



MONEY AND
MENTAL HEALTH
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NO ONE LEFT BEHIND

Making levelling up deliver for people
with mental health problems

Becca Stacey and Conor D'Arcy

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Executive summary

If 'levelling up' is to deliver for the 'left behind', it needs to focus on people with mental health problems

- The UK government committed to 'levelling up' the country, with a particular focus on people and communities who have been 'left behind'. Devolved governments, mayors and local authorities are also striving to improve economic and health outcomes for those who are struggling.
- Across the country, people with mental health problems form a key group who have been left behind. But in a handful of inequality hotspots, the disadvantage they face is much larger than average.
- In Northern Ireland the share of people with mental health problems who say that keeping up with bills and credit repayments is a burden is 20 percentage points higher than of people without such conditions (72% versus 52% respectively). In the West Midlands that gap is much smaller – just 6 percentage points.
- This varying gap is a cause for concern as money troubles and poor mental health too often form a toxic cycle. But it also shows what is possible. By providing the right opportunities and support, places can help people with mental health problems to be healthier, both financially and mentally.
- To reduce this gap everywhere, the levelling up agenda needs to stop ignoring and start delivering for people with mental health problems.

The levelling up story looks different through a money and mental health lens

To understand what factors shape this gap and how a place can be helpful or hurtful to our mental health and finances, we worked with our Research Community – a group of over 4,000 people with lived experience of mental health problems. They highlighted three main themes: employment, the cost of an area and the accessibility of support.

- **Employment:** Some places appear more successful in supporting people with mental health problems to find and stay in work. In Northern Ireland and Wales, the employment rate of people with mental health problems is over 40 percentage points lower than that of people without such conditions. In the East and South East of England, that difference is still substantial but narrows to less than 25 percentage points.
- **Living costs:** Research Community members explained how the cost of key services in an area could contribute to or alleviate worries. In London, 30% of people with mental health problems reported having fallen behind on housing payments in 2020-21, much higher than in any other region/nation. In much of the rest of the country, respondents told us how patchy and expensive public transport left them with fewer choices for jobs, shopping and activities that help us stay well mentally.
- **Getting support:** Accessible mental health treatment, banking and advice can all be lifelines for people experiencing money and mental health problems. Despite this, the availability of services varies widely. Waiting times for primary mental health services like talking therapies range from 12 days in East Yorkshire to 153 days in Bamsley. In Northern Ireland, 60% of people are within 1 kilometre of banking services, compared to 81% in the North East

Ensuring people with mental health problems aren't left behind by levelling up

- The places where people with mental health problems are being left behind aren't necessarily the places that are struggling more generally. Even if levelling up successfully closes the gap between, say, Northern Ireland and the South East, this would still leave those with mental health problems trailing far behind in both. What's needed is targeted action that goes beyond broader efforts to tackle regional inequality.
- The size of the challenge means a range of tools will be needed. Some of these tools are in the hands of the UK government, which as well as having a positive impact across the UK, would have a particularly positive effect in areas where people with mental health problems experience the biggest disadvantages, whether that be with their income, expenditure or access to services.

The UK government should:

- track and publish how people with mental health are faring on crucial levelling up metrics like income, employment, housing affordability, waiting times and access to services – with initiatives to improve the worst-performing places
- introduce specialist mental health Work Coaches into Jobcentres, using the principles that have proved effective in the Individual Placement and Support programme at helping people with more severe mental illnesses to find and retain work
- reduce the discrepancy between private rents and housing support by boosting Local Housing Allowance rates to cover median rent in an area
- make people with diagnosed mental health problems eligible for all concessionary travel schemes

- set wait time targets for all secondary mental health services, and direct funding to areas where people face the longest waits for both primary and secondary services
- build the needs of people with mental health problems into banking hubs and other action to protect access to cash and banking.

Together with these national levers, local leaders across the UK also need to play their part in improving outcomes for people with mental health problems in their areas.

Where low incomes are a particular issue:

- mayors should bring together local employers to increase the number of jobs that are accessible to and meet the needs of people with mental health problems
- local authorities should provide specialised employment support to people with mental health problems who are seeking work.

Where the cost of living is exerting excess pressure:

- social landlords should ensure their housing offer is accessible to people with mental health problems
- local authorities should make Council Tax Support schemes more generous and accessible to people with mental health problems and ensure the way council tax arrears are managed does not worsen residents' mental health.

Where access to services is a concern:

- health bodies (such as the newly established Integrated Care Boards) should work with funders of advice services to embed money and employment advisers in primary and secondary mental health services.



Introduction

Where we live matters. It influences the people we meet, the hobbies we take part in and the food we eat. That's because not everywhere is the same. But while different ways of doing things can make a locality feel interesting and unique, other variations can be more concerning. If your access to important opportunities is limited, or the services you use are of a poorer quality than elsewhere, that can have a detrimental impact on some of the outcomes we value most. When it comes to health, that can include fundamental questions like how many years of good health we expect to have. There can also be major financial consequences, with quality jobs much more common in some places than others.

The existence of these inequalities – and the belief that those gaps can be closed – is the driving logic behind the UK government's 'levelling up' agenda. But efforts to ensure places help rather than hold back their residents are nothing new. Policymakers at all levels – from the devolved nations to local authorities, to more recently-created city regions – share the aim of making the areas they represent wealthier and healthier.

Why levelling up matters for people with mental health problems

Focusing solely on comparisons of one place with another can overlook the groups who are more likely to be struggling wherever they live. People with mental health problems are one of these groups. Financial difficulty and poor mental health can form a toxic cycle, leaving people with mental health problems with typical incomes that are thousands of pounds lower than average,¹ paying over £1,000 more per year for essential services² and facing increased difficulty in getting support.³

This cycle can affect us wherever we live, meaning responses that cover the whole country – for instance improving the generosity of key benefits or strengthening rights around flexible working – are needed. But viewing the challenges faced by people with mental health problems through a spatial lens opens up two valuable opportunities. First, analysing how key outcomes vary for people with mental health problems across the country can shine a light on the conditions needed for people experiencing poor mental health to prosper. Doing so shows that, if the inequalities faced by people with mental health problems are to be tackled, the government must take the opportunity to revamp existing levelling up plans, and provide more targeted support than the current approach offers. Second, considering differences from place to place helps us examine what tools are available to councils, mayors, devolved governments, Westminster and Whitehall to support people with mental health problems, and where initiatives are already showing promise.

1. Bond N and D'arcy C. Mind the Income Gap: How work and social security shape the incomes of people with mental health problems. Money and Mental Health Policy Institute. 2020.
2. Rogers C, Poll H and Isaksen M. The mental health premium: The extra charges people with mental health problems pay for their essential services. Citizens Advice. 2019.
3. Bond N and Holkar M. Help along the way: Making debt advice accessible to people with mental health problems. Money and Mental Health Policy Institute. 2020.

This report

This report explores those two questions, examining a range of key indicators and then considering the appropriate policy responses. To do that, we draw on a number of data sources.

- Analysis of national datasets, including Financial Lives and the Labour Force Survey. These are flagged in the text, in footnotes or in chart sources, but additional methodological information is provided in the appendix.
- Two surveys of our Research Community, a group of over 4,000 people with personal experience of having a mental health problem, or of caring for someone who does. We carried out our first survey of 432 people over 4-16 February 2022 and examined the role an area can play more generally in our mental health. A second survey of 268 respondents was conducted over 18-30 March 2022, digging into questions related to our finances in more depth.
- An online focus group with eight of those respondents, which took place in April 2022, explored these issues in more detail.

In order to present a robust view of the challenges faced by people with mental health problems across the UK, our data analysis has focused on regional and national variation. As the rest of this report demonstrates, significant differences emerge that should be used to shape policy-making. That said, as is true for most geographical analysis, there will be variation within those nations and regions, with some

towns or neighbourhoods in a region facing difficulties that nearby places do not. The importance of matching responses to the problems facing an area is something we return to in section four.

Similarly, our focus is primarily on outcomes for people with mental health problems – covering a quarter of us in any given year and half of us over our lifetimes⁴ – issues like employment, the cost of living and access to services affect everyone. But when policymakers get it right for people with mental health problems, a much broader swathe of the population are likely to benefit too. That means the findings and recommendations we set out should also be an important reference point for one of the UK government's levelling up "missions", as it seeks to ensure that by 2030, wellbeing will have "improved in every area of the UK, with the gap between top performing and other areas closing".⁵

Does levelling up look different for people with mental health problems?

There is no single measure that can tell us everything we want to know about regional inequality, or how our relationship with our money and our mental health varies across the country. But one question that does provide an insight into this crucial issue is whether keeping up with your domestic bills and credit commitments is a burden.⁶ That framing – recognising the mental toll that struggling to make ends meet can place on you – echoes how members of our Research Community often discuss their own feelings and anxiety about financial matters.

4. NHS Digital. Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014. 2016.

5. HM Government. Levelling Up the United Kingdom. 2022.

6. Question asked in the Financial Conduct Authority's Financial Lives 2020 survey.

"The knowledge that you have borrowed and perhaps not spent wisely is a burden. Particularly if you feel you may be tight for money as a result. It has a hugely negative impact on my mental health and self esteem, triggering feelings of guilt, self criticism/loathing, negative thoughts about my ability to cope."

Expert by experience

Across the UK as a whole, 56% of people with a mental health problem say that keeping up with their domestic bills and credit commitments is a burden, compared to 43% of people without a mental health problem – a 13 percentage point gap.

But the map in Figure 1 shows how the additional burden that people with mental health problems experience, above and beyond that of people without such conditions, varies between regions and nations.

In the West Midlands and London for example, people with mental health problems are 6 percentage points more likely to say they find keeping up with payments a burden than people without mental health problems – less than the national average. But this disparity is three times as large in the North West (18 percentage points) and Northern Ireland (20 percentage points).

This suggests that even if places are performing well when it comes to overall indicators of financial health and wellbeing, that doesn't mean people with mental health problems are better protected too. The East and South East of England illustrate this. We need to explore a range of factors in more depth than the headline levelling up discussion suggests, to figure out what's needed to deliver for people with mental health problems.

