Money and Mental Health submission to the Department of Health and Social Care consultation: Reforming the Mental Health Act

Introduction

The Money and Mental Health Policy Institute is a research charity established in 2016 by Martin Lewis to break the link between financial difficulty and mental health problems. The Institute's research and policy work is informed by our Research Community, a group of 5,000 people with lived experience of mental health problems or of caring for someone who does.

This written submission has been informed by this powerful, lived experience testimony, as well as our wider body of research. In particular, it draws on our 2018 report *Recovery Space: Minimising the financial harm caused by mental health crisis*, which relied on depth research with 166 people with experience of admission to a psychiatric hospital, or of being in the care of a mental health crisis team, 86 of whom had experience of admission. Unless otherwise specified, all quotes in this response are drawn directly from our Research Community or Professional Network - a group of professionals working in a range of related fields, with a desire to tackle the links between financial difficulty and mental health problems.

Our response addresses questions 8 and 10 of the consultation. In addition to this response, we recommend the Department of Health and Social Care review our report 'A Little Help from my Friends',[1] which considers how people with mental health problems can put in place tools to protect themselves from financial harm when they are well, for times when they are unwell.

Background

- The most recent detailed data shows that between 23% and 33% of people with a mental disorder are in problem debt. Our 2017 analysis found that in England alone, at least 23,000 people who were in hospital for their mental health were also experiencing serious financial difficulties.[2]
- Using the same data, 13% of people in problem debt reported having thought about suicide in the last year. This implies that over 420,000 people in problem debt thought about suicide in England in 2017, and over 100,000 people in problem debt attempted suicide.[3]

[1] Bond N, Evans K and Holkar M. A little help from my friends. Money and Mental Health Policy Institute. 2019
[2] Bond N, Braverman R and Clarke T. Recovery Space. Money and Mental Health Policy Institute. 2018
[3] Money and Mental Health analysis of NatCen analysis of APMS 2014 and ONS mid-year population estimates 2017. Silent Killer

- Despite the high prevalence of financial problems at the time of mental health crises, their role in contributing to mental health crisis and the devastating financial and mental health consequences of crisis were largely ignored in service users' care and treatment plans. Our research found eight out of ten (81%) respondents reported that their crisis or relapse prevention plan did not mention finances.[4]

The link between mental health crises and financial difficulties

Mental health crises can impact financial capability

During a crisis, a person's cognitive capacity may fluctuate, and financial management can fall entirely by the wayside. Financial behaviours can change and people may disengage from managing their finances. Spending and borrowing may increase, or suicidal ideation can lead to people giving money away.

Financial difficulties can lead to or exacerbate mental health crises

Finances can be at the root of mental health crises and drive hospital admissions when people are unable to cope. Changes in benefits or debt collection activity can serve as a sudden trigger for crisis or suicidality.[5] Mental health crises can make it impossible to liaise with financial services and benefits agencies to manage reductions in income or increased outgoings caused by crisis and hospitalisation.

Admission to hospital for mental health problems can mean day-to-day financial management is missed and financial problems exacerbated

Mental health crises can lead to a change in circumstances, where incomes may drop and outgoings may increase. Such changes in circumstances can have immediate consequences such as housing costs not being paid, debts mounting and collections activity escalating.

"A lot of the time if people have become so ill they're admitted, they've probably neglected to sort their benefits out before they come into hospital. So, they come in with the housing benefit not being paid, and with the result and threat of losing their tenancy." Mental Health Practitioner

There is a risk that people are discharged from hospital without addressing financial matters, returning to the same financial environment that contributed to the crisis in the first instance.

The introduction of the Breathing Space Mental Health Access Mechanism (MHAM) - supporting people with their debts during mental health crisis - will mitigate some of these financial harms. A focus on preventative financial measures being built into Advanced Choice Documents (ACDs) and Care and Treatment Plans would further strengthen the support offered via the MHAM.

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[4] Money and Mental Health Survey. Base for this question: 75 people with experience of mental health crisis who were aware of and had seen their crisis or relapse prevention plan. 2017

[5] Bond N and Holkar M. A Silent Killer. Money and Mental Health Policy Institute. 2018

Q8. Do you have any other suggestions on what should be included in a person's Advanced Choice Document?

We welcome all the proposals for ACDs which will follow a standard format and approach to giving patients more choice, autonomy and legal standing around their preferences for care and treatment. We particularly welcome the inclusion of two points: specifically:

- behaviours indicative of relapse
- crisis planning arrangements, including information about employment and housing.

The inclusion of these preferences allows people to reflect on and make plans for issues relating to their money and mental health. However, the broad scope of these points means there is a risk that financial issues are overlooked or become subsumed in other matters.

