MQ Mental health research

The Cost-of-Living Crisis in the UK:

A whole society response to protect people's mental health

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Letter from the CEO of MQ Mental Health Research

Lea Milligan

Poverty is more than just an economic issue – it is a pressing public health problem that must be addressed.

As the UK navigates a deepening and ongoing cost-of-living crisis, we are witnessing the squeeze of already vulnerable populations while an increasing number of people are being pushed into states of financial distress and poverty. With these alarming developments, a decline in the health and wellbeing of millions seems to be an inevitable outcome, particularly in terms of mental health.

This cost-of-living crisis doesn't exist in a vacuum. It is a symptom of wider socio-economic decline and a manifestation of persistent inequality within the UK. The widening gap in access to opportunities for financial security and good physical and mental health is a stark indicator that we have reached a critical juncture. It is no longer enough to stress the importance of community resilience or individual responsibility.

While empowering individuals to make informed choices and engage in health-promoting behaviours remains crucial, our focus must also shift to societal responsibilities. How can we, as a collective, ease the burden on those most affected? The answer lies in mobilising our collective knowledge and resources to support and empower individuals, rather than demanding more from those who are already stretched thin.

This is where research proves instrumental. It can bridge knowledge gaps, reduce fragmentation of information, and act as a catalyst for evidence-based, compassionate solutions that put the people affected by the cost-of-living crisis at their core.

It is important to remember that the negative mental health outcomes anticipated in the current crisis are not predestined. Policy decisions taken by the government and local authorities can act as powerful mitigating factors, potentially offsetting much of the anticipated distress, and thus, improving mental health outcomes for the UK population.

The recommendations we outline in this report touch on a spectrum of responses - from long-term strategies that target the structural drivers of the crisis, to short-term emergency measures designed to address immediate needs. By doing so, we hope to offer a comprehensive roadmap to help navigate through these challenging times.

As we face the reality of the cost-of-living crisis, the importance of putting research evidence at the heart of policy and intervention design has never been more pronounced. Our aspiration is to present this research to decision-makers, to empower them to devise policies that effectively protect mental health during this crisis, with a particular focus on the most vulnerable members of society.

By pooling our knowledge, capabilities, and collective will, we can face the cost-of-living crisis head-on, safeguarding mental health, and fostering resilience across our society.

Yours sincerely,

Lea Milligan
CEO MQ Mental Health Research

Executive Summary – Recommendations

See Annex 2 - Table of tactics and steps to materialise these recommendations

UK Government

- Improve leadership in mental health, through a clear 10 year plan to materialise the actions stated in the NHS's Action Plan and Mental Health Equalities Strategy.

- No to austerity. Increase funding for social welfare, local authorities and grassroot organisations to support people amid the cost-of-living crisis.

- Reshape economic and social policy to tackle the underlying causes of inequality, and seek a fairer distribution of responsibilities, opportunities and assets across society.

Healthcare Providers

- Increase partnerships and collaboration with health and social services, including grassroot organisations.

- Adopt evidence-based measures to address the practical, physical and psychological barriers for delivering and accessing healthcare.

- Identify and implement best practice models for better integration across the health, social and third sectors.

Private Sector

- Increase investment, articulation and support for community and grassroot organisations.

- Take measures to increase security of employment, income and working conditions.

- Increase transparency, accountability, dialogue and reassurance in decision-making to support people through the cost-of-living crisis.

- Combine supportive measures in mental health, ranging from wellbeing promotion, early intervention, and referral mechanisms to specialised services.

Community and Third Sector Organisations

- Fight exclusion and stigma by fostering compassion and belonging in local communities.

- Facilitate integration of support services within the health, social and third sector.

- Help to mobilise communities to advocate for improved health and socio-economic policy.

- Promote healthy coping strategies across the community - including mental health and financial literacy - targeting those most in need

Research

- Improve evidence on effective interventions to protect people's mental health and enable societal resilience amid the cost-of-living crisis.

- Generate evidence in accessible and useful formats to inform policy design, implementation and individual decisions.

- Increase co-production with individuals and community organisations.

Individuals

- Cultivate and practice healthy coping strategies to increase sense of control and emotional resilience, including problem-solving and decision-making strategies and financial skills.

- Cultivate compassion as a skill, and practice it towards yourself and others.

Background

MQ Mental Health Research and the University of Glasgow, supported by The Lord Mayor's Appeal, have partnered to ensure that the UK and the City of London are ready to support people's mental health amid the current cost of living crisis.

This partnership is driven by the vision of bringing actionable solutions to protect people's mental health and promote societal resilience. In this report we have gathered a wide range of multi-disciplinary and cross-sectoral knowledge to draw recommendations based on collaboration, evidence, compassion and best-practice, to support each other during the ongoing financial challenges.

These recommendations were drawn from two main inputs:

1. A literature review focused on the existing scientific evidence on protective factors for mental health and societal resilience. The review also considered the mental health effects of economic crisis and its underlying factors, as well as promising intervention targets across the individual, community and societal levels.

2. A stakeholder consultation with representatives from key sectors, including lay people and people with lived experience of mental health conditions, researchers from health and social sciences, community and charitable organisations, mental health practitioners, as well as leaders from the private and public sector. Consultations were conducted through group interviews, focused on discussing, refining and enriching the recommendations developed from the literature review.

This report is structured in 3 main sections.

1. Chapter 1: Evidence review

- Review of the links between mental health and socio-economic development, particularly through the Sustainable Development Goals (SDGs) and the socio-ecological model of mental health.

- Associated contributing factors to the current cost-of-living crisis in the UK; how people have or have not adapted to it; the extent of the impact on people's mental health, and consideration of those who are those most vulnerable.

- Finally, it summarises the evidence on the protective and resilience factors at the individual, community and societal levels which have been shown to protect people's mental health during previous economic crises and to promote resilience across society.

2. Chapter 2: Recommended strategies and tactics to respond to the cost-of-living crisis in the UK

- A brief discussion on recurrent themes and takeaways from the stakeholder consultations, followed by recommended strategies and tactics, targeted to: UK Government, Healthcare Providers, Private Sector, 3Community organisations, Healthcare Researchers, and Individuals.

- Each set of recommendations showcases examples of existing best practices, which can help to inform responses to the current crisis in different levels. These were gathered during the stakeholder consultations, thanks to the contributions of all participants, who were incredibly generous with their time and knowledge. through this process.

3. Conclusion: Action Plan

- Finally, we offer practical steps to make all of the recommendations a reality.

Chapter 1
Evidence review

Rates of poverty in the UK are high; around a fifth of people living in the UK were in poverty during 2020/21, and this figure looks set to increase with the current cost of living crisis (1).

The cost-of-living crisis in the UK signifies a worrying trend in the fall in people's real disposable incomes. **Disposable income is the money available to households such as wages and salaries, investments, and pensions that have been adjusted for inflation, taxes and benefits (2).**

Households more likely to be in poverty included those with a disabled person, those with 3 or more children, social renters, and those from the Bangladeshi, Pakistani or Black communities. Geographically, London has one of the highest rates of poverty in the UK (1).

What has contributed to the cost-of-living crisis?

The UK is currently experiencing the highest rates of inflation since the 1980s. **Inflation denotes an increase in the price of essential goods and services - this increase in costs means that people's purchasing power has decreased.** As of September 2022, inflation in the UK was over 10% and has remained at that level into 2023; it is predicted that inflation is unlikely to decrease significantly throughout 2023 (3).

TABLE 1

Effects of economic crisis on mental health

What does the evidence say about the effects of past economic crises in mental health?

- Economic crises consistently have a detrimental impact upon mental health. During the Great Recession of 2007-2009, evidence indicates that mental health was worsened the longer strict austerity measures were in place.

- Poor mental health may be attributed to factors such as financial worry, unemployment, anxiety and austerity measures.

- People from lower socio-economic groups, young people, ethnic minorities, LGBTQ+ and those with a disability are amongst the groups that may be disproportionately impacted by an economic downturn.

- Mental health approaches, integrated into actions for socio-economic resilience is fundamental to support people holistically through the crisis, and tackle underlying dynamics of inequality, exclusion and ill health.
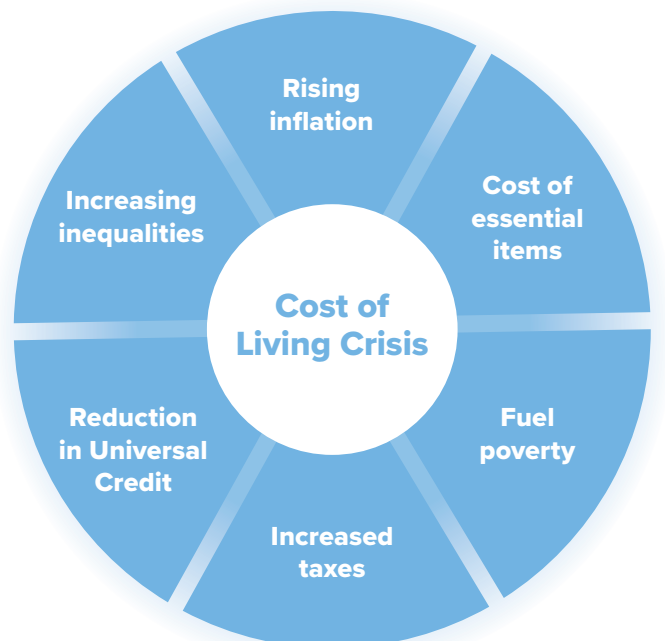

Figure 1 *(right):*

Factors contributing to the cost-of-living crisis in the UK

The cost-of-living crisis has resulted from a combination of factors: rising inflation, cost of essential items, fuel poverty, inadequate tax systems, reduction of universal credit, incomes and social benefits not meeting basic needs. Together, these factors exacerbate social inequalities and push more people into poverty.

Other factors recognised as driving the current crisis and deepening inequality include cuts to services (e.g., NHS, community care), the health and financial aftermath of the pandemic, and the uncertainty of Brexit, which has created a society that is particularly vulnerable to recession. **Factors contributing to the crisis in Figure 1.**

How will the cost-of-living crisis impact the mental health and wellbeing of people in the UK?

As the full scope of the crisis is still emerging, there is limited research documenting exactly how much it is currently influencing the mental health and wellbeing of people in the UK. In a recent survey, the Mental Health Foundation (5) found that around one in ten people had felt hopeless because of financial worries during the previous month, and one in three felt anxious and stressed.

