

## Research Report

# Living Beyond Means and Measures: The Cost of Living Crisis and its Impact on Mental Health

## Insights and Recommendations for Mind

July 2023



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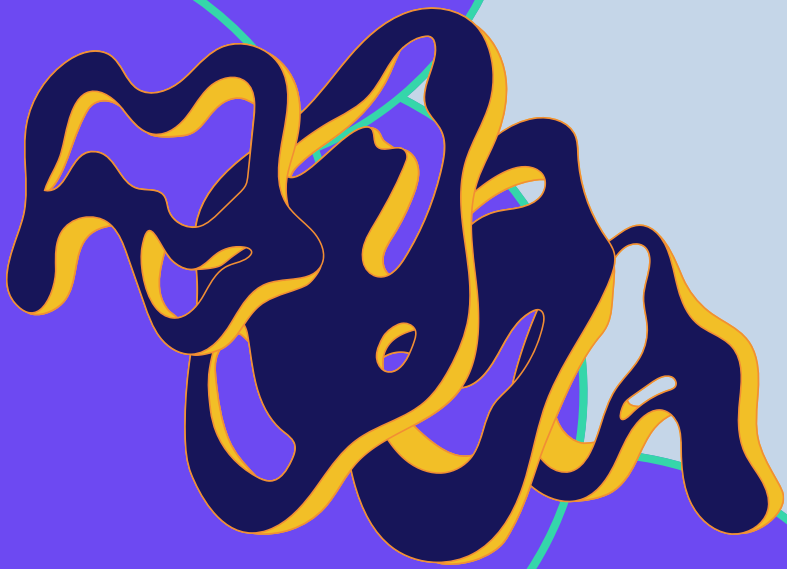
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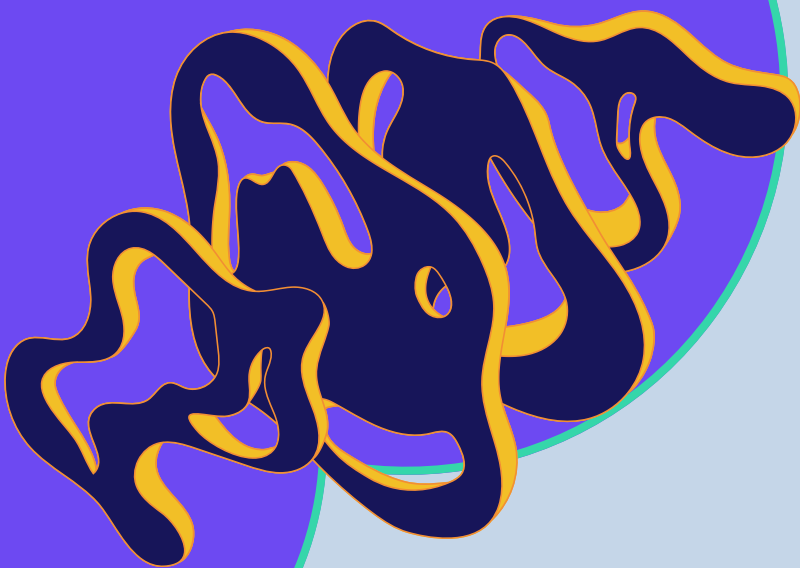
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# Executive Summary



## 1. Executive Summary

### Introduction

In this research report by Spark Insights, commissioned by Mind, we will explore the key findings from the research conducted into the experiences, perspectives and preferences of 33 people with mental health problems and previous experience of poverty during the cost of living crisis.

### Research Aims

**The research explored the following questions:**

1. What impact is the cost of living crisis currently having on people with lived experience of mental health problems who were living in poverty prior to the cost of living crisis?
  - a. What is the experience of people who have been pushed into poverty as a result of the cost of living crisis?
2. What longer-term concerns do people with mental health problems have about the impacts of the cost of living crisis?
3. What should third sector and charity organisations like Mind be prioritising to ensure people with mental health problems and those at risk of developing mental health problems are adequately supported (financially and in terms of wellbeing)?
  - a. What should the government be prioritising to support people with mental health problems during the cost of living crisis?

**The research was focused on better understanding the following:**

- **Priority audiences:** What impact the cost of living crisis is currently having on people with lived experience of mental health problems, specifically:
  - Young people (aged 18-25)
  - People with current lived experience of poverty
  - People from racialised communities
- **Longer term impacts:** What longer-term impacts can we expect the cost of living crisis will have on people with mental health problems or those at risk of developing mental health problems.
- **Recommendations:** What should Mind be doing to ensure people with mental health problems, and those at risk of developing mental health problems are supported.

### Insights from the research

The research approach is rooted in the belief that it is critical to develop a robust understanding of the lived reality of people experiencing poverty and/or marginalisation during the cost of living crisis, specifically with regard to seeking and accessing mental health support.

Over the course of this research, Spark Insights conducted 33 qualitative interviews with people from the priority audiences. A thematic analysis was conducted, of which the key themes are outlined below.

A key finding from this thematic analysis was around the inextricable and complex link between financial wellbeing and mental health and how both have suffered due to the cost of living crisis.

In addition to the rising costs of living, incomes for our participants were either stagnant or declining, leading to poorer financial wellbeing. This impact on individual circumstances, personal relationships, support networks and mental health was significant and severe.

This further amplifies that this is a complex two-way link, as people experiencing poor mental health, in turn, struggle further to improve their financial wellbeing. This research explores this two-way link in more detail.



**Financial wellbeing and mental health are inextricably linked, and both have suffered as a result of the cost of living crisis (4.1.)**

There was a labyrinth of complex connections and links between money, experiences of poverty and mental health. For most participants, there was a direct correlation between money and mental health. Not being able to make ends meet, increasing debts and a lack of financial freedom were often cited as triggers for exacerbating poor mental health or other related symptoms.

**Instability and uncertainty become the default state of being (4.2.)**

In addition to rising living costs, incomes are either stagnant or declining, creating instability and uncertainty. For many, this state of being has become the default.

**Changes in personal circumstances act as triggers for poor mental health (4.3.)**

Changes in individuals' circumstances contributed to heightened anxiety, social isolation and depression. It became increasingly evident that change, both on a global or macro level, as well as on an individual or personal level, was often the trigger for worsening mental health symptoms.

**Pressure on finances adds pressure to relationships (4.4.)**

There is a twofold impact on individuals exacerbated by the cost of living crisis; additional pressure on interpersonal relationships with others and on the individual's relationship with self.

**Support networks are valuable, vital and vulnerable (4.5.)**

Individual support networks have been a valuable and vital resource for individuals over the last two to three years. However, recent events leave the support networks themselves vulnerable.

People are turning to unsustainable solutions (4.6.)

In order to tackle some of the challenges that people are experiencing with rising costs and stagnant incomes, some are trying to take steps or actions to stay afloat, such as moving in with family members and working multiple jobs. Whilst these steps are supporting individuals in the short term, there is a high risk that these salutations will not be sustainable in the long run.

Relationships to personal finances are deeply complex (4.7.)

Over the course of this research, a persistent link emerged between people’s relationships to money and mental health; factors such as upbringing, family and social expectations and financial literacy all informed people’s personal relationships to money and mental health. One participant asked, “what comes first, making money or managing your mental health?”. It was a question posed in different ways by different people, often trying to understand if money and financial wellbeing dictated your mental health or if the opposite was true.

Mental health, quality of life and general wellbeing are all affected (4.8.)

Overall, there was a range of ways the cost of living crisis is impacting mental wellbeing. For some, it was working longer hours or poorer sleep. For others, feelings of shame and anxiety exacerbated mental health symptoms. 95% of people felt their mental health had gotten worse during the cost of living crisis, and the remaining 5% felt their mental health fluctuating during the cost of living crisis.

Experiencing, accessing and navigating support (5)

To create a more equitable playing field for people experiencing marginalisation and poverty, a deeper understanding of people’s mental health support experiences is needed.

This research explores how people experienced, accessed and navigated mental health support on three levels:

- 5.1. Individual: Participant’s individual experiences (such as finding appropriate support or managing mental health during waiting times) navigating mental health support, influenced by previous lived experiences and mental health symptoms.
- 5.2 Community: Experiences of the individual within their community (such as accessing support at a local level).
- 5.3. Wider Systems: Individuals' experiences with wider systems such as healthcare or housing (such as fear of eviction or poor experiences with healthcare professionals) contributed to their overall wellbeing and journey to accessing support.

Table 2: The two-way link between financial wellbeing and mental health

Every individual experiences an intersection of three systems: mental health systems (e.g. NHS), community level systems (e.g. community or sports centre or virtual peer groups) and wider social systems (e.g. housing, employment).

The experiences an individual has with these systems inform the two-way link between financial wellbeing and mental health.



Recommendations for Mind

In order to develop effective solutions to tackle the barriers identified in meaningful and sustainable ways, research participants were also asked to share their recommendations for what they felt Mind should be prioritising to ensure people with mental health problems and those at risk of developing mental health problems, are adequately supported (financially and in terms of wellbeing).


Table 3: What can Mind do moving forward?	Experiences	Barriers	Reccommendations
<div>Individual Experiences</div> 	<ul style="list-style-type: none"><li>• Unable to find relevant or tailored support</li><li>• Poor experiences with healthcare professionals</li><li>• Long waiting times</li><li>• Turning to informal support outside the healthcare system.</li></ul>	<ul style="list-style-type: none"><li>• Symptoms worsening during wait times</li><li>• Support offered not appropriate the individual</li><li>• Not knowing how to access other types of support</li><li>• Fears around cost involved.</li></ul>	<ul style="list-style-type: none"><li>• Develop support tailored to those in a waiting period</li><li>• Signpost to culturally aware or tailored support services</li><li>• Peer support and skills sessions.</li></ul>



Table 3: What can Mind do moving forward?	Experiences	Barriers	Reccommendations
<div>Community Level</div> 	<ul style="list-style-type: none"><li>• Participants are accessing different types of support on a local community level</li><li>• Some participants still prefer virtual support when it is tailored and has lower barriers to entry.</li></ul>	<ul style="list-style-type: none"><li>• Fears around transport costs and travel time</li><li>• Fears that a space may not be welcoming and inclusive</li><li>• Poor experiences with healthcare in the community e.g. GPs.</li></ul>	<ol style="list-style-type: none"><li>1. Build partnerships with organisations that:<ol style="list-style-type: none"><li>a. Can provide mental health support on a local level</li><li>b. Are culturally informed</li><li>c. Are within the formal healthcare system.</li></ol></li></ol>

Table 3: What can Mind do moving forward?			
	Experiences	Barriers	Reccommendations
<div><div>Wider Systems</div></div>	<ul style="list-style-type: none"><li>• Housing insecurity due to rising costs of housing</li><li>• Job insecurity (especially freelancers)</li><li>• Convoluted and confusing NHS pathways to accessing mental health care.</li></ul>	<ul style="list-style-type: none"><li>• Tenants fearing eviction when challenging poor conditions</li><li>• People having to move elsewhere due to rising costs and unstable income</li><li>• Loss of trust in formal healthcare.</li></ul>	<ul style="list-style-type: none"><li>• Lobbying and advocating for reform and systemic change on the wider issues affecting mental health</li><li>• Being more bold, vocal and work with partners to be more visible with campaigning work.</li></ul>

Supporting individuals with practical skills and support sessions (6.1)

There was a clear sense from participants that they wanted to be equipped and empowered to navigate support and care for themselves and address the link between mental health and money. Participants preferred tangible and interactive types of support, such as peer support sessions or knowing your rights with debt collection agencies, that allowed them to connect with others in similar situations or build skills that would lead to a longer-term impact.

Supporting individuals by signposting to other organisations (6.2)

There was a desire to see Mind provide better signposting to tailored money and mental health services from its own website, social media and materials. Participants felt that Mind had an important role to play in enabling people to access support services, especially those seeking culturally informed support, single parents, carers and disabled people.

Working in partnership (6.3)

There was a strong desire to see Mind continue to partner with and build new partnerships with financial wellbeing, general wellbeing and healthcare organisations that can provide localised support, organisations that provide culturally informed support and the NHS.

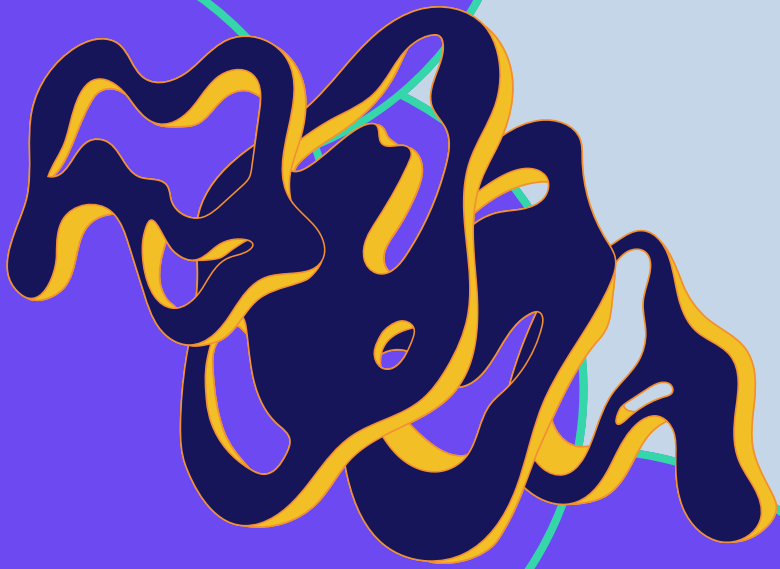
Influencing Government policy through communications (6.4)

Whilst participants expressed a range of perspectives when asked about what action they would like to see Mind take, one of the strongest messages was around Mind’s role in advocating for policy change. Participants felt it was vital for Mind to consider its role and take action to become a bolder and more vocal actor in lobbying for policy change, e.g. reducing wait times for mental health care, protecting the rights of tenants, advocating for sick pay and other benefits for those in freelance or unstable employment.

