



# Mental Health Conversations

## Welfare, Debt and Benefits

**May 2018**

#ThriveBristol

Shelter





# Welcome

Chair, Cllr Celia Phipps  
Bristol City Council



# Thrive Bristol

Cllr Asher Craig, Deputy Mayor  
Bristol City Council



**Dr Maria Barnes**  
**Senior Research**  
**Associate**



## NIHR Programme: Suicide Prevention

### Apr 2012-Nov 2017

#### **Applicants, collaborators, NHS colleagues, researchers, service user advisers:**

Bristol: David Gunnell, Maria Barnes, Caroline Coope, Jenny Donovan, Chris Metcalfe, John Potokar, Rosie Davies, Will Hollingworth, Sarah Branton, Julian Walker, Richard Huxtable, Anne Haase, Caroline Wilson, Gail Thornton, Sally Dean, John Peacock

Oxford: Keith Hawton, Sue Simkin (ret'd), Anne Ferrey, Kate Saunders, Anne Stewart, Louise Locock, Veronica Kamerling, Clive Meux, Ruth Sanders, Ruth Sanders, Nic Hughes, Caroline Jordan

Manchester: Nav Kapur, Jayne Cooper (ret'd), Leah Quinlivan, Jane Morris, John Chatwin, Damien Longson, Linda Davies, Kevin Mackway-Jones, Sean Lennon, Neil Allen

Glasgow: Rory O'Connor

Advisors / collaborators: Ying-Yeh Chen (Taiwan); Paul Yip (Hong Kong); Claudia Wells (ONS)

Steering Group: Peter Jones (chair), Ella Arensman, Joanthan Scourfield, Liz Scowcroft

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# Debt, mental health and suicide

## Context

- In 2016 1-in-6 adults suffered from a common mental disorder
- Mental illness is the largest single cause of disability (28% of the UK's disease burden)
- NHS spend on mental health care >£11 billion
- Mental illness costs the UK economy: >£70 billion / year (4.5% of GDP).
- 2008 recession and now BrExit and Universal Credit...



**Suicide  
is the  
tip of an  
iceberg  
of  
distress**

**In one  
year in  
Bristol...**

**50  
suicides**

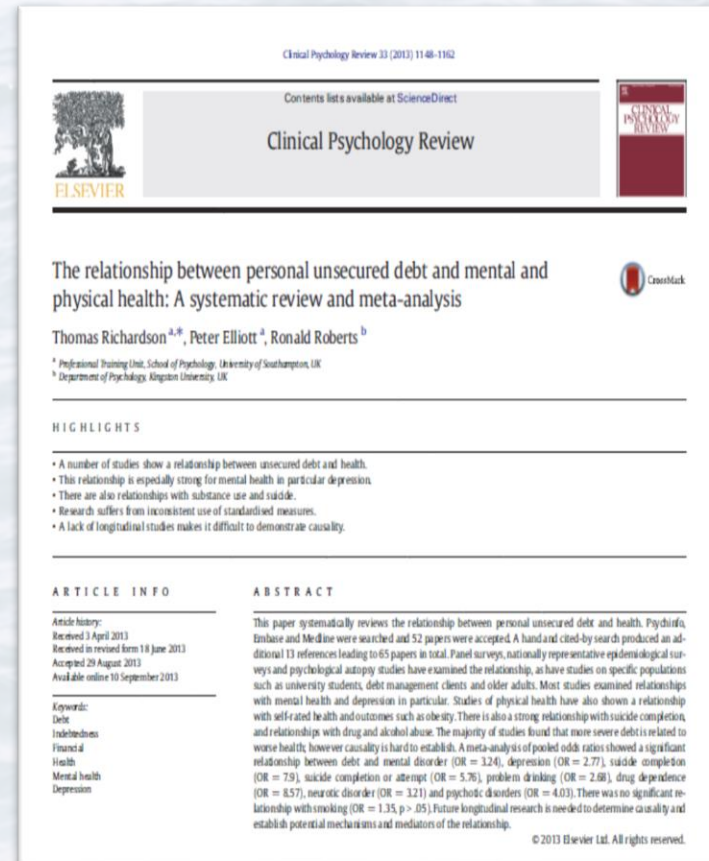
**1500 people attend hospital  
following  
self-harm/ suicide attempts.**

