READILY AVAILABLE MENTAL HEALTH AND TRAUMA-INFORMED SUPPORT

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INTRODUCTION

It's not right that increasing numbers of people in the UK today need to use a food bank because they can't afford to eat and pay the bills. People need to use food banks because they don't have enough money for the essentials. But all of this can change. We know what's pushing people to food banks, so we know the building blocks needed to end hunger for good.

We know the factors that make it more likely people will need a food bank. We know most people at food banks will face more than one of these factors, and we know the way these issues combine and interact can make someone's life even harder. So, while this briefing focuses on mental health, the recommendations will have most impact when combined with the recommendations in our other building blocks briefings.

We need every part of our society to drive this change. Together, we need to make sure that we have a supportive social security system, along with decent, secure and rewarding work, and safe, secure and affordable housing. In addition, we need dignified support for disabled people and people with health conditions, as well as support and recognition for everyone who provides care.

Finally, easy access to advice and support on money matters, readily available mental health and trauma-informed support, and strong and inclusive communities are also essential building blocks to a future where no one needs a food bank.

Further information about all of these building blocks can be found on our website trusselltrust.org/building-blocks

SUMMARY

There is a strong relationship between experiencing mental health conditions and financial hardship, with the two factors often reinforcing each other.

More than half (56%) of people referred to food banks in the Trussell Trust network report experiencing mental health conditions[1] – in stark contrast to 15% of the general population.[2] It is unjust that such a high number of people with mental health conditions are forced to turn to food banks because they cannot afford the essentials.

Barriers to employment and inadequacies in the social security system expose people with mental health conditions to a higher risk of needing a food bank. In turn, going without the essentials impacts negatively on people's mental health.

People with mental health conditions who also face additional challenges, such as trauma from experiences like domestic abuse and homelessness, face additional inequalities. Nearly two thirds (65%) of people with a mental health condition referred to food banks had not received any mental health support in the three months prior to their visit. Difficulty accessing treatment and long waits across the UK are making it more difficult to manage conditions or recover, and sometimes lead to a worsening of people's mental health.[3]

The lack of joined-up support or trauma-informed services mean that people experiencing trauma and mental health conditions are at risk of being re-traumatised when they seek help, which makes it harder to get effective support, further increasing the risk of needing a food bank.

We can create a society in which mental health and trauma-informed support is readily available by ensuring that:

1. mental health services offer tailored support at the right time and are funded adequately.
2. mental health services are accessible and person-centred.
3. everyone has access to public services that are trauma-informed.
4. people with mental health conditions can voluntarily access financial, employment and social security support when they need it, for as long as they need it.
5. communities promote wellbeing through collaboration and supportive networks, with integrated services to support people who face additional challenges.

WHAT IS THE PROBLEM?

There is a strong relationship between experiencing mental health conditions, and financial hardship, with the two factors often reinforcing each other.

More than half (55%) of people referred to food banks in the Trussell Trust network report mental health conditions.[4] Across the UK, almost one in three (28%) people have low levels of mental wellbeing, but this rises to more than half (55%) of people who had experienced food insecurity in the last 12 months.[5] People with a mental health condition are three and a half times more likely to be in problem debt than people without mental health problems, and almost half (46%) of the people in problem debt also have a mental health condition.[6]

Mental health conditions can contribute to financial struggles by undermining the ways in which people find and maintain work, manage bills, and seek assistance when it is needed[7] – which in turn can contribute to mounting debt, exacerbating mental health conditions.[8] The majority (68%) of people with mental health conditions say it is difficult to pay the bills and manage debt, compared with 38% of people without such conditions.[9]

> *"Getting lonely, very lonely, fed up. Thinking I've worked all my life for this. And we've got nothing."*

(Hunger in the UK research participant, England)

Anyone experiencing financial difficulty lives with heightened stress and anxiety, especially when essential needs are unmet. The added pressure of managing debt is particularly difficult when aggressive and problematic creditors are involved.[10]

People from ethnic minority groups with mental health conditions are more likely to be in a household that is struggling to pay essential bills, as they are disproportionately affected by low incomes and experiences of discrimination, racism, and social exclusion.[11]

The longer people face financial hardship, the greater the impact on their mental health. Among people struggling to pay their bills for up to three months, 28% registered low wellbeing scores, whereas the figure rose to 45% for people enduring financial challenges for several years.[12] Children in families facing severe financial hardship and insecurity can be badly affected, with a heightened risk of mental health conditions during childhood and in adulthood.[13]

> *"I don't want my children to be worried or see me worried"*

(Hunger in the UK research participant, England)