Existing support offered by Mind (6.5)

The majority of participants (72%) had interacted with Mind’s website, and nearly half had engaged with Mind’s social media content (48%). Those who had accessed Mind’s Infoline (21%) expressed a desire to see the hours extended and tolls removed. Participants also wished to be able to access Mind support in different languages.

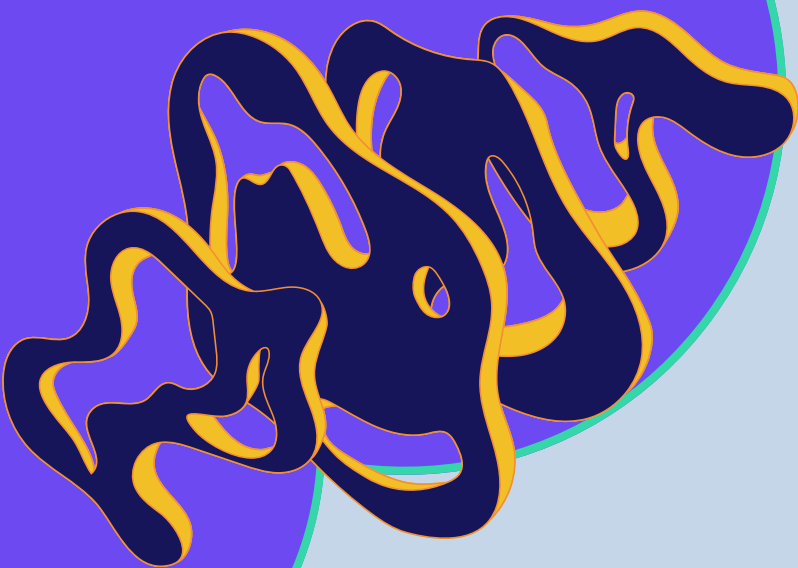
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## Research Report

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## Insights and Recommendations



## 2. Overview of the Research Approach

### Research Method

Spark Insights conducted 33 qualitative interviews to allow us to gain rich insight into people's experiences with the cost of living crisis and its impact on mental health.

Interview facilitators ensured the creation of a safe, one on one space. Where participants were able to share experiences of both mental health problems and the impact of the cost of living crisis. Our research approach is rooted in care, ensuring we learn from the experiences of individuals whilst their safety and wellbeing remain central.

### Qualitative research interview framework

Tailored interviews were conducted with 33 research participants. Each interview explored the following areas:

- **Understanding the interviewee:** exploring the interviewee's personal circumstances, housing, employment and support network.
- **Mental health experiences:** establishing the interviewees' mental health experiences and any changes they've experienced over the past year.
- **Relationship with money and finances:** exploring the link between mental health and personal finances, and perspectives on money, expenses and debt.
- **Accessing support:** People's experiences of accessing support for their mental health during the cost of living crisis
- **Designing better support:** What interviews would like to see from support moving forward
- **Key messages for Mind:** Exploring experiences, opinions and calls to action for Mind.

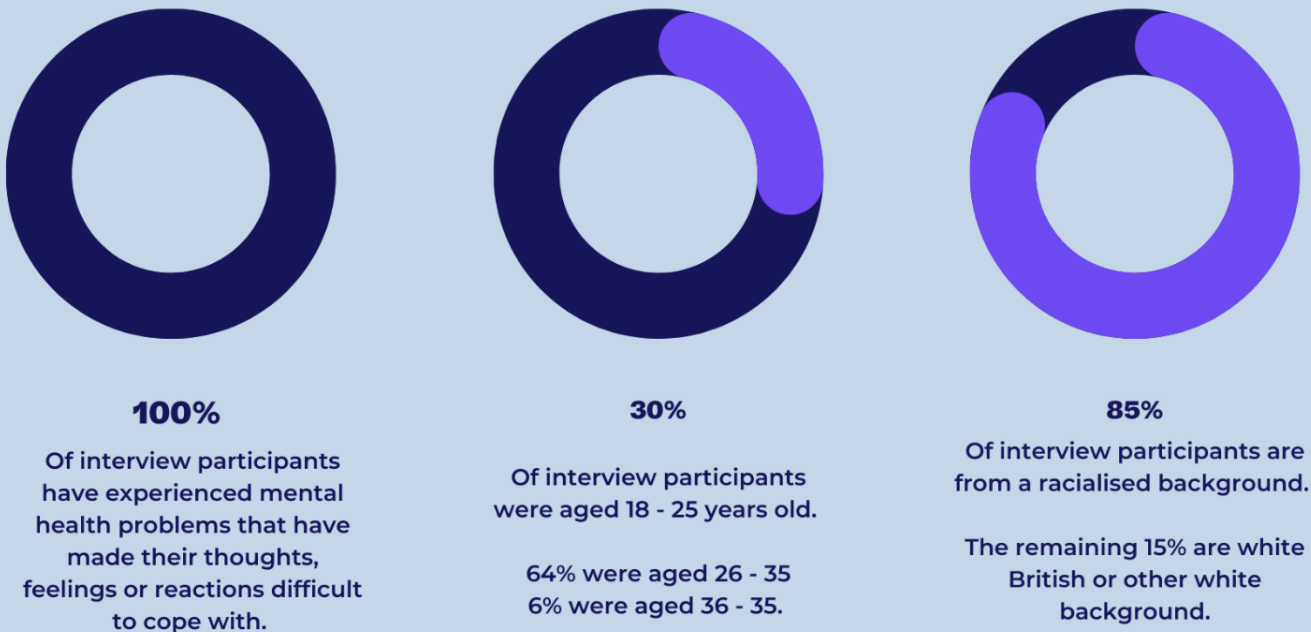
## 3. Overview of the Research Participants

### Overview of priority audiences

This research aimed to understand what impact the cost of living crisis is currently having on people with lived experience of mental health problems with a specific focus on 3 priority audiences:

- Young people (aged 18-25)
- People from racialised communities
- People with current lived experience of poverty.

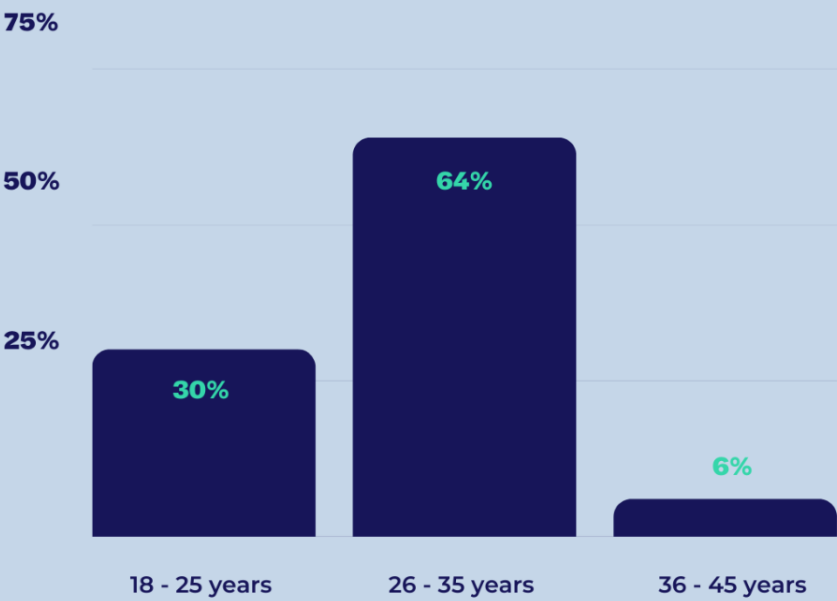
Table 4: Priority audience breakdown



All of the participants involved in the research had experienced mental health problems that have made their thoughts, feelings, or reactions challenging to cope with. Participants had lived experience of mental health problems, including a mix of common mental health problems and severe and enduring mental health problems. When asked about their mental health:

- 97% of participants had received at least one mental health diagnosis by a medical or mental health professional:
  - 100% of participants had received a diagnosis for common mental health problems
  - 60% of participants had received a diagnosis for a severe and enduring mental health problem
- 30% of the interview participants were aged 18-25.
- 85% came from racialised backgrounds.

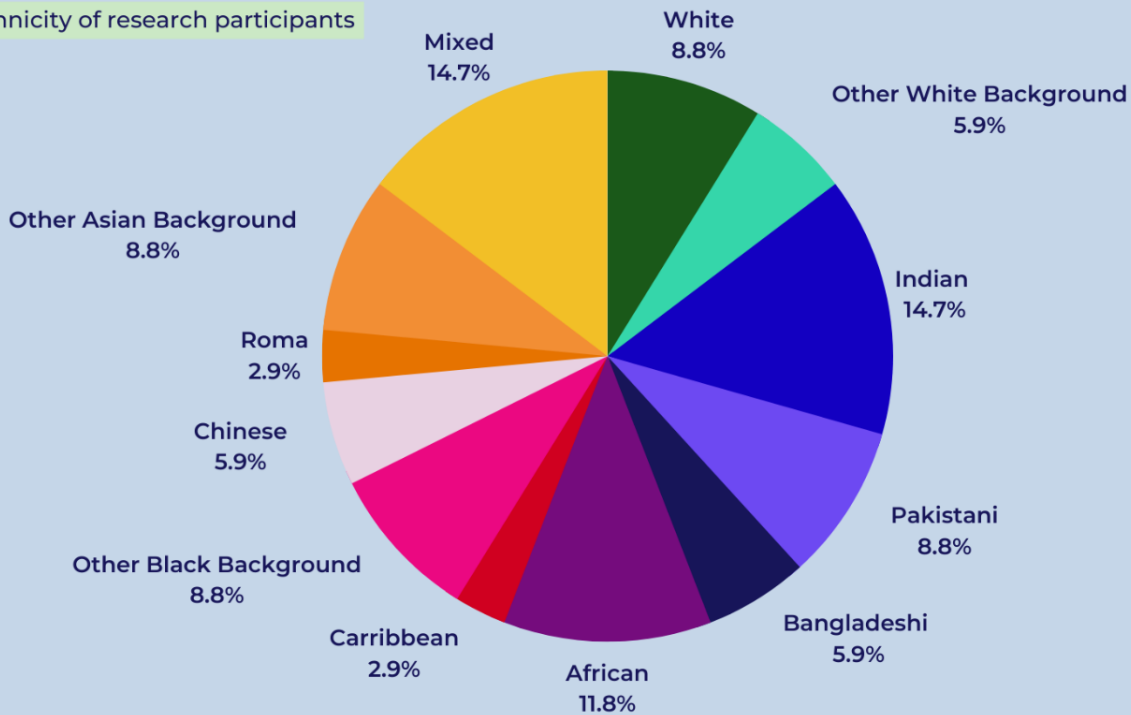
Table 5: Age of research participants



**Table 6: Age of research participants:**

- 30% 18-25 years
- 64% 26-35 years
- 6% 36-45 years

**Table 6 : Ethnicity of research participants**



**Table 6: Ethnicity of research participants:**

- 14.7% Indian
- 14.7% Mixed
- 11.8% African
- 8.8% Pakistani
- 8.8% White
- 8.8% Other Asian Background
- 8.8% Other Black Background
- 5.9% Chinese
- 5.9% Bangladeshi
- 5.9% Other White Background
- 2.9% Roma
- 2.9% Caribbean

