Money and Mental Health's submission to the Department of Health and Social Care's call for evidence on the 10-Year Plan for Mental Health

Introduction

The Money and Mental Health Policy Institute is a research charity established in 2016 by Martin Lewis to break the link between financial difficulty and mental health problems. The Institute's research and policy work is informed by our Research Community, a group of thousands of people with lived experience of mental health problems or caring for someone who does. This written submission has been informed by this powerful, lived experience testimony, as well as our wider body of research.

As part of this consultation response, from 20 May - 20 June 2022, we surveyed 431 Research Community members about their experiences and ideas to break the link between mental health problems and financial difficulties. All quotes are from Community members who have participated in our research.

Our response addresses 12 of the 26 questions from the consultation. As many of the recommendations within our response overlap across questions, to avoid repetition, we have included brief details of our proposals with full explanations under the most relevant chapter. We outline how financial difficulties should be considered at all stages of the mental health journey, from mental health promotion, prevention, intervention, treatment and crisis support.

In addition to this response, we recommend the Department for Health and Social Care review a number of our publications focusing on tackling financial difficulties at all stages of the journey to mental health problems, including:

- Promoting mental wellbeing - Access essentials looks at how essential service providers can ensure people have equal access to vital services which are crucial to mental wellbeing. Benefits assault course considers changes to the UK benefits system to make it more accessible for people with mental health problems to ensure people do not face additional barriers to accessing entitlements and in-turn promoting mental wellbeing.
- Preventing the onset of mental health problems - Closing the gap considers the urgent systemic change needed to close the mental health income gap. Tackling this income gap is key to addressing financial difficulties which are a driver for mental health problems.
- Early intervention for people with mental health problems - Information is power explores early intervention to prevent financial difficulties associated with mental health problems, and Too ill to work, too broke not to explores the cost of sickness absence for people with mental health problems.
- Improving treatment of mental health problems - Not a Secondary Issue considers interventions to prevent and resolve financial difficulties for people in secondary mental health care.

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- Improving crisis support - Recovery Space explores how to minimise the financial harm caused by mental health crisis and Silent Killer considers efforrts to break the link between financial difficulty and suicide.

Background

- Experiencing a mental health problem can adversely impact your income, with people with anxiety and depression receiving an annual income of £8,400 less than people without those conditions.[1]
- Less than half of people with mental health problems in the UK were in employment in 2018/19 compared to four in five of those without mental health problems (48% vs 79%). When in work, people with mental health problems are more likely to work part-time (37% vs 24%), and are overrepresented in low-paying roles. More than one in three (37%) of those in work with a mental health problem are in the three lowest-paid occupational groups, in contrast to one in four (26%) of those who have not had mental health problems.[2]
- People with mental health problems are more likely to receive benefits, which provide low financial support. Nearly half (47%) of adults aged 16-64 receiving some out-of-work benefit have a common mental disorder, such as depression or generalised anxiety disorder. This rises to two-thirds (66%) of people claiming Employment and Support Allowance (ESA).[3]
- Common symptoms of mental health problems, such as low mood, difficulties with clarity of thought, increased impulsivity and reduced concentration - can make it harder to manage money. People may have difficulties budgeting, managing spending or liaising with essential service providers to get the best deals or resolve problem debt.
- People experiencing mental health problems are three and a half times more likely to be in problem debt than people without mental health problems (5%), with almost one in five (18%) people with a mental health problem are in problem debt.[4]
- Financial difficulties and problem debt can be a significant source of stress and anxiety, which can, in turn, exacerbate mental health problems.
- More than 100,000 people in England attempt suicide while in problem debt each year and people in problem debt are three times as likely to have thought about suicide in the past year.[5]
- In England in 2018, 23,000 people were struggling with problem debt whilst in hospital for their mental health, with thousands more managing debt in the care of a crisis team in the community.[6]

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[1] Bond, N. and D'Arcy, C. Mind the Income Gap. Money and Mental Health Policy Institute. 2020.
[2] Ibid.
[3] Bond, N. Braverman, R. and Evans, K. The Benefits Assault Course. Money and Mental Health Policy Institute. 2019.
[4] Money and Mental Health Policy Institute. The Facts. (Accessed: 20/06/22)
[5] Money and Mental Health analysis of NatCen analysis of APMS 2014 and ONS mid-year population estimates 2017.
[6] Bond, N. Braverman, R. and Clarke, T. Recovery Space. Money and Mental Health Policy Institute. 2018.

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- The pandemic and the rising cost of living mean that more people are struggling to meet their everyday financial needs.[7] This will inevitably impact people's mental health, causing increased stress and anxiety for people with and without mental health problems. The government should ensure that plans to improve the nation's mental health keep this context at their core, integrating financial difficulties as a central consideration in both the new 10-year plan to improve mental health and the refreshed national suicide prevention plan.

Mental health problems cannot be prevented and resolved by one department alone. In this response we make a series of recommendations that sit across government departments, including, but not limited to, the Department for Health and Social Care (DHSC), the Department for Work and Pensions (DWP) and the Department for Business, Energy and Industrial Strategy (BEIS) - who all have an important role to play in preventing and resolving mental health problems.

[7] ONS. The rising cost of living and its impact on individuals in Great Britain. April 2022.

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Chapter 1 - How can we all promote positive mental wellbeing?

Do you have any suggestions for how we can improve the population's wellbeing?

In shaping our response to suggestions for promoting positive mental wellbeing, we draw on evidence from our Research Community of thousands of people with lived experience of mental health problems. The experiences of people with mental health problems allow us to develop unique insights on how government departments and regulators can improve services to promote mental wellbeing. Our recommendations cut across two categories:

1. Ensuring employment practices promote mental wellbeing and provide equal opportunities to progress
2. Ensuring incomes through the benefits system are sufficient and easy to access

Promote mental wellbeing through good employment practices and equal access to progression opportunities

The experience of a mental health problem can adversely impact your income, with median incomes for people with anxiety and depression £8,400 lower than for people without those conditions.[8] This mental health income gap is driven by systemic factors, including weaker employment prospects and low wages. In 2018/19 less than half (48%) of people with mental health problems were in employment compared to four in five (79%) of those without mental health problems.

For people with mental health problems who can work, it can be difficult to maintain a sufficient and stable income from which to mentally flourish. People with mental health problems who are in work are more likely to work part-time (37% vs 24%), and are overrepresented in low-paying roles. More than one in three (37%) of those in work with a mental health problem are in the three lowest-paid occupational groups, in contrast to one in four (26%) of those with no mental health problems.[9] For people who need to work fewer hours, the lack of good quality part-time roles can mean lower-paying occupations are the main employment option available.

Being in work can be vital to people's mental wellbeing, but the quality of people's work is a major factor in helping people to stay healthy and happy.[10]

"The feeling of being part of something aka the workforce. There is a much better view taken of employed people than those who aren't. Job security provides a regular income. If you have a regular income you can manage financial situations better and also feel less stressed and depressed than when you are struggling for money." Expert by Experience.

In addition to lower pay and inflexible practices, employees also face discrimination and bias within the workplace. National polling found that one in five (19%) working-age people with a mental health problem report having been discriminated against in work due to their mental

[8] Bond, N. and D'Arcy, C. Mind the Income Gap. Money and Mental Health Policy Institute. 2020.
[9] Ibid.
[10] Taylor M. Good work: the Taylor review of modern working practices. Department for Business, Energy and Industrial Strategy. 2017.

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health.[11] Discrimination can be felt directly, such as being sacked or overlooked for promotion, or more indirectly, through the persistence of negative attitudes towards people with mental health problems which prevent people from disclosing their condition and making use of reasonable adjustments within the workplace.

Despite many people with mental health problems having a legal right to reasonable adjustments in the workplace, employers vary in their willingness to consider and implement these requests. Polling found that one in six (17%) working-age people with recent experience of mental health problems have asked for a reasonable adjustment in the workplace to support them with their mental health problems.[12] Of those, only 29% had their request fully implemented with the remaining two-thirds (68%) made up of those who had adjustments partially implemented (48%) or rejected (19%).[13]

"Suitable work is good for my health but I don't ask for accommodations because I'm scared of discrimination." Expert by Experience.