To help understand the issues that make the biggest difference to someone's experience of money and mental health in an area, we turned to the Research Community. Our initial survey in March identified three key topics, which the following sections in this report cover:

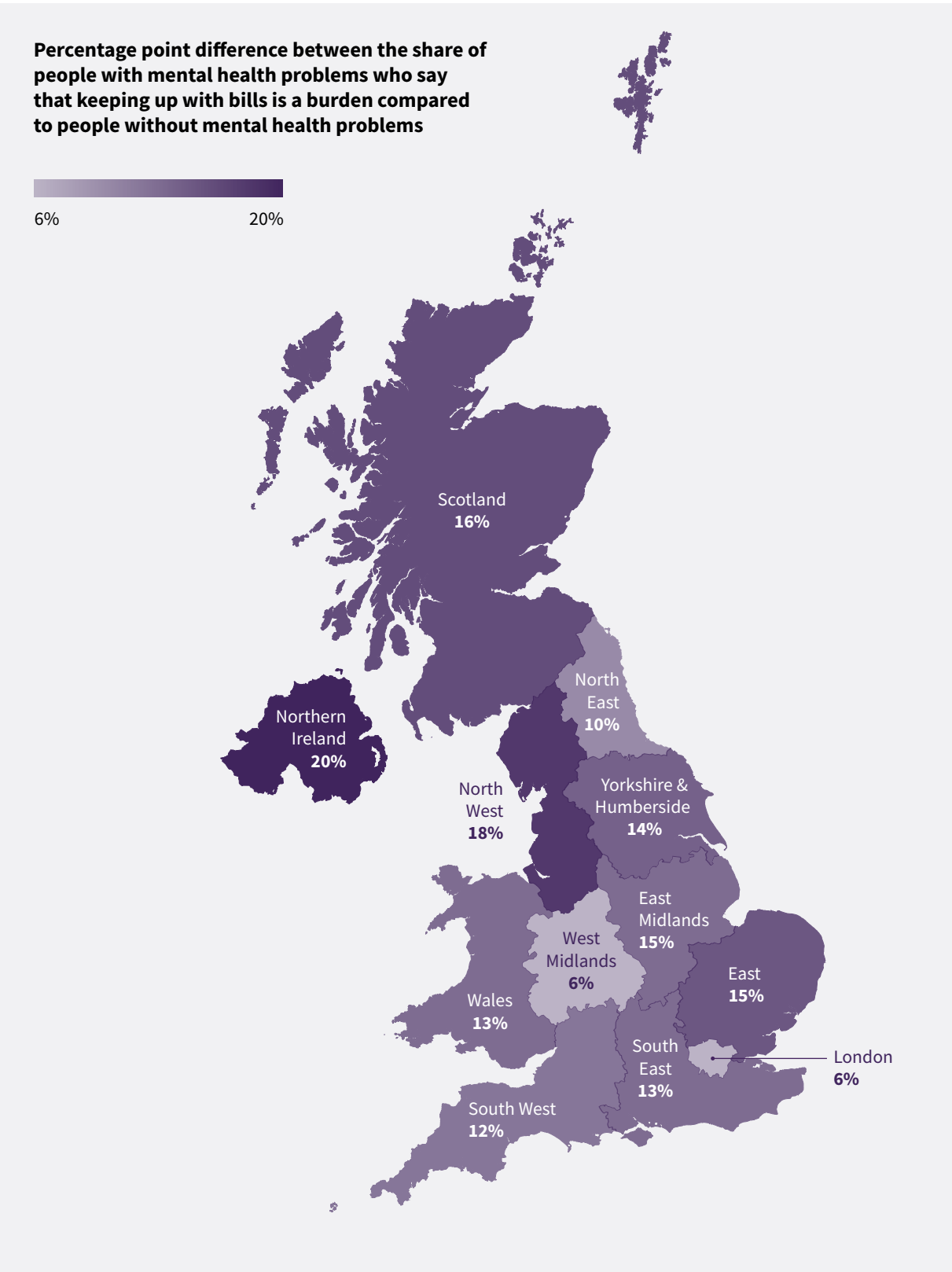
- how much income a person has coming in, with a specific focus on the local labour market
- factors that influence the cost of living in a place, such as housing and council tax
- services in an area that help people stay in good financial and mental health, like NHS services and help from advice organisations.

The final section of the report sets out how a range of actors can help address the challenges we have identified.

Summary

- Where we live can influence our mental and financial health, and policymakers at all levels – from Westminster to local authorities – have an important role to play in improving outcomes for people with mental health problems.
- Action to level up won't automatically address those issues, as people with mental health problems experience an additional burden right across the country.
- While efforts to level up the UK would be welcome, alone they would not be enough to place people with mental health problems on a firmer financial footing. Instead, a deeper understanding of specific difficulties related to the labour market, the cost of living and access to services is needed.

Figure 1: The added financial burden that people with mental health problems feel is largest in Northern Ireland and the North West



Source: Money and Mental Health analysis of the Financial Conduct Authority's Financial Lives 2020 survey.



Section one: How an area affects the incomes of people with mental health problems

Our income is a pillar of our living standards, informing so much of what we can or can't do in life. In previous research, we have explored how the mental health income gap leaves people with mental health problems in a more financially fragile position when tough times arrive.⁷ But living day-to-day on a low income can also take its toll on your mental health, with the stress from constantly having to make trade-offs and difficult decisions wearing us down. Here, we dig into specific determinants of our income and how they differ from place to place in the UK.

Along with employment, the benefits system makes up a huge part of the income of millions of families, as our research has previously explored.⁸ Low benefit levels have placed a severe strain on many families, as the amounts paid often do not cover basic needs and increases routinely fail to keep pace with inflation. This is particularly of concern for people with mental health problems, as experiencing poor health or a severe mental illness can mean employment is not an option.

While a crucial source of income, there is less variation geographically in the levels of benefits that are paid. As such, given this report's emphasis, we focus on the labour market, and how the opportunities and support available in an area can play a major role in our money and mental health. We first explore how employment rates vary for people with mental health problems before turning to the quality and suitability of work, and what support is available.

1.1 The mental health employment gap within regions and nations

When it comes to employment and regional differences, examining the share of people with mental health problems who are in work from place to place would gloss over important differences in the labour market more widely. For instance, overall employment rates in the South East are higher than those in the North East. Knowing that this pattern holds for people with mental health problems tells us less about the relative strengths and weaknesses of those places when it comes to delivering appropriate work opportunities for people with mental health problems. Instead, and as in Figure 1 above, we first turn to the employment rate gap, looking at how much less likely people with mental health problems are to be in work than people without similar conditions.

Concentrating on the age range when we are most likely to be in employment – between 25 and 54 – some places appear more successful in supporting people with mental health problems to find work. Figure 2 shows that in Northern Ireland and Wales, the employment rate of people with mental health problems is over 40 percentage points lower than that of people without such conditions. In the East and South East of England, that gap narrows to less than 25 percentage points.

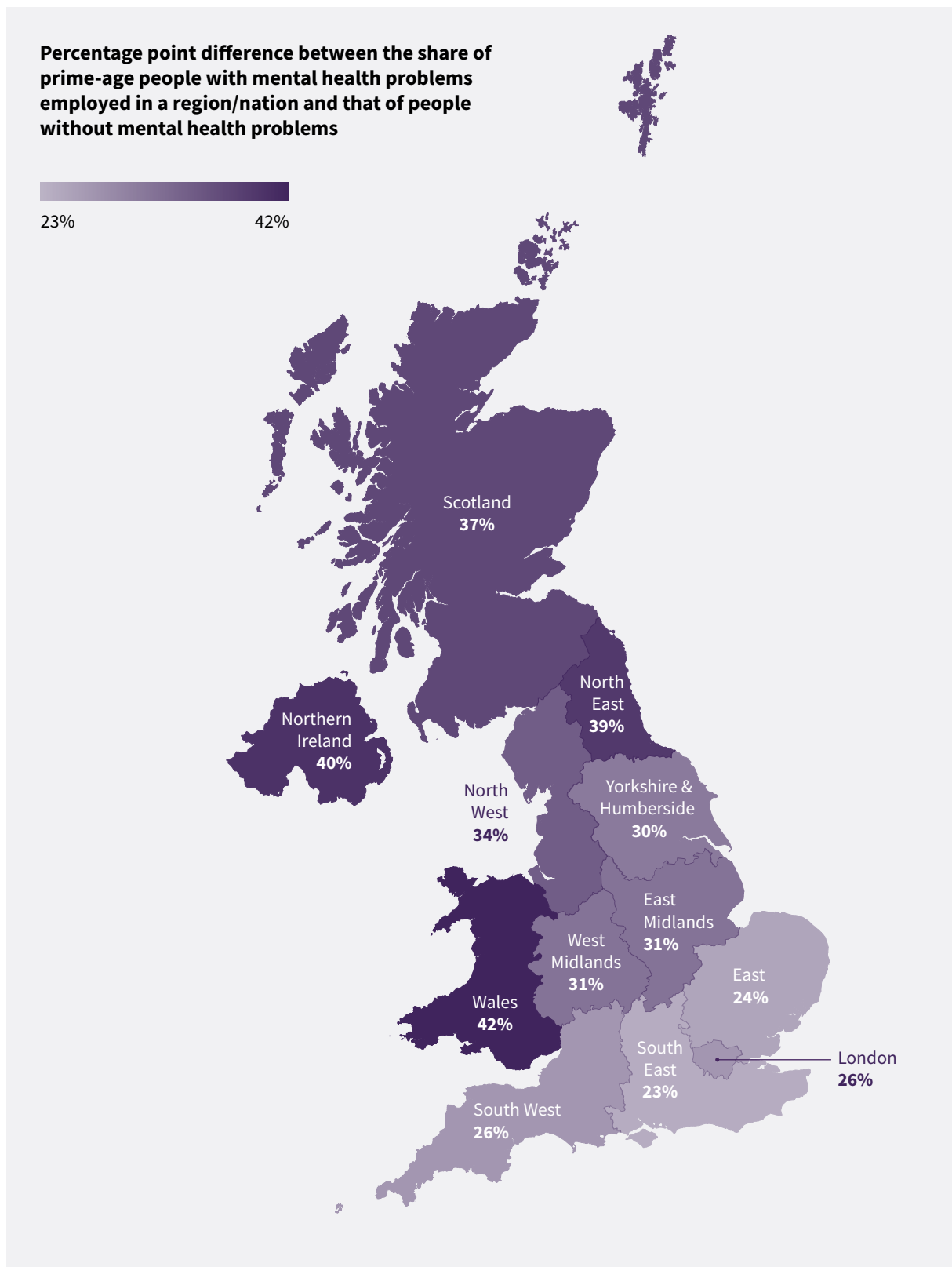
Being out of work matters greatly to those individuals affected. But the varying employment rates of people with mental health problems should also be of concern to policymakers monitoring the health of the labour market in their area. While the share of people who are unemployed is at a historic low, when it comes to 'economic inactivity' – people who are not actively seeking work but have not retired – this rate remains higher than before the pandemic.⁹

7. Bond N and D'arcy C. Mind the Income Gap: How work and social security shape the incomes of people with mental health problems. Money and Mental Health Policy Institute. 2020.

