



MONEY AND
MENTAL HEALTH
POLICY INSTITUTE



RECOVERY SPACE

Minimising the financial harm
caused by mental health crisis

Nikki Bond, Rachel Braverman and Tasneem Clarke

Contents

Executive summary	5
Introduction	7
Section One: Mental health crises and financial capability	11
1.1. What is a mental health crisis?	11
1.2. Financial capability during a crisis	11
1.3. Changes in financial behaviours during a crisis	12
Section Two: The financial costs of mental health crisis	15
2.1. Changing circumstances	15
2.2. The immediate consequences	15
2.3. Long term financial consequences	17
2.4. Mental health crisis and financial resilience	18
Section Three: Sources of support	21
3.1. The challenges of caring	21
Section Four: Response of mental health services	25
4.1. Service capacity and priorities	26
4.2. Supporting people in the mental capacity grey area	27
4.3. When a person lacks mental capacity	28
Section Five: Response of essential services firms	30
5.1. Knowledge and understanding	30
5.2. Additional charges	30
5.3. Access to credit and cash	31
5.4. Data protection and communication with third parties	32
Section Six: The response of the benefits system	35
6.1. Applying for benefits	35
6.2. Benefits during a crisis	36
Section Seven: Conclusion and recommendations	39
7.1. Extending Breathing Space	39
7.2. Switching off benefits conditionality during a crisis	41
7.3. Communicating with carers and healthcare professionals through a crisis	42
7.4. Tools to help people protect themselves	43

Publication

The Money and Mental Health Policy Institute,
February 2018

22 Kingsway, London, WC2B 6LE

© Money and Mental Health Policy Institute, 2018

The moral right of the authors has been asserted. All rights reserved. Without limiting the rights under copyright reserved above, no part of this publication may be reproduced, stored or introduced in a retrieval system, or transmitted, in any form or by any means (electronic, mechanical, photocopying, recording or otherwise), without the prior written permission of both the copyright owner and the publisher of this report.

Acknowledgements

The Money and Mental Health team would like to thank the Barrow Cadbury Trust for their generous support of this project. Particular thanks go to Heather Petch, Clare Payne and Sohaib Mallick.

We would also like to express our gratitude and admiration to all those members of our Research Community who gave up their time and courageously shared their experiences about some of the most difficult times in their lives. Thanks also to the dedicated practitioners who generously shared their insights for this project. Thank you to the professional organisations who helped distribute our survey: the BMA, Unite, Think Ahead, UKCP, Rethink, BPS and SCWRU.

Thank you to Jed Boardman, Dania Hanif, Sandra Lawman, Sarah Murray, Tim Read, Paul Spencer and Mark Trewin for their advice and support of this project.

A special thanks to the rest of the team at Money and Mental Health, in particular to Katie Evans for her unfailing dedication, guidance and support.

About the authors

Nikki Bond works as a Research Assistant at Money and Mental Health. Nikki's background is in financial services where she worked supporting people with mental health problems to manage their finances. Prior to this she worked in social care advocating for disadvantaged and marginalised groups.

Rachel Braverman is a Research Officer at Money and Mental Health. She holds a Master's degree in Public and Social Administration and has lived experience of mental health issues, both as a carer and an 'expert by experience'. Her background is in the voluntary advice sector, where she worked for two decades as a money adviser, manager, CEO and consultant.

Tasneem Clarke is a Research Officer at Money and Mental Health, and a social worker practising in a mental health crisis team. She holds Master's degrees in Social Work and in International Law, and a Bachelor's degree in Combined Social Sciences.

Kindly supported by The Barrow Cadbury Trust.



Registered charity number: 1115476



Executive summary

- A mental health crisis is where a person experiences an acute period of distress or altered reality, where cognitive capacity may fluctuate, and their psychological or emotional state may reduce their capacity to cope with everyday tasks and make it impossible to stay on top of their finances.
- At times of crisis people may receive care from a crisis team in the community, as an inpatient, or from other community health and social care services.
- 23,000 people in England alone were struggling with problem debt last year whilst in hospital for their mental health. Many thousands more were managing debt whilst in the care of a crisis team in the community.
- Carers can greatly ease the financial difficulties faced by someone experiencing a mental health crisis. However, they face numerous challenges and only some people have access to this help.
- Advice services are over-stretched and struggle to offer the intensive support often required by people in crisis and those caring for them.
- Legal mechanisms aimed at helping carers are often not suitable for the those whose mental capacity to manage their financial affairs fluctuates.

This report focuses on the ways in which healthcare services, the benefits system and essential services firms respond to people in mental health crisis, and the opportunities for improvement.

Mental health services:

- Mental health practitioners generally recognise the impact of financial issues on individuals' recovery, however finance is not always addressed in practitioners' assessments and care planning due to service capacity problems and local policies.
- Practitioners also lack practical and legal tools to allow them to support services users with financial management.

Essential services firms:¹

- Mental health crisis can make it impossible to liaise with essential services firms to manage the reduction in income or increased outgoings caused by the crisis.
- Missed bills and payments can incur charges and trigger collections activity, compounding the financial impact of the crisis and causing distress.
- Carers, mental health practitioners and advice workers trying to contact firms to pass on information to safeguard another person's accounts find they are faced with lengthy data protection barriers which prevent them from protecting people from financial harm.

1. This term is used throughout to refer to companies operating in regulated markets, including energy, water, financial services and telecoms.

The benefits system:

- Meeting the conditions required to claim and continue receiving welfare benefits can sometimes be impossible during a period of mental health crisis.
- Benefits agencies can be reluctant to liaise with carers or mental health professionals even when the recipient is too unwell to engage directly, leaving people with very little or no income.

We need to ensure that people receiving medical support for a mental health crisis are protected from financial harm, and given space to recover.

The Government should

- Extend the proposed Breathing Space scheme to everyone receiving NHS support for a mental health crisis
- Expand existing benefits easement to people in mental health crisis, ensuring people are not expected to meet conditionality requirements.

Healthcare services should

- Routinely screen for financial difficulties, and make provision for this within care, crisis and relapse prevention plans
- Develop referral pathways to appropriate benefit and debt advice for people recovering from a mental health crisis.

Essential services firms should

- Freeze interest, charges and enforcement action for a time limited period upon notification by a mental health professional that a person is experiencing a mental health crisis.

Introduction

A mental health crisis could affect any one of us, at any time. But life doesn't stop during these periods of intense distress or altered reality. Bills and rent must still be paid; charges and fees stack up when payments are missed. People often continue to have access to credit, and may need to make serious decisions around savings and pensions.

In this report we concentrate on people requiring care in hospital as an inpatient or from a crisis team in the community. Although focusing on those having received support in these ways will exclude many people who are in crisis but who cannot access suitable treatment, this approach allows us to explore the opportunities within the treatment pathway to better support service users. In turn, this should help to improve patient flow, reduce readmissions and repeat crises and free up service capacity, allowing more people to receive the help they need.

Crisis and home recovery teams are the first point of medical support for most people experiencing a mental health crisis. In 2017, we estimate that 500,000 referrals to crisis care teams were made in England alone.² From these referrals, tens of thousands of people received care in the community, while nearly 100,000 adults were admitted to hospital.³

A quarter of people experiencing a mental health problem are also in problem debt,⁴ suggesting that 23,000 people were in serious financial difficulties while

in hospital for their mental health last year. Given that prevalence of financial difficulties is probably higher among those experiencing the most severe mental health problems, and that this figure does not account for people running down savings or going without essentials to avoid problem debt, we believe that in all likelihood the number of people affected is significantly higher.

This report presents the findings of new depth research with:

- 166 people with lived experience of mental health crisis
- 46 carers who have supported someone through a crisis and
- 93 mental health practitioners who work directly with people in crisis.

We combined surveys, 36 depth interviews and three focus groups to explore the challenges people face in maintaining financial control during a crisis, and the barriers carers and practitioners must overcome in order to provide support. Further details on methodology are provided in Annex B, which can be found at moneyandmentalhealth.org/recoveryspacereport.

2. Money and Mental Health analysis of NHS England data. See Annex A for further details at moneyandmentalhealth.org/recoveryspacereport.

3. NHS Digital. Mental Health Bulletin: 2016-17 Annual Report.

4. Jenkins R et al. Debt, income and mental disorder in the general population. *Psychological Medicine* 2008; 38: 1485-1493. Prevalence of problem debt among those with any mental disorder is found to be 23%, rising to 33% among people with probable psychosis. As our population of interest will be experiencing more severe mental health problems, we suggest that likely prevalence of problem debt is between these two bounds.