The current trajectory suggests that without meaningful intervention this trend will continue to worsen (2). Evidence from after the recession of 2007/8 consistently showed a significant deterioration in all markers of mental health and wellbeing, specifically an increase in mood disorders such and depression and anxiety (6). This rise in poor mental health could be driven by factors such as unemployment, uncertainty and financial stress. Austerity measures have been consistently associated with poorer mental health outcomes.

How has UK society adapted?

People from lower socio-economic groups, young people, ethnic minorities and those with a disability are amongst the groups that may be disproportionately impacted by an economic downturn. These risk factors often intersect, increasing the risk for poor mental health during an economic crisis, so that those who are members of multiple of these groups will likely experience poorer mental health outcomes.

People have adapted by increasing food bank usage (3), reducing their energy use and other essential spending, with some reporting they eat fewer meals a day (4).

Local community organisations and grassroot initiatives have seen increasing and more varied demands for support, while simultaneously being affected by cuts in funds because of austerity measures and decreased voluntary contributions.

Private sector organisations have increased efforts to adapt their products to the needs of more varied groups of people. Digital technology companies working in healthcare have increased diversity of people participating in user-led product design, incorporating accessibility considerations, and exploring new applications of technology to improve health and social care.

Mental health practitioners have had to prioritise 'risk management interventions' over mental health interventions targeting psychological or self-fulfilment needs, starting to directly provide goods to meet essential needs of their patients: heaters, blankets, food stamps, etc.

At the bottom in the hierarchy of needs (Maslow, 1943) are the basic physiological needs including food, shelter and clothing, and in the current crisis for some these are not being met. Advice on accessing food banks, accommodation and charities who can assist locally could be provided.

Figure 2:
Maslow hierarchy of needs (7)

Self-fulfillment needs

Self-actualisation
achieving one's full potential, including creative activities

Psychological needs

Esteem needs
prestige, feeling of accomplishment

Belongingness & love needs
intimate relationships, friends

Basic needs

Safety needs
security, safety

Physiological needs
food, water, warmth. rest

How do mental health and socio-economic crises affect each other?

To better understand the protective and resilience factors identified we propose the framework below, based on Urie Bronfenbrenner's socio-ecological model (SEM) of mental health (40). This model is helpful to show that people affect and are affected by a complex range of social interactions with our community and society more widely (8).
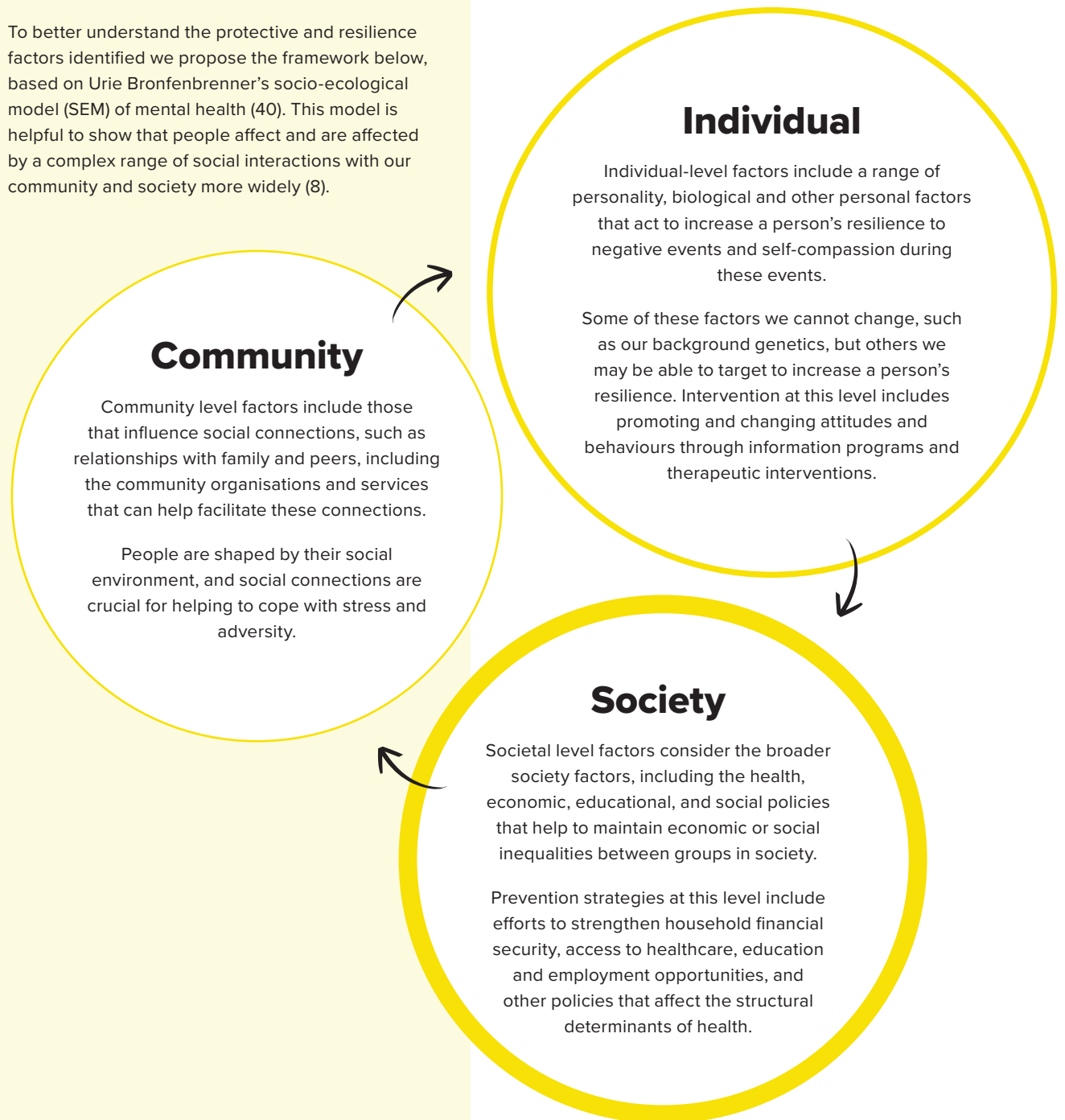
Individual

Individual-level factors include a range of personality, biological and other personal factors that act to increase a person's resilience to negative events and self-compassion during these events.

Some of these factors we cannot change, such as our background genetics, but others we may be able to target to increase a person's resilience. Intervention at this level includes promoting and changing attitudes and behaviours through information programs and therapeutic interventions.

Community

Community level factors include those that influence social connections, such as relationships with family and peers, including the community organisations and services that can help facilitate these connections.

People are shaped by their social environment, and social connections are crucial for helping to cope with stress and adversity.

Society

Societal level factors consider the broader society factors, including the health, economic, educational, and social policies that help to maintain economic or social inequalities between groups in society.

Prevention strategies at this level include efforts to strengthen household financial security, access to healthcare, education and employment opportunities, and other policies that affect the structural determinants of health.

Figure 3:
Adapted social ecological model of mental health

How can good mental health and socio-economic development leverage each other?

Mental Health interventions focused on the individual – through psychological or pharmacological approaches – are not enough to lift people out of poverty. Efforts targeting poverty (i.e. projects for social mobility and socio-economic development) can fall short without integrating mental health into the project design. Mental health conditions – and the stigma attached to them - are significant barriers for people to escape dynamics of poverty and ill-health triggered by inequality. Socio economic inequality can be a bottleneck for mental health interventions to work and poor mental health can be a bottleneck for interventions on poverty to work.

The United Nations Sustainable Development Goals are designed as a global agenda in health and socio-economic objectives, to allow more aligned, measurable and transformative results. Crick Lundt et al (8.1) offer a conceptual framework for the social determinants of mental health conditions that is aligned with the Sustainable Development Goals. This framework to highlight the potential for many sectors of society to be engaging in mental health, using a whole-of-society approach, aligned with the SDGs, and to identify potential mechanisms and targets for interventions.

Promoting and implementing an integrated care approach from community surveillance, detection, early intervention and simplified referral processes is crucial to account for the multiplicity of challenges people face, particularly those affected by intersectional disadvantage.

Mental health and socio-economic development can leverage and reinforce each other. Figure 3 shows the links and shared mechanisms of mental health and each of the Sustainable Development Goals (SDGs). This can be used as a framework to incentivise collaboration between mental health and other sectors, advance in more holistic responses to support people through the crisis, and tackle cycles of inequality, poverty and ill health.

Figure 4:
*Mental Health and the Sustainable Development Goals.
See Mental Health and the Sustainable Development Goals
Conceptual framework in Annex 1.*
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Chapter 2
Recommendations

These strategies and tactics outlined below have been arrived collaboratively, with a vision of providing a set of actionable solutions, based on evidence, compassion and practical value, which can be catalysed to enable a whole-society response to protect people's mental health amid the cost-of-living crisis and societal resilience.

We need solid foundation within to protect people across the UK from the detrimental impacts of the cost-of-living crisis. Without essential enabling conditions for people to live happier healthier lives, individual and community resilience is unlikely to be enough as a response to the crisis. To advance towards more holistic and effective approaches to health and inequality we need to overcome siloes, building on shared understanding by incrementally coordinating efforts, and complementarity of roles to support people, not just to ask them to be more resilient.

These recommendations driven by evidence, compassion and practical value to guide decisions. A main focus has been to identify actionable strategies and tactics to improve the UK's government response and allow alignment of efforts across sectors of society. The evidence shows that the **decisions from governments can be determinant upon subsequent mental health and wellbeing of the population (5) (6).**

The countries best off regarding the mental health of their populations during the economic crisis are those countries with the strongest social safety net (7).

Evidence

Data from rigorous multidisciplinary research

Compassion

The collective survival mechanism of caring for each other

Practical value

Useful information to guide decisions

Figure 5:
Pillars of the project
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Evidence

We need to put the best available evidence from research at the heart of policy and intervention design to face the cost-of-living crisis. Sound scientific research, disseminated through useful and usable formats, is fundamental to help people make well informed decisions about policies, projects and personal matters. Rather than being driven by intuition, feeling or instinct, evidence-based decisions rely on the rigour of different types of data. While the quality of evidence that is used is extremely important when producing recommendations for decision-makers it is also vital that the evidence-base encompasses a variety of different sources and that there is a triangulation of data.

Compassion

With so many people across the UK experiencing unfairness and exclusion for different reasons, it is crucial to promote a shared understanding that we are a 'whole' together. Although we are born into very - and increasingly - unequal circumstances, the capacity of caring for each other is essential to our human nature and a collective survival mechanism.

