Money and Mental Health's submission to the Department for Health and Social Care's 'Change NHS' consultation

What does your organisation want to see included in the 10 Year Health Plan and why?

Money and mental health problems form a vicious cycle. People with mental health problems can find it harder to both earn and manage money, making them more likely to experience financial difficulty. And, in turn, the stress and strain of financial difficulty can impact negatively on our mental health.

- Half (46%) of people in problem debt have a mental health problem.[1]
- Almost one in five (18%) people with mental health problems are in problem debt.
- 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.[2]

Tackling high rates of financial difficulties for both people with and without mental health problems is therefore vital to break the toxic cycle of money and mental health problems. To prevent financial difficulties from causing poor mental health, and to better enable people with mental health problems to live well, the 10-year plan should:

1. Ensure everyone using mental health services is asked about their financial situation, and referred to money advice if they need it- Money and mental health problems are deeply connected, but how support services respond to them isn't. A lack of joined-up support is leaving many people at risk of facing entrenched, long-term difficulties with their mental health and finances. Not only is that harmful to the individuals concerned it also results in greater strain on NHS services and public finances.

2. Automatically offer Mental Health Crisis Breathing Space, which provides vital debt respite for those who are acutely unwell, to everyone detained in hospital on a long-term basis - Under the scheme, launched in 2021, everyone receiving mental health crisis care should have respite from having to deal with bills, bailiff visits and escalating fees on missed payments. The government predicted that 27,000 people would enter Mental Health Crisis Breathing Space in 2021-22, but low awareness means that just 4,182 people actually accessed this support since the scheme started.[3] The NHS should also automatically offer this scheme to people who are detained in

[1] 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.
[2] 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.
[3] Smith F. Reforming the Mental Health Act: Time to tackle the links between financial difficulty and acute mental illness. Money and Mental Health Policy Institute. 2024.

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psychiatric hospitals on a long-term basis, who are extremely unlikely to be able to engage with creditors, and often face serious financial problems when they are discharged. This would help around 11,000 more people access this vital financial lifeline each year.

3. Ensure there is cross-government support to enable people to maintain sufficient and stable incomes from which to mentally flourish - Living on a low income, or experiencing financial instability and employment insecurity can have a wide range of detrimental effects on our economic well being, social relationships, and mental health. The government should ensure there are cross-departmental efforts to boost the take-up of benefits by directing more funding to income maximisation and money advice services, raise and expand eligibility for Statutory Sick Pay, and place a specialist mental health Work Coach in every Jobcentre, to support people with mental health problems to find suitable, rewarding, and lasting employment.

4. Retain and renew the cross-sector national suicide prevention strategy with greater ambition to reduce the number of lives lost to suicide, addressing financial difficulty as a key, specific risk factor - this should tackle the impact of financial difficulty further upstream, including through cross-sector working with creditors to address aggressive and insensitive debt collection practices, and working with local authorities to deliver community-based suicide prevention efforts. Crucially, the government should ensure actions at all levels are adequately financed, including by reinstating the £57 million suicide prevention funding for local authorities.

What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

Tackling low and unstable incomes as a key driver of mental ill health

Structural and systemic factors in the labour market and social security system can contribute to poor mental health and exacerbate mental health problems. Living on a low income, or experiencing financial instability and employment insecurity can have a wide range of detrimental effects on our economic well being, social relationships, and mental health.[4]

People with mental health problems have a median gross annual income of nearly £2,400 less than people without mental health problems.[5] People with mental health problems are significantly less likely to be in employment, are more likely to work part-time, and are overrepresented in the lowest-paying occupation groups.[6] This is driven by the fact that the

[4] Irvine A and Rose N. How Does Precarious Employment Affect Mental Health? A Scoping Review and Thematic Synthesis of Qualitative Evidence from Western Economies. Work, Employment and Society. 2022

[5] Lees C and Stacey B. Always on your mind: Preventing persistent money and mental health problems. Money and Mental Health Policy Institute. March 2024.

[6] Bond, N. and D'Arcy, C. Mind the Income Gap. Money and Mental Health Policy Institute. 2020.

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symptoms of mental health conditions can make it harder to secure, stay in and progress in work.[7]

As a result, people with mental health problems are more likely to have to rely on welfare benefits payments – nearly half (47%) of working-age adults who receive some kind of out-of-work benefit have a common mental disorder, such as depression or generalised anxiety disorder.[8] These provide low levels of financial support - 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.

