

Community Mental Health Journal

How do mental health service users and staff think the cost-of-living crisis has impacted mental health in England? A qualitative analysis.

--Manuscript Draft--

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Full Title:	How do mental health service users and staff think the cost-of-living crisis has impacted mental health in England? A qualitative analysis.	
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Abstract:	<p>Background: Economic variables such as debt can impact mental health.</p> <p>Aims: To explore the impact of the cost-of-living crisis on mental health services users and staff, and to identify potential support.</p> <p>Methods: Mental health service users and mental health service staff took part in interviews exploring the relationship between the cost of living and mental health, which were analysed thematically.</p> <p>Results: Findings suggest that finances and mental health can be interlinked during the cost-of-living crisis, with sub-themes of 'Economic hardship has an impact on everyone' and 'Hopelessness, frustration and desperate situations.' A second theme identified was 'Barriers to obtaining financial and mental health support' with sub-themes of 'Service and support accessibility,' 'Receiving inadequate support' and 'Increasing demand on services and staff pressures.' A final theme was identified of 'Learning from and developing on what works'.</p> <p>Conclusion: The cost-of-living crisis has had a wide-ranging impact on those using mental health services.</p>	
Response to Reviewers:	We would like to thank the peer reviewers for their helpful feedback. We have made the following changes detailed below, and hope that the paper can now be accepted for publication in the Community Mental Health Journal:	
	<hr/> <p>Reviewer #3: Comment: Title: 1. Add country</p>	

Response:
We have now added 'In England' to the title.

Comment:
Abstract: 2. Mention the three main themes identified, not just two

Response: We have now added to the abstract the third theme "A final theme was identified of 'Learning from and developing on what works'."

Comment:
Methods
3. Ensure that the study is reported in accordance with the Standards for Reporting Qualitative Research (SRQR) guidelines, and then state this in the methods section - (checklist can be attached as a supplementary file but this is optional)

Response: We have checked through this checklist to confirm that these standards were followed. We have added to design section of methods (line 63):
"It is reported in line with the Standards for Reporting Qualitative Research (SRQR) guidelines."

Comment:
4. Are interviews conducted with service users with common mental disorders or serious mental illness (SMI)? If SMI, what was the process and ethics of obtaining consent for this population? Did the interviews cause distress for eg: 'some service user interviewees were audibly upset during the interviews'. How was this dealt with? Were interviewers trained to handle this? Some reflexivity would be really helpful

Response:
We have added to the participants section of the method details about diagnoses and if common mental disorders or SMI (line 75 onwards):
"There were a range of diagnoses including common mental health disorders such as depression and anxiety disorders, and more serious mental illness include bipolar disorder, personality disorder, Post-Traumatic Stress Disorder and schizoaffective disorder."
We have added to the ethics section of the method (line 108 onwards):
"The study participant information sheet and debriefing form include details of services for both mental health and financial support.. Ethical approval for this study was obtained from NHS research ethics committee (23/SC/0413) and the University of X ethics committee (84818). If a participant seemed upset during an interview, the researcher would ask them if they were OK to continue before proceeding. No participants expressed wanting to end an interview early due to distress. The researcher would then check in again at the end of the interview. Regular team meetings were set up, and the project PI."

Comment: 5. Expand on the coding process (eg. how was discrepancies resolved, how was trustworthiness achieved?)

Response: We have expanded the analysis section of the method to give further details on the coding process:
"MS completed additional, independent coding on a sub-sample of transcripts to ensure intercoder reliability. DC and MS were broadly in agreement in relation to codes. Any discrepancies were minor and were resolved through discussion and coming to a consensus. Once coding had been completed, DC started to build a draft theoretical framework, looking at the themes identified in the staff and service users interviews separately. It was clear that there were some commonalities between service users and staff members in terms of broad themes, but there were also some distinctions between the participant groups at the sub-theme level. DC then consulted with the team to check agreement of broad themes before starting to write-up. The refinement of themes and sub-themes was an iterative process that continued with input from all authors while drafting this paper. Authors on this paper are from diverse research disciplines. Bringing together the expertise of all authors enhanced the reflexive analysis process."

Comment: Results: 6. Check numbering of the themes- third theme is numbered as 1.

Response: This has now been corrected.

Comment: 7. This quote is more about role reversal than revealing 'negative' or 'patronising' incident, and highlights that providers are also struggling: I made my counsellor cry...I ended up kind of supporting her not the other way around...but ...that was not to do the with the cost of living...That was kind of to do with everything as well. (126, service user, 50-59, female)

Response: We have changed the description of this quote to (line 264):
“Some described negative interactions with mental health staff including aspects of role reversal with staff also struggling.”

Comment: 8. Missing reference highlighted

Response: Apologies, we have now removed this as we do not need to refer back to the literature here as we have already done this in the discussion.

Comment: 9. Covid should all be in capital letters

Response: This has now been corrected.

Comment: 10. Add footnote briefly describing SilverCloud
We have added a footnote to the results (page 12) saying:
“ Silvercloud health is suite of online self-guided Cognitive Behavioural Therapy (CBT) programmes for a range of conditions such as depression and anxiety. They are used in many NHS talking therapies services (Silvercloud.Amwell.com). The specific Silvercloud programme being referred to here is ‘Space from Money Worries’.”
Please note that as one of the authors wrote and receives royalties from one of these silvercloud programmes we have updated the declaration of interests for the paper stating that this was mentioned by interviewees (who would not have known about the link between this programme and the study researchers):
“TR wrote and receives royalties from the use of ‘Space from Money Worries’, an online CBT programme provided by Silvercloud health/Amwell, which is mentioned by interviewees in the current study.”

Comment:
Limitations
11. Discuss the limitations of telephonic interviews
12. Discuss social desirability bias in this study

Response:
We have now added to the limitations section of the discussion (line 417 onwards):
“The interviews were conducted online or via phone rather than in person which may have impacted results as those without access to a telephone or the internet may have been excluded. However, online interviewing also offers the benefits of flexibility to fit around work and allows participants to feel comfortable in their own environment (Irani, 2018) Thought it is possible there may have been a bias towards participants giving socially desirable responses in the interview, interviewing online may have reduced such as bias.”

We have also already mentioned in the limitations:
“It is possible that there is a recruitment bias whereby those who were struggling financially were more likely to take part in the research, especially as they were given voucher payment for participation”

Reviewer #1

Comment: The authors made it clear that this research has been done before to address a huge problem with regards to barriers to obtaining mental health services and how that is significantly much more of a challenge to certain individuals. They further doubled down on the fact this has been mostly measured in a quantitative

manner leaving little to be said about the qualitative nature in which they explore in their work.

Response: Thank you for the comments

Comment: Title: The title is precise and explains the focus of the article. However, given that it is the first thing a reader will see, it has two areas to address for improvement. First, a reader has to assume what NHS stands for and how it applies to the topic at hand. Second, from a grammatical standpoint, services should be service or the title can be re-arranged as "How do users and staff of NHS mental health services think..."

Response:

We have now amended the title to:

"How do mental health service users and staff think the cost-of-living crisis has impacted mental health in England? A qualitative analysis."

Please note that we have also changed the title to remove 'NHS' as the sample was not solely NHS staff and service users.

Comment: Abstract, -Background: This was simple and easy to infer the direction of the paper. The use of examples make "economic variables" less broad and more focused.

Response: Thank for you the feedback!

Comment: -Aims: This felt simply like a repeat of the title and didn't provide any further information to the article.

Response: We have now amended the aims (lines 6-7) to:

"Aims: To explore the impact of the cost-of-living crises on mental health services users and staff, and to identify potential avenues for facilitating support."

Comment: Abstract, Methods: This was clear and precise but makes a reader question the sample size and thus the validity of the results of the paper without even reaching that section of the article - thus creating a preconceived bias. The second question is why a semi-structured versus an alternative formal/structured interview was implemented.

Response: We have now removed the reference to sample size in the methods section of the abstract (line 10-12):

"Mental health service users and mental health service staff took part in interviews exploring the relationship between the cost of living and mental health difficulties and service use. Interviews were analysed thematically."

We have also added to the methods section about why semi-structured interviews were chosen (lines 81-83):

"Semi-structured interviews were employed as these ensured that key questions were asked, while also allowing room for flexibility depending on participant answers."

Comment: Abstract, Results: Initially, it was hard to process the message of this section due to all the glaring grammatical mistakes (ex. ' ' . → ' ' .'). In addition, there was use of "we" which took away from the formality of paper and made it rather conversational. It was nice to see mentioning of the specific themes to allow the readers to categorize the common points.

Response: We have now changed the wording from 'We found that' to 'Findings suggest that' and have checked for grammatical mistakes, correcting the punctuation after " " issue.

Comment: Abstract, Conclusion: This was clear and straight to the point.

Response: Thank you for the feedback!

Comment: Introduction: The introduction starts very strongly with prior relevant supporting research studies with credible sample sizes and varying geographical locations to drive the point home that the results are generalized. It sets the

groundwork for the purpose of the article and grabs the reader's attention with the emphasis on why there are barriers in mental healthcare, especially towards disadvantaged populations that would highly benefit from services. That said, there is a common theme that is glaringly noticeable throughout this paper that emerges again here, which are several grammatical or formatting errors. For example, one sentence shows four-fold, eight-fold, and then 10-fold (continue the theme of writing out the numbers or completely switch to numbers). Another is right before using "such as," should be a comma.

Response: We have put a comma before use of 'such as' throughout the paper. We have changed '10-fold' to 'ten-fold'. We have proof-read and edited the introduction for grammar and formatting errors.

Comment: Methods, Design: This is perfectly written and explains exactly what is being done without any unnecessary fluff added.

Response: Thank you for the positive comments!

Comment: Methods, participants: Overall, this part is informative and explains exactly who is involved in the study. Where improvement can be made is with the following - how many participants, why specifically only Dorset or Isle of Wight, adults older than 18-years-old were described but what is the breakdown between race / employment status / income / housing status, and lastly, what was the eligibility criteria (is it just that you are over 18 with a mental health diagnosis and live in that area). Another factor that might be of interest is to understand how long these individuals have dealt with mental health services and their need - reason being is to distinguish a newcomer who doesn't fully know how to navigate services versus someone who is experienced but has barriers preventing their access.

Response:

We have added the sample size to the interviews section (lines 81-83):

"Interviews were completed with eleven mental health service users and nine service staff."

We have included the ethnicity in table 1 already. This was 100% white and we already have this mentioned as a limitation in the discussion. We have added to lines 76-79 the mental health needs in terms of diagnoses of the service user sample.

We did not ask about income, employment or time spent under mental health services as had no inclusion criteria around this, so have also added this to the limitations section of the discussion (416-418):

"Likewise, data related to service user employment, housing, income, welfare benefit status or time open to mental health services was not collected. This means inferences related to these characteristics cannot be made."

We have clarified the inclusion criteria (67-72):

"Study eligibility was based on being either an adult reporting experiencing mental health problems or, a staff member working within the National Health Service (NHS) or voluntary sector,. Additionally, participants needed to be aged 18+, and able to provide informed consent. Inclusion criteria also required being located in the counties of Hampshire, Dorset or the Isle of Wight on the south coast of England (due to the study being funded to research the health needs of this specific area)."

We have 'small geographic area' as a limitation in the discussion.

Comment: Methods, Interviews: This was the best part of the paper thus far and explained the process well and alluded to the figures for more information.

Response: Thank you for the feedback!

Comment: Methods, Analysis: As a reader, this section used a lot of terminology that suited the author. Therefore, it was hard to understand what actually was going on but not hard to follow the author's direction.

Response: We have expanded this section (98-109) and we hope this now makes it easier to follow:

"Thematic analysis was employed to analyse interview transcripts, guided by the approach outlined by Braun and Clarke (Braun & Clarke, 2021). Initial inductive coding

was completed by DC, aided by NVivo. MS completed additional, independent coding on a sub-sample of transcripts to ensure intercoder reliability. DC and MS were broadly in agreement in relation to codes. Any discrepancies were minor and were resolved through discussion and coming to a consensus. Once coding had been completed, DC started to build a draft theoretical framework, looking at the themes identified in the staff and service users interviews separately. It was clear that there were some commonalities between service users and staff members in terms of broad themes, but there were also some distinctions between the participant groups at the sub-theme level. DC then consulted with the team to check agreement of broad themes before starting to write-up. The refinement of themes and sub-themes was an iterative process that continued with input from all authors while drafting this paper. Authors on this paper are from diverse research disciplines. Bringing together the expertise of all authors enhanced the reflexive analysis process.”

Comment: Methods, Ethics:

-Ethics: This was written well and straight to the point. However, there are still grammatical errors, such as two periods at the end of the sentence.

Response: We have proofread and edited this section for any grammatical errors.

Comment: Results: In the Results section, the ideas are engaging but the message is hard to follow. The abstract lists two themes while the Results describe three themes, so these should match....Use a single numbering system (for example, Theme 1 with subthemes 1.1, 1.2, etc.) so readers can follow the structure easily. The third theme, "Learning and developing on what works," should be labelled as Theme 3 rather than Theme 1 (as it is currently listed).

Response: We have amended the abstract (lines 18-19) to include all 3 themes. We have numbered the themes and sub-themes in the text and on the tables.

We have revised the analysis section to include sufficient detail on how we moved from codes to themes, and do not think this needs to be repeated.

Comment: Results: The section would read more clearly if it began with a short overview naming the three final themes and subthemes, along with a sentence or two explaining how you moved from codes to themes. Each theme would benefit from a short one-sentence definition, followed by one or two concise quotes from service users and staff, and a brief explanation of what each quote illustrates. It would be comprehensive to end each theme with a summary sentence and note any examples that did not fit the pattern.

Response: A few sentences have been added to the analysis section to explain how themes were developed from codes. The introductory paragraph to the results section has been edited. We have added introductory and closing comments to each subtheme. The results section has also been edited throughout to hopefully improve clarity.

Comment: The manuscript mentions distress and suicidality in interviews, but the safety process is unclear. A short description of the real-time distress protocol, risk assessment, escalation steps, and crisis pathways would clarify how this was managed.

Response: We have now expanded the ethics section of the methods (line 111-119): Most participants were already open to NHS mental health services and were advised to contact if needed. The study participant information sheet and debriefing form include details of services for both mental health and financial support.. Ethical approval for this study was obtained from NHS research ethics committee (23/SC/0413) and the University of X ethics committee (84818). If a participant seemed upset during an interview, the researcher would ask them if they were OK to continue before proceeding. No participants expressed wanting to end an interview early due to distress. The researcher would then check in again at the end of the interview. Regular team meetings were set up, and the project Principal Investigator, who is a clinical psychologist, was available after interviews to debrief about any concerns about

participants.

We have also added in the first section of the results:

“Some service user interviewees were audibly upset during the interviews, and the protocol as per in ethics section of the method was followed”

Comment: The section on NHS service activity, including Talking Therapies referrals from 2020 to 2024 (p 13, lines 49-51), needs a reliable citation.

Response: We have now added a reference for this as well as updating with statistics for the 24-25 year.

Comment: The Results also contain a "(refs)" placeholder for the link between finances and mental health (p 11, line 34), which should be replaced with proper citations or removed.

Response: Apologies we have now removed this placeholder reference.

Comment: Discussion

The main contribution should be stated explicitly, since much of the section repeats already established links between financial strain and worse mental health.

Response: We have edited down the discussion to reduce discussions of previous literature. We have also added in specifically about the main contribution:

“Although there is a large body of previous research demonstrating a link between financial difficulties and mental health problems, few studies explore the specific mechanisms of how and why these are related. Existing research often focuses on a few specific variables rather than openly exploring these links using qualitative methodology as in this study. This study uniquely demonstrates via the views of service users and staff the complexity of this relationship, that there are multiple different and interacting mechanisms by which financial difficulties, exacerbated by the CoL crisis impact mental health.”

Comment: Discussion

It would be helpful to review the "what helps" theme as a short set of actionable and concrete steps for a community team reading this paper.

Response: We have added in the following:

The theme of 'what helps' suggested specific actions such as continuing support via fuel vouchers and, food banks and CoL for those experiencing financial hardship, the importance of involving wider community organisations such as charities and faith organisations. This also stressed the importance of integrated interventions where possible, with finances and mental health being tackled at the same time, with specialist financial support services needing to 'go beyond' just financial support and have this tailored of the individual and feeling heard and validated

We have also added in more detail on concrete recommendations from the findings throughout the discussion:

The use of reduced travel cost initiatives such as disabled railcards and bus passes (Citizens Advice, 2026) as well as increasing awareness that those on certain benefits may be able to claim back costs for appointments (NHS, 2023). Services should consider providing or liaising with charities which may provide digital devices to reduce the impact of digital poverty and low digital literacy and allow attend online appointments.