Compassion can be understood in four elements: Recognising suffering, interpreting the suffering, feeling it and taking action. Practicing and cultivating these skills in ourselves and others, is crucial to fight stigma and foster trust and sense of belonging (13.1.).

Practical value

Providing useful and trustable information to guide decisions at different levels, seeking accessible and usable formats, combining digital and non-digital strategies.

Recommendations for the UK Government

Trust in institutions such as government and local authorities and the private sector has been shown to protect people from poor mental health, and during financial crisis trust is likely to be impinged, especially for those who have high financial stress. Evidence-based policies communicated clearly and transparently can help to forge trust and societal resilience.

In the last 20 years, the National Health Service (NHS) and the services they provide have undergone substantial transformations. The Health and Social Care Act of 2012 introduced the current structure. This included the establishment of Integrated Care Systems (ICS), aimed to bring partner organisations together to improve outcomes in population health and healthcare, tackle inequalities in outcomes, experience and access, enhance productivity and value for money, and help the NHS support broader social and economic development.

In January 2019, the NHS set out its 10-year Long Term Plan (13), including the aim of giving people more control over their own health and the care they receive, as well as encouraging Integrated Care Systems and preventing/tackling health inequalities. The 2020 Advancing Mental Health Equalities Strategy (14), outlined concrete actions to ensure equitable and timely access to mental healthcare, as described in the NHS Long Term Plan, while improving support to local health systems.

Yet, the NHS continues to face significant barriers to implement the measures outlined in these strategies, such as inadequate funding, staff shortages, lack of a long-term mental health investment strategy, and excessive fragmentation of information and services. In parallel, the NHS needs to cope with evolving healthcare needs of an aging population, in which a higher proportion of people is affected by inequality, poverty, exclusion and stigma, with severe impacts on their health.

The articulation of community organisations to the Integrated Care Systems is another example of the disconnect between measures supported by evidence and policy design. Despite the consensus on the vital role community organisations play in addressing service provision gaps and reaching under-served populations, the NHS Mental Health Equalities Strategy does not include guides for third-sector or community organisations to respond to mental health inequalities. Additionally, there is no adequate investment to facilitate data sharing, or improve referral among services.

The NHS should not be left to deal with the mental health consequences of the cost-of-living crisis, on top of all these challenges. Rather than deepening austerity or cutting back in social investment, The UK Government needs to secure public resources and increase investment in social protection measures during the crisis, including: revising the minimum wage and social security benefits against inflation, improving active labour programmes to help people retain or re-gain jobs, debt relief programmes for unmanageable debt, and communication methods between debt advice agencies and mental health services designed to support people. Austerity does not support resilience or good health.

The UK government needs to address inequality as a public health problem, revise economic policy, tax systems, the labour market, support local communities and adopt evidence-based strategies integrating health, economic, and social policy.

Adequate support for the local level is fundamental. They have the contextual knowledge, know-how and trust, but not the money. Investing in prevention necessarily means investing in community projects and the third sector.

Maria Payne, Public Health, MH and suicide prevention lead. Thurrock Council

Recommended strategies and tactics

1. Improve leadership in mental health, a long-term vision and a stepped approach to advance in the materialisation of the actions stated in the NHS's Long Term Action Plan and Mental Health Equalities Strategy.

- Provide a 10 year action plan for Mental Health, adopting the recommendations outlined by the UK's biggest mental health charities in the "Complete mental health: a 10-year prevention, fairness, and support improvement plan".

- Secure funding to ensure that mental healthcare provision is accessible, adequate and equitable.

- Prioritise mental health in Integrated Care Systems, NHS England strategies and articulation with social and economic support services, grassroot and community organisations.

2. No to austerity. Increase financial support measures, social welfare, and funding for local authorities and grassroot organisations.

- Increase investment in social protection measures during the crises, which in the long-term will enable societal resilience, rather than cutting back on health care and social welfare measures.

- Secure public resources to improve social welfare and active labour programmes to help people retain or re-gain jobs.

- Increase support to tackle unmanageable debt, including measures such as debt relief programmes, and communication between debt advice agencies and mental health services.

- Increase financial support to pregnant women, caregivers of young children and schools. This is needed to improve early-life conditions and prevent poverty experienced in childhood and in utero to lead to poor nutrition and other stressors associated with impaired cognitive development and adult mental illness.

- Provide accessible, clear and accessible information on the cost-of-living crisis, including short and long term support measures available to access financial, physical and mental health care.

- Combine digital and non-digital dissemination channels to account for digital inequalities and better reach under-served groups.

3. Reshape the building blocks of socio-economic systems for a fairer distribution of opportunities and assets across society.

- Revise the assumptions underlying the labour market, the housing market, the tax and social security systems and the organisation of family life and care across UK society.

- Deepen participatory approaches to policy design allowing citizens, and not only experts, to have a voice and assumes they are sufficiently interested and competent to deliberate on difficult issues.

- Increase household financial security, access to healthcare, education and employment opportunities.

- Increase financial support to pregnant women, caregivers of young children and schools.

Recommended strategies and tactics *cont.*

4. Ensure government policy is trustworthy and trusted, through evidence-based decision-making, inclusive dialogue and transparent communication.

- Promote dialogue and engage with research and community organisations across the four nations, to increase evidence-based policy design and improve measures to support the most vulnerable sectors of society.

- Provide accessible, clear and accessible information on the cost-of-living crisis, including short and long term support measures available to access financial, physical and mental health care.

- Improve public health messaging to include clear information on support options available, promote positive mental health strategies and help-seeking behaviours. This should include how to manage distress, healthy coping strategies and emotional resilience. Information on harm reduction measures for alcohol, drugs and gambling should also be included.

More than seeking to increase trust in policy, we need to make public policy trustworthy. People have reasons for not trusting, and legitimate concerns about opening about their mental health to existing services

Dr. Nisreen Alwan, Associate Professor of Public Health, University of Southampton

Recommendations for Healthcare Providers

Although the healthcare sector should not be the sole buffer for mental health during this crisis, it has an essential role to play. A review of the impact of global crises upon mental health highlights the importance of available, accessible, and sustainable mental health services in supporting people through such emergencies.
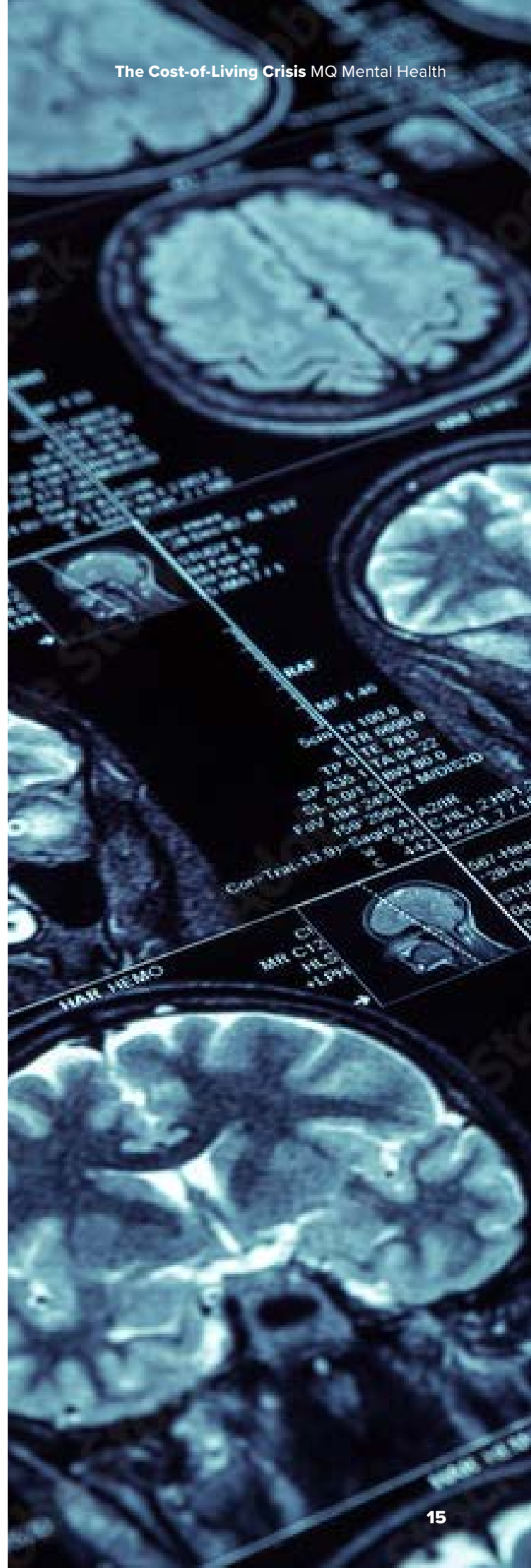
However, the health sector is vulnerable to cuts in funding, which undermines its capacity to meet the needs of the population. In mental healthcare, common barriers to provide and access mental health support include waiting times, cost, distance, lack of knowledge, stigma and discrimination.

Consulted stakeholders from across sectors agreed on the urgent need to address the excessive fragmentation of health and social services. This makes the process of seeking and accessing support burdensome, stigmatising and frustrating for people who are already in situation of distress.

Additionally, during the crisis, more people struggle to secure the essential needs linked to survival, such as food, shelter and safety. Therefore, mental health practitioners have been forced to prioritise risk management interventions to help people survive, -through the direct provision of food stamps, heaters and communication with third sector organisations – instead of providing mental health interventions focused on people's psychological and fulfilment needs.

The preventative role of frontline health care workers in the early detection of escalating mental health problems, including suicidal thoughts and attempts in times of economic recession, needs to be considered.

Frontline workers should be supported and trained to identify and provide a compassionate response to people's financial concerns and mental health needs. This role can include assessing risk and signposting to appropriate organisations for support, such as Citizens Advice, Department of Work and Pensions and third sector organisations.

Recommended strategies and tactics

1. Increase collaboration among social and healthcare service providers, for more integrated and accessible responses that meet people's needs.

- Proactively seek communication and collaboration with organisations across the public and third sectors for the provision of goods to allow people to cover their essential needs. This is recommended as an emergency measure during the crisis, not as an alternative to deeper policy measures to advance in Integrated Care Systems.

- Foster collaboration with grassroot and community organisations through strategies such as community link workers, which allow more personalised support and help people access the support they require within the community.

- Identify best practices and measures to simplify referral processes and improve communication among service providers from different sectors.

