

Money and Mental Health submission to the Public Accounts Committee's call for evidence on Progress Improving Mental Health Services

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 nearly 5,000 people with lived experience of mental health problems or of caring for someone who does.

This written submission has been informed by this powerful, lived experience testimony and our wider body of research. It draws largely on two reports: [The State We're In](#), which offers a state-of-the-nation snapshot of the financial and mental well-being of people across the UK during the pandemic, and [Bombarded](#), which reveals the psychological harm caused by the cost of living crisis. These reports relied on a mix of qualitative and quantitative research. This includes online polling of 5,001 people with lived experience of mental health problems and 1,000 people who had never experienced mental health problems as well as several surveys of over 400 members of our Research Community. Unless otherwise specified, all quotes in this response are drawn directly from our Research Community.

There are many risks and challenges faced by the Department of Health and Social Care (DHSC), NHS England (NHSE) and Health Education England (HEE) in expanding and improving mental health services. Our response focuses on the risks and challenges posed by links between money and mental health problems, which are particularly prominent on the back of the pandemic and in the midst of the cost of living crisis.

With the Covid-19 pandemic and subsequent cost of living crisis leading to a rise in both the number of people with mental health problems and the number of people experiencing financial difficulty, the evidence we present here reveals a range of urgent challenges that need tackling. We respond to one question from the Committee's call for evidence and present recommendations for how mental health problems and financial difficulties can be addressed by health services to make progress against ambitions to expand and improve NHS-funded mental health services.

Background

Financial difficulties are a key driver of mental health problems which can make managing finances harder

- Mental health problems and financial difficulties are inextricably linked. Mental health problems mean you are more likely to be in financial difficulty, with almost one in five (18%) people with mental health problems in problem debt¹. In turn, those of us struggling with our finances are more likely to experience mental health problems - nearly half (46%) of people in problem debt have a mental health problem.²

¹ Money and Mental Health Policy Institute. The Facts. (Accessed: 27/03/23)

² Money and Mental Health Policy Institute. The Facts. (Accessed: 27/03/23)



- Financial difficulties not only drive the onset of mental health problems but also contribute to keeping people unwell: people with depression and problem debt are 4.2 times more likely to still have depression 18 months later than people without financial difficulty.³

Increases in the number of people experiencing mental health problems which arose from the Covid-19 pandemic have continued to be compounded by the cost of living crisis.

- ONS data on the cost of living crisis suggest the increase in mental health problems arising from the Covid-19 pandemic has been compounded by the cost of living crisis. For the period 29 September to 23 October 2022, around one in six (16%) adults experienced moderate to severe depressive symptoms, which is similar to the rate in summer 2021 in the midst of the pandemic (17%) and significantly higher than pre-pandemic levels (10%).⁴
- The cost of living crisis is a mental health crisis. People who reported difficulty paying their energy bills were 2.5 times more likely (24%) to experience moderate to severe depressive symptoms than those who had no difficulty (9%).⁵
- National polling carried out in November 2022 found that more than half of UK adults (54%) report having felt either anxious, depressed, filled with dread or unable to cope - or a combination of these emotions due to concerns about their finances.⁶
- For some, this was particularly acute, with one in six (17%) saying that they had experienced suicidal thoughts or feelings as a result of the rise in the cost of living. That share was even higher among people who were in debt, rising to half (49%) of those who were behind on more than one kind of payment, like energy bills or rent.⁷
- People with pre-existing mental health problems have entered the overlapping crises of Covid-19 and the cost of living in a more financially precarious position than those without mental health problems.⁸ These challenges have placed huge pressure on already overstretched mental health services and significantly impact services' abilities to meet targets set for achieving parity of esteem between mental and physical health problems.

Already overstretched mental health services are ill-equipped to respond holistically to people's dual needs of mental health problems and financial difficulties

³ Money and Mental Health Policy Institute. The Facts. (Accessed: 27/03/23)

⁴ Office for National Statistics (ONS). Cost of Living and depression in adults in Great Britain. September to October 2022.

⁵ Office for National Statistics (ONS). Cost of Living and depression in adults in Great Britain. September to October 2022.

