

The roadblock to recovery

How mental health practitioners deal with people's practical problems in England



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Citizens Advice: exploring the link between mental health and practical problems

This report highlights mental health practitioners' experience of dealing with people's practical problems, and what this means for people's experience of care. Practical problems are part of everyday life, but also can be life-changing events, such as losing one's job or caring for an unwell relative. Mental health services are seeing an increase in clients with practical problems, taking up significant clinical time. Clients often struggle to attend their appointments, or complete their course of treatment, and as a result, struggle to recover from their mental health problems. The impact of practical problems is severe for clients, practitioners and mental health services.

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Foreword

A message from the Royal College of Psychiatrists

We all recognise that people with mental health conditions, whether they are consulting their general practitioner services or hospital services, want relief from their emotional distress, their painful thoughts and other difficult experiences. Hopefully they can be helped by effective therapies, but of course these mental health problems are not experienced in isolation; they are often experienced alongside other difficulties. These, so called, non-health difficulties commonly involve problems with finances, debts, social security payments, housing, isolation, employment (or the lack of it). They may play a direct role in causing a person's mental health condition, they may exacerbate it, or they may come about as a direct result of their mental health condition. Unfortunately, they frequently create a vicious circle resulting in further and more serious problems. We all recognise that these social and life problems become so much a part of a person's health problems that they are indistinguishable from them. They impede any therapeutic endeavours, have knock-on effects and hamper the chances of an individual getting back on their feet.

People working in all parts of our mental health services are familiar with these additional problems and the human and social costs associated with them. Practitioners do not ignore these additional problems, but they do face barriers when helping to resolve them. For some problems such as debt and social security benefits, the pathways to resolving them can be complicated and require more specialist knowledge. Over the years, Citizens Advice have been an important source of help for many people and many practitioners have pointed people in their direction. There is increasing awareness that putting practical advice services alongside clinical services can be beneficial for all parties, but such integrated services are not common. In a time when all services are increasingly stretched and many of the needs of people with mental health problems are not being met, a greater integration of health, social and practical advice services would be a necessary and welcome step.

**Jed Boardman, Lead for Social Inclusion
The Royal College of Psychiatrists**

A message from Association of Mental Health Providers

Mental health conditions are extensive but often hidden, with one in four adults experiencing a diagnosable mental health condition in any one year, representing the largest single cause of disability in the UK.¹ Mental health contributes to the wider health and social outcomes for both individuals and society, and the association between mental illness and deprivation, poor education, poor physical health, low income, and unemployment is well-documented. Access to appropriate care and support needs to be considered to address these inequalities.

The impact social determinants can have on mental health is well evidenced. Unemployed women are more likely to have a common mental health problem than unemployed men,² people with mental health needs are more likely to be homeless, are more likely to live in areas of high social deprivation, have fewer qualifications, and are less able to secure employment.³

A focus on preventing the development and exacerbation of mental health conditions is necessary for practice development and improving the lives of individuals with mental illness. This requires a consideration of the wider social determinants and the ability to deliver and sustain high-quality services.

This report shows the impact of practical problems on people, practitioners and mental health services. There is a good understanding of the need to address social determinants in the voluntary and community sector. Therefore, it is important to continue to promote the impact and value of service provision that considers whole-person and whole-system care and support to reduce risk of mental health conditions that are associated with social inequalities.

Kathy Roberts, CEO
Association of Mental Health Providers

¹ Mental Health Taskforce, The Five Year Forward View for Mental Health, 2016

² Mental Health Foundation, Fundamental Facts about Mental Health, 2016

³ HM Government, No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages, 2011

Summary

Practical problems, such as facing eviction or losing one's job, can cause or exacerbate mental health problems, and make people struggle to manage their physical health. Our research finds that the lack of practical support as a part of the client experience of health and mental health services makes it more difficult to find help or engage with treatment. As a result, practical problems can dampen recovery rates and reduce the efficiency of services. At Citizens Advice, in 2017, over 100,000 people with mental health problems sought our help, making it the largest health issue among our clients.