Financial considerations can be crucial to a patient's mental health and recovery but are not always obvious when setting out your preferences for future detentions. Therefore, the proposals for what should be included in an ACD fall short of supporting people in mental health crises with their finances. We suggest two additional components for inclusion in the ACD.

1. **Planning for financial matters should be included as a separate section in the standard ACD format**

The White Paper is clear that ACDs should include not just treatment preferences, but care needs too. Understanding the holistic nature of care and support, and the financial devastation that can be caused by mental health crises, we suggest that financial matters should be included as a separate section in the standard ACD format.

Research has shown that people who have experienced mental health crises want to be protected from the consequences of being financially disinhibited when they are unwell.[6] [7] Where people know that deteriorations in their mental health can lead to financial problems, gathering their preferences around preventative action is crucial. The ACD provides an opportunity for people to protect themselves from financial harm by putting in place support, planning and preferences for when they are unwell.

2. **The ACD should include explicit prompts which encourage people to reflect on and stipulate their preferences around finances**

Utilising ACDs would allow service users, carers and professionals to incorporate a more flexible approach to supporting people to manage their finances during a period of hospitalisation and potentially alleviate some of the harmful financial effects of mental health crises. However, simply including financial matters within the standard format of an ACD may be insufficiently

[6] Atkinson et al. The development of potential models of advance directives in mental health care. 2003.
[7] Bond N, Evans K and Holkar M. A little help from my friends. Money and Mental Health Policy Institute. 2019

explicit to prompt patients. We propose a series of prompts to support people to consider their preferences for advanced care and treatment around their finances.

Table 1: Prompts for inclusion in the financial planning section of the ACD

Financial planning	Suggested prompts for inclusion
Changes in financial behaviours which may be indicative of early signs of relapse, such as:	• Disengagement with finances • Impulsive spending • Unusual or excessive generosity • Unusual or increased borrowing
Crisis planning arrangements for financial support needs may include:	• Preferences around arrangements for how priority bills, such as rent or mortgages, will be paid • Preferences around access to credit, such as credit and debit cards, or access to the internet to apply for credit while hospitalised • Potential identification of a preferred third party to deal with financial issues on their behalf, such as debt or benefits • Advanced planning on giving a third party permission or the legal power to deal with financial matters, such as a Lasting Power of Attorney, or third-party mandate with their financial service provider

By including finances in ACDs and offering explicit prompts, people can be supported to have greater control and choice, setting out advanced preferences and preventative measures to safeguard themselves from the financial harm caused by mental health crises.

Q10. Do you have any other suggestions for what should be included in a person's Care and Treatment Plan?

Under proposals in the White Paper, Care and Treatment Plans would be bolstered by the requirement for ACDs to be taken into account. Where advanced preferences are not followed, practitioners are required to set out justifications for this. Our proposals in response to Q8, if enacted, would ensure patients' preferences around financial concerns, such as benefits, employment and debt, were taken into account. This should sufficiently support people to prevent financial harm.

However, if the suggestion to explicitly include financial planning within an ACD is not accepted, this should be incorporated into Care and Treatment Plans. People experience devastating financial harm during mental health crises and hospital admission alone does not prevent this.

In hospital, patients can often continue to use the internet to access credit, purchase unnecessary goods or buy gifts for family and friends. Patients also give money away, often to other residents on the ward.

"With the second admission, as far as I'm concerned, I wasn't going to be alive for long. Therefore, I was frivolous with my money as such and I would buy presents… [for] my brother and my niece and things and wouldn't think about the financial consequences for the future." Expert by experience

"He was buying cigarettes for half the ward, and basically all his money was spent in an instant... The staff weren't even aware." Practitioner

Mental health practitioners recognise the need to address finances because of its impact on recovery. However, the majority (56%) of the crisis care practitioners we surveyed said their service never takes control of someone's money for them if they lack mental capacity to make financial decisions while under their care. Only a quarter (25%) said they restrict access to bank cards, phone or internet.[8]

Mental health practitioners in our research spoke about wanting to protect patients, but because they retained relevant capacity, they could not always do so. As they begin to recover, patients often recognise the financial impact of disinhibited behaviours and are left with significant financial consequences.[9]

Given the lack of an appropriate practical framework to intervene in someone's financial affairs, practitioners are acutely aware of the risks of overstepping their professional capabilities and infringing people's rights. If individuals' preferences were established in ACDs, they would carry more weight in Care and Treatment Plans.

Addressing finances is only one of the many factors that mental health practitioners must consider in their assessment and care planning, and service capacity may mean it is not adequately addressed. Making finances an explicit legal requirement to consider in Care and Treatment Plans would bolster practitioners' opportunities to safeguard patients from financial harm.

[8] Money and Mental Health survey of practitioners who work with people during a mental health crisis. Base for this question: 64. 2017

[9] Bond N, Braverman R and Clarke T. Recovery Space. Money and Mental Health Policy Institute. 2018