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# Mind: Fighting for the MH of people living in poverty

Research findings report prepared  
by 2CV for Mind

August 2021



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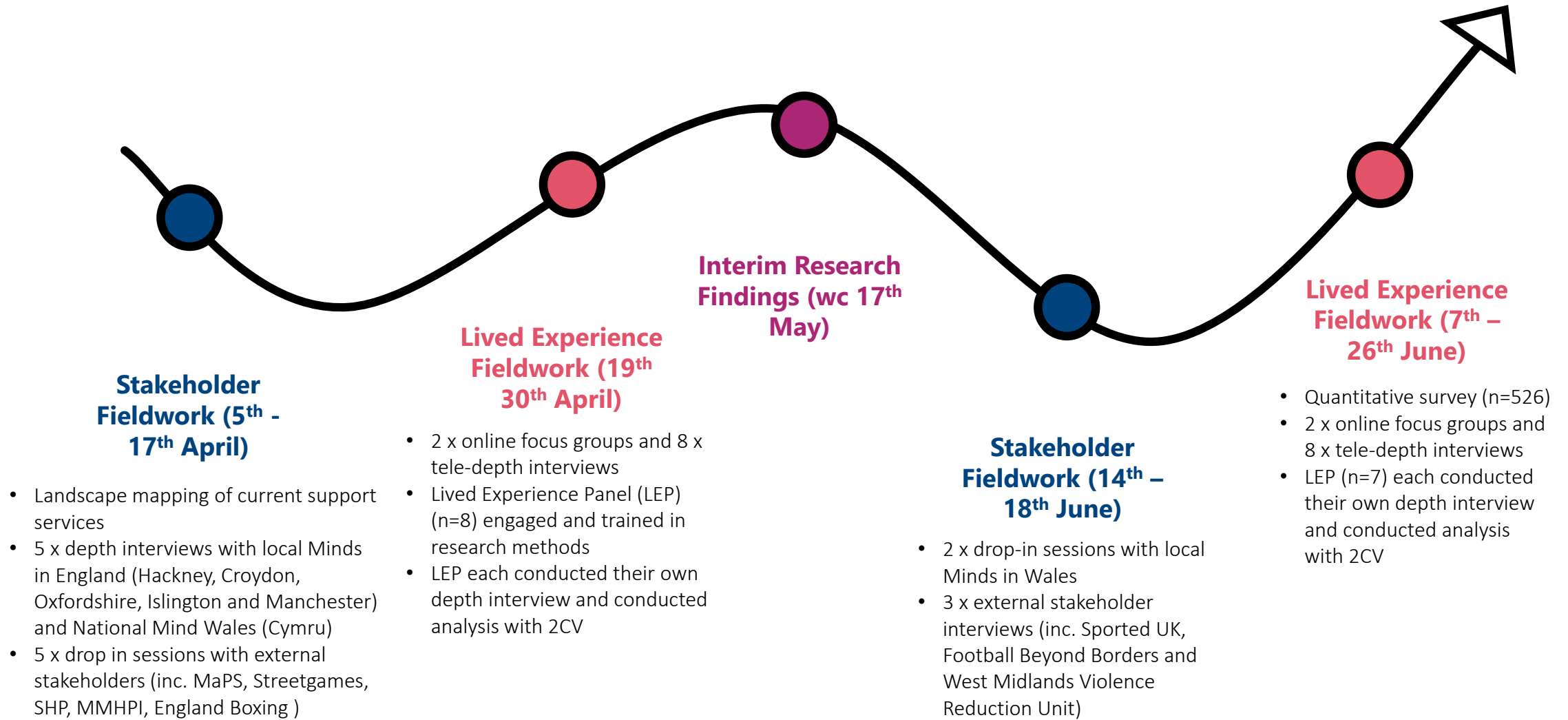
# Background and Objectives

The two-way relationship between poverty and mental health problems is well established. In a difficult economic environment, the scale of this challenge is increasing rapidly. Many of the people Mind already support are on low incomes and local Minds serve some of the most deprived communities in England and Wales. **However, research was needed to fill gaps in knowledge; to understand people’s experiences of current support and identify their preferences for Mind’s future activity.**

Mind have identified three areas where insight is required to inform future work:

1) Experience – What are people’s experiences in relation to the current support offer?	2) Preference – What do people want from future support?	3) Process – What can Mind learn from previous or existing service delivery?
<ul style="list-style-type: none"> <li>• How do people experiencing poverty understand their mental health experiences in the context of their current circumstances?</li> <li>• What are people’s experiences of stigma and discrimination in relation to their mental health? How do these intersect with experiences of poverty?</li> <li>• What is their awareness and perceptions of mental health support, including Mind and sport/physical activity?</li> <li>• What are the barriers to people accessing support for their mental health? What feels exclusionary?</li> </ul>	<ul style="list-style-type: none"> <li>• How can Mind contribute towards tackling structural inequalities that impact the mental health of people experiencing poverty? What should Mind prioritise?</li> <li>• How can Mind effectively engage with people experiencing poverty? I.e. what language should be used, what support could be tailored, how to empower people to engage with Mind?</li> <li>• What role do people experiencing poverty want Mind to play to help them support their mental health?</li> <li>• How can Mind reduce structural barriers to engagement?</li> </ul>	<ul style="list-style-type: none"> <li>• What is the current landscape of mental health services and support for people affected by people experiencing poverty, including sport and physical activity?</li> <li>• What additional skills and experience does Mind need to most effectively support the mental health of those experiencing poverty?</li> <li>• How can Mind effectively collaborate with other organisations?</li> <li>• Where should Mind be focusing their services in order to have the most impact on the mental health of those experiencing poverty? What are the gaps in existing delivery?</li> </ul>

# Methodology





# Who we spoke to

## Qualitative

**Lived experienced sample** (N=56 people living with mental health problems and experiencing poverty)

- A spread of ages from 18+
- All with experience of a range of mental health symptoms of varying severity
- 50:50 split within England (across London, Birmingham, Bristol, Manchester) and Wales; with 50:50 urban and rural split
- A combination of those who have received mental health support and those who have not
- A diverse spread of ethnicities, with a quota on Pakistani and Bangladeshi communities as there is evidence that highlights these communities as more likely to experience poverty
- All falling within the standard of poverty as per the Joseph Rowntree definition\*

### Internal stakeholder sample (Conversations with local and national Minds)

- National Mind Wales (Cymru), local Mind in the vale of Glamorgan, Monmouthshire, Ystradynlais in the Valleys, CWM Taf Morgannwg, Hackney, Croydon, Oxfordshire, Islington and Manchester

### External stakeholder sample (Conversations with experts)

- Money and Pensions Service, Streetgames, Single Homelessness Project, Money and Mental Health Policy Institute, England Boxing, West Midlands Violence Reduction Unit, Sported UK and Football Beyond Borders

The qualitative sample was recruited via a free-find approach. Limitations to this approach include the length of time to recruit a full sample, cost associated with specialist recruiters (e.g. in health conditions or racialised communities) and achieving geographic spread in England and Wales

## Quantitative

**15-minute online survey** (N=526 people experiencing poverty) recruited via panels

- A spread across genders and age groups (ages 16+), with a boost of younger respondents
- All respondents from England and Wales
- 60:40 split on ethnicity (White/ Racialised communities)
- All falling within the standard of poverty as per the Joseph Rowntree definition\*:
  - N = 422 who are below standard income
  - N = 87 who do not have enough income
  - N = 17 who are destitute
- Personal experience with mental health problems – 80:20 split:
  - N = 420 who have personally experienced mental health problems
  - N = 106 who have closely, but not personally, experienced mental health problems (e.g. through someone close)
- Previous support – natural fallout:
  - N = 348 who have previously sought support
  - N = 178 who have not previously sought support



Quantitative findings throughout the report are indicated by this symbol.

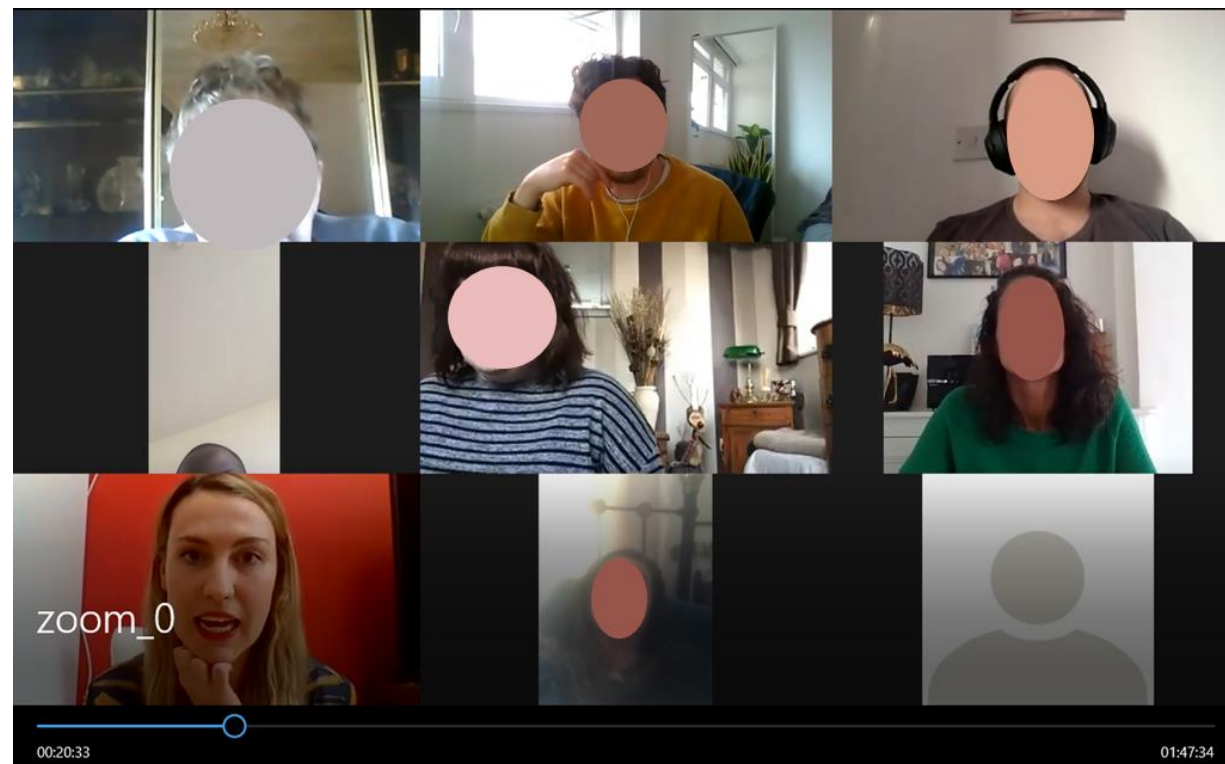
# The role of the Lived Experience Panel (LEP)

The LEP have been involved in the project from the beginning and have guided us through the research process.

The LEP is a team of 8 people that we recruited specifically to help guide us through the research process and ensure all our materials and approaches were fit for purpose for our wider lived experience sample.

## What did they do?

- Participated in a short training programme to teach them about research and upskill them in interviewing techniques
- Helped design their own discussion guides
- Conducted their own fieldwork (a 1-hour interview with someone they know who currently has or has had a mental health problem and is living in poverty)
- Did a co-creative 'design your ideal MH support' task with a friend/family member
- Attended and contributed to 2 x 1.5-hour analysis sessions to analyse the data from their fieldwork and share their interpretations of what this means for Mind



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# How to read this report

## Intersectional insights

- This research was conducted alongside two other research projects that sought to understand the mental health support experiences and needs for Mind's other priority areas: young people experiencing trauma and anti-racism
- Throughout the report intersectional and shared insights between the three research studies have been highlighted by the lightbulb icon
- To see additional insights on the highlighted topic, please read the research reports produced by AndThen and The Unmistakables



## Wales-specific insights

- Throughout the report we have highlighted Wales-specific data and insight by the dragon icon



## Sport and physical activity insights

- Throughout the report we have highlighted insights and data related to sports and physical activity and mental health support by the football icon





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# Experience

The current state of play





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# Questions we answer in this section

- ✓ How do people affected by poverty understand their mental health experiences in the context of their current circumstances and the things that have happened to them?
- ✓ What are people in poverty's experiences of stigma and discrimination in relation to their mental health? How do these intersect with their experiences of stigma/discrimination in other areas?
- ✓ How do people in poverty experience stigma and discrimination when trying to access support for their mental health?



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# The pandemic has placed mental health at the centre of the national conversation, but people in poverty continue to feel excluded

**While there is recognition that it is 'easier' to talk about mental health now than it was in the past, people in poverty do not feel this conversation is relevant to them or captures their experience.**

Local Minds and people in poverty feel strongly that there is a specific 'brand' of mental health problem that is palatable to the public

- This includes common mood disorders like anxiety and depression
- However, this does not include the symptoms and causes of the 'spiral of adversity' so often experienced by people experiencing poverty, which can make mental health problems more severe and long-lasting
- This causes many experiencing poverty to **feel *more* disempowered talking about or reaching out for support for mental health**

Some local Minds feel that the mental health experiences of people living in poverty are not adequately covered in the media or Mind communications – there is an 'ugly' side to mental health that is not being captured by the 'it's ok not to be ok' conversation

- The message seems to be that **it's ok not to be ok, but it's not ok to be poor**
- Local Minds want National Mind to counter/balance this message

As a nation we've all accepted that mental health problems are real, and we should be talking about it. But what we really mean is that we can talk about anxiety and depression in a certain type of person. We are not ready to talk about psychosis and schizophrenia. We don't want to face how ugly it is. So, we don't talk about it. And Mind doesn't talk about it – Qualitative Fieldwork, Internal stakeholder at a local Mind

Those with mental health problems are more likely than those without to live in poverty, have experienced homelessness, prison, social isolation or unemployment (Public Health England, 2018).

People with mental health problems can fall into a 'spiral of adversity' where unemployment, income and relationships are affected by their mental health experiences, creating a poverty and poor mental health trap. (Faculty of Public Health, Mental Health Foundation, 2016).



# The cyclical relationship of poverty and mental health is exacerbated by intersectional and intergenerational elements

As a result, many have a 'just get on with it' attitude when it comes to their finances and mental health.

People in poverty recognise the cyclical relationship between money and mental health, but feel powerless to stop it

- People experiencing poverty, especially at a community level, feel that financial worries are a daily reality that is impossible to escape; they have an overwhelming belief that no one really cares to help.
- Mental health support is seen as a potential tool to help manage ever-existing financial burdens, not a way to alleviate it entirely.

Family context and childhood trauma was raised by all stakeholders and some participants:

- A family experiencing money problems can generate mental health problems for the next generation
- Those problems may not manifest themselves until those now grown-up children are independent and facing money difficulties, or they may be more obvious throughout their lives
- Without addressing poverty on a societal level, we risk creating new generations of mental health problems including those specifically related to money
- A few participants told us that when they were children, they unconsciously internalised money-related trauma from their parents and that thinking about money had been accompanied with feelings of anxiety and stress since they can remember.

Key societal groups are particularly at risk of mental health problems around money:

- Racialised communities: for whom systemic racism has led to increased risk of health and financial inequality
- Women: in the past year their jobs have been most at risk; while more generally, they are more likely to be working in low income, low job security industries
- Single parents: face much of the above (and are more likely to be women)
- Younger people and private renters: often in insecure employment and more likely to face money problems

I don't really see a way out of the financial mess I'm in so I just try to keep my head together and manage my thoughts on a daily basis so I don't stress too much. Walking the dog helps me clear my head – Qualitative Fieldwork, Wales

I grew up with a mum that at some point worked three jobs and my dad was working. I looked at it when I was young as just having a really good work ethic and during my childhood everything seemed pretty much fine. But at the same time, I was just a child, and I knew not to ask for money. I just knew it. Even though my mum was good about making sure I didn't stress about these things I knew I couldn't ask for money. And then after my parents split up it became very difficult and she was working all the time and really struggling and then I realised we really don't have anything. That fear has never left me – Qualitative Fieldwork, Wales

# There is a lot of internalised shame and self-stigma around being in poverty

Many feel personally responsible for their financial situation and have internalised the idea that they have 'failed' or are less capable than others.

Across our sample, there was a lot of shame and stigma around the visible 'symptoms' of poverty, most notably:

- Being on benefits
- Using food banks
- Getting into debt
- Having to ask for practical or financial help from loved ones

Many local Mind representatives feel this shame is an internalisation of societal stigma around welfare and benefits, borne out of society's desire to believe that people in poverty deserve it or are less capable of making decisions.

However, there is also an acknowledgement from both people in poverty and local Mind employees that **the pandemic has created an opportunity to myth-bust and deconstruct some of these assumptions, as more people will be facing financial challenges (and claiming benefits).**

I was really struggling to have enough money to make sure I can feed my kids. My counsellor put me in touch with a food bank but a big struggle for me was pride as well - Qualitative Fieldwork, England

When I see clients, they tend to spend the first 15-minutes telling me that they haven't always been on benefits and basically apologising to me for the situation they are in. There is so much shame around being on benefits. People are taught to hate themselves – Qualitative Fieldwork, Internal Stakeholder at a local Mind, England

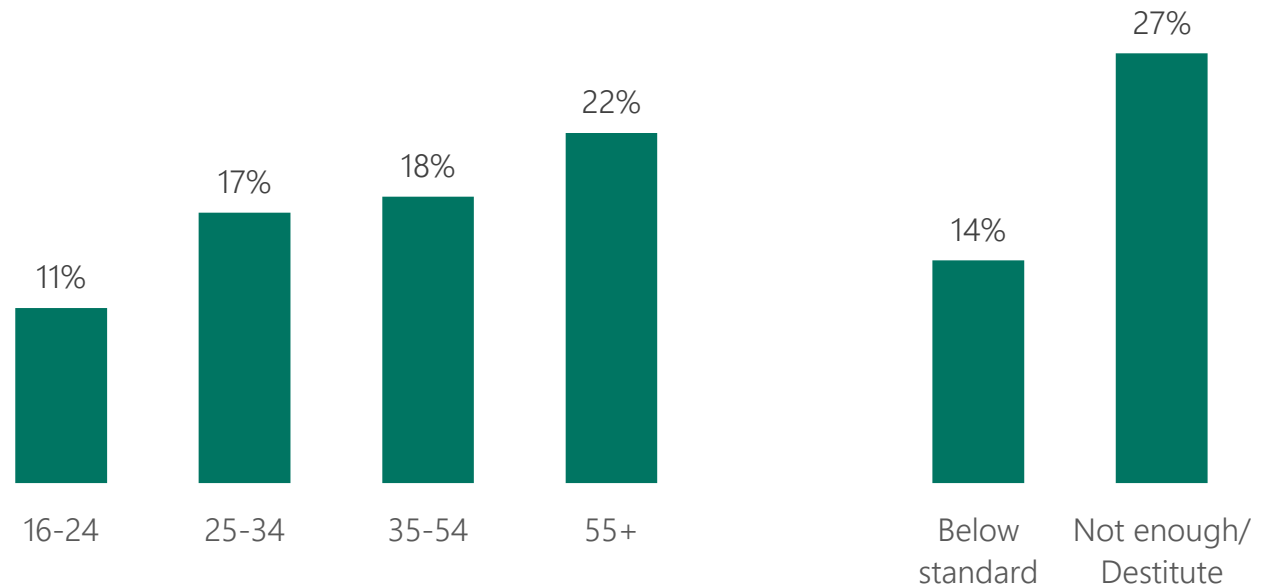
Sometimes you go to a food bank and you're looking over your shoulder and you don't want people to see you – but then I think why am I embarrassed? I've been paying taxes for 40 odd years...but I still feel embarrassed – Qualitative Fieldwork, Wales





# As a result, people in poverty are unlikely to get financial advice or leave it until they are desperate

Less than 1 in 5 have sought guidance on financial issues, but this rises with age and as deeper levels of poverty are experienced



# Mental health stigma persists, especially among certain demographics

Openly talking about mental health feels like a White, middle-class privilege. Wariness around perceived consequences of revealing too much about their mental health or presenting as vulnerable, persists among other demographics.

## Men (esp. older) living in poverty

I think it's all become a bit much now all this 'mental health' talk. My father fought in the war and he didn't complain about anything and I'm sure he had his issues. It just wasn't talked about. I struggle with my head sometimes but I just get on with it. I think this generation is too coddled – Qualitative Fieldwork, Wales, Older Male



## Rural communities (esp. in Wales) living in poverty

You just have to get on with it. I wouldn't reach out for support because I don't want so and so saying they saw me at the mental health meeting - Qualitative Fieldwork, Wales, from a Rural Community



## Black and South Asian communities living in poverty

I went to my Doctor and he told me that I didn't have mental health problems and that it was just part of being a Mum. He's Bangladeshi too so I thought he'd understand but he wouldn't listen to me – Qualitative Fieldwork, England, from a South Asian Community

There's a difference in ethnicity in terms of how we talk about mental health. There is more stigma with black men. We are already seen as more aggressive and more dangerous, so we don't want to talk about mental health or make that perception worse. Even talking to me directly (referring to his interview with his friend)– black man to black man – he still didn't feel comfortable. He still wouldn't say 'I feel anxious' – he still held on to that power and didn't show vulnerability. – Qualitative Fieldwork, England, from a Black Community

## Parents (esp. single mums) living in poverty

I have to be strong for my kids. I don't want them to know I'm struggling. It really bothered me when my son's teacher kept asking him how his mum is doing after my dad passed away. I don't want there to be gossip at school that Tom's mum has gone a bit mad. I can't put that on him – Qualitative Fieldwork, England, Single Mum

# “I don't want the GP to log me on some database as 'mad' and then be denied a credit card in the future”

Tahir is 39 years old and married with three children. He was born in Pakistan but has been living in the UK since he was three years old and considers it home.

Family means everything to him, and he has been struggling with his mental health since his grandmother (who lived with his family) passed away last year. He hasn't shared his grief and struggles with anyone for fear of being a burden (“it's just not something we do in my family; they have a hard time as it is”).

He feels that talking about his problems doesn't help and prefers practical action instead. He has cut back on his work as an Uber driver as he fears his low moods may impact his ratings. He worries about his finances but has not shared these concerns with anyone. He is ashamed of being seen to not be providing for his family.

Tahir does not want to seek formal support for his mental health. He doesn't feel like talking or medication will help his situation and doesn't want the label or to deal with the 'negative' repercussions. He hopes his feelings of hopelessness will vanish with time.

**I'm afraid talking about my problems will open a can of worms – and I need to protect my family**

The thing is that I don't trust my GP. If I say that I'm having these thoughts he might put it on some central database and then you just don't know where that information goes, do you? That'll stick with me forever. That stigma.

**Talking about your feelings isn't very 'manly'**

I just think it's all a bit touchy-feely and I don't like that. For me, what makes me feel better is practical action – I like doing art and I enjoy sports. If there was support more like that then I would be interested. I don't want to talk to people about it, it's awkward

**I'm the provider in the family and if I can't do that I am a failure**

I do worry about the finances now that I'm not working but I wouldn't ask support for that. It's my job to provide and I don't want to pass that to anyone else. It's just embarrassing.



# Tight-knit communities can be a double-edged sword

On one hand, people appreciate the closeness and comfort small communities provide, but on the other hand, it can exacerbate stigma and social isolation. This is apparent in both rural and racialised communities.

