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MENTAL HEALTH
POLICY INSTITUTE



A SILENT KILLER

Breaking the link between
financial difficulty and suicide

Nikki Bond & Merlyn Holkar

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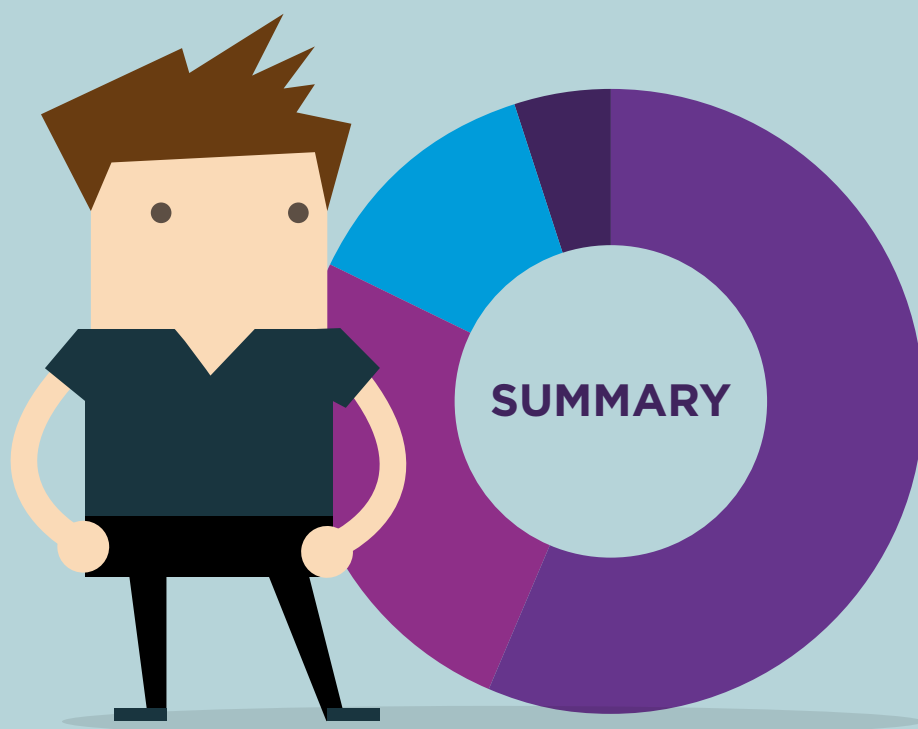
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Executive summary

The statistics

- People in problem debt are three times as likely to have thought about suicide in the past year.
- 13% of people in problem debt have thought about suicide in the last year, and 3% have attempted suicide. This implies that over 420,000 people in problem debt thought about suicide in England last year, and over 100,000 people in problem debt attempted suicide.
- People who are in problem debt have approximately 1.8 times the odds of thinking about suicide in the last year, even after controlling for age, gender, employment and experience of traumatic events.
- Nearly a quarter of people (23%) who attempted suicide last year were in problem debt.
- People with multiple debt problems are at significantly higher risk of suicide than those with just one problem debt.
- Sudden financial triggers can also lead to suicidal thoughts and behaviours – an unexpected income shock, insensitive or aggressive collections practices or the rapid accumulation of fees, charges and interest on debts can challenge a person's sense of self, their role in their family and their sense of security, and leave a person feeling like a burden or hopeless about the likelihood of resolving their situation.

The case for a broad approach to suicide prevention around financial difficulty

The links between financial difficulties and suicide

- There is rarely one single factor that drives people to take their own life. Instead, typically, a range of social issues, life events, cognitive and personality factors are combined.
- People who are thinking about suicide often feel trapped, overwhelmed and a burden to others. These feelings of hopelessness can mirror the psychological responses people feel when in financial difficulty.
- Long-term financial difficulties can drive feelings associated with suicidality by undermining resilience. Living in persistent poverty or with financial insecurity can exhaust a person and lead to social isolation. The stigma around problem debt means people often suffer alone.
- Many people in problem debt will not have told family or friends about their financial difficulties. In some cases, only organisations who are financially involved with a person, either as a creditor or a source of income, will know about a person's situation, and be able to take steps to mitigate the risks of suicide around financial difficulty.
- The double stigma around financial difficulty and suicide means a significant number of people at risk will not disclose their suicidal thoughts to organisations who could help. This means a purely reactionary approach to suicide prevention around those in financial difficulty is not sufficient. A preventative approach is justified on the strength of the statistical relationship between problem debt and suicidality.
- In the long run, the best way to break the links between financial difficulty and suicide would be to eradicate financial hardship. In the shorter term, however, there is much we can do to disrupt the psychological responses to problem debt, and to save lives.

- Organisations in contact with people in financial difficulty can help to reduce the risk of suicide by:
 - Encouraging disclosure
 - Spotting those at risk
 - Minimising psychological harm.

Local authorities

- Most local authority suicide prevention plans recognise the links between economic difficulties and suicide, however few demonstrate a detailed understanding of the risks around financial difficulty, and many conflate problem debt with other, macroeconomic factors like unemployment.
- This lack of clarity about the nature of the relationship between problem debt and suicide means opportunities to intervene locally are missed. 61% of local authorities were not doing anything to support people in financial difficulty at risk of suicide.

Essential services providers

- Essential service providers such as financial services, water, energy and telecoms companies may not have a statutory role to prevent suicide, but they are intimately involved with people in financial difficulty and at risk. In a significant number of cases, creditors may be the only organisations that know about a person's financial situation – and thus be the only possible source of support. Firms can do more to support customers who disclose suicidal thoughts, and to spot people at risk, but should also take a universal design approach to modifying collections processes to minimise psychological distress caused.

Advice providers

- Debt advice providers see some of the most vulnerable people in society, but some of those in the greatest need may also find advice difficult to access. If a person's attempts to seek advice fail, they may feel even more hopeless, increasing the risk of suicide.

Health and social care

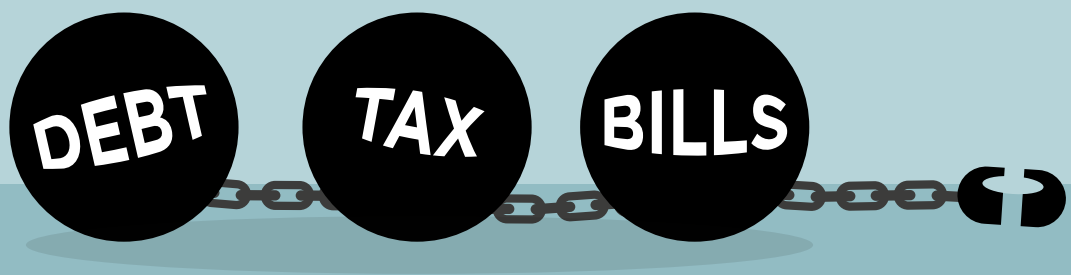
- Health and social care services could spot those at risk of suicide related to financial difficulties. Practitioners recognise that financial difficulties can increase suicide risk, but often struggle to find appropriate support.

Department for Work and Pensions

- Being in receipt of benefits may indicate a person is at higher risk of financial difficulty. The power dynamics between the benefits system and claimants can cause psychological distress, when people find systems difficult to navigate, encounter administrative errors or sanctions.

Recommendations

- **Public Health England** should improve guidance to local authorities about the role of financial difficulty in preventing suicide, and add data on financial difficulties to toolkits.
- **Local public health teams** should recognise financial difficulty as a risk factor for suicide, assess whether local money advice services are adequate, and commission targeted interventions.
- **Local authorities** should make every contact count and improve collections practices.
- **Essential services providers** should offer suicide prevention training, improve referral pathways to support services, use data to identify customers at risk, reframe standardised letters and reduce the frequency of outbound collections calls.
- **Regulators** should explore the ethical implications of using customer data to identify those at risk and outline best practice, and reconsider prescribed content.
- **The Ministry of Justice** should set up independent regulation of bailiffs and amend the Coroners (Investigations) regulations 2013 so Section 28 reports can be centralised on an annual basis to improve our ability to respond to systemic problems.
- **The Department for Work and Pensions** should support people facing sanctions or changes in benefit entitlement which entail a significant loss of income, including taking steps to minimise the risk of psychological distress throughout managed migration to Universal Credit.
- **Advice providers** should offer suicide prevention training, improve referral pathways to support services and review service delivery models to ensure they offer adequate support to the most vulnerable clients.
- **Commissioners of debt advice** should consider the needs of clients who require more intensive support and ensure funding agreements do not punish providers for supporting the most vulnerable clients.
- **Healthcare services** should establish routine enquiry, offer training on financial difficulty and integrate money advice in mental health settings.



