

'We're not surviving anymore, we're just existing, there's no real life to this': Lived experiences on the psychological impact of the Building Safety Crisis

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Lay Summary

Paper I - Empirical Study

Background

Following the Grenfell Tower fire, many flat owners across England and Wales were told their flats had fire safety risks and required building work to fix these risks. This experience has been named the 'Building Safety Crisis' (BSC). Leaseholders, a type of homeownership, were impacted in various ways including living through the building work and high costs. Early reports highlighted that the BSC appeared to be impacting leaseholder's mental health. This paper aimed to build upon these initial findings and explore the impact of the BSC on leaseholders' wellbeing who reported changes to their mental health following the BSC. It also aimed to explore the factors generating and continuing leaseholder's experience of poorer mental health.

Method

This study used a qualitative study design (e.g. using non-number based sources of data), using interviews to explore leaseholder's experience of wellbeing. Adults, affected by the BSC, who noticed changes and decline in their mental health were recruited in this study. Eleven leaseholders were recruited to take part in the research. These individuals differed in age, gender, ethnicity, household structure and the way in which they were affected by the BSC. Questions for the interviews were written with the support of an individual affected by the BSC. The interviews were recorded, written up and analysed for patterns of meaning (referred to as themes) across the interviews.

Findings

Four main themes were identified from the interviews:

(i). Powerlessness. These identified that leaseholders experienced minimal power. This included experiences of being forced to pay for other's mistakes, having limited control over

processes in the BSC, a lack of accountability held by responsible parties and the confusing and challenging nature of understanding the BSC.

(ii). Threats. These highlighted the range of ongoing threats and uncertainty generated by the BSC, including financial impacts, feeling trapped in experiences of uncertainty, threats to physical safety and unsupportive responses from political leaders and peers.

(iii). Psychosocial harm. These highlighted a range of experiences of loss including changes in emotional wellbeing, control over a normal life, impact of job and relationships, changes of attitudes towards society and loss of sense of comfort and security in the home.

(iv). The mounting toll. These experiences showed how the intense and long-lasting nature of the BSC was impacting leaseholders over time.

Conclusions

A number of sources of distress were identified and leaseholder's stories revealed a range of different impacts, varying in intensity for different leaseholders. These findings hope to inform and support professionals and political leaders understanding and recognising of the impact of the BSC and promote conversations about how best to support individuals affected by the BSC. Importantly, these findings illustrate how this housing related 'crises generated a range of stressors in the leaseholders affected. Specifically, the results extend beyond previous research by highlighting the role of powerlessness in leaseholders' experiences and how the length and intensity of their stress are impacting leaseholder's wellbeing.

Paper II - Scoping Review

Background

People across the United Kingdom are being affected by financial hardship linked to recent events like the cost-of-living crisis. Previous research shows that there is a relationship between mental health difficulties and financial hardship. Given this relationship, this review aimed to scope out the range of therapy-based interventions available for individuals

affected by difficulties with finances and needing mental health support. Specifically, the research question was: what is known regarding the existing research on psychological-based therapeutic interventions attempting to lessen the impact of financial hardship? It specifically aimed to explore the types of studies being conducted, the characteristics of interventions, the experiences of professionals and service-users of interventions and the quality of the studies being conducted.

Method

As there was limited existing literature in this area, a scoping review method was selected as the most appropriate reviewing tool. This type of review allows the range and quality of existing literature to be mapped out and gaps in the evidence base to be identified. The studies included in this review only selected interventions based in the UK, using adults (i.e. over the age of 18). Following methods used in other reviews in the same research area, interventions were not included if they were conducted in populations exclusively affected by homelessness, unemployment, or specific populations such as veterans or single parents. Articles were searched across three databases and 8,167 potentially relevant studies were found. These studies were then reviewed, across two stages to assess if they met the scoping review criteria. Ten articles were selected as relevant to the review. The findings from these articles were then mapped out using tables and the quality of the studies were rated using a quality rating tool.

Results

The findings identified a range of interventions differing in quality, length, type of therapy model used, format, and context, across different types of research studies. The experiences of the professionals and service users identify a range of different perceptions, including some of the needs and barriers of individuals affected by financial hardship.

Conclusions

This review provided an initial outline of experiences of and the characteristics of interventions for individuals affected by financial hardship in the UK, showing a wide range of different features and types of studies that have been conducted. It shows that there are limited interventions that have been published outside initial investigation into how practical and possible potential interventions may be. The review highlights a need for more training with professionals and research into how to best support individuals affected by the different types of financial hardship.

Paper III – Integration, impact and dissemination summary

Both the empirical study and scoping review were similarly connected by their focus on environmentally driven sources of distress. These topics highlight a range of questions around how to best support individuals in these contexts and the role of psychologists. Different strategies will be used to share the information gathered across these papers, such as writing blogs, submitting to journals for publications and creating articles to share with professionals within the psychology field.

'We're not surviving anymore, we're just existing, there's no real life to this': Lived experiences on the psychological impact of the Building Safety Crisis

Abstract

In the aftermath of the Grenfell Tower fire, hundreds of medium and high-rise buildings across England and Wales were deemed to have inadequate fire safety standards and consequentially require building remediation work. This 'Building Safety Crisis' (BSC) has impacted leaseholders in a number of ways including preventing leaseholders from moving till the lengthy remediation process is completed and heightened financial payments. Media reports and recent preliminary literature in this area have highlighted the toll this has had on some leaseholder's experience of wellbeing. This study aimed to contribute to the preliminary literature in this area, aiming to explore the psychological impact of the building safety crisis and to examine the psychological mechanisms generating distress in leaseholders with subjective deterioration of their mental wellbeing corresponding to their experience of the BSC. Using a multi-stage sampling technique, eleven leaseholders were recruited and took part in semi-structured interviews. Participant demographic information varied in gender, age, ethnicity, householder structure, ability, geographical location and different remediation process timepoints. Interview transcripts were analysed using reflective thematic analysis (Clarke & Braun, 2021), adopting a critical-realist epistemological position throughout the analytic process. Four themes, and subsequent interlinking subthemes, were interpreted from the data, 'powerlessness', 'threats', 'mounting toll' and 'psycho-social harm'. Although there was variation seen across different leaseholders' experiences, there were some unifying patterns of meaning across the interviews. The findings indicate the disempowering nature of having little influence over an experience, which had generated a range of financial, physical, interpersonal and social threats. Furthermore, the findings highlight the wide-ranging nature of the psychological and social impact the BSC has on leaseholders' lives. Some of the political and clinical implications are discussed including the need for dissemination across mental healthcare professionals.

Introduction

The Building Safety Crisis

In the aftermath of the Grenfell Tower fire in June 2017, an inquiry revealed that the aluminium composite material (ACM) cored panels used to clad the high-rise residential building were the principal cause of the rapid spread of the fire (Moore-Bick, 2019). In response to these findings in 2017, ACM cladding was banned and there was an initial response to identify and remove the dangerous building materials from high-rise buildings (buildings over 18 meters) (Apps, 2021). In this initial audit, many residential blocks that were deemed unsafe due to the presence of ACM-based cladding, including housing from the private and social sectors, with 288 high-rise residential buildings initially being identified in 2018 (Wilson & Potton, 2018). It has since been highlighted that years of deregulation from the UK government, across the building industry and the privatisation of the safety testing and certification processes, facilitated the use of combustible material in the construction of residential buildings (Hodkinson, 2020). Years of deregulation dating back to the 1980s have provided the construction industry the flexibility to find alternative, and often cheaper, ways of building construction, leading to the use of combustible materials across residential buildings. This problem is not unique to the UK however, with the use of flammable cladding being identified across different countries across the world (Oswald et al., 2021).

Throughout 2018, the Department for Communities and Local Government released a series of advice notes about fire safety risks within buildings. Advice Note 14, notably, encouraged building owners of *all* high-rise residential buildings to undertake checks to ensure the safety of their external wall systems (Department for Communities and Local Government, 2018). This advice identified further building materials that were deemed dangerously combustible, including a range of *non-ACM materials*. This advice caused the number of identified unsafe buildings to grow exponentially, leading surveyors to identify a range of non-complying materials across high-rise buildings (End Our Cladding Scandal, 2022). Although, this safety

advice was initially introduced for residential buildings over 18 meters, the government issued advice at the beginning of 2020 banning the use of combustible material in *medium-rise building* (11-18m), causing the number of unsafe identified buildings to further grow (Wilson, 2023). The total number of identified buildings with unsafe cladding requiring 'life-safety' remediation work is unknown, however, current estimates suggest that 7-9% of all *medium-rise buildings* require 'life-safety' remediation work¹. This alone is likely impacting an estimated 71,000-79,000 individuals in *medium-rise buildings* in England (Department of Levelling Up, Housing and Communities, 2021). With an additional 3,500 *high-rise buildings* requiring remediation work (Apps, 2023) and an additional and unknown number of buildings requiring remediation work below 11 meters.

Who is the Building Safety Crisis affecting?

A range of different residents live within residential buildings affected by unsafe fire safety defects, including renting tenants, social housing tenants and leaseholders. Leasehold is a type of homeownership available in England and Wales, typically taking the form of flats or apartments, with the property being part of a larger residential building (Law Society, n.d). Under leaseholder law, leaseholders own the property for a fixed time-period from the freeholder, although the freeholder continues to own the land the property is built on (GOV.UK, n.d). Leasehold properties generally provide more affordable housing opportunities as the individual does not own the entire property (Kelly, 2023). Initiatives like shared ownership, whereby leaseholders purchase a share of the property, and First Home payment schemes have generated homeownership opportunities for individuals who previously may have been unable to purchase a home at standard market value (Citizen Advice, 2011). Some support schemes provide financial support for certain populations such as keyworkers and veterans in order to obtain leasehold properties (Ministry of Housing,

¹ Remediation work refers to the process of stripping the unsafe defects from the property and making the necessary safety changes.

Communities & Local Government, 2021). Leaseholders therefore create the prospect of homeownership for a range of different individuals across England and Wales.

How is it affecting leaseholders?

Remediation costs

Soon after the unsafe building materials started being identified in 2018, leaseholders living in buildings affected by flammable materials started receiving bills for the remediation work. Despite highlighting that leaseholders do not own the building and neither constructed, nor designed the properties (End Our Cladding Scandal, 2022), most leaseholders were finding themselves financially responsible for the remediation work under the terms of their lease.

The price of remediation work is costly, with the House of Commons estimating the total cost coming to £15 billion for remediation work in England (Wilson, 2023). Commonly reported prices in the media are around £2 million per building, with some leaseholders being asked to pay £85,000 individually for remediation work (Anderson, 2021; Hammond & Brooker, 2020). Some leaseholders have been given remediation bills that totalled six figures and were pushed to declare bankruptcy (Hardman, 2018). The Building Safety Fund was subsequently set up to provide financial support for leaseholders to support with external wall remediation costs in high rise buildings and a pilot scheme was set up in 2022 for medium rise buildings. However, not all leaseholders qualify for this fund, including leaseholders in properties below 11 meters and hundreds of leaseholders who appear to be 'falling through the cracks' of the support provided by the government (Wilson, 2023).

EWS1 Form: unsellable homes

Bank lenders became concerned about offering mortgages for affected properties and soon after Grenfell, mortgages for potential buyers of affected flats started being rejected and house sales across England and Wales started falling through (UK Parliament, 2022). In 2019, the External Wall System Fire Review Certificate, also known as the EWS1 process was introduced as a reassurance measure to mortgage lenders and new buyers that

potential property purchases met the new safety guidelines (End our Cladding Scandal, n.d.). Notably, this mortgage valuation tool provides a comprehension check, providing buildings with different levels of safety classification, extending beyond cladding systems, to include other building structural systems such as insulation, balconies, compartmentation and fire break. Importantly, this has extended the extent of remediation work to include a range of different internal structures in medium and high-rise residential buildings – shifting what was originally termed the ‘cladding crisis’ to a ‘building safety crisis’. Notably, for properties that fail the safety checks of the EWS1 process, properties are being valued at £0 or significantly lower than the asking price, preventing the selling, buying and re-mortgaging of these properties (Wilson, 2023). Leaseholders are therefore unable to sell or re-mortgage their properties until the remediation rectifies the range of the problems identified, creating ‘millions of mortgage prisoners’ (Hammond & Brooker, 2020).²

Length of process

Many residential buildings require the EWS1 form to allow leaseholders to buy, sell and re-mortgage their flats. It was estimated in 2021 that around 67% of medium and high-rise buildings require this comprehensive fire safety assessment, equating to 58,000 buildings across England (Ministry of Housing, Communities and Local Government, 2021). These tests can however take up to 12-18 months (MoveWise, 2022) and there is a lack of trained surveyors available to conduct these invasive checks (UK Parliament, 2022), which has created long delays, with leaseholders waiting to hear if their properties are safe and require the undertaking of the remediation work.

Additionally, reports suggest that the remediation process has also been slow. An article released in March 2023, describes how only 21.8% of leaseholders living in housing with unsafe fire safety defects have had their building remediated (Apps, 2023). The impact of the

² Following the completion of the interviews for this study, it was released that 6 mortgage lenders will lend of properties affected by fire safety defects (Department of Levelling Up, Housing and Communities, 2022)

slow progress therefore limits leaseholder's opportunities to move for job changes or retirement, and is notably affecting young people who are hoping to start or grow families (Hardman, 2018).

Additional costs

As discussed, although, the initial cause for concern was around high-rise buildings with ACM-based cladding, the BSC has unfolded to reveal a wide range of fire safety defects across residential buildings, including external and internal defects such as compartmentation defects, fire doors, insulation, decking, and fire breaks (Department for Communities and Local Government, 2018). The Building Safety fund, generated to provide financial support for leaseholders around remediation costs, does not cover the range of non-cladding related defects such as remediation work of combustible balconies and missing fire breaks (End Our Cladding Scandal, 2022). Reports suggest that these additional remediation works could cost leaseholders (per apartment) up to £100,000 (Apps, 2023).

In addition to the remediation costs, leaseholders were finding their service charges were going up substantially, with some leaseholders reporting a 100% increase in their service charges (Apps, 2023). Some of these costs are used to cover the cost of enforced interim safety measures such as fire alarms, sprinklers or Waking Watch³, which cost leaseholders an additional monthly average of £331 (average of England; £499 average of London).

Although, the government have developed funds to support leaseholders on some of the additional costs (e.g. Waking Watch, fire alarm), this funding is only available for select eligible leaseholders and does not cover the wide range of additional costs they are faced with. Additional costs falling to leaseholders include the costly price of the EWS1 form (UK Parliament, 2022). Furthermore, leaseholders are being forced by mortgage lenders onto

³ Waking Watch is interim safety measure, whereby a trained individual patrols the building 24-hours to support with evacuation, detecting of fires, and raising the alarm (Ministry of Housing, Communities and Local Government, 2021).

standard variable rate mortgages following the end of their fixed rate mortgage (Hansard, 2021), which has been hugely impacted by the raised inflation rates (Lawford, 2021). Additionally, some leaseholders who utilised schemes such as Help to Buy to purchase their properties, have been impacted by heightened interest rates (Simpson, 2022).

Impact on wellbeing

Since the unravelling of the Building Safety Crisis, there have been multiple reports across media outlets describing the emotional distress felt by affected leaseholders. Such reports are unsurprising, given the established relationship between mental wellbeing and social economic factors such as housing quality, socio-economic status and living and working conditions (Cromby et al., 2017; Foster et al., 2020; Marmot, 2014; Xie, 2019) and the well-known relationship between housing insecurity and mental health (Tsai, 2021). An initial report undertaken by one of the BSC campaign groups, UK Cladding Action Group (UKCAG), explored the impact of the building safety crisis, using questionnaires and free-text response boxes. Of the 550 respondents, 428 leaseholders reported their mental health and social wellbeing had been *hugely affected*, with 89.5% reporting that their mental health as getting worse (UK Cladding Action Group, 2020). Respondents reported experiencing heightened levels of anxiety/worry, anger and hopelessness. Notably, as a direct result of the fire safety defects, high rates of the respondents were experiencing excessive worrying (84.5%), difficulties sleeping (71.1%) and change in mood (55.8%). Furthermore some respondents, reported experiencing suicidal thoughts (14.5%) and self-harm desires (8%).

These findings were paired with a focus article which further offered a 'thematic discussion' of some of the qualitative responses offered by leaseholders (Martin & Preece. 2021).

This report highlighted four themes generated from the 300 free text responses, in response to a range of different questions about leaseholders' experiences of the BSC. Although no specific question or analysis was highlighted in this review, the article identified themes around 1). *responsibility* (highlighting leaseholders' responsibility and hard work to gain

homeownership), 2). *the failure of policy and regulation* (illustrating the lack of responsibilities taken on behalf of the government) 3. *impacts on key life transitions* (highlighting how the experience of financial insecurity and prevention of home transitions appear to be limiting significant life decisions and certainty in life) and 4). *the impacts on mental health* (which highlighted some of the impacts of wellbeing and stressors faced by leaseholders).

Since this UKCAG Mental Health Report (2020) report, there have been a small number of peer-reviewed and non-peer reviewed studies, exploring the wellbeing impact of unsafe flammable cladding for leaseholders and homeowners. Initial peer-reviewed work by Oswald and colleagues (2022), explored the impact of flammable cladding in Australia, highlighting the range and extent of the financial implications of flammable cladding on homeowners. More recent work by Oswald et al. (2023) focused on the wellbeing impact of flammable cladding on homeowners, identifying a range of negative impacts on homeowners, focusing on changes in home-ownership emotions, actions and overall impact (Oswald et al., 2023). As identified by Oswald et al (2021), political responses, such as funding support and the legal framework making home-owners liable, will greatly vary across countries, impacting affected homeowners in different ways across different nations. This can be seen in the way that the England and Wales flammable cladding defects have transitioned into a wider Building Safety Crisis, not yet seen in Australia, thus demonstrating a need for country specific investigation of the wellbeing impacts.

Initial accounts of leaseholders' wellbeing experiences in the UK have been explored using in-formal research and article formats. This includes an article from Brill (2022) who using personal accounts of being affected and interviews with other leaseholders, explores the different emotional challenges of the BSC. Additional findings were generated with the UK Collaborative Centre for Housing Evidence, exploring the impact of the building safety crisis on the wellbeing of leaseholders (Preece, 2021). This non-peer reviewed report used

Grounded Theory to identify a range of psychological impacts including the negative impact of psychological well-being, fear of fire, stress generated by financial costs, loss of autonomy, impact on relationships and change in identity. This report offers a cross-sectional view of the range of different ways the BSC impacts leaseholders' wellbeing. Still to date, there has been no peer-review research exploring the mental health impact on leaseholders in the UK. This study aims to build upon initial reports, exploring leaseholders' experiences of the impact and causes of distress, using transparent and rigorous qualitative techniques. Notably, this study aims to build upon these initial UK findings by offering insights into the experience of wellbeing a year and a half later, following a time-period filled with various policy related changes impacting leaseholders (including the changes to future leaseholders' liability and various promises for access to funding; Wilson, 2023). The main research aims were to: (i) examine the impact of the building safety crisis and (ii) explore the current psychological mechanisms generating distress, in leaseholders with self-reported deterioration in wellbeing linked to the BSC.

Methods

Design

A cross-sectional qualitative design was used, which was analysed using reflective thematic analysis (Braun & Clarke, 2019). A qualitative approach was selected to enable an in-depth analysis of participants' experiences of the building safety crisis and their experience of distress, consistent with the research question. Given the inherent lack of 'right' qualitative methodological approaches for analysing patterns of meaning (Braun & Clarke, 2021a), reflective thematic analysis was considered a coherent method choice given: 1). The accommodation it offers for heterogenous datasets (Clarke & Braun, 2021), expected when exploring individuals experiences of distress across a diverse population and 2). Its common use of exploring individuals' experiences and subjectivity (Flick, 2022).

The epistemological position adopted within this study is a critical-realist approach. Within this approach, it is assumed throughout the analytic process, the researcher's experiences, perceptions, and knowledge will inescapably influence the identification of themes and analysis of the interviews (Willig, 2013). This position emphasises the use of the researcher's subjectivity as a resource within the meaning-making process, which inevitably influences the knowledge production (Braun & Clarke, 2021b). The methods adopted across the reflective thematic analysis aim to reflect coherence with this epistemological position.

Semi-structured interviews were employed and analysed using relevant guidelines (Clarke & Braun, 2021). This choice of methodology was selected to allow for flexibility within the interview, allowing the exploration of unforeseen topics and facilitating more natural flow of talk, suitable for discussing individuals experiences of mental health (Hugh, 2004).

Participants

A total of eleven participants were recruited, an appropriate sample size for an interview-based doctoral research study (Smith, 2015). The final participant characteristics are detailed in Table 1.

Individuals varied in multiple dimensions including their desires and motivations to move from their house. Individuals also varied in their relative 'progress' in relation to surveying and remediation work; with some individuals still awaiting to hear if their property required remediation work, some awaiting feedback on when the remediation work would start, and others currently living through remediation work or awaiting further work required. Some individuals had received confirmation that they would be offered funding from the Building Safety Fund, whereas others were still awaiting confirmation of support. The participants who undertook the interviews occupied different roles and levels of responsibilities within their properties and the wider Building Safety Crisis, with some individuals undertaking limited roles while other participants acted as Right to Manage Company (RTM) Directors,

Resident Association managers and engaged political activists. These specific differences are highlighted across participants as these differences in roles often intersected with their experience of wellbeing.

Table 1. Participant demographic data

Location	Age	Ethnicity⁴	Living Arrangement	Identified as having a disability	Location
Male	40-49	Asian/Asian British	Lives alone	No	Lancashire
Female	40-49	Asian/Asian British	Lives with partner	No	London
Male	50-59	White	Lives with partner and children	No	West Middlesex
Non-binary	40-49	Mixed/multiple ethnic groups	Lives with partner	No	Greater London
Female	40-49	White	Lives alone	No	Devon
Male	40-49	Asian/Asian British	Lives with partner	No	London
Female	50-59	Mixed/multiple ethnic groups	Lives with other family members	No	London
Female	30-39	White	Lives with partner	No	Bedfordshire
Female	30-39	White	Lives alone	Yes	Manchester
Female	30-39	Mixed/multiple ethnic groups	Lives alone	No	London
Male	30-39	White	Lives with partner	No	Gloucestershire

⁴ As based on the ethnicity categories used by the Office for National Statistics

Inclusion criteria

Participants were recruited based on the following inclusion criteria:

1. Individuals must be a leaseholder or shared owners of a property within the UK, identified to have building safety risks caused by unsafe cladding systems and/or other identified non-cladding safety defects.
2. The property affected must have been their primary property of residence.
3. Individuals must be living in the property at the time of the interview (unless caring responsibilities permitted them from living in the property full-time)
4. Individuals report experiencing a subjective deterioration or change to their mental health or wellbeing corresponding to their experience of the building safety risks.
5. Individuals must have conversational level fluency in English to the point where they can describe their experiences.

Sampling

Sampling was conducted in a multi-stage purposeful manner. Initially, criterion sampling was used to register the interest of individuals affected by the building safety crisis that met the inclusion criteria. Recruitment for the study was circulated on social media sites, such as Twitter and Facebook, and using contacts through various Cladding Action groups. Interested individuals were asked to provide their contact details and initial demographic information (age, gender, ethnicity, geography, household structure). A three-week time period was set to register individuals' interests. Following this threshold, sixty individuals expressed interest in participating in this study.

As the interest expressed surpassed a plausible sample size of an interview-based qualitative thesis project, participants were then selected using a purposive sampling strategy from the pool of individuals who had registered their interest in the study. Purposive sampling was then implemented to recruit a diverse sample, recruiting leaseholders across a range of different gender, ethnicity, age, household structure and location. Recruiting

individuals across a variety of demographic characteristics ensured that stories from various backgrounds and experiences were included, reflecting the demographic heterogeneity (Robinson, 2014) of individuals affected by the Building Safety Crisis.

Materials

Draft interview questions were initially generated by the researcher. The interviews were developed around the themes of the Cognitive Behavioural Therapy formulation, the Five P's (presenting, precipitating, perpetuating, predisposing, and protective factors) (Johnstone & Dallos, 2013) to encapsulate individual's psychological experiences; as used in other research aiming to conceptualise experiences of mental health (Royston et al., 2021). These questions were shared and reviewed by both academic supervisors. Following this review process, the draft interview questions were shared and reviewed by an Expert by Experience, a leaseholder currently affected by the Building Safety Crisis. This reviewing stage focused on the accessibility of the language, the sensitivity and appropriateness of the interview questions. The author further explored if there were aspects of the Expert by Experience that felt needed to be further captioned by the interview schedule. The final interview schedule (Appendix A) was used to guide the discussions during the semi-structured interviews.

Data Collection

All semi-structured interviews were conducted over MS teams. The participants were guided through their experience of being affected by the Building Safety Crisis and the changes they noticed to their mental health and general well-being. Interviews lasted between 49 and 109 minutes and were compensated £10 for involvement in the study.

Analysis

A reflective thematic analysis was conducted in line with guidelines offered (Clarke & Braun, 2021) developed from the Braun and Clarke's (2006) seminal work.

i) Familiarisation with the data

This stage involved 1) data immersion 2) critical engagement in the dataset and 3) note making. Data immersion was achieved through reading and re-reading the interview transcripts to enable a detailed knowledge of the dataset. Familiarisation questions outlined in Braun and Clarke (2021, page 44) were utilised to facilitate active and critical engagement in the data. Note making was conducted, both at an individual interview level and an overall database level to develop insights into the data and capture patterns of potential meaning making (see example in Appendix 2).

ii) Coding

Coding involved a process of identifying and labelling specific meaning across the dataset, significant to the research question. Coding occurred at both a semantic and latent level (Braun & Clarke, 2021b). Overall, coding was conducted in a more inductive manner and was therefore not attempting to be analysed in line with prior psychological theories. To enhance rigour in this process, all interviews were coded twice in a random sequence (see Appendix 3 for a sample of the coding). Interviews were initially coded in Word, before coded subsequently using NVivo 12.

iii) Generating initial themes

The generation of themes was conducted through a process of engaging in codes and identifying various and connecting patterns of meaning across the dataset. This involved an explorative and iterative process of generating central organising concepts of meaning, using candidate themes (Braun et al., 2014). See Appendix 4 for an initial visual map for theme generation.

iv) Developing and reviewing themes

Initial theme concepts were then transformed and clarified through a recursive process of re-engaging with the coded data and the wider dataset, and connecting patterns of meaning

(Clarke & Braun, 2021). See Appendix 5 for an example of theme generation. Following revisions of the themes, participants were invited to offer their reflections on the themes generated by the researcher to enhance the richness of the analysis. Participants were asked their perceptions of the analysis, including the extent to which the themes resonated with them and found them interesting or objectionable. A total of six leaseholders offered reflections on the initial analysis over email and MS teams; their feedback was reflected upon and some subsequently integrated into the analysis.