⁶ D'Arcy C. Bombarded: reducing the psychological harm caused by the cost of living crisis. Money and Mental Health Policy Institute. 2022

⁷ D'Arcy C. Bombarded: reducing the psychological harm caused by the cost of living crisis. Money and Mental Health Policy Institute. 2022

⁸ Bond N and D'Arcy C. The state we're in. Money and Mental Health Policy Institute. 2021.



- Our research with people with lived experience of mental health problems shows that almost three-quarters (74%) said that waiting to access a mental health service had an impact on their mental health, and more than half (52%) said it impacted their finances.⁹
- Despite the strong links between our money and mental health, those of us using mental health services are not routinely asked about whether our finances are affecting our mental health.
- Individual mental health practitioners, when made aware of service users' financial difficulties, will often try to assist. But with few direct referral pathways between mental health and money advice services, practitioners often end up spending valuable clinical time trying to assist people without the knowledge or skills to do so.¹⁰

As the Covid-19 backlog of people seeking support with their mental health is dealt with and the cost of living crisis continues to impact people's finances, opportunities to break the links between money and mental health problems must be maximised. In this response, we set out practical recommendations for how DHSC, NHSE and HEE can overcome the dual challenges of mental health problems and financial difficulties arising from the pandemic and the cost of living crisis. Expanding services and taking steps to integrate support for money worries and money advice into mental health services would support the government in getting closer to meeting people's holistic needs and in improving NHS-funded mental health services.

Are the Department of Health and Social Care, NHS England and Health Education England well placed to overcome the risks and challenges, including the impact from COVID-19, to achieve future ambitions for expanding and improving NHS-funded mental health services?

Rising rates of mental health problems in the wake of the pandemic, and subsequently, the cost of living crisis, mean that meeting targets for expanding and improving mental health services has become harder. Many of our Research Community respondents have cited long wait times as a key barrier to accessing mental health support, but how long those in need of support will have to wait highly depends on where we live.¹¹ The Improving Access to Psychological Therapies (Talking Therapies) programme is a common route into mental health services. While the average wait time between the initial assessment appointment and a second appointment to begin treatment in Talking Therapies is 53 days, this varies from 12 days in the East Riding of Yorkshire to 153 days in Barnsley.¹²

Long waitlists can mean that those who can afford to turn to private mental healthcare. However, given the links between mental health problems and financial difficulty, there are many more who are priced out. They often see their conditions deteriorate and delay returning to

⁹ Stacey B and D'Arcy C. No One Left Behind: Making levelling up deliver for people with mental health problems. Money and Mental Health. July 2022.

¹⁰ Clarke T. Whose job is it anyway? Money and Mental Health Policy Institute. 2017

¹¹ Stacey B and D'Arcy C. No One Left Behind: Making levelling up deliver for people with mental health problems. Money and Mental Health. July 2022.

¹² Baker C. Mental health statistics (England). House of Commons Library. 2021

work - experiencing greater financial difficulties while they wait.¹³ The longer that someone is out of work, the less likely they are to return. The financial consequences for people with mental health problems can be lifelong. Almost three-quarters (74%) of Research Community respondents said that waiting to access a mental health service had an impact on their mental health, and more than half (52%) said it impacted their finances.¹⁴

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

To reduce the striking regional inequalities that mean that your ability to access mental healthcare, whether primary or secondary, is dependent on where you live, **the NHS should direct funding to reduce the longest waits for all mental health services.** This would support the delivery of timely access to mental health support for everyone, reducing the potential impact on people’s finances. We are aware, though, that the healthcare workforce is under immense pressure and that any recommendations around setting and achieving wait time targets fundamentally rely on sufficient funding to the workforce.

Effectively identifying and supporting people with mental health problems in financial difficulty remains a challenge for mental health services

While mental health services are struggling to keep pace with increasing demand for treatment, they’re also missing vital opportunities to respond to people’s holistic needs. This includes financial difficulties, which can serve as a cause and consequence of mental health problems. There are multiple challenges to identifying financial difficulty among those using mental health services.