The variation in responses from employers may stem from outright discriminatory attitudes, a lack of understanding of what suitable adjustments might be or simply the financial considerations of making adjustments. When appropriate adjustments are made, they can be a lifeline in supporting people to enter or remain in employment, and allowing them to make a fully productive contribution in the workplace. On the other hand, where reasonable adjustments cannot or will not be facilitated, the consequences can be devastating.

To promote the mental wellbeing of employees the government should:

- require large companies to report on the pay gap between employees with and without mental health problems, to expose inequalities and discrimination
- require mandatory reporting from employers on flexible working requests that are denied and granted facilitating transparency and allowing for targeted intervention from both employers and government.
- raise and expand eligibility for Statutory Sick Pay (SSP). As well as the low rate at which this is paid, the eligibility threshold for SSP (an average income of at least £120 per week) disproportionately disadvantages people with mental health problems who are overrepresented in low-paying and part-time roles
- increase the promotion of the Access to Work scheme for people with mental health problems and streamline access to the service.

To promote mental wellbeing in the workplace, employers should:

- provide mental health training to all line managers to assist them to support their teams
- develop a list of reasonable adjustments and proactively offer them to people with mental health problems.

[11] Money and Mental Health analysis of Opinium online survey of 1,547 working-age people, carried out 4-7 December 2020.
[12] Ibid.
[13] Ibid.

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Promoting mental wellbeing by ensuring benefit incomes are sufficient and easy to access

Having an adequate income is essential to mental wellbeing, and this is more important than ever in the current cost of living crisis. Yet, lower rates of employment and lower wages mean benefits are crucial for many people with mental health problems. As well as being more likely to be in receipt of social security payments, people with mental health problems make up a high proportion of people receiving certain benefits. Nearly half (48%) of ESA claimants had a long-term condition such as psychosis or PTSD, compared to 13% of the overall population with a similar condition.[14]

The level at which many benefits are set is low compared to both the earnings of people in work and their value in the recent past. Our research in 2020 found that both Jobseeker's Allowance (JSA) and ESA were equivalent to just 12.5% of typical (median) weekly earnings.[15]

Beyond annual increases, another way in which the benefits system has become less generous is through changes to additional payments for those with poor health, including people with mental health problems. Taking the example of ESA, all claimants previously received an enhancement in recognition that living with poor health brings extra costs. An additional component has remained in place for people in the Support Group, those whose health problems are judged to prevent them from working or seeking a job. However, since 2017, new claimants assigned to the Work-Related Activity Group (WRAG) – those whose health needs are acknowledged but who are deemed able to do things like prepare a CV and search for jobs – do not receive an additional payment, worth £29.55 per week.[16] A person awarded ESA and assigned to the WRAG today is £1,536 worse off each year than they would have been had their claim been made before April 2017.

Navigating the benefits system while experiencing the cognitive and psychological effects of a mental health problem can also be challenging. Common symptoms can include reduced concentration, increased impulsivity, memory problems and reduced planning and problem solving skills - all of which can make it harder to claim and manage benefits.[17] The current system is not designed in a way which is easy for people with mental health problems to access.[18] Difficulties applying for and maintaining what is often claimants' sole source of income can be incredibly stressful, exacerbating mental health problems and undermining recovery. Even when claimants need support from family or friends to navigate the Universal Credit system, the current process for giving consent to a third-party to assist you is complicated and arduous.

"*[I've] not been well enough or had enough concentration to understand what I am entitled to [or] how to apply for benefits*" Expert by Experience.

[14] NatCen analysis of NHS Digital, Adult Psychiatric Morbidity Survey, 2014. Covers England only.
[15] Bond, N. and D'Arcy, C. Mind the Income Gap. Money and Mental Health Policy Institute. 2020
[16] DWP. Benefit and pension rates 2020 to 2021. 2020.
[17] Bond, N. Braverman, R. and Evans, K. The Benefits Assault Course. Money and Mental Health Policy Institute. 2019.
[18] Bond, N. Set up to fail. Money and Mental Health Policy Institute, 2021.

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The current design of the benefits system, including how people are required to access and navigate it - does not promote good mental wellbeing and should be considered as a priority within both the 10-year mental health plan and the revised suicide prevention strategy.

To ensure adequate incomes and promote positive mental wellbeing, the DWP should:

- Boost the take-up of benefits by directing more funding to income maximisation and money advice services. While quantifying the size of the take-up gap is difficult, one estimate placed it at £15 billion in 2021.[19] When so many households face difficulty affording the essentials, it is vital that as many people as possible are receiving everything they are entitled to. The Money and Pensions Service has already committed to working with IncomeMax and integrating income maximisation support into other services.[20] These efforts should be sped up, expanded and targeted. Targeting delivery of money advice and income maximisation services through routine primary and secondary mental health care touchpoints - such as GP surgeries, IAPT, CMHTs and inpatient factilities - would help to reach this group of people who often struggle to access these services.[21]
- introduce and share details of processes to ensure vulnerable people moving onto Universal Credit through managed migration will be safeguarded from having their benefits cut off if they fail to respond to migration notices within the specified timeframe. Ensuring communications about migration notices are supportive and accessible to people with mental health problems.
- make the explicit consent mechanism within Universal Credit easier to use by offering clearer and more consistent prompts on what information is required.
- design online forms so people can save their progress and return at a later time and clearly communicate that this is possible to claimants. Make forms (specifically PIP2 and UC50) modular, so people clearly know which sections to fill in (and which they don't need to).
- develop questions to assess mental health problems which go beyond generic challenges relating to coping with change and interpersonal relationships, in order to more accurately ascertain how difficulties affect people's lives on a daily basis.
- trial, via the Health Transformation Programme, proactively giving prospective PIP claimants advanced sight of interview questions and descriptors to allow people time to prepare answers and the best possible opportunity to present their needs.

Ultimately, the impact of these improvements to the benefits system will be limited if benefit income remains too low for people to live on. DWP should raise the level of benefits to meet the rising cost of living and ensure they are sufficient for people to live on.

[19]https://www.entitledto.co.uk/blog/2021/january/15plus-billion-unclaimed-means-tested-benefits-but-the-sketchy-take-up-data-makes-it-hard-to-say-for-sure/
[20] Money and Pensions Service. Delivery Plan for England. February 2022.
[21] Bond N and Holkar M. Help along the way. Money and Mental Health Policy Institute. 2020

Chapter 2- How can we prevent the onset of mental ill-health?

What is the most important thing we need to address in order to reduce the numbers of people who experience mental ill-health?

The pandemic and the rising cost of living mean that more people are struggling to meet their everyday financial needs.[22] This will inevitably impact people's mental health, causing increased stress and anxiety for people with and without mental health problems. The impact on people's mental health can be particularly severe if they resort to cutting back on essentials, such as heating and eating, or if creditors are aggressive or insensitive when collecting debts.

- Half (46%) of people in problem debt have a mental health problem.[23]
- Almost one in five (18%) people with mental health problems are in problem debt.
- In England alone, over 1.5 million people are experiencing debt and mental health problems.[24]
- Financial difficulties don't only drive the onset of mental health problems, but contribute to keeping people unwell.
- Financial difficulty drastically reduces recovery rates for common mental health conditions. People with depression and problem debt are 4.2 times more likely to still have depression 18 months later than people without financial difficulty.[25]

Therefore, any efforts to reduce the number of people who experience mental ill-health need to have at their core a cross-government approach to preventing and resolving financial difficulty.

Do you have ideas for how employers can support and protect the mental health of their employees?

People with mental health problems can face particular challenges in securing, maintaining and progressing employment. For example, the cognitive and psychological effects of mental health problems mean people can find it harder to concentrate or digest large amounts of information. Others may struggle to work at certain times due to the side effects of medication and might benefit from flexible working hours.

Our previous research has highlighted a significant income gap for people with mental health problems compared to those without. People with anxiety and depression have a median gross annual income of £8,400 less than those without those conditions.[26] Employers can protect the mental health of their employees by giving them equal opportunities for progression and better pay.

