

Annex A: Estimating the number of people in problem debt while being treated for a mental health crisis

A.1 Estimating the number of referrals to NHS crisis response teams in England per year

Unfortunately there is no data available on the number of people who are treated by a crisis recovery and home treatment team in any given year. Data on the number of referrals to crisis teams has only been made available very recently, and is only available for the period April - September 2017.

The most recent data, published by NHS Digital as exploratory analysis, shows that there were 96,189 referrals to crisis response teams in the three months between 1 February and 30 April 2017.¹ Multiplied by four to estimate for a full year, this suggests that there are nearly 400,000 referrals a year. However, demand for mental health crisis services is not constant throughout the year, and there are known increases in demand during the winter months not captured by available data. Adjusting for this, we estimate that the total number of annual referrals to crisis response teams is likely to be around 500,000. This is consistent with the last NHS Benchmarking estimate of referrals to crisis teams in 2013/14, given the rate of growth of demand for all mental health services. We are grateful to NHS England, particularly Geoff Heyes and Bobby Pratap, for their support in reaching this estimate - though all responsibility for any errors in judgement rests with Money and Mental Health.

A.2 Estimating the number of people receiving treatment for a mental health crisis who are in problem debt

As one service user may be referred to the CRHT several times in a single year, and there are significant risks of double counting in extrapolating from referrals to the numbers of people using a services. Some people will also be referred, but not receive treatment. There will also be significant overlap between the group of people who are admitted to hospital for their mental health, and who are in contact with a crisis team in the community, particularly as the crisis resolution team usually acts as the gatekeeper to inpatient services. It is thus impossible with the data currently available to offer a rigorous estimate of the number of people who receive treatment from a crisis resolution team.

Instead, in this report, we focus only on the prevalence of financial difficulty among people who are hospitalised for a mental health problem. Our estimate of the prevalence of financial difficulty during mental health crisis is thus highly conservative.

¹ NHS Digital. Mental Health Services Monthly Statistics. Exploratory Analysis: Response times between referral for urgent or emergency treatment up until the time of the first face to face contact with crisis resolution teams, February to April 2017, experimental statistics. Health and Social Care Information Centre. 2017.

Data on the number of people admitted to hospital for a mental health condition is provided in NHS Digital's annual Mental Health Bulletin. Figures in this report refer to the 2016/17 edition.² This dataset shows that in 2016/17, 98,400 adults (over the age of 18) were admitted to hospital for a mental health problem.

To estimate the number of people who are in problem debt while in hospital, we extrapolate using figures for the prevalence of problem debt among people experiencing mental health problems derived by Jenkins et al (2008) from the Adult Psychiatric Morbidity Survey (2000). The Adult Psychiatric Morbidity Survey is the gold-standard of data on the prevalence of mental health conditions, and the demographic and social conditions associated with poor mental health. This study showed that, in 2000, 23.2% of people experiencing a mental health problem were also in problem debt.³ Taking this populating prevalence, we derive our estimate that approximately 23,000 people who are hospitalised for their mental health each year will be in financial difficulties.

Unfortunately no analysis of the debt variables in the 2007 APMS dataset has been published, but initial analysis by Money and Mental Health suggests prevalence of problem debt among people experiencing mental health problems remained largely static over the next seven years. The data from the 2014 APMS survey has not yet been made available to allow us to test whether this remains the case. Jenkins et al's analysis of the 2000 data thus remains the best available source.

In all likelihood, the rate of problem debt is higher among people experiencing the more severe types of mental health problems which lead to hospitalisation. Jenkins et al, for example, found that 33.0% of all people with probable psychosis are in problem debt.⁴ Our estimate can thus be viewed as being highly conservative. When combined with the fact that this estimate only considers the relatively small proportion of people who are hospitalised during a mental health crisis, we are confident that the true number of people affected by financial difficulties while receiving treatment for a mental health crisis is substantially higher.

² NHS Digital. Mental Health Bulletin: 2016-17 Reference Tables; Money and Mental Health analysis.