Introduction

Last year in the UK, 5,821 people intentionally took their own lives.¹

Every life lost to suicide is a tragedy, leaving families, colleagues and communities bereft. Each and every life lost is preventable.

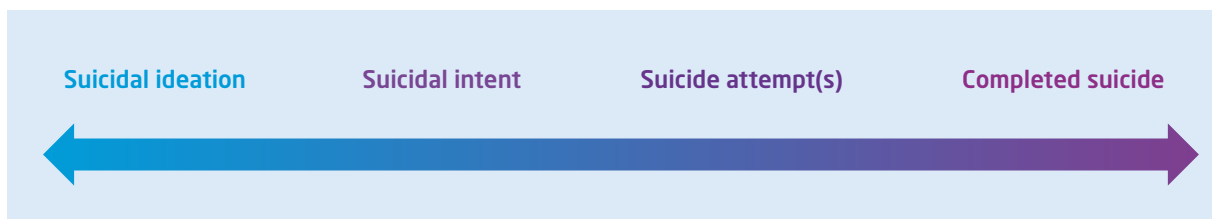
Focusing on completed suicides only hints at the magnitude of the problem. Attempts are often preceded by years of suicidal thoughts. One in twenty (5.4%) adults aged 16-74 in England have thought about taking their own life in the past year,² although most will not go on to make any attempt. Most of those who do make an attempt, will do so within the first year after the onset of ideation.³ As such, if we hope to prevent suicide, it is important to consider how people may move between ideation, intent and suicide attempts, often repeatedly, in a nonlinear way, and how we can disrupt this journey.

Some people moving along this spectrum may also self-harm. While this is often employed as a coping strategy, rather than having lethal intent, it is a key indicator of suicide risk.⁴

The links between financial difficulty and suicidality

There is rarely one single factor that drives people to take their own life. Instead, typically, a range of social issues, life events, cognitive and personality factors are combined.⁵ However, across the population, some economic factors mean a person is at higher risk of suicide. Suicide rates are two to three times higher in the most deprived areas compared to the most affluent.⁶ Economic inactivity (that is, not being in work or actively looking for work) is strongly associated with suicide, particularly amongst men,⁷ as are economic recessions.⁸

Figure 1: A continuum of suicidality



Source: Money and Mental Health Policy Institute, 2018

1. Office for National Statistics. Suicides in the UK: 2017 registrations. 2018.
2. McManus S et al. Chapter 12: Suicidal thoughts, suicide attempts, and self-harm. in McManus S et al (eds) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Health and Social Care Information Centre. 2016.
3. O'Connor R and Nock M. The psychology of suicidal behaviour. The Lancet Psychiatry. 1.1; 73-85. 2014
4. Skegg K. Self Harm. Lancet. 366: 1471-83. 2005.
5. O'Connor R and Nock M. The psychology of suicidal behaviour. The Lancet Psychiatry. 1.1; 73-85. 2014
6. Samaritans. Dying from inequality: Socioeconomic disadvantage and suicidal behaviour. 2017.
7. McManus S et al. Chapter 12: Suicidal thoughts, suicide attempts, and self-harm. in McManus S et al (eds) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Health and Social Care Information Centre. 2016.
8. Reeves A, McKee M and Stuckler D. Economic suicides in the Great Recession in Europe and North America. The British Journal of Psychiatry. 205:3; 246-247. 2014.

Problem debt is also implicated, with research suggesting that in 2007 people who had fallen into arrears were twice as likely to think about suicide, even after controlling for other factors like employment, negative life events and family situation.⁹ One study of a hundred inquest reports found debt was mentioned as a relevant factor in 11% of male and 5% of female suicides.¹⁰

Many of the perceived psychological drivers of suicide, including feelings of powerlessness, defeat and pessimism for the future, a sense of being a burden to others, trapped or isolated,¹¹ also seem to be invoked by financial difficulty. To date, however, most research has focused on establishing statistical links between financial difficulties and suicide.

This report

In this report, we aim to bring together the literature around suicide and economic difficulty, and our understanding of how financial difficulty can affect our mental health.

Suicide prevention and financial inclusion are both high on the political agenda, thanks to the recent appointment of a Minister for Suicide Prevention and a Minister for Financial Inclusion. A substantial volume of work is already attempting to deal with the causes of financial difficulty – including the ongoing work of the Financial Inclusion Policy Forum and our own research exploring why people experiencing mental health problems are more likely to be in financial difficulty. This work is long-term, sometimes requiring significant changes in market regulation or new technologies. In the shorter term, there is much more we can do today to reduce the risk of suicide associated with financial difficulty.

This report presents:

- New analysis of the national Adult Psychiatric Morbidity Survey (APMS)
- Responses from an open call for input from 205 people with lived or professional experience of suicidality. We also re-analysed qualitative data collected for previous projects which mentioned suicidality
- An England-wide audit of local suicide prevention plans.

Further details on the methodology are provided in Annex A.

9. Meltzer H et al. Personal debt and suicidal ideation. *Psychological Medicine*. 41; 771-778. 2011.

10. Scourfield J et al. Sociological autopsy: An integrated approach to the study of suicide in men. *Social Science and Medicine*. 74 (4); 466-473. 2012.

11. O'Connor R and Nock M. The psychology of suicidal behaviour. *The Lancet Psychiatry*. 1.1; 73-85. 2014.

How to read this report

This report is split into two parts. The first sets out our new research into the links between financial difficulty and suicide. Section one presents new data on the prevalence of suicidal ideation among people in problem debt, while section two shares new qualitative evidence about how financial difficulties can lead to psychological processes associated with suicidality.

The second part of the report considers what more we can do to help, assesses how well existing suicide prevention strategies are working to support those experiencing financial difficulty, and considers what more different actors could do, including:

- **Section two – local authorities**
- **Section three – essential services providers**
- **Section four – advice agencies**
- **Section five – government.**

We suggest all readers read Part one, and then choose the relevant sections of Part two. Section six offers a brief conclusion.

All suicides are preventable, and problem debts can always be resolved.

If you or someone you know need help with suicidal thoughts, you can contact the Samaritans for 24 hour support on 116 123.

If you are worried you or someone else is in immediate danger, call 999 – you can ask to stay on the line while you wait for help to arrive.

Advice can also be found on the Mind, Rethink or Mental Health Foundation websites or at NHS Choices.

A variety of free-to-use support services offer help with money worries, including Citizens Advice, Stepchange, Christians Against Poverty, National Debtline and Debt Support Trust.

Links to all these organisations can be found at www.moneyandmentalhealth.org/get-help/.

Often we fear that asking about suicide will make a person more likely to act on their thoughts. This is simply not true. Talking about suicide saves lives.

Part One:

The links between financial difficulty and suicide

Section one: Financial difficulty and suicide – how strong is the link?

The new statistics presented here are based on analysis of the 2014 Adult Psychiatric Morbidity Survey (APMS). The APMS is an official, nationally representative survey of over 7,500 people, carried out once every seven years, which provides a snapshot of the mental health of the English population.

1.1 The statistics

One in 14 (7%) of the adult population are in problem debt, meaning they've been seriously behind on payments for bills or credit agreements or have been disconnected by a utilities provider in the past year.

This group are three times more likely to have thought about suicide in the last year. 13% of those who were in problem debt reported having suicidal thoughts in the last year compared to 4% of people not in problem debt. We estimate that across England, more than 420,000 people in problem debt thought about suicide last year.¹²

Controlling for other factors allows us to check that problem debt does have an independent relationship to suicidality, rather than just reflecting other difficulties. Even after controlling for age, gender, employment and experience of traumatic events we find people in

problem debt have approximately 1.8 times the odds of thinking about suicide in the last year. Problem debt is significantly predictive of suicidal ideation for both women and men, but slightly more so for men.

We find a similarly strong relationship between problem debt and suicide attempts. APMS captures people who report having attempted suicide, but necessarily excludes those who attempted and died by suicide. 3% of people in problem debt have attempted suicide in the last year, more than three times the rate amongst those without a debt problem (0.8%). A quarter (23%) of those who attempted suicide in the last year were in problem debt.

This suggests that over 100,000 people in problem debt attempt suicide in England each year.¹³

The link between problem debt and suicide appears to be driven by having multiple debts. Only 1% of people with no problem debt, or just one problem debt, attempted suicide in the past year, but this rises to 5% of people with two, three or more problem debts.

