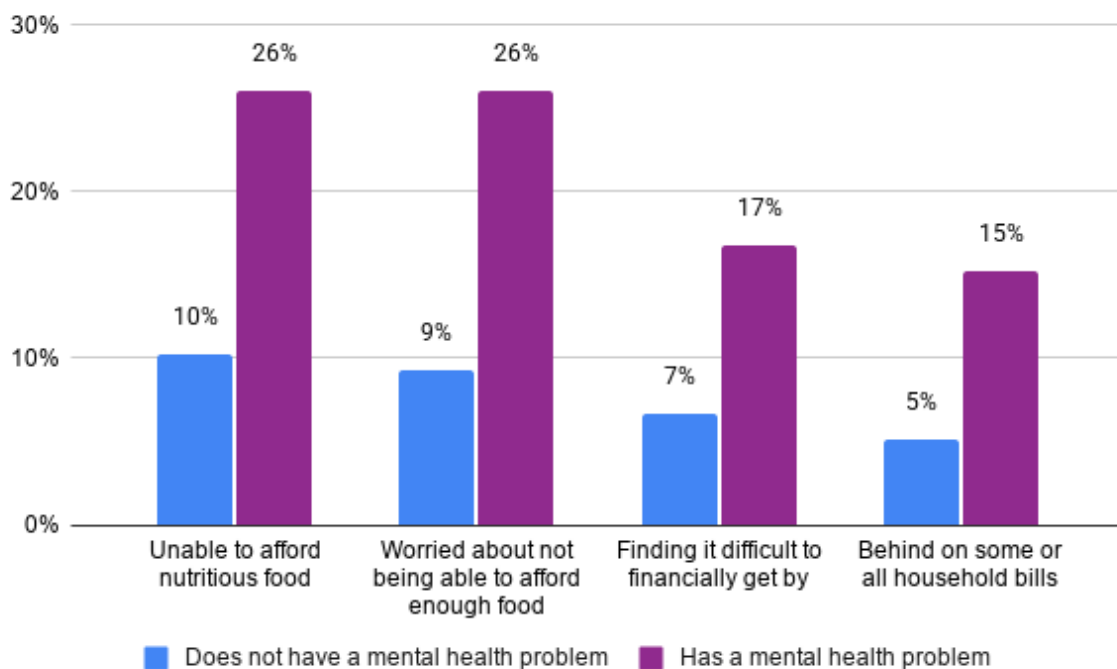
Financial difficulty remains a key underlying driver of mental health conditions

Our new research sheds light on how this relationship between money and mental health is playing out in people's day-to-day lives in the context of a protracted cost of living crisis, and the scale of the impact.

We estimate that 3.6 million people with mental health problems have worried about being able to afford enough food to eat in the last 12 months, and are three times more likely to have done so than someone without such conditions (26% vs 9%).¹⁴

Figure 1: People with mental health problems are significantly more likely to be struggling to get by financially, including affording food or keeping up with household bills.

Experiences of financial difficulty by mental health status



Source: Money and Mental Health analysis of Understanding Society: the UK Household Longitudinal Study. Wave 15. Notes: The variables "worried about not being able to afford enough food" and "unable to afford nutritious food" refer to respondents' experiences over the past 12 months. In contrast, "behind on some or all household bills" and "finding it difficult to financially get by" reflect respondents' current financial situation at the time of the interview.

Compared to those without such conditions, people with mental health problems were also three times as likely to currently be behind on some or all household bills (15% vs 5%), and two and a half times more likely to have been finding it 'quite' or 'very' difficult to financially get by (17% vs 7%).¹⁵

¹⁴ Money and Mental Health analysis of Understanding Society: the UK Household Longitudinal Study. Wave 15.

¹⁵ Ibid.

“Not having enough money means almost every part of life becomes a struggle... always being hungry, or cold, not being able to socialise with others, stressing about every bill and every penny you spend, and the many, many other ways that struggling financially has an impact on your life, chips away at will to live.”