Mental health services are increasingly recognising the impact of practical problems, with employment advice being introduced into mental health care settings, such as the Employment Advisors (EA) pilot, and the Individual Placement and Support (IPS)⁴. Recommendations to screen for practical problems are also included in IAPT Manual⁵ (Improving Access to Psychological Therapies programme). This report explores how mental health practitioners respond to clients' practical problems. It refers to the experience in IAPT services, as an example, because it is where most clients with mental health needs are being treated. This further builds on evidence from mental health secondary services⁶ such as from mental health nurses and social workers, and also builds on the EA and IPS pilots. Our report finds that:

- **People's practical problems take up clinical time within mental health settings, and this is increasing.** Our research shows that mental health practitioners are increasingly using clinical time to manage clients' practical problems. Of those surveyed, **65% of mental health practitioners have seen an increase in clients raising practical problems during appointments**, compared to a year earlier. These practical problems range from debt, housing to employment and beyond. Practitioners find it difficult to treat people's mental health without finding a solution to their practical problems.
- **Practical problems have a serious impact on clients' mental health and mental health services.**
 - 87% of practitioners say that practical problems force clients either to **cancel or miss their mental health appointments**.
 - 84% of practitioners report that practical problems make clients **struggle to complete their mental health treatment**, while 86%

⁴ EA offers employment advice to people using IAPT services, while IPS offers employment support to people with complex mental health problems

⁵ IAPT Manual (2017) recommends assessing clients for practical issues that might be affecting their mental health, such as, debt or homelessness, prior to treatment

⁶ Money and Mental Health Policy Institute, [Whose Job Is it?](#) Report, October 2017.

think that because of practical problems, **clients struggle to recover** over the course of treatment.

- Mental health practitioners feel under pressure to support their clients beyond their clinical role of providing therapy. This can lead to service inefficiency, and to costs to health services. It can mean fewer people get access to treatment. **53% of practitioners find it stressful to deal with practical problems**, staying late or working unpaid hours, to solve practical problems.
- **The lack of integrated practical support in mental health services forces mental health practitioners to step in.** Most mental health practitioners rely on signposting to external agencies for practical support, providing leaflets and contact information. However, when signposting proves ineffective, **practitioners feel pressured into spending clinical time solving problems themselves**, because they do not have direct access to practical support. An example is such as filling in a benefits application or negotiating a financial plan with essential service providers.

Practical problems affect people's experience of care, and can worsen their mental health. The lack of integrated practical support forces mental health practitioners to spend their clinical time dealing with the challenges presented by practical problems. **NHS England, Clinical Commissioning Groups and the Department of Health and Social Care should all expand access to practical support in mental health services as a priority.**

Recommendations

At a national level

1. NHS England should expand the integrated care pathway to include practical support, and test a range of models for screening practical needs as part of the referral pathway to IAPT and the wider mental health services.
2. The government should fund a pilot for integrated practical support in primary mental healthcare settings, including IAPT services (Improving Access to Psychological Therapies).

At a local level

3. Clinical Commissioning Groups should provide funding to improve clinical approaches to practical problems, that is, to fund integrated practical support in mental health services.

Background

Our [previous research](#) showed a 9% increase in people with mental health problems needing help from Citizens Advice last year. Our clients with mental health problems are more likely to see their problems as needing urgent attention, and disproportionately likely to have more complex and multiple advice needs.⁷

The government launched IAPT as a talking therapy to enable adults cope with their anxiety or depression, using evidence-based options of therapy, such as cognitive behavioural therapy.

The National Health Service recognise the importance of a person-centred approach to care, integrating physical health, mental health and employment issues in the care pathway in IAPT services. A national pilot is being rolled out to ensure integrated care is embedded across health services. Integrating these services aims to support the person's wellbeing, to better manage their physical symptoms and to help people stay in their jobs longer. Integration also aims to facilitate closer working relationships between mental health practitioners, physical health clinicians, and employment advisors⁸. While this approach addresses a person's physical and mental health, and employment issues, it needs to expand to include people's practical needs or wider problems.

Over 1 million people were referred to IAPT services last year.⁹ However, nearly 50% of people do not fully recover or finish their course of treatment.¹⁰ Poorer individuals tend to lag behind. Only 35% of IAPT clients from most deprived areas moved to recovery, compared to 55% of clients from least deprived areas.¹¹ With a 20% gap in recovery rates, poorer individuals tend to struggle longer with their depression or anxiety, or not benefit from their therapy. Although physical and mental health services are being integrated, taking practical problems into consideration is not an integral part of the care pathway. Deprived communities are falling behind, which is likely to relate to their practical needs. With rising demand of people with practical problems, adding pressure on mental health services, the case for integrated practical support in the mental health services could not be more pressing.