These statistics suggest there is a strong link between financial difficulties and suicidality. In the next section, we use qualitative accounts from people with lived experience of suicidality to understand how financial difficulty can motivate suicidal thoughts and attempts.

12. Money and Mental Health analysis of NatCen analysis of APMS 2014 and ONS mid-year population estimates 2017.

13. Ibid.

Summary

- One in 14 (7%) of the adult population are in problem debt.
- People in problem debt are three times as likely to have thought about suicide in the past year.
- One in eight people in problem debt (13%) have thought about suicide in the last year. This equates to over 420,000 people in England.
- People who are in problem debt have approximately 1.8 times the odds of thinking about suicide in the last year, even after controlling for age, gender, employment and experience of traumatic events.
- 3% of people in problem debt in England have attempted suicide in the last year, equivalent to over 100,000 people.
- A quarter of people who attempted suicide last year were in problem debt.
- People with multiple debt problems are at significantly higher risk of suicide than those with just one problem debt.



Section two: Financial difficulties and the psychological drivers of suicidality

Many people in financial difficulty are scared; scared that they will go hungry, lose their home, be separated from their children, or even sent to prison.

These fears can be overwhelming, undermining a person's resilience and their ability to find a sustainable solution. Over time, they may begin to feel defeated by a situation and become increasingly hopeless, particularly if they can no longer afford to engage with others or do the things that keep them well. These emotional states mirror many of the psychological responses associated with suicidality.

Analysis of responses to our call for input suggest that a person's financial circumstances can drive suicidal thoughts and behaviours in two distinct ways:

1. Long-term financial difficulties

2. A sudden trigger

Through the next sections we explore each in turn.

2.1 Long-term financial difficulties

Long-term financial difficulties can erode a person's resilience. The following three factors can serve to drive feelings and behaviours associated with suicidality:

3. Persistent poverty and financial insecurity

4. Burden of debt

5. Stigma of problem debt and secrecy

1. Persistent poverty and financial insecurity

Going without basic necessities like adequate food and heating has a severe detrimental impact upon people's mental and physical health – particularly where this experience is prolonged.

"Not having enough money means almost every part of life becomes a struggle... always being hungry, or cold, not being able to socialise with others, stressing about every bill and every penny you spend, and the many, many other ways that struggling financially has an impact on your life, chips away at will to live."

Expert by experience

Many people shared their experiences of receiving benefits that were simply insufficient, or of struggling to make ends meet by working multiple jobs. Others were paying back substantial debts, with repayment plans that didn't leave enough to live on. Often providing for their family is an important part of a person's identity, and being unable to do so can leave a person feeling like a burden.

Even if essential needs for housing, warmth and food are met, living for a long period of time without sufficient resources to engage in activities that promote wellbeing, like exercise and socialising, can undermine resilience by increasing social isolation.

Living an existence of persistent poverty becomes particularly dangerous when accompanied by feelings of pessimism for the future, where people struggle to see their situation changing.

Even the threat of financial insecurity can be enough to cause psychological distress. The uncertainty of not knowing where your next paycheck is coming from, or if your benefits will be stopped, can leave people feeling too vulnerable to invest in their own wellbeing and undermine resilience.

2. Burden of debt

For many people, credit is a sensible way to smooth the cost of purchases over time. But in some cases, people can feel trapped and overwhelmed by debts, with no hope that they would ever be debt free. This is particularly likely when:

- a) **People with insufficient income rely on credit to pay for daily essentials and get stuck in a cycle of high-cost, short-term borrowing.**
- b) **A change in a household's circumstances mean credit repayments are no longer affordable.**

"My debt spiralled out of control. I would take out loans to pay off other loans and it just continued. The stress made my depression worse until the point I was suicidal."

Expert by experience

3. Stigma of problem debt and secrecy

Falling behind on payments is often seen as a personal failure, rather than a common symptom of changing circumstances and low financial resilience. This can drive feelings of shame, and lead to social isolation, with people keeping their debts a secret from family and friends.

"The debt I found myself in was something I couldn't see a way out of and thought suicide was my best bet and the only way out. I was too embarrassed to tell friends or family about it all."

Expert by experience

The stigma around problem debt can also discourage people from seeking help, compounding a sense of being trapped and a burden to others.

2.2 Sudden triggers

Some short-term changes in financial circumstances are also associated with suicidality. Participants in our research discussed:

- 1. **Income shocks**
- 2. **Insensitive and aggressive collections practices**
- 3. **Accrual of interest and charges**

1. Income shocks

A household's income may change suddenly as a result of a change in family circumstances like bereavement or relationship breakdown. In other cases, income falls suddenly as a result of redundancy or dismissal, or because a person needs time off work to recover from an illness. People claiming benefits may also have their income cut if they fail to comply with conditionality requirements, like attending appointments.

"I was hospitalised due to a suicide attempt a few hours after finding my job seekers allowance had been cancelled with no explanation."

Expert by experience

In each case, income shocks can leave a person feeling inadequate and undermine self-efficacy. This, combined with a real or perceived threat to financial security, can lead to suicidal thoughts or behaviours.

2. Insensitive and aggressive collections practices

Where people are unable to meet their financial obligations, collections activity will sometimes be necessary. With care, it is possible to put together sustainable repayment plans which are psychologically beneficial to the debtor, allowing them to regain a sense of control. Insensitive or aggressive debt collection practices, by contrast, can drive suicidality.

Essential services providers have clear protocols for collections processes, setting out the frequency with which letters are sent, and the number of outbound calls which can be made each day. Viewed in institutional isolation, these protocols seem sufficient to prevent customers feeling harassed. However, many people will have multiple creditors, each undertaking their own collections activity. From the customer's perspective this can feel relentless, creating the perception their debts are inescapable. This may explain why, statistically, suicide risk increases significantly when a person has two or more problem debts.

"To be in debt and to have people calling up to fifteen times a day, to have your voicemail full, to have the postman open your letterbox with even more debt letters with even more threats – is too much for anyone. You think your life isn't worth living."

Expert by experience

Bailiff visits cause particular distress, as they inevitably involve an invasion of a person's home, as well as being visible to family members and neighbours.

"Being hounded by bailiffs that terrified me was horrific. The debt I found myself in was something I couldn't see a way out of and thought suicide was my best bet and only way out."

Expert by experience

The fear and hopelessness that aggressive collections activity inspires can make it more difficult for people to seek a sustainable debt solution, as well as increasing the risk of suicide.

3. Accrual of interest and charges

Once a person is in arrears, additional fees, charges and interest can escalate with alarming speed. For people in persistent poverty, charges may swallow up a significant proportion of their monthly income, potentially driving feelings of despair and defeat.

"Despite me telling the banks what was happening they continued to add on charges... This made me suicidal."

Expert by experience

While financial services providers may refund charges if they become aware of the customer's circumstances and distress, this does not mitigate against the initial emotional impact, or meet the needs of the most distressed customers who may struggle to request a refund.

2.3 The consequences

Financial difficulties, whether persistent or sudden, can undermine mental resilience and increase the risk of suicide.

It does not have to be this way. In the second part of this report, we consider what more we can do to break the links between financial difficulties and suicide.

Figure 2: Journey through a debt collections process from creditor and customer perspectives



Source: Money and Mental Health Policy Institute, 2018.

Summary

- Long-term financial difficulties can drive feelings associated with suicidality by undermining resilience. Living in persistent poverty or with financial insecurity can exhaust a person's coping strategies, and lead to social isolation. The stigma around problem debt means people often suffer alone, feeling powerless against creditors.
- Sudden financial triggers can also lead to suicidal thoughts and behaviours – an unexpected income shock, insensitive or aggressive collections practices, and the rapid accumulation of fees, charges and interest on debts can challenge a person's sense of self, their role in their family and their sense of security, and leave a person feeling like a burden or hopeless about the likelihood of resolving their situation.

Part Two:

Reducing the
risk of suicide
associated with
financial difficulty

Section one: The case for a broad approach to suicide prevention around financial difficulty

Given the complexity of suicidality, and the range of ways in which financial difficulty affects us, a broad approach is required to reach as many people at risk as possible. In part two we set out how, together, we can break the links between financial difficulties and suicidality by disrupting the psychological responses associated with both problem debt and suicide.

1.1 Why should we act?

In some cases, a person will disclose they are feeling suicidal. In these cases, the organisation receiving the disclosure has a responsibility to safeguard the person at risk.

More often, the double stigma around suicide and problem debt means we won't know when a person in financial difficulty is also contemplating taking their own life. However, statistical analysis evidences the risk of suicide among people in problem debt is significant – and this provides a reasonable basis for preventative action.

