

Money and Mental Health response to the Department of Health and Social Care consultation “Advancing our health: Prevention in the 2020s”

Which health and social care policies should be reviewed to improve the health of people living in poorer communities or excluded groups?

Access to mental health services remains a significant challenge. While the medical importance of early intervention is recognised, waiting times can stretch to unacceptable levels, and many people receiving treatment struggle to access the level of support that they need. People with financial difficulties are less likely to be able to pay for private treatment or to have the resilience to cope with undertreatment, so mental health problems can deteriorate further and health inequalities can crystallise.

In order to most effectively address these inequalities, mental health services must also help service users to access support to address the wider determinants of their health. Financial difficulties are a key cause and aggravator of mental health problems. People with depression who also have a debt problem are 4.2 times more likely to still have depression 18 months later, compared to people without a debt problem.¹ Too often, financial difficulties and mental health problems can combine to create a vicious cycle of worsening financial and mental health.

Mental health services should establish routine enquiry around financial difficulty and develop clear processes to refer people to debt advice services. However the design of these processes is paramount. Basic signposting will be ineffective for many people with mental health problems, particularly people who are experiencing low motivation or difficulties communicating as a result of their mental health. Instead, commissioners should create warm referral pathways and integrate advice into mental health settings, to reduce the number of people who fall through the gaps between services.

Do you have any ideas for how the NHS Health Checks programme could be improved?

To ensure parity of esteem between physical and mental health conditions, mental health screening should be built into NHS Health Checks. Given the links between mental and physical health problems, including screening for mental health conditions should help the government to achieve the NHS Long Term Plan commitment to prevent 150000 heart attacks, strokes and cases of dementia.

¹ 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: 109-17.

Sometimes mental health problems, and related physical health problems, have social causes. People with mental health problems are three and a half times as likely to be in financial difficulty,² which in turn can act as a significant drag on mental health recovery.³ The review of the NHS Health Checks programme presents an opportunity to ask people with mental health problems about their financial situation and ensure that those who need help are referred to the high quality free advice services. This would help more people at risk of health issues related to financial difficulties find existing advice services, which many do not find until money problems have already had a significant impact on health outcomes.

What could the government do to help people live more healthily: in homes and neighbourhoods, when going somewhere, in workplaces, in communities?

Mental health problems are a leading cause of sickness absence, costing employers an estimated £8 billion each year.⁴ However, many people with mental health problems feel unable to take time off work when unwell due to the financial cost of sickness absence. Presenteeism, attending work while unwell, can put huge pressure on people's mental health and also costs employers up to £26 billion each year.⁵ Similarly, rushing back to work due to a financial imperative can jeopardise mental health recovery and also broader career prospects. Government should create conditions that enable people to take time off when they are unwell and need to focus on their health, and also support people back in to work when they can.

Our research finds that income replacement levels for most people off work with a mental health problem are insufficient, particularly for extended absences. People with mental health problems also often have low levels of financial resilience, so the resultant income shock can exacerbate mental health problems, prolong recovery and increase the duration of absence, and the likelihood that people do not return to work.⁶

To address this, Government should:

- Increase flexibility in the Statutory Sick Pay system, to enable preventative part-time sick leave as well as phased returns to work
- Extend Statutory Sick Pay to workers earning less than the Lower Earnings Limit
- Take steps to boost financial resilience among the workforce, including introducing workplace savings schemes and improving access to income protection insurance

² Holkar M. Debt and mental health: A statistical update. Money and Mental Health Policy Institute. 2019.

³ Acton R. The Missing Link. Money and Mental Health Policy Institute. 2016.

⁴ Hampson E et al. Mental health and employers: The case for investment. Deloitte/Monitor. 2017.

⁵ Ibid.

⁶ Bond N and Braverman R. Too ill to work, too broke not to. Money and Mental Health Policy Institute. 2018.

There are many factors affecting people's mental health. How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the mental health actions in the green paper?

There is a strong link between financial difficulty and mental health problems. Half of people in problem debt (46%) also have a mental health problem.⁷ People in problem debt are three times as likely to consider suicide, and over 100,000 people in problem debt attempt suicide in England every year.⁸ Financial problems can undermine mental resilience, making people feel hopeless and trapped.

