

Evaluation of a money and mental health service delivered by Citizens Advice

August 2025



Research undertaken by PHIRST LiLaC

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Summary of key findings

The Money and Mental Health (MAMH) service began operating in January 2021 with the purpose of improving the mental wellbeing of adults by supporting them with financial difficulties. During the first four years of its delivery the service engaged with 1,412 clients and steadily expanded, with quarterly uptake demonstrating a 2.5 fold increase and geographical reach widening.

The service has engaged effectively with clients living with complex mental health and financial difficulties. We analysed client data that are routinely collected by Citizens Advice and the findings indicated that approximately 60% of clients are living in poverty. Uptake has been greatest among the working age population and households without children, but low among more elderly populations and from deprived areas located further from Citizens Advice offices. This suggests there are opportunities for increasing uptake among families with children experiencing poverty, older people, and in more peripheral deprived areas. For example, that could be through integrating the provision into primary care and/or perinatal services and through collaborations with community organisations that have established relationships with these communities.

We undertook interviews with 14 clients and focus groups with 9 advisors to understand their views. Insights from these indicated that the MAMH service has had a positive impact on clients' mental health including reductions in anxiety, stress, and feelings of overwhelm, alongside improvements in hopefulness and confidence. Furthermore, three (out of fourteen) clients that were interviewed reported the service had been instrumental in preventing them from ending their lives. This is captured in client quotes, which included *"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"* [P2; 23/09/2024] and *"without the service I would not be here today"* [P5; 15/10/2024].

The service has also had a positive impact on clients' financial situation and since commencing in January 2021 it has supported clients to access financial gains amounting to over £3.89 million in total. Findings from the qualitative work suggest a key mechanism for achieving these positive outcomes appears to be the support of a single, dedicated adviser who builds a relationship of trust with the client and advocates on their behalf.

We analysed service delivery cost data and calculated that the cost of the service was £544 per client in 2023-2024, which is similar to other comparable services during the initial roll out phase. Findings suggest there may be some barriers to effective implementation of the service, including that some clients' mental health difficulties impact their ability to productively engage with the service and this issue appears to have implications for advisers' workloads. Reflecting on this aspect could potentially improve service delivery and help manage costs more effectively.

1) Introduction

1.1 Background

The cost-of-living crisis and the COVID-19 pandemic's ongoing social and economic consequences have heightened public health attention to people's financial circumstances as a social determinant of health¹. Over the last decade councils have put in place a range of support for those experiencing financial hardship ranging from emergency provision, welfare assistance schemes, welfare benefit entitlement advocacy, and debt and financial capability advice schemes². Often these are delivered in partnership or commissioned to third sector organisations, such as Citizens Advice, to deliver. Despite a body of evidence about the health consequences of financial hardship and income levels, there is relatively little robust evidence on what can be done to best support those experiencing adverse financial difficulties and how support can be delivered most effectively³.

1.2 Money and Mental Health service

The Money and Mental Health (MAMH) service is an enhanced Citizens Advice initiative designed to improve the mental wellbeing of adults. Commissioned by Kent County Council (KCC) and the NHS Kent & Medway Integrated Care Board (ICB), the service is centrally managed and delivered through Citizens Advice (CA) North & West Kent with two further offices in Dover and Canterbury also delivering the service. At the time of the evaluation, the team included the equivalent of 7 full-time paid advisers.

The service is available to anyone aged 18 or over in Kent and Medway with both mental health and financial problems. There are no inclusion or exclusion criteria relating to either a mental illness diagnosis or type or size of financial problem. Initially referrals came from Kent and Medway NHS Social Care Partnership, an NHS trust providing mental health and learning disability services, but this has been extended so that a wider range of organisations can now refer. Currently (2025), NHS providers are able to make direct referrals into the service and other organisations can refer individuals to the Kent Advice Hubs where they will be triaged for suitability for the MAMH service. Examples of referring organisations include social prescribers in GP surgeries, local charities, social services, hospital crisis psychiatric support, and community services. CA staff may also identify clients directly through their organisation.

Clients receive support from a dedicated adviser who deals with all aspects of their case and builds an ongoing relationship. This differs to standard adviser support, which is often more time limited. The nature and timing of support is also adaptable depending on circumstance. For example, an adviser may engage regularly with a client for an initial period then wait for several months for appeal decisions, which is then followed by further engagement. The advisers providing support all have debt and benefits knowledge, with some having more specialist knowledge on each area, and referrals are distributed taking this into account as far as possible.

2) Evaluation design

This evaluation has been undertaken by the PHIRST LiLaC team. PHIRSTs (Public Health Intervention Responsive Studies Teams) are funded by the National Institute for Health and Care Research (NIHR) to undertake independent evaluations of public health interventions that are delivered or commissioned by local government. PHIRST LiLaC is a collaboration between the University of Liverpool and Lancaster University. The evaluation objectives and methods are detailed below.

2.1 Objectives

The evaluation focuses on the following objectives:

- 1) To understand the reach and uptake of the service across different sociodemographic groups.
- 2) To explore how clients experience the service, and ways in which it has or has not influenced their health and wellbeing.
- 3) To identify key enablers and barriers to effective implementation of the service.
- 4) To understand the costs associated with delivering the service.

2.2 Quantitative methods

As part of their service delivery, CA collect information on people who have used the MAMH service, with data stored in their Casebook system. We had access to data for 1,412 clients who engaged with the service between January 2021 (when the service started) to December 2024 (when the data were extracted).

The data contained information on clients' characteristics e.g. age, gender, ethnicity, long-term health condition or disability, and housing tenure. It also included their home postcode, which was replaced with Lower Super Output Area (LSOA) of residence prior to receiving the data. Additionally, the data contained information on client's engagement with the MAMH service including the number of cases they had support with, the type of issues faced (e.g. benefits, debt, financial capability, housing, and utilities), and for those that had left the service it included some information on outcomes (e.g. financial, health/wellbeing, or other improvement), along with the date they left.

We linked the Casebook data (via LSOA of residence) to information on area level deprivation (IMD) and UK Census data that detailed the demographic characteristics of the local population in order to examine reach and uptake of the MAMH service across different demographic and socioeconomic groups.

Additionally, in order to understand the impact of the service on clients' health and wellbeing, MAMH advisers administered a previously validated⁴ single-item mental health question at baseline (when clients join the service) and 3-month follow-up. The wording of the question was "In general, would you say your mental health is: Excellent, Very Good, Good, Fair or Poor?". We examined change in reported mental health over time for clients who provided data at both time points.

Lastly, CA supplied data on service delivery costs for the 2023-2024 financial year including information on staff salaries, training expenses, IT equipment, and overheads. We used this data to summarise the costs associated with delivering the MAMH service.

2.3 Qualitative methods

To explore how clients experience the MAMH service, and the ways in which it has or has not influenced their health and wellbeing, we undertook interviews with clients using the service. Recruitment for interviews was via MAMH advisers, who shared the contact details of clients who consented to be contacted by the PHIRST LiLaC team. In total, 62 clients were contacted between September 2024 and January 2025, and 14 agreed to take part in an interview. The remaining clients either did not reply or did not wish to take part.

Interviews took place by telephone and their duration ranged from 17 to 77 minutes, with an average duration of 33 minutes. The interviews followed a semi-structured schedule and covered the following topics: the person's personal and financial circumstances at the time of engaging with the MAMH service; their experience of engaging with the service; the

difference (if any) that the service made in their lives; their views on what worked well for them and what not; their views on how the MAMH service compared to other services the person had engaged with; and the person's recommendations for improvement.

Additionally, to identify key enablers and barriers to effective implementation of the service, we undertook 2 focus groups with 9 MAMH advisers involved in delivering the service (75% of the 12 advisers employed at the time). Focus groups were conducted online using MS Teams and lasted for 90 minutes. They followed a semi-structured schedule that comprised the following topics: experience of delivering the service; service strengths and challenges; service development and changes over time; lessons over time; and outcomes for people who use the service.

The audio recordings from interviews and focus groups were transcribed and a thematic analysis was undertaken to identify key themes and sub-themes.

3) Findings

This section details the study findings, which are organised according to the evaluation objectives.

3.1 Reach and uptake of the service across sociodemographic groups (Objective 1)

3.1.1 Roll out of the service

The MAMH service commenced delivery January 2021 and was initially administered by Citizens Advice Tunbridge Wells & District but later by Citizens Advice North & West Kent following a merger with that organisation. Roll out was later extended to the Dover office in August 2021 and Canterbury office in May 2022. Figure 1 shows the monthly number of new applications over time and indicates that these have gradually increased from an average of 25-30 per month during early 2021 and peaking at an average of 60-65 per month in early 2024, before plateauing in late 2024 as the service became well-established.

