

Britainthinks

— Insight & Strategy —

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Essential service markets and people with mental health problems

Report

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Executive summary

Context

Mental health problems can have a significant impact on consumers' relationships with their essential service providers.

This research sought to build a detailed understanding of a specific group of people – people whose mental health problems have a direct impact on their relationship with essential service markets. The issues this group experiences may range from difficulty engaging with competitive markets and handling day-to-day customer service interactions, through to difficulty in effectively resolving 'crises' when they arise. By identifying the specific needs within this group, we have been able to outline some of the key policy implications for service providers.

Variations by market

This research has also shown that the extent to which mental health problems affect and are affected by essential services varies by market. In our research, the more significant complaints related to telecoms, closely followed by energy. Problems experienced with telecoms include being tied in to contracts that are unaffordable, problems with service and repair, and pushy sales techniques. Issues relating to the energy sector included concern over the suitability and affordability of tariffs and confusion over billing. In contrast, consumers with mental health problems tended to have fewer and less significant concerns with financial services (with the exception of credit providers) which they largely associated with their banks. There were even fewer concerns with regard to water provision.

The main reasons for this variation are practices linked to competition and the likelihood of disconnection. Markets that are more competitive (e.g. telecoms) are seen by those with mental health problems as more challenging to navigate. In contrast, where there are fewer choices of provider or product (e.g. in the water sector), there are also fewer concerns about choosing the right product or tariff. Additionally, in sectors where the risk of disconnection or service disruption is lower (e.g. in the water sector), there are lower levels of stress and anxiety amongst those customers who struggled to keep on top of bills.

Types of behaviour

This research has identified four 'types of behaviour' that people with mental health problems may experience. These types of behaviour do not represent different groups of people – for example, an individual may have experience of more than one of these behaviours, and some may arise at the same time. They are as follows:

- **Fluctuating Management** – this is characterised by an inconsistent ability to effectively manage essential service accounts, reflecting periods of better or worse

mental health. During periods of good mental health, individuals who display this type of behaviour are usually able to stay on top of their account management. They are able to pay bills on time and engage with communications from providers. Issues may arise during periods of poor mental health. During such periods, individuals may find it difficult to keep on top of account management, resulting in missed payments and disengagement with providers.

- **Reluctant Communication** – this is characterised by heightened levels of stress and anxiety around communicating with essential service providers – be that in terms of account management or when trying to resolve a problem. This type of behaviour affects people with phobias and depression, as well as those with anxiety disorders. It results in individuals putting off or avoiding communication with a provider, even when a quick call or email might be all that is required to sort the issue out.

Every individual has their own communication challenges. For many people we spoke to, talking to a provider on the phone was particularly anxiety-inducing. There were also instances in which people struggled to leave the house or interact with others face-to-face. This caused problems if they needed to go out to purchase credit on any of their essential services accounts.

- **Volatile Overspending** – this is characterised by periods in which individuals find it hard to control their spending, often spending large amounts in a very short amount of time. Those with bipolar disorder said they experienced this type of behaviour during manic episodes, during which they might be prone to spontaneous decision-making. Volatile overspending was also experienced by individuals with depression and anxiety disorders, who said they would spend money as a treat when feeling low. When this affected essential services, we saw individuals struggling to budget – leading to indebtedness and over-reliance on credit.
- **Change Aversion** – this is characterised by a heightened need for stability, routine and continuity as a means to manage mental wellbeing. In relation to essential service provision, problems arise for consumers when they adopt a passive stance in relationships with providers, avoiding shopping around or switching, and staying on poor tariffs. This inability to engage effectively with competitive markets means such customers are at risk of paying more than they need to for their essential services. This behaviour is distinct from the usual aversion to change that many consumers exhibit. Instead, this stems from a concern about the negative effect that change might have on an individual's mental health.

Policy implications

People with mental health problems experience a number of challenges in relation to managing their essential services. These challenges bring into focus a number of policy implications for providers in each of the four essential services markets.

Customers with mental health problems:

- **Can go through periods in which they will totally disengage with their providers and essential service accounts (and may not have informal support networks they can rely on for support during this time).**
 - Providers should ensure that the most severe detriment to customers is avoided at these times. This means developing mechanisms that customers can put in place during periods of good mental health, which prevent serious problems arising (such as disconnection/self-disconnection or a build-up of arrears) during periods of poorer mental health.
 - Providers need to ensure that such mechanisms work just as well for people who don't have close family/friends who can help. They should not just be open to people who have someone they can rely on to 'step in' when they are unwell.

- **Can find it challenging to be proactive in their communications with providers even when the cost of inaction is high (and especially if they need to do so over the phone).**
 - Providers need to put in place alternative and more effective ways of engaging with such customers to ensure problems with accounts are picked up and resolved in a timely manner. These methods should avoid adding to stress and anxiety around communication. This means:
 - Providers need to be more proactive in identifying problems and helping to resolve them, and not rely on customers themselves coming forward.
 - Providing a range of communication channels (including options that don't require face-to-face or telephone communication) so that customers can select the method they are most comfortable with.

- **Can struggle to engage effectively with competitive markets, especially when proactive switching is necessary in order to get the best package or deal.**
 - Providers need to ensure people with mental health problems aren't financially disadvantaged as a result of their health issue. This means:
 - Essential service providers need to ensure customers are made aware of new tariffs/contracts and moved onto the most competitive package with minimum effort and disruption.
 - Essential service providers need to offer safeguard tariffs for those

who are genuinely unable to engage with competitive markets due to a strong Change Aversion.

- **Can find it hard to engage effectively with competitive markets when exposed to more aggressive sales techniques. Such practices may lead to customers signing up to products/services that are unsuitable for them.**
 - Providers need to put in place mechanisms to ensure that customers fully understand and consent to moving onto new tariffs or contracts.
 - Providers also need to make sure that it is easy for customers to change their tariff or product, if they were not able to make a well-informed choice because of their mental health problem.

- **Can struggle to budget and control spending in other areas of their lives that end up impacting on essential service accounts.**
 - Providers need to consider how they can work with customers to help them manage their finances and control their spending (while ensuring safeguarding measures are in place to protect individual freedoms).

- **Are not always able to find the ‘right moment’ to disclose their mental health problem to providers or are reluctant to do so due to concerns over data security, fear of being labelled and lack of clarity around the benefits of doing so.**
 - Providers need to inform customers of the support available for consumers with mental health problems, to encourage greater disclosure. Providers should inform customers how such information will be stored and used, to reduce concerns over data security.

There is clear appetite for such changes among people with mental health problems. If done well, they would represent a step-change in essential service provision for consumers with mental health problems.

Background and objectives

Citizens Advice is a network of independent charities across the country that aims to provide the advice people need for the problems they face and improve the policies and practices that affect people's lives:



At the individual level, by offering free, independent, confidential and impartial advice to everyone on their rights and responsibilities through face-to-face, telephone and digital channels.



At the national level, by representing the best interests of consumers and using evidence to drive policy-making and market behaviour. This goes beyond traditional 'influence' to include statutory responsibilities and powers.

Citizens Advice's own clients (i.e. visitors of local Citizens Advice offices and those who access its consumer helpline) represent a hugely valuable source of data about the challenges facing consumers across the country, as well as the groups in society which are most likely to be at risk of suffering from detriment. As identified by Citizens Advice, an increasing proportion of the consumers contacting Citizens Advice for face-to-face support have a mental health problem. [Recent research](#) reported a 9% increase in cases over the past year.

This trend is more pronounced in relation to consumers seeking advice for consumer issues and particularly those relating to utilities and telecoms. Additionally, clients who report at least one mental health problem are more likely to need advice on multiple issues, and these issues tend to be particularly complex, with a higher likelihood that they will result in significant consumer detriment.

In response to these trends, Citizens Advice has embarked on a programme of research **to better understand the experiences of consumers with a mental health problem (or multiple mental health problems) in relation to essential service markets**. For the purposes of this research, these markets are energy, water, telecoms and financial services.

To feed in to this programme, Citizens Advice commissioned BritainThinks to conduct primary research among consumers with one or more mental health problems in order to:

1. Build a holistic picture of the **lived experience** of consumers with mental health problems in relation to the four essential service markets.
2. Understand how having a mental health problem **impacts on consumers' ability to engage with and manage** essential services.

3. Gauge the extent to which **suppliers of essential services are able to effectively support people** with mental health problems.