Themes were subsequently named and defined and explored using an analytic narrative. This entire process was facilitated by reflective journaling and reflective questions with my qualitative supervisor.

Methodological integrity and reflectivity

Methods for promoting quality practices were intentionally selected to align with the epistemology and ontological positioning of the research (Braun & Clarke, 2021b). Given the Big Q qualitative values that underpin reflective thematic analysis (Braun & Clarke, 2022), methods such as inter-coder reliability and member checking were deemed consistent with positivist based values and therefore not consistent with the epistemological position in this study. Notably, in reflective thematic analysis, the subjective skills and knowledge of the researcher are embraced as a resource to produce knowledge. The process of reflection, integrating and examining the researcher's subjectivity, was therefore a critical part of the analytic process and maintaining the quality of the research. The process of inspecting and exploring the researchers' assumptions and biases was facilitated through a reflective journal, ongoing self-reflective practice and supervision with two research supervisors.

Additional guidelines for qualitative research by Elliott, Fischer, and Rennie's (1999) and quality practice in reflective thematic analysis by Clarke and Braun (2021) were used to guide the integrity of the research. This included (i) disclosure of the authors' values and

assumptions; (ii) provision of demographic information about participants; (iii) the use of several illustrative excerpts for each sub-theme; (iv) conclusions which were coherent and grounded in the data, and (v) auditing of the analysis.

Position of the researcher

The primary author is a White British female Trainee Clinical Psychologist with an interest in politics and the connection between psychological wellbeing, environment, and power. The author, at the point of analysing the result has two and half years of experience in clinical practice working across different mental health settings. The author has experience of formulating and conceptualising individual's experience of distress using different psychological models including, cognitive behavioural, dialectical behavioural therapy, systemic, narrative models, and the Power Threat Meaning Framework. The author has no experience of being a leaseholder or being affected by fire safety threats in the home. Furthermore, the author has not been affected by significant financial threats but has directly worked with people whose housing and financial situation has had implications for their mental health. Specifically, the author has experience of working with individuals with temporary and unsuitable living conditions, where the living conditions were a source of distress and working with individuals experiencing financial distress and operating systems of support such as the benefits system. This notable difference between the researcher and participants was important in supporting transparency and building upon research sensitive curiosity to participant's lived experiences.

Ethical Approval

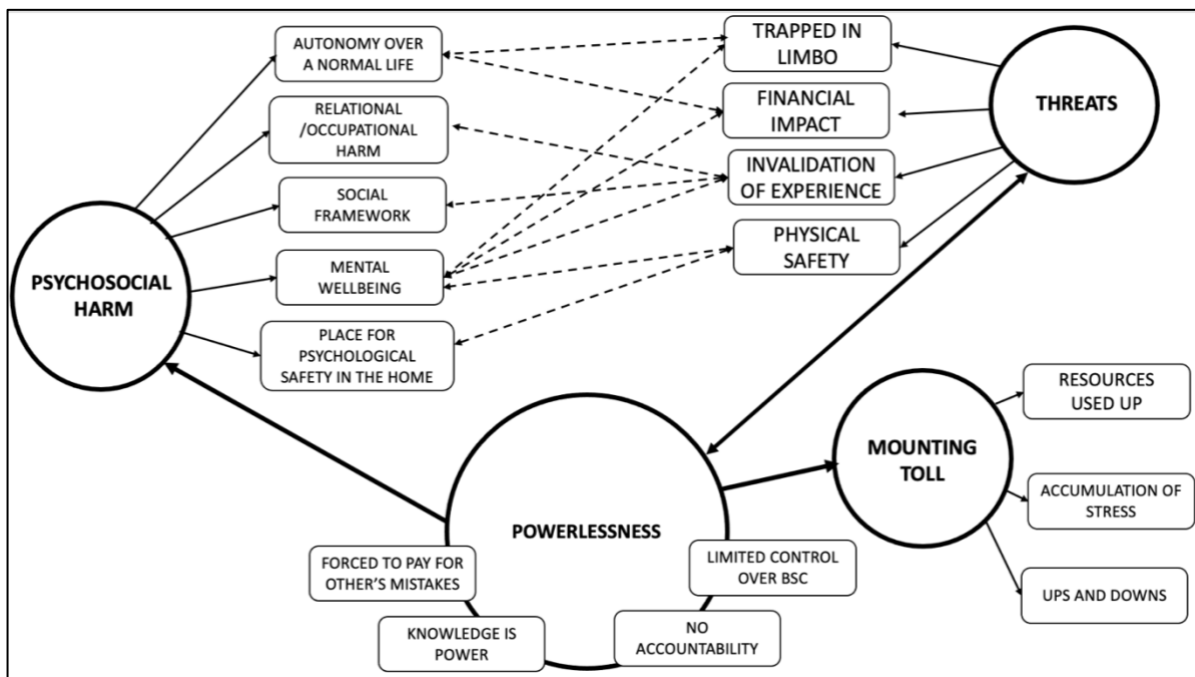
Ethical approval was granted by Royal Holloway, University of London Research Ethics Committees (Appendix 6). The research adhered to the Ethical Principles identified by the British Psychological Society. Prior to giving informed consent, information relating to interview procedures, right to withdraw and confidentiality were discussed using an information sheet. Participants were given space before the interviews to discuss any

questions around the research and data storage. Written consent was sought specifically for quotes to be used throughout the academic research (Appendix 7). Given the sensitive and often distressing nature of the interview topic, a debrief telephone conversation was offered to participants wanting to discuss their experience of the interview, although no participants requested this. Furthermore, a debrief sheet was given to participants which explicitly outlined contacts for emotional support across the UK for varying levels of need.

Results

Across participants, there was evidence that the BSC had wide ranging impact on individuals' lives. Despite the variability observed across leaseholders around the psychological drivers and impact of the building safety crisis, there were several unifying patterns of meaning generated. The analysis yielded four themes, which are visually represented in Figure 1.

Figure 1. A thematic map of themes and sub-themes generated from the reflective thematic analysis.



Theme 1. Powerlessness.

This first theme of powerlessness, encapsulates a systemic experience which runs through the other themes, resonating across multiple leaseholders' experiences. Understandably, resident's minimal experience of power, control and influence over the BSC, which was often experienced as a violation of justice and fairness, paired with the subsequent impact it had on leaseholder's autonomy over life and financial circumstance created feelings of 'injustice', 'anger', 'disbelief', 'frustration', 'depression' and 'helplessness'.

Sub-theme 1: We (Residents) are being forced to pay for other mistakes

A persistent narrative across leaseholders was the injustice and anger of having to pay for mistakes they are not responsible for. "I think it's the injustice of it that really, really riles me. We're in this position, through no fault of our own, you know?" **(Participant 9)**⁵. Being forced to be financially accountable for the property defects, led to a sense of disbelief and anger. "Why is this happening? Because it just feels like we've done nothing wrong...this is not leaseholders' fault. This is a developer thing" **(Participant 15)**.

The lack of financial protection offered to leaseholders throughout the BSC and sense of powerlessness was highlighted throughout all interviews. Notably, the protection provided to others, such as insurance companies and developers, further perpetuated their sense experience of injustice. "They...signed off by building control as you know adequate...When actually they should never have signed the building off. And yet, they are the ones that have got the insurance that will cover any claim against them. And we're sat here paying £1000s in a service charge to cover their mistakes. It's just, it's just so wrong... we are completely innocent parties in this." **(Participant 9)**.

⁵ For anonymisation purposes, participants were given a random number between 1-30

Leaseholders further highlighted the unfairness of the context by emphasising how they were informed that the property was safe when they purchased the properties:

“My solicitor told me that it was all legal. I did everything right. And yet, here we are picking up the pieces. So it's just that, that's my overwhelming thought. It's just, I should never have had to do this” (**Participant 21**).

Sub-theme 2: We (Residents) have limited control/power to influence the BSC

Across the interviews, leaseholders described the experience of having little power to influence the outcome throughout the BSC, including the financial implications and the progress of the remediation work, feeling “trapped” in their contexts and being put in the position of being “done to” (Participant 14). The experience of powerlessness is exemplified by leaseholders having Waking Watch enforced in their properties and having to pay, often against the wish of the leaseholders.

(A leaseholder’s conversation with a fireman) “Well, you have to put waking watching in then”. And I said, “Do you know they don't work?... We know, we read all the stuff we know they don't work. But all they do is cost 10 grand a week’...I said 'Who do you think is going to pay for it?' He said, 'Well, it's not my job to tell you who's gonna pay for it. It's my job to keep you safe.' ... And he could see that we were distraught, I mean, there's no other word for it.” (**Participant 21**).

Leaseholders additionally highlighted the often poor and inconsistent communication around the Building Safety Crisis, often leaving leaseholders ‘in the dark’ around progress creating a sense of limited hope around support. “I've contacted all these councillors and MPs. And they're all same, they'll give the same response from basically from the housing management...And this is just, there's no seriousness to it and there's no liability towards it, there's no care. And...it's the same answer.” (**Participant 11**).

Sub-theme 3: (There is) No accountability

The experience of powerlessness was further compounded by the experience of perceived lack of accountability from responsible parties. “The least the government could do is make developers accountable for their craftsmanship, it’s their fault. They are the ones that have cut corners to make build, you know, to make these buildings, they weren’t fit for purpose” **(Participant 15)**.

Some leaseholders spoke about how avenues for gaining accountability and control were frequently blocked, with developers being described as ‘untouchable’.

“Living in an unsafe building, impacts your mental health, and it’s like, no shit. Of course, it does. But it’s not actually that. It’s the inaction and the injustice of it that is impacting people’s, I think is impacting people’s mental health” **(Participant 21)**. The felt lack of support, especially from the government, around not enforcing support from banks or enforcing accountability for developers, appeared to have an emotional impact on leaseholders “You feel small, you feel neglected.” **(Participant 11)**.

Sub-theme 4: Knowledge is power

The challenge of understanding the BSC added to leaseholder’s experience of powerlessness. The legal and infrastructural language made the sense-making process difficult and sometimes impossible for some leaseholders to understand, causing the process to feel like the BSC was like “speaking another language”.

“It just feels like, way beyond my comprehension... I don’t know what I’m paying for. I don’t know what I’m signing, I don’t feel like I have any control over this situation. It just feels very complicated... it’s really hard to like, yeah, to navigate that situation when you fundamentally just don’t understand” **(Participant 15)**.

Leaseholders described the complexity around the comprehension of what was happening to them, even for leaseholders with specialist knowledge. “In the beginning, it was really, it took me time to get my head around. And, I work in the infrastructure industry. So, you know, I have an appreciation of how these things work.” (**Participant 2**). It was highlighted how other leaseholders had additional barriers making comprehension more difficult, including English being their second language. Furthermore, the difference in understanding of how best to approach the BSC, sometimes generated conflict across leaseholders.

Theme 2. Threats

This second theme illustrates some of the ongoing threats and uncertainty generated by the BSC. These different experiences of uncertainty have impacted residents in different ways including experiences of “ongoing dread”, “anxiety”, “fear”, “inescapable stress”, and “oscillating mood”.

Sub-theme 1: Financial consequences

The most pertinent ongoing threat was around the financial consequences of the Building Safety crisis, creating multiple new financial demands including, heightened mortgage rates, inflated service fees, potential and actual remediation costs. This threat is depicted in the quote below:

“The most recent quote that I had was sort of just under 70,000 pounds for my proportion of the works to replace the cladding, which is just unachievable for.. just a normal person just stepping onto the housing ladder.” (**Participant 25**)

“The most challenging aspect is basically the mortgage, now basically. That's become an issue because the mortgage every month, it's been going up, because of the rates and we've got no control over it.” (**Participant 11**)

“The service charge was really low when we moved in as well. It was like a grand a year. It's gone, it's gone up, obviously, I think the most we paid is 14,000 pounds in one year we paid.” **(Participant 15)**

Residents are having to deal with both current financial demands and future financial uncertainty. For example, “So we had the £8000 bill, then we had another one for £5000. This year I'll pay the second half of that in December. And then we'll start looking to see what we get. Are we going to get another £6000 bill? Because I haven't got that now. You know, my savings have gone. And then what happens?” **(Participant 9)**. Leaseholders highlighted how they were having to cope with this financial uncertainty in the face of the cost-of-living crisis. For some leaseholders, the various financial threats led several leaseholders to grapple with the threat of financial bankruptcy.

Sub-theme 2: Trapped in limbo

An additional threat that was often voiced by the leaseholders was the sense of being ‘trapped’, waiting for progress and communication around progress.

‘Another six months, another six months, and it's gone to another one, for three years now.’ **(Participant 11)**.

“So at the moment, all my plans for the future, it's like somebody's just put a brick wall up. Because it's still really uncertain and there's no end in sight still” **(Participant 9)**.

Furthermore, it was identified that the timelines that are often provided to leaseholders are inaccurate. Progress is often taking a lot longer than predicted, generated by limited access to resources such as surveyors and building materials. “It definitely still isn't easy as we still

don't know when things are going to happen, how long it will take, what it's going to look like, what it's going to cost us at the end. So, we first were told in March 2021. And they said, construction will begin September 2021. That of course, the funding didn't materialise and still hasn't. So now they think we're going to start next May" (**Participant 6**)

Importantly, the added challenge of waiting times generates even greater financial consequences. "Everything just moves so slowly. So, so slowly. And then I think, hinged to that is, whilst that's taking so much time, it's costing more and more money. The money is a huge thing, the financial burden of it is, you know, it's huge." (**Participant 9**)

Sub-theme 3: Physical safety

An additional threat and worry generated by the BSC is the threat to physical safety generated by the risk of fire.

"So the fear immediately around was living in a building that is not safe. And suddenly, you know, developing fears around going to bed at night, and you know, if there's a fire in the apartment next door, there wouldn't be an alarm in mine, and I wouldn't be told" (**Participant 6**).

Leaseholders spoke about how during the pandemic, there was a strangeness to feeling safer outside "in a raging pandemic than you are on your own in your home" (**Participant 1**). Some leaseholders were told that firefighters wouldn't come into their homes if there was a fire, due to the nature of the fire hazard. To cope with the fire safety, some leaseholders prepared escape routes and 'go-bags', where individuals kept essentials such as passports and money along with some of their prized possessions ready for escape.

"I got my literal prized possession sitting in the backpack, rather than on shelves or on the wall is where I can enjoy it" (**Participant 14**).

Notably, the fear of physical safety varied across leaseholders. Factors such as property positioning and perception of risk influenced leaseholders' experiences. It appeared that anxiety of physical safety appeared to loosen over time, especially when financial threats were magnified.

Sub-theme 4: Experiences of invalidation

The fourth subtheme captures a pattern of pain caused by repeated invalidating responses from others. Throughout the interviews, there was a repetition of stories around others not understanding the BSC and its impact, the injustice of the BSC and the emotional influence this had on leaseholders' experiences. These included responses from family, friends, health care professionals including GPs, comments in the media, and government officials. These examples of feeling as though their experiences were insignificant, created feelings of 'isolation', 'disenfranchisement' and 'alienation'.

“Like even my own family don't get it. They're like, 'Just sell it, I don't understand.'
Yeah, that would be the ideal thing. But I can't.” **(Participant 15)**

Some leaseholders spoke about how the social discourse in the UK public and media is that the 'BSC is solved'. These were perpetuated by messages from the government that 'all leaseholders will be safe'. This contrasted with leaseholder's lived experiences, who were experiencing the BSC was far from over and may be impacting their lives for years to come. Leaseholders further described how the true impact on residents' lives was often hidden from mainstream conversations around the BSC and voiced experiences of exhaustion of having to explain to others. The experience of invalidation was further compounded by narratives around leaseholders requesting support and feeling a lack of support provided. One leaseholder described the experience as feeling like 'screaming into a void' with no response from authority figures.

“Now I'm talking to you, and I'm telling you everything, you know, they don't know what I go through and what it is and how it is for me. But they need to hear this. And there's no one to hear that.” (**Participant 11**).

Although some leaseholders experienced some positive interaction with local MPs, there was a sense of inadequate and disorganised action higher up in government. It was highlighted how the political unrest within the government, especially across the summer of 2022, led to increasing worry about the governments ability to provide and prioritise the needs of leaseholders.

Theme 3. Psychosocial harm

The third theme was generated from a patterned experience of loss created through being affected by the BSC. The harm created in individual's lives have created various experiences of harm and loss across multiple domains of life, with the emotional impact ranging from depression, helplessness, emotional numbing, and hopelessness.

Sub-theme 1: Loss of emotional resilience and mental wellbeing

The emotional impact of the BSC appeared to be wide ranging. For some individuals, the experience of the BSC triggered pre-existing mental health difficulties to resurface.

“I think it's been really hard for people if you've got like a pre-existing mental health issue. I don't see how people wouldn't have gone back to that (*restricted eating*) because it's just so traumatised, it's just so traumatising. Like, it's not just the financial thing...it's living somewhere that is not safe. It's people having to put their lives on hold. It's all of these things. It's just like, what else do you do? If you've got a tactic that makes you feel better?.... it's like the mentality of feeling like, I failed, like, feeling like I've relapsed. It just felt like it failed (crying). And it feels like that was taken away from me like that achievement of keeping myself well.” (**Participant 15**).

The BSC also created new mental health struggles. Across the interviews, there were stories of panic, anxiety and changes to individuals' emotional resilience.

"I remember being sat in meetings at work and just in almost a state of panic really."

(Participant 25)

"I would arrive before the lesson and I felt I couldn't go in. I could not stand in front of 30 students and pretend all is well, I was normal. That was tough. That was really, really tough. Yeah, I did actually break down and cry moments before going into the classroom. Because I was just so afraid and how could I keep up appearances because for them, it's not their problem. I'm there to teach. I should not be passing my problems on to them" **(Participant 5)**.

Notably, most leaseholders described that the stress generated from the BSC led to a reduced ability to cope with other life stressors.

"Then sort of all the things that are really simple and stupidly that would not normally have ever had an issue with all of a sudden become a 'thing'. And it's not us, it's just the situation has gone on top of us."

Sub-theme 2: Loss of autonomy over a normal life

Many leaseholders described how being trapped in their homes, the financial burden and the time involved in the BSC created a loss in autonomy over their life. These included experiences of the BSC impacting choices about having children due to living in an unsafe property, and opportunities such as moving or going on holiday.

"I mean, we were talking about going on holiday next year. Can I afford it? Should I? What if I get another service charge billing that's huge." **(Participant 9)**

Many leaseholders spoke around the idea of losing a 'normal life' and the isolation the BSC creates. "You can't have a normal family life. And things are hard for me anyway, because I'm a single mom. This, this has absolutely meant that I can't have a social life, it's just not possible" (**Participant 13**)

Additionally, the financial burden of the BSC, takes away financial freedom which consequently impacts individuals' quality of life and autonomy of financial spending.

"And it just sort of chips away - I used to dye my hair lots of different colours. It's really simple thing, but dyeing your hair is quite expensive, cutting your hair is expensive, so you just stopped doing it. Because it's like 'oh that saves us X amount, so that's a couple of 100 saved - brilliant!' But all of these small things, that make you, *you*, then just... just kind of fall away. And you're kind of left a bit, a shell of yourself." (**Participant 14**).

Sub-theme 3: Relational and occupational harm

An additional pattern of damage identified was around leaseholders' relationships. Throughout the interview, leaseholders discussed how the stress had impacted their relationships with others. This ranged from increased inter-personal conflict, relational distance generated by differences in coping mechanisms or social withdrawal generated from the stress. "It's destroyed our family life... But yeah, it took time away from the time I want to spend with my son for sure. And you have a huge sense of guilt, frustration and bitterness that in his time of childhood, you know that I couldn't be there properly when I wasn't in 'Cladmin'" (**Participant 5**).

Additionally, some leaseholders spoke about occupational harm created by the stress of the BSC with performance at work was affected by the 'all-consuming' nature of the stress of the

BSC. Furthermore, some leaseholders also had to declare risk of bankruptcy, which changed opportunities within their roles.

Sub-theme 4: Loss of the social framework

Across the interviews, there was a pattern of meaning around how the BSC has created a change in leaseholders' perception of fairness within society. Many leaseholders expressed a desire to move out of the UK and a decreased lack of trust in authority.

“It made me want to leave the country, because I was like, I can't believe we're living in a country where they'll let people sit in a building that will kill them, and they're not doing anything about it.” **(Participant 21)**

Furthermore, leaseholders described how the BSC ruptures the social contract between hard work and financial security. This pattern of meaning was layered with narratives around leaseholders being careful with money and always doing the right things as a citizen, adding to their sense of injustice of being trapped by the BSC.

Sub-theme 5: Loss of place of psychological safety in the home

An additional pattern of harm identified across interviews was the impact on leaseholders' relationship with their homes. Through the BSC, leaseholders' homes became a source of stress/threat. Many leaseholders spoke about their feelings of resentment towards the home.

“I just feel completely trapped. And what's happened is the flat that I used to absolutely loved. I'm not loving it that much anymore. It's just changed my whole feel about it” **(Participant 9).**

The potential threat or experience of remediation work further exasperated the stress associated with the home. Leaseholders who were experiencing remediation work, spoke

about a range of damage to their properties such as leaks, mould, electricity damage and the environmental impact of remediation work including lack of natural light, noise pollution and extremes in temperatures.

“But all of a sudden you're a top floor flat, all of a sudden you wake up one morning and there's a man eye to eye to you, outside the window...I saw the rain come, so I knew that if it was raining, then our bedroom will be raining inside. And you just... your stomach gets into knots and your brain just goes...” **(Participant 14)**

Theme 4. The mounting toll

The final theme was generated around experiences of the BSC, notably the intensity and longevity of stress, and how this was having a cumulative impact on wellbeing.

Sub-theme 1: The load of the BSC

A persistent narrative running across interviews was the amount of time and energy required to engage in the BSC. Residents would sometimes describe engaging in the BSC as having a ‘part-time’ or ‘full-time job’.

“I realised that I had to funnel a lot of my energy and time into this. And, and we've got a word for it "Cladmin". And it takes up an enormous amount of time Cladmin”
(Participant 5)

The experience of having to go from one ‘fight’ to the next, for example, with management companies, building owners, government, led to an experience of feeling ‘drained’. This creates a reduced ability to engage in the BSC over time.

“But it’s like, everybody’s completely worn down. The whole, like everyone, the management company, everyone! There’s no.. like the fights gone. And that is not a nice feeling like, because, you know, we have to you have to keep fighting for it to go anywhere. But we’ve just, we’ve run out of energy. There’s no energy left to do it anymore” (**Participant 6**).

It was further highlighted how the stress of the BSC is persistent and ‘always underlying’ and ‘hanging over you’, with reminders of the crisis evident across different environments.

“No matter where you go, it sort of comes with you” (**Participant 14**)

Sub-theme 2: Accumulation of stress

The residents highlighted how stress generated by the BSC did not exist in isolation, but were paired alongside additional standard life stressors, such as loss of family members, single parenthood, caring for elderly parents and coping with the Covid-19 pandemic. These stressors were paired with unexpected stressors generated by the BSC such as flat defects created by remediation work (e.g., mould, leaks) and conflict between residents around how to approach the BSC. The accumulation of these various factors appeared to have a cumulative effect for some leaseholders.

“But just that accumulation of everything and there is just absolutely no respite from it, I just need a break” (**Participant 14**).

Sub-theme 3: The ups and downs

Throughout the interviews, the BSC was often described as a ‘rollercoaster’, with various ‘ups and downs’. Leaseholders described experiencing ‘one step forward, and two steps backwards’, generating an oscillating experience of hope and hopelessness.

“Just as you think you're getting somewhere, you're not. And you go, okay we're getting somewhere again, but no, that's shut down. Just after a while, you start to feel less of a person, you're just kind of existing. I think at one point, we were saying 'we're surviving, we're just surviving.' And then I think we're not surviving anymore, we're just existing, there's no real life to this. There's no...you can't plan for anything you can...that's not living at all. It's not even one day at a time.” **(Participant 14)**

Discussion

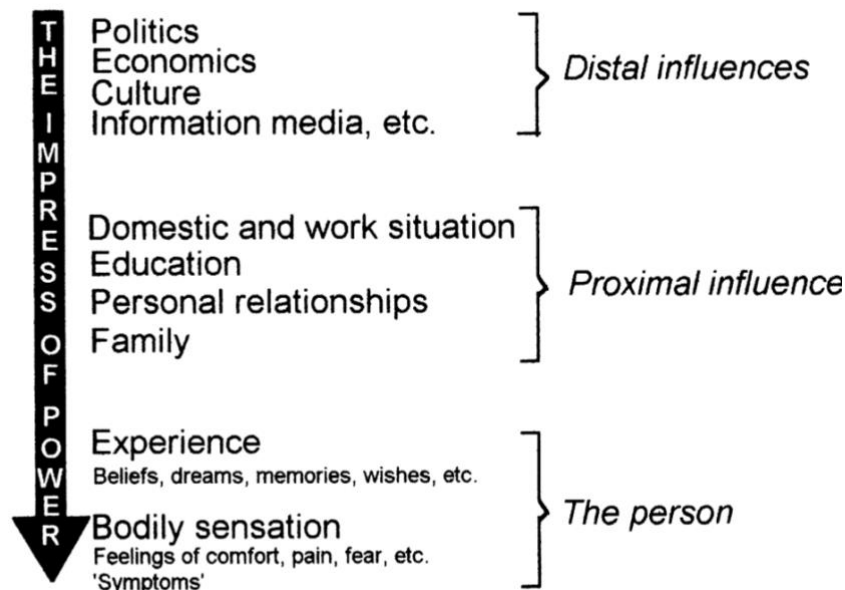
This study explored the psychological impact and mechanisms of distress across eleven leaseholders affected by the building safety crisis who experienced subjective changes in their wellbeing linked to their experience of BSC. Although there was variation seen across different leaseholder's experiences, there were some unifying patterns of meaning across the interviews including themes of: Powerlessness, Threats, Psychosocial Harm and the Mounting Toll.