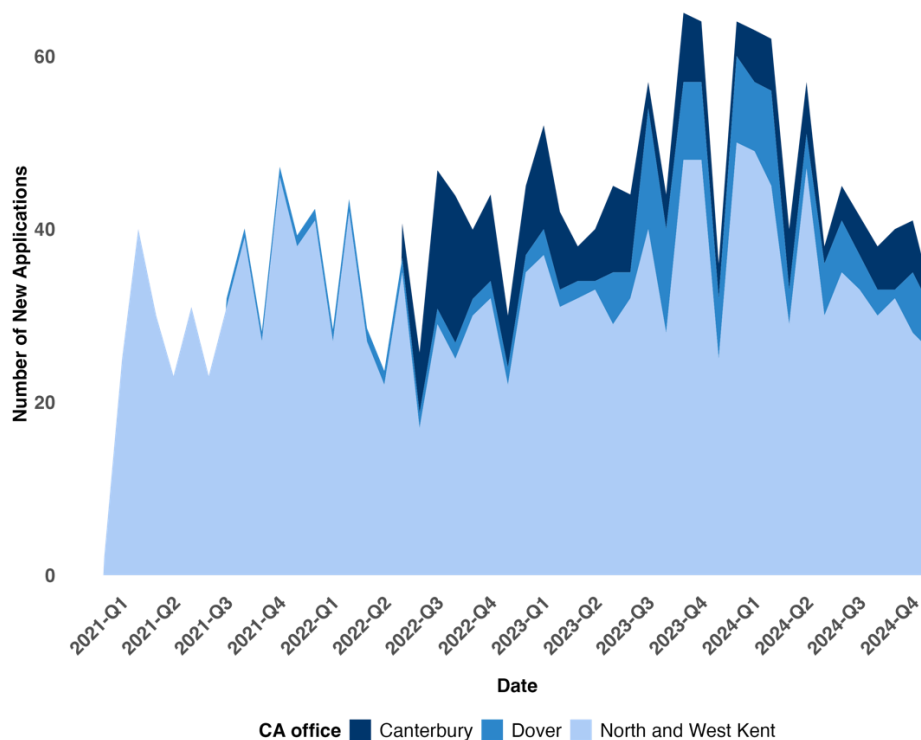


Figure 1: Monthly number of new applications to the MAMH service.

3.1.2 Client characteristics

We examined uptake of the MAMH service compared to the local population in relation to key demographic characteristics (e.g. gender and age) and measures likely to be associated with need for support including the presence of a long-term health condition or disability as shown in Table 1. For LSOAs across the county of Kent (which represent the area over which the local population is eligible to access the MAMH service), the table shows the percentage of the local population that have a particular characteristic, where this is available from the 2021 Census, and the percentage of clients that also have that characteristic.

In terms of gender, female clients were overrepresented compared to the local population (62% vs 52%). While in terms of age, the majority of clients were of working age with 93% aged 18-64 years, versus 61% locally. Furthermore, clients were predominantly of White ethnicity (91%), which reflected the local population (93%).

There was a substantially higher proportion of clients reporting a long-term health condition or disability compared to the local population (100% vs 25%). Specifically, 53% reported mental health difficulties, 4% reported a physical impairment, and 40% presented with multiple impairments. These figures are consistent with the service's focus on supporting individuals with poor mental health.

In terms of household structure, the majority of client households (62%) did not have children, versus 45% locally. Furthermore, most clients (72%) lived in rented accommodation (compared to 32% locally) and their home locations were reasonably equally distributed across the local quintiles of deprivation. With respect to income, 36% of clients had a monthly income below £1,000, while 47% had an income between £1,000 to £2,000 per month, and 16% had an income above £2,000 per month. Given the standard UK poverty threshold is approximately £1,500 per month, this suggests around 60% of clients were living in poverty. In terms of debt, the average total debt per client was £10,225 but some clients (11%) had substantial debt of more than £20,000.

Table1: Comparison between characteristics of MAMH clients and the local population.

	Local population (%)	MAMH clients (%)
Gender		
Male	48	38
Female	52	62
Age group		
18-34 yrs	22	28
35-49 yrs	19	31
50-64 yrs	20	35
65+ yrs	20	7
Ethnicity		
White	93	91
Minority	7	9
Health condition		
Long-term health condition without disability	7	93
Long-term health condition with disability	18	7
Type of disability		
Mental health difficulties	-	53
Physical impairment (non-sensory)	-	4
Multiple impairments	-	40
Other (e.g. cognitive impairment, fatigue)	-	3

Household type		
Single person without children	28	53
Single person with children	11	23
Couple without children	17	9
Couple with children	27	7
Other (e.g. house share)	17	7
Housing situation		
Homeowner	67	15
Renting	32	72
Other (e.g. staying with family)	67	13
Home location by local deprivation quintile		
Q1 (most deprived)	20	24
Q2	21	22
Q3	20	22
Q4	20	19
Q5 (least deprived)	19	12
Client income per month		
< £400	-	11
£400 - £599	-	7
£600 - £799	-	7
£800 - £999	-	11
£1,000 - £1,299	-	14
£1,300 - £1,499	-	10
£1,500 - £1,999	-	23
£2,000 - £2,499	-	8
£2,500 - £2,999	-	4
> £3,000	-	4
Total client debt		
£0 - £4,999	-	47
£5,000 - £9,999	-	20
£10,000 - £14,999	-	15
£15,000 - £19,999	-	8
£20,000 - £24,999	-	3
£25,000 - £29,999	-	2
£30,000+	-	6

3.1.3 Case characteristics

When clients first get in touch with the MAMH service a new case is opened. In total, 1,905 cases were opened between January 2021 and December 2024. Although most clients only have one case, some clients return to the service for further support and therefore may go on to have further cases. The average number of cases per client was 1.4 and the maximum number of cases a client had MAMH support with was 7.

The average duration of each case was 116.5 days, although cases ranged in length from between 0 to 801 days. A case may last 0 days if during the initial meeting the adviser or client feels the MAMH service is not the right approach for the client's needs. During the initial meeting the adviser seeks to understand the issues the client is facing. Overall, clients reported they would like support with an average of 2.7 issues during each case (min=1, max=18). Clients presented with a diverse range of issues, but Table 2 shows the five most common reasons they required support, which included accessing benefits or appealing decisions (97%), debt (43%), financial capability related to their ability to manage their finances (21%), housing (15%), and paying utility bills or communicating with utility companies (12%).

Throughout each case, the adviser makes regular contact with the client. Most contact was via telephone, which accounted for 80% of all communication. Only 15% of communication was via in-person meetings, and the remaining 26% was via a combination of methods including video calls, emails, and letters by post. Note, information on the communication methods that have been used is only recorded when a case is closed, and so this data was only available for 839 cases.

Table 2: Case characteristics.

	Number of cases	Percentage (%)
Top five issues reported in cases (n=1,905)		
<i>Note cases can fall into >1 category so values sum to >100%</i>		
Benefits	1,846	97
Debt	825	43
Financial capability	403	21
Housing	280	15
Utilities	227	12
Case communication methods (n=839)		
<i>Note cases can fall into >1 category so values sum to >100%</i>		
Telephone call	667	80
In-person meeting	126	15
Email	134	16
Other (e.g. video call or letter by post)	84	10

3.1.4 Case outcomes

During each case, the adviser works with the client to address the issues they have raised and reach agreed outcomes. At the end of a case, when it closes, advisers generally aim to record the outcomes that were achieved. For some cases (n=839, 44%) this was possible during the final meeting with the client, while for other cases (n=611, 32%) this was not possible for a range of reasons including that the client stopped engaging with the service or that the adviser did not record any outcomes as it is not mandatory to do so when closing a case. Furthermore, there were 455 cases in the dataset that remain open for which the final status is yet to be determined.

For cases where outcomes were recorded, Table 3 presents a summary of the outcomes achieved. On average, each case achieved one or more positive outcomes across 1.4 categories out of a possible maximum of 4 categories. Advisers classify outcomes into four categories that include “financial improvement”, “health and wellbeing improvement”, “other improvement”, or “failure”. In total, 65% of cases recorded financial improvement as an outcome, which included cases where the client received a gain in benefits, tax credit or other financial gain, along with those where the client experienced debt relief. Similarly, 44% of cases recorded health and wellbeing improvement as an outcome, which included cases where the client received advice or information to help them better manage their mental health difficulties. Just over a fifth of cases (22%) recorded other improvement as an outcome, which included for example cases where the client was able to access food provision or delay homelessness. Finally, 5% of cases were recorded as “failure”, which included those where a positive outcome was not achieved e.g. because a benefit claim or appeal that the adviser was providing support with was unsuccessful, or because the client stopped engaging with the service.

Advisers also record the amount of financial gain achieved during the case. Overall, a financial gain was recorded for 547 cases with the average gain per case being £7,125,

although some clients (n=66) achieved substantial financial gains of >£15,000 and a small number of these (n=5) achieved financial gains in excess of £30,000. As noted earlier, some clients have more than one case with the MAMH service and we therefore compared the average financial gain per case with that per client. Overall, 445 clients experienced a financial gain with the average gain per client being £8,758. It is noteworthy that the difference between the gain per case and that per client is relatively small (£1,633). This suggests that clients accrue the majority of financial gain during their first case and that any subsequent cases only lead to a small additional gain.

In total, since the MAMH service started in January 2021 it has supported clients to access financial gains amounting to £3,897,375 (calculated as the number of cases with a financial gain multiplied by the average financial gain per case e.g. 547 x £7,125), although the actual figure may be higher as advisers are not always able to record outcomes when a case closes.

Table 3: Summary of case outcomes.