8. Ibid.

9. Office for National Statistics. Employment in the UK: May 2022. 2022.

Figure 2: People with mental health problems are much less likely to be in work in some parts of the country than others



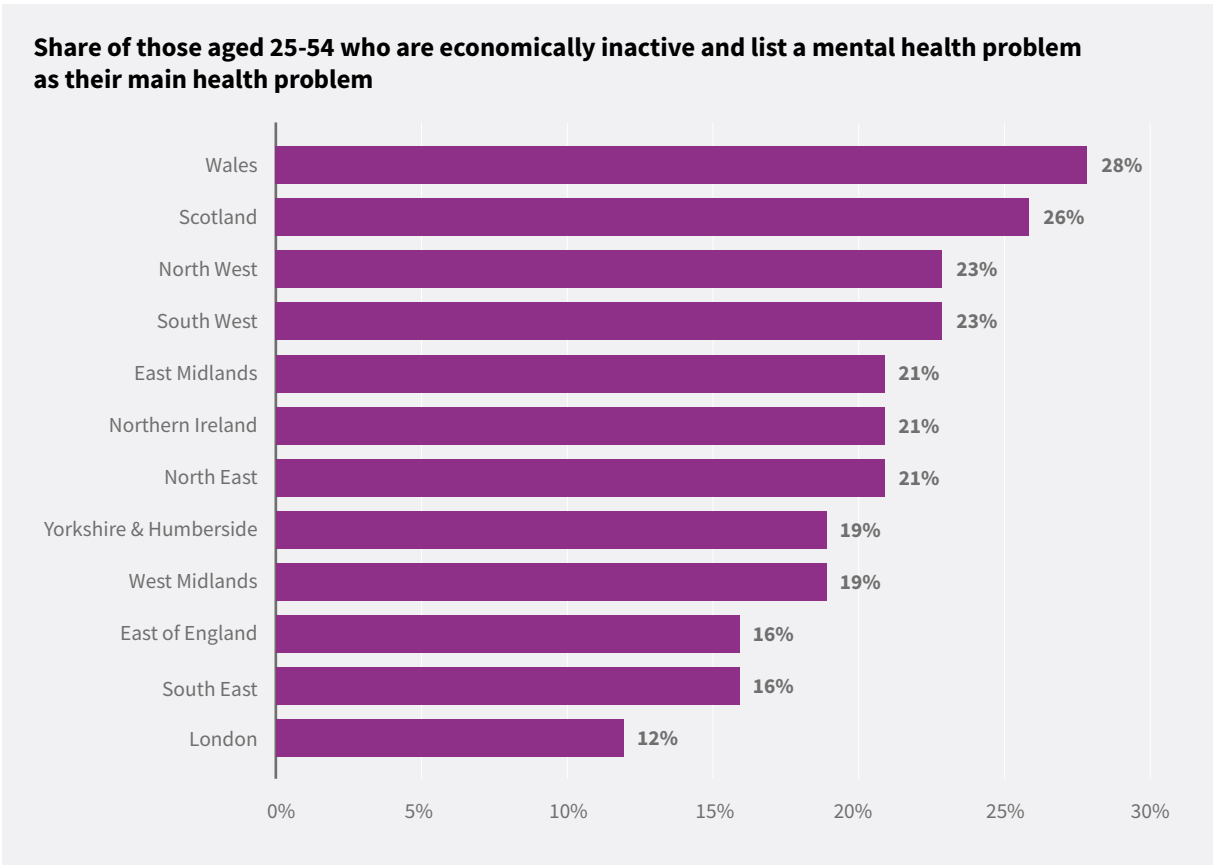
Source: Money and Mental Health analysis of Office for National Statistics, Labour Force Survey Q1-Q4 2021.

Notes: Population with a mental health problem includes anyone who has ever experienced a mental health condition. See methods note for more information.

A number of factors make up this picture,¹⁰ but poor mental health is a contributor. As Figure 3 below shows, the share of people who are inactive in an area who say a mental health problem is their main health condition is substantial everywhere. Nonetheless, there is still wide variation, from 12% in London to 28% in Wales.

This suggests that people with mental health problems are more likely to withdraw from the labour market and stop looking for work in some places than others, and that opportunities to help people return to work are potentially being missed across the country – but particularly in some regions and nations.¹¹

Figure 3: In some places, one in four of those who are economically inactive have a mental health problem



Source: Money and Mental Health analysis of Office for National Statistics, Labour Force Survey Q1-Q4 2021.
Notes: Only includes people who list a mental health condition as their main health condition. See methods note for more information.

10. See for instance <https://www.ft.com/content/a91ed719-a95a-45ee-aa5a-db8ecb550561>
11. It's also important to consider that this regional variation will likely be higher for people with common mental health disorders than for people with more severe mental health conditions like psychosis, who are generally less likely to be in employment and therefore less likely to withdraw from work as a result of the local labour market, and more because of the severity of their condition.

1.2 Local labour markets and the needs of people with mental health problems

Through the Research Community, we wanted to understand what factors make a local labour market well or badly suited to the needs of people with mental health problems. Some challenges unfortunately seemed present across the country, as respondents told us how stigma and a lack of understanding around mental health problems often acted as a barrier to getting and staying in a job.

"I had to leave my job in quite a senior position due to my mental health. Because I was in a good job I can't find another, even cleaning, because people won't accept that I won't leave and I'm over qualified. If I mention mental health in the interview or on my CV: I'm done. Zero job or zero interview. When I mentioned it in a face to face interview you would have thought that I'd committed a murder, the interviewer went pale."

Expert by experience

But opinions and experiences did differ within the Research Community. While 53% of Research Community respondents said they were able to access jobs in their area that suit their mental health needs, a significant minority disagreed.¹² Recurring challenges included a lack of secure roles, as well as positions with little flexibility in terms of being able to reduce hours or work from home.

"[In my area there are] not many jobs, coastal town is more seasonal or zero contract hours. Bus service cut several years ago which restricted my ability to work out of the town (never learnt to drive and can not afford to drive, even if I could)."

Expert by experience

"Lack of jobs that offer the flexibility and homeworking that I require to get back into work, and lack of employer understanding of mental health needs, plus stigma of mental health."

Expert by experience

"There are not that many jobs allowing you to work from home now after lockdowns. Also I literally live in a box my room is so small so if I worked from home I would certainly go mad. However I am lacking in confidence on how I can cope getting a job in an office. Can't win at the moment."

Expert by experience

The need to have an income can leave us with little option but to take unsuitable jobs. But this can both worsen someone's mental health – with people in low-quality work more likely to experience poor mental health than those who remain unemployed¹³ – and reduce the likelihood that someone remains in employment.

"I was much more productive working from home during covid and then was forced back into the office ten days before Xmas 2020 and struggled. My boss saw me crying at my desk regularly but didn't care."

Expert by experience

12. Money and Mental Health survey of 268 people. Base for this question: 107.

13. <https://blog.policy.manchester.ac.uk/posts/2017/08/is-having-any-job-at-all-better-for-your-health-and-wellbeing-than-being-unemployed/>

1.3 Employment support is often a missed opportunity

In light of these difficulties, people with mental health problems may be particularly likely to benefit from help finding and retaining suitable work. Despite that, only one in three (33%) of Research Community respondents have received employment support.¹⁴ Among those who had, it was often delivered by the Department for Work and Pensions (DWP). A number of members discussed how, despite the potential for assistance to be useful, DWP Work Coaches pushed them to take any job in the local area, regardless of whether it matched their needs. Only 9% of respondents felt that employment support from the Jobcentre supported them into work that was suitable given their mental health problem.¹⁵

"I live relatively near a large industrial estate. All benefit based employment support seems to consist of pushing people into full time physical roles at local factories, no matter whether it's suitable. There is no support locally for access to training, education, working from home etc."

Expert by experience

"In the past I often found that employment support was difficult to fit around my mental health conditions. I've recently started getting employment support from the same people providing my CBT [cognitive behavioural therapy] & that seems to be working ok."

Expert by experience

Reflecting back to Figure 1, work opportunities in an area appear to be a major contributor to people's money and mental health. In the nations and regions where people with mental health problems are most likely to be struggling financially compared to those without – Northern Ireland and the North West – there are some of the larger employment gaps between people with and without mental health problems. And one of the better performing areas according to Figure 1 – the South West – has one of the smaller employment rate gaps.

At the same time, income doesn't explain all the patterns we saw in Figure 1. The South East, for instance, has the smallest employment rate difference gap. Despite this, the additional burden people with mental health problems face there is close to the UK average. This is why in section two we consider other factors that might be driving this headline figure, such as the cost of an area.

14. Money and Mental Health survey of 268 people. Base for this question: 266.

15. Money and Mental Health survey of 268 people. Base for this question: 56.

Section one summary

- In all regions of the UK, people with mental health problems are less likely to be in employment than people without, but this ranges from 23 percentage points less likely in the South East to 42 percentage points less likely in Northern Ireland.
- People with mental health problems told us that the availability of suitable work opportunities varies from place to place. Only 53% of Research

Community respondents said they are able to access jobs in their area that suit their mental health needs.

- Despite these difficulties in the labour market, only 33% of respondents had received employment support, and for those who had, it rarely supported them into work that matched their needs.



Section two: How an area shapes the spending of people with mental health problems

In this section, we explore the other half of the living standards equation – the cost of living – how it differs from place to place and the effect it can have on our mental health. While the prices of some items are relatively similar across the UK, other expenses – including key outgoings like housing, council tax and public transport – vary considerably.

2.1 The unaffordability and poor quality of housing

For most of us, housing is the biggest regular expense we face, whether paid through rent or a mortgage. But the importance of our homes goes beyond this financial aspect. The quality and security of that housing can also have a significant influence on our mental health.¹⁶

Ownership remains the most common and popular form of housing tenure in the UK. The affordability of buying a home, however, varies greatly. Efforts to make it easier for people on lower incomes to buy their own homes would particularly benefit people with mental health problems, who are overrepresented among that group.¹⁷ But with people who are more financially vulnerable more likely to be in the private and social rented sector, in this section we focus on the outcomes and challenges in these tenures, and how they differ around the country.

The challenges people face in the private and social sectors are often very different. Perhaps the biggest difference is affordability.

While there is regional variation in social rents, its scale pales in comparison to the private rented sector. Median weekly private rents range from £101 a week in the North East, to £184 a week in the South East, and £288 a week in London.¹⁸ For private renters in these more expensive areas, needing to keep up with such high rents, or being forced to live in an unsuitable property, can have an impact on people's wider finances and their mental health.

"Our accommodation is very small and as my son became an older teenager it did not give either of us privacy or space to socialise at home. Over time this really did have a big impact upon mental health, which is connected very much to the strain and worry of the financial side."

Expert by experience

"My flat is owned by a private landlord. I have help from benefits to pay my rent but when I return to work, anxiety will kick in more in terms of affordability."

Expert by experience

For those on a low income, support can come through the benefits system, with people with mental health problems twice as likely to be receiving support to pay their rent.^{19/20}

16. McPhillips M. The impact of housing problems on mental health. Shelter. 2017.

17. Bond N and D'arcy C. Mind the income gap: How work and social security shape the incomes of people with mental health problems. Money and Mental Health Policy Institute. 2020.

18. Department for Work and Pensions. Family Resources Survey, 2020/21. 2022.

19. This figure comes from Money and Mental Health analysis of online polling conducted by Opinium. 5,001 people with mental health problems, weighted to be nationally representative of those who have experienced a mental health problem, were surveyed between 25 June and 22 July 2021. For further information please see the methods note.