Powerlessness

The central theme contributing and maintaining leaseholders' distress was powerlessness, with the BSC being experienced as a failure of justice forced upon leaseholders, creating numerous life-limiting impacts on their lives, with limited power to change or influence their contexts. This finding highlights the pivotal role of power and leaseholders' powerlessness, which has been previously overlooked in other research into leaseholders wellbeing (Oswald et al., 2023; Preece, 2021). Notably, different psychological models vary in the importance they place on operations of power and social justice when understanding individuals experiences of distress (Johnstone & Boyle, 2018), however, several fields of psychology recognise power as a central component to understanding the experience of distress, most notably the field of community psychology (Nelson et al., 2001; Smail, 2005; Watson & Williams, 2006). There is now a wide illustration of the therapeutic and social work models promoting the influence of structural and environmental factors creating distress within individuals, including Hagan and Smail's conceptualisation of power and distress (1997; see Figure 2) and the more recently developed Power Threat Meaning Framework (Johnstone & Boyle, 2018). Although the influences of power and powerlessness resonate across other themes and subthemes, the specific theme of powerlessness depicts a patterned experiences of *disempowering experiences* (a lack of accountability by responsible parties, the complexity of understanding the BSC) and leaseholder's *power to change and influence their circumstances* (with leaseholders expressing limited control, being forced to pay for

other mistakes). This theme coincides with Hagan and Smail's (1997) formulation of distress which identifies emotional distress as being brought about by damaging social power operating in individuals' lives, with limited power and resources to affect these sources.

Figure 2. Hagan and Smail (1997) conceptualisation of the impress of power



Threats

Across different models, there are many ways of defining and conceptualising power. However generally, power is thought of as 'a means of obtaining security and advantage' (Smail, 2005) and is a pattern of domination over others that limit opportunities (Tew, 2006), including a range of economic/material, interpersonal, legal and biological power (Johnstone & Boyle, 2018). Several operations of power ('threats') were identified across leaseholders' experiences, including financial, being trapped in limbo, physical safety, and experiences of invalidation; these were hypothesised to be key drivers of distress for individuals affected, all of which facilitated leaseholder's experiences of psychosocial pain in different ways. These findings, although important, are not unanticipated, with leaseholders long reporting the triple threat nature of the BSC, with an inability to escape the situation and fear of financial ruin

and fire (Brill, 2022). Such operations of power appear to threaten basic human safety needs, as defined by Maslow's Need Hierarchy Theory (1943). This theory identifies that to create stability for the future and to protect against fear from the external environment, individuals must have an avoidance of physical, economic, and emotional sources of anxiety. These findings from this study highlight how the additional impact of extended periods of uncertainty and waiting, paired with perceived invalidating responses, and not feeling heard, further contributed to leaseholder's distress.

Financial burden and uncertainty

The burden of financial costs and financial uncertainty appeared to be a primary source of distress for many leaseholders. Leaseholders described experiences of anxiety linked to economic pressures created by large bills resulting from various factors associated with the BSC. This subtheme connects to a large body of existing research, illustrating the mental health consequences of financial instability and indebtedness on individuals (Fitch et al., 2011; Richardson et al., 2013; Haw et al., 2015). Across the interviews leaseholders described how the economic threats and uncertainty impacted their lives, leading to the loss of autonomy around spending and ultimately limiting aspects of individuals lives, including preventing engagement in desired social activities and generating anxiety around spending. Other researchers have highlighted the insidious nature of financial hardship. For example, Johnstone and Boyle (2018) highlight how financial hardship limits individuals' abilities to cope with life's mild stressors, by denying individuals the means of escaping circumstances, including opportunities such as going on holiday, socialising outside the home with friends, and limiting access to support systems. This experience of reduced access to support resonated throughout the interviews; with one participant highlighting how she opted not to be prescribed medication for her experience of low-mood due to the cost of prescription.

Physical safety

The experience of living in a property with combustible material had varying impacts and responses across leaseholders. For some, it was an ongoing threat and experienced as a source of danger in their lives, whereas for others, the risk of fire felt limited. Physical safety and security are commonly thought of as fundamental human needs (Gasper, 2005; Wills-Herrera & Andes, 2011). Previous research illustrates how the experiences of danger predict the development of generalised anxiety disorder (Kendler et al., 2003). These experiences interrelate with the wealth of research exploring the association between mental health outcomes and housing quality, including structural and environmental risks (Evans et al., 2003; Rautio et al., 2018; Shah et al., 2018). Importantly, experiences of 'home' carry important emotional connections with aspects of security, privacy and comfort and a place for identity to be reinforced through the physical environment (Sigmon et al., 2002). Across the interviews leaseholders highlighted how the use of combustible material, feeling trapped in their homes and the association formed between their homes and the stress of the BSC, changed leaseholders experience of comfort and security within the home, to sometimes experiences of fear and insecurity.

Trapped in limbo

Leaseholders experienced a sense of being 'trapped' in a waiting period, awaiting both information from necessary sources and progression towards remediation work. This included waiting on news about if their properties were affected by unsafe building materials, the timelines around remediation work starting and ending and whether they would access financial support. Waiting times often involve navigating heightened levels of uncertainty (Sweeny & Cavanaugh, 2012), which is known to generate negative psychological states and are closely associated with experiences of anxiety (Izard, 1991; Parsons, 1980). This experience of waiting was paired with a sense of being 'trapped', unable to move the process along and unable to move. Predictably experiences of entrapment, defined as the desire to escape from aversive circumstances with no perceived routes of escape (Gilbert &

Allan, 1998) are strongly associated with emotional distress, including depression and are identified as a core component leading to suicidal ideation (Brown et al., 1995; Kendler et al., 2003; O'Connor & Portzky, 2018).

Invalidation

The final threat interpreted from the interviews was leaseholders' experiences of invalidation. Across the interviews, leaseholders described experiences of distress, loss and injustice. Notably, experiences of injustice and unfairness are fundamental constructs which contribute to human pain and distress (Karos et al., 2018). Despite these challenging experiences, leaseholders described patterns of interpersonal and institutional responses that were experienced as minimising, misunderstanding and denying their psychological experiences of distress and requests for support. This was paired with a social discourse around the BSC being 'sorted' and resolved by the government already, and experiences of social networks across family and work not understanding the BSC and its psycho-social impact. Such responses can be identified as a form of invalidation and can perpetuate experiences of psychological distress (Linehan, 1993).

Psycho-social harm

The range of threats (including the experience of being trapped, with potential fire safety risks, large financial costs, and additional stressors generated by the BSC such as living through remediation work) created a range of psychological and social harmful impacts. This included the impact of the various stressors of their personal relationships, including romantic relationships, existing friendships and generating new relationships. Some leaseholders spoke about withdrawing from friendships due to their experience of ongoing stress, sometimes referred to as 'stress-induced social avoidance' (daSilva et al., 2021). Whereas, other leaseholders spoke about conflict with romantic partners and family members which, reflecting the bi-directional impact on stress and relationship quality (Roberson et al., 2018). These findings coincide with research on how relational contexts,

especially exposure to stress, play an important role in shaping relational dynamics, satisfaction and longevity (Neff & Karney, 2004; Randall & Bodenmann, 2009).

Leaseholders further described how their circumstances affected their sense of autonomy and agency over life decisions, impacting choices across different aspects (e.g., moving, having children/ changing jobs) and engagement in daily-activities and habits of daily spending. Individuals sense of autonomy and agency are known to play a vital role in experiences of daily well-being (Chirkov et al., 2010; Reis et al., 2000). Importantly, these threats impacted leaseholders' expectations of living their lives the way they had planned. Unexpected events which disrupt life courses and transitions naturally challenge individuals ontological security and impact on an individual's personal identity (Giddens, 1991). This was observed across some of the interviews with leaseholders, as some participants spoke about how their loss in sense of self and the isolating nature of watching others live their lives, the way the leaseholders had planned.

The mounting toll

Importantly, the impact of harm included mental health deterioration and broader changes to leaseholder's emotional wellbeing. The intensity and the characterisation of psychological distress varied across leaseholders. For example, one leaseholder described relapsing in pre-existing mental health difficulties. Two leaseholders described a more generalised experience of chronic stress, and worry, whereas the eight other leaseholders described ranging experiences across a spectrum of severity including experiences of anxiety, low mood and panic. Individual differences between leaseholders likely reflect variation across protective coping resources factors, which ameliorate the impact of the operations of power in their lives (including personal and social assets such as e.g. subjective experiences of financial security, subjective experiences of threats to autonomy and entrapment, positive social relationships) and the intensity and extent of ongoing strain and experiences of childhood and adulthood traumas (Thoits, 2010). These findings correspond to Oswald et al.

(2023) findings, which found variation across home-owners well-being linked to financial stability and fire risk threats.

Significantly, the participants highlighted how the longevity of stressors and the turbulent nature of progress, paired with other life stressors, was having a negative cumulative impact on leaseholders' wellbeing. There was a pattern of meaning across the interviews highlighting an experience of fatigue and exhaustion, creating experiences of apathy and low mood. This pattern links with previous research which highlights how chronic stressors can have a greater influence on mental health compared to acute traumatic events (Turner, 2003; Turner et al., 1995). This experience appears to connect to a pre-existing understanding of the physiological impact of stress, with reactions transitioning from: alarm, resistance and finally, the *exhaustion* stage (Selye, 1956). These findings highlight that both the different types of power operating on individuals' lives, and the longevity of the stressor, play an important role in impacting an individual's experience of wellbeing.

Clinical Implications: Policy and Practice

The findings from this study highlight sources of psychological distress for leaseholders, including experiences that threaten individuals' autonomy and create experiences of entrapment, fear of fire and financial ruin. These results yield a range of political and clinical implications necessary to support leaseholders and to ameliorate sources of ongoing threats. The necessary political changes are clear, nor unsurprising and coincide with the End Our Cladding (n,d) campaign aims which are broadly based around:

- The removal of dangerous cladding, with prioritisation of those with the greatest risk, alongside transparency from building owners to residents
- Comprehensive financial support and future protection of leaseholders

- A development of a new process to replace the EWS1 process, to value and sell properties with unconfirmed or confirmed fire risk identified, that enables leaseholders the opportunities to move from their properties.
- The provision of mental health support to affected residents

There is an appreciation that although the highlighted changes are clear and straightforward, the ability to action them may not be so, and structural political changes take time. This poses many questions relevant for clinical practice, especially regarding the implementation of offering mental health support for the affected individuals. It poses questions about what support is currently available to citizens in the UK and how appropriate is this, paired with queries around what therapeutic tools/actions could be helpful when supporting individuals affected by macro-levels of power. These questions are explored when addressing the impact of these findings in paper III, but discussions below draw upon some of the immediate clinical implications of this study.

Smail (1994) identifies that clinical psychologist's roles in supporting individuals affected by of power should focus predominately on 1). demystifying experiences of distress, using a scientifically valid account of their distress and 2). to make available the knowledge of the socio-psychological processes of distress to promote theory-consistent action. The findings of this study align with these outlined roles, as this research attempts to demystify and make sense of leaseholders' experiences of distress, whilst aiming to make this knowledge available to professionals. Disseminating and sharing leaseholders' experiences may be particularly important based on the findings of this study, as one of the perceived drivers of distress experienced by leaseholders was the sometimes invalidating, albeit unintentional, responses from others. This included responses from health care-professionals including GPs and therapists and the structures of services preventing adequate and meaningful support for affected individuals. For example, one leaseholder spoke about their brief experience of CBT, with thought challenging exercises being experienced as unhelpful and invalidating. Another leaseholder described how the short sessions available from general

practitioners, were too brief to provide an overview of what was happening to them, hoping to access medication to support their mental health. Professionals encountering leaseholders affected by the building safety crisis would benefit from having a generalised understanding of their context and stressors in which they likely face, in order to 1). Facilitate a shared understanding in the healthcare professional, 2). To provide an empathetic experience for leaseholders and 3). To help identify appropriate support based on their individual psychological needs and presenting problems. The broader clinical implication of this study involves reiterating the importance of socio-political factors in individuals' experiences of distress and practitioner's need for incorporating such factors into formulations.

Strengths and limitations

A strength of this study was the trustworthiness of the methodological approach. There was a rigorous and transparent approach taken to the reflective thematic analysis, to generate clear and meaningful results. Different methods of reflectivity, including reflective diary and supervision, supported careful inspection of the researcher's own assumptions and understanding of the BSC. Obtaining feedback and reflections from more than half of the recruited sample, supported the elaboration of theme development and definitions. Furthermore, the sample recruited reflected leaseholders from a broad range of geographical locations, ethnicities and genders, meaning that a broader range of insights and experiences could be explored (Barbour & Barbour, 2003). This is especially important given the lack of minoritised populations represented in mental health research and the need to generate cultural and gender competent mental health research (Iwamasa et al., 2002; Smith et al., 2018).

Within this study, the recruited sample in this study broadly captured leaseholders between the age of 30-59. Financial circumstances differ across life spans, as individuals move across positions of seniority with job-roles and towards retirement and pension use. The

meaning associated with financial circumstances and autonomy similarly changes across life stages, with enhanced societal expectation of financial security in later life and freedom into retirement. Although the meaning of the BSC will vary from person to person, it can be assumed that age related factors will influence leaseholders experience and narrative of the BSC. Furthermore, the study included no measure of leaseholder's income or education levels. Recruiting leaseholders from more diverse backgrounds, including different socio-economic backgrounds, education levels and age groups will be an important step in encapsulating the range of experiences, especially when impacted by other forms of structural power.

A further limitation of this study was the methodological capacity to highlight the heterogeneous nature of mental health experiences across leaseholders. As the analysis focused on identifying unifying patterns of meaning across leaseholders, some of the variability of experiences was unable to be reflected in the results. The mental health impact on the recruited sample was wide-ranging. Some leaseholders shared how the BSC had created a difficult life-changing experience of mental health whereas for some leaseholders, the BSC was experienced as an ongoing challenging but manageable stressor. As the focus of this study was to explore the mechanisms of distress and impact, there was limited scope to explore the heterogenous nature of impact within the analysis and exploration of the results.

Future research recommendations

Future research could expand on this study by exploring the extent of the wellbeing impact on leaseholders on a larger scale using quantitative measures. This would be especially valuable to capture the magnitude and nature of the wellbeing impact. Using clinically validated outcome measures, both the impact of the BSC can be further explored and understood and services and clinical practice can be shaped accordingly. Notably, across

the interviews, there was evidence of a wide range of severity of distress across leaseholders. Future and clinically relevant research should focus on identifying vulnerable leaseholders with heightened levels of distress and clinical risk, such as suicidal ideation and struggling with tasks of daily living. Future research could consider assessing the implementation of pilot therapeutic support such as ACT and CFT, either at a group level or individual level, to assess the feasibility, acceptability and efficacy for leaseholders experiencing heightened levels of distress.

Importantly, the majority of the recruited sample appeared engaged in the BSC, such as keeping up to date with political changes, campaigning, supporting application processes for funding and taking roles within their resident's association or RTMs. However, across the interviews, leaseholders described varying levels of engagement across other leaseholders, with some leaseholders displaying limited engagement, despite experiences of distress. Using self-selected recruitment methods from social media sites may have captured more engaged and perhaps more politically active individuals. Future research should attempt to include leaseholders less engaged in the BSC landscape and attempts to campaign against it, to explore and compare their experience of wellbeing and the impact of the BSC. A widening of recruitment methods may be needed to capture leaseholders that are less engaged and perhaps harder to reach including poster recruitment in affected buildings.

Concluding remarks

This study builds upon existing research, using transparent research methodology, to explore the impact and drivers of distress experienced by leaseholders affected by the Building Safety Crisis. The study findings identify a range of drivers of distress, including financial and physical safety-driven distress, experiences of invalidation, and the experience of being trapped in limbo, which were closely linked to existing research into wellbeing. There were a range of different psychological and social impacts identified including deterioration of mental health linked both to the numerous operations of power and the

longevity of the stress. Importantly, it offers unique contributions highlighting the role of powerlessness and how the chronic nature of the stress is impacting leaseholders' wellbeing. These experiences were closely linked to several future implications around policy changes.

Paper II: A scoping review of UK based psychological interventions aimed at attenuating the impact of financial hardship.

Abstract

The UK population have been affected by various economic fluctuations in the past five years, following on from the Covid-19 pandemic and historically high inflation rates witnessed in 2022. The fall in 'real' disposable income paired with increased prices of household essentials and resources has created a 'cost-of-living crisis', impacting various households across the UK. There is a well-established relationship between financial difficulties and mental difficulties, with prior research demonstrating a strong association between financial hardship and mental health difficulties such as self-harm behaviour, psychotic disorders and mood disorders. This scoping review looked at the evidence base on psychological-based therapeutic interventions attempting to attenuate the impact of financial hardship. The objectives of this review were to map the types of studies being conducted, the characteristics of interventions, to review the experiences of service-users and professionals/service using or delivering psychological interventions and review the quality of studies being conducted in the UK. Parameters of the review were limited to interventions conducted in the UK and interventions conducted in populations not exclusively affected by individuals affected by homelessness and unemployment. Searches were run on PsychoINFO, Web of Science and PubMed. Screening was conducted in a multi-stage manner, with initial screening of title and abstracts, followed by subsequent full in-text screening. Data was analysed and reviewed using a parallel-results convergent synthesis design, with the papers using interventions and experiences of intervention were analysed separately (Noyes et al., 2019). Out of 8,167 papers identified in the initial search, 10 papers meet the eligibility criteria. The findings identified a range of interventions differing in length, modality, format, context, across different study types including pilot. Findings from studies exploring professional perceptions of interventions highlighted a range of clinically relevant information regarding the different barriers and needs of individuals affected by financial hardship.

Introduction

The United Kingdom (UK) has one of the highest levels of income inequality across the European Union, with widespread experiences of economic hardship among its citizens (Francis-Devine & Orme, 2023; Joseph Rowntree Foundation, 2023). This concept of economic hardship refers to the experience of lacking financial resources relative to individual needs (Mack & Lansley, 1985). It is thought to be underpinned by three main constructs including income poverty, material deprivation and subjective financial stress, and involves difficulties with bill payments, obtaining suitable housing, and payment of utilities, transport, food and clothes (Lorant et al., 2007; Schenck-Fontaine & Panico, 2019). In the UK, the impact of the Covid-19 pandemic, paired with historically high inflation rates have forced household essentials and resources, such as energy and food, to rise in price (Joseph Rowntree Foundation, 2023). Furthermore, the fall in 'real' disposable income across the country has led the United Kingdom to experience widespread economic hardship named the 'cost-of-living crisis' (HM Treasury, 2022).

The impact that this economic landscape has been far reaching. The combination of pre-existing low household income, and soaring fuel and food prices, has led to many homes across the UK being affected by fuel and food poverty. Statistics from National Energy Action estimate up to 6.7 million households will be affected by fuel poverty from October 2023, leaving many individuals unable to heat their homes (National Energy Action, 2023). Furthermore, since the start of 2022, Independent Food Aid identified a significant increase in demand in one of their 550 food banks (Gorb, 2022). Meeting future and present financial commitments is an essential part of financial well-being (Mahendru et al., 2020), however experiences of indebtedness are high in the UK. Recent census data revealed that almost half of low-income households (wealth of £15,400 or less, representing 10% of the UK population) held more debt than financial assets (Office of National Statistics, 2022).

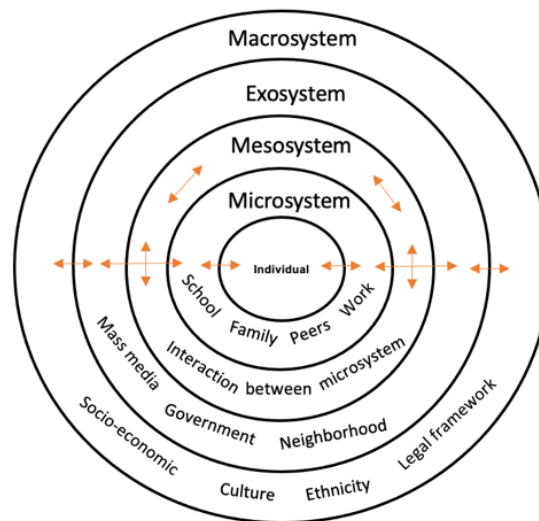
Although, there are specific social groups at greater risk of income poverty (e.g. young people, single parents, carers and individuals with mental health difficulties linked to reduced employment rates (Marmot, 2013)), the experience of economic hardship is also experienced by individuals living outside of the income poverty and unemployment. For example, households transitioning from state benefits to work will often experience an increase in financial hardship and a decrease in standards of living (a concept known as the 'cliff edge'), due to an income loss due to a failure to meet requirements for state benefits (Marmot, 2013). Furthermore, due to the UK economic climate, many individuals in full-time employment are similarly vulnerable to the experience of financial hardship with rates of 'in-work poverty', which reached a new high in 2020 (McNeil et al., 2021) and are predicted to rise even further over the next few years (Joseph Rowntree Foundation, 2023). Additionally, financial forecasts predict continuous increases related to housing, with increases in rental prices, and heightened mortgage payments, due to the corresponding mortgage interest rates (Office for Budget Responsibility, 2022). Therefore, the experience of low income, material deprivation and subjective financial stress will therefore be experienced by many individuals across the economic spectrum within the UK.

It is well-established that economic and social factors have a central role in human health and wellbeing. The adverse impact of low income on physical health has been shown across various studies, including evidence of shorter life expectancy and greater risk of specific medical conditions, such as cardiovascular disease and obesity (El-Sayed et al., 2012; Kawachi & Berkman, 2000; Lee & Carrington, 2007; Marmot, 2013). Similarly, there is a substantial body of evidence demonstrating the relationship between financial insecurity and mental health difficulties (Fell & Hewstone, 2015; Fitch et al., 2011; Haw et al., 2015; Marmot, 2014; Richardson et al., 2013). The relationship between financial difficulties and mental health is notably complex and involves various psychological, social and environmental processes (Fell & Hewstone, 2015). Importantly, the relationship is bi-directional, meaning that experiences of financial hardship increase the risk of mental health

difficulties and vice-versa (Ten Have, 2016). Despite this, there is a strong association between the experience of financial hardship and mental health difficulties such as self-harm behaviour, psychotic disorders and mood disorders (Butterworth et al., 2012; Kivimäki et al., 2020). Furthermore, financial hardship is an established suicide risk factor, with recent evidence suggesting that individuals experiencing financial indebtedness are 2.5 times more likely to die by suicide (Rojas, 2022). Experience of financial stress for individuals experiencing in-work poverty highlights the day-to-day worry, loss of sleep, anxiety, and no money for socialising (Prendergast, 2021), alongside shame, embarrassment, and experiences of 'just surviving' (McBride & Smith, 2021). The question arises, how best to support individuals affected by these experiences?

An obvious intervention would be to offer monetary interventions, as predictably increased income in these contexts can lead to an increase in psychological wellbeing and a decrease in experiences such as anxiety and depression (Taylor et al., 2009). Although such schemes are available in the UK (e.g. the Energy Bills Discount Scheme made available this year by the UK Government to support the increased energy bill prices), money-based interventions are not commonly available long term, especially in experiences of wide spread economic hardship. We must therefore have other forms of interventions to support individuals affected by financial hardship. Notably, there are various forms of intervention approaches developed to support and alleviate mental health difficulties, especially following economic hardship (Barry, 2001; Wahlbeck & McDaid, 2012). Bronfenbrenner's (1979) ecological model of human development, provides a framework of which interventions operate at. Macro-level interventions can be policy-level interventions that typically focus on preventing, promoting or effective care across a population (World Health Organisation, 1996). Examples of this include Public Health England's approach to mental health, which aims to prevent mental health problems and suicide, promote mental health and wellbeing across the UK and improve wellbeing of those living and recovering from mental health difficulties, at a policy level (HM Government., 2011; Walker et al., 2019).

Figure 3. Bronfenbrenner's (1979) ecological model of human development



Mesosystem interventions focus on wider community-level interventions. For example, there is a range of community or social level programs providing non-clinical support for populations experiencing financial insecurity, including welfare and advice services (McGrath et al., 2021). Micro-level interventions are individual level type support such as pharmaceutical or clinical interventions like psychotherapy, offered within mental health services and private practices. As discussed by Shim (2018), and many other researchers in the field of social determinates of mental health, 'treatment' of those affected by social determinants such as income inequality, must offer both micro-level interventions such as therapy and medication, whilst also focusing on public policy approaches to promote social change.

With the advance in evidence-based medicine practices in the 1990s, there was a rise in research exploring the efficacy of individual level therapeutic interventions (Philips & Falkenström, 2021). Over the years, there have been a range of psychological interventions that have been developed to target specific mental health difficulties. For example, there are a range of systematic reviews exploring the range and effectiveness of interventions for depression (Cuijpers et al., 2019), social anxiety (Mayo -Wilson et al., 2014), dental anxiety

(Boman et al., 2013) and well-being in the workplace (Carolan et al., 2017). Such interventions range from cognitive behavioural therapy (CBT; individual and group based), behavioural therapy, acceptance and commitment therapy, psychodynamic psychotherapy, and self-help interventions. And yet, there are surprisingly limited interventions supporting individuals affected by financial hardship and experiences of subjective financial distress. Notably, the only identified systematic review in this field was conducted in 2017 and aimed to identify interventions from across the world targeting the mental health impact of unemployment and economic hardship (Moore et al., 2017). Although several employment related interventions were identified, only one intervention appeared to specifically support the experience of financial hardship and indebtedness, using telephone debt advice. This review notably only focused on randomised control trials.

Over the last five years, there has been an increase in psychological intervention studies emerging around financial hardship in the UK. For example, 'Space From Money Worries', an online CBT intervention, was piloted Richardson and colleagues (2022) within an Improving Access to Psychological Therapies service, a national service was developed to increase accessibility of psychological support to individuals with anxiety and depression. Similarly, interventions such as the 'Hope Service' have been recently developed which combine psychological and psychosocial supporting men with acute distress and financial hardship (Jackson et al., 2022). These studies illustrate a growing body of research around psychological interventions targeting financial distress in the UK. However, reviews to date have either focused on randomised control trials offering psychosocial interventions for financial distress or interventions paired to explore both unemployment and financial difficulties (Moore et al., 2017; McGrath et al., 2021).