**At least 8,000 people think  
about  
killing themselves**

*Sources:  
2013-15  
data PHE  
Fingertips  
Profile;  
Bristol Self-  
harm  
Surveillance  
Register;  
Local and  
ONS  
research*

# Debt and financial difficulties are important contributors to poor mental health and suicide: systematic review

- Over 50 relevant papers identified
- 3 fold increased risk of mental illness in people with debt
- 7 fold increased risk of suicide



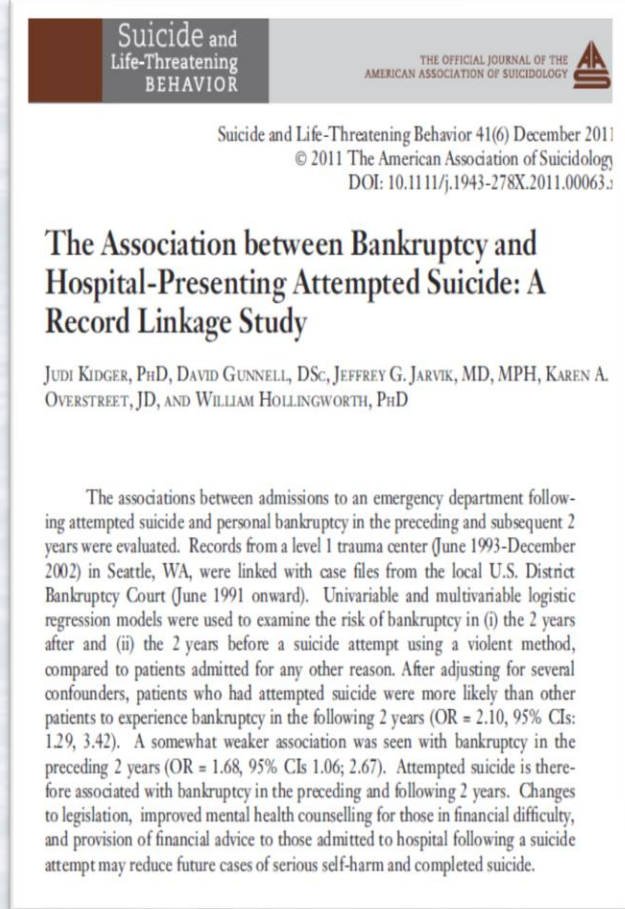
Department of  
Population Health  
Sciences





# The link between debt and mental health is two-directional

- People who became bankrupt were at 1.7 fold greater risk of hospital admission for a suicide attempt in following year
- In year after a suicide attempt people were at 2.1 times greater risk of bankruptcy





## Recession-related suicides: England 2010-11

- 275 suicide deaths from 4 regions of England.
- 37 (13%) appeared to be mainly / entirely due to economic/employment-related problems.
- Financial problems present in three quarters of cases where economic/employment issues entirely/mainly contributory.
- Half were still in employment.
- **Most were not in contact with mental health services.**



