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Author: Becca Stacey

Through the lens: Part one



## Through the lens: *Gender, money and mental health*

### Summary

- Across a range of financial indicators, those of us with mental health problems fare worse on average than people without such conditions. But with one in four adults experiencing a mental health problem in a given year, there are also notable inequalities within that population - including when we look through the lens of gender.
- Women with mental health problems are more likely to find it a burden to keep up with domestic bills and credit commitments (59%, versus 52% of men with mental health problems) - compared to just a 2 percentage point gap among men and women without mental health problems. Women with mental health problems are also overrepresented among people receiving income-related benefits.
- Despite this greater burden women face, in polling of people with mental health problems we found that men were nearly twice as likely to have had a healthcare professional ask whether they had any financial difficulties (34%, compared to 18% of women). A greater share of men had also been asked how their financial circumstances were affecting their mental health (42% compared to 31% of women).
- When it comes to seeking support from healthcare professionals, as well as essential services firms like banks or energy suppliers, a number of female respondents shared how they often felt they weren't taken as seriously because of their gender - closing off opportunities to get help or prevent issues arising in the first place.
- Male members of our Research Community did tell us how traditional expectations of men - avoiding talking about your mental health or asking for help - made it harder to engage with potential sources of support.
- To give everyone a better chance of escaping the toxic cycle of money and mental health problems, action is needed.
- Employers should support more people with mental health problems to balance work, health and care - a combination many women with mental health problems in particular are faced with juggling - by offering more roles flexibly.
- To prevent someone's gender influencing whether or not they get help, the NHS should introduce a routine inquiry about financial difficulties in primary and secondary mental health services, with clear signposting pathways in place to assist those who need it.
- Essential services firms should improve how they encourage, record and act on disclosures of mental health problems, ensuring their processes and training address the barriers people of differing genders face.
- To better understand the relationship between money and mental health, government departments should routinely investigate and report on the mental and financial health of people who are transgender, non-binary and gender-diverse.

## Introduction

The toxic cycle of money and mental health problems can affect almost anyone. A range of mental health conditions - which one in four of us will be affected by in any given year<sup>1</sup> - present similar difficulties, with challenges related to memory, motivation and decision-making all making it harder to stay on top of our finances. The impact can also be felt in the other direction. The current cost of living crisis, for example, has hit the nation's wellbeing, with three in five people polled in May 2022 saying that rising prices had had a negative impact on their mental health.<sup>2</sup>

Millions of people in the UK encounter this cycle, but how they experience it is not always the same. In the past, we've explored how factors like where we live<sup>3</sup> or who we have to support us<sup>4</sup> can influence whether we fall into difficulty in the first place and how quickly we get back to better financial and mental health. This paper - the first in a new series - continues that work, investigating how gender interacts with our money and mental health. In subsequent papers, we'll look at age and ethnicity, all with the aim of understanding which challenges are most acute for which groups, whether policy responses are particularly effective for some but leaving others behind, and setting out what more needs to be done to ultimately break the cycle of money and mental health problems for everyone.

## How our gender interacts with our mental health

While many of the challenges people with mental health problems who are different genders face are shared, that doesn't mean they're always equally affected by these. Some issues can be a relatively small problem for men but a bigger hurdle for women, and vice versa. In some instances, challenges can be specific to a particular gender - for example, people who are non-binary might experience difficulties separate to those experienced by men and women.<sup>5</sup>

To begin to understand the relationship between these issues, we first asked our Research Community - a group of over 4,500 people with lived experience of mental health problems - about how their gender interacts with their mental health.<sup>6</sup> The most common theme raised by

female respondents was the effect that hormonal shifts, for instance around menstrual cycles or during the menopause, could have on their mental health.

"Personally I think my hormones have a huge impact on my mental state. My issues definitely change around my cycle. Now I am getting older and approaching the menopause, I feel my body is changing in terms of energy, hair thinning, facial hair, weight gain, sweats etc. so it does impact my mood and ability to leave the house or do anything from simple things like doing the dishes to making a longer trip out to grocery shop." Female expert by experience

The main point raised by men was the barrier they face in asking for help with their mental health, due to perceptions of what men should and shouldn't do.

"There is still an expectation in society for men to be financially successful and able to provide for a family, and they are not encouraged to talk about their problems, but rather expected to 'man up' and keep going." Male expert by experience

"It's more difficult for a man to admit that he is suffering mentally and to ask for help." Male expert by experience

Some transgender respondents mentioned the social isolation and stigma they face, again as a result of societal attitudes.

