

Money and Mental Health response to APPG on Mental Health inquiry into the Five Year Forward View for Mental Health

The Money and Mental Health Policy Institute is a research charity, established by Martin Lewis OBE in 2016 to break the link between financial difficulty and mental health problems. Here, we set out evidence from our research and policy work to inform the APPG for Mental Health's inquiry into the Five Year Forward View for Mental Health, and the development of any future strategy. Money and Mental Health's research is informed by our Research Community, a group of 5,000 people with lived experience of mental health problems, and rigorous analysis of national datasets.

Our response covers question 2 of the Inquiry. In addition to this response, we recommend that the APPG reviews our reports [The other one in four](#),¹ which explores how financial difficulty is treated across mental health services, and [Whose job is it anyway](#),² which looks at how mental health practitioners are dealing with the challenges of supporting service users in financial difficulty.

2. What should any new mental health strategy post 2021 focus on?

The Five Year Forward View for Mental recognised the importance of many social factors in preventing mental health problems, and improving outcomes for people living with mental health problems, including decent housing, employment and poverty. However it overlooks a key factor which links these issues - money.

The links between financial difficulty and mental health problems are well-evidenced. National data shows that, across England, people experiencing mental health problems are three times as likely to be in problem debt. A quarter of people experiencing mental health problems (23%) are behind on credit agreements and bills.³ Recent research by the IFS also demonstrates that people living with a mental health condition have considerably higher poverty and deprivation rates than people with physical health conditions, driven by both lower hourly wages and fewer hours worked.⁴

¹ Clarke T, Acton R and Holkar M. The other one in four: How financial difficulty is neglected in mental health services. Money and Mental Health Policy Institute. 2016.

² Clarke T. Whose job is it anyway? How mental health practitioners help navigate financial difficulty. Money and Mental Health Policy Institute. 2017.

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

⁴ Cribb J, Norris Keiller A and Waters T. Living Standards, poverty and inequality in the UK: 2018. Institute for Fiscal Studies. 2018.

People in problem debt are also significantly more likely to experience mental health problems. Half of adults in problem debt are also experiencing mental illness.⁵

Financial difficulties can aggravate and even cause mental health problems, as people go without essentials, are unable to do the things that help them stay well, or are harassed by collections agents. The more debts a person has, the more likely they are to develop a mental health problem, even after adjusting for income and other factors.⁶ Problem debt is a significant risk factor for suicide. People in problem debt are twice as likely to think about suicide as those not in financial difficulty, even after controlling for other factors.⁷

Problem debt is thus a serious risk factor for mental illness and a consistent cause of poorer outcomes for people with enduring mental health problems.

Furthermore, evidence suggests that financial difficulties can significantly reduce recovery rates for people experiencing mental health problems. People with depression and problem debt are 4.2 times more likely to still have depression when contacted 18 months later compared to people without financial difficulty. For those with anxiety, having financial difficulties means you are 1.8 times more likely to still be experiencing anxiety 18 months later than if your finances were sound.⁸ This suggests that providing support with money management is likely to be an important part of holistic mental health support.

Despite this, Money and Mental Health research suggests that relatively few mental health services offer support to service users experiencing financial difficulties. Fewer than a quarter (22%) of CCGs consider financial difficulty in their Joint Strategic Needs Assessment, making it difficult to provide appropriate support. Worryingly, a quarter (26%) of CCGs suggested that financial difficulty was not a factor that they should consider. While nearly half of CCGs and NHS Trusts that provide mental health services either commission or work with an external organisation to provide a specialist service for people experiencing both mental health problems and financial difficulty, these

⁵ Jenkins R et al. Mental disorder in people with debt in the general population. *Public Health Medicine* 2009; 6, 3: 88-92.

⁶ Fitch C, Hamilton S, Bassett P, et al. The relationship between personal debt and mental health: A systematic review. *Mental Health Review Journal* 2011; 16, 4: 153-166.

⁷ Meltzer H et al. Personal debt and suicidal ideation. *Psychological Medicine* 2011; 41, 4: 771-778.

⁸ Skapinakis P, Weich S, Lewis G, et al. Socio-economic position and common mental disorders: Longitudinal study in the general population in the UK. *British Journal of Psychiatry* 2006; 189: 109-117.

services are patchy, inadequately monitored and under evaluated, meaning it is not clear that the help available is actually reaching those who need it most.⁹

Part of the difficulty here is that mental health practitioners are, in many cases, reluctant to ask service users about their mental health problems. This means that problems remain unidentified and unresolved. In some cases, our research suggests that the driver of this reluctance is a lack of suitable local services to refer people to for proper support. In some cases, mental health professionals are spending valuable clinical time attempting to help service users resolve practical financial problems where they are not appropriately trained to do so - a highly inefficient use of clinical time, but a choice sometimes clinicians feel they have no choice but to make if financial insecurity poses a barrier to the service users' engagement in mental health support.¹⁰

Wider government policy increasingly recognises the challenges people with mental health problems can face both earning and managing money. In addition to the Farmer Stevenson Review, which set out ways in which employers could better support colleagues with mental health problems, the recent Consumer Markets Green Paper from the Department for Business, Energy and Industrial Strategy contains a specific commitment to explore the potential benefits of introducing minimum standards for people experiencing mental health problems across essential services including energy, water, telecoms and financial services.¹¹ HM Treasury has also committed to extending their 'Breathing Space' debt respite scheme to people experiencing mental health problems.¹²

To maximise the benefit of these initiatives, it is critical that any mental health strategy for 2021 onwards includes explicit recognition of the links between financial difficulty and mental health problems. The roll-out of the Breathing Space scheme, in particular, offers an opportunity to assess how acute mental health services could offer better practical support with financial matters to people in crisis, and it would be a shame to miss this opportunity. Money and Mental Health also believes there is a substantial opportunity to integrate money advice in IAPT, following a similar model to the integration of employment advice under the Five Year Forward View for Mental Health.¹³

⁹ Clarke T, Acton R and Holkar M. The other one in four: How financial difficulty is neglected in mental health services. Money and Mental Health Policy Institute. 2016.

¹⁰ Clarke T. Whose job is it anyway? How mental health practitioners help navigate financial difficulty. Money and Mental Health Policy Institute. 2017.

¹¹ Department for Business, Energy and Industrial Strategy. Modernising consumer markets: green paper. 2018.

¹² Hansard: HC Deb 24 April 2018, vol 639, col 830.

¹³ Acton R. The missing link: How tackling financial difficulty can improve recovery rates in IAPT. Money and Mental Health Policy Institute. 2016.