On top of this, navigating the benefits system while experiencing a mental health problem can be challenging. Common cognitive and psychological 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.[9] The current system is not designed in a way which is easy for people with mental health problems to access. Difficulties applying for and maintaining what is often claimants' only source of income can be incredibly stressful, exacerbating mental health problems and undermining recovery.

To ensure people can maintain sufficient and stable incomes from which to mentally flourish, DHSC should work with the DWP to:

- Place a specialist mental health Work Coach in every Jobcentre, to support people with mental health problems to find suitable, rewarding, and lasting employment.
- Boost the take-up of benefits by directing more funding to income maximisation and money advice services, so that struggling households receive what they're entitled to. While quantifying the size of the take-up gap is difficult, one estimate placed it at £19 billion in 2023.[10] The Money and Pensions Service has already committed to working with IncomeMax and integrating income maximisation support into other services.[11] These efforts should be sped up, expanded and targeted.
- 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

Tackling problem debt as a key driver of ill mental health

Falling behind with bill repayments inevitably takes its toll on our mental well-being, causing stress and worry. For people with mental health problems, these difficulties can exacerbate existing challenges and hold back recovery. Among people with anxiety, those experiencing financial difficulty were found to be 1.8 times more likely to be still experiencing anxiety 18

[7] Ibid
[8] Bond, N. Braverman, R. and Evans, K. The Benefits Assault Course. Money and Mental Health Policy Institute. 2019.
[9] Ibid.
[10] https://policyinpractice.co.uk/closing-19-billion-unclaimed-benefits-gap/
[11] Money and Pensions Service. Delivery Plan for England. February 2022.

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months later than those without financial difficulty, and this rises to 4.2 times more likely for people with depression.[12]

"I didn't realise how much my mental health affected my finances and vice versa. I lived for years in shame and horrific anxiety about money which caused my mental health to spiral. I thought there was no help out there for me and I didn't want to be alive, as I couldn't see a way out of my money troubles." Expert by experience

Fortunately, money advice offers a solution to those experiencing financial difficulties. Yet many do not know this help is available, or find it difficult to reach out and ask for support. Half (50%) of people who are behind on one or more bill payments have not received any support with their finances in the last two years.[13]

Many who are behind on payments and urgently need support with their finances are already in touch with mental healthcare services - our June 2023 polling found that almost half (46%) of those currently behind on one or more bill have been in touch with primary care services, such as their GP, about their mental health, and two in ten (21%) have started talking therapy or counselling through the NHS.

Stigma and lack of awareness of support are key challenges to early identification of these key drivers of mental illness. Given these links, NHS Talking Therapies is well-placed to identify those experiencing financial difficulties and refer them to support. But as it stands, this opportunity is being missed. Relying on people to proactively raise money worries as an issue is insufficient. The double stigma surrounding problem debt and mental health problems can mean that people are unlikely to disclose. And, even when someone would be comfortable disclosing, they may not realise that health services can provide a route to wider support with their social needs.

To prevent financial difficulty exacerbating mental health problems and prolonging recovery, the government should urgently fund integrated money advice services in the NHS Talking Therapies programme. This should involve routine screening for money worries via a simple question asked systematically of all using the services, either in the initial assessment or during the first treatment session. This is then followed by offering a warm referral to money advice by a healthcare professional for those who are identified as requiring support. Patients should have a choice in when and through what channel they receive this advice.[14]

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[12] Skapinakis, P. et al. Socio-economic position and common mental disorders: Longitudinal study in the general population in the UK. British Journal of Psychiatry. 2006.
[13] Bond, N. Breaking the cycle. Money and Mental Health Policy Institute. 2023.
[14] This could be a debt advice organisation that is local to the mental health service, such as a local Citizens Advice, for example. Alternatively, it might be the MaPS Money Adviser Network (MAN) - a free, government-sponsored single digital front door service that gives access to debt advice for individuals across the country.

