

Practical Guide

# The need to know

Understanding and evidencing  
customers' mental health problems

Nikki Bond and Chris Fitch

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MONEY AND  
MENTAL HEALTH  
POLICY INSTITUTE

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## About the authors

**Nikki Bond** works as a Research Officer at the Money and Mental Health Policy Institute. Nikki's background is in financial services where she worked in a collections environment supporting people with mental health problems to manage their finances, which involved receiving and using evidence relating to people's mental health. Prior to this, she worked in social care advocating for disadvantaged and marginalised groups. Nikki holds a Masters degree in Social Work from Warwick University, and a Bachelors degree in Sociology.

**Chris Fitch** is Vulnerability Lead Consultant at the Money Advice Trust, and Research Fellow at the Personal Finance Research Centre at the University of Bristol. Chris has led a programme of award-winning research and intervention work on consumer vulnerability since 2007. This has included leading the development of all four versions of the Debt and Mental Health Evidence Form. Chris was previously Research Fellow and Head of Policy at the Royal College of Psychiatrists, and before this worked at Imperial College Medical School on HIV and STI research/prevention programmes for DFID, UNAIDS and WHO.

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# Introduction - About this guide

Mental health problems can affect a person's ability to manage their money and communicate with their creditors, as well as generally making earning money harder.

Understanding a customer's mental health situation is therefore key for any creditors, and for those working in debt collection.

Critically, this includes knowing:

- How to get the best out of conversations with customers about their experience of mental health problems (to allow appropriate levels of support to be given from the outset)
- When to ask for evidence about a customer's mental health problem - when it's the right thing to do, and importantly, when it's the wrong thing to do
- How to interpret and make sense of any evidence the customer provides.

This guide has been specifically written for staff working in debt collection settings, where these conversations and considerations are common-place.

## Why is this guide needed?

Almost one in five (18%) people with a mental health problem will be in problem debt - this is nearly three and a half times the rate among people without mental health problems (5%).<sup>1</sup>

Meanwhile, during a single year in debt collection, a frontline staff member will receive over 140 disclosures about customer mental health problems<sup>2</sup> - with some of these conversations proving extremely challenging for both staff and customers alike.

We know that some of these conversations will result in organisations asking customers to provide further evidence about their mental health, and in some firms, this request may still be made of every customer who discloses (which is inefficient and disproportionate).

However, research shows that even where evidence is collected, organisations often struggle to use this effectively; 43% of debt collection staff do not agree that such evidence is "easy to understand"<sup>3</sup>, and 76% do not believe it helped "to recover the debt".<sup>4</sup> For these reasons, we need to rethink the ways in which we use conversations and evidence to inform our understanding of customers' mental health problems.

1. Holkar M. Debt and mental health: a statistical update. Money and Mental Health Policy Institute. 2019.

2. Fitch C, Evans J and Trend C. Vulnerability: a guide for debt collection. 21 Steps. Personal Finance Research Centre, University of Bristol. 2017.

3. Fitch C, Chaplin R and Trend C. Lending, debt collection and mental health: 12 steps for treating potentially vulnerable customers fairly. Royal College of Psychiatrists: London, 2015.

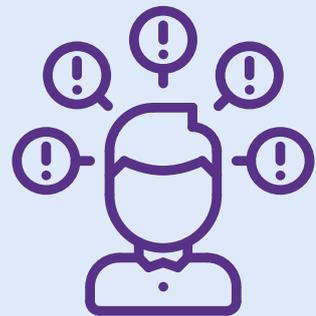
4. Ibid

## How do mental health problems impact on money management?

Short term memory problems can make remembering to pay bills on time tricky.

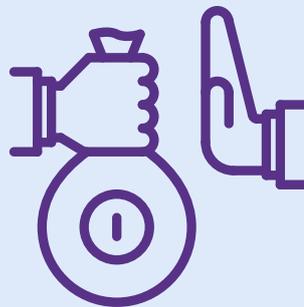


Reduced concentration can make understanding information or checking bills harder.



Reduced problem solving skills can make managing a budget more difficult.

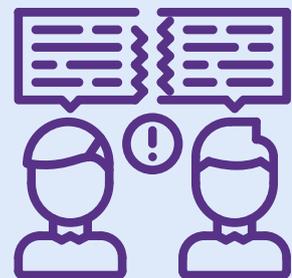
Low energy, motivation or anxiety can make it harder to make calls or open post.



Greater impulsivity can lead to people spending without considering the consequences.



Difficulties processing information and staying focused can make communication hard.<sup>5 6</sup>



5. Holkar M, Evans K and Langston K. Access essentials. Money and Mental Health Policy Institute. 2018.

6. Holkar M. Seeing through the fog. Money and Mental Health Policy Institute. 2017.

## How can mental health problems make it harder to earn money?

Many common symptoms, such as fatigue, impaired attention and difficulties concentrating, can affect a person's ability to function and make it harder to work and earn money.<sup>7</sup>

**Amount and type of work** - People with mental health problems are more likely to be in low paid, part-time, insecure work.<sup>8</sup> Six in ten (63%) working age people with current mental health problems report that this affects the amount of paid work they can do.

**Moving from paid employment to benefits** - Acute or prolonged periods of poor mental health can lead to people completely falling out of employment - 300,000 people with a long-term mental health condition lose their job each year.<sup>10</sup> While the state provides a safety net in the form of Employment Support Allowance/Universal Credit, benefits are very low and application processes are difficult to navigate.<sup>11</sup> Delays in accessing benefits can also mean people are left without income for a significant period of time.

**Reduced income levels** - For people with mental health problems, the odds of needing a period of sick leave are significantly higher than for those without. Some people are protected from the financial impact of sickness through Contractual Sick Pay, while others experience a sharp reduction in income. If a person is unwell frequently (or recovery is prolonged), sickness benefits and income can reduce dramatically and people may struggle to repay debt.<sup>9</sup>

**Recovery from mental illness will look different for each person** - For some people recovery will be returning to old roles and responsibilities such as jobs and caring roles. For others, recovery might not be returning to paid employment, but establishing a meaningful and fulfilling life in other ways. Where people are able to return to employment, the timescales for this can depend on access to timely psychological intervention.

7. Bond N and Braverman R. Too ill to work, too broke not to. Money and Mental Health Policy Institute. 2018.

8. The Mental Health Taskforce. The Five Year Forward View for Mental Health. 2016.

9. Bond N and Braverman R. Too ill to work, too broke not to. Money and Mental Health Policy Institute. 2018.

10. Farmer P and Stevenson D. Thriving at work: The Stevenson / Farmer review of mental health and employers. 2017.

11. Bond N and Braverman R. The benefits assault course. Money and Mental Health Policy Institute. 2019.

As well as the effects of mental health symptoms and treatments, people can find their work and earnings affected by stigma, discrimination or other societal or structural challenges. For example, many jobs do not offer fully flexible working, which can make work very difficult for employees who need to vary their hours as a result of their mental health.