Poverty is endemic in many rural communities, particularly in Wales; there is less stigma attached to it as it is a shared experience, driven largely by historic factors outside individual control; people feel they can rely on each other for support

However, mental health stigma tends to be stronger in rural areas than bigger cities

- Many rural areas lag behind bigger cities in 'normalising conversations' around mental health
- This appears to be particularly the case for young men in smaller communities. Local Minds feel that conceptions of 'masculinity' remain rooted in old fashioned ideas of masculinities and what it means to 'be a man'
- Drug and alcohol misuse is common and suicide rates are high\*

Upholding a good reputation and avoiding being a source of gossip is important in small communities

- This makes some wary of reaching out for support or even speaking about mental health

People here love to gossip and I don't want everyone to know that I'm struggling, it's something that I'm dealing with myself - Qualitative Fieldwork, Wales

Despite being responsive to community needs, mental health stigma can make it **challenging for local Minds to find in-roads, especially with young men**

- There is still a fear of labels and judgment for using mental health services
- Some local Minds we spoke to were working with Rugby clubs to administer mental health first aid training using a 'train the trainer' approach

What I love about The Valleys is that you've got that sense of community and resilience. People know each other their whole lives. That collective resilience is powerful. – Qualitative Fieldwork, Internal Stakeholder at a local Mind, Wales

There have been lots of deaths in our area of young men in their 20s, so we are working with local rugby clubs now. I go there to talk but they just don't want to talk. So, for us it's about how we address that stigma. We've trained some of the referees and trainers to be mental health first aiders – Qualitative Fieldwork, Internal Stakeholder at a Local Mind, Wales

This double-edged sword dynamic is seen in small, tight-knit racialised communities across England and Wales too.





# This mental health stigma means support from medical professionals is sought, and trusted significantly more by those in rural areas

Those living in small rural communities are more reluctant to open up to those around them

77%

of those in rural areas trust\* their GP  
(vs. 68% of those in urban areas)

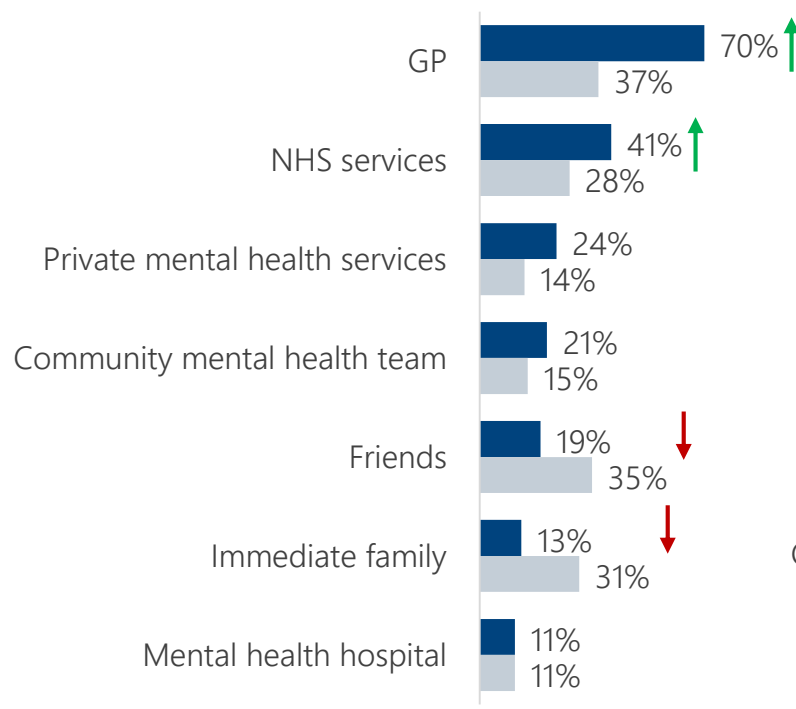
But only...

53%

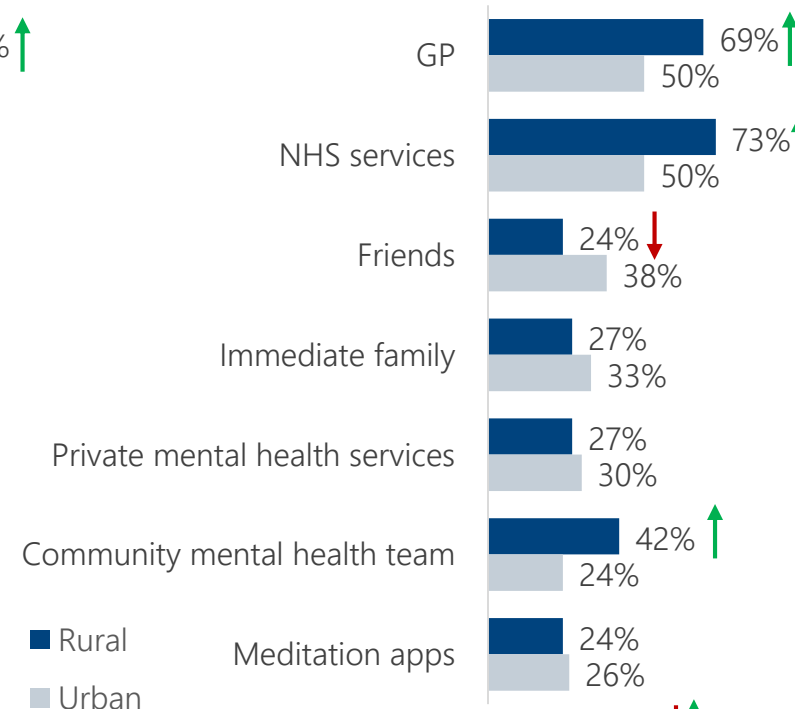
of those in rural areas trust\* their friends/family  
(vs. 62% of those in urban areas)

\*Very/quite trustworthy (top 2 box on a 5 pt scale)

Support services ever used



Support services considered



↑ Rural sig higher/lower vs. urban

Question Text | B1. Which, if any, of the below have you ever received mental health support (guidance and advice) from A7. To what extent do you trust these services (5 pt scale: Very Trustworthy/Quite trustworthy/Neither Trustworthy or untrustworthy, Not very trustworthy, Not at all trustworthy Which, if any, of the following support services would you consider using?  
Base | Rural respondents (72)

# “I don’t want *everyone* to know...it’s like airing dirty laundry for everyone to see”

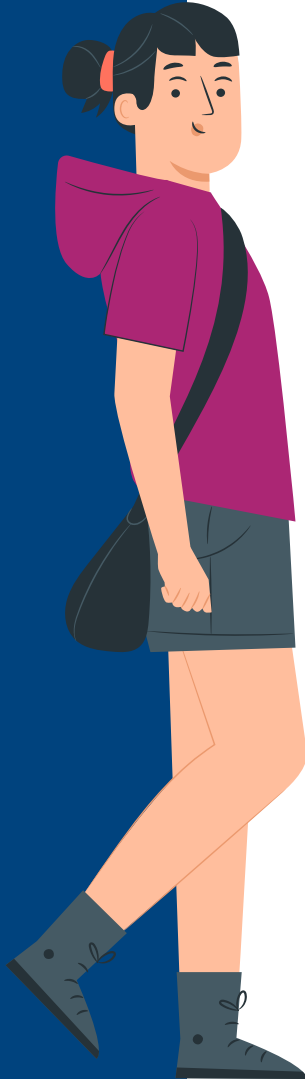
Hannah is 39 years old and lives in rural Wales.

Hannah has been struggling with her mental health since her Dad died by suicide around Christmas time.

She knows that talking about her mental health is very important, however, she doesn’t want everyone to know what she’s going through – it’s personal and still feels raw.

As a result, she has sought support from her local GP but is reluctant to confide in friends.

**A sense of community is a double-edged sword**



I like the idea of support coming from the community. You know who the support is coming from, they can relate to you and you know they genuinely care and want to help you

**Vs.**

People will know that I’m going through a rough patch and I don’t want *everyone* to know that. Everyone knows where I live – it’s like airing dirty laundry for everyone to see

**Stigma of mental health is strong**

Mental health is still really hard to talk about but I know it’s important to do so. I have spoken to my GP but I’m still not ready to open up to my friends about my Dad – they check in with me and I just say I’m doing ok



# Summary and Opportunities

1. There is a lot of self-stigma and shame around being in poverty, especially being on benefits and there is recognition that the Covid-19 pandemic has meant a huge uptick in people experiencing poverty and having to go through the welfare and benefits system

*There is an opportunity for National Mind to campaign for benefits reform and break the stigma to champion change*

2. People in poverty do not feel that their experiences are represented, and they feel left out of the conversation. There is a sense that openly talking about mental health is a White middle-class privilege and that the 'less palatable' aspects of mental health are not represented

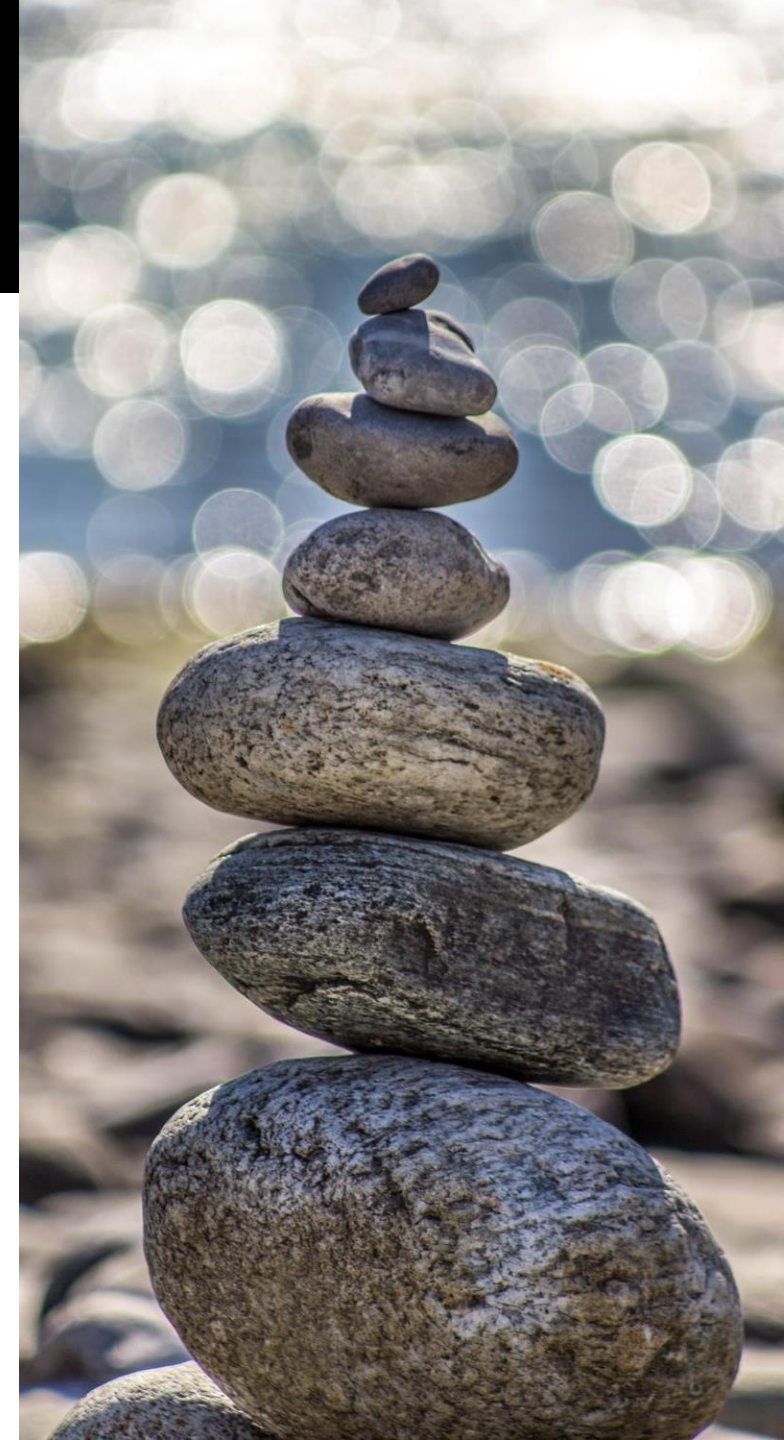
*There is a need for National Mind to be bolder in its representation of what mental health is and who might have a mental health problem (something that is already starting to be addressed through Mind's new strategy and brand)*

3. People in poverty recognise how money related stress and trauma can be passed down between generations

*Provision of support needs to be aware of the different ways poverty can be experienced*

4. The stigma around being in poverty and mental health is a huge issue to address and while there are positives that talking with friends/family and GPs are seen as top sources of support, we see that rural communities are far less likely to open-up to those they know, showing that there are still barriers to overcome

*There is more work to be done to normalise the conversation around mental health among those in poverty, especially in rural communities. This can include finding creative in-roads into mental health support through other activities, as going in with mental health jars with stigma straight away*





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# Experience

Perceptions and experiences  
of formal support services





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# Questions we answer in this section

- ✓ What is the level of awareness and perceptions of the mental health information and support currently on offer, including support from Mind?
- ✓ Where are people in poverty currently seeking support for both their financial and mental wellbeing? Does the support on offer feel relevant/accessible/relatable to people in poverty?
- ✓ Do people in poverty feel that their experiences are represented?



# People in poverty have limited understanding of the mental health support landscape, beyond the clinical NHS route

Those who haven't received support tend to have limited awareness of what is available

- Most state that they would go to the GP as a first port of call but have little understanding of what would happen after initial contact
- Those who have never received support skew towards being C2DE (71% of those who have never received support are C2DE vs. 56% of those who have)



52%

had their first contact point with mental health support through a GP or health professional

I went to my GP because I wasn't sleeping. I didn't know it was related to my mental health at this point and wasn't sure what to do other than ask my doctor – Qualitative Fieldwork, England

Those who have had support tend to have deeper understanding, although awareness of clinical routes into support through the NHS, remains highest

- However, there is often confusion about who delivered support (e.g. was it a charity or the NHS?)

Awareness among those who had previously received support fell into three broad categories:

- **More formal 'top-down' support** (private counselling, government funded, charities etc.)
- **Informal** (friends and family; mediation apps; YouTube channels)
- **Grassroots, 'bottom-up' support** (men's clubs, church, Facebook groups, etc.)

Interestingly, **sport or physical activity** was not spontaneously mentioned as a source of support by either group



# The formal 'top-down' mental health support landscape does not feel accessible or relevant to people living in poverty

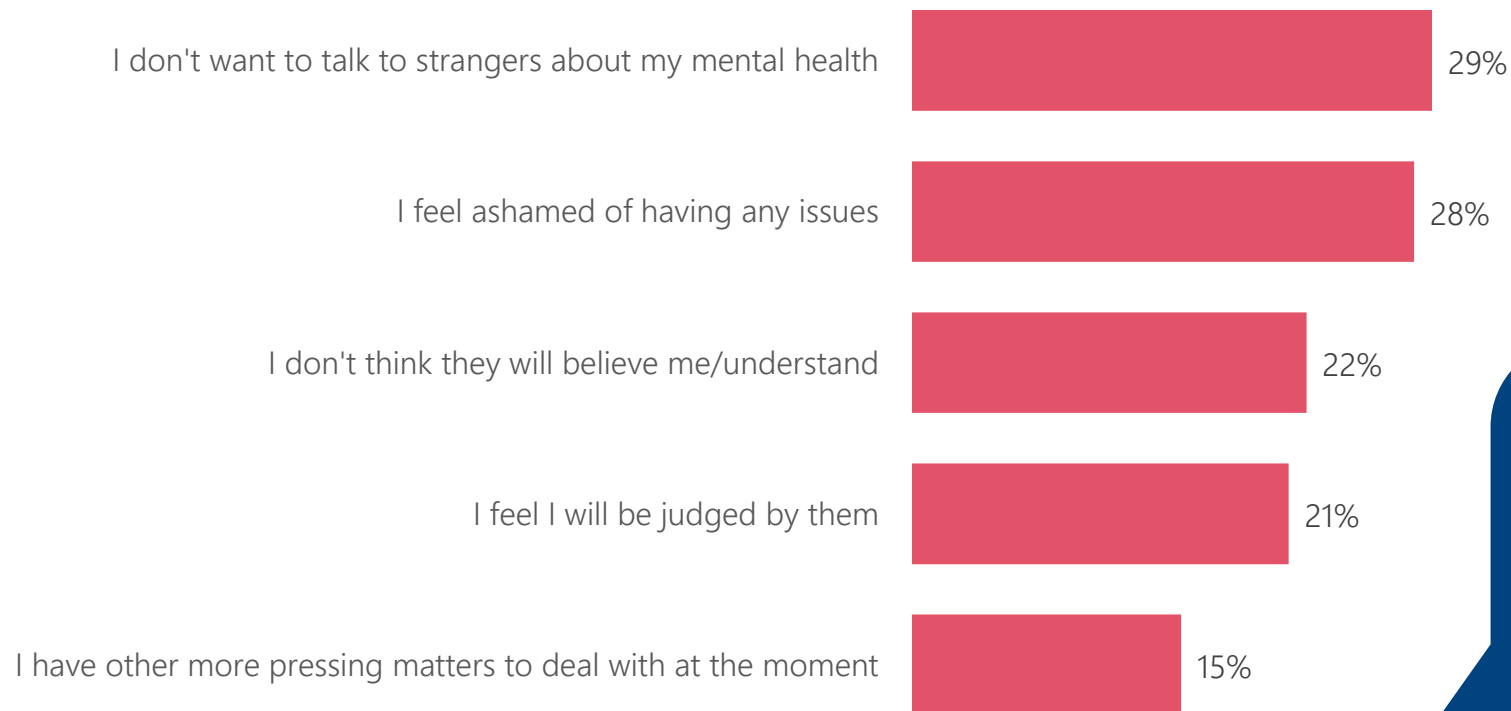


These findings are consistent across England and Wales

# 1. Stigma and fear of not being believed hold people back from seeking out formal support



## Top 5 reasons for not accessing formal support



I'm ashamed really. I don't want to tell a stranger that the very thought of leaving the house makes me break out in a sweat. It's embarrassing. I've got a wife and six kids and I just need to deal with it on my own so that I don't burden them – Qualitative Fieldwork, Wales



## 2. Many people living in poverty don't know how to access formal mental health support

Other than the GP, awareness of 'routes into' support is very low, and perceptions of long waiting times represent a big barrier.

Overall, there is low awareness of less 'clinical' routes into support such as self-referral into charities or digital support mechanisms

- 48% of those who have received support did so via their GP, with only 10% using charities and only 3% having used digital support services (e.g. Kooth)
- For many, the tendency to go to the GP as a first port of call is also driven by many mental health symptoms manifesting physically (e.g. not being able to sleep, worrying about heart palpitations or blurred vision)

There is also a perception that formal support may not be available when it is most needed

- Many are put off by stories from friends/family/media of waiting times of up to a year to get an appointment

Local Minds see an opportunity for Mind to better advertise how to access its services (e.g. self-referral), the range of services on offer (including within Mind as many are unaware that Mind offers benefits advice, for example) and waiting times



Younger people (16-34) and those from racialised communities are less likely to have accessed NHS services and GPs

- Both groups are more likely to turn to friends/family for support



- Those from racialised communities are more likely to turn to community-based support such as church groups. Among our quantitative sample 10% of racialised communities have received support from a church or faith group, compared to 2% of White communities.

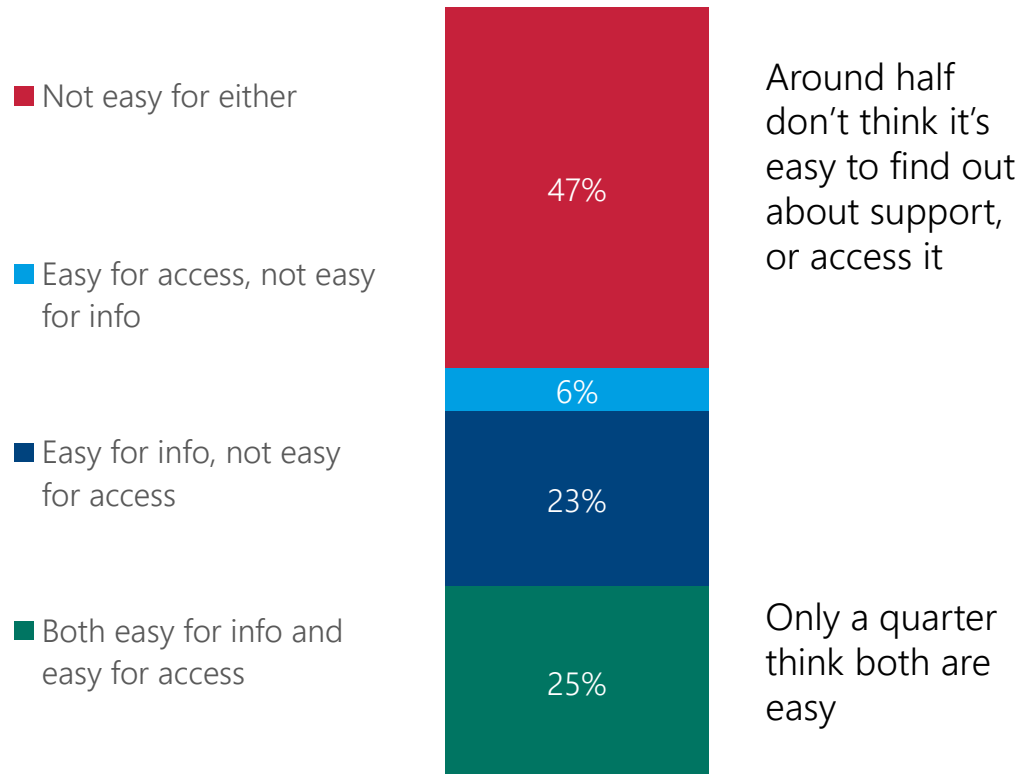
I wouldn't know where to find support even if knew about it, and I don't really want to tell anyone. My brother-in-law committed suicide and on the outside he seemed so happy and nobody knew – nobody ever knew. I was angry and embarrassed – Qualitative Fieldwork, Wales



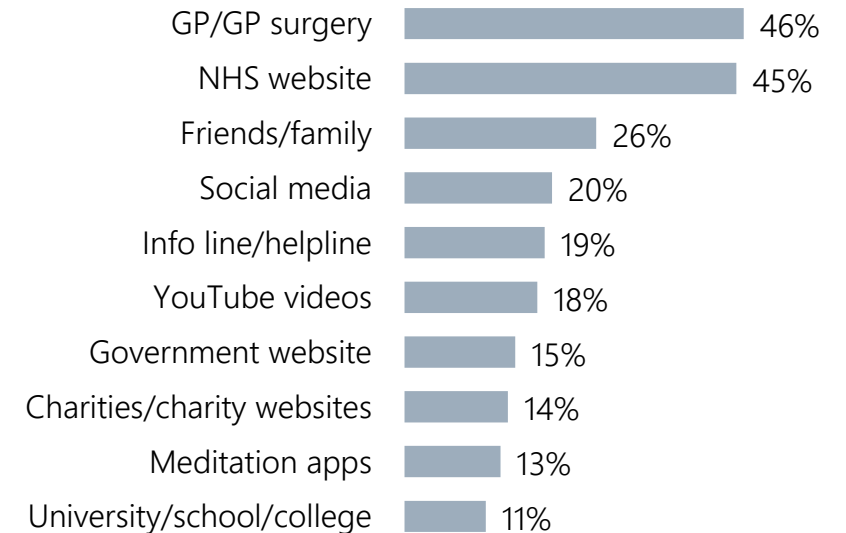
## 2.1. Or even where to look for relevant information

Charities are low down on the list as an information source and the GP or NHS are still the gateway, but racialised communities and younger generations are more likely to turn to less formal sources

 Ease of finding information and accessing MH services



 Top 10 sources for information on MH services



GPs are used more by White ethnicities and older ages, while younger people and racialised communities are more likely to seek information from friends/family, social media and YouTube videos

### 3. People in poverty tend to be wary of formal support out of fear of losing agency and negative consequences

There is a real fear that 'dipping their toe' into the 'system' risks becoming trapped and losing all power and agency. People in poverty feel that they must work hard to be believed; thinking those offering support or advice may hold negative stereotypes about them.