Methodology

BritainThinks conducted an extended research study with 48 people with mental health problems. They were asked to engage in three phases of research:

- An initial phase of 48 ethnographic interviews to gain an understanding of participants' lives and the role essential services play in their lives
- An extended online community over a 4-week period to follow their interactions with essential services, and delve deeper into their opinions of their providers
- A final phase of face-to-face or tele-depth interviews to reflect on participants' experiences and deep dive on specific experiences with providers

<p>Phase 1: Ethnographic depth interviews</p>	<p>48 face-to-face depth interviews</p>	<ul style="list-style-type: none"> • Spread of type and severity of mental health problem • Conducted in home or another place of participant's choosing • Designed to observe behaviours and role of essential services within participants lives
<p>Phase 2: Week-by-week tracking</p>	<p>40 participants from phase 1 invited, 21 participants completed the weekly activities for the entire 4-week period</p>	<ul style="list-style-type: none"> • Lasted 4 weeks, offered in both online and offline formats • Designed to track engagement with essential services and understand ongoing interactions • Included video elements, recorded with smartphone
<p>Phase 3: Reflective depth interviews</p>	<p>5 filmed face-to-face interviews; 21 non-video interviews (carried over from phase 2)</p>	<ul style="list-style-type: none"> • Filmed face-to-face interviews delivered case studies and reflected on key patterns and trends identified during phases 1-2 • Non-video interviews conducted both face-to-face and via telephone reflected on key patterns and trends identified during phases 1-2

Key features of the research approach include:

- **A longitudinal research approach**, in which participants were engaged over an extended period of time to build up a rich and holistic picture of their lives and where the essential service areas fit within this.
- **Using a combination of face-to-face and digital approaches** to bring together a combination of qualitative and ethnographic or observational research insights. To achieve this, all participants' first extended contact was face-to-face rather than online and conducted in home to allow for observation of their home environment and key indicators of factors including budgeting and money management. Thereafter, engagement through the online community was designed to feel safe and positive, e.g. by having a dedicated point of contact to respond to each participant's queries and assigning each participant the same moderator who conducted their initial depth interview throughout the programme.
- **A highly targeted sampling and recruitment approach** to include genuinely vulnerable consumers who are most at risk of consumer detriment as a result of a mental health problem (or multiple problems). More detail on this is outlined below in 'Sampling'.
- **Flexibility throughout the research programme** to ensure that the needs and safety of the research participants were prioritised, particularly for those with more severe mental health problems.

Sampling

The research included a broad range of individuals with mental health problems. Key criteria were set around mental health, general demographics and experiences with essential services. We also included a proportion of people who had not received an official diagnosis of their mental health problem, to recognise the difficulties that many face engaging with health services or getting a diagnosis.

Mental health

- **Problems:** included a range of mental health problems, whether diagnosed or self-diagnosed/undiagnosed including anxiety disorders, depression, PTSD, phobias, SAD, nervous breakdown, OCD, panic attacks, eating disorders, bipolar disorder, personality disorders.
- **Severities:** included 27 people who say their mental health impacts their day-to-day activities 'a lot' and 21 people who say their mental health impacts their day-to-day activities 'a little'.
- **Clinical diagnosis:** 38 participants have received a clinical diagnosis. 10 participants have not been formally diagnosed by a medical professional.

Demographics

- **Gender:** 25 women and 23 men.
- **Age:** 11 participants are aged 18-30 years old, 23 participants are aged 31-50 and 14 are aged 50+.
- **Employment status:** included a mixture of individuals in full-time work, in part-time work, not in work, with a weighting toward those not in work. Within this, we included individuals in temporary insecure work and those on zero-hour contracts, individuals claiming Universal Credit / out-of-work benefit, and a small number of individuals accessing sick pay.
- **Housing tenure:** included homeowners, people living in private rentals and social rentals.
- **Location:** participants were based across 8 regions across England, Scotland and Wales: London, Manchester, Birmingham, Nottingham, Somerset, Glasgow, Edinburgh and Cardiff, including 8 participants living in rural/semi-rural locations.
- **Ethnicity:** 10 participants were BAME.
- **Sexual orientation:** 6 participants who identified as LGBTQ+.

Essential services

- **Responsibility for managing bills:** all participants had responsibility for managing their household bills.
- **Problems with their essential service provider:** at the start of the study 24 participants had experienced problems with essential services (more experienced issues during the study)

Recruitment of research participants

Tailored recruitment screeners were designed to enable identification of potential research participants and to manage the quotas that had been set.

We used our network of professional market research recruiters, which spans the UK. Recruiters deployed a combination of on-street recruitment, door-knocking, database recruitment and snowballing in order to recruit participants of the desired profile.

Chapter 1: The relationship between mental health problems and essential service providers

Half of the research participants were recruited on the basis that their mental health problems impact their day-to-day life ‘a lot’. The other half of participants were recruited on the basis that their mental health impacts them ‘a little’. During the course of the interviews, around a third of all research participants said their relationship with essential service providers was significantly impacted by their mental health problems.

We have identified four types of behaviour to describe the specific and distinct ways in which mental health plays a role in consumer relationships with providers. These types are: *Fluctuating Management*, *Reluctant Communication*, *Volatile Overspending* and *Change Aversion*. When customers display these behaviours, they need support in their relationships with essential service providers.

1.1 The impact of mental health problems on relationships with essential service providers

Mental health problems can have a major impact on consumers’ ability to engage effectively with competitive markets, keep on top of accounts and resolve issues (such as unexpected service disruption) as and when they arise.

Thirty-eight of the research participants had received a diagnosis from a medical professional and 10 had not. Those who had received a diagnosis, or multiple diagnoses, were more likely than those without a diagnosis to say their day-to-day lives were impacted ‘a lot’ by their mental health, and to have experienced problems with their essential service providers. For those without a diagnosis, their mental health tended not to be a significant factor in their relationships with their essential service providers. There was not, however, any particular pattern between the type of mental health problem and the overall quality of relationships with essential service providers.

Furthermore, we saw more problems arising in participants’ relationships with telecoms companies and energy providers as compared to financial services and water companies.

Most people in our research were able to rely on friends and family to some degree to take on some of the responsibilities relating to essential services. This was often a partner, parent or grown-up child living with them or living close by. For these individuals, having this support is often invaluable in mitigating against the impact that their mental health could have, especially when it comes to issues of account management or problem resolution.

“When things go wrong I just try and deal with it as well as I can, or my mum phones them for me, to sort things out, if I can’t cope.”

Female, with depression and anxiety, Birmingham

However, there were also those in our research who were unable to rely on friends or family to the same degree. These were almost entirely people who were living alone or were the primary care-giver in the household. These individuals were less supported in their relationships with essential service providers and this often had a negative impact on their ability to manage their account and resolve problems effectively.

“I’ve just moved here on my own recently whereas my husband used to run the whole house (...). It was quite difficult to understand forms and stuff like that at times, because of my depression – I just don’t want to. And I think drinking has slowed me down.”

Female, with depression, Glasgow

Types of behaviour

Analysing the types of issues that consumers with mental health problems were having with service providers in this research, four broad types of behaviour emerged.

The behaviours in each of these types do not relate to specific mental health problems. However, specific types of mental health problem may be more likely to underpin behaviours in particular types. For example, participants with bipolar disorder were more likely than those with phobias to display behaviour related to ‘volatile overspending’, but we also spoke to people with depression and with anxiety disorder who would fall into this category too.

It is important to stress that these types are not mutually exclusive, and individuals may display behaviours that fall into more than one type at any one time.

1) Fluctuating Management

This is characterised by an inconsistent ability to effectively manage essential service accounts, reflecting periods of better or worse mental health.

In our interviews, we heard from people who said their mental health could vary by day, week or month. There were those with depression who would go through very ‘low’ periods (lasting anything from a few days through to a few months) in which almost no activity or social interaction would take place. There were also those with problems such as bipolar disorder, anxiety disorders, phobias, eating disorders and OCD whose mental health was subject to fluctuation.

Poor mental health can show in different ways but was often characterised as a period of lethargy, negative thinking and worry, a return to negative habits, retreat from social interaction and/or inability to cope with many aspects of life which were previously possible to manage.

"I have been a bit depressed of late – I was put onto medication a while ago, but that seems to be better now. I have to be aware of it. I can get into old habits of being negative and worrying about things that are beyond my control."

Male, with depression, Somerset

"If you go down, you don't do anything: can't cook, can't clean, don't wash, walk around the house or get into clothes. [...] I'll drink, feel suicidal, all that. I get paranoia. And when I'm on a high, nothing can touch me: I'm happier than anyone in the world – I'll clean everywhere, probably clean at 2-3am in the morning."

