

# Best Evidence Summaries of Topics in Mental Healthcare

**BEST in MH** *clinical question-answering service*

## Question

In adults with mental health and financial problems, how effective are interventions for financial problems, compared to any other or no intervention, in improving patient outcomes?

## Clarification of question using *PICO* structure

*Patients:* Adults with mental health and financial problems

*Intervention:* Interventions for financial problems

*Comparator:* Any other or no intervention

*Outcome:* Improving patient outcomes

## Plain language summary

More research is needed into effective interventions for adults with mental health and financial problems. Limited research suggests that advisor-teller money manager therapy is effective in reducing drug abuse in adults with a psychiatric illness, although more trials in this area are needed.

### **Clinical and research implications**

One moderate quality, small, single-centre RCT found that advisor-teller money manager therapy significantly reduced cocaine use and substance purchases in adults with a psychiatric illness and history of alcohol or cocaine abuse, compared with a minimal control intervention. As only one trial was found, there is a lack of evidence about interventions for financial problems in adults with mental health and financial problems and further research is needed. The trial reported that further research into the use of money manager therapy in cocaine users with severe psychiatric illnesses is also needed.

### **What does the evidence say?**

#### ***Number of included studies/reviews (number of participants)***

One RCT (n = 90) was included (Rosen et al. (2010)). This compared ATM therapy (advisor-teller money manager which involved working with a therapist to create and comply with a financial budget) with a minimal control intervention (a workbook containing budgeting forms completed with therapist assistance) in adults with a psychiatric disorder and history of substance abuse, attending a community mental health centre in the USA.

#### ***Main findings***

Most of the trial participants (90%) had a major axis I psychiatric disorder, 87% had a lifetime history of cocaine abuse and approximately 40 to 50% had used cocaine or alcohol in the month prior to trial entry. Participants receiving ATM therapy were significantly more likely to abstain from cocaine during the 52 week trial period (measured by toxicology screening) compared to the control participants (84% vs. 60%, p = 0.03). They were also significantly less likely to have purchased any substances (84% vs. 62% with no purchases at week 52, p = 0.04) and be assessed by an external clinician as not using drugs (66% vs. 35%, p = 0.01). No significant differences were seen for self-reported drug use, alcohol use and psychiatric outcomes.

#### ***Authors' conclusions***

The authors concluded that ATM therapy is efficacious for treating cocaine abuse or dependence in people with psychiatric illness, but requires protection of patient autonomy and staff safety.

#### ***Reliability of conclusions/Strength of evidence***

The trial was considered to be of moderate quality. The randomisation method was reported but it was unclear if the treatment allocation remained masked until the point of randomisation. Due to the types of interventions it was not possible to blind the participants or trial staff to the treatment group. As most of the outcomes were self-reported, this means that they would also be unblinded. However, two of the outcomes showing statistically significant results were those that were possibly blinded to treatment (although this was not explicitly reported), toxicology screening for alcohol and drugs, and assessment of drug use by an external clinician. All participants with at least one assessment were included in the intention-to-treat analyses, and all the outcome measures were reported. As this was a single-centre, fairly small trial, there is a lack of evidence for this question.

**What do guidelines say?**

NICE guidelines do not make recommendations for adults with mental health problems and financial problems.

**Date question received:** 06/05/2016

**Date searches conducted:** 10/05/2016

**Date answer completed:** 11/07/2016

**References*****Randomised controlled trials***

Rosen, M. I., Rounsaville, B. J., Ablondi, K., Black, A. C., & Rosenheck, R. A. (2010). Advisor-teller money manager (ATM) therapy for substance use disorders. *Psychiatric Services, 61*(7), 707-713.







## Results




### *Randomised controlled trials*

Author (year)	Inclusion criteria	Number of participants	Summary of results	Risk of bias
Rosen et al. (2010)  USA	<p><b>Participants:</b> Adults at a community mental health centre, with substance use disorder (DSM-IV defined) involving cocaine, alcohol or both, within the past 5 years with a monthly income of <math>\leq</math>\$450.</p> <p><b>Intervention:</b> ATM therapy (advisor-teller money manager). Weekly sessions and/or drop-in visits working with a therapist to make budgets alongside treatment as usual (group psychotherapy and psychotropic medication). Patients reviewed adherence to the budgets they had made, reviewed activity completion from the previous week, obtained funds from their account that had been pre-budgeted, reviewed the circumstances surrounding the relapse, and their treating clinicians (not connected with the study) were informed.</p> <p><b>Comparator:</b> Minimal control intervention</p>	N= 90 (n=47 ATM group, n=43 control group)	<p>The average participant age was 42 years, 50% were male, 90% had a major axis I psychiatric disorder, 41% had used cocaine in the past 30 days, 48% had used alcohol in the past 30 days and 87% had a lifetime cocaine abuse or dependence. At baseline the two groups were balanced apart from for the receipt of Supplemental Security Income or Social Security Disability income which was significantly higher for the ATM group (96% vs. 67%, <math>p &lt; 0.01</math>), and a diagnosis of major depressive disorder which was also higher for the ATM group (22% vs. 19%, <math>p = 0.04</math>).</p> <p>Rates of follow-up were excellent with 79% of the scheduled appointments kept for the ATM group and 73% for the control group. The final assessment at week 52 was attended by 83% of the ATM group and 72% of the control group. ATM participants attended more face-to-face sessions than the control group participants (mean 22.5 vs. 3.0, <math>p &lt; 0.001</math>).</p>	<p>Moderate</p> <p>The method of randomisation was reported but it was unclear if allocation concealment was used.</p> <p>The participants and study personnel were not blinded to treatment, and as most outcomes were self-reported these would have also not been blinded. Drug use measured by toxicology and abstinence rated by non-study clinicians</p>

