

# Anti-Poverty Spotlight: Mental Health

## How does poverty impact people experiencing mental ill health?

As part of our anti-poverty campaign, the British Association of Social Workers (BASW) will be focusing on a different part of social work practice and the impact of poverty.

### 1. Background

Mental health and money problems are often intricately linked. Research shows that in England alone over 1.5 million people are experiencing both problem debt and mental health problems.<sup>i</sup>

Managing finances can be difficult for everyone, especially when they're on a low income. But for people who experiencing mental ill health, managing finances can feel extremely challenging. The pressure of finances can add to existing mental health illnesses, and it can also lead to people experiencing illnesses like anxiety for the first time.

Symptoms of mental illness can also make it harder to plan for the future, do 'life admin' such as paying bills, or also seek employment.

### 2. What legislation covers mental health?

There are several key pieces of legislation that are relevant to children and adults experiencing mental ill health.

UK-wide:

- Human Rights Act 1998, which includes fundamental rights that impact directly on service provision in the health and social care sector.
- Equality Act 2010 which guides anti-discriminatory practice which is fundamental to the ethical basis of care provision.

In England:

- The Mental Health Act 1983, which was updated in 2007 and covers assessment and treatment in hospital, treatment in the community, and pathways into hospital, which can be civil or criminal.
- Mental Capacity Act 2005 - which is to promote and safeguard decision-making within a legal framework.
- Care Act 2014 - which places a general duty on local authorities to promote the wellbeing of individuals when carrying out care and support functions.
  
- The Mental Health Act 1983 – has no lower age limit.
- Mental Capacity Act 2005 – for children over 16 years.
- Children Act 1989 - The Act establishes a number of key principles, including the concept of parental responsibility, the paramount nature of the child's welfare when a matter under the Act is

before a court and that children are best looked after by their family unless intervention in family life is essential.

- Children Act 2004
- The Children and social work act 2017 - which was intended to improve support for looked after children and care leavers, promote the welfare and safeguarding of children, and make provisions about the regulation of social workers. The Act sets out corporate parenting principles for the council as a whole to be the best parent it can be to children in its care.

In Scotland:

- Mental Health (Care and Treatment) (Scotland) Act 2003.
- Mental Health (Scotland) Act 2015.

In Northern Ireland:

- Mental Capacity Act (NI) 2016.
- Children's Services Co-Operation Act (NI) 2015.

In Wales:

- The Mental Health Act 1983, which was updated in 2007 and covers assessment and treatment in hospital, treatment in the community, and pathways into hospital, which can be civil or criminal.
- Mental Capacity Act 2005 - which is to promote and safeguard decision-making within a legal framework.
- Mental Health (Wales) Measure 2010.
- The Mental Health Act 1983 – has no lower age limit.
- Mental Capacity Act 2005 – for children over 16 years.

### **3. How do social workers work under this legislation on this issue?**

Social workers have a crucial part to play in improving mental health services and mental health outcomes for people. They bring a distinctive social and rights-based perspective to their work. Their advanced relationship-based skills, and their focus on personalisation and recovery, can support people to make positive, self-directed change. Social workers are trained to work in partnership with people using services, their families and carers, to optimise involvement and collaborative solutions.

Social workers also manage some of the most challenging and complex risks for individuals and society and take decisions with and on behalf of people within complicated legal frameworks, balancing and protecting the rights of different parties. This includes, but is not limited to, their vital role as the core of the Approved Mental Health Professional (AMHP) workforce.

### **4. How does poverty affect this issue?**

There is no escaping that intersectionality in relation to mental health and poverty is complex both for children and adults. Areas such as poor housing, racism and racial inequalities, insecure employment conditions, inequalities in access to health care services and the impact of the climate crisis on

communities with the least resources all feed into this complexity. Reduced service provision and community resources further impacts on individuals who may be experiencing mental ill health and poverty and their families.