	Number of cases	Percentage (%)
Outcome categories (n=839)		
<i>Note cases can fall into >1 category so values sum to >100%</i>		
Financial improvement	546	65
Health and wellbeing improvement	366	44
Other improvement (e.g. food provision or homelessness delayed)	185	22
Failure (e.g. benefit claim/appeal unsuccessful or client stopped engaging)	38	5
Cases that achieved financial gain (n=547)		
£0 - £4,999	266	49
£5,000 - £9,999	147	27
£10,000 - £14,999	68	12
£15,000 - £19,999	29	5
£20,000 - £24,999	20	4
£25,000+	17	3
Cases that achieved financial gain (n=547)	Average value per case	
Average financial gain per case	£7,125	

The sections above have examined the types of clients who have engaged with the MAMH service, along with the characteristics of cases and their outcomes. We have also examined the geographical reach of the service and uptake in relation to need, in terms of whether it is engaging with those members of society who are mostly likely to benefit from support.

3.1.5 Geographical reach of the MAMH service

The geographical reach of the service is shown in Figure 2a, which illustrates the number of clients per 1,000 of the population who engaged with the service between January 2021 to December 2024. Darker shades of blue indicate a greater number of clients after adjusting for population size, whereas areas shaded grey indicate those where there have not been any clients. The purple dots mark the locations of the CA offices for North & West Kent, Dover, and Canterbury. The results demonstrate that clients largely lived relatively close to a CA office. This is noteworthy as CA do not require clients to travel to their offices for in-person meetings to access support and instead the MAMH service predominantly communicates with clients via digital means (e.g. telephone, video call, and email). The

fact that clients lived relatively close to a CA office likely reflects that they were more likely to have heard about the service and therefore engage with it.

When the geographical spread of uptake is compared with levels of deprivation across the county (Figure 2b) this indicates there were some deprived populations that had low or no uptake. This was particularly the case for more peripheral deprived locations that were located away from CA offices, for example at the centre top of the county (around Sittingbourne) and centre bottom (near Lydd).

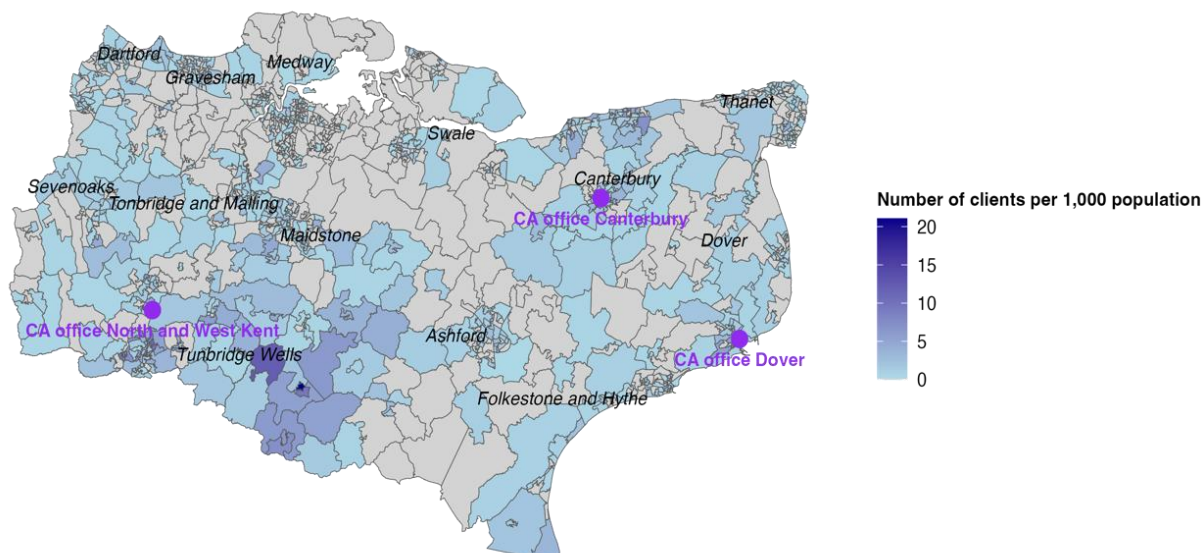


Figure 2a: Geographical reach of the MAMH service by LSOAs in Kent.

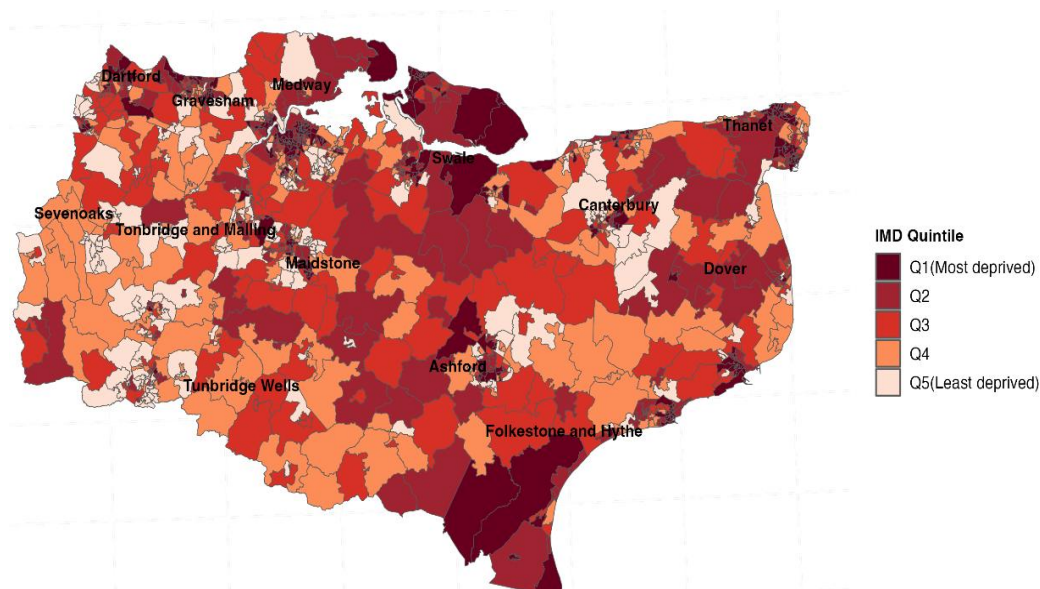


Figure 2b: Local deprivation quintiles for LSOAs in Kent.

We also examined how geographical reach of the service has expanded over time and found it has steadily increased. There are 1,065 LSOAs within the county of Kent and at the end of the first year during which the service was operational client applications had been received from 197 LSOAs (18%), this increased to 358 (34%) by the end of the

second year, and it further increased to 519 (49%) by the end of the third year. By the end of the fourth year, applications had been received from 617 (58%) of LSOAs.

3.1.6 Uptake of the MAMH service in relation to need

The primary aim of the MAMH service is to support people living with mental health and financial difficulties, and as such many of the target population may live in deprived areas. Figure 3 shows uptake of the service, measured as the quarterly number of clients per 1,000 of the population, by local deprivation quintiles. The results indicate similar levels of uptake across all five quintiles of deprivation, although there has been a slightly greater uptake over time in the most deprived quintile (darkest blue), compared to the least deprived quintile (lightest blue).

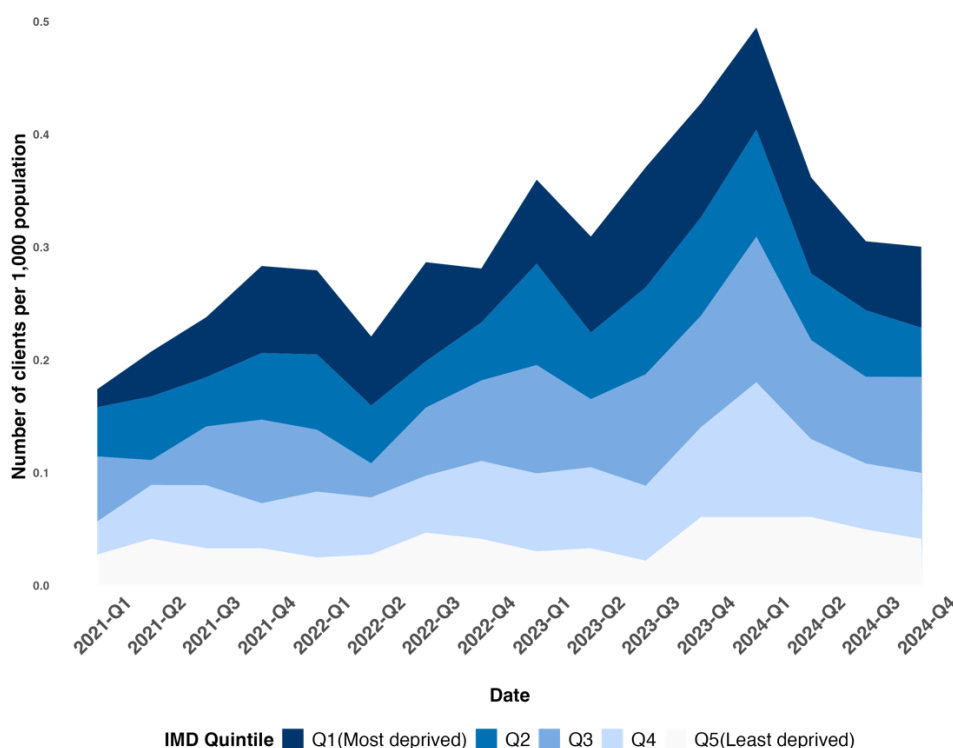


Figure 3: Quarterly number of clients per 1,000 population by local deprivation quintiles.