Expert by experience

The weight of these problems can also make it harder for someone to recover from a period of illness, with our research showing that people with depression who are also in financial difficulty are 4.2 times more likely to still have depression 18 months later, compared to those without financial difficulty.¹⁶

It can also make it more likely that someone in a mental health crisis will relapse following recovery. Data from Mental Health UK showed that money worries led over two fifths (41%) of people severely affected by mental illness to relapse during recovery, and almost a third (31%) had to increase their medication.¹⁷

“... It's always the same. I go in for treatment and come out to find my financial world is in a bigger mess than when I went in. The resultant terror, shame and guilt undoes all the work of the treatment and I am back in crisis again.”

Expert by experience

And although there is rarely one single factor that causes people to consider taking their own life, we know that both the pressure of long-term financial difficulties, and sudden triggers such as job loss or benefit reassessment, or aggressive debt collection, can place someone at significantly increased risk of suicidality.¹⁸

These socio-economic problems also have a daily and destructive impact on the work of mental health professionals and support staff. One in five General Practitioner (GP) appointments are for non-medical reasons such as seeking advice on housing or debts,^{19 20} and evidence suggests that financial problems are the single most common type of non-medical issue that is raised in general practice.²¹ Indeed, our previous research found that almost half (46%) of those currently behind on one or more bills have been in touch with primary care services, such as their GP, about their mental health.²²

¹⁶ Bond N. Breaking the Cycle: [The case for integrating money and mental health support during the cost of living crisis](#). Money and Mental Health Policy Institute. 2023.

¹⁷ Mental Health UK. [Cost-of-living money worries leading to suicidal thoughts and relapse](#). 2023.

¹⁸ Holkar M, Bond N. [A silent killer: Breaking the link between financial difficulty and suicide](#). 2018.

¹⁹ NHS England. [Expanded NHS support available for patients in GP practices across the country](#). 2023.

²⁰ Citizens Advice. [A very general practice](#). 2015.

²¹ Gerber T, et al. [Social issues in general practice – a survey assessing the interprofessional perspective of general practitioners and social workers regarding frequency, challenges, and needs](#). BMC Prim Care. 2025.

²² Bond N. Breaking the Cycle: [The case for integrating money and mental health support during the cost of living crisis](#). Money and Mental Health Policy Institute. 2023.

“[Financial difficulty] definitely has a major impact, it can be a hindrance and sabotage the rest of the intervention.”

Health practitioner

Healthcare practitioners who encounter this on a daily basis are often keen to help, but without the right systems or resources in place they can feel powerless to resolve the glaring socio-economic needs that obstruct their job. In other cases, they might resort to risky workarounds out of urgency, empathy and necessity, such as trying to provide advice themselves or even giving people some of their own cash to get by.

“If you can’t resolve, or at least start working on supporting somebody to resolve their debt, then you’re going to struggle with improving that person’s mental health and wellbeing.”

Health practitioner

All this means that financial difficulties are a potentially significant underlying driver of the estimated £16.8 billion annual mental health spend on the NHS.²³

²³ Baker C, Kirk-Wade E. [Mental health statistics: prevalence, services and funding in England](#). House of Commons Library. 2024.

Integrated money and mental health care is the solution

Fortunately, free and independent holistic money advice services can offer a solution.

These services support people on issues including, but not limited to, housing affordability and quality, welfare benefit claims and broader income maximisation, problem debt, energy, and employment rights. They help people overcome barriers to meeting the most basic foundations of health and wellbeing, such as income, food, shelter and warmth, and there is an immense and growing evidence base that improving access to them is one of the most impactful preventative 'health' interventions available.²⁴

"Just wished I had known about [the advice service] years ago. My mind and body have taken a great toll by not knowing I could have had financial support... It has really helped financially."

Expert by experience

Yet, too many people do not access this vital support before problems become entrenched, because they aren't aware that it exists or how it could help them, or because stigma prevents them from accessing it.

There is therefore a clear opportunity that must not be missed: for healthcare systems to be set up to identify patients experiencing money worries and effectively connect them to holistic money advice services equipped to address these issues. In practice, this means ensuring initial health assessments include a routine check on whether a patient is struggling financially, supporting healthcare practitioners to feel confident raising the issue, and, ideally, co-locating advice services on site so people can easily access support.