Developing a framework for understanding the financial impacts of mental health crisis

Diagram One shows a simple framework of the relationships at work, developed through our detailed investigation of how mental health crises affect people's finances. The financial outcomes of a mental health crisis will depend on someone's starting point. From here, the financial impact of a mental health crisis comes through two sets of factors:

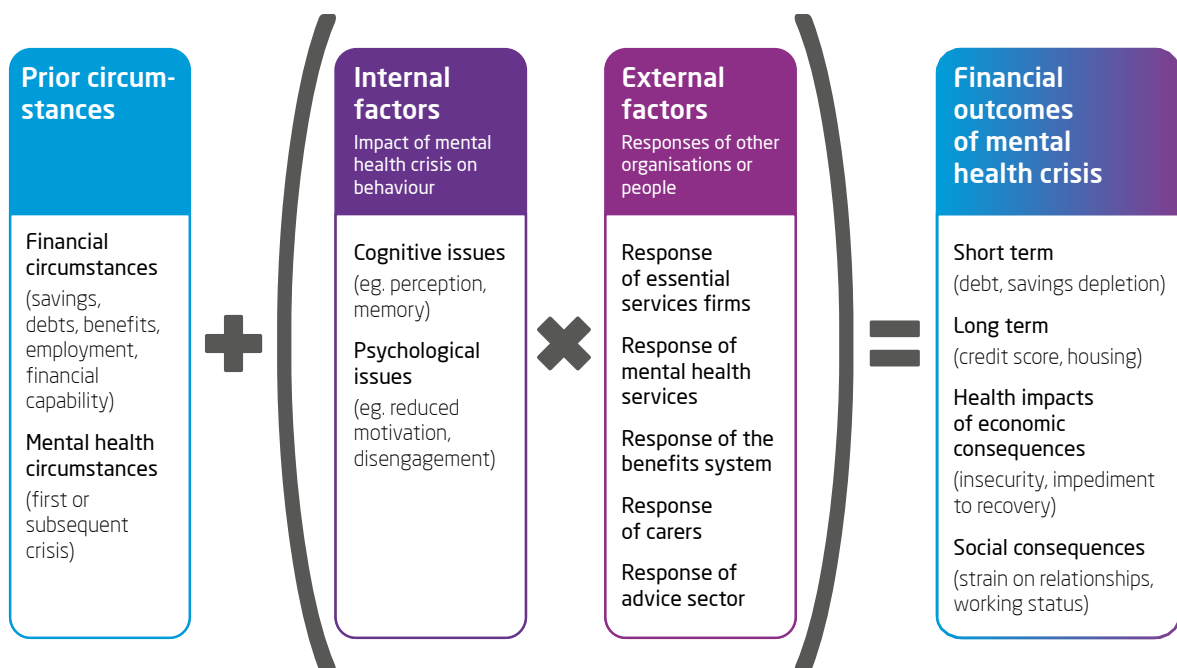
1. Internal factors

How our perception, cognitive abilities and psychology change during a mental health crisis, and the immediate consequences for our financial behaviour, such as our ability to communicate.

2. External factors

How organisations and services respond to someone experiencing mental health crisis, and those supporting them. We all rely on a wide range of services every day, from energy companies and banks to local authorities. For people experiencing a mental health crisis, the response of healthcare and social services is also an important factor.

Diagram One: A framework for understanding the financial outcomes of mental health crisis



Source: Money and Mental Health Policy Institute, 2018.

This framework helps us identify opportunities to reduce financial detriment. Expecting people to modify their own financial behaviours during a crisis, when they may lack insight, ability or motivation, is not realistic. Instead, we need to look at how organisations respond to people experiencing mental health crisis, and what support they offer. In the best cases, holistic support from health and social care services, financial support from the benefits system and practical help from essential services firms can lessen the impact of damaging behaviours associated with mental health crisis and largely avoid financial difficulties. A lack of understanding and a narrow focus on process and risk management, by contrast, can leave a person with a significantly more difficult journey to recovery.

This report:

- Explores the nature of a mental health crisis and the financial outcomes (Sections One and Two)
- Sets out the support offered by carers and advice agencies, and the challenges they face (Section Three)
- Considers how mental health services, essential services firms and the benefits system each respond to the financial needs of people experiencing a mental health crisis (Sections Four to Six)
- Recommends ways to reduce the negative financial impact of mental health crises (Section Seven)



Section One: Mental health crises and financial capability

1.1 What is a mental health crisis?

During a mental health crisis a person often feels overwhelmed by their mental or emotional state, has exhausted their own coping strategies, and needs immediate help. This can manifest in many ways, from extreme distress or anxiety and being highly agitated, to having thoughts of self-harm or suicide, experiencing hallucinations or hearing voices. A person in crisis may have reduced understanding, be prone to impulsive behaviours, have difficulties in retaining information and lack motivation.

A mental health crisis can affect anyone at any time. For some, the onset of a crisis will be sudden; often a response to extreme stress or personal difficulties, where a person was previously managing work, family life and finances with relative ease. Other people may experience ongoing difficulties managing relationships, employment and money, and generally lead hard and chaotic lives. For people who have severe and enduring mental health problems, such as schizophrenia, bipolar or a personality disorder, episodic crises may be a recurring feature of their illness. Of the 162 people with experience of mental health crisis who participated in this project, nearly three quarters (72%) had experienced multiple mental health crises.⁵

When a person is in crisis, they may present to healthcare or emergency services. After an assessment, if considered in urgent need of care they can be offered intensive community based treatment from a Crisis Resolution Team, or admitted to an inpatient psychiatric hospital on either a voluntary or compulsory basis (under 'section'). Some people may be referred to other voluntary and community sector

services for further support. The time it takes to stabilize someone's mental state and begin the process of recovery can vary considerably. Across England, the median length of an inpatient stay in a psychiatric unit is 34 days⁶ with a mean of 92 days, revealing a long tail of very lengthy admissions.⁷

1.2 Financial capability during a crisis

During a crisis, a person's mental capabilities can be reduced, which can make managing finances extremely difficult, and at times impossible. People with lived experience of crisis reported difficulties with:

- understanding and retaining information
- concentrating and maintaining clarity of thought
- altered perceptions
- acting on impulse
- exercising reasoning and judgement.

"The disorganisation of schizophrenia means that patients often ignore things like bills and budgeting and where their money is coming from for months on end, partly because they're unable to take this stuff on. The same sort of thing happens in depression and anxiety for that matter, where people either don't have the motivation or are too anxiety ridden to be able to confront stuff."

Mental health practitioner

5. Money and Mental Health survey of people with lived experience of mental health crisis. Base for this question: 162

6. Health and Social Care Information Centre. Mental Health Bulletin: Annual Statistics 2014-2015. Unfortunately median stay data has not been published in more recent bulletins.

7. Money and Mental Health analysis of NHS Digital. Mental Health Bulletin: Annual Statistics 2016-17.

Financial management can fall entirely by the wayside during a mental health crisis, when people may be unable to manage essential self care like washing and eating. People described being unaware of their financial situation because they were too unwell, or completely unable to face it.

“By that point I was so ill, the financial situation to me was irrelevant. I wasn't really aware of it, apart from the fact that I just knew I couldn't pay for anything... When it's such a mountain to climb it just becomes irrelevant.”

Expert by experience

Experiencing a mental health crisis does not necessarily mean that people have lost the ability to make decisions about their own lives and care. The law focuses on protecting their independence and autonomy.⁸ Sometimes, however, people make damaging financial decisions that are out of character when unwell. Our research found that during a crisis, people might retain the legal capacity to make financial decisions, but lose perspective, common sense or the ability to think with clarity or exercise sound judgement. In this grey area, finding the right balance between protecting the person and supporting their autonomy can be difficult for all parties.

1.3 Changes in financial behaviours during a crisis

These changes to a person's ability to think and to manage can lead to adverse financial outcomes. Post may lie unopened; bills may go unpaid; spending may increase and some people may seek further credit.

Disengagement

An inability to engage with finances and service providers is common during a crisis. Participants in our research described typically being conscientious about bills when well, but during a crisis, they lacked the motivation to monitor accounts, make payments or open post.

“If you've got any spare energy you get a drink, go to the toilet, climb up in bed trying to sleep. So, financial stuff just doesn't come into it. I've come out of a two-year depression in the past and checked my post box and there's two years' worth of post stuffed inside.”

