MONEY AND MENTAL HEALTH POLICY INSTITUTE

MONEY ADVICE TRUST

DISCLOSURE EXPERIENCES

Responding to consumers who disclose a mental health problem

Guide two in a series on mental health disclosure

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Contents

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The series represents best practice guidance but does not constitute legal or regulatory advice.

Introduction

Being a consumer with a mental health problem can be difficult.

This is because everyday services and companies – like banks, energy suppliers, or mobile providers – don't always understand the needs that people with mental health problems can have.

This means getting what you need from these everyday services can be much, much harder. It means using up energy, effort, and time trying to get these essential services working for you.

And it means lives that could have been spent living, become an everyday grind of just getting by.

Disclosure

For some time, disclosure has been seen as one way to break this grind. This is based on the logic that if consumers simply told firms about their mental health problems, then organisations would have the information needed to deliver relevant help and support.

And – as seen in Guide One – regulators expect firms to encourage and act on such disclosures.

However, such reasoning can fall short where it:

1. **makes the consumer solely responsible for disclosure** (rather than firms also taking responsibility for encouraging and acting on disclosure)
2. **overlooks the fact that most consumers with mental health problems do not disclose** (due to unaddressed practical barriers or perceptions of negative consequences)
3. **distracts from the actions a firm should take once a disclosure has been made to them** (including how staff should initially manage these, and 'how far' firms should go with support)
4. **frames disclosure more as a technical process rather than a human interaction** (where upset, frustrated, and scared consumers disclose to firms in hope of positive change)
5. **under-considers how the 'data-footprint' left behind by disclosure will then be used** (including whether firms or consumers should control how this can be used)
6. **sees disclosure in isolation – rather than as part of a wider strategy of linked actions** (where disclosure sits alongside journey design, identification, and support options).

Consequently, while disclosure represents a well-known and widely adopted strategy among firms, little consideration has been given to what actually 'works' to underpin such a strategy.

Three guides

For these reasons, Money and Mental Health and the Money Advice Trust have collaborated on three disclosure guides, informed by evidence summaries and new research.

- Guide One is about **disclosure environments**. Outlining the fundamentals of disclosure, this explains how firms can encourage consumer disclosure of mental health problems.
- **Guide Two** is about **responding to disclosures** once they are made. It describes what makes for a 'successful disclosure' in technical and human terms.
- Guide Three is about **data**. This covers the encoding of disclosure into data to help consumers. It also considers the balance between firms wanting to record data to protect consumers from future harm, and consumers wanting to control what is recorded about them.

Section one

UNDERSTANDING DISCLOSURE

Disclosure comes in many types

On paper, disclosure is straightforward: a consumer shares information and firms then respond. However, in real-life, disclosures are rarely straightforward or made in the same way.

Understanding the different types of consumer disclosures that firms will encounter is important.

Doing this will prepare staff for the different consumer situations in which they will find themselves, and subsequently ensure consumer needs are better understood, recorded and acted upon.

Disclosure types

In our research interviews with consumers and staff, eight disclosure types were identified. Firms should consider whether their staff and processes are prepared to deal with this 'check-list' of different disclosure types.

1. Accidental

Type: while most disclosures are deliberate, some accidentally 'slip out' (particularly if consumers become frustrated or emotional with a firm).

Response: such disclosures might only be made once – staff need to reassure the consumer, explain how the disclosed information can help and use the disclosure to understand the consumer's situation.

"I said [to the firm], 'Look, this isn't… helping… I've got really bad mental health problems' 'and I've realised… what I'd said. so, I didn't actually tell them [it was] [chuckles] by accident."

Consumer

2. Asked/Probed

Type: many disclosures were made following staff picking up on a sign, and then probing and asking more questions ("reading between the lines").

Response: staff need firms to give them the backing, permission and skills to probe, as many staff worry about going too far and offending consumers.

"It's listening out for them trigger words or even just the tone in their voice… we would stop our calls at that point and be like, 'Well, how are you? Tell me more about that."