## Using this guide

The guide has been written to be *used*, rather than just read. It therefore considers three issues:

- **Section one** explains how staff can get the best out of conversations about customer mental health problems. This is important as, with the right approach, staff may get all the relevant information needed from these conversations, avoiding the cost and time of gathering additional evidence.
- **Section two** considers the decision to collect additional evidence. Deciding to collect additional evidence will involve a cost for both the organisation and for the customer. The benefits and costs of requesting additional evidence therefore need to be carefully weighed up, alongside the different types of evidence that may be acceptable to a firm and available to a customer.
- **Section three** provides a guide to the most common mental health problems, including the common names, terms and labels that people use to describe their condition, alongside common symptoms, and possible impacts on customers' ability to manage and earn money.
- **Section four** offers guidance on 'mental health crises', in recognition of the contact that collections teams often have with people in crisis and/or who are presenting as suicidal.<sup>12</sup>

## What this guide is based on

This guide is based on three main sources of information:

1. Firstly, it draws on collaboration with the Money and Mental Health Research Community, a group of 5,000 people with lived experience of mental health problems, or of caring for someone with a mental health problem, who are at the heart of everything Money and Mental Health do. For this guide, we therefore carried out:
  - A survey of 483 people with lived experience of mental health problems about the language, terms and labels they use to best describe their mental health problems to essential services providers
  - A survey of 138 people with lived experience of mental health problems about their access to alternative forms of evidence.
2. It presents findings from *Seeing through the fog*, a report by the Money and Mental Health Policy Institute, which identifies and catalogues the needs that people with specific mental health problems may experience.<sup>13</sup>

12. The Money Advice Service. Vulnerability: the experience of debt advisers. Personal Finance Research Centre. 2018

13. Holkar M. Seeing through the fog. Money and Mental Health Policy Institute. 2017.

3. The guide draws on University of Bristol Personal Finance Research Centre research on the experiences of frontline debt collection staff and firms across the UK of working with customers with mental health problems. The guide also draws on the Money Advice Trust's expertise in supporting more than 250 creditor organisations and training more than 21,000 creditor staff to identify, understand and support vulnerable customers\*.

Taken together, these provide a foundation on which to build a robust approach to understanding customers with mental health problems, including the appropriate use of different forms of additional evidence about these problems.

## Final word - what this guide is *not* for

This guide has been especially written for debt collection staff and organisations and is specifically limited to mental health problems. The guide does not include information on learning disabilities, dementia or neurodevelopmental disorders, such as Autism Spectrum Disorder or Attention Deficit Disorder.

It is also *not* designed to be used in situations involving lending to customers with mental health problems, and in line with the Equality Act (2010), should *never* be used by organisations to assist with making lending decisions.

Assessing a customer's mental capacity to take out credit requires a different approach.

Resources to guide lending decisions include - [Vulnerability: a guide for lending](#), and [Decision-making when purchasing a vehicle](#). This should be read carefully and used in order to avoid direct or indirect discrimination against customers with mental health problems.

\* For more information on the Money Advice Trust's training and consultancy work with creditors visit [www.moneyadvicetrust.org/vulnerability](http://www.moneyadvicetrust.org/vulnerability)

## Section One - Starting with conversation

The collection of mental health evidence should *always start with a customer conversation*, rather than with a request for a form to be completed, or a prescription to be photocopied.

This is because, when handled well, these conversations can often provide all the relevant information that is needed to offer appropriate and reasonable levels of support.

There are three key principles that are central to any meaningful conversation with a customer about their mental health:

- 1. Expertise in mental health lies with the customer.** The customer will usually be able to explain how their mental health problem affects their personal and financial situation, and what support needs they might have. Therefore, start by simply asking them about these, allowing them the space and time needed to talk, and trying not to rush to any existing lines of questioning (as these may obscure something important).
- 2. Focus on what's relevant.** As the conversation with the customer unfolds, staff can start to focus on the *most relevant* information for action, guiding the conversation to build a good understanding.

This means considering how a person's mental health problem(s) might:

- a. Affect current or future interactions
- b. Impact a person's ability to use products or accounts, including their ability to make repayments
- c. Increase the likelihood that the product/account, or actions by the firm, might cause the customer harm or detriment.

The IDEA tool (see Box 1 opposite) is commonly used by firms to achieve this.

- 3. 'Stepping back' can help staff to decide whether further evidence is needed.** The decision to collect further evidence does not have to be taken immediately, or while a conversation with a customer is still in progress. Instead, it can help if staff let the conversation finish, 'step back' to consider the information gathered (involving team managers if needed), before then deciding whether additional evidence is needed. This can avoid evidence being requested 'just in case'.

In Section Two, we consider how staff and firms can most effectively make that decision.

## Box 1 - Focusing on what's relevant

The IDEA protocol helps staff to 'unlock' relevant information about a customer's mental health.<sup>14</sup>

Each point covers a key issue that advisers can listen out for, or ask about, if the customer doesn't discuss this.

I

**Impact:** when speaking to a customer, you can ask them what their mental health problem either stops them doing in terms of managing their finances, or what it makes it harder for them to do. Equally, for written correspondence, you might consider what might be learnt about the effect of the customer's situation on their finances. This will provide insights into the condition's severity and its consequences.

e.g. *"How do you feel this has impacted on your financial situation?"*

D

**Duration:** staff can discuss how long the customer has been living with the reported mental health problem, as the duration of different situations or conditions will vary. This is often also clear (or implied) in written correspondence too. This can inform decisions about the amount of time a customer may need to consider certain options or take steps to improve their situation.

e.g. *"How long has this been going on for you?"*

E

**Experience:** some people may have just one episode or experience of their mental health problems, while others may have many. Staff will need to take such fluctuations into account (including any effects of medication). This involves considering what support needs the customer has, as well as their financial situation.

A

e.g. *"To help me understand your situation better, can you tell me if this has happened before?"*

A

**Assistance:** staff should consider whether the customer has been able to get any care, support or treatment for their condition or situation. This could open up discussions about obtaining relevant evidence.

e.g. *"Is there anything else we should know about the treatment or care you're receiving? It may help us to better support you in the future."*

A

14. Money Advice Trust. Training and consultancy for companies. <http://www.moneyadvicetrust.org/creditors/creditsector/Pages/default.aspx> (Accessed: 09/12/19)

## Section Two - Collecting evidence

In Section One, we recognised that the first step in collecting evidence is through the conversations that we have with customers.

There will, however, be times when an organisation feels further information is needed about a customer's situation. This may happen when unanswered questions remain, when the individual's situation is complex and needs further exploration, or when a member of staff need to justify taking a decision outside of usual protocol.

In these circumstances, staff may consider collecting additional evidence. When this happens, staff should ask themselves:

- A. Is this external evidence really needed?
- B. What question does the evidence need to answer?
- C. Where can this evidence be obtained from?
- D. How will this evidence be collected?