2. Implement evidence-based measures to address the practical, physical and psychological barriers for accessing healthcare

- Barriers to accessing healthcare services need to be identified and reduced. Barriers can be of knowledge, attitude, cost, distance and capacity. For instance, not knowing where to get help, feeling stigmatised, not being able to afford the cost of the service or transportation, or not finding time to deal with administrative processes.

- Stigma is also a significant barrier for people to access support services. Reducing stigma will help to remove a psychological barrier.

- Need to consider action to help changing mindset. People may not consider that their worries about money might be excessive, and they could benefit from psychological support, people are more likely to focus on the practical support.

- Healthcare services need to be inclusive and accessible for everyone in society, and the needs of the most vulnerable need to be considered, e.g., ethnic minorities, disabled, neurodivergent people.

3. Identify and implement best practice models for better integration across the health, social and third sectors

- Guidelines and blueprints for best practice should be designed, identifying what good support looks like and how can it be achieved.

- Consideration should be given to the scalability of support models, specifically consider if what works for the few will be scalable for the many.

- Best practice should map out the routes and pathways to support and accessing services. This should be done at the local level as there will be different services with each health trust.

Recommendations for the Private Sector

The private sector has a vital role in protecting the mental health and wellbeing of people across the UK during the cost-of-living crisis. Employment, income stability and environments of trust and compassion are protective factors for mental health and be key enablers of societal resilience.

The private sector encompasses a great variety of organisations, in terms of scale and assets available. However, in times of economic uncertainty, it is crucial to increase social investment and deepen efforts to respond to the needs of their clients, employees and wider stakeholder groups.

Trust in their employer, and perceptions of fairness help to protect people from poor mental health in situations of economic crisis. Trust amongst certain groups in society is likely to be lower than others, for example ethnic minorities, and these groups need to be included in any consultation efforts. Transparent decision-making and clear and honest communication can help to forge trust.

Private sector organisations – and employers in general - should prioritise a transparent, compassionate and evidence-based response to the cost-of-living crisis, considering different needs across their stakeholder groups. The private sector faces increasing social scrutiny in terms of the ethical standards of their operations, with significant effects on their credibility and reputational assets. Responses to the crisis should be compassionate, equitable and proportional to the organisation capacities. Trust, perception of fairness, solidarity and sense of control should be promoted not only as mental health protective factors during the crisis, but as investments in social capital.

Employers face limitations to provide reassurance of job and income stability, as organisational income can itself be affected by the economic crisis. Consultation participants highlighted the importance of transparently communicating these limitations, increasing dialogue, accountability and contingency measures for situations of financial difficulty.

Recommended strategies and tactics

1. Increase investment, articulation and support for community and grassroot organisations.

- Integrate mental health approaches in Corporate Social Responsibility Programmes targeting education, health and social mobility goals.

- Invest in community and grassroot organisations, supporting capacity development and scale-up of effective interventions to support mental health and wellbeing.

- Facilitate two-way dialogue with grassroot and community organisations to catalyse impact and shared value creation.

2. Increase transparency, accountability, dialogue and reassurance in decision-making to support financial concerns of different stakeholder groups through the crisis.

- Facilitate inclusive dialogue combining different communication channels, listen to people's views and concerns and incorporate them into decision-making considerations.

- Transparently communicate actions, decisions and limitations in the responses to protect people's mental health.

- Increase communication combining digital and non-digital channels to account for digital inequalities and reach under-served groups.

- Evaluate how different types of communications and channels reach people differently.

Recommended strategies and tactics
cont.

3. Facilitate inclusive dialogue combining different communication channels, listen to people's views and concerns and incorporate them into decision-making considerations.

- Directly asking employees and other stakeholders what they would like the company to do more - or less - to support people's mental during the crises is helpful to cultivate trust.

- Facilitate various options and find what works for different people: line management meetings, surveys, social media content or peer support. Communications should be inclusive and multifaceted so that they are accessible and adapted to different needs, including neurodivergent people, ethnic minorities and LGBT+ populations.

- Employees need to be given space to surface their day-to-day concerns and feel listened throughout the process.

- Facilitate inclusive dialogue with different stakeholder groups and incorporate their views and concerns into decision-making considerations.

- Transparently communicate actions, decisions and limitations in the responses to protect people's mental health.

4. Seek to combine supportive measures in mental health, ranging from wellbeing promotion, early intervention, and referral mechanisms to specialised services.

- Make support services as comprehensive and accessible as possible, seeking to cover dimensions of financial, social, mental health and physical health.

- Provide mental health support including wellbeing promotion, early mental health interventions, and referral to specialised services.

- Integrate mental health considerations into Human Resources policies and practices.

- Allow employees to openly raise their concerns and discuss needs in work flexibility.

CASE EXAMPLE

Grant Thornton

"Grant Thornton is one of the world's leading organisations of independent assurance, tax and advisory firms. The UK member firm is part of a global network that employs 62,000 people in over 140 countries. We combine global scale with local insight and understanding to build relationships and deliver the services you need to realise your ambitions. Since the Covid-19 pandemic, the firm has deepened its actions to support employees' mental health, combining measures in protection, prevention, monitoring feedback and early intervention. Through feedback from its people, Grant Thornton UK has found that its approach to hybrid working, which is based around the principle of trusting and supporting its people to work where and when they need to, allows people to be more productive and positively impacts wellbeing.

The firm has set up various Inclusion and Diversity networks and collects feedback from its people, informing key decision-making that aims to foster fairness in social mobility and career progression. Wellbeing is promoted in several ways including through an online health hub, which links to resources and information that support financial, social, mental and physical health, as well as resilience workshops and reflection rooms. People can also discuss what's affecting them confidentially with a Mental Health First Aider (a colleague who is trained to listen, reassure and respond, even in a crisis). Internal communication channels include newsletters, the intranet and Yammer communities. We also have a network of health champions, who help raise awareness of the various activities and resources.

To support financial wellbeing, the firm partners with Better with Money to offer financial wellbeing webinars to its people, which aim to help them take control of their personal finances and reduce stress. A range of financial wellbeing support is also available through an Employee Assistance Programme, which is offered to all employees through benefits.

The wellbeing of all its people continues to be a top priority and the firm understands the need for ongoing and increased investment in this area".

Mariam Bibi – Inclusion and Diversity Advisor, Grant Thornton UK LLP.

Case Example:
Grant Thornton UK LLP

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Recommendations for community and third sector organisations

Community resilience is the ability of social groups and communities to tolerate and recover from adverse circumstances (9). Research tells us, community resilience is usually associated with social relationships and the activation of local resources that enable communities to cope with and counteract unhealthy stressors.

Measures of social support are associated with better mental health. Social support is the perception that one has a supportive social network that can provide emotional and practical support when needed. Many communities may be economically poor but are socially rich, and we need to consider how to support and enhance this, through sustainable community projects.

Community assets can include social capital, such as mutual trust, and the quality of social networks, and these factors are protective and are associated with resilience. Social connections are crucial for helping people to cope with stress and adversity (8). Community level factors are those that influence social connections, such as relationships with family and peers, including the community organisations and services that can help facilitate these connections.

The adoption of community centred approaches to mental health includes a diverse range of interventions: social mental healthcare, social prescribing, buddy schemes, mentoring, friendship groups and support for community hubs events. These are fundamental for community protection and resilience and should become an essential part of local health care plans.

Consulted stakeholders highlighted that services were disconnected and there was often no clear path to accessing support. Community organisations are usually helpful as practical links to connect needs to services and reach vulnerable and disadvantaged populations.

Recommended strategies and tactics

1. Promote compassion and belonging in the community to fight exclusion and stigma.

- Hold community events to foster belonging, trust, compassion and community resilience.

- Adopt approaches with sound evidence base, including social mental healthcare, social prescribing, buddy schemes, mentoring, friendship groups and community hubs events.

- Improve mental health literacy and awareness about mental health, to reduce stigma and increase social support.

2. Lead advocacy efforts and mobilise communities to demand improved health and socio-economic policy.

- Demand adequate funding for local and grassroots groups to continue their active role in identifying their communities needs and solutions to the current crisis.

- Partner with research to advocate for policy that allows to scale-up of mental health approaches with a strong evidence base.

- Improve awareness of the rights stated under the Care Act and Mental Health Act, empowering individuals to protect and demand their legitimate rights.

Recommended strategies and tactics *cont.*

3. Facilitate integration of support services within the health, social and third sector.

- Bridge gaps in service provision and access by engaging with Statutory Structures and fostering partnerships with local Integrated Care Systems (ICS).

- Promote surveillance and early detection of mental health conditions, at the family, school and community levels.

- Partner with research to improve monitoring and evaluation of results and use them for advocacy and policy design.

4. Promote healthy coping strategies across the community - including mental health and financial literacy - targeting those most in need

- Promote financial literacy and provide advice on budgeting, money saving techniques, including where to shop, batch cooking and saving energy. It should not be assumed that people do not have good budgeting skills and be guided by how the person in need sees their own obstacles.

- Consider innovative ways to connect people to financial support, for example a financial advisor 'speed dating' event could be social and practical.

healthwatch

Healthwatch England and their local offices are health and social care champions with the mission of making sure NHS leaders and other decision makers listen to people's feedback and improve standards of care.

Healthwatch has developed expertise cascading out information and mobilising efforts towards effective influence in health and social policy.

Healthwatch successfully mobilised the views of 6,800 people in the campaign 'your care, your way' to ensure everyone is given healthcare information in ways they understand. This led to a review of the Accessible information Standards, to comply with NHS Trusts' duty to help patients with sensory impairments and learning disabilities.

Case Example:
Healthwatch

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Recommendations for Research

Research into the impacts of the current crisis on people's mental health and wellbeing, and how best to prevent these, is an ongoing effort that needs to be fostered and supported. It is essential to increase the evidence-base for what works to prevent mental health deteriorating and interventions to build resilience at the individual and population levels.

Research should help to understand how inequalities and mental health challenges are different in each area of the country, to identify what support is needed, and to understand which responses are most effective, where and for whom. However, consulted researchers pointed out that often the bottleneck for effective action in mental health is not lack of evidence, but lack of political will.

Science is not being heard. Policy options exhaustively backed by multi-disciplinary scientific consensus keep being ignored, such as school-based mental health interventions. Meanwhile, policies which are likely to be detrimental according to wide multi-disciplinary consensus across health and social sciences research are maintained and even deepened, as the case of austerity.