This perception appears to be strongly influenced by negative experiences with institutions or 'authority' more broadly (especially the **benefits system**)

In our qualitative interviews, many who haven't received mental health support report that they would downplay how 'badly' they are doing if accessing mental health support **out of fear of negative consequences**:

- Many believe that the mental health support they would be offered (e.g. being sectioned, offered prescription drugs, being 'interrogated') looks very different than what would be offered to those with money (e.g. mindfulness techniques, talking therapies)



In our quantitative data, 'not wanting to talk to strangers' (29%) and 'fear of not being believed or understood' (22%) are top reasons for not seeking out formal support

In this sense, people in poverty feel defensive and disempowered about the very idea of 'formal support'

This difference in reception of services and diagnosis is mirrored by local Minds, who feel that people in poverty are more likely to be medicated or sectioned instead of receiving more holistic forms of support


- There is a perception within local Minds that people don't always *fit* the diagnosis they are given, but that because of their circumstances or identity they are less likely to be able to escape such labels

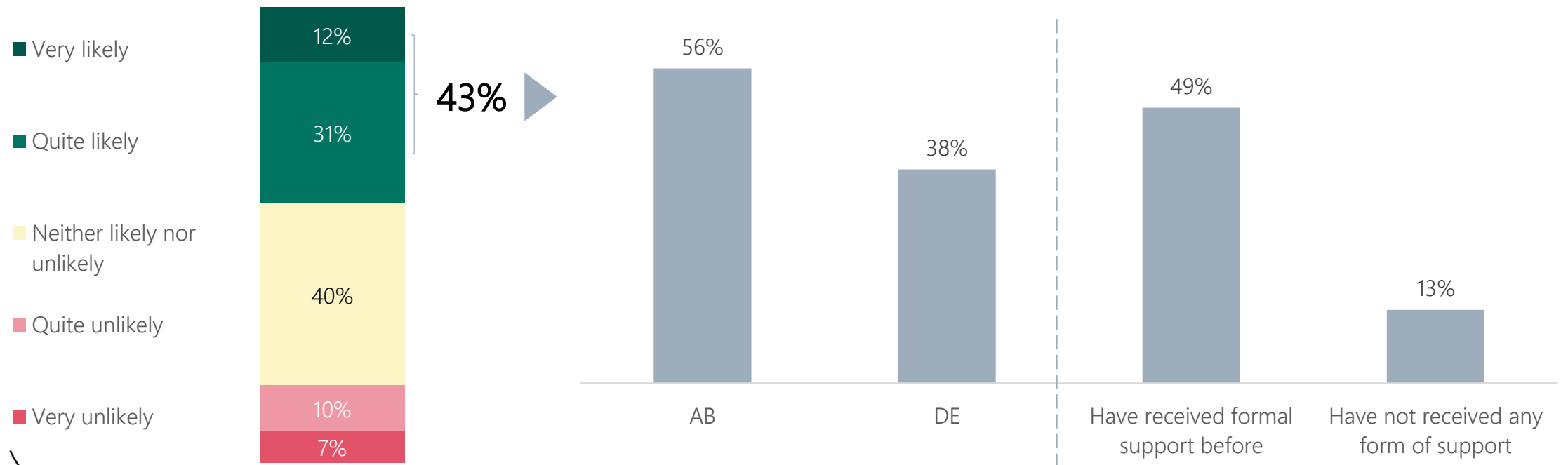
My brother went to the doctor and they were giving him so many tablets and he had a bad reaction and made him feel worse...I've avoided doctors because of that – Qualitative Fieldwork, Wales



# 3.1 Willingness to access formal mental health support declines as you move down the SEG scale

And only 1 in 10 of those who have not received any support say they would consider seeking formal support in the future

 Likelihood to access formal mental health support in the future



Top reasons for being unlikely to consider in the future (>20%): 1. I don't want to talk to strangers about my mental health (30%), I don't feel I need formal support (24%), I don't think they will believe me/understand what I am going through (24%), I'm worried they will judge me (22%)

Question Text | C1. How likely would you be to access formal mental health support services (e.g., charities, private mental health services etc.) in future. C2d. You mentioned that you are unlikely to consider accessing a formal mental health support service in future, why is this. Base | All respondents (526) AB (84) DE (212) Have received formal support before (313) Have not received any form of support (69), Unlikely to access mental health support in the future (90)

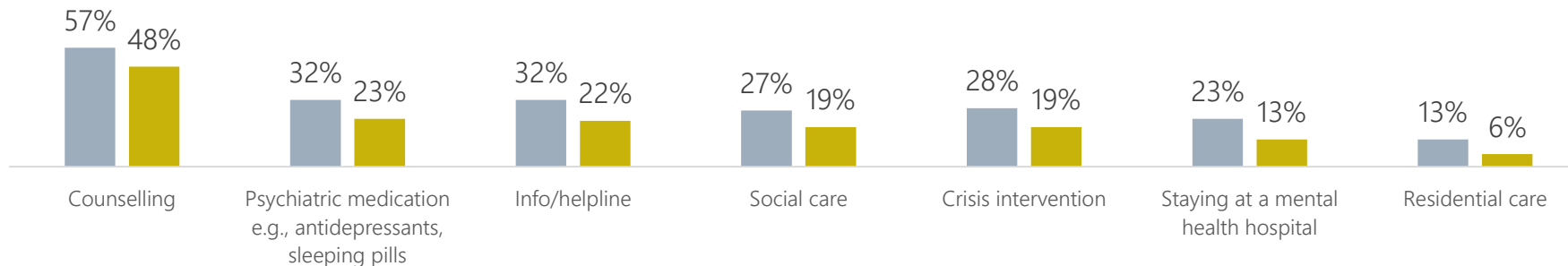
## 3.2 Wariness of formal support is even stronger among some demographics

- It is particularly strong for those experiencing poverty at a **community level** (likely linked to the fact that underserved communities feel overlooked by those in power more broadly)
- **Single mums** (who want to appear strong and be there for their children, or are wary of social services and taking their children away from them)
- **South Asian and Black communities**, some of whom told us they feel 'let down' by the system more broadly and do not feel that those in power have their best interest at heart
  - Local Minds echo this sentiment and feel more work needs to be done for services to be truly inclusive of racialised communities, especially those from Black and South Asian backgrounds


### Racialised communities have low faith that formal support would be beneficial for mental health

How beneficial types of support are for mental health (sig differences)\*

■ White ■ Racialised communities



If I ask for help, I would downplay how badly I am doing. I would pretend to be doing better than I am because I'm afraid that once I open up about how I'm feeling, they'll label me and everything will be taken away from me, including my kids – Qualitative Fieldwork, Wales, Single Mum

 Black people are four times more likely to be detained under MHA\*. The prevalence of symptoms relating to psychosis is higher in Black men than other ethnic groups (3.2% compared to 0.3% White men and 1.3% Asian men\*\*)

\*<https://www.ethnicity-facts-figures.service.gov.uk/health/mental-health/detentions-under-the-mental-health-act/latest>.

\*\*APMS data ([ARCHIVED CONTENT] Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 - NHS Digital ([nationalarchives.gov.uk](http://nationalarchives.gov.uk)))

# “I don’t want to become trapped in the system”

Hannah is a single parent living in North London and was recently made redundant due to the pandemic. She feels anxious that she won’t be able to pay all her bills.

Hannah hasn’t looked for support with finances or her mental health problems because she doesn’t trust that she’ll get the help she needs. Her worst fear is that social services will deem her an unfit mother and take her kids away.



## Being passed around and not receiving the right support

If I tell them my situation and what I’m struggling with, I don’t want to get trapped in the system with them throwing me around and referring me to all sorts – that’s the last thing I need!

## Feelings of shame and guilt

After I lost my dad to Covid my son told me that his teacher kept asking him ‘is your mum okay?’ It really bothered me. I don’t want that getting through to the other parents or teachers and have them start spreading rumours like ‘hey everyone- Tom’s mum is NOT doing okay’

## Fear of unwanted attention from social services

I worry that they’d come snooping and think that I’m not ok to look after my kids. I’m doing my best but I worry that they’d think I can’t look after them properly and take them away

I spend enough time trying to get the social worker off my back, I’m not going to give them a reason to come knocking



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## 4. People in poverty struggle to imagine what support would look like or how it will benefit them

Awareness of services beyond counselling and medication is low, and many feel that this isn't right for them.

People who have not received support find it hard to imagine what support might look like...

- Many are wary and fear they would be interrogated and/or judged by the service
- Some fear the physical space would feel clinical (which conjures up negative connotations of mental health hospitals)

...and can struggle to see how support would help them

- Common associations with 'support' include talking therapies and medication, and the benefit of these is not always obvious when people are juggling multiple issues and practical needs (scarcity mindset)
- Talking therapies in particular are perceived by those who have not received support as something 'middle class'; many feel they are not the 'sort of person' who would benefit from them

I think if I'd been sent a photo even of what the physical space would look like I'd have felt better. But I had to wait for my appointment for so long that I just completely psyched myself out and didn't go in the end. I searched on Google Maps where it was in Camden and thought hell no I'm not going there. I know a lot of people that live in that area – Qualitative Fieldwork, England

I don't think talking to someone about my feelings or popping some sleeping pills will help me. I just need a bit of breathing space to sort myself out – sort out all that life admin that's causing stress you know. If there was a place that could help me with that sort of thing it'd be happy days – Qualitative Fieldwork, England

## 5. The 'wrong support' can be more harmful than no support at all

Previous bad experiences of accessing support and after-care (their own or those of loved ones) can put people off getting support again and exacerbate feelings of powerlessness.

Accessing support: Services operate in silos and do not always understand the lived realities of their audiences

- People experiencing poverty feel that MH services do not understand the daily realities and struggles that being in poverty presents, and that financial support services (e.g. debt, benefits) do not understand mental health
- This can create uncomfortable or even traumatic experiences for people:
  - Receiving mental health advice that feels irrelevant or inappropriate for their situation
  - Receiving financial support/advice that does not consider the state of their mental health (e.g. being asked to fill in lots of forms online)

After care: Money is not considered in the aftercare of treatment, making people feel powerless and anxious after being 'released' from the service

- Some participants felt their mental health and financial situation rapidly deteriorated after being released from the hospital, due to the sudden absence of any support. The stark contrast between someone watching their every move and telling them what to do, to being completely alone felt overwhelming for many.

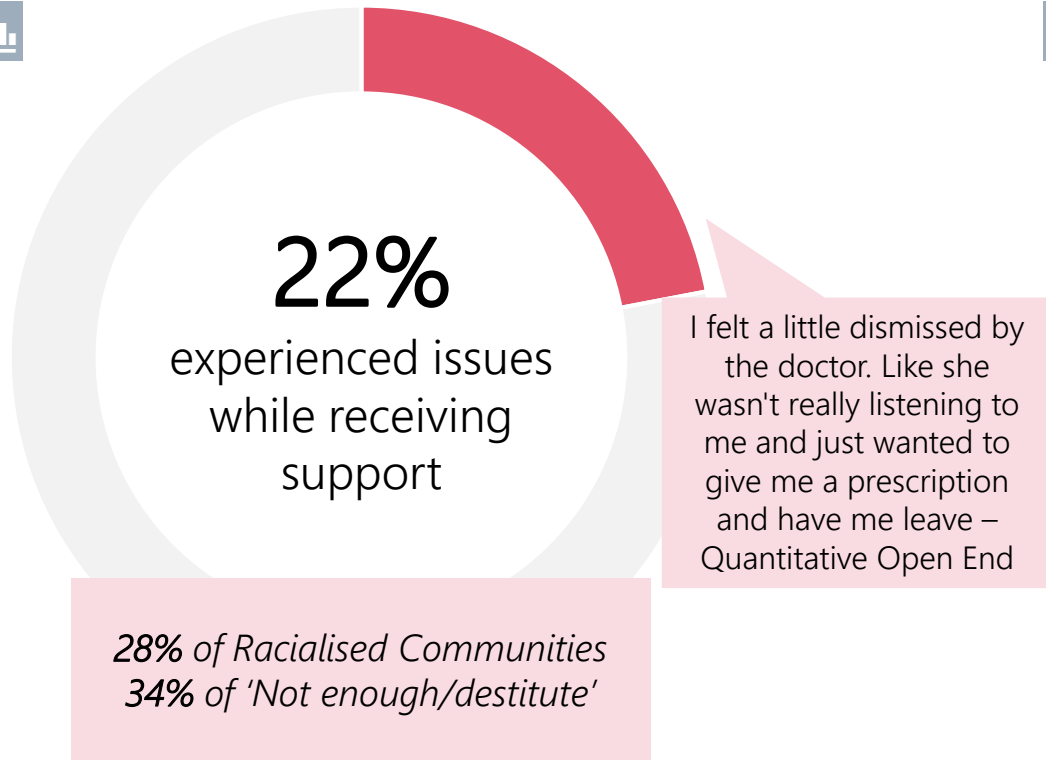
After my release, my mental health got much worse. I had no money, no one to turn to and I felt completely helpless – Qualitative Fieldwork, Wales

Nearly two thirds (62%) of those going back into the community said in a Mind survey that they did not think money and benefits were considered in their care planning\*



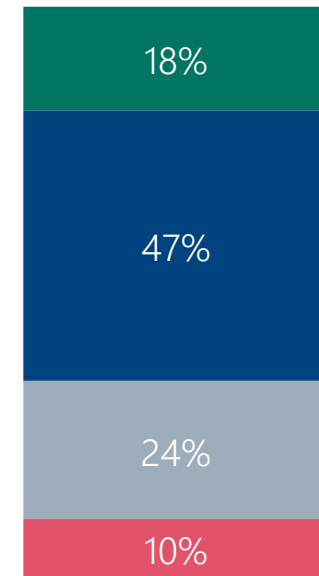
# 5.1 22% come away from support having a negative experience, and very few would consider their support 'very effective'

Racialised communities and particularly those in more severe levels of poverty, are more likely to experience issues and feel their support is even less effective.

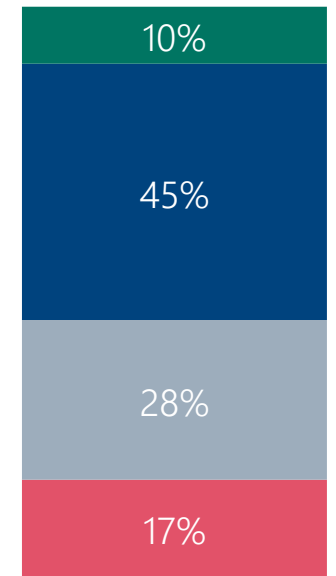


Effectiveness of support on mental health

- Very effective
- Somewhat effective
- Only a little effective
- Not at all effective



All receiving support



Not enough / destitute

# “They told me to take a bath and light some candles”

Kate is a 43-year-old single mother living just outside Bristol. She has a daughter who also struggles with mental health problems and a son who is severely physically and cognitively disabled after suffering a stroke at the age of two.

Kate has been struggling with poor mental health for a long time, but it became worse after her divorce a few years ago when financial problems really set in. These days, she struggles to leave the house and has a panic attack every time she needs to go to the shop or gets a letter in the post.

Kate doesn't feel there is any support out there for her and doesn't see a way out of her situation.



## Inappropriate support not tailored to her unique situation

It was right after my divorce, and I didn't have enough money to heat the home or even put food on the table. My GP gave me the number of a service to call, I can't remember what they were called, but they were no help at all. They told me to light some candles and have a nice bath to help with the stress. How am I supposed to have a hot bath when I can't even pay for water or heating?

## Support that exacerbates feelings of shame and guilt

They also asked me questions about my kids and my son who is disabled. The tone of these questions made me feel like they think I am incapable of taking care of my kids

## Support that exacerbates feelings of worthlessness and disempowerment

After that conversation I just thought, ok this isn't for me. Clearly no one cares about me and I just have to get through this on my own

I don't know much about support for someone in my situation. I just think I'll be judged no matter what

## 6. Mental health and poverty support can feel at odds

People in poverty want to 'present well' mental health-wise, but when it comes to financial support (specifically benefits), they feel they have to present the 'worst' side of themselves to get help from the system.

Participants talked about 'psyching themselves up' for any mental health support appointments and taking care to present themselves well (i.e. bathing beforehand, being well spoken) in order to:

- Be believed and taken seriously
- Maintain a sense of agency and 'power'
- Avoid getting 'trapped' in the system

Many told us that they were pretending to be 'more well' and 'put together' than they actually felt

- Though participants didn't say this explicitly, this may also link to the 'sanitised' version of mental health presented in the media that does not capture the less palatable aspects of mental health problems

On the other hand, when it comes to 'financial support' (i.e. PIP or any other benefit application) they needed to present how life is 'on the worst days' which can in and of itself be traumatic and feel very invasive. Many reported feeling they couldn't present as being 'too well' out of fear that they would not receive support

This tension, exacerbated by mistrust of 'the system', can make people feel wary about reaching out for any type of formal support

I was speaking to this lady on the phone and she told me that because I'm well spoken it didn't seem like I needed help. I broke down on the phone but that didn't seem to faze her (referring to phone call regarding PIP for her son) – Qualitative Fieldwork, England

When I used to go to therapy I really made an effort to look well and present well. I'd do my hair, put on make up - I really made an effort. I didn't want anyone to think I was a complete hot mess, even though that's how I felt inside– Qualitative Fieldwork, Wales

Going on benefits is awful. I go with my friend to her appointments and it's horrific. She is disabled and they ask her all kinds of personal questions even about her bathroom habits. The whole thing is humiliating for her and she feels even more traumatised after – Qualitative Fieldwork, Wales



# Summary and Opportunities

1. People in poverty do not know how to access formal support or what to expect

*A need for Mind to better advertise how to access services (e.g. self referral), the services on offer (e.g. benefits advice) and that these don't have to be clinical settings (e.g. internet)*

2. People in poverty fear that reaching out for help risks losing all agency and they become 'trapped' in the system with fear that the 'types' of support available look different to those with money

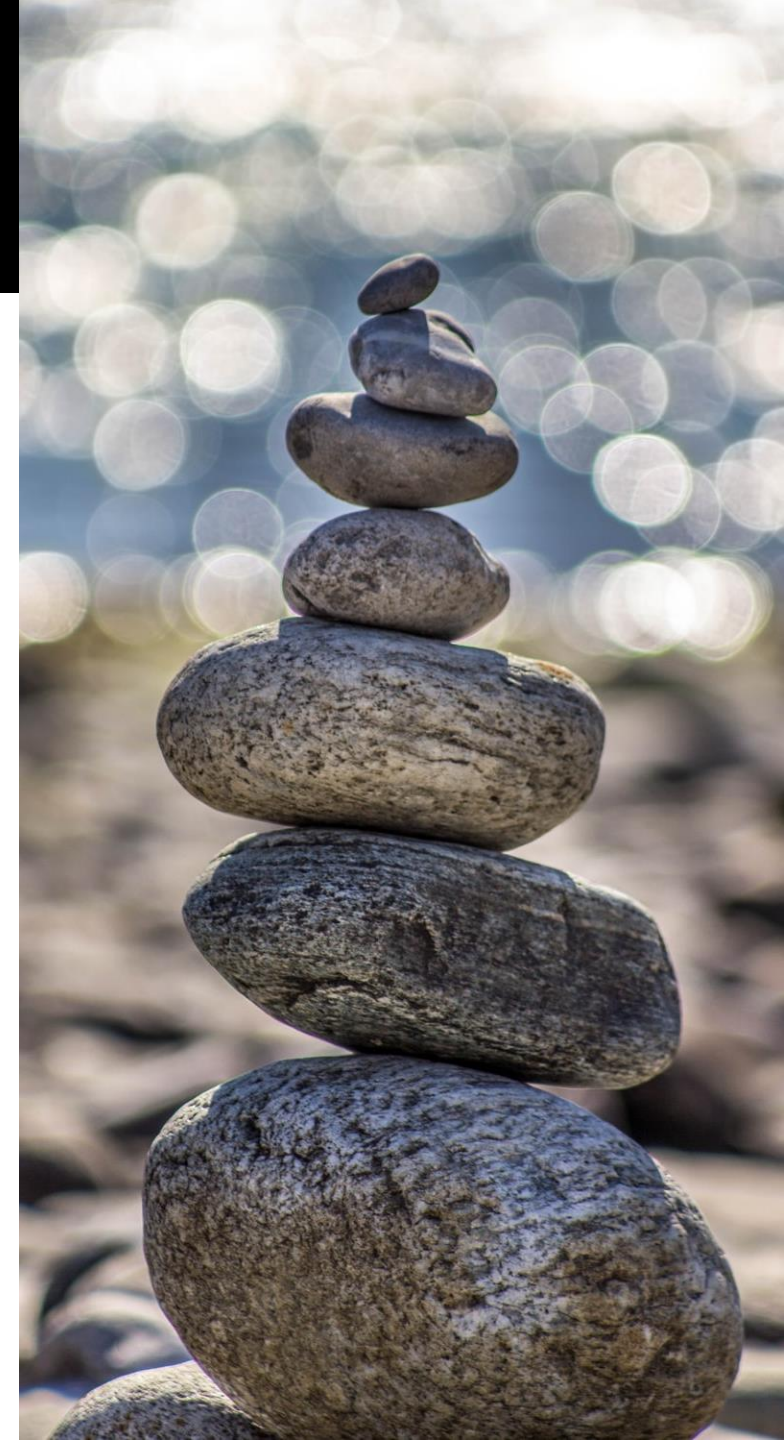
*Opportunity for Mind to challenge the perception that reaching out for support or being vulnerable means being stripped of all agency, anonymity and protective mechanisms*

3. Seeking mental health support and financial aid/benefits requires different approaches (ie one requires you to present "well" and the other requires you to present yourself at your "worst") and this tension, exacerbated by mistrust of 'the system' can make people feel wary about reaching out

*A role for a more holistic approach with better mental health support (or at least 'understanding') to be available in the other services that people in poverty might interact with (e.g. debt advice)*

4. People in poverty struggle to see what support would look like or how it would benefit them, and top-down services (incl. Mind) are not always 'plugged into' the needs and priorities of the communities they serve.

*A need for MH services to have a better understanding of the daily realities of living in poverty and offer reassurance of the benefits of support and how this will fit in with their lives. There is an opportunity for more strategic partnerships, working with grassroots organisations and a need for a co-production of services with those with lived experience*





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# Experience

Perceptions and experiences  
of informal support services  
and physical activity





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# Questions we answer in this section – informal support

- ✓ What are services (including Mind) currently doing that feels exclusionary?
- ✓ What are the barriers to people in poverty accessing support for their mental health, including: remote services, trauma focused support, sport and physical activity services, and services specifically aimed at people in poverty?
- ✓ What are people's experiences of taking part in physical activity, including physical activity services designed to support their mental health?
- ✓ What are the barriers to people accessing or taking part in physical activity in a variety of settings, including through mental health services?