In this section, we now consider each of these questions in turn.

### A. Is external evidence really needed?

The decision to obtain additional evidence always depends on the customer's situation – it is always a case-by-case decision, and never an automatic action.

To make this decision, firms and staff therefore need to review all the information already gathered about the customer's situation and ask themselves: *Is more really needed?*

More specifically, we recommend a checklist similar to the following is used:

Has a disclosure been made about a customer's mental health problem?

Has it been said that this impacts the customer's ability to earn or manage money, or engage with creditors.

Has an in-depth conversation taken place with the person about this situation?

Despite this conversation, do unanswered questions, concerns, or doubts remain?

Or despite the conversation, is the situation complex and in need of further exploration?

Is additional information absolutely needed to decide or justify what action to take?

Has this been explained to the customer?

Has the customer given their permission for such information to be collected?

In short, before collecting any evidence, firms need to stop and consider whether they could collect the insights they need simply by talking in more detail with the individual (or an authorised third-party).

Firms also need to consider whether the time and resources it will take for the information to be collected is proportionate (e.g. a decision to write-off a debt will probably require evidence that a simple 'breathing space' would not).

## B. What question does the evidence need to answer?

Firms need to be clear what the specific purpose of the evidence being collected is, and what the evidence will be used for, once it is received.

This will allow staff to both explain this to the customer and to determine the type and depth of evidence that is needed.

To do this, firms need to consider what 'gaps' exist following their conversations with the customer, that either need to be filled or require a second perspective/opinion. Doing this will help firms determine, for example, whether they need evidence that simply confirms a customer has a mental health problem, or that provides more detailed information about a customer's ability to make decisions, communicate their preferences, or manage their money.

## C. Where can this evidence be obtained from?

### The DMHEF: A last resort

Previously, when firms considered collecting evidence about a customer's mental health situation, many understandably turned to the Debt and Mental Health Evidence Form (DMHEF).

However, with the fourth version of the DMHEF released in October 2019, and now hosted by the Money Advice Trust, the advice to all firms is that the DMHEF should now be considered *the last* (rather than first) source of evidence that organisations turn to.

The primary reason for this is to reduce the burden on customers, NHS practitioners and collections staff in collecting and providing medical evidence which can be difficult to obtain and unnecessary for the intended actions by creditors.

Consequently, firms need to actively consider where alternative forms of evidence exist, and only use the DMHEF where these cannot be collected, interpreted, and used.

## What alternative evidence could customers provide?

Money and Mental Health asked this question to members of its Research Community:

- 66% said they could provide a prescription related to their mental health condition
- 54% reported they had appointment letters for mental health clinics/services
- 33% said they had benefit letters that confirmed their mental health diagnosis.<sup>15</sup>

In addition, people with mental health problems have reported they would be able to provide examples of care plans (assessments detailing their mental health situation and need, with any non-relevant information being redacted), other routine letters about their condition (such as hospital discharge letters), or less common/familiar evidence, such as identification cards from Recovery Colleges (education and training programmes to help people in their recovery from poor mental health).

When considering alternative forms of mental health evidence, creditors should be mindful that customers may not be able to obtain recently dated evidence. Often contact with services can be sporadic and irregular. Where creditors have concerns over what would appear to be outdated evidence, this should be considered within the context of what is already known about the customers circumstances.

## When more detailed information is needed

Even when combined with information from customer conversations, there will be times when firms need more detail than that found in a prescription, appointment letter, or other evidence.

In these situations, firms should ask customers what additional information they can provide themselves, or which professional might be willing to provide this for them. If no other options exist, however, firms may then decide to request a DMHEF in the absence of other evidence.<sup>17</sup>

15. Money and Mental Health survey of 138 people with lived experience of mental health problems who would have an alternative form of evidence to hand, instead of the DMHEF.

16. Prescriptions will only provide limited information about specific medications a person is prescribed. As medication can be used to treat a variety of conditions, evidence of this kind is best understood in conjunction with other information received from the customer to understand their situation and ability to earn and manage money.

17. Detailed guidance on using the Debt and Mental Health Evidence Form can be found at [www.moneyadvicetrust.org/dmhfe](http://www.moneyadvicetrust.org/dmhfe).

**Table 1: Alternative forms of evidencing mental health problems**

Prescriptions or medication boxes <sup>16</sup>	Fit note
Letter confirming an appointment for a mental health service	Care Plan or assessment (redacted to maintain privacy)
Benefit award forms that confirm a mental health diagnosis	Letter from a social worker, support worker or housing officer
Recovery college identification cards	Routine letters or discharge plans

## D. How will this evidence be collected?

Firms need to remember that the customer is usually the person who has to physically collect or collate any requested evidence. It is therefore important to consider the following factors and, where appropriate, make adjustments, allow more time, or even consider alternative arrangements:

- **People can struggle to *find* the information to evidence a mental health problem.** This can be due to difficulties *concentrating*, which can make sifting through vast amounts of information to find appropriate evidence challenging, or a reduced ability to *plan or problem-solve*, which can make organising and filing-away documents harder.
- **People can struggle to *submit* mental health evidence.** This can be challenging where firms have specific requirements for providing evidence (e.g. where documents cannot be submitted electronically, postage costs are not covered, or other rules exist), or where firms have a strict time-frame for submission, which can be problematic where a customer has difficulties with motivation or memory.
- **People will *worry, panic, and become anxious* about what they might submit.** Where customers share alternative evidence and paperwork, such as care plans, psychiatric assessments, or crisis plans, these can contain extremely sensitive and large amounts of personal information. Firms should therefore consider how they manage such submissions, how they extract only the necessary and relevant information, and how they then ensure any unnecessary information is returned or deleted.
- **Some people will *refuse to disclose or share details* about their mental health.** Some customers will simply not wish to disclose the details of their mental health problem to a debt collection organisation. Ultimately this is the customer's decision, however further reassurance could be offered regarding how the information will be used and stored.

In the next section, we consider how best to use the information and evidence about a customer's mental health situation that is available to us.

## Section Three - Understanding mental health conditions

This section aims to help firms interpret the evidence they receive about a customer's mental health, in whatever form it is collected. Drawing on engagement with Money and Mental Health's Research Community, it provides:

- A guide to each of the main mental health problems that firms might encounter, with an explanation of the common names, terms and labels that people use to describe these
- The common symptoms of these mental health problems - providing a resource that, when used in conjunction with information from customer conversations, can provide insight into the customer's situation and needs.

### Using this section

When drawing on the material in this section, it is important to remember that:

- **Diagnoses of mental health problems can be controversial.** Diagnosing a mental health condition is inherently subjective; people's presentations alter and health professionals' interpretation of different mental states and behaviours differ. Therefore, people can often receive different diagnoses from different clinicians. Furthermore, some conditions rely upon a specialist mental health professional for diagnosis, and difficulties accessing specialist mental health services can also mean some people remain undiagnosed.