³ Jenkins R et al. Debt, income and mental disorder in the general population. *Psychological Medicine* 2008; 38: 1485-1493.

⁴ Ibid.

Annex B: Methodology

B.1 Research design

This research project consisted of a thorough review of the academic and grey literatures, and existing government policy; surveys, depth interviews and focus groups. Further details on each component of the research are provided below.

Throughout the research, we sought to engage with:

- People who have experienced a mental health crisis
- Carers of people who have experienced a mental health crisis
- Practitioners supporting and caring for people during a mental health crisis

This triangulation of experience allowed us to develop a thorough understanding of what happens to people's finances during a mental health crisis.

In all cases we were discussing past episodes of mental health crisis, to protect those who are acutely unwell. Looking back on crises also allows us to explore the causes and financial consequences of a crisis in a rounded way, with triangulation helping to overcome potential gaps in memory created by distance from the events.

The research was also shaped by the input of an expert project advisory board, drawing on the knowledge and skills of people with lived experience of mental health crisis and of caring for people experiencing crisis, relevant professional experience and policy expertise, including academics and third-sector representatives.

As the aim of this project was to consider policy changes which could reduce the financial impact of mental health crisis, we concentrated on people who are in receipt of NHS care during such a crisis. Although focusing on those having received support in these ways will exclude many people who are in crisis but who cannot access suitable treatment, this approach allows us to explore the opportunities within the treatment pathway to better support service users. In turn, this should help to improve patient flow, reduce readmissions and repeat crises and free up service capacity, allowing more people to receive the help they need.

B.2 Literature review

Researchers completed a thorough review of the existing literature on people's experiences of a mental health crisis and the impact of this upon their abilities to manage their finances. This included an initial desk-based review of the existing legal and policy context governing options for people who lose control of their finances during a crisis, and the requirements for professionals caring for them.

Articles for review were identified using a snowball search strategy, searching key journals and databases, using a list of key search terms such as “mental health crisis”, “inpatient”, “homelessness”, “debt”, “legal advice”, “crisis team” and “serious mental disorder”.

We used these results as a starting point for our snowball search, and used signals such as number of citations and journal reputation as a guide to find further sources. Beyond this, we used more targeted searches to try to fill any apparent evidence gaps. In total, 83 articles were reviewed. A full bibliography is available upon request.

B3. Surveys

Money and Mental Health collected data through an online survey of our Research Community, a group of more than 5000 volunteers with personal experience of living with a mental health problem, or of supporting someone who does. Research Community members were surveyed online between 27th September 2017 and 26th October 2017. Surveys were distributed by email, and through the secure online portal to Money and Mental Health’s Research Community. Separate but analogous surveys were sent to people with lived experience of mental health problems, and to those caring for someone with mental health problems to ensure relevance. Where a Research Community member had both lived and caring experience, their lived experience was prioritised to avoid survey fatigue. To avoid causing unnecessary distress, participants were able to skip questions after initial screening. All three surveys also included a question asking whether participants would be willing to take part in a depth interview on this topic, and was used to recruit interview participants.

371 people participated in the survey of people with lived experience. Initial questions screened people for experiences which met our definition of being in contact with mental health services during a crisis, namely:

- a) Experience of admission to a psychiatric hospital, or;
- b) Being in the care of a mental health crisis team

Respondents who did not have either of these experiences were screened out, leaving a sample of 166 people with experiences which met our definition. A mix of closed and open survey questions asked participants about the reasons why they needed crisis care, what happened to their finances during periods of mental health crisis, what steps (if any) people had taken to protect their finances at this vulnerable time and what support (if any) they had been offered.

A similar survey was sent to Money and Mental Health Research Community members with experience of caring for a person with mental health problems. This received 77 responses, of whom 46 had relevant experiences.