"I am struggling so much with my mental health, and on top of it I am a closeted trans man so I can't even be myself to people I'm close with, it feels like I'm living a lie." Male expert by experience

## The increased financial burden women with mental health problems face

We next turn to gender's connections with money and mental health.<sup>7</sup> There is no single measure that can tell us everything we want to know about our money and mental health. 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.<sup>8</sup> That idea - 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.

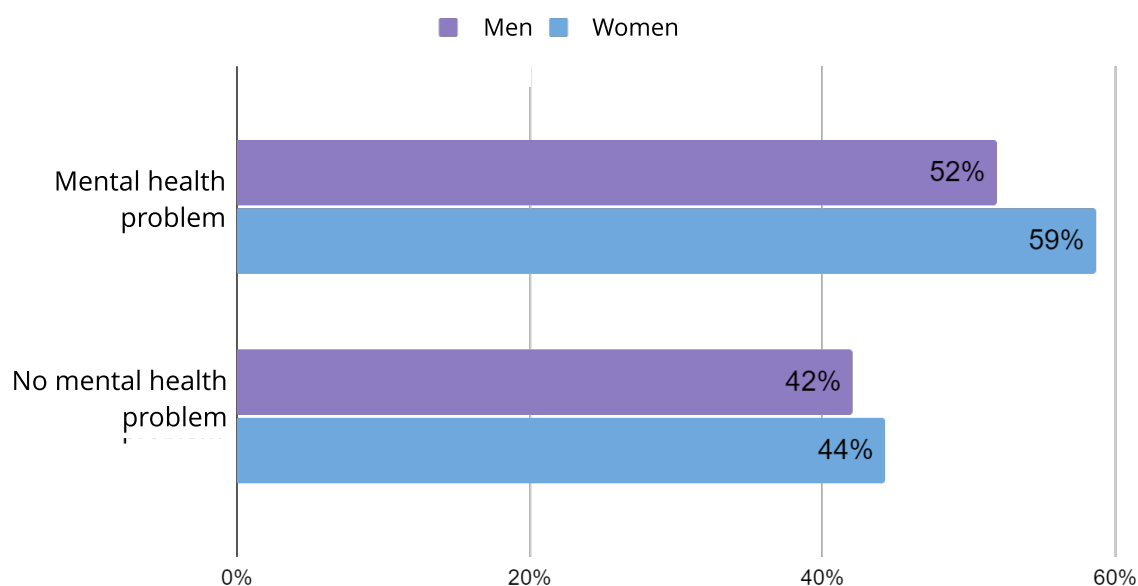
On this question, the difference between people with and without mental health problems is greater than the difference between men and women with mental health problems.<sup>9</sup> That said, the extent to which women with mental health problems are more burdened by these payments than men is still noteworthy (59% and 52% respectively). This gender gap is wider among people with mental health problems than for those without, with a smaller gap between women and men without mental health problems (44% and 42% respectively). The combination of mental

health problems and gender combined is therefore placing an additional level of burden on women with mental health problems.

Women with mental health problems aged 18-34 and 35-54 are particularly burdened by these costs (70% and 69% respectively), compared to women aged 55+ (34%).<sup>10</sup> There are a number of factors - including childcare - that could be contributing to this increased disparity, and our upcoming research into the impact of age on money and mental health will look into these differences between age groups in more depth.

### Figure 1: Women with mental health problems are more likely to be financially burdened than men with mental health problems

The percentage of people who say that keeping up with domestic bills and credit commitments is a burden, by gender and mental health problems