Female, with bipolar disorder, Birmingham

Individuals who experienced significant variability in the state of their mental health were for the most part able to stay on top of their essential service accounts, during periods of good mental health. However, issues would arise during periods of poor mental health, in which individuals found the effort of keeping on top of things (essential services included) simply too great.

Issues relating to fluctuating management could be seen to affect all the key aspects of relationships with providers:

- **Choice of product / tariff:** fluctuating management could be seen to have an impact on an individual's ability to find, select or switch to the most competitive product/tariff.

"I can't be bothered [to consider switching] to be honest. It's too much work and thinking, and I think it would probably be a complicated and stressful process, which I really don't need right now."

Female, with depression and anxiety, Cardiff

If a period of poor mental health coincides with the need to set up a new essential service account (e.g. when moving to a new house or when an existing contract comes to an end) it simply may not be possible for that person to be proactive and fully engaged in securing the best deal for themselves. For instance, poor mental health may make it difficult for the person to spend the time and energy comparing offers or reading the small print in contracts. In the case of introductory offers ending and less favourable terms 'kicking in' (e.g. a discount being removed after a set time period) Fluctuating Managers are potentially more vulnerable to being 'caught out' if it coincides with a period of poor mental health.

"Well it starts off easy, there are the usual price comparison websites. The problem is they all give you a cheap price to start, but then after a few months they see what you are using, and the price goes up to roughly what you were paying before."

Male, with phobia, SAD and depression, London

- **Account management:** the impact of fluctuating management is perhaps greatest in ongoing account management. During a period of poor mental health Fluctuating

Managers are considerably less likely than they usually would be to be able to engage with and process bills for payment.

In addition, at any point in which the customer is required to take action, respond promptly to a request or take a proactive stance, there is a risk that a period of poor mental health may prevent them from doing so. In our research we heard examples of people missing bill payments, ignoring requests for meter readings, failing to act on billing queries or being unable to keep a close eye on their expenditure.

“The challenges for me [when in a depressive state] are my concentration to start with...I find it really hard to concentrate on things and to stick at doing something...I tend to bury my head in the sand to be honest.”
Female, with depression, Cardiff

- **Problem resolution:** fluctuating management may also have an impact on consumers' ability to work effectively with their service provider to quickly resolve a problem, resulting in (even relatively small) issues persisting or getting worse. This could be a problem originating with the customer e.g. a one-off missed payment that ends up generating penalty charges, pushing someone into debt or leading them to be cut off. Or, it could also be a problem originating with the service provider themselves, e.g. a direct debit being taken incorrectly, or a water leakage or power outage that consumers struggle to get fixed.

“I couldn't really communicate with [my bank] well because I was going through a breakdown [...] and my husband couldn't speak to them obviously because he wasn't the account holder. So, I had charges on my account and they wouldn't clear them off for me. The charges were unbelievable.”
Male, with bipolar disorder, Glasgow

It is also worth noting that in addition to the above ways in which fluctuating management can impact on relationships with essential service providers, the stress and frustration of dealing with these companies can in itself worsen and prolong poor mental health. For example, struggling to get back on top of bill payments can induce anxiety and depression for some people. Similarly, difficulty in reinstating service provision after having been cut off can be extremely upsetting and disruptive to someone with a mental health problem.

“When [my mental health] drops I have an energy crash and feel wiped out. If I'm already feeling down I'm not very good at being patient when things go wrong or if I'm waiting for somebody to get back to me as it will play on my mind a lot until it is resolved – that's due to my anxiety.”
Male, with depression and anxiety, London

“When you do feel anxious and depressed, the smallest thing can set you off, and speaking to someone who doesn't seem to care can be very upsetting.”

Female, with depression, Somerset

2) Reluctant Communication

This type covers a set of behaviours that relate to an individual with mental health problems struggling to communicate effectively or in a timely manner with their providers.

Reluctant Communicators described heightened feelings of stress related to interactions with service providers. Individuals experiencing (for example) anxiety disorders, depression and/or phobia said they struggled in particular with phone calls with providers. They reported putting off making phone calls, ignoring incoming calls, and/or asking a friend or family member to speak on their behalf. For many, this is driven by concern about what the staff member at the other end of the line may think of them.

“Sometimes I get nervous of who I talk to and start to stutter, and then I think that they think I’m stupid.”

Female, with depression, Birmingham

If they do manage to make phone calls, their anxiety levels may mean they leave the conversation feeling muddled and unclear as to what they have just been told, what they have agreed to verbally, and/or what action they need to take next.

Anxiety about interactions over the phone can be worsened by long waits to speak to someone or unsympathetic staff at the end of the line.

“I tried to speak to them on the phone before I closed my account, for my overdraft to be transferred...I went through a call centre and was just passed through different departments and then eventually got to the person I had to speak to, but it took quite a long time [...] and I wasn't in the right frame of mind to go through all the different departments. It made quite upset and made me quite stressed out.”

Male, with bipolar disorder, Glasgow

Individuals can think about negative interactions with providers for days. They may be unable to take the necessary actions required to start to rectify the situation such as making a call to another department or writing a formal complaint.

“When I’m on a low, I sometimes just cannot move from my bed and the last thing I want to do is talk on the phone. It would be more helpful for me if I could text or sort it out online if I had an issue with a provider.”

Male, with bipolar disorder, London

Some Reluctant Communicators described how their mental health problems may prevent them from leaving the house at certain periods, or how it might make social interactions quite challenging. This meant they can struggle when they are required to leave the house

and interact with others in order to access services e.g. needing to go into a bank branch or purchasing credit for pre-payment meters from a nearby shop.

“I’ve been in a right mess. [...] I’ve been sat with no gas in my house because I’ve not been able to get somebody to go to the shop for me.”

Female, with depression and phobia, Nottingham

Issues relating to reluctant communication could be seen to affect all the key aspects of relationships with providers:

- **Choice of product / tariff:** when it comes to making sure they’re on the best deal for their circumstances, Reluctant Communicators in our research often missed out. Their aversion to telephone contact often meant, for example, that customers struggled to query the terms of a new tariff or to cancel an unfavourable contract. Very often they simply put off doing so.

In regard to switching provider, their mental health problems caused them to worry about the need for interaction over the phone. This operates as a powerful disincentive to switch.

They may have a strong concern about their ability to ‘negotiate’ a deal with their provider. Reluctant Communicators fear they will ‘mess up’ the process or feel forced into accepting a deal that is not right for them. For some, this fear had become a reality and they recounted stories of where they had accepted a deal they did not really want in the ‘heat of the moment’.

There can also be particular issues with sales techniques that rely on persuasive communications – such as door-to-door selling and cold calling. Reluctant Communicators were vulnerable to such approaches and a number of people reported having signed up to a deal in these situations which they later regretted or did not think was right for them.

“Somebody came to the door [from my energy provider] and he caught me at a moment – I was having a particularly vulnerable time – and I got roped in to changing energy provider and I should’ve just stayed with [my previous energy provider].”

Female, with depression and anxiety, Somerset

“[My broadband provider] was trying to sell me a phone contract for three years, and I had to beg them to stop sending me messages. In these situations, I may often say yes, and my wife has to call to cancel the subscriptions. If I didn’t have that support I could make bad decisions quickly.”

Male, with depression and anxiety, Birmingham

- **Account management:** as long as accounts are set up and running, without needing any action on the part of customers, few problems arise for Reluctant Communicators.

However, it is clearly not the case that accounts can indefinitely be managed in such a way. When an issue therefore does arise, Reluctant Communicators are disadvantaged by their tendency to remain passive and avoid reaching out to their provider company. Putting off such interactions can then lead to further problems with service interruption and/or debts accruing on their account.

"I had trouble getting a [water] bill generated, and I hate talking on the phone, so I just left it. In the end I spoke to someone on live chat, and by the time a bill was generated it was a higher amount than I could pay. So, I have added a small amount on to my monthly bill to pay off debt."

Female, with depression and anxiety, Nottingham

- **Problem resolution:** when faced with a specific problem, Reluctant Communicators are likely to take much longer to notify their provider or execute a plan to deal with it – even if the stakes of inaction are quite high. In some instances, particularly where close family or friends are not able to help with interactions, individuals are more likely to experience extended periods of poor or disrupted service or to end up being charged more.

"If I ever need to call them in case of an emergency for e.g. no hot water or heating, I have to log it and then wait for an engineer to come and in those kinds of situations I do get nervous as I do not know what to expect and whether it will be resolved in one visit or if it is a complex case."