The health and social science community needs to be better at joining other actors in advocating for bold action against health and socio-economic inequality and advocate for transparency, accountability and evidence-based policymaking. Research funders need to facilitate the allocation of resources for funded researchers to join and support advocacy efforts for evidence-based policy.
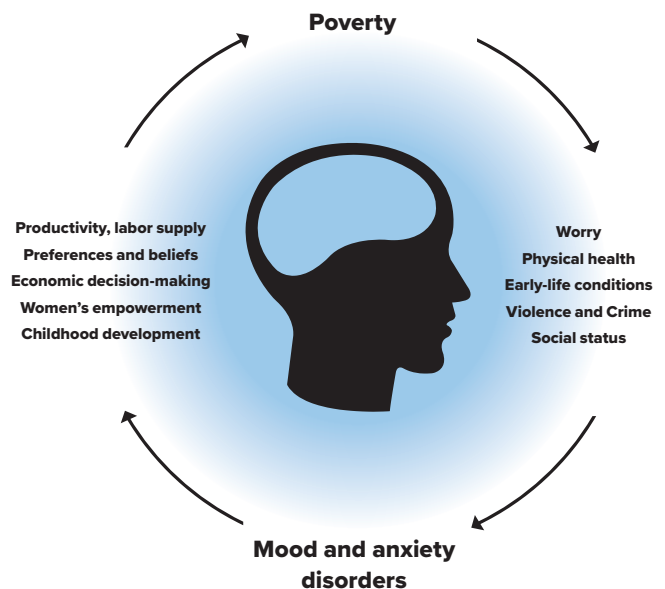
To be effective, advocacy initiatives need to be more proactive, systematic, specific and mobilise wider sectors of society. The upcoming General Election in the UK, it's a key opportunity to catalyse the power of science to advocate for better policymaking across health and economic domains.

Increasing research coproduction with community organisations was also a recurrent theme across the consultations. Grassroot, volunteer and community organisations have the rare and valuable asset of counting with high levels of trust among these groups. This makes them a key ally to facilitate research cocreation with people in underserved and disadvantaged communities in a way that is responsive to their views and needs are a vital link for research to reach those more vulnerable in society, including localising, advising, brokering, and overseeing coproduction with these groups. This with the final aim to make research more relevant, contextually appropriate, impactful and generate shared value across stakeholder groups.

Collaborations with local communities should be approached with a "knowledge exchange" approach more than with one of "capacity building". This approach brings a more equitable relation allowing research to be informed by local practices, knowledge and innovations, as much as local practice to be informed by research. It also promotes existing community assets, which can help to further empower communities and local leaders, including young people and people with lived experience of mental health conditions.

Figure 6:
The causal relationship between poverty and common mental illnesses. Vikram et al 2020
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Poverty

Productivity, labor supply
Preferences and beliefs
Economic decision-making
Women's empowerment
Childhood development

Worry
Physical health
Early-life conditions
Violence and Crime
Social status

Mood and anxiety disorders

Recommended strategies and tactics

1. Improve evidence on effective interventions to protect people's mental health and enable societal resilience amid the cost-of-living crisis.

- Use science to advocate for evidence-based policies which are effective at protecting people's mental health and addressing the root causes of health and socio-economic inequalities in the UK.

- Foster research collaborations among health and social sciences to promote holistic interventions and tackle the root causes of inequality.

- Mobilise primary care and frontline service data to monitor and improve responses to mental health issues, including suicide and self-harm rates.

2. Generate evidence in accessible and useful formats to inform policy design and implementation.

- Combine digital and non-digital communication strategies to disseminate research findings and influence decisions.

- Communicate research findings in plain language, avoid jargon and seek advice from grassroot organisations to tailor communication approaches for vulnerable and underserved populations.

3. Increase co-production with individuals and community organisations promoting shared-value creation

- Engage grassroot and community organisations in research design and delivery seeking to identify and scale-up effective interventions, tailored different contexts.

- Foster partnerships in local communities and ensure their perspectives, knowledge, and innovations are valued, inform research and promote knowledge-sharing.

- Use highly contextualised approaches to reach and connect with the needs of vulnerable and underserved populations, in collaboration with community organisations.

- Mobilise data from primary care and frontline services to aid early detection of mental health issues, including increases in suicide and self-harm rates.

- **Increase collaboration among social and healthcare service providers, for more integrated and responses people's needs.** Proactively seek communication and collaboration with organisations across the public and third sectors for the provision of goods to allow people to cover their essential needs. This is recommended as an emergency measure during the crisis, not as an alternative to deeper policy measures to advance in Integrated Care Systems.

- Foster collaboration with grassroot and community organisations through strategies such as community link workers, which allow more personalised support and help people access the support they require within the community.

- Identify best practices and measures to simplify and improve service providers from different sectors.

Recommendations for individuals

Factors that influence our mental health at the individual level include our background, personality and biological characteristics, and these may make some people more susceptible to poor mental health (8). While the mental health challenges arising from the cost-of-living crisis have strong socioeconomic determinants, poor mental health can also be buffered - or worsened - by a person's life conditions, as well as their responses to stress, coping skills and adaptability to change.

We need structural reforms to make UK society an enabling environment for people to pursue happier and healthier lives. However, people can engage in behaviours and 'active ingredients' which can have protective effects and help to cope with and recover from the stress and uncertainty caused by financial hardship and prevent the development of conditions such as anxiety and depression (Wellcome, 2021). These can also support individual level resilience, understood as the process of successfully adapting to difficult life experiences through behaviours, activities and skills, including mental, emotional, and behavioural flexibility (9). Increasing an individual's sense of control over their financial situation is likely to reduce the mental health impact of financial crises.

This section summarises some of these ingredients -or protective factors, focusing on those which the evidence suggests are particularly helpful in context of economic crises.

People most affected by poverty and inequality might not have the same possibilities to engage in these protective activities as people in other sectors of society. These populations need highly contextualised and personalised approaches, which will be further explored with local actors to ensure helping those most vulnerable in society.

National Numeracy Challenge

The UK's numeracy levels are significantly below the average for developed countries. A negative numeracy self-image works against the desire and capacity to engage with numeracy-related information. Around half of UK adults wish numeracy, finances, and budgeting had been a bigger part of their life at home and school, with 40% saying they don't feel 'fully confident' with everyday budgeting and money management.

The National Numeracy Challenge is a digital tool offered by National Numeracy with over 500,000 people registered to date. It is an online learning resource focused on helping people to overcome lack of number confidence, learn everyday maths, and work towards securing skills for daily life and the workplace.

"I'm really proud of myself … And it has helped, because I'm selling stuff and buying stuff on eBay, and people offer me discounts, or if you want to give a discount to somebody, then it has come in handy (…) And it's also been interesting when I talk to insurance companies when I renewed my car insurance. I can say, look, you have actually increased my premium by 80 per cent now, whereas I would have just gone on and said, right sort this out because you put it up a load; it comes across a lot better. So it's had its uses in my daily life as well."

Case Example:
National Numeracy Challenge
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Recommended strategies and tactics

1. Engage with active ingredients for good mental health, considering dimensions of mind, brain body and environment.

- Explore and combine different active ingredients for mental health: engage in physical activity, a balanced diet, good sleep, keep prescribed treatments and engaging with the arts.

- Cultivating social connections and join community events and activities organised by local authorities, grassroot and community organisations.

2. Cultivate emotional resilience, healthy coping skills and measures to increase sense of control.

- Practice problem-solving and decision-making skills to increase confidence on owns ability to cope with any financial stresses that are likely to arise from the cost-of-living crisis.

- Seek trusted sources of information and updates on the cost-of-living crisis to understand its evolution and know the support options available.

- Volunteer, help others and join advocacy efforts according to your values and availability. This is usually helpful to increase perception of control, self-esteem, optimism and trust.

- Practice s, which includes being open to your own suffering rather than avoiding or disconnecting from it.

- Seek and access mental health interventions psychoeducation programs, can be used to reduce increase self-compassion and emotional intelligence, and reduce the anxiety of individuals living with employment uncertainty.

Since the 2007 banking crisis, austerity, Brexit, Covid, the cost-of-living crisis and accelerating climate change has increased poverty[i] and social disruption[ii] whilst reducing the capacity of public services[iii] to support people.

It is therefore, unfortunately, not surprising that mental health in the UK is getting worse at an alarming rate.

Complete Mental Health, 2023

Conclusion: Next Steps

The recommended strategies and tactics are only as good as their implementation. We must take practical steps to put these recommendations into action, ensuring we achieve our vision of supporting mental health and promoting societal resilience amid the cost-of-living crisis.

UK Government

- Assemble a cross-disciplinary committee responsible for drafting, overseeing, and updating the 10-year mental health plan.

- Establish a national fund to support social welfare, local authorities and grassroots organisations, and allocate increased budget for mental health services.

- Review current economic and social policies, establishing committees to review economic and social policy to develop plans that address inequalities and improve wealth distribution.

Healthcare Providers

- Develop a framework for collaboration with other health and social services, and grassroots organisations.

- Regularly evaluate and refine service delivery based on emerging evidence.

- Incorporate best practices for better integration into existing protocols and procedures.

Private Sector

- Dedicate a portion of company revenue or a set budget for investment in community and grassroots organisations.

- Formulate clear company policies and actions addressing cost of living crisis, communicating these with stakeholders.

- Develop mental health support programs for employees and extend these services to their families.

Community and Third Sector Organisations

- Conduct community events and campaigns aimed at fighting stigma and promoting inclusion.

- Establish partnerships with healthcare providers and social services to streamline support services.

- Develop volunteer programs to increase community engagement.

Research

- Launch research programs investigating effective interventions that promote mental health and societal resilience during economic crises.

- Develop accessible and user-friendly methods for sharing research findings with policy makers and the public.

- Encourage co-production by including individuals and community organisations in research processes.

Individuals

- Participate in workshops and training sessions that teach healthy coping strategies and financial skills.

- Engage in community activities that foster compassion and unity.

- Be open to seeking help when needed and remember that mental health is as important as physical health.

Conclusion *cont.*

Part of our commitment to seeing mental health improved MQ Mental health Research will seek to continue dialogue with all stakeholders ensure actions are responsive to the changing needs of the population. We continue to work with media, influencers, and other platforms to raise public awareness on the issue, encouraging wider participation from many of our partners and the public as a hole. All of these actions should be evaluated through an equity lens to ensure they do not inadvertently increase disparities and are accessible to all segments of society.

There is no health without mental health. To support people amid the cost-of-living crisis and enable societal resilience **we need more integrated, compassionate, and effective solutions**, with mental health as the 'glue' that holds various strands of human development together.

Sound scientific research is fundamental to guide policy towards effective solutions to protect people's mental health during the cost-of-living crisis and address its underlying causes.

