



Evaluation of the Mental Health & Money Advice Service

Final Report, 2019

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Executive summary

Mental health and money problems are linked, people experiencing mental health issues may also experience money problems and vice versa. Almost a third of the population are now in households with incomes below minimum income standard, unable to afford material needs and participate in society.

About the service

The Mental Health & Money Advice (MHMA) service was developed to help people who are struggling with money and mental health problems. The service operates across England, Scotland, Wales and Northern Ireland to support people who were struggling with mental health and money problems. The service consists of a website and a telephone advice line. The website provides information, the advice line provides casework and is accessible by referral only. Suitable clients receive specialist casework related to debt or welfare, and help accessing mental health services and support. Some clients receive help with more than one of these issues. Clients also include families and carers/supporters who are calling on behalf of someone else.

Evaluation aims

The McPin Foundation completed an independent evaluation of the service. The evaluation was guided by the recommendations and Theory of Change framework. We aimed to answer the following questions:

- Does the service make a difference to the individuals it is supporting (including their financial situation, mental health and wellbeing)?
- Has the service achieved its goals?
- What is the impact and value of the service to potential funders?

Highlights

Mental Health & Money Advice provides a valuable service for people with mental health and money problems.

Clients were satisfied with the support they received regarding welfare and debt.

Clients show increased wellbeing and confidence after using the advice service.

The goal to reach 12,500 people via the telephone advice line was unfeasible given the complexity of cases.

The service was well received by referral agents. Expertise around money and mental health is useful for non-specialist services in particular.

Scope

The report covers the evaluation period between January 2018 (when the service began to take referrals from partner agencies), and January 2019. The evaluation combined baseline and follow up surveys with clients along with semi-structured interviews with clients, referrers and staff. It also combines feedback and analytics information used to evaluate the website. We involved people with personal expertise of mental health difficulties and money problems in designing and conducting the evaluation, as well as the advice line staff who were involved in helping develop the survey.

We analysed the changes in clients' wellbeing, stress and confidence in managing their money. Through the interviews we mapped the client's possible journeys through the service, from referral to impact after receiving casework.

Main findings

During the evaluation period, 1,328 clients were registered as using the telephone service. Of these clients, 43% were seen through the team in England, 28% in Wales, 19% in Northern Ireland, and 10% in Scotland. Data were available from 510 clients at baseline and 112 clients at follow up. Clients entering the service showed low levels of wellbeing, low levels of confidence with managing money and high levels of stress. Clients who participated in semi-structured interviews also described feelings of desperation and of being overwhelmed. Common scenarios for people involved people having welfare benefits changed or discontinued, or situations where they or other people in their care were in significant debt.

After using the telephone advice service, there were statistically significant improvements in clients' wellbeing and confidence in managing money. There were no statistically significant reductions in stress, although clients who were interviewed suggested that MHMA caseworkers advocated for them and helped take a 'weight off their shoulders' when dealing with external organisations (particularly regarding debt and welfare). Some clients indicated that they may be more likely and more confident to seek help from other services in future. The expertise of MHMA caseworkers meant that they could deal with these situations more effectively than either the client or a (non-specialist) service.

Referral organisations were positive about MHMA, many suggesting that it was helpful to know that there was specialist support they could refer to. Clients may struggle to engage over the phone, and referral agencies described a process through which they might introduce clients to the service.

Responses to the website were mostly positive. The majority (80%) said they found the information they were looking for, and 78% also said that they found the information helpful. Positive comments in relation to the website included noting useful information and clear guidance. Negative comments tended to focus on that information was not helpful or the advice was too general for their needs.

Recommendations

1. The service is valued by those clients who can receive the casework. Therefore, should be funded to continue.
2. The service must continue to work in partnership with referral organisations from the debt and mental health sectors, because this eases the referral process for potential clients without the cost of mass publicity. The referral process could be described as 'working in partnership'.
3. This casework is relevant for clients who are in complex situations. This means that it requires more time to work with individual cases than was originally intended. Any further service design needs to account for this.
4. Promote the service to wider audiences, such as primary care settings. Any promotion needs to be done in reference to the capacity of the service.
5. Offer continued training and development for advice line staff on mental health issues.
6. Develop simpler evaluation methods for capturing data at the end of the casework in order to improve caseworkers' data collection rates, for example, experimenting with three or five questions maximum.

Background

Mental health and money problems are linked, people experiencing mental health issues may also experience money problems and vice versa¹. Almost a third of the population are now in households with incomes below minimum income standard, unable to afford material needs and participate in society². Furthermore, service provision for people with mental health problems and money problems is stretched³. Mental health services may not feel comfortable with the technicalities of the debt and welfare system, and money management services may not feel confident to work with people's mental health. Staff are trained to work in a particular field and may not be confident working across the complexities of the other field. There is a need for these services to work together and treat the problem together, integrating advice services within a broader context.

About the Mental Health and Money Advice Service

The Mental Health & Money Advice (MHMA) service was developed to support people who struggle with mental health and money problems. The service developed through a collaboration called Mental Health UK (a newly formed UK wide charity consisting of Rethink Mental Illness, Hafal, Mindwise, and Support in Mind Scotland). MHMA was launched in November 2017. The service consists of a website and a telephone advice line which provides casework to individuals with money and mental health problems across England, Wales, Scotland and Northern Ireland. The service aims to improve people's financial situation along with their mental health. It aims to build clients' resilience, confidence, coping methods, reduce stress, improve wellbeing, develop skills to manage problems, provide information about support, and help people get the support they need. It also works with carers and supporters (e.g., family and friends) seeking support on behalf of a client.

The website provides detailed information on mental health and money issues. The telephone advice service includes casework, one-off advice and signposting. Casework is delivered through 1:1 work with clients. The initial goal of the service was to reach 12,500 people via the advice line and many more through the website. Throughout 2018 it became evident that many clients showed greater levels of need than anticipated, and the complexity of cases warranted revising this goal to supporting 2,000 people through the advice line, with greater numbers being reached through the website.

About the evaluation

The McPin Foundation were commissioned to complete an independent evaluation of the service. The aim was to assess the impact of the website and telephone advice line on the clients' mental health and money situation during a one-year period between January 2018 and January 2019. The evaluation was designed to capture the way in which the service impacts on the lives of people who use it. The evaluation was guided by the recommendations and Theory of Change framework

¹ Holkar, M. (2017). 'Seeing through the fog'. How mental health problems affect financial capability. Money & Mental Health Policy Institute.

² Stone, J., Padley, M., & Hirsch, D. (2019). Households below a Minimum Income Standard: 2008/09 - 2016/17. Joseph Rowntree Foundation.