	<p>- patients were given a workbook containing budgeting forms. Therapists helped patients complete the forms by identifying patients' income and expenses. At follow-up appointments, therapists supported patients' efforts to adhere to budgets and refrain from substance use.</p> <p><b>Outcome:</b> Addiction symptoms (Structured clinical interview for DSM-IV Axis 1 Disorders, ASI v5, BSI), psychiatric functioning (Global Assessment of Functioning (GAF)), substance use (onsite toxicology tests) and finances (tracked via questionnaires). Measured every 4 weeks until week 36, and at week 52.</p>		<p>ATM participants had significantly more toxicology-assessed abstinence from cocaine during the study than control participants (84% vs. 60% with a negative intoxication screen at week 52, <math>p = 0.03</math>). They were also significantly less likely to have purchased any substances (84% vs. 62% with no purchases at week 52, <math>p = 0.04</math>) and be assessed as not using drugs by an external clinician (66% vs. 35% with no drug use at week 52, <math>p = 0.01</math>) compared to the control participants.</p> <p>No significant between group differences were seen for alcohol use and psychiatric outcome measures. One ATM participant assaulted his money manager and another participant became agitated.</p>	<p>were likely to be the only blinded outcomes.</p> <p>All patients completing at least one outcome assessment were included in intention-to-treat analyses and all outcome measures were reported.</p>
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**Risk of bias*****Randomised controlled trials***

Study	RISK OF BIAS					
	Random allocation	Allocation concealment	Blinding of participants and personnel	Blinding of outcome assessment	Incomplete outcome data	Selective Reporting
Rosen et al. (2010)						

 Low risk High risk Unclear risk

## Search details

Source	Search Strategy	Number of hits	Relevant evidence identified
<i>Guidelines</i>			
NICE	Finance Mental health and financial	80	
<i>Systematic Reviews</i>			
MEDLINE	1 (financial adj2 (stress* OR debt* OR problem* OR difficult* OR concern*)).ti,ab 2 poverty*.ti,ab 3 debt*.ti,ab 4 exp POVERTY/ 5 (depress* OR anxi* OR mani* OR bipolar* OR schizo* Or psychos* OR psychotic OR (personality adj2 disorder*)).ti,ab 6 (mental adj3 (problem* OR disorder* OR diagnos* OR condition*)).ti,ab 7 exp DEPRESSION/ 8 exp ANXIETY/ 9 exp SCHIZOPHRENIA/ 10 exp MENTAL HEALTH/ 11 exp BIPOLAR DISORDER/ 12 exp PERSONALITY DISORDERS/ 13 21 OR 22 OR 23 OR 24 14 25 OR 26 OR 27 OR 28 OR 29 OR 30 OR 31 OR 32 15 33 AND 34 16 35 [Limit to: (Document type Meta-analysis or Review)]	498	
EMBASE	1 FINANCIAL DEBT/ OR exp FINANCIAL MANAGEMENT/ OR exp FINANCIAL SUPPORT/ 2(financial adj2 (stress* OR debt* OR problem* OR difficult* OR concern*)).ti,ab	25	

	<p>3 poverty*.ti,ab  4 debt*.ti,ab  5 exp POVERTY/  6 1 OR 2 OR 3 OR 4 OR 5  7 (depress* OR anxi* OR mani* OR bipolar* OR schizo* Or psychos* OR psychotic OR (personality adj2 disorder*)).ti,ab  8 (mental adj3 (problem* OR disorder* OR diagnos* OR condition*)).ti,ab  9 exp DEPRESSION/  10 exp ANXIETY/  11 exp SCHIZOPHRENIA/  12exp PSYCHOSIS/  13exp BIPOLAR DEPRESSION/ OR exp BIPOLAR DISORDER/ OR exp BIPOLAR I DISORDER/ OR exp BIPOLAR II DISORDER/ OR exp BIPOLAR MANIA/  14 exp MANIA/  15 exp PERSONALITY DISORDER/  16 MENTAL HEALTH/  17 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16  18 6 AND 17  20 18 [Limit to: Cochrane Library and (EBM-Evidence Based Medicine Meta Analysis or Systematic Review)]</p>		
PsycINFO	<p>1(financial adj2 (stress* OR debt* OR problem* OR difficult* OR concern*)).ti,ab  2poverty*.ti,ab  3debt*.ti,ab  4exp POVERTY/  5 (depress* OR anxi* OR mani* OR bipolar* OR schizo* Or psychos* OR psychotic OR (personality adj2 disorder*)).ti,ab  6 (mental adj3 (problem* OR disorder* OR diagnos* OR condition*)).ti,ab  7exp ANXIETY/  8exp SCHIZOPHRENIA/</p>	146	