# For many in poverty, even self-guided informal support can feel irrelevant

The tips and strategies around self-care and mental wellbeing often have a cost associated with them and do not feel relevant to people in poverty

There is a perception that the 'mental wellbeing' and 'self care' landscape caters to younger, more privileged (wealthier, and often White) demographics

- There is a cost associated with many self-care activities that people in poverty cannot afford
- These activities require time and space that many do not have (e.g. doing yoga in the home or meditation)
- The 'role models' in this space do not feel relatable to many in poverty (e.g. celebrities, middle class etc.)

Many in poverty also struggle to engage in the social, cultural and physical activities that are good for mental wellbeing, such as going to the cinema, out to eat, joining a yoga studio, etc.

The 'normalisation' of these tools to improve mental health can make people in poverty (especially those from racialised communities) feel even more isolated from the conversation, as financial constraints present a barrier to informal tools and wellbeing strategies

- This was exacerbated throughout lockdown when money was tight and the informal support they were aware of felt inaccessible

Running a life and being able to have your own life and survive on your own is dictated by your mental health. You need money to be able to socialise – you pay to go to the gym, you pay to go fishing...so if you don't have any sort of disposable income it can ruin your quality of life and the things that keep you together -  
Qualitative Fieldwork, Wales



# Free online tools are often consulted after a negative experience with accessing or receiving formal support

Many people in poverty (especially younger audiences) are turning to YouTube and social media for self-care and mental health maintenance/improvement strategies. This is often a last resort after feeling let down by an experience of using or trying to access more formal support.

Negative experiences with trying to access or use more formal support services mean it is common to turn to more self-guided forms of support through their own online research.

- Some in the qualitative sample identify access issues and waiting times or bad reactions to medication as reasons for turning to less formal tools

Young people in particular are using YouTube and other forms of social media (i.e. Instagram) for information and tips on wellbeing strategies and coping strategies.



Among 16-34-year-olds in our quantitative sample, **30%** have turned to **social media**, and **28%** have turned to **YouTube videos** for information on mental health support services

- These tools appeal because they are easy to access (for those with digital access) and can be used anonymously
- Examples of things we heard in our qualitative interviews include:
  - Wim Hof breathing techniques
  - Meditation (through the Calm or HeadSpace app)
  - Yoga
  - Aromatherapy

I was put on anti-depressants and they made me feel completely numb. I decided it wasn't for me and I started doing some research online on my own. I came upon Wim Hof breathing techniques and I do them every night before I go to bed. It hasn't fixed my problems, but it sort of helps me manage day to day – Qualitative Fieldwork, England

After my dad's suicide I felt so lost and alone and really didn't know where to turn. I couldn't get an appointment to see anyone for a long time and I got into yoga and meditation eventually as a way to cope. It's important me time away from the kids and I feel better for it – Qualitative Fieldwork, Wales



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# Questions we answer in this section – physical activity

- ✓ What are the barriers to people in poverty accessing support for their mental health, including: remote services, trauma focused support, sport and physical activity services, and services specifically aimed at people in poverty?
- ✓ What are people's experiences of taking part in physical activity, including physical activity services designed to support their mental health?
- ✓ What are the barriers to people accessing or taking part in physical activity in a variety of settings, including through mental health services?



# The link between mental and physical health is well understood by people in poverty

People are aware of the positive impact physical activity can have on mental health, even though this awareness does not always translate into action

People spontaneously mention exercise and physical activity as a helpful tool for managing their mental health problems

- Language around 'endorphin hits' and 'dopamine rush', 'runner's high' comes up spontaneously in conversation when talking about strategies for maintaining good mental health

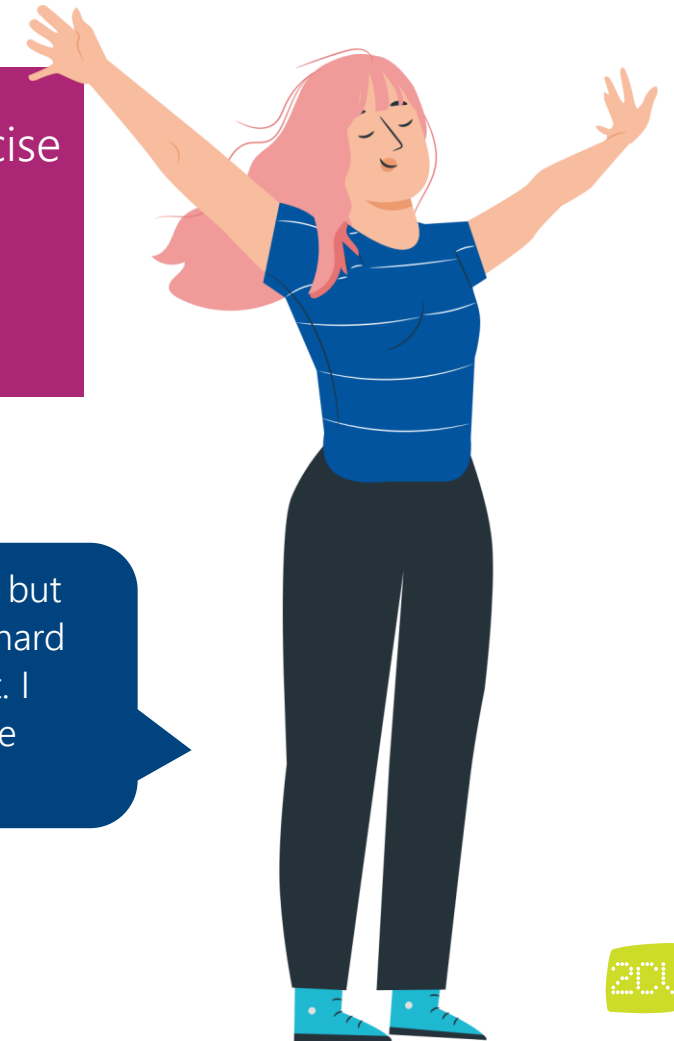
However, people also admitted that good intentions do not always translate into action, and many admit that exercise is often the first thing they gave up when life gets stressful or when mental health problems get worse

While the link between mental health and physical activity feels intuitive, it is worth noting that some – especially young people – are not keen to explicitly link their sporting pursuits with mental health support



**82%** of those who exercise say they do so to **improve their mental health**  
*(25% the MAIN reason, 57% not the MAIN reason)*

I know that exercising is good for me, but when I'm feeling depressed it's really hard to find the motivation to actually do it. I know I should, but I don't – Qualitative Fieldwork, England



# Much of the engagement is more informal individual physical activity – it doesn't need to be hugely intense to have an impact

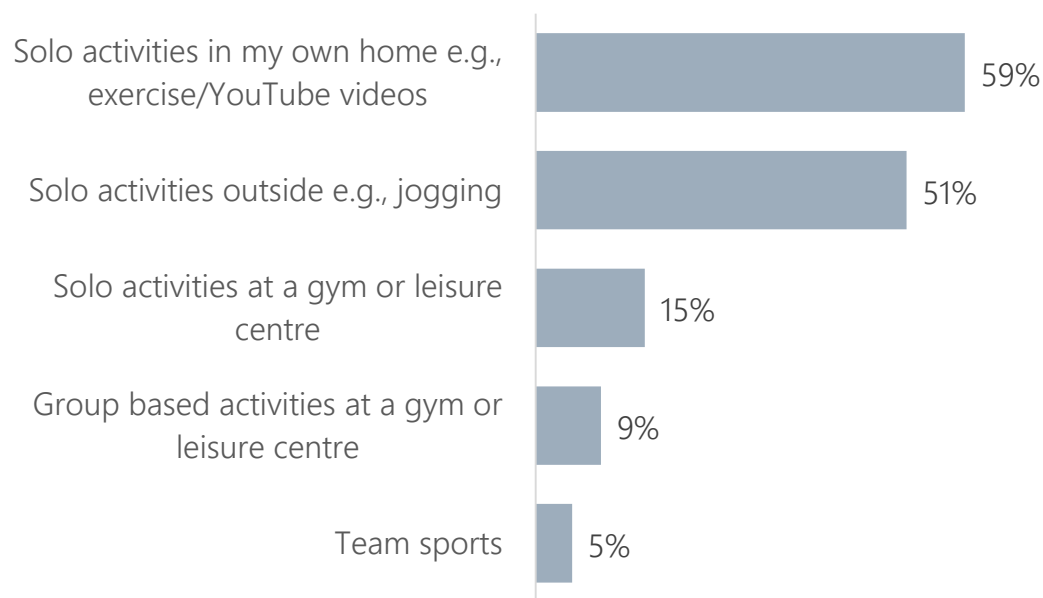
There is a need to encourage this more in Wales and for older people



64% exercise at least once a week  
Lower in Wales (49%) and 55+ (57%)



## Exercise/activities they do



When I feel down, I take the dog for a walk. We've got a forest 5 mins away from the house and I walk the dog. I go for hours. It's peaceful. It makes me realise I'm just a small speck in the grand scheme of things. When the gyms were open I used to work out a lot. It's pretty much free because it's a community centre; it gives me structure – Qualitative Fieldwork, Wales



# However, opportunity and motivation to engage in more formal group physical activity is limited

For many, key barriers to engaging with more formal physical activities revolved around;

- Social anxiety and fear of being judged
- Financial barriers
- Lack of time (especially for single parents)
  - Scarcity mindsets also make it harder to prioritise physical activity over other pressing issues
- **Availability:** facilities are often hard to find

This won't be a solution for all or the 'only' solution (especially given the barriers to formal exercise) but making people aware of the benefits it can bring and of appropriate options would be beneficial. Walking/jogging are great examples as they are:

- Low cost
- Flexible/low time commitment
- Solo activities
- Local

I've always been tempted to join a sports team but I'm quite anxious that I'll go there and think no one will talk to me and everyone will hate me – Qualitative Fieldwork, England

I really don't have the time as a single mum...I know that's no excuse but between work, the house and the children I just don't have time. Chasing after my two-year-old is my exercise. – Qualitative Fieldwork, Wales

I go for a nightly long walk with a couple of other mums in my area, I like the social aspect and that I'm getting exercise for free – Qualitative Fieldwork, England

Stepping through that door to the gym – the first steps can be so hard – Qualitative Fieldwork, External Stakeholder



# “I would’ve liked to join a team but I have no idea of where to start”

Jason lives in Birmingham with his young family. He works as a wedding planner and he struggled to make ends meet throughout the pandemic. He found himself in a lot of debt as he tried to keep all bills paid. After sleepless nights and a series of panic attacks he went to the GP.

Seeking support from his GP he was encouraged to stay fit and healthy through diet and exercise – something that he never believed would actually help his mental health.

Since, he’s joined a gym which he goes to several days a week and realised the benefits of physical activity on his mental health. However, he recalls the challenges he faced as he tried to engage in this type of support.

## Not believing it will help

It’s something we’re always told, even as a young kid, that it’s important to eat well and stay active... we’re told it helps, you know with the release of endorphins, and makes us feel better but for years I just didn’t buy it. I couldn’t understand how going to the gym would make my mental health issues better.

## Lack of motivation

When I’m having a ‘down day’ the last thing I want to do is get out of the house and exercise. At my worst I couldn’t bring myself to the end of the garden path.

## Lack of awareness of physical activity

I joined the gym because I know there’s one in town and it’s not far to get to...I do like football as well but I don’t know if there is a team I could join near me – I wouldn’t even know where to start looking

## Financial barriers

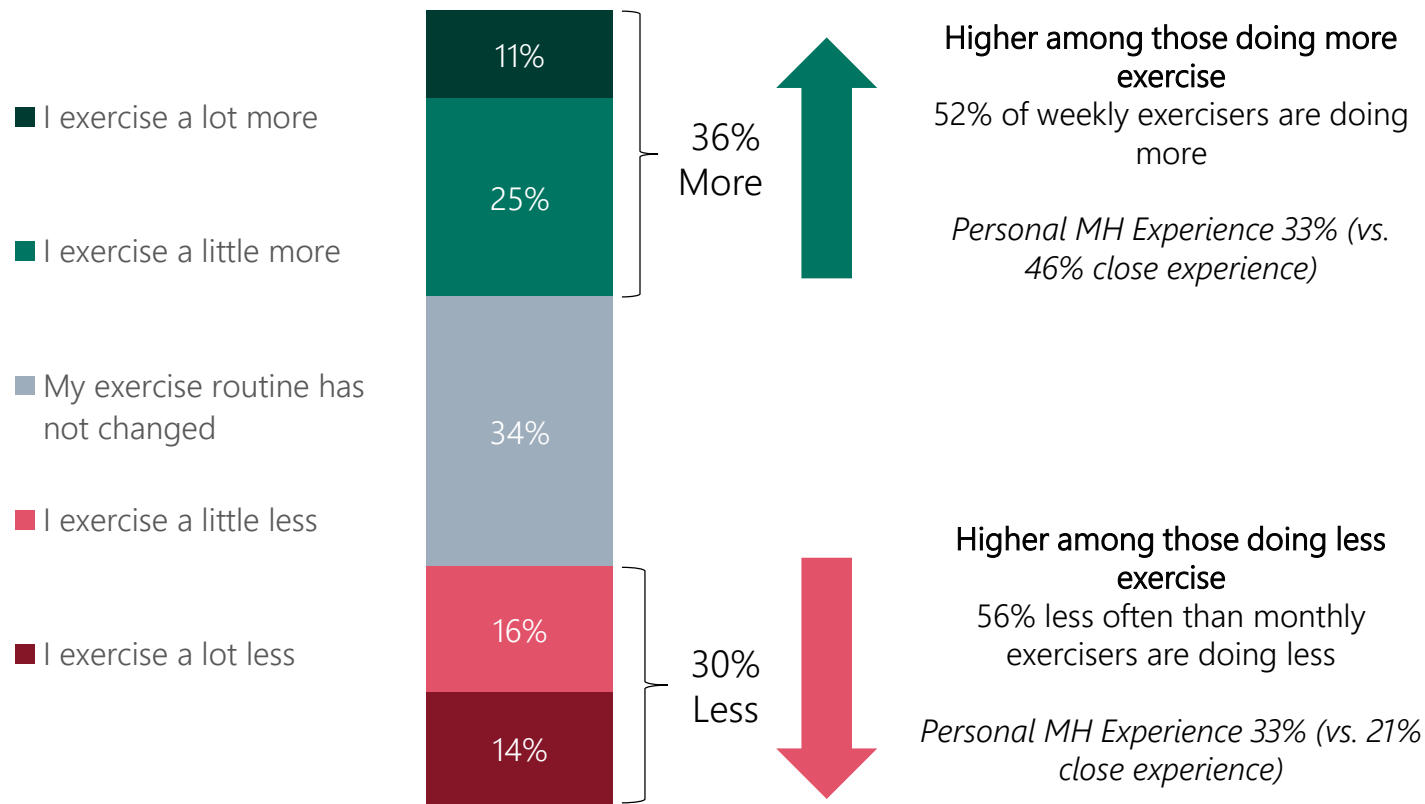
Stressing about money was what got me anxious so was worried about paying for the gym membership. I had to tell myself it was an investment for my mental health and I go a lot to try and make it worth it





# Covid-19 has had a polarising impact on exercise routines

## Impact of Covid-19 on exercise routine



I've joined the gym and I go once a week now – Qualitative Fieldwork, Wales

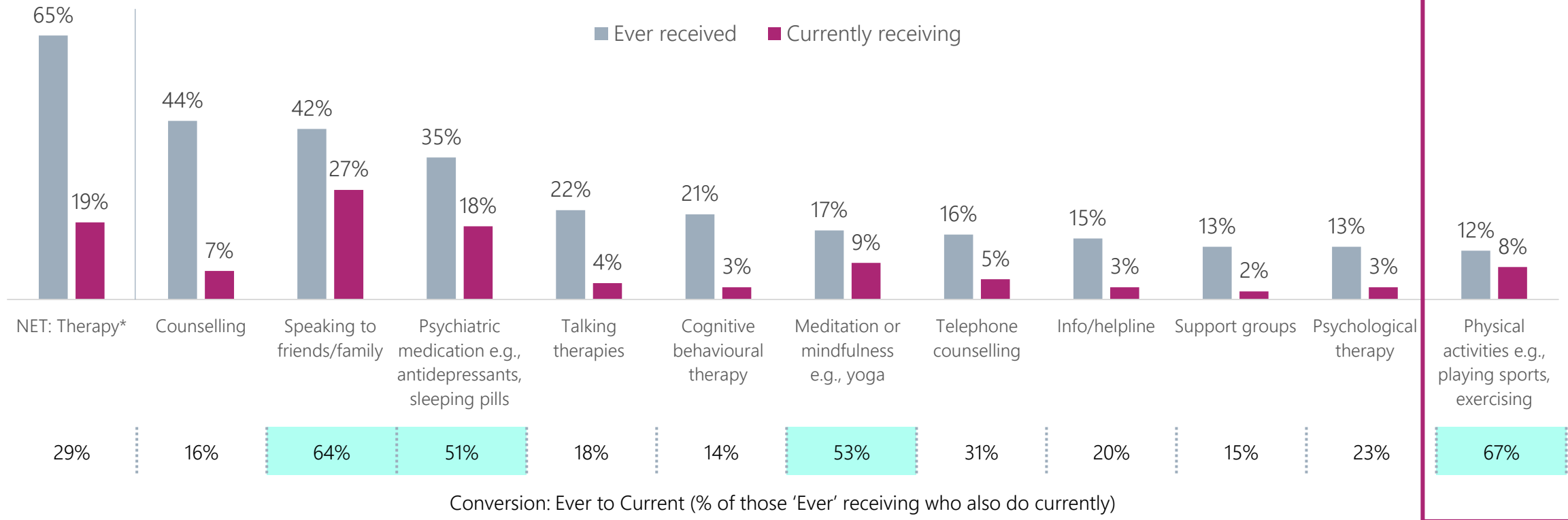
I try to go on walks as much as possible... I'm fed up with being stuck in the house – Qualitative Fieldwork, England

I used to love exercise but in lockdown I got fat and now I'm too embarrassed to start again – Qualitative Fieldwork, Wales

# Sport is not a top form of support but among those who have tried it, there are a high number sticking with it as current support

This is alongside speaking to friends/family which (as with physical activity) have fewer cost/time barriers and can offer something both immediate and long term, while counselling has a low conversion (16%)

Support types received



Conversion: Ever to Current (% of those 'Ever' receiving who also do currently)



# Summary and Opportunities

1. The very idea of 'mental wellbeing' feels like a privilege and many popular coping strategies feel out of reach. In this sense, even less formal support (e.g. socialising with friends, going for a massage) are out of reach for people in poverty

*Lack of practical day-to-day mental health maintenance strategies further highlights the need for practical, accessible and free support and advice for people in poverty*

2. The link between physical activity and mental health has arguably never been clearer or better understood than it is now



*There is opportunity for Mind to build on this and create new pathways into physical activity based on the needs and limitations of people living in poverty in a more official capacity*

3. Sport as a mental health support type has a high conversion from 'ever tried' to 'currently doing' highlighting that once people try it, they do see the benefit and stick with it

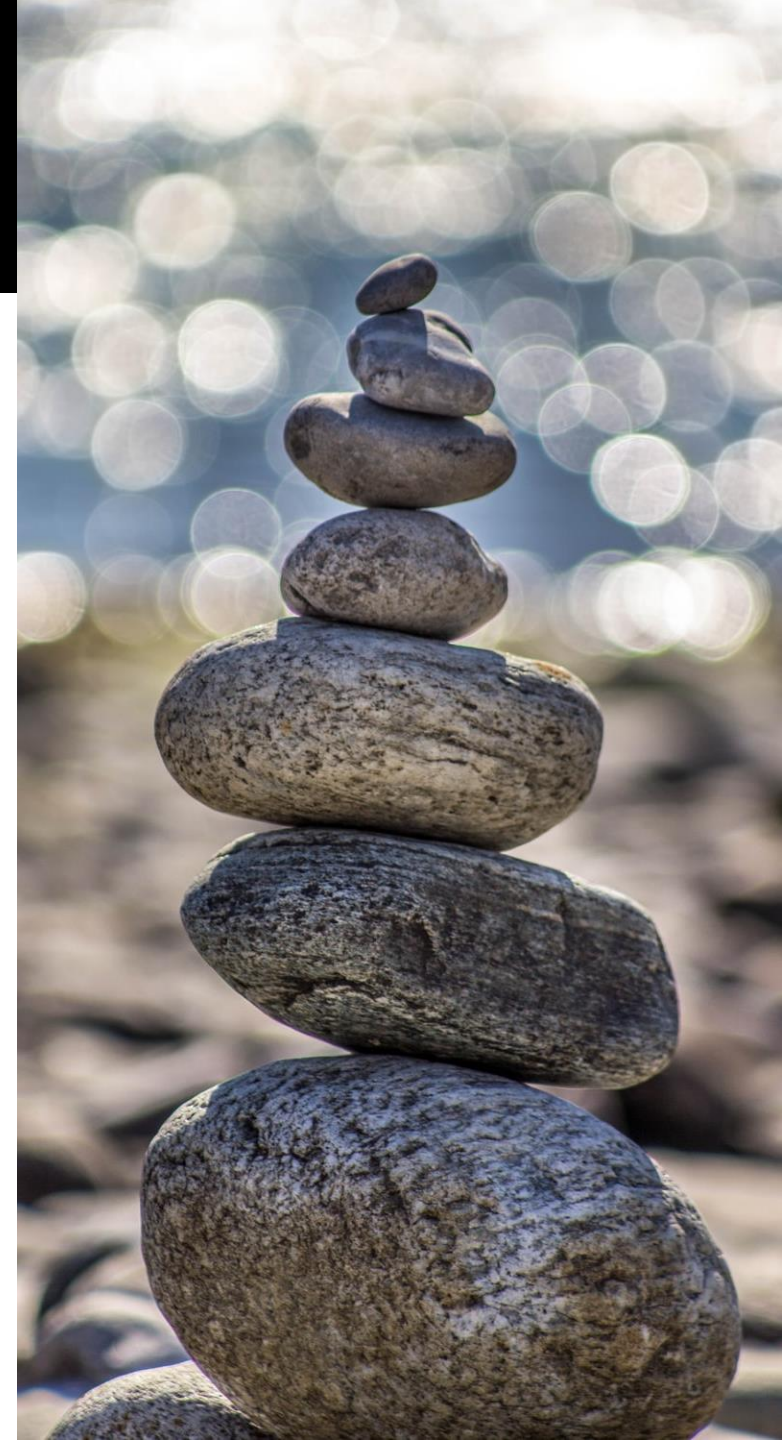


*Opportunity for Mind to showcase the benefits, for example through lived experience and people telling their success stories*

4. Barriers around accessing physical activity do not revolve solely around mental health related issues such as social anxiety and stigma, but around the practicalities of getting involved in the first place



*The more that Mind/Sport England can assist in making resources available, making it cheap and easy to get involved and working with clubs to make people with mental health problems feel welcome, the more likely people are to engage with sports*





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# Preference

What do people in poverty  
want from MH support?