- **Not everyone will have a medical diagnosis (or accepts their given diagnosis).** Some customers may not have received a diagnosis from a medical practitioner for their mental health problem, but will submit evidence of the difficulties they are encountering. Equally, other customers will have received diagnoses, but may reject these as incorrect (and refuse to share the details), but still submit evidence of the problems experienced.
- **People can have more than one mental health problem, or experience physical health problems or neurodevelopmental disorders such as Autism alongside their mental health problem.** Firms need to be aware that some customers may be living with several conditions at the same time (comorbidity). Where a person experiences multiple health conditions, the challenges they can face with earning and managing money can be multiplied and the difficulties compounded by the presence of different conditions. The presence of multiple mental illnesses can also make treatment more challenging, which can impact on a person's recovery.

- **People can have the same mental health problems on paper, but might experience this differently in practice.** For example, depression can range from general low mood to a severe and debilitating state where a person cannot function at all, and may feel suicidal. Firms can therefore use this section to understand the range of potential effects each mental health problem can have, but need to use each customer conversation to establish the specific impact on each individual.

### “In our own words...”

It is important for firms to understand the range of ways in which people talk about their own mental health problems. In this section we have provided a list of diagnostic labels and terms, formal and informal names, and other terms that people use to describe their own mental health. These are drawn from research conducted with Money and Mental Health’s Research Community.

Some of the language that people use can, on paper, appear stigmatising or discriminatory. However, while creditors shouldn’t mirror such language in their conversations with customers, it is important that language doesn’t obscure the key focus: to understand the customer’s situation, and the reasonable steps creditors can take in response.

Some of the common language used to describe the effects of many mental health problems, such as low motivation

and increased impulsivity, may have negative connotations to people not familiar with the use of such terms in a mental health context. These terms present very real impacts upon people’s lives, with significant and debilitating consequences.

### Treatment of mental health problems

Treatment of mental health problems can take many forms, including: self care, therapeutic intervention, medication, or care and hospitalisation. Understanding the treatment a person is or isn’t receiving can be absolutely critical to understanding a customer’s situation.

Receiving or engaging in treatment is not necessarily indicative of the severity of a person’s mental health condition - there are many factors that influence whether a person is offered, receives or engages in treatment. While collections staff do not need to understand the intricacies of a person’s treatment, being aware that a customer is prescribed medication, or in receipt of or awaiting therapy, can help build an understanding of a person’s circumstances.

[Information on drugs and treatment can be found on Mind’s website.](#)

# Addictive disorders

## Related conditions - Language, names and terms:

Addict; Addiction; Alcoholic; Gambling disorder; Problem drinker; Problem gambler; Substance abuse problem; Substance misuse addiction; Substance use disorder

## Overview and common symptoms

Addictive disorders can take various forms, from problem gambling to gaming or substance misuse. An addiction may have started as a way to cope with feelings that a person felt unable to deal with in any other way.<sup>18</sup>

### Gambling symptoms:

- Excessive gambling
- Feeling restless when trying to stop
- Preoccupied with the need to gamble
- A need to increase gambling stakes

### Substance use symptoms:

- Excessive use of substances
- Cravings and urges
- Preoccupied with the need for substances



## Impact on the ability to manage money

- Substance use and gambling addictions are costly to maintain.
- The preoccupation with an addiction, and the need to spend more to feed it, can mean a person's ability to manage their money and ensure priority bills and essential needs are met, may be impaired.
- Planning and budgeting can be impossible in the face of an addiction.



*"I start with setting a goal like maybe enough to treat my family - say £100 - but then when you keep losing it becomes about recouping the money as [you] feel so awful about it." Expert by experience*

18. Mind. A-Z mental health - Addiction and dependency. 2016.



## Impact on the ability to earn

- The psychological effects of an addiction mean that this can become a focus and preoccupation at the exclusion of other matters in a person's life.
- Holding down employment and performing at work can be significantly impacted, as many workplaces do not make the adjustments which might make work possible.
- The severity of a person's illness and the effect it has on a person's ability to earn and maintain employment differs according to each person's circumstances.
- Where the disorder meets the criteria for a diagnosis, it is likely to have had a significant impact upon a person's ability to perform at work.<sup>19</sup>
- Alcohol misuse, for example, is a predictor of unemployment and future job loss, and more broadly, problematic drug or alcohol dependence significantly reduces the likelihood of a person being employed.<sup>20</sup>
- Some people with an addictive disorder are able to function to varying degrees within their normal lives. This means maintaining relationships and employment.

## Range of severity

Addictions range hugely in severity. Some people are able to function in their work and relationships whilst having an addiction, while the impact on others may be so severe that they are unable to function in any area of their life. Treatment programmes for addictions can be incredibly hard, and it may take many attempts for a person to recover from an addiction.

There remains a lot of stigma, shame and secrecy around addictions. Some people we spoke to said the shame of their addiction was so great that they would never mention it to their essential services providers.

### Link to more in-depth sources of condition-specific information

[NHS - Addiction: what is it?](#)

[Mind - Addiction and dependency](#)

19. American Psychiatric Association. Diagnostic and statistical manual of mental disorders (5th ed.) 2013.

20. Black C. An independent review into the impact on employment outcomes of drug or alcohol addiction, and obesity. 2016.

# Anxiety disorders

## Related conditions - Language, names and terms:

Agoraphobia; Generalised anxiety disorder; Illness anxiety disorder; Panic attacks; Panic disorder; Separation anxiety disorder; Social anxiety disorder; Specific phobias

## Overview and common symptoms

Anxiety is a normal feeling we all experience from time to time, however it can become problematic when the feelings are particularly strong and interfere with our day-to-day lives. Symptoms can include:

- Fears and worries that may seem out of proportion to the situation
- Feeling tense
- Excessive rumination
- Avoiding certain situations.<sup>21</sup>



## Impact on the ability to manage money

- The cognitive effects of anxiety mean that people are likely to struggle with complex financial tasks, such as drawing up a budget or interpreting complex terms and conditions about the repayment of debts.
- Certain forms of communication, such as opening letters or talking on the phone, can be anxiety inducing. While some people may be able to manage to communicate via these channels, this may take a huge amount of effort, energy and emotional reserves, while for others, communicating with creditors may cause such anxiety that it is simply impossible.
- Anxiety is often accompanied by depression, therefore many people may experience depressive symptoms from time to time.<sup>22</sup>

21. Mind. A-Z mental health - Anxiety and panic attacks. 2017.

22. Holkar M. Seeing through the fog. Money and Mental Health Policy Institute. 2017.



## Impact on the ability to earn

- Depending on the severity of a person's condition, it can have a significant impact on their ability to function day to day.
- Ruminating thoughts and being preoccupied with fears and worries can affect a person's ability to focus on tasks and to work and socialise with others.
- While some people are able to work, for others, anxiety can be so acute and debilitating that they are unable to do so.