A key issue identified here is that simply directing to other services does not appear to be enough as service users find it hard to navigate this and feel 'bounced between; different services. The concept of 'no wrong door' (Bell & Pollard, 2022), which has been applied to some mental health services, should also be applied to support for finances as well. This study specifically highlights this is a need for before, during and after mental health crises such as inpatient admissions, so increased awareness in services users and training for staff on the 'mental health breathing space' (Money and Pensions Services, 2016) which pauses interest and debt collection activities during such a crisis, is needed.

Comment: Where staff discuss stress versus mental illness (page 14, lines 53-57), add

a sentence noting that distress lies on a continuum shaped by social and financial pressures rather than a binary.

Response: In response to another reviewers comment to edit the discussion, as well as allowing for more time to discuss the practical implications, we have now removed this section discussing this as we do not feel it is of central importance.

Comment: The limitations paragraph is useful and notes the heavily female and white sample, local geography, and other constraints. This should also have a brief closing line that states what the study can and cannot claim as a result of its methodological design and limitations.

Response: Thank you. We have expanded the limitations sections slightly in order to respond to comments from the other reviewers. We have added a sentence at the end to try and close as suggested:

“We can conclude that the cost-of-living crisis has had an impact on mental health services users from this part of England, but cannot conclude about impacts beyond this region and at a general population level.”

Comment: References Each entry should follow the journal's style, and DOIs should be added wherever available. Every citation mentioned in the text should appear in the reference list with no placeholders or missing information.

Response: We have checked all references are present, complete, in line with journal guidelines and have added DOIs.

Comment: Supplementary Materials: The Supplementary Materials section is strong and includes helpful detail. It contains interview and focus group questions for service users and staff, along with three tables showing participant demographics and additional quotes. The staff table lists gender, age, and whether participants currently work in services, but not job roles. This limits understanding of how views may differ by position.

Response: Thank you. We decided to report age, ethnicity and gender of staff, but not more details about their role and service. Although we asked about this in the interview, this was as part of the interview for context for the interviewer and to allow for reflexivity. However we decided, in line with ethics recommendations, not to give details about the staff role and service as given the small sampling location this could have potentially lead to staff being identifiable.

Comment: Supplementary Materials: A simple theme map would help readers see how themes and subthemes connect.

Response: Thank you for the suggestion, we have added a thematic map, but have decided to put this in the main text (figure 1) rather than the supplementary materials.

Comment: Supplementary Materials: Statements on data availability, funding, conflicts of interest, or patient involvement were not found in this section.

Response: We previously had most of this information on the title page. We have now added this to the end of the main manuscript as we feel this fits here.

Acknowledgements: Thank you to the staff and service users who took part in the interviews and thank you to the NHS trusts for hosting and advertising our research. Thank you to the PPI representatives for helping us design this research.

Patient and Public Involvement: Patient and public representatives helped with the design of these interview guide.

Funding: This work was supported by the National Institute for Health Research (NIHR) Applied Research Collaboration (ARC) Wessex. The funder had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript. The views expressed in this paper are those of the authors and not necessarily those of the National Institute of Health and Care Research or the Department for Health and Social Care.

Statements and Declarations: DS, DC, MS & NA have no conflicts of interest to declare. TR wrote and receives royalties from the use of 'Space from Money Worries', an online CBT programme provided by Silvercloud health/Amwell, which mentioned in these interviews. TR is also an advisor for 'TellJo' a company which identifies and supports financially vulnerable customers.

Data availability: The raw interview transcripts cannot be shared as ethics approval does not allow for this as these include potentially personally identifiable information such as specific locations. The Nvivo file used for the analysis can be shared upon reasonable request.

Comment: Percentages are given to one decimal place despite very small groups (n = 11 service users, n = 9 staff), which looks overly precise. Counts with rounded percentages, for example 9 of 11 (82 percent), read more clearly.

Response: We have changed to rounded percentages rather than decimal points.

Comment: If data on benefits, employment, or housing were collected, including them would strengthen the context. If not, this could be noted as a limitation.

Response: These were not collected unfortunately. We have now added to the limitations section of the discussion:

"Likewise, data related to service user employment, housing, income, welfare benefit status or time open to mental health services was not collected. This means inferences related to these characteristics cannot be made."

Comment: Writing Analysis: Acronyms should be defined at first mention and used consistently throughout. Terms such as CoL, GP, PIP, UC, and NHS Talking Therapies should appear in a uniform format, with consistent capitalization of CoL to improve readability.

Response: We have checked that full terms are used at first mention and use of abbreviations is consistent throughout the manuscript.

Comment: Minor language issues are easy to correct. In the Introduction, "examing" should read "examining." The Ethics section contains a double period after "participant information sheet," which should be reduced to one. In the Results, "difficultly identifying" should be "difficulty identifying," and "difficult finding time" should be "difficulty finding time." "The Col appeared" should follow the same CoL capitalization rule, and stray spaces before commas, as in "support, further" should be removed

Response: Thank you for noticing these errors, we have now corrected these.

Reviewer #2

Comment: General comments: This manuscript is an interesting undertaking and the list of key words alone indicates that the topic is of interest to this readership. Authors should keep in mind that acronyms quite familiar in the UK (such as NHS) may be much less familiar to a global audience.

Response: Thank you for the kind comments! We have made sure to give full name for acronyms such as NHS before using the abbreviation. We have changed the title to remove NHS for accuracy as not all of the service users were currently open to NHS services.

Comment: Abstract: The abstract was clear and gave a good snapshot of manuscript content

Response: Thank you!

Comment: Introduction: Succinct and citing relevant studies This reviewer appreciated the inclusion of recent literature in the introduction, particularly a 2025 study

Response: Thank you!

Comment: Methods: Design: Clear and succinct
Response: Thank you!

Comment: Participants: This section was clearly written. It might be useful to know why certain geographic areas were chosen. The term "study adverts" should be changed to "study advertisements" for the international audience
We have clarified in the participants section of the method (page 3) why a specific geographic location was chosen:
"Inclusion criteria also required being located in the counties of Hampshire, Dorset or the Isle of Wight on the south coast of England (due to the study being funded to research the health needs of this specific area)."
We have also changed 'advert' to 'advertisements'.

Comment: Interviews: This reviewer found it quite useful to have the full interview topic guide included in supplemental materials. The data collection occurred relatively recently and this timeliness was appreciated.
Response: Thank you!

Comment: Analysis: This was relatively clear
Response: Thank you!

Comment: Ethics: the terminology "signposted" was unfamiliar to this reviewer.
Appropriate research approval

Response: We have changed this to clarify:
"Study participant information sheet and debriefing form include details of services for both mental health and financial support"

Comment: Results: This section was clearly organized and this reviewer appreciated the use of some illustrative quotes in the body of the manuscript.
Section 1 included a subsection on the impact of economic hardship, with some vivid examples. The a subsection on hopelessness, frustration and desperate situations also captured what seems to be the despair experienced by some service users experiencing these hardships. Psychiatric hospitalizations, suicidal ideation and self harm underscore the serious impact some study participants experienced
Section 2 addressed barriers to obtaining financial and mental health support. It was not completely clear to this reviewer why the authors elected to pair these two seemingly different things together. However, illustrative examples underscored the authors' findings. The subsections on receiving inadequate supports and increasing demands on services and staff members continue to clearly illustrate similar themes
Response: Thank you for the positive comments. We have added to page 9 to clarify why both financial and mental health support were included in the same theme:
"The accessibility of both mental health and financial support services was a barrier for some, with overlaps between accessibility for both finances and mental health, hence why these were combined into a single theme."
We have also added figure 1, a thematic map to illustrate the links between the themes.

Comment: The section on "What helps/what is needed" was assigned the number 1. It was unclear is this was supposed to be a third subsection. This section was appreciated by this reviewer because it illustrated that despite some of the grim information in earlier sections staff continued to try to be helpful and service recipients were grateful for this - very much in keeping with a community psychiatry mentality
Response: Thank you for the positive comments, we have corrected that this theme is labelled theme number 3.

Comment: Discussion: This section could be more succinct and this reviewer would

encourage the authors to underscore "What helps/what is needed?" as these efforts and observations are particularly relevant for the readership of this journal. Limitations are addressed appropriately

Comment: We have edited the discussion to underscore implications from the 'What helps what is needed'. We have tried to make more succinct however in order to add in more about what helps, and more detail requested from another review we have been unfortunately unable to make significant changes to the length of the discussion. We have added in more detail about specific implications in relation to this and other reviewers points:

The theme of 'what helps' suggested specific actions such as continuing support via fuel vouchers and, food banks and CoL for those experiencing financial hardship, the importance of involving wider community organisations such as charities and faith organisations. This also stressed the importance of integrated interventions where possible, with finances and mental health being tackled at the same time, with specialist financial support services needing to 'go beyond' just financial support and have this tailored of the individual and feeling heard and validated

The use of reduced travel cost initiatives such as disabled railcards and bus passes (Citizens Advice, 2026) as well as increasing awareness that those on certain benefits may be able to claim back costs for appointments (NHS, 2023). Services should consider providing or liaising with charities which may provide digital devices to reduce the impact of digital poverty and low digital literacy and allow attend online appointments.

A key issue identified here is that simply directing to other services does not appear to be enough as service users find it hard to navigate this and feel 'bounced between; different services. The concept of 'no wrong door' (Bell & Pollard, 2022), which has been applied to some mental health services, should also be applied to support for finances as well. This study specifically highlights this is a need for before, during and after mental health crises such as inpatient admissions, so increased awareness in services users and training for staff on the 'mental health breathing space' (Money and Pensions Services, 2016) which pauses interest and debt collection activities during such a crisis, is needed.

Comment: This reviewer would suggest a somewhat expanded formal Conclusion section, with some mention of the generalizability of the finding of this study

Response: We have expanded the discussion and added in about generalizability.

The CoL crisis has had a wide-ranging impact on those using mental health services in Wessex as well as impacting services in this area directly. This study highlights the complexity of the link between financial difficulties and mental health, with mental health service users reporting that the CoL impacted nearly every aspect of life, as well as impacting the services, organisations and staff they rely on for support. Integrated interventions, increased awareness of existing supporting schemes, training for mental health staff and closer working between mental health and money, debt and benefits advice services is warranted to reduce the impact of high living costs and financial hardship on mental health.

Comment: Supplemental Materials: This section added to the body of the manuscript and was not a repetition of things already stated in the manuscript

Response: Thank you!

Other changes made

Please note that we have also changed the title to remove 'NHS' as the sample was not solely NHS staff and service users.

How do NHS mental health services users and staff think the cost-of-living crisis has impacted mental health? A qualitative analysis.

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Declaration of Interest Statement: DS, DC, MS & NA have no conflicts of interest to declare.

TR wrote and receives royalties from the use of ‘Space from Money Worries’, an online CBT programme provided by Silvercloud health/Amwell, which is mentioned by interviewees in the current study. TR is also an advisor for ‘TellJo’ a company which identifies and supports financially vulnerable customers.

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Supplementary Material

Interview/focus group questions for service users:

Demographics

1. What is your age?
2. What is your gender?
3. How would you describe your ethnicity
4. Are you currently using mental health services? If no, when was the last time?
5. Please share your diagnosis if you have one, and if you are happy to share this information with us.

Financial difficulties during the Cost of Living (CoL) crisis:

1. Did you face any problems with money or paying for things you need because of the increased cost of living? If so, can you tell me about those difficulties?
2. Did you have trouble affording important things like housing, food, or clothes because of the increased cost of living? If yes, could you share what that was like for you?

The impact of the CoL crisis/financial difficulties on MH:

3. Has the current high cost of living affected your mental health and well-being? If so, how?
4. In what ways have money worries or not having enough money affected how you feel and your mental health?
5. Has your mental health impacted your ability or manage your money during the cost-of-living crisis?
6. Have you ever had to make hard decisions or give up things because you didn't have enough money? How did those choices make you feel and affect your mental well-being?

Support seeking:

7. Has your money situation during the cost-of-living crisis affected your ability to get the help and support you need for your mental health? If so, how?
8. Can you describe how you have sought professional help for your mental health during the cost-of-living crisis? Did you get the help you were looking for?
9. Have you received support with your finances during the cost-of-living crisis? If yes, where from? Did this help your mental health?

10. Can you describe the biggest problems/challenges/difficulties you may have faced when seeking professional support regarding your mental health and/or money problems? Did this help?

11. What would help you with both money problems and mental health problems during the current cost of living crisis?

12. What support do you think would benefit those who are struggling with both money problems and mental health problems?

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Interview/focus group questions for staff (NHS / third sector / other):

Demographics

1. What is your age?
2. What is your gender?
3. How would you describe your ethnicity?
4. Where do you work?
5. What is your job role?
6. How long have you worked in this role?

The impact of the CoL crisis/financial difficulties on MH of service users:

1. Has the cost-of-living crisis impacted the mental health of your services users? Can you describe any examples of this among your service users?
2. In your experience, how has the rising cost of living contributed to mental health challenges for service users? Are there any common patterns you've noticed?
3. Do you think mental health problems impact the finances of your service users? If yes, how?
4. From your perspective, how might financial difficulties and the increased cost of living make existing mental health issues worse?

Service demands and support seeking during the CoL crisis:

5. Have you noticed any major changes in the number of people seeking help from your organisation during the cost-of-living crisis? If so, can you describe these changes?
6. How has the current cost of living crisis affected the types of services/help people ask for from your organisation? Are there any new trends or shifts in what people need?
7. From your experience, how has the increased financial strain on individuals and families affected how often they need your services or how much help they require? Are there any specific areas where demand has gone up or down?
8. In what ways have you seen the cost-of-living crisis affect the kinds of people who come to you for help? Are there any new groups or types of individuals emerging as a result?
9. How do you think the cost-of-living crisis has affected how easily people can access and get the services they need? Have you seen any obstacles or difficulties in meeting the demand for services during this time?
10. How have you supported those with financial difficulties during the cost-of-living crisis?

Improving services:

11. In your opinion, what kind of help or resources do people facing financial difficulties and the high cost of living need to support their mental well-being? Have you seen any effective strategies or interventions that address these challenges?
12. What would make things easier for people to seek and receive the support they need during the cost-of-living crisis?
13. What would have made things easier for you to provide support/do your job during the cost-of-living crisis?

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1 **How do mental health service users and staff think the cost-of-living crisis has impacted mental health in**
2 **England? A qualitative analysis.**

3 **Abstract**

4 **Background:** Economic variables such as debt can impact mental health.

5 **Aims:** To explore the impact of the cost-of-living crisis on mental health services users and
6 staff, and to identify potential support.

7 **Methods:** Mental health service users and mental health service staff took part in interviews
8 exploring the relationship between the cost of living and mental health, which were analysed
9 thematically.

10 **Results:** Findings suggest that finances and mental health can be interlinked during the cost-
11 of-living crisis, with sub-themes of ‘Economic hardship has an impact on everyone’ and
12 ‘Hopelessness, frustration and desperate situations.’ A second theme identified was ‘Barriers
13 to obtaining financial and mental health support’ with sub-themes of ‘Service and support
14 accessibility,’ ‘Receiving inadequate support’ and ‘Increasing demand on services and staff
15 pressures.’ A final theme was identified of ‘Learning from and developing on what works’.

16 **Conclusion:** The cost-of-living crisis has had a wide-ranging impact on those using mental
17 health services.

18 **Keywords:** Cost-of-living crisis, inflation, poverty, energy poverty, mental health, NHS,
19 mental health services.

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How do mental health service users and staff think the cost-of-living crisis has impacted mental health in England? A qualitative analysis.