Mental health practitioners were surveyed online between 1st October and 30th November 2017. The survey was distributed to over 400 professionals who had joined Money and Mental

Health Professionals Network. It was also shared through our newsletters and on social media. The survey was kindly distributed by relevant professional bodies via social media, including: British Medical Association, Unite the Union, Think Ahead, UK Council for Psychotherapy, Rethink, British Psychological Society and Social Care Workforce Research Unit. The practitioners survey was carried out between 1st October and 30th November 2017. We had 93 responses to the practitioners survey, from a diverse range of roles supporting people during crisis, including: mental health nurses, occupational therapists, psychologists, social workers and support workers.

Where statistics from these surveys are quoted in this report, we also provide sample size and a description of the base. These surveys also contained a number of qualitative questions which were analysed thematically and used to illustrate the report.

B.4 Depth interviews

Depth interviews were carried out between 7th November and 21st December 2017. The bulk of this report is based on understanding gathered from 12 interviews with people with lived experience of mental health crisis, 12 carers, and 11 mental health practitioners currently working with people in mental health crisis. All interview participants were offered a £30 Amazon voucher as a thank you gift for taking part.

Efforts were made to include an even balance of backgrounds: age; gender; geographical location and ethnicity. Additionally amongst the practitioners interviewed we tried to have a variety of profession, and type of service where the professional worked, ie: community, inpatient acute and secure. Where this was not possible due to response rates to the survey, a snowballing technique was used to recruit, using support forums, and professional contacts. In practice, the sample included a range of people from different geographical areas and of different genders and ages, diagnosis and profession. Further details on sampling are available from Money and Mental Health on request.

All interviews used a semi-structured format and lasted between 45 and 90 minutes. Population-specific topic guides offered a range of starting questions to interviewers and a list of topics for discussion, but provided discretion to follow the themes of greatest interest and importance to the participant, ensuring we adequately reflected their experiences. Guides included the following:

Lived experience of mental health crisis

Interviews were started by asking people to talk us through one particular episode of poor mental health that involved being an inpatient or using a crisis team. It went on to ask about the timeline of what happened to their mental health and their finances whilst unwell and how their financial circumstances and mental health affected each other. The interview went on to ask about the person's ability to manage their own finances when in crisis, and what support (if any)

they had in managing their finances whilst unwell. Finally, participants were asked for their views on what could have helped them to avoid financial consequences of mental health crisis.

Carers

Carers were asked to talk through one episode of poor mental health that involved the person they cared for being an inpatient or using a crisis team and where finances were affected. The interview then considered the carers efforts to help, in both a formal and informal capacity, and any challenges they faced from the person they cared for, and/or other external organisations, healthcare services, essential service firms etc.

Practitioners

Interviews began by asking about their professional experience and understanding of the specific difficulties that a mental health crisis causes with managing finances. They then explored practitioners' understanding and experience of the long term implications of financial problems when recovering from a mental health crisis, and how finances are dealt with in care plans. Interviews progressed to consider health services responses when a person lacks capacity to make decisions about their finances.

Analysis

All interviews were transcribed and thematically coded. Emerging themes were used to formulate an understanding that was checked with other members of the research team and external experts, and cross-checked with data from both surveys and the literature.

B.5 Focus groups

Three focus groups, one per population group, were used towards the end of the project to test evidence from the desk-based research and depth interviews, and to draw out possible solutions. In each of the three population groups there were between five and seven participants. Focus groups were carried out online to maximise accessibility and protect participant anonymity. All focus group participants were offered a £20 Amazon voucher as a thank you gift for taking part.

Focus groups included people with a variety of diagnosis, and a variety of professional contexts, eg: ward staff, social workers, psychiatrists, nurses etc

The focus groups considered the following:

- Lived experience of mental health crisis - problems encountered and support received with income, managing money and paying bills, seeking support and health services
- Carers - types of tasks undertaken and the challenges of managing someone else's money whilst they are experiencing a mental health crisis
- Practitioners - How finances impact on mental health crisis, relapse and recovery, and the inclusion of finances in crisis relapse prevention and recovery planning