

## Annex A: Methodology

### A.1 Research design

This research project consisted of:

- A review of the existing literature around suicidality, particularly the psychology of suicide and the relationship between economic factors and suicidality
- New analysis of the Adult Psychiatric Morbidity Survey, carried out by NatGen
- A call for input, providing both members of Money and Mental Health's Research Community and members of the public with an opportunity to share their experiences of the links between financial difficulty and suicide
- A review of qualitative data mentioning suicide collected for previous Money and Mental Health research projects
- A review of local authority suicide prevention strategy and action plan documents
- A policy development roundtable attended by a wide range of organisations including those offering debt advice, mental health charities, financial services firms, the Financial Conduct Authority, Public Health England, and those with lived experience of suicidality.
- Informal interviews with a range of experts

Further details on each component of the research are provided below.

This mixed methods approach, combining statistics which provide a sense of the strength of the links between financial difficulty and suicidality, and detailed qualitative work exploring how financial difficulty can contribute to the psychology of suicide, helps us reach a nuanced understanding of the issues, and uncovers novel opportunities for intervention.

We are grateful to all those who have supported this research, either by sharing personal experiences or in a professional capacity.

### A.2 Literature review

Researchers completed a review of the existing literature around the links between suicidality and financial difficulty, covering both the academic and grey literature. Articles for review were identified using a snowball search strategy, searching key terms relating to suicide, economic difficulty, recession, unemployment and debt. Key policy documents, including those published by the Department of Health, the Independent Mental Health Taskforce, Health Select Committee and Public Health England were also reviewed to provide policy context.

### A.3 Analysis of the Adult Psychiatric Morbidity Survey

New analysis of the 2014 Adult Psychiatric Morbidity Survey published in this report was conducted by NatGen. The Adult Psychiatric Morbidity Survey is a large stratified probability sample survey of the adult population of England (aged 16 and over) carried out once every seven years. The two-phase survey design involves an initial interview with 7,528 people, followed by a further assessment with a subset of 630 participants by clinically trained

interviewers. All analyses were conducted with data weighted to be representative of the household population aged 16 years and over, and controlled for complex survey design.

The APMS assesses or screens people for a range of different types of mental disorder and related behaviours, including suicidality, and collects a range of socioeconomic and demographic data, including around problem debt, which allow us to assess the relationships between financial difficulty and suicidality. The analysis presented here focuses on the following questionnaire items:

### **Suicidality**

- 'There may be times in everyone's life when they become very miserable and depressed and may feel like taking drastic action because of these feelings. Have you ever thought of taking your life, even if you would not really do it?'
- 'Have you ever made an attempt to take your life, by taking an overdose of tablets or in some other way?'
- If yes: 'Was this... In the last month, in the last year, or at some other time?'

### **Problem debt**

- 'In the last year, was your gas or electricity ever disconnected because you couldn't afford to pay for it?'
- 'Have there been times during the past year when you or your household were seriously behind in paying within the time allowed for any of these items? Rent, Gas, Electricity, Water, Goods on hire purchase, Mortgage repayments, Council Tax, Credit card payments, Mail order catalogue payments, Telephone/mobile phone, Other loans, TV Licence, Road Tax, Social Fund Loan, Child Support or Maintenance.'

Derived variables were created to capture all those who had thought about suicide ever, and in the past year, and those who had attempted suicide ever, and in the past year.

The population of people in problem debt was defined as all those who indicated they had been seriously behind on at least one item in the past year, or that they had been disconnected from energy supplies. This was captured through a dichotomous variable. A further derived variable was created to capture the number of problem debts a person has, grouped as 0, 1, 2 or 3+.

Cross-tabulations were run in both directions between suicidal thoughts and attempts, ever and in the past year, against our variables for problem debt, and all findings reported have been tested for statistical significance.

Multivariable logistic regression analysis was used to assess the strength of the relationship between financial difficulties and suicidality when controlling for other biographical,

sociodemographic, socio-economic factors and lifestyle behaviours. Factors included in the final model were:

- Age
- Gender
- Marital status
- Employment status
- Hazardous/harmful alcohol use
- Illness in the past six months
- Difficulty with friends in the last six months
- Violence in the home in the last six months

All of which had previously been indicated as increasing the odds of suicidal ideation. Financial difficulty was found to be predictive of suicidal thoughts even after controlling for these factors.

Descriptive analyses were conducted in SPSS v21, while multiple variable logistic regression models were carried out in Stata v14.

Estimates of the numbers of people experiencing suicidal ideation and attempting suicide while in problem debt were extrapolated from national prevalence figures derived from APMS cross-tabulations, using ONS mid-year population estimates for England (2017) for over 16s.<sup>1</sup> The report presents central estimates for the number of people affected each year. Table A1 below sets out an upper and lower bound within a 95% confidence interval for each of these figures.

**Table A1: Confidence intervals for national prevalence figures**

	<b>Central estimate</b>	<b>Upper bound</b>	<b>Lower bound</b>
Number of people in problem debt who think about suicide each year	420,943	588,843	297,691
Number of people in problem debt who attempt suicide each year	100,838	186,459	53,926

Source: Money and Mental Health analysis, drawing on NatCen analysis of APMS 2014 and ONS 2017 mid-year population estimates for England (over 16s).

<sup>1</sup> Office for National Statistics. Mid-Year Population estimates 2017.2018.

#### A.4 Qualitative data

Collecting qualitative data on suicidality presents some methodological and ethical challenges, including the risk of triggering distress among participants recalling past experiences, or of deterministic questioning influencing a person's decision-making.