Introduction

Research has demonstrated that a wide range of economic variables can impact mental health at both an individual and population level. An analysis of more than 109,000 adults in Finland found an increased risk of psychiatric disorders in those of lower socioeconomic status (Kivimäki et al., 2020). A recent analysis of depression symptoms of nearly 14,000 adults in Denmark found that the prevalence of depression was four-fold for those with no education, eight-fold for those not in employment, and ten-fold for those under financial strain (Packness et al., 2025). A systematic review concluded that economic recessions are linked to a greater prevalence at a population level of Common Mental Disorders (CMDs), such as depression and anxiety, as well as elevated rates of self-harm and substance abuse difficulties (Frasquilho et al., 2015). Unsecured personal debt, such as credit card debt is also linked to a more than three-fold risk of mental health problems (Richardson et al., 2013). Quantitative longitudinal research has found a deteriorating impact of difficulties paying bills (Richardson et al., 2015) and energy poverty specifically (Bentley et al., 2023), on mental health over time.

Much research at present examining the link between financial difficulties and mental health problems is quantitative. However, some qualitative work in this area exists. In a study the UK, Barnes et al. (2016) interviewed those who attended hospital following self-harm in the context of financial difficulties, identifying overlapping difficulties around employment, debt, benefits and housing. The researchers also reported feelings around financial problems feeling unresolvable and difficulties accessing support (Barnes et al., 2016). An additional study in the UK focusing on self-harm in the context of a recession, found that finding support services could be confusing and hard to access, there was a perceived need to be self-reliant and not have to rely on others, and identified a need of practical support around benefits and debt (Barnes et al., 2017). Interviews with those experiencing financial hardship as a result of the COVID-19 pandemic in the UK found that social isolation and loneliness of poverty impacted on mental health (May et al., 2023). Research in the UK with those with mental health problems and stakeholders has examined the impact of austerity on socioeconomic inequalities in mental health (Mattheys et al., 2018). Researchers in the USA interviewed those living in poverty with serious mental illnesses who were experiencing difficulties with debt and suggested that financial support services are often not appropriate for this population (Harper et al., 2018). This current study is situated within this context that requires further exploration.

1 From 2021 onwards, many countries experienced high levels of inflation in what has become known as
2 the ‘cost-of-living crisis’ (CoL). The aim of this study was to use a qualitative approach to explore the impact of
3 the cost-of-living crisis on the mental health of mental health service users and staff working within an area of
4 England, to identify particular challenges which have arisen, and beliefs about possible interventions.
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10 Methods

11 **Design**

12 This study used a qualitative approach interviewing both mental health service users and staff.. It is reported in
13 line with the Standards for Reporting Qualitative Research (SRQR) guidelines.
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20 **Participants**

21 Study eligibility was based on being either an adult reporting experiencing mental health problems or, a
22 staff member working within the National Health Service (NHS) or voluntary sector,. Additionally, participants
23 needed to be aged 18+, and able to provide informed consent. Inclusion criteria also required being located in the
24 counties of Hampshire, Dorset or the Isle of Wight on the south coast of England (due to the study being funded
25 to research the health needs of this specific area). Study advertisements were distributed through staff and service
26 user channels by participating NHS trusts and voluntary organisations including food banks. Potential participants
27 were encouraged to follow a link to the participant information sheet (PIS) or to contact the research team directly
28 for more information and check eligibility. Those who completed the online consent form and confirmed eligibility
29 were invited to take part in a semi-structured interview. The characteristics of the service user sample are shown
30 in Table 1. There were a range of diagnoses including common mental health disorders, such as depression and
31 anxiety disorders and Post-Traumatic Stress Disorder, and more serious mental illness include bipolar disorder,
32 personality disorder, and schizoaffective disorder. Table 2 shows the characteristics of the staff sample.
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46 **Interviews**

47 Interviews were completed with eleven mental health service users and nine service staff. Semi-
48 structured interviews were employed as these ensured that key questions were asked, while also allowing room
49 for flexibility depending on participant answers. The interview topic guides (see supplementary material) were
50 developed by the research team with patient and public involvement (PPI) representative input. The service user
51 topic guide explored financial difficulties, mental health and the use of financial and mental health support and
52 services. Staff were asked questions surrounding the mental health and financial difficulties of their service-users,
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1 service demands and ways of improving services. Demographic information was collected from all participants
2 at the beginning of the interviews before recording commenced.

3
4 Interviews took place between April and June 2024 via MS Teams video or phone call. The telephone
5 option was offered to ensure that interviews were inclusive and responsive to the needs of participants. All
6 interviews were audio and/or video recorded and transcribed using the features embedded within MS Teams.
7
8 Transcripts were then checked for accuracy, corrected and anonymised prior to analysis. Interview participants
9
10 were offered a £20 shopping voucher as a thank you gesture for taking part.
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12

13 **Analysis**

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16 Thematic analysis was employed to analyse interview transcripts, guided by the approach outlined by
17 Braun and Clarke (Braun & Clarke, 2021). Initial inductive coding was completed by DC, aided by NVivo. MS
18 completed additional, independent coding on a sub-sample of transcripts to ensure intercoder reliability. DC and
19 MS were broadly in agreement in relation to codes. Any discrepancies were minor and were resolved through
20 discussion and coming to a consensus. Once coding had been completed, DC then began grouping together of
21 similar and related codes in order to form themes. In some cases, some of these themes were seen as related, but
22 still distinct, and so formed sub-themes relating to broad themes. DC then started to build a draft theoretical
23 framework, looking at the themes identified in the staff and service users interviews separately. It was clear that
24 there were some commonalities between service users and staff members in terms of broad themes, but there were
25 also some distinctions between the participant groups at the sub-theme level. DC then consulted with the team to
26 check agreement of themes before starting to write-up. The refinement of themes and sub-themes was an iterative
27 process that continued with input from all authors while drafting this paper. Authors on this paper are from diverse
28 research disciplines. Bringing together the expertise of all authors enhanced the reflexive analysis process.
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42 **Ethics**

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44 Most participants were already in contact with NHS mental health services and were advised to contact
45 if needed. The study participant information sheet and debriefing form include details of services for both mental
46 health and financial support.. Ethical approval for this study was obtained from NHS research ethics committee
47 (23/SC/0413) and the University of X ethics committee (84818). If a participant seemed upset during an interview,
48 the researcher would ask them if they were OK to continue before proceeding. No participants expressed wanting
49 to end an interview early due to distress. The researcher would then check in again at the end of the interview.
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51 Regular team meetings were set up, and the project Principal Investigator, who is a clinical psychologist, was
52 available after interviews to debrief about any concerns about participants.
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Results

The following sections focus on the Three broad themes identified during analysis: 1) Finances and mental health are interlinked during the Cost of Living (CoL) crisis, 2) Barriers to obtaining financial and mental health support, 3) Learning and developing on what works. These themes provide a picture of how the CoL crisis is impacting on the mental health of people living in Hampshire, the Isle of Wight and Dorset, and the services that aim to provide support. It should be noted at the outset that some service user interviewees were audibly upset during the interviews, and the protocol as described in the ethics section above was followed. Some participants shared that they had not felt listened to previously, or managed to express the breadth of their experiences to others. These comments alone revealed the hardship and desperation experienced by some.. The broad themes from all interviews from both staff and service users were: 1) Finances and mental health are interlinked during the Cost of Living (CoL) crisis, 2) Barriers to obtaining financial and mental health support, 3) Learning and developing on what works. Illustrative quotes are shown in table 3, with a thematic map displayed in figure 1.

1. 1. Finances and mental health are interlinked during the CoL crisis**1. Economic hardship has an impact on everyone**

Financial hardship, in varying degrees, was prominent in the narratives of both service users and staff. Although all service user participants were impacted by the CoL crisis to some degree, it was clear that some were impacted more than others.

I mean, compared to a lot of people you know our problems are...quite small. But yeah, I mean, we've definitely had some issues during the cost of...living crisis.(126, service user, 50-55, female)

Some participants talked about being able to 'adapt', 'budget' or live within their 'means'. Sacrifices for these participants often came in the form of cutting back on leisure activities. For participants sat at the other end of the continuum, hardship was much more acute. Some participants adapted how they shopped for food. This resulted in making unhealthy food choices, doing smaller shops, forgoing 'treat' foods and choosing affordable options (see table 3, quotes A and B).. Some participants, however, talked about their use of food banks and pantries. Some also relied on vouchers to fuel their homes.

Always have to go to the food bank. Not just once a month but nearly every week. (122, service user, 60-69, male)

Others talked about reducing clothes shopping and shopping second hand where possible.

All the clothes we get for [daughter] and stuff are all off, like Vinted and stuff like that. We use that a lot rather than shops. (106, service user, 30-39, male).

1 A few participants mentioned the expense of running a car and the impact this had on getting to work, taking
2 children to school and seeing family. Financial struggles sometimes resulted in essential bills being paid late and
3 rent arrears, and one participant admitted that they resorted to shoplifting.

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6 *And on occasions...I've had to shoplift. (122, service user, 60-69, male)*

7
8 Additionally, social activities were cut by the majority of participants. Financial difficulties within this sample
9 were sometimes compounded by losses or changes to salary and ill-health.

10
11 Staff also noted that service users are requesting more financial help from services, including referrals to food
12 banks and benefit application support and advice. This subtheme has detailed how economic hardship in the CoL
13 was experienced by all service users, but was felt on a continuum. Some were able to manage through adjustments
14 to budgeting and making leisure activity sacrifices. Others were compelled to make cut back to essentials.
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22 **1.2. Hopelessness, frustration and desperate situations**

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24 Financial difficulties created a sense of hopelessness and frustration that had serious impacts for some. Most
25 service user participants felt that financial difficulties had an impact on their mental health or wellbeing in some
26 way and for some, this impact was much more acute. Some service users described the impact on their mood and
27 sleep which worsened at critical times.

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31 *[Financial difficulties] Made me feel very low (106, service user, 30-39, male)*

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34 *Certain days where bills are meant to be due. I find I don't sleep very well.. (104, service user, 30-39, male)*

35
36 Feelings of being trapped, isolated or lonely were apparent from participant interviews, as were feelings of
37 hopelessness and being unmotivated.

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40 *Ohh can you imagine, my age? I should be retired. I mean, more than ever...I don't know how to get out of some*
41 *of it. (116, service user, 60-69, male).* Service users talked about stress, worry and anxiety surrounding finances.

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43 This included worries about the future (Table 3, Quote D).

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46 Some suggested that this resulted in being unable to focus or concentrate on anything else. Additionally, one
47 service user participant suggested that his partner's anxiety around finances impacted him and caused frustration.

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50 *... sort of the more knock-on effect that it has on my partner and how she feels about it that has a bit more of an*
51 *impact on me. (120, service user, 40-49, male)*

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54 Guilt around spending or using household appliances was also cited by a few participants.

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56 *,,, sometimes I feel...guilty because I'm at home a lot now because I can't really get out and about anymore.so*

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58 *I sometimes I'll just sit it in in, in silence. So I won't turn the TV on. (104, service user, 30-39, male)*
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1 Staff participants echoed much of what service users described in terms of mental health impacts. Some
2 stated that almost all service users mentioned the impact of the CoL crisis on their mental health. There was
3 acknowledgement of a general increase in stress and anxiety among service users. Staff noted that although worry
4 and low mood have always been linked to finances amongst service users, this increased during this period of
5 financial crisis.
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10 *I think stress is probably the number one, but I think sort of feeling quite hopeless as well...there's not a lot in*
11 *their control to be able to sort of manage that side of things because that's how it is. So feeling quite helpless and*
12 *hopeless about the situation and not sort of having any answers or any solutions. (113, staff, 20-29, female)*
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18 There was acknowledgement that sometimes people feel guilty for spending money on themselves, and
19 that feelings of hopelessness and frustration associated with financial insecurity or uncertainty are likely to be
20 impacting mental health, too (table 3 quote E)
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26 Staff from some non-mental health organisations suggested there had been an increase in requests for mental
27 health support during this time. This includes staff from food aid, general advice services who see members of the
28 public when they need help with basic needs or benefits, debt advice. During meetings with service users, the
29 challenges faced by these clients sometimes included mental health spontaneously being mentioned (table 3 quote
30 F).
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36 Two service user participants had been hospitalised for mental health within the few months leading up to the
37 interview. Both saw financial difficulties as contributory factors to these hospitalisations.
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40 *...I've recently had a...seven week stint, at a psychiatric ward just cause lots of things built up. Obviously...Money*
41 *was...part of things that caused the relapse...the high pressure to maintain my work. If I don't, then...we can't pay*
42 *our mortgage and all that stuff. So there's a lot of pressure (106, service user, 30-39, male)*
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46 As more severe outcomes of poor mental health, self-harm and suicide were less often discussed compared to
47 general anxiety, stress, or depression. Suicide or self-harm were mentioned within four service user interviews.
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49

50 Sometimes this was talked about as something that was understandable under pressurised conditions.
51

52 *A few sessions ago...with [therapist] Umm, I said to her, I understand why some people consider suicide because*
53 *it's just something, I understand all the pressures (116, service user, 60+, male)*
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56 But other times self-harm or suicidal thoughts were talked about as something that had occurred, resulting, at least
57 in part, from financial difficulties.
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Basically I self harm, I do a lot of self harming. (122, service user, 60-69, male)

This was also the case for some people with existing mental health diagnoses (Table 3 Quote G).

One staff participant described how financial difficulties could exacerbate suicidal feelings in some people.

And not knowing if you've got enough money to get through the next week, um obviously has a detrimental effect on people... that are feeling suicidal. ...You know I can't afford to live. So what's the point? And yeah, I definitely think it's quite apparent that it's...having a high, high impact. (107, staff, 30-39, female)

Restrictions on spending meant that some service users were unable to do things to create happiness because of affordability. Participants talked about not being able to afford to spend money on themselves or having to concentrate on being able to afford mundane things (table 3, quote H).. Similarly, staff participants felt that financial difficulties impeded on the ability of some to improve their wellbeing (table 3, quote I)..

For some service users, financial difficulties occurred within the context of other life circumstances, changes and experiences, such as bereavement or changes in medication. This meant there was some difficulty identifying the main cause of poor mental health. For others, mental health problems were seen as being exacerbated by poor physical health, particularly if ill-health resulted in being unable to work.

And I think that's where the mental health started from the pain, from the pain I was always in and not being able to do things (104, service user, 30-39, male).

Some staff members suggested that stress surrounding finances were sometimes labelled as mental health problems when, in fact, this stress can be seen as a 'normal' response to economic difficulty (Table 3, quote J)

The CoL and financial difficulties fostered a sense of hopelessness and frustration. This resulted in stress and stress and anxiety, and less often, self-harm and suicidality. Economics also prevented engaging in behaviours that facilitate improvements to wellbeing.

2. Barriers to obtaining financial and mental health support

2.1. Service and support accessibility

The accessibility of both mental health and financial support services was a barrier for some, with overlaps between accessibility for both finances and mental health, hence why these were combined into a single theme. Most service users talked about not having to pay to use NHS mental health services. However, two participants mentioned that limited funds meant that they were unable to explore whether private therapy might be of benefit to their mental health.