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# Questions we answer in this section

- ✓ How can Mind engage most effectively with people in poverty who are experiencing poor mental health?
- ✓ What language should Mind be using to talk about mental health and financial wellbeing?
- ✓ How can Mind contribute towards tackling structural inequalities that impact the mental health of people in poverty?





# The scarcity mindset consistently makes it more challenging to think about mental health support preferences

The Scarcity Mindset\* in a nutshell: financial difficulty reduces our 'mental bandwidth' and distorts our ability to make decisions

Two key behaviours typify scarcity :

## TUNNELLING

*Scarcity makes us tunnel-visioned. We focus on what seems most pressing, often at the expense of other things which may have more impact*

## JUGGLING

*Making ends meet right now takes all our attention, meaning we don't think of the long term*

For people operating in scarcity mindsets, the priority is **immediate relief** of pressing issues. This can mean that mental health support, while important, does not always feel relevant to their immediate needs

- For many, it is difficult to conceive what mental health support might look like when pressing 'basic' needs (e.g. food, heating and shelter) are not met or are at risk
- Longer term support for both mental health and financial difficulties feel like a longer-term luxury that can be hard or impossible to entertain in the present moment

I've used food banks in the past – I was able to pick up some bits and it meant I could eat that night – Qualitative Fieldwork, England

Right now all I can think about is how I'm going to pay my rent – Qualitative Fieldwork, England




# The 'ideal' mental health support for people in poverty is underpinned by the principles of Accessibility and Approachability

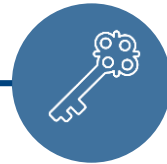
## ACCESSIBILITY    APPROACHABILITY

**Realistic:** can they access it physically?

 **Comfortable:** is it accessible emotionally?

 **Affordable:** can they afford it? Will they lose out by accessing it?

**Timely:** How swiftly will they access it?

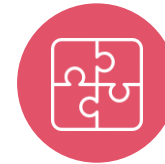


**Relevant:** how well does it relate to their lives? 

**Immediate:** does it meet an immediate need?

**Holistic:** How joined up is the support process?

**Understandable:** does it use their language? 



# Realistic| Practical access to support is essential



## ACCESSIBILITY

Mental health support needs to be delivered in a way that people in poverty can realistically receive and benefit from it. The fundamental, practical considerations include:

### Location

- Where is the support delivered and how easily can people get there? Is it accessible for those with disabilities and long-term health conditions?



Those with a long-term health condition are looking for more easily accessible services (34% vs. 23% total)

- Preference of support is nuanced for those living with a long-term health condition and/or disability. This is unique to the individual's situation and previous experience of support (if any).
- How will people get to the support?
- If delivered remotely; are people able to speak comfortably and confidentially without other people listening in?

### Equipment

- If online; what relevant devices would they need to access the support e.g. smartphones, laptops, Wi-Fi/mobile data?

### Point of entry

- What channels of support are people aware of and comfortable using?
- What entry points beyond GP and mental health services need to be more salient?



Improved access to mental health services is the **number one priority** for mental health. (Top priority selected by 49% of our quantitative sample)

Time is a problem and location is a problem. I can not afford too long a time to transport to far far away places to receive treatment – Quantitative Open-End Response

The lack of transport also contributes to access to services. Appointments for the north of the county are ... in an old hospital a mile outside of town, which isn't served by a bus service... Poverty has a massive impact on access to services – and this includes not just people on benefits but those on low incomes with little left over each week – Qualitative Fieldwork, Internal Stakeholder at a local Mind, Wales

# Comfortable| Emotional accessibility and privacy can be just as important



ACCESSIBILITY

27%  
are looking for more reassurance  
around confidentiality and  
anonymity



The emotional elements are often as fundamental as the practical elements. This is particularly important for an audience who is likely to be less familiar with, and more wary of the core principles of mental health support

The less able they are to discuss mental health with peers, the more important it is that they feel comfortable with participating in what may seem like a very new experience

Key concerns are:

## Stigma and being judged

- They need reassurance that the process is non-judgmental and that they can speak freely
- Speaking to a support worker they do not know can ring alarm bells – what if they judge me? Why should I tell them everything?



## Anonymity

- Guarantees that no one will know they have sought help, and that whoever they talk to will not pass on what they have said are critical; this is particularly the case in smaller communities
- Location matters – do people want to be seen entering/leaving the premises by others?

## Process

- Group sharing sessions can be intimidating and many would be put off because they do not feel comfortable talking about personal topics and being vulnerable among others

I need to be able to get over the embarrassment I feel about the mess my life is in – Quantitative Open-End Response

Talking in front of a group of people about my issues would put me right off. I don't want them to know all my problems – Qualitative Fieldwork, Wales



# Affordable| Low cost or free support removes financial barriers and provides agency

People living in poverty need support to be free/affordable in order to access it

- It is hard to justify spending money on mental health support when there are numerous other financial stresses
- Even if support is technically free there are other associated costs in the form of knock-on costs, opportunity costs or access costs, all of which can prevent people from seeking support:
  - **Travelling** to and from the support can be prohibitive; having **to take time off work** to make an appointment can be tricky – for some it means losing income; having to arrange **childcare**

I just want free, affordable services in my local community without a long waiting list. There is a long waiting list for NHS funded services... – Quantitative Open-End Response

38%

are looking for free or more affordable services (top motivator for seeking support)



Affordable mental health support is motivating on various levels:

- It **removes a key barrier**, one that many assume prevents access to top-of-mind support e.g. talking therapy
- It **provides opportunity to take control** of their mental health: granting agency is hugely liberating
- It **opens the door to new opportunities**: people do/try something they might not have done before e.g. discounted gym membership, free counselling sessions etc.

I went to the gym for a while and that was brilliant. I think it was something like £2 a session and I would go twice a week. I had never been to a gym before and I really enjoyed going – Qualitative Fieldwork, Wales



# Timely| Swift access to support is essential to engage and retain people in poverty



ACCESSIBILITY

Despite the need to receive support quickly, the reality of receiving support is reported to be long and drawn out



When asked about which issues are most important to them with regards to mental health support, receiving immediate support in a crisis (43%) and when a mental health problem first develops (41%) were among the top three priorities

- Yet, when being referred to support it is common to be placed on a long waiting list or to be 'passed around' to other services – both delaying receipt of support

If mental health support isn't delivered in a timely manner, it can be deflating, discouraging and in some instances dangerous

- Having support prolonged can make people in poverty feel like their mental health doesn't matter and that their situation isn't important to address – with waiting lists a symptom of free healthcare versus the immediacy of private support
- Obviously, their world/mental health doesn't pause whilst they wait for support; many experience increased worry and frustration and fear it'll only get worse as they wait
- Some have a tendency to lose hope, or at least lose faith that the support is worth the wait; they can drop out of referrals and reject further support in the future

It's extremely difficult to get the help you need with public services. You often have to wait months or years to get checked out by public services, making them difficult to access – Quantitative Open-End Response

A quicker response from the NHS, waiting to see consultants for mental health can take months. It needs to be there for anyone quickly as things can go down hill fast – Quantitative Open-End Response

My son had cut himself in the middle of the night and I was on the crisis line...I said I need help and when I finally got through they said, well it's ok because you're sat with him he'll be fine, we'll give you a ring in 48 hours and that was that – Qualitative Fieldwork, Wales

I made an appointment through my Doctor, but the appointment was 3 months away. I was dreading it and the build up was horrible...so by the time I got to it I just thought oh I don't want to go now – Qualitative Fieldwork, England



# Relevant| People in poverty need to believe that those providing support care about and understand their situation

People in poverty often feel like they are not listened to or taken seriously in many aspects of their life – they see themselves as caught in a system that at best fails to empathise, and at worst ignores or insults them

As a result, many in this audience express a strong desire to receive support from someone **with similar lived experiences to them** who is also appropriately qualified

- Sharing lived experiences of mental health problems, poverty or financial worries is seen to be a ‘shortcut’ to understanding their situation and establishing trust
- This is balanced with knowing that the support they are receiving is sound and coming from someone who is an expert in either money or mental health

Some organisations, especially those working with young people, are addressing the perceived gap between therapists and clients by recruiting younger case workers who come from similar backgrounds, effectively ‘rebranding’ them as coaches or similar



38%

are wanting to feel listened to (second highest motivator for seeking support)



30%

are looking for support from someone who understands and empathises with their situation

I would like someone that listens, is empathetic, supportive and practical...someone that may have had similar experiences with my problems. A person that is educated and has the necessary credentials, someone that is trustworthy and a confidant -  
Quantitative Open-End Response

I would also prefer to have people with a background of similar struggles and the qualifications. If I am trying to learn how to fly, I would like to talk with an experienced pilot, not only with someone that knows the theory -  
Quantitative Open-End Response

I just don't think the people on the other end of the line would be able to relate to my situation and that puts me off –  
Qualitative Fieldwork, England

# Immediate| Mental health support needs to feel like it meets an immediate need if it is to feel relevant to their life



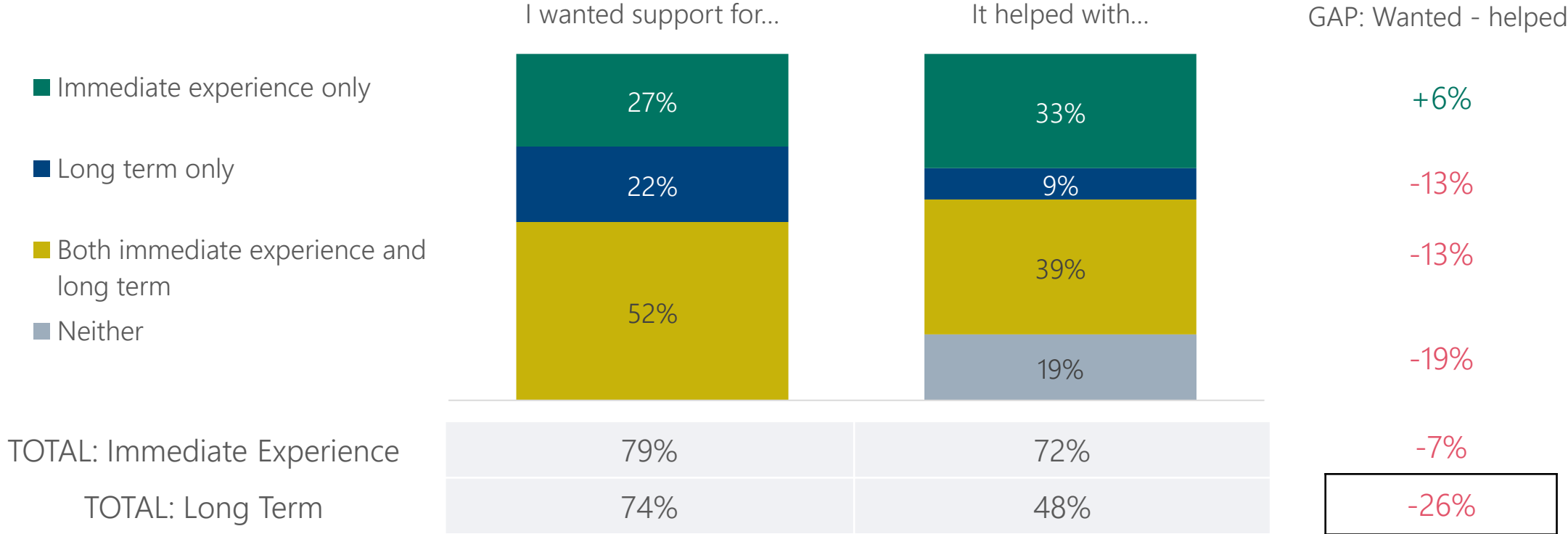
APPROACHABILITY

- The Scarcity mindset means that many living in poverty are dealing with a never-ending tangle of pressing needs, each of which will feel absolutely essential to deal with as soon as possible
- Mental health support is often, by nature, long-term and slow-acting; there are few quick fixes and simple solutions are unlikely
- So, many in this audience express a desire for support to be practical and 'hands-on'
  - It can be difficult to see how some forms of mental health support can feel relevant to their life amongst other pressing needs
  - Some recommended actions can feel impractical or even luxurious when compared to their immediate concerns
  - Examples of helpful, practical support are more likely to help in other aspects of their life that take priority e.g. caring for children, paying bills, putting food on the table and keeping the heating on
- The benefits of any mental health support need to be clear and relate to their current situation
- Information needs to clearly articulate how it relates to their current situation and mental health
- This will enable them to either better understand and validate their own mental health problem, or feel informed about what support is available to them and how it will help
- Sport/Physical activity presents an opportunity as a potential immediate option for some

I want something that actually helps me and will get me out of the mess I'm in. I don't want to talk to someone for months on end and come out the other side feeling even worse – Qualitative Fieldwork, England

# However, mental health support needs to focus on the long term too; something that is wanted but expectations are not currently being met

 Mental Health Support wanted vs. how it helped




16-34's and racialised communities are more likely to want help for an immediate experience and as a result claimed it helped less in the long term

Question Text | B22. Before you received this support, what type of support were you hoping to receive, B23. And at the end of receiving this support, what did it help with  
 Base | All who have received any recent support (332)



# Holistic| There is a clear appetite to receive financial and mental health support in a more joined-up way (over half are interested in this)


 51% in our quantitative sample express interest in a support service that combines both mental health support and financial support

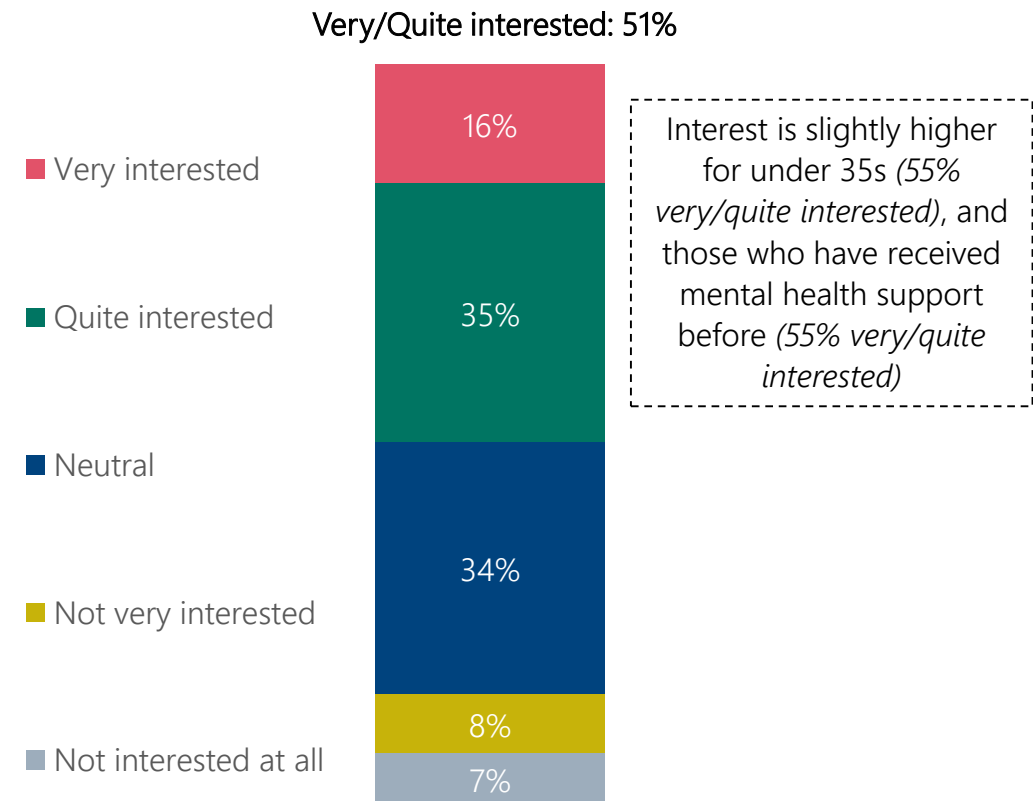
- People in poverty are aware of the link between their financial difficulties and mental health and recognise that they feed into one another
- Often, worrying about finances is all-consuming and people want to 'solve' this first before receiving support for their mental health

There's an opportunity to collaborate with other organisations who operate in this space

- People in poverty do not expect mental health support providers to be experts in money or poverty – they want them to be experts in mental health
- However, warm referrals are necessary in order to avoid people feeling like they are being passed around and not taken seriously

I'd like them to address the relationship between my money situation, social class and disabilities and my mental health - Quantitative Open-End Response

 Interest in a support service that can provide both mental health and financial support








## APPROACHABILITY

# Understandable| The wrong language can alienate people and needs to be explored before getting too technical

 Language used

51%

### Feelings led

Language that describes how mental health problems manifest in day-to day feelings

For those least familiar with describing their mental state, there is a clear preference for simple descriptions of their feelings.

Most tend to use feelings led language to describe their mental health, particularly before they have experienced mental health support. This kind of language offers a 'way in' to support.

It's just a daily struggle really. I would describe my mental health as a struggle – Qualitative Fieldwork, England

I'm just feeling a bit numb...a bit off really – Qualitative Fieldwork, England

17%

### Diagnosis led

Language that uses more clinical diagnosis language to describe mental health problems: e.g. feeling depressed, anxious etc.

Those who have received support are slightly more likely to use formal language and specific terminology (20%).

For some, using informal language, like feelings or metaphors, could make them feel spoken down to. However, those new to mental health support can find such language worrying and distancing.

I went to the doctors at a young age and I was diagnosed with health anxiety. I have since been referred to various specialists – Qualitative Fieldwork, Wales

13%

### Metaphor led

Language that uses metaphors to describe mental health problems

Alternative language may be better for those in deeper levels of poverty (not enough/destitute, 21%).

16-34's are also more likely to want to be spoken to this way (19%).

My brother and I talk about it often. He tells me he has bees in his head – Qualitative Fieldwork, England

The most appropriate language to use is a personal preference. Time needs to be spent exploring the most appropriate style for the individual.



C12. Which of the following best describes how you talk about your mental health  
Base: All respondents (526)

# “My friend talks about his mental health in Marvel movie metaphors; I think it’s the only way he feels comfortable talking about it”

Reece, a member of our LEP, interviewed his friend Ben as part of this research.

Ben works in a school, however, has stopped working due to his mental health. He finds it hard to talk about his mental health problems and would use metaphors and stories to help explain his feelings to Reece in his interview.



## Using metaphors and stories to talk about mental health

When I asked him how his work situation affected his mental health, he told me it was how Captain America felt at that part in the film. He kept talking about superheroes and I think that’s how he can relate but also validate his own feelings... the hero of the story always overcomes their problems and I think that’s his way of knowing things will get better

He loves to build bikes and at first I thought this was his way to take his mind off his money worries and general stresses. Then I realised that he’s telling me how the bike, and all the separate parts, represent himself and his mental health; how they all need to work together for him to function

# Summary and Opportunities

1. People in poverty like the idea of informal peer support networks that don't necessarily brand themselves as mental health support, over more formal 'top-down' support.

*There is opportunity for Mind to use their brand and reputation to amplify the voices of smaller grassroots organisations, form closer ties with them and knowledge-share*

2. People in poverty are often operating in scarcity mindsets and struggle to conceive of what long-term support might look like and how it might help them

*It is important for Mind to be aware of the psychology of poverty and that engagement with support is likely to be low if the immediate pressing issues people are facing are not addressed*

3. People in poverty prefer support services that are approachable and accessible to them.

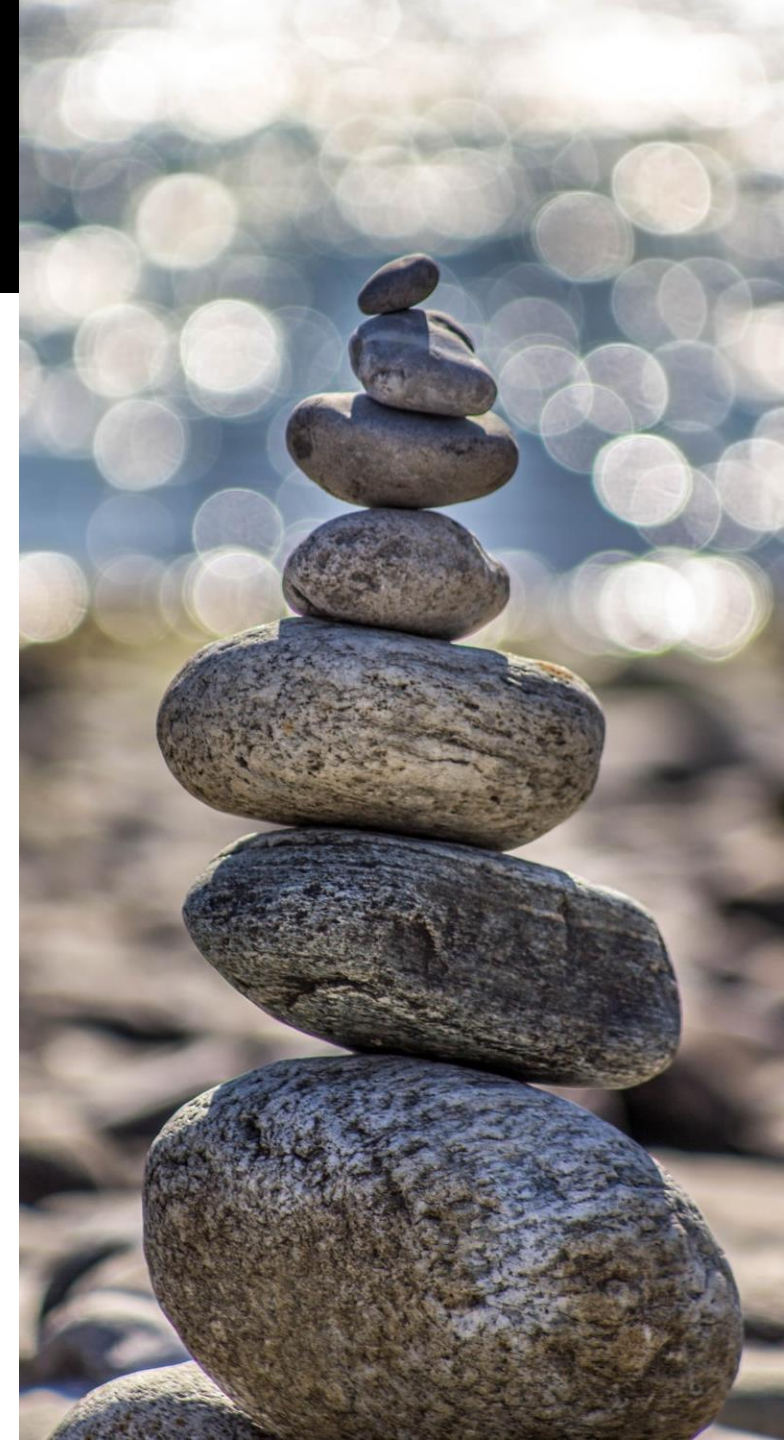
*It is important to be aware that preferences of mental health support must appeal to people's practical and emotional needs and an awareness of their situation and what support may be relevant for them. As such, greater clarity is needed in terms of what guidance is available to them and how it can help.*

4. Shame and stigma is common for people experiencing poverty; and lack of trust in the system, or knowledge of the mental health landscape, steers people away from more clinical or diagnosis led language around mental health.