Expert by experience

8. Department of Health. Mental Capacity Act. 2005.

Increased spending and borrowing

People described increased borrowing and spending more on inappropriate things when in a crisis.

"If I'm in a mania and I'm using a spending spree, 'I feel brilliant, I can get that. I'll look brilliant in all of this.' I will spend a lot. Then when I'm on a real downer, the real pits, I'll still spend because I want to make myself feel like I do when I'm on a mania. It's not until you get a level playing field in the middle of it that you think, 'Wow, hold on a minute'."

Expert by experience

Altered perception of reality and difficulties understanding information can also leave people more vulnerable to financial exploitation.

"I had a patient who ...when he became manic, he just bought people things, and people knew that he would, they also made a beeline for him whenever he was high, because they knew that they could get money off him."

Practitioner

Throwing money away

Feelings of nihilism during crisis were common among participants in our research. People at the height of illness, often experiencing suicidal thoughts, did not see a future for themselves and therefore felt no need for money and spent or gave funds away.

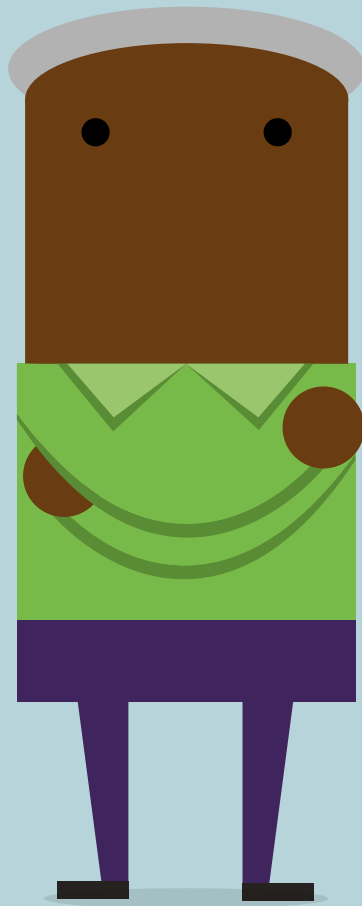
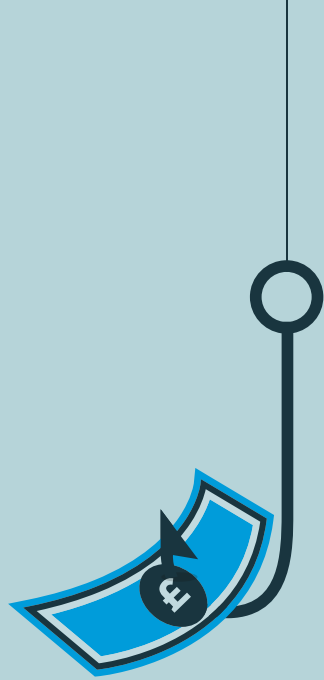
"I was starting to think that I wasn't going to be alive much longer, so I thought I'd blow all my finances and then it doesn't matter."

Expert by experience

These changes in financial capability and behaviour during a mental health crisis can have serious financial consequences. The next section sets out the evidence on how these changes in behaviour, and the broader changes in circumstance that can be triggered by a mental health crisis, can affect financial resilience.

Section One summary

- A mental health crisis is where a person is experiencing an acute period of distress or altered reality, and where their ability to cope with everyday tasks may be reduced.
- During a crisis a person's cognitive capacity may fluctuate, and it may be impossible to stay on top of finances.
- Their financial behaviours may change, with common experiences including increased spending and disengaging from financial management.



Section Two: The financial costs of mental health crisis

2.1 Changing circumstances

Many people going through a mental health crisis experience an income drop. Some people report going through a period with very little or no income at all, often due to difficulties sustaining work for both the person and their carer.

“My husband has not been able to work for the last eight months because he’s been looking after me.”

Expert by experience

When people are unable to work there are some safety nets available. Employees can usually get Statutory Sick Pay (SSP) and are often also entitled to contractual sick pay. Whilst this can provide a helpful financial cushion, it is often substantially lower than full pay and is time-limited. A number of people reported struggling to make ends meet on sick pay. There are also welfare benefits available for people unable to work, although the process of claiming these can be particularly difficult during a mental health crisis.

“I was sectioned and had not been in a fit state to be in charge of my finances for weeks beforehand. I was not fit for work, but also not fit to claim any benefits. My income was nil until a gentleman who volunteered on our wards explained ESA to me and filled the forms in for me.”

Expert by experience

On top of changes in spending behaviour and engagement in financial management, mental health crisis can lead to additional expenses, for example paying for treatment or associated costs like travel. During a crisis people may rely on local, more expensive shops and convenience food. Activities which may promote recovery from a mental health crisis, such as exercise and reconnecting with friends and family,⁹ can also incur additional costs.

2.2 The immediate consequences

The combination of changes in financial behaviour and financial circumstances can have immediate and devastating consequences. Nine out of ten (86%) survey respondents reported having problems paying their bills when they were unwell. Nearly half (44%) had problems with five or more different bills.¹⁰ These difficulties can then be compounded by payments bouncing, leaving essential bills unpaid and incurring charges. Several people told us they had funds to pay bills, but were simply too unwell to do so. They could have repaid arrears immediately when they were feeling well again, but by then fees and charges had dramatically increased the amount owed. Most organisations will refund charges the first time they are incurred, however this depends upon a person’s ability to have an awareness of their finances. Many people attempt to bridge the gap between rising expenses and a falling income by accumulating debt.

9. Tew J. Recovery capital: what enables a sustainable recovery from mental health difficulties, *European Journal of Social Work*, 2013.

10. Money and Mental Health survey of people with lived experience of mental health problems. Base for this question: 157.

Case study

David had been working in the same job for over four years. He was a competent and conscientious employee, who managed his work, personal life and finances well. He then suffered a sustained period of bullying by a colleague, which led to David experiencing a mental health crisis, and eventually he was signed off work on long term sick leave.

David's income decreased to SSP, meaning that he could not pay his rent, or bills such as gas, electricity and credit cards. Arrears began to mount, additional charges and fees were applied, debts increased and the collections calls and letters grew in frequency. David's relationship with his landlord broke down, and he lost his home.

"I can't remember how much SSP was but... there was no way it was ever going to even come close to covering anything."

David's mental health continued to deteriorate; he became increasingly reclusive and was eventually admitted to a psychiatric hospital.

Since discharge from hospital David has begun the long and difficult process of recovery – both from the mental health crisis, but also from the financial impact of the crisis; repaying debts, moving house and starting new employment.

2.3 Long term financial consequences

The acute phase of a mental health crisis can range from a few days to several months. The financial consequences can last for much longer. These can include:

- Long-term reduction in income
- Losing your home
- Loss of savings
- Long-term debt
- Poor credit ratings.

Long-term reduction in income

Following recovery from their crisis, people were often unable to return to previous jobs. Sometimes their health prevented them from carrying out the role, or meant they could only work reduced hours. We heard from people struggling to find suitable work, taking lower paid roles, or relying on benefits after a crisis.

“...at first they [the employer] were being very lenient... For about a year it was on and off and then he did lose his job.”

Carer

Losing your home

Over half (54%) of those who had experienced a mental crisis in our survey reported struggling to pay housing costs.¹¹ In the worst cases, this can lead to eviction. The challenge of securing another tenancy whilst experiencing a mental health crisis is almost insurmountable. For those who lose their homes whilst an inpatient, the prospect of having to move into a new house upon discharge is often difficult and daunting. The lack of secure accommodation following a crisis can impede recovery, and sometimes starts a cycle of serious mental health problems.

Loss of future security

Many people we spoke to experienced significant savings depletion during their crisis. This can represent the loss of many years' work, and mean that in any future crisis, the safety net will not be there again.

“All of my savings were completely blown... It makes recovery a lot longer because a lot of the things I was doing before my hospital admission, I've got to rebuild. I've not got the finances to get myself back where I was.”

Expert by experience

Some people also make long-term financial decisions in the midst of a crisis, for example deciding to retire.

“I was then offered early retirement on medical grounds... which I took... that has had a massive impact on what my pension might have been, job prospects, everything.”

Expert by experience

11. Money and Mental Health survey of people with lived experience of mental health problems. Base for this question: 157

Long term debt and poor credit ratings

Debts incurred during a relatively short crisis can take a long time to pay off, particularly if income has fallen significantly.