People with mental health problems who are in work are more likely to work part-time (37% vs 24%), and are overrepresented in low-paying roles. More than one in three (37%) of those in

[22] ONS. The rising cost of living and its impact on individuals in Great Britain. April 2022.
[23] Holkar M. Mental health problems and financial difficulty. Money and Mental Health Policy Institute. 2019. Derived from Adult Psychiatric Morbidity Survey 2014: covers England only.
[24] Ibid.
[25] Skapinakis P, Weich S, Lewis G, et al. Socio-economic position and common mental disorders: Longitudinal study in the general population in the UK. British Journal of Psychiatry 2006; 189: 109-117. Derived from Adult Psychiatric Morbidity Survey 2000 and follow-up, covering Great Britain.
[26] Bond N, D'Arcy C, Mind the Income Gap, Money and Mental Health Policy Institute. 2020.

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work with a mental health problem are in the three lowest-paid occupational groups, in contrast to one in four (26%) of those who have not had mental health problems.[27] For people who need to work fewer hours, the lack of good quality part-time roles can mean lower-paying occupations are the main employment option available.

"I didn't tell them it [time off] was for mental health as I worried it would be negatively looked at – this had happened with other colleagues." Expert by experience.

To support and protect the mental health of the employees, employers should:

- offer roles flexibly by default to maximise opportunities for employees to work in ways that suit their needs
- develop a list of reasonable adjustments and proactively offer them to employees with mental health problems
- provide mental health training to line managers to help them better support employees and improve wellbeing
- offer secondments, shadowing, volunteering and buddying opportunities to help people struggling with mental health problems to sustain employment and progress in work
- provide options of preventive sick leave to support people from becoming too unwell and needing to take longer leaves of absence to recover.

To tackle differences in earnings which are a major contributor to the mental health income gap and prevent discrimination and bias against people with mental health problems the government should:

- Require mandatory reporting - By building their existing work on voluntary reporting on disability the government should require companies employing over 250 staff to report on the mental health pay gap and flexible working requests denied and granted.

What is the most important thing we need to address in order to prevent suicide?

While there is rarely a single factor that drives people to take their own life, there is a strong and persistent relationship between suicide and financial difficulties.

- More than 100,000 people in England *attempt* suicide while in problem debt each year[28]
- People in problem debt are three times more likely to have *thought about* suicide in the past year than the rest of the population.[29]
- Over 420,000 people in problem debt *consider* taking their own life in England each year.[30]
- The risks of suicide increase with levels of indebtedness. More than half (58%) of those with debts of more than £30,000 had *experienced suicidal thoughts or attempted* to take their own life in the past year.[31]

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[27] Ibid.
[28] Money and Mental Health analysis of NatCen analysis of APMS 2014 and ONS mid-year population estimates 2017.
[29] Holkar, M and Bond, N. A silent killer. Money and Mental Health. December 2018.
[30] Ibid.
[31] Bond, N and D'Arcy, C. The state we're in. Money and Mental Health. 2021

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- One in five (19%) mental health patient suicides between 2009-2019 was among people who had experienced recent economic adversity - such as serious financial difficulty, loss of job, benefits or housing, or workplace problems or homelessness.[32]

Across the population, some economic factors mean a person is at higher risk of suicide. Suicide rates are two to three times higher in the most deprived areas compared to the most affluent.[33] Economic inactivity (not being in work or actively looking for work) is strongly associated with suicide, particularly amongst men,[34] as are economic recessions.[35] The current cost of living crisis, and increasing rates of financial difficulty, are placing huge strains on people and pose a real threat to the nation's mental health.[36] The UK looks set to enter a period of recession, urgent action is needed to mitigate the potential impact of this on suicide rates.

Our research shows that financial difficulties can drive suicidality in two distinct ways: long term financial difficulties - such as persistent poverty and financial insecurity - and sudden triggers like job loss, benefit sanctions or intimidating debt collection letters from lenders.

"My debt spiralled out of control. I would take out loans to pay off other loans and it just continued. The stress made my depression worse until the point I was suicidal." Expert by Experience.

The double stigma surrounding problem debt and suicide can mean that people are unlikely to disclose and may continue to struggle alone.

The current national suicide prevention plan serves to muddle personal finance matters, such as financial difficulties and problem debt with a host of other economic and social factors including deprivation, unemployment and benefit problems. The conflation of what are granular factors, into one combined concept, serves to mask the specific causes of problems and therefore the solutions too. For example, this lack of clarity about the nature of the relationship between problem debt and suicide means opportunities to appropriately target intervention at a local level are missed. Our research in 2018 found that 61% of local authorities were not doing anything to support people in financial difficulty at risk of suicide.[37]

Given the scale of harm, the link between financial difficulty and suicide should be a core themes in the refreshed national suicide prevention plan. In terms of concrete inclusions, we propose that:

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[32] Appleby L et al. National Confidential Inquiry into Suicide and Safety in Mental Health. The University of Manchester. 2022
[33] Samaritans. Dying from inequality: Socioeconomic disadvantage and suicidal behaviour. 2017.
[34] McManus S et al. Chapter 12: Suicidal thoughts, suicide attempts, and self-harm. in McManus S et al (eds) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Health and Social Care Information Centre. 2016.
[35] Reeves A, McKee M and Stuckler D. Economic suicides in the Great Recession in Europe and North America. The British Journal of Psychiatry. 205:3; 246-247. 2014.
[36] RCPsych. Cost-of-living crisis threat of 'pandemic proportions' to mental health, warns UK's leading psychiatrist. (Accessed: 21/06/22)
[37] Holkar, M and Bond, N. A silent killer. Money and Mental Health. December 2018.

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- the national suicide prevention plan should avoid conflating wider economic conditions with personal financial problems like problem debts to lead the way in disentagling these issues and support national and local government to implement targeted interventions and support appropriately.
- financial difficulties and problem debt should be threaded through the 10-year mental health plan at all levels of intervention from promotion, prevention, intervention, treatment and finally to crisis support. If financial difficulties are only considered at crisis support stage or within the Suicide Prevention Plan, multiple early opportunities to address the devastating link between suicide and financial difficulties will be missed.
- the Office for Health Improvement and Disparities (OHID) should improve guidance to local authorities about the role of financial difficulty in preventing suicide, making it specific about the role financial difficulty can play in suicidality, and be explicit that this is something that can be tackled locally.
- DHSC should embed routine enquiry about money worries by establishing a systemic approach to the identification of financial difficulties, through specific prompts in Care Planning and Advance Choice Documents under the current reform of the Mental Health Act.
- DHSC should require primary and secondary mental health care providers as part of their contractual obligations to routinely inquire about money worries, systematically building enquiry into established care pathways - with appropriate resources for signposting and referring on for specialist support.

There are multiple opportunies outside of national government to disrupt the pathway between financial difficulties and suicide. At a Local Authority level these include:

- recognising financial difficulty as a risk factor for suicide. All local suicide prevention strategies should recognise financial difficulty as distinct from wider economic circumstances such as deprivation.
- conducting a suicide audit to establish how often financial problems contributed to suicides in their area.
- assessing whether local money advice services are adequate by assessing supply and demand for these services and commissioning additional support if necessary to reach those most at risk.
- providing suicide prevention training for staff who work with people in financial difficulty in the local area, for example, staff at Jobcentre Plus, advice and local authority services.
- improving collections practices by adopting the Citizens Advice Council Tax Protocol, and applying the same principles to all collections activity, including parking fines and housing arrears, to minimise psychological distress around collections activity.
- delivering targeted suicide prevention messages to citizens in financial difficulty and at risk of suicide. By leveraging their position as service providers and procurers of services to identify people in need and make referrals to money advice or mental health services.

Tackling the link between financial difficulty and suicide requires a cross-societal effort. Other parties including commissioners of debt advice and debt advice agencies, newly formed Integrated Care Services and mental health providers all have a role to play.

To support customers who disclose suicidal thoughts, these organisations should:

- offer suicide prevention training. Staff should have tools and training to ensure they understand the links between financial difficulties and suicidality, and can support those who disclose appropriately
- improve referral pathways to support services. For customers in these difficult circumstances it often isn't enough to give them a helpline phone number. Wherever possible, customers should be offered warm referrals to support services.