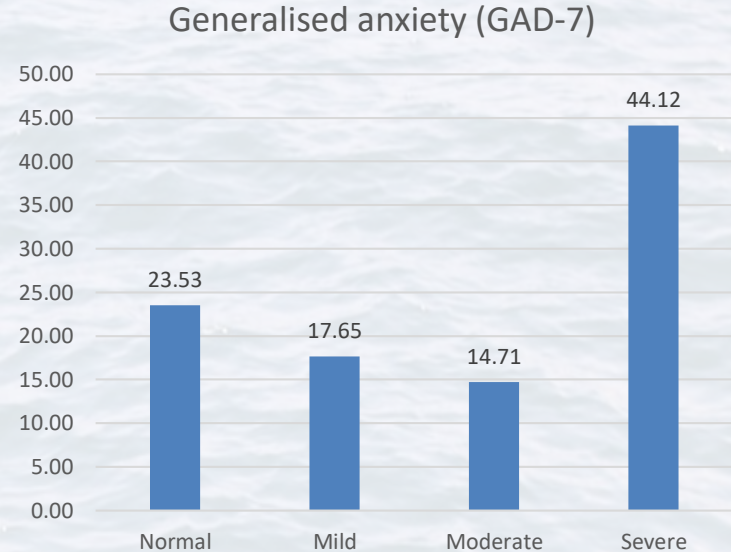
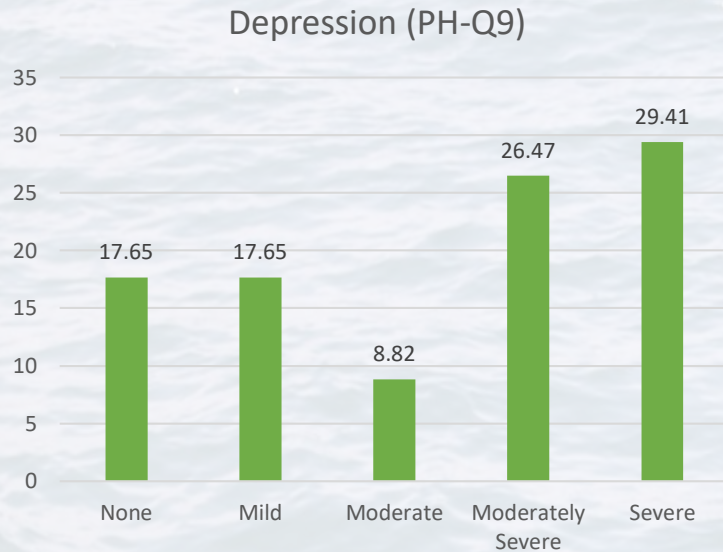
## Case report: suicide

54 year old man with three adult children with no previous mental health problems. He'd worked as a manager for the same company for 30 years, but the business was not doing well and he was offered an alternative, lower paid, role which he worked at until his suicide. The night before his death he and his wife were discussing their debts – they'd recently gone overdrawn again and he was anxious about this, she reassured him and went to bed. He was found hanged the next day.

Unpublished, David Gunnell/Caroline Coope et al



# Talking Money Survey (n = 34 users)



Average age – 42 years (range 21-72 years); 29% male.

Suicidal thoughts in last 2 weeks: 21% more than half of all days or nearly every day



# Conclusions

- Debt is a strong risk factor for mental illness and suicide
- People with mental illness are at increased risk of debt
- People whose suicide is linked to debt are often not in contact with mental health services (shame / stigma)
- Future recessions?



## **Aims & objectives: Bristol components**

Economic hardship and suicide: Identifying risk groups, prevention pathways and intervention development.

**OR**

Who is at greatest risk of suicide as a result of the economic crisis and how can their risk be reduced?



# Phase 1

Who did we interview about their experiences?

Who	How many	Because
<b>Clinical</b>	19	People who had self-harmed and cited job loss, economic hardship or the impact of austerity measures as contributing
<b>Community</b>	22	People who were struggling because of the above but had not self-harmed
<b>Service Providers</b>  Including: listening service, housing association, IAPT provider, debt advice centre, union, agency supporting people with MHP/learning disabilities	8 + 2 focus groups	Frontline staff in organisations providing services to the above



## Phase I Findings: Triggers

### **Triggers to self-harm/distress:**

losing/unable to find work, fears or experiences of benefit changes or sanctions, increasing debt (priority), housing difficulties

### **Co-existing vulnerabilities in those who self-harm:**

abuse or neglect in childhood, bullying, sexual identity issues, abusive adult relationships, long-term mental health problems