³ Cummins I. (2018). The Impact of Austerity on Mental Health Service Provision: A UK Perspective. *International journal of environmental research and public health*, 15(6), 1145. doi:10.3390/ijerph15061145

developed by New Philanthropy Capital (see Appendix 1). We incorporated elements of the Theory of Change to answer the following questions:

- Does the service make a difference to the individuals it is supporting (including their financial situation, mental health and wellbeing)?
- Has the service achieved its goals?
- What is the impact and value of the service to potential funders?

Methodology

Approach

A mixed methods approach incorporating quantitative and qualitative methods was used throughout. We recruited a member of the research team who could draw on relevant personal expertise and lived experience, who completed most of the interviews and initial analyses. This expertise was implemented throughout, from developing the approach, running consultations, developing methods, conducting interviews, piloting measures, analysing and interpreting data. We also sought advice from staff working in the service to inform the evaluation. The measures were piloted and adapted based on the views of caseworkers in each of the sites. We collected data from clients, referral partners and staff from across the four nations.

Measures

Measures were developed for use with the one-to-one casework and the website. Interview schedules were developed for clients who had completed casework, and also for present and potential stakeholders. The measures used in the evaluation are described as follows:

One-to-one casework with clients

We developed an 'In-call Questionnaire' (ICQ) which was designed to be completed over the telephone by MHMA advisors. The ICQ was developed through consultation with all telephone advisors employed at the beginning of the evaluation period (n=17), and via consultation with project leads and steering group members. The survey (see Appendix 2) included the seven-item Short Warwick Edinburgh Mental Health and Wellbeing Survey (SWEMWBS) and items from the Money Advice Service Financial Capability Outcomes Framework. The survey also included bespoke items developed in collaboration with staff and advisors; questions to measure management of finances, wellbeing and stress, and use of support. Caseworkers piloted the survey for six weeks before we agreed a final version, giving advisors the chance to test the survey in practice and suggest improvements.

We also developed interview schedules for clients. From May 2018 we consulted with MHMA staff, telephone advisors, and service users to design a semi-structured interview schedule to be used with a sample of callers (including those who provide care and support to others). The client interview schedules were developed in collaboration with a researcher who had relevant lived experience to the topic being studied. The interview schedules included questions on the client's reason for accessing the service, their background/situation when accessing the service, their experience of the service, use of the website, feelings about the impact of the service on their stress, mental health, and financial

situation, confidence in managing money and mental health and opinions on how the service could be improved.

Website

A website feedback survey was developed to 'pop-up' on the MHMA website. This contained yes/no questions aimed to gather website visitors' feedback regarding usefulness of the website or webpage, if the visitor was able to find what they were looking for, and if this information has had an impact on their mental health and money situation. There was also an open question which allowed people to provide more feedback about the website.

The use of Google Analytics available from MHUK enabled us to analyse information about site usage. This provided information on number of page visits and the time spent on each page. This highlighted the most popular and most frequently accessed areas of the website.

Stakeholder interviews

Interview schedules were developed for staff and stakeholders. These were adapted according to the interviewee's role; advice line staff or referrers. Interviews covered the following topics; questions about the referral process, impact of the advice line on clients and impact of the advice line on surrounding services (for referrers).

Procedure

One-to-one casework

The advice line opened in November 2017 and caseworkers began to take referrals. From there, caseworkers began doing one-to-one casework with clients, and opened welfare cases or debt cases for clients. MHUK telephone advisors collect the ICQ data directly from callers during the initial call, and again during the final call of their casework sessions (or during the follow-up call if not allocated to casework). Advisors had flexibility to ask the ICQ at a point in the call where it felt most appropriate, in an order they prefer, with some flexibility of wording. Caseworkers asked the ICQ at the beginning of one-to-one casework (baseline) and at the end of their involvement with the service (follow up).

We conducted semi-structured interviews with a sample of clients who had received MHMA casework. During their final casework call, service users were asked by the advisors if they consented to being contacted by the McPin Foundation to take part in a paid interview. Those service users who gave permission were contacted by staff at McPin. The interview was done over the telephone and was audio-recorded. Interviews lasted between 20-30 minutes. Interviews were then transcribed internally by a member of staff with relevant lived experience, who also provided initial thoughts on analysis throughout this process.

Website

The website went live in November 2017. Data collection of the website-related outcomes and impact takes the form of a brief 'pop-up' survey embedded within the website (Appendix 3), as well as a summary of website usage data from Google Analytics. The website surveys were presented to visitors if they answered a question at the end of the webpage. The visitor was then presented with follow-up questions in a pop-up box if they chose to answer. There is also a free-text box in which website visitors provided additional feedback related to the website. The data was provided anonymously.

Stakeholder interviews

We conducted interviews with staff and referrers who had been involved in delivering and referring to the service. These interviews were conducted over the phone, typically lasted between 20 and 30 minutes. They were audio-recorded or written notes were taken and transcribed by a member of the evaluation team.

Data analysis

One-to-one casework

We ran a power calculation to estimate the sample size needed to detect a medium effect (Cohen's 'd' of 0.5, significant level of 0.05, power of 0.8). This highlighted that 26 cases with both 'start' and 'end' ICQ would need to be completed. Analyses can be conducted on smaller samples, although it is important to note that it becomes more difficult for the analyses to detect a significant effect (if one exists).

Data was stored with MHUK databases, anonymous data extracts were sent to the McPin Foundation (in Excel format). Survey data in the database was cleaned and analysed. Paired t-tests were done to test the following: confidence in managing money, stress and wellbeing. All SWEMWBS data with more than one missing value was removed from analysis. When there was only one missing value, the value was imputed based on the average score for the other six values of the scale. Data was analysed in Microsoft Excel. We used paired sample t-tests to explore the changes in scores over the duration of casework.

Qualitative analysis was done through thematic analysis by three members of the evaluation team, one of whom had relevant lived experience to the topic. The analysis process was overseen by the project manager. A process of the client 'journey' was developed, in order to build a picture of their experience of the service. This information was supplemented with the data from stakeholder interviews, which were analysed separately at first but combined where necessary to tell the story of the service.

Website

We analysed data from the website pop-up survey using Excel to give an overview of those who responded, and to investigate the extent to which the website has helped, if website users were able to find the information they were looking for, and how easy that information was to find. We also highlighted any themes that emerged from the free-text feedback box. We categorised the type of comments provided through the website and counted the number of positive and negative comments made.