To reach people who are most at risk and ensure debt advice works for people with mental health problems commissioners of advice agencies should:

- extend the mental health training requirements to national debt advice contracts, where the bulk of service provision will take place, and the primary route into debt advice for people with mental health problems.
- build into contracts the requirement for national services - including digital-only - to be built around the access needs of people with mental health problems.

To ensure early identification of people at risk of financial difficulty and suicidality Integrated Care Services and mental health providers should:

- establish routine enquiry – Service users who present to GPs, A&E and community mental health services with poor mental health or suicidality should be routinely asked about their finances, with clear signposting pathways in place to assist.
- offer financial difficulty training for practitioners – Mental health practitioners should be provided with basic training on financial difficulty, and specifically how it relates to suicidality.
- integrate money advice in mental health settings – Integrating specialist advice services in mental health settings will help reach some of those most at risk of suicidality related to financial difficulty

Chapter 3 - How can we all intervene earlier when people need support with their mental health?

Early intervention for mental health problems is crucial to ensure that people can recover as soon as possible. But early intervention for financial difficulties is also vital in achieving the best possible outcomes for people. However, there are significant barriers to getting early support for people for each of these factors.

Despite the sound evidence base of the links between mental health problems and financial difficulties, and financial difficulties and suicidality - early and targeted interventions for people with combined money and mental health problems are often lacking. The few interventions that are available are patchy and subject to shifting funding agreements.

Where would you prefer to get early support when struggling?

We surveyed our Research Community of thousands of people with lived experience of mental health problems about where they would like to get early support from. Eight out of ten respondents (80%) reported they wanted early support with their mental health from family and friends and over two thirds (68%) wanted to receive support from the NHS.[38] Yet, almost three quarters (73%) of respondents reported that their financial circumstances had negatively impacted on their ability to get the mental health support they wanted. We identified two key financial constraints people faced in accessing early support with their mental health:

- difficulties affording travel and telecoms to connect with family support networks
- long NHS waiting lists meant those who could afford accessed private therapy, but this route was barred for people in financial difficulties

Affordability of travel and telecoms

People's willingness to turn to existing support networks for early preventative support with mental health is positive, and speaks to the role of connection and belonging in our mental health.[39] Yet, sadly, people are often hindered from relying on existing networks due to geographical location and financial difficulties in travelling to see their support networks or affording access to telecoms services to bridge this gap.

The financial barriers to accessing support networks can have a huge impact on people's mental health.[40] People with pre-existing mental health conditions who experience loneliness are more likely to be admitted to acute hospitals and stay in acute hospitals longer.[41]

Other people faced financial barriers to accessing treatment. For some, difficulties affording bus fares prohibited them from accessing services to support their recovery.

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[38] Money and Mental Health Survey of 393 people. Base for this question: 392.
[39] Cacioppo J. et al. Loneliness as a specific risk factor for depressive symptoms: cross-sectional and longitudinal analyses. National Library of Medicine. 2006
[40] Stacey B and D'Arcy C. No one left behind. Money and Mental Health. 2022
[41] MQ Mental Health Research. (Accessed 21/06/22)

"I was told I would not be added to the waiting list to get support until I had completed a generalised course on managing anxiety. The anxiety course was £10 bus fare away and included multiple changes of bus. I couldn't afford the taxi to get there, and was told transport help wasn't something they did." Expert by experience

Long NHS waiting lists

Almost eight in ten respondents (78%) said that long NHS waiting times for therapy were a barrier to early support.[42] When NHS mental health services are unable to deliver the volumes of early support people need, people face two options: either deteriorating mental health or for those with the financial means, funding private mental health care.

"When one psychiatrist stated that they couldn't offer me anything other than staying on a certain antidepressant which wasn't working I was able to pay for a v short period of time to go private (v v expensive) where my meds were changed - I started being able to sleep (which I hadn't been able to for yrs) and I had access to group counselling. I was actually listened to and things were discussed with me rather than around me/about me. I felt I wasn't on my own." Expert by Experience.

Yet, given the links between financial difficulties and mental health problems, often people do not have the financial means to fund private therapy. Without the financial means to fund private therapy, people risk being left to languish on long NHS waiting lists, often delaying their return to work and exacerbating financial problems.

"I cannot afford private therapy and have to wait years on NHS waiting lists for diagnoses and medication." Expert by Experience

The longer a person is out of work with mental health problems the less likely they are to return: a person who has been off work for six months or more has an 80% chance of being off work for five years.[43] Being off work sick also frequently brings associated income drops, down to reduced Contractual Sick Pay or Statutory Sick Pay, which in turn can drive financial difficulties. The ramifications of long waiting times ripple throughout society from impact on employment to recovery of debts.

Ensuring early access to appropriate mental health treatment is essential to supporting people to recover. The faster people receive treatment and support, the better the mental health and financial outcomes.

To support people to get early mental health support government should:

- Sufficiently fund the mental health workforce to deliver treatment and services to meet levels of demand.

[42] Money and Mental Health Survey of 393 people. Base for this question: 324.
[43] NICE. Workplace health: long-term sickness absence and incapacity to work. 2009.

- Invest in the availability of therapeutic services within the NHS. Within the parameters of NICE guidance, supporting people to access and choose a therapeutic intervention most suited to their mental health needs and condition.
- 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.
- introduce a requirement that vulnerable customers can't be disconnected from telecoms services - including those with mental health problems who are more likely to rely on phone and internet services for their mental health

What more can the NHS do to help people struggling with their mental health to access support early?

People with mental health problems face significant barriers to accessing early mental health support. In 2021, mental health referrals were at record levels of 4.3 million and a backlog of 1.4m people are still waiting to start treatment.[44]

Supporting people to access primary mental health services

Over two thirds (68%) of respondents had faced barriers accessing primary care services - such as a GP or IAPT.[45] Tackling these barriers is crucial to ensure that people who are struggling with their mental health are able to access support early.

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. Yet almost eight in ten survey respondents (78%) said that waiting times were one of the biggest barriers they faced in accessing mental health services.

Seeing a GP is often the first route 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.[46] 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 through Improving Access to Psychological Therapies (IAPT). In England, the average wait between an initial IAPT assessment appointment and the second appointment (when treatment actually starts) is 53 days. But that average masks significant regional variations.[47]

Supporting people to access secondary mental health services

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[44] RCPsych. Cost-of-living crisis threat of 'pandemic proportions' to mental health, warns UK's leading psychiatrist. (Accessed: 21/06/22)
[45] Money and Mental Health Survey of 393 people. Base for this question: 367.
[46] https://www.bbc.co.uk/news/health-61598158
[47] House of Commons Library. Mental health statistics (England). 2021. Department of Health. Mental Health Strategy 2021 - 2031. 202.

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More than six in ten (62%) respondents faced barriers accessing secondary care services such as Community Mental Health Teams or Crisis Care services.[48]

It is welcome news that DHSC and NHS England have a renewed focus on NHS waiting times via the proposals for a new mental health access standard.[49] However, these proposals do not go far enough. We repeatedly hear about people's experiences of their needs being too complex for primary mental health services, but not severe enough for secondary mental health services, and essentially falling though the gap.

"You can only really get proper help, when you are in crisis -suicidal. I have been in crisis approximately three times. I have been suffering for two years, and not getting any better." Expert by experience

Three quarters (74%) of Research Community respondents said that waiting to access a mental health service had an impact on their mental health.[50] 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.[51]

"My GP and mental health practitioner have both tried to get me counselling for trauma, but the waiting lists are full, or I have to pay £50 an hour. I can't afford this. I am currently going to work, really unwell., But what can I do? I can't pay my bills on SSP. Mental illness has ruined my life these last two years. If I could have received more support earlier, I wouldn't be as poorly as I am." Expert by experience

To support people struggling with their mental health to access early support the DHSC should:

- direct funding for primary and secondary mental healthcare to areas where people face the longest waits.
- set wait time targets for *all* secondary mental health services
- invest in longer-term therapeutic interventions for people with complex mental health needs.

[48] Money and Mental Health Survey of 393 people. Base for this question: 367.
[49] NHS. NHS England proposes new mental health access standards. July 2021. (Accessed 21/06/22)
[50] Money and Mental Health survey of 268 people. Base for this question: 238.
[51] Money and Mental Health survey of 268 people. Base for this question: 236.