While people may not speak openly about their financial problems, they are never entirely secret – for every missed payment, there is a creditor that hasn't been paid; for every income shock, a part of the benefits system or employer who knows a person has been paid less. In some cases, only institutions which are financially involved with a person, either as a source of income or a creditor, will know about their financial difficulties. By leveraging this knowledge, and redesigning systems and processes to support people in financial difficulty, we can help break the links between financial difficulty and suicide.

1.2 A framework for action

In the long run, the best way to break the links between financial difficulty and suicide is to eradicate financial hardship. In the shorter term, however, there is much we can do to disrupt the psychological responses to problem debt, and save lives.

There are three things organisations can do:

1. Encourage disclosure – Asking about suicide does not increase the risk that someone will take their own life. Training staff who work with people in financial difficulty to pick up on signs of suicidality and ask directly could help get support to those who need it most. When people do disclose, organisations should ensure they can offer appropriate support.

However, even with the best possible support to disclose, the degree of shame and hopelessness many people feel mean a significant number of people at risk will not be reached. To help these people, we must take a preventative rather than reactive stance.

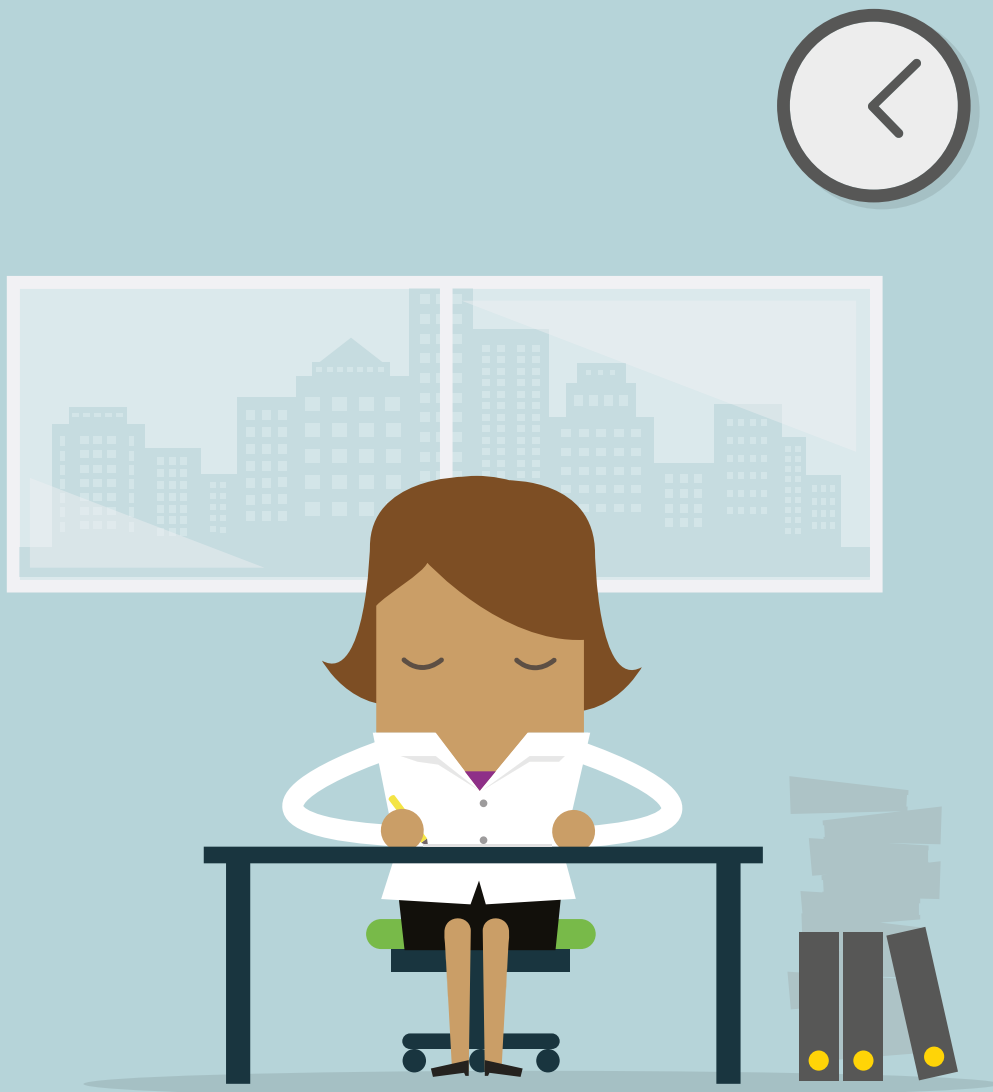
2. Spot those at risk – By building our understanding of the links between problem debts and suicidality, we can work out which services those at risk are in contact with, and make every contact count to reduce the risk of suicide.

3. Minimise psychological harm – Being in financial difficulty is likely to always have some psychological impact, as it deeply affects a person's sense of security and self. But we can attempt to minimise the psychological harm caused. A significant proportion of people in problem debt are at risk of suicide, and a substantial number will neither disclose nor fit into a standard risk profile, we must consider making universal changes to the most stressful parts of processes around financial difficulty, to minimise harm to those who are most vulnerable.

Through the following four sections, we consider how organisations can put these steps into practice, based on evidence around their current procedures.

Summary

- Many people in problem debt will not have told family or friends about their financial difficulties. In some cases, only organisations who are financially involved with a person, either as a creditor or a source of income, will know about a person's situation, and be able take steps to mitigate the risks of suicide around financial difficulty.
- The double stigma around financial difficulty and suicide means a significant number of people at risk will not disclose their suicidal thoughts to organisations who could help. A purely reactionary approach to suicide prevention around those in financial difficulty is not sufficient. The statistical relationship between problem debt and suicidality justifies a preventative approach.
- In the long run, the best way to break the links between financial difficulty and suicide would be to eradicate financial hardship. In the shorter term, however, there is much we can do to disrupt the psychological responses to problem debt, and to save lives.
- Organisations in contact with people in financial difficulty can help to reduce the risk of suicide by:
 - Encouraging disclosure
 - Spotting those at risk
 - Minimising psychological harm



Section two: Local Authorities

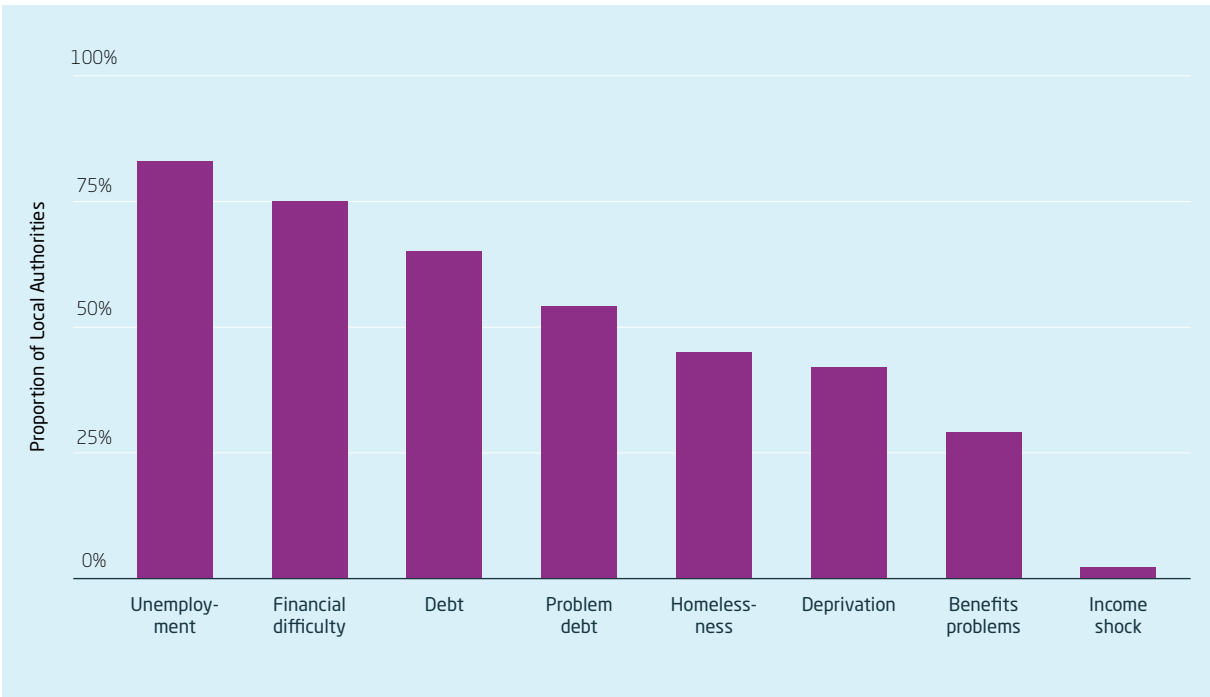
Local authority Public Health teams have a statutory role in suicide prevention, and since the end of 2017 every local area is required to have a multi-agency suicide prevention plan in place, which should be updated annually.¹⁴ These plans should address key drivers of suicide in the area and adopt a tailored approach to supporting high-risk groups, including those who are vulnerable due to their economic circumstances.¹⁵

We audited English local authorities' suicide prevention strategies and action plans, where available, to assess the extent to which local authorities recognise financial difficulties as a risk factor for suicide, and respond with

targeted interventions. We searched for local strategies online, and contacted Directors of Public Health where a plan was not publicly available. We found a strategy or plan from 118 local authorities.