Given the UK is currently witnessing the biggest drop in real household disposable income per person 'since records began' in 1956, (Francis-Devine & Orme, 2023), and there is a strong association with mental health and financial security (Butterworth et al., 2012;

Kivimäki et al., 2020), it was deemed suitable to map out the evidence and synthesize around *what is known regarding the evidence base on psychological-based therapeutic interventions attempting to attenuate the impact of financial hardship*. To synthesize evidence relevant for individuals in the UK (i.e. adults affected by UK specific economic climate and accessing UK specific mental health services), the focus of this review was restricted to UK- based interventions conducted with adults. Given the growing but limited research studies in this field, a scoping review was deemed suitable for this area of research to identify and map out the available evidence (Arksey & O'Malley, 2005; Munn et al., 2018). By examining the range and nature of evidence, the gaps in the literature and areas of future development are aimed to be acknowledged.

Specifically, this review aimed to address the research question, what is known from the existing research literature regarding psychological therapeutic interventions for adults experiencing financial hardship in the UK? With four specific aims:

- a). To review the types of studies being conducted
- b). To review the characteristics of current and future therapeutic-based interventions being used to support individuals affected by economic hardship in the UK? (i.e. length, modality, format, context, the type of additional support offered in conjunction to psychological support)
- c). To review service-users and professional/service provider's experiences of using and delivering psychological interventions
- d). To review the quality of studies being conducted

Methods

A scoping review methodology (Peters et al., 2020) was used to explore existing research literature regarding psychological therapeutic interventions for adults in the general population experiencing financial hardship in the UK. A protocol for the methodology was

developed and registered on Open Science Framework⁶. In line with recommendations, any changes from the protocol are detailed throughout this review and rationale is provided. Current scoping review guidelines were used for conducting and presenting the results (Peters et al., 2020; Tricco et al., 2018). A preliminary search of the Cochrane Database of Systematic Reviews and *JB I Evidence Synthesis* was conducted and no systematic reviews or scoping reviews on this topic were identified.

Eligibility criteria

Eligibility criteria for this review are displayed in Table 2. For inclusion, the definition of psychological-based therapeutic interventions used in this review were interventions which explicitly attempt to attenuate the impact of financial hardship, which is informed by one or more psychological models (e.g. Mindfulness, psychoeducation, counselling, Motivational interviewing). Included interventions were expected to vary across therapeutic modality, intensity and format of interventions (i.e. delivered in an individual work, group or family or couples' format). The scope of the review included interventions conducted face-to-face, online, app based and integrated interventions. Pilot studies, RCTs, non-RCTs and study protocols were included in this scoping review. Importantly, interventions that include interventions that also offer psychosocial or community interventions in conjunction with psychological treatment, such as financial advice, were also accepted. However, pure psychosocial services such as telephone debt advice (see Pleasence & Balmer, 2007, as identified in Moore et al., 2017) were not considered.

Parameters of the review were limited to interventions conducted in the UK; implementing geographical specificity in the review, meant the result would be more applicable and generalisable to the UK context. In a similar vein to approaches adopted by McGrath and colleagues (2021), interventions conducted in populations exclusively affected by

⁶ <https://osf.io/46uzm/>

homelessness and unemployment were not included; this was implemented as the focus of this review was interventions impacting experiences of financial hardship, over more persistent social problems. Corresponding to approaches adopted by Moore and colleagues (2017), interventions conducted exclusively in select working-age groups were not included e.g., veterans, single parents and individuals affected by a physical health problem.

Table 2. Eligibility criteria for scoping review

	Included	Excluded
Publication Type	<ul style="list-style-type: none"> Peer reviewed articles Dissertations 	<ul style="list-style-type: none"> Grey literature Book/book chapters
Language	<ul style="list-style-type: none"> English 	<ul style="list-style-type: none"> Non-English language
Study Objectives	<ul style="list-style-type: none"> Studies focusing on psychological interventions attempting to attenuate the impact of financial hardship Studies focusing on the experience of receiving or conducting psychological attempting to attenuate the impact of financial hardship 	<ul style="list-style-type: none"> Studies with non-specific focus on targeting distress linked to financial circumstances
Methodology/design	<ul style="list-style-type: none"> Quantitative Qualitative Mixed Method Study protocols 	<ul style="list-style-type: none"> Case study designs Review articles
Sample	<ul style="list-style-type: none"> Adults (over the 18+) identified as experiencing distress relating to their financial circumstances based in the UK Professionals offering psychological-informed interventions working alongside individuals experiencing financial related distress based in the UK Control populations not affected by financial distress will be considered if used for assessing the feasibility of psychological interventions targeting financial hardship based in the UK 	<ul style="list-style-type: none"> Individuals under the age of 18 Individuals living outside the UK Interventions targeting populations <i>exclusively</i> affected homelessness and unemployment, Interventions targeting populations <i>exclusively</i> affected medical conditions, returned military veterans and single parents

To ensure the evidence base within the review was current, the search was restricted to peer reviewed papers published in the past 20 years, since 2003. Due to time constraints, books, book chapters and grey literature were excluded.

Selection Process

The following databases were searched on the 22nd of February 2023: *PsychoINFO*, *Web of Science* and *PubMed*. The databases were searched using the search terms displayed in Table 3. Search terms were developed and consulted on by an academic supervisor and university librarian.

Table 3. Scoping Review Search Terms

Search category	Terms Used
Financial hardship	("cost-of-living" OR "financial hardship*" OR "fuel poverty" OR "economic hardship*" OR "economic stress*" OR "financial stress*" OR "financial difficult*" OR "debt*" OR "poverty" OR "bankrupt*" OR "low income" OR "unemployment" OR "jobless" OR "job loss" OR "redundan*" OR "Socioeconomic Deprivation" OR "job insecurity")
Therapeutic intervention	"psychological support" OR "psychological therap*" OR "psychosocial support" OR "emotional support" OR "Therapeutic work" OR "CBT*" OR "cognitive behaviour therapy" OR "mindfulness" OR "psychotherapy*" OR "group intervention*" OR "group therap*" OR "talking therap*" OR "counselling" OR "acceptance and commitment therapy")

Screening took place across two-stages. Initially, all identified citations were collated on EndNote 20 and duplications were removed. All title and abstracts were reviewed using the pre-defined eligibility criteria (Table 2.), using Screenatron via the online tool Systematic Review Accelerator. A random sample of 25 titles and abstracts were screened by two

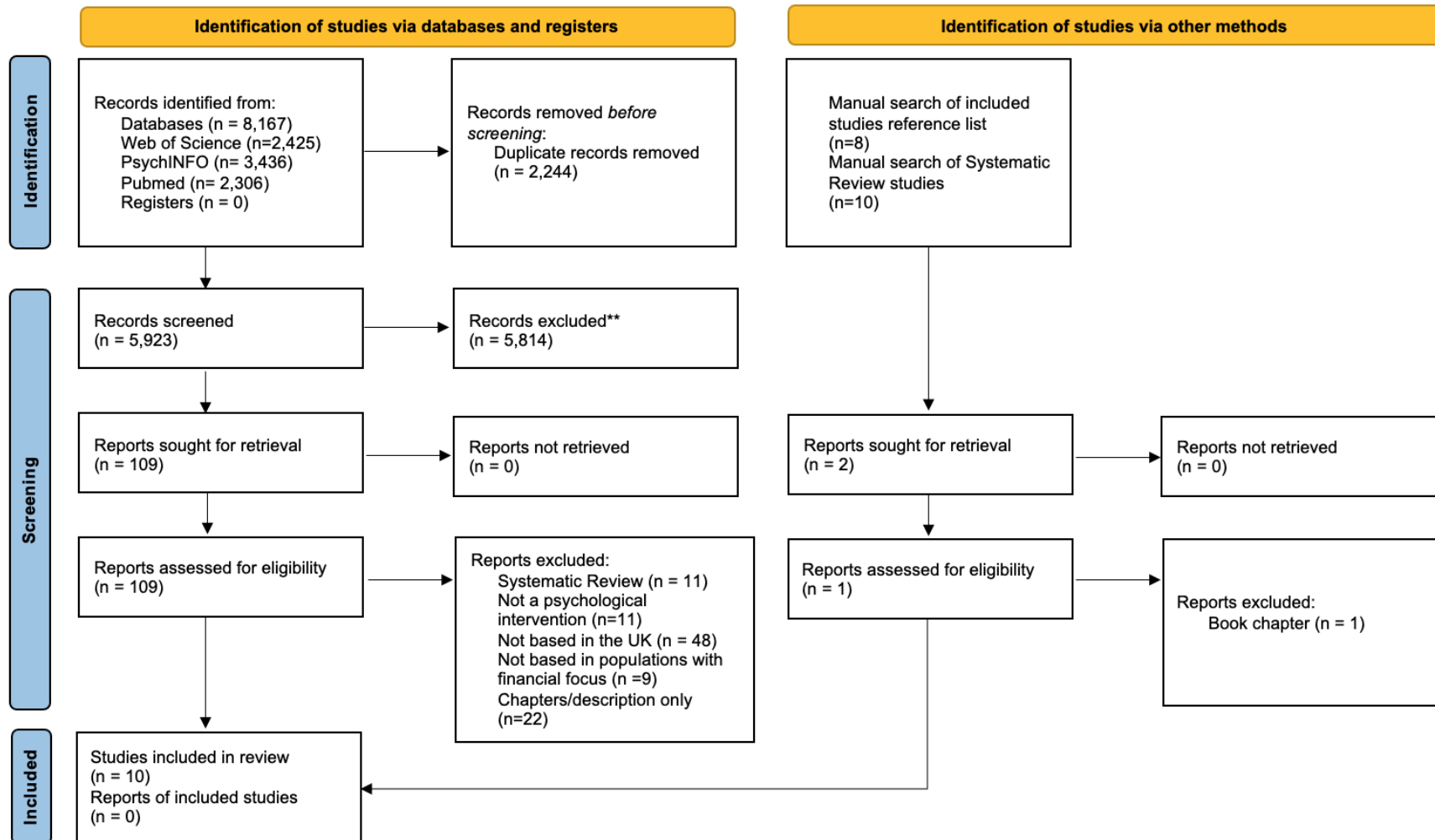
independent reviewers. No discrepancies were identified at this stage. Potentially relevant sources were then retrieved in-full and reviewed using EndNote 20. A random selection of twenty per cent of citations which met the criteria for full-text reviewing were reviewed by two independent reviewers. One discrepancy was identified here and was resolved through discussions. The reference list of all identified eligible studies were also manually searched. Additionally, all papers were systematic reviews identified as potentially relevant at the in-full screening stage were reviewed to identify additional relevant papers. The results of the search process are presented using the Preferred Reporting Items for Systematic Reviews and Meta-analyses extension for scoping review (PRISMA-ScR) flow diagram (Tricco et al., 2018) (Figure 4).

Data extraction, charting and categorisation

Data was extracted using the pre-generated data extraction tool as identified in the study protocol (see Appendix 8). Data was analysed and reviewed using a parallel-results convergent synthesis design (Noyes et al., 2019). This form of analysis was an additional step added following the study protocol publication. Parallel-results convergent synthesis design enables different types of evidence (i.e. psychological-based intervention vs. studies exploring experience of conducting or receiving psychological-based intervention) to be analysed and presented separately and subsequently synthesised for interpretation of findings together in the discussion section (Hong et al., 2017). The rationale for this change from the published study protocol was to generate a more coherent and clearer map of the data. As outlined by the study protocol, the results are presented in tabular form. For qualitative data, themes and subthemes were extracted and charted. For quantitative studies, the primary outcome measure used in the analysis and a summary of findings were charted. The tubular presentation of results was subsequently reviewed in a brief content analysis. In line with scoping review goals, the results of studies were not critically appraised and synthesised to answer a research specific question, but rather mapped out to provide an

Figure 4. PRISMA Flowchart

PRISMA 2020 flow diagram for new systematic reviews which included searches of databases, registers and other sources



*Consider, if feasible to do so, reporting the number of records identified from each database or register searched (rather than the total number across all databases/registers).

**If automation tools were used, indicate how many records were excluded by a human and how many were excluded by automation tools.

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;[372:n71](https://doi.org/10.1136/bmj.n71). doi: 10.1136/bmj.n71. For more information, visit: <http://www.prisma-statement.org/>

overview of the evidence (Munn et al., 2018). As one of the aims of this scoping review was to establish the gaps in the existing literature, it is deemed appropriate to assess the quality of the existing literature to assess the extent and nature of these gaps more accurately (Levac et al., 2010). The Mixed Methods Appraisal Tool (MMAT; Hong et al., 2018) was used to critically appraise the studies included in this Scoping Review. The MMAT screening questions was used on all papers included in the review and the studies deemed suitable for MMAT were then systematically reviewed using the methodological quality criteria checklist.

Results

A total of 10 papers were initially identified through the systematic search. After duplicates were removed and full-paper screening was performed according to the eligibility criteria (Table 2), a total of 10 articles were deemed eligible for the review (see Figure 4 for the PRISMA flowchart). Seven of the eligible studies focused on psychological-based interventions designed for supporting populations affected by financial hardship. Whereas only three of the studies utilised qualitative analysis to explore the experiences and perceptions of practitioners implementing therapeutic interventions aimed to attenuate the impact of financial hardship. The outcomes of the psychological-based interventions are detailed first, and the findings are mapped below.

Narrative summary

1.1 Study type

The study characteristics of these psychological-based intervention studies are displayed in Table 4. The majority of these intervention-based studies (71%) were pilot studies, exploring the feasibility of their respective interventions. The further two papers, not utilising a pilot design, offered a qualitative and mixed-method follow-up on one of the pilot studies, the HOPE project. Five of the intervention-based studies used a mixed-method design, using both quantitative and qualitative methodology to explore participant's experiences.

Table 4. Psychological Intervention characteristics

Authors	Design/ Research Study	Location	Population	Length of intervention	Modality/format	Content
Gabbay et al., (2017)	Mixed-Methods Pilot Randomised double-blind	Three sites within North-west England, South-west England and South Wales	Individuals with a history of depression (with or without anxiety) within the last 12 months and who also had worries about personal debt	The number of debt counselling sessions taken varied across the participants (between one and four sessions)	Biopsychosocial assessment with GP, followed by one to one face to face debt counselling with specialised debt advisor from Citizens Advice Bureau (CAB) supplemented by IAPT support where appropriate	<p>This intervention was informed by principles of collaborative care using co-location, case management, enhanced communication and shared comprehensive assessment, to combine treatment of depression in primary care setting with debt counselling.</p> <p>Debt counselling aimed to educate individuals with the skills to manage their debt in order to avoid worsening depression and debt and raise confidence over finances.</p>
Jiga et al., (2019)	Mixed methods Non-randomised waitlist-controlled feasibility pilot study	Regeneration areas around Dundee	Individuals receiving benefits or earning less than the Living Wage in a socio-economically deprived community	8-week eight-session more 2-hour weekly sessions. (inc. one additional group pre- programme Orientation Session)	Mindfulness based intervention, based on Blacker et al.'s (2009) MBSR curriculum, designed to reduce stress In person – group format	The intervention aimed to teach and practice mindfulness-based strategies. This involved learning about mindfulness and stress, alongside employing a range of body and breath short practices awareness practices such as breathing practices.
Barnes et al., (2018)	Mixed methods Pilot randomised feasibility pilot study	A city based in the Southwest England	People presenting to A&E following self-harm or with suicidal thoughts, depression and/or in crisis and where financial, employment, benefit or housing problems	6 sessions (lastly one hour)	1:1 face to face community support using motivational interviewing (MI) and signposting for relevant community support included practical and mental health support	HOPE Project – This intervention was a navigator-style intervention using MI techniques aimed to resolve ambivalence and to move towards change. The aim was to work with individuals to increase their independence, decision-making and confidence when approaching and dealing with their specific problems, whilst providing them with the confidence to tackle future problems

Authors	Design/ Research Study	Location	Population	Length of intervention	Modality/format	Content
Jackson et al., (2022)	Mixed methods A prospective cohort study – with an additional qualitative analysis of experiences of HOPE service users	Based in Bristol, North Somerset and South Gloucestershire area	Men aged 30- 64, with acute suicidal distress who are tackling debt, financial, employment or benefit difficulties	Dependent on need and engagement. Number of face-to-face sessions ranged from (n=0-12)	As detailed above Supplemented by unlimited support either through phone calls and text messages	HOPE Project – The Hope project workers delivered psychologically informed support which included a listening, non- judgemental, empowering, and solution-focussed therapy approach. Additionally, project workers were skilled in safety planning, suicide assessment and interventions, motivational interviewing and mental health difficulties
Farr et al (2022)	Qualitative	As detailed above	As detailed above	Up to 8 face-to-face sessions with unlimited telephone support	As detailed above	Additional support detailed: HOPE project workers include action planning, solution-focused therapy, goal directed, practical intervention, coaching; talking through past trauma, safety planning to reduce self-harming behaviours
Richardson et al (2022)	Quantitative Pilot study - naturalistic study with a pre-post design	Region of Berkshire	Participants accessing support through IAPT	7 weeks (7 modules, one complete each week)	Cognitive Behavioural Therapy model with techniques from Acceptance and Commitment Therapy Online using Silvercloud health	Space from Money Worries - Techniques include psychoeducation, thoughts-feeling-behaviour cycle, identifying and challenging cognitive distortions around finances, mood diary, behavioural activation, graded exposure, relaxation skills, assertiveness skills, ACT skills to increase acceptance, mindfulness exercises, practical advice around financial management techniques
Smail et al. (2017)	Feasibility study Mixed method	Salford, England	University students	8 weeks (30-minute sessions) (+2 minute introductory session)	Internet Cognitive Behaviour Therapy Online (Web-based)	The Ostrich program focused on psychoeducation of stress & anxiety, introduction to CBT, education around thinking pattern, problem solving cognitive techniques, incorporating positive action, taking action, and stress/relaxation management methods

1.2 Characteristics of interventions

There was substantial variation between the characteristics of the different interventions including the length, modality, format, context, and support offered in conjunction to psychologically informed support. Table 4. provides a summary of the main study characteristics. Table 5. and Table. 6 offer a descriptive summary of the quantitative and qualitative analysis taken.

The two studies with the most similarities were conducted by Smail et al (2017) and Richardson et al. (2022), which both utilised online platforms to explore the feasibility of a cognitive behavioural derived interventions. Although, both these interventions both aimed to address worsened mental health specifically linked to financial circumstances, Smail and colleagues (2017) was using a non-clinical population to assess feasibility, whereas Richardson (2022) used a clinical IAPT population. Both interventions offered financial advice and strategies in addition to the CBT orientated support. For example, '*Space from Money Worries*' (Richardson et al, 2022) has a module specifically outlining how to get active whilst on a budget and the Ostrich program included budgeting exercises and guides, including signposting for debt advice services. Richardson and colleagues (2022), using an intention-to-treat analysis, showed a reduction in depression and anxiety level scores, with an increase in financial wellness, all displaying medium to large effect sizes. Similarly, Snail and colleagues (2017) showed a reduction in anxiety and stress, but not in depression in the non-clinical control population. However, notably, both studies did not have a control trial, so may be impacted by confounding variables. Both studies obtained feedback data on acceptability and satisfaction of the intervention, either using combined interview and module based questionnaires (Snail et al., 2017), or a module satisfaction rating (Richardson et al., 2022). Both forms of feedback appeared to offer positive feedback and found the intervention helpful.

The mindfulness-based intervention described by Jiga et al. (2019) was the only intervention to employ an in-person group format. This 8-week intervention cited the stress associated with financial hardship and social exclusion, as the focus of the intervention, focusing on individuals receiving benefits or earning less than the Living Wage. The format of the group included a socialising component, with 30-minute pre-session socialisation involving refreshments and conversation. Furthermore, participants were encouraged to seek support through 'course buddies' e.g., a fellow course/family member, friend or colleague, to discuss experiences and encourage home practice participation and course completion. Despite the high drop-out rates, the adapted mindfulness-based intervention was identified by the authors as a feasible intervention due to significant improvement in all three measurements of wellbeing compared to a control group. By asking participants what wellbeing meant to them at baseline and following the intervention, researchers observed a transition from more negative to positive and more hopeful answers. This was used as an indicator that the intervention transformed perceptions of well-being.

The feasibility and acceptability of the HOPE project was initially only explored using descriptive statistics and interview data with no detailed qualitative analysis (Barnes et al., 2018). It was subsequently evaluated by Farr (2022) and Jackson (2022), using more comprehensive and transparent quantitative and qualitative analysis methods. The nature of the interventions changed across the different studies. Originally, the service offered support to men *and* women, however following funding from the local health system to develop suicide prevention services in vulnerable populations, HOPE was primarily offered to men experiencing suicidal related distress linked to financial, benefits, employment, and housing problem. The number of face-to-face sessions available to service-users also differed across the different empirical papers – notably, in more recent studies, sessions were supplemented by additional telephone support, offering service-users flexible communication. This intervention specifically outlines the implementation of psychologically informed approaches such as non-judgemental, compassionate, non-hierarchical,

motivational interviewing, solution focused therapy, alongside a range of psychosocial support, such as advice specific to service-users practical needs e.g. specialist debt advice. Using a prospective cohort design, Jackson (2022) highlighted a reduction in rates of depression (49%) and suicidal ideation (55%) and an increase in financial self-efficacy scores (26%) across a six-month time period following intervention. Complementary qualitative interviews with both staff and service-users across Farr (2022) and Jackson (2022), highlight the potentially helpful impact of Hope, including the scope of support and experience of empowerment and how it differed from other services.

The face-to-face debt counselling intervention explored by Gabbay and colleagues (2017), employed collaborative care, using co-location, case management and enhanced communication, to combine treatment of depression using a 'comprehensive' biopsychosocial assessment in a primary care setting alongside debt counselling. This support was supplemented by IAPT support where appropriate. Debt counselling aimed to educate individuals with the skills to manage their debt to avoid worsening depression and debt and raise confidence over finances. These included sessions assessing the extent of debt and financial circumstance, creating prioritisation lists and generating an action plan. The actual number of debt counselling sessions delivered in the intervention arm of the study appears to be limited and variable (ranging from one to four sessions). Importantly, the study failed to reach its recruitment target and was terminated early during the internal pilot phase, and, therefore, not deemed a feasible intervention for the main trial. Only descriptive data was utilised however no difference can be observed across control and intervention. A range of semi-structured interviews were conducted with intervention and control arm participants, alongside professionals involved in the implementation of the study. Interviews covered a range of topics including experiences of mental health, participant's experience of the trials and professionals' experiences of conducting the trial.

Table 5. Psychological intervention studies quantitative analysis and findings

Author	Focus	Participants	Outcome measures	Analysis	Summary of Findings
Gabbay et al (2017)	Exploring the feasibility of DeCoDer (Debt counselling for Depression)	61 adults (n= 32 in the treatment group vs. n=29 in the treatment as usual)	Depression measured through: Beck Depression Inventory II Secondary outcomes reported in the Supplementary information Data was collected at baseline, 4 months and at a 12-month follow-up	The sample size was perceived to be too small, when paired with missing data, therefore only descriptive data was offered.	The study failed to reach its recruitment target and was terminated early during the internal pilot phase, and, therefore, not deemed a feasible intervention for main trial. No difference can be observed across control and intervention.
Jiga et al., (2019)	Exploring the (a.) feasibility and (b.) impact of an adapted mindfulness based intervention	40 adults (n=20 in the completed MBI group vs. n=20 control group)	Feasibility measured through: <ul style="list-style-type: none"> Attrition rates Impact measured through: <ul style="list-style-type: none"> 5 Well-being Index Mindfulness Attention and Awareness Scale (MAAS) Two quantitative custom-made well-being assessments (self-rating scale of general well-being and mental well-being) 	Feasibility explored using descriptive statistics and data around reasons for drop-out A two-way repeated measures ANOVA with factors of group (training vs. control) X time (pre and post) was used to determine the differences in well-being and mindfulness. Significant time-by-group interactions were followed up with t-tests to assess the locus of the differences.	(a.) There were high rates of dropouts with 58% of participants not completing the study. These were linked to a variety of reasons including anxiety, family difficulties, difficult timing of the sessions. (b.) There was a significant improvement in well-being with large effect sizes. However, they found no significant changes in mindfulness.
Barnes et al., (2018)	Exploring the feasibility of the HOPE intervention	19 adults (n=13 intervention arm, n=6 control arm)	<ul style="list-style-type: none"> Depression (PHQ-9) Anxiety (GAD-7) Quality of life (the Euroqol EQ5D-5L) Financial self-efficacy (financial self-efficacy scale; FSSES) Additional questions about debt, employment, welfare benefits and self-harm Intervention cost, timings of staff 	Feasibility explored using descriptive statistics Costs of the development and delivery of the intervention to patients in both arms of the trial	As no statistical analysis, no conclusions drawn. Perceived as acceptable through the interview data. Measures identified as sensitive to change Average total cost per person in the intervention arm was estimated to be £264

Author	Focus	Participants (n, groups)	Outcome measures	Analysis	Summary of Findings
Jackson et al., (2022)	a). Exploring changes in outcome measures scores at baseline and at 6-month follow-up of HOPE intervention and b). exploring the difference between low and moderate/high intensity service users outcome measures	N= 80 (low intensity n=16) (moderate/high intensity n=64). Service use (including face-to-face, phone, and texts) categorisation: Low-intensity services use (1–3 contacts) or moderate/high-intensity service use (more than 3 contacts)	<ul style="list-style-type: none"> • Hope Project Questionnaire: exploring mood, emotions, social factors such as family <ul style="list-style-type: none"> • Depression: PHQ-9 • Financial self-efficacy (FSES) • Questions about debt, employment, welfare benefits, and self-harm 	Generalised linear models were used to model the association between overall intensity of service use and PHQ-9 and FSES. These models were adjusted for baseline outcome measures and covariates (detailed in supplementary information)	<p>At 6months, there was a reduction of at least 49% in mean depression scores and the number of service users with suicidal ideation compared to baseline.</p> <p>No difference of reduction was observed in between low-intensity and moderate to high-intensity service users. There however was a 26% increase in financial self-efficacy, with a greater increase observed in low-intensity service users (35%) compared to moderate to high-intensity service users (24%).</p>
Richardson et al (2022)	To examine the preliminary clinical impact of Space from Worry Money interventions	N=30 IAPT users (N=23 completed course, N=7 only completed baseline)	<ul style="list-style-type: none"> • GAD-7 • PHQ-9 • The In Charge Financial Distress/Financial Wellbeing scale • The Money and Mental Health Scale • Module Satisfaction 	<p>Intention to treat analysis was used and participants that did not complete baseline data was handled using chained equation</p> <p>Paired samples <i>t</i>-tests were used to analyze changes over time on measures</p>	<p>The results showed a significant reduction in symptoms of depression and anxiety and increases in financial wellness all with medium effect sizes.</p> <p>Feedback data showed high levels of interest, relevance and helpfulness across the different modules</p>
Smail et al. (2017)	To explore the a) feasibility and b). impact of the Ostrich program	N=17 University students	<ul style="list-style-type: none"> • Client Satisfaction Questionnaire • Warwick and Edinburgh Mental Well-Being Scale (WEMWBS) • Depression Anxiety Stress Scale (DASS) 	Nonparametric Wilcoxon Signed-Ranks tests were used to examine changes in scores at the beginning and end of the program.	The results showed a significant reduction in anxiety and stress but not in depression. There was a significant increase in wellbeing. Feedback data showed high levels of usefulness and benefits across the 8 sessions.