*“On my worst days I can’t physically move because I’m literally paralysed by fear, needless to say this makes simple tasks like getting dressed and leaving the house to get to work impossible. More often and less severe is when my mind feels like it’s going to explode, I can’t communicate and can’t order my own thoughts.”* Expert by experience

## Range of severity

Anxiety disorders can range in severity from mild, to severe and debilitating. How anxiety affects each person is different. Treatment can range from self help resources to talking therapies and medication. For some, anxiety may be a lifelong condition that a person learns to live with and manage through a combination of treatments, with fluctuations of acute periods.<sup>23</sup>

### Link to more in-depth sources of condition-specific information

[NHS - Generalised anxiety disorder in adults](#)

[Mind - Anxiety and panic attacks](#)

23. NHS inform. Anxiety, 2019.

# Bipolar disorder

## Related conditions - Language, names and terms:

Bipolar affective disorder; Bipolar type 1; Bipolar type 2; Cyclothymia; Depressive episodes; Fluctuating moods; Hypomanic; Mania; Manic depression; Manic episode; Mood disorder; Persistent mood disorder; Rapid cycling bipolar; Ultra rapid cycling bipolar

## Overview and common symptoms

A mental disorder that affects a person's mood, which can cause fluctuations in mood which can swing from extreme highs to extreme lows.

### Manic symptoms:

- Increased energy
- Impulsive behaviour
- Distracted easily
- Agitation
- Grandiose thoughts

### Depressive symptoms:

- Lack of energy
- Feeling worthless
- Guilt
- Suicidal thoughts

### Psychotic symptoms:

- Seeing, hearing or believing things which are untrue



## Impact on the ability to manage money

A person in an acute phase of bipolar with severe symptoms is likely to experience impairments in their attention, memory and ability to problem solve. This may affect their ability to manage money effectively, including:

- Reduced understanding and problem solving abilities which can make it difficult to plan and execute a budget
- Impulsivity and grandiose thoughts during periods of mania which can result in higher or excessive spending
- Impairments in memory and recalling information which may mean people forget to pay bills, remember payments or details of conversations with creditors
- Problems focusing and processing complex information which can mean people have difficulties understanding terms and conditions or complicated debt repayment arrangements
- Difficulties sustaining attention and staying focused which can make conversations with creditors tricky and planning and budgeting difficult too<sup>24</sup>
- Grandiose thoughts can mean a person may present as overly positive in talking with creditors about future abilities to repay debts
- Fluctuations in manic and depressive phases can mean people in an acute phase assume the future will resemble the present, which can make managing long term money plans hard.

24. Holkar M. Seeing through the fog. Money and Mental Health Policy Institute. 2017.



## Impact on the ability to earn

- Fluctuations in a person's mental health and mood can mean a person can have periods where they are well, and periods where they are acutely unwell with manic or depressive episodes.
- During an acute manic phase of a person's illness, the symptoms are likely to be so severe that they affect a person's ability to go about their normal daily activities and function, such as working and managing money.
- Some people are unable to work, due to the severity or frequency of their bipolar. Others still may be unable to work because their condition does not respond well to treatment or they have difficulties managing their treatment.



*"I cannot hold down a job for more than about four months before I have either a manic or depressive episode, which will cause me to lose the job, either through my behaviour while at work or not being able to get there."* Expert by experience

## Range of severity

Bipolar is a severe and enduring life-long mental illness which a person typically manages throughout their life. Treatment for bipolar disorder centres around medication to reduce the severity and number of episodes of depression and mania to allow people to live as normal a life as possible.<sup>25</sup>

### Link to more in-depth sources of condition-specific information

[NHS - Bipolar](#)

[Mind - Bipolar disorder](#)

25. NHS. Bipolar disorder. 2019.

# Depressive disorders

## Related conditions - Language, names and terms:

Chronic/severe/mild depression; Clinical depression; Depression; Depressive episode; Disruptive mood dysregulation disorder; Dysthymia; Major depressive disorder; Major recurrent depression; Persistent depressive disorder; Postpartum depression; Postnatal depression; Prenatal depression; Reactive depression; Seasonal affective disorder

## Overview and common symptoms

People experiencing depressive disorders and associated conditions may experience low mood which can affect a person's ability to undertake even basic self care tasks. Symptoms can include:

- Loss of interest or pleasure in daily activities
- Exhaustion
- Feelings of worthlessness
- Guilt
- Lacking motivation
- Isolation

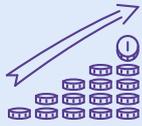


## Impact on the ability to manage money

- People experiencing depression are likely to find it harder to solve problems and understand information, especially during acute phases of their illness.
- Concentrating on tasks, such as phone and webchat conversations, or drawing up a budget can be a struggle.
- Lack of motivation, even for things that are normally enjoyable, can make financial management difficult.
- Reduced ability to think clearly and concentrate,<sup>26</sup> can impair financial management and decision making.
- People may be increasingly prone to comfort spending or spending on others to boost low mood.
- Verbal and visual memory may also be impaired making remembering important information tricky.
- Reduced motivation, attentional capacity, impaired concentration or intrusive thoughts<sup>27</sup> can make communicating with creditors challenging.

26. American Psychiatric Association. Diagnostic and statistical manual of mental disorders (5th ed.) 2013.

27. Holkar M. Seeing through the fog. Money and Mental Health Policy Institute. 2017.



## Impact on the ability to earn

- The symptoms of depression may have an impact on a person's ability to work, although this will vary according to the severity of a person's condition.
- Exhaustion can mean a person may not have enough energy to get to work on time, work a full day or even get to work at all.
- The side effects of medication may also make a person drowsy.<sup>28</sup>
- Acute depression is likely to make it difficult for a person to remain at work, and they therefore may need to take periods of sickness absence. Where episodes are persistent or prolonged people may fall out of employment.



*"It makes it a struggle to continue to get up every day, go out, interact with people and remain focussed on the detailed work I need to perform within my role."* Expert by experience

## Range of severity

Depression can range from mild to severe: a person may experience low mood but be able to continue functioning in their day to day roles. Alternatively, a person may be entirely unable to function even in the most basic tasks. Depression can be a singular event, or a short or long term condition. It can be persistent or recurring. At its most severe, depression can come with accompanying feelings of suicidality.

### Link to more in-depth sources of condition-specific information

[NHS - Clinical depression](#)

[Mind - Depression](#)

28. Mancuso L. Reasonable accommodations for workers with psychiatric disabilities. 1990.

# Dissociative disorders

## Related conditions - Language, names and terms:

Depersonalisation disorder; Derealisation disorder; Dissociation disorder; Dissociative amnesia; Dissociative identity disorder (DID); Emotional disconnection; Multiple personality disorder; Somatic symptom disorder

## Overview and common symptoms

Dissociative disorders are when a person feels disconnected from themselves and the world around them.<sup>29</sup> Symptoms can include:

- Memory problems - with periods of amnesia or gaps in recall
- Different personality states where a person may have two or more distinct identities.