Health or social care professionals often do not raise the links between money and mental health problems. Only one in five (22%) survey respondents with experience of mental health problems had spoken to a health and social care professional about how their financial circumstances affected their mental health.¹⁵ While those using secondary mental health services are more likely to have had this kind of discussion,¹⁶ most people (90%) receive treatment for a mental health problem through primary care services.¹⁷ This is, therefore, a critical missed opportunity to sever the toxic links between money and mental health for many of us seeking support.

Importantly, responsibility for the disclosure of financial difficulty in mental health services is not only on the individual service user. The stigma, shame and embarrassment that can be

¹³ Bond N and Braverman R. Too ill to work, too broke not to. Money and Mental Health Policy Institute. 2018

¹⁴ Stacey B and D’Arcy C. No One Left Behind: Making levelling up deliver for people with mental health problems. Money and Mental Health. July 2022.

¹⁵ Bond N and D’Arcy C. The State We’re In. Money and Mental Health Policy Institute. 2021.

¹⁶ Around half of people in receipt of secondary mental health services such as admission to psychiatric hospital (58%), treatment from the community mental health team (53%) and mental health crisis treatment (53%) spoke to healthcare professionals about how their financial circumstances were affecting their mental health.

¹⁷ Mental Health Taskforce. The Five Year Forward View for Mental Health. 2016.

attached to experiences of both money and mental health problems can understandably make disclosure doubly difficult. Yet less than three in ten people (28%) with experience of mental health problems were ever proactively asked about their finances by a health and social care professional.¹⁸

“When I was under the care of the local mental health team, they didn't ask me once about finances. Luckily, I had family who could support me at the time, but looking back, I'm really surprised they didn't at least raise it or mention that I could qualify for benefits as a result of my mental health and circumstances.” Expert by experience

Given the huge barriers people often have to overcome to disclose financial difficulty in the first place, and in recognition that people with mental health problems are more likely to be struggling financially, **a ‘routine enquiry’ should be established as standard in primary and secondary mental health services.** GPs, accident and emergency departments and community mental health services should all routinely ask service users about their finances, with clear signposting pathways to appropriate support in place for those who need it.

This should be further strengthened by the inclusion of routine enquiry into personal finances embedded into secondary mental health services through the inclusion in care and treatment planning documents. **The DHSC should include a separate section around a consideration of and planning for financial matters in Advanced Choice Documents (ACDs) and Care and Treatment Plans (CTPs).** This would establish a systemic approach to the identification of financial difficulties through specific financial prompts, which would help to break the links between mental health problems and financial difficulties for those who are acutely unwell.

However, even after a person using mental health services has disclosed that they are experiencing money problems, some healthcare professionals are missing the opportunity to offer comprehensive support. Our research reveals that while some people who did disclose financial difficulty in a mental health setting were offered follow-up support, the extent to which professionals were taking advantage of that opportunity to intervene differed by treatment pathway.¹⁹ Those using secondary care services were more likely to receive follow-up support with their finances than those using primary care services. Six in ten people (58%) admitted to hospital disclosed financial problems to a healthcare professional, but only four in ten (39%) of those were offered support. While in primary healthcare services, such as GP surgeries, just under three out of ten (28%) people disclosed financial problems to primary healthcare services, and only two out of ten (19%) were offered support.²⁰

In order to help health and social care professionals to adopt a routine enquiry into financial well-being and to equip them to better support the people with money and mental health problems that they already see on a day-to-day basis, **mental health service providers**

¹⁸ Bond N and D'Arcy C. The State We're In. Money and Mental Health Policy Institute. 2021.

¹⁹ Bond N and D'Arcy C. The State We're In. Money and Mental Health Policy Institute. 2021.

²⁰ Bond N and D'Arcy C. The State We're In. Money and Mental Health Policy Institute. 2021.



should offer training on financial difficulty to staff. This could be achieved through better promotion of the HEE e-learning module on financial well-being for healthcare professionals.

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For professionals in mental health settings, referring those of us struggling with *both* our mental health and money to support services can be easier and more effective when those services are joined up. While some promising examples of the co-location of mental health services and money advice exist²², this support remains patchy, and people without access to it risk slipping through the net of support. We'd like to see a **more comprehensive integration of specialist advice services in mental health settings**, including talking therapies delivered through IAPT, to help reach those most at risk of poor mental health related to financial difficulty.