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Our modelling implies that this intervention on financial difficulty could transform the success rate of the NHS Talking Therapies programme. Most clients of money advice experience a significant improvement in their emotional well-being, with eight in ten people (80%) agreeing they feel more in control of their finances.[15] Regaining control of your financial situation reduces the psychological stress caused by money worries, and we assume that this moves an individual towards a normal likelihood of recovering from their mental health problem.
This modelling shows that another 17,000 people with depression and 10,000 with anxiety move to recovery, an increase of 27,000 people in total. Addressing financial difficulties could raise NHS Talking Therapies' recovery rates for depression and anxiety specifically from the current 50.7% to 55.2%. Money and Mental Health have been working with academics at King's College London on a pilot to understand the need for and potential impact of a service that integrates money and mental health support in this way.[16] All of the research related to this modelling, and a detailed explanation of the methodology, can be found here: https://www.moneyandmentalhealth.org/publications/breaking-the-cycle/.

Integrating NHS Talking Therapies with money advice will not just support more people to reliably recover, but help them to stay well by preventing relapse, too.
Existing studies completed to try and understand long-term recovery and risk of relapse following NHS Talking Therapies suggest that more than 50% of patients who complete treatment relapse within one year, and 27% of all therapy sessions offered in one service were administered to returning patients.[17] With this in mind, it's essential to ensure that the distress of financial difficulty does not go on to undermine gains from treatment.

Members of our Research Community frequently share the negative impact that being discharged from mental health services while facing ongoing financial difficulty can have on their recovery. The stress of money worries, which often contribute to their ill health in the first place, continues, which can push people to go back to work or take on longer hours before they're ready, with devastating impacts on their mental health.[18] Identifying and supporting those using NHS Talking Therapies who are experiencing financial difficulty is therefore a crucial component to tackling a root cause of mental ill health and investing in long-term recovery and prevention.

"I eventually suffered a mental breakdown and took months off work. I then returned to work too quickly and subsequently suffered another breakdown so severe that I have not returned in over a year and am now mutually terminating my contract." Expert by experience

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[15] O'Brien, C., Willoughby, T., & Levy, R. The Money Advice Service Debt Advice Review 2013/14. Optimisa Research. 2014.
[16] Belcher H, et al. (2022). Views of services users and staff on a combined money advice and psychological therapy service within IAPT. Journal of Mental Health, 33(3), 348–356.
[17] Nawaz S and Faija C. The journey to recovery following discharge from NHS Talking Therapy Services. The British Psychological Society. 2023.
[18] Bond N, Braverman R. Too ill to work, too broke not to. The cost of sickness absence for people with mental health problems. Money and Mental Health Policy Institute. 2018.

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In addition to this, considering evidence of the strain that poor mental health has on the NHS and the economy, our cost-benefit analysis shows that increasing recovery rates through tackling financial difficulty would generate **health and social care savings of £39 million**, and would decrease barriers to work, increasing productivity and generating an estimated £105 million in additional economic benefits.[19] **Tackling financial difficulties through NHS Talking Therapies would therefore generate overall savings to the public purse of at least £144 million, meaning that the intervention would ultimately pay for itself.**

Tackling problem debt for those using secondary mental health services

Integrating money and mental health services should not just be applied to NHS Talking Therapies, but also across secondary mental health services, too. Those with acute or severe and enduring mental health problems are at the sharp end of the toxic cycle between money and mental health. During a period of mental health crisis, the combination of fluctuating cognitive capacity, and typically being too unwell to work, keep up with benefit claims, or juggle bills, can put people at risk of a range of financial problems. Indeed, more than eight in ten Research Community respondents (86%) experienced financial harm when they were under the care of secondary mental health services.[20]

Despite a welcome shift in emphasis across healthcare guidance towards meeting the holistic and social needs of those with a severe mental illness, there remains a lack of joined-up financial support for those using secondary mental health services. Nearly six in ten (58%) respondents were not offered any support with their finances while under the care of secondary mental health services, and eight in ten (81%) said their crisis or relapse prevention plan did not mention finances.[21]

Ensuring that routine enquiry into financial circumstances, followed up with referrals to appropriate support, are systematically embedded into secondary mental health services is therefore critical - and reforms to the Mental Health Act 1983 present a key opportunity to cement the support for money and mental health problems in legislation.

Advance choice documents (ACDs) are a preventative tool to enable those at risk of mental health crisis to express their personal preferences for care and treatment preferences in the event that they become unwell. The template for these should include a specific prompt on finance and money, to provide an opportunity for people to protect themselves from financial harm by putting in place planning and support for when they are unwell.