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

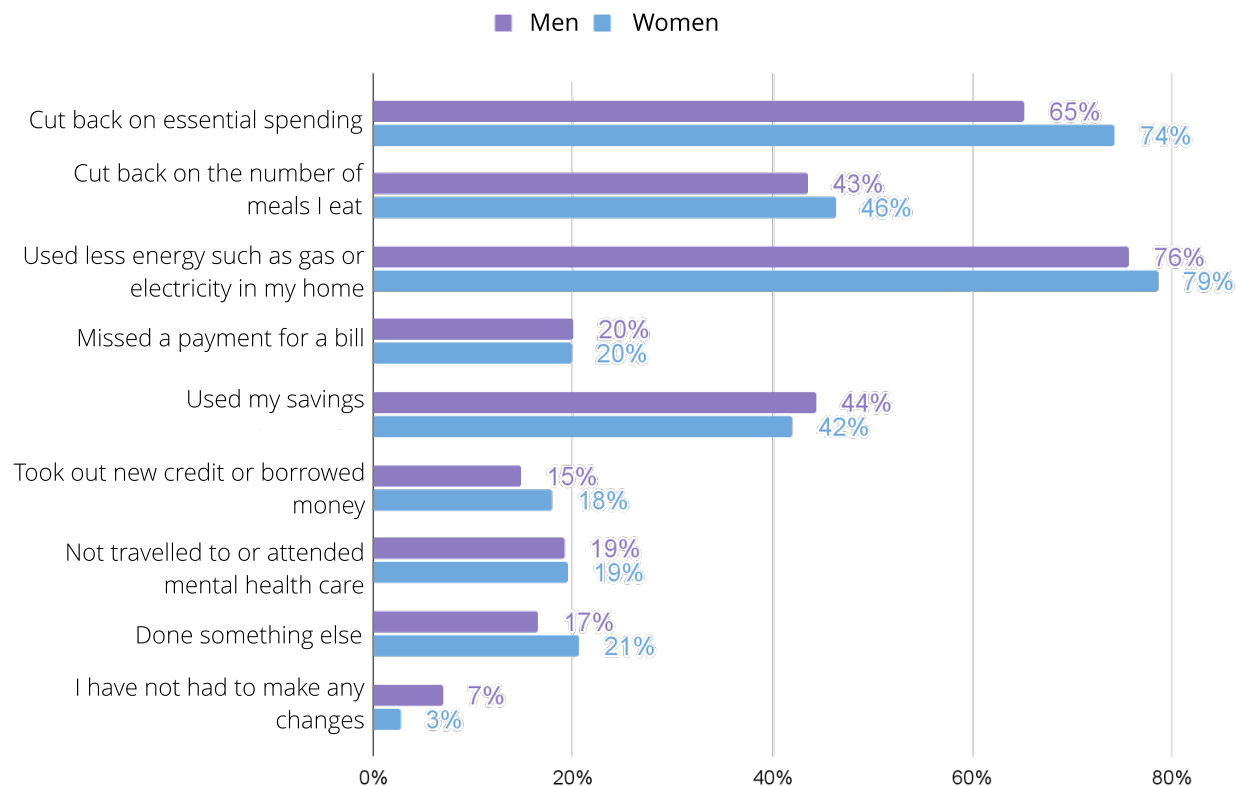
Despite this increased burden that women with mental health problems experience, when it comes to missed payments on bills and other essential outgoings, men and women with mental health problems were actually equally likely to be one or two months (2% respectively) or three or more months (9% respectively) behind on these payments.<sup>11</sup>

In light of this, it's interesting to consider research conducted by the Financial Conduct Authority and Living Wage Foundation which shows that when faced with financial hardship, a greater proportion of women than men cut back on essentials.<sup>12 13</sup>

This is also reflected in findings from our Research Community. In response to the recent rise in the cost of living, 74% of female respondents have cut back on essential spending e.g. food, toiletries, petrol, compared to 65% of men. Indeed, across a range of adaptations - including cutting back on the number of meals eaten and using less energy - women had more frequently felt forced to make shifts. The only change men had made more than women was to use their savings. This tallies with our analysis of the Financial Lives survey, that shows men with mental health problems have better levels of savings<sup>14</sup> than women with mental health problems (55% and 50% respectively).<sup>15</sup>

**Figure 2: Women with mental health problems are more likely than men to have had to make changes in response to the rise in the cost of living**

The percentage of people with people with mental health problems who have had to make changes in response to the rise in the cost of living, by gender



*Source: Money and Mental Health survey of 378 people. Base for this question: 378.*

*Note: The examples provided to prompt people on how they could respond to ‘done something else’, included working more hours, and spending less on childcare or non-essentials.*

### The reduced financial resilience women with mental health problems face

The fact that men with mental health problems are less likely to have to cut back on essentials in response to the recent rise in the cost of living, and are less burdened by domestic bills and credit commitments, is symptomatic of the slightly greater financial resilience they experience compared to women with mental health problems.

A good income is key to financial resilience. It provides us with the means to weather sudden income drops and unavoidable rises in expenditure, as well as save for retirement. However, many women - especially those with mental health problems - face barriers to good earnings from work, and their incomes suffer subsequently as a result of the inadequacy of social security rates.

When asked what impact their gender has on their finances, the most common points raised by women in our Research Community was how unpaid caring responsibilities mean they are less able to take up or increase their hours of paid work, and the gender pay gap.<sup>16</sup>

“As a female in a heterosexual relationship, the societal expectations of ‘wife, mother, carer’ can place an unequal burden physically and emotional and financially upon a female i.e. lack of own money or less due to caring responsibilities and the worry can all impact mental health and well being. No time to care for your own health can negatively impact.” Female expert by experience

These barriers to decent earnings that women with mental health problems face are the same barriers that many women more generally encounter.<sup>17 18</sup> The extent to which women experience these