Integrated money and mental health interventions which facilitate this have a significant positive impact across a range of indicators, including service capacity, staff wellbeing, cost effectiveness, and health outcomes – as the case studies we highlight in the following section demonstrate.²⁵

Modelling in our previous research found that for someone with depression and financial difficulties, receiving debt advice alongside NHS talking therapy or counselling could more than double the likelihood of recovery, from 24% to 51%. For an individual with anxiety and financial difficulties, the likelihood of recovery could increase from 41% to 53%.²⁶

²⁴ Goodman J, Thomas S, Pointing E. [How Social Welfare Legal Advice and Social Prescribing can work collaboratively in healthcare settings](#). Bromley by Bow Insights. Bromley by Bow Centre. 2021.

²⁵ Beardon, S. et al. International Evidence on the Impact of Health-Justice Partnerships: A Systematic Scoping Review. University College London. 2021.

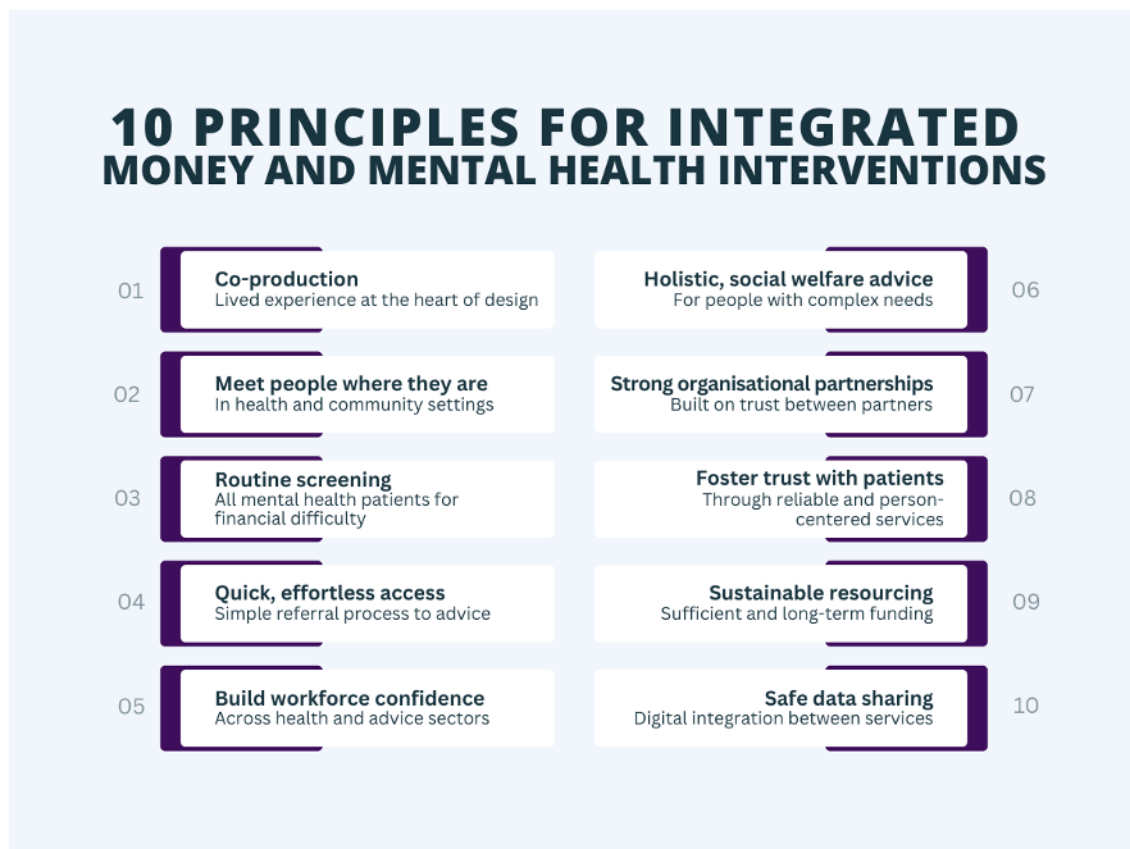
²⁶ Bond N. [Breaking the Cycle: The case for integrating money and mental health support during the cost of living crisis](#). Money and Mental Health Policy Institute. 2023.