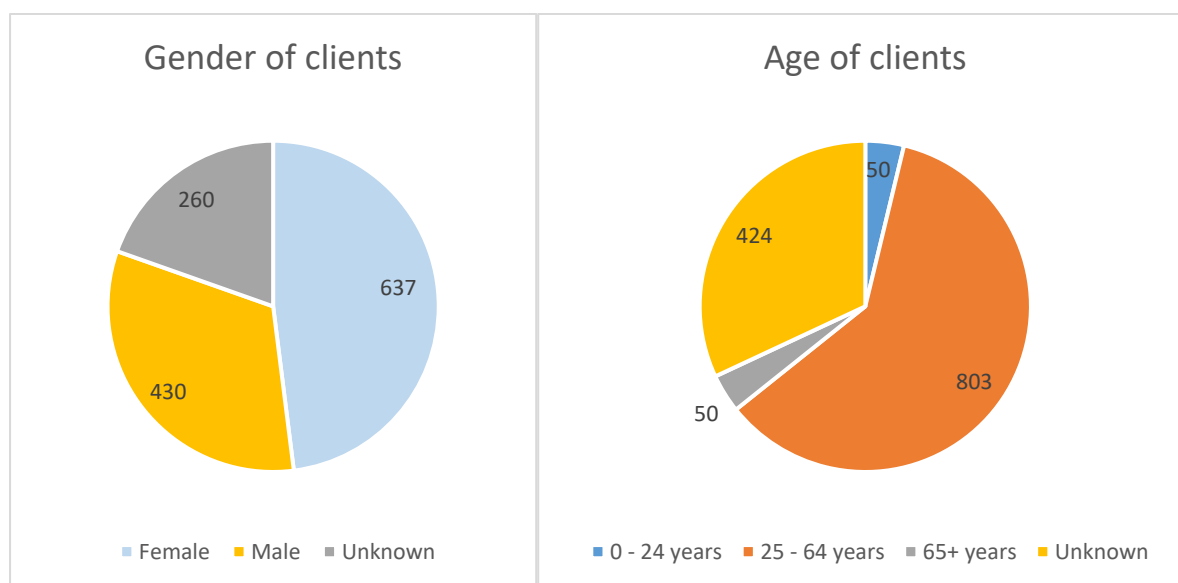
Google Analytics were used to show basic trends about the site usage from those using it, such as the number of page visits and the time spent on each page, which will highlight the areas on the website that are most frequently accessed.

Findings

Sample characteristics (casework)

Between January 2018 to January 2019, 1,328 clients were registered in the service database for the advice line. Of these clients, 578 (43%) were seen through the team in England, 369 (28%) in Wales, 250 (19%) in Northern Ireland and 127 (10%) in Scotland, (the remaining eight cases were not recorded). There were 524 people who have received casework for welfare, 433 who had received casework for debt, and 1182 people who received casework for their mental health and money situation. Client gender and age statistics are as follows:

Figure 1: Demographics for clients on the caseload.



The most common primary diagnosis reported was depression (n=363, 27%), followed by anxiety (n=167, 13%), bipolar disorder (n=79, 6%), post-traumatic stress disorder (n=69, 5%), and schizophrenia (n=60, 5%). Another 5% (n=61) reported no mental health diagnosis and 27% (n=357) were unknown. Caring responsibilities were unknown in 84% of cases. A small number of people (n=64, 5%) self-identified as being a 'carer', although a larger number (n=84) were identified by the service as being a 'carer, friend or relative'.

Nine clients were interviewed. These included three men and six women. Three had welfare cases closed, three had debt cases closed (including one who had both debt and welfare cases). Three had been in contact with the service on behalf of someone else.

Twelve stakeholders were interviewed, five from Scotland, three from England, two from Wales and two from Northern Ireland. Ten were from referral organisations and two worked for MHMA sites. Of the participants from referral organisations, seven were from mental health organisations referring for money advice, and three appeared to be from debt/money advice specialists referring for mental health support.

Client situation prior to casework

Data from the ICQ were available from 510 clients at baseline. Data from 112 clients at follow up (i.e., at the closing of a case or point of review).

- 70% said that they were feeling moderately to extremely stressed in the two weeks leading up to the call with advisors, with 41% saying they felt extremely stressed.
- 15% said that they were not at all confident that they could manage their money, and only 2% extremely confident that they could manage their money.
- 41% said that they were aware of where to access support for money matters.
- 52% said they were aware of where to access mental health support.

Results from the SWEMWBS at baseline showed an average wellbeing score of 15. Scores on this measure range from 7 to 35, with higher scores indicating better wellbeing. The average score reported is lower than the national average⁴ of 23.2 to 23.7, highlighting a lower wellbeing for those contacting the service. When looking at the different regions, the average initial SWEMWBS scores were not significantly different ($p > 0.05$).

The types of situations that prospective MHMA clients presented with were detailed further in the client interviews. Clients described situations of desperation and feeling overwhelmed, they may have been in a position where they were having welfare benefits removed or changed, such as Personal Independence Payments (PIP), Disability Living Allowance (DLA), Employment and Support Allowance (ESA) and interacting with the Department of Work and Pensions (DWP):

“I went to [another advice agency] and he said that actually I was taking on the DWP or whatever they are called and he said 'oh you've got no chance'” (Client #4, NI)

“I've been really, really going through the ringer lately because I had to get put on that universal credit so I've lost three hundred and fifty pounds a month.” (Client #7, Scotland)

“my PIP had been stopped, it affected my other benefits so I was on a hell of a lot less money, but still the same bills.” (Client #8, England)

“I was worrying about it coming in the next few months is just that I want to move on from this and the money problems I had a few years ago was a big setback. Then I was only entitled to mobility on DLA, twenty two pounds a week and then they turned me down for that when they said I had to claim PIP, I ended up getting much worse because my money halved.” (Client #2, England)

“I was applying for PIP and [MHMA] were helping me with the forms.” (Client #5, NI)

Some also described their situation in terms of mounting debts, either for themselves or for a family member, situations with severe complications for mental health, or where mental health was contributing to debt:

“I was on a high and I went out and bought my daughter a £1000 phone” (Client #8, England)

“I found out about daughter's debts after opening a letter and called the local Mind service (after three weeks of building up the courage) and then called up the [local Mind] service who then referred to the [MHMA] service. My daughter was suicidal [...] and was going through a lot of mental health issues.” (Client #9, Scotland)

⁴ Fat, L. N., Scholes, S., Boniface, S., Mindell, J., & Stewart-Brown, S. (2017). Evaluating and establishing national norms for mental wellbeing using the short Warwick–Edinburgh Mental Well-being Scale (SWEMWBS): findings from the Health Survey for England. *Quality of Life Research*, 26(5), 1129-1144.