Breaking the link between financial difficulty and suicide

In the extreme, financial difficulties can lead to suicidality. Over 420,000 people in problem debt consider taking their own life in England each year, and more than 100,000 people in debt actually attempt suicide.²³ Those of us in problem debt are three times as likely to have thought about suicide in the past year.²⁴ While it is often a complex combination of factors that leads someone to take their own life, there are two key financial drivers of suicidality. The first is long-term financial difficulties, including persistent poverty, financial insecurity, and the burden and stigma of debt. The second is sudden financial triggers such as income shocks like job loss or benefit sanctions, or aggressive debt collection activity.

People who experience suicidality can feel trapped, overwhelmed and a burden to others. These feelings of hopelessness are often reflected in the psychological responses people feel when in financial difficulty. The double stigma associated with both suicidality and financial difficulty means that it can be especially tricky for people struggling with the two to disclose their problems to those who could support them. Without the right support, there is a greater risk of moving beyond suicidal ideation to intent and attempts.²⁵

Concerningly, the cost of living crisis has exacerbated the mental and financial difficulties many people were already facing.²⁶ Our more recent research has shown that one in six people have experienced suicidal thoughts or feelings as a result of the rise in the cost of living this year, and

²¹ Health Education England. [Elfh module](#): All Our Health: Financial Wellbeing. (Accessed: 29/03/23)

²² A number of local services provide targeted welfare and debt advice to people with mental health problems, either through direct referral pathways with community psychiatric nurses (Citizens Advice Birmingham), community delivery in mental health support facilities (Citizens Advice Bradford & Airedale), and targeted support to people with mental ill health (Hertfordshire Money Advice Unit). A trial for combining psychological therapy and money advice in IAPT is also underway in Lambeth and Southwark in South London.

²³ Holkar M and Bond N. A Silent Killer: Breaking the link between financial difficulty and suicide. Money and Mental Health. September 2018.

²⁴ Holkar M and Bond N. A Silent Killer: Breaking the link between financial difficulty and suicide. Money and Mental Health. September 2018.

²⁵ Holkar M and Bond N. A Silent Killer: Breaking the link between financial difficulty and suicide. Money and Mental Health. September 2018.

²⁶ D'Arcy C. A tale of two crises: the cost of living and mental health. Money and Mental Health. June 2022.

this number rises to nearly half (49%) for those who were behind on more than kind of payment, such as rent or energy bills.²⁷ The current economic circumstances make the need to protect people in these difficult circumstances even more pressing.

“Unrelenting stress of worry and having to do without etc. Makes managing mental health impossible as it’s a constant barrage of problems and concerns, and everything just gets worse by the day. It has led to me having suicidal ideation.” Expert by experience, May 2022

If we hope to prevent suicide, the links between financial difficulty and suicidality must be tackled comprehensively in the National Suicide Prevent Strategy. It has been a decade since the last version of the Strategy, which only briefly discussed the link. The conflation of wider economic conditions with personal financial problems within the national strategy made it harder for local suicide prevention strategies to put in place tangible solutions to tackle the problem. **The DHSC should urgently publish the National Suicide Prevention Strategy, which should address the links between suicidality and financial difficulty.** The updated Strategy should disentangle these issues and place emphasis on immediate action, given the gravity of the cost of living crisis.

While in January 2023, the government announced that it was shelving the proposed 10-year plan for mental health and well-being, this misses a crucial opportunity to establish plans for how the government intends to support people with mental health problems during the cost of living crisis. Therefore, **the DHSC and NHS England should provide an update on how they’re supporting people with mental health problems during the cost of living crisis,** presenting evidence on how they’re responding to the risks and challenges posed by subsequent crises, and how plans to expand and improve NHS-funded mental health services are meeting the dual needs of people accessing services.

Progress in improving mental health services will always be limited until a recognition of the strong and inextricable links between our mental health and finances is threaded through all mental health service provisions. From prevention and intervention to treatment and crisis support, there are multiple opportunities to address these links. Maximising these opportunities is now more crucial than ever.

²⁷ D’Arcy C. Bombarded: reducing the psychological harm caused by the cost of living crisis. Money and Mental Health Policy Institute. December 2022.