⁷ The terms client, individual, person, and people are all used interchangeably in this report

⁸ Report on [integrated IAPT services pilot](#) (October 2017)

⁹ Psychological Therapies, [annual report on the use of IAPT services](#) - England, 2016-17

¹⁰ [Psychological Therapies: reports on the use of IAPT services](#), England, February 2018 final, including reports on the IAPT pilots (published in May 2018)

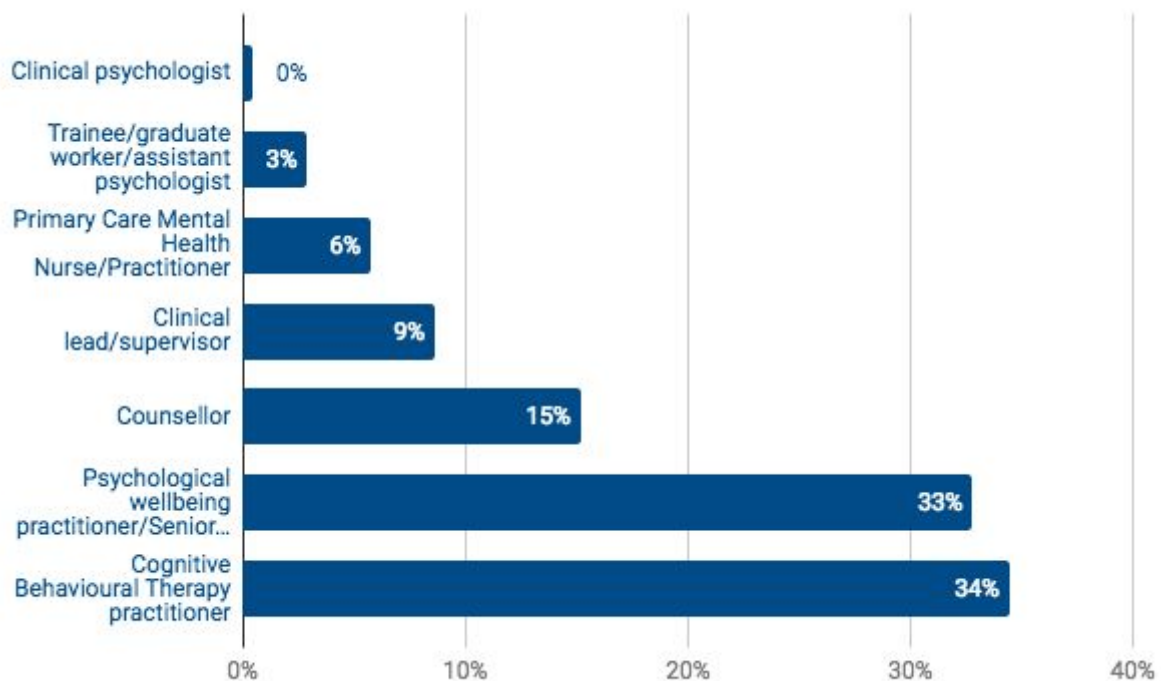
¹¹ Psychological Therapies, [annual report on the use of IAPT services](#) - England, 2015-16. **Note:** deprivation link to recovery rate is last mentioned in 2015-16 report. No further mentions in subsequent reports.

Research method

The Citizens Advice service covers England and Wales. Health is a devolved matter in Wales, so this report focuses on England only. This research is based on the following methodology:

A national survey was conducted by Citizens Advice, between 8th January and 6th February 2018, of 244 IAPT talking therapy practitioners across England. When referring to 'IAPT or talking therapy practitioners', we mean all primary care mental health practitioners, including IAPT Psychological Wellbeing Practitioners, IAPT Cognitive Behavioural Therapists, IAPT Clinical Leads or Supervisors, IAPT Counsellors, IAPT Assistant Psychologists, Trainees and Graduate Workers, and other IAPT primary mental healthcare practitioners. The survey was sent out to a wide range of IAPT services, ensuring views were captured from all geographical regions, job roles and levels of seniority.

Figure 1. Respondents by role



Source: Citizens Advice, survey of 244 mental health primary care practitioners, February 2018

Survey design: The survey was developed and disseminated in discussion with the following organisations:

- Direct engagement with 116 IAPT services nationally¹²
- Association of Mental Health Providers
- The British Psychological Society
- The Royal College of Psychiatrists

Analysis of survey qualitative feedback: We analysed the comments and feedback notes left as part of the survey by IAPT and primary mental healthcare practitioners. All names in this report have been changed.

Research limitations: Survey responses were received from all regions in England. Forty percent (40%) of respondents are London-based. However, data analysis does not show a significant difference in responses after removing London-based respondents. Qualitative feedback also shows a consensus of issues experienced by mental health practitioners, regardless of their geographical location.

¹² A list of IAPT providers was compiled from the [IAPT Monthly Activity Data File](#)

1. Rising demand of practical problems

Most mental health practitioners see practical problems raised by clients during treatment. Many practitioners are facing an increase in these practical problems, compared to the previous year. This means many practitioners are spending more time resolving non-health issues, that often are complex and wide-ranging, for example, dealing with a legal case for child custody at the same time as trying to reach a divorce settlement.