"I contacted the service on behalf of my daughter because she owed some money to a mobile company that had gone on over 11 years. [...] when I made the telephone call and when I realised there was some help that was available I think I did burst into tears, I just thought 'oh thank goodness, somebody else can help', it affected me more than I realised." (Client #1, Wales)

For their part, the stakeholders (those who worked on the advice line and those who referred to MHMA) provided further information about clients' situations at the point of access. This included people with mental health problems who were struggling with welfare assessments, and also other types of agencies not specialising in mental health but for whom mental health was a fundamental problem.

"I've had various people who've had PIP assessments or forms to fill in like ESA and PIP and the Money Advice Service has been able to fill that in with them, so that was really good." (Stakeholder #7, England, mental health service)

"The majority of the cases they're either in debt or need support with benefits whether that is ESA or Personal Independence or Universal Credit" (Stakeholder #5, Wales, mental health service)

"95% of my clients either have a mental health problem, drug addiction or alcohol problem" (Stakeholder #6, Wales, non-mental health service)

Impact of casework

MHMA casework was positively received, as illustrated in data from the surveys and follow-up interviews, presented below.

Client outcomes (survey)

Complete data for the SWEMWBS at both baseline and follow up was available for 45 clients after missing data had been removed (20 from Northern Ireland, 10 from Wales, eight from England, seven from Scotland).

- Wellbeing scores were significantly improved at follow-up (from an average of 13.8 to 20.5), and this change was statistically significant ($P < 0.01$, $df = 44$).
- Confidence scores were significantly increased at follow-up (from an average of 5 to 7.3), and this was also statistically significant ($P < 0.01$, $df = 46$). Complete confidence scores at baseline and follow up were available for 47 clients.
- There were no significant differences on stress score between baseline and follow-up ($p = 0.4$, $df = 45$). Complete stress scores at baseline and follow-up were available for 46 clients.

When looking at a subsample of clients with closed welfare cases ($n = 37$), the difference on wellbeing scores was still significant (up from 13.3 at baseline to 20 at follow up; $p < 0.01$, $df = 36$). When looking at a subsample of clients with closed debt cases ($n = 10$), the increase was also significant (up from 13.5 at baseline to 21.2 at follow up; $p < 0.01$, $df = 9$) although the sample is not large enough for debt cases. Subsequent analyses were not done for specific diagnoses because the number of people with any one diagnosis is not large enough to detect any meaningful difference (i.e., the number of people with depression was only 22).

Client outcomes (interviews)

Clients provided information about their journey through the service, this was combined with information from referrers and service staff, who also provided information examples from their caseload to illustrate how the service worked.

Experience of the service

Clients described their experience of using the service, although in some cases there was confusion about whether MHMA was a separate service to the referral organisation. This is likely because, as described, referrers had close relationship to the referral organisation, which also tried to ensure an easy transition. Clients valued having a single person within MHMA who they could speak to about their case (who would then deal with outside agencies themselves). Clients also commented that the service took a 'weight off their shoulders':

"Absolutely brilliant. Just taking the stress away and having somebody to fight your corner"
(Client #4, NI)

"I would say with the weight that has been lifted off my shoulders I am more financially stable. [...] They just basically took the forms off me once I had had them signed and went through them. Then a couple of days afterwards they telephoned me and went through all my details, and basically just filled them out for me over the phone while I gave them my details and stuff. And, yeah, I got good news back yesterday." (Client #5, NI)

"My daughter, she felt instantly relieved when the situation was taken off her so that resolved that situation and, you know, I just can't explain to you how much it helped her and how much it helped me" (Client #1, Wales)

"It is like seeing a little bit of light at the end of the tunnel." (Client #6, England)

For clients, the caseworker is as an advocate for client's money problems. The caseworker is able to speak to debt and welfare organisations more effectively than the client or mental health services who lack experience around debt and welfare. Clients referred to caseworkers' ability to phrase official statements in relation to debt and welfare, to achieve results.

"I think when the girl from mental health debt management asked them for it and they know that they was playing with a different, you know, someone with a bit more expertise." (Client #4, NI)

"If it hadn't of been for Money & Mental Health Advice service I wouldn't have even gone ahead with an appeal. [...] 'I will help you, I will fill out the form – the PIP form - and you can sign it and post it on.' So, that is what I did. So, they wrote to me saying that the appeal had been accepted." (Client #3, NI)

"I think [the caseworker] claimed from a charity, I can't remember what it was called but I ended up being granted £150." (Client #2, England)

Many clients were receiving mental health support elsewhere (e.g., through a referral organisation which happened to specialise in mental health). For these clients, MHMA was often perceived primarily as a debt and money service, rather than providing mental health support and advice. Nonetheless, clients were aware of the links between money and mental health:

“Just with stress and just everything, there was someone there to help and support. They would always give me a call now and again to see how the process was going.” (Client #5, NI)

“My money situation has markedly [improved] but my mental health situation that’s only slightly. I’ve still got a long way to go but I’ve made progress over the last six months or so [...] I don’t think [MHMA] really knew the scale of the problem, I have anxiety disorder and panic disorder and I don’t think she, kind of knew, how they could help anyway.” (Client #2, England)

“I think the mental health side of it has always been, like, pushed to one side.” (Client #4, NI)

Long term impact for clients after casework

The most obvious long-term impact was on clients who had debts written off or welfare reinstated (e.g., through a tribunal process). However, clients also mentioned that they felt more able to seek help. Clients may have improved confidence in seeking help from services, and be more inclined to seek help due to having a positive experience with the service.

“These two debts from the DWP... They both sort of found in my favour without going to the tribunal.” (Client #4, NI)

“the service has motivated me to seek help [...] I suppose what I learnt is to reach out and have a plan to move on and reflect on things I suppose, that’s what it helped me to do and persevere” (Client #2, England)

“you might not necessarily ring those services but just knowing that they’re there they empower you and make you feel that you can resolve things.” (Client #1, Wales)

Referral partners’ experiences of the service

Referral partners were positive when talking about MHMA and its impact they had noted on clients and their families. This is seen in the following comments from people who worked for referral organisations. In particular, referrers mentioned the relationships developed over time with staff and clients.