Female, with depression and anxiety, London

"I had a water meter installed last year as the company rang me and said it would bring my bill down. I was then shocked to see my bill increased after installation due to the way billing was done by my water company. I had to phone the supplier a few times and then complain officially before they agreed to reduce my bill by not "building up credit" in my account. I'm not very resilient to deal with problems and frustration due to my mental health so I can get stressed and angry quite easily over the phone."

Male, with depression and anxiety, London

3) Volatile Overspending

This type refers to customers whose mental health problems make them prone to poor budgeting and financial management. In particular, some participants described how they struggled to keep their spending under control.

Of the eight participants with bipolar disorder, the majority recognised that their financial habits and outlook are closely aligned with phases of mania and low mood. Around half of those with bipolar disorder said they were at risk of spending large amounts of money over a very short period of time and with little consideration of the consequences. Similarly, overspending can be used as a coping mechanism by people experiencing depression and/or anxiety who said they might use spending as a temporary fix for their low mood.

“I’ll buy like 10 of the same thing, different colours...especially when I’m on a high...it just gives me a lot of pleasure doing things like that...I can’t control myself, especially now with these smartphones and internet shopping. It’s really, really taking its toll, especially with my finances...I’ve had so much credit that I thought I could afford.”

Female, with bipolar disorder, Nottingham

“Sometimes if you’re really low and depressed, and you think, ‘Yeah, I deserve to spend this money’, you can use the mental health as a kind of tool to tell yourself why you can spend the money.”

Female, with depression, Somerset

This behaviour often had a direct impact on relationships with financial service providers – individuals frequently breached overdraft limits or became increasingly reliant on credit (including high interest credit). It also had a knock-on effect on relationships with essential service providers in the energy, water and telecoms sectors, as customers found their volatile overspending put pressure on their other financial commitments.

Issues relating to volatile overspending can affect all key aspects of relationships with providers:

- **Choice of product / tariff:** primarily, Volatile Overspenders are vulnerable at certain times to sales techniques that do not ensure the suitability or affordability of the product/tariff for the customer. This means they are more likely to sign up to inappropriate or multiple contracts, or high interest credit, that they are unable to pay for in the longer term or that they have to pay exit fees to terminate. (Furthermore, if the individual is also a Reluctant Communicator, it is entirely possible that they may stay locked in to such contracts for their duration).
- **Account management:** as long as Volatile Overspenders are able to meet their financial commitments, management of their essential services accounts is not an issue. However, if finances are overstretched in one month, this can then lead to them missing bill payments and accrue debt, or fall behind on repayment plans.

“When dealing with general admin tasks, like paperwork, if I get bills that come in or payments that are overdue...I’ll put it off and put it off, until it comes to the stage where it’s really going to be serious if I don’t do something about it, then I do something about it because I think the consequences of leaving it will be more severe than the discomfort I’m experiencing trying to make myself deal with this thing.”

Male, with depression and PTSD, Nottingham

- **Problem resolution:** the problems that Volatile Overspenders encounter are, by definition, financial in nature and may be very hard to resolve. Even with payment plans in place they may struggle to budget and control their spending. Around a quarter of the

participants have a history of volatile overspending and may find it difficult to stay out of their overdraft, or fall into negative spirals of debt. They often have experience of being chased by their providers or debt collectors for unpaid bills.

4) Change Aversion

This type covers those people whose mental health problems mean that they place significant value on *stability* in their day-to-day lives. The predictability of daily/monthly routines was felt to be an important factor in maintaining mental wellbeing and unexpected change was seen as disruptive and unbalancing.

“I get really annoyed when change happens. If there is a routine, there is a set routine I follow. Little ups and downs I can manage, but when it’s completely different it just affects me, and then my moods can swing – and then I get very angry, then that anger comes out when I’m teaching or in my day-to-day functioning or maybe in the house.”

Male, with anxiety and depression, Nottingham

This applied to essential services as much as any other aspect of daily life. This aversion to change seemed to operate as a powerful and often dominant driver of behaviour, regardless of the benefit that could result from making a change. Not only did such individuals tend therefore to avoid instigating change themselves, they also struggled when change was unexpectedly thrust upon them.

“I tend to stick with the providers I know, or which already come with the house. I haven’t had issues for now, so I would be scared to switch and then end up paying more or something.”

Female, with depression, Glasgow

The impact of change aversion is perhaps most significant when it comes to the decreased likelihood of switching to a more favourable product or tariff:

- **Choice of product / tariff:** the importance of stability can make these people particularly reticent to even engage with the idea of shopping around and switching tariffs or providers. For them, stability is more important than getting the very best deal, which may well leave them paying over the odds or in the worst-case scenario contribute to their financial problems.
- **Account management:** change aversion also has an effect on ongoing account management. If there are any changes made to the terms of the contract or the way in which customers are required to manage their accounts, these individuals will struggle to get to grips with these and are likely to find the process extremely stressful and disruptive.

- **Problem resolution:** Any problem with actual service delivery e.g. a disruption to supply, is likely to have quite a negative impact on an individual's mental health. Those who are averse to change describe being thrown 'out of kilter' by such incidents and how this can prolong or aggravate a period of poor mental health.

1.2 The impact of other factors on relationships with essential service providers

Mental health problems frequently exist alongside other issues and dynamics in people's lives. In our research we saw that beyond mental health problems, the factors that were most likely to have a significant impact on relationships with essential service providers were those which left people either financially insecure or socially isolated. These included: unemployment, caring responsibilities, low or fluctuating income, physical health problems, difficulties accessing benefits, family breakdown and living alone.

Mental health problems greatly affect and are affected by these other factors. For example, there is often a cumulative effect when a person faces multiple challenges (including mental health problems) where an individual's ability to cope may be compromised further than if each issue existed in isolation.

From a research perspective, it is sometimes difficult to distinguish between experiences explicitly linked to an individual's mental health and challenges which are part of their broader life circumstances. The following case studies illustrate the interconnected nature of mental health problems and other challenges in people's lives. They also demonstrate how these factors work together to generate problems in how people are able to manage their relationships with essential service providers.

Nathan lives in London with his girlfriend and their 2 year old child. His experiences illustrate how issues with unemployment and access to benefits affect relationships with essential service providers.

Nathan, with anxiety, depression, PTSD and anger management issues, London

Nathan lives with multiple mental and physical conditions and currently struggles to deal with these, so much so that he has had to quit his job as a security guard.

He has ongoing problems accessing Personal Independence Payments (PIP) and Universal Credit. His claim for PIP was initially rejected but he feels he is unable to work due to his physical and mental health conditions and is currently going through tribunal proceedings to try to access the benefit. This is taking a toll on his mental health and his finances. He is living on a significantly reduced budget compared to when he was working.

As he has become more frustrated with the ongoing negotiations around his benefits,

Nathan's anger management issues have worsened. He has become increasingly frustrated with everyday tasks, including dealing with essential service providers.

As a result, his partner is gradually taking on more responsibilities in the household including taking a lead in interactions with their telecoms and energy providers – which are the bills they split between them as a couple. He is able to manage the water account as little interaction is required of him, and he feels capable of managing interactions with his bank because he is positive about the customer service he receives from them.

“Every time...I have a bad experience, it makes it a little bit harder for me to pick up the phone the next month.”

“My partner is having to take on more and more. Some days I can handle going out, other days there'll be no chance I leave the house.”

Ralph lives in Somerset with his wife. His experiences illustrate how being in insecure work can impact relationships with essential service providers.

Ralph, with depression, Somerset

Ralph has had a diagnosis of depression since his teens (he is now in his early 40s). His depression has fluctuated over the years but currently affects his day-to-day life “a little”. He is working as a freelance website developer as well as a labourer on an ad-hoc basis.

He describes his working situation as “precarious” at the moment, and he finds it stressful that his income varies so much month-to-month.

He feels he generally manages his accounts well. Despite this he recently had an issue with his energy provider. Together with his wife, he tried to change when they make their monthly payments to better align with when they can expect to be paid from the short-term contracts they work on. However, during this interaction Ralph was misled about the ‘credit’ in their account (which is actually used to cover higher usage in winter months) and withdrew it, needing the money to cover other bills. However, it meant they had to pay this back into the account which increases their bills. This adds to his anxiety about covering all his bills and expenditure each month.

“We were re-jigging monthly payments and we were in lots of credit, and they failed to tell us that the credit was basically what's left over. So, you build up credit during the summer, which you then eat into over the winter. They didn't explain that to me, so we took that all out as credit, and then obviously our monthly payments went up to account for the shortfalls. That really could've been handled a bit better.”