20. This figure only covers those receiving the legacy benefit Housing Benefit, and does not include those receiving the housing element of Universal Credit. We know the housing entitlement was included in Universal Credit awards for 67% of households receiving a payment in February 2022 [<https://www.gov.uk/government/statistics/universal-credit-statistics-29-april-2013-to-14-april-2022/universal-credit-statistics-29-april-2013-to-14-april-2022>], but Universal Credit statistics can't be broken down into people with mental health problems, so we have excluded it from this figure. This figure would therefore likely be higher if it included both – a survey we conducted in 2018 with 228 members of our Research Community, showed that 39% of people (from a base of 220) were either receiving Housing Benefit or the housing element of Universal Credit.

The amount recipients get is linked to private rents in the local area. But these Local Housing Allowance (LHA) rates are paid at less than the cost of a typical property. The size of this gap between prevailing rents and how much claimants receive varies. In Scotland, the median monthly gap between LHA rates and rents is £75, in Wales it's £80, and in England it's £100,²¹ rising to as high as £200 and over in parts of London and its surrounding areas.²² In Northern Ireland, just 12% of private rental properties could have their rent fully covered by LHA.²³

Research Community members told us how insufficient support often left them with few options. A number of respondents had moved further away from the valuable help provided by friends and family in order to find somewhere affordable.

"There is a local housing allowance for rent but it's around £300 per month...there is a lack of affordable housing and you can't find a private rental for less than £450 a month."

Expert by experience

"I don't think you can consider area without consider the housing crisis and how many of us on benefits have very little choice where we live and are separated from our support networks due to DSS discrimination."

Expert by experience

For those renting socially, affordability appears less of a challenge than for private renters. Instead, a primary concern among Research Community respondents in social housing was its quality, with the likelihood of being in a substandard property varying across the UK. In England, 13% of dwellings in the social rented sector fail to meet the Decent Homes Standard,²⁴ which requires a property to be safe, warm and in a reasonable condition. Different standards exist across the nations; 41% of houses in Scotland's social sector fail its Scottish Housing Quality Standard,²⁵ while 75% of all social housing dwellings in Wales are fully compliant with the Welsh Housing Quality Standard,²⁶ and 3% of social rented homes in Northern Ireland fail to meet the Decent Homes Standard.^{27/28}

While the proportion of houses failing to meet these standards is higher in the private rented sector,^{29/30/31} the difficulty in getting problems addressed by the housing association or council was raised by a number of respondents.

21. <https://questions-statements.parliament.uk/written-questions/detail/2021-10-18/58402>

22. <https://questions-statements.parliament.uk/written-questions/detail/2022-02-10/122578>

23. Housing Rights. Falling Behind: Exploring the gap between Local Housing Allowance and the availability of affordable private rented accommodation in Northern Ireland. 2019.

24. Department for Levelling Up, Housing and Communities. English Housing Survey Headline Report, 2020-21. 2021.

25. Scottish Government. Scottish house condition survey: 2019 key findings. 2020.

26. Welsh Government. Welsh Housing Quality Standard: as at 31 December 2020. 2021.

27. Housing Executive. House Condition Survey: Main Report 2016. 2018.

28. The different requirements of these standards will play a role in this regional variation. The Scottish Housing Quality Standard is a higher standard than England and Northern Ireland's Decent Homes Standard, and the Welsh Housing Quality Standard being higher again <https://publications.parliament.uk/pa/cm200910/cmselect/cmcomloc/60/60we48.htm>

29. Department for Levelling Up, Housing and Communities. English Housing Survey Headline Report, 2020-21. 2021.

30. Scottish Government. Scottish house condition survey: 2019 key findings. 2020.

31. Housing Executive. House Condition Survey: Main Report 2016. 2018.

"It is nearly impossible for me to ever buy, or even privately rent here. I am lucky in that I live in a council property, but it is very poorly maintained and I have no chance of ever moving to something nicer."

Expert by experience

"I live in supported housing but my housing association left me to my own devices with issues we've had with other residents; no follow up so that aggravated my chronic agoraphobia and bipolarism."

Expert by experience

Despite this, for a number of private renters, a socially-rented home remained an ambition, but one that seemed unlikely to be fulfilled. The prevalence of social housing does vary across the country, from 28% of all households in the North East, to just 12% in the South East and South West.³² The lack of social housing as an option in these parts of the country leaves people with mental health problems – who may particularly benefit from more affordable, more secure tenancies – less able to access it.

"Private rents are extortionate for sometimes poorly maintained or unsafe properties and there's no chance of getting a council property."

Expert by experience

"I am on the council housing list but in the low priority bracket with no hope of ever moving towards the top."

Expert by experience

When housing becomes unaffordable, people become more likely to miss rent payments. As Figure 4 shows, despite London appearing to offer stronger-than-average work opportunities, it is the region with the highest share of people with mental health problems who had fallen behind on housing payments – including mortgages – in the past year. While that preceding year covered a period during the pandemic when rent and mortgage holidays were common, it is nonetheless striking that three in ten (30%) people with mental health problems fell behind on housing payments. That is three times the proportion in the region with the lowest share, the South West at 10%.

A common measure of when a household's housing costs are unaffordable is it exceeds 33% of their income. On this metric, while people with mental health problems are more likely to have unaffordable housing relative to those without mental health problems, it is once again in London where that gap is strikingly large. In London, 31% of households in which at least one adult has a mental health problem have unaffordable housing costs, compared to 17% for the rest of the population.³³

Ultimately, unaffordable housing costs and missed payment can, over time, lead to evictions. Even when this occurs as a result of the property owner wanting to sell, the impact on the tenant can be huge.

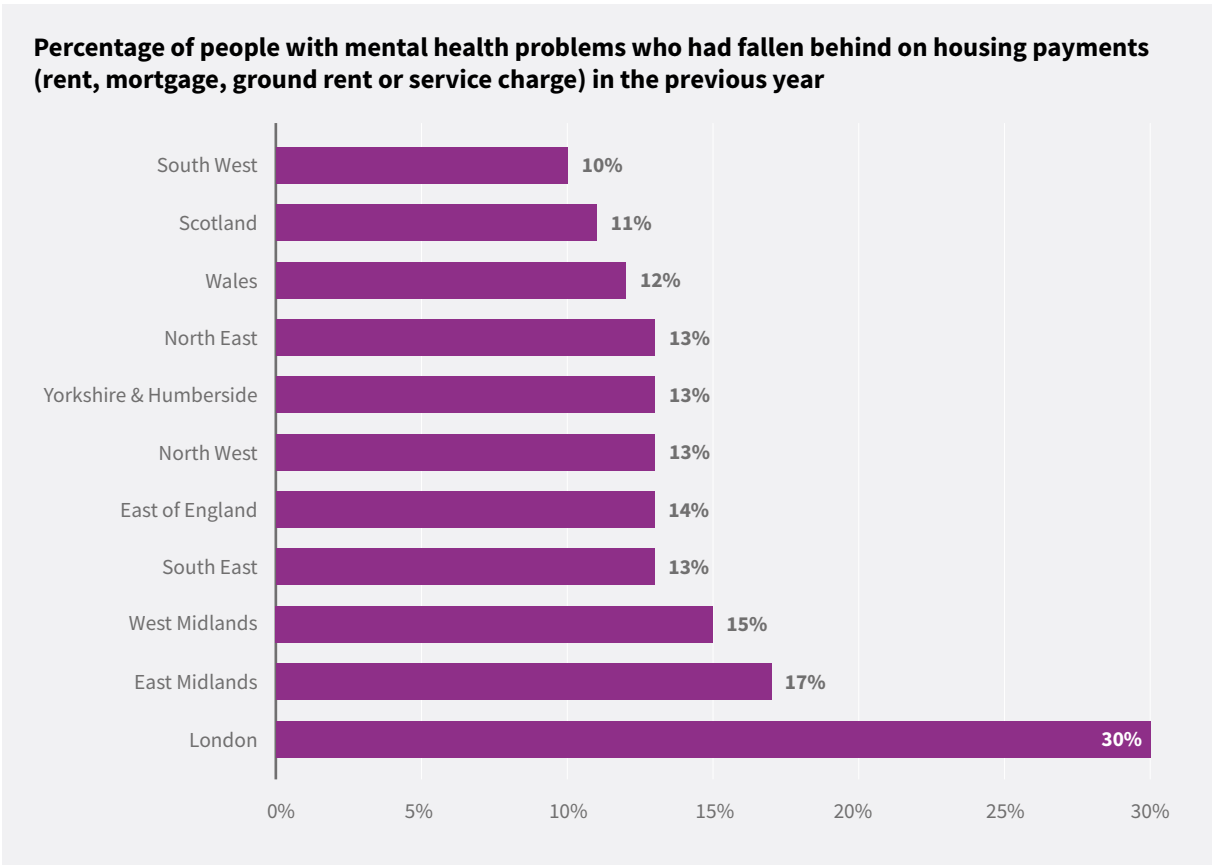
"My partner and I rent and the last 4 moves have all been because the landlord wanted their property back to realise the capital... I was made redundant at the same time as the last house move and was so traumatised I was scared to unpack, in case the landlord wanted us to move."

Expert by experience

32. Department for Work and Pensions. Family Resources Survey, 2020/21. 2022.

33. Money and Mental Health analysis of the Department for Work and Pensions. Family Resources Survey, 2020/21. 2022.

Figure 4: People with mental health problems are much more likely to struggle with housing payments in London



Source: Money and Mental Health analysis of online polling conducted by Opinium. 5,001 people with mental health problems, weighted to be nationally representative of those who have experienced a mental health problem, were surveyed between 25 June and 22 July 2021. For further information please see the methodology.

Notes: A figure for Northern Ireland has not been included, as the base was too low to be representative.

2.2 Variations in Council Tax Support and debt collection activity

Beyond housing, another significant cost that households regularly face is council tax, or rates in Northern Ireland. The amount people are required to pay varies widely, with households in similar-sized properties facing much higher or lower bills depending on which local authority they live in. The support available for people struggling also differs. Before April 2013, people facing difficulty in paying their council tax could get up to 100% of their bill rebated through Council Tax Benefit (CTB). Since the abolition of this benefit, councils in England have been left to devise their own schemes for supporting working-age people facing difficulties with council tax. For these replacements, called Council Tax Reduction or Council Tax Support, local authorities have received less funding from central government than they did for CTB. These local schemes vary in terms of their eligibility criteria and the level of support they provide, which can lead to different outcomes and confusion.

"I was told over the phone that I wasn't eligible to not pay council tax with the diagnoses I have, even though my best friend (under a different local council in the southwest) is exempt due to the same diagnosis I have."