These can cause people significant distress.



## Impact on the ability to manage money

- Detachment from oneself is likely to have an impact on a person's ability to think with clarity, therefore complex financial tasks such as drawing up a budget or comparing deals may be difficult.
- Unreliable memory can make it difficult to stay on top of a budget, pay bills on time or remember details of conversations.
- People with dissociative disorders are often diagnosed with other mental health problems too, such as depression or anxiety. These additional conditions can make managing money even harder.

29. Mind. A-Z mental health. Dissociation and dissociative disorders. 2019.



## Impact on the ability to earn

- Acute feelings of confusion and disconnection may make it difficult to socialise at work.
- Periods of amnesia and dissociation may make it difficult to concentrate or perform in the workplace.
- Dependent upon the severity and management of a person's symptoms, dissociative disorders may have a significant impact on a person's ability to earn.



*"I have been unable to hold down a job for the past ten years as I can never tell what sort of a day I am going to have in advance or which personality will be in charge. It makes planning any activity almost impossible. I can not even volunteer as most people need to know that you will turn up at an agreed time."* Expert by experience

## Range of severity

Dissociative disorders range in severity from mild to severe. Treatment is primarily through talking therapies as there is currently no medication for these dissociative disorders, but there are some medications for the symptoms.<sup>30</sup>

### Link to more in-depth sources of condition-specific information

[NHS - Dissociative disorders](#)

[Mind - Dissociation and dissociative disorders](#)

30. Rethink Mental Illness. Dissociation and dissociative identity disorder.

# Eating disorders

## Related conditions - Language, names and terms:

Anorexia nervosa; Avoidant food intake disorder; Binge eating disorder; Bulimia nervosa; Eating disorder; Ednos; Pica; Restrictive food intake disorder; Rumination disorder

## Overview and common symptoms

Eating disorders are not just about food, but often mask difficult feelings which people may find hard to express or resolve. Focusing on eating can be a way of disguising or coping with these feelings. Symptoms can include:

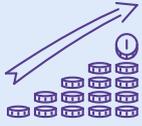
- Difficulties concentrating
- Exhaustion
- High anxiety.<sup>31</sup>



## Impact on the ability to manage money

- Difficulties concentrating can make it hard to plan and execute a budget.
- Feeling exhausted and tired can make problem solving and dealing with financial matters overwhelming.
- Low motivation to manage money, due to changes in priorities associated with a person's eating disorder, may mean a person is unable to focus on their financial situation.

31. Mind. A-Z mental health. Eating problems. 2017.



### Impact on the ability to earn

- Difficulties concentrating and exhaustion can mean a person may struggle to perform or engage in work.
- For people who are acutely unwell, they may be in crisis or experience a period of hospitalisation which means they are unable to work.



*“Sometimes I might not be able to work full time hours or have to take sick leave because I’m in hospital.”* Expert by experience

### Range of severity

Eating problems can range in severity from mild to severe. If a person has a diagnosis of an eating disorder this is likely to have had a significant impact on their ability to function in one or more areas of their life.

#### Link to more in-depth sources of condition-specific information

[NHS - Eating disorders](#)

[Mind - A-Z of mental illness. Eating problems.](#)

# Obsessive compulsive and related disorders

## Related conditions - Language, names and terms:

Body dysmorphic disorder; Excoriation disorder; Hoarding disorder; Obsessive compulsive disorder (OCD); Perinatal OCD; Pure OCD; Repetitive disorder; Trichotillomania

## Overview and common symptoms

Obsessive Compulsive and related disorders involve recurrent, persistent and intrusive thoughts, impulses, images and actions, which cause marked anxiety or distress. Other symptoms can include:

- Fears related to order, symmetry or contamination
- Fears of causing or failing to prevent harm
- Time consuming compulsions, for example repeated and ritualised counting or checking of gas taps or doors.

Compulsive acts are aimed at preventing or reducing anxiety or distress, or preventing a dreaded event or situation.<sup>32</sup>

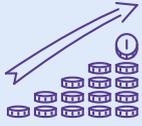


## Impact on the ability to manage money

- Unreliable memory may mean bills go unpaid or payments forgotten.
- Persistent and intrusive thoughts may mean people are unable to prioritise financial matters.
- Intrusive thoughts and preoccupations can mean it is harder to solve problems and understand information.
- Difficulties disregarding irrelevant stimuli can mean people can become overwhelmed,<sup>33</sup> which can make it harder to focus on a task or communicate with creditors.

32. American Psychiatric Association. Diagnostic and statistical manual of mental disorders (5th ed.) 2013.

33. Holkar M. Seeing through the fog. Money and Mental Health Policy Institute. 2017.



## Impact on the ability to earn

- Contending with such intrusive thoughts, impulses, images or actions, and then trying to neutralise these with time consuming compulsions, can make it difficult to concentrate on tasks and in turn have an impact upon ability to perform at work.
- While people with OCD often function remarkably well in their daily lives despite significant cognitive challenges,<sup>34</sup> the symptoms can also be so intrusive and the compulsions so time consuming that, when the illness is particularly acute people, may be unable to work.
- Intrusions can also deplete mental energy meaning people can be fatigued.



*“I can’t cope with stress, and don’t like working with other people as my OCD means I like a set way of working. I find it difficult to tell people when I have problems, and hold stuff in, until it’s too late.”* Expert by experience

## Range of severity

Obsessive Compulsive and related disorders can range in severity from mild to severe, and may affect a person’s ability to function on a daily basis accordingly.

### Link to more in-depth sources of condition-specific information

[NHS - Obsessive compulsive disorders](#)   [Mind - Obsessive-compulsive disorders](#)

34. Holkar M. Seeing through the fog. Money and Mental Health Policy Institute. 2017.

# Personality disorders

## Related conditions - Language, names and terms:

Anankastic (OCPD); Antisocial personality disorder; Avoidant personality disorder; Borderline personality disorder; BPD; C-PTSD; Complex PTSD; Dependent personality disorder; Dissocial personality disorder; Emotional dysregulation; Emotionally unstable personality disorder; Histrionic personality disorder; Mixed personality disorder; Narcissistic personality disorder; Obsessive compulsive personality disorder; Schizoid personality disorder; Schizotypal personality disorder; Trauma response

*There is a great deal of controversy around the diagnosis of personality disorders: the diagnosis itself and the language used to describe it is particularly contested. Many people reject the label, and prefer terms such as Complex PTSD or trauma response. It is important that collections teams use the language that customers themselves use to describe their own mental health problems.*

## Overview and common symptoms

There are a whole host of different types of personality disorders, however, they are all characterised by having an enduring pattern of inner experience and behaviour that differs significantly from the expectations of the individual's culture. This pattern can manifest in the ways a person perceives and interprets themselves and others. Symptoms differ according to diagnosis but can include:

- Intense and quickly shifting emotions
- Impulsivity
- Feelings of emptiness
- Relationship difficulties
- Fears of rejection, ridicule or shame.