Author	Focus	Participants (<i>n</i> , <i>groups</i>)	Outcome measures	Analysis	Summary of Findings
Farr et al (2022)	To explore service users and staff perceptiveness on the HOPE service, how it supported service-users and factors that enhance the usefulness of the intervention	N=26 (n=16 service users), (n=6 HOPE workers) (n=2 advice workers) (n=NHS referral staff)	Interviews	Coding framework analysis (Gale et al., 2013)	<ol style="list-style-type: none"> 1. The Hope service – engaging with unmet needs 2. Creating a supportive space <ul style="list-style-type: none"> ○ a). Specialist advice services ○ b). Addiction ○ c). Trauma and abuse 3. Differences with other services 4. Diversity of impacts

Table 6. Psychological intervention studies qualitative analysis and findings

Authors	Focus	Population	Type of data	Analysis used	Themes and subthemes
Gabbay et al., (2017)	<p>1). Aimed to explore: a). service user's experiences of mental health and their perceptions of practical aspects of debt at baseline b). Developments for participants since the start of the trial, exploring psychological, social and economic factors c). Participants experiences of the trial including acceptability of the intervention</p> <p>2). Aimed to explore professional's experiences and perceptions of implementing the trial</p>	23 participants (n=12 intervention, n=control arm) and 11 professionals (GPs and CAB advisors)	Semi-structured interviews	Normalisation Process Theory (May & Finch, 2009)	<p>1c). Participants experience of involvement in the trial</p> <ul style="list-style-type: none"> • Opportunity to talk • Engagement and reflection • Issues with involvement • Forced choices • Question relevance • Language complexity • Interviews too long • Proposed changes <p>2). Intervention process evaluation from</p> <ul style="list-style-type: none"> • Co-location of Citizens Advice Bureau advisors in general practices • General practitioner's biopsychosocial assessment of debt and depression • Enhanced communication between general practitioners and Citizens Advice Bureau advisors <p>*1a and 1b) not summarised as focuses on experience of debt, not intervention</p>

Authors	Focus	Population	Type of data	Analysis used	Themes and subthemes
Jiga et al., (2019)	Aimed to explore participant's subjective understanding of well-being and their possible transitions that may have occurred through the MBI intervention	Individuals who completed the MBI intervention (n=not specified)	Written responses to the open-ended question 'What does well-being mean to you?'	Thematic analysis (Braun & Clarke, 2006). The responses were analysed before and after intervention. Using a comparison of over-arching themes, using frequency of coding reference and a comparison of meta-themes, possible 'transitions' generated by the MBI intervention were explore.	<p>Transition Themes</p> <ol style="list-style-type: none"> 1. Having needs met 2. Managing difficulty 3. Unnamed (reframing beliefs and engagement around relationships) 4. Unnamed (reframing beliefs and acceptance of difficulties linked to poverty) 5. Unnamed (developed confidence to tackle psychological impact of poverty) 6. Meta-theme comparison: 'having the necessary resources to manage difficulty, illness and health' (pre) vs. 'having the strength and confidence to make healthy choices and move forward in life' (post)
Barnes et al., (2018)	To explore participants and HOPE workers views about the research process, intervention and outcome measures	Interviews were conducted with 50% of control participants (n=3), 85% of intervention participants (n=11). No. of HOPE workers included was not reported	Interviews	No specific analysis identified. Data were analysed as individual case studies	<ol style="list-style-type: none"> 1. The acceptability of randomisation 2. Acceptability of the content of the intervention and control arm to participants and staff 3. Additional training needs of the service providers 4. Acceptability of outcome measures

Authors	Focus	Population	Type of data	Analysis used	Themes and subthemes
Jackson et al., (2022)	To explore the acceptability and impact of the Hope service for service users	N=16 service users	Interviews	Coding framework analysis (Gale et al., 2013)	<ol style="list-style-type: none"> 1. Multiple factors that men faced 2. Service users experience of Hope 3. The scope of support 4. Impacts of Hope: empowering change
Smail et al. (2017)	To explore participants views of the Ostrich intervention	N=7 (participants who completed the intervention)	Interviews	Thematic analysis (Braun & Clarke, 2006)	<ul style="list-style-type: none"> • Enhancing Engagement • Acceptability and Accessibility of Content • Potential to Benefit the Target Population

1.3 Professionals and service-users perceptions of interventions

Three studies were included exploring professional's and service users' experiences and perceptions of supporting individuals affected by financial hardship using psychological based interventions. These papers either exclusively explored professionals' views/experiences (Ballo & Tribe, 2023) or both service-users *and* service-providers from a range of different organisations supporting individuals affected by financial hardship, including IAPT therapists and Samaritans volunteers (Barnes et al., 2017; Belcher et al., 2022). The characteristics of the included studies are detailed in Table 7. The brief content analysis below details shared patterns of perception and experiences across these studies.

1. Current support for individuals affected by financial hardship is often confusing and difficult to navigate. Across all papers, there was a common narrative around the confusing and difficult to access nature of support for individuals affected by financial hardship. There were several experiences of service-users not knowing about certain financial support available to them, including outreach support and tax-credit claims. Barnes et al., (2017) and Ballo and Tribe (2023) further highlight how the structure of psychological services, such as IAPT and secondary-care services for those experiencing financial hardship may further discriminate against disadvantaged populations by making therapy services less inaccessible. Examples of this included clients being rejected from services if they were unable to create goals and inflexibility around missed sessions, sometimes due to conflicting appointments or financial costs of public transport. Ballo and Tribe (2023) further describe the 'soul-defeating' and disempowering nature of navigating external agencies to support clients in poverty as a professional.

2. Individuals affected by financial hardship require money advice.

A consistent theme across all papers was that individuals affected by financial hardship require financial advice. Practical advice such as guides to accessing suitable benefits,

debt management, translating confusing communication and acting as advocates were highlighted as meaningful tools for supporting individuals. All papers highlight a need for timely financial advice, to support individuals get out of immediate situations.

3. Mental health support can be helpful for some individuals. Across all papers, there is a clear description of the psychological impact of financial hardship. These experiences included self-harm, depression, worry, overwhelm, fearfulness, despair, and isolation. There was a common theme around how psychological support could be helpful for some people, although not necessary for all. Both Belcher et al. (2022) and Barnes et al. (2017) highlight how economic difficulties worsen pre-existing mental health difficulties and how psychological support may be particularly helpful for individuals with historic difficulties such as longstanding experiences of worthlessness. Ballo & Tribe (2023) describe some of the roles as therapists working with individuals affected by financial hardship including cultivating hope in clients and empowering individuals. Barnes et al. (2017) however highlight how psychological support did not feel helpful to everyone, with some service-users highlighting that earning money is the support needed.

4. Adaptation to mental health professional roles – Through all studies, there was a collective narrative around a). the adaptations required when working with individuals affected by financial distress and b). the changes to the therapists' roles.

A). Both Belcher et al. (2022) and Ballo and Tribe (2023) highlight the need for further therapist training to effectively equip professionals with the relevant tools and knowledge required for working alongside individuals affected by economic challenges. Ballo & Tribe (2023) further identify personal adaptations required as a therapist for working with clients in poverty including, self-care, resilience, active consideration and awareness of boundaries.

B). Ballo & Tribe (2023) highlight the shift in the therapists' roles, often including more advocacy-based roles, including communicating with benefit services. Belcher (2022) highlight that by having integrated services that offer financial advice, this will provide a protection of the therapeutic space.

1.4 Study Quality

As outlined in the protocol, all papers were critically appraised using the MMAT tool. All 10 studies passed the initial two screening questions and were therefore deemed suitable for the analysis. The appraised quality of the studies is displayed in the MMAT checklist in Appendix 9. Overall, there was a mixed range of quality demonstrated across the different studies. As recommended by Hong (2018), the scores were visually displayed, and no overall scores were generated.

Three of the five mixed method papers failed to demonstrate an adequate rationale for the use of combined quantitative and qualitative methods in their analysis. Additionally, Jiga (2019) and Barnes (2018) failed to demonstrate some of the standards of a non-randomised control and qualitative study, including accounting for confounding variables and having a complete dataset and having a qualitative approach to answer the research question. Similarly, Richardson (2022) study obtained poor scores using the MMAT criteria for non-randomised studies, including having an incomplete data set, lacking data on participant demographics, lack of transparency around the implementation of the intervention and lack of account for confounding variables. The three qualitative papers exploring the experience of receiving and conducting interventions achieved good ranking across the MMAT, with clear and coherent research questions, analyses and interpretations. The one qualitative paper exploring the impact of the Hope intervention was however marked down due to a lack of coherence observed between the data, collection, analysis and interpretation and additional lack of transparency around framework generation (Farr et al., 2022).

Table 7. Qualitative papers on professional/service users experiences of psychological interventions

Authors	Focus	Type of data	Participants	Analysis used	Themes and subthemes
Barnes et al. (2017)	To explore professionals' and service users (affected by financial, employment and benefits difficulties) experiences as they sought help for their problems and their mental health	Interviews and focus group	Interviews were conducted: i) people who had self-harmed due to employment, financial or benefit concerns (n = 19) ii) people who were struggling financially within the community (n = 22), iii) and frontline staff from voluntary and statutory sector organisations (e.g. Job Centres, Samaritans, , Psychological therapies provider) providing support services to the groups (n = 25, including 2 focus groups)	Grounded theory (Glaser B, Strauss A., 1967) using a coded framework	<p>1. Service Provision a). Employment and benefit agencies b). Independent/charity services c). Health services</p> <p>2. Informal Support</p> <p>3. Unmet Need Sub-themes: a). Practical Guidance through system b). Benefit and debt information c). Co-ordinated services</p> <p>4. Mental Health</p>
Ballo and Tribe (2023)	To explore therapists' experiences of their work with clients who describe themselves as living in poverty	Interviews	8 therapists working within NHS services	IPA - The six-step IPA analytical process was used, (Smith et al., 2009).	<p>1. Resilience and positioning the struggle to engage with therapeutic work a) Commitment is affected by the circular process of the work b). Therapists maintaining awareness of their own biases c). Awareness of professional boundaries in the relationship</p> <p>2. Struggling to promote social activism a). Advocacy versus therapy: Empowering versus disempowering b) Difficulty engaging versus limited resources c). Isolation versus reaching out</p>

3. Difficulties in navigating multiple challenges and barriers

- a). Impact of support services and structures on advocacy
- b). Averting Burnout: 'I focus on self-care'

Belcher et al. (2022)

To explore the experiences of service users and professionals (therapists and Citizen's Advice (CA) money advisers) of supporting support and to explore their views of a potential combined psychology and debt intervention

Interviews and focus groups for debt advisors

IAPT Therapists and IAPT employment (n=14), CA Advisor (n=6), service users with experiences of debt (n=16)

Thematic analysis (Braun & Clarke, 2006)

- 1. Impact of money worries and mental health problems**
- 2. Benefits of a combined money advice and mental health intervention**
- 3. Components of money advice**
- 4. Introducing money advice into IAPT**
- 5. Format and delivery preferences for money advice**
- 6. Timing of the money advice**
- 7. Sharing information and collaboration between services**

Discussions

This present scoping review provided an overview of studies delivering psychological based interventions aiming to attenuate the impact of financial hardship in the UK. By exploring what is known in this field, this review has mapped an overview of the type, quality, characteristics of the interventions and a synthesis of professional and service-users experiences of delivering and receiving these types of interventions.

Regarding the first aims of this review, the results highlight that research output in this field focuses more on the delivering of interventions, over qualitative papers exploring professionals or service-users experiences of receiving support. The papers exploring interventions, either offered pilot investigations, using a mix of randomised or non-randomised methodological approaches, into the acceptability and feasibility of newly developed interventions *or* follow-up investigations of the HOPE study. Given the heterogenous and wide-reaching nature of financial hardship, it is surprising the sparse (albeit growing) nature of this evidence-base. This may reflect the nature of the source of distress; standard therapeutic conceptualisation of distress typically focus on internal processes, either at an unconscious, cognitive, relational or behavioural level, over external environment factors (Cuijpers, 2019). Although scoping reviews can act as a precursor to systematic reviews, the limited number of studies and the type of studies conducted (i.e., no randomised control trials that passed pilot stages) highlight no current need for a systematic review.

The second identified aim was to review the characteristics of the selected interventions. This identified a range of different length, modality, format and contexts. Importantly, financial hardship encapsulates a heterogenous experience, with hardship presenting differently across the domains of income poverty, material deprivation and subjective financial stress. The experience of financial hardship therefore presents and impacts

individuals differently e.g., debt, inadequate income to meet economic outcomes (i.e. impacting individuals in-work poverty or unemployment), risk of bankruptcy, gambling. The characteristics of the interventions identified in this review revealed that the studies appeared to target different 'populations' across the spectrum of financial hardship. Some studies focused on the experience of debt, while others focused more on subjective financial stress. Importantly, some interventions appeared to attend to populations with more systemic experiences of socio-economic deprivation and poverty (e.g., the Hope service and Jiga's (2019) mindfulness-based intervention). These interventions provided more comprehensive levels of support, offering combined psychosocial support offered through different mediums such as debt advice or a socialising component. Whereas the CBT orientated intervention offered shorter interventions specifically targeting the experience of financial related stress. These differences likely reflect variations in presenting needs across different types of financial hardship experiences.

Additionally, this review provided a critical analysis of the identified intervention. Using the MMAT, there were a range of qualities identified across the ten papers. Despite some of these lower rankings, it should be recognised most of the studies with lower scores were pilot studies, exploring the feasibility of the chosen intervention. As piloting is a tool for preliminary trialing and preparing for full-scale studies, it may be expected that the quality of such studies may not adhere to rigorous full-scale study quality. Nonetheless, there was evidence of some good quality studies including the studies exploring professionals and service-users experiences of providing and receiving psychological based interventions aimed to attenuate financial distress. The review of these experiences yielded rich insights into the current landscape of support offered to individuals affected by financial hardship, their need for practical advice, the importance of therapy for some individuals and the adaptations required for mental health professionals' roles. These helped inform the clinical implications of this review, as discussed below.

Clinical implication

The findings from this scoping review highlight a range of broader clinical implications that should be considered. Firstly, the intervention-based studies highlight that there may be some clinical models (CBT, mindfulness, solution focused therapy) that *may* be helpful in supporting individuals with financial related distress, which can be applied across a range of settings and formats. Although, further research is required to establish and examine the efficacy of these models outside of pilot intervention studies and HOPE intervention.

Both Belcher (2022) and Ballo and Tribe (2023) highlight the need for further training for therapists/mental health professionals to effectively equip professionals with the relevant tools and knowledge required for working alongside individuals affected by economic hardship. This may represent offering training on a range of different clinical skills such as assessment, formulation and intervention. Specific training offered to clinicians on subjective financial distress, poverty, austerity and the impact of societal economic stability on population-level mental health, may develop greater awareness of the impact of financial hardship. Furthermore, guidance on the utility and implementation of valid assessment tools to assess subjective financial distress may widen clinicians understanding of client's resources. Additional training on formulations tool, such as Power Mapping (Hagan & Smail, 1997) could be helpful to incorporate the impact of economic resources in the sense-making process of understanding clients experiences of distress (explored further in Paper III).

Furthermore, the three qualitative papers emphasise the need for practical and timely financial advice services as an important form of support for service-users. Existing mental health services should assess how effectively they are linked to relevant financial advice services. Where appropriate, the interlinking of services should be stream-lined, or further integrated, as seen for some unemployment services within some IAPT services (Evans et al., 2018).

Importantly, it was highlighted how working with individuals affected by financial hardship introduces more advocacy-based work into therapist professional contexts, including communicating with benefit services. Services should consider the practical steps of how to support therapists to engage effectively in this work, given the identified time-consuming nature of this work. This may look different for different services, dependent on their structure. For example, service could consider administrative work to be supported by non-clinical members of staff.

Finally, the qualitative findings highlight the impact of working with financial hardship on mental health professionals themselves. Specifically, the disempowering nature of navigating external agencies was highlighted as impacting professionals. Ballo & Tribe (2023) identify the need for personal adaptations including, self-care, resilience, active consideration and awareness of boundaries. Specific staff support should be implemented across professionals working with clients affected by financial hardship. For example, implementing reflective practice sessions, specifically focusing on experiences of working with clients affected by financial hardship, may facilitate more mindful awareness of the personal impact of this work and a shared space to look at therapists' feelings of powerlessness. Connecting and mobilising together, using reflective practice and away-days, may offer professional support for challenging feelings.

Limitations and strengths

There are a couple of limitations that should be considered in this review. First, only papers conducted in the UK were reviewed. Although this was planned to generate a specific map of the interventions and experiences of interventions in the UK, this limits the review by being unable to capture the range, type and experiences of other interventions conducted in other countries. Furthermore, as the review was limited to peer-reviewed articles and dissertations, it does not offer the range of insights offered across these platforms.

The review does however offer a wide-ranging systematic scope of an unknown area of psychology based-therapeutic based interventions. It specifically offers insights into a growing research field and highlights the diverse range and quality of the growing evidence base. Furthermore, the review offers were completed using a systematic method, adhering to current guidelines (Peters et al., 2020; Tricco et al., 2018) using a comprehensive review of literature across three research databases.

Future research directions

As discussed, there appear to be few studies exploring interventions attenuating financial related distress in the UK. Despite the limited nature of studies, this does not automatically reflect that the most clinically relevant research needs to focus on the development of future interventions. Specifically, as studies examining the effectiveness of therapeutic support can be limited by generalisability and actual clinical applicability for psychological based interventions (Cook et al., 2017), future research studies should aim to supplement this growing evidence base, utilising different methodological approaches, such as the one outlined below.

Given the division between research and clinical practice, the limited research base likely does not reflect the 'on the ground' clinical support available across services within the UK. Therapists, psychologists, counsellors and social workers across the UK will likely be working with different forms of financial distress. Cook and colleagues (2017) highlight the importance of professional's experience for therapeutic work, with similar importance to research evidence bases. Notably, the results from the qualitative papers on professional and service-users experiences of delivering and receiving interventions were an especially rich source of clinically relevant information. Recommendations for future research avenues should focus on professionals' experiences of working with individuals affected by a range of different experiences of financial hardship. This could offer insight into working with individuals affected by debt, in-work poverty, to more chronic experience such

unemployment and homelessness, and more acute stressors such as risk of bankruptcy. Additionally, tools like single-case design studies may offer a rich description and clinically useful exploration of therapist's work with individuals affected by financial hardship. As efficacy studies provide a composite of outcomes across multiple individuals, methods like these may offer more nuanced insight into the individual influences and impacts of financial hardship, and challenges and obstacles in the therapy room. Nonetheless, follow-up full-scale investigation of the piloted studies may offer insights into the efficacy and effectiveness of the identified interventions. Additionally, to expand on this review, future reviews could consider scoping interventions conducted across high economic countries, as used by McGarh (2021).

Concluding remarks

This review provides a comprehensive scope of psychological based interventions aiming to attenuate the impact of financial hardship in the UK. It provides a coherent map of the current peer-reviewed interventions and insights of professionals and service-users, offering a critical analysis of the research quality. The search identified a small number of interventions, with a wide variation in type, targeted population, format, and therapeutic approaches adopted. Additionally, it offered a range of insights into the therapeutic needs and barriers faced by those affected by financial hardship. Overall, it provides a preliminary scope of studies in this growing area of research.

Paper III. Integration, impact and dissemination plan

Integration, impact and dissemination

This paper presents a synthesis of the research process, presenting a). reflections on the experience of conducting the research and scoping review, b). discussions around the integration of these two papers, c) considerations around the political and clinical impact of this research with integrated discussions around the role of a clinical psychologist, and finally d). plans for dissemination of the findings.

Integration

Interest in the research topic

My initial interest in the Building Safety Crisis arose from hearing stories of impacted leaseholders on the news. At the time, I knew little about the impact of combustible cladding, other than the devastating impact of the Grenfell Tower fire, but I had a pre-existing interest in the role of housing and economic factors on wellbeing. This was initially sparked during my Masters, whereby my thesis project focused on the role of low socio-economic status (SES) on obesity. Most research exploring the association between obesity and lower SES highlights a range of contributing factors, including emotional regulation, energy overconsumption but importantly, the role of obesogenic environment, local environmental factors with greater access to cheaper, time-efficient and higher calorie dense food, and greater barriers to exercise, creating a sustained period of calorie overconsumption (Burgoine et al., 2016; Dhurandhar, 2016; Humbert et al., 2006). The pivotal role of environmental factors when conceptualising physical health has since stuck with me and informed my personal conceptualisation of mental health distress.

Across clinical psychologist placements, I have gained experience working with individuals experiencing a range of economic and housing related difficulties. I often found these experiences personally challenging and was often left feeling helpless due to the slow

bureaucratic structures. Upon hearing about how the cladding crisis was impacting leaseholders, I was saddened to hear about their experiences and was curious to learn more and to think more broadly about support. While I have no direct experience of being affected or directly knowing anyone affected by the Building Safety Crisis, I was particularly drawn to this topic given the lack of research conducted in this field when I started exploring this topic as a thesis project, which has since grown upon embarking upon this topic. The topic of my scoping review similarly stemmed from the influence of the news around the socio-economic context. In the last year, the news in the UK around heightened energy costs, housing related costs and the general cost of living has been unavoidable, with articles and new stories about how individual families and people were being affected. Despite top-down measures, such as energy bill discount schemes, I was curious about bottom-up approaches being adopted in the therapy room and services and what was known about these current approaches.

Reflectivity

Both supervision with my two academic supervisors and using a reflective journal enabled me to recognise my own situatedness within the research and how my experiences and perceptions influence my interpretation of the information within the data set. Using reflective practices, I was able to explore how the research was impacting me and how I was impacting the interpretation, across the whole research process, an important step in ensuring quality across the research process. At the interview stage, reflections focused primarily on the emotional impact of some of the interviews, which were concurrently conducted alongside working in a maternity trauma and child loss service. Through this experience, I was able to explore and make sense of my perceptions of the role of research and advocacy within clinical psychologist roles.

During the write-up, I specifically noticed a tension around some of the language I was using around leaseholders' experiences of injustice and how I felt I was aligning myself as a

researcher. For example, I was struggling with how to speak about leaseholders' experiences of injustice, to label them as 'injustices' or 'perceived injustices'. Through reflections in supervision, I was able to explore how my previous experiences of quantitative research methods, which aims to identify and limit sources of researcher bias and impartiality (Smith & Noble, 2014), felt incompatible with language stating that leaseholders had experienced an injustice. I perceived that having an opinion on the Building Safety Crisis would appear 'non-academic' and would illustrate a lack of trustworthiness in the data. This however, conflicted with my values as a therapist, which typically aligns with affirming and validating individuals' experiences and my personal beliefs as an individual. Independent reflection and reflection facilitated by my supervisor enabled further thinking about where I positioned myself as the researcher, importantly naming my subjectivity and owning my impartiality. As identified by Braun and Clarke (2021b), reflection can help catch these positivist ways of thinking.

Through this process, I was able to outline my position as a researcher who perceives that the BSC has unfairly impacted leaseholders. Holding that source of subjectivity in mind was important throughout the theme generation and I tried to remain curious as to how my positions (as a therapist, researcher and individual) may be impacting the development and refining of themes. The use of certain language was further reflected upon throughout the research journey. Notably, the use of the word leaseholder was analysed and discussed with the recruited participants in their analysis feedback, especially as the term leaseholder felt dehumanising to some individuals, removing individuals' sense of personhood. Following reflections and discussions with those affected, leaseholder, was ultimately selected over residents and homeowners, given the role leasehold law has played in impacting affected individuals.

Reflection on choice of data analysis

As a researcher with limited qualitative experience, I initially felt stuck with the prospect of finding the one 'right' qualitative method, sometimes referred to as the 'hallowed method' (Braun & Clarke, 2021a). I found the journey to selecting a method confusing given the inherent bias of authors advocating for their particular qualitative method. Although subtle methodological and epistemological differences divide different qualitative methodological types, unlike quantitative methods, there didn't seem to be a coherent and clear pathway to method selection. I found transparent review papers, such as Clarke and Braun's (2021a), detailing the overlaps and similarities of different approaches helpful in consolidating my understanding of different methodologies. Ultimately, after considering different approaches such as Grounded Theory and Template analysis, Reflective Thematic Analysis appeared to offer the greatest research design coherence (Willig, 2013). This included my alignment as a researcher to 'qualitative sensibility' and Big Q approaches, its utility in exploring individual's lived experiences, accommodation of heterogenous datasets and also its transparency for newer qualitative researchers. The decision to choose reflective TA was therefore informed by the research design, question and researcher values and experiences.

The experience of selecting the methodology for the scoping review was more straightforward. It was decided that the parameters of the review would focus specifically on interventions conducted in the UK, over the broader scope of higher-income countries (McGrath et al., 2021). This was selected as the finding (i.e. the interventions and the experiences of conducting the interventions) would have greater generalisability and specificity as they were conducted in the context of the UK's population, specific economic environment (e.g. experiences of austerity since 2008) and our mental health care system. With no prior scoping review or systematic review conducted in this area, the number of papers published in this area was unknown; due to this, the aims of my review were to scope the body of literature and to identify the knowledge gaps. With these identified aims, a

scoping review was the most appropriate methodological approach to adopt (Munn et al., 2018).