## Phase I Findings

*When I was working and able to control things, I was budgeting, I was able to do it, it was always down to me to sort out the finances and obviously if I'm ill and on a real low I don't do it and then don't get paid and get forgotten. Finances – that was the ultimate trigger. Obviously I was feeling low anyway and I missed – I had forgotten to make a council tax payment and they put me onto a bailiff. It was just a genuine slip, a genuine slip and they were threatening to come and take out belongings, which they didn't do – as it turns out they were trying to scare me but that tipped me over the edge*

(John, 35, self-harmed)



## Phase I Findings (2): Help-seeking

**Vulnerability made the accessing of services confusing and challenging:**

appealing sanctions, waiting lists, forms, referral routes unclear, information/knowledge about services varied

**Practical help was the most required support:**

advice to help move on from immediate crisis and manage their financial situation, support in doing so, co-ordination services



## Phase I Findings (2): Help-seeking

*A lot of the time as well when you're feeling so low you can find it hard to access services so to be proactive and productive is too hard. Sometimes you need someone else to come and take control.*

(Ellie, 23, self-harmed)



## Phase I Findings (2): Help-seeking

**Service Provider data supported a lot of these views:**

agreed that the benefits system needed to change but the way reforms were being implemented was potentially dangerous



## Phase II: Intervention

### One year development

Phase I findings, workshop with stakeholders, mapping existing provision, service user advisors



Navigator-style intervention/service



# **HOPE: Help fOr People with money, Employment and benefit problems**

## **Aims:**

To pilot a RCT of a support service in the form of a HOPE Worker for people who have self-harmed or are distressed and report financial, employment, benefits or housing problems as contributory

To move people out of the situation that caused their distress and promote confidence in dealing with future financial difficulties



## HOPE Pilot Study: Feasibility

CCG commissioned service provided by Second Step Staff following training in motivational interviewing methods (MI)

[MI: about addressing peoples' ambivalence about changing their behaviour, taking small steps, taking responsibility]



# Details of HOPE Intervention

Flexible for participant and progress.

Up to 6 one-hour sessions over a 2-3 month period.

Service user's homes, the service providers' office or place of the service user's choosing.

Tasks for the HOPE worker include:

- assessment of need and creating a support plan
- helping with correspondence/interpretation of DWP letters; welfare benefits advice
- support in accessing key agencies e.g. benefits or free debt advice (and going with them)
- supporting and connecting with other community resources, including mental health care

Participants free to stop the sessions at any point




## HOPE Pilot Study: Participants

19 people who had self-harmed/distress with the following problems:

- Benefits – fitness for work/ESA → JSA
- Priority debt – rent/utilities
- Other debt – credit/maintenance/payday/bank/family and friends/HMRC
- Overwhelming anxiety about debt – may not be IN debt yet
- Job loss – actual or fear of



## HOPE Pilot Study: Findings

- Clear evidence of need and benefit
- More flexibility
- MI not for everyone
- Widen eligibility  embed earlier in pathway leading to self-harm



## HOPE Pilot Study: Service User Findings

*She come with me to Talking Money, 'cos at the time I still wasn't feeling that hundred percent about going to these places, feeling a bit nervous and not knowing what to expect and always feeling a bit judged, especially with the financial situation I was in, so she's supported me and stood with there until I went in and then I went in and saw a really lovely gentleman and he talked me through what I could do...we came to the conclusion that I'd go with a Debt Relief Order*

**(Sam 28 self-harmed)**



## HOPE Pilot Study: Service User Findings

*What really helped me was the fact that she knew what she was talking about and how people feel in these situations and nudging me... that's sort of what it's like, it's kind of allowing me to sort myself out*

(Gerry, 43, self-harmed)



## HOPE Pilot Study: Service User Findings

*Basically I buried my head in the sand with for years and problems' dealt with now so haven't go to worry about it.*

(Colin, 52, self-harmed)



