

## Annex A: Methodology

This note sets out the methodological approach taken in Money and Mental Health's 2021 report, *The state we're in: money and mental health in a time of crisis*, by Nikki Bond and Conor D'Arcy.

### A.1 Research design

This research project consisted of:

- A review of existing literature on government policy around money and mental health
- An online survey of adults aged 18-65 across the UK, with 5,001 people with lived experience of mental health problems and 1,000 people who had never experienced mental health problems.
- Two surveys of the Money and Mental Health Research Community
- A focus group with members of the Research Community.

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

### A.2 Literature review

Researchers completed a desk-based review of the current policy context of the integration of money and mental health issues in government policy. This included a review and update of existing policy related to money and mental health and a specific review of recent policy to address recovery needs arising from the pandemic. This review was used to inform policy recommendations in the final section of the report.

### A.3 Online survey

In summer 2021, Money and Mental Health commissioned Opinium to conduct a large online survey. The aim of the survey was to produce a picture of the finances and experiences of working-age (18-65) adults with mental health problems in the UK, and compare it to that of people who have not experienced mental health problems. The survey was conducted online. While this offers a number of advantages to participants over phone surveys, including the chance to read questions repeatedly, this does mean that people who struggle to use the internet are unlikely to have completed the survey. Digital literacy and access remains an important issue across society, and this should be borne in mind particularly with regard to findings on use of different communication channels.

The question used to assess whether or not a respondent had experienced a mental health problem was "Have you ever experienced a mental health problem?" This is the standard question that Money and Mental Health has used when surveying people on their mental health, in recognition of the fact that a significant proportion of people with symptoms that amount to a mental health problem have not received a diagnosis.<sup>1</sup>

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<sup>1</sup> NHS Digital's Adult Psychiatric Morbidity Survey 2014 shows that 36% of people with a common mental disorder have never received a diagnosis.



In total, between 25 June and 22 July 2021, 5,001 people with experience of a mental health problem completed the survey, along with 1,000 people who said they hadn't had mental health problems. In order to provide a representative insight into the population in the UK with a mental health problem, Opinium used results from NHS Digital's Adult Psychiatric Morbidity Survey, in order to build the sample and weighted it according to gender, age, region and ethnicity. For the weighting of respondents without mental health problems, Opinium used its panel data to weight the sample according to the gender, age, region and ethnicity of those who have never had a condition.

The majority of the questions were asked of both those with and without mental health problems, with a subset of questions related specifically to how mental health problems affect us limited to the former.

### Bases

On the majority of questions and responses used in the report, all respondents - both with and without mental health problems - were eligible to respond, with a small minority in each question answering "Don't know" or "Prefer not to say". The bases for questions where bases were substantially smaller than these totals are provided below:

- Section one
  - Prime-age employment: 3,473 people with a mental health problem and 606 people without
  - Housing tenure by age:

	18-34	35-54	55+
People with mental health problems	200	450	350
People without mental health problems	1970	2122	909

- Section two
  - Debt to income ratio: 4,463 people with a mental health problem, 851 people without
  - Debt and suicidality: 230 respondents had debts of over £30,000 and answered the question regarding having had suicidal thoughts or having attempted suicide in the previous 12 months.
- Section three
  - Taken out any new credit: 2,418 people with a mental health problem, 271 people without
- Section four
  - Behind on any payments: 1,839 people with a mental health problem, 137 people without
- Section five



- Told a service provider: 1,336 people with a mental health problem
- Section six
  - Spoken to a health or social care professional about how their financial circumstances affect their mental health: 1,099 people with a mental health problem

Section five also includes a calculation of the number of people who had been behind on a payment in the past 12 months and had had suicidal thoughts or attempted to take their own life in the past 12 months. The figure of 2.5 million people with mental health problems being in this situation was calculated using four main inputs. Coming directly from this survey were the proportion of people with a mental health problem who were *behind on payments* in the previous 12 months and had been *suicidal*. The *share of the population with a mental health problem* was drawn from a number of recent surveys conducted for Money and Mental Health by Opinium, in which an average of 38.5% of respondents reported they had ever experienced a mental health problem. This proportion was applied to the *total population aged 18-65*, using data from the ONS's Mid-year estimates of the population for the UK, England and Wales, Scotland and Northern Ireland, 2020.