However, provision of these existing integrated services remains extremely patchy depending on where people live. When someone seeks support for their mental health while also experiencing financial difficulty, whether the healthcare practitioner they see identifies this and refers them to appropriate financial support simply depends on where they live. Existing interventions are also often plagued by limited or short term funding from local grants, restricting the scale and sustainability of the impact they can have.

Principles for integrated money and mental health interventions

Encouragingly, the government's plan for neighbourhood health presents an opportunity to address this and ensure consistent access to joined-up financial and mental health support nationwide.

To inform the implementation of the neighbourhood health service, we have identified a set of 10 principles that will be critical to successfully delivering joined-up money and mental health support as part of the shift to neighbourhood working. The case studies we present illuminate these principles, but also demonstrate the diverse routes to impactful outcomes in different local contexts.



Importantly, different areas will have distinct resources, needs and constraints, and it will unlikely be possible for all areas to fully align their work with each principle. That should not hold areas back from making a start, but rather help them recognise that working to more closely align with these principles will give interventions the greatest impact.

1) Co-production – putting lived experience at the heart of intervention design

From the outset, interventions should be co-produced alongside people with lived experience of money and mental health problems, to ensure that those who would be using the service are meaningfully involved in its development. This is not just about inclusion. The insights of people who have experienced these problems help commissioners design services that actually reflect people's needs, and avoid foreseeable pitfalls.

2) Meet people with mental health problems where they are in health settings

While a remote advice option for those who prefer it can be cost-efficient, having a visible and consistent on-site presence in health settings was key to the success of many interventions we reviewed, and especially those targeting people living with severe and enduring mental illness.

One in five (18%) people with mental health problems are in financial difficulty, making them three and a half times more likely to be struggling financially than those without such conditions (5%). This means that settings where people are already receiving mental health treatment are a natural place to offer financial support. In addition to this, our previous research found that three quarters (72%) of people with mental health problems had not accessed support to maximise their income, even though they could benefit, simply because they were not aware such services exist.²⁷ Even among those who are aware, reaching out, often involving navigating new complex systems or going to new places, can be difficult because of their mental health.

Co-locating holistic money advice within health settings helps raise awareness among those most likely to need support, breaks down barriers to access, and prevents drop-off in engagement following referral.

3) Routinely screen all patients with mental health problems for financial difficulty

We should not rely on people experiencing mental health problems to proactively raise financial difficulties with healthcare professionals. Our research has shown that patients can see personal finances as being too scary or stigmatising to talk about, or simply not understood as being relevant to their mental health, even in a private, therapeutic setting.²⁸

In order to capture the significant number of people struggling with their mental health and finances, anyone presenting with a mental health problem in health services should be routinely screened for financial difficulty as part of initial assessment – as can be seen in case study 1.

²⁷ White L, Smith F. [In touching distance: Why people with mental health problems are missing out on vital income](#). Money and Mental Health Policy Institute. 2026.

²⁸ Clarke T, Acton R, Holkar M. [The other one in four: how financial difficulty is neglected in mental health settings](#). Money and Mental Health Policy Institute. 2016.

Case study 1: Sheffield Mental Health Advice Service^{29 30}

Sheffield Mental Health Advice Service is funded by the local Integrated Care Board (ICB) and provides welfare advice to patients on site at Michael Carlisle Centre and the Longley Centre – home to acute mental health inpatient hospital wards. It serves those who are often unable to access mainstream advice, either because they are detained under the Mental Health Act, or because they face complex problems alongside significant support needs relating to their mental health. In the case of ongoing cases when clients have been discharged from the hospital, welfare advisers continue to provide support at other locations, such as the client's home or in step-down accommodation.

Critical to its success has been the routine screening of all patients for social welfare problems by ward staff on admission, and providing advice staff with mental health training to support them to provide specialist advice.