"I'm still trying to pay it off now from 15 years ago... Even though the accounts have been closed on my credit file, I still want to pay them off."

Expert by experience

A further consequence of missed payments and long term debt is a poor credit rating. This can leave people who have experienced a mental health crisis unable to access mainstream credit if they need to borrow in future, and force them to turn to more expensive subprime options.

"I lost my job due to my illness. Since then I have struggled constantly to meet my bills – often going without heat/food etc. Three times now I have had to go to local money lenders to borrow as I have a very low credit rating due to my circumstances. As you know these loans come at a massive interest rate so I only use them for essentials like roof repair and repairs to my car without which I would become housebound."

Expert by experience

2.4 Mental health crisis and financial resilience

Over time, repeated mental health crises can have a particularly detrimental effect on financial resilience. Some people experience a mental health crisis against a backdrop of prior stable employment, good sickness benefits, accumulated savings and high financial capability and resilience. Their prior circumstances can act as a protective factor. Multiple crises over time, however, can erode this advantage, as illustrated in Diagram Two.

"It was difficult but we had a bit of savings. So, once I could get into the account, it was okay. We'd no luxuries, obviously, but we didn't need them then."

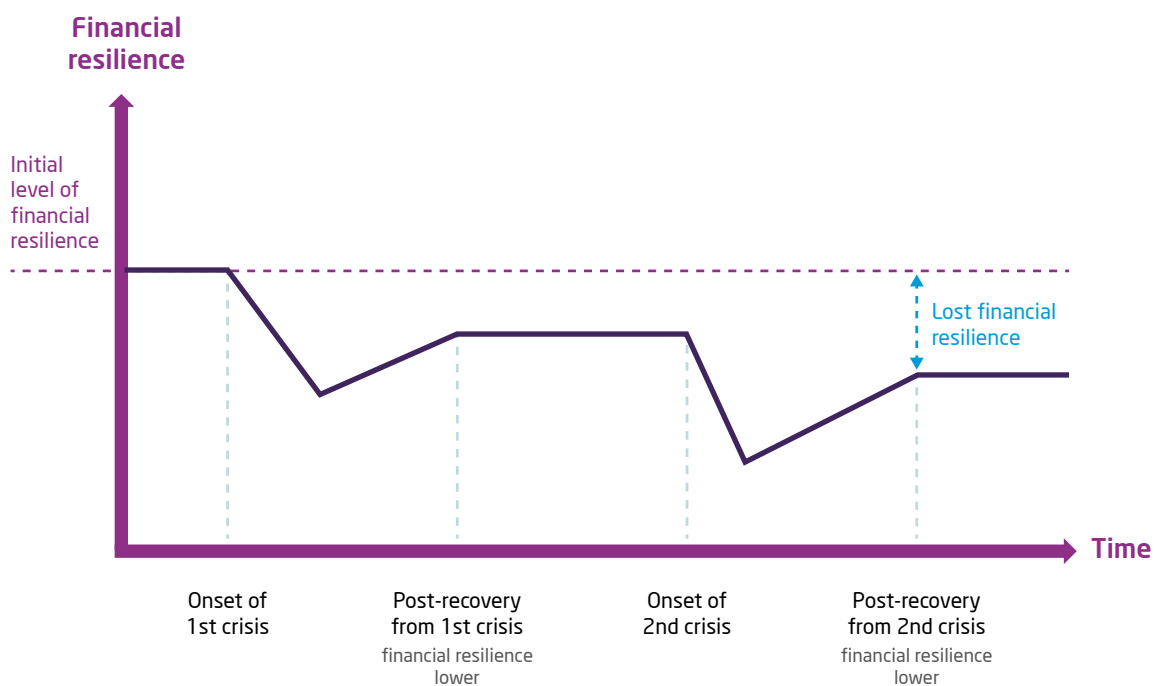
Carer

Others experience a crisis from a starting point of low income, reliance on benefits or debt. This low level of financial resilience can make it even more difficult to obtain the security essential to recover from a mental health crisis, increasing the likelihood of subsequent crises.

"I'm now stuck in the benefit system, I'm not able to work because of the bipolar and other things that are wrong with me now... so it's really hard to try and pay these things off."

Expert by experience

Diagram Two: Effects of recurrent financial crises on financial resilience



Source: Money and Mental Health Policy Institute, 2018.

Section Two summary

- A mental health crisis can lead to a change in circumstances, where incomes may drop and outgoings may increase.
- Such changes in circumstances can lead to immediate consequences such as additional fees and charges, and long term consequences such as permanent reduction in income, loss of housing and long-term debt.
- How health, welfare and financial services respond to people can serve to mitigate or exacerbate the financial impact of the mental health crisis.



Section Three: Sources of support

During a time of mental health crisis, support from friends and family members can make all the difference. They provide a broad spectrum of support, from 'keeping an eye' to taking complete control over someone else's finances.

"She could not face looking at or talking about finances... I wrote it all down, gathered relevant phone numbers. We contacted StepChange who were brilliant. Then we went to see the bank... She needed constant reassurance and encouragement but we managed everything together."

Carer

Yet not everyone is lucky enough to have a carer: half (49%) of the people with lived experience of crisis we surveyed said they had no help with financial management while they were in crisis.¹² Mental health practitioners often rely on friends and family to provide information, and sometimes to take action, meaning that for those who do not have a carer, the response of other organisations becomes even more critical.

"I think [mental health professionals] take it for granted that carers will sort most things out for loved ones."

Carer

The other main source of support that people in a crisis or their carers turn to is advice services. Unfortunately, service capacity within the voluntary sector, as with mental health services, is often seen as limited and

shrinking,¹³ and relatively few areas have specially commissioned services for people experiencing mental health problems.¹⁴

Advice agencies are perceived as having long waiting times and a focus on core business, rather than having the capacity to do extra work to support people with additional needs. The extra difficulties in making and keeping appointments during a period of mental health crisis make for an additional barrier to accessing help.

3.1 The challenges of caring

Supporting a person with financial management during a mental health crisis comes with particular challenges, such as dealing with potential unwillingness from the person themselves, having to take over very quickly without appropriate legal tools or all the necessary information to do so, and liaising with organisations who may refuse to communicate, all whilst coping with the emotional and financial impact of the crisis

"I managed to get financial control signed over to me while he was in hospital, so I could... ensure we had some [money] left for food etc, which caused him to be more violent and aggressive towards me. I spent 9 -12 months trying to deal with his creditors myself, care for him 24/7 and look after our two young children."

Carer

12. Money and Mental Health survey of people with lived experience of mental health problems. Base for this question: 150

13. Clarke T. Whose job is it anyway? Money and Mental Health. 2017.

14. Clarke T, Acton R and Holkar M. The Other One in Four. Money and Mental Health. 2016.

Willingness to be helped

During a crisis, people can lose awareness of their finances and the motivation to deal with them. Mistrust – characteristic of certain conditions like schizophrenia – can also increase. This can make it very difficult for carers or advice workers to provide support with financial management to a person in crisis.

"When he's ill like that, he couldn't care less... He doesn't think there's a problem at all."

Carer

"She had this paranoia that her finances were being interfered with... I didn't bring finances up most of the time because she would get very aggressive."

Carer

Legal ways to delegate decision-making

Carers and advice workers often find themselves navigating complex financial, benefits and other systems on someone else's behalf. There are three main legal tools available to carers to help them manage someone else's financial affairs:

Legal tools	Use within financial affairs context
(Lasting) Power of attorney	Allows a person to appoint one or more people to help them make decisions or to make decisions on their behalf.
Deputyship	The Court of Protection appoints a named person or body to manage someone's property and financial affairs under the Mental Capacity Act (2005).
Appointeeship	An Appointee is appointed by the Department for Work and Pensions (DWP) to act on behalf of someone claiming benefits, who is unable to manage their affairs – usually because of mental incapacity or severe physical disability.

The vast majority (86%) of respondents to our survey hadn't used any of these legal mechanisms. Three percent had set up formal third party access to a bank account. Only one respondent had used each of PoA, deputyship and appointeeship.¹⁵

"There was one bank that said, 'look, you need power of attorney and things like that.' But that's not really good at that time when someone's in crisis."

Carer

15. Money and Mental Health survey of people with lived experience of mental health problems. Base for this question: 145

This is likely because these legal tools are designed for people experiencing long-term cognitive decline rather than for people whose mental capacity fluctuates, as is often the case during mental health crisis. The processes can be costly and take time to set up, creating difficulties for carers who may well need to take immediate action, particularly when someone is experiencing their first mental health crisis.