“it’s been dead on, I think, we know [the advisor], she used to be part of our original debt contacts so we know she is experienced and professional and we know if there was any issues at all we could lift the phone and talk to her.” (Stakeholder #3, NI, mental health service)

“Oh my God, yes, the best thing that we’ve had. It’s lovely knowing that we’ve got that referral and that they know it’s going to be sorted and they’re going to get results. It’s the confidence that I have in MHMA, they’re just brilliant.” (Stakeholder #5, Wales, mental health service)

“they’re a really good team and they really know their stuff and they’re really going to be able to help, that’s felt really good to be able to say with confidence ‘this is a good service’ and their website is really excellent as well.” (Stakeholder #2, England, mental health service)

“the feedback from the clients has never not been fantastic. They love the fact that they only ever talk to one person. They never have to go through and explain who they are because they get a direct line and these are all things that are vital when someone’s suffering from mental health issues and these are all the things that stop them engaging with [other agencies] and different things” (Stakeholder #6, Wales, non-mental health service)

Comments on referral and casework processes

On initial contact with the service, those working in referral organisations often mentioned the importance of introducing the client to the MHMA team. Clients may face barriers on making the initial contact with the services. Initially they may be afraid to speak to the advisor and they may have other difficulties in opening official letters and speaking on the phone which may relate to their money or mental health situation. Many potential clients find speaking on the phone difficult, particularly with regards to financial matters. This means that referral could be treated as an ongoing process, with the referral organisation working in partnership with MHMA (and sometimes in an adjacent building):

*“what we’re **not** saying is ‘here’s a list of phone numbers, tell them this and go and try that’ we’re saying ‘we’ve found someone that can help you. [...] the warm referral and handover means that you’ve got a lot of assurance that, actually, if we’ve done our bit and we’ve identified the right things, they’re going to get help and we’re not just giving them a phone number to try and hoping for the best.”* (Stakeholder #4, England, non-mental health service)

“I’ve [got] an understanding with all the support workers that I get the first appointment done on their phones, in their office or they go out to the client’s home and they then hand over, so to speak” (Stakeholder #6, Wales, non-mental health service)

“Many people don’t like use the telephone – I’d say about 50% of our clients don’t like the phone. We’ll text people to confirm appointments rather than phoning them. Sometimes people are happy to deal with the MHMA phone call themselves, but the person is basically unknown to them. They trust me as their caseworker, because we have built a relationship over time.” (Stakeholder #12, Scotland, mental health service)

“we know the advisors, we work next door, we see them, we sometimes have lunch with them and things so we know that they’re really good at what they do” (Stakeholder #2, England, mental health service)

The need to build trust with caseworkers was echoed by clients. Conducting the referral process in this way (for those that needed it) ensured that referral processes were as smooth as possible, removing barriers that might prevent clients from engaging. These difficulties can continue when the casework begins:

“I think she’s definitely trusting of the service that was given to her and definitely trusting of me and I think it’s partly because of her poor mental health and partly because I think she feels that she’s had to battle, that she’s not trusting of everyone. I think you have to earn her trust but I think that once you get over that line she will trust you and I think she definitely trusts the service, the person that she was working with.” (Client #1, Wales)

“She texted and called through the whole process, I would say about ten times which was very good. It was more than enough, you know, it wasn’t constantly ringing or pressurising me. But, yeah, I couldn’t have asked for any better, it was very balanced.” (Client #5, NI)

Some stakeholders commented that they felt the service was approaching saturation point, whereby it was more difficult for new clients to get accepted onto casework. The increased popularity of the service resulted in a waiting list.

“I think that the biggest issue was that there aren’t enough appointments and often it could be two or three weeks wait before the first appointment was available.” (Stakeholder #2, England, mental health service)

“It’s sort of like a two week wait because it’s become so popular because they are only a small team. It’s a shame actually that there’s not more of them because they do such great work”
(Stakeholder #5, Wales, mental health service)

“they’re inundated so that when you go on the site there’s no appointments available. They only have so many that they can do within that timescale and they disappear very quickly”
(Stakeholder #6, Wales, non-mental health service)

“We’re very, very much blessed in this service. It’s not like it’s infinite, that we can have as much time as forever, but we’re very much ... it all comes down to what is needed for the client.” (Stakeholder #10, Scotland, caseworker)

Clients also described lack of reach as a potential limitation of the service. A lack of awareness about the service amongst potential clients related to the lack of publicity surrounding it. Of course this would need to be balanced against service capacity; greater awareness of the service would increase the demand:

“Maybe if there was more advertising or awareness so that people knew the help was there, because you hear so much these days about people struggling and not seeking the help.”
(Client #5, NI)

“Would be good if they had advertising in surgery’s/GPs/advertising.” (Client #9, Scotland)

Impact of the website

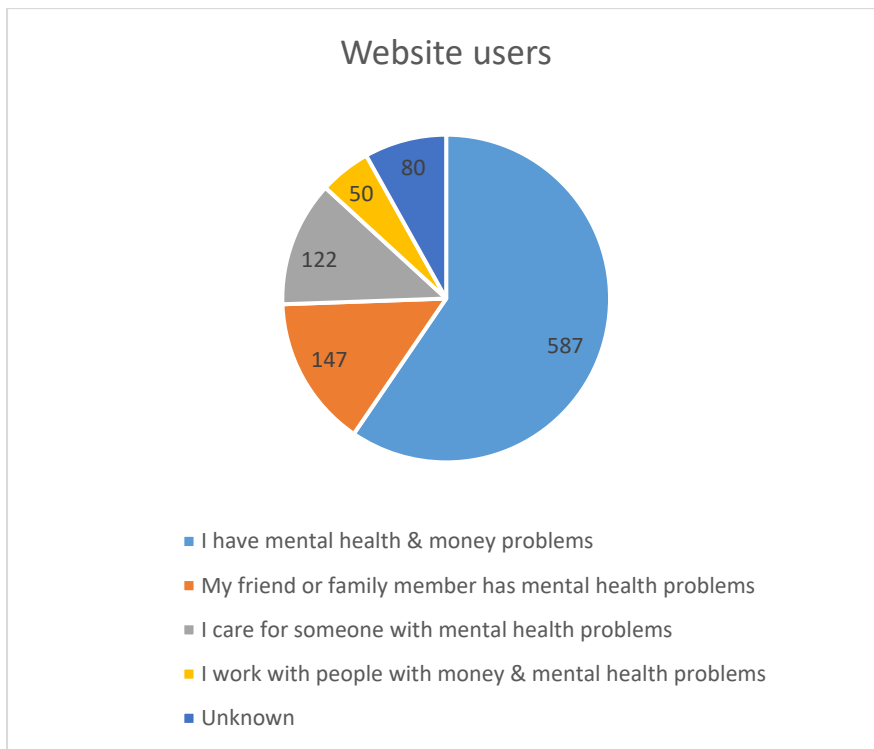
Findings from web survey

There were 986 responses to the website pop-up survey:

- The majority (n=787, 80%) said they found the information they were looking for.
- The majority (n=773, 78%) also said that they found the information helpful and said that the information helped them manage their situation (n=553, 56%).

Reasons people gave for visiting the website are shown in the chart below, over half of people visiting the website were doing so for their own mental health or money difficulties.