Nearly two thirds (65%) of people with a mental health condition referred to food banks had not received any mental health support in the three months before they were forced to turn to a food bank.[14]

In some of the most disadvantaged parts of the UK, there is a higher need for mental health services, but fewer people are able to access treatment.[15] Young people also face significant waiting times, both in accessing children's mental health services[16] and in transitioning to adults' mental health services, where some young people are lost between the gaps in provisions.[17] These long waiting periods have negative impacts. For people with mental health conditions who faced a long wait, 29% reported a deterioration in mental health, 33% reported increased relationship strain, and 30% reported increased financial hardship.[18]

There is also evidence across England suggesting that people from ethnic minority groups are at higher risk of developing mental health conditions in adulthood, but are less likely to receive support for their mental health.[19] Barriers to treatment include poorer

experiences of services among some communities[20], with people from ethnic minority groups reporting lower levels of satisfaction with community mental health services as they feel that practitioners do not understand or address the role that ethnicity and experiences of racism can play in the development of mental health conditions.[21] People from certain religious communities can also have poorer experiences of services due to discrimination, stigma and the lack of faith-based services.[22]

Social isolation compounds the problem. Over a quarter (27%) of people referred to Trussell Trust food banks experience severe social isolation, having contact with friends, family or neighbours less than once a month, or never.[23] Social isolation can then drive further hardship as people lose access to support networks which can provide vital information, access to opportunities and practical help.

"I don't know if I suffered through anxiety, but I try and avoid talking to people if you know what I mean […] We keep to ourselves as I said. The only people I really come to is my mother-in-law."

(Hunger in the UK research participant, Scotland)

Multiple disadvantages interact with mental health and money in a distinct and damaging way.

People with mental health conditions frequently live with other long-term health conditions, including addiction, and with multiple life experiences at one time – such as experiences of homelessness, interactions with the criminal justice system, and experiences of domestic abuse.[24] While only 1% of the general population have experienced three or more adverse events in the last year, this rose to one in five (21%) people referred to food banks in the Trussell Trust network.[25]

Almost one in five women referred to food banks in the Trussell Trust network (19%) has experienced domestic abuse in the last 12 months. The majority of women (77%) referred to food banks who had experienced domestic abuse reported a mental health condition, compared to 51% of women who had not experienced domestic abuse.[26]

Despite strong evidence of a link between mental health and domestic abuse, particularly in the case of survivors who are LGBTQ+[27], domestic abuse services are not always able to help survivors with mental health conditions, and only one in three are able to provide formal counselling services.[28]

People with experiences of addiction are also over-represented amongst people who are forced to turn to food banks:

- 13% of people accessing Trussell Trust food banks report experiences of alcohol dependency compared to 1% of the general population.
- 11% report experiences of illicit drug dependency compared with 1% of the general population.[29]

Increased pressures on drug and alcohol services combined with significant cuts over the last decade mean that some people are left unsupported.[30] In England, over two-thirds of adults (70%) who started treatment for substance dependencies in 2021/22 reported that they had a mental health treatment need, but one in five were not receiving any treatment to meet this need.[31] A similar lack of mental health support for people who experience drug dependencies in Scotland was reported.[32] In Wales, people report being 'bounced around' between substance misuse and mental health services,[33] and in Northern Ireland the lack of joined-up services has acted as a barrier to receiving support.[34]

People are at risk of falling through the cracks if they aren't provided with joined-up and holistic support.

Services and systems which are not tailored to help people with mental health conditions or the impacts of trauma risk exacerbating people's mental health conditions.

Trauma results from an event, series of events, or set of circumstances that someone experiences as harmful or life threatening. Experiencing trauma can cause lasting adverse effects.[35] Almost a third of young people (31%) in the UK experience trauma during childhood or adolescence and this doubles their risk of experiencing a mental health condition.[36]

Some parts of the UK see higher rates of trauma and mental ill health. Northern Ireland has the highest prevalence of mental health problems in the UK, with a 25% higher overall prevalence of mental health problems than England.[37] The legacy of the Troubles is also recognised as having a significant impact on mental health in Northern Ireland. In 2008, 39% of the population in Northern Ireland reported experiencing a traumatic event relating to the Troubles.[38] Deprivation and high rates of mental and physical illness co-occur in the areas most impacted by the violence.