	<p>9exp PSYCHOSIS/  10exp MANIA/  11exp MENTAL HEALTH/  12exp FINANCIAL STRAIN/  13exp BIPOLAR DISORDER/  14exp "DEPRESSION (EMOTION)"/  15exp PERSONALITY DISORDERS/  1638 OR 39 OR 40 OR 41 OR 49  17 42 OR 43 OR 44 OR 45 OR 46 OR 47 OR 50 OR 51 OR 52  18 53 AND 54  19 55 [Limit to: (Methodology Literature Review or Meta Analysis or Systematic Review)]</p>		
<i>Primary Studies</i>			
MEDLINE	<p>1 (financial adj2 (stress* OR debt* OR problem* OR difficult* OR concern*)).ti,ab  2 poverty*.ti,ab  3 debt*.ti,ab  4 exp POVERTY/  5 (depress* OR anxi* OR mani* OR bipolar* OR schizo* Or psychos* OR psychotic OR (personality adj2 disorder*)).ti,ab  6 (mental adj3 (problem* OR disorder* OR diagnos* OR condition*)).ti,ab  7 exp DEPRESSION/  8 exp ANXIETY/  9 exp SCHIZOPHRENIA/  10 exp MENTAL HEALTH/  11 exp BIPOLAR DISORDER/  12 exp PERSONALITY DISORDERS/  13 21 OR 22 OR 23 OR 24  14 25 OR 26 OR 27 OR 28 OR 29 OR 30 OR 31 OR 32  15 33 AND 34</p>	249	

	16 [Limit to: (Document type Controlled Clinical Trial or Randomized Controlled Trial)]		
EMBASE	<p>1 FINANCIAL DEBT/ OR exp FINANCIAL MANAGEMENT/ OR exp FINANCIAL SUPPORT/  2(financial adj2 (stress* OR debt* OR problem* OR difficult* OR concern*)).ti,ab  3 poverty*.ti,ab  4 debt*.ti,ab  5 exp POVERTY/  6 1 OR 2 OR 3 OR 4 OR 5  7 (depress* OR anxi* OR mani* OR bipolar* OR schizo* Or psychos* OR psychotic OR (personality adj2 disorder*)).ti,ab  8 (mental adj3 (problem* OR disorder* OR diagnos* OR condition*)).ti,ab  9 exp DEPRESSION/  10 exp ANXIETY/  11 exp SCHIZOPHRENIA/  12exp PSYCHOSIS/  13exp BIPOLAR DEPRESSION/ OR exp BIPOLAR DISORDER/ OR exp BIPOLAR I DISORDER/ OR exp BIPOLAR II DISORDER/ OR exp BIPOLAR MANIA/  14 exp MANIA/  15 exp PERSONALITY DISORDER/  16 MENTAL HEALTH/  17 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16  18 6 AND 17  19 18 [Limit to: (Clinical Trials Randomized Controlled Trial)]</p>	573	
PsycINFO/CINAHL	<p>1(financial adj2 (stress* OR debt* OR problem* OR difficult* OR concern*)).ti,ab  2poverty*.ti,ab  3debt*.ti,ab  4exp POVERTY/  5 (depress* OR anxi* OR mani* OR bipolar* OR schizo* Or psychos* OR psychotic OR (personality adj2 disorder*)).ti,ab</p>	20	

	<p>6 (mental adj3 (problem* OR disorder* OR diagnos* OR condition*)).ti,ab 7exp ANXIETY/ 8exp SCHIZOPHRENIA/ 9exp PSYCHOSIS/ 10exp MANIA/ 11exp MENTAL HEALTH/ 12exp FINANCIAL STRAIN/ 13exp BIPOLAR DISORDER/ 14exp "DEPRESSION (EMOTION)"/ 15exp PERSONALITY DISORDERS/ 1638 OR 39 OR 40 OR 41 OR 49 17 42 OR 43 OR 44 OR 45 OR 46 OR 47 OR 50 OR 51 OR 52 18 53 AND 54 19 55 [Limit to: (Methodology Treatment Outcome/Clinical Trial)]</p>		
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