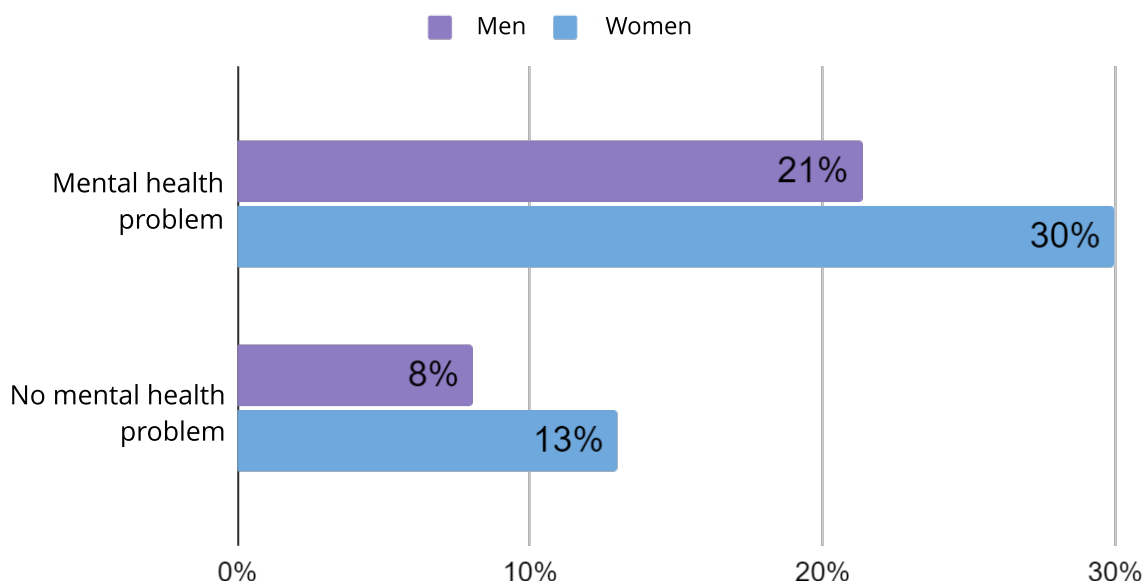
barriers more than men does not differ greatly between those with and without mental health problems.<sup>19</sup> But because the overall levels of hours worked and income received are lower for men and women with mental health problems in comparison to their counterparts without, women with mental health problems face a compounded negative impact.<sup>20</sup>

It is unsurprising, therefore, that women with mental health problems are 9 percentage points

more likely to be in receipt of income-related benefits and tax credits than men with mental health problems (30% and 21% respectively). This compares to 13% of women and 8% of men without mental health problems. 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,<sup>21</sup> leaving many women with mental health problems who receive these less financially resilient.

**Figure 3: Women with mental health problems are more likely than men to be in receipt of income-related benefits and tax credits**

The percentage of people in receipt of income-related benefits/tax credits by gender and mental health problem



*Source: Money and Mental Health survey of 378 people. Base for this question: 378.*

*Note: The examples provided to prompt people on how they could respond to 'done something else', included working more hours, and spending less on childcare or non-essentials.*

### How gender impacts on the support received with money and mental health

While experiences in the labour market and in the social security system shape our incomes, another important consideration when it comes to money and mental health is how easily we can access and engage with support. The links between poor mental and financial health are well-established, with those who struggle financially often facing challenges with their mental health.<sup>22</sup> Despite this, many people with mental health problems are not being asked about or offered support that addresses the impact of their finances on their

mental health. Given the increased financial difficulty that women face, it is particularly concerning that they are less likely to be asked about or given support that addresses this link than men.

When it comes to accessing mental health support more generally, data collected for NHS Digital suggests that men with common mental disorders (CMD) may be less likely than women with similar conditions to be using treatment, due to long-standing stigma and a reluctance to talk about mental health.<sup>23</sup> We have identified a similar pattern in our own research, with 56% of women