Through this report we show only a very small fraction of a wide range of knowledge and best practices, which can be proactively leveraged to protect people's mental health amid the crises and enable societal resilience. This includes a solid research-base but also good practices from lived experience, the private sector, health practitioners and grassroot innovations, which can be proactively leveraged to protect people's mental health and enable resilience across society.

The negative mental health outcomes from the current cost-of-living crisis are not inevitable. Decisions and policies from government and local authorities can act to mitigate distress, resulting in better mental health for the UK population.

With this work we join a growing collective of voices advocating for bold and effective solutions, co-produced with local communities and leveraging on the knowledge and assets they already have.

The cost-of-living crisis and its subsequent toll on mental health presents a complex and multifaceted challenge that requires concerted efforts from all segments of society. With this comprehensive action plan, we hope to transform these challenges into opportunities for change and growth, ultimately leading to a more equitable and resilient society. Our collective action, compassion, and determination will protect our mental health and enable us to weather this crisis.

References

1. Cebula C, Collingwood A, Earwaker R, Elliott J, Matejic P, Taylor I, et al. UK Poverty 2023: The essential guide to understanding poverty in the UK. 2023.

2. Bell T, Brewer M, Broome M, Cominetti N, Corlett A, Fry E, et al. We're going on a growth Hunt. Resoluation Foundation; March 2023.

3. Bramley G, Treanor M, Sosenko F, Littlewood M. State of Hunger: Building the evidence on poverty, destitution, and food insecurity in the UK. 2021.

4. D'Arcy C. A tale of two crises: the cost of living and mental health. Money and Mental health Policy Institute; 2022.

5. Foundation MH. Mental Health and the Cost-of-Living Crisis: Another pandemic in the making? Glasgow: The Mental Health Foundation; 2023.

6. Backhaus I, Hoven H, Di Tecco C, Iavicoli S, Conte A, Dragano N. Economic change and population health: lessons learnt from an umbrella review on the Great Recession. BMJ Open. 2022;12(4):e060710.

7. Van Hal G. The true cost of the economic crisis on psychological well-being: a review. Psychol Res Behav Manag. 2015;8:17-25.

8. Michaels C, Blake L, Lynn A, Greylord T, Benning S. Mental health and well-being ecological model. https://mch.umn.edu/resources/mhecomodel/. : Center for Leadership Education in Maternal & Child Public Health, University of Minnesota–Twin Cities.; 2022 [

8.1. Lund C, Brooke-Sumner C, Baingana F, et al. Social determinants of mental disorders and the Sustainable Development Goals: a systematic review of reviews. Lancet Psychiatry. 2018;5(4):357-369. doi:10.1016/S2215-0366(18)30060-9)

9. Association AP. APA Dictionary of Psychology https://dictionary.apa.org/resilience [

10. Munro A, Allen J, Marmot M. The Rising Cost of Living: A Review of Interventions to Reduce Impacts on Health Inequalities in London. London: Institute of Health Equity; 2023.

11. (ONS) OfNS. Statistical Bulletin: Average household income, UK: financial year ending 2022. ONS website; January 2023.

12. (OECD) OfEC-oaD. Household disposable income (indicator) doi: 10.1787/dd50eddd-en 2023 [

13. Responibility OfB. Economic and fiscal outlook – November 2022 https://obr.uk/efo/economic-and-fiscal-outlook-november-2022/ [

13.1. Strauss C, Lever Taylor B, Gu J, et al. What is compassion and how can we measure it? A review of definitions and measures. Clin Psychol Rev. 2016;47:15-27. doi:10.1016/j.cpr.2016.05.004

14. Bannister L, Matejic P, Porter I, Sands D, Schmuecker K, Wenham A, et al. An Essentials Guarantee: Reforming Universal Credit to ensure we can all afford the essentials in hard times. 2023.

15. Lee A, Sinha I, Boyce T, Allen J, Goldblatt P. Fuel poverty, cold homes and health inequalities. London: Institute of Health Equity. 2022.

16. Barr B, Kinderman P, Whitehead M. Trends in mental health inequalities in England during a period of recession, austerity and welfare reform 2004 to 2013. Social Science & Medicine. 2015;147:324-31.

Additional resources from the Literature Review

17. Silva M, Resurrección DM, Antunes A, Frasquilho D, Cardoso G. Impact of economic crises on mental health care: a systematic review. Epidemiol Psychiatr Sci. 2018;29:e7.

18. Wang J, Smailes E, Sareen J, Fick GH, Schmitz N, Patten SB. The Prevalence of Mental Disorders in the Working Population over the Period of Global Economic Crisis. The Canadian Journal of Psychiatry. 2010;55(9):598-605.

19. Urbanos-Garrido RM, Lopez-Valcarcel BG. The influence of the economic crisis on the association between unemployment and health: an empirical analysis for Spain. The European Journal of Health Economics. 2015;16(2):175-84.

20. Weissman J, Russell D, Mann JJ. Sociodemographic Characteristics, Financial Worries and Serious Psychological Distress in U.S. Adults. Community Mental Health Journal. 2020;56(4):606-13.

21. Thomson RM, Niedzwiedz CL, Katikireddi SV. Trends in gender and socioeconomic inequalities in mental health following the Great Recession and subsequent austerity policies: a repeat cross-sectional analysis of the Health Surveys for England. BMJ Open. 2018;8(8):e022924.

22. Yang JC, Roman-Urrestarazu A, Brayne C. Binge alcohol and substance use across birth cohorts and the global financial crisis in the United States. PLoS One. 2018;13(6):e0199741.

23. Young M, Schieman S. When Hard Times Take a Toll:The Distressing Consequences of Economic Hardship and Life Events within the Family-Work Interface. Journal of Health and Social Behavior. 2012;53(1):84-98.

24. Zissi A, Stalidis G. Social class and mental distress in Greek urban communities during the period of economic recession. International Journal of Social Psychiatry. 2017;63(5):459-67.

25. Wang H, Wang C, Halliday TJ. Health and health inequality during the great recession: Evidence from the PSID. Economics & Human Biology. 2018;29:17-30.

26. Chen J, Dagher R. Gender and Race/Ethnicity Differences in Mental Health Care Use before and during the Great Recession. J Behav Health Serv Res. 2016;43(2):187-99.

27. Brewer M, Fry E, Try L. The Living Standards Outlook 2023. Resolution Foundation; 2023.

28. Stoyanova A, Pinilla J. The Evolution of Mental Health in the Context of Transitory Economic Changes. Appl Health Econ Health Policy. 2020;18(2):203-21.

29. Wojciech B, Magdalena M, Magdalena K, Elżbieta D-Z, Wojciech D. Socioeconomic determinants of depressive symptoms in a Polish population. Mental Health & Prevention. 2015;3(4):152-6.

30. Black N, Jackson A, Johnston DW. Whose mental health declines during economic downturns? Health Economics. 2022;31(1):250-7.

31. Brown RL, Richman JA, Rospenda KM. Economic Stressors and Psychological Distress: Exploring Age Cohort Variation in the Wake of the Great Recession. Stress and Health. 2017;33(3):267-77.

32. Tamayo-Fonseca N, Nolasco A, Moncho J, Barona C, Irles M, Más R, et al. Contribution of the Economic Crisis to the Risk Increase of Poor Mental Health in a Region of Spain. Int J Environ Res Public Health. 2018;15(11).

33. Drydakis N. Social Rejection, Family Acceptance, Economic Recession, and Physical and Mental Health of Sexual Minorities. Sexuality Research and Social Policy. 2022;19(3):1318-40.

34. Wirkner J, Christiansen H, Knaevelsrud C, Lüken U, Wurm S, Schneider S, et al. Mental Health in Times of the COVID-19 Pandemic. European Psychologist. 2021;26(4):310-22.

35. Atewologun D. Intersectionality Theory and Practice. Oxford University Press; 2018.

36. Fagrell Trygg N, Gustafsson PE, Månsdotter A. Languishing in the crossroad? A scoping review of intersectional inequalities in mental health. International Journal for Equity in Health. 2019;18(1):115.

37. Mair CA. Social ties and depression: An intersectional examination of Black and White community-dwelling older adults. Journal of Applied Gerontology. 2010;29(6):667-96.

38. Ross CE, Mirowsky J. Sex differences in the effect of education on depression: resource multiplication or resource substitution? Social science & medicine. 2006;63(5):1400-13.

39. Wamala S, Ahnquist J, Månsdotter A. How do gender, class and ethnicity interact to determine health status? Journal of Gender Studies. 2009;18(2):115-29.

40. Bronfenbrenner U. Ecological models of human development. International encyclopedia of education. 1994;3(2):37-43.

41. Gilbert P, Catarino F, Duarte C, Matos M, Kolts R, Stubbs J, et al. The development of compassionate engagement and action scales for self and others. Journal of Compassionate Health Care. 2017;4(1):4.

42. Schotte DE, Clum GA. Problem-solving skills in suicidal psychiatric patients. J Consult Clin Psychol. 1987;55(1):49-54.

43. Santomauro DF, Mantilla Herrera AM, Shadid J, Zheng P, Ashbaugh C, Pigott DM, et al. Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic. The Lancet. 2021;398(10312):1700-12.

44. Ziglio E, Azzopardi-Muscat N, Briguglio L. Resilience and 21st century public health. European journal of public health. 2017;27(5):789-90.

45. Frankham C, Richardson T, Maguire N. Psychological factors associated with financial hardship and mental health: A systematic review. Clin Psychol Rev. 2020;77:101832.

46. Mamede A, Merkelbach I, Noordzij G, Denktas S. Mindfulness as a Protective Factor Against Depression, Anxiety and Psychological Distress During the COVID-19 Pandemic: Emotion Regulation and Insomnia Symptoms as Mediators. Frontiers in Psychology. 2022;13.

47. Dalgard OS, Sørensen T, Sandanger I, Nygård JF, Svensson E, Reas DL. Job demands, job control, and mental health in an 11-year follow-up study: Normal and reversed relationships. Work & Stress. 2009;23(3):284-96.

48. Bandura A, Freeman WH, Lightsey R. Self-Efficacy: The Exercise of Control. J Cogn Psychother. (2):158-66.

49. Schönfeld P, Brailovskaia J, Bieda A, Zhang XC, Margraf J. The effects of daily stress on positive and negative mental health: Mediation through self-efficacy. International Journal of Clinical and Health Psychology. 2016;16(1):1-10.