Services which do not take account of trauma can be ineffective and even harmful, leaving people feeling unsupported and, in some cases, re-traumatised.[39] Such services may fail to create an environment where people can share personal circumstances, and reactions arising from trauma may be misinterpreted as aggressive or disrespectful. Trauma-informed support acknowledges people's existing trauma and how this could affect their interactions with services – and makes adjustments accordingly. It follows principles of safety, trustworthiness, choice, collaboration, empowerment and cultural consideration.[40]

The social security system contains significant barriers to people receiving the support they need. For example, the lack of privacy during meetings with work coaches at the job centre can deter people from discussing sensitive issues, the disclosure of which could affect their commitments and additional support they're eligible for.[41] Others find it distressing to discuss how their mental health conditions have affected them with work coaches who are not trained healthcare professionals and are ill-equipped to support them.[42] Some people find that the threat and application of sanctions to social security payments intensifies existing anxieties and illnesses.[43] A significant number of people express dissatisfaction with the process and outcomes of health assessments for disability social security payments, particularly related to Personal Independence Payment (PIP).[44]

The design of Universal Credit could be exploited by people carrying out financial abuse.[45] A participant in our qualitive research described how her partner took advantage of her mental health condition to exert financial control over her bank accounts, resulting in debt and the suspension of her social security payments, with long-term impacts on her mental health and her finances:

"All my benefits got stopped until the investigation was finished. They stopped all my Child Tax Credits and my Income Support, I was just left with Child Benefit for about six months [...my ex-partner] had access to all my passcodes and then he got finance out, and I was trying to explain to them that I had nothing to do with it. They couldn't believe that somebody would be that naïve to allow somebody to do that, but I was so ill at the time, I couldn't do anything for myself. I couldn't take my children to school. I was missing doctors' appointments."

(Hunger in the UK research participant, Wales)

BUILDING READILY AVAILABLE MENTAL HEALTH AND TRAUMA-INFORMED SUPPORT

1. **Mental health services offer tailored support at the right time and are funded adequately.**

A society in which everyone has timely access to good quality mental health services requires the implementation of national and local strategies that reduce waiting times and provide early access to support wherever people live in the UK.

Commissioning voluntary, advocacy and community services, and providing broader services that support wellbeing and to which people can self-refer, such as community based early support hubs, libraries, leisure services, and green spaces, are essential for a

holistic approach. Some local areas are maximising their efforts through collaboration with health and community partners to promote good mental health and wellbeing. For example, Haverhill Foodbank delivers a mental health project in partnership with Suffolk Mind and the food bank's inclusion team can provide direct referrals into Suffolk Mind. Haverhill Foodbank also acts as a social prescriber, providing hands on support to people with mental health conditions.

2. Mental health services are accessible and person-centred.

Mental health services must address the barriers that prevent people with protected characteristics from accessing services and receiving support. By investing money into promoting the recruitment of staff from different backgrounds as well as robust training programmes, mental health services will more accurately reflect the range of people with mental health conditions, and understand the role that gender, ethnicity and cultural norms can play in people's mental health. This will help to increase cultural competency, reduce incidences of discrimination and improve people's experiences and trust.

The process of transitioning from children's to adults' mental health services should be simplified, with services working in a coordinated manner to ensure that young people have sufficient time and information to prepare for the transition, and do not experience gaps between services.

Integrated services are essential for the provision of accessible services. Efforts should build on the creation of Vanguard sites in England, which lead on the development of new care models to prioritise service integration. In Wales, the implementation of the Together for Mental Health strategy and its facilitation of cross-sector coordination and partnership working is demonstrating positive results.[46]

3. Everyone has access to public services that are trauma-informed.

It is essential that public services are equipped to support people who have experienced trauma. Frontline staff in key public services, such as health service settings, Jobcentre Plus work coaches, police officers and other emergency responders should be trained to recognise trauma and apply trauma-informed approaches to their work. In-house specialist support should be made available, and organisational practices should be reviewed to ensure that they do not re-traumatise people. Initiatives such as the creation of DWP Armed Forces Champions to provide support for veterans have been piloted with successful outcomes and work should continue to be done in this area.[47]

The design of physical space is also important. Organisations such as Simon Community in Scotland[48] have been working to design psychologically informed environments which prioritise people's emotional and psychological needs, creating spaces where people feel safer.

4. **People with mental health conditions can voluntarily access financial, employment and social security support when they need it, for as long as they need it.**

Navigating finances while managing mental health conditions can be difficult and have a profound impact on people's lives, creating a complex interplay between mental health and destitution. When people need advice and support, they should be confident it will be empathetic. Additionally, workplaces should create supportive environments for employees, prioritising mental wellbeing through targeted employment and training programmes.

Critical changes to social security, especially disability social security payments, are essential to support people with mental health conditions. A shift is needed from gatekeeping benefits to prioritising support for people with mental health conditions.

Providing information about easements, which can reduce or remove work-related requirements for someone experiencing issues such as domestic violence and homelessness, is crucial to prevent people being driven further into hardship, debt and worsening mental health conditions.