To avoid this, Money and Mental Health adopted a dual strategy to collecting qualitative data to inform our understanding of the links between problem debt and suicide.

Firstly, we searched through our vast library of qualitative data collected for previous projects, including 2016's *Money on your mind*, and 2018's *Recovery Space* and *Where the Heart Is*. This allowed us to make use of data relating to people's experiences of suicidality during periods of financial difficulty, offered in response to broader questions, without placing participants at additional risk. By joining Money and Mental Health's Research Community, participants consent to secondary analysis of survey data, and similar consent to re-analyse focus group data was collected in the consent processes for each group.

Given the frequency with which participants in our broader research spoke about suicidality, we also wanted to make sure members of our Research Community, a group of 5,000 people with lived experience of mental health problems or of caring for someone with a mental health problem, were able to feed in to this work. We sent out a call for input, asking Research Community members about the links between financial difficulties and suicide. Mindful that only half of all people who die by suicide have ever been in contact with specialist mental health services,<sup>2</sup> we also felt it was important to also open up our call for input to allow us to reach professionals supporting people with mental health problems or in problem debt, and members of the public, potentially including those bereaved by suicide, to provide a chance to feed into our work and share their experiences.

To avoid determinism, we asked a single, open question: Money and Mental Health is researching the links between financial difficulties and suicidal thoughts and attempts. Please could you describe any experiences or opinions on this topic, in your own words, below. In the public call for input, this was preceded by a consent statement.

All public submissions were completely anonymous, while those from Research Community members were pseudonymised.

A full risk assessment was carried out before distributing the call for input. Plentiful signposting to sources of help was provided to participants, and they were asked to consider their own mental health before proceeding to the question. No incentive was offered to take part. Participants were also made aware that all data would be analysed anonymously (including that from Research Community members which is collected through a system which allows

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<sup>2</sup> Samaritans. Suicide reporting: some facts about suicide. (Accessed 07/09/18)  
<https://www.samaritans.org/media-centre/media-guidelines-reporting-suicide/suicide-facts-journalists>

pseudonymisation). The timing of distribution of the survey to the Research Community was also set to a Monday morning, to ensure that if anyone did contact us in distress we would be able to offer timely assistance and safeguard their welfare.

All qualitative data was thematically coded, searching for commonalities and patterns which provide us with an insight into the thoughts and feelings of individuals in financial difficulty, the causes of such problems, and the impact of collections practices.

### A.5 Local authority suicide prevention plan audit

To examine the extent to which local policymakers acknowledge financial difficulty as a risk factor for suicide and put measures in place to tackle this link, researchers from Money and Mental Health reviewed English local authority suicide prevention strategies and plans.

We initially searched online for suicide prevention strategy and action plan documents for all 152 local authorities with responsibility for public health.<sup>3</sup> When we couldn't find either document online we emailed the local authority Director of Public Health to request a copy.

We accepted documents that had recently become out of date, since the start of 2018, and documents that were in draft form, pending approval. Overall we found a valid suicide prevention strategy or action plan for 118 local authorities. Statistics reported are based on this sample, with no imputation for authorities for which no plan was provided.

We reviewed all documents, performed keyword searches for the following terms:

- Problem debt, arrears, behind on debts, behind on bills, behind on payments
- Debt
- Financial or economic difficulty, poverty, financial problems
- Financial shock, income shock
- Redundancy, being fired, job loss, unemployment
- Benefits problems, sanctions, benefits delays, welfare reform
- Deprivation
- Homelessness

and coded when they recognised financial or economic difficulties as a risk factor for suicide. We then recorded any sections of text where the authority mentioned financial difficulty, and and statistics relating to financial difficulty in the local area.

We also reviewed actions that local authorities are taking to prevent suicide in their area, coding where we identified local authorities which were:

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<sup>3</sup> In areas with both county and district, borough or city councils, responsibility for public health sits at county level. We thus searched for plans for the 27 county councils, 56 unitary councils, 33 London boroughs and 36 metropolitan boroughs.

- Commissioning a targeted intervention to tackle the link between financial difficulty and suicide.
- Commissioning a generic intervention that could help tackle the link between financial difficulty and suicide.
- Working in partnership to tackle the link between financial difficulty and suicide, but not commissioning an intervention.
- Planning action to tackle the link between financial difficulty and suicide, but not currently doing anything
- Not taking any action or planning to take any action to break the link between financial difficulty and suicide

Local authorities which did not specify any suicide prevention actions were excluded from this analysis.

#### **A.6 Expert engagement - policy roundtable and expert interviews**

A policy development roundtable was held on 16 October 2018, bringing together experts from debt advice and mental health charities, financial services firms, the FCA, Public Health England, and those with lived experience of suicidality. to test our initial findings and explore possible policy recommendations. This discussion informed our policy recommendations, helping to ensure our ideas were grounded in experience and practical. We are grateful for participants' generosity of spirit in sharing ideas for innovative solutions. We also undertook a series of informal interviews with experts, some of whom were unable to attend our roundtable, which helped us frame the project and focus the research. Interviewees included:

- Helen Garnham, Public Health England
- Professor Louis Appleby, University of Manchester, National Confidential Inquiry into Suicide and Homicide by People with Mental Illness and National Suicide Prevention Strategy
- Jacqui Morrissey, Samaritans
- Sarah Murphy, Mental Health UK
- Rachel Gregory and Jonathan Shaw, Christians Against Poverty
- Professor Siobhan O'Neill, Ulster University