For some personality disorders, suicidal and self harming ideation and behaviours are part of the diagnostic criteria.<sup>35</sup>

35. American Psychiatric Association. Diagnostic and statistical manual of mental disorders (5th ed.) 2013.

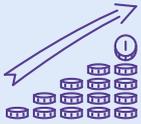


*"I struggle to leave the house on occasion, which can cause issues with work. Lack confidence in applying for jobs. Lack motivation. Unpredictability of how I feel mentally can make me appear unreliable when I'm just struggling with a low mood episode or anxiety." Expert by experience*



## Impact on the ability to manage money

- Experiencing emotional turbulence, can mean people find it harder to think clearly and with clarity, making understanding information and problem solving tricky.
- Difficulties planning ahead due to concentration difficulties, which can lead to poor long-term financial management
- Be prone to impulsive behaviour, where they act without significant forethought or consideration, or spend without consideration of affordability.
- Struggle to understand social and emotional signals, which can make it hard to communicate with others effectively.<sup>36</sup>
- Fears around shame and rejection can make it difficult for customers to trust collections staff, which can make engagement around repayment plans tricky.



## Impact on the ability to earn

- Personality disorders impact upon a person's mood, stability and ability to relate to the world and others, this can make socialising and relationships at work challenging.
- Impulsivity and emotional turbulence can mean that reliably attending and performing at work can be difficult.
- People may also experience periods of being acutely unwell, where they are in crisis or hospitalised, and unable to attend work.

## Range of severity

Personality disorders are severe and enduring mental illnesses that can have a significant impact on a person's ability to function in their day to day lives. A person is likely to experience fluctuations in their symptoms, with relatively stable periods, and periods where their illness and symptoms are particularly acute.

36. Holkar M. Seeing through the fog. Money and Mental Health Policy Institute. 2017.

### Link to more in-depth sources of condition-specific information

[NHS - Personality disorder](#)

[Mind - Personality disorders](#)

# Schizophrenia and psychosis

## Related conditions - Language, names and terms:

Affective psychosis; Catatonic schizophrenia; Cenesthopathic schizophrenia; Delusions; Drug induced psychosis; Hallucinations; Hearing voices; Hebephrenic schizophrenia; Paranoid schizophrenia; Postpartum psychosis; Psychotic episode; Puerperal psychosis; Residual schizophrenia; Schizoaffective disorder; Schizophrenic; Schizophreniform disorder

## Overview and common symptoms

Schizophrenia is a major psychiatric disorder where a person's perceptions, thoughts, mood and behaviour are significantly altered. Typically there is a marked impairment in at least one major areas of functioning: work; interpersonal relationships or self care.<sup>37</sup> Symptoms include:

- Disorganised thinking, speech or behaviour
- Diminished emotional expression
- Delusions such as false beliefs that others don't share
- Hallucinations for example: altered senses, sights, sounds or tastes.

Psychosis can be a symptom of a mental disorder, such as schizophrenia or bipolar, or it can be an acute phase of mental health crisis in its own right. Psychosis is when a person perceives or interprets reality differently from those around them. A person with psychosis may experience hallucinations, delusions, disorganised thinking and speech, racing thoughts, speaking quickly and have difficulties keeping attention.

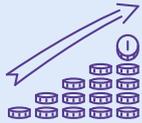


## Impact on the ability to manage money

- Speed of cognitive processing can make interpreting and understanding information harder.
- Impairments in reasoning and problem solving abilities can make understanding complex instructions or managing and balancing budgets impossible.
- Attention impairments<sup>38</sup> can cause difficulties remaining focused on long telephone calls with creditors or recalling complicated budgeting information.
- Delusions and hallucinations can make it difficult for people to concentrate on other tasks, therefore managing finances or budgeting can be impossible.
- Disorganised thoughts and speech can make talking with creditors incredibly hard.
- Difficulties remaining focused or remembering information can make money management impossible.

37. American Psychiatric Association. Diagnostic and statistical manual of mental disorders (5th ed.) 2013.

38. Mental health coordinating council. Cognitive functioning: supporting people with mental health conditions. 2015.



## Impact on the ability to earn

- Cognitive and functional impairments are a core feature of schizophrenia. Reduced emotional expression, disruptions in thought processes, social withdrawal and a lack of motivation to perform meaningful activities can all make engaging in work significantly harder.
- The effects of certain antipsychotic medications can impair cognitive functioning further.
- The symptoms of psychosis can be highly distressing, and make it impossible for people to engage with work and earn money whilst they are acutely unwell.
- People may need to take periods of time off work due to a period of mental health crisis or hospitalisation
- For other people, their illness may be such that they are unable to hold down employment for any significant period of time.



*“When I have a clinical depressive or manic high (with or without a psychotic period) I am 100% unable to manage financial affairs nor earn money. At peak I will be sectioned , and can have up to six months in a state where I am ‘not of sound mind’. Periods to return to work after this are phased and carefully managed . I am often managing my mental health hour to hour/day to day in theses periods and would be unable to work.”* Expert by experience



*“The disorganisation of schizophrenia means that patients often ignore things like bills and budgeting and where their money is coming from for months on end, partly because they’re unable to take this stuff on.”*  
Mental health practitioner<sup>39</sup>

## Range of severity

Schizophrenia is a severe and enduring illness which has a significant impact on a person’s ability to function day to day. Three in ten people may have a lasting recovery and one in five people may show significant improvement.<sup>40</sup> Psychosis is a severe mental illness which significantly impacts upon a person’s ability to function. People can experience singular psychotic episodes or they can be an enduring feature of a person’s illness.

Psychosis and schizophrenia are associated with considerable stigma, fear and limited understanding. Schizophrenia specifically is a illness and the first few years after onset can be particularly upsetting and chaotic, with a higher risk of suicide.<sup>41</sup>

### Link to more in-depth sources of condition-specific information

[NHS - Schizophrenia](#)

[Mind - Schizophrenia](#)

[NHS - Psychosis](#)

[Mind - Psychosis](#)

39. Bond N, Braverman R, Clarke T. Recovery Space. Money and Mental Health Policy Institute. 2018.

40. Rethink Mental Illness. Schizophrenia. <https://www.rethink.org/advice-and-information/about-mental-illness/learn-more-about-conditions/schizophrenia/> (Accessed 19/11/19)

41. NICE. Psychosis and schizophrenia in adults: prevention and management. 2014.

# Trauma and stressor related disorders

## Related conditions - Language, names and terms:

Acute stress disorder; Adjustment disorder; Post traumatic stress disorder, PTSD

## Overview and common symptoms

Trauma or stress related disorders can occur when a person has been exposed to traumatic events or extreme stress. Symptoms can include:

- Persistent and distressing intrusive thoughts, memories or dreams<sup>42</sup>
- Emotional numbness
- Dissociation
- Negative alterations in mood and thinking
- Extreme anxiety making it difficult to relax
- Irritability
- Self destructive behaviours
- Difficulties concentrating.<sup>43</sup>



## Impact on the ability to manage money

- Hypervigilance and mood fluctuations may mean that a person struggles to concentrate, making understanding complicated terms and conditions or details of repayment arrangements too arduous.
- Severe memory problems can mean people forget to budget for certain bills or making payments.
- Interpersonal difficulties can mean people may struggle to understand others' emotions, and can seem insensitive or rude when communicating with others.<sup>44</sup>
- It may be particularly difficult for customers to talk to creditors about their experience of their mental illness. Revisiting the trauma can be triggering in its own right, and therefore information should only be sought where it is absolutely necessary.