Many local authorities do not have a live prevention plan. Some were in the process of developing or updating plans and shared draft or out of date documents, while others reported they currently had nothing to share or did not respond. Public health teams are operating in a challenging financial environment, but the number failing to meet their obligations is disappointing, and means opportunities to save lives may be missed.

Figure 3: Proportion of local authority suicide prevention plans mentioning economic factors



Source: Money and Mental Health audit of 118 local authority suicide prevention strategies and plans

14. HM Government. Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives. Department of Health. 2017.

15. HM Government. Preventing suicide in England: A cross-government outcomes strategy to save lives. Department of Health. 2012.

2.1 Audit results

Recognising the risks

Almost all local authorities (93%) recognise economic factors as a risk factor for suicide, with specific factors mentioned summarised in Figure 3.

Few authorities, however, demonstrate a detailed understanding of how and why financial difficulties specifically can increase the risk of suicidality. Some local authorities describe how wider economic conditions, such as socio-economic deprivation and unemployment, can affect suicide risk. Others conflate these wider economic conditions with personal financial problems like problem debts. This muddling of macroeconomic and personal economic risk factors is likely to reflect a lack of clarity in the National Suicide Prevention Strategy, which briefly mention the role financial difficulties can play, but does so in a section on wider economic circumstances.¹⁶

For some local authorities, this confusion means they overlook the specific risks around financial difficulty, and their ability to mitigate these risks. Macroeconomic factors are influenced by public policy – for example, the industrial strategy, education policies, and housing supply – but any one local authority will be limited in their ability to make a difference. Financial difficulties, by contrast, while often a result of these bigger issues, are something local authorities can help with – particularly through the provision of high-quality, accessible debt advice.

Recommendations to Public Health England

Improve guidance to local authorities about the role of financial difficulty in preventing suicide

– Guidance for local authorities should be specific about the role financial difficulty can play in suicidality, and be explicit that this is something that can be tackled locally.

Add data on financial difficulties to toolkits

– Public Health England should include indicators of financial difficulty, for example those developed in the Money Advice Service's segmentation model and the Financial Conduct Authority's Financial Lives survey, in the Atlas of Variation and other planning tools used by local authorities when developing their suicide prevention action plans, to help give these issues sufficient prominence.

Most local authorities didn't cite local statistics on financial difficulty and suicide, but where local suicide audit data was included, debt problems and unemployment were often identified as important risk factors. In Kingston upon Thames, for example, around a third (30%) of people who took their own life were found to have financial difficulties which may have contributed to their suicide.¹⁷

¹⁶. Ibid.

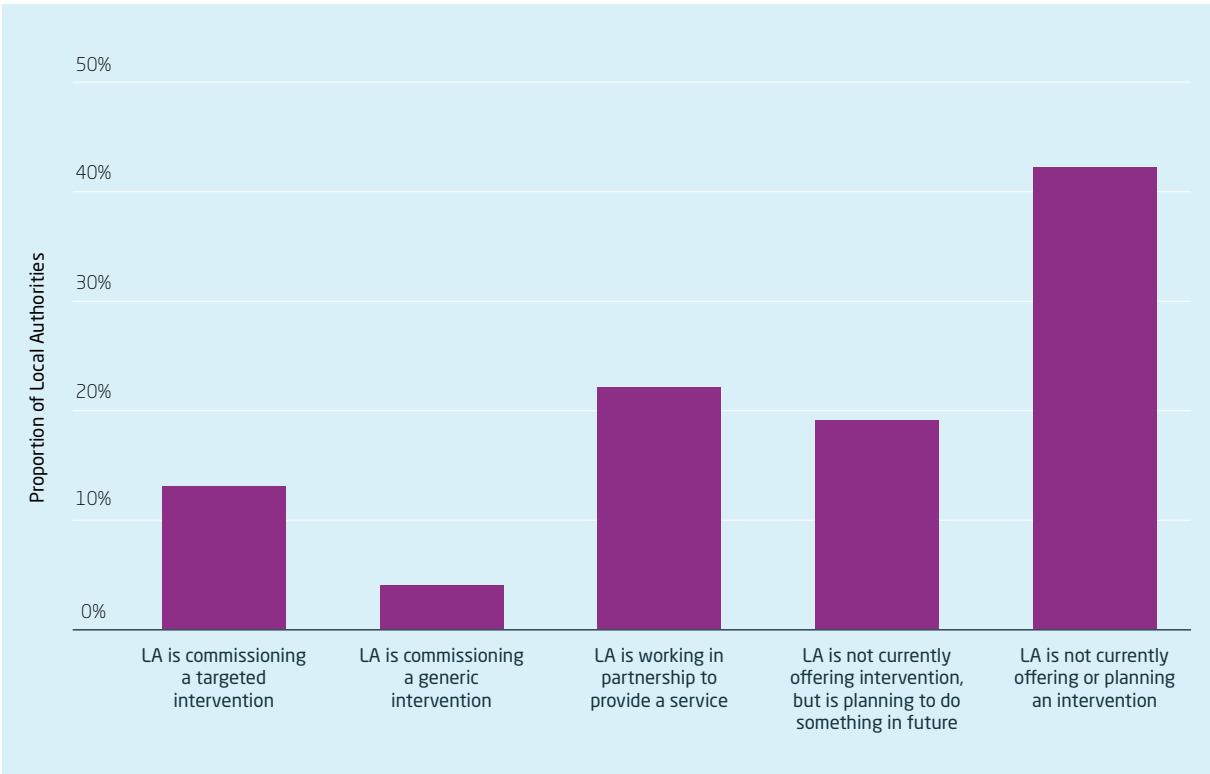
¹⁷. Kingston Council. Draft Preventing Suicide in Kingston: A multi agency strategy 2016-2021. 2016. https://moderngov.kingston.gov.uk/documents/s67235/C_PrevSuicidex1Strategy.pdf

Taking action

With few local authorities recognising the specific links between financial difficulty and suicide, it is not surprising many are also failing to do anything to help. Only 13% of authorities are commissioning a targeted intervention – for example specialist debt advice – to tackle the links between financial difficulty and suicide, with a further 4% of plans mentioning commissioning generic services. 61% of authorities are not currently doing anything to tackle the link between financial difficulties and suicide.

Where local authorities do take action, the most common examples were commissioning advice services, providing suicide prevention training for staff who work with people in financial difficulty, and encouraging signposting between different services. However, where authorities were commissioning targeted interventions, we were concerned to see that only 24% were evaluating their impact.¹⁸ Better data collection is key to understanding what works in practice.

Figure 4: Proportion of local authority plans mentioning work to support people in financial difficulty



Source: Money and Mental Health audit of 118 local authority suicide prevention strategies and plans. Base for this chart: 106 local authorities that set out suicide prevention actions.

18. Money and Mental Health audit of 118 local authority suicide prevention strategies and plans. Base for this statistic: 41 local authorities that are commissioning a relevant intervention..

Recommendations to public health teams:

Recognise financial difficulty as a risk factor for suicide

– All local authority suicide prevention strategies should recognise financial difficulty as a risk factor for suicide, distinct from wider economic circumstances such as deprivation. Local authorities should also conduct a suicide audit to establish how often financial problems contributed to suicides in their area.

Assess whether local money advice services are adequate and commission targeted interventions

– Local authorities should map existing services that support people in financial difficulty in their area, and assess supply and demand for these services, commissioning additional support if necessary to reach those most at risk.

Offer training in suicide prevention – Local authorities should provide suicide prevention training for staff who work with people in financial difficulty in the local area, for example, staff at Jobcentre Plus, advice and local authority services.