He does not think any of his providers are aware of his mental health. He says he would disclose his mental health problems if he thought there were clear benefits and it was easy to do so.

Helen lives in Somerset with her 18-month-old son. Her experiences illustrate how physical illness, unemployment and caring responsibilities can impact relationships with essential services, as well as mental health.

Helen, with anxiety and depression, Bristol

Helen was diagnosed with fibromyalgia two years ago and has since had to give up her work due to health problems. She is a single mum and spends her days looking after her young son who also has ongoing health problems requiring regular medical attention.

She was diagnosed with depression and anxiety 12 months ago, and experiences panic attacks. She has been taking medication to manage this.

She receives disability living allowance, child benefit and PIP. She usually manages her finances well but finds it more difficult to keep on top of things when her mental health worsens, especially as she has few family members in the area to support her. In periods of low mental health, her son's needs and her physical health feel like higher priorities than managing her essential service accounts.

"Obviously [my son] has to come first with everything, but [having fibromyalgia] does make parenting that little bit more difficult."

Managing on a very tight budget, Helen recently had some unexpected costs relating to her car. As a result, she fell behind on her water bill payments which she saw as lower risk to fall behind on than other services. She received threatening letters from third party debt collectors, asking for more money than she owed. Helen was really distraught about owing so much, so called the company hoping to query the debt amount and to find a solution to repayment. In doing so she shared information about her mental health and her circumstances. After getting in touch, the company recognised their miscalculation of the debt and didn't send any further threatening letters. Ultimately, they were able to find a suitable repayment arrangement.

"Dealing with people in authority brings on a lot of anxiety for me. I've had a lot of problems recently with my water – a lot of problems. So, I've had people from the water company come out and see me and we've kind of come to an arrangement now."

Chapter 2: Experiences with essential service providers

People with mental health problems in our research rarely engaged proactively with essential service providers unless there was a problem – on a day-to-day basis, essential services are often a low priority and exist in the background.

However, when problems arise, these can sometimes have particularly negative consequences for individuals with mental health problems – for example, the impact of being cut off by a telecoms provider is particularly severe when a person is reliant on their broadband or mobile phone for many of their social interactions.

Furthermore, people with mental health problems can find having to engage with competitive markets challenging, especially when exposed to more aggressive marketing or sales techniques that leave them vulnerable to purchasing products that are unsuitable for their circumstances.

2.1 Overall impressions of essential service markets

The majority of participants were not actively engaged with providers on a daily, weekly or even monthly basis, unless an issue arose on their account or with their service delivery. Therefore, those who have not experienced a problem recently rarely think about their essential services and are generally ambivalent towards their providers – they typically describe the service they receive as ‘good enough’ or ‘okay’.

However, the view of almost all people in our research was that essential service providers are not committed to delivering a customer-centred service. For example, there is a widespread perception that as part of a ‘basic customer service’, there should be channels by which customers can easily get in touch with providers to discuss account details and register or escalate complaints. However, participants who had attempted to contact their service providers often found the process difficult to navigate and the helpfulness of customer service staff to be lacking.

Participants were likely to say that energy and water providers are obliged to provide support for customers with mental health problems. They did not, however, expect telecoms or financial service providers to do so. Their views are informed in part by their experience as customers (i.e. having not been approached or treated any differently in relation to their mental health problem) but also by broader perceptions that ‘big businesses’ are more interested in their profit margins than the needs of their vulnerable customers.

“They do provide reasonably poor-quality service. They’re big machines [...] there are mild differences between providers, but they are all regulated industries – it seems to be a tick-box approach rather than common sense.”

Male, with depression Somerset

2.2. Experiences of providers in each market

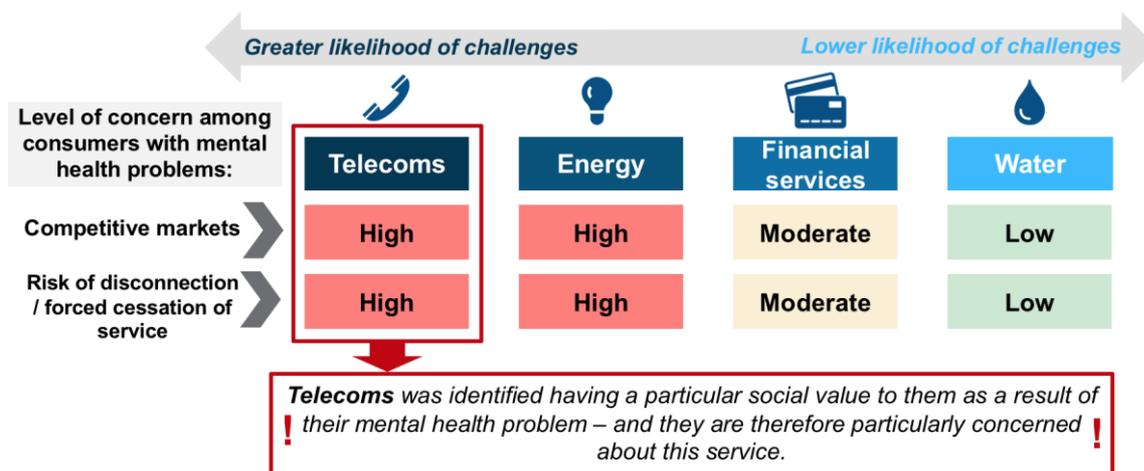
The quality of the relationships that people with mental health problems have with essential service providers varies by market. This variation is driven by two key factors relating to the underlying structure of these markets:

- Perceptions of competition in the sector and ability to select the most appropriate product / tariff
- The risk of disconnection / forced cessation of service

There were also some sector-specific factors that influenced perceptions of providers and customer relationships.

Overall, participants viewed their relationships with telecoms companies as being most problematic – they felt their mental health had the greatest impact on (and was most impacted by) their interactions with providers in this sector. In contrast, relationships with water companies were viewed as the least problematic. Participants did not feel particularly disadvantaged by their mental health problems, nor did they feel that interactions with water providers had a negative impact on their mental wellbeing.

The diagram below outlines how the four markets we looked at in this research ranked according to these two factors:



Each sector is discussed, in turn, below:

Telecoms

Overall, mobile phone and broadband companies had a poor reputation among people with mental health problems. More so than providers in other sectors, they were seen to be ‘out

for your money' and therefore least concerned with the needs of consumers in general. In the same vein, businesses in this sector were felt to be the least likely to consider the needs of people with mental health problems or provide tailored support for them.

Among our research participants, there were a greater number of complaints made about the telecoms sector compared to other sectors. Competitive marketing practices and the risk of disconnection were the main reasons why there was a higher level of concern around telecoms accounts. Furthermore, for people in our research whose mental health problems had impacted their ability to socialise freely outside their home (typically those with depression, anxiety disorders and phobias), telecoms services were often seen as especially valuable and disconnection as especially upsetting.

Sector-specific issues

There appear to be some specific issues in the telecoms sector that revolve around customer service, issues that can be particularly difficult for Reluctant Communicators to handle. Long wait times and difficulties in communication – e.g. with staff working in call centres outside of the UK – cause frustration and contribute to the image of large organisations who care little about their individual customers.

“It’s just sad that any company you call, the manager is always busy. You never feel like you are being listened to. When there is poor customer service, it sets off alarm bells for me.”

Male, with depression and anxiety, Birmingham

Competitive market issues

The need to navigate competition within the telecoms sector is seen as a major challenge. Firstly, the complexity of tariffs and deals can be daunting, and 'pushy salespeople' were seen as a hindrance more than a help in pointing customers to the most appropriate deal for them. For example, we heard anecdotes from a small number who had felt pressured to sign up to a package that wasn't quite right (e.g. because it included additional TV channels or landline they didn't need) or wasn't really in their budget.

Struggling to get out of contracts or unsustainable payment plans is another issue for telecoms customers with mental health problems. For example, we heard from one Volatile Overspender, who had committed themselves to multiple mobile phone deals within a very short timeframe. When on reflection they decided to cancel these contracts, it was extremely difficult to do. We also heard from someone who had fallen behind on payments and requested to change their package, but had not been met with any flexibility even though they could not afford to pay. Late payment fees had been added, causing them to feel desperate.

“I had the worst experience of my life with [my mobile provider] – I wanted to cancel a contract, but they weren't having it. They started stalking me online, kept ringing up. I had to scream down the phone and tell them I had said I wanted to cancel. It made me never want to get a contract again.”