Broader policy making which affects people's financial situation, including regulation of essential services markets and bailiffs, sick pay and employment policies, and social security policy, often fails to consider the implications for mental health. The government should introduce a Mental Health Impact Assessment for all new policy to ensure that the work of other government departments doesn't undermine plans to improve health and wellbeing.

Other steps which should be taken to prevent mental health problems include:

- 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 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
- Local and central government should take steps to minimise psychological distress caused by debt collection
- Healthcare services should establish routine enquiry about financial problems when service users present with poor mental health or suicidality, and should improve support by integrating money advice in mental health settings.

Have you got examples or ideas about using technology to prevent mental ill-health, and promote good mental health and wellbeing?

People with mental health problems are three and a half times as likely to be in financial difficulty.⁹ As well as affecting our income, mental health problems can make it harder to manage money, control spending and stay on top of bills and financial management.¹⁰ In turn, financial problems often aggravate mental health problems and reduce chances of recovery.¹¹ Problem debt is a key risk factor for poor mental health across the wider population.

⁷ Holkar M. Debt and mental health: A statistical update. Money and Mental Health Policy Institute. 2019.

⁸ Bond N and Holkar M. A silent killer. Money and Mental Health Policy Institute. 2018.

⁹ Holkar M. Debt and mental health: A statistical update. Money and Mental Health Policy Institute. 2019.

¹⁰ Holkar M. Seeing through the fog. Money and Mental Health Policy Institute. 2017.

¹¹ Acton R. The Missing Link. Money and Mental Health Policy Institute. 2016.

“Fintech” – new tools, settings and processes made possible by technological innovation in financial services – offer significant preventative potential. Providing people with these tools could boost resilience and empower people to control a key determinant of their mental health. Examples of fintech tools include:

- Tools that can help people control their spending, such as daily spending limits, or the ability to block spending on particular items like gambling.
- Timely reminders when bill payments are due, for instance by SMS or in-app notification.
- Tools that help with complex aspects of financial management, such as constructing a budget or analysing spending data.

Banks and building societies could also use technology to monitor the data created when people use financial services to identify signs of financial difficulty and offer prompt support, helping avoid more severe problems and resulting psychological distress.

These technologies could both offer primary prevention against mental health problems by increasing financial wellbeing, and secondary prevention by reducing the risk that financial difficulty becomes an aggravating factor for people already experiencing mental health problems.

Have you got examples or ideas for services or advice that could be delivered by community pharmacies to promote health?

Community pharmacy staff training should ensure that staff understand the links between financial difficulties and mental health problems, and are able to signpost people to services that can support with financial difficulties, as well as mental health problems. Community pharmacists may already pick up on some signs of financial difficulty, for instance when a customer is unable to pay for prescriptions.

Most Local Authorities fund services that can help people with housing, employment, debt and benefits issues. However too often, people are unaware of the existence of these services, and struggle to manage their problems alone, often ending up in greater financial difficulty, and sometimes with mental health problems, as a result. Limited investment in training and resources could help pharmacists to make the most of these opportunities, to start conversations about money, and to help their customers access local services.

What government policies (outside of health and social care) do you think have the biggest impact on people's mental and physical health? Please describe a top 3

1. Many people struggle to navigate the social security system during periods of ill health or unemployment, which can result in serious financial difficulties and psychological

distress.¹² Common symptoms of mental health problems like reduced concentration, increased impulsivity and memory problems, can all make it harder to claim and manage benefits. DWP should improve the accessibility of the social security system and take steps to minimise financial strain while people are waiting for benefits payments, including ending the five week wait for Universal Credit.