# **HOPE Pilot Study**

**Thank you**

**And grateful thanks to all the hospital  
team, participants, HOPE team.**





**Penny Walster, Shelter**

# Advice Centres for Avon

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Mental Health Conversations – Debt & Benefits



# Who are we and what do we do?

- A network of advice agencies from across Bristol, South Gloucestershire, B&NES, North Somerset and Somerset.
- ACFA members provide various forms for debt and benefit advice to people across Bristol:
  - Money Advice West Partnership: led by Talking Money with Bristol partners Citizens Advice Bristol, North Bristol Advice Centre, South Bristol Advice Services and St Pauls Advice Centre
  - Bristol City Council: Welfare Rights and Money Advice Service
  - Legal services through Avon & Bristol Law Centre
- ACFA member Shelter provides the national tier two Money Advice Service for Money Advisers
- Find out more at [www.acfa.org.uk](http://www.acfa.org.uk) , or contact the agencies themselves.





# Impact of Debt and Benefits issues

- “**8 out of 10** mental health staff said that dealing with a patient’s practical issues left them with less clinical time to treat their mental health issues” – [CAB](#), February 2018
- “**92%** of people with a mental health condition have identified that they find it harder to make a financial decision when they are unwell” – [Money Advisor](#), 2017
- “**17.2%** of Bristol Residents are “over indebted”” – [Quartet Foundation](#), Oct 2017
- “**1 in 5** people see a worsening of their mental health due to housing issues in the last 5 years” – [Shelter](#), March 2017



# “Mary” – St Pauls Advice Centre

*“I have to say that if it hadn’t been for SPAC I would be on the standard rate for disability living and nothing else. We would not be able to afford the rent and would be destitute. Because of my mental illness I couldn’t have survived those 9 months if it hadn’t been for Tahira being so accessible and supportive. I couldn’t have coped with any of the paperwork ... She was very supportive of me as an individual – she made me feel important in my own right and she ensured that I got the award that I should have had in the first place”*



# St Pauls Advice Centre

## **Debt (As part of Money Advice West):**

- Drop-in: St Pauls Advice Centre - Debt Specialist advice (Somali language adviser available) every Tuesday 10am till 2pm

## **Benefits:**

- Drop in: Montpelier Health Centre, every Tuesday 9:30 – 11:30am
- Appointment only: Wellspring Healthy Living Centre, every Thursday 10am till 12 - Pre booking required
- Call back service: drop into St Pauls Advice Centre or call 0117 955 2981 to be added to call back from specialist benefits adviser (limited availability)

Online enquiry: <http://www.stpaulsAdvice.org.uk/contact-us/>





# South Bristol Advice Centre

- The additional Support Needs Mental Health Project (funded by the Henry Smith Charity) – Welfare Benefit Claims and Appeals for people living in South Bristol

## **South Bristol Advice Services**

The Withywood Centre  
Queens Road  
Withywood  
Bristol BS13 8QA

**Phone:** 0117 985 1122

**Email:** [admin@southbristoladvice.org.uk](mailto:admin@southbristoladvice.org.uk)

- **33%** of SBAS clients indicate they have a mental health condition
- In **2017 -18** SBAS saw 538 clients of which **231** required additional support to claim, reclaim, review or appeal Welfare Benefits. This was a 60% increase on the previous year



# Citizens Advice Bristol

## **Health Related Benefits Outreach:**

Weekly outreach by 2 welfare benefits caseworkers to 4 health centres: East Trees health Centre (Fishponds), Brooklea Health Centre (Brislington), Hartcliffe Health Centre and William Budd Health Centre (Knowle). More than half of the clients are dealing with mental health issues.

## **Ask US Project (with 1625 and Avon & Bristol Law Centre:**

Project for young people in crisis. Offers support for debt, benefits, housing and homelessness, employment, Immigration, health issues.

## **Macmillan project and MS Society project:**

Caseworkers carry out home visits to clients, some of whom have experienced problems with their mental health as a result of their physical health challenges.