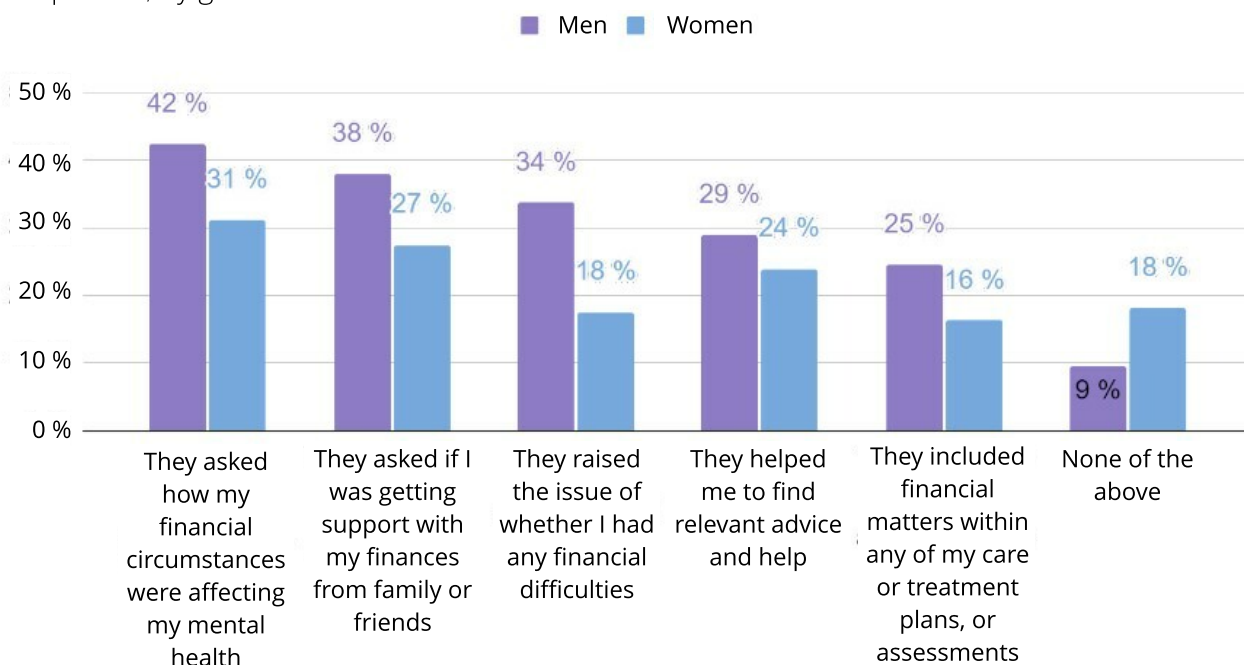
receiving medication for their mental health compared to 46% of men, and 47% of women and 36% of men receiving any therapy or counselling.<sup>24</sup>

However, while a smaller share of men with mental health problems appear to be asking for help or receiving support with their mental health, polling we commissioned in 2021 found they are twice as likely as women to have spoken to a health or social care professional about how their financial circumstances affect their mental health (30% and 15% respectively). A greater share of men with severe mental illness in particular discussed this with a health or social care professional (49% compared to 21% of men with CMD).

This, in part, may be due to the fact that men are nearly twice as likely to have had a health or social care professional raise the issue of whether they had any financial difficulties (34% compared to 18% of women with mental health problems), and a greater share of men are also asked how their financial circumstances are affecting their mental health (42% compared to 31% of women). After discussing the impact their finances have on their mental health, a higher proportion of men receive a more proactive response - such as being supported by a health and social care professional to find relevant advice and help, or having financial matters included in care and treatment plans or assessments.<sup>25</sup>

**Figure 4: Men with mental health problems were more likely to receive support from a health or social care professional after speaking about how their financial situation impacted on their mental health**

The percentage of people with mental health problems who when they last spoke to a health or social care professional about their financial circumstances, received one of the following responses, by gender



[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.](#)

Female members of our Research Community discussed how they don't always feel taken seriously in a mental health setting. This can lead to healthcare professionals asking fewer questions about the relationship between their money and mental health, and ultimately what support could be of benefit.

"I think too often women are considered to be irresponsible and emotional, which so often isn't the case but there are so many assumptions and generalisations that are ingrained in both financial and medical settings, leading the professionals working in them to stereotype people and therefore provide inadequate care. Obviously this is

not always the case but there needs to be a much better understanding of individuals and current situations and what leads people to struggle with both finances and mental health as the two are so intertwined and often sit hand in hand.” Female expert by experience

A vital opportunity to help break the link between money and mental health is therefore often being missed, especially among women where the risk posed by poor financial health is even greater.

### **The barriers to disclosing a mental health problem to an essential services provider**

When we're struggling with our mental and financial health, essential services firms also have a role to play in helping to break that vicious cycle.

Disclosing a mental health problem to an essential service provider can help the firm better understand the customer's needs, ensure that they are not disadvantaged when using the service and offer adjustments such as more affordable repayment plans. However, disclosure rates are generally very low. This is often because people don't think that telling a provider about their mental health problem is relevant, or they aren't aware that telling their provider would affect how it supports them.<sup>26</sup> Our research suggests a mixed picture when it comes to rates of disclosure between men and women,<sup>27</sup> and the responses received after doing so.<sup>28</sup>

What feedback from our Research Community does suggest is that some of the challenges women face more generally when it comes to engaging with essential services firms - in particular, feeling like they're not taken seriously - could present as a barrier to them disclosing their mental health problems to those providers.

