

**Royal College of Nursing response to Money and Mental Health Policy
Institute's consultation on "In Control: regulating spending in periods of poor
mental health"**

Introduction

With a membership of around 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

Background

The background to this welcome consultation demonstrates that, in response to research data gained by the Money for Mental Health Policy Institute, 93% of people with mental health problems spend more when they are unwell. This has real significance to those with fluctuating mental health conditions, who experience periods of vulnerability. This is also significant in the context of the increased vulnerability to exploitation at these times, alongside the general levels of financial hardship in a population unlikely to be in employment.

The Consultation makes many comments upon patterns of spending, asks questions of those providing financial services and seeks to address the issue of vulnerability and enabling a person to spend wisely in particular in periods of vulnerability. Many areas are out with the scope of the RCN to meaningfully comment. However, there are two specific questions that are asked of those who work in the health sector to consider and these are addressed below.

General Comments

A general comment to make before proceeding to the specific questions below is in regard to the nature and quality of the relationships that are employed by mental health nurses in their ongoing work with people who this matter of financial vulnerability applies to.

Individuals with severe and enduring mental health challenges will be subject to care arrangements that may well necessitate a long term relationship with a health professional. Whilst many disciplines will be involved in this process it is the presence of a nurse that will be the probable constant. This may be in the form of a community mental health nurse who will work for long periods in the mutual pursuit of recovery, or indeed at times of crisis, when the person (who may have made some unwise financial decisions) comes into contact with secondary services and potentially under compulsion.

There will of course be nurses who are working in other settings with individuals, again over a long time period, in primary care or other services where a long term relationship is the norm. This long term relationship lends itself to the establishment of trust and a real sense of knowing the person and being aware when issues are arising that may involve vulnerability. Therefore this focus of attention away from perhaps traditional areas of concern (such as symptom management) is particularly welcome.

The RCN's current resources on working with individuals who are considered vulnerable and /or in receipt or need of safeguarding will be reviewed to see whether this proposed guidance can be added to contribute to a more holistic understanding of vulnerability. (<https://www.rcn.org.uk/clinical-topics/safeguarding/professional-resources>)

Responses to specific questions

Question 2: What evidence are you aware of that support with the emotional and psychological aspects of spending is being incorporated into the work and/or training of mental health professionals?

Those mental health nurses that work with individuals who have remitting illnesses with periods of poor mental health will be aware of the potential for financial problems. Typically in situations such as periods of hypomania spending can be erratic and problematic. Similarly in periods of low mood there is the potential for exploitation. These situations and the need to ensure that people in periods of vulnerability are not exploited are features of the work of mental health nurses. Indeed such financial activity may be a warning sign of impending issues and feature in the recovery plan or advanced directive that a person will have constructed with support from their nurse. However, this may be an area of practice where the skills acquired have developed due to experience rather than specific educational preparation.

The issue of training and the preparation of undergraduates has an element of variance due to local university interpretation of the NMC standards for pre-registration nursing education. There is an opportunity to make contact with all Universities that run such courses through the forum of Mental Health Nursing Academics UK and we would be happy to facilitate that contact to ensure this guidance reaches those who will prepare the next generation of mental health nurses.

Question 3: Where do you think a greater focus on the emotional and psychological aspects of spending could be most effectively incorporated into the existing systems of mental health support?

Spending and the risks associated with periods of mental ill health could be usefully incorporated in a number of areas.

Those individuals with a remitting illness could have this aspect of their situation and potential vulnerability incorporated into their care plan and considered as a potential feature of vulnerability and the need for safeguarding.

Alternatively the risks of financial exploitation could be considered in those who have issues with fluctuating or deteriorating capacity. Again contingency plans could be made in the client's care plan with clear identification of warning signs and strategies and people to support at such times. Although it should be noted that in the spirit and the letter of the mental Capacity Act (2005) unwise decisions (including financial) are not necessarily an indication of lack of capacity.

Finally we would suggest that the growing provision of Recovery Colleges in various parts of the country could consider financial planning and safeguarding to be a component of an individual's recovery. In particular if they have had to relinquish autonomy in this area and are in the process of being supported to regain it.

If you wish to have further discussions regarding this consultation response then please contact Ian Hulatt Professional Lead for Mental Health at ian.hulatt@rcn.org.uk

 A handwritten signature in black ink that reads "Stephanie Aiken".

Yours Sincerely

Dr Stephanie Aiken

Deputy Director of Nursing

**Nursing Department
Royal College of Nursing**

October2016