Table 7: Geographical region of research participants

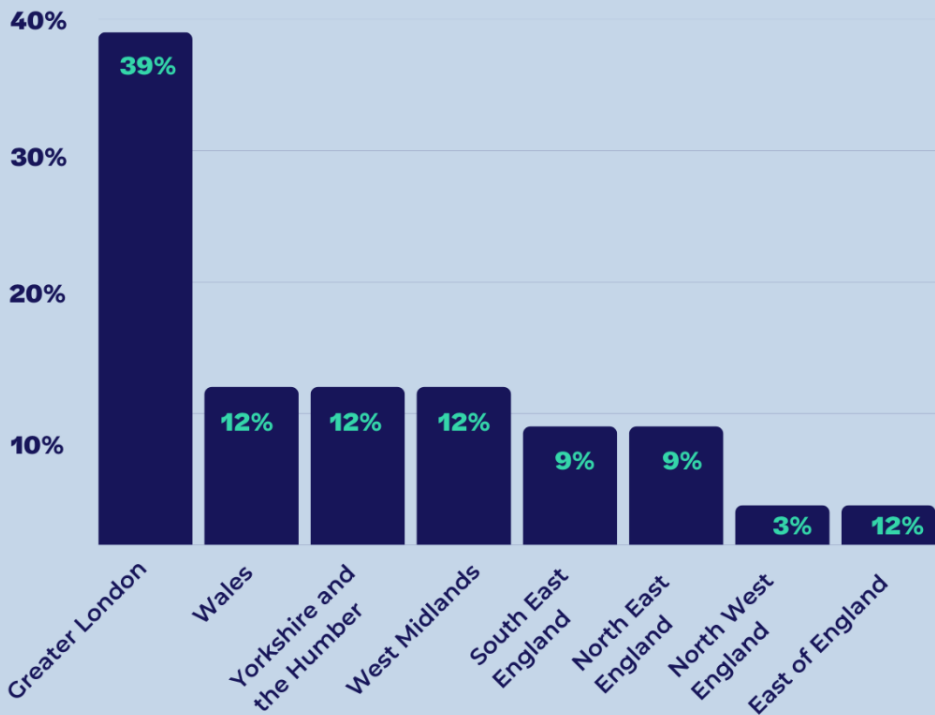
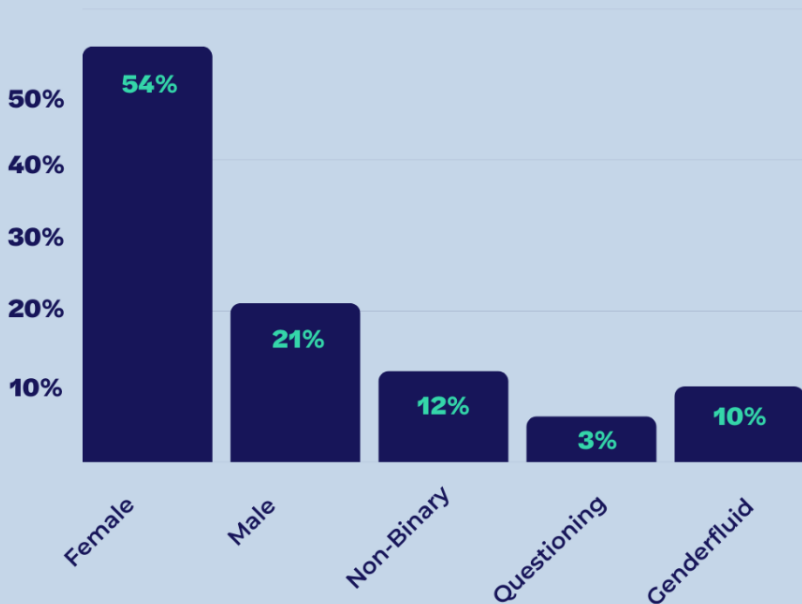


Table 7: Geographical region of research participants:

- 39% Greater London
- 12% Wales
- 12% Yorkshire and the Humber
- 12% West Midlands
- 9% South East England
- 9% North East England
- 3% North West England
- 3% East of England.

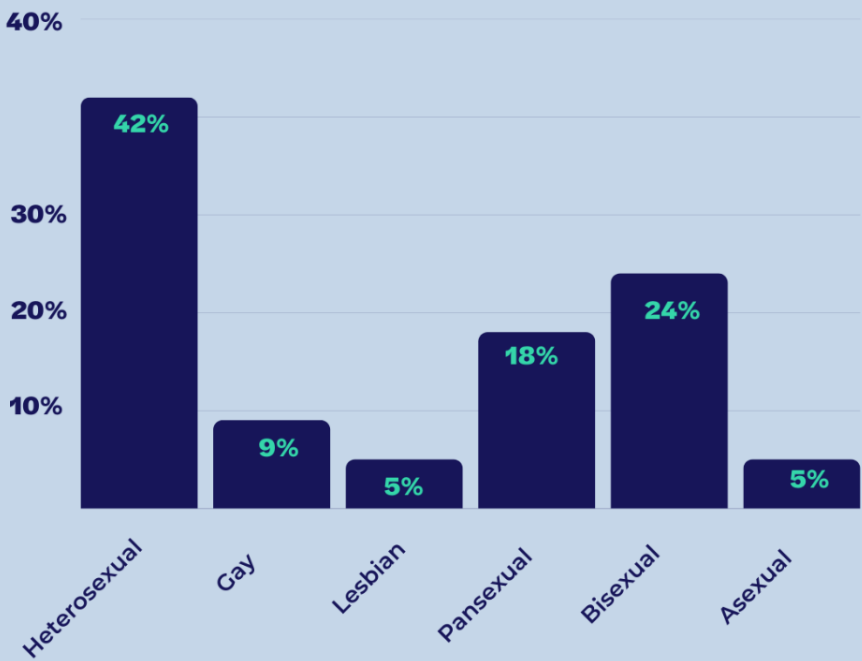
Table 8: Gender identity of research participants



**Table 8: Gender identity of research participants:**

- 54% Female
- 21% Male
- 12% Non Binary
- 3% Questioning
- 10% Genderfluid.

Table 9: Sexual orientation of research participants



**Table 9: Sexual orientation of research participants:**

- 39% Heterosexual
- 9% Gay
- 5% Lesbian
- 18% Pansexual
- 24% Bisexual
- 5% Asexual.

Central to the research was understanding the experiences of poverty prior to the cost of living crisis, with a focus on ensuring experiences of deep and persistent poverty were represented.

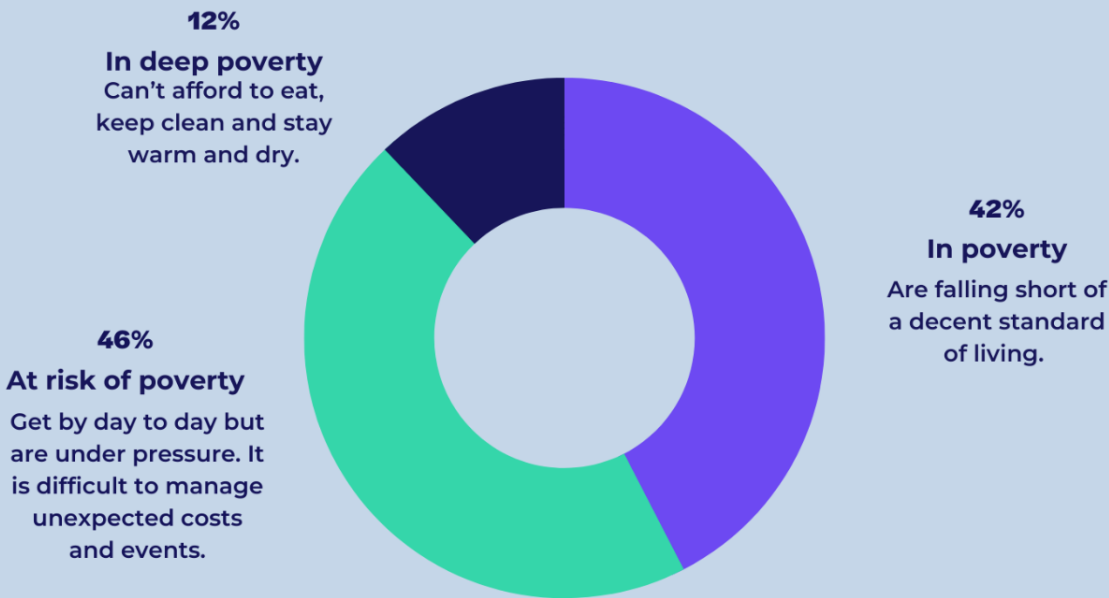
Table 10: Faith background of research participants



Table 10: Faith background:

- 15% None
- 5% Christianity
- 4% Islam
- 3% Hinduism
- 3% Other
- 1% Buddhism
- 1% Sikhism

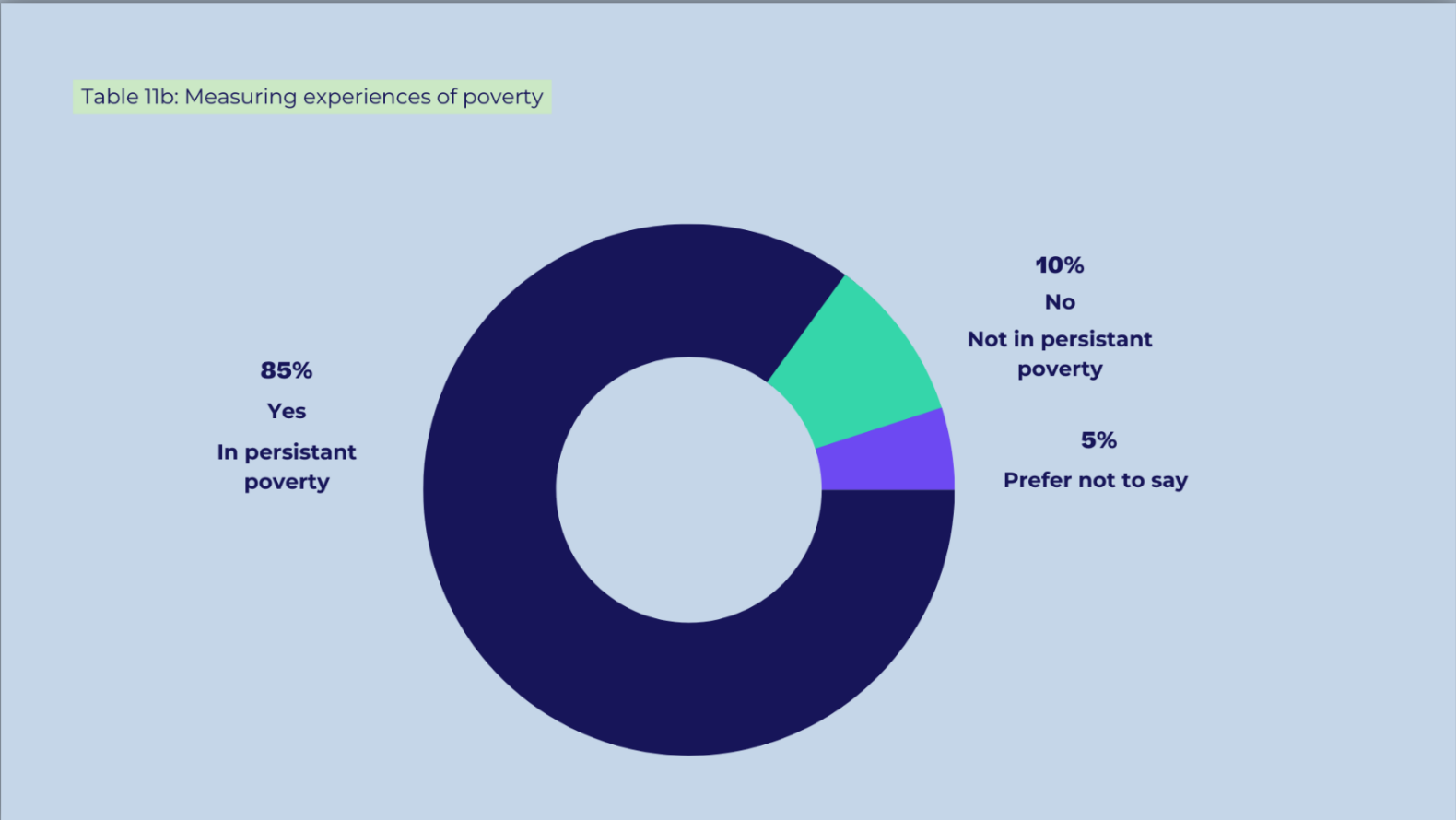
Table 11a: Measuring experiences of poverty



Participants were asked to describe their financial situation. This question assesses if someone is experiencing poverty and how deep that poverty is.

**When asked to describe their financial situation:**

- 46% of respondents selected that they get by day to day but are under pressure (at risk of poverty)
- 42% of respondents shared that they were falling short of a decent standard of living (in poverty)
- 12% shared that they couldn't afford to eat, keep clean and stay warm and dry (in deep poverty).



Participants were asked if their current financial situation had been the case for more than 2 years. This question assesses how persistent the poverty they face is.

For the majority of respondents (77%), this has been their financial situation for at least two of the last three years.

**4. Research Insights**

**4.1 Financial wellbeing and mental health are inextricably linked, and both have suffered as a result of the cost of living crisis.**

This research explored complex and nuanced themes related to individuals' relationships with mental health problems, experiences of poverty and personal finances. There is a labyrinth of connections and links between these themes.

In order to better understand the experiences of the research participants, it's important to contextualise their experiences with money during the cost of living crisis; 46% of interviewees are at risk of poverty (getting by but under pressure), 42% are falling short of a decent standard of living (in poverty), and 12% are in deep poverty (couldn't afford to eat, keep clean and stay warm and dry).

Research participants described many experiences in common; one that frequently recurred was that of living pay-check to pay-check. Almost all the interviewees had experienced rising costs, with income

experienced rising costs, with income either staying the same or declining. The impact of living paycheck to paycheck and not having enough income, as described by participants, can be experiences such as:

- Not being able to cover unplanned or spontaneous expenses
- Anxiety caused by going into unplanned overdrafts
- Feeling fear around credit card bills
- Being unable to build any savings.

***"At the moment it's hard to save money, like, when you get your salaries at the end of the month, a lot of bills to pay. So it's hard to save, and we run out of money. Even in the middle of the month, you have to make a plan. Like we have to try and think, okay, where can we get help for certain things?"***

**[African, 26 - 35 years, Female, Asexual]**

***"In the past year, my debt has definitely increased so rapidly. That's where the change in job came from. I had been there for two years. And it was when the cost of living crisis winter rolled in, and heating expenses. When I realised okay, I just can't afford to do this job. I simply don't make enough to pay the things that I owe to pay off any debts."***

**[White British, 18 - 25 years, Non-Binary, Pansexual]**

***"I actually spent the past three years of my life in my overdraft and living out of my overdraft. So anything that I earned never got me out of my overdraft. So I just continually lived in it."***

**[Indian, 26 - 35 years, Female, Heterosexual]**

The impact of this on people's mental health cannot be underestimated. We found that for most participants, there was a direct correlation between money and mental health. Not being able to make ends meet, increasing debts and a lack of financial freedom were often cited as triggers for exacerbating poor mental health or other related symptoms.