Figure 2. Reasons for visiting the website:



Of those who also submitted free-text responses to the survey, there were 115 positive comments about the website, 154 neutral comments and 53 negative comments:

- Positive comments included noting useful information, clear guidance, and increases in confidence and reduced stress.
- Neutral comments included general queries, descriptions of the users' situation, or statements about whether they could put the information into practice or not.
- Negative comments tended to focus on that the information was not helpful or the advice was too general for their needs.

Findings from analytics

Between January 2018 and January 2019, there were over 288,000 sessions⁵ created by 216,000 users visiting the website.

- The average session duration was just under 3 and a half minutes. Visitors viewed approximately four pages before leaving the site.
- The most popular pages on the site (excluding the landing page) were *"What the 2018 PIP ruling means for those living with mental health issues"*. This advice page was seen by 6% of users, the 'tips' page was viewed by 5% of users.
- Other highly viewed pages included *"Can I claim welfare benefits if I'm living with a mental illness"* and *"advice for someone with mental health and money problems"*. The top search terms on the site were: "PIP" (5%), "ESA" (2%), depression (1%) "benefits" and "universal credit".

⁵ A 'session' is defined by Google as "a group of user interactions with your website that take place within a given time frame. For example a single session can contain multiple page views, events, social interactions, and ecommerce transactions..... A single user can open multiple sessions" - <https://support.google.com/analytics/answer/2731565?hl=en>

Discussion and recommendations

Data from Mental Health and Money Advice (advice line and website) shows that MHMA is a valuable service that fills a specific need for people. Data collected from clients entering the advice line casework show how much stress and anxiety is being caused by changes to the benefit system, particularly in relation to concerns about PIP. People with mental health problems who are reliant on these benefits fear having them taken away. This leads to increased mental health difficulties and stress. The service is working with people who feel a lack of control over their money situation.

The advice line service (providing the casework) is working with complex situations. **Clients and stakeholders value a specialised service dealing with money and mental health.** The caseworker is often able to resolve debt and welfare cases for clients, thus removing a major source of stress in client's lives. Metaphors of hope and relief such as 'light at the end of the tunnel' or a 'weight off the shoulders' seem particularly appropriate for clients in these situations.

The MHMA casework cannot should be seen within the context of surrounding mental health services, debt advice services and homeless charities (who may be referring in). Mental health and money situations are sensitive topics and it may be difficult to build trust and rapport over the telephone. Local services (often face-to-face) can help in this regard.

There are added benefits of the casework, in that it can help people take control over their lives and begin to seek help in future. Such help may not necessarily be supported from the MHMA. People who use the service may have come across other advice services before, and not found them helpful or accessible. A positive experience with the service may make them feel more positive or confident in seeking advice and support from other services in future.

The benefits of the website are more diffuse. People are more likely to use this to find particular information (often about changes to benefit and welfare systems) and then move on. They are likely to rate the usefulness of the information based on whether they found what they came for, and are unlikely to complete more complex or intrusive evaluation measures.

Recommendations

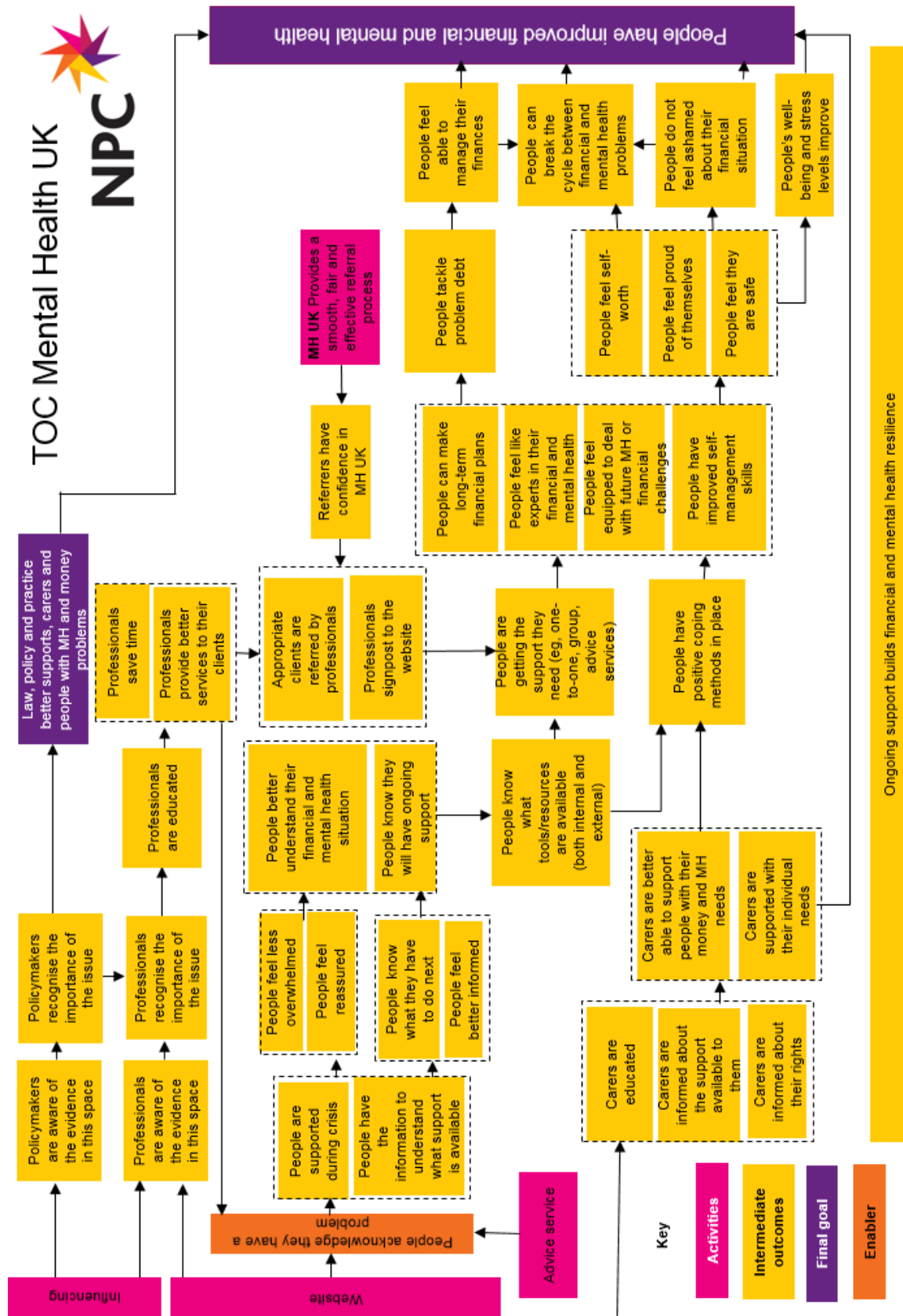
1. The service is valued by those clients who can receive the casework. Therefore should be funded to continue.
2. The service must continue to work in partnership with referral organisations from the debt and mental health sectors, because this eases the referral process for potential clients without the cost of mass publicity. The referral process could be described as 'working in partnership'.
3. This casework is relevant for clients who are in complex situations. This means that it requires more time to work with individual cases than was originally intended. Any further service design needs to account for this.
4. Promote the service to wider audiences, such as primary care settings. Any promotion needs to be done in reference to the capacity of the service.
5. Offer continued training and development for advice line staff on mental health issues.
6. Develop simpler evaluation methods for capturing data at the end of the casework in order to improve caseworkers' data collection rates, for example, experimenting with three or five questions maximum.