# Citizens Advice Bristol

## Case Study:

A recent positive outcome we have had is in the case of a young man (Mr K) with approximately £3,000 worth of debt that he had mostly accrued during his teenage years.

Unable to repay, debilitating fear and anxiety left him unable to contact his creditors. He worried incessantly and spent whole nights awake feeling scared and frightened.

These feelings of financial insecurity together with a recent period of instability in his life caused his mental health to deteriorate to such an extent that Mr K tried to take his own life.

Our debt caseworker saw Mr K and with the help of his GP, completed a 'Debt & Mental Health Evidence Form' which resulted in all his creditors agreeing to write off the debt completely.



# North Bristol Advice Service

NBAS run specific services working with people with mental health problems and to improve well being:

- **MoneySmart** provides a range of services to enable people to develop the skills, knowledge and confidence to make the most of their money. All delivered through workshops, mentors and online
- **Community Navigators Bristol** - A signposting and support service that helps older people in Bristol feel happier, healthier and less lonely by connecting them with their community

Want to know more? North Bristol Advice Service are behind you, hosting the ACFA stall.







# A foodbank perspective

Revd. Brendan Bassett,  
Victoria Park Baptist Church



# Lived experience

## Case study







# Tea & coffee break







# Universal Credit: the facts

Mike Warner, Partnership Manager  
Department for Work and Pension





Department  
for Work &  
Pensions



# Universal Credit Briefing

## Mental Health Conversations 8<sup>th</sup> May 2018

**UC** Universal  
Credit

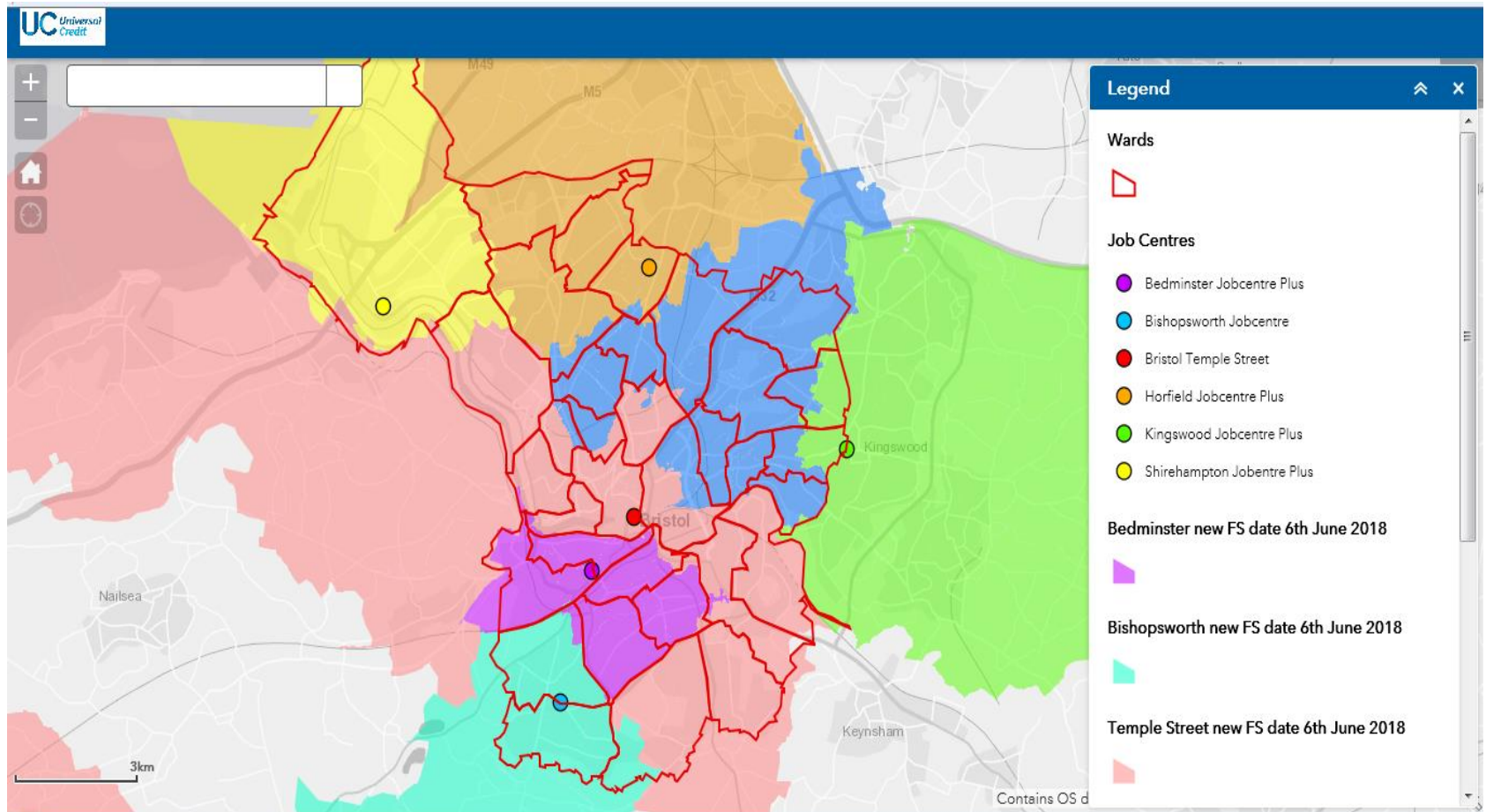
Opening up work\_

## Rollout schedule & timetable

- 6th June – Bedminster, Bishopsworth and 50% of Bristol Temple Street
- 18th July – The remaining 50% of Bristol Temple Street
- 5th September – Shirehampton & Horfield
- 24th October – Kingswood & Yate.



# Rollout schedule & timetable



# Simplifying the welfare system

A single, monthly payment, per household, linked to the PAYE system

From six benefits to one



Deal with one organisation not three



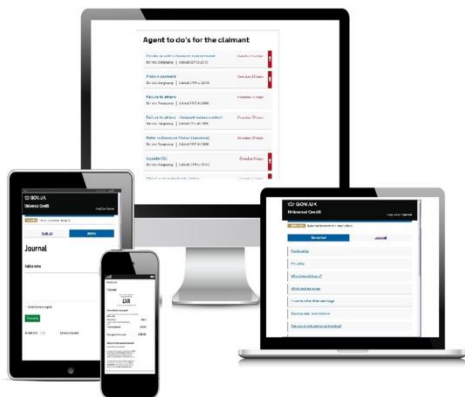
- Universal Credit is a digital, flexible and personalised system
- It reduces barriers to work, incentivising people to move into work
- It also helps people a low income to earn more and get on in their job



## New Claims & Natural Migration

- From Go-Live all new claims must be made to UC;
- Old gateways closed;
- Natural migration – if your current claim closes and you need to make a new claim or change benefit;
- Managed migration – at a much later date.

