

Welfare Advice & Health Partnerships
Improving Mental Health & Well-being in Primary Care and Community Mental Health
Services
Proposal 11/12/2019

Introduction

This paper explains the role of Welfare Advice & Health Partnerships (WAHP) in improving mental health and well-being, tackling health inequalities and improving clinical care. The need to sustain and expand WAHP across Scotland at this current time is essential because, from 2020, the migration of Employment & Support Allowance (ESA) benefit claimants onto Universal Credit will accelerate. The majority of those in receipt of ESA in Scotland have 'mental health' as either their primary or secondary condition. Experience has shown that the migration of claimants from one benefit to another results in a significant increase in pressure on clinical services, particularly general practice and mental health as clinicians try to support patients to navigate a complex social security system. And that individuals and families going through the migration process experience stress, distress, loss of control, depression and an increase in anxiety

What are Welfare Advice and Health Partnerships?

WAHP are the integration of welfare advice services in NHS and health & social care settings. WAHP provide Social Welfare Legal Advice, including income maximisation, welfare benefits, debt resolution, housing problems and employability support as well as representation at tribunals. They also link patients into other sources of support as appropriate.

Over 100 of these partnerships currently exist in Scotland¹ where there are experienced, skilled and regulated Welfare Rights Advisors (WRA), also called Specialist Link Workers, embedded in various NHS settings including; general practice and community mental health services.

- WAHP are very effective at reaching large numbers of people who have never used advice services before, because WAHP are based in settings which people trust, are

¹ However many of these WAHP rely on short term, insecure funding arrangements

familiar and non-stigmatising. Also WAHP are validated by trusted professionals, e.g. GP, CPN etc.

- WAHP use a case management approach so the patient sees the same worker throughout the entire process, providing continuity of care and support, in order to get the best outcome.
- The WRA are employed and managed by local authority or third sector advice services accredited under the Scottish National Standards for Information and Advice Providers, registered with, and regulated by, the Financial Conduct Authority and covered by professional indemnity insurance.
- WAHP support GP's and CPN's to provide a person-centred approach by offering an integrated service that supports patients in a non-stigmatising setting which they trust and where their specific health needs are understood.
- The advisors require access to medical records (with appropriate consent) to draft reports to support benefit applications; these are discussed with relevant health professionals to ensure accuracy. Supporting benefit applications with accurate medical reports reduces the number of mandatory reconsiderations and appeals.
- In the WAHP the advisors are seen as a key member of the healthcare team and attend meetings as and when appropriate to share learning, discuss challenges and opportunities.

Evidence of effectiveness

WAHP are a simple, effective person-centered solution which produce cost-savings for the NHS and Health & Social Care Partnerships

- **Clinical effectiveness**

Demand on GPs and mental health services from patients for support related to benefits claims and social problems associated with low income and debt has been estimated to account for a considerable proportion of consultations/appointments. This is predicted to rise with current and future changes to social security and welfare provision and conditionality.

- **Better prescribing**

An analysis of routinely collected medical record data for 148 patients seen in a WAHP, found that there was a reduction in the number of prescriptions issued for both antidepressants (22%) and hypnotics/anxiolytics (42%)ⁱ.

- **Reducing repeat appointments at GP practices**

An analysis of routinely collected medical record data for 148 patients, seen in a WAHP, found that over a six month period, there was a reduction in GP consultations by an average of 0.63 per patient, therefore a total of 93 fewer appointments for the 148 patientsⁱⁱ.

- **Improving mental health and well-being, including stress and anxiety**

WAHP overall achieve a number of direct positive mental health and well-being outcomes because poor health and well-being is frequently linked with the experience of financial problems such as unmanageable debt and difficulties with housing and benefits. This link is particularly strong for those experiencing anxiety and stress, as well as those with a severe mental illness and the cost of these problems can be very high, including to the NHS and to social care.

- **Reducing mental illness relapse**

Severe mental illnesses such as schizophrenia and bipolar disorder are long-term conditions, with acute episodes of illness being interspersed with periods of remission. Relapse is common and very costly. For example, in the case of schizophrenia, the probability of relapse is around 40% a year, at an estimated cost to the NHS of over £18,000 per episode. The widely accepted vulnerability-stress model of mental illness suggests a number of ways in which WAHP may help to reduce the risk of relapse, most obviously by directly acting on an immediate cause of acute stress which threatens to trigger relapse but also by reducing the vulnerability of clients to future problems through the development of improved coping mechanismsⁱⁱⁱ.

- **Reducing isolation and loneliness**

Isolation and loneliness are often the result of life events which can trigger low confidence, low income/poverty, limited transport options, and individuals having no control or ability to exercise choices in life. WAHP can reduce feelings of isolation and loneliness by solving

money worries through income maximisation or debt management and tackle practical issues such as problems with housing or employment.

- **Meeting Scotland's Public Health priorities, reducing child poverty and tackling health inequalities**

WAHP achieve a number of direct and indirect public health outcomes for people including; income maximisation; improved housing conditions, improved relationships, increased/improved sleep, gained employment or volunteering opportunities, safety from domestic violence, increased confidence, reduced stress, and improved mental health and well-being^{iv}.

Financial Return on Investment

Investment in a WAHP is approximately £8,500 per year, for one day a week. The clinical setting and patient need determines the number of days required each week.

It should be noted that:

- Routine monitoring shows that for every £1 invested around £25 of financial gain is generated from a mixture of increased income e.g. welfare benefits, income maximisation, rescheduled debts, one off payments or written off debts^v.
- Forecast Social Return on Investment analysis on WAHP in general practice in Edinburgh and Dundee also found that every £1 invested generated around £39 of health, social and economic benefits^{vi}.

For more information;

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ⁱ Evaluation of the impact on GP surgeries of the Citizen's Advice Bureau Health Outreach Service (2010)

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ⁱⁱⁱ Welfare Advice for people who use mental health services. Centre for Mental Health (2013)

^{iv} https://www.ucl.ac.uk/access-to-justice/sites/access-to-justice/files/hjp_workshop_updated_information_final.pdf (2017)

^v Integrating money advice workers into primary care settings: an evaluation. Glasgow Centre for Population Health (2019)

^{vi} Forecast Social Return on Investment Analysis on the Co-location of Advice Workers with Consensual Access to Individual Medical Records in Medical Practices. The Improvement Service (2017)