2.2 The broader opportunity for local authorities

As creditors

None of the suicide prevention strategies we audited recognised the financial relationship that local authorities have with citizens as a collector of council tax and other fines, such as parking tickets. Council tax arrears and accumulation of fines could be a useful indicator of which citizens may be at risk of financial difficulty, and in their own collections processes, local authorities also have a direct opportunity to tackle suicide risk among those in problem debt.

Unlike most other debts, council tax arrears can result in imprisonment, and there is evidence that some local authority collection practices are inflexible and aggressive.¹⁹ This poor practice can cause serious psychological harm, and drive suicidality. Although good practice in council tax collections has been outlined by Citizens Advice and the Local Government Association, only 19% of local authorities in England have currently adopted it.²⁰

19. Kelly M. Catching up: Improving council tax arrears collection. Citizens Advice. 2016.

20. Money and Mental Health analysis of Citizens Advice Data and Local Government Information Unit statistics. <https://www.citizensadvice.org.uk/about-us/our-campaigns/all-our-current-campaigns/council-tax-protocol/>. and <https://www.lgiu.org.uk/local-government-facts-and-figures/#how-many-councils-are-there>.

As service providers and procurers

Few local authorities thought broadly about the different ways financially vulnerable citizens interact with their services, or sought to make this contact count. Many plans outlined positive examples of collaboration with external organisations, such as food banks or Jobcentre Plus, but few fully incorporated their own services into their suicide prevention strategy. Services such as local authority housing and social care are likely to disproportionately serve citizens who are financially vulnerable and at increased risk of suicide. By drawing on their own network of local services, authorities can better understand the local population at increased risk of suicide due to financial difficulties and more effectively target suicide prevention messages and interventions.

Recommendations to local authorities:

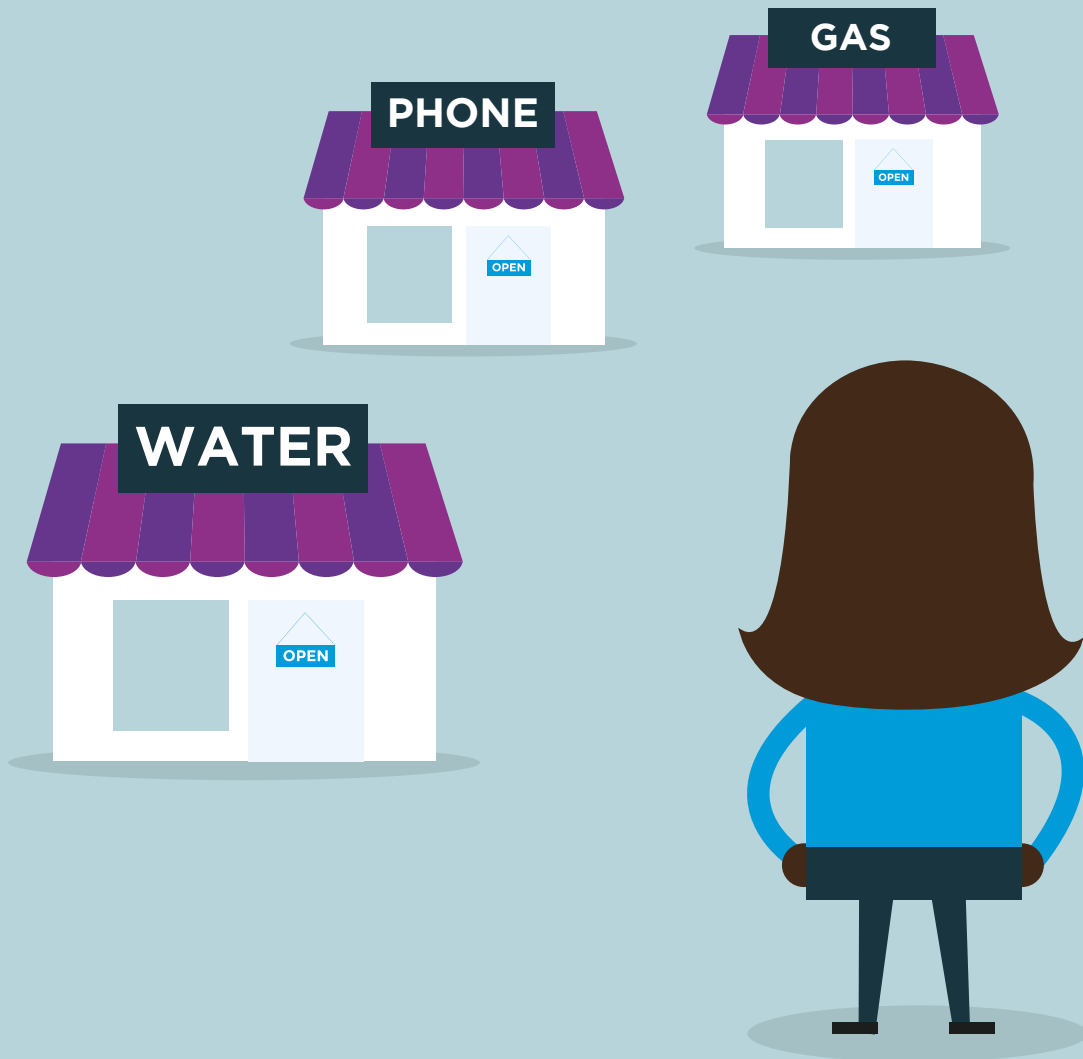
Improve collections practices – All local authorities should adopt the Citizens Advice Council Tax Protocol, and apply the same principles to all collections activity, including parking fines and housing arrears, to minimise psychological distress around collections activity.

Make every contact count – Local authorities should leverage their position as service providers and procurers to identify citizens in financial difficulty at risk of suicide, deliver targeted suicide prevention messages, and make referrals to money advice or mental health services.

Summary

- Most local authority suicide prevention plans recognise the links between economic difficulties and suicide, but few demonstrate a detailed understanding of the risks around financial difficulty, and many conflate problem debt with other, macroeconomic factors like unemployment.
- This lack of clarity about the nature of the relationship between problem debt and suicide means opportunities to intervene locally are missed. 61% of local authorities were not doing anything to support people in financial difficulty at risk of suicide.
- We recommend that:
 - **Public Health England** should improve guidance to local authorities about the role of financial difficulty in preventing suicide and add data on financial difficulties to toolkits
 - **Local public health teams** should recognise financial difficulty as a risk factor for suicide, assess whether local money advice services are adequate, and commission targeted interventions
 - **Local authorities** should make every contact count and improve collections

21. Citizens Advice/Local Government Association. Council Tax Protocol: Revised Collection of Council Tax Arrears Good Practice Protocol. Citizens Advice. 2017.



Section three: Essential services providers

Financial services, water, energy and telecoms companies may not have a statutory role to prevent suicide, but they are intimately involved with people in financial difficulty who may be at risk. Due to stigma around debt, many customers in financial difficulty will not have told friends or family members about their difficulties. In a significant number of cases, creditors may be the only organisations that know about a person's financial situation – and thus be the only possible source of support.

3.1 Supporting customers who disclose suicidal thoughts

Fortunately, many people in financial difficulty do reach out to essential service providers. One in three frontline collections staff have spoken to a customer who said they might take their own life in the last year.²² However, 37% of collections staff feel they haven't received sufficient training on dealing with suicidal customers, and one in four (25%) report they would be unsure what to do if they felt a customer might attempt to take their own life.²³

Many firms make referrals to specialist support services like the Samaritans. At their best, these partnerships can help people reach services they might otherwise not find. Many providers, however, rely on signposting when a customer discloses suicidal feelings, giving the details of another organisation and expecting the customer to make contact. Opening up about suicidal thoughts can take a huge psychological effort, so the prospect of contacting someone else and explaining the situation again may be altogether impossible for some people. While customer disclosure can be an opportunity to save lives, poor referral pathways could

increase the risk of suicide if they leave a person feeling that their efforts to seek help are fruitless.

Recommendations to firms:

Offer suicide prevention training – Staff should have tools and training to ensure they understand the links between financial difficulties and suicidality, and can support those who disclose appropriately.

Improve referral pathways to support services – For customers in these difficult circumstances it often isn't enough to give them a helpline phone number. Wherever possible, customers should be offered warm referrals to support services.