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[19] McDaid, D. & Park A. The economic case for investing in the prevention of mental health conditions in the UK. London School of Economics. 2022.
[20] Bond, N. and Preece, G. Not a Secondary Issue: Preventing and resolving financial difficulties for people in secondary mental health care. Money and Mental Health Policy Institute. 2021.
[21] Ibid.

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As other research has shown, ACDs can be transformative. They have the potential to reduce compulsory detention rates by up to 25%, improve recovery rates and reduce time spent in hospital.[22] This could minimise the scar that a prolonged hospital stay can leave on people's finances, while easing pressure on NHS workloads, too.

Care and treatment plans, and discharge plans, should include a routine enquiry into the financial circumstances and support needs of a patient. Addressing finances is only one of the many factors that mental health practitioners must consider in their assessment, care and discharge planning, and service capacity means that this aspect of life is often overlooked. Making a consideration of finances an explicit part of these documents plans would bolster opportunities to safeguard patients from financial harm, as is already the case in Wales.[23]

Crucially, this does not mean asking busy healthcare professionals to support people with their money in a way that they are not trained or intended to do. Rather, this is a case of empowering them to simply identify those in need and transfer them to the relevant welfare advisor in their service, so that healthcare professionals can focus on medical care.

In order to provide effective access to support for people experiencing severe mental health problems, DHSC should urgently fund Integrated Care Systems to:

- physically co-locate money advisors in inpatient and community mental health settings, so that once a person is well enough, they are able to get the right support with their finances
- place outreach debt advisors visiting services
- train '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.

Case study

A pilot of joined-up money and mental health care for acute mental health inpatients in Hampshire and Isle of Wight Healthcare NHS Foundation Trust has demonstrated how successful such an initiative can prove for patient outcomes, workforce morale and service efficiency.[24]

There was Trust-wide recognition that a significant proportion of the inpatient population were experiencing social stressors such as debt, deficit budgets, problems with landlords or legal disputes. These stressors were often the final straw leading to admission and impaired the patient's ability to engage in recovery or discharge planning. These socio-economic stressors were often negatively impacting on staff, who were not equipped to effectively support patients

[22] Molyneaux et al. Crisis-planning interventions for people with psychotic illness or bipolar disorder: systematic review and meta-analyses. The British Journal of Psychiatry, 2019; 5(4); e53.
[23] Welsh Government. Care and treatment plan template. 2019.
[24]

with these problems, and frequently distracted from the medical and therapeutic care work that staff were intended to carry out.

To trial a solution to this problem, four hospitals in the Trust area piloted a scheme to place Citizens Advice caseworkers in their acute mental health wards. Over a year, Citizens Advice caseworkers supported nearly 300 patients with 1,523 distinct advice needs - primarily related to personal finances and housing - resulting in £556,000 of direct financial benefit to clients and a significant positive impact to the ward environment. The cost-benefit analysis that followed showed that providing patients in acute mental health wards with support from Citizens Advice for their holistic needs generated a £14.06:1 return on investment for the service, and a cost avoidance of £244,850.

Improving the take-up of existing support mechanisms

Helpfully, a vital tool to protect people in a mental health crisis from the impacts of problem debt already exists - Mental Health Crisis Breathing Space (MHCBS). If an Approved Mental Health Practitioner certifies that a person is receiving mental health crisis treatment, protections - such as paused enforcement action and contact from creditors, and frozen interest and charges on any debts - are provided for as long as the treatment lasts, plus another 30 days.[25] This ensures that people are afforded the time and space they need to focus on recovery, without having to worry about debts piling up or collection action.

However, without a system in place to inquire about people's finances in the first instance, thousands of people who would benefit from the support of this tool are missing out, simply because nobody asks. On top of this, awareness of the mechanism is extremely low among healthcare professionals, meaning that even where financial difficulties are spotted, that doesn't always result in people accessing the protections the mechanism affords.[26]

As a result, current utilisation of MHCBS is significantly below its potential or the numbers forecast by HM Treasury, which estimated that 27,000 people would enter Mental Health Crisis Breathing Space in 2021-22, rising to 54,000 by 2030-31.[27] In comparison, there have been just 4,182 entrances to the scheme since it started in May 2021.[28]

Mental Health Crisis Breathing Space should be automatically offered to those detained under longer term sections of the Mental Health Act. Automatically offering MHCBS to people detained for potentially longer-term admissions, including under section 3 and forensic sections of the Act, would ensure that those whose incomes are likely to be

[25] The Debt Respite Scheme (Breathing Space Moratorium and Mental Health Crisis Moratorium) (England and Wales) Regulations 2020
[26] Samuel, M. Debt support scheme for people in mental health crisis reaching just 3% of forecast number. Community Care. 2022
[27] HM Treasury. Breathing Space Impact Assessment. 2019
[28] Gov.uk. Individual Insolvency Statistics. August 2024. (Accessed: 08/10/24.)