“I find it more difficult speaking to people about finances as I've been treated like I'm stupid or don't understand money in the past- I believe because I'm a young woman- and advice is often generalised for this reason.” Female expert by experience

“Arranging deals & talking to customer services changes once they know I'm female. They expect a certain level of fluster, and won't set into motion things I ask for (like one set person for contact).” Female expert by experience

Given the extent to which men feel like they can't speak about, or admit they're struggling with, their mental health, it's probable that this also presents a barrier to disclosing their mental health problem to essential service firms.

“Being male, it is seen as more of a weakness to divulge your suffering.” Male expert by experience

### **Recommendations**

Stepping back, addressing the inequalities between people with and without mental health problems remains paramount. Broader action to narrow that overall gap is likely to deliver real benefits for people with mental health problems, regardless of their gender. But our findings also demonstrate how we experience the world differently, and that for action to be truly effective, it needs to take into account how our gender can interact with our money and mental health.

As a starting point, a better understanding of the relationship between money and mental health among a more diverse range of gender identities is needed. While we know that people who are transgender are more likely to have mental health problems and face barriers to good healthcare support,<sup>29</sup> our ability to explore how this interplays with their finances has been limited. That's because their experiences aren't captured in national research such as the Labour Force Survey and Family Resources Survey.

#### **To better understand this, government departments such as the Office for National Statistics and the Department for Work and Pensions should:**

- **routinely investigate and report on the mental and financial health of people who are transgender, non-binary and gender diverse.** In particular, this research should investigate the specific barriers to good mental and financial health that people who are all genders can experience.

## Reducing the disparity in financial resilience between people with mental health problems

Flexible working arrangements can support people with mental health problems to seek a sustainable balance between their work and mental health.<sup>30</sup> Such roles can be particularly crucial for women, who are more likely to have caring responsibilities.<sup>31</sup> But as members of our Research Community told us when asked how gender impacts on their finances, flexible roles can be hard to find.

"The gender pay gap [affects my finances] generally, as well as [the fact that] flexible roles to fit around caring responsibilities, and to accommodate physical ill-health, are harder to find and are most often at a more junior level than I am qualified for." Female expert by experience

### To support more people to balance work, health and care - a combination many women with mental health problems in particular are faced with juggling - employers should:

- **consider how they can offer more roles flexibly, both to existing staff and when recruiting new employees.** Proactively advertising roles as offering flexibility should also make the job-search process less daunting for people with mental health problems, especially for those who also have caring commitments, opening up more employment opportunities.

While offering roles flexibly by default would be hugely beneficial, there remains a power imbalance between employees and employers in many workplaces, with some members of staff potentially feeling that they are unable to ask for a reasonable adjustment, or that doing so represents too much of a risk. This is likely to be especially pertinent for women with mental health problems, with Research Community members telling us about the discrimination they have experienced when employers perceive caring responsibilities to be an existing or potential barrier to them undertaking their role. And in light of the increased

discrimination people who are transgender face in the workplace,<sup>32</sup> they will experience additional barriers to requesting adjustments.

"As a lady in my late 30s with no children, I feel like employers at interviews look at me assuming that I would soon be off on maternity leave and pass me over for offering a job role." Female expert by experience

"I spent quite a few years afraid to tell work that I am trans for fear of not being offered work. Now if I make one small request it causes me to not be offered work." Male expert by experience

As it stands, employees are given the right to request flexible working, but this can easily be rejected by employers.<sup>33</sup>

### To help reduce the barriers - some of which are gendered - that people with mental health problems can face when making flexible working requests, the government should:

- **introduce a right to flexible working for all employees.** This would mean all employers are required to offer flexible working, unless this would be incompatible with carrying out the job. When refusing a request, the onus should be on the employer to explain why a role cannot be offered flexibly. This would create a process similar to that under the Equality Act 2010, which places a duty on employers to facilitate all reasonable adjustment requests for people with disabilities.

### To discourage employers from denying such requests without appropriate cause, firms employing 250 or more staff should:

- **be required to publish the number of requests they receive, and the number of requests they refuse.** This would provide the public and the media with an insight into which firms are committed to opening up more opportunities for a more inclusive workforce.



As well as barriers to working more hours, people with mental health problems are also more likely to be overrepresented in lower-paid roles,<sup>34</sup> with those with mental health problems who are women, transgender and non-binary facing additional barriers to higher salaries and progression.