Expert by experience

By comparison, in Scotland and Wales the devolved governments brought in nationwide schemes to replace CTB,³⁴ meaning successful applicants can still receive help with up to 100% of their council tax. Equally in Northern Ireland, people can qualify for a full rebate of their rates bill.³⁵

Our previous research has demonstrated how people with mental health problems can struggle with applying for council tax, knowing what support is available to help them, and whether they are eligible for it.³⁶ A key reason for this relates to the information that local authorities provide to residents. Details of available discounts aren't always provided in councils' standard communications, or are only available online. Our past research also found that too frequently councils don't use residents' preferred communication channel. This can be a significant hurdle to accessing help, with three in four people with mental health problems having difficulties using at least one communication channel.³⁷

When it comes to the share of people who fall behind on council tax payments, the picture differs strikingly across the UK. As Figure 5 shows, 30% of people with a mental health problem in London told us they had fallen behind on their council tax in the previous year. While the timing of that survey – conducted in mid-2021 and so covering the pandemic period – may have played a role in this high figure, it is nonetheless notable that it is still a far larger share than in the rest of the country.

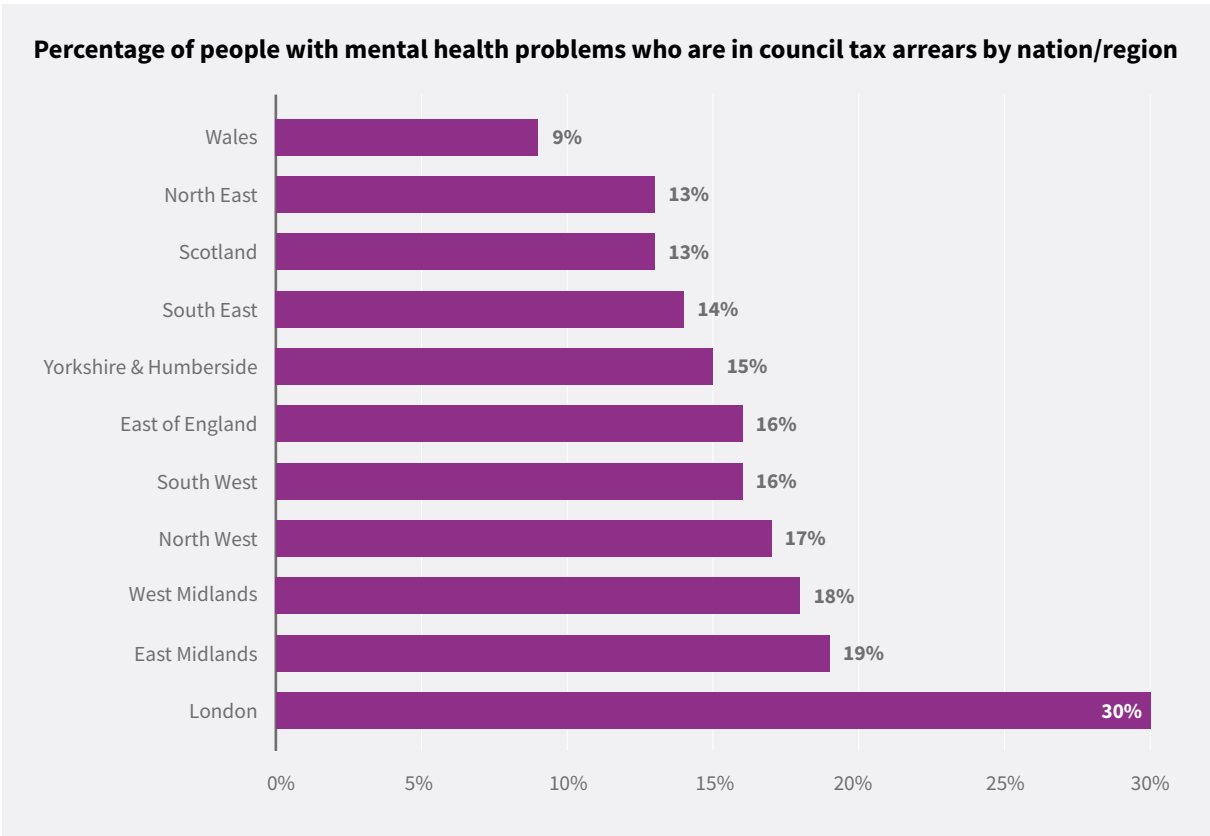
34. Holden J, Ayrton C and Kenway P. Review of Council Tax Reduction schemes in England in 2021/22. New Policy Institute and entitledto. 2021.

35. Browne J and Roantree B. Universal Credit in Northern Ireland: what will its impact be, and what are the challenges? Institute for Fiscal Studies. 2013.

36. Preece, G. Lifting the tax burden: Supporting people with mental health problems with council tax. Money and Mental Health Policy Institute. 2021.

37. Holkar M, Evans K and Langston K. Access essentials: Giving people with mental health problems equal access to vital services. Money and Mental Health Policy Institute. 2018.

Figure 5: People with mental health problems are much more likely to have fallen behind on council tax payments in London



Source: Money and Mental Health analysis of online polling conducted by Opinium. 5,001 people with mental health problems, weighted to be nationally representative of those who have experienced a mental health problem, were surveyed between 25 June and 22 July 2021. For further information please see the methodology.

Notes: A figure for Northern Ireland has not been included, as the base was too low to be representative.

When it comes to arrears, how councils manage the next steps can have a major impact on the affected resident's mental health. When asked what their local council did after they fell behind on council tax

payments, our Research Community respondents said the most common response was that they were threatened with a court summons.³⁸ This can be severely distressing, and often confusing or frustrating.

38. Money and Mental Health survey of 268 people. Base for this question: 100.

"[The council] sent me a couple of reminders, [but] I was feeling extremely unwell, and struggling financially, and time just passed by... Out of the blue I received a court summons, [saying] if I did not attend on the day, or pay the amount in full, including court costs, that they would instruct bailiffs etc. Receiving this threatening letter caused me much distress, the thought of receiving a bailiffs visit absolutely petrified me. I appreciate that they need council tax bills paying on time, but when they are fully aware that you have a disability, these threatening letters and actions are totally the wrong approach, and could send someone over the edge, or/and exacerbate someone's physical and mental health."

Expert by experience

2.3 The impact of not being able to afford public transport

Underpinning a lot of the challenges discussed in this report – the accessibility of employment, essential retailers, and services – is public transport. Among our Research Community respondents, the most commonly-cited factor in their area that had a negative impact on their finances was the cost of fuel and transport.³⁹ Only two in five (42%) agreed that their area has regular and affordable public transport. There was a stark disparity between people in rural areas, with only 21% agreeing, compared to 51% of those in urban areas.⁴⁰

The knock-on effect of this can be detrimental to both people's mental and financial health.

This has become particularly acute in the context of the cost of living crisis – one in five (19%) Research Community respondents have missed an appointment related to their mental health care – with some respondents explaining how they simply couldn't afford to travel for treatment, whether for their mental or physical health.⁴¹

"The cost of transport (£6 minimum) has to be factored into every decision...It's hard to feel like I am 'worth' this, and to justify the expense from my very limited budget. A £10 bag of fresh produce becomes a £16 bag. Putting in a prescription request for mental health meds, & going back days later to collect it, is 2 x £6, 13 times a year. Mental health issues means it's not always possible to 'combine' trips – if I'm anxious about seeing the doctor, I don't want to walk around the supermarket afterwards as I will either forget half of it or overspend."

Expert by experience

As one Research Community respondent outlined, the threshold to access national Concessionary Travel Schemes and similar discretionary programmes provided by local authorities can often limit the scope of people who can access them.

"Currently, the mental health points criteria for free bus travel is very high, compared to the physical eligibility requirements."

Expert by experience

³⁹. Money and Mental Health survey of 432 people. Base for this question: 189.

⁴⁰. Money and Mental Health survey of 432 people. Base for this question: 403.

⁴¹. D'Arcy C. A tale of two crises: The cost of living and mental health. Money and Mental Health Policy Institute. 2022.

2.4 The importance of accessible essential retailers

An issue closely linked to affordable travel was access to essential retailers. Research Community respondents were more likely to say that the most important part of their area was easily accessible food shops, pharmacies, banks, post offices and petrol stations.⁴² In particular, people valued having a number of affordable retailers that they can shop between, enabling them to find the best deals.

However, we also heard from people who told us that the only shops accessible in their area were smaller, which often meant they were more expensive. Especially in rural areas, larger supermarkets were often too far away to access, with the lack of regular and affordable public transport being an additional barrier.

“Local shops charge more, without transport, or good mental health they become the only option. A vicious circle of paying too much for the basics, and not being able to afford a well balanced diet.”

Expert by experience

Section two summary

- Many people with mental health problems are struggling to cover the cost of their housing – with key drivers being a lack of social housing and expensive private rents which far exceed the rate of benefits.
- There are variations in the support available to people struggling to pay their council tax, as well as how council tax debt is collected, which in many instances is further worsening people's mental and financial health.
- People with mental health problems, especially those living in rural areas, struggle to access regular and affordable public transport. This, in turn, can impact on the accessibility of employment, affordable essential retailers and services.

⁴². Money and Mental Health survey of 432 people. Base for this question: 428.



Section three: How the accessibility of key services for people with mental health problems varies

Income opportunities and the cost of living are the most important factors of an area that shape our living standards. But our past research has underlined how being able to access services, like effective debt advice,⁴³ mental health services⁴⁴ and banking,⁴⁵ can help us avoid or break out of the cycle of money and mental health problems. The availability of these services, however, differs across the UK.

3.1 The barriers people with mental health problems face to accessing advice

If you are struggling financially, access to free advice, such as that provided by organisations like Citizens Advice, can be transformative. Such support can be particularly valuable to people with mental health problems. Common symptoms of many conditions make it harder to think clearly and make decisions, meaning expert advice can help us figure out the best option when dealing with debts or other money worries. As section one explored, people with mental health problems are also more likely to need advice, with half of people in problem debt also having a mental health problem.

“I was only offered advice over the phone, and the thought of getting all the information together was just so overwhelming that I did not take it any further.”

Expert by experience

Despite this, only one in three (33%) Research Community respondents said that their area has advice services that they can easily access.⁴⁶ The main barrier respondents faced was services not being provided in an accessible format.

Six in ten (60%) respondents' preferred method of accessing advice was face-to-face, but many cited a reduction in the availability of these types of services, especially since the pandemic.⁴⁷ Additional barriers included:

- a reduction in services meaning fewer available appointments and long wait times
- services not providing adequate support or understanding
- ineffective promotion of what services are available locally
- services being difficult and expensive to get to.⁴⁸

“I live in a rural area and I cannot think of one service that I can access without having to travel 30 mins plus”

Expert by experience

There are some important steps being taken to improve access to advice for people with mental health problems. One positive example is the establishment of referral routes from mental health settings to advice services, and through the integration of advice services within mental health settings. However, to date, the focus has been more on people with common mental health disorders, like anxiety and depression. People with more severe mental illness (SMI) are not always in a position to act on referrals and signposting. There has been greater integration of advice within primary mental health settings than secondary services, with the latter particularly important for people with SMI.

43. Bond N and Holkar M. Help along the way: Making debt advice accessible to people with mental health problems. Money and Mental Health Policy Institute. 2020.

44. Acton R. The missing link: How tackling financial difficulty can boost recovery rates in IAPT. Money and Mental Health Policy Institute. 2016.

45. Lees C. Submission to HM Treasury's call for evidence: Access to Cash. Money and Mental Health Policy Institute. 2020.