In the past month¹³, most mental health practitioners have encountered practical issues at assessment or during treatment. Only 2% of mental health practitioners stated that no practical issues were discussed by clients during appointments in the past month. The most common practical issue raised is debt and financial difficulties, which 91% of practitioners had seen in the past month. This is closely followed by issues related to employment, housing and welfare benefits.

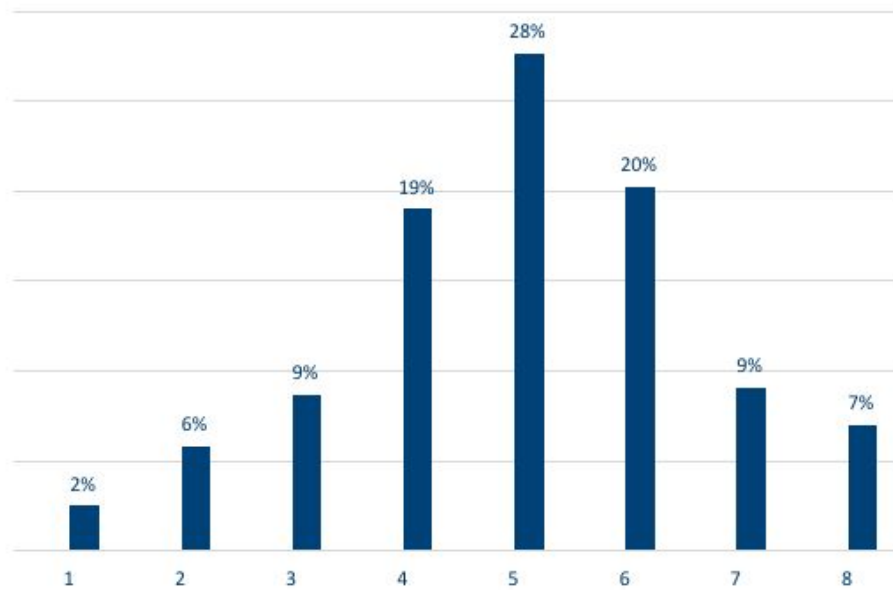
The most common practical issues raised at assessment or treatment are:

Practical issue	% of mental health practitioners that have seen this raised in the past month
Debt and money difficulties	91%
Employment (not related to health)	84%
Housing	81%
Welfare benefits	80%
Caring responsibilities	73%
Immigration and legal assistance	45%

Practitioners often see a wide range of practical issues. Nearly 83% of practitioners have dealt with 4 or more different types of practical issues, such as employment or caring responsibilities, in the past month. Sixteen percent (16%) had addressed 7 or 8 of the issues we asked about in our survey. Dealing with such a breadth of issues can take up substantial time, for instance if multiple agencies need to be contacted. This presents a challenge to practitioners and can mean clinical time is spent providing practical support.

¹³This is between December 2017 - January 2018, based on the response date

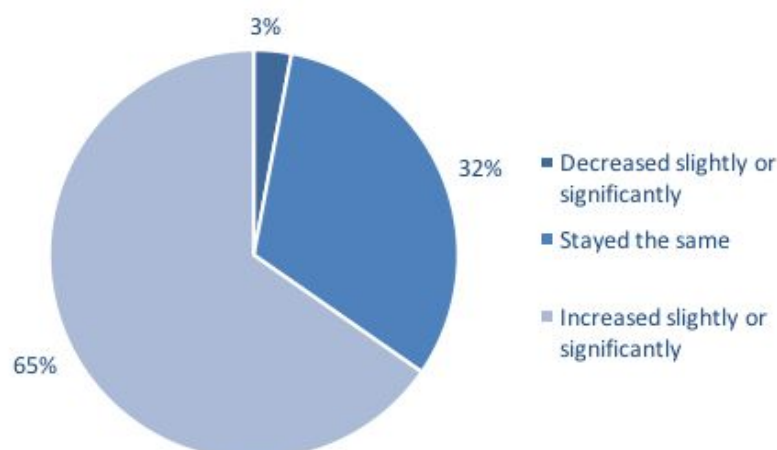
Figure 2. Percentage of mental health practitioners that have encountered multiple types of practical issues in the past month



Source: Citizens Advice, survey of 244 mental health primary care practitioners, February 2018

Mental health practitioners are facing an increasing number of clients with practical problems. Sixty-five percent (65%) of practitioners have seen an increase in the number of clients raising practical problems at the assessment stage or during treatment, compared to a year earlier. This led more than half (56%) of mental health practitioners to allocate more time to deal with clients’ non-health and practical problems, compared to last year. By contrast, only 3% of practitioners reported a fall in time spent on non-health problems during appointments.