“Socialised to have lower expectations of salary and to be less assertive at work which in the long term leads to fewer promotions and pay rises.” Female expert by experience

“There seems to be issues around trans and non binary people getting passed over for promotion and better paid jobs in most companies I've worked for.” Non-binary expert by experience

#### To address this, employers should:

- **offer buddying systems to support people to settle into new roles, and mentoring and job shadowing to assist with progression.** While this would benefit people with mental health problems more generally, it would be of particular benefit to those who, as a result of their gender, face additional barriers to remaining in or progressing at work, helping them to sustain employment and develop their career prospects.

Even if the barriers that people with mental health problems face to good earnings through employment are removed, there will still be those who are unable to work or work less hours as a result of factors, including mental health and - particularly for women - caring responsibilities. People's income should not be penalised as a result of this and **the government should increase the value of income-related benefits**, so those who depend on these as a source of income are still supported and able to be financially resilient.

## Improving the support that people who are all genders receive with their money and mental health

Despite the high levels of financial difficulty that people with mental health problems face, there is currently no training offered to health and social care professionals on this link.

#### To address this and consider the role played by demographic factors, the Money and Pensions Service<sup>35</sup> should:

- **fund the development of training materials on the links between money and mental health, and the impact certain demographics such as gender can have on this, within Health Education England's<sup>36</sup> training site.** This would play a vital role in supporting practitioners to identify people at risk of or experiencing financial difficulties, and equip them with the skills and confidence to ask everyone with mental health problems about these issues. In turn, this will help to address the current situation where men are being asked more than women about how their financial situation is impacting on their mental health.

Even with this increased awareness, it can't be assured that this inquiry will become commonplace. **That's why the Department for Health and Social Care (DHSC), alongside the NHS, should:**

- **establish a routine inquiry about financial difficulties as standard in primary and secondary mental health services.** GPs, accident and emergency departments and community mental health teams should all routinely ask service users about their finances, with clear signposting pathways in place to assist those who need it. The directory

of services that healthcare professionals signpost to should also include services that are equipped to deal with gender-specific barriers to good mental and financial health.

When people with mental health problems are struggling financially, it's also important that they can get assistance from those who are providing their essential services and who they might be at risk of falling behind on payments to. However, people often feel uncomfortable or unsure about disclosing their mental health problems and the reasons for not wanting to disclose can be different depending on someone's gender.

### **Essential services providers, therefore, should:**

- **deliver training and implement processes that encourage disclosure,**<sup>37</sup> and instead of taking a one-size fits all approach, ensure they acknowledge and address the different barriers that people can face to disclosure as a result of their gender.
- **Once someone has disclosed, they must then use this information to provide effective support,** such as offering realistic repayment plans, freezing interest and charges and review of decisions to escalate debt collection activity to external agents where people are identified as having mental health problems.

## **Endnotes**

<sup>1</sup> McManus S et al. Adult psychiatric morbidity in England, 2007. Results of a household survey. NHS Information Centre for Health and Social Care. 2009.

<sup>2</sup> D'Arcy C. A tale of two crises: the cost of living and mental health. Money and Mental Health. June 2022.

<sup>3</sup> Stacey B and D'Arcy C. No one left behind: making levelling up deliver for people with mental health problems. Money and Mental Health Policy Institute. July 2022.

<sup>4</sup> Bond N, Alpin K and Holkar M. A little help from my friends: Tools to support financial decision-making for people with mental health problems. July 2019.

<sup>5</sup> While certain limitations with external datasets means this paper

does not fully explore the challenges experienced by those who are transgender, nonbinary and gender-diverse, where possible, we've attempted to shed light on some of these experiences through feedback from our Research Community.

<sup>6</sup> Money and Mental Health survey of 369 people. In response to a question about how people would describe gender, 24% said male, 73% female, 2% non-binary, and 1% selected other (with the option for people to list their identity in their own words). Base for this question: 368 In response to a question about whether people identified as transgender, 2% said yes. Base for this question: 367.

<sup>7</sup> As well as the findings featured in this policy note, we also researched how gender and mental health impacts on access to financial products. These findings did not suggest that gender makes a significant difference in terms of access across people with mental health problems, however.

<sup>8</sup> Question asked in the Financial Conduct Authority's Financial Lives 2020 survey.

<sup>9</sup> People with mental health problems are 13 percentage points more likely to find keeping up with domestic bills and credit commitments a burden than people without - the gap between men and women with mental health problems is 7 percentage points [Source: Money and Mental Health analysis of the Financial Conduct Authority's Financial Lives 2020 survey].

<sup>10</sup> Money and Mental Health analysis of the Financial Conduct Authority's Financial Lives 2020 survey.

<sup>11</sup> Money and Mental Health analysis of the Financial Conduct Authority's Financial Lives 2020 survey.