46. Money and Mental Health survey of 432 people. Base for this question: 400.

47. Money and Mental Health survey of 268 people. Base for this question: 249.

48. Money and Mental Health survey of 268 people. Base for this question: 244.

3.2 The discrepancy in timely access to mental health services

Accessible and timely support from mental health services can help people to stay well, or recover more quickly. While crucial in itself, this can also protect people from the negative financial impact that too often goes along with poor mental health, such as being unable to work or disruption to payments.

Seeing a GP is often the first step to support that people take. Recent research has shown how a shortage of GPs has left some areas of England having to cope with half the number of doctors than other areas.⁴⁹ This can make it very difficult for people in these areas to see their GP, which can be an important first step in getting support with your mental health.

A common route through which mental health support is provided is the Improving Access to Psychological Therapies (IAPT) programme, with talking therapy often offered. How long it takes to access IAPT, however, is highly dependent on where you live. In England as a whole,⁵⁰ the average wait between an initial IAPT treatment (which is often an assessment appointment) and the second treatment (when people actually start receiving support) is 53 days. But that average masks significant variation, with wait times ranging from 12 days in the East Riding of Yorkshire, to 153 days in Barnsley.⁵¹

Three-quarters (74%) of Research Community respondents said that waiting to access a mental health service had an impact on their mental health.⁵² Half (52%) said that waiting to access a mental health service had an impact on their finances. This was often through their work – in particular, the number of hours they could do, their progression and whether they could stay in work.⁵³

“Feel that speedier treatment would have nipped my symptoms in the bud and enabled me to keep working. Became so unwell I haven’t worked for 6 years.”

Expert by experience

As well as long wait times, there are other factors behind why just 23% of Research Community respondents felt that their area has mental health services they can easily access.⁵⁴ These included:

- services not providing adequate support or understanding
- difficulty getting an appointment
- insufficient services in an area relative to demand
- services not being provided in an accessible format
- services being difficult and expensive to get to.

49. <https://www.bbc.co.uk/news/health-61598158>

50. How wait times are recorded in the devolved nations varies and does not allow for a direct comparison. In Wales, one in three adult mental health therapeutic interventions started longer than 28 days after a Local Primary Mental Health Support Service assessment [<https://stats.wales.gov.wales/Catalogue/health-and-Social-Care/Mental-Health/Mental-Health-Measure/Part-1/waitingtimesforatherapeuticintervention-by-lhb-month>]. In Scotland, 16% of people started psychological therapies treatment after more than 18 weeks of referral [Public Health Scotland. Psychological therapies waiting times: Quarter ending December 2021. 2022.] In Northern Ireland, more than 1,800 people were waiting more than 13 weeks for psychological therapies [Department of Health. Mental Health Strategy 2021 – 2031. 2022.]

51. Baker C. Mental health statistics (England). House of Commons Library. 2021.

52. Money and Mental Health survey of 268 people. Base for this question: 238.

53. Money and Mental Health survey of 268 people. Base for this question: 236.

54. Money and Mental Health survey of 432 people. Base for this question: 404.

"To have access to my mental health care team without a 30 mile round trip would have a dramatic effect on my ability to deal with the cyclical episodes of serious deterioration in my mental health and the financial stress that causes."

Expert by experience

"Many services although funded for countywide provision are based in the [main] city with only limited outreach to smaller satellite towns and nothing in villages. Public transport is limited, very expensive and time consuming."

Expert by experience

3.3 Financial services are failing to support customers with mental health problems

Access to physical financial services – including bank branches, cash machines and cashback from shops – remain essential for many consumers and, in particular, for those with mental health problems. Some people with mental health problems prefer using cash because it helps them to budget and stay in control of their spending when unwell.⁵⁵

For people who experience anxiety when using the phone, the ability to speak to someone face to face at a bank branch can be crucial.⁵⁶

Despite this, three in ten (27%) respondents to our survey disagreed that their area has financial services that they can easily access, with that figure rising to 41% among those in rural areas.⁵⁷ As shown in Figure 6, 60% of the population in Northern Ireland are within 1 kilometre of a location where they can access banking services, compared to 81% in the North East.

Members of our Research Community have told us how having greater access to financial services would help their financial health.

"There are limited banks and ones that I don't have access to so the money I make gets frittered away because I cannot easily access a bank; if I had bank access then I would save it but because I don't, my mental health condition and my addictive personality [mean] I spend it."

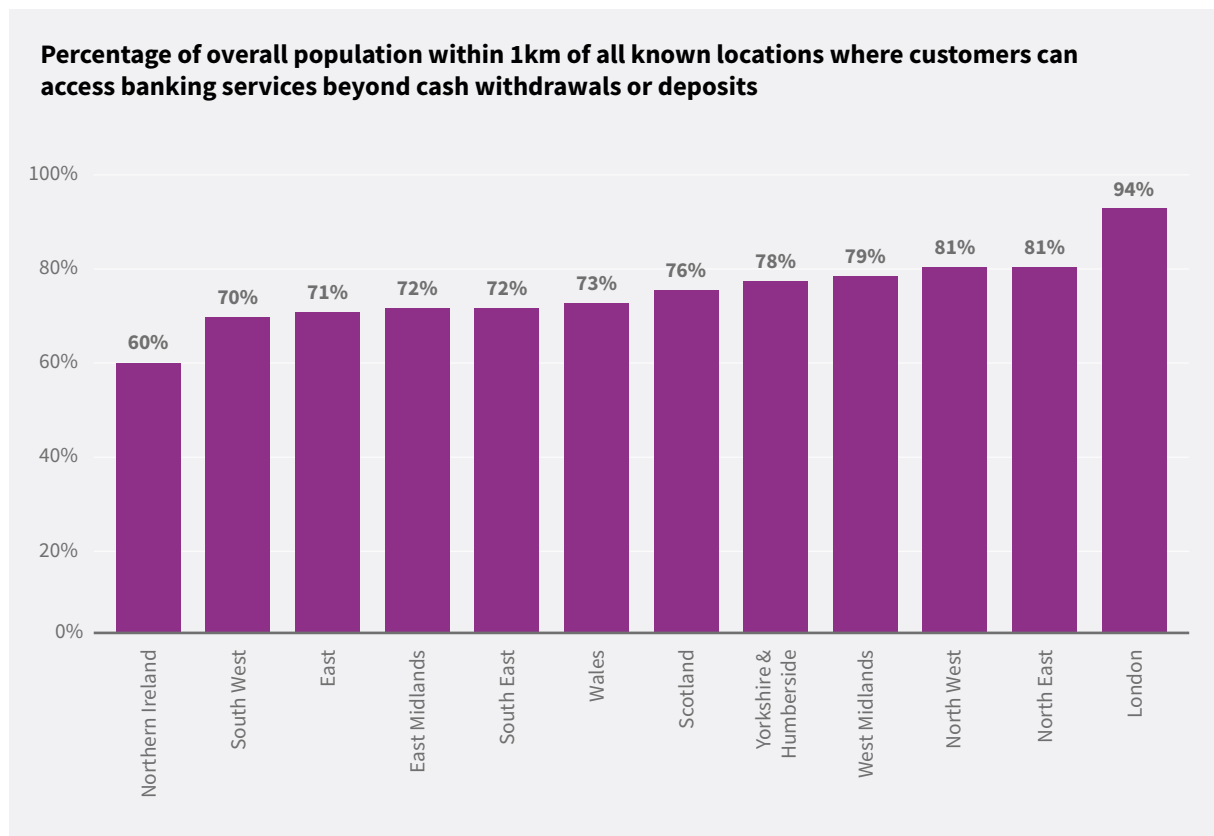
Expert by experience

⁵⁵. Holkar M. Cashed out: Attitudes among people with mental health problems to cash and digital payments. Money and Mental Health Policy Institute. 2018.

⁵⁶. Holkar M, Evans K and Langston K. Access essentials: Giving people with mental health problems equal access to vital services. Money and Mental Health Policy Institute. 2018.

⁵⁷. Money and Mental Health survey of 432 people. Base for this question: 427.

Figure 6: In-person financial services are much less accessible in some parts of the country



Source: Financial Conduct Authority. Access to cash coverage in the UK 2021 Q3. 2022.

Section three summary

- While advice, mental health and financial services are an important source of support, not everyone has equal access to them.
- Only three in ten (33%) Research Community respondents agreed that their area has advice services that they can easily access, with the main barrier being that services are not provided in an accessible format.
- Just two in ten (23%) respondents agreed that their area has mental health services they can easily access. A key barrier is long wait times, with wait time targets for primary mental health services often being missed, and a lack of targets and reporting on wait times for secondary mental health services.
- Access to financial services was also patchy. Of those responding to our survey, less than three in ten (27%) said their area has financial services they can easily access. For those people with mental health problems who are accessing these services, they aren't always receiving adequate understanding or support in light of their condition.



Section four: How to 'level up' for people with mental health problems

4.1 Ensuring levelling up delivers for people with mental health problems

In the previous sections, we saw that many of the challenges faced by people with mental health problems are unfortunately present right across the country. This means that national levers, such as our social security system, remain vital in supporting people's mental and financial health, wherever they live. An element of this that our Research Community members drew particular attention to was **increasing the value of benefits like Universal Credit, so that they are set at a level that enables people to have a decent income and meet the cost of living in their area.**

But this report has also highlighted striking differences in outcomes for people with mental health problems from place to place. Even in places that are performing well overall economically, people with mental health problems are often not sharing in the prosperity. In parts of the country that are more deprived, people with mental health problems still lag behind when it comes to access to opportunities and support.

Which challenges are most pressing varies. In some parts of the UK, limited employment opportunities make it harder for people with mental health problems to have a decent income. In other places, unaffordable housing and expensive public transport are a financial and psychological burden for many. An inability to access key services and support is a major issue elsewhere, leaving people who are struggling unable to get help that can be so transformative for both mental health difficulties and money problems. This means more targeted, local interventions have a vital role to play in breaking the toxic cycle of money and mental health problems.

Our recommendations, therefore, are aimed at actors at the national, devolved and local level. Each shares the responsibility to ensure that people with mental health problems can meet their needs and access vital services.

Westminster has a central role to play in this effort. If the way levelling up is presented – and how funding is channelled – assumes that everyone struggling in an area will benefit from initiatives, our analysis suggests there is a huge risk that people with mental health problems will miss out on the potential benefits. To ensure the levelling up agenda delivers for people with mental health problems, **the UK government needs to explicitly monitor outcomes for this group. This should include tracking and publishing outcomes for people with mental health problems against key levelling up objectives including income, employment rates, housing costs in relation to household income, and access to services that support mental and financial health.** These insights should be used to inform national action, and support devolved and local leaders to take action that improves outcomes for people with mental health problems.

When it comes to national initiatives, their impact would be widely felt but nonetheless have the potential to deliver the most meaningful change in those places where people with mental health problems are particularly struggling – whether it be with their income, cost of living or access to services.