1
2 *I think I would really benefit from having, potentially... a private therapist, but then financially, it's just not feasible*
3 *and it's like, what would the impact of having a private therapist have on me...would that be...really beneficial to*
4 *me, but I just don't know and it's not something that I can explore at the moment (118, service user, 20-29, female).*

5
6 Some participants described the difficulties they faced when attempting to obtain financial support to help meet
7 their living costs, such as housing and food. Participants experienced challenges when attempting to get welfare
8 benefits, such as Universal Credit (UC) and Personal Independence Payments (PIP) to ease financial
9 difficulties (Table 3 Quote K). Some felt that the benefits that they did receive were insufficient. Others talked
10 about unsuccessful benefit claims or not meeting the entitlement criteria, for example with Employment and
11 Support Allowance and PIP. There were also issues related to the application process for welfare benefits in terms
12 of completing the forms, response times, as well as suggestion of unfairness embedded within the application
13 process.
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15
16 *Just having to justify yourself....They won't just accept the fibromyalgia... You constantly have to justify it and get*
17 *forms, work capability assessment... even ...the PIP thing. I just think it was a waste of time me filling it out. (110,*
18 *service user, 50-59, female)*

19
20 Some service user participants suggested that they had not sought mental health and/or financial support. Reasons
21 for not seeking financial support included not knowing where to find support, feeling unentitled to help, relying
22 on informal support from family and using online money-saving tips and budgeting tools.
23

24
25 A few service user participants considered “everyone” to be experiencing the same difficulties. One participant
26 suggested that she had not reached out for mental health or further financial support as her friends were having
27 the same problems and felt that others were worse off than her. This was despite experiencing stress as a result
28 of her difficulties.
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31 *No, I haven't really looked into it to be honest, [laughs] cause I think a couple of my friends, they're... stressed as*
32 *well about all this cost-of-living and I think...it's stressful for everyone to be fair. (124, service user, 40-49, female)*

33
34 Here, it is worth noting that some people identified ‘stress’ as a mental health concern,, while some staff members
35 de-emphasised stress as a mental health issue, discussing it in contrast to survey-measured Generalised Anxiety
36 Disorder (GAD).
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39)
40 Staff participants were also mindful of the potential inaccessibility of some services and logistical barriers that
41 might prevent some from attending services. These included transportation costs and being unable to attend
42 appointments. One staff member suggested that a lot of the support available was accessible online, which meant
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1 that people who were unable to access a computer or tablet were excluded. There was also suggestion that some
2 might be more focused on their financial situation than prioritising their mental health (Table 3, Quote L). This
3 does not recognise the potential connection between financial insecurity and poor mental health, though the
4 awareness of competing priorities is relevant in this research.
5

6 Staff felt that there was a lack of awareness of the support available for mental health and/or financial difficulties,
7 which some staff participants thought was particularly true for people who had not previously accessed support.
8 This demonstrates an area for potential impact, to ensure support for both financial problems and mental health
9 are widely advertised. The CoL did not directly impact ability to access NHS support. However, a lack of financial
10 resources meant that exploring other sources of support – such as private therapy – became unattainable, and
11 travel and IT costs for NHS treatment could nonetheless be problematic. Obtaining welfare benefits can be
12 problematic and cumbersome. Additionally, downplaying of difficulties reduced acknowledgement that support
13 may be required. These factors, combined with the lack of awareness, digital literacy issues, and the indirect costs
14 of accessing support services created inaccessibility to obtaining help needed.
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25 **2.2. Receiving inadequate support**

26 Inadequate support worked as a barrier to obtaining the help that was needed.. Some service users described
27 negative interactions with mental health staff including aspects of role reversal with staff also struggling. These
28 experiences are likely to have impacted how they perceived mental health services:
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33 *I made my counsellor cry...I ended up kind of supporting her not the other way around...but ...that was not to do
34 the with the cost of living...That was kind of to do with everything as well. (126, service user, 50-59, female)*
35

36 Two participants were currently receiving support from mental health crisis teams. Both felt that they were getting
37 the support needed under the care of these teams. However, one participant felt that prior support was lacking and
38 the other held the perception that a patient had to be considered to be 'high need' to get support. This latter
39 participant was concerned about what would happen when discharged from the crisis team.
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46 *There's still the element of once you go into the crisis team, where'd you go after that? And you end up sort of
47 being bounced around various departments. (120, service user, 40-49, male)*
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50 Other service user participants talked about the difficulties experienced when trying to engage with primary care.
51 Some talked about difficulties obtaining a General Practitioner (GP) appointment.
52

53 *Trying to get a doctor's appointment, just like raging nightmare. (110, service user, 50-59, female)*
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55 While some service users acknowledged that their GPs were supportive once they were able to get an appointment,
56 another talked about not feeling supported by their GP, and being signposted to other NHS support that does not
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2 include face-to-face contact (Table 3, Quote M).. Being bounced around different services, receiving insufficient
3 support, negative interactions with professionals and poor communication between services created a barrier to
4 obtaining support

5 6 **2.3. Increasing demand on services and staff pressures**

7
8 A lack of NHS and mental health service resources coupled with increased need were impacting support that could
9 be provided. As described above, participants described issues with trying to engage with primary care, others felt
10 that support had been ‘diluted’ because of a lack of funding. Two service users, who worked within healthcare
11 themselves, mentioned staff wages and NHS resources in their interviews. One suggested that staff morale was
12 low, and this was impacting on their mental health.

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18 *...and I think...maybe getting to the point where we can either get more staff or people can be more realistic of*
19 *what's achievable for each person. Because I think at the moment I just don't see anybody around that's happy in,*
20 *in their work because they're just up against it all the time and...that affects your mental health. (126, service*
21 *user, 50-59, female)*

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26 NHS and voluntary service participants felt increasing service demands throughout the CoL crisis. Some mental
27 health service staff noticed an increase in referrals during this period, which increased waiting time for mental
28 health services. Though they could not be sure that this was caused directly by the CoL crisis, some felt it was a
29 contributory factor.

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34 Non-mental health and voluntary service staff had also noticed an impact. One staff member from the voluntary
35 sector, for example, talked about how service users were opting to engage with free and subsidised services as
36 opposed to paid services that the charity was offering. This was causing financial repercussions for the service at
37 a time when fundraising income was low and there was a shortfall in voluntary staff.

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42 *I can sum it up with, we should be able to expand to cope with demand and we're contracting because fundraising*
43 *has gone down the pan. (103, staff, 50-59, female)*

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46 Similarly, one NHS staff member suggested that the increase in waiting lists in the voluntary sector as well as the
47 constraint in resources in healthcare meant a limit in the support, (such as number of sessions) that could be
48 provided. This, coupled with the reduction in those with resources to access private services, could be impacting
49 on NHS services.

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54 There were limits to what services could provide. Healthcare staff noted an increased amount of signposting was
55 required. This meant that they needed to be well-informed of the support that was available. There was also a
56 sense of staff helplessness.. Staff felt that there was only so much that counselling therapies could provide for
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1 people experiencing financial difficulties. This reflects the discussion above regarding competing priorities for
2 help-seeking, between financial or welfare support as more important compared to mental health support. There
3 is an inherent relationship between financial worries and poor mental health, and it should not be a situation of
4 help for only one or the other, as prevention of either poor mental health or reduction in financial pressures can
5 benefit the other.
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11 *Like, how do we work on, for example, a standardized...worrying management intervention or standardized*
12 *behaviour activation intervention when the person that we're seeing doesn't know how they're gonna feed their*
13 *kids next week or they don't know if they're gonna have to move house or lose their house. (119, staff, 20-29,*
14 *female)*
15

16 Staff sometimes felt conflicted in the ways that service users could be advised when talking about methods to
17 improve mental wellbeing, and sometimes found the restrictions in what they could provide to service users
18 difficult (Table 3, Quote N).
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20 Funding, an increase in referrals and waiting times as well as demands on staff working within services was
21 perceived as resulting in diminished support for service users.
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26 **3. What helps and what is needed– - Learning from and developing on what works**

27 Despite pressures and the level of hardship experienced, there were some encouraging avenues of support
28 available to those in need as well as some identified ways of facilitating help.
29

30 Food banks and fuel vouchers , and the government-funded Energy Bills Support Scheme/CoL payments were
31 invaluable to some service users..
32

33 *We have got the cost-of-living payments. So that has helped a lot... Especially like with what Council tax for*
34 *example.. (124, service user; 40-49, female)*
35

36 Service users also accessed and valued support and advice that came from their personal networks as well as from
37 professionals, including clinicians, charities, voluntary organisations and faith leaders.
38

39 *...at the moment I'm sleeping on the floor on a mattress. I've got a charity that's going to deliver it on Thursday...a*
40 *sofa and goes into a bed. (122, service user; 60-69, male)*
41

42 Service users also accessed online financial advice and support techniques about finances. . However, some
43 service user participants expressed a need for more support. A few felt that this should go beyond financial support,
44 and be personalised so that people feel listened to (table 3, quote O).
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1 Staff discussed ways in which they were trying to help people with financial difficulties. This included providing
2 food bank vouchers, help with formal letters and applications, and signposting to other services for specialist
3 support. There were also psychotherapeutic forms of support available within some services, such as group
4 therapy, working with service users to problem-solve and, one staff member mentioned that their service had a
5 workshop geared towards finances as well as a module similar to SilverCloud¹ online CBT interventions.
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10 *We also offer a financial workshop. It's quite new....So that's having a bit of an uptake and that's using low*
11 *intensity CBT in the context of financial difficulties similar to the SilverCloud content. (119, staff, 20-29, female)*
12

13 However, some staff members felt that their service could do more:.. finance discussions should be routine, and
14 more education for staff around financial difficulties and support options should be available.
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18 *I think we need to do more open and honest conversations about people's finances and try and get families more*
19 *involved if they consent to it. I think families need to be more aware of...that and I think we need to do more work*
20 *around. (107, staff, 30-39, female)*
21

22 Dedicated services for managing money, and services that provide a centralised hub for support and multi-agency
23 support were also considered as warranted by staff participants.
24

25 Some facilitators to support were seen as crucial by both staff and service user participants. Both expressed a need
26 for more accessible and free services, more practical support, as well as more awareness of options available, both
27 within services and in the community,.
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34 *.... It does come down to just practical support because that's what you need to get through to feel like a little bit*
35 *better. But then obviously you need steps in process to then help you move on and help yourself.. (110, service*
36 *user, 50-59, female)*
37

38 Service users valued welfare benefits as well as support from professionals working in healthcare and the
39 voluntary sector. Staff were able to provide limited practical and psychotherapeutic support. However, a need for
40 more, free, dedicated, practical and accessible support, as well as awareness and education surrounding this
41 support was identified.
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48 Discussion

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¹ Silvercloud health is suite of online self-guided Cognitive Behavioural Therapy (CBT) programmes for a range
58 of conditions, such as depression and anxiety. They are used in many NHS talking therapies services
59 (Silvercloud.Amwell.com). The specific Silvercloud programme being referred to here is 'Space from Money
60 Worries'.
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1 This study employed qualitative interviews with staff and service users to explore how the CoL crisis
2 has impacted mental health. Overall, the findings suggest that the CoL crisis, consisting of high inflation costs in
3 particular for energy and food, has worsened the mental health of service users in the UK and strained services
4 during this time. This aligns with previous quantitative research showing, for example, that recessions increase
5 the prevalence of mental health problems (Frasquilho et al., 2015). Although there is a large body of previous
6 research demonstrating a link between financial difficulties and mental health problems, few studies explore the
7 specific mechanisms of how and why these are related. Existing research often focuses on a few specific variables
8 rather than openly exploring these links using qualitative methodology as in this study. This study uniquely
9 demonstrates via the views of service users and staff the complexity of this relationship, that there are multiple
10 different and interacting mechanisms by which financial difficulties, exacerbated by the CoL crisis impact mental
11 health.
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22 Some of these key factors include reduced social support, having to cut back on costs such as holidays,
23 cars, clothes and preventing spending on activities which would improve mental health. Previous qualitative
24 research has found that loneliness from poverty impacted mental health during the COVID-19 pandemic (May et
25 al., 2023) and quantitative research with those with bipolar disorder showed that having to go without essential
26 items worsens symptoms of depression (Richardson et al., 2017). Participants reported the CoL crisis impacted
27 sleep, increased suicidality, self-harm and hospital admissions in the context of hopelessness, guilt and
28 desperation. This is in line with previous qualitative findings about self-harm in the context of economic
29 difficulties noting a theme of financial problems feeling ‘unresolvable’ (Barnes et al., 2016), as well as quantitative
30 research on the role of hopelessness in linking financial hardship and mental health (Frankham et al., 2020).
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49 The Col also directly impacted on ability to receive support and treatment in terms of being unable to
50 have the option to pay privately, difficulty affording travel or digital requirements for appointments. The cost-of-
51 living crisis has increased pressure on staff within this study due to increased demand on already stretched mental
52 health services, with staff interviewed reporting that third sector organisations having to reduce offer due to
53 financial pressures. Data on NHS Talking Therapies shows an increase in referrals from 1.46 million in 2020-21
54 to 1.81 million in 2021-22, staying relatively stable since then at 1.76 million 2022-23, 1.83 million in 2023-24
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1 and 1.81 million in 2024-25(NHS Digital, 2025). However, this does not capture the work of secondary care
2 mental health services, and it is unclear if they have experienced increased demand. It may be that while referral
3 numbers have not increased, financial difficulties may have intensified the complexity of the work, during this
4 time, leading to services feeling stretched; previous research shows that those in deprived areas need more sessions
5 to recover (Finegan et al., 2020), and it is possible that more sessions are needed during the CoL crisis.
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10 The theme of ‘what helps’ suggested specific actions such as continuing support via fuel vouchers and,
11 food banks and CoL for those experiencing financial hardship, the importance of involving wider community
12 organisations such as charities and faith organisations. This also stressed the importance of integrated
13 interventions where possible, with finances and mental health being tackled at the same time, with specialist
14 financial support services needing to ‘go beyond’ just financial support and have this tailored of the individual
15 and feeling heard and validated. The difficulties identified around access to support are consistent with previous
16 qualitative research (Barnes et al., 2016). Despite treatment being provided free under the NHS, poverty still
17 represented a barrier to attend treatment due to transportation costs and difficulty finding time to access therapy
18 with some occupations. This suggests that flexibility around appointment times may help improve outcomes and
19 engagement for those struggling financially. The use of reduced travel cost initiatives such as disabled railcards
20 and bus passes (Citizens Advice, 2026) as well as increasing awareness that those on certain benefits may be able
21 to claim back costs for appointments (NHS, 2023). Services should consider providing or liaising with charities
22 which may provide digital devices to reduce the impact of digital poverty and low digital literacy and allow attend
23 online appointments. Building in psychological therapy is perceived as difficult when there is significant financial
24 hardship, and people needing to prioritise basics like feeding children over attending therapy. This reinforces the
25 finding that outcomes from psychological therapies for depression and anxiety are worse for those who live in
26 poorer neighbourhoods in England (Finegan et al., 2020), and highlights the need for flexibility and holistic care
27 to support the mental health of those experiencing financial hardship.
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46 Difficulty in accessing financial support and a need for practical advice and support around finances,
47 has been found in line with previous research (Barnes et al., 2017). There were some examples of integrated
48 interventions, such as an NHS-based therapeutic group focused on financial difficulties; however, generally
49 participants described mental health and financial advice services as operating separately from one another. A key
50 issue identified here is that simply directing to other services does not appear to be enough as service users find it
51 hard to navigate this and feel ‘bounced’ between; different services. The concept of ‘no wrong door’ (Bell &
52 Pollard, 2022), which has been applied to some mental health services, should also be applied to support for
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1 finances as well. This study specifically highlights this is a need for before, during and after mental health crises
2 such as inpatient admissions, so increased awareness in services users and training for staff on the ‘mental health
3 breathing space’ (Money and Pensions Services, 2016) which pauses interest and debt collection activities during
4 such a crisis, is needed.
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7
8 It is necessary for professionals to have open and honest conversations about money with their service
9 users. , Furthermore, health professionals identified in the ‘what helps’ theme the need to have awareness training
10 on the link between money and mental health. This is in line with the Money and Mental Health Policy Institute
11 which recommend that mental health practitioners routinely ask about finances, receive training, provide or refer
12 to specialist help (Clarke, 2017), and closer integration between money/debt advice and NHS Talking Therapies
13 during the CoL crisis (Bond, 2023). Reluctance to seek help due to a sense that it was normal and that everybody
14 else was struggling suggests that those struggling with finances and mental health problems may be reluctant to
15 seek help as this situation is normalized and widespread within communities. There was also an issue of not
16 seeking support until a crisis point. It is therefore important for clinicians to encourage and support access to
17 financial advice. Public health campaigns on the link between financial difficulties and mental health problems
18 may be useful to advertise available money/debt advice, encourage early help-seeking, and thereby facilitate early
19 intervention.
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32 This study is limited by a small, heavily female and white sample from a small geographic area in
33 England.. Likewise, data related to service user employment, housing, income, welfare benefit status or time open
34 to mental health services was not collected. This means inferences related to these characteristics cannot be made.
35
36 The interviews were conducted online or via phone rather than in person which may have impacted results as
37 those without access to a telephone or the internet may have been excluded. However, online interviewing also
38 offers the benefits of flexibility to fit around work and allows participants to feel comfortable in their own
39 environment (Irani, 2018) Thought it is possible there may have been a bias towards participants giving socially
40 desirable responses in the interview, interviewing online may have reduced such as bias. It is possible that there
41 is a recruitment bias whereby those who were struggling financially were more likely to take part in the research,
42 especially as they were given voucher payment for participation. Not all participants were current users of NHS
43 mental health services. The perspectives of carers were not sought which may have led to diverse findings. Due
44 to these limitations, it is not possible to generalise these findings more widely: We can conclude that the cost-of-
45 living crisis has had an impact on mental health services users from this part of England, but cannot conclude
46 about impacts beyond this region and at a general population level. Future research covering a broader
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1 geographical range and diversity of participants is warranted. Given the significant but limited findings around
2 the impact on psychological therapies specifically, further research interviewing CBT therapists and psychologists
3 working in the NHS about how financial difficulties impacts their work with clients would help to identify
4 adaptations which may improve access and enhance outcomes from those with mental health problems living in
5 deprived areas.
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10 11 **Conclusion**

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14 The CoL crisis has had a wide-ranging impact on those using mental health services in Wessex as well
15 as impacting services in this area directly. This study highlights the complexity of the link between financial
16 difficulties and mental health, with mental health service users reporting that the CoL impacted nearly every aspect
17 of life, as well as impacting the services, organisations and staff they rely on for support. Integrated interventions,
18 increased awareness of existing supporting schemes, training for mental health staff and closer working between
19 mental health and money, debt and benefits advice services is warranted to reduce the impact of high living costs
20 and financial hardship on mental health.
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1 health/Amwell, which mentioned in these interviews. TR is also an advisor for ‘TellJo’ a company which identifies
2 and supports financially vulnerable customers.
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6 **Data availability:** The raw interview transcripts cannot be shared as ethics approval does not allow for this as
7 these include potentially personally identifiable information such as specific locations. The Nvivo file used for
8 the analysis can be shared upon reasonable request.
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1 **How do NHS mental health services users and staff think the cost-of-living crisis has impacted mental**
2 **health in England? A qualitative analysis.**

3 **Abstract**

4 **Background:** Economic variables such as debt and socioeconomic status can impact mental
5 health.