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adversely impacted by extended admissions can be supported. This intervention would target the core group that the mechanism was intended for.

To outline the possible reach of such a targeted intervention, in 2023-24 there were a total of 10,924 detentions under sections 3, 37, 41 and 47 of the Mental Health Act, representing 21% of all detentions.[29] Formalising the automatic offer of MHCBS to this targeted group would go a long way towards ensuring the mechanism supports the number of people HM Treasury forecast it to serve. And, crucially, after the Breathing Space period has ended, people are then offered formal debt advice, with specialist support for those who need it, to ensure that financial difficulties are resolved on a longer term basis.

Financial difficulty and suicidality

While there is rarely a single factor that drives people to take their own life, there is a strong and persistent relationship between financial difficulties and suicide, too. More than 100,000 people in England *attempt* suicide while in problem debt each year, and over 420,000 people in problem debt *consider* taking their own life in England each year.[30] One in five (19%) mental health patient suicides between 2009-2019 were among people who had experienced recent economic adversity - such as serious financial difficulty, loss of job, benefits or housing, or workplace problems or homelessness.[31]

"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

While we were pleased to see financial difficulty addressed as a key risk factor in the previous government's cross-sector suicide prevention strategy, the planned actions outlined in the strategy are not enough to be transformative. Nearly all of the planned actions in the strategy focus on the identification of those already experiencing suicidality and financial difficulty. A truly preventative approach should focus on addressing financial difficulty as a risk factor further upstream.

Primary prevention means action outside of the health system, to work with organisations across a wide range of touchpoints for money and mental health problems in our lives, including:

- working with creditors, across the public sector and essential services, to stamp out aggressive and insensitive debt collection practices which are driving serious harms;
- improving Office for Health Improvement and Disparities (OHID) guidance to local authorities about the role of financial difficulty in preventing suicide, making it specific

[29] NHS England. Mental Health Act Statistics, Annual Figures, 2023-24. 2024.
[30] Holkar, M and Bond, N. A silent killer. Money and Mental Health. December 2018.
[31] Appleby L et al. National Confidential Inquiry into Suicide and Safety in Mental Health. The University of Manchester. 2022

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about the role financial difficulty can play in suicidality, and being explicit that this is something that can be tackled locally.

Prevention efforts further upstream can also, of course, happen within the NHS. The NHS should require primary and secondary mental health care providers, including GPs and A&E, as part of their contractual obligations to routinely inquire about money worries. This can be done by systematically building enquiry into established care pathways, with appropriate resources for referring on to specialist support. Integrating mental health support with money advice across services not only curbs the compounding impacts of financial difficulty on mental health problems and supports recovery, but also helps people to stay well and prevent relapse, too.

Ultimately, supporting people to recover from or live well with a mental health problem before their condition deteriorates to the point where they may experience suicidality, should be a central priority to the cross-sector national suicide prevent strategy. And crucially, wherever these prevention efforts take place, sufficient funding is required to ensure the strategy's successful implementation.

A local-level focus

In particular, the strategy should place greater emphasis on the vital role of place-based suicide prevention. To ensure that these community-based efforts are not put under threat by strained local budgets, the government must reinstate the suicide prevention funding for local authorities - a £57 million pot for dedicated community-based support which came to an end in March 2024.

To improve the suicide prevention work occuring at a local level with a greater focus on disrupting the pathway between financial difficulties and suicide, Integrated Care Systems (ICSs) should work with local authorities to:

- recognise 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, as a requirement.
- assess 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.
- provide 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.
- deliver 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.
- improve local authority debt collection practices by implementing an enhanced 'Pre-Action Protocol', to take basic steps to protect those in vulnerable circumstances before escalating debt collection to court for enforcement action. You can find more detail on our recommendations for mitigating the harms caused by local authority debt

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collection here https://www.moneyandmentalhealth.org/publications/in-the-public-interest/.