4.2 Actions for the UK and devolved governments

To improve the income that people with mental health problems receive

For job-seekers, especially in places where people with mental health problems face a larger employment gap, our research suggests the support available is ineffective. Some employment support, however, has a much more positive track record. **The DWP should embed the lessons learned from the Individual Placement and Support (IPS) scheme – a service that helps people with severe mental health difficulties into employment – into its wider offer for people with mental health problems.** IPS has successfully helped people with more severe mental health problems into work⁵⁸ through providing individualised support via employment specialists. A similar model should be delivered in Jobcentres by specialist mental health Work Coaches, who are empowered to guide people as they seek to secure work that meets their needs, with conditionality and sanctioning removed in order to focus the help on finding and staying in work.

To help further remove the barriers people with mental health problems face when accessing work, **the DWP and Northern Ireland's Department for Communities should improve the accessibility of the Access to Work scheme (a grant that funds practical support to help you do your job if you have a disability or health condition).** Applicants can contact Access to Work online or by calling a helpline, but people with mental health problems can struggle with filling in forms and making calls. Access to Work advisers in Jobcentres who can support people with making an in-person application would, along with the increased promotion these advisers could bring, reduce some of the barriers people with mental health problems face in finding appropriate work.

Currently, there are long wait times before Access to Work applications are cleared.⁵⁹ Treating this as as much a priority as backlogs elsewhere in public services is needed.

To support people with mental health problems burdened by hard-to-manage costs

Housing

Even in places where people with mental health problems appear to be accessing opportunities in the labour market, the unaffordability of the area can quickly suck us back into the cycle of money and mental health problems. With many Research Community members explaining how affordable, secure tenancies would be transformative for them, but with supply varying, **the UK and devolved governments should increase the share of funding for new social housing provision.**

While more social housing is needed, delivering that will take time, meaning private renting will remain an important tenure for people with mental health problems, who are twice as likely to be in privately-rented housing than non-disabled people.⁶⁰ To help private renters better cover their housing costs, **the UK and devolved governments should increase Local Housing Allowance (LHA) rates to cover the 50th percentile of local rents, and abolish the Benefit Cap that can stop people from receiving their full housing support.** This would see LHA rates restored to their original, higher level, helping to alleviate the financial barrier many people with mental health problems face to accessing housing.

"[We need] more social housing to help stop rent inflation and give me the opportunity to have a rent I can afford from LHA without needing to pay more from other benefits."

Expert by experience

58. Picken N et al. Evaluation of IPS Grow: Final report. RAND Corporation. 2021.

59. <https://www.disabilitynewsservice.com/access-to-work-in-crisis-as-figures-show-massive-waiting-list/>

60. Money and Mental Health analysis of Office for National Statistics, Disability and housing dataset 2021. 2022. The mental health measure was "people with depression, bad nerves or anxiety."

Public transport

Our Research Community members highlighted the absence of affordable public transport in many parts of the country. Concessionary travel is a devolved policy area, with national concessionary travel schemes providing free and subsidised travel on eligible services.⁶¹ There are a number of ways to qualify for these schemes, including being in receipt of a qualifying benefit (such as the higher rate mobility component of Personal Independence Payment), or having a disability that meets the eligibility criteria. In England, Wales and Northern Ireland, people with mental health problems are not covered.^{62/63} Only in Scotland is eligibility extended to people with mental health problems, but the threshold is relatively high (those with a condition that is recognised under the Mental Health (Care and Treatment) (Scotland) Act 2003 and which has lasted for more than a year, and who need to travel to health or social care appointments, but whose ability to travel is impaired).⁶⁴ Local authorities also have discretion to offer other concessionary travel schemes in addition to these national schemes, but the specified groups of people English councils and Integrated Transport Authorities outside of London can provide this to, under section 93 of the Transport Act 1985,⁶⁵ does not include people with mental health problems.⁶⁶

To make sure people with mental health problems aren't financially excluded from using public transport, and unable to access employment, treatment and other key services as a result, **the UK and devolved governments should broaden the categories of disabled people who are entitled to both national concessionary travel schemes and local authority discretionary schemes to include, among others,**

more of those with a diagnosed mental health problem. This should come alongside efforts to level up the provision and regularity of public transport across the UK.

Council tax

As people with mental health problems are more likely to have fallen behind on council tax, wherever they live, ensuring appropriate discounts exist and are accessible is key. While we explore the role of local authorities in that below, the UK government needs to fund such schemes. Following the reduction in government funding after the abolition of Council Tax Benefit, many local authorities cut back on the generosity of the support they provided through Council Tax Reduction, with only a handful providing the same level of support provided under Council Tax Benefit.⁶⁷ The most common way local authorities have reduced the generosity of the support offered is by introducing a minimum payment that requires everyone to make at least some payment, regardless of income,⁶⁸ with the most common minimum payment required being between a still substantial 20-29% of the council tax bill.⁶⁹

To enable local authorities to provide greater support to people with mental health problems who are struggling to pay their council tax bill, **the Department for Levelling Up, Housing and Communities (DLUHC) should increase and ring-fence the grant they provide to local authorities to fund Council Tax Reduction, so that local authorities in England can support residents who are on low incomes with up to 100% of their council tax bill.**

61. Butcher L. Concessionary bus travel. House of Commons Library. 2020.

62. <https://www.legislation.gov.uk/ukpga/2000/38/section/146>

63. <https://www.nidirect.gov.uk/articles/free-and-concessionary-bus-and-rail-travel>

64. <https://www.transport.gov.scot/concessionary-travel/60plus-or-disabled/#37403>

65. <https://www.legislation.gov.uk/ukpga/1985/67/section/93>

66. Butcher L. Concessionary bus travel. House of Commons Library. 2020.

67. Wilson W and Loft P. Council Tax Reduction Schemes (GB). House of Commons Library. 2020.

68. Ibid.

69. Holden J, Ayrton C and Kenway P. Review of Council Tax Reduction schemes in England in 2021/22. New Policy Institute and entitledto. 2021.

To improve the access people with mental health problems have to key services

Mental health services

Quick and accessible mental health treatment can prevent or mitigate both mental health problems and related financial troubles. But as feedback from our Research Community makes clear, the length of time people wait to access mental health services varies from place to place. Despite its importance, waiting time targets for secondary mental health services are limited. In England, apart from early intervention in psychosis services,⁷⁰ there is no centrally recorded reporting on secondary mental health service wait times. To improve access to secondary mental health services, **national health services should set wait time targets for all secondary mental health services**, so the relevant health bodies are required to report on them. In England,⁷¹ this will be Integrated Care Boards (ICBs). The equivalent bodies in Scotland and Wales are health boards, and in Northern Ireland the Department of Health's strategic planning and performance group.

As the huge variations in IAPT wait times and the ratio of patients per GPs show, where you live can have a massive impact on your ability to access primary mental health care too. To reduce this inequality, and ensure that everyone, regardless of where they live, is able to access quick and adequate support with their mental health, **national health services should direct funding to reduce the longest waits for both primary and secondary mental health services**. Considering wait times as part of the funding allocation process for local health services would help address this postcode lottery that currently exists, and support the delivery of timely access to mental health support for everyone, reducing the potential impact on people's finances.

Banking

Banking services help people with mental health problems stay in good financial health. The government's commitment following the Queen's Speech to protect access to cash using the Financial Services and Markets Bill was welcome, and it should seek to progress this quickly. But with new developments like banking hubs – spaces in an area allowing a number of banks or other services to be accessible without having to maintain a branch – steps need to be taken so that initiatives work for people with mental health problems around the country. **HM Treasury should work with the Access to Cash Action Group (CAG) to increase the roll-out of banking hubs, and ensure these meet the needs of people with mental health problems**. Drop-in services will be vital to address the challenge that some customers with mental health problems will face with making an appointment, as well as making sure hubs still allow for confidentiality. People working within these hubs must also be trained on, and able to provide support that addresses, the links between money and mental health, following the same vulnerable customer guidance applicable to staff in bank branches.

"The sharing hub is a good idea but advice and help [relating to money and mental health] needs to be on hand."

Expert by experience

70. NHS Digital. Mental Health Services Monthly Statistics, Performance January, Provisional February 2022. 2022.

71. As it stands, NHS England have proposed but not implemented new targets for how quickly people being referred to secondary mental health crisis services, and longer term secondary care support including community-based mental health services, are seen. <https://www.england.nhs.uk/2021/07/nhs-england-proposes-new-mental-health-access-standards/>

4.3 A toolkit of ideas for local actors

The recommendations above would have an impact across the country but would be particularly beneficial in those areas where people with mental health problems are struggling most with living standards challenges. But more local and targeted action will be essential to improve outcomes for people with mental health problems.

Due to data limitations, our research has focused on the challenges that areas face at a regional level, with all the data referenced in this report listed in the Annex. This can mask important variations within regions, and won't therefore be an accurate representation of how each area within a region is performing. As a result, local leaders will be best placed to identify the challenges their specific area faces. The recommendations we make below are organised according to these challenges, and draw on examples of existing good practice from around the UK.

If your area has low mental health employment rates

Mayors

Mayors – whether of metropolitan areas or cities – often have significant recognition and convening power. With employment a challenge for people with mental health problems in many parts of the country, mayors seeking to deliver improvements for employees and job-seekers with mental health problems **should bring together local employers to sign up to the Mental Health at Work Commitment, and ensure more jobs are accessible to people with mental health problems.** In particular, mayors should work with local employers to make sure they are allowing for flexibility in terms of where and when people work, providing people with decent incomes and facilitating a healthy work-life balance.

Mental Health at Work Commitment Bristol

Bristol was the first city to adopt the Mental Health at Work Commitment, which was a framework launched in October 2019 that builds on the Thriving at Work standards. Thrive Bristol – which is a programme aimed at improving the mental health and wellbeing of people in Bristol – linked with the national Thriving at Work Leadership Council and Mind, to encourage all organisations to sign up to the commitment and implement the 6 Core Standards, with Bristol's Deputy Mayor involved in promoting these standards to local employers. Alongside this, a task group of public, private and voluntary organisations was created in 2018. This group identified good practice in Bristol, shared ideas on how to improve mental health and wellbeing at scale, and spent a year testing and learning from interventions which aim to improve mental health and wellbeing in workplaces.⁷²

72. <https://www.thrivebristol.org.uk/thriving-at-work-bristol/>

Local authorities

Local authorities have an important role to play as both commissioners and providers of services that can help improve the skills of local residents, and in building networks between these services and local employers. To support more people with mental health problems into work that is good quality and suitable given their mental health condition, **local authorities should provide employment support that is specific to people with mental health problems, and establish recruitment pathways with local employers that support employees with mental health problems.**

East Riding of Yorkshire Council's Employability Wellbeing Services

East Riding of Yorkshire Council is delivering two Employability Wellbeing Services. The first will provide support to over 900 people with mental health problems to help them engage or re-engage with the labour market. It will include initiatives such as work experience placements, skills development and vocational training that improve access to employment for job seekers with mental health problems. The second will provide training to over 450 employers, to help them become more inclusive and supportive to employees with mental health problems.⁷³

If people with mental health problems are struggling to access good quality and affordable housing in your area

Social landlords

The process of applying for social housing is not always accessible to people with mental health problems, and the poor quality of social housing often contributes to creating or worsening mental health problems.⁷⁴ This is why **social landlords should provide housing that is good quality and accessible to people with mental health problems.** In particular:

- support should be provided to people who are struggling with the bidding process
- more consistent and informative communication should be given to everyone on the social housing waiting list
- when an offer is made to an individual, they should have more time to make their decision, people with mental health problems often benefiting from more time to make a decision and consider whether the property will adequately support their mental health
- people with mental health problems should not then be penalised for refusing an offer on these grounds, in terms of their entitlement to future offers.