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Chapter 4 - How can we improve the quality and effectiveness of treatment for mental health conditions?

What needs to happen to ensure the best care and treatment is more widely available within the NHS?

The NHS Long Term Plan places renewed focus on integration of health services to provide personalised care and provide the type of support that matters to people. Yet, the social and economic determinants of mental ill health, including financial difficulties, are not truly embedded in mental health policy. The ambitious goal of delivering integrated care should extend beyond the integration of health and social care services, and include social and economic interventions that tackle some of the root causes and contributors to some mental health problems. Particularly focusing on integrating mental health services with broader forms of money advice and employment services.[52]

Services need to intervene earlier, and in a more joined-up way, to tackle the barriers to effective mental health treatment. To this end, we draw on our body of work over the last six years to propose three broad recommendations:

- practitioners should be trained with the skills and understanding to identify people experiencing financial difficulties
- commissioners of mental health and advice services should embed co-located and integrated mental health services
- increase recovery in IAPT through a combined money advice and psychological therapy intervention

Practitioners should be trained with the skills and understanding to identify people experiencing financial difficulties

For practitioners to be better equipped, they need to receive training in the links between money and mental health. Practitioners need to be confident in their ability to have difficult conversations, and to adequately manage conversations and follow-ups around social issues.

We know that mental health practitioners are adept at having difficult conversations, but our research suggests that conversations about money are proving challenging. This means that practitioners miss opportunities to identify the financial difficulties that people with mental health problems face.

Currently, practitioners do not receive the training they need to be able to identify financial difficulties through on the job training or in their training courses to qualify for the role. Despite a huge range of training on offer, Health Education England (HEE) doesn't provide a module on the links between money and mental health. By providing a module on the links between money and mental health, practitioners could be better prepared to identify risks.

[52] Welfare rights advice in housing services and employment support via Individual Placement and Support services - provide a good example of integrated services.

"I had no help [with my finances] ever. Although the doctor I had was brilliant, he knew as much as I did regarding debt or anything to do with money. I had to sort myself out." Expert by Experience.

Training would equip practitioners with the skills they need to identify financial difficulties and follow up with signposting from them. This would mean that the NHS can work with other partner organisations to deliver truly integrated care. To ensure that practitioners are equipped to deal with financial difficulties, we recommend that training is funded and provided to health care practitioners on the links between money and mental health, including in course curricula.

Commissioners of mental health and advice services should introduce co-located and integrated mental health services

Without being able to access services that tackle both financial difficulties and mental health problems simultaneously, it can be difficult to get to the root of a problem, and give people the personalised and integrated care they need. We are currently seeing a renewed focus on integrated and personalised care in both the NHS and the private sector. Integrated care should start to be implemented through co-located services that tackle both mental health problems and social determinants (like financial difficulty). However, it is not universally implemented for mental health problems and financial difficulties.

Commissioners of mental health and advice services should work with their public health counterparts to focus on providing co-located services – or link workers available through social prescribing – to provide a higher level of practical support with money. As well as effectively targeting those with mental health problems, co-locating services will help to address the additional difficulties that people with mental health problems may experience in accessing mainstream advice services.[53]

Increase recovery in IAPT through a combined money advice and psychological therapy intervention

Our pilot, in conjunction with King's College London and Citizen's Advice, examines the effectiveness of co-located debt advice in IAPT settings in South London and Maudsley (SLAM).[54] Money advice is extraordinarily effective in resolving problem debt: 80% of people who receive money advice feel more in control of their finances. Initial statistical modelling has shown that co-located money advice in IAPT, supports improved recovery outcomes for service users.[55] The intervention has also been found to be cost effective. A simple cost-benefit analysis, drawing on economic modelling undertaken at LSE, suggests that this intervention would generate a small surplus of healthcare savings (£2.4m) and a more substantial economic benefit (£105m) by reducing barriers to work and increasing productivity.[56]

[53] Bond N, Clarke T, Information is Power, Money and Mental Health Policy Institute. 2019.
[54] Belcher H et al. Views of services users and staff on a combined money advice and psychological therapy service within IAPT. Journal of Mental Health. 2021
[55] Acton, R. The Missing Link. Money and Mental Health Policy Institute. 2016.
[56] Layard R. A New Priority for Mental Health. London School of Economics. 2015.

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The initial findings of the pilot so far establish a sound precedent for scaling up a national pilot of the combined mental health and money advice intervention. To tackle the impact of the cost of living crisis on people's mental health, and the likely drag on IAPT recovery rates, the DHSC should rapidly fund a national pilot of co-located debt advice in IAPT settings and plan for a national roll-out as soon as is practical.

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Chapter 5 - How can we all support people living with mental health conditions to live well?

People who are living with a mental health problem often experience worse financial outcomes than those without a mental health problem. Low incomes together with the cognitive and psychological effects of mental health problems contribute to people living with mental health problems being three and a half times more likely to be in problem debt than people without mental health problems (5%).[57]

What things have the biggest influence on your mental health and influence your quality of life?

Our finances affect all our lives, from the homes we live in, to what we can afford on a day-to-day basis, how we cope with an unexpected cost and how we socialise and keep in touch with loved ones. Finances are closely linked to our mental health; lower living standards can make it harder to stay mentally healthy and live well with mental health problems. Tackling high rates of financial difficulties for people with mental health problems is a vital part of supporting people with mental health conditions to live well.

Cross-government departments, regulators and essential services, support services and employers all have a role to play in supporting people with mental health conditions to live well. This consultation response provides a suite of recommendations on the role of different stakeholders in addressing incomes and financial difficulties to support people with mental health problems to live.

We surveyed our Research Community of thousands of people with lived experience of mental health problems about which of the factors listed in the DHSC's Discussion Paper were the biggest influence on their mental health and quality of life. The findings from this survey are detailed below, alongside thematic analysis of participants' qualitative response. Two key key factors that have the biggest influence of people's mental health and their quality of life were:

- money and debt management
- social and family relationships
- housing.

Money and debt management

Two-thirds (65%) of respondents reported that money and debt management were one of three biggest influences on their mental health and quality of life.[58]

The broad category of money and debt management, however, comprises of multiple factors including: levels of income, savings, ability to afford day-to-day living, access to credit debts and problem debts. Below, we briefly explore the relationship between a number of these factors with people's mental health and their ability to live well with a mental health problem.

[57] Money and Mental Health Policy Institute. The Facts. (Accessed: 20/06/22)
[58] Money and Mental Health Survey with 393 people. Base for this question: 393

For a full exploration of these factors, we recommend the DHSC review our reports The state we're in - which provides a snapshot view of the nation's money and mental health during the pandemic - and Mind the income gap, which considers how work and social security shape the incomes of people with mental health problems.

People living with mental health conditions have incomes that are typically thousands of pounds lower per year than the rest of the population. Among people with common mental disorders (CMD) like anxiety or depression, the typical individual income of this group is just two-thirds (68%) of that of people without those conditions. In 2020 prices that is an annual difference of £8,400 less that people without a CMD. For those with a Severe Mental Illness (SMI) their typical individual income was 75% of that of those without an SMI.This income gap for people living with mental illness is driven by three systemic factors: low employment, low wages and low benefit rates.[59]

- Low employment - Less than half of people with mental health problems in the UK were in employment in 2018/19 compared to four in five of those without mental health problems (48% vs 79%).
- Low wages - When in work, people with mental health problems are more likely to work part-time (37% vs 24%), and are overrepresented in low paying roles. More than one in three (37%) of those in work who have a mental health problem are in the three lowest-paid occupational groups, in contrast to one in four (26%) of those who have not had mental health problems.[60]
- Reliance on low rates of benefits - People with mental health problems are more likely to receive benefits, which provide a low level of financial support. Nearly half (47%) of adults aged 16-64 in receipt of some kind of out-of-work benefit have a common mental disorder, such as depression or generalised anxiety disorder. This rises to two thirds (66%) of people claiming Employment and Support Allowance (ESA).[61] The level at which many benefits are set is low, compared to both the earnings of people in work and their value in the recent past. Our research in 2020 found that both Jobseeker's Allowance (JSA) and ESA were equivalent to just 12.5% of typical (median) weekly earnings.[62]

Yet the pandemic, and the cost of living crisis has exacerbated these challenges for people living with mental health problems, who are entering the current cost of living crisis in a more financially precarious position than those without mental health problems. Before the cost of living crisis and during the pandemic, people living with mental health problems were more likely to have struggled financially, they were:

- Three times more likely to have fallen into problem debt than the wider population (15% compared to 4%).