One interviewee, for example, described how the stress caused by rising costs had exacerbated ADHD (Attention Deficit Hyperactivity Disorder) symptoms, which in turn had financial ramifications. Another described how the stress caused due to money worries in the past year had led to worsening symptoms of a degenerative chronic illness, leaving them unable to work.

People described having “overdraft anxiety” caused by unplanned overdraft fees, feeling scared of debt collectors, and feeling low self-worth due to being in “more debt than ever before” (these sentiments were especially pronounced for those who were in deep and persistent poverty, and also shared by those who were in persistent poverty). Some individuals also described a complex relationship with impulsive spending, finding they were making purchases to ease anxiety or feelings of low self-worth in the short term, which ultimately exacerbated feelings of guilt and fear around not being able to afford those purchases in the first instance.

A small handful of individuals described scenarios such as getting a salary increase due to a promotion or securing a new higher-paying job but still struggling to make ends meet as costs were rising at a pace quicker than the salary increase was able to make an impact on. Overwhelmingly, the research interviews unearthed a complex and inextricable link between individuals' experiences with poverty, money, mental health and individual wellbeing.

Other contributors to worsening mental health included unstable or infrequent employment and rising housing costs. A recurring theme was the challenges those in freelance roles and zero hour contract roles faced, from unstable hours to uncertain pay. It was also flagged how those in freelance or contract positions do not have full access to benefits that full-time employment can offer, such as paid sick leave or private health insurance and access to therapy.

*“And as of last year, my freelance projects, for example, have been postponed or cancelled. That's happened a couple of times where what I was booked in for has been cancelled.”*

**[Other Asian Background, 26 - 35 years, Non-Binary, Pansexual]**

Finally, housing was a strong recurring theme across most of the interviews. Participants shared stories of eviction, having to move to a different city, and needing to move back in with family members as a result of the cost of living crisis on them and their families. Housing circumstances also deeply impacted people's mental health and relationships, with participants sharing the realities of compromised housing situations.

*“It's created a lot of anxiety in my house around housing security. Our rent is unsustainable for us, but we also didn't want to risk losing the house. So that became like a big source of stress and anxiety and like having to pay more rent and the bills have gone up.”*

**[Bangladeshi, 26 - 35 years, Genderfluid, Pansexual]**

*"I actually moved back home, and I live with my father. Partially because he was ill, and I had to look after him. But on the flip side of things, it's also for my benefit with regard to being able to save a little bit more. Also, I think when you live by yourself, it can have a really big impact on your wellbeing."*

**[Indian, 26 - 35 years, Female, Heterosexual]**

*"There were moments I remember where, especially when I was living alone, where it would literally just be a state of panic on payday. And then I thought I shouldn't be panicking on payday, like, that's the one day, you know? Or having to go to bed just feeling so overwhelmed. Thinking about how is this going to happen, how is that going to happen?"*

**[Other White background, 26 - 35 years, Questioning, Pansexual]**

## 4.2 Instability and uncertainty become the default state of being

**Rising costs of living have created instability and uncertainty. For many, this state of being has become the default.**

A strong recurring theme amongst the research participants was the instability and uncertainty caused by rising costs of living, whilst incomes are either decreasing or not rising in line with inflation.

For those participants who were at risk of poverty, participants described personal situations where expenses had continued to increase over the past year. However, income was not able to rise in line with the expenses or had, in fact, declined. Research participants we spoke to described a range of different scenarios in which this was the case:

- One participant who had a young baby shared how she had to move back home with her mother as she was unable to afford the rising cost of housing, food and the care support she needed whilst living independently. There were other examples of parents with young children who have been required to move in with extended family due to increased rent.
- Several participants we spoke to shared how their partners or people in their family home had been made redundant in the past year, and as a result, their household incomes had decreased.
- Individuals also described the complexity of having multiple caring responsibilities and dependents, e.g. a combination of children, siblings, or elderly parents. There were several instances where both caring responsibilities and the associated costs (e.g. transport, medicines, basic necessities) had increased, putting further pressure on individuals to make additional income whilst also balancing additional caring responsibilities.
- Individuals who had family living abroad also described the challenge and complexity when navigating these relationships financially or when it came to sending money back home. Individuals described situations in which they could no longer continue supporting dependents living in different countries (or needed to reduce the financial support). However, dependents living in different countries did not have the context or understanding of the cost of living crisis in the UK.

- Across the board, the rising cost of living as well as uncertainty around future income or how long inflation would be high, has resulted in people making decisions around housing, employment and caring responsibilities that they perhaps otherwise would not have had to make.
- For many participants, instability and uncertainty had become the default state of being.

### 4.3 Changes in personal circumstances act as triggers of poor mental health

**Changes in the circumstances of individuals contribute to heightened feelings of anxiety, social isolation and depression.**

Whilst the primary focus of this research was to understand the impact of the cost of living crisis specifically on people's mental health, it became increasingly evident that change, both on a global or macro level, as well as on an individual or personal level was often the trigger for worsening mental health symptoms. Changes in the circumstances of individuals contributed to heightened feelings of anxiety, social isolation and depression.

For example, the COVID-19 pandemic and wider macroeconomic factors have played a significant part in leaving people's financial capability and personal resilience at an all-time low. The COVID-19 pandemic affected people's livelihoods in a number of ways; some people who experienced job or income loss found themselves cutting into savings or using overdraft facilities. Others made decisions to cut back on costs in uncertain times by moving in with family or moving to less expensive areas. Job uncertainty caused by the pandemic appeared to be a key driving force behind these decisions and a trigger for financial worries.

The COVID-19 pandemic disproportionately impacted racialised people and communities, and experiences relayed by participants certainly spoke to this. For example, people from South Asian backgrounds, in particular (Indian, Bangladeshi and Pakistani), shared the additional financial pressures of supporting family "back home" (in their country of origin). One participant shared how they were responsible for financially supporting their family members in India whose incomes were devastated by the COVID-19 pandemic. This experience was echoed by participants who had relatives in Bangladesh and Pakistan.

Another shared experience racialised people had during the COVID-19 pandemic was that of grief; participants from different ethnic backgrounds touched upon experiences of losing both close loved ones as well as members from their community of wider social circle. For some participants, the impact of grief and loss was (and continues to be) deeply felt, further straining levels of personal resilience. One participant shared their experience of losing a loved one who was a friend from the LGBTQIA+ community but feeling the need to grieve the loss in isolation and not being able to share it with their household who were not aware of the individual's ties to this community.

Finally, those from African and South Asian backgrounds also shared the impact of additional caring responsibilities taken on during the lockdown period, with some taking in family members or friends who were not in stable homes or experienced job loss, and others described emotionally supporting those who were in their support bubble.

***"During the pandemic, we had additional caring responsibilities because my younger sister lived with us. And then she lived with us again, and then my partner lost his job in December, and we haven't had that secondary income coming in for a while."***

**[African, 26 - 35 years, Female, Heterosexual]**

*"It's quite a revolving door actually, with the pandemic, when COVID came into place, there were so many restrictions, then being someone with poor mental health, it became so hard, like, things were just not making sense. It was a whole new life. We have to, we had to adjust"*

**[African, 26 - 35 years, Female, Asexual]**

*"My family, for instance, is based in India, and the pandemic devastated their incomes. And since then, I've had to support (them) financially. And because I don't have a stable income, and add to that increasing rent, it just has made the situation materially really, really precarious. And I think it has made me so much more anxious than I was before. And I'm also diagnosed with ADHD, and that has, I mean, the symptoms definitely become more severe."*

**[Indian, 26 - 35 years, Male, Bisexual]**

*"I'm kind of living month to month, I don't have, like, the savings, I used to before COVID."*

**[Mixed Ethnicity, 26 - 35 years, Female, Lesbian]**

*"So taking care of myself, definitely, has slipped. Because it's a lot to just keep your head above water at the moment anyway. I think it's a vicious cycle that has changed society post COVID."*

**[White British, 26 - 35 years, Female, Bisexual]**

In addition to these large-scale or global events, people also described individual changes that exacerbated mental health symptoms. For example, a small number of people shared how their mental health had worsened during pregnancy or postpartum. People also described how life changes such as going to university, moving house or to a new city, or starting a new job had also perpetuated stress and anxiety.

In some way, this felt connected to the COVID-19 pandemic as people also described how their resilience was at an all-time low and that the impact of the isolation and upheaval caused by the pandemic has resulted in a reduced capacity to manage new or ongoing changes.

Change, it seemed, highlighted feelings of loneliness and isolation caused by not having adequate support from family or friends during the change itself or not feeling settled into new environments or different roles.

For many interviewees, their default state of being was an environment of uncertainty and instability; subsequent life changes or milestones that amplify this further seemed to trigger poor mental health. This was particularly prevalent for those in poverty and in deep poverty who were also in persistent poverty.

*“(My mental health) changed for the worse, perhaps going through pregnancy and then having to move quite suddenly. That probably impacted me more than I would have realised it would have initially.”*

**[Other White background, 26 - 35 years, Questioning, Pansexual]**

*“And we do have some friends, but we had a baby quite young. So a lot of our friends don't have kids. So they're in a different phase of life. It was hard for them to be emotionally supportive, sometimes, because they really just can't understand, despite trying.”*

**[White British, 26 - 35 years, Female, Bisexual]**

*“I think it has made me so much more anxious than I was before. And I'm also diagnosed with ADHD, and the symptoms definitely become more severe. I think, in general, like a lot of behaviours that are adjusted have gotten worse, like in terms of missing deadlines. Or even sometimes, like making small mistakes at work with applications. Many of them have had consequences. I've even had financial consequences, especially with sending in the wrong application or missing the tax deadline, for instance, getting a penalty and so on. Yeah, so all of that has gotten worse”*

**[Indian, 26 - 35 years, Male, Bisexual]**

#### 4.4 Pressure on finances adds pressure to relationships

**The twofold impact of rising costs is additional pressure on interpersonal relationships with others and the individual's relationship with self.**

There were several common themes across the interviews when exploring how rising costs and stagnant incomes were affecting people's relationships.

One strong and recurring theme was the anxiety caused by financial responsibilities towards dependents, parents and extended family members. People from racialised communities (in particular, South Asian and African) described feelings of guilt, insecurity and shame caused by not being able to meet perceived societal or familial expectations, having to change previously agreed financial commitments or being unable to lend money to others. One participant shared that they felt like a "failure" due to working in their sector of choice (the Charity sector) and for not taking a higher-paying job, "nobody wanted this for me", she shared.

Participants at risk of poverty described scenarios such as not being able to go out with family and friends due to tight weekly budgets and the resulting feelings of isolation. Many participants felt a strain on personal relationships due to stretched finances. Interviewees shared how relationships with family and friends had become strained or difficult due to not being able to lend money, contribute to expenses or needing to ask for money.

Ultimately, responsibilities towards dependents during the cost of living crisis and fears around not being able to meet these responsibilities were a large contributor to worsening feelings of anxiety and low self-esteem. There was an element of self-stigmatisation linked to shame around family and social expectations (this was more notable in South Asian participants).

Some participants felt they had "let down" people in their support network as they were unable to meet the expectations and financial aspirations they held for themselves that were shared with others. For example, one person shared how they had hoped by their age (50) they would be mortgage-free, but they were not close to this. Another shared how they regretted working in their job and not prioritising a higher paying one earlier in their career, as they now felt they could not access the financial resources needed to re-train and enter another sector.

***"I think there's internalised shame. My parents, when they came here, were refugees, but both of them are on my disability benefits, on disability allowance. And I was on, like, free school meals, or whatever they call it now. And that was all like, very, like, quiet, like, don't tell anyone. It's shameful. And then when I was on statutory sick pay for my neck, I was like, oh my God. Like, there was a lot of shame around that, like, oh, I don't want people to think I'm lazy."***

**[Other Asian Background, 26 - 35 years, Non-Binary, Pansexual]**

*"It's never a position you want to be in, like borrowing and lending to friends, because you know that at any point, it could blow up. It's kind of like a bit of a time bomb, but we're managing it. But it's been really difficult for all of us."*

**[White British, 18 - 25 years, Non-Binary, Pansexual]**

*"You have to stress on how you're going to do certain things you need, that not everything can be provided for free. There are certain things that you need. Then at times, you deserve a breather, you need to go out and unwind, but with limited finances, that's not possible. So it affects my mental health."*

**[African, 26 - 35 years, Female, Asexual]**

Whilst relationships with other people and dependents were a recurring theme, relationships with oneself and how these have been affected during the cost of living crisis also gave pause for consideration.

Individuals described how their sense of self had been affected; one participant described not being able to join a day at the seaside with their friends due to not having money in their bank account despite feeling they "really needed to enjoy a day away". Another shared feelings of low self-worth due to developing a reputation for declining social plans (unknown to their family and friends, they were on a strict weekly budget), and another told us how their wider family network perceived them to be a failure in terms of career due to not being in stable employment which exacerbated their own feelings of self-doubt.

Some participants described the vicious cycle between money and physical and mental health. One interviewee shared how their deteriorating health due to a long-term condition left them unable to work, which therefore caused declining income, that in turn caused distress to their mental health. Many other interviewees shared similar perspectives, outlining how their relationships to self had been impacted by their ability to be productive and earn income and that mental wellbeing was negatively impacted as a direct result of this.