In 2022-23, 304 patients were given support, and gained a collective total additional income of £309,470. The service has a long history of impact, with a 2013 evaluation finding that the service delivered NHS cost savings through:

- **Reduction in patient length of stay, by resolving practical problems that would otherwise delay discharge**
- **Prevention of homelessness, through early identification of housing risk and securing stable accommodation prior to discharge, avoiding delayed discharges due to lack of suitable housing**
- **Prevention of relapse, by addressing the socio-economic stressors that can exacerbate or trigger deterioration in mental health following discharge.**

4) Make access to advice quick and effortless with a simple referral process

A straightforward referral process that avoids complex eligibility criteria and instead relies on the professional judgement of healthcare staff to identify need is incredibly important to enable access to support. Requiring only minimal information at the point of referral, such as the patient's name, telephone number, and consent to contact from the advice agency, helps keep the process quick and easy.

Where advice is provided remotely, rather than co-located, proactive outreach to patients soon after referral is essential. As shown in case study 2, this should take place within a couple of days, or sooner if a patient requires immediate crisis support, such as a food bank referral, or if they are at risk of court action for debt, for example. Prompt follow up typically means that people are contacted while the conversation with their

²⁹ [Sheffield Mental Health Advice Service](#). Health Justice Partnership. UCL.

³⁰ Parsonage M. [Welfare advice for people who use mental health services: developing a business case](#). Centre for Mental Health. 2013.

healthcare practitioner is still fresh, while they're still ready to engage with support, and before their circumstances deteriorate further.

Case study 2: Liverpool Citizens Advice on Prescription (CAP)³¹

This project provides free expert social welfare advice at all GP practices and mental health settings around Liverpool. With one in three patients in Liverpool contacting their GP with concerns that can't be addressed medically, this offers the right treatment option for them – one that helps patients with debt reduction, financial stability, and better housing and employment conditions.

Patients accessing health services who are identified as experiencing or at risk of financial hardship are referred to CAP caseworkers through their 'trusted partner' private phoneline, and a caseworker will contact the patient within 48 hours.

An NIHR evaluation, which links NHS health data with Citizens Advice casebook data for the 30,502 people that accessed the service between 2018-2023, reported that the project:

- **Improved psychological wellbeing for almost all clients (98%), including reducing anxiety and depression by 38% in the six months following the intervention**
- **Reduced antidepressant prescriptions by an average of 15 daily doses per person per quarter**
- **Lowered mental health-related GP visits by 19 per 100 people per quarter, and lowered A&E attendances by 2 per 100 people per quarter**
- **Generated a net saving to the NHS of £36 per supported household member, with an overall return on investment of £1:£4.69, and potential additional savings of around £200 per person if reductions in all-cause A&E attendance were included**
- **Served those with high levels of both socio-economic and health needs, who had extremely high levels of health care service use. More than 70% of the cohort were living in poverty, and 90% had long-term health conditions.**

³¹ Barr B, et al. [Final Report: Evaluating the health impact and cost effectiveness of Citizens Advice on Prescription, a whole system approach to mitigate poverty over the life course](#). National Institute for Health and Care Research. 2025.

5) Build confidence and capability in the health and advice workforce

Healthcare professionals must be empowered to raise and address socio-economic problems within their practice. The advice service manager (or equivalent) within any intervention should liaise and collaborate with frontline health staff to raise awareness, provide training, and create a culture that encourages referrals. In addition to this, there is a range of existing, underutilised training resources that can be deployed to help healthcare practitioners:

- [‘Money in Mind’ signposting toolkit](#), provided by the Money and Pensions Service to support healthcare professionals explore any issues a service user might be experiencing about money.
- [‘Money Guiders’](#) professional development programme provided by the Money and Pensions Service to help healthcare staff have conversations about money.
- [‘All our health: financial wellbeing’](#) training module provided by NHS England.

Equally, the provision of mental health training to advice staff was key to the success of many of the interventions we reviewed, and particularly where advice staff were working with patients with severe and enduring mental health conditions, such as in inpatient settings.