[59] Bond N and D'Arcy C. Mind the income gap. Money and Mental Health. 2020
[60] Ibid.
[61] Bond, N. Braverman, R. and Evans, K. The Benefits Assault Course. Money and Mental Health Policy Institute. 2019.
[62] Bond, N. and D'Arcy, C. Mind the Income Gap. Money and Mental Health Policy Institute. 2020

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- More than twice as likely to have relied on credit or borrowing to cover every day spending — for example, on food or heating (26% compared to 11%).
- More likely to have had zero savings to help them cope with emergencies. 1 in 4 people with mental health problems say they have no savings that they could use in emergencies (compared to 18% of the wider population), and nearly half (46%) say they can't afford to save money regularly.
- At high risk of considering suicide when behind on payments. 44% of UK adults with mental health problems who fell behind on bills last year either considered or attempted to take their own life. If reflected nationally, that amounts to 2.5m in people in total.[63]

"I think this would apply to most people, but when you only have three days worth of food and there's seven days until you get some money, and your electric has just ran out, I can get suicidal. Making sure this doesn't happen is now a big part of my life" Expert by experience.

Below we make eleven key recommendations to address the adverse impact of money and debt management on the mental wellbeing and quality of life of people living with mental health problems:

To increase the incomes of people with mental health problems:

- HMT and DWP should review the level and provision of Employment and Support Allowance to ensure that it adequately supports people experiencing mental health problems
- Government should require large companies to report on the pay gap between employees with and without mental health problems, to expose inequalities and discrimination.

To support people living with mental health problems to increase their incomes through employment:

- Government should increase the promotion of the Access to Work scheme for people with mental health problems and streamline access to the service
- DWP should improve mental health training for DWP staff by reviewing if and how DWP services are designed and delivered with an understanding of the cognitive and psychological needs of people with mental health problems. And audit how customer facing staff apply mandatory mental health training in dealings with customers
- DHSC and NHS England should direct funding for primary mental healthcare to areas where people face the longest waits, to reduce waiting times and support people's to recover more quickly and return to work
- Employers should require all managers to have practical mental health training as part of an employer plan for mental health
- Employers should develop a list of reasonable adjustments and proactively offer them to people with mental health problems

To support people with mental health problems to quickly and efficiently resolve problem debt:

[63] Bond N and D'Arcy C. The State We're In. Money and Mental Health. 2021

- MaPS should build into debt advice contracts the requirement for national services - including digital-only - to be built around the access needs of people with mental health problems.
- MaPS should extend mental health training requirements to national debt advice contracts, where the bulk of debt advice service provision will take place, and the primary route into debt advice for people with mental health problems.
- DHSC should embed routine enquiry about financial difficulties into routine care planning
- HMT should extend the reach of Mental Health Crisis Breathing Space by automatically offering it to people detained under the Mental Health Act

Social and family relationships

Six in ten (59%) survey respondents reported that social and family relationships were one of three biggest influences on their mental health and quality of life.[64]

Family and social relationships are central to most of our lives, providing a sense of connection and support that can make life worthwhile. Yet, sadly, people are often hindered from relying on existing networks due to geographical location and financial difficulties in travelling to see their support networks or affording access to telecoms services to bridge this gap.

People face financial barriers to accessing support networks, which in turn can have a huge impact on people's mental health.[65] People with pre-existing mental health conditions who experience loneliness are more likely to be admitted to acute hospitals and stay in acute hospitals longer.[66]

People with mental health problems have average annual incomes of £8,400 less than people without mental health problems. This financial challenge means that often people are more isolated and cannot afford expensive public transport or petrol costs to visit or socialise with family or friends, or afford telephone calls or data to keep in touch - all of which are important factors in keeping them well.

People living with mental health problems may also need to lean on their family and friends for varying levels of care. Some people require support with day to day financial admin, such as completing forms, budgeting, or managing bank accounts or benefit claims. For example, many people turn to family and friends for support with their benefits claims. In a survey of UC claimants with experience of mental health problems, over half (57%) said they have needed help from family or friends to manage their account and more than one in four (27%) always or often needed help.[67] However, relying on a family or friends to help manage UC accounts can

[64] Money and Mental Health Survey with 393 people with lived experience of mental health problems. Base for this question: 393
[65] Stacey B and D'Arcy C. No one left behind. Money and Mental Health. 2022
[66] MQ Mental Health Research. (Accessed 21/06/22)
[67] Bond, N. Set up to fail. Money and Mental Health Policy Institute, 2021.

be difficult, particularly as the current system of delegating consent is arduous to navigate and at times impossible.[68]

To assist people to have positive family and social relationships that support their mental health and quality of life:

- 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, those with a diagnosed mental health problem.
- introduce a requirement that vulnerable customers can't be disconnected from telecoms services - including those with mental health problems who are more likely to rely on phone and internet services for their mental health

To support people living with mental health problems to get the help they need to manage their benefit accounts:

- The DWP should make it easier for people with mental health problems to get help with managing their Universal Credit, by making this online process for delegating explicit consent much more accessible and user-friendly, by adding prompts and drop down menus to guide people.

Housing

Almost half (46%) of survey respondents reported that housing, specifically its affordability, quality and security, was one of the three biggest influences on their mental health and quality of life.[69]

People with mental health problems are more likely than those without mental health problems to live in rented accommodation – whether private or social – (35% versus 25%).[70] However, low incomes mean that many people with mental health problems struggle to pay their housing costs. During the pandemic people with mental health problems were more than twice as likely to have been behind on housing payments in the last year than people without mental health problems.

Research Community members told us how low incomes and reliance on the private and social rented sector meant that they also faced a lack of choice over where they lived. This often means that people are living in deprived areas, with higher rates of anti-social behaviour, which drive and exacerbate mental health problems.

A primary concern among Research Community respondents was the quality and substandard conditions of housing. For people who owned their homes, challenges were around difficulties affording repairs. For those in private and socially rented properties, getting improvements carried out or problems addressed by private and social landlords was often tricky. In England,

[68] Bond N. Set up to fail. Money and Mental Health. 2021
[69] Money and Mental Health Survey with 393 people. Base for this question: 393
[70] Bond N and D'Arcy C. The state we're in. Money and Mental Health. 2021

13% of dwellings in the social rented sector fail to meet the Decent Homes Standard, which requires a property to be safe, warm and in a reasonable condition.

"I live in sheltered accommodation… if you need a sink with a mixer tap installing, it takes nearly a year to get it agreed and then the plumber arrives to do the work but he's unable to carry out the cosmetic repair work, so you're left with a new sink with mixer tap and a wall area that needs plastering, painting and tiling. Then you have to start the process of trying to get the work agreed and carried out to a decent standard." Expert by experience

For people who experience acute periods of mental ill health, meeting housing costs and housing stability can present a huge challenge. Over half (54%) of those who had experienced a mental crisis in our survey reported struggling to pay housing costs.[71] We heard from Research Community members who faced repeated mental health crises and admission to hospital. For some of these respondents, difficulties paying rents, existing arrears or limitations on the period of time that housing benefits are paid while hospitalised put them at risk of losing their homes while in hospital. The lack of secure accommodation following a crisis can impede recovery, and sometimes starts a cycle of serious mental health problems.

"I had a period of being street homeless so housing insecurity (being unable to afford rent, fear of eviction by landlord etc.) triggers major relapses with my bipolar which then make me less able to deal with the actual problem. Having had a secure place to rent for a decade and being able to settle because I like it here has been a huge part of me having some stability in my life." Expert by experience.

To reduce the negative impact that housing can have on mental health:

- DWP and the Housing Executive should increase 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
- local authorities should implement authority-wide selective landlord licensing schemes to improve the quality of housing in the private sector.