Ultimately, what came out strongly over the courses of the research interviews was how relationships with others and oneself were influenced by the ability to earn money and manage expenses and debt. Across the board, individuals shared how fears around money and future costs resulted in a lack of autonomy freedom and the inability to make spontaneous decisions due to money constraints.

*"It took me a while to realise that it also has affected, like, my self-perception and self-esteem, because a lot of what I can do or can't do is, you know, tied to me earning money."*

**[Indian, 26 - 35 years, Male, Bisexual]**

*"And now I'm 53, and I've got a daughter, and I've felt like, you know, I worked throughout my 20s, and I've got nothing to show for it. And I've got no security."*

**[Other White background, 26 - 35 years, Female, Bisexual]**

## 4.5 Support networks are valuable, vital and vulnerable

**Individual support networks have been a valuable and vital resource for individuals over the course of the last two years. However, recent events leave the support networks themselves vulnerable.**

We found that the support networks people had tended to be a combination of in-person and virtual, with many reporting that accessing virtual or phone support continued to be helpful post-pandemic. A small number of people suggested that they were less inclined to access virtual spaces in favour of in-person support.

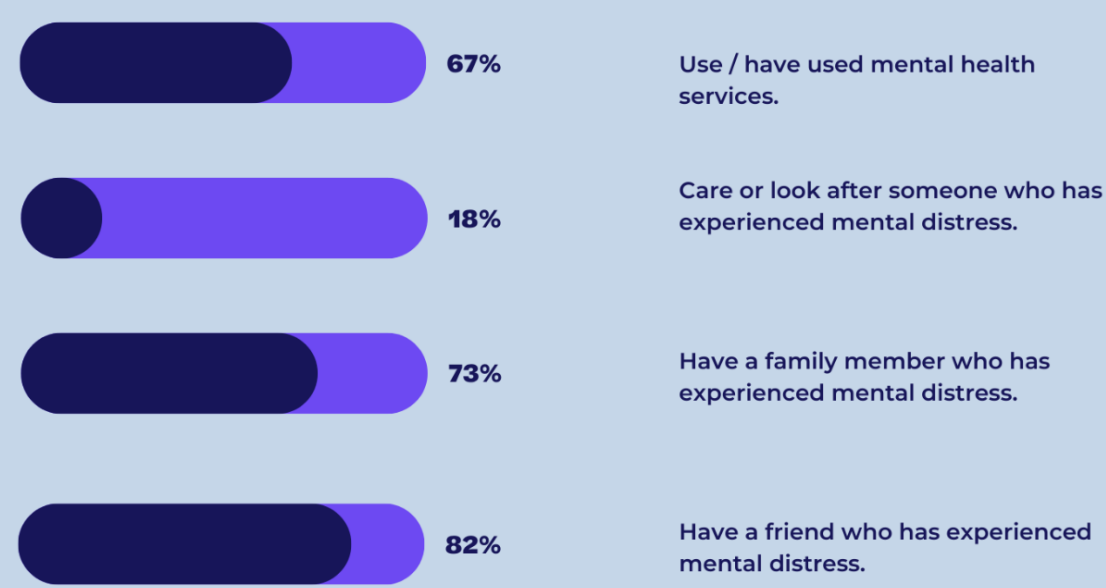
Interestingly, there was a range of different relationships that people looked to for support. For many. It was a family with partners, parents, siblings and grandparents acting as safety nets to support financially or with housing when needed. For others, support networks were not their family but rather friends and communities they have developed as a result of a life experience or location. For LGBTQIA+ people in particular, specifically those that are also racialised, support networks tended to be rooted in the LGBTQIA+ community rather than family.

What was also interesting to note is how people's support networks changed over time. A small number of people described how they became perhaps more reliant on parents and in-laws after having children; two participants who are racialised and LGBTQIA+ shared how financial autonomy from their parents and families had allowed them to live more authentically.

One participant described how they had been left money from an elderly relative, which enabled them to be less financially dependent on their family, and as a result, they were able to live more openly and share that they were LGBTQIA+. Another participant described the feeling of "relief" when they could go to university and move out of home as they felt their family would not accept their LGBTQIA+ identity, and going to university enabled them to have financial support independent of their parents.

Whilst over two thirds of participants (67%) had accessed mental health services for themselves, 18% cared for or looked after someone who had experienced mental health distress. 73% have a family member who has experienced mental distress, and 82% have a friend who has experienced mental distress.

Table 12: Mental health experiences



When asked to describe their financial situation:

- 67% Use or have used mental health services
- 18% Care or look after someone who has experienced mental distress
- 73% Have a family member who has experienced mental distress
- 82% Have a friend who has experienced mental distress

Some also expressed that support networks come with “strings attached”. For example, financial support from family in one person’s experience then led to expectations around education and career choices. For another, they expressed how you have to give emotionally as well as take from your support network and the balance perhaps isn’t always even.

Finally, it was also clear that the family, friends, and communities who make up these support networks are vulnerable to the cost of living crisis. For many people, those in their support network are struggling with rising costs and have limited capacity to support either financially or in other ways.

*“I don't have contact with my parents. I have an older brother who's a fair bit older. And he's been very supportive where he can.”*

**[White British, 18 - 25 years, Non-Binary, Pansexual]**

***“It’s hard as you give and give to care for you family or friends or whatever, but it’s not always there, the support when you need it back.”***

**- [African, 26 - 35 years, Male, Heterosexual]**

#### **4.6 People are turning to unsustainable solutions**

**In order to tackle some of the challenges that people are experiencing with rising costs and stagnant incomes, some are trying to take steps or actions to stay afloat. Whilst these steps are supporting individuals in the short term, it remains to be seen if they will be sustainable in the long run.**

Regarding employment, many were striving to increase their incomes, job security and stability. Several interviewees described how they had either left jobs they enjoy to take higher paying jobs, accepted promotions they perhaps did not want to increase their salary, or worked multiple jobs to boost their income.

In cases where people had left work they enjoyed to take higher-paying jobs or accepted promotions, it was clear that this was often at odds with their personal values and motivations. Individuals are making the decisions to prioritise income and financial wellbeing for the short term to navigate the cost of living crisis.

One interviewee described leaving their job as a barista, which they loved doing, in order to increase their income. Whilst they loved the job and had not previously considered leaving, after winter 2022 and the rising cost of utilities and rent, they felt they had no choice but to find another higher-paying job. In addition to rising costs, they were unable to pay credit card bills and previous debts, which they felt were getting on top of them. Whilst they were able to secure a higher-paying job, it was apparent that this was not in line with their personal values or career aspirations.

Another interviewee described accepting a promotion at work, which he did not want the additional responsibility for but felt compelled to accept due to increased expenses. He described how the new role came with additional responsibilities, which in turn has led to more time spent at work, increased stress and poor sleep.

Another common experience interviewees shared was moving back in with parents, in-laws, siblings or other people in their support network. One interviewee described how she felt she had no choice but to move back home with her mother as she had a young baby and needed to reduce costs. Another described how she moved in with her father and took on additional caring responsibilities but also was able to reduce her spending on rent.

***“I realised I can’t do the job that I love anymore because I can’t afford it. I need to change it. Whereas I had not even considered changing until that point. But it was purely like a financial move because it (debt and cost) was just spiralling.”***

**[White British, 18 - 25 years, Non-Binary, Pansexual]**

Precarious and changing housing situations were the norm for a handful of people, with some describing how they had changed locations or housing multiple times in the past two to three years. Several participants commented on the effects of gentrification and rising housing and rent prices in the area they had been living in due to a competitive housing market with new people and communities moving to the area, resulting in some people needing to relocate due to landlords ending tenancies or increasing rents.

In both occurrences, around changing jobs and housing, it was clear that individuals were making hard choices they felt they needed to make to reduce costs or increase income to navigate the cost of living crisis. However, this was often at the expense of their autonomy or aspirations and sometimes at odds with their values. It is possible that many of these short-term solutions will prove to be unsustainable in the long run as a result.

*"I was evicted because I asked for repairs in my old house because there was stuff that wasn't safe there for my daughter. And basically, you can be evicted for asking for repairs like tenants have no rights."*

**[Other White background, 26 - 35 years, Female, Bisexual]**

*"We're actually in a really weird situation at the minute where we're currently working with a union to get money back from my landlord. Just last week, we delivered a letter to his property. Just being like, you're an awful landlord because there is so much mould in our house. It's on everything. It's got all our belongings, like just a proper infestation. So we've got a house, and we're all like, kind of alright. But the house itself is disgusting. So we're trying to get some funds back for that one."*

**[White British, 18 - 25 years, Non-Binary, Pansexual]**

#### **4.7 Relationships to personal finances are deeply complex**

Over the course of this research, a persistent link emerged between people's relationships to money and mental health; a complex topic and area of interest for the research team was around understanding if financial worries acted as triggers for poor mental health or exacerbated symptoms, or if the opposite was true.

Ultimately, it became clear that the relationship between money and mental health is inextricably linked. We heard several interviewees share how the cost of living crisis had resulted in increased stress, anxiety and isolation. For many, it also resulted in exacerbated symptoms of mental and/or physical health conditions. For some, these exaggerated symptoms reduced their capability to work, further contributing to financial worries and straining incomes.

*"Sometimes, during some months, I really will get very close to running out of money. And I can see a real difference in how I feel and like my ability to regulate. And I think it feels, the more constrained I feel by money, the more I feel powerless in my ability to just navigate my life."*

**[Mixed Ethnicity, 26 - 35 years, Female, Heterosexual]**

For others, poor mental health has further exacerbated their financial pressures. In some instances, participants described “impulsive” or spontaneous spending on things that they could not afford but felt had improved their wellbeing in the short-term. However, the medium and longer-term impact of impulsive or spontaneous spending added financial pressure and feelings of guilt around this.

There were also people who shared how long-term or declining mental health conditions had left them unable to work.

One interviewee asked, “**what comes first, making money or managing your mental health?**”. It was a question posed in different ways by different people, often trying to understand if money and financial wellbeing dictated your mental health or if the opposite was true.

Another theme interviewees commented on regarding their personal relationships to finances was upbringing. There was a correlation between how participants felt their upbringings had influenced their relationships with money and its link to mental health.

Several people shared how they had been taught to “live within our means” or to value being frugal growing up and that this was now serving them well in terms of how they approached making ends meet. On the other hand, several participants also shared feelings of disappointment that they hadn’t been taught about how to manage money or their finances whilst they were growing up, and as a result, this had shaped their attitudes towards money as adults.

One participant shared how she felt that financial literacy and money management skills were generational; her parents had not been taught how to manage money or household finances, and as a result, she was not taught either. Another participant shared how they felt their working-class upbringing had contributed to their attitude towards money now; a sense or a feeling that this was going to hold them back financially in the long term due to a cycle of poverty, chronic issues, low-income and unstable employment.

*“I remember a lot of the time we struggled for money. There were moments in my life where I remember having to hide inside because we had bailiffs at our door. And it's very interesting because my parents never taught me about money management. They never taught me about finances and understanding things like tax, or council tax, or responsibilities of the different things in a household that you'd have to pay. And when they divorced, I did everything that I could to get out of my household because it was quite a toxic, abusive household. So for me, when I started living by myself, it was just a case of learning as I go along. And by doing that, I made a lot of mistakes, like taking out an overdraft and then getting shafted by using it and not being able to get out of it and not paying for certain things. And all of that, I think later on down the line accumulated to poor, like financial management, and then in reflection to that my parents are equally just as bad.”*

**[Indian, 26 - 35 years, Female, Heterosexual]**

This was echoed by another participant who described how her parents had come from a migrant background, seeking refuge in the UK and had taken several types of benefits over the years. She described the residual shame of being labelled as a person seeking refuge but also of receiving benefits, recognising that she was now at a point where she needed to apply for benefits, but this shame was acting as a barrier.

One experience shared by a participant was about how her family lost their house in the financial crisis in 2007-08. The participant was young (less than 18) when they witnessed the loss of the family home and was finding that the cost of living crisis and the economic downturn was a trigger for anxiety and traumatic memories due to their previous experience.

There were also a small handful of participants who had become reliant on their partners' incomes due to health issues or job loss; for one participant who had long-term mental health issues that had been exacerbated over the last two years, she was entirely reliant financially on her partners and parents.

Two further female participants described how their respective partners had been made redundant. For one participant, her partner had been made redundant over a year ago leaving her in the position of being the sole financial earner in the family. In addition to this, she was also financially supporting family members who lived abroad. For both participants, this had resulted in a shift in their dynamic with their partners, as there was an additional element of pressure to these relationships.

Ultimately, when people's financial autonomy was compromised, be it due to family upbringing, job loss or health issues, the overriding feeling that was expressed by participants was that of shame. This, in turn, was contributing to feelings of lowered self-worth and affected mental wellbeing.