42. American Psychiatric Association. Diagnostic and statistical manual of mental disorders (5th ed.) 2013.

43. NICE. Post-traumatic stress disorder. 2018.

44. Holkar M. Seeing through the fog. Money and Mental Health Policy Institute. 2017.



## Impact on the ability to earn

- Experiencing trauma can have far reaching consequences on a person's ability to interact with the world and function at work and in social situations.
- Fluctuations in mood or intrusive thoughts can affect performance at work, with difficulties concentrating impacting on a person's ability to socialise with colleagues.
- The symptoms of trauma can fluctuate, with periods of stability and instability, which can affect a person's ability to attend and engage in work.
- For some people the symptoms of their traumatic disorder and their needs can be so acute that holding down a job can be difficult.<sup>45</sup>



*"My ability to function on any given day is highly variable. For much of the time I experience symptoms of extreme anxiety, overwhelm, hypervigilance - these prevent me from being able to concentrate on other tasks. At other times, depression or dissociation will prevent me from taking any 'useful' action, either. My current mental health situation is highly incompatible with any regular work activity; even a flexible work opportunity would be unlikely to be successful due to the inconsistency of my ability to concentrate."* Expert by experience

## Range of severity

People's experience of trauma related disorders can range from mild to severe, with symptoms being acute and requiring periods of crisis care or hospitalisation. Treatment for PTSD specifically focuses on talking therapies,<sup>46</sup> however both the waiting time to access these and the subsequent recovery from illness can be protracted, which can in turn impact upon a person's ability to earn.

### Link to more in-depth sources of condition-specific information

[NHS - Post-traumatic stress disorder](#)

[Mind. Post-traumatic stress disorder.](#)

45. Mind. A-Z of mental illness. Post traumatic stress disorder. 2017.

46. NICE. Post-traumatic stress disorder. 2018.

## Section Four - A note on mental health crisis

### Related conditions - Language, names and terms:

Crisis care; Hospital admission; Mental breakdown; Nervous breakdown; Section 2; Section 3; Section 37; Section 41; Sectioned; Self harm; Suicidal; Suicidality; Suicide

*Terms relating to a mental health crisis, are unlikely to be included in completed DMHEF's. However, customers and their carers may use language such as this to describe their experiences supplementary to official diagnostic labels, or instead of diagnostic labels.*

### Overview

A mental health crisis is where a person experiences an acute period of distress or altered reality, where cognitive abilities may fluctuate, and their psychological or emotional state may reduce their capacity to cope with everyday tasks. A mental health crisis can be a symptom of a very wide range of mental health problems.

People who are experiencing a mental health crisis are acutely unwell, they may also experience thoughts of suicide and self-harm. During a mental health crisis people may require intensive care and treatment, this can be provided in the community through their local mental health team, or through a period of hospitalisation.



### Impact on the ability to manage money

- Mental capabilities can be reduced during a mental health crisis which can make managing finances extremely difficult, and at times impossible.
- Budgeting and keeping up with repayments is also likely to be overwhelming and particularly tricky.
- Financial management can fall entirely by the wayside during a crisis, when people may be unable to manage even essential self care tasks, like washing and eating.
- People may lack the ability to engage with their finances and essential services, lacking the motivation or forthought to monitor accounts, make payments or open post.
- People may increase borrowing and spend more on inappropriate things when they're in crisis.
- Feelings of nihilism mean that people may disregard the value of money and the importance of managing it.<sup>47</sup>

47. Bond N, Braverman R and Clarke T. Recovery Space. Money and Mental Health Policy Institute. 2018.



*“By that point I was so ill, the financial situation to me was irrelevant. I wasn't really aware of it, apart from the fact that I just knew I couldn't pay for anything... When it's such a mountain to climb it just becomes irrelevant.”* Expert by experience



## Impact on the ability to earn

- A period of mental health crisis is likely to have a significant impact on a person's financial situation. This may be in the form of changes in income due to being unable to work, or changes in benefits due to being unable to navigate the benefits process while acutely unwell.
- Engaging in work whilst experiencing a mental health crisis and/or feeling acutely suicidal is a near impossibility.

## Range of severity

Mental health crises are by their nature severe. A person may experience a single episode of crisis, or multiple periodic crises across their lifetime. The period that a person is in crisis depends on a multitude of factors, this can last from a few days to several months or longer. Recovery from a mental health crisis can be long and difficult.

### Being 'sectioned'

A person may explain that they are under 'section'. This relates to sections of the Mental Health Act which allows for a person to be detained in hospital. Time periods are included here to guide staff on collections activity with customers who are detained in hospital.

**Section 2** - A person can be detained in hospital for 28 days, to allow doctors time to assess their mental health and if they require treatment. A person may be discharged before the 28 days is up, or they may be detained for longer on a section 3. The likely mental health crisis that led up to being sectioned, or being hospitalised, means that a person may require additional support and sensitivity in the collections process.

**Section 3** - A person can be detained in hospital for up to 6 months. The section can be renewed or extended. A person detained under section 3 may be hospitalised for shorter or longer than a 6 month period, however, even after discharge they are likely to require significant support and space from collections activity to facilitate recovery.

**Section 37** - A person can be sent to hospital by the courts for compulsory treatment. Orders can be made for up to 6 months in the first instance, and if necessary renewed.

**Section 41** - A person can be sent to the hospital by the courts for compulsory treatment. There is no fixed time limit on detention periods.

### Link to more in-depth sources of condition-specific information

[NHS - Suicidal thoughts](#)

[NHS - Self harm](#)

[Samaritans](#)

[Mind - Suicidal feelings](#)

[Mind - Self-harm](#)

[Money and Mental Health Policy Institute. Recovery Space.](#)

# Index

The following is a list of possible terms, names or labels that people with mental health problems, or those caring for them, may use to describe their conditions to an essential services provider. The list is not solely a diagnostic list, and some terms may be traditionally thought of as outdated or stigmatising. However, the terms listed derive from a survey of 483 members of the Money and Mental Health Research Community, and as such represent the names people with different illnesses may choose to describe their conditions.

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