5. **Communities promote wellbeing through collaboration and supportive networks, with integrated services to support people facing multiple challenges.**

Fostering the wellbeing of people in communities requires a collaborative and integrated approach, particularly for people facing multiple challenges. This should include the APPG on Complex Needs and Dual Diagnosis' call for a person-centred approach in order to ensure it is easy for everyone to access support services, especially people who might need extra support.[49] To achieve this, more funding is needed to integrate mental health services within specialised support services, such as addiction recovery and domestic abuse services.[50]

Creating a seamless support system will reduce barriers for people seeking help, so that there is no wrong door – which means that, no matter who the first point of contact is, people are immediately in the system and can access the care they need without having to repeat their stories. Adequate funding is imperative for the success of these initiatives. Encouraging collaboration among mental health services, food banks, and community organisations enhances the impact of support networks. This helps to address individual needs and build supportive communities that prioritise good mental health for all of us.[51]

WHO NEEDS TO BUILD THIS FUTURE?

The UK Government

The UK Government should help create a society where mental health is a priority, financial support is available to all, and everyone can get the help they need. Mental health services need increased, ring-fenced funding and the implementation of the NHS Long Term Plan, specifically establishing a community-based mental health offer. Public services, including the NHS, criminal justice, and Jobcentre Plus, should be co-designed with people with lived experience of trauma – in order to create trauma-informed services that are more empathetic and supportive.

It should be easier for people with mental health conditions to access social security. By collaborating with people with mental health conditions, the process can be made easier to navigate and offer the flexibility needed to ensure that it can work for everyone. The UK government should ensure money advice services are funded adequately and easily accessible to people facing hardship.

Scottish Government, Welsh Government, and the Northern Ireland Executive

All governments can help create societies where good mental health is a priority, everyone can get the support they need, and communities thrive.

With demand for mental health support at an all-time high and services under severe pressure, the Scottish Government should continue the delivery of the National Trauma Transformation Programme, ensure the Mental Health and Wellbeing delivery plan is properly implemented with sufficient resource, and pursue opportunities to make connections with other policy areas.[52]

The Welsh Government should embed the Trauma Informed Wales Framework and improve mental health support and financial advice. The Welsh Government should continue developing the new national mental health strategy and consider implementing recommendations from the Post-Legislative Scrutiny of the Measure report and from the Duty to Review Report.

The successful delivery of Northern Ireland's Mental Health Strategy 2021-2031 must be a priority for the NI Executive. Northern Ireland has more people with mental health problems than other parts of the United Kingdom. The strategy should be supported to effectively promote mental wellbeing, resilience, and good mental health across society; ensure the right support is provided at the right time; and explore new ways of working that take the importance of regional services and digital mental health into account.

Local government and health systems

Local governments are essential in fostering community-based support networks, addressing social isolation, and promoting and providing holistic support. By building strong support networks within our communities, they can tackle loneliness and provide support. Local governments should promote collaborative working across local support groups, ensuring that people with complex needs are offered holistic support.

In England and Wales, system-wide leadership needs to be improved through health and wellbeing boards that promote equality and exercise public health responsibilities for mental wellbeing in children, young people, and adults.

The health systems across the UK obviously play a critical role in making sure everyone can easily get the mental health help they need. In Newcastle a Jobcentre pilot is providing mental health support alongside housing advice to prevent homelessness in the city.[53] This approach shows how improving access to mental health services can improve many aspects of people's lives, and such support should be offered across the UK health system.

Businesses and employers

Businesses and employers can create workplaces that care about their employees' wellbeing and help make sure everyone has the support they need. This can be achieved through simple adjustments for mental health such as flexible working hours, time off for appointments, extra training or mentoring, and provision of self-help information.

Finance and utility companies should adopt mental health best practices, and train staff to be more aware of mental health conditions, with the ability to signpost to third-party organisations. The products and services they offer should be co-designed with people who have lived experience of mental health conditions.

Charities and community organisations

Encouraging collaboration between charities and community organisations, including food banks, with mental health services can be a powerful way to advocate for change and ensure that everyone gets the support they need.

Such organisations must also adopt trauma-informed approaches to their work. They should create clear referral pathways into specialist organisations (such as those working with people experiencing domestic abuse, or addiction treatment services), ensuring that people can access support to meet their full range of needs.

CONCLUSION

There is an intricate web linking mental health and poverty, so ensuring that mental health and trauma-informed support is readily available is crucial in making sure that people and communities thrive and are protected from destitution and hardship. Together, as governments, employers, and civil society, we can build a society where mental health is prioritised, and shape a future where people receive essential support long before they reach the point of needing a food bank.

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