50. Bendau A, Kunas SL, Wyka S, Petzold MB, Plag J, Asselmann E, et al. Longitudinal changes of anxiety and depressive symptoms during the COVID-19 pandemic in Germany: The role of pre-existing anxiety, depressive, and other mental disorders. J Anxiety Disord. 2021;79:102377.

51. Janssen LHC, Kullberg MJ, Verkuil B, van Zwieten N, Wever MCM, van Houtum L, et al. Does the COVID-19 pandemic impact parents' and adolescents' well-being? An EMA-study on daily affect and parenting. PLoS One. 2020;15(10):e0240962.

52. Frye AA, Goodman SH. Which Social Problem-Solving Components Buffer Depression in Adolescent Girls? Cognitive Therapy and Research. 2000;24(6):637-50.

53. Chen L, Li W, He J, Wu L, Yan Z, Tang W. Mental health, duration of unemployment, and coping strategy: a cross-sectional study of unemployed migrant workers in eastern China during the economic crisis. BMC Public Health. 2012;12:597.

54. Krause KR, Courtney DB, Chan BWC, Bonato S, Aitken M, Relihan J, et al. Problem-solving training as an active ingredient of treatment for youth depression: a scoping review and exploratory meta-analysis. BMC Psychiatry. 2021;21(1):397.

55. Bell AC, D'Zurilla TJ. Problem-solving therapy for depression: a meta-analysis. Clin Psychol Rev. 2009;29(4):348-53.

56. Neff K. Self-Compassion: An Alternative Conceptualization of a Healthy Attitude Toward Oneself. Self and Identity. 2003;2(2):85-101.

57. Chiacchia DJ, Greenglass ER, Katter JKQ, Fiksenbaum L. The role of self-compassion during difficult economic times. Anxiety, Stress, & Coping. 2018;31(6):611-25.

58. Wang Y, Chen J, Liu X, Lin X, Sun Y, Wang N, et al. The more mindfulness practice, the more post-trauma stress symptoms? Trait mindfulness and PTSS during the COVID-19 pandemic. Current Psychology. 2022.

59. Sarkhel S, Singh OP, Arora M. Clinical Practice Guidelines for Psychoeducation in Psychiatric Disorders General Principles of Psychoeducation. Indian J Psychiatry. 2020;62(Suppl 2):S319-s23.

60. Persich MR, Smith R, Cloonan SA, Woods-Lubbert R, Strong M, Killgore WDS. Emotional intelligence training as a protective factor for mental health during the COVID-19 pandemic. Depress Anxiety. 2021;38(10):1018-25.

61. Galante J, Friedrich C, Dawson AF, Modrego-Alarcón M, Gebbing P, Delgado-Suárez I, et al. Mindfulness-based programmes for mental health promotion in adults in nonclinical settings: A systematic review and meta-analysis of randomised controlled trials. PLOS Medicine. 2021;18(1):e1003481.

62. South J. A guide to community-centred approaches for health and wellbeing. 2015.

63. Ozbay F, Johnson DC, Dimoulas E, Morgan CA, Charney D, Southwick S. Social support and resilience to stress: from neurobiology to clinical practice. Psychiatry (Edgmont). 2007;4(5):35-40.

64. Southwick SM, Vythilingam M, Charney DS. The psychobiology of depression and resilience to stress: implications for prevention and treatment. Annu Rev Clin Psychol. 2005;1:255-91.

65. Viseu J, Leal R, de Jesus SN, Pinto P, Pechorro P, Greenglass E. Relationship between economic stress factors and stress, anxiety, and depression: Moderating role of social support. Psychiatry Research. 2018;268:102-7.

66. Papadopoulou A, Efstathiou V, Yotsidi V, Pomini V, Michopoulos I, Markopoulou E, et al. Suicidal ideation during COVID-19 lockdown in Greece: Prevalence in the community, risk and protective factors. Psychiatry Research. 2021;297:113713.

67. Shoshani A, Kor A. The mental health effects of the COVID-19 pandemic on children and adolescents: Risk and protective factors. Psychological Trauma: Theory, Research, Practice, and Policy. 2022;14:1365-73.

68. World Health Organization. Regional Office for E. Community participation in local health and sustainable development: approaches and techniques. Copenhagen: World Health Organization. Regional Office for Europe; 2002 2002.

69. Putnam RD. Bowling alone: The collapse and revival of American community: Simon and schuster; 2000.

70. Mohnen SM, Schneider S, Droomers M. Neighborhood characteristics as determinants of healthcare utilization – a theoretical model. Health Economics Review. 2019;9(1):7.

71. Flores EC, Fuhr DC, Bayer AM, Lescano AG, Thorogood N, Simms V. Mental health impact of social capital interventions: a systematic review. Soc Psychiatry Psychiatr Epidemiol. 2018;53(2):107-19.

72. Whiting L, Kendall S, Wills W. An asset-based approach: an alternative health promotion strategy. Community practitioner. 2012;85(1):25-8.

73. Buck D, Ewbank L. What is social prescribing. Kings Fund. 2020.

74. Economou M, Madianos M, Peppou LE, Souliotis K, Patelakis A, Stefanis C. Cognitive social capital and mental illness during economic crisis: A nationwide population-based study in Greece. Social Science & Medicine. 2014;100:141-7.

75. Wahlbeck K, McDaid D. Actions to alleviate the mental health impact of the economic crisis. World Psychiatry. 2012;11(3):139-45.

76. Rahman F. Tackling structural inequality in the UK should sit at the heart of boosting living standards. Resolution Foundation. https://www. resolutionfoundation. org/app/uploads ...; 2019.

77. Knifton L, Inglis G. Poverty and mental health: policy, practice and research implications. BJPsych Bull. 2020;44(5):193-6.

78. Cheung F, Lucas RE. Income inequality is associated with stronger social comparison effects: The effect of relative income on life satisfaction. J Pers Soc Psychol. 2016;110(2):332-41.

79. Wetherall K, Daly M, Robb K, Wood A, O'Connor R. Explaining the income and suicidality relationship: income rank is more strongly associated with suicidal thoughts and attempts than income. Social Psychiatry & Psychiatric Epidemiology. 2015;50(6):929-37.

80. Clench-Aas J, Holte A. Measures that increase social equality are effective in improving life satisfaction in times of economic crisis. BMC Public Health. 2018;18(1):1233.

81. Dore EC, Livingston Iii MD, 3rd, Shafer PR. Easing Cash Assistance Rules During COVID-19 Was Associated With Reduced Days Of Poor Physical And Mental Health. Health Aff (Millwood). 2022;41(11):1590-7.

82. Mind. UK Government push to put 500,000 people from Universal Credit into work raises serious concerns for people with mental health problems. https://www.mind.org.uk/news-campaigns/news/uk-government-push-to-put-500-000-people-from-universal-credit-into-work-raises-serious-concerns-for-people-with-mental-health-problems/2022 [

83. Bergmans RS, Wegryn-Jones R. Examining associations of food insecurity with major depression among older adults in the wake of the Great Recession. Social Science & Medicine. 2020;258:113033.

84. Stein CH, Hoffmann E, Bonar EE, Leith JE, Abraham KM, Hamill AC, et al. The United States Economic Crisis: Young Adults' Reports of Economic Pressures, Financial and Religious Coping and Psychological Well-Being. Journal of Family and Economic Issues. 2013;34(2):200-10.

85. Matos M, McEwan K, Kanovský M, Halamová J, Steindl SR, Ferreira N, et al. Fears of compassion magnify the harmful effects of threat of COVID-19 on mental health and social safeness across 21 countries. Clin Psychol Psychother. 2021;28(6):1317-33.

86. Cotton C. How private sector employers have been helping their workers cope with the cost-of-living crisis https://www.cipd.co.uk/news-views/cipd-voice/issue-38/private-sector-employers-helping-workers-cost-living-crisis#gref: Chartered Institute of Personnel and Development (CIPD); 2022 [

87. Asper M, Osika W, Dalman C, Pöllänen E, Simonsson O, Flodin P, et al. Effects of the COVID-19 pandemic and previous pandemics, epidemics and economic crises on mental health: systematic review. BJPsych Open. 2022;8(6):e181.

88. Moroz N, Moroz I, D'Angelo MS. Mental health services in Canada: Barriers and cost-effective solutions to increase access. Healthcare Management Forum. 2020;33(6):282-7.

89. Choi KW, Jung JH, Kim HH. Political Trust, Mental Health, and the Coronavirus Pandemic: A Cross-National Study. Res Aging. 2023;45(2):133-48.

90. Olagoke AA, Olagoke OO, Hughes AM. Psychological Pathways Linking Public Trust During the Coronavirus Pandemic to Mental and Physical Well-being. Frontiers in Psychology. 2020;11.

91. Melios G. EuropE in crisis: political trust, corruption and austErity. 2020.

92. Norman SM, Avolio BJ, Luthans F. The impact of positivity and transparency on trust in leaders and their perceived effectiveness. The Leadership Quarterly. 2010;21(3):350-64.

MH is the glue of the SDGs

Domain	Relevant SDGs*	Key factors	Hypothesised pathways (risk and protective factors)	Mental disorder outcomes	Potential interventions involving mental health
Demographic domain	**SDG 5:** gender equality	Gender and sex, age, ethnicity	Differential exposure to adversity, social norms, discrimination, early life onset, and gene–environment interactions in sensitive developmental windows (pregnancy, early childhood, and adolescence	Depression, anxiety, substance abuse, psychosis, child and adolescent behavioural and developmental disorders, dementia	Reduction of gender-based violence (H), child maltreatment (H), and racial discrimination and xenophobia (H)
Economic domain	**SDG 1:** no poverty; **SDG 2:** zero hunger; **SDG 8:** decent work and economic growth; **SDG 9:** industry, innovation, and infrastructure; **SDG 10:** reduced inequalities"	Income security, debt, assets, food security, employment, housing, income inequality, macroeconomic recessions, and subjective financial strain	Social causation: insecurity, stress, helplessness, external locus of control, low social status, worse physical health status, social comparison, undernutrition, antisocial coping behaviours, and entrapment linked to suicide; social drift: increased health-care expenditure, disability, and stigma	Depression, anxiety, substance abuse, psychosis, suicide, dementia, and childhood internalising and externalising disorders	Cash transfers or basic income grants (H), reductions in income inequality (M), and improved employment (H)
Neighborhood domain	**SDG 6:** clean water and sanitation; **SDG 7:** affordable and clean energy; **SDG 11:** sustainable cities and communities; **SDG 12:** responsible consumption and production	Structural characteristics of neighbourhoods including infrastructure, safety, aggregate socioeconomic deprivation, built environment, leisure opportunities, urbanicity, crime, community violence, and social cohesion	Urban migration, dopamine dysregulation, insecurity, exposure to violence, and disempowerment	Depression, anxiety, substance abuse, psychosis, child and adolescent substance abuse, and externalising behaviours	Improved housing (M), safe neighbourhoods (H)
Environmental domain	**SDG 13:** climate action; **SDG 16:** peace, justice, and strong institutions	Natural hazards, industrial disasters, armed conflict, displacement, and disasters triggered by ecosystem hazards due to climate change or increased population	Trauma (episodic and continuous), severe stress, adversity, insecurity, and loss of social support systems	PTSD, depression, anxiety, suicide, and childhood internalising and externalising disorders	Reductions in violence (H), early response to environmental events (H), and action on protecting vulnerable ecosystems (H)
Social - cultural domain	Social - cultural domain	Education, social cohesion, social capital, culture, and social class	Cognitive reserve, self-efficacy, social skills, social support, trust, parenting, bullying, and discrimination Depression, anxiety, dementia, psychosis, and child and adolescent internalising	Depression, anxiety, dementia, psychosis, and child and adolescent internalising disorder	Improved education (H), strengthened social capital (M), and improving social support and networks for older adults (H)