*There is opportunity for Mind to better mirror the language people in poverty are using to describe mental health – which tends to be more feelings and metaphor led*

5. As such they welcome being referred (warmly) to partner organisations who can provide practical support that is relevant to them

*This can include going through paperwork and helping people apply for benefits (e.g. PIP applications) to referring people to debt management specialists, and providing financial wellbeing training (how to manage money, paying bills etc.)*







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# Preference

How does Mind measure up?



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# Questions we answer in this section

- ✓ What areas should Mind prioritise?
- ✓ What role do people in poverty want Mind to play to help them to stay well and support their mental health?
- ✓ How can Mind most effectively tailor our approach for different community groups?





# Mind is perceived to be a mental health charity for everyone, including those with severe symptoms and in specific situations

Even if you don't have a mental health problem Mind are there for you. You can ask them for support on how to be there for other people who is struggling – Qualitative Fieldwork, England

For anyone, regardless of their mental health

For those experiencing severe symptoms or in crisis

I wouldn't thought that they would specialise in mental health problems like schizophrenia, severe depression, suicidal thoughts, you know, for those in crisis - Qualitative Fieldwork, England



For those who need specific support related to their situation

The Mind centre near me, I think, does a lot of work with those who have addictions or maybe alcohol-related problems – Qualitative Fieldwork, England

Mind helped my brother get back on his feet. They were there for him when he was going through assisted living Qualitative Fieldwork, England

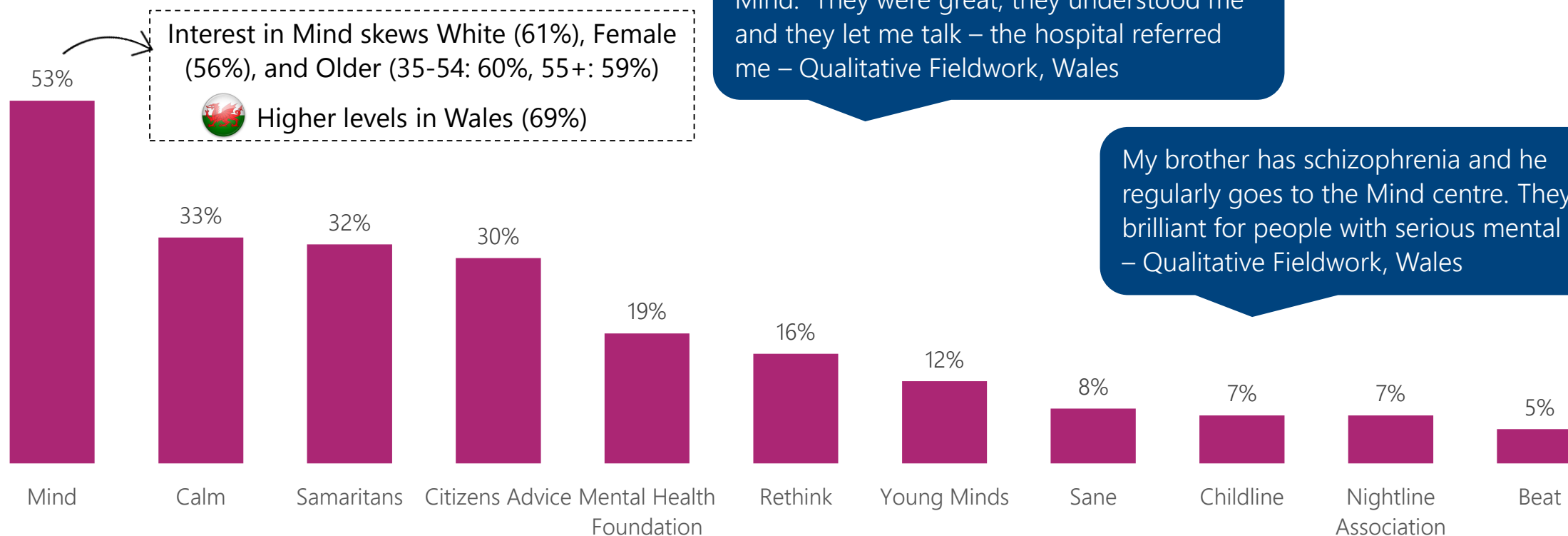
For those who need specific support with their mental health

They just do mental health, that's their expertise. If anyone has a mental health problem then they will help you... it doesn't matter who you are - Qualitative Fieldwork, Wales

# Mind is the top charity considered for future use and has a great reputation

Those who had previously used Mind tended to have overwhelmingly positive experiences

## Consideration of charities



# Mind's perceived strengths (useful, welcoming, judgement free and affordable) are limited by a lack of awareness

**Realistic:** Mind is a great, easily accessed resource for information and education but people in poverty often know little about it or how to access it

**Comfortable:** Those who know Mind know it as judgement free and anonymous, but for many it is still an unknown quantity

**Affordable:** As a charity, Mind is seen to provide free support for those who need it

**Timely:** People in poverty have a perception that it is similar to the NHS e.g. long waiting times; limited resources



## ACCESSIBILITY

Mind may offer accessible support, but lack of knowledge and awareness of that hampers its ability to reach people in poverty



## APPROACHABILITY

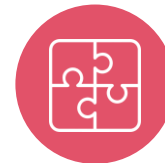
A clear difference between experiences of users and expectations of non-users suggests that Mind needs to work on perceptions



**Relevant:** those who have used Mind services are positive about the way Mind understands their situation, but non-users have little reason to believe they will be met with empathy or understanding



**Immediate:** there is little expectation that Mind can help with the practical aspects of their life they want support with i.e. a bit of breathing space, paperwork etc.



**Holistic:** there is very low awareness of support that goes beyond mental health – and some feel it is only for serious mental illness. Some are surprised that Mind might help them fill out forms, offer benefits or housing advice etc



**Understandable:** while they are aware it is 'for anyone' there is some expectation that the language of mental health could be off-putting or hard to engage with

# Local Minds in smaller Welsh communities may face greater accessibility issues – and lower awareness of what Mind does

Poverty within the community can mean that access barriers are faced in multiple aspects of life. Local Minds are experts in their communities however, and – given the time and space to do so – have the skills to improve Accessibility and Approachability



**Some communities in Wales struggle to access basic services such as transport, making physical access to services challenging.**

The complaint from people in Gilwern is that they have no access to a supermarket, so they have to shop in the local convenience store. This means their choice is limited and it's expensive. To travel into Abergavenny on a bus to do a weekly shop would be difficult, and again expensive. The rurality of Monmouthshire is a real problem for people who are struggling financially and with mental health problems

**Local Minds know they do not always get the right message to people in poverty**

We at Mind need to consider what does 'access' to support look like. Mind is not very good at communicating what you'll get from our services

**Mind's strength is its position in these communities**

Mind is seen as an organisation that provides talking treatment when in fact our network is very diverse and reflective of our communities. We need to think about what our common offer is. Mind Cymru's role is to promote how responsive we are to local communities and how we are embedded in local communities

All quotes are sourced from one local Mind



# People in poverty may not always understand what Mind offers, but they have faith in its ability to provide the right kind of support

People in poverty want Mind to...

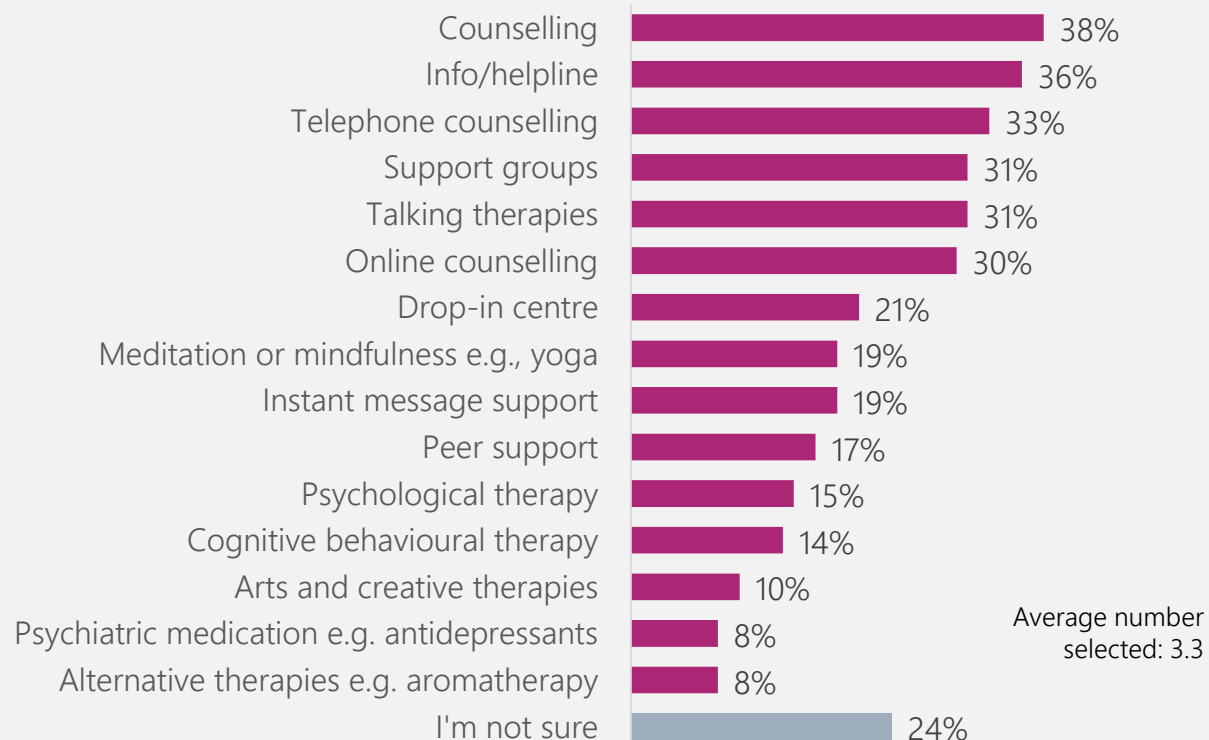
- Stick to their expertise in the mental health space
- Advertise the breadth of services they offer
- Offer them breathing space and practical help
- Work closely with grassroots support groups they can refer into/become more embedded in local communities

I wish I knew that they offered all different kinds of support. I would've gone to them first and saved all this time – Qualitative Fieldwork, England

Expert stakeholders often echo the above demands, particularly in terms of working with grassroot organisations



## Knowledge of support services that Mind offers



*Lower awareness of a range of services among men, 16-34, racialised communities, lower SEG, those who have not received support, lower JR and those not working*

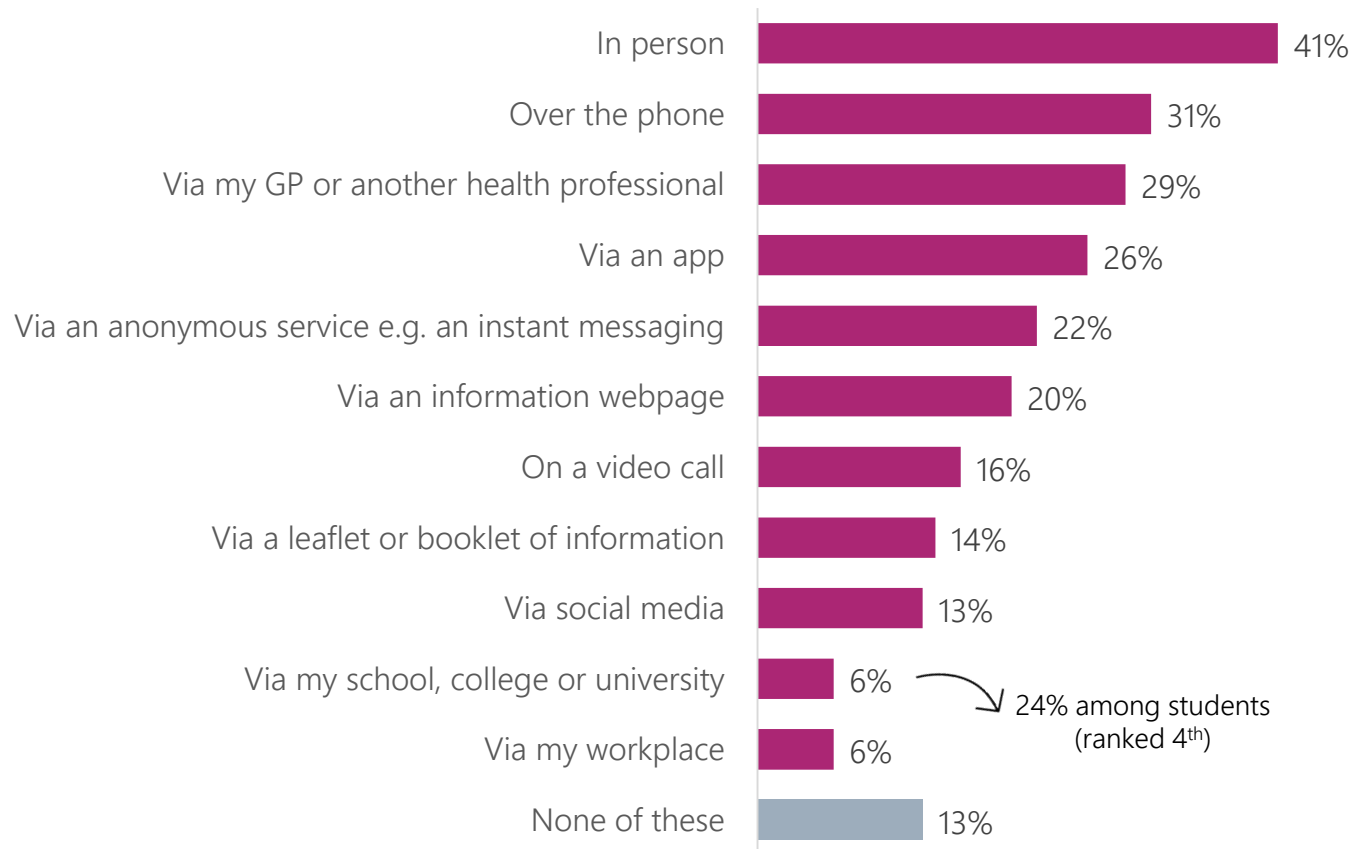




# The majority want Mind to interact with them face to face, with a role for phone and anonymous contact too, especially for racialised groups

## Social media and apps are popular avenues for younger generations

### How they would like Mind to engage with them



Preference for 'In person' and 'via GP' skew to older

	16-34	35-54	55+
In person	31% ↓	47% ↑	48% ↑
Via my GP	23% ↓	30%	37% ↑

Social media, apps and anonymous service skew younger

	16-34	35-54	55+
Via an app	34% ↑↑	25% ↑↓	11% ↓↓
Anonymous service	24% ↑	28% ↑	7% ↓
Social media	17% ↑	15% ↑	2% ↓

Racialised groups prefer phone or video call

	White	Racialised groups
Phone	27% ↓	36% ↑
Anonymous service	20% ↓	27% ↑
Video call	13% ↓	21% ↑

↑↓ Sig higher/lower vs. other audience

# Summary and Opportunities

1. Mind offers plenty that people in poverty are likely to welcome. However, low understanding of what the charity actually offers potentially limits engagement

*Mind will benefit from clearly outlining what it provides on a local level, with specific focus on its practical and emotional accessibility, as well as the approachability of the service as a whole*

2. Lived experience is seen as hugely important for those in poverty

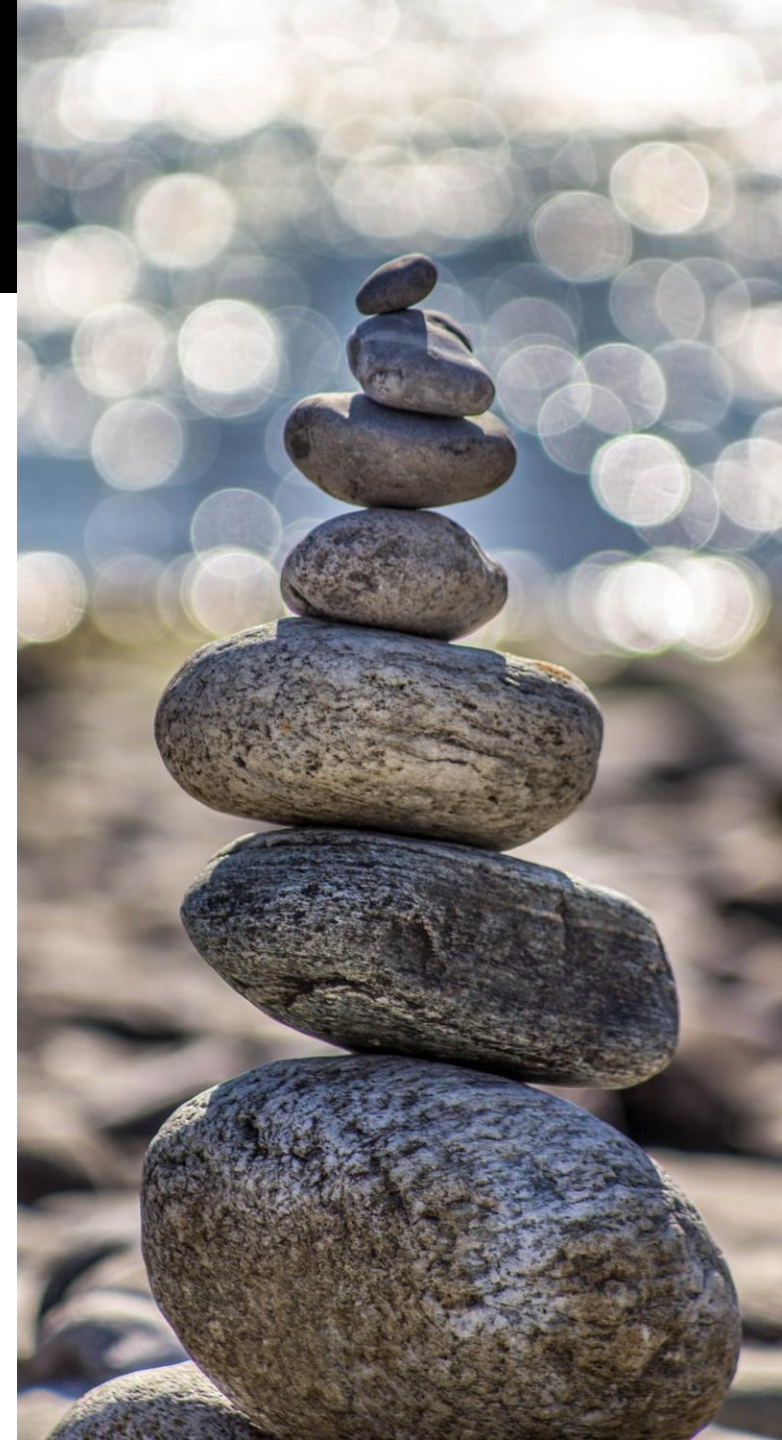
*There is a clear role to include people with lived experience in advertising and communications aimed at raising awareness so that people can see people like themselves when it comes to support*

3. Scarcity mindsets mean that the deeper level of support Mind offers can be overlooked

*Any immediate assistance available, such as assistance with dealing with bills, will be a clear indication that Mind is for 'people like me'*

4. People in poverty hope that Mind will offer them one to one support; they are willing to access this by phone if face to face is not available

*The promise of expert, anonymous support can overcome individual preference for precisely how that support is delivered*





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# Preference

How do local initiatives fit with their needs?





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# Questions we answer in this section

- ✓ How can Mind work collaboratively with others already operating in this space to make a change?
- ✓ How can Mind empower people to run their own campaigns and get more involved in our work?
- ✓ How can Mind reduce structural barriers to engagement?
- ✓ How can Mind and Sport England contribute towards tackling structural inequalities that prevent people in the strategic priority communities from taking part in physical activity?
- ✓ How can Mind and Sport England engage most effectively with the communities affected by the priority areas?
- ✓ What role do people affected by the strategic priorities want Mind, Sport England and other delivery partners to play to help them to live and stay well?
- ✓ What don't they want Mind to do and where are others better placed to offer support?



# Localised, grassroots support is assumed to be more approachable by people who feel beaten down or ignored by 'the system'

**Realistic:** By nature, community-based support is available in the places where people live

**Comfortable:** Often not delivered as 'mental health support'; it can be delivered as more of a Trojan horse. It is likely to be judgement free and from someone who cares

**Affordable:** Many initiatives in less well-off communities are low cost, free or funded by local authorities

**Timely:** Little clarity on this



## ACCESSIBILITY

Community-based organisations are inherently more accessible, though potentially slower



NB: perceptions of local Minds as local or national appears to depend entirely on experience, so are highly subjective



## APPROACHABILITY

Most appreciate the prospect of support from those who work within the community and who know what their lives are like



**Relevant:** Tailored to the local community so it is more likely to feel relevant and approachable

**Immediate:** Can feel far more immediate if connected to other services that focus on pressing issues such as finance

**Holistic:** This is where the 'whole person' approach is adopted and the 'system' seems far more joined up. Elsewhere it can seem just as disjointed

**Understandable:** More likely to talk their language

**In theory, community-based support would meet many of the needs of people in poverty. However, in practice it can be underfunded, hard to find and may not be as linked to other services that would be able to relate to their needs (especially in racialised communities)**



# Distrust of 'the system', and a preference for support from those who have been 'through it' means grassroots support appeals

At the beginning of the pandemic, I was really struggling financially and my 2<sup>nd</sup> child had just been born. My local Church dropped off a hamper with all sorts of supplies – diapers, formula, and some other bits and pieces. I didn't even go to that Church but it was the exact help I needed in that moment and it meant a lot – Qualitative Fieldwork, England



## People 'like me' are important

- Men's groups were mentioned as safe and helpful sources of support
- Faith based support (especially for those from Black communities)

## Informal support feels more accessible

- Facebook groups and other online community support

## Practical assistance that meets pressing needs

- Local Church dropping off a free food hamper
- Someone on a Facebook group offering a ride to the train station

## Personal touches

- A utility company agreeing to reduce monthly payments

The support doesn't need to be so formal. It needs to be more holistic – you can just go to a group and talk about shared experiences and just bounce ideas off each other, as opposed to speaking to one person who has spoken to ten different people that day. There are groups that I know of that just meet up – they didn't meet up necessarily to discuss their issues but it was the social aspect that helped them. I wonder whether Mind could do more to support other less formal support groups or donate to them? – Qualitative Fieldwork, England

# People in poverty express an interest in helping Mind provide support for people like them

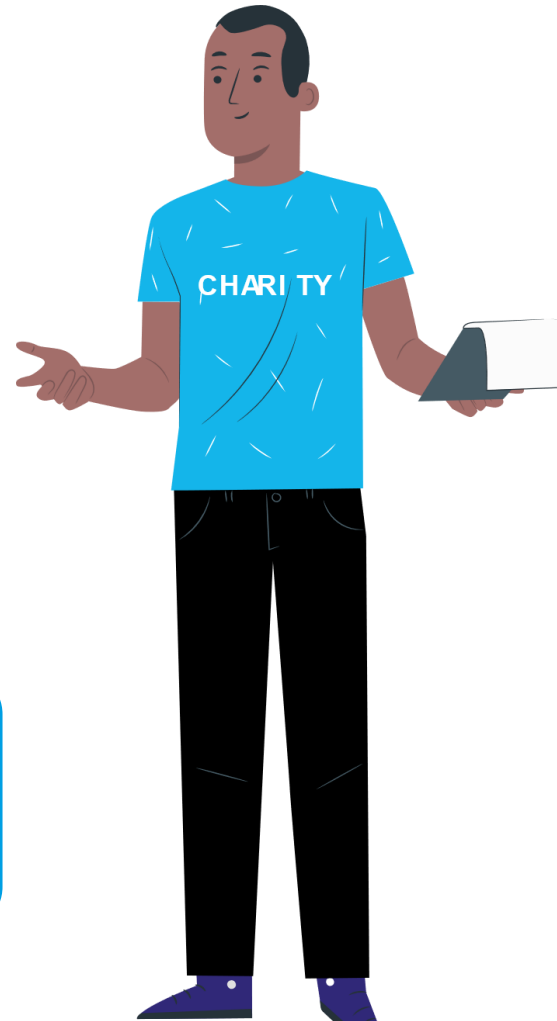
When asked how they would like to either campaign or get involved with Mind's work, many in our qualitative sample wanted to 'give back' in two ways.