Mental health is as important to a child's safety and wellbeing as their physical health. It can impact on all aspects of their life, including their educational attainment, relationships and physical wellbeing. Stressors within family relationships are amplified when there are financial difficulties and in addition to the material impact of poverty i.e. access to the very basics of adequate food, shelter, heating, clothing the emotional impact of poverty on children and their families can lead to more significant mental ill health, bullying and social isolation.

Poverty can be both a cause and a consequence of mental health problems. In recognition of this, many crisis responses offer to people experiencing mental ill health now also have financial advice services delivered as part of their core offer.

## 5. Key statistics

- The number of people in contact with NHS mental health services in England (including those referred and those seen) has increased by 16.2% in the last year.<sup>ii</sup>
- During 2021-22, 3,256,695 people were in contact with NHS-funded secondary mental health, learning disabilities and autism services - up from 2,803,244 in 2020-21 and 2,878,636 in 2019-20.
  - o This means that 5.8% of people in England were known to be in contact with those services during the year. This is compared to 5.0% of people in 2020-21 and 5.1% of people in 2019-20.
- The number of under 18-year-olds in contact with NHS mental health services in England increased by 29.2% in the last year to 992,647 in 2021-22 – up from 768,083 in 2020-21 and 763,888 in 2019-20.
- 18.2% of the country's 16-year-olds (114,203) and 16.6% of the country's 17-year-olds (101,694) were in contact with NHS mental health services.
- 16-year-old girls are most likely to be in contact with NHS mental health services - with 22.8% of the population (69,580) having been in contact with these services during 2021-22.
- Across the UK, men and women in the poorest fifth of the population are twice as likely to be at risk of developing mental health problems as those on an average income. Unemployment and unstable employment are also both risk factors for mental health problems.<sup>iii</sup>
- 45% of all Childline counselling sessions in 2018/19 related to mental or emotional health and wellbeing<sup>iv</sup>
- People in the lowest socio-economic groups and living in the most deprived areas are up to 10 times more at risk of suicide than those in the most affluent groups and in the most affluent areas.
- Around 40% of people in England who have overlapping problems including homelessness, substance misuse and contact with the criminal justice system in any given year also have a mental health problem.<sup>v</sup>
- There is very little available data on the number of people aged under 18 detained under the Act, and there is very patchy data on how many are admitted informally. The data that does exist suggests that the majority of children who are admitted to mental health settings are admitted informally.

## 6. Case Study

*Rachel is a 15 yr old girl who was admitted to hospital under the Mental Health Act. Rachel relies on her mother for emotional support and they have a very positive relationship. However, there have been recent tensions as Rachel's mother is currently in debt and financial pressures have resulted in her seeking support in her own right for anxiety and depression. There was no bed available locally for Rachel and as a consequence she was admitted to a hospital which is 200 miles from her home.*

*Rachel's mother cannot afford the transport costs to visit Rachel on a regular basis and they have been relying on online contact. Rachel was admitted as an emergency and has few of her personal items with her, including items which help her manage her anxieties.*

*Rachel's mother is not in a position to post items due to the costs. Rachel's social worker has suggested she will pick some items up and take them on her next visit to Rachel, but this is likely to be a couple of weeks. Rachel's mother is unable to maintain the internet service due to increasing costs and will instead need to use the wi-fi at a friend's house to contact Rachel. Despite the goodwill of this friend, the conversations will not be private, and Rachel's mother is really worried about how she will be able to support Rachel.*

*This compounds her own mental wellbeing and feelings that she has somehow let Rachel down. Rachel is growing increasingly isolated and feels like she will never get back home.*

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<sup>i</sup> <https://www.moneyandmentalhealth.org/money-and-mental-health-facts/>

<sup>ii</sup> [Mental Health Bulletin, 2021-22 Annual report](#)

<sup>iii</sup> <https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit>

<sup>iv</sup> <https://learning.nspcc.org.uk/child-health-development/child-mental-health>

<sup>v</sup> <https://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-aboutmental-health/how-common-are-mental-health-problems/#WhosMostAffectedByMentalHealthProblem>