Without suitable legal tools, carers often have to resort to unofficial workarounds. Among carers for someone with a mental health problem:

- 52% know someone else's PIN; and
- 23% know someone else's online banking password.¹⁶

Using this information to access someone else's account can sometimes be the only way carers can quickly ensure that essential bills are paid, but there are dangers here both for carers and the people they are caring for. Concern about these dangers means that many companies, benefits agencies and healthcare services are reluctant to liaise with carers or other advocates without specific consent – which can be difficult to obtain when a person is in crisis.

Case study

Sophie's husband, Mick, has had repeated mental health crises, including several hospital admissions. The first time, Sophie suddenly found she had to deal with finances:

"As part of the... depression, he wasn't paying things and getting behind with the mortgage. He would hide it."

Sophie gave up work to care for Mick and their children.

"I had to put all my energy into keeping my family together."

Over the years, Sophie has dealt with a range of financial issues.

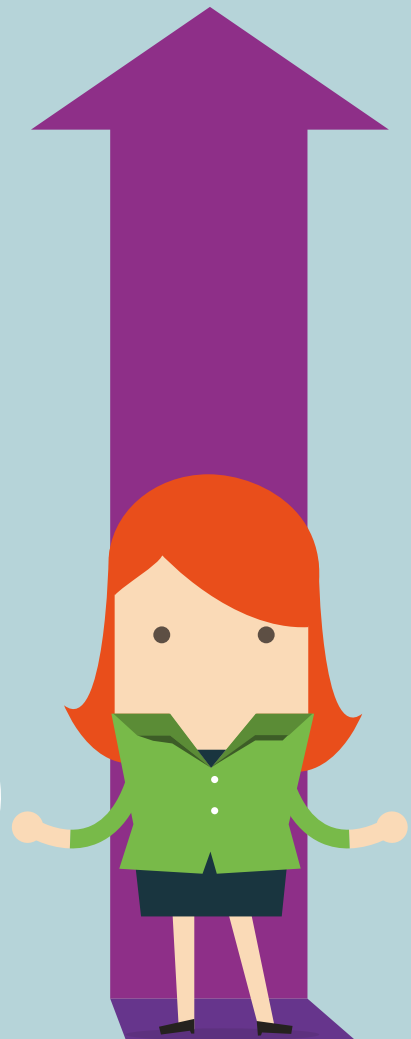
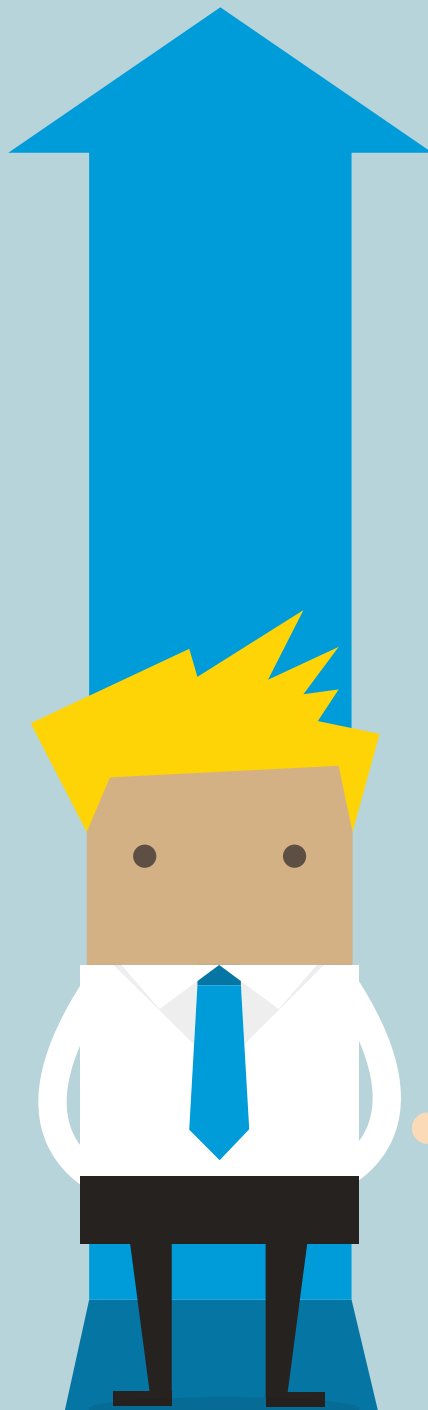
"Many times I would have bailiffs sending me letters. I would just write really strong letters back explaining his situation and providing the evidence."

Sophie and Mick work together when he's well but she has to take over completely during periods of crisis.

Section Three summary

- Carers can greatly support the financial situation of someone experiencing a mental health crisis. However, there are numerous challenges to providing this kind of help, and only some people have access to it.
- Advice services are over-stretched and struggle to offer the intensive support often required by people in crisis and those caring for them.
- Legal tools to delegate decision-making are not suitable for the those whose mental capacity to manage their financial affairs fluctuates.

16. Murray N. Strength in numbers: consumers, carers and financial services. Money and Mental Health Policy Institute. 2016.



Section Four: Response of mental health services

People experiencing a mental health crisis need rapid assessment and intensive treatment to support them towards recovery. NHS secondary mental health services aim to provide this, either through admission to a psychiatric ward, through the services of a crisis resolution team (CRT) or other community based teams.¹⁷

Such services must attempt to not only mitigate the person's immediate mental health needs, for example keeping someone safe from harm, but also to identify and treat the underlying causes. Yet legal and policy guidance gives only a cursory mention to the role of financial difficulty in triggering or exacerbating mental health problems. NICE guidance requires assessments, care plans and crisis plans to be 'holistic', mentioning 'social and living circumstances', but not finances specifically.¹⁸ Guidance on assessments¹⁹ and care planning²⁰ make passing reference to finances, forming part of a long list of factors that a mental health professional should consider. Service users, carers and many clinicians would like CRTs to offer holistic care, providing medical, psychological and practical help, but recognise this may be best provided through help to access support from other services.²¹

Only 14% of people who received support during a mental health crisis felt that they received the right response, with practitioners and service users both

seeing the care as concentrating on risk management and medication rather than offering social or practical support.²²

"Even when he's been going down by the local canal... and he's throwing in £20 notes, he's still not taken anywhere and looked after... they go in, sit on a settee, give him a glass of water, give him his tablets, watch him swallow them and then they go. That's it, that's support"

Carer

When finances are not adequately addressed, people can fall into a vicious circle whereby their recovery from a crisis is compromised by ongoing financial difficulty. Failure to resolve the social and financial consequences of the crisis, such as housing and benefits, can result in longer hospital stays and readmissions. This represents not only a tragedy for the individuals involved, but also has an impact on service provision and capacity.

"We can't get anywhere until benefit, housing and all that... is sorted out, because people are just not in the right mind-set to move forward until those basic needs are met."

Practitioner

17. NICE. Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services – Clinical Guidance. 2011.

18. Ibid.

19. NHS Choices. A guide to mental health services in England. <https://www.nhs.uk/NHSEngland/AboutNHSservices/mental-health-services-explained/Pages/accessing%20services.aspx> (Accessed 31/10/17).

20. Rethink Mental Illness. Care Programme Approach. <https://www.rethink.org/diagnosis-treatment/treatment-and-support/cpa> (Accessed 31/10/17).

21. Lloyd-Evans B. Crisis Resolution Teams: How are they performing? 2014.

22. CQC. Right here, right now: People's experience of help, care and support during a mental health crisis. 2015.

4.1 Service capacity and priorities

It is not news to practitioners or service users that mental health services are overstretched, and the impact this has on holistic support is particularly pronounced.

"There's definitely a big push for us to discharge people as soon as possible... it means that we can't explore anything around their finances... people just focus on the medication and the treatment."

Practitioner

Gaps in service provision can appear as inpatient and community services each pull back to their own manageable limits and look to each other to take on the more holistic care tasks. Since ward staff are with someone 24 hours a day, inpatient services might be expected to have more opportunities both to identify an issue and to intervene. Yet even here, it can take time for practitioners to become aware of an issue and act on it.

"He was buying cigarettes for half the ward, and basically all his money was spent in an instant... The staff weren't even aware."

Practitioner

On the other hand, community services may have longer to get to know someone's full situation, including their home environment, and to put in place longer term arrangements such as deputyship, particularly where someone has had at least one previous crisis and care planning has gone well.