Figure 3. Percentage of mental health practitioners facing a growing number of clients with practical problems



Source: Citizens Advice, survey of 244 mental health primary care practitioners, February 2018

2. Impact of practical problems

Mental health practitioners find that practical problems have a serious knock-on effect on clients' treatment and the health service. Practical problems can force clients to cancel or miss their appointments, and can diminish their ability to recover fully. This, in turn, is stressful for practitioners and costly for mental health services.

Impact on clients

Practical problems can be significant triggers of stress and anxiety, and can lead to worsening mental health. The extent of practical problems means that 84% of mental health practitioners see clients unable to manage their mental health as a result. Sixty percent (60%) find clients struggle to manage their physical health conditions too. Practitioners report that practical problems can sometimes be the main cause of a client's mental health deterioration, or can exacerbate feelings of isolation. For instance, having financial difficulties may prevent people from engaging in social activities.

When practical problems go unresolved, they can undermine mental health treatment. Practitioners report this happening at every stage of clients' treatment.

Practical problems affect clients' mental health treatment:



Practical problems make attending mental health appointments more difficult. Nearly **9 in 10 (87%) practitioners** have had clients **fail to attend or cancel their appointments** because of practical problems. For example, this may happen if a client on a low income is unable to pay for travel costs to attend appointments. Or if a client has a welfare benefits appointment at the same time as a mental health session, they may prioritise resolving their practical problems. This increases the rate of client cancellations or missed mental health sessions, making the therapy less effective, based on practitioners' feedback.

As a result, **84% of practitioners** find that **clients struggle to complete the course of mental health treatment** because of practical problems. Many IAPT services try to help, but find clients unable to engage with therapy because of practical problems, missing their appointments. Inevitably, services have to operate a strict non-attendance policy. If a client misses 2 or 3 sessions, the service writes to the client with possible alternatives for re-scheduling appointments. However, if clients continue not to engage, they can be discharged from the service. Then they cannot access therapy again, until 3 months following the discharge date, during which time their mental health may deteriorate.

Eighty-six percent (86%) of practitioners see firsthand that clients struggle to recover when their practical problems are unresolved. Clients who are facing practical problems are less able to engage effectively with therapy or make use of coping strategies during treatment. For this reason, their mental health does not improve, and recovery rates are reduced.

Qualitative feedback shows that **clients are sometimes referred to IAPT without support with their practical needs**, even when the client says their poor mental health is a result of these practical problems. In these cases, people's priority is to resolve their urgent practical problems. Many practitioners think that people's basic needs for shelter and food should be addressed first, prior to or alongside therapy. Without practical support, individuals can struggle to engage with and make best use of mental health therapy.

Impact on practitioners and mental health services

Mental health practitioners are seeing more individuals with practical problems, and allocating more time to support clients beyond their clinical role. This is an inefficient and costly use of mental health services and puts extra pressure on mental health practitioners.

Practical problems make treating clients more difficult. As many as 84% of practitioners said dealing with practical problems mean they have less time to focus on the person's mental health problems. This inefficient use of mental health sessions impacts on other clients too. More than 3 in 10 practitioners (31%) state that practical problems reduce time to treat other clients. This can be due to extensions to therapy and longer waiting lists.

For example, many IAPT services offer a fixed number of treatment sessions. When practitioners spend time trying to find out information on practical support, or what agencies to contact, they can be forced to extend therapy by

further sessions. This translates into longer waiting times for new clients. Because of this, **29% of practitioners think that practical problems have direct costs for the NHS and mental health services.**



Case study: identifying practical problems should be prior to treatment, as part of the care pathway

"I often see clients with desperate needs to resolve their practical problems. They are usually not ready for therapy. They need practical support first, but they may still need mental health support after. Then they have to wait to access therapy again."

-- *Saya, Psychological Wellbeing Practitioner*

More than half (53%) of practitioners find it stressful having to deal with practical problems. Mental health practitioners know the value of managing clients' practical problems and how this can enable them to successfully recover. When clients' practical problems remain unresolved, they make it difficult for practitioners to meet service outcome targets, either for client recovery or mental health improvement. However, practitioners' feedback shows that they see rising expectations among clients that therapy will resolve their practical problems. Practitioners say that this has led them to work late or for unpaid hours to identify resources for practical problems.



Case study: solving practical problems as part of therapy is unmanageable

"I think IAPT services are increasingly asked to signpost and practical problem-solve. There is always a certain amount of this in therapy but it has become entirely unmanageable. Very often my entire assessment and subsequent intervention will be related to social [and] financial issues. That is not our role, can be stressful and is an expensive use of health care practitioners' time. Having a pathway to receive meaningful support must be put in place. Ideally access to a support worker who knows about benefits, housing, finance, debt and immigration would be hugely beneficial."