3.2 Spotting those at risk

Through customer data, essential services providers have unique visibility of people who are at risk of suicide due to financial problems. Transactions and usage data can provide substantial insight into someone's life, and may be used to identify vulnerability and, potentially, to target support. Analysis of these datasets is already carried out for marketing and fraud protection purposes. This insight has the potential to transform suicide prevention, and particularly to help the most isolated in society. However, there is also the risk that this data analysis could be used to mistreat the most vulnerable, or could cause further harm. If customers feel harassed by messages based on their personal data.

²². Fitch C, Evans J, Trend C. Vulnerability: a guide for debt collection. 21 questions, 21 steps. University of Bristol, Personal Finance Research Centre. 2017.

²³. Ibid.

Recommendation to firms:

Use data to identify customers at risk –

Some changes in a customer's usual transactions or usage patterns, such as drastically reduced energy consumption or a sudden drop in income, could indicate financial distress. By analysing data to identify these customers, firms could offer customers proactive support before matters escalate.

Recommendation to regulators:

Explore the ethical implications of using customer data to identify those at risk and outline best practice –

People have a right to privacy, particularly about sensitive financial matters – but there is also a question of how we should protect people at risk of suicide as a result of financial difficulty, knowing that seeking help can be difficult. Regulators can play a vital role in convening conversations about the use of customer data to identify those at risk, ensuring consumer voices are heard alongside firms.

3.3 Minimising psychological distress

Suicidal ideation is relatively common among people in problem debt, with one in eight (13%) experiencing suicidal thoughts, and three in every hundred people attempting suicide each year.²⁴

Many will not disclose these feelings, and firms will not be able to spot everyone at risk. Given the scale of the challenge, firms should adapt their collections processes to minimise psychological distress caused.

Communicating with customers

The way providers communicate with customers in arrears is key to suicide prevention. Good practice can directly challenge the psychology of suicidality, offering hope and reducing risk. Practice has improved markedly in recent years, but there is still more providers can do.

Creditors and those who regulate collections processes should consider three key elements to minimise psychological harm:

1. Tone and design of communications

However sensitive collections practices are, there will always be an asymmetry of power between provider and indebted customer, which can make people feel vulnerable. The tone and design of written communications can have a significant impact on how people respond to notices of arrears and collections activity. While most bills and arrears notices will contain information on sources of support, often these only come after a stark reminder of the consequences of failing to pay. Too often, people in financial difficulty see these warnings, and then abandon the rest of the letter.

²⁴. NatCen analysis of the Adult Psychiatric Morbidity Survey 2014.

Often, creditors are compelled by regulation to send physical letters to customers in arrears, even if they wouldn't usually communicate with a customer in this way, or they have already been in contact with them. These unnecessary additional letters can overwhelm customers in distress.

2. Volume of contact

Providers should be mindful that their collections activity is likely just part of what the customer is dealing with. The average StepChange debt charity client has 5.8 different unsecured debts.²⁵ What seems a reasonable level of contact in isolation may quickly become overwhelming for a person with multiple problem debts.

3. Referrals to external agencies or bailiffs

Creditors will sometimes need to escalate collection of debts to an external agency or bailiff. Despite the promise of the 2014 bailiff reforms, problems such as offers of payment being rejected and threatening or unlawful behaviour persist.²⁶ While bailiffs are required to halt enforcement action and refer back to the creditor where the debtor is vulnerable, the regulations do not offer a clear definition of vulnerability to guide these decisions.

Recommendations to firms:

Reframe standardised letters – Some of the content of arrears notices is prescribed by regulators, but firms have plenty of scope to communicate in different ways. Offers of assistance and signposts to support should be placed at the top of letters, before details of balances due or sanctions.

Reduce the frequency of outbound collections calls – Firms should consider the likelihood that debtors have multiple creditors and reduce the volume of calls made accordingly. In the longer term, research in partnership with credit reference agencies and creditors, could help us to understand how many debts the average debtor has, and what volume of calls they are likely to be receiving, helping to develop better guidelines for call volumes.

Recommendation to regulators:

Reconsider prescribed content – While prescribed content rules are intended to protect consumers, in some cases the content can overwhelm people and lead them to disengage. Regulators should consider how prescribed content can balance the customers need to be informed and their ability to understand and retain reams of information, including finding the information they need most about next steps and sources of help. A particular opportunity to do this exists in the ongoing review of the Consumer Credit Act 1974.²⁷

²⁵. Warner J (eds). Statistics Mid-Year Book. Personal Debt: Jan-Jun 2017. StepChange Debt Charity. 2017.

²⁶. Thorne M and Lane J. A law unto themselves: How bailiffs are breaking the rules. Citizens Advice. 2018.

²⁷. Money and Mental Health response to the Financial Conduct Authority's Review of retained provisions of the Consumer Credit Act: Interim Report (DP18/7). Money and Mental Health. 2018.

It should also be considered whether sending arrears notices by post is still necessary in all circumstances, or whether consumers could opt to receive these, like other communications from creditors, through the communication channel they find easiest to access.

Recommendation to Government:

Set up independent regulation of bailiffs

– The bailiff industry should be independently regulated, to ensure those people in the most acute distress and financial difficulty are protected from aggressive collections activity.

Summary

- Financial services, water, energy and telecoms companies may not have a statutory role to prevent suicide, but they are intimately involved with people in financial difficulty and at risk. In a significant number of cases, creditors may be the only organisations that know about a person's financial situation – and thus be the only possible source of support. Firms can do more to support customers who disclose suicidal thoughts, and to spot people at risk, but should also take a universal design approach to modifying collections processes to minimise psychological distress caused.
- **Essential services providers** should offer suicide prevention training, improve referral pathways to support services, use data to identify customers at risk, reframe standardised letters and reduce the frequency of outbound collections calls.
- **Regulators** should explore the ethical implications of using customer data to identify those at risk and outline best practice, and reconsider prescribed content.
- **Government** should set up independent regulation of bailiffs.



Section four: Advice agencies

Debt and money advisers specialise in resolving financial difficulties, but many clients will also be struggling with associated issues, including suicidal thoughts. While money advisors can't be expected to solve all of these problems, we know that advice can create feelings of control and self-efficacy, directly addressing feelings of hopelessness and undermining the psychology of suicide, as well as making a practical financial difference for the client.

"I often thought about suicide as a way out of the financial mess I was in and I really believed that my family did not need me or would miss me... At this point my mental health counsellor introduced me to a really helpful outreach worker from the local Citizens Advice Bureau... I just wish I had met her much earlier."

Expert by experience

4.1 Supporting clients who disclose suicidal thoughts

Similarly to collections staff, debt advisors work with clients who are at increased risk of suicide, and many encounter clients who disclose suicidal thoughts. A nationwide survey of nearly 1,600 debt advisers found three quarters (73%) had supported at least one client who disclosed suicidal thoughts in the past year.²⁸

Advisers are relatively confident dealing with these disclosures; only 16% report being unsure how to deal with a client who they thought might attempt suicide. Often, however, this knowledge is developed informally: one in three (31%) have never received training on dealing with clients at risk of suicide, rising to 64% amongst volunteer advisers.²⁹ Advice agencies should draw on existing best practice and training resources, in order to use client disclosures as effectively as possible to prevent suicides. As with essential services, signposting to specialist services can be a powerful tool to support clients at risk of suicide, but can let down those at highest risk if the right type of referral is not provided.

Recommendations to advice providers:

Offer suicide prevention training – Advisers should be provided with best practice tools and training on suicide prevention, to ensure they can effectively support those who disclose suicidality.

Improve referral pathways to support services – Advisers should be supported to make referrals to mental health services and suicide prevention charities where necessary, and these referrals should be made in a way which is accessible for the client.

²⁸. Evans J et al. Vulnerability: the experience of debt advisers. Personal Finance Research Centre, University of Bristol. 2018.

²⁹. Ibid.

4.2 Reaching those who are most at risk

Although debt advice is enormously effective for those who receive it, many people are unaware help is available, or are unable to access it. Most people take a long time to acknowledge they have a financial problem and seek help,³⁰ and making contact is not a guarantee that advice will be successful. Some clients need more time and support to deal with the practical and psychological task of confronting a debt problem. If this support is not offered, clients may become demoralised and feel their problems are inescapable. Around half (53%) of advisers recognise people with mental health problems may be less able to engage due to their condition,³¹ but despite this understanding, significant accessibility barriers remain for some clients. A survey of 392 members of Money and Mental Health's Research Community who had sought debt advice found that:

- 56% encountered difficulty in finding the information advisers needed from them
- 45% reported difficulty in understanding what the adviser told them
- 25% stated the advice agency did not take their mental health problem into account.³²

Demand for debt advice across the UK far outstrips supply,³³ so it is right to consider how advice can be most efficiently and effectively provided. In making these decisions, we must remember that some of the most vulnerable people in need of advice will need

specialist, intensive support and that disengagement may be an indicator that someone is at risk of suicide.