3.2 Clients' experience of the service, and ways in which it has or has not influenced their health and wellbeing (Objective 2)

3.2.1 Findings from the single-item mental health question

MAMH advisers administered the mental health question to new clients over an 8.5 month period from 1st April 2024 to 14th December 2024. During that time, 369 clients joined the service and baseline data was collected from 150 of these and follow-up data from 31. The number of follow-up responses was lower than expected as advisers reported that they often did not have an opportunity to reconnect with clients during the 3-month follow-up period. Table 4 shows the responses to the mental health question.

Table 4: Summary of responses to the mental health question at baseline and follow-up.

Mental health score and status	Baseline (n=150)		3-month follow-up (n=31)	
	Number of clients	Percentage (%)	Number of clients	Percentage (%)
1 - Poor	112	75	11	35
2 - Fair	34	23	14	45
3 - Good	2	1	3	10
4 - Very good	2	1	2	6
5 - Excellent	0	0	1	3

At baseline most clients reported their mental health was “Poor” and the average score was 1.3 (median = 1), while at 3-month follow-up the majority of clients reported their mental health was “Fair” and the average score was 2.0 (median = 2). This suggests there was an improvement in clients’ mental health during their engagement with the service. Given the small sample size it is not appropriate to draw strong conclusions from the data presented in Table 4, however, we discuss the impact the service had on clients’ mental health in detail in the following section, which presents findings from the in-depth client interviews.

3.2.2 Findings from the client interviews and adviser focus groups

This section provides an overview of the findings from the qualitative research undertaken with MAMH clients and advisers to understand clients’ experiences and outcomes, with a focus on health and wellbeing, and the potential factors and pathways influencing these.

3.2.2.1 Client interview sample

The sociodemographic characteristics of the clients we interviewed are shown in Table 5. Overall, interviewees were predominantly female, aged 35-44 years, White, were single without children, and unemployed.

Table 5: Characteristics of client interview participants.

	Number of participants (n=14)
Gender	
Male	5
Female	9
Age group	
18-24 yrs	1
25-34 yrs	0
35-44 yrs	8
45-54 yrs	3
55-64 yrs	1
65+ yrs	0
Ethnicity	
White	12
Minority	2
Household type	
Single person without children	9
Single person with children	2
Couple without children	0
Couple with children	1
Other	2

Employment status	
Employed part-time	1
Employed but on sick leave	2
Unemployed	8
Retired	1
Full-time carer	1
Not known	1

3.2.2.2 Clients' key issues at time of first engagement with the MAMH service

When first referred to the MAMH service, clients were living with long-term mental and physical health conditions, the impacts of adverse life events, and worsening financial challenges. An illustrative example of the intersection of multiple issues in clients' lives is that of the five clients who talked about being in Council Tax arrears, all five also reported experiencing depression and living with physical health problems. Furthermore, four were living with a combination of multiple mental and physical health problems, which included post-traumatic stress disorder (PTSD), recovering from alcohol addiction, chronic pain, and physical disabilities, and had also been impacted by adverse life events including bereavement, a marriage breakdown, and extensive damage to a person's home. The MAMH client quoted below reported living with social anxiety, PTSD, and depression. They spoke of their multiple, intersecting issues creating a 'vicious cycle'.

"... this [being awarded a Personal Independence Payment] would really, really help me keep my car [bought using car financing], eventually get me out of the overdraft, you know, and all that sort of stuff, so I won't have any financial anxiety hopefully, and it will help a lot, you know. And then once I get my [physical health issue] sorted out I can actually... Cause if I keep my car that means I can go out, cause at the moment I'm not going out anywhere. So, it's like a vicious circle, I need to get the finances sorted so I can start going out and get my [health issue] sorted, so I can start going out... It all goes back to money again." [P12; 22/11/2024]

Overall, four intersecting key themes emerged from interviewees' accounts including mental health, physical health, adverse life experiences, and financial difficulties (related to both social security payments and debt). These are discussed below.

Mental health

All participants spoke of experiencing mental health difficulties in line with expectations given the service's purpose and its referring organisations. Eleven participants referred to specific conditions or diagnoses directly or indirectly related to their mental health (e.g. depression, anxiety, PTSD, social anxiety, bipolar disorder, personality disorder, alcohol addiction, stroke), and being neurodivergent (e.g. autism, attention deficit hyperactivity disorder, dyslexia). Four participants referred to living with three or more mental health-related conditions or diagnoses, typically including depression, anxiety, and PTSD.

All participants talked of experiencing a variety of mental health-related symptoms. These included cognitive functioning (e.g. brain fog, forgetfulness, inability to concentrate), panic attacks, lack of motivation or capacity to address problems, rumination, overeating, social anxiety and social isolation, and a sense of being overwhelmed with emotion when faced with difficulties that they felt others may consider manageable. Reference was also made to thoughts of suicide and one participant referred to an attempted suicide.

Five participants talked of their involvement with primary and secondary mental health services (e.g. contact with GPs, psychiatry consultants, specialist mental health services, being on mental health-related medication, and receiving counselling) and mental health-related charities.

Physical health

Nine participants reported living with long-term physical health difficulties, which included chronic pain, fibromyalgia, chronic obstructive pulmonary disease, vascular and neurological conditions, physical disabilities, and being in remission from cancer.

Adverse life experiences

Six participants talked of adverse life experiences including bereavement, a traumatic childhood, homelessness, extensive damage to one's home, relationship breakdowns, distressing contacts with the police, being in an abusive relationship, accidents leading to disabilities, and losing one's business, employment, and home.

Financial difficulties

Participants spoke of facing financial challenges relating to navigating the social security system and being in debt.

Social security system: Eleven participants referred to negotiating the social security system. Of these, six faced issues relating specifically to the Personal Independence Payment (PIP). In addition to difficulties with the social security system, four participants reported being in debt; three reported specifically being in Council Tax (CT) arrears; and one participant referred to being in CT arrears and in debt to other creditors.

Debt: Nine participants referred to being in debt (including CT arrears). Six participants reported being in debt in addition to or other than CT arrears. Of these, three talked of debts to multiple creditors including utility companies, banks, credit card providers, landlords, and car parking management companies, while three also faced difficulties relating to social security payments.

Council Tax arrears: Five participants reported CT arrears as an issue. Three participants referred to CT arrears as the only debt they had, and two participants reported both CT arrears and debts to other creditors.

Of these five participants with CT arrears, three referred to social security payments as an additional issue they were facing, and one participant faced issues with social security payments and debt to other creditors.

3.2.2.3 Financial difficulties had adverse effects on clients' mental health and were triggers of psychological distress

In the accounts of MAMH clients and advisers, financial challenges were described as directly exacerbating mental health challenges and causing psychological distress. The way interview participants described how severely their mental health was affected by their debt issues illustrates this point. Two participants directly linked debt to suicidal ideation, and four participants talked of panicking when thinking about the consequences of being in debt. The quotes below illustrate how participants' mental health was negatively affected by their debt issues.

"I mean when I was having my, when I was having my counselling sessions and everything, these were the things that were being brought up, and it's actually, it's

actually written in the notes, you know, these... That I mean I had, I had other stressors that I was having with work, but the two things that were causing my stress and anxiety at the time was dealing with this Council Tax situation, and the things that were going on at work, these were the two triggers that were causing my anxiety and my stress and my depression, and I didn't have that going on I didn't... I wouldn't have had these triggers that caused my mental health to just be uncontrollable." [P1; 20/09/2024]

"... I was very down on myself and I couldn't believe that I'd let myself get into this position, and I felt very weak, I didn't want to face anything, I wanted to hide. Even though my day-to-day finances were fine, it didn't make any difference because I still had the pressure of the debt there, and I couldn't see a way out. So having that repeating, saying how stupid you are, how did you get into this mess, you know, just reliving that daily takes its toll on you. You knock yourself, you say negative things towards yourself, and you basically can't believe that you've been such a fool to do it..." [P3; 26/09/2024]

"It was making me feel really low, just knowing [inaudible] debt with no, like no sort of income fully to support me, cause when I started the Citizens Advice thing I was getting SSP [statutory sick pay] from work, and then after July that stopped, which then I started to panic again, so my mental health started to go downhill again cause I was like I've not got that income now, everything's gonna go up, I'm gonna have nothing for myself. I ended up in a spiral again, but I'm [inaudible] again now! ... it was like well what if I end up in prison, what if I get a fine that needs to be paid by a certain time and I can't pay it, or like well I've had enough of this world now, I'm gonna... Like those thoughts did cross my mind, but I never put them into practice! [laughs]" [P6; 16/10/2024]

3.2.2.4 Clients' interactions with organisations relevant to their financial difficulties had adverse effects on their mental health and on their capacity to take action to address their financial difficulties