-- *Arianna, Cognitive Behavioural Therapy Practitioner*

3. How mental health practitioners respond

To help people with their practical problems, most mental health practitioners rely on signposting to external advice services. According to our survey, few have access to an integrated support function. With more urgent practical problems, practitioners face the challenge of stepping out of their clinical role to provide specialist practical advice and support.

Mental health practitioners try to help with practical problems

Sixty-nine percent (69%) of mental health practitioners think that their service's current process for dealing with clients' practical problems is 'somewhat' effective. This indicates that mental health services attempt to address practical problems, but they also acknowledge that there is room for improvement. Only 13% of practitioners describe their mental health service's approach to dealing with practical problems as very effective or well-designed for managing people's practical needs.

As these results suggest, most mental health practitioners attempt to address people's practical problems. Only **14% of practitioners say they are unable to assist with practical issues because it is not their area of expertise**. This indicates that most practitioners try to support clients, even in areas they are not knowledgeable about. However, **only 11% feel able to advise clients adequately by themselves**. Instead, the majority of practitioners rely on external agencies for support. This means having dedicated resources for practical support within mental health services is important, so that mental health practitioners aren't managing clients' practical problems alone.

Most practitioners signpost to practical support

Most mental health practitioners signpost their clients to practical support, such as a government agency or charity, when a problem is raised. A smaller number of mental health practitioners have formalised links to make referrals to support agencies. Sometimes these support agencies will be co-located within the health setting.

Signposting and referring are 2 different approaches that enable practitioners to link up clients directly or indirectly to other agencies. (See Figure 4).



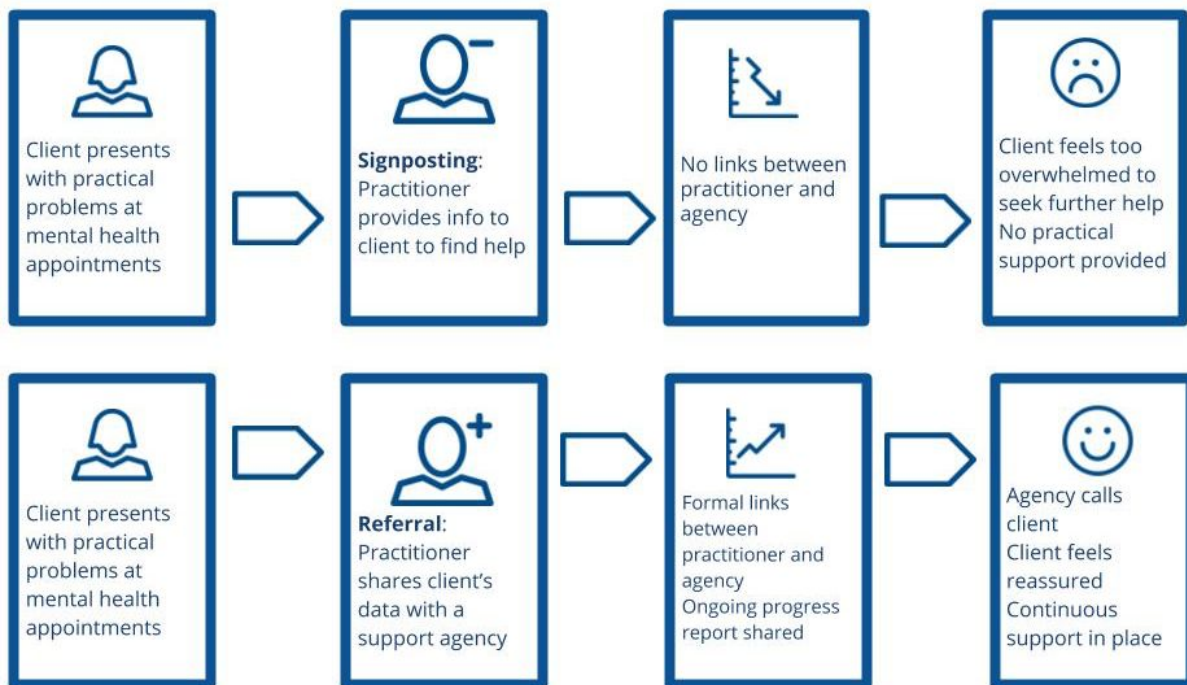
With signposting, practitioners provide contact details and general information on what agencies are available to support the client’s practical needs.