"I have recently tried to tackle the debt we owe through approaching a couple of debt advice and debt consolidation organisations but my mind was completely overwhelmed by the task and the information they gave... I have been suicidal over the last few months and I feel that there is very little hope in my life."

Expert by experience

Recommendation to commissioners of debt advice, including local authorities

Consider the needs of clients who require more intensive support – Many clients struggling with suicidality may require more intensive support. Commissioners should consider current models of service delivery and commissioning priorities and ensure appropriate support is available to those clients who potentially are at the greatest risk.

Ensure funding agreements do not punish providers for supporting the most vulnerable clients – by designing Key Performance Indicators to allow advisors to spend time following up with clients where necessary.

30. StepChange Debt Charity. Safe Harbours: Why we need a new extended breathing space guarantee to help people in temporary financial difficulties recover from debt. 2015.

31. Evans J et al. Vulnerability: the experience of debt advisers. Challenges and opportunities for supporting clients in vulnerable situations. Personal Finance Research Centre, University of Bristol. 2018.

32. Money and Mental Health survey of 392 people with lived experience of mental health problems who sought or received debt advice, as published in Evans J et al. Vulnerability: the experience of debt advisers. Challenges and opportunities for supporting clients in vulnerable situations. Personal Finance Research Centre, University of Bristol. 2018.

33. Wyman P. Independent Review of the Funding of Debt Advice in England, Wales, Scotland and Northern Ireland. Money Advice Service. 2018.

Recommendation to advice providers

Review service delivery models to support the most vulnerable clients – Agencies should proactively try to re-engage these clients, particularly when they see other suicide risk factors.

Summary

- Debt advice providers see some of the most vulnerable people in society, but some of those in the greatest need may also find advice difficult to access. If a person's attempts to seek advice fail, they may feel even more hopeless, increasing the risk of suicide.
- **Advice providers** should offer suicide prevention training, improve referral pathways to support services and review service delivery models to ensure they offer adequate support to the most vulnerable clients.
- **Commissioners of debt advice** should consider the needs of clients who require more intensive support and ensure funding agreements do not punish providers for supporting the most vulnerable clients.



Section five: Government

5.1 Health and social care

Across the UK, 28% of people who completed suicide between 2005 and 2015 were in contact with mental health services in the previous 12 months.³⁴ Many more were probably in contact with GP services.³⁵ These services should be able to spot people in psychological distress and at risk of suicide – but often staff don't have good knowledge of how to address underlying financial difficulties, and can struggle when a service user presents with these problems.

Practitioners recognise that financial difficulties can increase suicide risk and undermine therapeutic interventions, but find specialist advice services are not always able to provide support in a timely manner.³⁶ This can mean opportunities to reduce suicide risk are missed.

By taking a more systematic approach to tackling financial difficulty, health services can mitigate a key risk factor for suicide, making every contact count.

Recommendations to government:

Establish routine enquiry – Service users who present to GPs, A&E and community mental health services with poor mental health or suicidality should be routinely asked about their finances, with clear signposting pathways in place to assist.

Offer financial difficulty training for practitioners – Mental health practitioners should be provided with basic training on financial difficulty, and specifically how it relates to suicidality.

Integrate money advice in mental health settings – Integrating specialist advice services in mental health settings will help reach some of those most at risk of suicidality related to financial difficulty.

34. Appleby L et al. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness: Annual Report: England, Northern Ireland, Scotland and Wales. University of Manchester. 2017. Table 12: Suicide figures by UK country (2005-2015).

35. Pearson A et al. Primary care contact prior to suicide in individuals with mental illness. *British Journal of General Practice*. 59 (568); 825-832. 2009.

36. Clarke T. Whose job is it anyway? Money and Mental Health Policy Institute. 2018.

5.2 The benefits system

The National Suicide Prevention Strategy specifically highlights people in receipt of unemployment benefits as a group that may be at greater risk of suicide and which requires a targeted approach.³⁷ However, people in receipt of other state benefits, particularly those related to disability, may also be at increased risk of financial difficulty. Our qualitative evidence has identified problems with benefits – particularly sanctions, administrative errors and the fear of benefits being withdrawn – as common drivers of suicidality. People with lived experience of mental health problems report the power dynamic between state and individual can make them feel powerless, and that assessment and sanctions processes can make people feel they are a burden to society.

The Department for Work and Pensions has taken several steps to help staff support claimants who are at risk of suicide, including introducing a framework for handling disclosures of suicide or self-harm and a 'vulnerability hub' offering information and signposting details. Since 2012 it has been mandatory for the Department to review cases where a claimant dies by suicide and there is an allegation that Departmental activity may have contributed to this, and to take action where appropriate.³⁸

These are important measures, but there is more the Department for Work and Pensions could do to identify vulnerable claimants and reduce psychological distress associated with making and managing claims.

Recommendations to government:

The Department for Work and Pensions should support those facing sanctions or changes in entitlement which entail a significant loss of income – Sudden changes in benefits income can be a trigger for suicidal feelings. Given difficulties people in distress may face trying to access support to resolve problems, this should place a responsibility on DWP to:

- a) Proactively assess the implications of changes in the benefits system, including managed migration to Universal Credit, from a suicide prevention standpoint, and design processes to minimise psychological distress. This will include considering migration and assessment processes to ensure people are able to access benefits they are entitled to, and are not trapped and overwhelmed by complexity.
- b) Signpost claimants whose income is reduced due to a sanction or changes in circumstances to sources of both financial and mental health support.

Money and Mental Health research examining the accessibility of the benefits system for people experiencing mental health problems is currently underway, and will be published in early 2019. Further recommendations on how the government should change the benefits system to minimise the psychological distress caused by the claims process will be made in that report.

³⁷. HM Government. Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives. Department of Health. 2017.

³⁸. Ibid.

5.3 The Ministry of Justice and Chief Coroner

Under the Coroners (Investigations) Regulations 2013, where a coroner believes action could be taken to prevent a death similar to that investigated, the coroner has a duty to make a report to the relevant authority in a Section 28 report. An authority receiving a Section 28 report must respond within 56 days.³⁹ This means that at present, regulators, government departments and others named in these reports must respond individually. No provision, however, is made for these reports to be consolidated and consistent risk factors identified and systematically treated. Often the parties receiving Section 28 reports, will be unable to change policy in response to a single case, particularly where these are government departments or regulators. Section 28 and 29 provisions, as currently drafted, are therefore insufficient to prevent future deaths.

Recommendations to government:

Centralise findings from Section 28 reports in annual reports to improve the ability to address systemic problems – The Coroners (Investigations) Regulations 2013 should be amended to oblige institutions receiving multiple Section 28 reports to provide a summary of their findings and actions taken to the Chief Coroner on an annual basis. National Suicide Prevention Strategy progress reports should also include a summary of Section 28 reports over the time it covers, and make recommendations to the bodies implicated by them.

Summary

- Health and social care services could spot those at risk of suicide related to financial difficulties. Practitioners recognise financial difficulties can increase suicide risk, but often struggle to find appropriate support.
- **Healthcare services** should establish routine enquiry, offer training on financial difficulty and integrate money advice in mental health settings.
- Being in receipt of benefits may indicate that a person is at higher risk of financial difficulty. The power dynamics between the benefits system and claimants can cause psychological distress when people find systems difficult to navigate, encounter administrative errors or sanctions.
- **The Department for Work and Pensions** should support those facing sanctions or changes in entitlement which entail a significant loss of income, including taking steps to minimise the risk of psychological distress throughout managed migration to Universal Credit.
- Coroners have a duty to report to relevant authorities where they believe action could have been taken to prevent a death. **Government** should amend the Coroners (Investigations) regulations 2013 so reports can be centralised on an annual basis to improve our ability to respond to systemic problems.

³⁹. The Coroners (Investigations) Regulations 2013. Statutory Instruments 2013. No 1629. Part 7: 28/29.

Section six: Conclusions

Suicide is always preventable – especially when associated with problem debt. Preventing suicides requires a holistic effort, bringing together a wide range of agencies, each doing their part to support those who disclose suicidal feeling, spot those who may be at risk, and minimise the psychological distress associated with financial difficulty, in order to tackle systemic risk factors. Whether as government, a local authority, essential services provider, advice agency, healthcare provider, regulator, employer or individual, we can all play our part in saving lives.





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