6 **Aims:** To ~~examine~~ explore the impact of the cost-of-living crises on mental health services
7 users and staff, and to identify potential avenues for facilitating support. ~~how mental health~~
8 ~~services users and staff feel the cost of living crisis has impacted mental health service users~~
9 ~~and services and services.~~

10 **Methods:** ~~Eleven~~ M mental health service users and ~~nine~~ mental health service staff took part
11 in ~~semi-structured~~ interviews ~~about exploring~~ the relationship between the cost of living and
12 mental health, ~~which difficulties and service use,~~ ~~which Interviews~~ were analysed
13 thematically.

14 **Results:** ~~- We found that~~ Findings suggest that finances and mental health can be interlinked
15 during the cost-of-living crisis, with sub-themes of ‘Economic hardship has an impact on
16 everyone’ and ‘Hopelessness, frustration and desperate situations.’ A second theme ~~we~~
17 identified was ‘Barriers to obtaining financial and mental health support’ with sub-themes of
18 ‘Service and support accessibility.’ ‘Receiving inadequate support’ and ‘Increasing demand
19 on services and staff pressures.’ A final theme was identified of ‘Learning from and developing
20 on what works’.

21 **Conclusion:** The cost-of-living crisis has had a wide-ranging impact on those using mental
22 health services.

23 **Keywords:** Cost-of-living crisis, inflation, poverty, energy poverty, mental health, NHS,
24 mental health services.

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How do mental health service users and staff think the cost-of-living crisis has impacted mental health in England? A qualitative analysis.
NHS mental health services users and staff think the cost-of-living crisis has impacted mental health? A qualitative analysis.

Introduction

Research has demonstrated that a wide range of ~~social and~~ economic variables can impact mental health at both an individual and population level. An analysis of more than 109,000 adults in Finland found ~~an~~ increased risk of psychiatric disorders in those of lower socioeconomic status (Kivimäki et al., 2020). A recent analysis of depression symptoms of nearly 14,000 adults in Denmark found that the prevalence of depression was four-fold for those with no education, eight-fold for those not in employment, and ~~10~~ten-fold for those under financial strain (Packness et al., 2025). A systematic review concluded that economic recessions are linked to a greater prevalence at a population level of Common Mental Disorders (CMDs), such as depression and anxiety, as well as elevated rates of self-harm and substance abuse difficulties (Frasquilho et al., 2015). Unsecured personal debt, such as credit card debt is also linked to a more than three-fold risk of mental health problems (Richardson et al., 2013). Quantitative longitudinal research has found a deteriorating impact of difficulties paying bills (Richardson et al., 2015) and energy poverty specifically (Bentley et al., 2023), on mental health over time.

Much research at present ~~examining~~ examining the link between financial difficulties and mental health problems is quantitative, ~~with relatively few examples of qualitative studies. However, some qualitative work in this area exists.~~ In a study the UK, Barnes et al. (2016) interviewed those who attended hospital following self-harm in the context of financial difficulties, identifying overlapping difficulties around employment, debt, benefits and housing. The researchers also ~~reported found themes feelings~~ reported around financial problems feeling unresolvable and ~~participants finding it hard to access~~ difficulties accessing support (Barnes et al., 2016). An additional study in the UK focusing on self-harm in the context of a recession, ~~interviewed those who had self-harmed and staff who had supported patients, noting themes offound that~~ finding support services could be confusing and hard to access, there was a perceived need to be self-reliant and not have to rely on others, and identified a need of practical support around benefits and debt (Barnes et al., 2017). Interviews with those experiencing financial hardship as a result of the ~~eovid~~ COVID-19 pandemic in the UK found ~~that a theme around~~ social isolation and loneliness of poverty impacted ~~on~~ ing mental health (May et al., 2023). Research in the UK with those with mental health problems and stakeholders has examined the impact of austerity on socioeconomic inequalities in mental health

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7 (Mattheys et al., 2018). Researchers in the USA interviewed those living in poverty with serious mental illnesses
8 who were experiencing difficulties with ~~debt, and~~debt and suggested that financial support services are often not
9 appropriate for this population (Harper et al., 2018). This current study is situated within this context that requires
10 further exploration.
11

12
13 From 2021 onwards, many countries experienced high levels of inflation in what has become known as
14 the 'cost-of-living crisis' (CoL). The aim of this study was to use a qualitative approach to ~~understand-explore~~ the
15 impact of the cost-of-living crisis on the mental health of ~~UK~~ mental health service users and staff working within
16 an area of England and impacts on the work of staff, and to identify particular challenges which have arisen, and
17 beliefs about possible interventions.
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22 Methods

23 **Design**

24
25 ~~A-This study used a~~ qualitative ~~design-approach~~ ~~—~~interviewing both mental health service users and staff. ~~-was~~
26 ~~used~~ It is reported in line with the Standards for Reporting Qualitative Research (SRQR) guidelines.
27
28

29 **Participants**

30
31 ~~This study was open to~~Study eligibility was based on being either an adult reporting experiencing mental
32 ~~health problems or, a staff member~~ working within ~~the~~ National Health Services (NHS) ~~services and or~~ voluntary
33 ~~organisations sector providing service, as well as adults who reported experiencing mental health problems.~~
34 Additionally, participants needed to be Adults (aged 18+), and able to provide informed consent. Inclusion criteria
35 also required being located in who lived in the counties of Hampshire, Dorset or the Isle of Wight on the south
36 coast of England (due to the study being funded to research the health needs of this specific area). were eligible
37 to participate and able to provide informed consent. Study ~~adverts~~advertisements were distributed through staff
38 and service user channels by participating NHS trusts and voluntary organisations including food banks. Potential
39 participants were encouraged to follow a link to the participant information sheet (PIS) or to contact the research
40 team directly for more information and check eligibility. Those who completed the online consent form and
41 confirmed eligibility were invited to take part in a semi-structured interview. ~~-~~The characteristics of the service
42 user sample are shown in Table 1. ~~-~~There were a range of diagnoses including common mental health disorders,
43 such as depression and anxiety disorders and Post-Traumatic Stress Disorder, and more serious mental illness
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7 including bipolar disorder, personality disorder, and schizoaffective disorder. Table 2 shows the characteristics
8
9 of the staff sample.

Commented [DC1]: Have just corrected to 'including'

10 11 12 Interviews

13 Interviews were completed with eleven mental health service users and nine service staff. Semi-
14 structured interviews were employed as these ensured that key questions were asked, while also allowing room
15 for flexibility depending on participant answers. The interview topic guides (~~shown in~~ supplementary material)
16 ~~was/were~~ developed by the research team with patient and public involvement (PPI) representative input. The
17 service user topic guide explored financial difficulties, mental health and the use of financial and mental health
18 support and services. Staff were asked questions surrounding the mental health and financial difficulties of their
19 service-users, service demands and ways of improving services. Demographic information was collected from
20 all participants at the beginning of the interviews before recording commenced.

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25 Interviews took place between April and June 2024 via MS Teams video or phone call. The telephone
26 option was offered to ensure that interviews were inclusive and responsive to the needs of participants. All
27 interviews were audio and/or video recorded and transcribed using the features embedded within MS Teams.
28 Transcripts were then checked for accuracy, ~~and~~ corrected and anonymised prior to analysis. Interview participants
29 were offered a £20 shopping voucher as a thank you gesture for taking part.

30 31 32 33 Analysis

34
35 Thematic analysis was employed to analyse interview transcripts, guided by the approach outlined by
36 Braun and Clarke (Braun & Clarke, 2021). Initial inductive coding was completed by DC, aided by NVivo. MS
37 completed additional, independent coding on a sub-sample of transcripts to ensure intercoder reliability. DC and
38 MS ~~then met to discuss~~ were broadly in agreement in relation to codes. Any discrepancies were minor and were
39 resolved through discussion and coming to a consensus. Once coding had been completed, DC then began
40 grouping together of similar and related codes in order to form themes. In some cases, some of these themes were
41 seen as related, but still distinct, and so formed sub-themes relating to broad themes. DC then started to build a
42 draft theoretical framework, looking at the themes identified in the staff and service users interviews separately.
43
44 It was clear that there were some commonalities between service users and staff members in terms of broad
45 themes, but there were also some distinctions between the participant groups at the sub-theme level. DC then
46 consulted with the team to check agreement of themes before starting to write-up. The refinement of themes and
47 sub-themes was an iterative process that continued with input from all authors while drafting this paper. Authors

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on this paper are from diverse research disciplines. Bringing together the expertise of all authors enhanced the reflexive analysis process.

Ethics

Most participants were already open to contact with NHS mental health services and were advised to contact if needed. The study participant information sheet and debriefing form include details of interviewees were signposted to support services for both mental health and financial support. This study had ethical approval for this study was obtained from NHS research ethics committee (23/SC/0413) and the University of X ethics committee (84818). If a participant seemed upset during an interview, the researcher would ask them if they were happy to proceed. No participants expressed wanting to end an interview early due to distress. The researcher would then check in again at the end of the interview. Regular team meetings were set up, and the project Principal Investigator, who is a clinical psychologist, was available after interviews to debrief about any concerns about participants.

Results

The following sections focus on three broad themes identified during analysis: 1) Finances and mental health are interlinked during the Cost of Living (CoL) crisis, 2) Barriers to obtaining financial and mental health support, 3) Learning and developing on what works. These themes that provide a picture of how the CoL crisis is impacting on the mental health of people living in Hampshire, the Isle of Wight and Dorset, and the services that aim to provide support. It should be noted at the outset of these results that some service user interviewees were audibly upset during the interviews, and the protocol as per in as described in the ethics section of the method was above was followed. Some participants shared that they had not felt listened to previously, or managed to express the breadth of their experiences to others. These comments alone revealed the hardship and desperation experienced by some service users. The broad themes from all across staff and service user interviews from both staff and service users were: 1) Finances and mental health are interlinked during the Cost of Living (CoL) crisis, 2) Barriers to obtaining financial and mental health support, 3) Learning and developing on what works. Illustrative quotes are shown in table 3, with a thematic map displayed in figure 1.

1. Finances and mental health are interlinked during the CoL crisis

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1.1. Economic hardship has an impact on everyone

Financial hardship, in varying degrees, was prominent in the narratives of both service users and staff. Although all service user participants were impacted by the CoL crisis to some degree, it was clear that some were impacted more than others.

I mean, compared to a lot of people you know our problems are...quite small. But yeah, I mean, we've definitely had some issues during the cost of...living crisis. (126, service user, 50-55, female)

Table 3 displays additional illustrative quotes. Some participants talked about being able to 'adapt', 'budget' or live within their 'means'. Sacrifices for these participants often came in the form of cutting back on leisure activities. For participants sat at the other end of the continuum, hardship was much more acute. Some participants adapted how they shopped for food. This resulted in making unhealthy food choices, doing smaller shops, forgoing 'treat' foods and choosing affordable options (see Table 3, Quotes A and B). Some participants, however, talked about their use of food banks and pantries. Some also relied on vouchers to fuel their homes.

Always have to go to the food bank. Not just once a month but nearly every week. (122, service user, 60-69, male)

Others talked about reducing clothes shopping and shopping second hand where possible.

All the clothes we get for [daughter] and stuff are all off, like Vinted and stuff like that. We use that a lot rather than shops. (106, service user, 30-39, male).

A few participants mentioned the expense of running a car and the impact this had on getting to work, taking children to school and seeing family. Financial struggles sometimes resulted in essential bills being paid late and rent arrears, and one participant admitted that they resorted to shoplifting.

And on occasions...I've had to shoplift. (122, service user, 60-69, male)

Additionally, social activities were cut by the majority of participants. Financial difficulties within this sample were sometimes compounded by losses or changes to salary and ill-health.

Staff also noted that service users are requesting more financial help from services, including referrals to food banks and benefit application support and advice. This subtheme has detailed how economic hardship in the CoL was experienced by all service users, but was felt on a continuum. Some were able to manage through adjustments to budgeting and making leisure activity sacrifices. Others were compelled to make cut back to essentials.

1.2. Hopelessness, frustration and desperate situations

Financial difficulties created a sense of hopelessness and frustration that had serious impacts for some. Most service user participants felt that financial difficulties have had an impact on their mental health or wellbeing in

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7 some way ~~and for some, this impact was much more acute. Table 3 displays additional illustrative quotes. This~~
8 ~~was confirmed by some staff who stated that almost all service users they worked with were mentioning the impact~~
9 ~~of the CoL crisis on their mental health.~~ Some service users described the impact on their mood and sleep ~~of the~~
10 ~~financial crisis~~ which worsened at critical times, ~~but may also be consistently problematic.~~

11
12
13 *[Financial difficulties] Made me feel very low (106, service user, 30-39, male)*

14
15 *Certain days where bills are meant to be due. I find I don't sleep very well. (104, service user, 30-39, male)*

16
17 Feelings of being trapped, isolated or lonely were apparent from participant interviews, as were feelings of
18 hopelessness and being unmotivated.

19
20 *Ohh can you imagine, my age? I should be retired. I mean, more than ever...I don't know how to get out of some*
21 *of it. (116, service user, 60-69, male).* Service users talked about stress, worry and anxiety surrounding finances.

22
23 This included worries about ~~what might happen in~~ the future (Table 3, Quote D).

24
25 Some suggested that this resulted in being unable to focus or concentrate on anything else. Additionally, one
26 service user participant suggested that his partner's anxiety around finances impacted him and caused frustration.

27
28 *I've been able to adapt to it very well and it's the... sort of the more knock-on effect that it has on my partner*
29 *and how she feels about it that has a bit more of an impact on me. (120, service user, 40-49, male)*

30
31 Guilt around spending or using household appliances was also cited by a few participants.

32
33 *... sometimes I feel...guilty because I'm at home a lot now because I can't really get out and about anymore....so*

34
35 *I sometimes I'll just sit it in in, in silence. So I won't turn the TV on. (104, service user, 30-39, male)*

36
37 Staff participants echoed much of what service users described in terms of mental health impacts. Some
38 stated that almost all service users mentioned the impact of the CoL crisis on their mental health. There was
39 acknowledgement of a general increase in stress and anxiety among service users. Staff noted that although there
40 has always been worry and low mood have always been linked to surrounding finances amongst service users,
41 this increased during this period of financial crisis.

42
43
44 *I think stress is probably the number one, but I think sort of feeling quite hopeless as well...there's not a lot in*
45 *their control to be able to sort of manage that side of things because that's how it is. So feeling quite helpless and*
46 *hopeless about the situation and not sort of having any answers or any solutions. (113, staff, 20-29, female)*

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There was acknowledgement that sometimes people feel guilty for spending money on themselves, and that feelings of hopelessness and frustration associated with financial insecurity or uncertainty are likely to be impacting mental health, too (table 3 quote E):-

I think stress is probably the number one, but I think sort of feeling quite hopeless as well...there's not a lot in their control to be able to sort of manage that side of things because that's how it is. So feeling quite helpless and hopeless about the situation and not sort of having any answers or any solutions. (113, staff, 20-29, female)

Staff from some non-mental health organisations ~~also suggested~~suggested there had been an increase in requests for mental health support during this time. This includes staff from food aid, general advice services who see members of the public when they need help with basic needs or benefits, debt advice. During meetings with service users, the challenges faced by these clients sometimes included mental health spontaneously being mentioned (Table 3 Quote F).

