



## NSPA Member Online Discussions 2022/23: The impacts of cost-of-living increases on suicide prevention

### Summary notes of discussion one: 23<sup>rd</sup> November 2022 & 8<sup>th</sup> December

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In these discussions, members focused on what impacts of cost of living they are currently seeing in their organisations and roles.

Our next discussion will address challenges along with sharing potential solutions and resources to address or mitigate them. To join the NSPA and book for future discussions [click here](#).

**1. Members have seen increases in people stating financial reasons as a cause of distress, with a marked increase in the percentage of employed people requiring support.**

Members across local authorities, charities and residential services are all seeing a huge growth in the number of employed people reaching out for services and expressing suicidal thoughts. It is expected that those who aren't used to struggling financially will find it tougher than those who have been used to managing on a low budget, in part due to the stigma of 'losing' what they have. Some members also suggested that some people may feel more able to voice financial concerns than they did before, feeling that cost-of-living is impacting everybody, and therefore there is less stigma attached to it.

**2. Shame and stigma – especially amongst people that have not previously struggled financially or where their whole family is impacted**

As well as a general stigma in talking about 'money worries,' there is also a shame barrier especially where someone feels they are unable to support their own family or that the whole family has become involved. Members shared direct stories of people who have taken their own lives due to losing housing and therefore their children. Some members talked about the impact on children living in poverty, who are comparing themselves to others on social media and are at increased risk of self-harm.

**3. Similar to the pandemic, suicide prevention services are seeing a broader presentation and more complex cases.**

People are presenting with a higher severity of distress and then taking much longer to reach the point where we would consider them to be safe. So rather than direct financial concerns, this might be housing concerns, which then lead to concerns that children will be taken into care and an inability to get them back, work insecurity, health issues, crime or relationship breakdowns – which might lead to greater financial difficulty. There is also a concern that people who are at risk of suicide may be presenting to other services who are not trained to recognise the potential signs or equipped to have the conversation about suicide that could signpost them into the right pathway.

**4. Impact on sector employees who are facing financial difficulty themselves or dealing with greater levels of distress**

Many social, healthcare or charity staff are now facing cost of living pressures themselves. People are hearing that caseloads of those working in mental health teams have increased meaning that there are longer waits to receive support and so a greater number of people are closer to crisis by the time they are seen and may have lost their home or children in the time elapsed. Telephone consultations create additional pressures on staff who are left unsure what will happen next for the person they are trying to help.

People working in social care are now requiring some of the financial support services that they are referring people to – they need a separate service or pathway that recognises the sensitivities of this. Foodbanks are also seeing less donations as more people struggle to afford their own food bills and yet we're seeing more frontline staff turn to foodbanks.

Members are also reporting a significant reduction in volunteers who cannot afford to do so any longer. Some members shared that this is leading them to close waiting lists or having to reduce or reshape their offerings in order to access other types of resource, which may impact some groups – for example men are less likely to sign up for support that they perceive as formal counselling, yet some services are having to redesign their services to take on trainee counsellors instead of volunteers.

**5. Some services are seeing a shift towards people seeking support as a result of supporting someone else**

Some services are seeing an increase in women looking for support due to their partners struggling after being made redundant. One centre spoke of more women bringing children in to do homework to access the internet they can no longer afford to do at home. It is expected that carers will

become a particularly vulnerable group, where they are unable to afford to do the things that give them critical respite from caring for someone else.

**6. People are unable to afford the things they would normally use as coping mechanisms – “the things that make life worth living”**

Feedback from NSPA Lived Experience panel shows a common theme of people feeling that they are giving up the things that keep them connected with others or that are coping mechanisms when they are feeling suicidal. Examples given were having to give up their pets, no longer being able to afford to go to the gym or go out and have a coffee with a friend, connect with others or enjoy hobbies - due to travel, needing to prioritise cost of basic needs. Some services have set up ‘warm spaces’ to allow people to drop-in, get Wi-Fi connection to search for a job, socialise, and access support. It was however pointed out that this is a short-term solution and there are fears for what will happen in the longer term.

**7. Increasingly fragmented support pathways as resources are stretched**

A lack of interconnectivity between services is a common theme amongst suicide prevention professionals. Creating connections between services or attempting to standardize them across regions is hard to achieve and requires resources to focus on it. This makes it difficult to provide suicide prevention services at scale, right at the point we are seeing an increase in demand.

One member shared how they realised that trying to standardise what 9 local authorities are providing on cost of living would be too complicated and reduce the impact of what each local area was doing. The region therefore signposts people to their local area but acknowledges that some best practice learning between them is missed.

It is recognised that the complexity of people’s lives can be a trigger (rather than just complex mental health issues) and hoped that a cross-government strategy will be central to the new National Plan.