Reflection on Theme Generation

As a relatively new qualitative researcher, I was keeping what makes good quality analysis in the forefront of my mind. Specifically, I wanted to avoid creating 'topic summaries', instead of identifying patterns of meaning and offering only a descriptive summary, without any interpretation (Braun & Clarke, 2021b). One of the challenges I faced in the generation of themes was the variation that could be seen across the interview of leaseholder's experience of distress, the difference in meanings ascribed and the actions taken in response to the various individualised threats. Throughout my Doctorate training in clinical psychology, we are taught the importance of generating individualised formulations, highlighting how individuals' experiences of distress are highly contextualised and shaped by their specific meaning. By conducting this group analysis, I noticed a loss in some of the richness of personal meaning and significance impacting some leaseholder's lives; I hoped by finding connected meaning, individual's personal meaning can still be encapsulated in the analysis.

Due to the restrictions on word count for this thesis, I noticed how restricted I was to keeping the focus of the analysis predominately on exploring experiences of distress and the challenges that arose for leaseholders. This resulted in my final analysis and results appearing 'problem-saturated'. Nonetheless, throughout my interviews, I also heard stories of community and empowerment in the face of adversity. On an individual level, I found it difficult to not highlight these resources of strengths used by some of the individuals I spoke with. As a therapist, I find it helpful to emphasise and discuss client's strengths and resources throughout the course of therapy. Notably, across the interviews, there appeared to be a range of mediating factors which protected and alleviated some of the impacts of stressors, including factors such as strong and positive relationships (with supportive networks, or other leaseholders) and greater financial security. It felt uncomfortable on a

personal level to not have the capacity to highlight these strengths, resources and variability across leaseholders within the analysis.

Points of concordance and discordance

The overarching points of concordance for these two papers are the focus on environmental and wider social context factors influencing distress. The field of clinical psychology in the UK often focuses on the treatment of psychological distress within individuals, through the lens of theoretical models that focus on intra-psychic processes i.e. individual's emotions and thoughts (McClelland, 2013). These two papers attend to individuals wider systems, that are similarly influential in impacting individuals behaviours and well-being (Williams & Zlotowitz, 2013). With the increasing popularity of diagnostic categories across services, mental health research often focuses in on the specific experiences of individuals with certain diagnostic labels (Conway et al., 2021). Both paper attempt to look beyond the categorisation of experiences of distress, such as depression or generalised anxiety disorder, to more generalised experiences of psychological distress linked to environmental contexts and operations of power.

Points of discordance for the empirical paper and scoping review were based on the nature of what was being investigated (i.e., individuals lived experiences vs. therapeutic interventions). The empirical paper explored leaseholders lived experiences of the BSC, informed by therapeutic assessment and formulation skills, whereas the scoping review focused on identifying interventions and professionals' experiences of conducting the interventions and evaluating the quality of research. Arguably these topics are unified by their utility of the core therapeutic competencies for clinical psychologists are based around the assessment, formulation, intervention and evaluation of psychological distress (British Psychological Society, 2019). Further points of discordance were the specific topic reviewed (i.e. the Building Safety Crisis vs. subjective financial distress). Although the two papers were connected by the theme of financial distress, with leaseholders facing significant

financial distress, their experiences were compounded by additional drivers of distress including trapped in limbo and psycho-social harm.

Impact

The empirical paper detailed in Paper 1 adds to original work conducted by Preece (2022), exploring leaseholders experience on the BSC in the UK. Notably, it offers new perspectives on leaseholder's experiences, offering an exploration of well-being almost a year and a half later, whereby an array of policy changes have been implemented. Importantly, it offers a *therapeutic* examination of leaseholders perceptive and highlights the role of powerlessness in leaseholders' experiences and how the longevity of their experience is impacting leaseholder's experiences. Furthermore, this work offers an additional contribution insofar as illustrating the transparency of the methodology and analysis adopted.

On an individual level, I hope the findings from this study validate leaseholder's experiences and normalise their experience of distress. The findings of the study highlight the range of stressors and some of the emotional reactions to their experiences; I hope that these findings provide reassurance that these reactions are understandable. In contrast, the scoping review provides a systematic scope of psychological based interventions aiming to attenuate the impact of financial hardship in the UK. It provides a coherent map into a growing body of research and identifies a range of interventions and insights of professionals and service-users. As highlighted in the review, the reflections on the experiences of professional offers a range of clinical implications, including identifying a need for additional financial training of professionals, the need for timely support, advocacy-based roles and the personal impact of working with individuals affected by financial hardship. Additionally, I hope the topic of this review facilitates professional thinking about the role of individuals financial circumstances when making sense and planning interventions targeting distress.

As discussed by Belcher (2022), not all individuals affected by financial hardship will want or benefit from therapy; this is true for leaseholders affected by the BSC. For some individuals, the combination of a supportive, consistent person in their life, paired with practical support including support with benefits, access to the building safety fund, social groups and meaningful activities will be enough (Johnstone & Boyle, 2018). Notably, therapy is not the only helpful form of meaningful support; peer support and self-help groups can provide powerful sources of connecting, mutual aid and healing, supported by the heightened sense of camaraderie (Basset et al., 2010; Faulkener & Layzell, 2000; Walsh & Boyle, 2009). However, for those who do want and require mental health support, including leaseholders affected by the BSC and individuals affected by financial hardship, certain considerations must be examined and explored. To provide a comprehensive exploration of the impact of these two papers, I will explore the current available mental support options in the UK, discussing some of the suggested therapeutic tools for these populations and the roles and barriers of clinical psychologists outside the therapy room. Such reflections are important, given the ongoing failings within the building and construction industry (e.g., asbestos, mould), and the inevitable nature of future challenges that will emerge (Oswald et al., 2021).

What mental health support is currently available to citizens in the UK?

Across the UK, mental health support varies in formats across the NHS, private and charitable sector. They range from charity-based counselling services to primary and secondary care NHS services, including specialist services, such as the Grenfell Health and Wellbeing Service, a specialist trauma service set up in the aftermath of the Grenfell Tower fire. As individuals affected by the hidden and more systemic/chronic stressors such as economic hardship and the BSC are more geographically disrupted, individuals requiring mental health support will most likely be signposted to IAPT, an NHS service across England and Wales designed to offer short-term therapy support for individuals affected by stress, depression and anxiety (Wakefield et al., 2021).

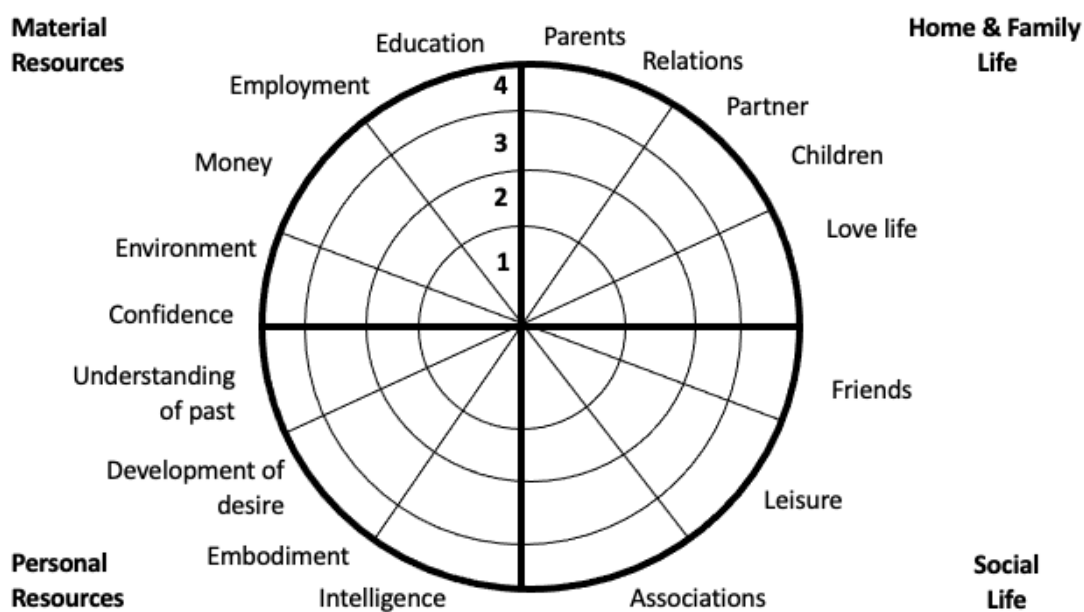
IAPT offers National Institute for Health and Care Excellence (NICE) approved therapies, including lower intensity support (e.g., guided self-help, workshops, mindfulness and behavioural activation) and higher intensity support (e.g., CBT, counselling and interpersonal psychotherapy), with the main adopted therapeutic modality being CBT (Omylinska-Thurston et al., 2019). Although the NICE guidelines aim to reduce variation across practices and improve clinical effectiveness (Department of Health, 1998), such guidelines around psychological therapies raise concerns among some psychologists, including the medicalisation of psychological distress and the limiting nature and the scientific integrity of guidelines (Court et al., 2017). As articulated in Ahsan (2022) famed Guardian article, modalities like these, although very helpful for some individuals, can locate sources of distress within the person rather than the environmental structures, and consequently depoliticising their experience of distress. This may reflect the high drop-out rates experienced in courses of CBT (40.2%) (NHS Digital, 2016). One leaseholder spoke about their experience of seeking mental health support amidst the initial years of the building safety crisis, whereby they were offered CBT. The leaseholder spoke about how frustrating and ultimately brief this experience of help was. When thinking about clinical impact, it felt important and necessary to discuss what mental health support could be helpful for individuals affected by the macro-levels of power and inequalities.

What therapeutic tools could be helpful when supporting individuals affected by macro-levels of power and inequalities?

It is important to highlight that everyone's experiences of psychological distress are different, made up of a complex array of events and mechanisms underpinning their development and sense of self (Dawson & Moghaddam, 2015). The sourcing of appropriate therapeutic support is based upon individualised formulation, a personalised hypothesis describing an individual's presenting psychological distress, alongside a picture of how it develops and maintains (Johnstone & Dallos, 2013). These hypotheses are developed in both an inductive

and deductive manner, informed by person specific information and broader psychological theories. Notably, different psychological theories and models differ in the way that they conceptualise distress, with formulations and interventions typically focusing on intra and inter personal dynamics (McClelland, 2013). Although such factors may be an important part of individuals distress, many practitioners have highlighted the importance (and under-use in clinical practice) of enquiring about the role of powerful 'distal' operations of power may be operating in their lives and conflicting with their values and interests (Miller & McClelland, 2006; Smail, 1999). Using questions around power throughout assessments, can challenge more individualised explanations of distress and may capture a more accurate working hypothesis of individual's experiences and oppression.

Figure 5. Hagan and Smail's (1997) Power Mapping tool



Specific therapeutic tools that may support this process of assessment and formulation are Hagan and Smail's (1997) power mapping (see Figure 5) and the more recently developed, Power Threat Meaning Framework (PTMF) (Johnstone & Boyle, 2018). Both formulations aim to elicit a greater understanding of individuals resources and threat responses and their individualised meaning responses to operations of power. The PTMF specifically aims to

offer a framework for the 'co-construction of individuals narratives' and can be used to reflect community-level distress (Johnstone & Boyle, 2018). As individuals affected by experiences of financial difficulties are unlikely to discuss their situation with a healthcare professional (Acton, 2016), tools like these may be particularly helpful for facilitating an understanding of individuals context and could allow for appropriate signposting for additional services such as debt advice services.

Johnson and Boyle (2018) outline a range of different resources that may be for individuals and groups of individuals affected by threats of power. Some of them include:

- General tools to promote the expression and regulation of emotions (e.g. exercise, art, writing, talking therapies)
- Engagement in meaningful social activities and roles
- Connecting with values and spiritual beliefs
- Engaging in activism and campaigning
- Generating and finding new meaning and narratives

Furthermore, they highlight a range of different specific therapeutic modalities that may be helpful to draw upon include compassion-focused therapy, mindfulness informed therapies and narrative therapy (Johnson and Boyle, 2018). However, an important factor to hold in mind is the focus on the conditions of the relationship i.e. empathy, warmth and authenticity, as therapeutic alliance has consistently been identified as the active agent for change (Sparks et al., 2008).

An important recommendation specifically when supporting individuals affected by the BSC and the different impacts of financial hardship, will be engaging directly with individuals directly in the community, exploring their perspectives on what could be helpful. Collaboration has long been acknowledged as an important dimension of the implementation of care services, providing a rich source of expertise through lived experience (Needham & Carr, 2009). The

sharing of power and decision making can provide an empowering experience for collaborators and enable the development of more clinically useful services of existing service-users (Mayer & McKenzie, 2017). Although opinions and experiences will vary across individuals, collaborative care offer service users the opportunities to share their voice and co-produce experiences of support. These recommendations and tools offer strategies available for inside the therapy room. Notably, 'treating' the impact of social, economic and political determinates of mental health cannot solely rely on interventions within services but additionally focus on macro-level policy interventions (Shim & Compton, 2018).

What can clinical psychologists and other mental health professionals do?

In this section, I highlight the role of psychologist's roles outside the therapy room. Discussions around barriers and recommendations to engaging in macro-level and political advocacy roles highlight the changes required to implement psychologically informed intervention with arguably a larger impact.

As psychologists, we hold a 'role power', which provides us a platform to have a voice (Proctor , 2002). Our role and responsibility as practitioners to engage in social, economic and political structural inequalities, and utilise such platforms, will vary across individual clinicians. Smail (1994), for example, despite being recognised for the advancement of the social materialist understanding of distress, he highlights that political action is best suited for the citizen it affects, not the professionals involved. Smail namely argues that there is little evidence to suggest that psychologists know *what* to do and are any more effective than other social or professional groups, with no more control than others. Such thinking contrasts, with newer movements within the field of clinical and community psychology, which suggests the role of therapists exist outside of the therapy room, taking action at a population level with greater impact and advocating for political and legalisation changes

(Harper, 2016; Shim & Compton, 2018; White, 2008). Over the years, there has been increasing emphasis on the role of clinical psychologists in higher level public health and mental health prevention strategies (British Psychological Society, 2018; Jenkins & Ronald, 2015). This comes alongside an increasing narrative that current mental health care services in the UK are 'mopping up the flood', whereas greater attention should be focused towards 'turning off the tap' (Cooke, 2014).

Despite differing opinions on clinical psychologists' roles, there are several examples of psychologists engaging in macro-level interventions and political advocacy work. These types of interventions vary in nature. 'Walk The Talk' for example, was a campaign aimed to highlight the impact of government cuts and welfare reforms on homelessness, food poverty and the benefit systems. It involved a group of psychologists walking 100 miles from the BPS office in Leicester to London, collecting accounts of the impact of austerity on individuals lives which was part of the evidence presented to the Shadow Minister for Mental Health (Walk the Talk, 2022). The roles of macro-level interventions and political advocacy aiming to elicit social change are the minority, not the majority. There are significant structural barriers within the profession that prevent these types of work to be undertaken. These include extended working hours, limited protected time within clinical roles, enhanced responsibility, risks of personal criticism and career restrictions (Randall et al., 2022). In interviews exploring psychologists' experiences of macro-level work, Brown (2020) identified a range of training areas required to equip psychologists with the necessary skills for this type of work. This included training focused on the development of new skills (e.g. media training, communicating research evidence to policy makers, and development of understanding around policy/policy analysis) and advancement existing competencies to apply to macro-level systems working (e.g. development of knowledge and clinical skills to be applied to macro-level systems, development of 'influencing skills'). Further challenges identified by one of the national activist networks, Psychologist for Social Change is the culture of the field of psychology. They argue that scientific and therapeutic neutrality is the

existing state in the field of psychology, making individual psychologists nervous to speak out for fear of backlash in work and undervaluing their skills and knowledge to be a political advocate (Psychologists for Social Change, 2022). Attempts to counteract such barriers and to mobilise psychologists, involve sharing a *collective voice* so that political statements can be made without one being individually named. Although clinical psychologists may be well placed to engage in intervention across population levels, given their training in evaluation, research and human behaviour. It appears however there is a real need to equip psychologists with the skills, confidence and knowledge to implement interventions with the potential for wider population level impact.

Dissemination

Thus far, the findings of this empirical paper have been disseminated locally to staff and fellow trainee Clinical Psychologist at Royal Holloway University through thesis research presentations. Live questions and answers provided space for discussion and elaboration around the study, furthering reflections and other perspectives of the project. Additionally, all leaseholders and experts-by-experience who participated and contributed to this project will be offered a summary of the findings.

My primary focus for dissemination will be placed on discussing the findings of my research to reach broader clinical settings. Given the wide-reaching nature of the British Psychological Societies article, I have written to the editor and agreed to write an article for *The Psychologist*. By working alongside interested participants from the empirical study, I hope to create a collaborative piece which disseminates leaseholders' stories and lived experiences of the BSC, alongside links to psychological theory, research and clinical practice. I hope that by using this platform, some of these hidden stories of leaseholders can be brought to light and the clinical implications of this study can be brought to the attention of clinicians. I hope this article will start a collective conversation and spark debate around the BSC within the psychology community and how best to support leaseholders. As sourcing allies is an

important step towards meaningful social change, I hope this piece will spark a similar interest in the BSC, that it did for me (Walker et al., 2022)

An additional important focus for dissemination will be sharing my finding with individuals affected by the Building Safety Crisis and interested public bodies. As discussed previously, I believe there is therapeutic importance in sharing these findings with those affected by psychological distress linked to the BSC. Blogs, social media and mainstream media play an important role in affecting political change and disseminating research findings (Walk the Talk, 2022). Consequently, I have accepted the opportunity to write a blog post for the campaign 'Official End Our Cladding Scandal', one of the main campaign groups creating political pressure to support leaseholders and will seek other opportunities to discuss and share these findings among the BSC community. I plan to disseminate my findings through Twitter, however, due to my limited experience of using this platform to disseminate research findings and the potential for raising disturbance, I plan to seek media guidance from the university ethics committee and skilled communication advisors before intuiting with this plan.

Subsequently, I will seek opportunities for publication, preparing my papers and submitting them to relevant journals. Relevant journals will be selected based on their field of research, their receptiveness to qualitative research, their impact factor and reputation. Examples of which may include the Journal of Community Psychology and British Journal of Clinical Psychology.

References

- Acton, R. (2016). The missing link. *How tackling financial difficulty can boost recovery rates in IAPT*. London: Money and Mental Health Institute.
- Ahsan, S. (2022). I'm a psychologist – and I believe we've been told devastating lies about mental health. *The Guardian*.
<https://www.theguardian.com/commentisfree/2022/sep/06/psychologist-devastating-lies-mental-health-problems-politics>
- Anderson, E. (2021, 2021). Cladding crisis: key workers left in limbo over looming £85k bill as confusion over Government aid continues. *i*. <https://inews.co.uk/inews-lifestyle/money/property-and-mortgages/cladding-crisis-key-workers-bill-government-aid-confusion-continues-grenfell-fire-1245974>
- Apps, P. (2021). The post-Grenfell building safety crisis: a timeline. *Inside Housing*.
<https://www.insidehousing.co.uk/insight/the-post-grenfell-building-safety-crisis-a-timeline-69377>
- Apps, P. (2023). The building safety crisis: far from over. *Inside Housing*
<https://www.insidehousing.co.uk/insight/the-building-safety-crisis-far-from-over-80725>
- Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19-32.
<https://doi.org/10.1080/1364557032000119616>
- Ballo, E., & Tribe, R. (2023). Therapeutic work with clients living in poverty. *International journal of social psychiatry*, 00207640221139798.
<https://doi.org/https://doi.org/10.1177/00207640221139798>
- Barbour, R. S., & Barbour, M. (2003). Evaluating and synthesizing qualitative research: the need to develop a distinctive approach. *Journal of evaluation in clinical practice*, 9(2), 179-186. <https://doi.org/https://doi.org/10.1046/j.1365-2753.2003.00371.x>
- Barnes, M., Donovan, J., Wilson, C., Chatwin, J., Davies, R., Potokar, J., Kapur, N., Hawton, K., O'Connor, R., & Gunnell, D. (2017). Seeking help in times of economic hardship: access, experiences of services and unmet need. *BMC psychiatry*, 17, 1-14.
<https://doi.org/https://doi.org/10.1186/s12888-017-1235-0>
- Barnes, M., Haase, A., Scott, L., Linton, M.-J., Bard, A., Donovan, J., Davies, R., Dursley, S., Williams, S., & Elliott, D. (2018). The help for people with money, employment or housing problems (HOPE) intervention: pilot randomised trial with mixed methods feasibility research. *Pilot and feasibility studies*, 4(1), 1-12.
<https://doi.org/https://doi.org/10.1186/s40814-018-0365-6>
- Barry, M. M. (2001). Mental health intervention spectrum. *International Journal of Mental Health Promotion*, 3(1), 25-34.
<https://doi.org/https://doi.org/10.1108/17465729199900030>
- Basset, T., Faulkner, A., Repper, J., & Stamou, E. (2010). Lived experience leading the way: Peer support in mental health. London: *Together UK*.
- Belcher, H. L., Evans, J., Bond, N., Darcy, C., Hatch, M., Preece, G., & Wykes, T. (2022). Views of services users and staff on a combined money advice and psychological therapy service within IAPT. *Journal of Mental Health*, 1-9.
<https://doi.org/https://doi.org/10.1080/09638237.2022.2069718>
- Boman, U., Carlsson, V., Westin, M., & Hakeberg, M. (2013). Psychological treatment of dental anxiety among adults: a systematic review. *European journal of oral sciences*, 121(3pt2), 225-234. <https://doi.org/https://doi.org/10.1111/eos.12032>

- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative research in sport, exercise and health*, 11(4), 589-597.
<https://doi.org/https://doi.org/10.1080/2159676X.2019.1628806>
- Braun, V., & Clarke, V. (2021a). Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Counselling and Psychotherapy Research*, 21(1), 37-47.
<https://doi.org/https://doi.org/10.1002/capr.12360>
- Braun, V., & Clarke, V. (2021b). One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative research in psychology*, 18(3), 328-352.
<https://doi.org/https://doi.org/10.1080/14780887.2020.1769238>
- Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative psychology*, 9(1), 3. <https://doi.org/https://doi.org/10.1037/qup0000196>
- Braun, V., Clarke, V., & Rance, N. (2014). How to use thematic analysis with interview data (process research). <https://doi.org/https://doi.org/10.4135/9781473909847.n13>
- Brill, F. (2022). Cladding and community: Coming together in times of crisis. *City*, 26(2-3), 224-242. <https://doi.org/https://doi.org/10.1080/13604813.2022.2055922>
- British Psychological Society. (2019). *Standards for the accreditation of Doctoral programmes in clinical psychology*.
https://cedar.exeter.ac.uk/media/universityofexeter/schoolofpsychology/cedar/documents/dclinpsy2020-21/Clinical_Accreditation_Handbook_2019.pdf
- Bronfenbrenner, U. (1979). Contexts of child rearing: Problems and prospects. *American psychologist*, 34(10), 844. <https://doi.org/https://doi.org/10.1037/0003-066X.34.10.844>
- Brown, G. W., Harris, T. O., & Hepworth, C. (1995). Loss, humiliation and entrapment among women developing depression: a patient and non-patient comparison. *Psychological medicine*, 25(1), 7-21.
<https://doi.org/https://doi.org/10.1017/S003329170002804X>
- Burgoine, T., Forouhi, N. G., Griffin, S. J., Brage, S., Wareham, N. J., & Monsivais, P. (2016). Does neighborhood fast-food outlet exposure amplify inequalities in diet and obesity? A cross-sectional study. *The American journal of clinical nutrition*, 103(6), 1540-1547. <https://doi.org/https://doi.org/10.3945/ajcn.115.128132>
- Butterworth, P., Olesen, S. C., & Leach, L. S. (2012). The role of hardship in the association between socio-economic position and depression. *Australian & New Zealand Journal of Psychiatry*, 46(4), 364-373.
<https://doi.org/https://doi.org/10.1177/0004867411433215>
- Carolan, S., Harris, P. R., & Cavanagh, K. (2017). Improving employee well-being and effectiveness: systematic review and meta-analysis of web-based psychological interventions delivered in the workplace. *Journal of medical Internet research*, 19(7), e271. <https://doi.org/https://doi.org/10.2196/jmir.7583>
- Chirkov, V. I., Ryan, R., & Sheldon, K. M. (2010). *Human autonomy in cross-cultural context: Perspectives on the psychology of agency, freedom, and well-being* (Vol. 1). Springer Science & Business Media. <https://doi.org/https://doi.org/10.1007/978-90-481-9667-8>
- Citizen Advice. (2011). *Shared Ownership Leases: What is shared ownership leasehold and how does it work?* T. L. A. Service.
https://www.citizensadvice.org.uk/Global/Migrated_Documents/advisernet/11015401-e-shared-ownership-leases-pdf-5.pdf
- Clarke, V., & Braun, V. (2021). Thematic analysis: a practical guide. *Thematic Analysis*, 1-100. https://doi.org/https://doi.org/10.1007/978-3-319-69909-7_3470-2