*"I think generally growing up, my parents came here as refugees, and you know, my whole life, up until I was 18, and left home, I think there's always this feeling of, save everything that you can, like, don't be lavish, all of that. And then also, like, you have to make the most amount of money possible. Like that is like the name of the game. And then when I went into, like, the charity sector, they really didn't think that was a good use of, like, my sort of ability, as it were. And then I do feel like I've sort of justified, like, why I choose to earn less than I could."*

**[Other Asian Background, 26 - 35 years, Non-Binary, Pansexual]**

*"At different periods of my life I've had to rely on credit, which has then had an impact on my life now. Where I should be more comfortable, I'm not as I'm having to pay. It almost feels like I'm having to pay for previous sins."*

**[Mixed Ethnicity, 26 - 35 years, Female, Heterosexual]**

*"I don't recall my mom really struggling much at all. I had what I needed to have, but we lived within our means. Like me coming back to live with my mom, to me, it's a sign that maybe our lives are a little bit different because I was living pay-check to pay-check effectively."*

**[Other White background, 26 - 35 years, Questioning, Pansexual]**

*“My parents would never have had any sort of credit that they had to pay off or anything like that. So their outgoings were very much focused on the things that they had to pay at the time for the things that they were using at the time. They've always paid for things like, you know, cars for example, outright, they've never met. They've never bought them on finance or anything like that.”*

**[African, 26 - 35 years, Female, Heterosexual]**

*“The only finance they've (parents) ever had is a mortgage, and they had quite a lot of support. They benefited quite a lot from different, like government housing schemes. I learned recently that they got 45% off of the first house that they bought; that's literally like 45% off. And here I am, trying to just get a 5% mortgage. So it feels very different.”*

**[Mixed Ethnicity, 26 - 35 years, Female, Heterosexual]**

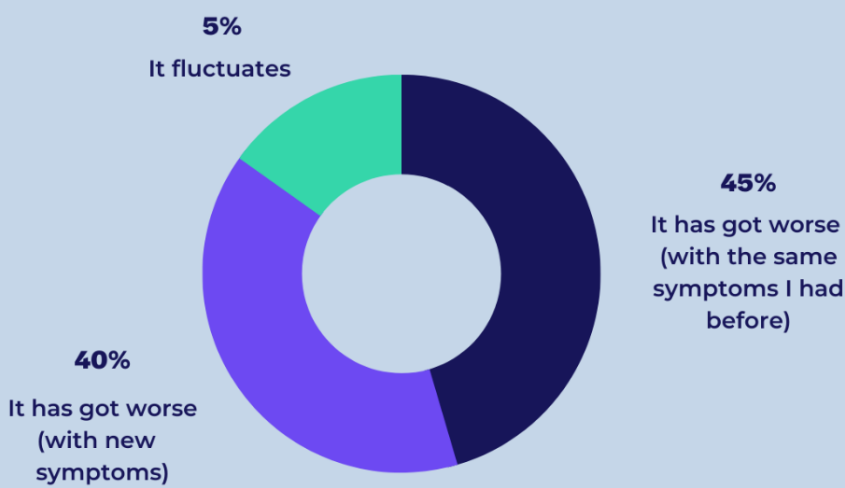
#### **4.8 Mental health, quality of life and general wellbeing are all affected**

Overall, there was a range of perspectives on how the cost of living crisis is impacting mental wellbeing. However, what there was consensus on was that the cost of living crisis was leading to worsening mental health.

When asked how mental health had changed during the cost of living crisis:

- 40% of people said their mental health had got worse with new symptoms
- 45% of people said their mental health had got worse with the same symptoms they had before
- 5% of people said their mental health fluctuates.

Table 13: Changes to mental health during the cost of living crisis



Participants described feeling that certain pre-existing symptoms were worsening. Whilst it differed from person to person, there were reports of:

- **Suicidal ideation:** Some participants reported more frequent instances of suicidal ideation, often with debt as the trigger for these thoughts. This was more pronounced for those in deep and persistent poverty and those with chronic health conditions.
- **Worsening anxiety:** Those who were diagnosed with anxiety prior to the cost of living crisis shared that their anxiety had worsened (this was true for almost every participant). Some described their anxiety as worse than ever before.
- **PTSD symptoms:** PTSD symptoms such as panic attacks and nightmares were worsening for some. One participant shared how her family lost their home in the 2008 financial crisis, and as a result, she was finding the cost of living crisis triggered fears around losing her home and exacerbating her PTSD symptoms.
- **ADHD behaviours and symptoms:** Those with ADHD (12%) reported symptoms worsening which in turn affected mental health as they were finding it harder to manage tasks in day-to-day life. One participant, for example, shared how his worsening ADHD symptoms resulted in missing an HMRC deadline for self-assessment filing, which resulted in a fine and further worsened his financial position.
- **Exacerbated symptoms for those with long-term mental and physical health conditions:** Those who had other persistent chronic health conditions (33%) universally made the link between mental and physical health, and how they were related. For example, if MH symptoms worsen, so do other health symptoms. In the most severe cases (16%), this left people unable to work, creating further financial strain.

For those who experienced new symptoms, these tended to be severe anxiety that had not been previously experienced at the same acute level or feelings of low mood and depression.

*“I think it has made me so much more anxious than I was before. And I'm also diagnosed with ADHD, and that has, I mean, the symptoms definitely become more severe.”*

[Indian, 26 - 35 years, Male, Bisexual]

*“My body has definitely been more affected by stress. I'm definitely more easily overwhelmed. Probably, in some ways, find it harder to communicate as well. And just generally, I guess energy levels, like not being able to do basic things sometimes can be quite hard.”*

**[Pakistani, 26 - 35 years, Genderfluid, Pansexual]**

Participants also described other related impacts on their wellbeing caused by the cost of living crisis. While these impacts perhaps didn't directly exacerbate mental health symptoms, they acted as a challenge or blocker to people managing their mental health.

This includes things such as:

- **Worsening sleep habits:** Insomnia or poor sleep (in some instances caused by anxiety, in others caused by work-related stress).
- **Challenges with organisation, planning and isolation:** Not having the ability to forward plan (due to uncertainty around income or expenses). One example of this is feeling unable to plan meals and, therefore not having access to nutritious and affordable meals. Another example is feeling unable to commit to social activities and therefore feeling isolated or uncertain about access to social connections.
- **Lack of motivation to exercise:** Not having time or energy to be able to prioritise exercise or physical activity (due to increased time working and work-related stress).

*“But the job is really demanding and really exhausting. So when I get home, I'm just eating ready meals because it just takes less energy to heat up. It's quicker to eat and more content rather than go to sleep hungry. And I just felt so much more tired. I was making up excuses not to go into work. I'd constantly be late because I just wasn't sleeping properly. Yeah, that was just a pattern.”*

**[Other Black / African / Caribbean background,  
18 - 25 years, Non-Binary, Gay]**

## 5. Experiencing, Accessing and Navigating Support

Table 2: The two-way link between financial wellbeing and mental health

Every individual experiences an intersection of three systems: mental health systems (e.g. NHS), community level systems (e.g. community or sports centre or virtual peer groups) and wider social systems (e.g. housing, employment).

The experiences an individual has with these systems inform the two-way link between financial wellbeing and mental health.



When exploring how participants experience, access and navigate support, there were three levels in terms of how these experiences manifested:

- 1.Their own individual experiences navigating mental health support, influenced by previous lived experiences and mental health symptoms
- 2.Experiences of the individual within their community, on a local and virtual level
- 3.Experiences individuals had with wider systems such as healthcare or housing, contributed to their overall wellbeing and journey to accessing support.

Table 3: What can Mind do moving forward?

Experiences

Barriers

Reccommendations

Individual Experiences



- Unable to find relevant or tailored support
- Poor experiences with healthcare professionals
- Long waiting times
- Turning to informal support outside the healthcare system.

- Symptoms worsening during wait times
- Support offered not appropriate the individual
- Not knowing how to access other types of support
- Fears around cost involved.

- Develop support tailored to those in a waiting period
- Signpost to culturally aware or tailored support services
- Peer support and skills sessions.



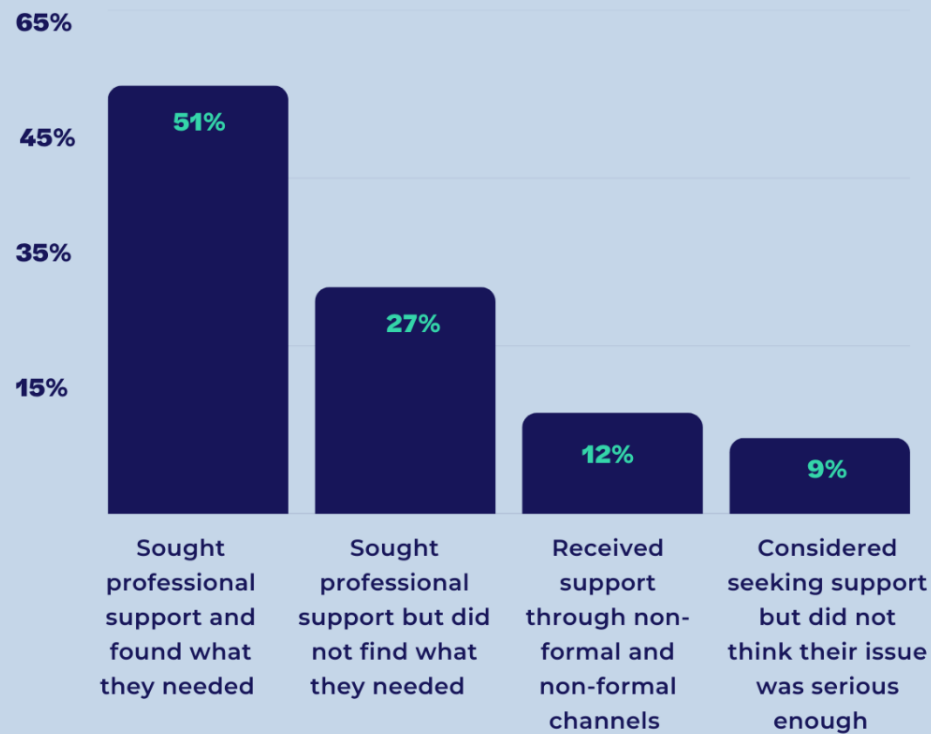
Table 3: What can Mind do moving forward?			
	Experiences	Barriers	Reccommendations
<div>Community Level</div> 	<ul style="list-style-type: none"><li>• Participants are accessing different types of support on a local community level</li><li>• Some participants still prefer virtual support when it is tailored and has lower barriers to entry.</li></ul>	<ul style="list-style-type: none"><li>• Fears around transport costs and travel time</li><li>• Fears that a space may not be welcoming and inclusive</li><li>• Poor experiences with healthcare in the community e.g. GPs.</li></ul>	<p>1. Build partnerships with organisations that:</p> <ul style="list-style-type: none"><li>a. Can provide mental health support on a local level</li><li>b. Are culturally informed</li><li>c. Are within the formal healthcare system.</li></ul>

Table 3: What can Mind do moving forward?			
	Experiences	Barriers	Reccommendations
<div>Wider Systems</div> 	<ul style="list-style-type: none"><li>• Housing insecurity due to rising costs of housing</li><li>• Job insecurity (especially freelancers)</li><li>• Convolutd and confusing NHS pathways to accessing mental health care.</li></ul>	<ul style="list-style-type: none"><li>• Tenants fearing eviction when challenging poor conditions</li><li>• People having to move elsewhere due to rising costs and unstable income</li><li>• Loss of trust in formal healthcare.</li></ul>	<ul style="list-style-type: none"><li>• Lobbying and advocating for reform and systemic change on the wider issues affecting mental health</li><li>• Being more bold, vocal and work with partners to be more visible with campaigning work.</li></ul>

5.1 Experiences of the individual when navigating mental health support

- When it came to accessing and navigating mental health support:
- 36% of people reported not knowing where to start or what kind of help to seek
  - 60% were worried or anxious about what others might think
  - 54% did not know if their issue was serious enough
  - 79% were unable to find support relevant and tailored to their needs
  - 58% had personal fears or doubts about mental health services
  - 82% were concerned about the financial cost involved.

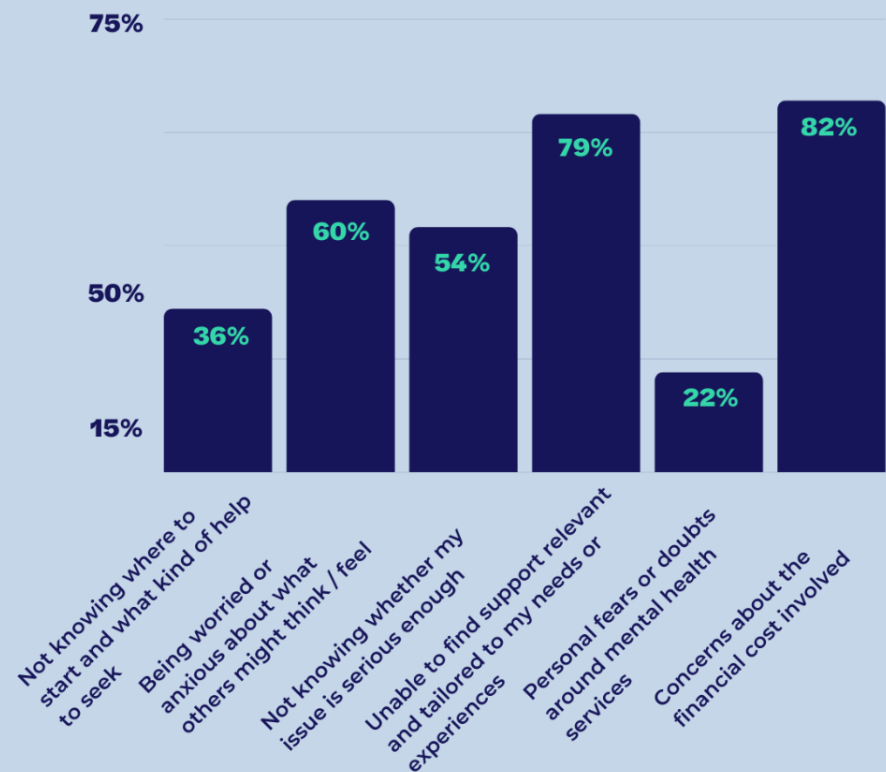
Table 14a: Experiences seeking formal mental health support



The vast majority of participants we spoke with had attempted to access some form of support for their mental health. However, responses were varied regarding whether this support was adequate or relevant.