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

Practitioner

Local service design and policies play a crucial role: whether or not there is routine screening for financial difficulty, the level of training amongst staff, care planning protocols, and whether or not there are good processes in place to refer people on to accessible and timely practical support.

4.2 Supporting people in the mental capacity grey area

Even with enough time and good protocols, some difficulties are inherent in the experience of supporting a person in mental health crisis, such as how to assist someone who behaves irresponsibly but doesn't want your help. Here, unlike carers, practitioners have the ability and responsibility to determine whether or not that person has mental capacity to make those decisions, and then to support them appropriately.

Recognition and assessment

Practitioners must identify whether certain financial behaviours require and justify their intervention. For some, financial difficulty would not even be considered relevant unless it amounted to the person needing "safeguarding" from financial abuse, or from "self-neglect". Self-neglect usually refers to meeting one's own basic care needs such as eating and washing, and can in some cases justify detention ("sectioning") under the Mental Health Act. It could in extreme circumstances be stretched to include financial self-neglect, for example risking eviction by leaving bills untouched. Having recognised that there is an issue, practitioners must then assess for mental capacity, bearing in mind that people have the right to make an unwise decision.²³

When capacity remains

The law rightly prevents practitioners from forcing an intervention when the person retains capacity. However it can be highly distressing to carers and practitioners to watch someone damaging their financial and mental wellbeing when they retain mental capacity but may have lost perspective or common sense.

"She was in her flat screaming and not wanting any help. I called the crisis team to say that she can't manage, she needs to be admitted. They go in and assess her, and say, 'She's an adult, she's able to make her own decisions and if she wants to live like this then she can.'"

Carer

With creativity and time, practitioners may in some cases still be able to use their skills in psychological intervention to mitigate or challenge unwise decisions.

"The crisis team got involved and opened my eyes a little bit to what I had actually been doing, because I wasn't aware during the period of mental illness exactly what I was doing with my finances."

Expert by experience

Similarly, good care planning after a crisis could include additional support that a person may wish to be triggered if they become unwell again in future.

²³. Department of Health. Mental Capacity Act. 2005.

4.3 When a person lacks mental capacity

Even if it has been determined that a person lacks capacity to make financial decisions, there is still a practical limit to what practitioners can do to prevent someone's harmful financial behaviour. In hospital, it may be easier to restrict access to bank cards under the Mental Capacity Act (Deprivation of Liberty Standards). This is not foolproof, however, if, for example the person has their banking details saved online. In the community it is even harder to prevent someone overspending, for example, during a manic episode, and such a scenario might not on its own be enough to justify admitting the person to hospital.

"Sometimes what you end up doing is watchful waiting to see if the other criteria [of the Mental Health Act] become met as well because that really is the only reliable way that you're going to help somebody stop spending, is by actually restricting their liberty to do so."

Practitioner

As with carers, if practitioners try to step in on someone's behalf, even with the legal justification of the

Mental Capacity Act behind them, they may come up against problematic data protection policies applied by essential services providers and benefits agencies.²⁴ Given the lack of an appropriate practical framework to intervene, practitioners are acutely aware of the risks of overstepping their professional capabilities and infringing on people's rights.

The majority (56%) of the crisis care practitioners we surveyed said their service never takes control of someone's money for them if they lack mental capacity to make financial decisions while under their care. Only a quarter (25%) said they restrict access to bank cards, phone or internet.²⁵

"I don't think either our patients or our nurses are protected... you're basically taking it into your own hands, and it is risky... That's not very nice when you're just going, 'I hope to God they do not accuse me of something, but if I leave them with their £50 or £100... it's going to be taken off them by someone else in the vicinity'."

Practitioner

Section Four summary

- Mental health practitioners recognise the need to address finances because of their impact on recovery. But this is only one of many factors they must consider in their assessment and care planning, and service capacity may mean it is not adequately addressed.
- Local policies about screening questions, referral routes, care planning and training for practitioners can make a big difference, even when someone is in the "grey area of mental capacity".
- When someone definitely lacks mental capacity, practitioners lack practical and legal tools to intervene in a way that protects both the individual and the practitioner.
- The lack of appropriate responses available has unfortunate consequences for mental health services and individuals, as people's recovery is slowed.

24. Clarke, T. Whose Job is it Anyway. Money and Mental Health. 2017.

25. Money and Mental Health survey of practitioners who work with people during a mental health crisis. Base for this question: 64.

CUSTOMER SUPPORT



Section Five: Response of essential services firms

Liaising with banks, building societies, energy and telecoms providers when a person's emotional resources are consumed by a mental health crisis can be overwhelming. The thought of trying to manage accounts, monitor payments or talk to creditors, is simply too difficult, and at times a near impossibility. How essential services firms respond in such cases can be crucial to mitigating the financial consequences of crisis.

5.1 Knowledge and understanding

The response of essential services firms during a crisis can vary widely, often depending on the organisation's knowledge and understanding of mental health problems and crises.

"... they were amazing. I was struggling with anxiety on a call, and they suggested nominating a neighbour to speak on my behalf. A few years later they went to email and it's a joy."

Expert by experience

Staff within organisations cannot be expected to have good knowledge and understanding without training and support. Advisors need to be trained to not only respond appropriately when mental health problems are overtly disclosed, but also to recognise more subtle cues that people may be struggling and need additional support.

"Where banks have been not so helpful, is when we've had to explain that somebody wasn't well and that's why they're overspending, and trying to sort of curtail or stop that escalating. And I think generally, they are kind of confused and bemused."

Practitioner

5.2 Additional charges

Many of the people we spoke to had accrued bank charges or late payment fees while in crisis. Sometimes this was a result of losing track of available funds, or spending in a manic episode, resulting in a lack of money for essential bills and unplanned overdraft usage. In other cases, charges from bounced payments caused problems.

Direct debits can be a protective tool, ensuring payments continue to be made when a person is not actively managing their finances. However, given the effect of a crisis on income and expenditure, it is easy to see how people can reach a situation where insufficient funds are available to meet regular payments. When people lack funds to pay bills, the direct debit tool can cause as many difficulties as it solves through fees and charges. Whilst ordinarily, reduced income or increased outgoings may prompt a person to liaise with essential service providers, the cognitive effects of a mental health crisis make this almost impossible to do.

"... she had gone overdrawn by 50p over the overdraft limit, then they'd started charging her, £25 for a letter here, £25 for a letter there. Everyday, everything that went out that bounced, every letter that they sent her, was charging her £25 a time."

Carer

5.3 Access to credit and cash

People in the midst of a mental health crisis often make financial decisions they would not make when well. Their mental capacity can fluctuate, and spending often increases. Many people described taking out credit driven by impulse or mania during a crisis.

"I discovered that she had entered into a loan agreement, but clearly had no understanding of the loan. She had no understanding of what she'd borrowed, and there was absolutely nothing that could be done."

Carer

When issuing credit, providers are required to ensure that customers can understand, weigh up, and retain the information required to obtaining that product.²⁶ However, they must assume that the applicant has capacity to meet these requirements unless there is evidence to suggest otherwise. The ability to apply for credit online, with funds sometimes available in a matter of minutes, can be particularly dangerous for people experiencing a mental health crisis, as there is little opportunity for providers to check understanding or for customers to ask questions that may demonstrate a lack of capacity.

On rare occasions, mental health professionals will provide post-dated medical evidence to essential services firms demonstrating an individual's lack of capacity when taking out historical credit. In these unusual instances it is important to remember that professionals are bound by a code of conduct and an ethical framework; decisions they make are based on an expert understanding of capacity and a sound knowledge of the person concerned. Respect for such evidence can mitigate the financial harm caused by borrowing during a mental health crisis.

Some people who experience repeated crises may wish to exclude themselves from credit altogether. While institutions may offer this on a case-by-case basis, no foolproof system currently exists to allow people to block future credit applications.

Systems protecting people from urges to overspend or from depleting savings are equally underdeveloped. Although nearly three quarters (72%) of respondents to our survey had experienced multiple crises, only 7% had set up protective systems, such as spending limits and credit blocks with their bank or building society.²⁷

26. Financial Conduct Authority. Consumer Credit sourcebook. 2014.

27. Money and Mental Health survey people with lived experience of mental health problems. Base for this question: 147.

5.3 Data protection and communication with third parties

Good data protection is crucial to safeguard people's money, and the legislation must be correctly observed. However when applied overzealously, it presents challenges to people who are experiencing a mental health crisis, and their carers, with resulting harm to their finances.