# How do I make a claim?



**Online**



**Phone**



**Visit**

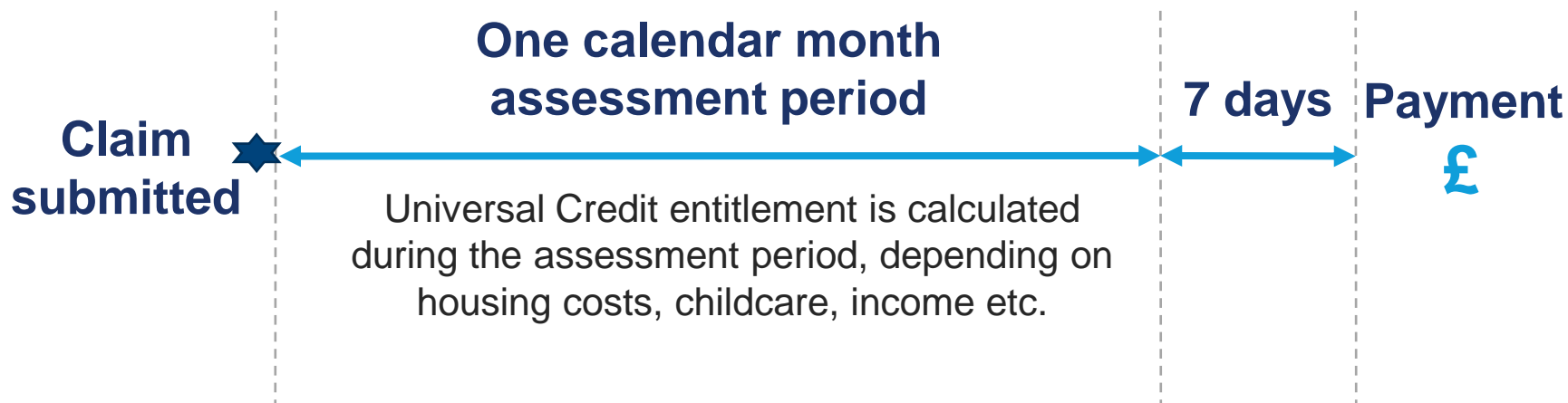
**jobcentreplus**

**High Street branches,  
drop in & talk to us**



# When will I receive my first UC payment?

**UC is paid monthly**



## Advance Payments

- Advance payments are available to anyone who needs extra support
- Once ID verified, eligible for 100% advance on estimated entitlement, repaid over 12 months

# Alternative Payment Arrangements



**Frequency**



**MPTL**



**Split  
Payment**

- Discussion with Work Coach or Case Manager;
- Landlord Portal or UC47;
- Trusted Partner Status.



# Labour Market regime

## Labour Market Regime

**NB: Legislation sets out what types of requirements can and cannot be applied to claimants depending on the legal conditionality group. Within these parameters, the actual requirements imposed and support available should be flexible and tailored.**

### Working Enough

Those whose earnings are over either the individual or household Conditionality Earnings Threshold (CET) OR self-employed and Minimum Income Floor applies

### No Work Related Requirements

Those not expected to work at present: This includes those too sick to work (those with Limited Capability for Work Related Activity (LCWRA)), over State Pension Age, those with significant caring responsibilities and lead carers with a child under 1yr old

### Work Focused Interview

Those expected to work in the future but are currently too committed to work because of their child care responsibilities. This includes lead carers of a child aged 1.

### Work Preparation

Those expected to work in future but not expected to look for work at this stage. This includes those assessed as having Limited Capability for Work (LCW) and those who are the lead carer for a child aged 2

### Light touch

Those whose individual or household earnings are above the Administrative Earnings Threshold (AET) but insufficient to take them above the relevant individual or household CET

### Intensive Work Search

For those not working and those who are working but earning very low amounts who can work and are expected to take intensive action to secure work or more work

# The Customer Experience

**Introductions &  
building rapport**

**Meet & greet**

**Solution Focused  
Approach**

**First contact**



**Claimant  
Commitment**

## Personalised Tailored Approach

Childcare  
Redundancy  
Job insecurity  
Self-belief

Disability (physical, mobility, mental, sensory impairment)  
Employability skills  
In & out of work  
Essential skills

Care leaver  
Future aspirations  
Addiction

Domestic abuse  
Ex-offenders  
Homelessness



## **Additional support available**

- Named Work Coach & Case Manager, trained in mental health awareness;
- Dedicated Disability Employment Advisors;
- Tailored Claimant Commitment;
- APAs, PBS & ADS;
- Links to CAP & Money Advice West;
- Disability Confident;
- Health & Work Programme (PLUSS).



Department  
for Work &  
Pensions



# Universal Credit Briefing

## Questions & Answers

**UC** Universal  
Credit

Opening up work\_





# Thank you for coming



Sign up to the Thrive Debt and Mental Health working group at the back of the room.