Frontline staff

3. Bundled

Type: 'bundled disclosure' simply reflects the reality that consumers are often dealing with multiple difficulties and problems at one time.

Response: firms need to focus on the most relevant information in order to understand the situation and prioritise the support they can provide. Such disclosures also may contain both special data (typically relating to health) and other personal data. In <u>Guide Three</u>, we consider the separate rules that exist for handling and recording these different data types.

"They're not always… just mental health. There are some customers who have like 15 [disclosed] issues on their [account]."

Frontline staff

4. 'Life story'

Type: some consumers will make complex, lengthy, or detailed disclosures.

Response: firms need to identify, reflect on and record the most relevant information to help them take meaningful action. This is considered both in this Guide and in Guide Three.

> "Some customers will phone up and they will just tell you… their life story"
>
> *Frontline staff*

5. Repeated

Type: some consumers report they have to repeatedly tell firms about their mental health and support needs – often with no help being offered, or with an offer to discuss this further over an inaccessible channel.

Response: firms need to ensure that the first time a disclosure is made that they explain what support can (and cannot) be provided to consumers.

> "I had to explain… twice about anxiety and [say] 'I'm not very comfortable talking on the phone right now,' and they would go 'Oh, terribly sorry about that,' and you're going, 'Yeah, well [but], what are you going to do about it?'"
>
> *Consumer*

6. Cautious

Type: some consumers will only disclose their full mental health situation over time – and this may depend on how much trust they develop for a firm.

Response: firms should recognise that disclosure is not a 'one-off' process. If firms send reassuring signals and offer routine opportunities for disclosure, consumers may be less likely to delay sharing important information.

> "So… I say to them… 'I've got a long-term illness that means that sometimes I can't work'… [but] it was quite some time afterwards, actually… probably over a year [that I told them about the mental health situation]."
>
> *Consumer*

7. Third-party

Type: third-parties (including friends and family, but also debt advisers or health and social care staff) will make disclosures on behalf of consumers. These disclosures are sometimes declined by firms due to misunderstandings about data protection legislation.

Response: firms need to understand how disclosures from third-parties can be effectively handled – we consider this further on page 7.

> "My support-worker] will just explain and say, 'Look, [NAME] has… a mental health condition. He's recently had psychosis. And any compassion that can be shown to him at this time would be appreciated."
>
> *Consumer*

8. Withdrawn

Type: some consumers will disclose a mental health problem, but then not give their consent for a firm to record on their systems..

Response: in addition to providing clearer signals and explanations to consumers, we consider other practical responses further in Guide Three.

> "We do get customers who… refuse consent because, despite us sharing with them… how we would use the information, how it's in their best interest, we still get customers who… say no."
>
> *Frontline staff*

Tools for disclosure can be helpful

A range of tools exist to help firms and staff manage consumer mental health disclosures.

These can provide helpful 'guide rails' for frontline staff and policies.

TEXAS

The TEXAS protocol was created in 2010 to address problems identified by research which found 20% of surveyed frontline staff did not record mental health disclosures, 47% did not comply with data protection legislation, and 33% rarely or never asked about consumers' disclosed situation).[1]

TEXAS was recognised by the FCA in 2015 and 2022 as an example of how firms can respond to disclosure. Widely used across the financial service and essential service sectors, the five steps can be followed in any order. Versions of TEXAS also exist which are not based on explicit consent but use other legal bases for processing consumer data (see Guide Three).

IDEA, CARERS and BLAKE

Three other tools have also been developed to respond to disclosures.

Also recognised by the FCA, the **IDEA protocol** was developed to help frontline staff gain a better understanding of a consumer's situation once a disclosure has been made. It reminds staff to ask about the **I**mpact of the disclosed situation, the **D**uration/length of time it has gone on, whether the **E**xperience involves episodes or fluctuating conditions, and whether any **A**ssistance (financial or non-financial) is being received from friends, families or third-party organisations.