- 51% of people sought professional support and found what they needed
- 27% sought professional support but did not find what they needed
- 12% of people who experienced mental health issues got support through non-formal channels
- 9% of people considered seeking support but did not think their issue was serious enough.

Table 14b: Experiences seeking formal mental health support



Experiences seeking formal mental health support:

- 82% Had concerns about the financial cost involved
- 79% Were unable to find support relevant and tailored to my needs or experiences
- 60% Being worried or anxious about what others might think or feel
- 54% Did not know whether their issue was serious enough
- 36% Did not know where to start and what kind of help to seek
- 22% Had personal fears or doubts around mental health services

*“Yeah, well, therapy would be something that we all could have kind of gone for if we had had the finances, we would, but we're having to wait on waiting lists instead, which is just difficult.”*

**[White British, 18 - 25 years, Non-Binary, Pansexual]**

Of those who sought to manage their mental health from outside the formal healthcare system, the following were shared as tools that supported and enabled people to cope with or manage mental health.

- Meditation
- Journaling
- Yoga
- Martial arts
- Pottery
- Swimming
- Jogging or running.



*"I didn't have access to support to be able to talk to anyone. And I think a lot of that came from cultural expectations. And how I was brought up is exactly how my parents were brought. And so it was very hard to break down that kind of barrier that was already there."*

**[Indian, 26 - 35 years, Female, Heterosexual]**

## 5.2 Experiences of the individual within their community

Participants expressed overall a slight preference for organisations that can provide localised support for mental health e.g. sports centres and community centres, where support can be accessed in person and on a very local level. Many still recognised the value and benefit of virtual and online spaces (around half the participants still accessed some form of mental health peer support via online spaces, and a small minority via the phone).

However, participants did slightly tend to prefer in-person and localised support where it was available and accessible. Barriers to accessing this type of support include transport costs (participants tended to prefer local community or sports centres that were easily accessible by walking or public transport) and spaces not being accessible or inclusive (for example, one participant expressed how they would feel more comfortable in an LGBTQIA+ inclusive environment).

Participants also expressed benefitting from types of mental health support that are specifically tailored to a particular community and hosted or facilitated by a member from that community. For example, one person spoke about "feeling safe for the first time" when entering a mental health peer support group "facilitated by a Queer, female, person of colour...finally, someone who looks like me". Another shared her experience accessing support for single mums and feeling "not judged" during this process.

A recurring pain point was the interactions people had with healthcare in the community, from GPs and nurses to reception staff. Some examples of better experiences were when their relationship with the GP was longer-term. One participant, for example, shared that they had been in and out of therapy for 17 years (since the age of 17) and as a result, had developed the skill to advocate for themselves. Another shared how they had a family history of severe and enduring mental health conditions (Bipolar disorder and schizophrenia) and had been receiving mental health care for the past 6 years. This participant felt that their experiences with health care professionals had worsened over the past two years, especially after the pandemic, but that they now knew how to "manoeuvre my way through the murky waters to somehow get the support I need, though it might take a long old time).

## 5.3 Experiences of the individual with wider systems

Within the healthcare system, there was a range of places that people report going to in order to seek support:

- GP
- NHS Talking Therapies, counsellor or therapist
- Community Hospital
- Private counsellor or therapist (10% of participants had health insurance through previous jobs that enabled this)

There were strong recurring themes when it came to the challenges and difficulties people were experiencing with the healthcare system:

- **Poor experiences with healthcare professionals:** When it came to accessing support via GPs or the NHS, people reported high levels of dissatisfaction. Several participants expressed a sentiment that Doctors and Nurses were not helpful; some felt their GPs did not have the knowledge or skill to provide mental health signposting; others reported poor experiences after a GP referral was made.

- **Long waiting times:** this was the barrier there was the strongest consensus around; people expressed how detrimental long waiting times had been, especially when the mental health care needed was urgent or acute.
- **Timelines** were also a key challenge; those who were able to get referred to therapy shared that the structure of 6 weeks of support was limiting and did not suffice.
- **Support not relevant:** Around half of the participants reported that the support they were referred to was not relevant or appropriate; for example, some shared how they had been referred to types of therapy (EMDR, CBT) that were not the right approach for their situation.
- **Lack of culturally informed support:** A strong recurring theme was also around the lack of culturally informed and relevant support, particularly from participants from racialised backgrounds and LGBTQIA+ people. Several commented on how when they did manage to access support, their counsellor or therapist was not able to understand their cultural background or community and therefore not able to provide relevant or tailored support.



*“My University had their own counselling, but it didn't work for me. And they were able to recommend a private counselling service I went to. With that assessment, I was matched with a really great person. And we just kind of fit like jigsaw puzzles. I've had counselling my whole entire life since I was in secondary school, but it never felt right. So when I met with that woman, it really made a change and a difference to my life. And because she was a woman of colour as well, it made the biggest difference in understanding where I go to where, where I'm coming from, what I'm talking about, cultural elements that come into play.”*

**[Indian, 26 - 35 years, Female, Heterosexual]**



*“I think my GP was quite helpful, but it was more short-term help, prescribing anti-anxiety medication or getting diagnosis and so on. But in terms of long-term counselling, and, you know, like therapeutic support, it was quite messy because I was diagnosed with several things. I was put on a waitlist for several things.”*

**[Other White background, 18 - 25 years, Male, Heterosexual]**



## 6. Recommendations for Mind


Table 3: What can Mind do moving forward?	Experiences	Barriers	Reccommendations
<div>Individual Experiences</div> 	<ul style="list-style-type: none"><li>• Unable to find relevant or tailored support</li><li>• Poor experiences with healthcare professionals</li><li>• Long waiting times</li><li>• Turning to informal support outside the healthcare system.</li></ul>	<ul style="list-style-type: none"><li>• Symptoms worsening during wait times</li><li>• Support offered not appropriate the individual</li><li>• Not knowing how to access other types of support</li><li>• Fears around cost involved.</li></ul>	<ul style="list-style-type: none"><li>• Develop support tailored to those in a waiting period</li><li>• Signpost to culturally aware or tailored support services</li><li>• Peer support and skills sessions.</li></ul>



Table 3: What can Mind do moving forward?	Experiences	Barriers	Reccommendations
<div>Community Level</div> 	<ul style="list-style-type: none"><li>• Participants are accessing different types of support on a local community level</li><li>• Some participants still prefer virtual support when it is tailored and has lower barriers to entry.</li></ul>	<ul style="list-style-type: none"><li>• Fears around transport costs and travel time</li><li>• Fears that a space may not be welcoming and inclusive</li><li>• Poor experiences with healthcare in the community e.g. GPs.</li></ul>	<div>1.Build partnerships with organisations that:</div> <div><ul style="list-style-type: none"><li>a.Can provide mental health support on a local level</li><li>b.Are culturally informed</li><li>c.Are within the formal healthcare system.</li></ul></div>

Table 3: What can Mind do moving forward?	Experiences	Barriers	Reccommendations
<div>Wider Systems</div> 	<ul style="list-style-type: none"><li>• Housing insecurity due to rising costs of housing</li><li>• Job insecurity (especially freelancers)</li><li>• Convoluted and confusing NHS pathways to accessing mental health care.</li></ul>	<ul style="list-style-type: none"><li>• Tenants fearing eviction when challenging poor conditions</li><li>• People having to move elsewhere due to rising costs and unstable income</li><li>• Loss of trust in formal healthcare.</li></ul>	<ul style="list-style-type: none"><li>• Lobbying and advocating for reform and systemic change on the wider issues affecting mental health</li><li>• Being more bold, vocal and work with partners to be more visible with campaigning work.</li></ul>

6.1 Supporting individuals with practical skills and peer support sessions

There was a clear sense from participants that they wanted to be equipped and empowered to navigate support and care for themselves and address the link between mental health and money.

People felt that practical skill and support sessions were great tools for enabling individuals to take control of their situations to feel empowered and ultimately, most participants wanted to feel equipped to take control of their relationships with money and mental health.

Participants did also stress, however, that this should not be done in substitution of systemic change; that the root causes of systemic inequality and poverty need to be addressed in tangent with providing skills and peer support sessions.

**Participants expressed a desire for pragmatic and practical support as well as tangible and interactive resources such as:**

- Money and debt peer support groups
- Building skills and knowing your right when communicating with debt collectors
- Support sessions for building skills and resilience regarding mental health and money
- Savings and budgeting (though there was a mix of people who felt this would help, most acknowledged it could be a helpful tool but that wider systemic inequalities still needed to be addressed)
- Participants also expressed wanting to see support tailored to those who were currently on the journey to accessing care but on a waiting list for example: how to manage mental health during the waiting period, how to navigate pathways to mental health care, how to continue advocating for yourself during the waiting period.

*“Peer support, that just always kind of jumps out as a great way for people to connect.”*

**[White British, 18 - 25 years, Male, Gay]**

6.2 Support for individuals by signposting to culturally aware and tailored support services

There was a desire to see Mind provide better signposting to services from its own website, social media and materials.

Participants felt that Mind had an important role in enabling people to access support services for managing mental health problems exacerbated by financial strain, especially people seeking culturally informed or tailored support. For example, one Muslim participant spoke about how debt was discouraged in her faith and how this added a fear of stigma when seeking support. The participant mentioned that previously they had reached out to a financial counsellor, but the individual did not have knowledge or understanding of the perceptions around debt in Islam and was not able to provide her with the relevant support she was seeking. Participants suggested that an important role for Mind was to highlight and give a platform to different types of culturally aware support services available.

Participants also felt that Mind has a role to play in showcasing support available to people from a range of different organisations. Something that participants touched upon was that it was not necessarily just formal or structured therapy they wanted to access. Participants expressed a desire to understand the support available from different types of organisations, e.g. sports and physical health, peer support groups, counsellors, financial advisors and financial wellbeing organisations.

**Participants expressed wanting to see signposting to support services that are:**

- Culturally relevant and tailored
- Accessible to those who do not have English as a first language
- For single parents
- For disabled people
- For carers.

*"I think starting with like signposting is a big thing because if people feel like there's no chance that they're gonna get out of it, it just creates a sense of apathy, which, in my experience, made things worse because I was like, well, I'm already in debt, I may as well get more in debt, which is like the worst and least helpful attitude to have. But it's like, I didn't see that there was any other option. Whereas with signposting, even if it's not always the most useful thing is like a case. There are some options that might not work, but it's not completely hopeless."*

**Pakistani, 26 - 35 years, Female, Heterosexual]**

*"A lot of services are set up, but they don't have people of colour in mind and they don't have culture in mind. They don't understand where people come from and where difficulty stems from. I think it can have a really big impact on accessing support, but also why someone is at that stage where they need support, what have they been taught or what have they been told. So looking at cultural aspects of well being financial health management".*

**[Indian, 26 - 35 years, Female, Heterosexual]**



*“Seeing Mind take initiative to bring resources to people. Making sure that people are aware of them, and almost saying, here's this advice, here's what it's going to help you with. And being really clear with it. I think with financial stuff, it's particularly difficult to know where to start looking for help. So if it's kind of there in the front of Mind and available to you, I think that's always very helpful.”*

**[White British, 18 - 25 years, Male, Gay]**



### 6.3 Supporting on a community level by working in partnership with other organisations

**There was a strong desire to see Mind continue to partner with and build new partnerships with financial wellbeing, general wellbeing and healthcare organisations:**

- **Organisations that can provide localised support for mental health**, e.g. sports centres and community centres, where support can be accessed in person and on a very local level. Overall, participants tended to prefer in-person and localised support where it was available and accessible. Barriers to accessing this type of support include transport costs (participants tended to prefer local community or sports centres that were easily accessible by walking or public transport) and spaces not being accessible or inclusive (for example, one participant expressed how they would feel more comfortable in an LGBTQIA+ inclusive environment).
- **Organisations that provide culturally informed support**, i.e., relevant, nuanced and tailored to people with different needs and lived experiences. For example, partnerships with financial wellbeing organisations that have a deeper understanding of particular faith groups or racialised people or partnerships with organisations that provide mental health support for LGBTQIA+ people or racialised people.
- **The formal healthcare system**, e.g. GPs, Doctors, Community Nurses and the wider healthcare systems (this was with regards to having Mind better embedded and acting as the bridge between the NHS and other mental health support available). Multiple participants felt that training for GP reception staff was essential, and highlighted poor experiences with GP receptionists.