Strengths and limitations

This evaluation uses mixed methods and has sufficient sample size to detect moderate effects in clients' outcomes. The evaluation would have been strengthened by larger numbers of people completing baseline and (in particular) follow-up data. Only a small proportion of the total clients who completed casework completed full baseline and follow-up measures. This implies that the measures may be difficult for caseworkers to ask of clients. Significant time was spent developing these measures with advice line staff, but these tools still may not be the best way of collecting data from individuals due to demands on staff time to collect data. People who had a less positive experience of the service are also less likely to want to be interviewed. Some of the people who were interviewed felt a strong sense that they wanted to 'give something back' because the service had been so useful. This implies that there may be a bias in our interview sample.

Appendices

Appendix 1. New Philanthropy Capital (NPC) Theory of Change Framework



Appendix 2. In-call questionnaire (ICQ)

These questions should be asked during the first call, and during the closing call of all cases.

1. I am aware of other support that I can access for money matters Yes No
2. On a scale of 1 to 5 how confident are you that you can manage your money?
(1 = Not at all confident, 5 = extremely confident)
3. On a scale of 1 to 5, how stressed have you felt in the past two weeks?
(1 = Not at all stressed, 5 = extremely stressed)
4. I know where I can access mental health support. Yes No

This tool uses SWEMWBS (the short version of the Warwick-Edinburgh Mental Well-being Scale-WEMWBS) to measure wellbeing. The WEMWBS was created by mental wellbeing experts and developed to monitoring of mental wellbeing in the general population and the evaluation of projects, programmes, and policies which aim to improve mental wellbeing

Each question relates to a different aspect of wellbeing and when combined we are then able to get an idea of someone's overall mental wellbeing.

5. I'm going to read some statements about feelings and thoughts.
Thinking about the **past 2 weeks**, on a scale of 1 to 5
(1= none of the time, 5 = all of the time)
 - a. I've been feeling optimistic about the future
 - b. I've been feeling useful
 - c. I've been feeling relaxed
 - d. I've been dealing with problems well
 - e. I've been thinking clearly
 - f. I've been feeling close to other people
 - g. I've been able to make up my own mind about things

The following question is to be asked if the client is a carer and is calling on behalf of someone that they care for.

6. On a scale of 1 to 5, how confident are you that you can continue to support [the person that you care for] with their mental health and money needs?

Appendix 3: Website pop-up survey

1. Was this article helpful to you?
 - a. 'Did you find what you were looking for on this website?'
 - b. 'If so, was this information helpful to you?'
 - c. 'Has this information helped you to manage your mental health or money situation?'
 - d. "Please tell us more"

Appendix 4. Client case summaries

These are extracts from transcripts with clients. They have been abridged for clarity, personal details removed to ensure confidentiality.

Case summary, client #1

Someone advised me to approach Citizens Advice, which is a service I would never have thought of approaching at the time, who referred me to this particular service. I contacted the service on behalf of my daughter because she owed some money to a mobile phone company and needed support in resolving the issue. She was feeling very depressed and very distressed and struggling managing her money. I didn't want to approach anyone really, I wanted to try and resolve it myself. I just couldn't, I think it's just accepting that you can't.

The service talked me through what we needed to do. The support worker actually went through the legalities of people with poor mental health and debt. They advised us that I had to write the initial letter and basically advised us what to put in it and I could send it by email and it was checked and then I had to send it. The company acknowledged that they should have taken into account the Mental Health Act that she came under, and apologised and said that they wouldn't ask for any more money, that they would write off the remaining of the money, however, her name would be on the debtors list for six years.

My daughter felt instantly relieved when the situation was taken off her so that resolved that situation and, you know, I just can't explain to you how much it helped her and how much it helped me. After over a decade, the service stepped in at a time when we thought it would never end. I like everything about it. I didn't realise there was a service we could contact for something like that. If I had to rate it out of ten, I would say eleven.

Case summary, client #2

I rang up Rethink for advice on money and they told me about their new service, the Money Advice Service. At that time I'd been refused my Personal Independence Payments (PIP) at the tribunal and I was needing help with new furniture and things and I suppose I just didn't know what to expect from them. I was in a really bad state because I was getting high in debt and sleeping on the floor on a mattress. The circumstance was really making me depressed. I felt so low and detached from everyone and everything that I didn't have high hopes that anything would happen.

The PIP situation was dealt with by Citizen's Advice and the Mental Health and Money Advice service just helped me with claiming for a mattress. I can't remember what it was called but I ended up being granted £150. I was relieved that I was getting a bed finally, getting that mattress kind of helped me move on a bit. My money situation has improved markedly but my mental health situation only slightly. I've still got a long way to go but I've made progress over the last six months or so. I'd say I'm confident in managing money because I'm actually quite good now. But in terms of the mental health, my long term plan is to get back into work and I just don't think I'm making progress quickly enough, the longer it goes on the harder it's going to be.

I suppose what I learnt is to reach out and have a plan to move on and reflect on things, that's what it helped me to do and persevere and I did have a successful outcome with the tribunal. The money advice service has motivated me to seek help. Getting a positive response from them, it inspired me, it gave me hope and I've come a long way.

I'm glad it was there for me because there's really not a lot out there. It would seem like a small thing that I've got but it's helped me make that push. It's provided the first step because not having a mattress and sleeping on the floor is just not a good way to be and it helped me to feel normal in some way.

Case summary, client #3

I had got a letter through saying that I was no longer getting Disability Living Allowance (DLA). I just thought what is the point? You know, they had made their decision. I was just having trouble with sleeping and I had developed a medical condition. It was a really difficult time for me and I was under a lot of stress.

I just kept my usual routine and just told my doctor we don't have DLA to rely on. The advisor wouldn't have been aware what my money situation was, she just said to me "it's not too late to make an appeal". If you want to go ahead and do that, "I will help you, I will fill out the form, and you can sign it and post it on." So, that is what I did. So, they wrote to me saying that the appeal had been accepted and will be heard.