Mental health crises can cause cognitive and practical challenges which may make it harder to communicate with essential services firms. For example it can be harder to remember and recount even the most basic information needed to get through validation processes, such as your name, address and date of birth.

"He could not get past their security questions... I had to help him physically phone the number... and he would defer to me, going, 'He's asking me this question, can you answer it for me?' I was going, 'I can't answer it for you. You have to answer this yourself'. He said, 'Well, I can't remember the answer.'"

Practitioner

Being hospitalised can add further practical challenges, such as:

- Losing access to your account numbers, card readers or bank cards
- Restricted access to phones and the internet
- Payment reminders and bills sent to home addresses which a person is unable to access.

In such scenarios, people often have to rely on a third party such as a carer or health professional to liaise with essential service firms and attempt to minimise harm. Carers told us that most of the time they were simply contacting organisations to ensure bills were paid on time and to avoid charges. However, accessing accounts, even just to notify creditors of a person's mental health crisis and ask for forbearance, was incredibly difficult. This is despite the fact that present legislation does not prevent companies from recording information provided by third parties, as long as they do not disclose information without permission.

"Nobody was prepared to wait, nobody was listening to me when I'm saying, 'I can't give it to you just yet, because he can't sign anything, he can't talk to you'."

Carer

Essential services firms trying to assist carers will often suggest exploring routes such as Power of Attorney, without any real understanding of the suitability of this for those with fluctuating capacity. A lack of willingness to invest in more flexible systems to allow delegation makes it very difficult for carers to step in when a loved one suddenly experiences a mental health crisis.

"They wouldn't listen... they wouldn't speak. One of the companies, they just hung the phone up on me because I couldn't answer the password. It was a case of, 'We can't take this conversation any further, thank you, bye.'"

Carer

Yet instances of good practice show there are actions organisations can take to minimise financial harm and emotional distress, without breaching data protection regulations. We heard, for example, of bespoke arrangements where firms agreed to liaise with carers, obtaining consent in advance from the account-holder so they would not need to re-consent in the midst of a crisis.

When essential services firms offer a service that is timely, compassionate and based on an understanding of the unique challenges of a mental health crisis, the outcome for individuals and carers is greatly improved, and the financial devastation of a mental health crisis is minimised. In instances where organisations are not set up to offer this level of service, it can generate complaints and dissatisfaction, and all of the subsequent costs that are associated with resolving those complaints.

Section Five summary

- Whilst ordinarily, reduced income or increased outgoings may prompt a person to liaise with essential service providers, the cognitive effects of a mental health crisis make it almost impossible to do so. Subsequently, bills and payments are missed and charges and collections activity commences. This can compound the financial impact of the crisis and cause further stress.
- Relatively few tools are available to allow people to protect themselves from taking out credit or spending to excess in a crisis.
- Carers and third parties trying to contact essential service providers to pass on information find they are faced with lengthy data protection barriers. This prevents carers and organisations from protecting people from financial harm.



Section Six: The response of the benefits system

People going through a mental health crisis often experience a substantial reduction in their income. This income shock can be sudden. It may be a triggering factor precipitating mental health crisis, could be a result of crisis, or both.

The welfare benefits system provides a potential safety net that can offer some replacement income to help those struggling with finances. When the system works well, it can provide a cushion that greatly eases the potential financial devastation that can result from mental health crisis. However, through both maladministration and poor system design the benefits system frequently fails the people it is meant to help.

6.1 Applying for benefits

People experiencing a mental health crisis may well be entitled to several benefits. The mechanisms to make initial claims for each one vary, but can involve a combination of phone calls and completing lengthy paper or online forms. Assessments may also involve in-person appointments. Undertaking these tasks can become extraordinarily difficult, if not impossible, when a person is experiencing a mental health crisis. Delays in processing claims present further difficulties.

"When I am low I don't open brown envelopes, which doesn't help when you know whatever is [in] there is to do with some claim or support. The initial ESA claim was horrendous."

Expert by experience

Whilst a first payment of ESA should reach the claimant's bank account in three weeks, it can take months from starting a PIP application to getting an initial payment.²⁸ People are often forced to live on very little money, delaying their recovery and pushing them further into financial difficulty.

"ESA was absolutely atrocious. She applied, so she was due her money from about 5th of May, I remember, of that year. Then she didn't get her full entitlement until the December. Bear in mind she was pregnant, she was living on virtually nothing."

Carer

When a delayed claim is processed, there is sometimes a substantial back payment of benefit. This can resolve some of the financial difficulty, although it will not compensate for any charges, fees or adverse impact on credit files that may have arisen as a result of the money not being there promptly. Suddenly receiving a large sum of money can also be problematic, particularly where people are vulnerable to exploitation.

"Then he had an assessment for the ESA, and it resulted in a large payment to him of nearly £3,000 back pay. He drew all the money out, and he put it in a shoebox in his room and his so-called friends were helping themselves to the money."

Carer

28. House of Commons Work and Pensions Committee. Benefit delivery. Fourth Report of Session 2015-2016.2015.

6.2 Benefits during a crisis

Even once a person has successfully claimed a particular benefit, they may be required to meet continuing conditions, including work-related activity and attending interviews at a JobCentre Plus.²⁹ Getting to an appointment can be impossible for someone going through a mental health crisis.

“He was almost permanently sanctioned because he couldn’t keep to appointments. He might turn up half an hour early, and they wouldn’t see him so he’d wander off and then forget about going.”

Carer

Participants not only reported that the benefit assessment processes can be daunting, some also cited the assessments as contributing to triggering mental health crises.

“As it started to approach the date when the review came up, she became suicidal again because she was convinced she was going to be turned down.”

Practitioner

ESA claimants who fail to return the assessment form or attend the medical assessment will be considered fit for work and will not be able to make another claim for ESA unless they have a different or deteriorating condition. For people struggling to navigate the system during a period of mental health crisis, this could have long term consequences.

Being admitted to hospital is considered a change of circumstances for benefit purposes. How this is treated depends on the particular benefit, adding another layer of complexity. Participants also report having to deal with overpayments created because they were not able to report a change of circumstances when they were in crisis.

“You’re supposed to inform people when your circumstances change. I find that is actually too much for someone that’s mentally ill. They couldn’t possibly do that.”

Carer

29. Barnes H et al. Unsuccessful Employment and Support Allowance claims – qualitative research. DWP. 2011.

Carers face similar data protection challenges to those described in section five when contacting benefits agencies. Traditionally DWP recognised the principle of 'implied consent', accepting that anyone who has a reasonable level of knowledge about the claimant can act on their behalf.³⁰ This has been removed under UC full service. This could have devastating consequences as people are left unable to communicate their explicit consent for someone else to organise their benefits when they are simply too unwell.

"When he went into hospital and he wanted me to work out the PIP for him and all this kind of stuff, I couldn't do anything, because I wasn't able to speak on his behalf."

Carer

Section Six summary

- Meeting conditions to claim and continue to receive welfare benefits can be problematic during a period of mental health crisis, when people may find it very difficult to communicate and to keep appointments.
- Benefits agencies can be reluctant to liaise with carers even when the recipient is unable to engage directly.
- Delays in benefit payments being paid can lead to people incurring debt and being open to exploitation when they have large back payments.

³⁰. Department for Work and Pensions. Working with representatives guidance. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/461988/working-with-representatives-sept-2015.pdf (Accessed on 31/01/18).



Section Seven: Conclusion and recommendations

Through our detailed investigation for this report, we identified problems with the way that mental health services, essential services firms and the benefits system respond to people experiencing a mental health crisis.

- Mental health services lack suitable tools, particularly for those who retain capacity when seriously unwell. Service users' immediate needs for support with financial management go unmet, and opportunities to prevent financial harm in future crises are missed.
- Essential services firms' lack of understanding of mental health crisis and their concerns about risk management, particularly around data protection, mean they appear unsympathetic. Charges and fees can accrue and collections activities continue, worsening a difficult situation and compromising people's recovery.
- The benefits system's failure to make reasonable adjustments for claimants experiencing mental health crises can leave people in abject poverty and acute distress.

The recommendations below attempt to resolve some of these difficulties. Throughout, the aim is to protect people from harm and to empower them to protect themselves, while respecting their right to autonomy and to make 'unwise' decisions.