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

Chapter 6 - How can we all improve support for people in crisis?

What can we do to improve the immediate help available to people in crisis?

Inpatient mental health care is a vital lifeline for tens of thousands of people each year. Yet, whilst admitted, people's holistic care needs can fall by the wayside in favour of high-risk, immediate presenting needs. However, people's financial lives continue. Rent and utility bills still need to be paid, often at a time when people's incomes are disrupted due to being unable to work or difficulties maintaining benefit claims. Our research found that seven in ten respondents experienced an income drop, while receiving secondary mental health care.[72]

Financial difficulties come at a time when people are least able to withstand it and readjust their budgets accordingly. The cognitive effects of mental health problems can impact people's ability to comprehend and act on information. For the 100,000 people who are admitted to hospital each year, the challenges are magnified.[73] In hospital, it can be hard to access post and restrictions can mean access to mobile phones or the internet is more difficult. Consequently, more than eight in ten (86%) of respondents experienced financial harm while under secondary mental health care – with seven in ten (72%) reporting that they struggled to pay for essentials, such as housing and heating.[74]

"I go in for treatment and come out to find my financial world is in a bigger mess than when I went in. The resultant terror, shame and guilt undoes all the work of the treatment and I am back in crisis again." Expert by Experience

Despite these devastating financial outcomes, mental health services often do not intervene to prevent or resolve financial difficulties. Of the six in ten (58%) of people admitted to hospital for their mental health disclosed financial difficulties to a health or social care professional. If these only four in ten (39%) of them were proactively offered additional support.[75] Only two in ten respondents (22%) reported that financial matters were included in their care or treatment plans, or assessments.

To improve mental health inpatient services and ensure care addresses people holistic needs, we propose the three key recommendations:

- MaPS should work with HEE to train health care practitioners working with people in mental health crisis to enquire about and identify financial difficulty
- DHSC should embed routine enquiry about financial difficulties in care planning
- HMT should extend the reach of Mental Health Crisis Breathing Space (MHBS)

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[72] Bond N and Preece G. Not a secondary issue. Money and Mental Health. 2022
[73] NHS Digital. Mental Health Bulletin 2019-20 Annual report. (Accessed: 09/02/22) https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-bulletin/2019-20-annual-report. In 2019-20 over 101,000 over 18's were admitted to hospital under NHS funded secondary mental health, learning disability and autism services
[74] Bond N and Preece G. Not a secondary issue. Money and Mental Health. 2022
[75] Ibid.

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MaPS should work with HEE to train health care practitioners working with people in mental health crisis to enquire about and identify financial difficulty
Practitioners miss opportunities to identify financial difficulties and follow up with them due to a lack of awareness on the links between money and mental health.

Fund training on the links between money and mental health. This would ensure that practitioners are able to understand, at an awareness level, the links between the two issues and might be more confident in leading discussions on money, or signposting. It would also factor in that healthcare professionals have limited time that they would like to spend discussing clinical issues. With this knowledge, it may be easier to point to other support sources.

DHSC should embed routine enquiry about financial difficulties in care planning
Care and treatment planning provides a unique opportunity to understand and plan for what matters to people. The Mental Health Act reform proposes factors to be included in Care and Treatment Plans (CTPs) and Advance Choice Documents (ACDs). As such, consideration of and planning for financial matters should be included as a separate section in the standard CTP and ACD templates. It should include explicit prompts around employment, housing, payment of ongoing liabilities and debts.

Establishing a systemic approach to identifying financial difficulties through specific prompts in care planning documents would help to break the links between mental health problems and financial difficulties. To improve care planning and ensure that financial difficulties are identified, DHSC should embed routine enquiry about money worries through the implementation of statutory care and treatment plans.

HMT should extend the reach of Mental Health Crisis Breathing Space by automatically offering the mechanism to patients detained under the Mental Health Act through routine screening in Care Planning
MHBS, as it is currently configured, is not reaching the number of people it was forecast to serve. Therefore, given the health system's wider recognition of the links between mental health problems and financial difficulties and how problem debt can exacerbate mental health problems,[76] the Department of Health and Social Care (DHSC) and NHS England should utilise the statutory MHBS scheme to better serve, and meet the holistic needs of people under their care. By systematically offering MHBS to all people formally detained under longer-term sections, including section 3 and forensic sections of the Mental Health Act.[77] The short-term nature of many mental health admissions means that routinely offering the scheme to all people admitted to hospital may be premature.[78]

[76] NHS. Coping with money worries and job uncertainty during COVID-19. (Accessed: 24/02/22)https://www.nhs.uk/every-mind-matters/coronavirus/coping-with-money-worries-and-job-uncertainty-during-covid-19/.
[77] Mental Health Act 1983. Including Sections 3, 37, 41 and 47.
[78] In 2020-21 there were 41,509 detentions under Section 2 of the Mental Health Act, representing 78% of all detentions. Section 2 authorises people to be detained for up to 28 days. NHS Digital. Mental Health Act Statistics, Annual Figures – 2020-21. (Accessed: 14/03/22) https://digital.nhs.uk/dataand-information/publications/statistical/mental-health-act-statistics-annual-figures/2020-21-annual-figures.

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Automatically offering MHBS to people detained for potentially longer-term admissions would ensure that those whose incomes are likely to be adversely impacted by extended admissions can be supported. Systematically offering this intervention to people formally detained under potentially longer-term sections, targets the core group of people the MHBS mechanism was intended for.

This would also ensure opportunities to support people through formal debt advice after discharge are not missed, and people will be supported to resolve financial difficulties and help to prevent financial worries from hindering recovery.

How can we improve the support offer for people after they experience a mental health crisis?

When people are discharged from hospital, they are often returned to the same social and economic circumstances that may have contributed to their mental health crisis in the first instance. Without appropriate and targeted support, pre-existing or newly emerging financial difficulties can significantly trigger relapse and hinder recovery. For people with anxiety and depression, those with financial difficulty were 4.2 times more likely to still be experiencing a mental health problem 18 months after treatment than those without financial difficulties.[79]

Despite the obvious financial hardship that can arise during a mental health crisis, financial difficulties are often not considered in discharge planning when practitioners are looking to consider medical and clinical risks. Our previous research found that eight in ten (81%) survey respondents found that their crisis or relapse prevention plan did not mention personal finance – with four in five (79%) feeling that help in managing their finances would have led to a better outcome.[80]

"If I saw that person again, and it was on their relapse prevention plan that they'd needed some kind of financial support in the past, I would be asking... 'Things have been difficult again. How are your finances?'" Mental Health Practitioner.

Include a financial difficulties prompt in the new statutory Advance Choice Document

The Mental Health Act reform intends to make Advance Choice Documents (ACDs) a statutory instrument, enabling people to set out in advance their care and treatment preferences. Decision-makers will be legally required to consider the advance wishes of patients and inform care and treatment preferences. The Mental Health Act reform white paper stipulates that prompts of inclusion in ACDs will include:

- crisis planning arrangements including information about care of children/other dependents, pets, employment and housing.
- behaviours indicative of relapse

[79] Skapinakis P, Weich S, Lewis G,et al. Socio-economic position and common mental disorders: Longitudinal study in the general population in the UK. British Journal of Psychiatry 2006; 189: 109-117. Derived from Adult Psychiatric Morbidity Survey 2000 and follow-up, covering Great Britain.
[80] Bond N, Preece G. Not a Secondary Issue. Money and Mental Health Policy Institute. 2022.

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These prompts are welcome and will contribute to greater choice and personalisation of care and treatment preferences. However, while we appreciate that prompts cannot be exhaustive, the omission of crisis planning arrangements for finances, including for payments of ongoing liabilities and debts, is insufficient to safeguard people from the often predictable financial difficulties that can arise from a mental health crisis.