The accounts of MAMH clients and advisers suggest that the mainstream, customer service systems and processes of the organisations involved in a client's financial challenges (e.g. debt collection organisations, social security agencies, utility companies), were not typically experienced as user-friendly, supportive or inclusive. These included corporate practices such as debt collection methods, and modes of communications and interactions such as letters, emails, telephone calls, telephone helplines, application forms, and information available on websites. The quote below conveys the sense of exasperation often expressed by participants:

"... when you ring the phone number it's picked up immediately, but then you can be on hold for over an hour. [...] So it's... And I mean I've, I've walked the dog and come back, and made a cup of tea, and sat down and I'm still on hold, and nobody answers, which is obviously incredibly frustrating. E-mailing just doesn't really seem to get anything either. The... When... It's things like they send you a letter with a form you have to fill in, which is about 40 pages long. [...] And the date on the letter is normally between 10 and 14 days before it actually arrives at your house, so say it's two weeks, and you have to have it in four weeks after the date it was sent, so you only actually get about two weeks to fill it in and send it back, and it's about 40 pages long, and if you don't send it back by the right date they just ignore it. And you have to collate a lot of evidence to go with it, if you see what I mean. And then when they finally, after months and months and months, cause although you have to do it in four weeks, they

can take as long as they want to respond, they just come back with a no, with a kind of, you know, a list of reasons, and you, you sort of look at the reasons and look at your form and go well it doesn't bear any resemblance to my form, I don't know who's... You know, what are you talking about! And then of course you have to go through the no, I'm not accepting that, you need to do it again. And then they say OK, fill in this form, so you have to go through the whole thing again. And then, you know, this is what's happened, this is when I went to Citizens Advice in the end, because I'm like OK, I've done this twice." [P10; 01/11/2024]

They typically had a significant, adverse impact on clients' mental health, and on their capacity to take action to address their financial challenges (e.g. by repaying or writing off debt, or by accessing social security payments). They were typically experienced as overwhelming, fear- and stress-inducing, and aversive. They appeared to contribute to the client disengaging from further attempts to resolve their financial challenges with the potential consequence of issues escalating further (e.g. compounding interest on debt, or debtor action escalation such as legal proceedings), and to the client adopting coping strategies with negative consequences. For example, one participant explained how letters from a creditor that suggested the possibility of bailiffs visiting led them to isolate themselves in their house, while another talked of feeling unable to go to work after an unexpected court summons for CT arrears. The participant below talked of having stopped opening letters as a coping mechanism.

I: "You've said that these, the letters from the bank, are a source of anxiety for you. Have you... The new ones that have come recently, have you brought them to the attention of the MAMH service?"

P: "I haven't even opened them. [...] I've got letters from the water company, I think about four, I haven't opened them either, but anyway. I know I'm not doing the right thing, I know I should, you know, do something in a different way, but sometimes in a day, you know, the last thing you want is another letter, cause it will just... Anyway, [inaudible]." [P8; 18/10/2024]

Accessing customer services

The issue of accessing and using the customer service systems of relevant organisations was a salient one in participants' accounts. Mainstream ways of accessing customer services, such as waiting in phone queues, presented disabling barriers for the people interviewed. For example, participants explained that they became emotionally overwhelmed by the long waits in telephone queues and were unable to persist with staying on the line or with dealing with a difficulty such as the line dropping or not fully understanding what the customer service adviser was saying. The quote below shows how one MAMH client experienced a typical way of engaging the customer services of a relevant organisation.

"... when you're, you're on your own and you're faced with twenty different numbers and two hours on the phone waiting on hold, and then you get told no, we don't deal with this, you... The first time you get that rejection, you immediately shrink back into yourself and go I don't want to make another one of those calls. ... after as I said, being scared and unsure what to do, and when they cut the phone off on you without putting you through, I tried dialling back again and you were on hold again, I just said no, I can't, I can't cope with this..." [P2; 23/09/2024]

Communications from relevant organisations

MAMH clients described how their mental health was adversely affected by the ways relevant organisations, and especially creditors and social security agencies, communicated with them. One participant told us that they were receiving hundreds of calls from a debt collection agency every day from tens of different phone numbers. For the five clients who talked of being in CT arrears, communications with the relevant Council department, whether by letter (four participants), phone (two participants), or email (one participant), prior to the involvement of the MAMH service, were narrated as having intensely negative and persistent (meaning that negative effects endured for a considerable amount of time beyond the client's instances of interaction with Council departments) effects on their mental health. For these participants, communications relating to CT arrears were portrayed as a trigger of severe psychological distress and were said to often induce panic, rumination, and for one participant, suicidal ideation as one letter they received was interpreted as threatening the repossession of their home. Participants told us that they often found the letters incomprehensible and threatening. One strategy adopted by participants to cope with the distress caused was to throw letters from the Council away and to disengage from further interactions, with the Council then stopping their efforts to address the issue.

The following quotes illustrate how MAMH clients were impacted by communications from creditors:

"...it [a phone call from a creditor] brings back the anxiety quite quickly and I can feel it in my chest like even now, even though I'm on the phone to you, I can feel it in my chest, and when I get letters from [creditor company B] they are the same letter all the time, the latest one is an agent may come to your door. Well, does that mean the agent is coming or isn't coming? They leave you in suspense, they make you worry. And all it says is they want a repayment. Now I know that [MAMH Adviser] has contacted them and they know my situation, so why then keep sending letters and hassling? It's a very hard thing to go through, especially with mental health, and then be constantly put upon..." [P3; 26/09/2024]

"...they keep sending me letters, and I go a bit dizzy when I read them because I don't understand them, but anyway. I know I'm in debt to them, that I do know, and that is causing me a load of stress..." [P8; 18/10/2024]

Engaging with the social security system

Seven MAMH clients described severe difficulties when attempting to navigate the social security system. They described engagement with the system as overtaxing and overwhelming. Clients expressed anger and surprise at the difficulties they faced when engaging with the social security system. Participants found the following to be unhelpful, confusing, and inaccessible: available sources of information including government websites and helplines; communications from relevant organisations (e.g. the Department for Work and Pensions); the process of applying for social security entitlements including the complexity and length of the application forms and the length of the relevant timescales; the difficulties in securing a social security entitlement and in contesting unfavourable decisions; the harsh conditionalities of unemployment-related support and the small amounts of certain social security payments.

Five clients spoke of the negative health impact of engaging with the social security system. Participants said their experiences made them feel more ill, exacerbating feelings of fear, anxiety, and depression.

“... because it’s incredibly overwhelming, you know, it’s all the government kind of like, kind of like work assessment things, and PIP [Personal Independence Payment] things which are just, they don’t make any sense to you, and the questions need to be answered in a certain way, and if you don’t answer them in this kind of coded fashion you don’t, you don’t get... They don’t respond, you know, you’re not gonna get the outcome, because you haven’t... Yeah, yeah. [...] make things worse for you, they don’t make things better. No, not at all, they do actually make things worse, yeah. [...] And they make you feel worse as well. You like actually end up feeling even more ill than you did before. [...] creating this awful scenario, which is dreadful anyway, and you feel so appalling, you’re not well, you feel bad about yourself because you’re not able to fulfil your own needs and look after yourself, and then you’re asking for help, and then you’re... Yeah, you know, the whole process makes you feel even more appalling and worthless, yeah.” [P9; 01/11/2024]

3.2.2.5 Reported client outcomes

Group discussions with MAMH advisers suggested that the service was effective in improving personal and household finances through income maximisation and debt management activities and through conferring skills and knowledge on personal finances. Advisers considered the service to have preventative and protective effects with regards to suicide, homelessness, and clients experiencing a further deterioration in their personal finances and the ensuing hardship and degradation in a person’s living circumstances such as being unable to heat one’s home adequately or being unable to afford weather-appropriate clothing. These themes are discussed in more detail below from the perspectives of clients.

Suicide prevention

Three of the clients interviewed credited directly the MAMH service for preventing them from ending their lives.

The first of these shared:

P: “I, you know, I’m not gonna lie to you, I don’t want to be here anymore, and without [inaudible] benefit the decision would have been easy, you know, it would have been I wouldn’t be here now. [...] You know, as I said during this call, when you’re in that position and you’re faced with a thick dark woods which looks very scary, 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.” [P2; 23/09/2024]

I: “So what do you think would have happened if the service wasn’t there, if that service wasn’t available?”

P: “I wouldn’t be here now. [...] I wouldn’t be talking to you now, I’d be probably six foot under by now.”

I: “Right, right, OK. And you’re, you’re crediting the service for that?”

P: “Yeah, yeah.”

I: “That you’re here now talking to me.”

The second client stated:

P: "Yeah. Definitely, definitely, definitely. [...] Without the service I would not be here today." [P5; 15/10/2024]

"... I don't think she realises she's saving lives [...] She saved my life, 100%... And I know that sounds dramatic, I'm not joking you, she saved my life."

[...]

"So valuable to me. As I said, yeah, I wouldn't be here now. [...] And that's God's honest truth, I wouldn't be here, I would not be here."