Female, with depression, anxiety and PTSD, London,

Disconnection/service disruption issues

Telecoms services can be a social lifeline for people with mental health problems, providing valuable connections with friends and family. There is also an important practical value to telecoms services in that they enable people to manage other services and access help or support if they need it.

For example, people with mental health problems told us that having a working mobile phone is very important to their day-to-day lives and peace-of-mind. For those whose mental health problem was described as having a large impact on their lives, knowing that they could quickly and easily get in touch with family and friends was especially important. A mobile phone can also provide entertainment for those who spend a lot of time at home.

As long as an individual has web access via a mobile phone, broadband internet access is considered more of a luxury and certainly something that can be lived without for a week or so. However, we heard from one parent who relied on broadband for TV, the internet, gaming etc. to keep their children busy and entertained during their own 'low' periods.

This perceived reliance on telecoms accentuates worry about running into trouble and being cut off. On top of this, there is significant concern about the very real threat of disconnection or running out of credit. There were three people in our research who have been disconnected from either their broadband or mobile phone at some point in the last 12 months and a further two individuals who struggled to top up credit.

Energy

Most participants in the research had broadly good relationships with the energy providers and had been able to manage their accounts sufficiently well. However, when problems did arise, the consequences (i.e. falling into arrears or having their energy disrupted) were often quite serious for the individual.

Sector-specific issues

In comparison to other sectors, issues with billing seemed to occur more frequently with energy providers, chiming with data from the Energy Ombudsman which suggests that three out of four problems they receive relate to billing issues¹.

Simply understanding bills from energy companies was a key complaint among participants from across the research. Energy bills are highlighted as being particularly confusing as it was described as hard to understand from reading a statement either the unit costs or how much energy had been used. While this in itself points to a consumer-wide issue, people

¹ [Ombudsmen Services, Annual Activity Report for Ombudsmen Services: Energy, July 2016- June 2017](#)

Essential service markets and people with mental health problems

with mental health problems – especially Fluctuating Managers and Reluctant Communicators – are at greater risk of unclear billing statements having an adverse effect on them. This is because Fluctuating Managers, who experience periods of poor mental health, will find they lack the energy and focus to engage with and process complicated bills during this time. Reluctant Communicators are a group of people with mental health problems who are less likely to take action to get their queries resolved. Reluctant Communicators spoke of feeling silly or stupid as a result of struggling to understand their bill. They may avoid reaching out to their energy provider for more clarity regarding a confusing bill. They may wait instead until a more serious problem on the account develops.

Large quarterly bills that can cause problems for household budgets are another key issue relating to billing in the energy sector. This is more likely to affect Volatile Overspenders, who may already be struggling to keep their budgets in check when an unexpectedly large energy bill arrives, potentially leading to a missed or late payment as well as much anxiety.

Finally, of those who had tried applying for discount schemes, such as the Warm Home Discount, a small number of participants (three in our research) had experienced issues in accessing them. They describe issues with applying (for example, because documents for them could only be sent in person (which proved difficult for an individual who is not able to leave the house owing to anxiety) or being rejected after being told they were eligible.

Competitive market issues

There was broad awareness of the variety and complexity of different tariffs and packages available in the energy market, which could cause worry about whether an individual was on the most suitable deal. There was also concern that the deal they are on could turn into a bad deal in the future. There is particular concern around knowing whether having a prepayment meter, a smart meter or other type of tariff could save them money. Navigating the market is seen as challenging, with Reluctant Communicators and those with Change Aversion at risk of ending up on inappropriate tariffs and paying above the odds.

Disconnection/service disruption issues

On top of this, many are worried about the risk of disconnection. In our research five people had been without energy in their home because they had been unable to top-up their prepayment meter or payment card. These were individuals who displayed behaviours associated with Volatile Overspending and who typically struggled to manage household budgets. Without the flexibility that customers on direct debit payment schemes have, these individuals were more at risk of having to limit their energy usage. This could mean being in a cold and dark house until they find money to top up or rationing their usage so that energy/gas is only used at 'priority times'.

Financial services

Views on the financial services sector were typically based on participants' broadly favourable experiences of their retail bank and current account. There was, however, experience of other financial products in the research, such as credit cards, loans from credit unions, and high interest loans, and this often led to less positive views of the sector.

Sector-specific issues

Those who have issues managing their finances, such as Volatile Overspenders, tend to have had more negative experiences with their financial service providers. Such individuals are, for example, more likely to have incurred charges for entering into an unarranged overdraft on their current account.

One particular issue which especially impacts Volatile Overspenders is the availability of credit – whether in terms of being able to apply for overdrafts or credit cards or increases on credit limits. Some Volatile Overspenders also speak of being given unsolicited credit increases and running into difficulties as a result. Volatile Overspenders recognise that they are likely to be unable to control how they use this credit and would sometimes prefer if their bank actually rejected their applications for these types of financial products.

“One thing I’m not happy with is credit card companies putting up customers credit limits without asking, especially people with mental health issues. Spending and managing your finances can be a problem when you’re feeling low.”

Female, with depression and anxiety, Cardiff

In one case, the research participant felt their bank had behaved responsibly when assessing their application for credit. Even though their request for an overdraft had been rejected, they felt this had been the right decision.

“[My bank is] a more responsible lender, I’ve tried applying for things like overdrafts and they have rejected me which is actually positive, and I have emailed them and always get a response.”

Female, with bipolar disorder, Nottingham

Of the different financial service providers, loan providers are viewed most negatively by people with mental health problems, with high interest credit providers seen as causing the most issues. Volatile Overspenders are most likely to have used high interest credit such as payday loans, to either spend more or to cover bills when they have no money left at the end of the month. They report terms and conditions being too easy to ignore, repayment options which are unaffordable and providers being very inflexible with when payment can be made.

“A lot of financial places are not on our side, I feel like they take advantage of people like me.”

Female, with bipolar disorder, Nottingham

Competitive market issues

When thinking about current accounts, the perception of financial services is often similar to that of the water sector – in the sense that it is not seen as a market in which providers are aggressively competing for business.

Essentially, the terms and conditions of the current account products on offer by the mainstream banks are seen as being broadly similar – and where they do see differences, these are very minor compared to the perceived pitfalls of getting a bad energy deal, for example.

Disconnection/service disruption issues

There are relatively few concerns about forced cessation of service. The most common view is that it will still be possible to use a current account regardless of debts and late payments – and because current accounts are front-of-mind, these drive wider perceptions about the sector.

Water

On the whole, there is low concern around the water sector compared to other sectors, and customer experiences of specific water companies were broadly positive.

Competition issues

The lack of competition in the water sector has important implications for people with mental health problems. Fundamentally, it means that they do not generally worry that they might be missing out by being put on an inappropriate or expensive tariff, as might be the case in other sectors – and so there is often greater peace-of-mind about the financial aspect of this essential service. Reluctant Communicators in particular were relieved not to have to spend time engaging with water providers to assess the merits and drawbacks of different available tariffs for their circumstances. Plus, for those who were Change Averse, the lack of competition in the sector presents a benefit to them as it effectively removes the need to consider switching.

Disconnection/service disruption issues

In addition, individuals tend to know that the threshold for having the water supply cut off is much higher than that for other essential services. This knowledge was deeply reassuring for participants who had experience of struggling to keep on top on their accounts and fundamentally meant that their water account was not a major source of stress. For instance, Volatile Overspenders are not concerned that getting behind on payments will lead to them being without water and Fluctuating Managers do not worry that their water supply is contingent on them consistently maintaining engagement with their provider.

For those participants who had experienced issues with their water provider (e.g. having fallen behind on bill payments and/or being subject to water disruption) they generally felt their water provider has dealt with the issue well. For one person in particular, they had been particularly impressed that a staff representative had come their house to discuss an outstanding bill and a set up a suitable repayment plan. The case study below outlines this person's experience:

Rachel lives in Birmingham with her two young children. She currently receives ESA and PIP. Her experiences show how provider awareness of customer mental health can lead to improved outcomes and customer experience.

Rachel, with bipolar disorder, Birmingham

Rachel struggles to manage her finances, particularly when she is 'on a low', and she has accumulated debt with many of her essential service providers including her water provider.

Upon receiving a call from a third-party debt collector, Rachel felt this was an appropriate time to disclose her mental health problems and to explain the difficulties she has been experiencing – once she had disclosed her mental health problem, the debt collector passed her back to her water company.