Two service user participants had been hospitalised for mental health within the few months leading up to the interview. Both saw financial difficulties as contributory factors to these hospitalisations.

...I've recently had a...seven week stint, at a psychiatric ward just cause lots of things built up. Obviously...Money was...part of things that caused the relapse...the high pressure to maintain my work. If I don't, then...we can't pay our mortgage and all that stuff. So there's a lot of pressure (106, service user, 30-39, male)

At a As more severe outcomes of poor mental health, self-harm and suicide were less often discussed compared to general anxiety, stress, or depression. Suicide or self-harm were mentioned within four service user interviews. Sometimes this was talked about as something that was understandable under ~~certain unspecified~~pressurised conditions.

A few sessions ago...with [therapist] Umm, I said to her, I understand why some people consider suicide because it's just something, I understand all the pressures (116, service user, 60+, male)

But other times self-harm or suicidal thoughts were talked about as something that had occurred, resulting, at least in part, from financial difficulties. ~~This was the case for some people with existing mental health diagnoses.~~

Basically I self harm, I do a lot of self harming. (122, service user, 60-69, male)

~~This was also the case for some people with existing mental health diagnoses (Table 3 Quote G).~~

One staff participant ~~also talked about~~described how financial difficulties could exacerbate suicidal feelings in some people.

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7 And not knowing if you've got enough money to get through the next week, um obviously has a detrimental effect
8 on people... that are feeling suicidal. ...You know I can't afford to live. So what's the point? And yeah, I definitely
9 think it's quite apparent that it's...having a high, high impact. (107, staff, 30-39, female)

10
11 Restrictions on spending meant that some service users were unable to do things to create happiness because of
12 affordability. Participants talked about not being able to afford to spend money on themselves or having to
13 concentrate on being able to afford mundane things (table 3, quote H). Similarly,

14
15 Staff participants also felt that financial difficulties impeded on the ability of some to improve their wellbeing
16 (table 3, quote I).

17
18 For some service users, financial difficulties occurred within the context of other life circumstances, changes and
19 experiences, such as bereavement or changes in medication, which This meant there was some difficulty
20 difficulty identifying the main cause of poor mental health. For others, mental health problems were seen as being
21 exacerbated by poor physical health, particularly if ill-health resulted in being unable to work.

22
23 And I think that's where the mental health started from the pain, from the pain I was always in and not being able
24 to do things (104, service user, 30-39, male).

25
26 Some staff members suggested that stress surrounding finances were sometimes labelled as mental health
27 problems when, in fact, this stress can be seen as a 'normal' response to economic difficulty (Table 3, quote J).

28
29 The CoL and financial difficulties fostered a sense of hopelessness and frustration. This resulted in stress and
30 stress and anxiety, and less often, self-harm and suicidality. Economics also prevented engaging in behaviours
31 that facilitate improvements to wellbeing.

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32 33 2. Barriers to obtaining financial and mental health support

34 35 2.1. Service and support accessibility

36
37 The majority of service user participants did not feel that The accessibility of both mental health and financial
38 support services was a barrier for some, with overlaps between accessibility for both finances and mental health.
39 hence why these were combined into a single theme. the CoL crisis had directly impacted on their ability to access
40 support. Table 3 displays additional illustrative quotes. Most service users talked about not having to pay to use
41 NHS mental health services. However, two participants mentioned that limited funds meant that they were unable
42 to explore whether private therapy might be of benefit to their mental health.

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7 *I think I would really benefit from having, potentially... a private therapist, but then financially, it's just not feasible*
8 *and it's like, what would the impact of having a private therapist have on me ...would that be...really beneficial to*
9 *me, but I just don't know and it's not something that I can explore at the moment (118, service user, 20-29, female).*

10
11 Some participants described the difficulties they faced when attempting to obtain financial support to help meet
12 their living costs, such as housing and food. Participants experienced challenges when attempting to get welfare
13 benefits, such as Universal Credit (UC) and Personal Independence Payments (PIP), to ease financial
14 difficulties (Table 3 Quote K). Some felt that the benefits that they did receive were ~~not enough~~ insufficient. Others
15 talked about ~~being rejected for specific benefits~~ unsuccessful benefit claims or not meeting the entitlement criteria,
16 for example with Employment and Support Allowance and PIP. There were also issues related to the application
17 process for welfare benefits in terms of completing the forms, ~~eligibility wait times~~ response times, as well as
18 suggestion ~~that there was an of~~ unfairness embedded within the application process.

19
20
21 *Just having to justify yourself....They won't just accept the fibromyalgia... You constantly have to justify it and get*
22 *forms, work capability assessment... even ...the PIP thing. I just think it was a waste of time me filling it out. (110,*
23 *service user, 50-59, female)*

24
25 Some service user participants suggested that they had not sought mental health and/or financial support. Reasons
26 for not seeking financial support included not knowing where to find support, ~~believing that they would not~~
27 ~~being feeling~~ unentitled to help, relying on informal support from family and using online money-saving tips and
28 budgeting tools.

29
30 A few service user participants considered “everyone” to be experiencing the same difficulties. One participant
31 suggested that she had not reached out for mental health or further financial support as her friends were having
32 the same problems and felt that others were worse off than her. -This was despite ~~this participant acknowledging~~
33 ~~that she had been~~ experiencing stress as a result of her difficulties.

34
35 *No, I haven't really looked into it to be honest, [laughs] cause I think a couple of my friends, they're ... stressed as*
36 *well about all this cost-of-living and I think...it's stressful for everyone to be fair. (124, service user, 40-49, female)*

37
38 Here, it is worth noting that some people identified ‘stress’ as a mental health concern, ~~as seen in the quote below~~,
39 while some staff members ~~as indicated above~~ de-emphasised stress as a mental health issue, discussing it in
40 contrast to survey-measured Generalised Anxiety Disorder (GAD) (Table 3, Quote L).

41
42 *No, I haven't really looked into it to be honest, [laughs] cause I think a couple of my friends, they're ... stressed as*
43 *well about all this cost-of-living and I think...it's stressful for everyone to be fair. (124, service user, 40-49, female)*

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Staff participants were also mindful of the potential inaccessibility of some services ~~and~~. ~~Staff participants talked about~~ logistical barriers that might prevent some from attending services. These included transportation costs and being unable to attend appointments (Table 3, Quote M). One staff member suggested that a lot of the support available was ~~not~~ accessible online (Table 3, Quote N), which meant that people who were unable to access a computer or tablet were excluded. There was also suggestion that some ~~people~~ might be more focused on their financial situation than prioritising their mental health (Table 3, Quote O). This does not recognise the potential connection between financial insecurity and poor mental health, though the awareness of competing priorities is relevant in this research.

Staff ~~also~~ felt that there ~~might be~~ was a lack of awareness of the support available for mental health and/or financial difficulties, which some staff participants thought was particularly true for people who had not previously ~~accessed~~ ~~needed to access~~ support. This demonstrates an area for potential impact, to ensure support for both financial problems and mental health are widely advertised. ~~The CoL did not directly impact ability to access NHS support. However, a lack of financial resources meant that exploring other sources of support – such as private therapy – became unattainable, and travel and IT costs for NHS treatment could nonetheless be problematic. Obtaining welfare benefits can be problematic and cumbersome. Additionally, downplaying of difficulties reduced acknowledgement that support may be required. These factors, combined with the lack of awareness, digital literacy issues, and the indirect costs of accessing support services created inaccessibility to obtaining help needed.~~

b) 2.2. Receiving inadequate support

~~Some service users were unable to get the support that they needed. They described~~ Inadequate support worked as a barrier to obtaining the help that was needed, being bounced around different services, receiving insufficient support or feeling that communication between different healthcare services was poor created a barrier to obtaining support. Some service users described previous negative interactions with mental health ~~services as~~ being 'patronising' or experienced specific negative incidents with therapists/staff including aspects of role reversal with staff also struggling. These experiences are likely to have impacted how they perceived mental health services.

I made my counsellor cry...I ended up kind of supporting her not the other way around...but ...that was not to do the with the cost of living...That was kind of to do with everything as well. (126, service user, 50-59, female)

Two participants were currently ~~under the care of~~ receiving support from mental health crisis teams. Both felt that they were getting the support needed ~~from these~~ under the care of these teams. However, one participant felt that

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~~prior support immediately prior to engagement with this team~~ was lacking and the other held the perception that a patient had to be considered to be 'high need' to get support. This latter participant was concerned about what would happen when discharged from the crisis team.

There's still the element of once you go into the crisis team, where'd you go after that? And you end up sort of being bounced around various departments. (120, service user, 40-49, male)

Other service user participants talked about the difficulties experienced when trying to engage with primary care.

Some talked about difficulties obtaining a General Practitioner (GP) appointment.

Trying to get a doctor's appointment, just like raging nightmare. (110, service user, 50-59, female)

While some service users acknowledged that their GPs were supportive once they were able to get an appointment, another talked about not feeling supported by their GP, and being signposted to other NHS support that does not include face-to-face contact (Table 3, Quote P). ~~Being bounced around different services, receiving insufficient support, negative interactions with professionals and poor communication between services created a barrier to obtaining support~~

e) 2.3. Increasing demand on services and staff pressures

~~Some service users suggested that~~ A lack of NHS and mental health service resources coupled with increased need were impacting support that could be provided. As described above, participants ~~talked about~~described issues with trying to engage with primary care, others felt that support had been 'diluted' because of a lack of funding. Two service users, who worked within healthcare themselves, mentioned staff wages and NHS resources in their interviews. One suggested that staff morale was low, and this was impacting on their mental health.

...and I think...maybe getting to the point where we can either get more staff or people can be more realistic of what's achievable for each person. Because I think at the moment I just don't see anybody around that's happy in, in their work because they're just up against it all the time and...that affects your mental health. (126, service user, 50-59, female)

~~Staff participants working in the NHS and voluntary sector~~ NHS and voluntary service participants felt increasing service demands throughout the CoL crisis. Some ~~staff working for~~ mental health service staffs noticed an increase in referrals during this period, which ~~caused an increase in waiting lists for~~increased waiting time for mental health services (Table 3, Quote Q). Though they could not be sure that this was caused directly by the CoL crisis, some felt ~~it that the increase in CoL~~ was a contributory factor.

Non-mental health and voluntary service staff had also noticed an impact. One staff member from the voluntary sector, for example, talked about how service users were opting to engage with free and subsidised services as

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opposed to paid services that the charity was offering. This was causing financial repercussions for the service at a time when fundraising income was ~~at a~~ low and there was a shortfall in voluntary staff.

I can sum it up with, we should be able to expand to cope with demand and we're contracting because fundraising has gone down the pan. (103, staff, 50-59, female)

Similarly, one NHS staff member suggested that the increase in waiting lists in the voluntary sector as well as the constraint in resources ~~here in healthcare~~ meant a limit in the support (such as number of sessions) that could be provided. This, coupled with the reduction in ~~those with resources the amount of people who are able~~ to access private services, could be impacting on NHS services.

~~Staff explained that T~~there were limits to what services could provide. ~~NHS staff members~~Healthcare staff noted an increased ~~d in the~~ amount of signposting ~~that~~ was required. This meant that they needed to be well-informed of the support that was available. There was also a sense of staff helplessness, ~~here~~. Staff felt that there was only so much that counselling therapies could provide for people experiencing financial difficulties. This reflects the discussion above regarding competing priorities for help-seeking, between financial or welfare support as more important compared to mental health support. There is an inherent relationship between financial worries and poor mental health ~~(refs)~~, and it should not be a situation of help for only one or the other, as prevention of either poor mental health or reduction in financial pressures can benefit the other.

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Like, how do we work on, for example, a standardized...worrying management intervention or standardized behaviour activation intervention when the person that we're seeing doesn't know how they're gonna feed their kids next week or they don't know if they're gonna have to move house or lose their house. (119, staff, 20-29, female)

Staff sometimes felt conflicted in the ways that service users could be advised when talking about methods to improve mental wellbeing, and sometimes found the restrictions in what they could provide to service users difficult (Table 3, Quote R).

Funding, an increase in referrals and waiting times as well as demands on staff working within services was perceived as resulting in diminished support for service users.

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~~3. What helps and what is needed~~what is needed → Learning from and developing on what works

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Despite pressures ~~and the level of hardship experienced, there were some encouraging avenues of support available to those in need as well as some identified ways of facilitating help.~~ staff talked about the ways in which

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7 they were currently trying to help people with financial difficulties. This included providing food bank vouchers,
8 help with formal letters and applications, and signposting to other services for specialist support. There were also
9 psychotherapeutic forms of support available within some services, such as group therapy, working with service
10 users to problem solve and, one staff member mentioned that their service had a workshop geared towards
11 finances as well as a module as part of similar to SilverCloud¹ online CBT interventions.

12 *We also offer a financial workshop, it's quite new....So that's having a bit of an uptake and that's using low
13 intensity CBT in the context of financial difficulties similar to the SilverCloud content. (119, staff, 20-29, female)*

14 Food banks and fuel vouchers ~~were invaluable for some service user participants, as was~~and the government-
15 funded Energy Bills Support Scheme/CoL payments ~~were invaluable to some service users.~~

16 *We have got the cost-of-living payments. So that has helped a lot...-Especially like with what Council tax for
17 example...cause that's gone.... (124, service user, 40-49, female)*

18 Service users also accessed and valued support and advice that came from their personal networks within their
19 social circles as well as from professionals, including clinicians, charities, voluntary organisations and faith
20 leaders.

21 *Yeah because...at the moment I'm sleeping on the floor on a mattress. I've got a charity that's going to deliver it
22 on Thursday...? It's not exactly a bed, but it's a sofa and goes into a bed. (122, service user, 60-69, male)*

23 Service users also ~~talked about using~~accessed online financial advice and support techniques about finances, ~~from~~
24 ~~the internet~~. However, some service user participants expressed a need for more support. A few ~~expressed~~felt
25 that this support should go beyond financial support, and be personalised so that people feel listened to (Table 3,
26 Quote S).

27 Staff discussed ways in which they were trying to help people with financial difficulties. This included providing
28 food bank vouchers, help with formal letters and applications, and signposting to other services for specialist
29 support. There were also psychotherapeutic forms of support available within some services, such as group
30 therapy, working with service users to problem-solve and, one staff member mentioned that their service had a
31 workshop geared towards finances as well as a module similar to SilverCloud² online CBT interventions.

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47 ¹ Silvercloud health is suite of online self-guided Cognitive Behavioural Therapy (CBT) programmes for a range
48 of conditions, such as depression and anxiety. They are used in many NHS talking therapies services
49 (Silvercloud.Amwell.com). The specific Silvercloud programme being referred to here is 'Space from Money
50 Worries'.

51 ² Silvercloud health is suite of online self-guided Cognitive Behavioural Therapy (CBT) programmes for a range
52 of conditions, such as depression and anxiety. They are used in many NHS talking therapies services
53 (Silvercloud.Amwell.com). The specific Silvercloud programme being referred to here is 'Space from Money
54 Worries'.

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7 *We also offer a financial workshop. It's quite new...So that's having a bit of an uptake and that's using low intensity*
8 *CBT in the context of financial difficulties similar to the SilverCloud content. (119, staff, 20-29, female)*

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12 *However, some staff members felt that their service could do more; ~~for people with financial difficulties. They~~*
13 *felt that ~~talking about finances~~ finance discussions should be routine, and more ~~training and~~ education for staff*
14 *around financial difficulties and ~~the~~ support options should be available.*

15
16 *I think we need to do more open and honest conversations about people's finances and try and get families more*
17 *involved if they consent to it. I think families need to be more aware of...that and I think we need to do more work*
18 *around. (107, staff, 30-39, female)*

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21 Dedicated services for managing money, and services that provide a centralised hub for support and multi-agency
22 support were also considered as warranted by staff participants.