If it hadn't been for Money & Mental Health Advice service I wouldn't have even gone ahead with an appeal. If the advisor hadn't persisted on phoning me, then I wouldn't have. At least now they are looking at the appeal. So, that was good, that was helpful. I am managing my mental health really well now.

Case summary, client #4

The Department of Work and Pensions (DWP) said that they'd overpaid me by a period of nearly three years, I owed them over two thousand pounds. I was like ninety nine percent sure that I'd informed the DWP of everything. All I've done is phone them up, what apparently happened is that they lost my records and lost the phone conversations. They said they were going to start taking fifty pounds a week off me to pay it back. I'm obviously thinking, well I'm going to be sat in the dark, no heating. They were going to take me to a tribunal, I didn't know what to do.

The service were very professional and gave me a lot of hope. Within a matter of two or three months, less than that, it'd been sorted. She asked me to write my case out as best as I could remember. I sent it off, and then she got in touch with the DWP and said that they were going to fight my case. These two debts from the DWP were both found in my favour without going to the tribunal. I was so grateful for their help. I was grateful for the debt help but nobody likes to admit that they've got mental problems. If I ever got into that sort of situation again or if I knew anybody that's in that sort of situation, I'd obviously recommend that they use the service.

Case summary, client #5

Four years ago I suffered a stroke. I had to leave my job, my career. I was in hospital and I left with a brain injury and had to learn to walk and talk and count again. The brain damage was taking effect on my mental health. I was starting to binge drink to forget about the problems, but it was making it worse. I went on a few courses and stuff, I went to numerous places for counselling. I didn't want to get myself into a rut.

I was on Disability Living Allowance (DLA), things were okay but I was struggling financially. I was moving from DLA and applying for Personal Independence Payment (PIP) and the service were helping me with the forms and stuff. Somebody from my local mental health service just basically took the forms off me and went through them. A couple of days afterwards they telephoned me and went through all my details, and yeah, I got good news back yesterday. I would say with the weight that has been lifted off my shoulders I am more financially stable.

They were very understanding. Trying to put things by yourself on the paper is a lot different from somebody on the phone. If there was anything I was stuck on I would always ask for help. It was ten out of ten, I couldn't ask for better. Just with stress and just everything, there was someone there to help and support. They would give me a call now and again to see how the process was going.

Case summary, client #6

Everything gets mixed up in my head, you know, I mean with all these debts and everything. I have been suicidal a few times, I have been admitted into hospital as well. I just can't cope with day-to-day living, you know, because you sit there, and I know for a fact that I am sitting and looking at a pile of letters in front of me. I am disabled as well which means I can't get out. I live in a disabled bungalow with a care service which they have started charging for. I got behind with my rent because I keep forgetting. I have got to pay a hundred and seventy something pounds today, which luckily enough I have put to one side. But I keep forgetting that the money has got to come out for it, for different things, which stresses me out even more.

I am just getting started with the service. They gave me a lot of advice over the phone, they are going to send me these forms out as well, and they are to do with getting in touch with your creditors. It is difficult. It's a bit better now that I am starting to get them all sorted out. It is like seeing a little bit of light at the end of the tunnel.

Case summary, client #7

I've suffered from mental health problems my whole life. I grew up with money and everything; I had everything I needed physically. A lot of it is situational because I haven't had it easy. I have debts and stuff that I'm trying to deal with. I've been having to get second-hand stuff, my washing machine chewing my clothes up, only one ring works on my cooker, the microwave blew up the other night. I don't have any funds at all until next week when I get paid and I've been really, really going through the ringer lately because I had to get put on that Universal Credit so I've lost three hundred and fifty pounds a month. I've not even brought friends round to my house because it's that embarrassing.

I can't seem to get through to the money advice service on the phone, but I have spoken to the advisor a couple of times. Basically, just been doing everything through the mail. To be honest with you, not much has changed, I sent them a bank statement to show that I'm constantly in overdraft. I was under the impression that I would be put through to some charities that can help me with those things, because I've come across a couple of charities who actually help with living expenses for people who've got mental health problems and are on benefits and find it hard to cope.

The advisor has been amazing in every other aspect, really wants to try and help as much as they can. I don't want to say they haven't been helpful, I know they're desperate to help, in my corner, but I would like to be made aware of other help that is out there.

Case summary, client #8

The crisis team gave me the number to ring because my Personal Independence Payment (PIP) had been stopped, I was on a lot less money but still the same bills. I've just filled all the paperwork in to go to tribunal. The Citizens Advice Bureau have done the tribunal letter and that's been sent off. There are various different organisations helping me sort out my debts. My mental health is one of the reasons my phone bills are so high. I was on a high and I went out and bought my daughter a £1000 phone. I've got physical health problems as well.

The (Mental Health and Money Advice) service said they'd see whether they could help me in any way, but said well, "we can't help you because your bills are too high". I have since reduced two of my bills. The only thing the service offered me was help with managing my money. They wanted a breakdown of what I pay out and what I have coming in to see whether or not they could help reduce these. I would've liked for them to speak about what other things they can offer rather than just the money thing, I did explain I have got other agencies dealing with it, I didn't need for them just to deal with my money, there's so much else going on.

Case summary, client #9

I found out about my daughter's debts after opening a letter, and called the local Mind service. She used to buy a lot of things and the money built up. She was paying the bare minimum to cover costs but not paying off the full amount. She was suicidal and was going through a lot of mental health issues. The situation has affected the rest of my family too. Mind were giving support for the mental health but when they found out about the debt they

referred to the Mental Health & Money Advice service. I've been talking to them myself, my daughter has had no contact with them.

We are still going through casework at the moment, the advisor has helped with writing the initial letter of support as well as requesting documentation and paperwork to check they are eligible for the debt write-off. We are now going through a waiting period of whether they need any more documentation and where they go to next. At the moment it is at a standstill because they are awaiting a response and some paperwork to see how they can move forward. We try to stay focused on taking each day as it comes.

The advisor gave us contacts for the Samaritans and other mental health services and asks us how we are coping. It feels like the service has given some hope at a time when we were hopeless and couldn't see a way out of the problem. The service is very helpful. They have been the first point of call for the most part of it. I am surprised that the service is so new, they do a really good job and are skilled to help in more than one issue. The advisor is easy to reach if anything comes up, sometimes it goes to answerphone but if there is an urgent call then they will call back.



About the McPin Foundation

The McPin Foundation is a specialist mental health research charity based in London but working across England. We exist to transform mental health research by placing lived experience at the heart of research activities and the research agenda.

Our work includes:

- Guidance and expert support on public and patient involvement in mental health research
- Collaborative research studies in partnership with organisations interested in user focused mental health research
- Campaign and policy work to raise the profile of mental health research and improve access to evidenced based information

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