- Conway, C. C., Krueger, R. F., & Board, H. C. E. (2021). Rethinking the diagnosis of mental disorders: data-driven psychological dimensions, not categories, as a framework for mental-health research, treatment, and training. *Current Directions in Psychological Science*, 30(2), 151-158. <https://doi.org/https://doi.org/10.1177/0963721421990353>
- Cook, S. C., Schwartz, A. C., & Kaslow, N. J. (2017). Evidence-based psychotherapy: Advantages and challenges. *Neurotherapeutics*, 14, 537-545. <https://doi.org/https://doi.org/10.1007/s13311-017-0549-4>
- Court, A. J., Cooke, A., & Scrivener, A. (2017). They're NICE and neat, but are they useful? A grounded theory of clinical psychologists' beliefs about and use of NICE guidelines. *Clinical Psychology & Psychotherapy*, 24(4), 899-910. <https://doi.org/https://doi.org/10.1002/cpp.2054>
- Cromby, J., Harper, D., & Reavey, P. (2017). *Psychology, mental health and distress*. Bloomsbury Publishing.
- Cuijpers, P. (2019). Targets and outcomes of psychotherapies for mental disorders: an overview. *World psychiatry*, 18(3), 276-285. <https://doi.org/https://doi.org/10.1002/wps.20661>
- daSilva, A. W., Huckins, J. F., Wang, W., Wang, R., Campbell, A. T., & Meyer, M. L. (2021). Daily perceived stress predicts less next day social interaction: Evidence from a naturalistic mobile sensing study. *Emotion*, 21(8), 1760. <https://doi.org/https://doi.org/10.1037/emo0000994>
- Dawson, D., & Moghaddam, N. (2015). *Formulation in action: applying psychological theory to clinical practice*. Walter de Gruyter GmbH & Co KG. <https://doi.org/https://doi.org/10.1515/9783110471014>
- Department for Communities and Local Government. (2018). *Advice Note 14. Advice for building owners on external wall systems that do not incorporate Aluminium Composite Material*
- Department for Levelling Up Housing & Communities. (2021). *Estimating the prevalence and costs of external wall system life-safety fire risk in mid-rise residential buildings in England*. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1076034/11-18m_buildings_publication.pdf
- Department for Levelling Up Housing & Communities. (2022). *Information for leaseholders and other residents on fire safety and remediation of historic building safety defects*. Gov.UK Retrieved from <https://www.gov.uk/guidance/information-for-leaseholders-and-other-residents-on-fire-safety-and-remediation-of-historic-building-safety-defects>
- Department of Health. (1998). *A first class service: Quality in the new NHS*. London, UK: HMSO.
- Dhurandhar, E. J. (2016). The food-insecurity obesity paradox: A resource scarcity hypothesis. *Physiology & behavior*, 162, 88-92. <https://doi.org/https://doi.org/10.1016/j.physbeh.2016.04.025>
- El-Sayed, A. M., Scarborough, P., & Galea, S. (2012). Socioeconomic inequalities in childhood obesity in the United Kingdom: a systematic review of the literature. *Obesity facts*, 5(5), 671-692. <https://doi.org/https://doi.org/10.1159/000343611>
- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British journal of clinical psychology*, 38(3), 215-229. <https://doi.org/https://doi.org/10.1348/014466599162782>

- End Our Cladding Scandal. (2022). Living and campaigning in the building safety crisis. <https://blogs.law.ox.ac.uk/blog-post/2022/07/living-and-campaigning-building-safety-crisis>
- End Our Cladding Scandal. (n.d.-a). *Campaign Aims - 10 Steps to End Our Cladding Scandal* <https://endourcladdingscandal.org/campaign-aims/>
- End our Cladding Scandal. (n.d.-b). *What is the EWS1?* <https://endourcladdingscandal.org/information/ews1/>
- Evans, G. W., Wells, N. M., & Moch, A. (2003). Housing and mental health: a review of the evidence and a methodological and conceptual critique. *Journal of social issues*, 59(3), 475-500. <https://doi.org/https://doi.org/10.1111/1540-4560.00074>
- Farr, M., Mamluk, L., Jackson, J., Redaniel, M. T., O'Brien, M., Morgan, R., Costello, C., Spencer, J., & Banks, J. (2022). Providing men at risk of suicide with emotional support and advice with employment, housing and financial difficulties: a qualitative evaluation of the Hope service. *Journal of Mental Health*, 1-11. <https://doi.org/https://doi.org/10.1080/09638237.2022.2091756>
- Faulkener, A., & Layzell, S. (2000). *Strategies for living: The research report*. London: Mental Health Foundation.
- Fell, B., & Hewstone, M. (2015). Perspectives on poverty. In: Joseph Rowntree Foundation London.
- Fitch, C., Hamilton, S., Bassett, P., & Davey, R. (2011). The relationship between personal debt and mental health: a systematic review. *Mental Health Review Journal*, 16(4), 153-166. <https://doi.org/https://doi.org/10.1108/13619321111202313>
- Flick, U. (2022). *An introduction to qualitative research*. sage.
- Foster, S., Hooper, P., Kleeman, A., Martino, E., & Giles-Corti, B. (2020). The high life: A policy audit of apartment design guidelines and their potential to promote residents' health and wellbeing. *Cities*, 96, 102420. <https://doi.org/https://doi.org/10.1016/j.cities.2019.102420>
- Francis-Devine, B., & Stephen, O. (2023). *Income inequality in the UK*. <https://commonslibrary.parliament.uk/research-briefings/cbp-7484/>
- Gabbay, M. B., Ring, A., Byng, R., Anderson, P., Taylor, R. S., Matthews, C., Harris, T., Berry, V., Byrne, P., & Carter, E. (2017). Debt Counselling for Depression in Primary Care: an adaptive randomised controlled pilot trial (DeCoDer study). *Health Technology Assessment (Winchester, England)*, 21(35), 1. <https://doi.org/https://doi.org/10.3310/hta21350>
- Gale, N. K., Heath, G., Cameron, E., Rashid, S., & Redwood, S. (2013). Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC medical research methodology*, 13(1), 117. <https://doi.org/10.1186/1471-2288-13-117>
- Gaspar, D. (2005). Securing humanity: situating 'human security' as concept and discourse. *Journal of Human Development*, 6(2), 221-245. <https://doi.org/https://doi.org/10.1080/14649880500120558>
- Giddens, A. (1991). *Modernity and self-identity: Self and society in the late modern age*. Stanford university press.
- Gilbert, P., & Allan, S. (1998). The role of defeat and entrapment (arrested flight) in depression: an exploration of an evolutionary view. *Psychological medicine*, 28(3), 585-598. <https://doi.org/https://doi.org/10.1017/S0033291798006710>
- Gorb, A. (2022). *Food bank demand and the rising cost of living*. . <https://commonslibrary.parliament.uk/food-bank-demand-and-the-rising-cost-of-living/>

- GOV.UK. (n.d.). *Leasehold Property*. Retrieved from <https://www.gov.uk/leasehold-property/leaseholder-rights-and-responsibilities>
- Government Office for Science. (2008). *Foresight report on mental capital and wellbeing*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/292450/mental-capital-wellbeing-report.pdf
- Hagan, T., & Smail, D. (1997). Power-mapping—I. Background and basic methodology. *Journal of community & applied social psychology*, 7(4), 257-267. [https://doi.org/https://doi.org/10.1002/\(SICI\)1099-1298\(199709\)7:4<257::AID-CASP428>3.0.CO;2-P](https://doi.org/https://doi.org/10.1002/(SICI)1099-1298(199709)7:4<257::AID-CASP428>3.0.CO;2-P)
- Hammond, G., & Brooker, N. (2020). England's cladding crisis creates 2m 'mortgage prisoners'. *The Financial Times*. <https://www.ft.com/content/913cc2ab-7fd5-4d41-a097-df408b4fa57d>
- Hansard. (2021). Mortgages: EWS1 Form. In H. o. Lords (Ed.), (Vol. Volume 813). UK Parliament.
- Hardman, I. (2018). *Why We Get the Wrong Politicians: Shortlisted for the Waterstones Book of the Year*. Atlantic Books.
- Harper, D. (2016). Beyond individual therapy. *Psychologist*, 29(6), 440-445.
- Haw, C., Hawton, K., Gunnell, D., & Platt, S. (2015). Economic recession and suicidal behaviour: Possible mechanisms and ameliorating factors. *International journal of social psychiatry*, 61(1), 73-81. <https://doi.org/https://doi.org/10.1177/0020764014536545>
- HM Government. (2011). No health without mental health: A cross-government mental health outcomes strategy for people of all ages. In: Department of Health London.
- HM Treasury. (2022). *Cost of Living Crisis*. <https://www.instituteforgovernment.org.uk/explainer/cost-living-crisis>
- Hodkinson, S. (2020). Safe as houses: Private greed, political negligence and housing policy after Grenfell. In *Safe as houses*. Manchester University Press. <https://doi.org/https://doi.org/10.7765/9781526154644>
- Hong, Q. N., Pluye, P., Bujold, M., & Wassef, M. (2017). Convergent and sequential synthesis designs: implications for conducting and reporting systematic reviews of qualitative and quantitative evidence. *Systematic reviews*, 6(1), 1-14.
- Hong, Q. N., Fàbregues, S., Bartlett, G., Boardman, F., Cargo, M., Dagenais, P., Gagnon, M.-P., Griffiths, F., Nicolau, B., & O'Cathain, A. (2018). The Mixed Methods Appraisal Tool (MMAT) version 2018 for information professionals and researchers. *Education for information*, 34(4), 285-291. <https://doi.org/https://doi.org/10.3233/EFI-180221>
- Hugh, C. (2004). Research methods and statistics in psychology. *GB: Hodder Educationan Hachette UK Company.*—2009.—689 p.
- Humbert, M. L., Chad, K. E., Spink, K. S., Muhajarine, N., Anderson, K. D., Bruner, M. W., Girolami, T. M., Odnokon, P., & Gryba, C. R. (2006). Factors that influence physical activity participation among high-and low-SES youth. *Qualitative health research*, 16(4), 467-483. <https://doi.org/https://doi.org/10.1177/1049732305286051>
- Iwamasa, G. Y., Sorocco, K. H., & Koonce, D. A. (2002). Ethnicity and clinical psychology: A content analysis of the literature. *Clinical psychology review*, 22(6), 931-944. [https://doi.org/https://doi.org/10.1016/S0272-7358\(02\)00147-2](https://doi.org/https://doi.org/10.1016/S0272-7358(02)00147-2)
- Izard, C. (1991). The psychology of emotions. New York, NY US. *Plenum Press*. Jost, JJ, & Banaji, MR (1994). The role of stereotyping in system-justification and the production of false consciousness. *British Journal of Social Psychology*, 33, 1-27. <https://doi.org/https://doi.org/10.1111/j.2044-8309.1994.tb01008.x>

- Jackson, J., Farr, M., Birnie, K., Davies, P., Mamluk, L., O'Brien, M., Spencer, J., Morgan, R., Costello, C., & Smith, J. (2022). Preventing male suicide through a psychosocial intervention that provides psychological support and tackles financial difficulties: a mixed method evaluation. *BMC psychiatry*, 22(1), 1-12.
<https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-022-03973-5>
- Jenkins, C., & Ronald, L. (2015). Standing Up and Speaking Out for clinical populations: Our experience of the interface between clinical psychology and public health. *Clinical Psychology Forum*,
- Jiga, K., Kaunhoven, R. J., & Dorjee, D. (2019). Feasibility and efficacy of an adapted mindfulness-based intervention (MBI) in areas of socioeconomic deprivation (SED). *Mindfulness*, 10, 325-338. <https://doi.org/10.1007/s12671-018-0977-1>
- Johnstone, L., & Boyle, M. (2018). The power threat meaning framework: An alternative nondiagnostic conceptual system. *Journal of Humanistic Psychology*, 0022167818793289. <https://doi.org/10.1177/0022167818793289>
- Johnstone, L., & Dallos, R. (2013). *Formulation in Psychology and Psychotherapy* (Vol. (2nd ed.)). <https://doi.org/10.4324/9780203380574> (Routledge.)
- Joseph Rowntree Foundation. (2023). *UK Poverty 2023: The essential guide to understanding poverty in the UK*. . <https://www.irf.org.uk/report/uk-poverty-2023>
- Karos, K., Williams, A. C. d. C., Meulders, A., & Vlaeyen, J. W. (2018). Pain as a threat to the social self: a motivational account. *Pain*, 159(9), 1690-1695.
<https://doi.org/10.1097/j.pain.0000000000001257>
- Kawachi, I., & Berkman, L. (2000). Social cohesion, social capital, and health. *Social epidemiology*, 174(7), 290-319.
<https://doi.org/10.1093/med/9780195377903.003.0008>
- Kelly, T. (2023). *What is leasehold? Everything you should know before you buy*. Ideal Home. <https://www.idealhome.co.uk/property-advice/what-is-leasehold-289675>
- Kendler, K. S., Hettema, J. M., Butera, F., Gardner, C. O., & Prescott, C. A. (2003). Life event dimensions of loss, humiliation, entrapment, and danger in the prediction of onsets of major depression and generalized anxiety. *Archives of general psychiatry*, 60(8), 789-796. <https://doi.org/10.1001/archpsyc.60.8.789>
- Kivimäki, M., Batty, G. D., Pentti, J., Shipley, M. J., Sipilä, P. N., Nyberg, S. T., Suominen, S. B., Oksanen, T., Stenholm, S., & Virtanen, M. (2020). Association between socioeconomic status and the development of mental and physical health conditions in adulthood: a multi-cohort study. *The Lancet Public Health*, 5(3), e140-e149.
[https://doi.org/10.1016/S2468-2667\(19\)30248-8](https://doi.org/10.1016/S2468-2667(19)30248-8)
- Law Society. (n.d.). *Buying and owning a leasehold home*.
<https://www.lawsociety.org.uk/public/for-public-visitors/common-legal-issues/buying-and-owning-a-leasehold-home>
- Lawford, M. (2021). 'My mortgage has jumped £200 and I might lose my home'. *The Telegraph*. <https://www.telegraph.co.uk/property/uk/mortgage-has-jumped-200-might-lose-home/>
- Lee, G., & Carrington, M. (2007). Tackling heart disease and poverty. *Nursing & health sciences*, 9(4), 290-294. <https://doi.org/10.1111/j.1442-2018.2007.00363.x>
- Levac, D., Colquhoun, H., & O'Brien, K. K. (2010). Scoping studies: advancing the methodology. *Implementation science*, 5, 1-9.
<https://doi.org/10.1186/1748-5908-5-69>

- Linehan, M. M. (1993). *Skills training manual for treating borderline personality disorder*. Guilford press.
- Lorant, V., Croux, C., Weich, S., Deliège, D., Mackenbach, J., & Anseau, M. (2007). Depression and socio-economic risk factors: 7-year longitudinal population study. *The British journal of psychiatry*, 190(4), 293-298. <https://doi.org/https://doi.org/10.1192/bjp.bp.105.020040>
- Mack, J., & Lansley, S. (1985). *Poor Britain*. G. Allen & Unwin London.
- Mahendru, M., Sharma, G. D., & Hawkins, M. (2022). Toward a new conceptualization of financial well-being. *Journal of Public Affairs*, 22(2), e2505.
- Marmot, M. (2013). Fair society, healthy lives. *Fair society, healthy lives*, 1-74. <https://doi.org/https://doi.org/10.1093/acprof:oso/9780199931392.003.0019>
- Marmot, M. (2014). Commentary: mental health and public health. In (Vol. 43, pp. 293-296): Oxford University Press.
- Martin, W., & Preece, J. (2021). Understanding the impacts of the UK 'cladding scandal': Leaseholders' perspectives. *People, Place and Policy*, 15(1), 46-53.
- Maslow, A. H. (1943). A theory of human motivation. *Psychological review*, 50(4), 370. <https://doi.org/https://doi.org/10.1037/h0054346>
- Mayer, C., & McKenzie, K. (2017). '... it shows that there's no limits': the psychological impact of co-production for experts by experience working in youth mental health. *Health & social care in the community*, 25(3), 1181-1189. <https://doi.org/https://doi.org/10.1111/hsc.12418>
- Mayo-Wilson, E., Dias, S., Mavranezouli, I., Kew, K., Clark, D. M., Ades, A., & Pilling, S. (2014). Psychological and pharmacological interventions for social anxiety disorder in adults: a systematic review and network meta-analysis. *The Lancet Psychiatry*, 1(5), 368-376. [https://doi.org/https://doi.org/10.1016/S2215-0366\(14\)70329-3](https://doi.org/https://doi.org/10.1016/S2215-0366(14)70329-3)
- McBride, J., & Smith, A. (2022). 'I feel like I'm in poverty. I don't do much outside of work other than survive': In-work poverty and multiple employment in the UK. *Economic and Industrial Democracy*, 43(3), 1440-1466. <https://doi.org/https://doi.org/10.1177/0143831X211016054>
- McClelland, L. (2013). Reformulating the impact of social inequalities: Power and social justice. In *Formulation in psychology and psychotherapy* (pp. 141-164). Routledge. <https://doi.org/https://doi.org/10.4324/9780203380574-14>
- McGrath, M., Duncan, F., Dotsikas, K., Baskin, C., Crosby, L., Gnani, S., Hunter, R. M., Kaner, E., Kirkbride, J. B., & Lafortune, L. (2021). Effectiveness of community interventions for protecting and promoting the mental health of working-age adults experiencing financial uncertainty: a systematic review. *J Epidemiol Community Health*, 75(7), 665-673. <https://doi.org/https://doi.org/10.1136/jech-2020-215574>
- McNeil, C., Parkes, H., Garthwaite, K., & Patrick, R. (2021). No longer 'managing': the rise of working poverty and fixing Britain's broken social settlement.
- Miller, J., & McClelland, L. (2006). Social inequalities formulation: Mad, bad and dangerous to know. In *Formulation in psychology and psychotherapy* (pp. 143-170). Routledge.
- Ministry of Housing, C. L. G. (2021a). Building Safety Programme: Waking Watch costs. (Research and analysis). <https://www.gov.uk/government/publications/building-safety-programme-waking-watch-costs/building-safety-programme-waking-watch-costs>
- Ministry of Housing, C. L. G. (2021b). *Discounted homes for key workers and local residents as flagship First Homes scheme launches*

- <https://www.gov.uk/government/news/discounted-homes-for-key-workers-and-local-residents-as-flagship-first-homes-scheme-launches>
- Moore, T., Kapur, N., Hawton, K., Richards, A., Metcalfe, C., & Gunnell, D. (2017). Interventions to reduce the impact of unemployment and economic hardship on mental health in the general population: a systematic review. *Psychological medicine*, 47(6), 1062-1084.
- Moore-Bick, M. (2019). *Grenfell Tower Inquiry: Phase 1 Report*. <https://assets.grenfelltowerinquiry.org.uk/GTI%20-%20Phase%201%20full%20report%20-%20volume%201.pdf>
- MoveWise. (2022). *How to sell a property affected by the cladding crisis*. <https://www.movewise.co.uk/articles/how-to-sell-a-property-affected-by-the-cladding-crisis>
- Munn, Z., Peters, M. D., Stern, C., Tufanaru, C., McArthur, A., & Aromataris, E. (2018). Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC medical research methodology*, 18, 1-7. <https://doi.org/https://doi.org/10.1186/s12874-018-0611-x>
- National Energy Action. (2023). *The hardest hit: Impact of the energy crisis*. https://www.nea.org.uk/wp-content/uploads/2023/01/3830_NEA_Fuel-Poverty-Monitor-Report-2022_V2-1.pdf
- Needham, C., & Carr, S. (2009). *Co-production: an emerging evidence base for adult social care transformation*. Social Care Institute for Excellence.
- Neff, L. A., & Karney, B. R. (2004). How does context affect intimate relationships? Linking external stress and cognitive processes within marriage. *Personality and social psychology bulletin*, 30(2), 134-148. <https://doi.org/https://doi.org/10.1177/0146167203255984>
- Nelson, G., Lord, J., & Ochocka, J. (2001). Empowerment and mental health in community: Narratives of psychiatric consumer/survivors. *Journal of community & applied social psychology*, 11(2), 125-142. <https://doi.org/https://doi.org/10.1002/casp.619>
- NHS Digital. (2016). *Psychological therapies: Annual report on the use of IAPT services*. <https://www.gov.uk/government/statistics/psychological-therapies-annual-report-on-the-use-of-iapt-services-england-further-analyses-on-2016-17>
- Noyes, J., Booth, A., Moore, G., Flemming, K., Tunçalp, Ö., & Shakibazadeh, E. (2019). Synthesising quantitative and qualitative evidence to inform guidelines on complex interventions: clarifying the purposes, designs and outlining some methods. *BMJ global health*, 4(Suppl 1), e000893. <https://doi.org/https://doi.org/10.1136/bmjgh-2018-000893>
- O'Connor, R. C., & Portzky, G. (2018). The relationship between entrapment and suicidal behavior through the lens of the integrated motivational–volitional model of suicidal behavior. *Current opinion in psychology*, 22, 12-17. <https://doi.org/https://doi.org/10.1016/j.copsyc.2017.07.021>
- Office for Budget Responsibility. (2022). *Economic and fiscal outlook - November 2022*. <https://obr.uk/efo/economic-and-fiscal-outlook-november-2022/>
- Office of National Statistics. (2022). *Census, 2021. Household total wealth in Great Britain: April 2018 to March 2020*. . <https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth/bulletins/totalwealthingreatbritain/april2018tomarch2020>
- Omylinska-Thurston, J., McMeekin, A., Walton, P., & Proctor, G. (2019). Clients' perceptions of unhelpful factors in CBT in IAPT serving a deprived area of the UK. *Counselling*

- and *Psychotherapy Research*, 19(4), 455-464.
<https://doi.org/https://doi.org/10.1002/capr.12249>
- Oswald, D., Moore, T., & Lockrey, S. (2022). Combustible costs! financial implications of flammable cladding for homeowners. *International journal of housing policy*, 22(2), 225-250. <https://doi.org/https://doi.org/10.1080/19491247.2021.1893119>
- Oswald, D., Moore, T., & Lockrey, S. (2023). Flammable cladding and the effects on homeowner well-being. *Housing studies*, 38(3), 403-422.
<https://doi.org/https://doi.org/10.1080/02673037.2021.1887458>
- Oswald, D., Scholtenhuis, L. o., Moore, T., & Smith, S. (2021). Construction defects, danger, disruption and disputes: a systemic view of the construction industry post-Grenfell. In (Vol. 39, pp. 949-952): Taylor & Francis.
- Parliament, U. (2022). *The Cladding External Wall System (EWS)*. House of Commons Library Retrieved from <https://commonslibrary.parliament.uk/the-external-wall-fire-review-process-ews/>
- Parsons, T. (1980). Health, uncertainty, and the action situation. *Uncertainty: Behavioral and social dimensions*, 145-162.
- Peters, M. D., Marnie, C., Tricco, A. C., Pollock, D., Munn, Z., Alexander, L., McInerney, P., Godfrey, C. M., & Khalil, H. (2020). Updated methodological guidance for the conduct of scoping reviews. *JB1 evidence synthesis*, 18(10), 2119-2126.
<https://doi.org/https://doi.org/10.11124/JBIES-20-00167>
- Philips, B., & Falkenström, F. (2021). What research evidence is valid for psychotherapy research? *Frontiers in psychiatry*, 11, 625380.
<https://doi.org/https://doi.org/10.3389/fpsy.2020.625380>
- Pleasence, P., & Balmer, N. J. (2007). Changing fortunes: results from a randomized trial of the offer of debt advice in England and Wales. *Journal of Empirical Legal Studies*, 4(3), 651-673. <https://doi.org/https://doi.org/10.1111/j.1740-1461.2007.00102.x>
- Preece, J. (2021). *Living through the building safety crisis: impact on the mental wellbeing of leaseholders.* (, Issue.
- Prendergast, M., Ní Dhuinn, M., & Loxley, A. (2021). " I worry about money every day": The financial stress of second-level initial teacher education in Ireland. *Issues in Educational Research*, 31(2), 586-605.
- Proctor, G. (2002). *The dynamics of power in counselling and psychotherapy: Ethics, politics and practice.* PCCS books.
- Psychologists for Social Change. (2022). Growing a Movement: Psychologists for Social Change. In C. Walker, S. Zlotowitz, & A. Zoli (Eds.), *The Palgrave Handbook of Innovative Community and Clinical Psychologies* (pp. 31-50). Springer International Publishing. https://doi.org/10.1007/978-3-030-71190-0_3
- Rahim, M., & Cooke, A. (2019). Should clinical psychologists be political? In *Professional issues in clinical psychology* (pp. 81-91). Routledge.
- Randall, A. K., & Bodenmann, G. (2009). The role of stress on close relationships and marital satisfaction. *Clinical psychology review*, 29(2), 105-115.
<https://doi.org/https://doi.org/10.1016/j.cpr.2008.10.004>
- Randall, J., Gunn, S., Coles, S., & H., W. t. t. G. (2022). Taking a Position Within Powerful Systems. In *The Palgrave Handbook of Innovative Community and Clinical Psychologies* (pp. 69-99). Springer. https://doi.org/https://doi.org/10.1007/978-3-030-71190-0_5

- Rautio, N., Filatova, S., Lehtiniemi, H., & Miettunen, J. (2018). Living environment and its relationship to depressive mood: a systematic review. *International journal of social psychiatry*, 64(1), 92-103. <https://doi.org/https://doi.org/10.1177/0020764017744582>
- Reis, H. T., Sheldon, K. M., Gable, S. L., Roscoe, J., & Ryan, R. M. (2000). Daily well-being: The role of autonomy, competence, and relatedness. *Personality and social psychology bulletin*, 26(4), 419-435. <https://doi.org/https://doi.org/10.1177/0146167200266002>
- Richardson, T., Elliott, P., & Roberts, R. (2013). The relationship between personal unsecured debt and mental and physical health: a systematic review and meta-analysis. *Clinical psychology review*, 33(8), 1148-1162. <https://doi.org/https://doi.org/10.1016/j.cpr.2013.08.009>
- Roberson, P. N., Lenger, K. A., Norona, J. C., & Olmstead, S. B. (2018). A longitudinal examination of the directional effects between relationship quality and well-being for a national sample of US men and women. *Sex Roles*, 78, 67-80. <https://doi.org/https://doi.org/10.1007/s11199-017-0777-4>
- Robinson, O. C. (2014). Sampling in interview-based qualitative research: A theoretical and practical guide. *Qualitative research in psychology*, 11(1), 25-41. <https://doi.org/https://doi.org/10.1080/14780887.2013.801543>
- Rojas, Y. (2022). Financial indebtedness and suicide: A 1-year follow-up study of a population registered at the Swedish Enforcement Authority. *International journal of social psychiatry*, 68(7), 1445-1453. <https://doi.org/https://doi.org/10.1177/00207640211036166>
- Royston, R., Oliver, C., Howlin, P., & Waite, J. (2021). Anxiety characteristics in individuals with Williams syndrome. *Journal of Applied Research in Intellectual Disabilities*, 34(4), 1098-1107. <https://doi.org/https://doi.org/10.1111/jar.12864>
- Schenck-Fontaine, A., & Panico, L. (2019). Many kinds of poverty: Three dimensions of economic hardship, their combinations, and children's behavior problems. *Demography*, 56(6), 2279-2305. <https://doi.org/https://doi.org/10.1007/s13524-019-00833-y>
- Selye, H. (1956). *The stress of life*. <https://www.intranet.cenpat-conicet.gob.ar:8081/xmlui/bitstream/handle/123456789/415/theStressOfLife.pdf?sequence=1>
- Shah, S. N., Fossa, A., Steiner, A. S., Kane, J., Levy, J. I., Adamkiewicz, G., Bennett-Fripp, W. M., & Reid, M. (2018). Housing quality and mental health: the association between pest infestation and depressive symptoms among public housing residents. *Journal of Urban Health*, 95, 691-702. <https://doi.org/https://doi.org/10.1007/s11524-018-0298-7>
- Shim, R. S., & Compton, M. T. (2018). Addressing the social determinants of mental health: if not now, when? If not us, who? *Psychiatric services*, 69(8), 844-846. <https://doi.org/https://doi.org/10.1176/appi.ps.201800060>
- Sigmon, S. T., Whitcomb, S. R., & Snyder, C. R. (2002). Psychological home. *Psychological sense of community: Research, applications, and implications*, 25-41. https://doi.org/https://doi.org/10.1007/978-1-4615-0719-2_2
- Simpson, J. (2022). The scandal within the scandal: how Help to Buy is sucking funds from cladding victims. *Inside Housing* <https://www.insidehousing.co.uk/insight/the-scandal-within-the-scandal-how-help-to-buy-is-sucking-funds-from-cladding-victims-1-76161>
- Smail, D. (1999). *The Origins of Unhappiness: A New Understanding of Personal Distress*. Constable. <https://books.google.co.uk/books?id=14oLAAAACAAJ>