The third shared:

"As I said, when I was in that dark place before CAB [Citizens Advice], I was in a dark place, I couldn't see the light at the end of the tunnel. Now I've got things to work on, things to... You know, a light at the end of the tunnel. I'm building, not dying. I'm building again, I'm on the up, rather than just in that pit of despair. You know, so without CAB I would never have had that. Things to fight for [...] And I didn't have any fight left in me at that point. Now I've got the fight back in me again, which is... Without, without [Adviser A], I, yeah, it's just, it just turned me on, it flipped me upside down and said sort yourself out, you've got something to fight for, come on, and without [Adviser A], I would never have made that change in my head." [P13; 11/12/2024]

A fourth client described how her first meeting with a MAMH adviser helped her to feel reassured and hopeful after experiencing suicidal thoughts:

"You know, I was feeling suic... I was feeling suicidal, I was thinking my home was gonna be repossessed [inaudible] Council Tax. So, they [the MAMH adviser] pointed me in the right direction there you see, and so we got that resolved, and now we're getting the PIP [Personal Independence Payment] resolved."

[...]

"Meanwhile the post arrived in the morning and there was two letters, which basically floored me, cause all I thought was my home was going to be repossessed. So, I felt quite suicidal. So yeah, I went into, to that meeting feeling suicidal. So, it was regarding the, the Council Tax." [P14; 12/12/2024]

A fifth client made reference to suicidal thoughts as part of their emotional reaction to losing their income from employment and the ensuing feelings of panic but did not elaborate further.

Mental health benefits

All client interviewees reported experiencing mental health benefits relating primarily to reductions in levels of anxiety, stress, fear, overthinking, and a sense of overwhelm, especially as these feelings relate to financial matters. They also referred to new feelings of hopefulness and a sense of confidence in dealing with their financial affairs.

"Because the 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 that I might not want to have done before. So if let's say I was feeling really low one day, then I possibly might not get out of bed. Whereas now, yes, I do still have those days, don't get me wrong, but they're not relating to the money, and the days that I am getting up I'm able to wash up, to you know, have a nice shower and get ready and go out, or you know, just even the smallest thing like reading, like reading a book, because I don't have the pressure of the money in my head going round and round and round, it's enabled me to concentrate, so sometimes I'm able to read a few pages. So it sounds... You may not... It may not be relevant for what you want, but it has impacted my life and my home to make it more positive in a different way, if that makes sense." [P3; 26/09/2024]

"I feel a bit more hopeful knowing how much I actually have for myself each month, whereas before I'd have nothing because it'd all go out on expenditure and I wouldn't know where it's all gone. But now that I've got a balance there and I write it all down and figure it all out, I'm able to actually start saving my money now as well." [P6; 16/10/2024]

Financial benefits

The majority of clients described realised financial benefits such as a reduction in total debt or the award of a welfare benefit. Four participants did not describe realised benefits because although they had initiated relevant processes with the support of their adviser, these had not concluded at the time of the interview. Of these four clients, three were receiving support with claiming social security benefits and one was receiving support with being in debt. All four reported mental health benefits even though financial problems remained ongoing. This tentatively suggests that the MAMH service may contribute positively to clients' mental health before it has enabled favourable financial outcomes. The two quotes below illustrate this point.

The first client shared:

"I can say that [inaudible], even though the process has not finished, and even if the process finished today for some reason, the help that I have already received has given me a clearer and less stressful look on tackling the debts. And I, I don't know what I would have done without it to be honest, I would have been in the same position going over the same things and repeating the same pattern of distress basically. But yeah, I can 100% say that so far it's had a very positive impact on my life, and I sort of feel like I've passed the buck, so it's not really my problem anymore, my name's on it and I still have to deal with it, but the pressure has been taken off me because someone else is also looking after my interests." [P3; 26/09/2024]

The second client shared:

P: "Well yeah, they're helping me ring up the companies that I owe money, they're sorting my budget out, and my finances, taking a lot of worry and stress off of myself because she's helping me make the telephone calls. Yeah, helping me sort my bills out."

I: "With regards to your creditors, how does the service... How did the service help you with that?"

P: "Well we haven't really got to that stage yet. This week, tomorrow we're gonna be ringing up my creditors and seeing if we can make payment plans." [P4; 14/10/2024]

Client capacity to manage financial issues

In clients' accounts, independent financial management related to budgeting skills and gaining knowledge and experience of debt management and income maximisation options. Clients also found reassurance and relative peace of mind at the thought of the service being available to them in the future.

I: "Do you think that your experiences with the Citizens Advice service have given you any more confidence or any more knowledge or more of a sense of control in dealing with these kind of situations?"

P: "I would say definitely yes. Going through the situation with the taxes has prepared me with what I'm going through now with the water. So I can, I can use what I've learned for the year dealing with the Council Tax, I can use the knowledge and everything gained from that to better deal with the situation that I'm going through with the water company. So, dealing with the water company is not nearly as stressful and the anxiety level and everything is not nearly as bad as it was when I was dealing with the Council Tax." [P1; 20/09/2024]

MAMH advisers offered examples of clients whose capacity to manage their finances independently increased markedly over time. Acquiring new skills, knowledge, and experience, although relevant to most clients, was highlighted in the cases of care leavers and young people with learning difficulties who had recently transitioned to independent living with little previous experience of household management, and of younger single parents who may themselves or their children have been experiencing mental health difficulties.

Ending the cycling through services

One client described how prior to engaging with the MAMH service, they had been 'bouncing' between primary care services, mental health services, and third-sector organisations without experiencing improvements in the circumstances contributing to their mental health difficulties.

Additional client outcomes reported by MAMH advisers

Supporting help seeking behaviours: In the accounts of MAMH advisers, the development of a longer-term relationship between the client and the adviser was seen to facilitate a gradual disclosure of clients' needs and of adverse circumstances previously undeclared. It was suggested that where the service supports clients to achieve positive outcomes, this can mean clients were more likely to raise new issues with the service, which they may not have previously disclosed.

Benefits accruing to other household members: MAMH advisers talked about the category of clients who are parents and whose engagement with the service engenders benefits for their children, and of parents engaging with the service on behalf of their children and achieving favourable outcomes for them. One interview participant had engaged with the MAMH service on behalf of her children who had additional health needs.

3.2.2.6 Client satisfaction with the service and suggestions for improvement

All interview participants expressed very positive views of the MAMH service and spoke about their advisers with warmth and gratitude. When asked about their suggestions for improvement these included: more face-to-face appointments; increasing the number of advisers in the team; awareness raising of the service (e.g. one participant noted that the

MAMH service was not known to their local mental health services or their psychiatry consultant); and a suggestion was made that the MAMH service is more widely advertised including on utility companies' websites to increase awareness of the service.

3.3 Key enablers and barriers to effective implementation of the service (Objective 3)

3.3.1 Key factors enabling client outcomes

Our analysis of the accounts we collected from MAMH clients and advisers suggests that the service's capacity to enable the client outcomes described above derives from its approach to casework and the multi-faceted role of the adviser. These elements are important because they appear to be instrumental in:

- Enabling a good fit between client needs and service delivery. A key aspect of this is that the MAMH service appears to address clients' needs for both practical and emotional support at the same time. The delivery of practical support can be contingent on the adviser attuning and adapting their practice to a client's emotional needs.
- Enabling the development of a relationship of trust between the client and the adviser. This relationship appears to be important as a valuable outcome in itself, and also, instrumentally, to provide an enabling 'emotional container' for the delivery of financial guidance.
- Supporting and maintaining client engagement with the MAMH service over time.
- Reconnecting and re-engaging clients with available, mainstream sources of support. This was a key outcome of support by the MAMH service, which facilitated favourable outcomes for the clients in our sample by functioning as an enabling interface between clients and organisations whose customer service arrangements were not adapted to accommodate the MAMH clients' needs.

Below, we explain in more detail the MAMH service approach to casework, the role of the adviser, and what these elements together appear to enable.

MAMH service approach to casework

A dedicated adviser for each client: The adviser combines expertise in debt and financial capability advice with skills in practising in a mental health-informed way. The adviser is allocated the time, autonomy, and discretion to personalise their practice (e.g. duration and content of meetings with client, and forms of support offered) to the specific needs of each client including offering or arranging for 'wraparound' support extending beyond a client's personal finances to issues such employment, housing, and immigration.

Keeping cases open for as long as practically possible: The extended timeframe of support can accommodate the fluctuations over time in a client's capacity to engage with the service and to take action to advance their financial interests where issues may have a lengthy timeframe to resolve.

No sanctions or penalties for client disengagement from the service or for not complying with adviser guidance: The client is not penalised for disengagement but is able to re-engage on more than one occasion.

Multi-faceted role of the adviser

The adviser promotes client engagement with the service: The adviser initiates contact with the person following referral and makes the arrangements for the first session. In this way, the adviser seeks to circumvent the barriers preventing a client from taking the initiative in contacting the service. As explained by MAMH clients and advisers, mainstream ways of service access such as calling a helpline or filling in an online form, can present excluding barriers to people living with mental health difficulties. MAMH advisers seek support from a client's referrer if they are unable to establish contact with the client. Throughout casework, the MAMH adviser facilitates regular and consistent contact with the client and aims to be readily available for and responsive to client's unscheduled communications. The adviser supports the client to re-engage with the service after periods of ill health.