Practitioners often have to seek out the information themselves, which can be time-consuming, particularly where clients have multiple practical problems, such as leaving an abusive relationship, or needing legal advice on immigration. Signposting also requires the client to take an active role in seeking help from the agency to which they are signposted. This is difficult for some people with combined mental health needs and practical problems.



With an established referral pathway or an in-house support service, the practical support is arranged on a client’s behalf. This could be the client receiving a call-back or a follow-up from the agency to which they were referred. This is much more accessible to clients and potentially increases service uptake. A co-located or in-house practical support service in a health setting also fosters closer working relationships between clinicians and agency advisors, including sharing of information to support a person’s recovery.

Figure 4. Signposting vs. referral pathway



Our upcoming research, on integrated advice support, examines the experience of general practitioners who have an integrated advice service in their surgery, and those who do not. 75% of GPs who have a co-located practical support service in their practice reported a positive effect on clients' health and wellbeing, and 61% of GPs reported a positive effect on their ability to treat the client's clinical needs.¹⁴

One example of integrated practical support is in Liverpool, where advice is located in GPs and IAPT settings across the city.

¹⁴ Citizens Advice, Advice in Practice Report, 2018 (upcoming report)

Example: advice on Prescription service, Liverpool CCG and South Liverpool Citizens Advice

Stage 1: mental health assessment	Joseph has been referred to his local Talking Therapies programme for anxiety and depression
Stage 2: mental health treatment	While discussing his mental health problems with his counsellor, Joseph mentions that he has been having problems at work. His hours have been reduced and he is finding it difficult to make ends meet
Stage 3: data sharing and progress report	The counsellor fills out an encrypted referral form for the Advice on Prescription, an integrated service in the health service site. The counsellor shares data with the advisor. The advisor calls Joseph back, arranging an appointment in his local surgery. There is ongoing progress report shared between counsellor and advisor
Stage 4: practical needs assessment	At the appointment, Meg, the agency advisor, finds Joseph is not claiming all of his benefit entitlements, so helps him complete the paperwork to correct this
Stage 5: support options	Meg also helps Joseph compare energy tariffs to find the best deal available to him. She checks for extra support that the supplier can offer, because of his mental health needs
Stage 6: support provided and received	Joseph feels less worried about his money problems, which has made his treatment more effective. The extra income also makes it easier for Joseph to socialise and pay the bus fare to attend counselling

Complex situations require an immediate response

Some practical problems force mental health practitioners to act as advisors. Practitioners feel that supporting their clients with housing, benefits or other practical problems is not their area of expertise. However, they sometimes find themselves having to deal with people's practical problems when it is urgent or complex, for example, a person at risk of being made homeless.



Case study: integrated support in the care pathway is effective

"I recently had a young mother who had recently left an abusive relationship. Aside from her children, the main thing that kept her going was her job working in a local cafe. She came in when she started struggling with depression after she got made redundant. She managed to find another job within a week, but struggled to make ends meet between starting her new position, as she had no income between jobs. Coming in, [I] realised [that] she was unable to buy food. [I was] able to make an approved referral to the local food bank. This really helped alleviate her worry, solved her most immediate problem, and stopped her dropping out of treatment."

-- Sally, Psychological Wellbeing Practitioner

Practitioners carry out the following tasks to support clients' practical problems, either on a frequent or occasional basis:



Where signposting has proven ineffective, some practitioners feel they need to step in. While it is not part of their clinical role, many mental health practitioners carry out practical tasks on a frequent or occasional basis, when the need arises. Some tasks are basic, but still time-consuming, such as writing a support letter for an employer. Other tasks require practical skills or expertise, such as helping clients with budgeting and debt management, or negotiating with utility providers.

Sometimes mental health practitioners find it essential to provide practical support in order to offer reassurance to individuals and to manage urgent practical problems. **On rare occasions** in the past month, **30% of practitioners** have gone out of their way and **contacted public services or agencies** on their client's behalf, while **3% contacted creditors** or **utility suppliers** on behalf of clients.



Case Study: practitioner takes on a practical support advisor's role in urgent situations

"I've been seeing a lady who has been in a very bad place. She has had serious physical health problems for a long time, and has severe depression. She was accused of benefits fraud for which she needed legal assistance. She has been too distraught for therapy for it to be of any use. At one point, [she] felt suicidal. Instead, I've been trying to help her get some legal advice. I've contacted [a local agency] on different occasions who have assured a call back within a set period but it's not happened so instead I've tried searching myself. I ended up contacting our local law centre on behalf of the client. This is time-sensitive though, and quite urgent.

I often see people in crisis situations and the need for the right help feels more urgent. I need to have more information, and there needs to be more awareness around what is actually out there."