- Smail, D., Elison, S., Dubrow-Marshall, L., & Thompson, C. (2017). A mixed-methods study using a nonclinical sample to measure feasibility of ostrich community: a web-based cognitive behavioral therapy program for individuals with debt and associated stress. *JMIR mental health*, 4(2), e6809.
- Smail, D. J. (2005). *Power, interest and psychology: Elements of a social materialist understanding of distress*. PCCS books.
- Smith, D. T., Mouzon, D. M., & Elliott, M. (2018). Reviewing the assumptions about men's mental health: An exploration of the gender binary. *American journal of men's health*, 12(1), 78-89. <https://doi.org/https://doi.org/10.1177/1557988316630953>
- Smith, J., & Noble, H. (2014). Bias in research. *Evidence-based nursing*, 17(4), 100-101. <https://doi.org/https://doi.org/10.1136/eb-2014-101946>
- Smith, J. A. (2015). Qualitative psychology: A practical guide to research methods. *Qualitative psychology*, 1-312.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). Interpretive phenomenological analysis. Theory, method and research. SAGE.
- Sparks, J. A., Duncan, B. L., & Miller, S. D. (2008). Common factors in psychotherapy. *Twenty-first century psychotherapies: Contemporary approaches to theory and practice*, 28, 453-497.
- Sweeny, K., & Cavanaugh, A. G. (2012). Waiting is the hardest part: a model of uncertainty navigation in the context of health news. *Health Psychology Review*, 6(2), 147-164. <https://doi.org/10.1080/17437199.2010.520112>
- Taylor, M., Jenkins, S. P., & Sacker, A. (2009). Financial capability and wellbeing: Evidence from the BHPS.
- Ten Have, M., Tuithof, M., Van Dorsselaer, S., De Beurs, D., Jeronimus, B., De Jonge, P., & De Graaf, R. (2021). The bidirectional relationship between debts and common mental disorders: Results of a longitudinal population-based study. *Administration and Policy in Mental Health and Mental Health Services Research*, 48, 810-820. <https://doi.org/https://doi.org/10.1007/s10488-021-01131-9>
- Tew, J. (2006). Understanding power and powerlessness: Towards a framework for emancipatory practice in social work. *Journal of social work*, 6(1), 33-51. <https://doi.org/https://doi.org/10.1177/1468017306062222>
- Thoits, P. A. (2010). Stress and health: Major findings and policy implications. *Journal of health and social behavior*, 51(1_suppl), S41-S53. <https://doi.org/https://doi.org/10.1177/0022146510383499>
- Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M. D., Horsley, T., & Weeks, L. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Annals of internal medicine*, 169(7), 467-473. <https://doi.org/https://doi.org/10.7326/M18-0850>
- Tsai, J., Jones, N., Szymkowiak, D., & Rosenheck, R. A. (2021). Longitudinal study of the housing and mental health outcomes of tenants appearing in eviction court. *Social psychiatry and psychiatric epidemiology*, 56, 1679-1686. <https://doi.org/https://doi.org/10.1007/s00127-020-01953-2>
- Turner, R. J. (2003). The pursuit of socially modifiable contingencies in mental health. *Journal of health and social behavior*, 1-17. <https://doi.org/https://doi.org/10.2307/1519812>
- Turner, R. J., Wheaton, B., & Lloyd, D. A. (1995). The epidemiology of social stress. *American sociological review*, 104-125. <https://doi.org/https://doi.org/10.2307/2096348>

- UK Cladding Action Group. (2020). *Cladding and internal fire safety: Mental health report 2020*.
- Wahlbeck, K., & McDaid, D. (2012). Actions to alleviate the mental health impact of the economic crisis. *World psychiatry*, 11(3), 139.
<https://doi.org/https://doi.org/10.1002/j.2051-5545.2012.tb00114.x>
- Wakefield, S., Kellett, S., Simmonds-Buckley, M., Stockton, D., Bradbury, A., & Delgadillo, J. (2021). Improving Access to Psychological Therapies (IAPT) in the United Kingdom: A systematic review and meta-analysis of 10-years of practice-based evidence. *British journal of clinical psychology*, 60(1), 1-37.
<https://doi.org/https://doi.org/10.1111/bjc.12259>
- Walk the Talk. (2022). Getting off the Fence and Steppin' Outta the Clinic Room. In C. Walker, S. Zlotowitz, & A. Zoli (Eds.), *The Palgrave Handbook of Innovative Community and Clinical Psychologies* (pp. 51-67). Springer International Publishing.
https://doi.org/10.1007/978-3-030-71190-0_4
- Walker, C., Zlotowitz, S., & Zoli, A. (2022). *The palgrave handbook of innovative community and clinical psychologies*. Springer. <https://doi.org/https://doi.org/10.1007/978-3-030-71190-0>
- Walker, I. F., Stansfield, J., Makurah, L., Garnham, H., Robson, C., Lugton, C., Hey, N., & Henderson, G. (2019). Delivering national public mental health—experience from England. *Journal of Public Mental Health*, 18(2), 112-123.
<https://doi.org/https://doi.org/10.1108/JPMH-06-2018-0032>
- Walsh, J., & Boyle, J. (2009). Improving acute psychiatric hospital services according to inpatient experiences. A user-led piece of research as a means to empowerment. *Issues in mental health nursing*, 30(1), 31-38.
<https://doi.org/https://doi.org/10.1080/01612840802500733>
- Watson, G., & Williams, J. (2006). Feminist practice in therapy. In *Gender issues in clinical psychology* (pp. 212-236). Routledge.
- White, J. (2008). Stepping up primary care. *The Psychologist*, 21, 844–847.
- Williams, G., & Zlotowitz, S. (2013). Using a community psychology approach in your research. *PsyPAG Quarterly*(86), 21-25.
<https://doi.org/https://doi.org/10.53841/bpspag.2013.1.86.21>
- Willig, C. (2013). *EBOOK: introducing qualitative research in psychology*. McGraw-hill education (UK).
- Wills-Herrera, E., & Andes, B. (2011). Feeling safe. *Cancer Surveys*, 6, 439-458.
- Wilson, W. (2023). *Leasehold high-rise blocks: Who pays for fire safety work?* House of Commons Library Retrieved from <https://commonslibrary.parliament.uk/research-briefings/cbp-8244/#:~:text=The%20Building%20Safety%20Act%202022,cases%2C%20be%20required%20to%20contribute.>
- Wilson, W., & Potton, E. (2018). *Cladding remedial fire safety work*. House of Commons Library Retrieved from <https://researchbriefings.files.parliament.uk/documents/CDP-2018-0055/CDP-2018-0055.pdf>
- World Health Organisation. (1996). *Prevention and Promotion in Mental Health*.
- Xie, S. (2019). Quality matters: Housing and the mental health of rural migrants in urban China. *Housing studies*, 34(9), 1422-1444.
<https://doi.org/https://doi.org/10.1080/02673037.2019.1577956>

Appendix 1: Interview schedule

Background Story

- a) Opening/warm up question: What interested you in exploring the impact building safety with me today?
- b) Can you tell me about the property you live in and what building safety challenges there are? (Prompt: What remediation/cladding work needs to be done on your property?)

Presenting Problem and Precipitating Factors

- c) How did you initially react to hearing about the fire safety risk in your building?
- d) At what point, did you notice changes in your wellbeing and mental health and what did you notice? (Prompts: sleep, relationship, engagement with different activities, experience of being at home)
- e) How did this change overtime?
- f) How has this change in mental health affected your life? And what has this meant for you?
- g) How are you experiencing the cladding crisis now?
- h) What has been the most challenging aspect of having a property affected by the cladding crisis?
- i) Where there any factors that made the cladding crisis worse? (Prompts: the media/ the government/ communication around the cladding/ the speed of the process/ the banks/ the insurance companies/ covid)
- j) What has the housing safety crisis meant for you?

Predisposing factors

- k) Everyone experiences things differently, are there factors that you feel have made you more likely to feel the negative effects from the cladding crisis? (For example, were there other additional difficulties you were facing at this time or other personal factors that have made this experience worse?)

Protective Factors

- l) Has anything helped you during this time? (e.g. social support/ community/ therapy)
- m) What support has been offered to you other than financial support? And what support do you think would help you?

Perpetuating Factors

- n) What things have you tried to do to cope with the distress or take control of the cladding crisis? (Unhelpful and helpful strategies). Different people cope with stress in different way e.g. blocking out thoughts associated, distraction, using alcohol or drugs. Have you noticed using any of these whilst coping with the stress?
- o) (If participant has identified that they are still experienced distress) In your opinion, what is keeping your experience of distress (or participant's identified word for distress (e.g. 'stress') going? What would make it easier?

Additional questions, if not already discussed in the interview

- p) Are you hoping to move from the flat you are living in; if so, what was motivating that?
- q) Have you been promised financial support for your property's remediation work? If so, have you received this?
- r) Has the remediation/cladding work started? If so, how has that impacted you?
- s) Is there anything further you would like to add?

Appendix 2: Example of familiarisation notes

Familiarisation notes of Participant 9

No fault of our own

Huge impact – heart attack

Careful to create plans for the future

Huge service charge bills

Prohibition order – forced to move out of the home for 8 days

Waking watch – dead money, futile

25% of leaseholders won't be eligible for funds

Leaseholders Association

No answers

Inaccurate information around money

Devastated – going to go bankrupt

Resentment – anger

Mortgage free and to be able to go travelling - worked hard as a teacher

Other life stressors feel like big life stressors

Sleep disrupted

Stress eating

Relationships – important for picking up/helped coping

Complete lack of control – incompetency external agencies – long waiting times

Open market – high demand

Completely trapped – even when I don't want to move

Changed relationship with flat

Money pit

Just more emotional

No way to make it better – LACK OF CONTROL – frustration

Might as set the money of fire

Its always there – can I afford a holiday?

Father died – two big things happened

A working party in government – no safety net – better financial support but also common sense – Waking watch is nonsensical

Day light robbery

Unfair – big companies covered, individuals haven't

I haven't done anything

Anger from other leaseholder when in the positions of power

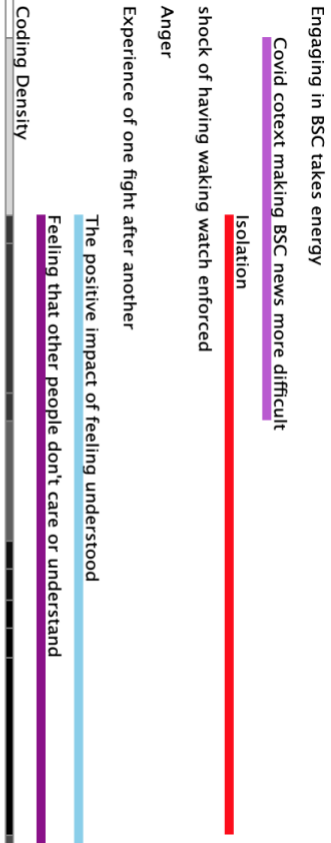
Acceptance that there is nothing that we can do from other – more engaged due to position of power/knowledge

Twitter – creating a community of people going through the same experience - WW no one is listening how useless this situation

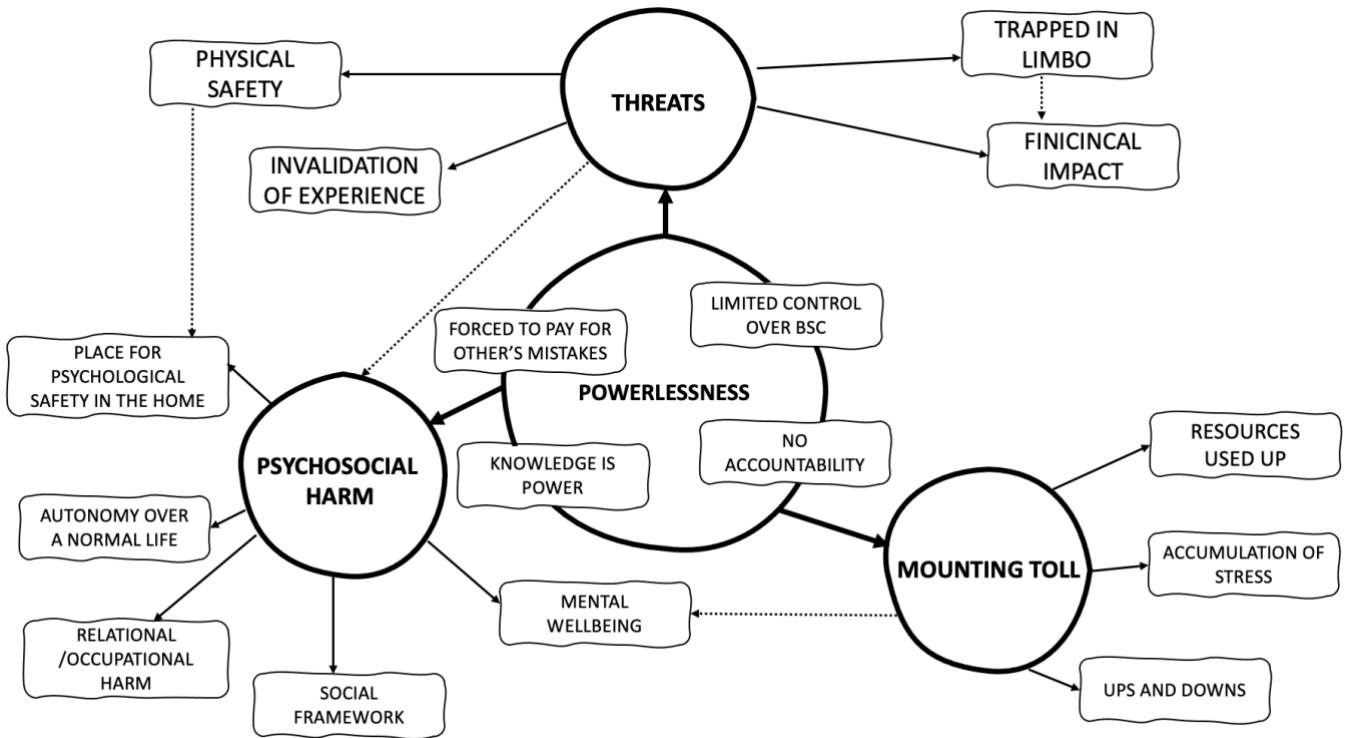
Appendix 3: Example of Extract of coding transcript

Participant 21

Yeah and also like, I think the key thing was that they would have to do something about it. And I think that wouldn't land. And I think I think you know, on reflection, I understand that some people were too busy, or, you know, locked down had got.. had really affected them and they couldn't..it was too much. And I think that's the other thing, that maybe like I didn't reflect on is like, it was too much, but we had no choice. It's like we couldn't sit back and go 'Oh, well.' You know, like, I don't feel like sending this email. Because then it's like, well, that's gonna delay us another six months. We don't have six months to wait and then yeah, so it was like, Yeah, I guess people just went into their own little world and they didn't... I genuinely think that part of it is that you know, and rightly people think their government is going to help them out when they get stuck. And I kind of know that that's not the case. And I think because I've worked in government, I've seen it from that side. And I know that that's what happens. Like you get that, you get their ears when it's something they want to deal with, and makes them look good. And this is so.... and it's relatively easy to fix. And this is not easy to fix. And I can see that it's not easy to fix, its lumping 20 years of poor like policy, basically. And so I know that it's huge, I think maybe that's what it was, I knew it was huge, because I know it's 20 years of bad policy that causing it. But it was... like actually interestingly, I was on a call with somebody at work when I was working in that department, and I found myself being very repetitive like talking about it, which I then started to think 'God, people must be really bored of hearing this.' So then I felt like we couldn't talk to anyone about it. Because I was like, thinking gosh all she talks about is this cladding. So when I was like, Okay... but then at that point, it didn't feel like had anyone, like any support around me, or anyone going through the same thing. And someone said, Well, I understand like, it's you're in, you're kind of in shock. Like, it's a shock. I can't remember exactly what word he used. But he said something like, it wasn't shock. But he said something like you're you've basically been completely blindsided about how letdown you've been. So I totally get it. And actually that, like helped because I suddenly thought, Ah, so he's not going through it. But he understands why this is bad. And then I was like, (becomes tearful) but like, before, I didn't think anyone got how painful it was



Appendix 4: Initial visual map for theme generation



Appendix 5: Example of theme generation

Theme	Subthemes	Example codes
1. Knowledge! (Misunderstanding of the BSC): isolating, invalidating, disenfranchisement, alienating, lost	General public misunderstanding of the BSC	Family, friends and peers don't understand or fully grasp the BSC Examples of misunderstanding across the public 'Stop complaining and just sell the flat' Experiences of not feeling understood by others e.g. it is not just cladding but wider safety defects
	Difficult and difference in understanding for residents and what to do	The BSC is difficult to understand. Legal language and infrastructural ramifications are complex For some residents, understanding the BSC feels impossible. Coping with the BSC feels more challenging when you don't understand it Difference in understanding the BSC and how to approach it has led to distance and conflict between some residents
	Lack of understanding and recognition of the human impact of the BSC	BSC impact on individuals lives and wellbeing are hidden BSC impact on individuals lives and wellbeing are left unacknowledged by the people responsible There is a focus on the financial impact over the human impact

Theme	Subthemes	Example codes
2. Power(lessness) and (lack of) control! injustice, anger, disbelief, frustration, helplessness, powerless	Residents have minimal power	Residents have limited control or power in the BSC including financial implications and progress Waking watch was enforced on residents Communication to residents has been poor and inconsistent Felt lack of support by the government e.g. enforcing banks to loan on mortgages

The BSC is unjust	Residents are being affected by the BSC through no fault of their own. Residents are paying for other individuals mistakes. Residents were told they were safe when they bought it
No accountability	There has been no accountability for industries responsible Avenues for gaining accountability and control are frequently blocked

Theme	Subthemes	Example codes
3. Stress and uncertainty! Every day I have a sense of dread coursing through my veins: stress, anxiety, oscillating mood, fear, the BSC always on mind	Financial consequences	The BSC creates a huge financial burden (through remediation costs, building service charges, variable rate mortgages). There is a lot of uncertainty around how much the financial consequences will be The fear and impact of bankruptcy Coping with the financial burden alongside the cost-of-living crisis
	Left in limbo	The uncertainty around the waiting time Progress is taking much longer than the residents are told Access to resources e.g. surveyors, building materials generates more waiting times
	Physical safety	You are told you are living in an unsafe building Individual experiences of fear and impact of living in an unsafe building

Theme	Subthemes	Example codes
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4. The harm! (The devastation): depression, helplessness, emotional numbing, hopelessness, guilt	Loss of emotional resilience and mental wellbeing	<p>The BSC stress triggering pre-existing mental health difficulties to resurface e.g. just staying alive has been really difficult</p> <p>The BSC creating new mental health struggles. Stories of panic, anxiety and breakdowns</p> <p>The BSC is always on your mind</p> <p>The BSC reduces abilities to cope with other life stressors</p>
	Loss of a normal life and autonomy	<p>Your life is on hold and you are trapped</p> <p>The BSC has had a hold over life decisions e.g. fertility journeys</p> <p>Forced to live through a building site</p> <p>Prized possessions now stay in a go-bag in case of a fire</p>
	Lack of financial stability stunts life	<p>Freedom around financial spending are now limited</p> <p>Life becomes smaller and less joyful</p> <p>Lack of financial freedom robs individuals of choices and living in line with values</p>
	Loss of the social architecture	<p>The BSC ruptures the relationship between working hard/and perceptions of being careful with money AND financial safety</p> <p>This is not a democratic society and I am not protected</p> <p>Change in relationship to the UK and perceptions of the government</p>
Loss of place of psychological safety	<p>Your home and place of safety is the source of threat</p> <p>Feelings of resentment towards the home</p> <p>Challenges created by living through remediation work</p>	

Theme	Subthemes	Example codes
5. The toll of the BSC journey: draining, exhaustion, hopelessness	Resources are used up in the fight against the BSC	Engaging in the BSC takes a lot of time and energy It feels like there is one fight after another Reduced ability to engage in the BSC overtime
	Accumulation of stress	Coping with the BSC alongside other life stressors e.g. Covid, being a single mothers, caring for elderly parents The BSC creates additional stressors such as flat defects created by remediation work and conflict between residents
	The ups and downs	Inconsistent messages from the government lead to fake hope BSC feelings like one step forward and two steps back

Appendix 6: RHUL ethics approval

From: Ethics Application System <ethics@rhul.ac.uk>

Date: Wednesday, 29 June 2022 at 10:35

To: [REDACTED] Ethics <Ethics@rhul.ac.uk>

Subject: Result of your application to the Research Ethics Committee (application ID 3258)

PI: Gail Wingham

Project title: Understanding mental health difficulties following the 'Cladding Crisis': Experiences of UK Leaseholders

REC ProjectID: 3258

Your application has been approved by the Research Ethics Committee.

Please report any subsequent changes that affect the ethics of the project to the University Research Ethics Committee ethics@rhul.ac.uk

This email, its contents and any attachments are intended solely for the addressee and may contain confidential information. In certain circumstances, it may also be subject to legal privilege. Any unauthorised use, disclosure, or copying is not permitted. If you have received this email in error, please notify us and immediately and permanently delete it. Any views or opinions expressed in personal emails are solely those of the author and do not necessarily represent those of Royal Holloway, University of London. It is your responsibility to ensure that this email and any attachments are virus free.

Appendix 7: Participant consent form

Research Participant Consent Form

Impact of the Housing Safety Crisis on mental wellbeing: Lived experience of the Housing Safety Crisis

Research Participant Consent Form



Name of Researcher: Nicky Smith - nicola.smith2020@rhul.ac.uk

Academic Supervisor: Gail Wingham - gail.wingham@rhul.ac.uk

Research Participant - please read the following statements and indicate your response to each statement.

I confirm that have read and understood the information sheet about this study	Yes/No
I agree to participate in this study	Yes/No
I have had the opportunity to ask questions about this study	Yes/No
I have received satisfactory answers to my questions about this study	Yes/No
I understand my participation in this study is voluntary	Yes/No
I understand that I am free to withdraw from the research project at any time without giving a reason and without detriment to myself. I understand that I must contact the researcher by Feb 2023 if I wish to withdraw my data from being used. After this date, it may not be possible to withdraw the data	Yes/No
I understand that my data will be anonymised and stored on an encrypted protected computer folder and backed up on Business Drobox. Data from this study will be destroyed after ten years.	Yes/No
I agree to audio recorded for the purpose of this research	Yes/No
I agree that direct quotes may be used in the write-up of this study	Yes/No
I understand that confidentiality may be breached in circumstances as detailed in the information sheet	Yes/No
I agree that my personal data will be retained using an encrypted protected computer folder and backed up on Business Drobox. If I am interested in having receiving a summary of the findings of this research, my stored contact details will be used to provide the request summary	Yes/No
I am interested in receiving a summary of this research finding	Yes/No

Participant signature.....=

Participant Name=

Date

Please note that this Consent form will be stored separately from the responses you provide.

If you have any concerns about this research, please email ethics@rhul.ac.uk.

Appendix 8: Draft data extraction instrument

A. Characteristics of included studies

- Author(s)
- Year of publication
- Country and location within the United Kingdom
- Research Design
- Description of the population (including sample size, demographics, etc.)

B. Characteristics of the intervention

- Description of intervention (including length of intervention, no. of sessions, components of intervention including any non-psychological based aspects, intended mechanism, format of the intervention, mode of delivery).

C. Outcomes of intervention

- Outcomes measures (for quantitative and mixed method studies, including length of follow-up)
- Patient and staff experiences (for qualitative and mixed methods studies)
- Other notable learning (for mixed method studies)
- Additional findings that relate to the scoping review question/s.

Appendix 9. Mixed Method Appraisal Tool for eligible studies

MIXED METHODS STUDIES					
	5.2. Are the different components of the study effectively integrated to answer the research question?	5.2. Are the different components of the study effectively integrated to answer the research question?	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?
Gabbay et al., (2017)	Yes	Yes	Can't tell	Yes	Yes
Jiga et al., (2019)	No	Yes	Can't tell	Yes	No
Barnes et al., (2018)	No	Yes	Yes	Yes	No
Jackson et al., (2022)	No	Yes	Yes	Yes	Yes
Smail et al. (2017)	Yes	Yes	Yes	Yes	Yes
3. NON-RANDOMIZED STUDIES					
	3.1. Are the participants representative of the target population?	3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?	3.3. Are there complete outcome data?	3.4. Are the confounders accounted for in the design and analysis?	3.5. During the study period, is the intervention administered (or exposure occurred) as intended?
Richardson et al (2022)	Can't tell	Yes	No	No	Can't tell
1. QUALITATIVE STUDIES					
	1.1. Is the qualitative approach appropriate to answer the research question?	1.2. Are the qualitative data collection methods adequate to address the research question?	1.3. Are the findings adequately derived from the data?	1.4. Is the interpretation of results sufficiently substantiated by data?	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?

Farr et al (2022)	Yes	Yes	Can't tell	Yes	No
Barnes et al., (2017)	Yes	Yes	Can't tell	Yes	Yes
Ballo & Tribe (2023)	Yes	Yes	Can't tell	Yes	Yes
Belcher et al., (2022)	Yes	Yes	Can't tell	Yes	Yes