## Providing mental health support

The majority of our qualitative sample expressed interest to work with Mind to provide mental health support to other people going through a similar experience to theirs.

- They saw value in their own lived experience and wanted to act as a person for others to confide in, to help guide through the journey, reassure them that it gets better and to provide practical tips that they learned overtime

I'd need a bit of training on safe-guarding I'd imagine but I would jump at the chance to be the person that I needed when I was getting my help, to show someone they aren't alone –  
Qualitative Fieldwork, England



## Volunteering with Mind

Volunteering with Mind is felt to be a good way to give back to the community and to 'thank' Mind for the work they do.

- Many saw volunteering with Mind, either in an administration role, fundraising events or in the shops, as a type of mental health support they could engage with in the long-term – it would give them purpose, improve self-esteem and boost confidence

It'd give me a reason to get out of bed and, selfishly, it'd make me feel good about myself again, knowing that I've done a good thing –  
Qualitative Fieldwork, Wales

# Many prefer to confide in their friends and family because it feels easy, however, the support itself can be less practical

**Realistic:** For many friends and family are easy to access, though worth noting that there is a large cohort of people who are unable to turn to family out of feelings of shame or stigma.

**Comfortable:** By nature of who they are turning to, this feels less like mental health support and simply 'a conversation' – albeit a tough conversation to have.

**Affordable:** Free support which reduces all financial barriers.

**Timely:** Theoretically fast, though finding the right time may be tricky.



## ACCESSIBILITY

Turning to friends and family for mental health support is accessible, however, stigma can prevent this for certain demographics and communities (e.g. male, racialised communities).



## APPROACHABILITY

Receiving support from family and friends fast-tracks talking about their situation – for most, they already know what they have been going through. However, the type of support they can provide feels limited to a conversation – it may not 'solve' anything.



**Relevant:** Someone close is likely to have similar experiences, so relevance is inherent.

**Immediate:** Relief of sharing may be immediate, though confiding in friends and family is more likely to be a first step rather than a solution.

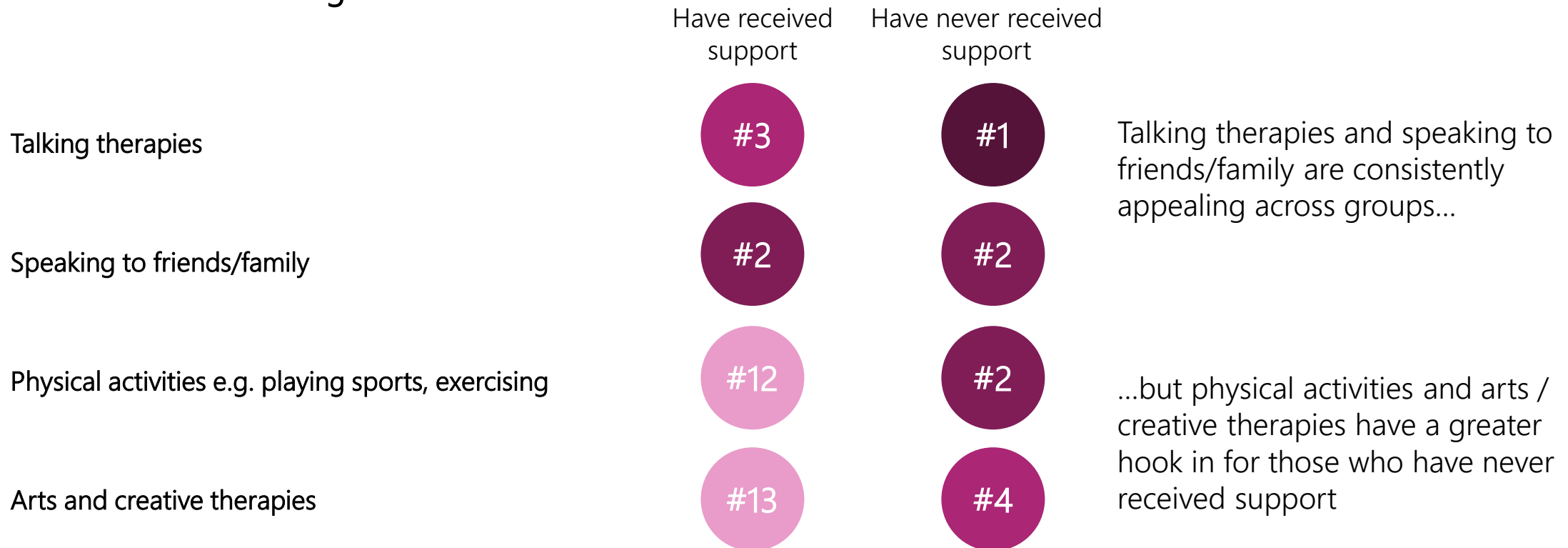
**Holistic:** While the person they talk to will have more understanding of them in the round, it is unlikely that this kind of support will be truly holistic.

**Understandable:** Very likely to talk their language.

# Less formal activity-based support embedded in local communities are appealing to those who have never received support for mental health

This type of support is perceived to be less intimidating than formal support, and feels like a fruitful in-road, especially for groups who are more likely to be held back by stigma (e.g. men, racialised communities and those from rural communities)

## Consideration Ranking





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# Preference

How do community sports fit with their needs?





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# Questions we answer in this section

- ✓ How can Mind and Sport England contribute towards tackling structural inequalities that prevent people in the strategic priority communities from taking part in physical activity?
- ✓ How can Mind and Sport England engage most effectively with the communities affected by the priority areas?
- ✓ What role do people affected by the strategic priorities want Mind, Sport England and other delivery partners to play to help them to live and stay well?



# Community sport is ideally positioned to fit into people's lives and help them improve mental wellbeing

**Realistic:** Community-based sports are often relatively straightforward to engage with.

**Comfortable:** People can participate without even admitting to themselves that they are doing so for mental health reasons.

**Affordable:** Some participation is free, others have very low associated costs – especially at entry level.

**Timely:** Often available immediately.



## ACCESSIBILITY

Community-based sport is by nature accessible, and many organisations are making participation easy – especially to young people.



## APPROACHABILITY

Sport offers numerous possibilities for people to improve mental wellbeing without even realising they are doing so.



**Relevant:** Community sports often sit neatly within the lives of the local population.

**Immediate:** The immediate benefits of participation often feel simple and clear (even if the long-term benefits are opaque).

**Holistic:** Not necessarily related to other services, though with social prescribing it can be.

**Understandable:** Low linguistic bar to entry.

**While it is ideally positioned to meet many needs, the links between mental health needs and the potential for sport and physical activity to help improve lives need to be strengthened**



# Sports participation creates an environment to foster day to day mental wellbeing

Mental wellbeing from sport is rooted in positivity, the freedom to fail and the opportunity to spend time with trusted people, all of which are vital for people living in poverty

## Creating positivity

Sports coaches and other participants can be the only positive role models in some people's lives

## Pro social identities

Encouraging a focus on strength and allowing failure allows people to focus on progress, not barriers

## Self esteem

Offering a sense of achievement and improved confidence is a reward in itself

## Resilience

Creating a safe space for trying, improving and bouncing back

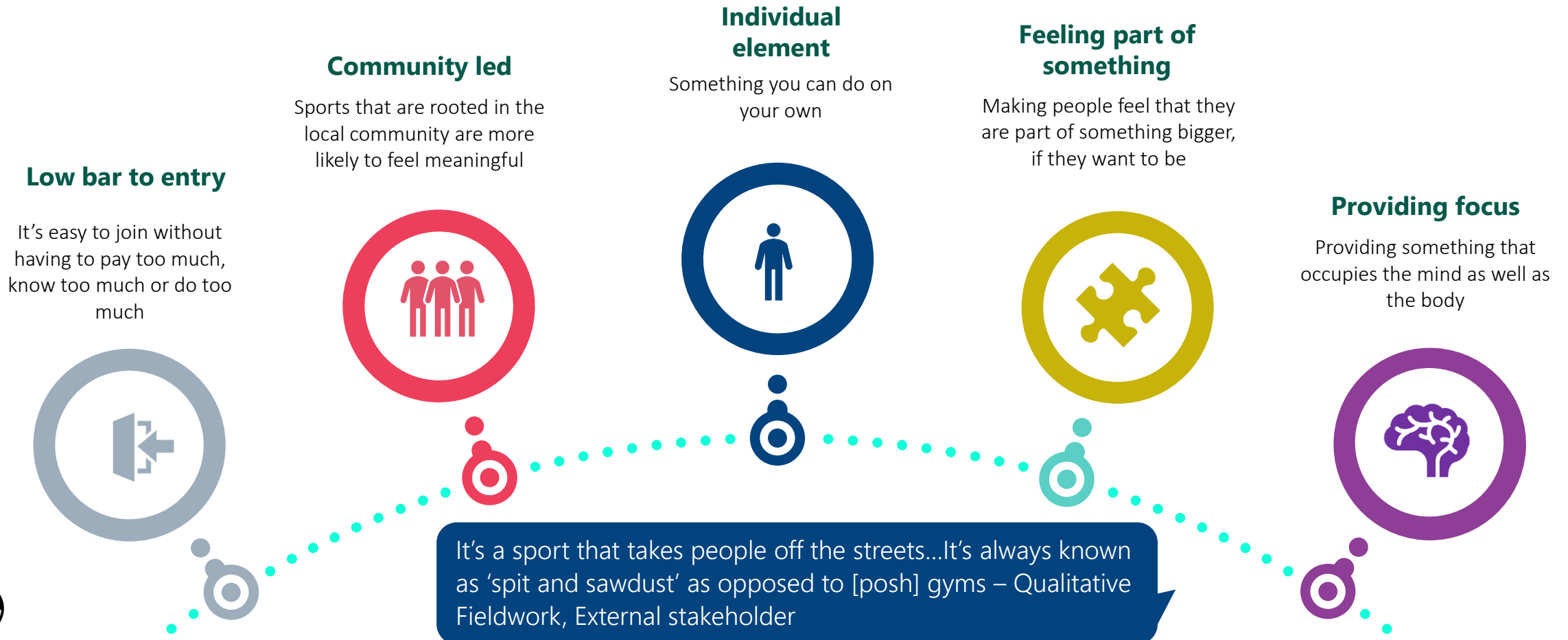
## Regularity and permanence

No matter what else happens, participants know that they can return to the same people and place



# Accessible community sports such as football or boxing are most likely to attract those living in poverty

Improving mental health is just one influence on engagement with physical activity



# While sport and physical activity are widely regarded as important, there are still questions to answer about take up and effectiveness

## How can the link between sports and mental health be formalised?

While the wellbeing benefits are well known, many feel that sport is an afterthought for mental health support services. Plus, sports services are often less connected to mental health services than they could be .

There is no connectivity between mental health services and sport – there's no mainstream support. I've worked with 80 sports organisations across the West Midlands and two or three would have a mental health partnership, yet all would have relationship with the police – Qualitative Fieldwork, External stakeholder

## How can we encourage people to engage with mental health support by stealth?

Some sports organisations are exploring new ways to 'sneak in' mental health support by 'rebranding' therapists and by training up a newer generation who straddle the therapist/mentor roles. When necessary, warm referrals to onward support is key to avoid drop-out as many may not be aware they are receiving 'MH support'.

Young people don't want to go somewhere like a surgery... One member [organisation] has a skate park so counselling happens there! – Qualitative Fieldwork, External stakeholder

## While sport helps improve mental wellbeing, how well does it address mental illness/health?

Some question sport's ability to improve more serious mental health problems: can it 'cure' depression, can it help someone with psychosis?

Do people make the link between anxiety, depression and sport? Going for a run to protect my mental health – that is so I don't feel rubbish. That isn't 'this will solve or help my mental health problem.' I haven't seen it in that space, I've seen it in prevention and protection – Qualitative Fieldwork, External stakeholder

## How easy is it for older people to reap the benefits of sport and physical activity?

Numerous programmes and initiatives exist to encourage participation among young people, but there appear to be far fewer aimed at those over 30/40.





# Summary and Opportunities

1. Community based organisations are thought to understand the local people, and to be staffed by those people too, meaning that they offer the promise of greater accessibility and approachability.

*Such operations are ideal in theory, but they may be harder to find in practice; there is clear opportunity to link grassroots organisations and create a wider network of community-based organisations which can deliver on the needs of people in poverty.*

2. Part of the appeal of grassroots support is its separation from 'the system' and the opportunity to engage with something that seems less formal.

*Any Mind involvement with such organisations need to allow these elements to come to the fore, so that no matter how well-connected the network it is always rooted in the community.*

3. Community-based sport is similarly well-positioned to offer more opportunities to improve their mental wellbeing.

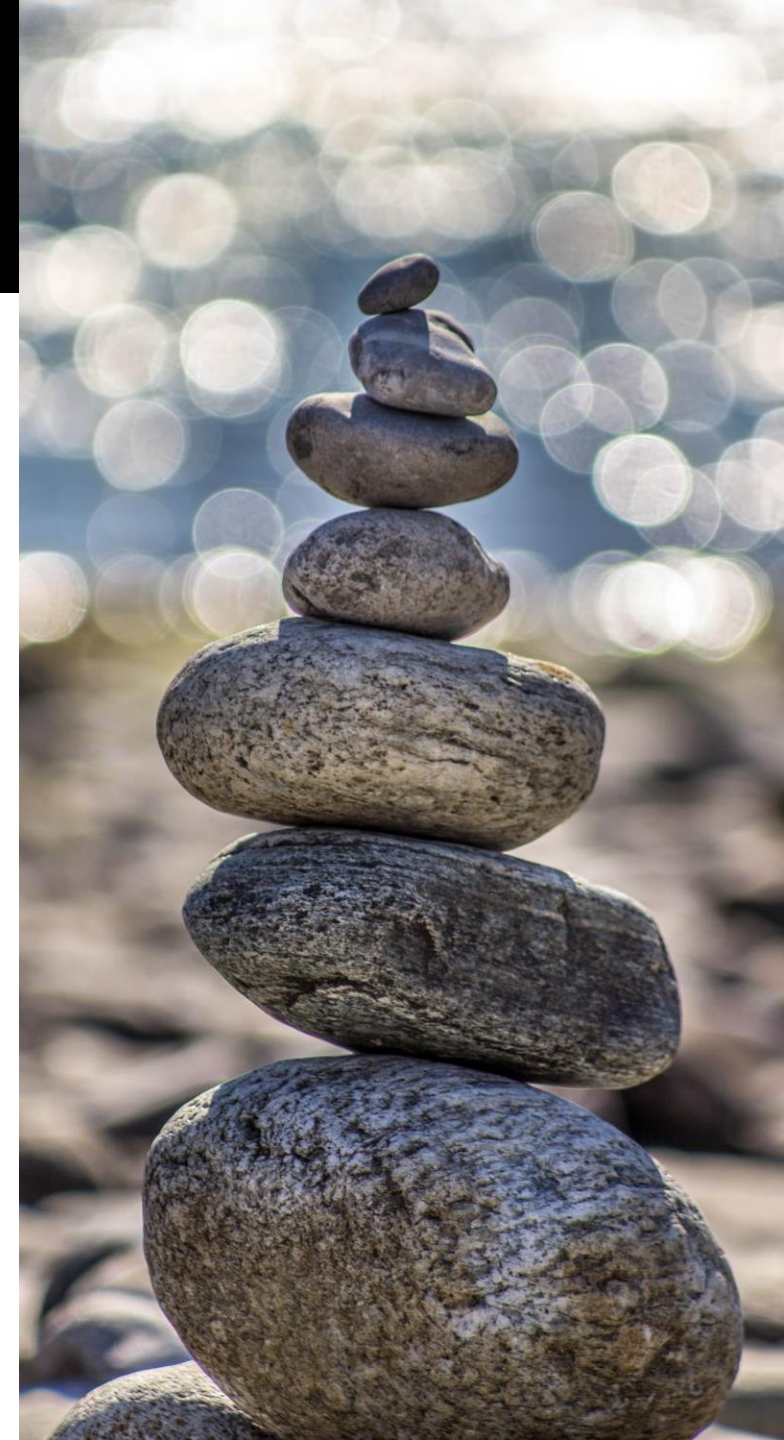


*Mind and Sport England have clear opportunities to fill in the funding gaps that small local organisations constantly struggle with.*

4. Linking mental health and physical activity is both intuitive and sensible, yet the infrastructure is not there.



*Mind and Sport England should focus on demonstrating the links, creating a common language that all sports organisations can buy into and investing in training in both the sporting and mental health spheres.*





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# Process



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# Questions we answer in this section

- ✓ What is the current landscape of mental health services and support for people in poverty - including: remote services, sport and physical activity services, and services aimed at particular demographic groups?
- ✓ What additional skills and experience does Mind need to most effectively support the mental health of people in poverty?
- ✓ How can Mind collaborate most effectively with other organisations in this space?
- ✓ Where should Mind be focusing their services/support in order to have the most impact on the mental health of people in poverty?
- ✓ What are the gaps in existing delivery that Mind are best equipped to fill?
- ✓ What is the current landscape of mental health and physical activity services and support for people affected by the three strategic priorities?
- ✓ Where should Mind and Sport England be focusing their services/support in order to have the most impact on the mental health of people affected by the strategic priorities?
- ✓ What are the gaps in existing delivery that Mind and Sport England are best equipped to fill?





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# Poverty prevention is a major gap in service provision: structural barriers make best practice hard to achieve

**No services are truly succeeding in preventative support, largely because both poverty and mental health are strongly influenced by societal structures**

Most stakeholders (both internal and external) are concerned by gaps around preventing money problems in general and preventing poverty specifically. For those working directly with people with mental health problems, it is clear that society **does not seem set up to get people out of poverty.**

The cycle is designed to be impossible to escape:

- The cognitive impact of mental health problems mean that people find it difficult to organise their own money, or liaise with those to whom they owe money; **Universal Credit has made this an even more complex issue to address**
- The benefits system is often seen by stakeholders (and some with lived experience) as designed to keep people in poverty, and ignores the fact that if people are receiving benefits they are by definition living in poverty
- People leaving hospital after being sectioned are likely to **automatically fall into (or back into) poverty**, largely as a result of lack of adequate after-care

Within money advice, there are also clear gaps to be filled:

- **A greater focus on debt prevention:** There is an argument for helping people recognise warning signs sooner, to prevent them getting into money problems and thus limiting potential mental health stress in the first place
- **Greater awareness needed around the support people with mental health problems can access and the rights they have:** e.g. creditors must take special measures if you disclose you have a vulnerability; debt and mental health evidence from GPs can change creditors' approach etc.
- **Potential for exacerbating mental health problems if not taking control of finances:** some research suggests that fear of money problems (catastrophising, worry etc.) can have more serious implications than the actual money problems on mental health

# Current practice tends to treat mental health and financial problems as two separate issues

## Most need to choose one 'entry point' rather than addressing both problems simultaneously

Mental health and financial advice are accessed in different ways, and in different mindsets.

While the links between the two issues are increasingly recognised, the way to seek support tends to be to choose one route or the other as the entry point to support.

- One route is likely to signpost the other, but they largely exist completely separately
- While some exceptions to the rule do exist (including MHUK's Money and Mental Health line, some Citizens Advice services and Mind services) for the most part the two streams are kept separate

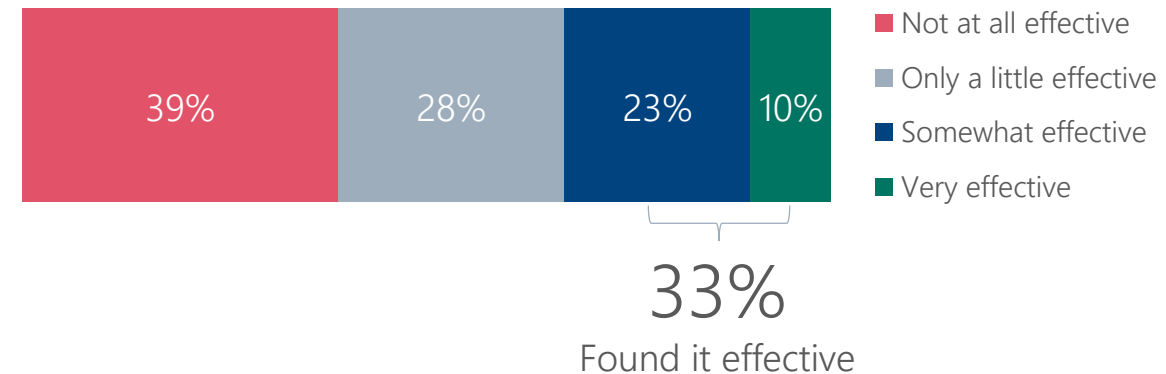
This appears to be largely dictated by the specific needs of both mental health and financial advice.

- Expertise in each area tends to be quite focused and specialist
- Plenty of services have a few individuals who are trained in the other discipline, but this is not necessarily standardised and their skills are in high demand

For the most part, mental health and financial advice are on parallel tracks. You choose the mental health route or you choose the financial advice route...that applies wherever you start: one organisation resolves one part of the problem –  
Qualitative Fieldwork, External stakeholder



Effectiveness of their mental health support for their financial situation





# Local Minds feel many services lack mental health expertise

This can stop advice in other areas (e.g. housing and debt) being effective, and can exacerbate mental health problems when the response from private organisations is inappropriate

## Support services

Some local Minds feel that government funded support services that people in poverty are likely to encounter (e.g. debt and housing) lack understanding of mental health problems. This can stop advice from being effective and make people feel more disempowered and wary of 'the system'.

The problem with the services that people are often referred to is that they don't have any real understanding of mental illness and how this can impact on both someone's situation and how they can engage and access support – Qualitative Fieldwork, Internal Stakeholder at a local Mind, England

People will come to us (Mind) and say "some days I just can't be bothered" – but what other advice agencies hear is "I can't be arsed". What we at Mind hear is "I don't have the motivation, I don't have the energy...I get as far as the bathroom door to take a shower but then it feels too overwhelming" – but we as a society still have this thing of "you just need to try harder" – Qualitative Fieldwork, Internal Stakeholder at a local Mind, England

## Private organisations

Similarly, a lack of understanding (and accountability) from private orgs (e.g. utility companies) can mean mental health problems are exacerbated. Local Mind representatives feel strongly that the assumption needs to move away from 'so and so doesn't want to pay' to a more holistic 'whole-person' approach based on empathy.