-- Sukhi, an IAPT High Intensity Therapist

Practitioners find practical support complements mental health care. Our research outlines that practitioners tend to try to deal with practical problems themselves. However, they often do not know who to call or where to signpost clients. To deal with clients' practical problems more effectively, mental health practitioners highlight the following improvements:

- To coordinate support between mental health services and practical support agencies, by establishing a referral pathway.
- To have a single point of contact to identify clients with practical needs. This should have a clear pathway and easy access to practical support, including in-house support, in order to reduce administrative time spent in identifying suitable resources in the community.
- To have dedicated resources, without long waiting times, for responding to practical needs, such as a hotline that is available for mental health practitioners to access if they have a client with urgent needs or in crisis situations.
- To have a dedicated resource to provide information for various practical issues, such as legal assistance, money and debt, or housing. Practitioners sometimes find it unclear what support agencies are able to provide.

Practical support should be integrated in clinical treatment. Mental health practitioners are not trained to provide practical support and cannot be expected to manage complex practical problems. Spending clinical time

searching for a food bank or providing budgeting advice is an ineffective way of managing clients' practical problems. Expert advisors are better positioned to resolve these issues and help people find specialist support. Practical support should be an extension of mental health treatment, and can offer continuous help, beyond clinical services.

Practitioners' feedback reinforces the findings from trialling employment advice in mental health settings. The report, reviewing the employment advice pilot, emphasises that service integration enables a better flow of referrals from IAPT to the employment service, and better communication between the two services.¹⁵ Having integrated support in mental health services would help people access practical advice and feel confident about addressing their problems. It would also help practitioners use their clinical time more efficiently.

¹⁵ [Research Summary](#): Evaluation of Employment Advisers in the Improving Access to Psychological Therapies programme, 2013

Conclusion

The growing number of clients raising practical problems within mental health services presents a challenge to the government and to commissioners of health services. Mental health services do not usually have the expertise to provide specialist support with practical problems. Mental health practitioners find that this undermines mental health treatment, resulting in people's missing appointments and failing to complete their course of treatment. This can lead clients' mental health to deteriorate, being less able to make use of coping strategies during treatment, and ultimately less likely to recover from their mental health problems.

The government, and all NHS local and regional commissioners, should take into consideration the practical needs of their clients, and integrate practical support in mental health settings.

Recommendations

At a national level

1. NHS England should expand the integrated care pathway to include practical support, and test a range of models for screening practical needs as part of the referral pathway to IAPT and the wider mental health services. This should complement existing employment pilots, and so identify clients' wider practical problems at an early stage. The screening should be made available at the point of GP referral or self-referral to IAPT and other mental health services, so practical problems are addressed early.

2. The government should fund a pilot for integrated practical support in primary mental healthcare settings, including IAPT services (Improving Access to Psychological Therapies). For mental health treatment to be effective and recovery rates to improve, the government must address the practical issues affecting mental health. IAPT services see the majority of people with common mental health problems, and therefore, the government should invest resources here. Integrating practical support in IAPT services can ensure closer working relationships between mental health practitioners and support agencies, making better use of mental health services, and improving recovery rates.

At a local level

3. Clinical Commissioning Groups should provide funding to improve clinical approaches to practical problems, that is, to fund integrated practical support in mental health services

Rising levels of practical problems, and increased clinical time spent addressing them, is costly and inefficient for mental health services. Funding integrated advice has benefits for practitioners and practices as well as clients.

Commissioners should ensure that practical support is part of the mental health and primary care pathway. The practical support should be included as part of the service specifications, or service outputs for mental health services.

Resources may include a hotline to advise mental health practitioners, or face-to-face briefing sessions delivered by practical support advisors.

Appendix

Improving Access to Psychological Therapies (IAPT):

IAPT is a stepped care model of mental health treatment to enable adults deal with mild or moderate anxiety or depression. Clients move up or down the model based on their needs. It was launched in 2008. More than 900,000 people access IAPT every year. The following treatments are offered on IAPT, but vary based on local provision (list not exclusive):

- Guided self-help including workshops and online resources
- Low-intensity treatment including Cognitive Behavioural Therapy (CBT), usually 6-12 sessions¹⁶
- High-intensity treatment, usually up to 20 sessions¹⁷
- Group therapy
- Couples Counselling for Depression therapy

¹⁶ Average number of sessions provided is 7. Some services offer 6-8 sessions or 8-12 sessions. See an example from [Dudley and Walsall, North Essex, SLAM](#)

¹⁷ See an example from [Dudley and Walsall](#)

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Published July 2018

Citizens Advice is an operating name of The National Association of Citizens
Advice Bureaux.

Registered charity number 279057.