She was then offered a repayment plan which felt realistic to her, as well as some financial support to cover her debt. She found they dealt with it professionally and compassionately. She liked that they did not question her mental health problem or request proof of how this affects her.

"I had a phone call from the debt collector from [my water provider] and I explained to them that I don't open my letters because I have anxiety and I suffer with bipolar. They asked me if I wanted to put that on my records. They assured me they wouldn't send a debt collector to my house and that they would send paperwork to help me with the debt because I'm on ESA and I'm on disability [PIP]. I found they helped a lot, I wasn't so nervous, and they made me feel comfortable. They made me feel like I wasn't being judged."

Chapter 3: Awareness of existing support

Awareness of existing support for vulnerable people is low including that which is available to people with mental health problems across sectors.

Individuals in our research felt that essential service providers could do more to support people with mental health problems. Across the board, they feel that more could be done to consider their needs, although energy and water providers are seen to be doing the most at present, and telecoms providers the least.

3.1 Awareness of existing support

It is currently assumed that there is very little on offer from essential service providers to support people with mental health problems. This fits with views of service providers generally – that the mental health of customers is not a key concern.

Those who tend to know about specific support mechanisms have either accessed them personally or have a close family member or friend who has. Others who had heard of types of support often didn't see themselves as eligible or the target audience for such schemes.

Financial support offered by the energy sector is the best-known type of support – including the Warm Home Discount and the Cold Weather Payment. Many people had heard of the phrase 'a Warm Home Discount' but didn't necessarily know how it works and how much the discount would be. There is an assumption that these two types of financial support are designed for older people, people on very low income, and/or people in extremely vulnerable circumstances. There is an assumption that 'additional support' in general just means financial support, such as money off the bill, being given a discount or being put on a lower tariff – this is what people spontaneously think of when asked about support.

"I know they have the Warm Home Discount...but that's only if you're on low income, that's not to do with mental health."

Female, with anxiety and depression, Manchester

Telecoms providers are often considered to be doing the least to support people with mental health problems, as they are generally viewed as relatively profit-driven and 'predatory' organisations.

"I'd noticed I couldn't browse to any websites I wanted to. So, I figured that I would give [my broadband provider's] technical support lines a call to find out what was going on [...] After 90 minutes of being passed on and listening to an automated machine apologising about the call volume, I found only clueless sales people who were extraordinarily unhelpful when they realised I wasn't going to give them any money."

Female, with depression, OCD and phobia, London

It is strongly felt, particularly by those who say their mental health has a significant impact on their lives, that more should be done to understand the needs and struggles of people with mental health problems, and to do more to support these consumers. Often, individuals feel that there are schemes in place for people facing other kinds of vulnerability such as low income and physical disability – but that these are often not on offer for people with mental health problems. Even among those who have received additional support, they most often see this as because of factors other than their mental health, such as being on a low income, having young children or being a carer, managing other physical health issues etc.

Janet lives in Somerset with her husband and three teenage sons. Janet's experiences illustrate the view that there is very little consideration for people with mental health problems.

Janet, with depression and anxiety, Somerset

Janet is currently struggling to manage anxiety and depression, as well as other health problems. She is unable to work at present due to both her mental health and her physical health. She often struggles to leave the house due to her depression and social anxiety.

She is currently receiving Employment and Support allowance – and she struggles to live on this and her husband's income. She has been disconnected from her broadband more than once in the last 12 months because of late payment. She has felt very guilty towards her sons when they have been without this service.

Janet struggles with interactions with her providers and tries to avoid phone calls whenever she can, preferring email or webchat. To try and resolve issues with her broadband provider relating to debt accrued and poor service she did make phone calls to them. However, she described staff as 'robotic' at the end of the line and unwilling to 'go off script' to consider her broader personal situation. She got so frustrated and upset that her husband now handles all phone calls with them despite the account being in her name.

She feels that none of her providers are on her side and that none consider her mental health in their interactions with her.

Although they struggle financially Janet thinks that her husband's salary would mean she is not eligible for income-related support that providers may offer. She reports that they have not been offered any other kind of support by any of her providers – something which she feels frustrated about.

"I assume I wouldn't be eligible [to support] because I haven't been eligible in the past. It seems only to be based on income, and my partner's wage knocks us out of that."

Three types of support were known about by some of the people included in this study. Where participants were unaware of these types of support, they were given an explanation of how they might work and were prompted on how beneficial they could be to them.

1. **Warm Home Discounts** offered by energy providers are reasonably well known. In general, discount schemes offered by the energy sector are much better known than other types of support offered by other essential service providers. Despite this, there is a concern that providers don't advertise this kind of support as widely as they could and that it would be easy for customers to 'miss the boat' if support is offered on a first come, first served basis.

Those who have accessed these are positive about the benefits. These include reducing stress about covering bills over the coldest months, reducing worry about having to interact with energy companies and reducing embarrassment about not being able to turn energy on when guests visit.

"It was a godsend. I'm counting every penny so knowing that was covered was just such a weight off my shoulders. Before I had it, before the grandkids came around I'd spend a day or two without the heating on, just so I had enough to turn it on when they were here."

Male, with depression, Manchester

"It's been very useful. That £140 has lasted. My house is not insulated so it's been really, really cold. It would've been hard without it."

Female, with anxiety and phobia, Nottingham

"I know that many of the energy companies offer a Warm Home Discount scheme as I have previously qualified for this myself. Certain customers are eligible who are on a low income due to unemployment or health reasons."

Male, with depression, SAD and anxiety, London

For those previously unaware of the scheme, when probed, the prospect of having a reduced tariff or money off a bill was very appealing, particularly for people with mental health problems who are also managing on low incomes.

There is desire for clarity around who may be eligible for this kind of support. Individuals would like to know how much someone's mental health may need to impact their life in order to meet the minimum requirements for support. They would also like to know how this can be evidenced.

2. Very few of the people that we spoke to during this study were on a **priority services register** or even aware that these registers existed. Once given an explanation of what being on a register could mean for them, many were very positive about the idea of provision of priority services in certain instances, such as in a power cut and/or known

service interruptions. Some reported they would investigate whether they could be eligible.

“I’m not aware of this but I think it’s a brilliant idea. I’ll look into it. Support in a power cut would be good, but advanced notice of service interruptions would be particularly valuable.”

Female, with bipolar disorder, Cardiff

Others were positive about receiving advance notice of key disruptions, particularly those averse to change who can experience anxiety around events out of their control.

“I’d like to have advanced notice because that way I can plan and then the change will be less sudden...I don’t like change, but this way I can be ready.”

Male, with depression and anxiety, Nottingham

Other individuals who report struggling to pay bills on time, and/or to control spending behaviours, very much liked the idea of having the ability to nominate a friend or family member to receive bills to ensure that they are paid on time.

“If I could nominate a family member to help get bills paid that would help. I don’t open letters when I’m stressed, or I throw them in the bin, so that would help.”

Female, with bipolar disorder, Birmingham

From the small number of individuals who knew they were on a priority services register, most were unclear about how they are being ‘prioritised’ and what being on the register means for them and their family. Some also weren’t sure why they were on the priority services register – i.e. whether it was a result of their mental health or of another factor (e.g. low income or receiving benefits). As a result, some feel frustrated at what they see as their supposed prioritisation not counting for much in day-to-day interactions with providers – for example, spending as much time as before waiting on the phone or explaining their situation to each new staff member they speak to.

“When I went with [my energy provider] on the initial forms they asked me if I had any problems. I said yes, and they put me on a different scheme so that if the power goes out I’m more protected. But when I’ve phoned them back up since I’ve found them abrupt. I’m not really sure what else I get from being on [the scheme].”

Male, with anxiety, depression, PTSD and anger management issues, London

There appears to be a need to raise awareness of priority services registers per se. But there is also need to inform customers of the benefits and additional support this offers, and when they are on a register, ensuring they receive the additional support they should be.

3. The other form of additional support accessed included being given a direct line and email address for a ‘**case manager**’ rather than having to call a generic customer service number. This was felt to be particularly helpful in reducing the stress and anxiety

experienced when re-explaining their personal situation and/or service problem, particularly where this is complex and/or long-standing. The only example of this arrangement was seen in the financial services sector. However, this type of support was also spontaneously suggested as useful by many of the people included in the study.

“It would be helpful when dealing with an issue to have one contact person for people who are anxious or depressed, including myself. I had problems regarding my water bill being too high and also with water meter installation last year. In both cases I had to deal with customer services not getting back to me, claiming they hadn't received information, and speaking with different people each time. When you feel low it is particularly challenging to have to keep explaining a complex problem with a number of steps over and over and feeling like you are fighting to get it resolved. It really takes it out of you.”