Support for financial difficulties is provided in many forms corresponding to a client's specific needs and making the service person- and needs-centred: Examples of forms of support shared by MAMH clients and advisers covered a wide spectrum: i) providing information (e.g. about rights, entitlements, possible courses of action) and signposting; ii) providing advice and guidance (e.g. about how to prioritise issues, how to fill in application forms, and how to challenge negative decisions); iii) educating (e.g. on budgeting skills); iv) attending three-way calls between clients and relevant organisations (e.g. creditors) or being cc-ed by the client into email communications with relevant organisations (as such in these ways, the adviser acts as a witness, ally, advocate, or champion, amplifying the client's voice and lending it the organisational clout of Citizens Advice); v) representing and acting on behalf of the client (e.g. negotiating with creditors for debt write-offs, stopping creditor communications with the client, ensuring debt repayment agreements consented to by the client are legal, ethical, and sustainable); vi) planning for the future in the short- and longer-term; and vii) 'pulling in' the expertise of internal (to Citizens Advice) or external professionals as required when the requirements of a case extend beyond the expertise of the adviser.

Crucially, the adviser does not only pass on information or assign actions to a client but actively supports them with taking action or even acting on their behalf to protect their financial interests. Adviser support is flexible, adaptable, and creative and avoids 'shoehorning' the client into a restricted, fixed menu of support options. The adviser is able to adopt multiple roles in relation to the client and offer a wide menu of practical support. This flexibility enables clients and advisers to problem-solve and take action together, to find ways to navigate the complexity of customer service systems and processes, to circumvent the specific barriers limiting a client's capacity to engage with relevant organisations, to address the marked power imbalances between organisations and clients, and to explore opportunities for the service to offer wraparound support in matters beyond the financial domain.

Practical support is not limited to personal finances: Advisers are attentive to all the issues brought to the table by a client including on issues such as housing, employment, and immigration. Advisers will take action when an issue falls within the boundaries of their knowledge or competence, 'pull in' the expertise of other professionals, or refer the client.

The adviser is attentive to a client's emotional and mental health needs: Advisers display an empathic, compassionate, and non-judgemental attitude towards clients. They adapt their professional practice to the emotional needs of the client in diverse ways. Examples offered include: i) conveying information and advice in a manner and pace set by the client; ii) addressing the 'whole person' and showing interest and concern for a person's life (e.g. by starting sessions with an emotional 'check-in' or listening about a person's other areas

of life); iii) supporting the client during financial setbacks or regressions caused by fluctuations in the intensity of their mental health difficulties; iv) respecting the clients' capacity to take action; and v) the adviser offering reassurance and hope for different outcomes, and the capacity of the adviser to motivate and encourage the client. These are served by the adviser supporting the client to achieve tangible positive changes for the client's finances or to offer realistic courses of action for how change can be achieved.

The adviser, especially at later stages of the casework, supports a person's capacity to manage their finances independently and sustainably: This is achieved by supporting a person's knowledge, skills, and confidence.

What the MAMH service approach to casework and multi-faceted adviser role together enable

A good fit between client needs and service delivery: In participants' accounts, mental health benefits appeared more closely associated with the following aspects of the service: the advice and guidance offered; the MAMH adviser acting as a representative, ally, advocate, or champion; and the relationship of trust between client and adviser. The quote below illustrates how the practical support a client received from the MAMH service impacted positively on their mental health.

"So, you know, the [psychiatry] consultant I spoke to, she was surprised and she was quite interested, made a note of it, and I thought yeah, please do, right. Because you, you are just getting me to pop a pill, basically! You know!"

[...]

"But these people [the MAMH advisers] are helping with the practical stuff. It takes the pressure, takes the weight off the whole situation."

"... especially when you're having mental health issues like myself, it is a huge weight that's lifted. It's like you breathe, you breathe again. Until the next letter comes through and you just think 'oh my God' and you crumble. And then you've got someone to take it to, you see, that will help you go through it, yeah." [P14; 12/12/2024]

Participants at the time of their first engagement with the MAMH service spoke of experiences of hopelessness, of isolation and overwhelm, and of helplessness and powerlessness. These experiences were shaped by their mental health difficulties but also reflected the negative experiences and outcomes arising out of their interactions and encounters with organisations relevant to their financial difficulties. Participants were left thinking and feeling that they lacked sources of support, could not navigate existing systems effectively, lacked relevant information and knowledge, were unable to influence relevant organisations' actions, and that they were trapped unable to change the course of their life. The MAMH service appeared to counter these thoughts and feelings because it was easily accessible and very responsive; offered expertise on debt and financial capability advice; offered practical support in diverse forms; acted as an ally bringing organisational clout and power; and provided reassurance and credible, hopeful ways forward.

Addressing both emotional and practical support needs at the same time appears important because the delivery of practical support can be contingent on the adviser attuning and adapting their practice to a client's emotional needs. To offer one example illustrating this point, one interview participant explained that they found it emotionally difficult to start the

next step they needed to take to address a financial issue. They explained that their adviser helped them in practical terms by providing relevant information and guidance on planning next actions. Crucially, their adviser also supported them with the emotional overwhelm they experienced. The adviser did so by acknowledging and accepting the client's emotional state, supporting the client to prioritise available courses of action, and to select and focus on one, 'parking' others for another time. In this way, the client did not stop taking action to deal with existing issues and maintained their engagement with the MAMH service. In cases like this one, it seems that the adviser was able to provide practical support exactly because they attuned to a client's emotional needs and adapted their practice to support client agency and engagement protecting the client from paralysis and withdrawal in the face of emotional overwhelm.

The development of a relationship of trust between client and adviser: A key feature of the MAMH service approach to casework appears to be the development of a relationship of trust between client and adviser facilitated by the continuity of support offered by a dedicated adviser and the extended timeframe of support. This relationship may be a valuable outcome in itself as, at the time of first engagement with the service, the client may lack supportive relationships in their life and feel alone and isolated. Additionally, the relationship can function instrumentally as an enabling 'emotional container' for the delivery of debt and financial capability advice and support. The quote below illustrates how advisers prioritised the relational aspect of their work with a client.

"I think what [the MAMH adviser] did was she sort of like introduced herself first, had a little chat, like see what the issue was briefly, and then the next time we then had a more in-depth conversation about the facts, if that makes sense. So, it was more... The first initial conversation was about getting to know her. She told me a bit about herself and then she was asking me a bit about myself, so it was sort of like building a relationship before we even started getting down to like the money side of it." [P3; 26/09/20224]

Relationships are maintained by advisers through regular and responsive contact with the client. Trust is evident in sustained client engagement, and client self-disclosure and willingness to discuss a range of life issues with the adviser. For one participant, their adviser was one of their sources of support at the time when they fled an abusive relationship.

"... even down to when I left my partner, I just phoned her [the MAMH adviser] and said I've left my partner, I don't know what to do. [...] And I done what she told me and yeah, yeah, she helped me out with that as well, so you know, she's, she's lovely..." [P5; 15/10/2024]

The consistency and continuity of support by a dedicated adviser was valued by participants and contrasted with their experiences with other services, as illustrated by the two quotes below.

The first client shared:

I: "Have you found that aspect of the service that they're providing helpful? The fact that you're talking to a single person?"

P: "Yeah, it really does, yeah. Perfect, she's been amazing. She's like my... I feel like she's my guardian angel, in that sense, because it's a one-on-one interaction, she's

seen the whole thing all the way from the beginning to the end, I know perfectly she knows what she's talking about..." [P13; 11/12/2024]

A second client shared:

"It makes you feel like there's someone on your side. If I just kind of briefly give an opposite view so to speak, I have an appointment at some point in the future, I can't remember when it is, with another consultant [...] and this is a new consultant that we've never seen before. Now my experience tells me that we will start off the conversation and he or she will say OK, tell me what your pregnancy was like. [...] And every single time we have to go and see somebody new, which I've discovered in this area of children's mental health and wellbeing etc in the NHS is... has a very high turnover of staff. I cannot tell you the amount times that I've had to start again from pregnancy and go through everything that's happened [...] whatever, and you get to an hour and a half into the appointment and haven't actually done anything cause you've just told them what they should already know cause it's already in her notes, and then they go OK, well next time we'll see what we can do, and the next appointment comes three months later and that person's left and you've got a new one, you have to start again. So that's what it's like not having consistency, so when you do have the consistency and you can just go in or e-mail or phone or whatever, and they know your background, they know where you're coming from, they know what has happened so far, it cuts out all that. [...] So when you've got someone that's consistent it's just so much easier." [P10; 01/11/2024]

Clients appear to trust the adviser's expertise, their respectful and caring demeanour, their concern for the client's wellbeing, and their ability to offer meaningful support and improve the client's circumstances.

"You know, again, you know, of course it's not something that someone would know at the first conversation, but that dependability [of the MAMH adviser] is definitely going to allow someone that has mental health issues, they're going to be able to know that this is someone you can depend on, that's going to do everything that they can do. And me, that's, that's what helps someone that deals with mental health issues, is knowing that not doing it on your own, knowing that [inaudible] somebody that you can actually count on to help you as much as they can." [P1; 20/09/2024]

The MAMH adviser attitude towards the client was described as 'caring', 'understanding', 'listening', 'kind', 'considerate', 'helpful', 'reassuring', 'pleasant', 'lovely', 'friendly', 'sympathetic', and 'supportive'. The quote below is illustrative of how participants talked about their advisers:

I: "Would you like to say a little bit more about that? What was the thing that you found most helpful?"