### **Latent class analysis**

In order to explore the different experiences of people with mental health problems, we used a latent class analysis approach. Latent class analysis (LCA) starts with the assumption that there are groups within a population who may not be immediately apparent. LCA is a statistical technique which creates groups of respondents, based on their answers to a subset of the questions asked. We discuss these in sections seven and eight of the report, drawing also on our work with the Research Community, outlined elsewhere in this annex, in order to create names and match them to the experiences of people with mental health problems. The analysis was performed in Stata 16, using the following commands: `gsem...`, `logit lclass(C x)`; `estat lcgof`; `estat lcprob`; `estat lcmean`.

Our LCA used nine different binary categorical variables. In some cases, such as with employment status, the two groups required these were relatively straightforward. For others, a judgement was required on how to split the groups, which is explained in more detail below. On some of the variables, different judgements could be made, and as such we present the groups as providing useful insights into the varying experiences and outcomes of our survey respondents, rather than a definitive picture. As the report notes, people also move in and out of groups over time.

The variables used were:

- Whether their *mental health* problem was more common or more severe. The former group was comprised of those who only experienced depression and/or anxiety, or who had never been diagnosed as having a mental health problem. The latter was made up of all other respondents with a mental health problem, as well as those who would fall into the first category but had attempted to take their own life in the previous 12 months.



- Whether their *income* was comparatively higher or lower. The median monthly net income was £1,000-£1,499. All those with incomes of £1,500 or above are considered higher income and those with incomes of less than £1,500 are considered lower income.
- Whether they were in *employment* or not. Those in employment included any one in work, whether as an employee or self-employed, part-time or full-time. All other responses were considered as not in employment.
- Whether they were in receipt of *benefits* or not. Anyone who responded that they received a welfare benefit e.g. Universal Credit formed one group with the other made up of those who responded they did not receive any benefits.
- Whether their *debt* was comparatively higher or lower. As with income, the median answer was used in order to split the group. Approximately half of respondents - the higher debt group - reported debts of £1,000 or higher, with the other half - the lower debt group - having no debts or up to £1,000.
- Whether their *debt rose or fell* since the onset of the pandemic in March 2020. One group was composed of those who said they now owed “a little more” or “a lot more”, with the other group being those who said their debts were now “about the same”, “a little less” or “a lot less”.
- Whether their *savings* were comparatively higher or lower. As with income and debt, the median savings figure of £500 was used to split the groups, with those with no savings or up to £500 in one group, and those with £501 and above in the other.
- Whether people felt they could *afford to save* regularly. Those who agreed or strongly agreed that they couldn’t afford to save regularly formed one group, with the other group composed of all other respondents.
- Whether people had *fallen behind* on payments in the past 12 months. The two groups were composed of those who said they had fallen behind on any of the payments and bills listed in the question, with the remainder forming the other group.

#### A.4 Research Community Surveys

Two surveys as detailed below were undertaken with the Money and Mental Health Research Community, a group of thousands of people with lived experience of mental health problems or of caring for someone who does.

##### 1. Scoping survey

A preliminary scoping survey of the Money and Mental Health Research Community was carried out online between 14-28 May 2021 to test ten quantitative survey questions intended for use in the national polling. A total of 386 people responded. This survey provided valuable feedback on the clarity of the framing of questions and the range of response options. It was used to inform the design of the full national polling survey.

##### 2. Full Research Community survey

A second online survey with the Research Community was carried out between 16 July - 6 August 2021. The survey duplicated many of the quantitative questions asked in the national polling with several additional qualitative questions about the cyclical nature of money and

mental health problems, the process of and reasons for taking out new credit and the manageability of debt repayments. 280 people with lived experience of money and mental health problems within the last five years responded. Responses to qualitative questions were analysed thematically, and the data was used to highlight trends identified in national polling by providing illustrative examples of people's experiences.

To avoid causing distress to participants, all questions were optional which means that the base size for questions varies. Where necessary, we also routed questions to avoid asking questions that were not relevant to a participant's experiences.

We are grateful to all Money and Mental Health Research Community members who supported this research by sharing their personal experience.

### **A.5 Focus group**

Using the Research Community full survey responses as a sampling tool, we held an online focus group on 9 August 2021, with nine participants exploring their experiences of money and mental health over the last five years. All focus group participants were provided with a £30 shopping voucher as a thank you gift for taking part.

Responses to qualitative questions from the full Research Community survey were analysed thematically and used to develop the topic guide for the focus group. Discussions focused on income levels and quality of life; the financial and mental health impact of the pandemic; and experiences of debt repayments and taking out new credit.

A written transcript of the focus group was thematically coded. Emerging themes were used to understand people's experiences and cross-check with data from the national polling and the Research Community survey. These findings were used to inform policy recommendations, ensuring our recommendations were grounded in experience and practice.