Male, with depression, SAD and anxiety, London

“I really think that the best thing they could do for people with mental health problems is to have a direct line to someone specifically trained for the post. Those suffering from mental health difficulties are often overwhelmed, limited in their organisational skills and in need of empathetic human contact rather than emails and protracted telephone calls with robotic voices.”

Male, with depression, Somerset

Vanessa lives in Birmingham with her husband, who she cares for full-time. Her experiences illustrate the positive impacts of offering a different channel of customer support for people with mental health problems - a case manager in this instance.

Vanessa, with an eating disorder and depression, Birmingham

Vanessa has struggled to manage anorexia nervosa and depression for most of her adult life. She is not currently working as she is caring for her husband who has multiple sclerosis. They have limited income as both are claiming ESA.

She has had an ongoing issue with her mortgage provider. Her provider was adding insurance onto her and her husband's payment each month, even though they had stated many times that they wished to remove it. At first, she was confused as to why it reappeared on their statement and then became increasingly stressed by the situation, to the point she stopped interacting with the provider altogether.

Her son took over managing interactions with the mortgage provider from that point. He was able to explain his parents' situation – that they were both struggling with health and mental health problems and that they were on very limited income. In response they allocated her a case manager who both Vanessa and her son could communicate directly with.

She likes that her case manager is more likely to know what is and isn't normal behaviour for her – and therefore have greater understanding when her mental health may impact her ability to make her mortgage payment.

The small number of people in our research who were aware of support schemes were of the view that providers were reluctant to market such schemes too widely, as a means to avoid them becoming 'oversubscribed'.

"There needs to be more awareness [for the Warm Home Discount]. If I hadn't seen it on TV, I wouldn't have known about it. They weren't going to tell me."

Female, with anxiety and phobia, Nottingham

Some are confused about who is and is not eligible. For many individuals, this perceived 'secrecy' is seen as unfair. They claim that 'luck' in hearing about support should not play a role in whether someone receives help they may need. Individuals with mental health problems feel that providers should be doing more to let consumers know about eligibility for support schemes. Further research is necessary to identify the extent to which, if at all, providers in essential service markets advertise these schemes.

"I always feel like everyone gets the same level of service, however those in vulnerable circumstances due to money, health including mental health, or lack of family should be helped first...this kind of thing should be better publicised or advertised."

Male, with depression, Birmingham

Chapter 4: Improving support

A key barrier to improving support for people with mental health problems is low provider awareness of mental health problems – however, attitudes towards disclosure of information about mental health are generally positive as long as there are clear benefits to doing so. Providers are seen to need to create more opportunity to allow people to share information about their mental health as there are currently very few appropriate opportunities in existing systems and processes.

Improving customer service is seen as a key priority, with customers wanting more consistent and personalised customer service, clearer communication and record-taking, and greater flexibility around unpaid bills and threats of disconnection.

The idea of priority services registers is viewed positively. They are seen as potentially helpful to many individuals, although there are concerns around eligibility and consumers want greater detail on the ways in which they could be supported if on a register. Practical interventions which help with the specific challenges faced by the different behaviour types (Volatile Overspenders, Reluctant Communicators, Fluctuating Managers and those averse to change) are also positively received.

4.1 Provider awareness

Most people with mental health problems included in this study assume their providers are currently unaware of their mental health unless they could recall explicitly telling them. Those with more severe problems are more likely to know if their providers are aware of their health. This may be because their mental health problem is such a large part of their lives and/or identity that they are used to disclosing it to others. A small number of individuals impacted less by their mental health describe sharing details of their problem when they have experienced issues with service. The most typical prompt to disclosure was the risk of being disconnected as a result of unpaid bills, often in an attempt to secure greater leniency from providers.

There is an understanding among individuals with mental health problems that because many providers do not currently have information on their mental health, their ability to offer appropriate additional support is limited. In this context, when asked about providers knowing about their mental health problems, the majority were relaxed about sharing this information if there were clear benefits to doing so. In particular, many were open to sharing information about their mental health if there is potential for greater understanding, leniency and, above all, a different level of customer service from their provider as a result.

However, a small number of individuals were less willing to share information about their mental health with their energy company. They described being very private about their

mental health problems in all aspects of their life – for example, one participant had chosen not to tell members of her family at all. There is a perception from these individuals that stigma around mental health problems persists and they would therefore be concerned about potential repercussions of disclosure to a provider. There was a worry that this information could accidentally be shared with others with whom they did not wish to disclose their status e.g. if a family member were to accidentally intercept communications from a provider that included detail about their mental health problem. There was also a concern that information could be shared with other organisations, which in turn could impact their ability to access credit or be used ‘against them’ when applying for a job. Some were generally uncomfortable with the notion of sharing mental health information with anyone beyond very close friends or loved ones.

“I would be a bit concerned and would like to know that information is kept confidential.”

Male, with depression, Glasgow

A small minority of individuals, often Fluctuating Managers, were unwilling to share information about their mental health problems with any of their essential service providers. Others were only willing to share information with some of their providers. There seems to be a greater willingness to disclose information with energy providers and financial service providers, whereas telecoms providers were least trusted, or it was felt least relevant to share this information with them. It was felt to be less essential to inform water providers because there is low concern around the water sector compared to other sectors.

Other barriers to sharing information about mental health with providers include having a negative experience with a particular provider. Such experiences generate mistrust. As a result, individuals may believe there is next to no purpose in sharing information about their mental health. In these circumstances, there is little faith that revealing such information would lead to any greater leniency or additional support.

Rebecca is a single mum living with her 2 young children. Her experiences illustrate the how the response of providers can deter a customer from sharing their mental health status with them.

Rebecca, with bipolar disorder, Birmingham

Rebecca has recently attempted to change her package with her telecoms provider as she feels it is unaffordable and doesn't use the landline or TV. However she reports not being able to change this as she is tied into a 12-month contract and is in arrears on her bill.

She feels like she is in a ‘catch 22’ situation: wanting to reduce the cost of her package but unable to keep up with monthly payments and incurring late payment charges each month. She feels like there is ‘no way out’ of the situation and is feeling increasingly distressed by it.

Interactions with her telecoms provider have not provided much comfort to Rebecca and the most recent phone call ended with her getting aggressive and putting the phone down. She described how it put her “on a downer for days”.

Although Rebecca is very open about her mental health problem and knows that some of her essential service providers are aware of it, she would not share this information with her broadband provider. Previous interactions have left her feeling confused about where to turn next and desperate. She believes sharing information about her mental health would have no benefit.

“They wouldn’t do anything with it, they don’t care.”

Despite the majority being generally happy to disclose information about their mental health, many do not feel as though there is an appropriate moment to make this disclosure among the more routine interactions they have with current providers.

Many suggest that the process of setting up with a new provider feels like the most appropriate moment to be asked or to disclose information regarding mental health. Such information could be couched within existing personal questions required to set up an account. It was also suggested that mental health information could be captured in yearly prompts for personal details.

People with mental health problems want the gathering of this information to feel as unobtrusive as possible. There is desire for providers to create opportunities and allow space for consumers to disclose details of their mental health, and as far as possible, avoid consumers having to tell providers when they are already in a difficult situation with their mental health and/or their account.

4.2 Customer service

Customer service is front-of-mind when people with mental health problems think about how their essential service experiences could be improved. Individuals with mental health problems suggest three key areas for improvement:

- *More consistent, and where possible, more personalised customer service:* including training frontline staff to be more aware of mental health problems and to be better able to identify someone struggling with their mental health. Enabling frontline customer service representatives to ‘go off script’ to be more sympathetic towards individuals struggling with their mental health also appeals.
- *Clear and simple interactions and communications, and provision of clear records of interactions:* individuals with mental health problems can struggle to remain calm

during interactions with providers, and many report forgetting key parts of conversations or key actions, and/or getting upset at having to re-explain their situation. Many also describe becoming 'flustered' by 'confusing' bills/statements. As such, clear records of conversations kept on record and sent out to consumers is seen as helpful.

- *Providers showing greater flexibility around late payments and disconnection:* individuals with mental health problems want providers to have better understanding that 'business as usual' actions can have more negative impacts on people with mental health problems. For example, the threat of disconnection, or 'threatening' letters relating to unpaid bills can cause significant anxiety to people with mental health problems, particularly those who display Fluctuating Management in periods of poor mental health, Reluctant Communication or Change Aversion.

Essential service markets and people with mental health problems

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