23
24 Some facilitators to support were seen as crucial by both staff and service user participants. Both expressed a need
25 for more accessible and free services, more practical support, as well as more awareness of options available
26 support, both within services and in the community, ~~and practical support~~.

27
28 *...-It does come down to just practical support because that's what you need to get through to feel like a little bit*
29 *better. But then obviously you need steps in process to then help you move on and help yourself.- (110, service*
30 *user, 50-59, female)*

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33 *Service users valued welfare benefits as well as support from professionals working in healthcare and the*
34 *voluntary sector. Staff were able to provide limited practical and psychotherapeutic support. However, a need for*
35 *more, free, dedicated, practical and accessible support, as well as awareness and education surrounding this*
36 *support was identified.*

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Discussion

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42 This study ~~used a qualitative approach~~ employed qualitative interviews ~~with ing~~ staff and service users
43 ~~about to explore~~ how the CoL crisis has impacted mental health. Overall, the findings suggest that the CoL crisis,
44 consisting of high inflation costs in particular for energy and food, has worsened the mental health of service users
45 in the UK and strained services during this time. This aligns with previous quantitative research showing, for
46 example, that recessions increase the prevalence of mental health problems (Frasquilho et al., 2015). Although
47 there is a large body of previous research demonstrating a link between financial difficulties and mental health
48 problems, few studies explore the specific mechanisms of how and why these are related. Existing research often

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focuses on a few specific variables rather than openly exploring these links using qualitative methodology as in this study. This study uniquely demonstrates via the views of service users and staff the complexity of this relationship, that there are multiple different and interacting mechanisms by which financial difficulties, exacerbated by the CoL crisis impact mental health.

Some of these key factors include reduced social support, having to cut back on costs such as holidays, cars, clothes and preventing spending on activities which would improve mental health. Previous qualitative research has found that loneliness from poverty impacted mental health during the COVID-19 pandemic (May et al., 2023) and quantitative research with those with bipolar disorder showed that having to go without essential items worsens symptoms of depression (Richardson et al., 2017). Participants reported the CoL crisis impacted sleep, –increased suicidality, self-harm and hospital admissions in the context of hopelessness, guilt and desperation. This is also in line with previous qualitative findings about self-harm in the context of economic difficulties noting a theme of financial problems feeling ‘unresolvable’ (Barnes et al., 2016), as well as quantitative research on the role of hopelessness in linking financial hardship and mental health (Frankham et al., 2020).

The results here paint a complex picture whereby financial difficulties linked to higher living costs negatively impact multiple aspects of an individual’s life. The interviewees discussed the impact on having to go without holidays and also cutting back on essential items, echoing findings in people with bipolar disorder that having to go without essential items worsens symptoms of depression (Richardson et al., 2017). Such cut-backs also included changes to eating habits and poor diet, in line with the finding that food insecurity increases the risk of depression (Pourmotabbed et al., 2020).

The CoL appeared to impact social support, The results here paint a complex picture whereby financial difficulties linked to higher living costs negatively impact multiple aspects of an individual’s life. The interviewees discussed the impact on having to go without holidays and also cutting back on essential items, echoing findings in people with bipolar disorder that having to go without essential items worsens symptoms of depression (Richardson et al., 2017). Such cut-backs also included changes to eating habits and poor diet, in line with the finding that food insecurity increases the risk of depression (Pourmotabbed et al., 2020), further demonstrating the multiple mechanisms whereby poverty may impact mental health. Previous qualitative research has found a theme of that loneliness from poverty impacted mental health during the covidCOVID-19 pandemic (May et al., 2023). Social support has also been found in quantitative research to mitigate the impact of debt on symptoms of depression in older adults in China (Gao et al., 2022).

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~~A theme of hopelessness was identified both from the perspective of mental health services users and staff providing their care. Previous quantitative research has shown that hopelessness mediates the link between greater financial difficulties poor mental health (Frankham et al., 2020). This is also in line with previous qualitative findings about self-harm in the context of economic difficulties noting a theme of financial problems feeling 'unresolvable' (Barnes et al., 2016). There was also a theme from staff that~~

The CoL also directly impacted on ability to receive support and treatment in terms of being unable to have the option to pay privately, difficulty affording travel or digital requirements for appointments. ~~The~~ cost-of-living crisis has increased pressure on staff within this study due to increased demand on already stretched mental health services, with staff interviewed reporting that third sector organisations having to reduce offer due to financial pressures. Data on NHS Talking Therapies shows an increase in referrals from 1.46 million in 2020-21 to 1.81 million in 2021-22, staying relatively stable since then at 1.76 million 2022-23, ~~and~~ 1.83 million in 2023-24 and 1.81 million in 2024-25 (NHS Digital, 2025). However, this does not capture the work of secondary care mental health services, and it is unclear if they have experienced increased demand. ~~It may alternatively~~ It may be that although while referral numbers of referrals have not increased, financial difficulties may have intensified the level of complexity of the work; given financial difficulties, has increased during this time, leading to services feeling stretched; previous research shows that those in deprived areas need more sessions to recover (Finegan et al., 2020), and it is possible that more sessions are needed during the CoL crisis.

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~~The theme of data highlighted suggestions for 'what helps', including suggested specific actions such as continuing support via fuel vouchers and, food banks and CoL for those experiencing financial hardship, the importance of involving wider community organisations such as charities and faith organisations. This also stressed the importance of integrated interventions where possible, with finances and mental health being tackled at the same time, with specialist financial support services needing to 'go beyond' just financial support and have this tailored of the individual and feeling heard and validated was also stressed.~~ ~~The themes discussed around finding it hard to difficulties identified around access around access to~~ support are consistent with previous qualitative research (Barnes et al., 2016). Despite treatment being provided free under the NHS, poverty still represented a barrier to attend treatment due to transportation costs and difficulty finding time to access therapy with some occupations. This suggests that flexibility around appointment times may help improve outcomes and engagement for those struggling financially. The use of reduced travel cost initiatives such as disabled railcards and bus passes (Citizens Advice, 2026) as well as increasing awareness that those on certain benefits may be able to claim back costs for appointments (NHS, 2023). Services should consider providing or liaising with charities

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7 which may provide digital devices to reduce the impact of digital poverty and low digital literacy and allow attend
8 online appointments. ~~For psychological therapy specifically, there was also a theme of B~~building in psychological
9 therapy activities being is perceived as difficult when there is significant financial hardship, and people needing
10 to prioritise basics like feeding children over attending therapy. This ~~links to~~reinforces the finding that outcomes
11 from psychological therapies for depression and anxiety are worse for those who live in poorer neighbourhoods
12 in England (Finegan et al., 2020), and highlights the need for flexibility and holistic care to support the mental
13 health of those experiencing financial hardship.

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18 ~~Current participants found it D~~difficulty into accessing financial support and ~~asked for a~~ need for
19 practical advice and support around finances, has been found in line with previous research (Barnes et al., 2017).
20 There were some examples of integrated interventions, such as an NHS-based therapeutic group around focused
21 on financial difficulties in the NHS; however, generally participants described mental health and financial advice
22 services as operating separately from one another. A key issue identified here is that simply directing to other
23 services does not appear to be enough as service users find it hard to navigate this and feel 'bounced' between
24 different services. The concept of 'no wrong door' (Bell & Pollard, 2022), which has been applied to some mental
25 health services, should also be applied to support for finances as well. This study specifically highlights this is a
26 need for before, during and after mental health crises such as inpatient admissions, so increased awareness in
27 services users and training for staff on the 'mental health breathing space' (Money and Pensions Services, 2016)
28 which pauses interest and debt collection activities during such a crisis, is needed.

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35 ~~A theme was also noted of needing~~It is necessary for professionals to have open and honest conversations
36 about money with ~~their service users, professionals, and for~~ Furthermore, health professionals identified in the
37 'what helps' theme the -need to have awareness training on the link between money and mental health. This
38 ~~confirms reports from~~has been confirmed by in line with the Money and Mental Health Policy Institute which
39 recommend that mental health practitioners routinely ask about finances, receive training, provide or refer to
40 specialist help (Clarke, 2017), and closer integration between money/debt advice and NHS Talking Therapies
41 during the CoL crisis (Bond, 2023). ~~Participants reported R~~reluctance to seek help due to a sense that it was normal
42 and that everybody else was struggling. ~~This~~ suggests that those struggling with finances and mental health
43 problems may be reluctant to seek help as this situation is normalized and widespread within communities. There
44 was also an issue of not seeking support until a crisis point. It is therefore important for clinicians to encourage
45 and support access to financial advice. Public health campaigns on the link between financial difficulties and
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7 mental health problems may be useful to advertise available money/debt advice, encourage early help-seeking,
8 and thereby facilitate early intervention.

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10 This study is limited by a small, heavily female and white sample ~~and from~~ a small geographic area in
11 England, ~~so it is not possible to say the extent to which the findings apply to other areas within the NHS, and~~
12 ~~mental health services outside of the UK.~~ Likewise, data related to service user employment, housing, income, ~~or~~
13 ~~welfare benefit status or time open to mental health services was~~ were not collected. This means inferences related
14 to these characteristics cannot be made. The interviews were conducted online or via phone rather than in person
15 which may have impacted results as those without access to a telephone or the internet may have been excluded.
16 However, online interviewing also offers the benefits of flexibility to fit around work and allows participants to
17 feel comfortable in their own environment (Irani, 2018); ~~Thought it is possible there may have been a bias towards~~
18 ~~participants giving~~ socially desirable responses in the interview, interviewing online may have reduced such
19 as bias. It is possible that there is a recruitment bias whereby those who were struggling financially were more
20 likely to take part in the research, especially as they were given voucher payment for participation. Not all
21 participants were current users of NHS mental health services. The perspectives of carers were not ~~also~~ sought
22 which may have ~~identified additional themes~~ led to diverse findings. Due to these limitations, it is not possible to
23 generalise these findings more widely: We can conclude that the cost-of-living crisis has had an impact on mental
24 health services users from this part of England, but cannot conclude about impacts beyond this region and at a
25 general population level. Future research covering a broader geographical range and diversity of participants is
26 warranted. Given the significant but limited findings around the impact on psychological therapies specifically,
27 further research interviewing CBT therapists and psychologists working in the NHS about how financial
28 difficulties impacts their work with clients would help to identify adaptations which may improve access and
29 enhance outcomes from those with mental health problems living in deprived areas.

41 42 Conclusion

43
44 ~~In conclusion, this study suggests that both NHS mental health services users and staff feel that~~ The CoL
45 crisis has had a wide-ranging impact on those using mental health services in Wessex as well as impacting mental
46 health services in this area directly. This study highlights the complexity of the link between financial difficulties
47 and mental health, with mental health service users reporting that the CoL impacted nearly every aspect of life, as
48 well as impacting the services, organisations and staff they rely on for support. Integrated interventions, increased
49 awareness of existing supporting schemes, training for mental health staff and closer working between mental
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7 health and money, debt and benefits advice services is warranted to reduce the impact of high living costs and
8 financial hardship on mental health.
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12 **Acknowledgements:** Thank you to the staff and service users who took part in the interviews and thank you to
13 the NHS trusts for hosting and advertising our research. Thank you to the PPI representatives for helping us design
14 this research.
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18 **Patient and Public Involvement:** Patient and public representatives helped with the design of these interview
19 guide.
20

21
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25 necessarily those of the National Institute of Health and Care Research or the Department for Health and Social
26 Care.
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31 **Statements and Declarations:** DS, DC, MS & NA have no conflicts of interest to declare. TR wrote and receives
32 royalties from the use of ‘Space from Money Worries’, an online CBT programme provided by Silvercloud
33 health/Amwell, which mentioned in these interviews. TR is also an advisor for ‘TellJo’ a company which identifies
34 and supports financially vulnerable customers.
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39 **Data availability:** The anonymised data that support the findings of this study can be made available on
40 reasonable request from the corresponding author, provided ethics and research governance approvals are
41 obtained. The raw interview transcripts cannot be shared as ethics approval does not allow for this as these include
42 potentially personally identifiable information such as specific locations. The Nvivo file used for the analysis can
43 be shared upon reasonable request.
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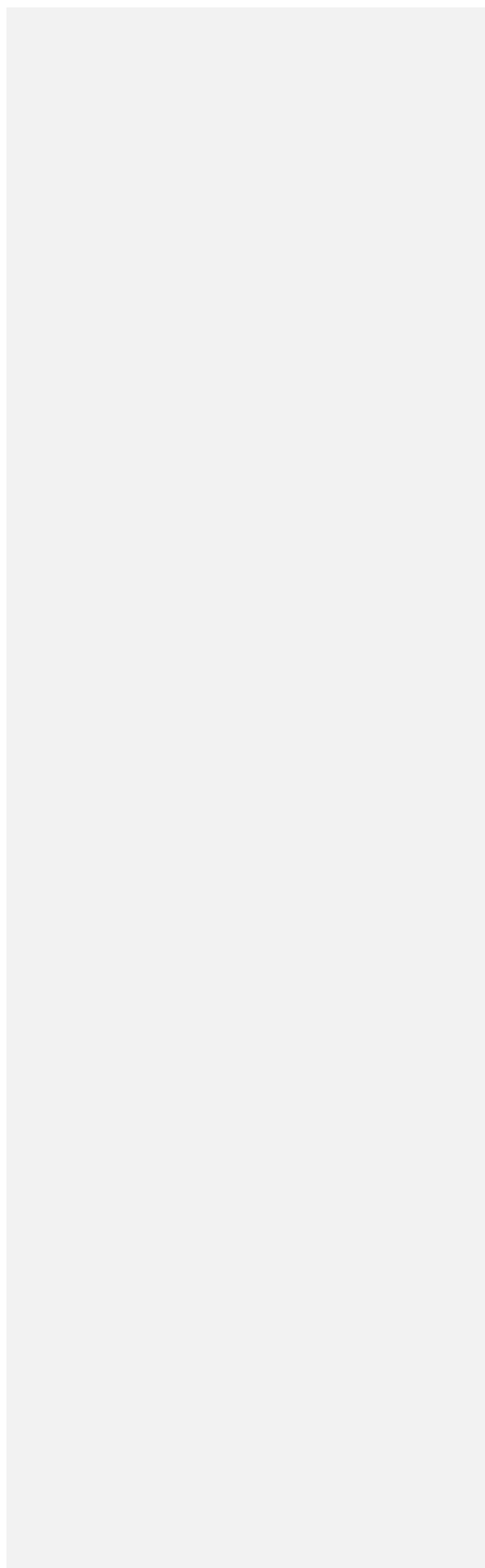
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Table 1: Service user characteristics

Gender	Number service users (%)
Female	5 (45)
Male	6 (54)
Age	
20-29	1 (9)
30-39	2 (18)
40-49	2 (18)
50-59	3 (27)
60-69	2 (18)
70+	1 (9)
Ethnicity	
White British/White/White other	11 (100)
Currently using mental health services?	
Yes	9 (81)
No	2 (18)
Diagnosed mental health condition?	
Yes	9 (81)
No	2 (18)

Table 2: Staff characteristics

Gender	
Female	9 (1000)
Male	0 (0)
Age	
20-29	4 (44)
30-39	2 (22)
40-49	2 (22)
50-59	1 (11)
60+	0 (0)
Ethnicity	
White British/White/White other	8 (88)
British Asian/Asian	1 (11)
Currently working in mental health services?	
Yes	6 (66)
No	3 (33)

Table 3

Additional illustrative quotes

<u>Theme</u>	<u>Quote Number</u>	<u>Additional Illustrative Quotes</u>
<p>1. Finances and mental health are interlinked during the CoL crisis.</p> <p>Sub-theme: 1.1. Economic hardship has an impact on everyone.</p>	A	<p>I'll definitely, um, eat more rubbish. I don't eat. I do go to the food bank more and I try and eat some healthy stuff, but generally healthy stuff is more expensive in my opinion... I do little shops anyway because I'll never have a lot of money at once. I make an effort to eat like a couple of good meals a day or some fruit weeks or something. But yeah, definitely I'm more likely just to pick up something cheap and cheerful and easy... (110, service user, 50-59, female).</p>
<p>1. Finances and mental health are interlinked during the CoL crisis.</p> <p>Sub-theme 1.2. Hopelessness, frustration and desperate situations.</p>	B	<p>Food is more basic, more just what we need is. It's not so many treats and stuff like that for the kids so much anymore. (104, service user, 30-39, male)</p> <p>...my feeling now is I just like currently managing day-to-day. So any debts or anything else like that...just get well, not even really thought about to be perfectly honest...I know</p>
	C	

		<p>I'd feel better if I went through and sorted it all out. I just can't be arsed. I've just not got the motivation...to do that. (110 service user, 50-59, female)</p>
	D	<p>I think for me it'll be further down the line that the crisis will come because I won't have the savings that I need in my older years because I'll have spent them if this condition continues</p> <p>and I lose my job or I lose my lodger or whatever,... That concerns me...cause I don't have very good pensions. (102, service user, 50-59, female)</p>
	E	<p>Spend loads of money. Feel guilty about it. They then don't want to use the thing they spent the money on they feel guilty about spending the money and again it feeds back into the cost-of-living</p> <p>crisis... I think it can make those kind of impulsive purchasing decisions more likely.</p> <p>But...because of the cost-of-living crisis, people... feel more guilty about them... So then the money is spent</p> <p>and they're not even getting the kind of positive psychological benefits of doing something they enjoy. (115, staff, 20-29, female)</p>
	F	<p>... we are seeing that people are mentioning their mental health more and more in the referrals as well. And I know...we don't deal with this, but... we have to make the GP aware about this.</p>

...we have people who come and sometimes have a offload on us. You know how this has changed things for them. And then it's...getting... them to the right place. So in that way, yes, we have seen that difference into our service. (105, staff, 20-29, female)

G

So this year I've...been hospitalised twice from overdoses of medication....It was not suicidal attempts, but suicidal thoughts that were getting a bit more physical and real. ... it's definitely been a contributor in that respect because I think it's... just part of a number of things that can exacerbate existing conditions (120, service user, 40-49, male).