Summary of recommended strategies for a whole society response to the cost-of-living crisis and tactics to materialise them in practice

Sector	Strategies	Tactics	Immediate steps
Public Policy	1. No to austerity. Increase funding for social welfare, local authorities and grassroot organisations to support people amid the cost-of-living crisis.	• Increase investment in social protection measures during the crisis, rather than deepening austerity. • Enhance Financial Support and welfare measures by raising the minimum wage and social security benefits and linking benefits to inflation. • Implement universal credit (18) to ensure people can cover their essential needs. • Improve social welfare and active labour programmes to help people retain or re-gain jobs (19). • Improve social welfare and active labour programmes to help people retain or re-gain jobs. • Tackle unmanageable debt, through debt relief programmes, and communication between debt advice agencies and mental health services.	• Assemble a cross-disciplinary committee responsible for drafting, overseeing, and updating the 10-year mental health plan. • Establish a national fund to support social welfare, local authorities and grassroots organisations, and allocate increased budget for mental health services. • Review current economic and social policies, establishing committees to review economic and social policy to develop plans that address inequalities and improve wealth distribution."
	2. Reshape economic and social policy to tackle the underlying causes of inequality, and seek a fairer distribution of responsibilities, opportunities and assets across society.	• Revise the assumptions of socio-economic policy, and ensure they are guided by evidence and best practice. This should include tax and social security systems, the labour market, the housing market, and the organisation of family care. • Increase evidence-based and participatoty approaches to policy design, engaging research and community organisations. • Increase household financial security, access to healthcare, education and employment opportunities. • Increase financial support to pregnant women, caregivers of young children and schools.	
	3. Improve leadership in mental health, through a clear plan to materialise the actions stated in the NHS's Action Plan and Mental Health Equalities Strategy.	• Provide a 10 year action plan for Mental Health, adopting the recommendations outlined by the UK's biggest mental health charities in the ""Complete mental health: a 10-year prevention, fairness, and support improvement plan"". • Secure funding for accessible, adequate and equitable mental healthcare provision. • Prioritise mental health in Integrated Care Systems, NHS England strategies and articulation with social and economic support services, grassroot and community organisations. • Improve public health messaging to provide clear information on support options available and promote health-seeking behaviours. Combine digital and non-digital dissemination channels to better reach under-served groups.	
Healthcare	1. Increase partnerships and collaboration with health and social services and grassroot organisations as an emergency response to address multiplicity of needs during the cost-of-living crisis.	• Seek practical strategies to bridge gaps in service provision and foster collaboration with community organisations, including the use of community link workers and signposting strategies.	• Develop a framework for collaboration with other health and social services, and grassroots organisations. • Regularly evaluate and refine service delivery based on emerging evidence. • Incorporate best practices for better integration into existing protocols and procedures.
	2. Adopt evidence-based measures to address the practical, physical and psychological barriers for delivering and accessing healthcare	• Improve training for frontline healthcare workers to deliver timely support and prevent the development and escalation of mental health problems. • Identify and document practical barriers and best practices to cover service gaps and meet the needs of particularly vulnerable and underserved communities.	
	3. Identify and implement best practice models for better integration across the health, social and third sectors.	• Increase training for frontline workers across healthcare and the third sector to identify, support and signpost and escalate mental health needs. • Improve signposting for people with financial concerns alternative sources of support, including health and social services.	
Private Sector	1. Take measures to increase security of employment, income and working conditions.	• Prioritise responses connected to security of eplyment, income and working conditions, such as raising salaries and employee benefits. Prioritise lower-paid employees and disadvantaged stakeholder groups in responses to the crisis. • Design and communicate of contingency measures available during financial hardship, such as adapting or restructuring the business, temporary placements, reduction of monetary rewards for partners or shareholders. • Consider measures to reduce customers financial burdens and demands.	• Dedicate a portion of company revenue or a set budget for investment in community and grassroots organisations. • Formulate clear company policies and actions addressing cost of living crisis, communicating these with stakeholders. • Develop mental health support programs for employees and extend these services to their families.
	2. Increase investment, articulation and support for community and grassroot organisations.	• Invest in community and grassroot organisations, supporting capacity development and scale-up of effective interventions to support mental health and wellbeing. • Facilitate two-way dialogue with grassroot and community organisations to catalyse impact and shared value creation. • Integrate mental health approaches in Corporate Social Responsibility Programmes and Partnerships in education, health and social mobility goals.	
	3. Increase transparency, accountability, dialogue and reassurance in decision-making to support different stakeholder groups through the cost of living crisis.	• Facilitate inclusive dialogue combining different communication channels, listen to people's views and concerns and incorporate them into decision-making considerations. • Transparently communicate actions, decisions and limitations in the responses to protect people's mental health. • Increase comunication combining digital and non-digital channels to account for digital inequalities,and reach under-served groups. • Evaluate how different types of communications and channels reach people differently.	
	4. Combine supportive measures in mental health, ranging from wellbeing promotion, early intervention, and referral mechanisms to specialised services.	• Provide comprehensive support services covering dimensions of financial, social, mental and physical health. • Seek to provide mental health support across wellbeing promotion, prevention, detection, early intervention and referral to specialised services. • Integrate mental health considerations into Human Resources policies and practices. • Allow employees to openly raise their concerns and discuss needs in work flexibility.	

Summary of recommended strategies for a whole society response to the cost-of-living crisis and tactics to materialise them in practice *Cont.*

Sector	Strategies	Tactics	Immediate steps
Community and Third sector organisations	1. Fight exclusion and stigma by fostering compassion and belonging in local communities.	• Hold community events to foster belonging, trust, compasion and promote community resilience. • Adopt approaches with sound evidence base, including social mental healthcare, social prescribing, buddy schemes, mentoring, friendship groups and community hubs events. • Promote literacy of healthy coping strategies across the community - including emotional skills and financial literacy.	• Conduct community events and campaigns aimed at fighting stigma and promoting inclusion. • Establish partnerships with healthcare providers and social services to streamline support services. • Develop volunteer programs to increase community engagement.
	2. Lead advocacy efforts and mobilise communities to advocate for improved health and socio-economic policy.	• Partner with research to improve results measurement and advocate for to scale-up of mental health approaches with a strong evidence base. • Demand adequate funding for local and grassroots groups to continue their active role in identifying their communities needs and solutions to the current crisis. • Improve awareness of the rights stated under the Care Act and Mental Health Act, empowering individuals to protect and demand their legitimate rights.	
	3. Facilitate collaboration and integration of support services within the health, social and third sector.	• Bridge gaps in service provision and access by engaging with Statutory Structures and fostering partnerships with local Integrated Care Systems (ICS). • Promote surveillance and early detection of mental health conditions, at the family, school and community levels. • Deliver activities to promote emotional literacy, empowerment programmes for disadvantaged groups, debt advice, peer support groups and parental support.	
Research	1. Improve evidence on effective interventions to protect people's mental health and enable societal resilience amid the cost-of-living crisis.	• Use science to advocate for evidence-based policies which are effective at protecting people's mental health and addressing the root causes of health and socio-economic inequalities in the UK. • Foster research collaborations among health and social sciences to promote holistic interventions and tackle the root causes of inequality. • Mobilise primary care and frontline service data to monitor and improve responses to mental health issues, including suicide and self-harm rates.	• Launch research programs investigating effective interventions that promote mental health and societal resilience during economic crises. • Develop accessible and user-friendly methods for sharing research findings with policy makers and the public. • Encourage co-production by including individuals and community organisations in research processes.
	2. Generate evidence in accessible and useful formats to inform policy design, implementation and individual decisions.	• Combine digital and non-digital communication strategies to disseminate research findings and influence decisions. • Communicate research findings in plain language, avoid jargon and seek advice from grassroot organisations to tailor communication approaches for vulnerable and underserved populations.	
	3. Increase co-production with individuals and community organisations.	• Engage grassroot and community organisations in research design and delivery seeking to identify and scale up effective interventions, tailored different contexts and needs. • Foster partnerships in local communities and ensure their perspectives, knowledge, and innovations are valued, inform research and promote knowledge-sharing. • Use highly contextualised approaches to reach and connect with the needs of vulnerable and underserved populations, in collaboration with community organisations."	
Individuals	1. Cultivate and practice healthy coping strategies to increase sense of control and emotional resilience, including problem-solving and decision-making strategies and financial skills.	• Engage with active ingredients for good mental health, physical activity, a balanced diet, good sleep, keep prescribed treatments and engaging with the arts. Practice problem-solving and decision-making skills to increase confidence on owns ability to cope with any financial stresses that are likely to arise from the cost-of-living crisis. • Seek trusted sources of information and useful resources on the cost-of-living crisis to understand its evolution and support services available. • Volunteer, help others and join advocacy efforts according to your values and availability. This is usually helpful to increase perception of control, self-esteem, optimism and trust. • Identify and seek accessible mental health services, including psychoeducation programs and peer-to-peer support schemes.	• Participate in workshops and training sessions that teach healthy coping strategies and financial skills. • Engage in community activities that foster compassion and unity. • Be open to seeking help when needed, and remember that mental health is as important as physical health.
	2. Cultivate compassion as a skill, and practice it towards yourself and others.	• Practice compassion as a recognise suffering in yourself and others, seek to understand it, feel it, and take action. • Cultivate social connections and sense of belonging including joiining events and activities organised in the community."	