6) Provide holistic and appropriate advice for complex needs

Evidence from existing interventions suggests that people accessing advice through healthcare pathways often face complicated, overlapping problems, and may have more complex advice needs than those using conventional public routes to advice.³²

Therefore, healthcare services should, where possible, prioritise partnering with holistic advice services that are able to offer support across a range of social legal welfare challenges, as shown in case study 3, rather than single issue interventions. The advice service should be accessible for all support needs, offering multiple communication channels, including in-person, telephone, and digital options.

³² Citizens Advice Winchester District. [Impact Report: Acute Mental Health Care Advice Service](#). 2022-24.

Case study 3: Health Justice Partnership (HJP) in Coventry and Warwickshire³³

This HJP in Coventry and Warwickshire is designed to support patients facing socio-economic problems such as housing insecurity, debt, employment issues, and digital exclusion. Led by Central England Law Centre Coventry, and funded by the Coventry and Warwickshire ICB, the HJP creates clear referral pathways from primary care into specialist welfare and legal advice, enabling patients to access the right support and reducing pressure on GP services.

The project operates across two Primary Care Networks in Coventry, with plans to expand into Nuneaton and Bedworth. Delivery is supported by partnerships with local Citizens Advice services and Coventry University, where law students provide supervised advice.

Interim findings from the ongoing programme show significant benefits for both patients and the health system include:

- **Homelessness prevented or ended for 23 patients across 11 households**
- **94.7% of patients reported a positive impact on their physical or mental health**
- **73% did not need to return to their GP for social welfare issues**
- **37% of patients reported fewer GP visits following HJP support**
- **Patients accessing the HJP gained a collective total income of £1.2 million annually, through direct financial support secured through access to benefits, discounts and grants.**

7) Build strong, trusting relationships between partner organisations

Effective integration of access to an advice service within healthcare pathways depends on trusting and collaborative relationships between health services and advice providers.

A shared commitment to openness and adaptive working is particularly vital. For example, in mental health inpatient settings, this may mean including the advice caseworker(s) in multi-disciplinary meetings to ensure that caseworkers are updated on issues that might be impacting their clients, such as deterioration in condition or imminent discharge.

Shared governance of the intervention between both service partners, including joint involvement in decision-making, and shared accountability for the functioning and growth of the intervention, are also essential. This recognises the mutual benefit of the intervention for all involved, and helps to build a culture of trust and collaboration.

³³ [Improving future health outcomes: the impact of the Health Justice Partnership on tackling inequalities in Coventry & Warwickshire](#). Coventry and Warwickshire Integrated Care System. 2025.

8) Foster trust in the intervention among patients

Building trust between services and patients is also vital. This can develop through the reliable availability of consistent, non-judgemental, and person-centred services.

Interventions we reviewed often built trust by:

- Normalising conversations between healthcare practitioners and patients about socioeconomic issues to reduce stigma and signal these are relevant and often resolvable issues
- Offering follow-up opportunities for clients to re-engage with the service at a later date, if needed
- Wherever possible, ensuring clients have continuity with the same adviser to build rapport and avoid clients having to repeat their story – as seen in case study 4
- Planning a clear, proactive communications strategy to raise awareness of the service, especially among priority populations.

Case study 4: Citizens Advice North & West Kent's Money and Mental Health Service³⁴

Money and Mental Health (MAMH) service is an initiative delivered by Citizens Advice North & West Kent, funded by Kent County Council and the NHS Kent & Medway Integrated Care Board (ICB). It is available to all adults with both mental health and financial problems in the area, with no inclusion or exclusion criteria around mental health condition or type of financial problem.

Crucially, clients receive support from a dedicated adviser who deals with all aspects of their case and builds an ongoing relationship. There is also no limit placed on the nature and timing of support, with the average duration of each case 116.5 days, and the highest 801 days. Given resource pressures facing many advice services, this approach is now uncommon and more characteristic of traditional advice models. However, it has been critical to the service's success, generating exceptional levels of trust and confidence. Continuity ensures clients do not have to repeat their story and can build rapport with a consistent adviser.

An NIHR evaluation of the service found that:

- **65% of cases recorded a financial improvement, including additional income or debt relief. Nearly half (44%) reported health improvements, such as feeling better able to manage their mental health**
- **Since the conception of the service in January 2021, it has helped clients to access over £3.89 million in financial support**

³⁴ NIHR Public Health Intervention Responsible Studies Teams. [Evaluation of a money and mental health service delivered by Citizens Advice](#). 2025.