<sup>12</sup> <https://www.livingwage.org.uk/news/cost-living-crisis-affecting-women>

<sup>13</sup> <https://www.fca.org.uk/insight/gender-personal-finances-and-covid-19>

<sup>14</sup> Enough to cover living expenses, without having to borrow any money or ask for help from friends or family, for three months or more if you lost your main source of household income.

<sup>15</sup> Money and Mental Health analysis of the Financial Conduct Authority's Financial Lives 2020 survey.

<sup>16</sup> Money and Mental Health survey of 369 people. Base for this question: 147.

<sup>17</sup> Office for National Statistics. Gender pay gap in the UK: 2021. 2021.

<sup>18</sup> Women's Budget Group. Spring Budget 2022: Social security and gender. March 2022.

<sup>19</sup> Men with and without mental health problems who are prime working age, are both 26 percentage points more likely to be in full-time work than their female counterparts. Equally, when it comes to pay, the gap is similar - women with mental health problems are six percentage points more likely to be earning below the London real Living Wage than their male counterparts, and the gap between women and men without such conditions is five percentage points. When it comes to earning below the UK real Living Wage, the difference is actually smaller between men and women with mental health problems than those without (4 percentage points versus 10 percentage points respectively). [Source: Money and Mental Health analysis of Office for National Statistics, Labour Force Survey quarter 2 - 4 2021 and quarter 1 2022.]

<sup>20</sup> Women with mental health problems who are prime working age are the least likely to be working full-time (61%), compared to men with mental health problems (87%), and women and men without such conditions (68% and 94% respectively). They are also the most likely to be earning below the UK real Living Wage (32%), compared to men with mental health problems (28%), and women and men without such conditions (24% and 15% respectively). It's interesting to note, however, that in London those with mental health

problems are slightly less likely to be earning below the London real Living Wage (21% of women and 15% of men with mental health problems, compared to 22% of women and 16% of men without such conditions). [Source: Money and Mental Health analysis of Office for National Statistics, Labour Force Survey quarter 2 - 4 2021 and quarter 1 2022.]

<sup>21</sup> 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. September 2020.

<sup>22</sup> Money and Mental Health Policy Institute. Money and Mental Health: The Facts. 2019.

<sup>23</sup> NHS Digital. Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014. 2016.

<sup>24</sup> These figures come 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.

<sup>25</sup> These figures come 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.

<sup>26</sup> Holkar M. Time to Act: The Equality Act, essential services and people with mental health problems. Money and Mental Health Policy Institute. February 2022.

<sup>27</sup> When surveying our Research Community, 43% of women compared to 34% of men agreed that they had told an essential service provider about their mental health problem. [Source: Money and Mental Health survey of 369 people. Base for this question: 365.] Whereas polling showed that between the following types of essential service providers (energy, water, financial services, telecoms, HMRC and local council), 17% of men on average were likely to disclose their mental health condition, compared to 9% of women on average. [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].

<sup>28</sup> When surveying our Research Community, after telling their essential service provider about their mental health problem, women were more likely to agree that they felt listened to than men (35% and 29% respectively), and a slightly greater share agreed that they were given the right support (31% and 29% respectively), but they were slightly less likely to agree that they felt like their issue was taken seriously (30% and 32% respectively). [Source: Money and Mental Health survey of 369 people. Base for these questions: 152, 152 and 151.] Whereas polling showed that between the following types of essential service providers (energy, water, financial services, telecoms, HMRC and local council), 67% of men on average and 60% of women on average were offered additional services or support after disclosing their mental health problem. [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].

<sup>29</sup> Bachmann C L and Gooch B. LGBT in Britain: Health Report. Stonewall. 2018.

<sup>30</sup> 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.

<sup>31</sup> <https://equalities.blog.gov.uk/2020/01/16/how-flexible-working-can-help-close-the-gender-pay-gap/>

<sup>32</sup> Hudson-Sharp N and Metcalf Hilary. Inequality among lesbian, gay bisexual and transgender groups in the UK: a review of evidence. National Institute of Economic and Social Research. 2016.

<sup>33</sup> Money and Mental Health Policy Institute. Closing the gap: The final report of the Mental Health and Income Commission. February 2021.

<sup>34</sup> 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. September 2020.

<sup>35</sup> The Money and Pensions Service is a government arms-length body responsible for raising financial wellbeing in the UK.

<sup>36</sup> Health Education England supports the delivery of health services by offering over 450 free training programmes to health and social care professionals across the NHS.

<sup>37</sup> Specific examples of this can be found in our report: Holkar M. Time to Act: The Equality Act, essential services and people with mental health problems. Money and Mental Health Policy Institute. February 2022.