P: "Well how she was patient, she explained things to me, and she was understanding, and she really listened, you know, not like she was just... I felt like she was really listening and really compassionate, I just think she's lovely! [...] She was just really great." [P12; 22/11/2024]

Reconnecting and re-engaging clients with available, mainstream systems and sources of support: clients described how their mental health difficulties were compounded both by their financial challenges and by the stark and debilitating mismatch between their mental

health needs and the customer service systems of relevant organisations. These systems and processes can operate in ways that raise disabling and excluding barriers to access and use. The direct experience of these barriers, and their demands on and consequences for a client's resources (especially emotional and cognitive) can trigger and exacerbate psychological distress. Distress is then likely to be compounded by the adverse outcomes resulting from a person's inability to, when unsupported, overcome these barriers and pursue their rights and interests. Examples of such adverse outcomes include incurring fines and additional fees, compounding interest rates that increase the size of total debt, and escalating creditor action.

The MAMH service facilitated favourable outcomes for the clients in our sample by functioning as an enabling interface between clients and organisations whose customer service arrangements were not adapted to accommodate the MAMH clients' needs. The MAMH service, through its varied forms of intermediation between client and third-party organisations, appears to support clients to find ways to address barriers to access and use, re-enabling client agency and re-engaging clients with mainstream systems and sources of support. This could be one pathway through which the MAMH service appears to facilitate positive mental health changes prior to the realisation of financial benefits.

3.3.2 Issues and challenges (potential barriers)

Capacity of newly referred clients to engage with and benefit from the MAMH service

In one of our group discussions, MAMH advisers talked about receiving an increasing number of referrals for clients with whom they would subsequently fail to engage in any way. This complete lack of engagement was said to have implications for an adviser's workload and their morale. If valid and applying across all advisers, this observation suggests that a number of referred clients do not have the capacity and resources to engage with the MAMH service without additional support put in place.

Emotional impact of casework on advisers

This issue was raised in one of our group discussions with MAMH advisers. This impact was described as having both positive and negative sides. Advisers spoke positively about enabling positive outcomes for clients and about working in a holistic, person-centred way. However, the person- and relationship-centred nature of their casework means that they witness and that they can be emotionally affected by negative events in their clients' lives. Advisers spoke positively about receiving support from line management and about their personal coping mechanisms with regards to the negative emotional impacts of their work.

Level of awareness of the MAMH service among organisations relevant to clients' financial challenges

The accounts of clients and advisers suggest that the MAMH service supports clients and creditors to resolve issues in ways that confer benefits to both clients and creditors. Benefits to creditors include reaching agreements with debtors on debt repayment plans faster than would have been the case without the involvement of the MAMH service, earlier termination of counter-productive tactics such as frequent but fruitless communications with the client, and avoidance of costly, escalating action (e.g. taking legal action or involving bailiffs). Despite these benefits, in one of our group discussions, MAMH advisers expressed the view that these organisations are often unaware of the MAMH service or lack adequate understanding of its role. This suggests that effective working relationships between the MAMH service and these organisations could benefit from increased promotion and publicity of the MAMH service among these organisations and through the creation of

privileged lines of communication such as direct helplines enabling MAMH advisers to bypass ‘front desk’ customer services.

3.4 Costs associated with delivering the service (Objective 4)

The costs of delivering the MAMH service are shown in Table 6 and focus on the 2023-2024 financial year. The service is primarily funded by KCC who award an annual grant of £285,000. From March 2024, the service has also received £70,000 per year from the NHS Kent & Medway ICB, although these funds are not included in the table below as they fall outside of the relevant time period. Table 6 indicates that the majority of funds are spent on covering staff salaries (89%), with the remainder used to cover staff training (<1%), IT equipment (1%), video consultation software fees (<1%), general expenses (<1%), and to contribute to the overheads of the CA North & West Kent office (9%).

We used the values presented in Table 6 to compute the cost per client. During the 2023-2024 financial year the MAMH service supported 524 unique clients. The average cost per client was calculated by dividing total costs for the 2023-2024 financial year by the number of unique clients, to give an average cost per client of £544.

Table 6: Income and expenditure of the MAMH service for the 2023-2024 financial year.

Category	Value (£)
Income	
Grant income from KCC	285,000
Expenditure	
Salaries (including equivalent of 7 full-time advisers)	252,439
Training	149
IT equipment	3,565
Video consultation software fees (Attend Anywhere licence)	2,257
General expenses	2,457
Contribution to CA North & West Kent office overhead costs (e.g. premises, administration, and finance)	24,132
Total expenditure	285,000

In terms of providing a comparison, the cost of delivering the MAMH service is similar to other similar services during the initial roll out phase. For example, a CA programme in Denbighshire called ‘Your Place or Ours’ cost £484 per client in the first 12 months in 2018⁵. Less intensive CA programmes are cheaper, such as routine services (e.g. estimated at £56 per client in Broxtowe⁶) and social prescribing services (e.g. £149 per client in 2022⁷ for ‘Citizens Advice on Prescription’ in Liverpool). However, the Broxtowe and Liverpool CA services discussed here do not provide the consistent one-to-one tailored support over a long duration (typically 18 months) that the MAMH service provides.

4) Conclusions and recommendations

The MAMH service began operating in January 2021 with the purpose of improving the mental wellbeing of adults by supporting them with financial difficulties. During the first four years of its delivery the service has engaged with 1,412 people. Uptake has been relatively low compared to similar more established programmes⁷ but the service has steadily expanded, with quarterly uptake demonstrating a 2.5 fold increase and geographical reach widening during that time.

The service has engaged effectively with clients living with complex mental health and financial difficulties. Analysis of client data that are routinely collected by CA indicates that all MAMH clients have long-term health conditions with a high proportion having multiple impairments. Uptake has been greatest among the working age population and among households without children. Uptake has been low among more elderly populations. Given the focus on financial insecurity the pattern of uptake has not been as skewed towards deprived areas as one might expect, with 24% of clients coming from the 20% most deprived areas, although for those reporting income levels approximately 60% of clients were living in poverty. Findings suggest that clients tended to live relatively close to a CA office, which as the service is not accessed through those locations may reflect greater awareness of the service by clients or referrers in those places. The geographical spread of uptake relative to deprivation levels indicated there were deprived populations that currently have low or no uptake.

The above suggests that there are opportunities for increasing uptake among families with children experiencing poverty, older people, and in more peripheral deprived areas. For example, that could be through integrating the provision into primary care and/or perinatal services and through collaborations with community organisations that have established relationships with these communities.

Analysis of service delivery cost data indicated that the cost of the service was £544 per client in 2023-2024, which is similar to other comparable services during the initial roll out phase⁵⁻⁷. It is likely that the costs per client for the MAMH service may reduce as the programme expands, leading to greater cost efficiencies.

The service has had a positive impact on mental health. Insights from client interviews and adviser focus groups suggest the MAMH service has had a positive impact on clients' mental health including reductions in anxiety, stress, and feelings of overwhelm, alongside improvements in hopefulness and confidence. Furthermore, three (out of fourteen) clients that were interviewed reported the service had been instrumental in preventing them from ending their lives. Evaluation of the money and mental health social prescribing programme in Liverpool called 'Citizens Advice on Prescription' showed that it improved mental health outcomes and reduced antidepressant prescribing, along with reducing mental health-related GP consultations and A&E attendances, and was equivalent to a net saving to the NHS of £246 per client⁷. Although we did not attempt to calculate wider savings to the NHS in this evaluation, it is reasonable to assume that the MAMH service may also reduce pressure on healthcare services.

The service has also had a positive impact on clients' financial situation and since commencing in January 2021 it has supported clients to access financial gains amounting to over £3.89 million in total. Findings from the qualitative work suggest a key mechanism for achieving these positive outcomes appears to be the support of a single, dedicated adviser who builds a relationship of trust with the client and advocates on their behalf.

The evaluation findings suggest there may be some barriers to effective implementation of the service, including that some clients' mental health difficulties impact their ability to productively engage with the service and this issue appears to have implications for advisers' workloads. Reflecting on this aspect could potentially improve service delivery and help manage costs more effectively. For example, there may be scope for the MAMH service to consider its practices around duration of engagement with unresponsive clients and/or for the MAMH service to increase integration with intermediaries that are already supporting the client (e.g. social workers or healthcare professionals) as a "warm handover"

approach, where the referrer stays involved in the initial stages, might ease clients into the MAMH service more effectively.

Finally, we recommend that CA consider the suggestions for improvement that were offered by the clients we interviewed. These include raising awareness of the service among local mental health services so that healthcare professionals may ubiquitously refer patients for support, as there currently appear to be some gaps in knowledge. Lastly, it was suggested that advertising the service more widely, including on the websites of utility companies, would further increase awareness of the MAMH service among relevant groups.

5) Acknowledgements

This project was funded by the National Institute for Health and Care Research (NIHR) [Public Health Research Programme (NIHR135517/PHIRST)]. The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

PHIRST LiLaC worked closely with Sophie Kemsley from KCC and Alison Lightfoot and Angela Newey from CA North & West Kent. They supported the research by providing access to CA's routinely collected data and assisting with administering the mental health question. We are very grateful for their support. Lastly, we wish to thank the MAMH clients and advisers who gave their time to support this evaluation.

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