- The service has been particularly effective at supporting seldom-heard populations that may otherwise struggle to engage with core services e.g. approximately 60% of clients were living in poverty
- A small subsection of clients interviewed shared that the service had been instrumental in preventing them from ending their lives.

“For somebody to point out a path that guides you through, it was and still is, life changing for me, it’s meant the difference between surviving and not surviving.”

Expert by experience

“Because the [financial] pressure’s been taken off there, it’s actually given me a more positive outlook of being in my home, and enabling me to actually be more productive and do things [... I] don’t have the pressure of the money in my head going round and round and round.”

Expert by experience

9) Ensure integrated interventions are sufficiently and sustainably resourced

Advice services offer a vital lifeline for people struggling financially. However, while holistic money advice is well-placed to tackle the drivers of health inequalities, we must recognise the additional pressures that integrated money and mental health interventions could place on already-stretched advice services.³⁵ As such, sustainable and effective delivery requires resourcing that reflects the complexity and scale of local demand.

Commissioners should avoid short-term funding arrangements, which can result in high staff turnover, lost relationships and institutional knowledge, and insufficient time to implement learnings or to evaluate and evidence local impact. In fact, the 10 Year Plan itself states that Integrated Care Boards must become strategic commissioners, by allocating resources to evidence-based interventions that improve population health and equity over the long term.³⁶

Joint commissioning of money and mental health interventions can be particularly useful for the long-term impact and financial security of a service, as well as contributing to a culture of trust, recognition of mutual benefit, and shared accountability between partners too. In return, such interventions pose huge financial and reputational incentives for commissioners too.³⁷

³⁵ NCVO. 2025: [The year of the ‘big squeeze’](#). 2025.

³⁶ Local Government Association. [Supporting NHS Strategic Commissioning and Neighbourhood Health](#). 2026.

³⁷ Hayward E. [NHS provides job advice on wards to ‘break vicious cycle’ of poverty](#). The Times. 2025.

Across the interventions we reviewed, successful commissioning often involved both the local authority and the local health body, such as an NHS Trust or Integrated Care System, sometimes also alongside additional partners such as community-based trusts and foundations.

Case study 5: Citizens Advice Winchester in Acute Mental Health Hospitals³⁸

This project involved a Citizens Advice service based on NHS adult mental health wards in the Hampshire and Isle of Wight Healthcare NHS Foundation Trust. Patients on the ward can visit a specialist caseworker in a drop-in session, or be referred directly to the caseworker by clinical staff based on their needs. The caseworker provides advice on a wide range of socio-economic issues around money, housing, and employment, which, if left untreated, could trigger and exacerbate mental health problems.

Economic analysis of the first year of the service in one hospital April 2022-23, using propensity score matching, revealed that the project generated a return on investment of £1:£14.06, with a net cost avoidance of £4,897 per patient. This was largely driven by fewer in-patient readmissions, shorter admissions, reduced overall service use.

The project reported resounding positive impacts on patient health outcomes, socio-economic outcomes post-discharge, and on staff wellbeing, including:³⁹

- **Completely eliminating patients' anxiety about their advice issues – reducing worry from 75% to 0% – ensuring they felt supported, even when issues while issues themselves continued to be resolved**
- **Generating £278,077 in additional income for patients, averaging £3,076 per person in the first 12 months**
- **Significantly improving NHS staff wellbeing, with 100% of staff reporting reduced workloads and 78% feeling less stressed.**

"It's had a positive impact on my wellbeing by reducing the stress of getting patient's needs met, which supports their recovery. [The CA caseworker] is highly valued by all members of the team."

Consultant Psychiatrist

"I have really appreciated the support and advice I have been offered. I have never had the opportunity to access such a service; the Caseworker was always extremely welcoming and caring, which was vital over this difficult period of my life."

Expert by experience

³⁸ Cost-Effectiveness of Citizen's Advice Intervention on an NHS Adult Mental Health Ward: Analysis of Cost Savings of Non-Randomised Intervention Using Propensity Score Matching. 2024.