2. Mental health problems can drastically affect our financial capability, but essential services often aren't designed with these needs in mind, which can result in difficulties choosing, using and paying for essential services.¹³ This can lead to financial problems and put significant pressure on people's mental health. BEIS should introduce ambitious minimum standards for mental health across regulated essential service markets, to make these key sectors more accessible and prevent problem debt and psychological harm.¹⁴
3. Best estimates suggest that across the UK there are three million households unable to pay their debt, and a further five million who are currently paying but constantly anxious about their ability to continue doing so.¹⁵ Debt collection activities, from letters and phone calls to bailiff visits, can cause serious distress and are both a cause of mental health problems and an aggravating factor to those who are already unwell.¹⁶ The government should assess regulations around the collection of debt, including the wording of debt letters mandated under the Consumer Credit Act 1974, the regulation of bailiffs and the processes for collecting central and local government debts, to reduce the psychological distress collection activities cause.

How can we make better use of existing assets - across both the public and private sectors - to promote the prevention agenda?

Integrating money advice into mental health settings would make better use of both NHS assets and the UK's fantastic debt advice sector, enabling services to systematically address money and mental health problems and build service users financial and mental resilience.

Almost one in five (18%) people with mental health problems are in problem debt, three and a half times the rate among people without mental health problems (5%),¹⁷ and financial difficulty can act as a significant drag on mental health recovery.¹⁸

¹² Bond N, Braverman R and Evans K. The benefits assault course. Money and Mental Health Policy Institute. 2019.

¹³ Holkar M and Evans K. Levelling the playing field. Money and Mental Health Policy Institute. 2017.

¹⁴ Evans K. Minimum standards for mental health. Money and Mental Health Policy Institute. 2019.

¹⁵ Wyman P. Independent review of the funding of debt advice in England, Wales, Scotland and Northern Ireland. Money Advice Service. 2018.

¹⁶ Bond N and Holkar M. A silent killer. Money and Mental Health Policy Institute. 2018.

¹⁷ Holkar M. Debt and mental health: A statistical update. Money and Mental Health Policy Institute. 2019.

¹⁸ Acton R. The Missing Link. Money and Mental Health Policy Institute. 2016.

Advice services are enormously effective at resolving financial difficulty and helping people to build financial resilience, but the links between mental health and advice services are patchy and mental health services do not currently take a systematic approach to addressing the links between money and mental health.¹⁹ As a result, mental health practitioners often resort to providing practical support with service users' finances, for example contacting creditors, or helping with forms and applications. Practitioners recognise that they are not well qualified for this role, but often feel there is no alternative.²⁰

Integrating advice could help mental health services to work more efficiently, preventing people from falling into the vicious cycle of worsening mental and financial health, boosting recovery rates and freeing up mental health practitioners time.²¹

What other areas (in addition to those set out in this green paper) would you like future government policy on prevention to cover?

Financial difficulties are a key determinant of mental health problems, but there are several steps that government can take to reduce financial difficulty and mitigate its psychological impact, thus preventing mental health problems.

Income shocks are a common cause of financial difficulty. To help safeguard people's incomes, government should extend Statutory Sick Pay to workers earning less than the Lower Earnings Limit. This would provide additional financial security for some of the most vulnerable people in society. Government should also end the five week wait for Universal Credit. This policy leaves social security recipients without income for an extended period of time, and has been shown to drive financial difficulty and also directly put pressure on people's mental health.

Improving people's financial resilience may also help to reduce financial difficulty. We are pleased that NEST is piloting a "sidecar savings" scheme alongside pensions auto-enrolment and believe this has huge potential to improve employees' resilience. Government should also encourage employers to do more to support financial resilience, for instance by offering payroll savings products as an employee benefit.

Finally, financial difficulty may not be entirely preventable, but there are two clear steps that government can take to reduce the psychological impact of these problems. Firstly, despite the promise of the 2014 bailiff reforms, it is clear that bailiffs continue to break the rules and that this often causes significant psychological harm. Government should act now and introduce formal regulation of the bailiff industry. Secondly, government should update the content prescribed in the Consumer Credit Act 1974, that creditors must send to debtors. The current wording is intimidating and complex, and can increase risk of suicide.

¹⁹ Clarke T. The other one in four. Money and Mental Health Policy Institute. 2016.

²⁰ Clarke T. Whose job is it anyway? Money and Mental Health Policy Institute. 2017.

²¹ Acton R. The Missing Link. Money and Mental Health Policy Institute. 2016.