- conduct a suicide audit to establish how often financial problems contributed to suicides in their area.

What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

Up to a third of people with a mental disorder are in problem debt, and at least 20,700 people in England alone were struggling with problem debt while in hospital for their mental health in 2023.[32] Staying in hospital – especially for a long time – can create further problems. It removes you from your everyday life and routines, and from family, friends or other support networks.[33] It can sometimes mean losing a job or benefits, a place to live, and skills for daily living. There are also significant risks of physical and psychological harm associated with inpatient stays on acute psychiatric wards.[34]

"I was never asked if there was anyone who was opening mail and keeping on top of my day-to-day living stuff? It's always the same. 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

Effectively supporting those who live with severe and enduring mental health problems in their community is key to preventing and mitigating future mental health crises that can lead to a stay in hospital. Timely and effective treatment, as well as joined up support for social stressors, including financial difficulty, are essential to this.

To ensure that those with severe and enduring mental health problems can get the support they need, when they need it, in their community, the government should:

- Sufficiently fund the mental health workforce, including mental health social workers
- Invest in reducing waiting lists, including by directing funding for primary and secondary mental healthcare to areas where people face the longest waits
- 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.

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[32] In 2022-23, 89,308 adults were admitted to hospital for a mental health problem. The Adult Psychiatric Morbidity Survey indicates that 23.2% of people experiencing a mental health problem were also in problem debt. The rate of problem debt is likely higher among people experiencing a mental health problem that leads to hospitalisation. Jenkins et al. (2008), for example, found that 33% of all people with probable psychosis are in problem debt. Our estimate can thus be viewed as being highly conservative.
[33] Staffordshire and Stoke-on-Trent ICB. The move towards more community-based mental healthcare. 2022.
[34] Health services safety investigations body. Mental health inpatient settings: Creating conditions for the delivery of safe and therapeutic care to adults. 2024.

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- Physically co-locate money advisors in inpatient and community mental health settings, so that once a person is well enough, they are able to get the right support with their finances
- Place outreach debt advisors visiting services

Please specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in, for example:

Policy changes that are quick to do - that is, in the next year or so:

- Set wait time targets for all mental health services
- Retain the existing cross-sector national suicide prevent strategy, and renewing it with greater ambition to address the drivers of suicide at their source, paired with commitment to adequate funding
- Provide 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.
- Work with creditors, across the public sector and essential services, to stamp out aggressive and insensitive debt collection practices which are driving serious harms
- Improve local authority debt collection practices by implementing an enhanced 'Pre-Action Protocol', to take basic steps to protect those in vulnerable circumstances before escalating debt collection to court for enforcement action. You can find more detail on our recommendations for mitigating the harms caused by local authority debt collection here.
- Using the forthcoming Mental Health Bill, which will reform the Mental Health Act 1983, place advance choice documents on a statutory footing, and ensure that financial matters are included as a specific section of the template for the document, so that people with severe and enduring mental health problems can protect themselves from financial harm by putting in place planning and support for when they are unwell. As part of these reforms, the government should also make finances and money an explicit section of all care and treatment plans, discharge plans and crisis and relapse prevention plans, so that financial circumstances are always a key consideration for all those using secondary mental health services.

in the middle - that is, in the next 2 to 5 years

- Integrate money advice services in the NHS Talking Therapies programme, by embedding a systematic enquiry into the financial circumstances of patients, followed by a warm referral to money advice by a healthcare professional for all those who need it.
- Urgently fund Integrated Care Systems to physically co-locate money advisors in inpatient settings and community mental health teams, visiting services, and to train 'financial difficulty champions', who act as a go-between, supporting users of secondary mental health services to gather and provide relevant information to equip debt advisors to appropriately offer support.

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- Ensure that all those who present to GPs, A&E and community mental health services with poor mental health or suicidality are routinely asked about their finances, with clear pathways to support in place.
- Place a specialist mental health Work Coach in every Jobcentre, to support people with mental health problems to find rewarding, lasting employment.
- Boost the take-up of benefits by directing more funding to income maximisation and money advice services, including through mental health settings touchpoints
- 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
- Invest in reducing waiting lists, including by directing funding for primary and secondary mental healthcare to areas where people face the longest waits

long term change that will take more than 5 years

- Sufficiently fund the mental health workforce
- 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.

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