H

... because we've had to tighten our belt quite a lot and we haven't been able to do some of the things that maybe keep us happy in that. You know, we don't really go out for dinner as much. We don't go in and do all the things that were the things that sort of kept us going, I suppose... it feels a little bit like it's just a bit of a drag rather than like...let's go and do this, let's go and do that. (126, service user, 50-59, female)

I

... often...if we're doing treatments or CBT, we're maybe encouraging people to kind of go out and...do things for their mental health and ...healthy lifestyles...food and...there comes that element of I can't afford to eat healthily or I can't afford to go to the gym or...do things nice things that I want to be able to do. And it's kind of put in a...lot more barriers in place to help people get back to ...to feeling well. (111, staff, 30-39, female)

	J	<p>... sometimes...my colleagues will bring cases to me, labelling it as health anxiety or GAD, when actually it kind of boils down to the cost-of-living crisis, where it's not GAD in the sense that they're kind of worrying loads about lots of different things. They're having a lot of worries, but they're about finances. They're about how am I going to pay my bills and...I don't necessarily think that's a mental health problem... of course you're stressed because you're worrying about how you're gonna heat your home and you know, kind of feed your children (115, staff, 20-29, female).</p>
<p>2. Barriers to obtaining financial and mental health support: Sub-theme:2.1. Service and support accessibility.</p>	K	<p>Even the Universal Credit... you can tell them that you're not well. You can give them sick notes and then they send you a form that you fill out...but I don't see how someone can just look at a form and judge that. If your doctor said that you can't...I don't understand. (104, service user, 30-39, male)</p> <p>L If you're already struggling...you might be more focused on making ends meet before thinking about mental health support and also people who might be working multiple jobs might not have the time and that is also common... So I think more deprived areas will be facing these...barriers to access ...because they haven't got time and also if the priority is something like housing, they might not think about the mental health support. And back to that Maslow hierarchy. (119, staff, 20-29, female)</p>
<p>2. Barriers to obtaining financial and mental health support: Sub-theme: 2.2.Receiving</p>	M	<p><i>... I think some GPs have got to do more to help people.... There was a time when I was really low and I ...thought like I've had enough, you know. But for a glimmer I thought I'm</i></p>

<p>inadequate support.</p>		<p><i>going to phone the GP and speak to someone. And they just said to me We can't deal with this. You need to phone 111...And I don't think that's great. (104, service user, 30-39, male)</i></p>
<p>2. Barriers to obtaining financial and mental health support: Sub-theme: 2.3. Increasing demand on services and staff pressures.</p>	<p>N</p>	<p><i>... among myself and my colleagues, especially over Christmas, I think everyone gets quite burnt out and you do reach a point where I have supervisees saying ...I don't know what to say to them because CBT isn't gonna help them with this... challenging your thoughts or you know kind of changing your behaviour isn't going to change the fact that you can't change your bills or telling people to do things like worry management...just problem solve it or use worry time...It feels a bit insincere...this is a genuine problem that is affecting your day to day life... It's not really a mental health problem. It's affecting your mental health, but the root cause of it is completely outside of their control, completely outside of our control as well. (115, staff, 20-29, female)</i></p>
<p>What helps and what is needed 3. Learning from and developing on what works</p>	<p>O</p>	<p><i>A little bit more...support and not...just in money... Even if someone gets back to you quick enough. At least you feel like you're being listened to...or someone's heard you. So I don't think money's the...answer to everything...it wouldn't have made my mental health any better. It would have just maybe eased a little bit pressure for us for six months maybe.... ... if someone just gets back to you and then you...sort of feel like you're slightly important, still a human being, then I think...that would be good,. (104, service user, 30-39, male)</i></p>

Figure 1: A Thematic Map of the links between the themes

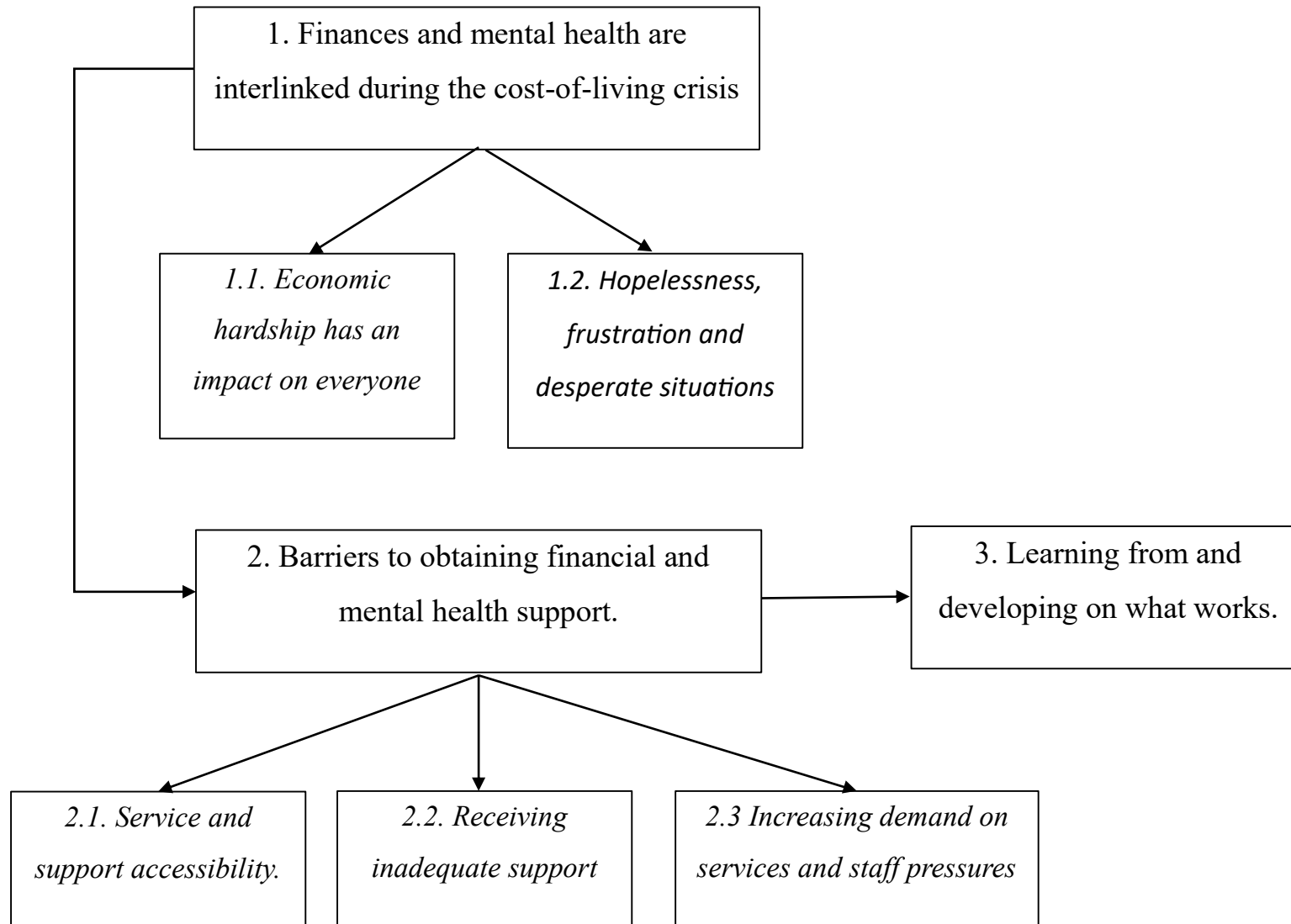


Table 1: Service user characteristics

Gender	Number service users (%)
Female	5 (45.5)
Male	6 (54.5)
Age	
20-29	1 (9.1)
30-39	2 (18.1)
40-49	2 (18.1)
50-59	3 (27.2)
60-69	2 (18.1)
70+	1 (9.1)
Ethnicity	
White British/White/White other	11 (100)
Currently using mental health services?	
Yes	9 (81.9)
No	2 (18.1)
Diagnosed mental health condition?	
Yes	9 (81.9)
No	2 (18.1)

Table 2: Staff characteristics

Gender	
Female	9 (100.0)
Male	0 (0.0)
Age	
20-29	4 (44.4)
30-39	2 (22.2)
40-49	2 (22.2)
50-59	1 (11.1)
60+	0 (0.0)
Ethnicity	
White British/White/White other	8 (88.8)
British Asian/Asian	1 (11.2)
Currently working in mental health services?	
Yes	6 (66.6)
No	3 (33.3)

Table 3

Additional illustrative quotes

<u>Theme</u>	<u>Quote Number</u>	<u>Additional Illustrative Quotes</u>
<p><u>1.</u> Finances and mental health are interlinked during the CoL crisis.</p> <p>-Sub-theme: <u>1.1.</u> Economic hardship has an impact on everyone.</p>	<p><u>A</u></p>	<p>I'll definitely, um, eat more rubbish. I don't eat. I do go to the food bank more and I try and eat some healthy stuff, but generally healthy stuff is more expensive in my opinion... I do little shops anyway because I'll never have a lot of money at once. I make an effort to eat like a couple of good meals a day or some fruit weeks or something. But yeah, definitely I'm more likely just to pick up something cheap and cheerful and easy... (110, service user, 50-59, female).</p>
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<p><u>1.</u> -Finances and mental health are interlinked during the CoL crisis. <u>1.2.</u></p> <p><u>Sub-theme 1.2.</u> Hopelessness, frustration and desperate situations.</p>	<p><u>C</u></p>	<p>...my feeling now is I just like currently managing day-to-day. So any debts or anything else like that...just get well, not even really thought about to be perfectly honest...I know I'd feel better if I went through and sorted it all out. I just can't be arsed. I've just not got the motivation...to do that. (110 service user, 50-59, female)</p>

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D	<p>I think for me it'll be further down the line that the crisis will come because I won't have the savings that I need in my older years because I'll have spent them if this condition continues</p> <p>and I lose my job or I lose my lodger or whatever,.... That concerns me...cause I don't have very good pensions. (102, service user, 50-59, female)</p>
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	have seen that difference into our service. (105, staff, 20-29, female)
G	So this year I've...been hospitalised twice from overdoses of medication...It was not suicidal attempts, but suicidal thoughts that were getting a bit more physical and real. ... it's definitely been a contributor in that respect because I think it's... just part of a number of things that can exacerbate existing conditions (120, service user, 40-49, male).
H	... because we've had to tighten our belt quite a lot and we haven't been able to do some of the things that maybe keep us happy in that. You know, we don't really go out for dinner as much. We don't go in and do all the things that were the things that sort of kept us going, I suppose... it feels a little bit like it's just a bit of a drag rather than like...let's go and do this, let's go and do that. (126, service user, 50-59, female)
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		<p>don't necessarily think that's a mental health problem... of course you're stressed because you're worrying about how you're gonna heat your home and you know, kind of feed your children (115, staff, 20-29, female).</p>
<p>2. Barriers to obtaining financial and mental health support: <u>Sub-theme: a) 2.1.</u> Service and support accessibility.</p>	<p><u>K</u></p> <p><u>L</u></p> <p><u>M</u></p>	<p>Even the Universal Credit... you can tell them that you're not well. You can give them sick notes and then they send you a form that you fill out...but I don't see how someone can just look at a form and judge that. If your doctor said that you can't...I don't understand. (104, service user, 30-39, male)</p> <p><u>So I see my cases and I supervise my colleagues ones as well. And what I notice on that level is sometimes people, my colleagues will bring cases to me, labelling it as health anxiety or GAD, when actually it kind of boils down to the cost of living crisis, where it's not GAD in the sense that they're kind of worrying loads about lots of different things. They're having a lot of worries, but they're about finances. They're about how am I going to pay my bills and you kind of go, I don't necessarily think that's a mental health problem, even that's just kind of of course you're stressed because you're worrying about how you're gonna heat your home and you know, kind of feed your children. (115, staff, 20-29, female)</u></p> <p><u>People can't afford to get the train or they can't afford to get. Definitely not a taxi. (107, staff, 30-39, female)</u></p>

	<p><u>N</u></p> <p><u>Q</u></p>	<p><u>Some of the issue is people, some people don't have access to computers... Especially in our patient demographic, there's lots of people that don't use computers, so they don't know where to look initially because a lot of the stuff the council does comes out on Instagram and on websites and things and they don't have access to that. (109, staff, 40-49, female)</u></p> <p>If you're already struggling...you might be more focused on making ends meet before thinking about mental health support and also people who might be working multiple jobs might not have the time and that is also common... .. So I think more deprived areas will be facing these...barriers to access ...because they haven't got time and also if the priority is something like housing, they might not think about the mental health support. And back to that Maslow hierarchy. (119, staff, 20-29, female)</p>
<p><u>2.</u> Barriers to obtaining financial and mental health support:</p> <p><u>Sub-theme: 2.2. b</u> Receiving inadequate support.</p>	<p><u>P</u></p>	<p><i>... I think some GPs have got to do more to help people.... There was a time when I was really low and I ...thought like I've had enough, you know. But for a glimmer I thought I'm going to phone the GP and speak to someone. And they just said to me We can't deal with this. You need to phone 111 ...And I don't think that's great. (104, service user, 30-39, male)</i></p>

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<p><u>2.</u> Barriers to obtaining financial and mental health support:</p> <p><u>Sub-theme: 2.3.-e)</u> Increasing demand on services and staff pressures.</p>	<p><u>Q</u></p> <p><i>We are getting more referrals through, but I I can't guarantee that that's just due to the cost of living crisis. But I would say it's definitely contributing factor. (119, staff, 20-29, female).</i></p> <p><u>R</u></p> <p><i>... among myself and my colleagues, especially over Christmas, I think everyone gets quite burnt out and you do reach a point where I have supervisees saying ...I don't know what to say to them because CBT isn't gonna help them with this... challenging your thoughts or you know kind of changing your behaviour isn't going to change the fact that you can't change your bills or telling people to do things like worry management...just problem solve it or use worry time...It feels a bit insincere...this is a genuine problem that is affecting your day to day life... It's not really a mental health problem. It's affecting your mental health, but the root cause of it is completely outside of their control, completely outside of our control as well. (115, staff, 20-29, female)</i></p>
<p>What helps <u>and</u> what is needed —<u>3.</u> Learning from and developing on what works</p>	<p><u>S</u></p> <p><i>A little bit more...support and not...just in money... Even if someone gets back to you quick enough. At least you feel like you're being listened to...or someone's heard you. So I don't think money's the...answer to everything...it wouldn't have made my mental health any better. It would have just maybe eased a little bit pressure for us for six months maybe.... ...</i></p>

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*if someone just gets back to you and then you...sort of feel like you're slightly important,
still a human being, then I think...that would be good.. (104, service user, 30-39, male)*

Figure 1: A Thematic Map of the links between the themes