Local authorities

To improve the quality of housing in the private sector, which is currently a key driver of both new mental health issues and exacerbating existing ones, **local authorities should implement authority-wide selective landlord licensing schemes.** As well as enforcing standards that work to improve quality and reduce overcrowding, these schemes should also include guidelines that better protect and support tenants who are in rent arrears from eviction.

73. <https://www.eastriding.gov.uk/say/news/?entry=61447ff72b25b90aa89ff9a9>

74. McPhillips M. The impact of housing problems on mental health. Shelter. 2017.

If people with mental health problems are struggling to pay their council tax in your area

Local authorities

To ensure people with mental health problems are able to get sufficient support with their council tax, and are aware of and able to easily apply for this support, **local authorities should make Council Tax Support schemes more generous and accessible to people with mental health problems.** Local authorities should provide information on the support that is available and clear guidance on how to apply for it (with support provided for doing so) in their standard communications – including in letters and online. All councils' communications with customers should also be via their preferred communication channel.

When people fall behind on council tax payments, the response from their council can often worsen their mental and financial health – with crippling repayment plans, court summons that come with associated fees and the use of enforcement agencies to recover costs. To protect people with mental health problems having harmful action taken against them while behind on a council tax bill, **local authorities should improve council tax debt collection practices by adopting the Citizens Advice Council Tax protocol.**⁷⁵ They should also promote better joint-working between councils and their debt collection teams, to more effectively extend the support provided to people with mental health problems from one department to the other.

If people with mental health problems are struggling to access mental health services in your area

ICBs, health boards, and Northern Ireland's Department of Health

While ICBs in England, health boards in Scotland and Wales and Northern Ireland's Department of Health report on wait times for primary mental health services, the level of detail provided is often limited, with no information on the type of talking therapy treatment that is being accessed. This means that wait times for more intensive face-to-face support could be longer than the overall report wait times, with shorter wait times for less intense online support potentially masking this. To better monitor people's access to quick and adequate support with their mental health, reducing the potential impact their mental health will have on their finances, **ICBs in England, health boards in Scotland and Wales, and Northern Ireland's Department of Health should provide more granular data when reporting on primary mental health service wait times, so it's clear how long people are waiting for different treatment types, and how long the treatment they receive lasts.** This improved information will make it easier to assess whether people have equal access to different levels of support, or if more needs to be done to increase the availability of certain treatment types.

A key barrier members of our Research Community face to accessing mental health support is not knowing what services are available. To make people with mental health problems aware of what mental health services are available in their area, **ICBs in England, health boards in Scotland and Wales, and Northern Ireland's Department of Health should better promote tools like the Hub of Hope,⁷⁶ and encourage more services to register there.** These directories should also provide the option to search for services that support both mental health and financial issues.

⁷⁵. <https://www.citizensadvice.org.uk/Global/CitizensAdvice/campaigns/Council%20Tax/CTP%20Infographic%20Sept%202018.pdf>

⁷⁶. <https://hubofhope.co.uk/>

If people with mental health problems are struggling to access advice services in your area

Funders of advice services, ICBs, health boards and Northern Ireland's Department of Health

Many people with mental health problems struggle to get the support they need from conventional advice services, in part due to the inaccessibility of their advice channels and also because their support fails to effectively consider or act on someone's mental health problem. To improve people with mental health problems access to advice services, **funders of advice services should commission greater provision of employment and money advice in primary and secondary mental health services, and work with ICBs in England, health boards in Scotland and Wales, and Northern Ireland's Department of Health to deliver these.** While positive steps have been taken regarding provision in primary mental health settings, more needs to be done to provide this in secondary mental health settings, where people are less likely to be able to respond to signposting or referrals to external services.

Sheffield Mental Health Citizens Advice Bureau

The Sheffield Mental Health Citizens Advice Bureau started as an initiative in 1976, before expanding into an independent organisation. It provided advice to people with severe mental illness within the hospital grounds of the Michael Carlisle Centre, and supported about 600 people with severe mental illness each year – half of whom were inpatients, with the remainder living in community settings. The service focused on complex welfare problems involving legal or other issues, which staff working in mental health services didn't have the capacity or expertise to resolve. Case workers typically spent much more time with their clients than they would have done in a typical high street Citizens Advice bureau, and as a result had smaller caseloads (around 25 clients per case worker at any one time), which was appropriate given the greater complexity of their work. The service also provided money management training sessions to individuals and groups of service users along with talks about benefit changes to staff working in the mental health services.⁷⁷

⁷⁷. Parsonage M. Welfare advice for people who use mental health services: Developing the business case. Centre for Mental Health. 2018.

Local authorities

To better support people with mental health problems in areas lacking advice services, **local authorities should commission more co-located advice services that are delivered in spaces people already visit (e.g. libraries, community centres)**. These services should allow for drop-in appointments in light of the challenges that people with mental health problems can face when making an appointment. It's also important that there are people within these services who are trained on, and able to provide support that addresses the links between money and mental health.

Chelmsley Wood Library in Solihull

Chelmsley Wood Library is located in a shopping centre in a residential neighbourhood, and is run by Solihull Metropolitan Borough Council. The Community Advice Hub in Chelmsley Wood Library was formally launched in 2015. In its first year, the hub supported 2,516 people with 5,021 issues and made 819 referrals to specialist services. It provides individual advice and support with issues such as benefits applications. AgeUK manages the hub on behalf of the Council and Solihull CCG, and brings together a range of organisations through the hub including Action for Blind People, Solihull Carers Centre and Act on Dementia. To begin with, the Community Advice Hub was a separate space in the library provided with desks and chairs. Pods were later added to provide extra privacy for confidential or sensitive discussions.⁷⁸

Members of our Research Community aren't always aware of what sources of advice and support are available. To ensure people with mental health problems are aware of what advice services are in their area, **local authorities should promote the Money and Pensions Service's debt advice locator tool**. The tool⁷⁹ allows users to choose how they would prefer to receive advice – online, over the phone or in-person – and directs them to services in their area. Information is also provided on the eligibility criteria for the services promoted, and the levels of support each can offer, which can help people with mental health problems who are seeking help choose the service that best fits their circumstances.

78. Thomson L and Murray-Sanderson A. Libraries as community hubs: Case studies and learning A report for Arts Council England. Renaisi. 2017.

79. <https://www.moneyhelper.org.uk/en/money-troubles/dealing-with-debt/use-our-debt-advice-locator>.

Conclusion

In its white paper on levelling up,⁸⁰ the UK government's headline targets are mostly for 2030. This is a recognition that deeply entrenched inequalities can't be fixed overnight. The same is true for support aimed at people with mental health problems: years of insufficient benefits, stigma in the labour market and inaccessible services will have left scars. But where change has happened, and where the needs of people with mental health problems have been responded to, we can see it can be transformative. As we have set out, a diverse range of leaders could start to make a positive difference today.

The different outcomes across the UK should also steer us away from a view that people with mental health problems will always struggle. On crucial questions, like the burden our finances place on us, the job opportunities available to us, our treatment when we fall behind on payments and the help that we can access, outcomes look meaningfully different across the country. These outcomes don't follow overall trends; underperformance on, say, productivity doesn't always equate to a larger gap in outcomes between people with and without mental health problems. In the long run, reduced regional inequality is likely to benefit everyone but in many policy areas, there is much that could be done to immediately address the needs of people who experience difficulties with their mental health and finances.



⁸⁰. HM Government. Levelling Up the United Kingdom. 2022.

Annex

More detail on each measure is provided in the methods note.

	Keeping up with domestic bills and credit commitments is a burden ⁸¹			Employment rate ⁸²			Housing costs exceed 33% of household income ⁸³		
	Mental health problem	No mental health problem	Gap between two groups	Mental health problem	No mental health problem	Gap between two groups	At least one adult in household has mental health problem	No adults in household have mental health problem	Gap between two groups
Scotland	53%	37%	16%	51%	88%	37%	13%	5%	8%
Northern Ireland	72%	52%	20%	44%	86%	42%	7%	2%	5%
North East	54%	43%	10%	50%	88%	39%	13%	8%	5%
North West	65%	47%	18%	54%	88%	34%	10%	5%	5%
Yorkshire and Humberside	55%	42%	14%	57%	87%	30%	8%	6%	2%
East Midlands	53%	40%	13%	58%	89%	31%	8%	7%	1%
West Midlands	50%	43%	6%	56%	87%	31%	9%	6%	3%
Wales	57%	45%	13%	49%	89%	40%	14%	6%	8%
East of England	58%	43%	15%	66%	90%	24%	12%	5%	7%
London	54%	48%	6%	60%	86%	26%	31%	17%	14%
South East	55%	42%	13%	67%	90%	23%	14%	7%	7%
South West	53%	41%	12%	65%	91%	26%	11%	6%	5%

81. Money and Mental Health analysis of the Financial Conduct Authority's Financial Lives 2020 survey.

82. Money and Mental Health analysis of Office for National Statistics, Labour Force Survey Q1-Q4 2021.

83. Money and Mental Health analysis of Department for Work and Pensions, Family Resources Survey, 2020/21. 2022.

	Economically inactive and mental health problem is main health problem ⁸⁴	People with mental health problems behind on housing payments ⁸⁵	People with mental health problems behind on council tax payment ⁸⁶	Within 1km of banking service ⁸⁷
Scotland	26%	11%	13%	76%
Northern Ireland	21%	*	*	60%
North East	21%	13%	13%	81%
North West	23%	13%	17%	81%
Yorkshire and Humberside	19%	13%	15%	78%
East Midlands	21%	17%	19%	72%
West Midlands	19%	15%	18%	79%
Wales	28%	12%	9%	73%
East of England	16%	13%	16%	71%
London	12%	30%	30%	94%
South East	16%	13%	14%	72%
South West	23%	10%	16%	70%

⁸⁴. Money and Mental Health analysis of Office for National Statistics, Labour Force Survey Q1-Q4 2021.

⁸⁵. Money and Mental Health analysis of online polling conducted by Opinium. A figure for Northern Ireland has not been included, as the base was too low to be representative.

⁸⁶. Money and Mental Health analysis of online polling conducted by Opinium. A figure for Northern Ireland has not been included, as the base was too low to be representative.

⁸⁷. Financial Conduct Authority. Access to cash coverage in the UK 2021 Q3. 2022.



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