Widening out the scope of ACDs to include explicit prompts around people's financial support needs would encourage people to consider and stipulate their needs and preferences when well, for times when they are less well. Doing so would also help practitioners to better support the holistic needs of the people under their care. The overwhelming majority (86%) of survey respondents supported the idea of making plans ahead of time for how their finances will be managed when they are unwell.[81]

Money and Pensions Service (MaPS) and Local Authority commissioners should work together with Integrated Care Services to ensure debt advice is accessible for people with severe mental illness

MaPS, the largest single funder of debt advice in England, is responsible for and oversees the delivery of debt advice services. People in mental health crisis face physical barriers to accessing debt advice services. Advice sessions are primarily first accessed online, but for people who are digitally excluded, or have difficulties affording internet access, or simply struggle to engage via this communication channel, navigating online debt advice can be impossible. With the exception of a handful of excellent debt advice services across the country that offer outreach to Community Mental Team or inpatient units,[82] debt advice is rarely delivered where people are at. Therefore, while money advice is readily available, it can be inaccessible for people with severe mental illness.

MaPS should recognise both the cognitive and physical barriers that people in secondary mental health services currently face in accessing money advice services to prevent and resolve financial difficulties, by exploring ring-fenced funding to deliver integrated specialist money advice services that are accessible to people in secondary mental health care and to ensure that there is appropriate provision of accessible debt advice for those receiving inpatient mental health care.

There are multiple options for how this could be delivered:

- physically co-located debt advisors in inpatient settings and CMHTs
- outreach debt advisors visiting services
- training 'financial difficulty champions' within secondary mental health services, who act as a go-between, supporting service users to gather and provide relevant information to equip debt advisors to appropriately offer support.

[81] Money and Mental Health Survey. Base for this question: 173.

[82] Co-located debt advice and welfare rights services operate in a number of mental healthcare services, including outreach services in mental health hospitals, and co-located services in CMHT's, such as those run by Citizens Advice in Birmingham and Sheffield or local authority-run services in Hertfordshire.

Government should monitor that ICSs are sufficiently meeting the needs of people recently discharged from psychiatric hospital - by providing people with the specialist and accessible money advice services that they're entitled to under section 117 obligations of the Mental Health Act

Local authorities (and ICSs) have an obligation to provide aftercare services to certain qualifying people leaving psychiatric hospital under section 117 of the Mental Health Act.[83] Aftercare services that ICSs must provide should address needs that arise from a person's mental health problem(s) and reduce the risk of deterioration and readmission to hospital.[84]

Financial difficulties can be both a cause and a consequence of mental health problems. Specifically, in the case of bipolar disorder, impulsive spending makes up one of the diagnostic criteria for the condition.[85] It is unclear the extent to which local authorities and CCGs, now ICSs - are fulfilling their obligations under this legislation, and ensuring the financial needs of people are catered for.

Government should therefore monitor that ICSs are sufficiently meeting the financial care needs of people under s117 of the Mental Health Act, where their need for financial guidance, advice and assistance arise from their mental health condition. Where funding constraints are prohibiting ICSs from providing these services, government should seek to ring fence specific funds for this purpose.

[83] Section 117. Mental Health Act. 1983.
[84] Section 117. Mental Health Act. 1983.
[85] American Psychiatric Association. Diagnostic and statistical manual of mental disorders (5th ed.) 2013

Chapter 7- Next steps and implementation

What do you think are the most important issues that a new, 10-year national mental health plan needs to address?

Financial welbeing needs to be at the core of both the 10-year mental health plan and the national suicide prevention plan if they are to achieve their aim of improving the nation's mental health and reduce the number of people dying by suicide. This was always the case, but in the context of the cost of living crisis and a looming recession it has become ever more urgent. To achieve these aims, efforts are required at all the stages considered in this consultation: promotion, prevention, intervention, treatment and finally to crisis support.

Our finances affect all our lives, from the homes we live in, what we can afford on a day-to-day basis, how we cope with an unexpected cost and how we socialise and keep in touch with loved ones. Finances are closely linked to our mental health; lower living standards can make it harder to stay mentally healthy and live well with mental health problems. Tackling high rates of financial difficulties for both people with and without mental health problems is vital to break the toxic cycle of money and mental health problems.

Throughout this consultation response, we have made a suite of recommendations to government departments, regulators and essential services, support services and employers to break the links between mental health problems and financial difficulties. The recommendations sit in three broad areas, increase incomes, increase employment opportunities, and efficient resolution of problem debt.

Increase the incomes of people with mental health problems

- Boost the take-up of benefits by directing more funding to income maximisation and money advice services. While quantifying the size of the take-up gap is difficult, one estimate placed it at £15 billion in 2021.[86] When so many households face difficulty affording the essentials, it is vital that as many people as possible are receiving everything they are entitled to. The Money and Pensions Service has already committed to working with IncomeMax and integrating income maximisation support into other services.[87] These efforts should be sped up, expanded and targeted. Targeting delivery of money advice and income maximisation services through routine primary and secondary mental health care touchpoints - such as GP surgeries, IAPT, CMHTs and inpatient factilities - would help to reach this group of people who often struggle to access these services.[88]
- HMT and DWP should review the level and provision of Employment and Support Allowance to ensure that it adequately supports people experiencing mental health problems

[86]https://www.entitledto.co.uk/blog/2021/january/15plus-billion-unclaimed-means-tested-benefits-but-the-sketchy-take-up-data-makes-it-hard-to-say-for-sure/
[87] Money and Pensions Service. Delivery Plan for England. February 2022.
[88] Bond N and Holkar M. Help along the way. Money and Mental Health Policy Institute. 2020

- Government should require large companies to report on the pay gap between employees with and without mental health problems, to expose inequalities and discrimination.

Increase employment opportunities for people with mental health problems

- Government should increase the promotion of the Access to Work scheme for people with mental health problems and streamline access to the service
- DWP should improve mental health training for DWP staff by reviewing if and how DWP services are designed and delivered with an understanding of the cognitive and psychological needs of people with mental health problems. And audit how customer facing staff apply mandatory mental health training in dealings with customers
- DHSC and NHS England should direct funding for primary mental healthcare to areas where people face the longest waits, to reduce waiting times and support people's to recover more quickly and return to work
- Employers should require all managers to have practical mental health training as part of an employer plan for mental health
- Employers should develop a list of reasonable adjustments and proactively offer them to people with mental health problems

Support people with mental health problems to quickly and efficiently resolve problem debt

- MaPS should build into debt advice contracts the requirement for national services - including digital-only - to be built around the access needs of people with mental health problems.
- MaPS should extend mental health training requirements to national debt advice contracts, where the bulk of debt advice service provision will take place, and the primary route into debt advice for people with mental health problems.
- DHSC should embed routine enquiry about financial difficulties into routine care planning
- HMT should extend the reach of Mental Health Crisis Breathing Space by automatically offering it to people detained under the Mental Health Act

What 'values' or 'principles' should underpin the plan as a whole?

Social determinants like financial difficulty can significantly impact someone's likelihood of experiencing mental ill-health. Financial difficulties can also hinder recovery. Therefore, we recommend that acknowledging the impact of social determinants on mental health must be a primary consideration of the 10-year mental health plan and the revised suicide prevention plan.

How can we improve data collection and sharing to help plan, implement and monitor improvements to mental health and wellbeing?

To improve data collection to improve the nations mental health and wellbeing:

- The government should track and publish regional outcomes for people with and without mental health problems against key indicators including: income levels, employment rates, housing costs, quality of housing, waiting time for access to secondary mental health and therapeutic services. These insights should be used to

inform national action, and support devolved and local leaders to take local action that improves their outcomes.

- Devolved health services should provide more granularity when reporting on primary mental health service wait times, so it's clear how long people are waiting for different treatment types (for example face-to-face CBT or guided self-help). Funding should then be directed to reduce the longest waits. This would help to ensure that worryingly long wait times for mental health treatment are targeted and funded specifically.

Data collection also has a significant role to play in suicide prevention. By collecting data on the links between money and mental health, there is an opportunity to provide information to local councils that could inform local suicide prevention plans. To support plans, local authorities should:

- gather data on suicidality and financial difficulty, to help inform local initiatives aimed at breaking the link between the two, by the Ministry of Justice amending the Coroners (Investigations) Regulations 2013 so that Section 28 reports can be centralised on an annual basis.[89] This would enable more thorough monitoring and analysis of where debt is mentioned in coroners' reports.

[89] The Coroners (Investigations) Regulations 2013. Statutory Instruments 2013. No 1629. Part 7: 28/29.