*“A lot of the time I don't get in contact with my GP because of the receptionists. The receptionists, they give me such bad anxiety. I feel like they hold the whole world in their hands. And when they ask you to talk about what your problems are, and what your issues are, that's a real barrier for me, because I don't know you. I don't feel comfortable enough to open up and talk to you. In my GP practice, I had a really big issue about this because I was off work due to depression. I had one of the receptionists call me up and they basically said to me why are you still off work? And it really put me to the point where I broke down. I just couldn't respond to it. I would say, training for receptionists, or that they're not so invasive, would make accessing services like the GP a lot easier and less anxiety ridden.”*

**[Indian, 26 - 35 years, Female, Heterosexual]**



*I don't think that charities like Mind, or even the NHS, can solve it. It's like just papering over the cracks. It doesn't do anything to help if you don't see mental health is not a single issue. Like to help mental health, you need to campaign around housing, cost of living and everything else. Because you can say, mental health is a misleading term. It's not like, Oh, people get bad mental health because they're under an intense amount of pressure and all kinds of stigma from society. I understand why it's set up like this, but I don't think it's good for groups like Minds to be like we just do mental health because I know if they got political, maybe they would lose funding, but that if they really want to deal with people's mental health, they have to get political."*

**[Other White background, 26 - 35 years, Male, Heterosexual]**

*"The things that would change my mental health is if I had secure housing, if I had, like secure employment, if there was good health care without ages on waiting lists, good mental health support. But we're like living after over a decade of austerity, and people's rights have just been stripped away more and more"*

**[Other White background, 26 - 35 years, Female, Bisexual]**

*"For a lot of people, they are at a point of crisis, where something needs to be changed or done for their financial situation. There is an element of looking at and challenging how the Government works, especially with the majority of working class people actually just struggling to make ends meet and not even be able to save up. I think for me, that is where I would like to see Mind make a difference, not just on a level where it's working with the public, but on a level where you're working with the Government to actually implement change, because it's all good and well, creating the service for financial wellbeing and mental health management. But what is the point? If nothing changes, and it's just continuous, then ideally you should want to stop it at the root".*

**[Indian, 26 - 35 years, Female, Heterosexual]**

6.4 Supporting systems change by influencing Government policy through communication

Whilst there was a range of perspectives participants expressed when asked about what action they would like to see Mind take, one of the strongest messages was around Mind’s role in advocating for policy change.

Participants felt strongly that there needed to be policy changes from Government in several areas:

- Investment into mental health services and infrastructure
- Limitations on waiting times for mental health care, especially in acute cases
- Provisions for long-term support
- Investment into localised support
- Tenants rights, housing quality and standards.

Participants felt that it was vital for Mind to recognise that several systems of oppression contributed to poor mental health, which the cost of living crisis has further exacerbated. This includes but is not limited to poor quality housing, inadequate healthcare interventions, and unstable or poorly paid employment. A high number of people from racialised communities (Pakistani, Bangladeshi, African and Caribbean) were in tenanted housing, expressed fears around eviction and had previous bad experiences when challenging landlords. A few people from the LGBTQIA+ community also experienced poor housing conditions and expressed fears that they would not be able to find another place to live that was safe, inclusive, and in their preferred location if landlords were challenged.

There were also a number of racialised and LGBTQIA+ people in freelance roles who expressed the challenges of being in such roles like not having sick pay or having paid work cancelled with short notice.

When asked what people’s current impressions of Mind were when it came to lobbying the Government, one participant provided an accurate summary of the consensus when he said, “Mind doesn’t stay on my mind”. There was a desire to see Mind be more visible, vocal, and bolder in its messaging to the Government.

Participants felt that Mind needed to amplify the wider systems that contribute to poor mental health and the long-term damage current housing and healthcare policies can cause. Participants also felt that Mind needed to be more vocal explicitly when it came to people experiencing multiple forms of marginalisation, such as racialised people, disabled people, single parents and carers who are also in insecure housing or experiencing deep and persistent poverty.

Ultimately, participants felt it was important for Mind to:

- Use this research and evidence to inform lobbying, advocacy and communications plans around wider systemic issues affecting mental health, such as poor housing conditions, waiting times for mental health care and sick pay for freelancers
- To share these findings with partners and stakeholders who would be able to support influencing policy change
- To be bold, vocal and more visible in regards to its lobbying and campaigning work.

*“I would like to see you know, Mind submit research to influence policy. Saying, hey, we have internal research on the current state of affairs, let's use that to push policy in the Government. Not just the normal charity Government relationship. Saying no, this is part of the role of charity, to push the Government to bolster and improve social services.”*

**[Other White background, 26 - 35 years, Male, Heterosexual]**

*“I would like to see you know, Mind submit research to influence policy. Saying, hey, we have internal research on the current state of affairs, let's use that to push policy in the Government. Not just the normal charity Government relationship. Saying no, this is part of the role of charity, to push the Government to bolster and improve social services.”*

**[African, 26 - 35 years, Female, Asexual]**

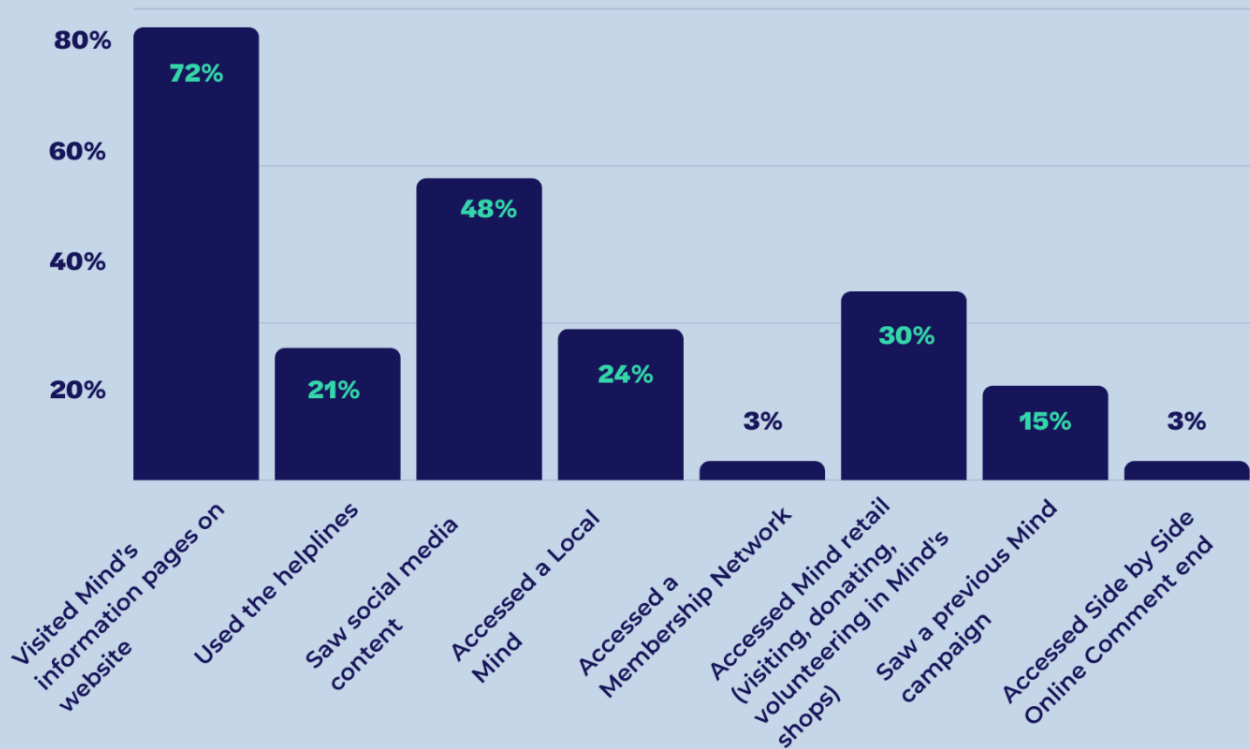
*“I think also just being mindless, being very vocal, as much as possible on social media, in the news anywhere they can really.”*

**[Other White background, 26 - 35 years, Male, Heterosexual]**

**6.5 Existing support offered by Mind**

The majority of participants (72%) had interacted with Mind’s website, and nearly half had engaged with Mind’s social media content (48%). Both the website and social media were generally viewed positively. Participants also commented that the use of plain English was the most effective way to communicate and avoid jargon and expressed a desire to see more representative photos reflective of diverse communities.

Table 15: Experiences accessing support from Mind



Experiences accessing support from Mind:

- 72% had visited Mind’s information pages on the website
- 21% had used the helplines
- 48% have seen social media content
- 24% have accessed a Local Mind
- 3% had accessed a Membership Network
- 30% have accessed Mind retail (visiting, donating, volunteering in Mind's shops)
- 15% had seen a previous Mind campaign
- 3% had accessed Side by Side Online

*“I also regularly access the Samaritans and Mind, their pages on wellbeing. Just reminding myself of wellbeing and the symptoms of depression. I almost just familiarise myself with whether I'm falling back into that cycle by being aware of the symptoms. Then I suppose social media, in bite-sized chunks, there are some pages that I follow that are really great.”*

[Indian, 26 - 35 years, Female, Heterosexual]

An area of existing support offered by Mind was around the Infoline, of which 21% of interviewees had accessed prior to their participation research. Participants expressed wanting to see the helpline hours extended and for Mind to work with mobile networks to remove network rate; participants stressed the importance of a toll-free service, and the current network charges were acting as a barrier to accessing the Infoline.

Finally, there was a desire to see support and information that was available in different languages or access to translations/translators. People wanted to see translated support on a broad range of topics, from information on the different mental health conditions to support on how to advocate for mental health support with GPs, or how to discuss mental health in the workplace.

*“My parents, for example, cannot speak or read or write English, so they always need help with all their forms and things and even accessing any type of support. Like GP, mental health, all of that comes with so much extra effort that they are more likely to not go and get it. If there were, like, translators. I've heard someone being rude because they don't understand my parent's speech. Or like my parents to understand them, ask them to repeat it, and then they're met with frustration”*

**[Pakistani, 26 - 35 years, Female, Heterosexual]**

*“I think if there was like a pool of bilingual or multilingual speaking sort of therapists or people who were queer or have different minoritised backgrounds.”*

**[Indian, 26 - 35 years, Female, Heterosexual]**

*“Just having information that is not full of shitty banking jargon. It's so hard to keep up with things because it's just a constant influx of information and what's going wrong and, like, what costs more now. I think breaking it down is such an important part of helping people understand.”*

**White British, 18 - 25 years, Male, Gay]**

**7. Appendix**

- 1.** Participant Data Summary
- 2.** Poverty Audience Toolkit

## 8. Glossary

### Anxiety

Anxiety is a feeling of unease, such as worry or fear, that can be mild or severe. Anxiety can be experienced in lots of different ways. Including but notwithstanding, General Anxiety Disorder, Social Anxiety Disorder, Panic Disorder, Phobias, Post-Traumatic Stress Disorder (PTSD), Obsessive Compulsive Disorder (OCD), Health Anxiety, Body Dysmorphic Disorder (BDD), Perinatal Anxiety or Perinatal OCD.

### Attention deficit hyperactivity disorder (ADHD)

Attention deficit hyperactivity disorder (ADHD) is a condition that affects people's behaviour. If you experience ADHD, you might find that you:

- Have difficulty concentrating
- Tend to fidget
- Are forgetful
- Sometimes make impulsive decisions.

To learn more, [visit the Mind website here](#), or [the NHS website here](#).

### Cognitive Behavioural Therapy (CBT)

Cognitive behavioural therapy (CBT) is a type of talking therapy. It is a common treatment for a range of mental health problems.

CBT teaches you coping skills for dealing with different problems. It focuses on how your thoughts, beliefs and attitudes affect your feelings and actions.

Learn more about CBT [on the Mind website here](#), or on the [NHS website here](#).

### Chronic Illness

Chronic illnesses are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both.

### Deep Poverty

Deep poverty is a more extreme level of poverty – a larger gap between material resources and current needs.

### Eye Movement Desensitisation and Reprocessing (EDMR)

EMDR is a comprehensive psychotherapy that helps you process and recover from past experiences that are affecting your mental health and wellbeing.

It involves using side to side eye movements combined with talk therapy in a specific and structured format.

Learn more about EDMR [on the BACP website here](#).

### Persistent Poverty

Persistent poverty is experiencing poverty for two or more out of the last three years.

### Poverty

Poverty is the experience of not having enough material resources to meet current needs (Social Metrics Commission).

## 8. Glossary

### Post Traumatic Stress Disorder (PTSD)

Post-traumatic stress disorder (PTSD) is a mental health problem you may develop after experiencing traumatic events. The condition was first recognised in war veterans. It has had different names in the past, such as 'shell shock', but it's not only diagnosed in soldiers. A wide range of traumatic experiences can be causes of PTSD.

Learn more about PTSD [on the Mind website here](#) or [on the NHS website here](#).

### Qualitative Research

Qualitative research is a research method that focuses on obtaining data through open-ended and conversational communication. This method is about “what” people think and “why” they think so, enabling researchers to understand real world problems and lived experiences.

### Racialised

Racialisation is the very complex and contradictory process through which groups come to be designated as being of a particular “race” and on that basis subjected to differential and/or unequal treatment. Put simply, “racialisation [is] the process of manufacturing and utilising the notion of race in any capacity.” While white people are also racialised, this process is often rendered invisible or normative to those designated as white. As a result, white people may not see themselves as part of a race but still maintain the authority to name and racialise “others.”

### Suicidal Ideation

Suicidal ideation, or suicidal thoughts, is the thought process of having ideas, or ruminations about the possibility of ending one's own life.

Learn more about suicidal feelings [on the Mind website here](#).

### Thematic Analysis

Thematic analysis is a method for analysing qualitative data that involves reading through a set of data and looking for patterns in the meaning of the data to find themes.

Thank you for reading.



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