7.1 Extending Breathing Space

People in crisis are particularly at risk of serious financial harm, and are disadvantaged when trying to mitigate it. Halting interest, charges, fees and enforcement action would allow people time to regain their ability to manage and pay back debts.

We therefore propose an extension of the government's Breathing Space scheme. The existing proposal for Breathing Space aims to encourage people to access debt advice, by enabling them to freeze interest, charges and enforcement action for a time limited period while seeking help. Some essential services firms already offer this kind of support.

Many people in crisis, however, are unable to seek debt advice due to their mental health needs. Others may not be eligible for Breathing Space, as they will not yet be in problem debt, although they may become so during a crisis.

Extending the Breathing Space scheme to everyone receiving NHS care for a mental health crisis would:

- Align the scheme with principles of equality and non-discrimination
- Provide consistency to individuals and carers by ensuring all creditors offer at least the same minimum standard of forbearance
- Empower health professionals to ask services users about their financial situation, knowing there is something they can definitely do to help.

Although this scheme would not directly resolve underlying financial problems, it would provide crucial mitigation of financial harm while someone is unwell. This would allow service users and practitioners to focus on treatment and recovery from mental health problems. It would also promote financial recovery by reducing the likelihood of debts escalating out of control, reducing defaults, homelessness and other related issues.

The government's proposed Breathing Space scheme should be expanded to include anyone accessing psychiatric inpatient care, or the care of a Crisis Resolution Team.

This should apply:

- On the initiation of health and social care staff
- Regardless of whether the person is already in financial difficulty
- For the same duration as the main Breathing Space scheme
- Across financial services, other essential services firms, local authorities, housing associations and DWP.

It should not preclude people from also accessing the Breathing Space scheme if they later meet the debt criteria.

The scheme would be enacted by mental health professionals providing a certificate or letter confirming that a person is being treated for a mental health crisis and should be offered Breathing Space. Creditors would need to be notified of this; ideally, promptly, by a carer or relevant mental health professional,

such as an advocate or support worker. If nobody is available to provide this immediate support to a person in crisis, creditors should revoke charges and interest retrospectively for the period covered by the certificate when presented with it.

Once they are sufficiently well, all service users who are offered Breathing Space during a mental health crisis should be referred to specialist advice services, which are designed to meet the additional needs of a person recovering from a mental health crisis. These advisors could also help service users to activate Breathing Space retrospectively if they have not been able to do so whilst receiving crisis services. These advice services should be co-located and jointly commissioned by healthcare providers and local authorities, who have a statutory duty to provide such services under the Care Act 2014.³¹

Expanding Breathing Space would also create an opportunity to embed the practice of referring service users to advice services after crisis, helping to break the cycle of recurring financial difficulties and mental health crises. At present, the lack of time and resources within both mental health and voluntary sector advice services can seriously undermine practitioners' capacity to make appropriate referrals. For some people who have been in hospital under the Mental Health Act, support is already supposed to be available under Section 117 aftercare obligations. Despite this, research suggests that relatively few service users are offered adequate support with financial management.³² Making Breathing Space universal for those in mental health crisis would help to embed routine screening for financial difficulties and the provision of appropriate support into healthcare pathways. In the longer term, this would diminish recurrent crises caused by financial difficulties, reducing pressure on beds and eventually releasing cashable savings by reducing out of area placements.

³¹. Department of Health and Social Care. Care Act. 2014.

³². Mind. Leaving hospital – Briefing on discharge from mental health inpatient services. 2017.

7.2 Switching off benefits conditionality during a crisis

Sanctions, reductions or delays in payment which can result from a claimant's inability to engage with benefits processes and conditionality procedures during a period of mental health crisis can cause distress, slow recovery and create long-term financial problems.

The benefits system already allows easements for claimants in some circumstances. Since 2014, work conditionality requirements relating to JSA, ESA and UC can be switched off at the discretion of staff, or by law for certain categories of people such as those producing a fit note, receiving treatment for drug or alcohol dependency, or who have been a victim of domestic abuse.³³ The UC work search requirements can be switched off for those who are too unwell to take steps towards work.

People experiencing a mental health crisis similarly need to be temporarily exempt from the usual requirements for certain benefits. This could be achieved by expanding existing easements for other conditions to cover those experiencing mental health crisis. Similar easement processes should also be developed for other out of work benefits too.

- The DWP should expand the existing easements for JSA, ESA and UC to include those experiencing a mental health crisis, allowing conditionality to be switched off while a person is too unwell to engage.
- Easements should take into account the opinions of mental health professionals in different formats such as phone calls, as well as fit notes, so as not to place additional strain on health and social care staff.
- Benefits agency staff should receive training to ensure this is implemented effectively.

³³. Department for Work and Pensions. Switching off work availability and work related activities. http://data.parliament.uk/DepositedPapers/Files/DEP2017-0556/24_CC_-_Switching_off_work_availability_and_work_related_activities.pdf (Accessed 31/01/18).

7.3 Communicating with carers and healthcare professionals through a crisis

During a mental health crisis, people may not be able to communicate effectively. Carers and healthcare professionals trying to give even simple information on behalf of someone experiencing a mental health crisis to a benefits agency or essential services firm face a wide range of challenges. Many of these stem from a lack of a consistent consent systems and appropriate legal mechanisms.

Flexible systems allowing people routinely to give explicit consent in advance would ease this situation and mitigate the risk of information being disclosed inappropriately. Firms should collect details of emergency contacts, and record the customer's consent to share specific information or allow limited actions to be taken. Emergency contacts' decision-making powers would need to be very limited to avoid the risk of financial abuse. However, such a system could reduce the current complexity and varying service standards carers currently receive, whilst ensuring there is sufficient risk protection for firms.

During a crisis when someone may be unable to communicate at all or has not given their prior permission, systems to obtain consent need to be flexible. The UC move from requiring 'implicit' to 'explicit' consent creates an unnecessary barrier to effective support, for many people, not just those in mental health crisis.³⁴ A return to implied consent at the discretion of staff, even in a limited capacity (for example to receive information or from responsible health care professionals only) could greatly mitigate the potential devastation that can occur when representatives are unable to negotiate on a person's behalf.

Our research has identified a lack of awareness of formal legal structures for delegation, including Power of Attorney, among people who have experienced mental health crises and their carers. More worryingly, people are reluctant to use these tools even when they are aware of them. Modern, flexible delegation tools are desperately needed to reduce the need to rely on risky workarounds. A modular system of Power of Attorney would provide a better balance between promoting autonomy and safeguarding. In the interim, firms should explore ways to build flexible systems of third party access which avoid the need for full legal delegation while minimising the risks of abuse.

- All benefits agencies and essential services firms should build systems which allow a third party to be given limited powers to manage an account, without the need for a formal legal delegation of authority, and minimising the risk of abuse.
- The DWP should reinstate the principle of Implied Consent for UC and develop similar processes for other out of work benefits.
- All benefits and essential services firms should routinely collect emergency contact details for service users. In the case of benefits agencies this should form part of every JobCentre Plus' complex needs plan.
- The Government should review Power of Attorney to ensure that delegation tools are available which are sufficiently flexible to meet the needs of people with fluctuating mental health problems, and that essential services firms are able to implement these effectively.

³⁴. Couling, N. Letter to Welfare Advisers, 2017

7.4 Tools to help people protect themselves

The financial consequences of a mental health crisis go beyond the charges and fees incurred; many people take out credit where they would not otherwise have done so, deplete savings, or miss bills. New fintech tools, processes and settings could offer people the opportunity to control their own financial services environment, setting positive defaults and limiting the risks they face in a crisis. These tools should never be applied against a person's will, but may be put in place by an individual while they are well, to voluntarily constrain their options and minimise harm when they are unwell. These tools could also be used by practitioners in care planning to help people anticipate and avoid the financial consequences of future mental health crises.

Examples of such tools may include:

- Setting spending limits on credit or debit cards
- Stopping a payment card temporarily
- Timely reminders when bill payments are due
- Automated prioritisation of key payments
- Double confirmation or cooling off periods before large transactions are processed
- Self-exclusion from new credit.

- Financial services providers should offer tools and settings to enable people to protect themselves against financial harm.
- The Government, working with the Financial Conduct Authority (FCA) and UK Finance, should carry out a review of reasonable adjustment practices for consumers with mental health problems, as recommended by the House of Lords Financial Exclusion Committee in 2017.



MONEY AND
MENTAL HEALTH
POLICY INSTITUTE

Kindly supported by The Barrow Cadbury Trust



Registered charity number: 1115476