³⁹ Citizens Advice Winchester District. *Mental Health and Advice Project*. 2025.

10) Enable safe data sharing and digital integration between respective services

Integrated care is strengthened by effective information sharing and aligned IT systems. For example, as shown in case study 6, providing advisers with access to electronic patient health records, with explicit client consent, can make for more efficient referrals and support evidence gathering for benefit and grant applications.

Case study 6: Tower Hamlets Advice in GP Surgeries⁴⁰

This project delivers free specialist welfare advice within GP practices across Tower Hamlets, supporting patients whose health is affected by problems with debt, benefits, and housing insecurity. Advice is provided in 20 of the borough's 36 GP practices, with the remaining practices referring patients to advisors based at participating surgeries.

Patients are referred either directly by GPs or via social prescribing link workers. Advisors are embedded within practices, offering accessible, trusted support, with referrals often initiated by phone and followed by face-to-face appointments where required.

In some practices, advisors can access patient records with consent, enabling them to gather supporting evidence for benefit applications and appeals. The service is designed to reduce barriers to advice for patients in vulnerable circumstances, and prevent drop-off between referral and attendance.

Evaluation of the service, which supported over 2,500 patients 2022-23, reports overwhelmingly positive impacts for patients and services, including:

- **73% of patients reported reduced stress related to financial issues**
- **81% reported fewer GP visits after receiving advice**
- **66% said that, without the service, they would have sought help from GP staff rather than an external advice agency**
- **Average financial gains of £865 per patient through income maximisation.**

⁴⁰ Bromley by Bow Insights & Transformation Partners in Health and Care. [Reducing health inequities in London by improving access to social welfare advice through greater collaboration between the healthcare, local authority and advice sectors](#). Good practice case studies. 2023.

Making access to integrated money and mental health care a reality for all

The relationship between our daily life circumstances and our mental health and wellbeing has long been clear, not least since the Marmot Review of health inequalities now sixteen years ago.⁴¹ And the evidence base for holistic money advice as a key intervention to address this is substantial and growing.

The 10 Year Plan, which places prevention more firmly in the remit of the NHS than ever before, creates clear impetus for a system-wide shift towards this way of working.⁴²

However, only around 5-6% of UK healthcare expenditure is currently allocated to prevention,⁴³ and only an estimated one in seven (14%) people who is accessing NHS mental health support receive help with their finances.⁴⁴ There therefore remains a significant gap between ambition and action.

While all public services, including mental health services, are undeniably under financial pressure, the cost of embedding advice within healthcare pathways is relatively modest. In fact, tackling mental health problems at their source will be key if services are to make limited resources go further. Multiple controlled, peer-reviewed studies of these interventions across the country put the financial gain for services between £14-£27 for every £1 invested, as conservative estimates.^{45 46}

The evidence is as abundant as it is clear. Government, NHS Integrated Care Systems, local authorities and community-based advice service providers must work together to ensure that everyone who struggles with money and mental health problems gets the accessible, high quality, integrated support they need.

Delivering on these commitments will be essential if the ambitions of the 10 Year Plan are to translate into meaningful improvements in population health.

⁴¹ West D, Anderson H, Kituno N. [ICBs ordered to cut costs by 50%](#). *Health Service Journal*. March 2025.

⁴² UK Government. [Fit for the future: 10 Year Health Plan](#). 2025.

⁴³ ONS. [Healthcare expenditure, UK Health Accounts: 2023 and 2024](#). 2025.

⁴⁴ Bond N. [Breaking the Cycle: The case for integrating money and mental health support during the cost of living crisis](#). *Money and Mental Health Policy Institute*. 2023.

⁴⁵ [A review of the effectiveness and experiences of welfare advice services co-located in health settings: A critical narrative systematic review](#)

⁴⁶ Woodhead C, Khondoker M, Lomas R, Raine R. [Impact of co-located welfare advice in healthcare settings: prospective quasi-experimental controlled study](#). *British Journal of Psychiatry*. 2017;211(6):388-395.

