



NHS

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Food bank use is a canary in the coal mine for mental health services

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The NHS Confederation recently warned of a “second pandemic” of mental health problems in the wake of covid-19.¹ Alongside the direct psychological impact of the last two years and the capacity of overstretched NHS services to respond, economic circumstances in the aftermath of the pandemic will play a key role in shaping the mental health fallout.

Millions of people were forced to turn to Universal Credit for support as they lost their jobs or saw their hours cut as a result of the pandemic. Although there are some signs of economic recovery, there are still more than twice as many people on Universal Credit as there were in January 2020.² With the £20-a-week covid-19 uplift to Universal Credit removed in October 2021, unemployment benefits are now at their lowest rates in real terms since around 1990.³ Meanwhile, rapidly rising food and energy prices are driving up the cost of living.

The demand for food aid had already been increasing over the last decade but shot up at an alarming rate during the pandemic.⁴ The squeeze on incomes that millions of households are facing is likely to drive many more into food insecurity over the coming months, and in turn to food banks.

I spent November and December 2021 talking to people in independent food banks in London and Kent about the circumstances they were facing and, in particular, the impact of their situations on their mental health. I approached these conversations as both a social policy researcher and a mental health professional (I work part time as a social worker in an NHS mental health crisis team). A new report, produced in collaboration with the Independent Food Aid Network and the Joseph Rowntree Foundation, documents what I heard.⁵

Many of the people I spoke to directly and explicitly linked their worsening mental health to the difficult financial circumstances they were facing. For some, this represented an exacerbation of a pre-existing mental health problem, while others suggested this was the first time they had struggled with their mental health. Even those who did not describe themselves as having mental health problems were often showing signs of poor mental health—constant worry, struggling with sleep, possible physical manifestations of anxiety.

The inadequacy of people’s income—primarily from benefits but in some cases combined with earnings from employment—was not only causing material hardship, but also meant that people were psychologically consumed by the task of trying to make ends meet. This left little space or energy for being able to plan for a better future or take practical steps towards achieving this. People spoke about a constant sense of pressure and struggle.

Although the political debate around mental health increasingly acknowledges the role of social and economic factors, this often doesn’t translate into meaningful action to address these factors. It is self-evident to anyone working in mental health services that the psychological distress many people are experiencing is exacerbated, if not primarily caused by, living in poverty. For all the additional funding for NHS mental health services that is desperately needed, a more efficient and effective way of tackling demand might be to improve the material circumstances of low-income households.

Instead, the government seems to be unwilling to acknowledge the reality that an increasing number of people are struggling to make ends meet and that this will inevitably have knock-on consequences for people’s mental health and, in turn, demand on mental health services. In April, Universal Credit and other benefits will increase by 3.1% and yet at the same time inflation is projected to exceed 7%, increasing the gulf between costs and income for the poorest households.

Of course, the benefit levels are not the only factor at play here. The people I spoke to in food banks were struggling with a wide range of issues—poor housing, debt repayments, childcare, and the difficulty of finding secure employment. But being able to rely on an income that covers their basic costs would relieve a huge amount of pressure and leave people with more capacity to address these wider issues. These are also challenges that require longer term policy responses, whereas people’s incomes can be boosted overnight by increasing benefit levels to better reflect the cost of living.

The accounts I heard from people in food banks suggest a brewing storm of mental health problems being caused or exacerbated by the stress of living on an insufficient income and struggling to afford the bare essentials. If more and more people are allowed to slip deeper and deeper into poverty, we will be facing not only a huge human cost but a wave of demand for mental health support that could overwhelm NHS services.

Competing interests: none declared

1 NHS Confederation. (2022) Mental healthcare recovery plan urgently needed to tackle ‘second pandemic’ <https://www.nhsconfed.org/news/mental-healthcare-recovery-plan-urgently-needed-tackle-second-pandemic>

2 Data sourced from DWP’s ‘Stat-Xplore’ tool.

3 Keep the Lifeline coalition (2021) Open letter to the Prime Minister – 2nd September 2021 <https://www.jrf.org.uk/press/keep-the-lifeline-open-letter-to-the-prime-minister>

4 House of Commons Library. (2021) Food Banks in the UK <https://commonslibrary.parliament.uk/research-briefings/cbp-8585/>

5 IFAN. (2022) Pushed to the edge: Poverty, food banks and mental health <https://www.foodaidnetwork.org.uk/blog/mental-health>