Clients will bring in a huge water bill and you say 'why is that?'. The communication from private companies about the service they're charging is really quite difficult to deal with. You'll find on a company's website things like: 'our pledge to mental health' and something about how they've trained their staff to recognise it but I don't buy it. I think Mind should be campaigning for companies to have a legal obligation to spot signs of mental ill health – Internal Stakeholder at a local Mind, England

# “We are not experts in poverty”

Local Minds are wary of asking too many money-related questions, as this requires them to have answers.

Local Minds expressed concern over Mind diluting their offering away from specialist mental health advice to the more technical aspects of dealing with money-related issues, especially as this requires different regulations and accreditations.



Of the 140 employees in the wellbeing service, the number of people on the frontline who are trained in some way to help people living in poverty is practically zero. So if someone phones into our info line, all we can do is refer on. We can't provide advice directly ourselves – you have to be really careful when talking about finance issues as you need a licence for that as well. We are very hesitant about what we can provide so we try to refer to where they can go.

People need to be trained on how to even recognise if there are financial difficulties. We are good at asking about suicidal ideation, but we don't ask – are you struggling to live on the amount you've got? Are you able to function in the work you're doing? We ask our frontline workers to ask so many questions – right down to their smoking habits and BMI – but they aren't trained to ask about finances. As soon as you start asking those questions you need to be able to provide answers and our staff are not in a position to do that.

# Both mental health problems and poverty can be all-consuming issues that demand holistic consideration

## Experience is required in areas like mental health and poverty as well as debt advice and benefits

Those working directly with people in poverty point out that the intimately interlinked, spiraling relationship between mental health and poverty means that any support can struggle to meet people's needs.

- While the links between the two issues are widely known, there isn't a wider, national discussion about this apart from few specialists (e.g. MMHPI)
- Research identifying links is still conducted on 'parallel tracks', spearheaded by organisations or individuals specialising in one discipline or the other

We haven't done any specific work on the impact of poverty and the knock-on effect of mental health in Wales. But, we are very aware of it. From the limited data we have, if you overlay areas in poverty with high instances of people seeking support they do go together – Qualitative Fieldwork, Internal Stakeholder at a local Mind, Wales

What this means is that people are not facing a problem relating to poverty or mental health, but one that is borne out of both issues and potentially other intersecting factors:

- At its simplest, people might struggle to open letters and open bills and need help performing the fundamentals of money management
- However, issues can often end up far more complicated:
  - Stakeholders refer to specific occasions where people may be suffering from manic episodes, spending huge amounts in short spaces of time, or experiencing psychotic episodes in which they believe that they own their properties and have no need to pay rent

Support from 'traditional' (i.e. top-down, more formal forms of support) organisations may be hard to access simply because support is required on multiple levels and affects all aspects of people's lives.

Support workers who connect with individuals on a day-to-day level e.g. homelessness case workers; those engaging them in local sports; may be best placed to link them to the support they are most in need of.

# Mental health is aspired to as a focus for the financial advice sector but expertise in poverty tends to be found only in specialist services

## Expertise in money advice is not the same as expertise in poverty

Financial advice and money help is a fragmented sector which has a wide remit around financial wellbeing and resilience

- The core focus tends to be on money guidance and debt advice, both of which require specialist knowledge

The sector is constantly trying to move forward in its provision for support around mental health issues (though its success in this area may be debatable)

- Training for staff will cover mental health problems
- There is increasing understanding of the measures specifically available for people experiencing mental health problems

However, even within debt advice there is not necessarily always expertise in poverty

- This inevitably requires a deep understanding of, for example, the welfare system and universal credit which is a different kind of knowledge and thus a different area of training
- There are people whose expertise cover these areas, but this is by no means the norm and it may not be practical to expect it to be so

People working with those in poverty (e.g. homelessness) are more likely to be able to assist in navigating the benefits system but may be less well versed in general financial advice

When people reach out for help with money problems, it is pot luck whether they get someone who can cover Universal Credit... Even for our staff it is really hard getting benefits information – Qualitative Fieldwork, External stakeholder

# For those working directly with people in poverty, the greatest challenges lie in universal access to support

For external stakeholders, creating a convergent mental health and money support system is less important than ensuring that everyone has access to support.

Some external stakeholders are less interested in good/bad practice differences, and more so in the factors that limit good practice.

- This tends to be seen as societal and pervasive, linked to years of austerity measures and a fundamental lack of investment in local areas, making it harder for whole sectors of the community to access support

Key elements raised include:

## Lack of resource

- Put simply, there is less resource available in the communities where it is most needed

## Universal Credit

- Access to universal credit is often very hard for people with mental health problems, who struggle to access the system
- Without this access they may not be able to make payments of any sort and can sink further into money problems

## Poor training

- Within the benefits system, there is very little understanding of mental health. Some staff within DWP are trained in these issues, but it's not possible to ensure you'd end up talking to them

The rule of inverse care law applies: the level of service available is inversely proportional to the level of need – Qualitative Fieldwork, External stakeholder

The switch to universal credit places the burden on the claimant. If your cognitive abilities are compromised that burden is incredibly hard – Qualitative Fieldwork, External stakeholder

People don't know what they're going to get when they go through the doors – Qualitative Fieldwork, External stakeholder



# Social prescribing is frequently cited as the ideal support, offering multiple touchpoints, tailored pathways and a 'whole person' perspective

Social prescribing is widely seen by external stakeholders as 'the ideal' way to get people to the help they need. Various trials of social prescribing are ongoing, including Mind's pilot in Wales and Streetgames work with young people

Social prescribing looks at the 'whole person' and their needs; the idea is that professionals at different touchpoints can all prescribe a service that will meet the social needs of the individual.

- E.g. a doctor or link worker might be talking to someone about mental health problems and learn that financial worries/poverty are exacerbating these problems; they might then prescribe an appointment with debt or benefits specialists at CAB.
- These are warm referrals - the intention is for the process to be relatively smooth

When working well it should be connecting people with services and activities that are available but that individuals haven't managed to tap into themselves.

There is a need for a 'universal design' approach, creating services for accessibility that benefit many. We call it the 'dropped kerb' idea: in place for a specific need, a specific group, but all can benefit from it – Qualitative Fieldwork, External stakeholder

However social prescribing can be limited by the way that it is rolled out:

- The funding is different in different areas
- Young people (18-24s) are routinely overlooked, not by design but possibly based on perceptions of who might be most in need and who does the referring (e.g. Streetgames has piloted its own social prescribing programme to specifically reach young people; this kind of intervention has been enthusiastically welcomed, particularly among young men)

People may still fall through the net as it requires:

- People to engage with it, trust the referral system, and trust the individual doing the referring
- Service flexibility and adequate resourcing
- Grassroots support from people who are interacting with individuals on a human level rather than on a 'service provision' level

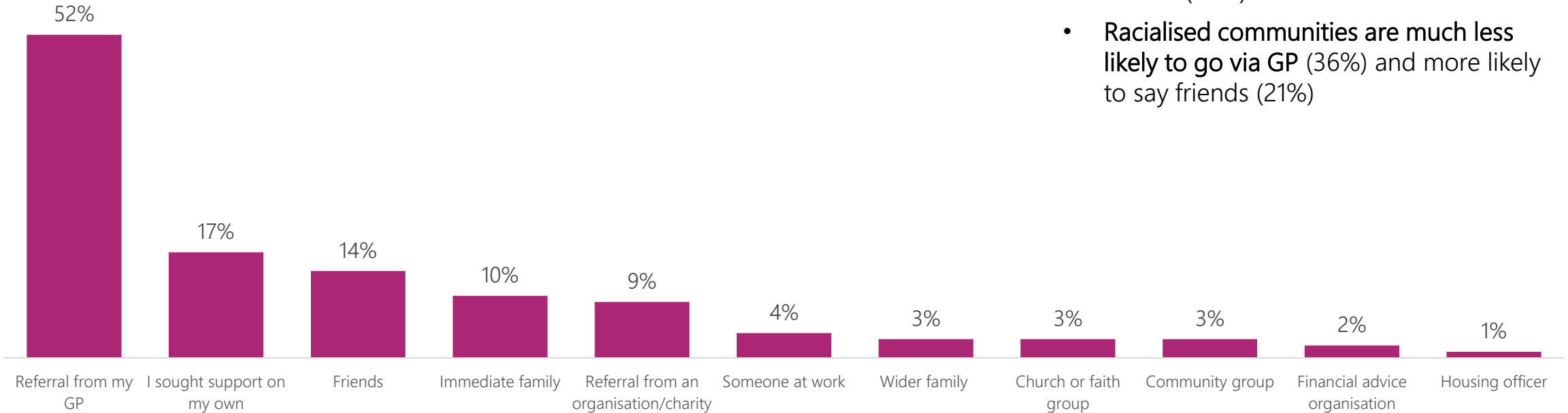
Mind and Streetgames have been piloting social prescribing. While it sounds ideal in theory, external stakeholders admit that there are practical challenges to making it work in practice.

# However, currently, the GP is still the main 'door' into support, with few people being referred into support from elsewhere

Risk that many will 'slip through the net' – can Mind work with workplaces / communities / housing organisations to do more?



First contact with support services



- 16-34-year-olds are much less likely to go via GP (36%) and more likely to say friends (26%)
- Racialised communities are much less likely to go via GP (36%) and more likely to say friends (21%)

# Mind's future role may be less about providing something new and more about helping make what currently exists stronger

## External stakeholders' perceptions of Mind's role fall into two key categories

1) Those working in financial advice see a clear opportunity for Mind to provide a greater link between mental health and money advice

- Overcoming the gaps between the 'parallel tracks'
- Ensuring that people with mental health problems can have their needs met fluidly and easily
- Ensuring that there are support strategies in place to ensure that neither problem exacerbates the other

The ability for Mind from its position as a charity providing support services and having an advocacy role in this environment is to create a new narrative – Qualitative Fieldwork, External stakeholder

2) Others are concerned that Mind's size and reputation would risk undermining the delicate process of working with communities which multiple services, with multiple experts at grassroots level have been putting into practice

- They argue that there is far greater value in tapping into the organisations and groups that people trust the most and ensuring that they are in the best position to keep on supporting more people in need
- They prefer to see major organisations like Mind holding the government to account and working within the existing framework of community organisations to improve the lives of people – this may be true beyond finance too

Don't be coming in on a white charger being 'we are the champions'. If we're going to make any change in deprived communities through big organisations coming in, it's by putting the power in local people's hands – Qualitative Fieldwork, External stakeholder

# Local Minds see untapped opportunity in stronger partnerships and mental health training

## Local Minds see opportunity to plan an enabling role in helping grassroots organisations achieve their full potential

Local Minds feel restricted by **funder requirements that demand money be spent in a certain way**

- This limits how much work they can do in the poverty space (i.e. benefits rights advice or income maximisation)
- They feel that a role of 'bridging the gap' would dilute Mind's service offering and they do not feel best placed to do this

Given these constraints, local Minds feel their priorities should be to:

- ✓ Create stronger partnerships and knowledge sharing mechanisms with anti-poverty organisations
- ✓ Continue to connect with and support the right organisations at a community level
- ✓ Offer mental health training and information to other services or organisations people in poverty might encounter (e.g. debt, housing, interactions with utility providers)

Some suggest that there is a fear within Mind of partnership working: they recommend **identifying incidences of best practice across the local Mind network** to identify what works best.

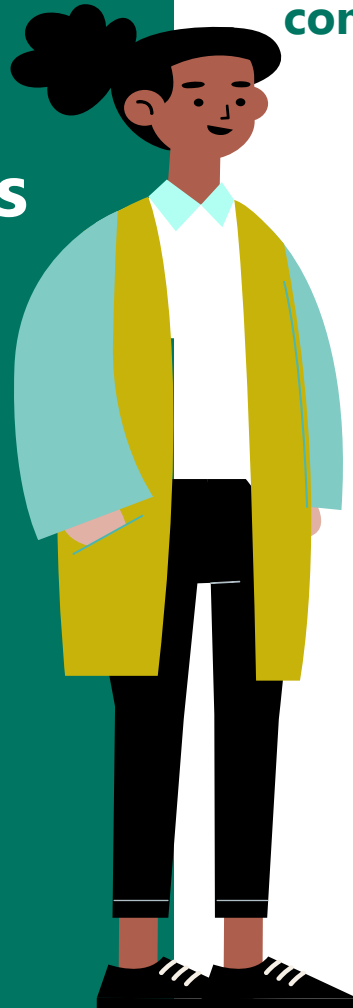
Income is the fundamental issue when it comes to living in poverty and as such securing an income is vital. National Mind had a funding stream in 2018 for local Minds to do Welfare Rights focused work and help people access benefits. However, there is no ongoing funding for such an important area of needed support. Local Minds could provide more services to support people living in poverty to maximise their income, rather than in many situations where they refer them to other services doing this – Qualitative Fieldwork, Internal Stakeholder at a local Mind, England

# Local Minds in Wales feel their local approach to mental health is more conducive to 'whole person', less medicalised approaches to mental health

Local Minds in rural communities feel they are plugged into and deeply understand the needs and challenges of the communities they serve.

The size of the community helps accelerate partnerships and collaboration with other services, making a 'social prescribing' approach largely the norm in smaller communities.

**They recommend capitalising on the benefits of Welsh communities**



We have to operate in our community spaces before people go to their GP. We should be in that preventative space doing all of the responses to the social issues we've talked about. We have a responsibility as a network to really position ourselves as having some commonalities so they know what they'll get and use that as a pathway into the programmes delivered across our individual orgs. If we have to ask ourselves what a Mind network in Wales offer is to people living in poverty, we need to celebrate the difference but also be clear in what our collective offer is.

What I love about the valleys community is that you've got that sense of community and resilience. People know each other their whole lives. That collective resilience is powerful.

All quotes are sourced from one local Mind





# If Mind is to build on current successes and investment, attention to detail at the community level is essential

## People in poverty need support with physical activity from people who understand the local community

Sports bodies are keen to work with Mind or other major mental health charities

- The gravitas and knowledge of these organisations combined with the respect built up in local communities of sports clubs means that they will be taken seriously

They stress that to understand what works, Mind needs to be in the community and see the impact physical activity, and different local sports, have on people's lives

- Engaging people in both sport and mental health support is seen as relying on understanding people and earning their trust

On a practical basis, the mental health sessions that clubs run need more support in terms of financing, structure and organisation:

- Currently run on a voluntary basis, so needs to be fitted in around volunteers' lives
- Would ideally be built around the needs and lives of the target audience

They [Mind] need to visit the communities and go to the clubs. They need to talk to the people, relate to them and understand their needs – Qualitative Fieldwork, External stakeholder

We had a local Mind come in and have coffee catchups afterwards. It's a chance to meet experts and people who are already engaged and a chance to share personal experiences informally... People open up, especially over a 3-hour session – Qualitative Fieldwork, External stakeholder

You can only do so much when you're a volunteer – maybe 1 or 2 courses a month. Perhaps we should be doing 10-15 courses a month? – Qualitative Fieldwork, External stakeholder

# Summary and Opportunities

1. Lack of mental health expertise from other services/orgs means people often receive ineffective advice/services.

*There is an opportunity for Mind (and other mental health organisations) to play a role in enabling other support services to better incorporate mental health into their offering.*

2. Currently there isn't a leading voice in the support landscape that understands both mental health and poverty.

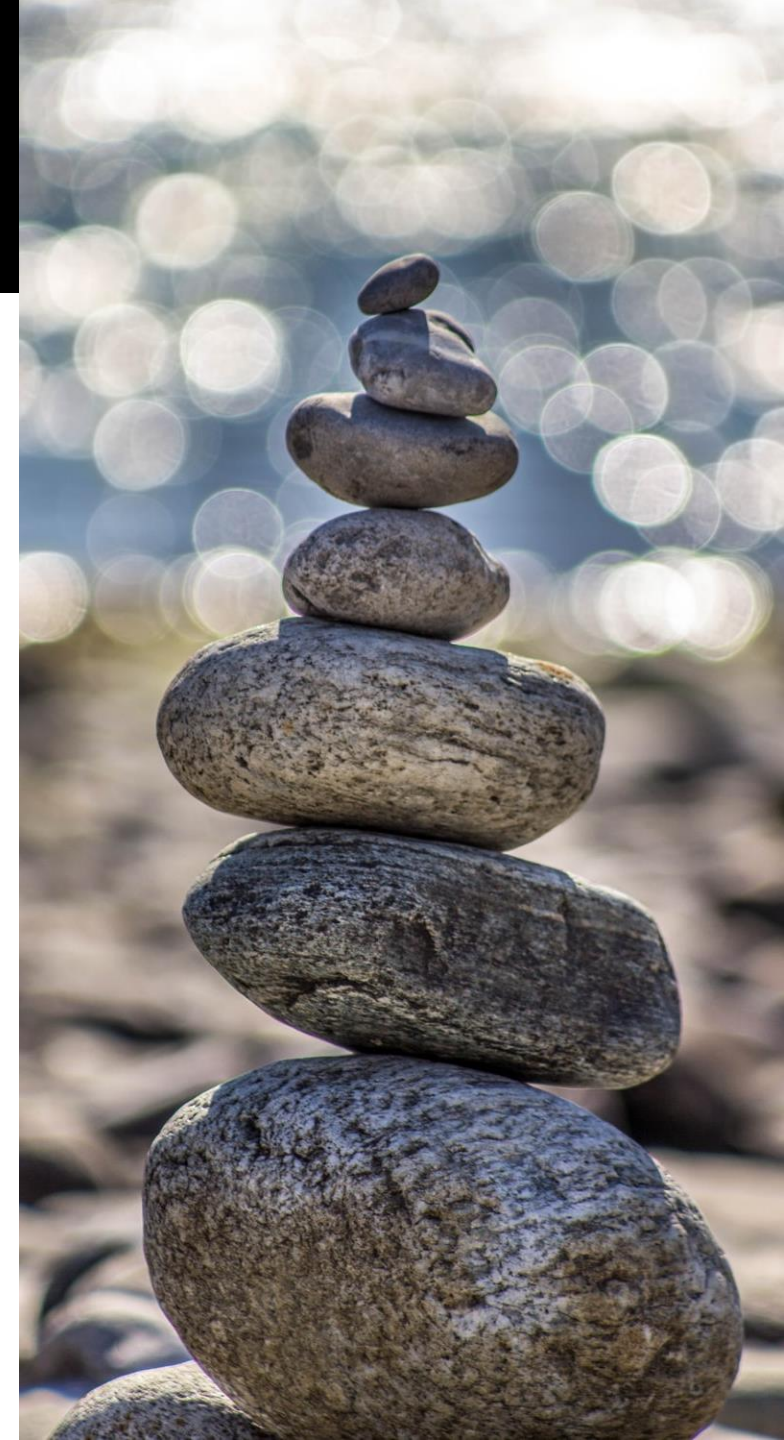
*Local Minds see Mind's role as being primarily about information provision and training around mental health problems for other services people in poverty are likely to come into contact with.*

3. Understanding money advice and mental health is not the same as understanding poverty and mental health.

*There is a real need to create more understanding of poverty across the money advice sector.*

4. Straddling mental health and financial advice/poverty support is not straightforward, and while this may seem like an obvious solution there may be greater benefit in finding ways to pursue a whole person approach.

*While Mind is well placed to provide a bridge between the two disciplines, it may be more useful to find better ways of moving people between them as required.*



# Summary and Opportunities

5. Universal access to support faces numerous structural and systemic barriers.

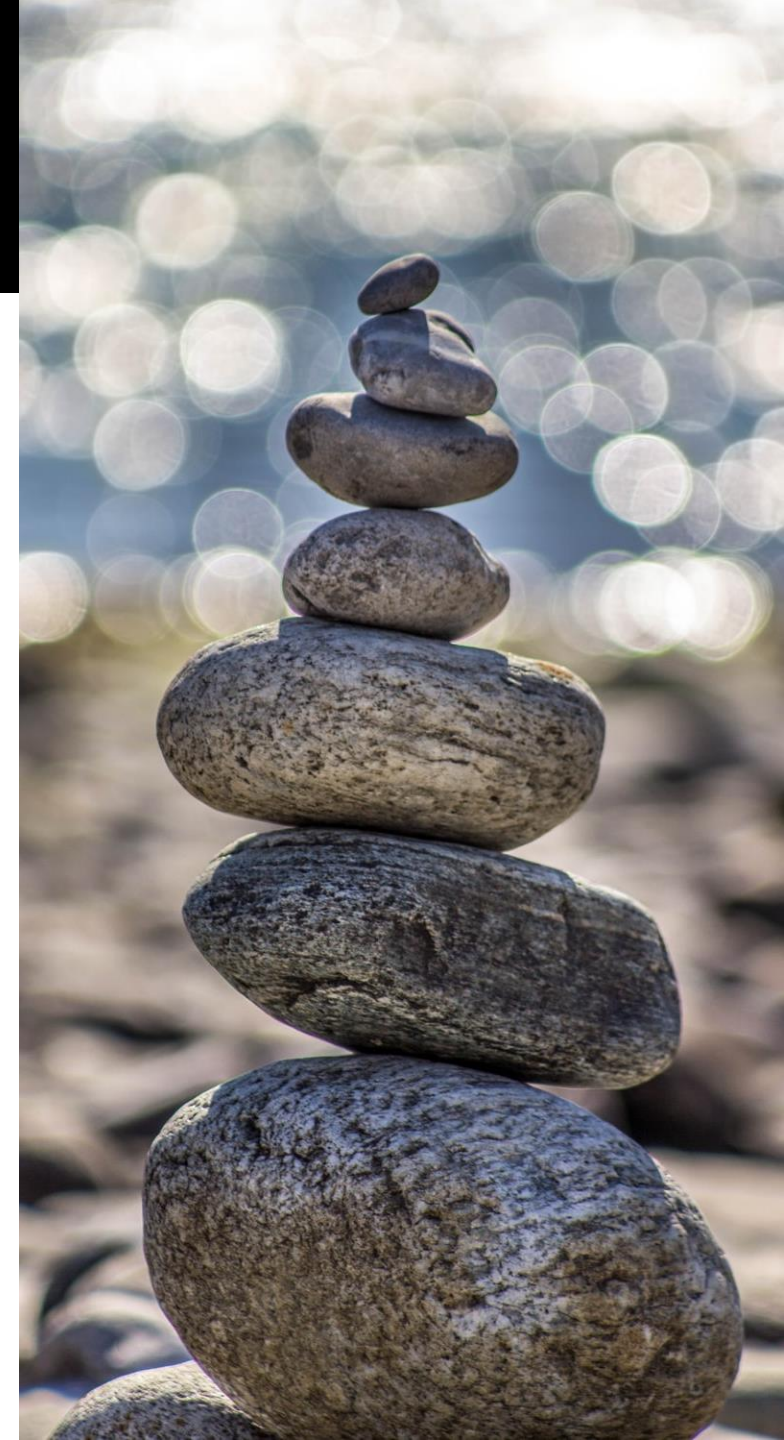
*Mind's position as a major organisation with a respected reputation puts it in a good position to highlight these barriers and start to smooth the way for more universal access to support.*

6. Social prescribing offers huge opportunities for improving outcomes for those facing mental health problems and poverty.

*There may be great benefit in supporting schemes to widen access of social prescribing to harder to reach groups and those facing the most stringent barriers.*

7. While there is a desire for Mind to be able to serve people living in poverty better, there is also a nervousness about Mind diluting its core offer.

*Mind's strategy needs to be clear from the outset, and any additional services need to be positioned as either rooted in expertise or directly related to Mind's mission.*







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