Again recognised in FCA practitioner toolkits, the **CARERS tool** helps frontline staff to engage with disclosures from friends, families and third-parties providing support to consumers with mental health and other problems. Meanwhile the **BLAKE protocol** provides steps to help staff manage disclosures of suicidal intent or behaviour from consumers.

All three tools are described in the separate resource '21 Steps. Vulnerability: a guide for debt collection'.[2]

T	Thank the consumer (making a disclosure can represent a large step)
E	Explain how the disclosed information will be used
X	Explicit consent can be obtained from the consumer
A	Ask questions to understand the situation
S	Signpost or refer to internal or external help

But there is more to disclosure than tools

Tools are helpful. However, there is more to a ‘good disclosure’ than following a protocol.

We undertook research with consumers with mental health problems, frontline staff in essential services, and the leadership of these firms, to establish what they felt made for a ‘good’ disclosure.

As we explain in the next section, **consumers don’t want scripts** (and want action and choices instead), **staff want to understand and explore a consumer's disclosure** (without causing offence), while leadership of firms want to **deliver good outcomes and comply with regulation.**

We unpack and address each of these factors in turn, making recommendations throughout about how firms can build this into existing tools, protocols and policies for disclosure.

Section two

ACHIEVE GOOD DISCLOSURES

What makes for a good disclosure?

In Guide One, we explained how to remove the barriers to disclosure and create disclosure pathways. In this section, we consider six key factors that consumers, staff, and firm's leadership alike identify as contributing to a 'good' disclosure.

a. Action and transparency

'Action' was the most frequently identified feature of a 'good' disclosure – underlining a core need from the consumer perspective for disclosure to lead to noticeable change.

> "[Disclosure meant] I'm not hav[ing] the phone calls all the time or having the letters through in the post. Now I've… told them, all that has stopped."

> "… when that person… understands where you're coming from and can actually action… suggestions that they have made to help you."

'Take action' is clearly an obvious feature of a 'good disclosure' to highlight. However, it is often routinely overlooked by firms who prioritise activities such as increasing disclosure and identification, but who have not invested in deciding what support they actually can give (or signpost to) once a disclosure has been made.

It was clear to interviewees which firms had not made such an investment. Here they contrasted the positive initial staff response to disclosure with the lack of practical action and change that subsequently followed:

> "There's a disconnect between the way that staff… talk to you… and then the way that the system works."

And for many, this disconnect affected their perception of both disclosure and the firm:

> "I don't think I would disclose it again… That's just from my personal experience... don't think I benefited from it. I didn't feel… that it made any difference at all."

3 in 10

people disclosing a mental health problem to their financial service provider weren't offered any additional help[3]

Transparency

There was, however, something all firms could do where taking specific actions was not possible: be transparent about this with the consumer.

Consumers reported valuing firms who not only explained what help they could offer or signpost to, but also were equally clear about what *would not* be possible.

What should firms do?

Firms should be clear with their consumers:

- about the actions they can take
- about the actions they can't take
- ideally from the outset of their relationship with consumers
- and certainly, at the point of disclosure of a mental health problem.

This requires firms to be clear with themselves (and their staff) about the support they can provide. The case study below explains how Capital One created a 'treatment matrix' of support, help and signposting arrangements to ensure that staff and customers alike were aware of their options.

CASE STUDY 1: CAPITAL ONE – CREATING A 'TREATMENT MATRIX'

To ensure that staff were aware of the support they could provide to customers disclosing mental health problems and other difficulties, Capital One developed a short list of the support, help and signposting arrangements for staff. This was created through a cross-business group of experts to both frontline support options as well as considerations within broader strategies.

This 'treatment matrix' was then integrated into Capital One's frontline agent procedures and internal systems. This allows staff to quickly see on screen and during a disclosure the internal options for helping customers with additional financial and non-financial needs for support, as well as those external specialist agencies that can assist where Capital One cannot.

This practically helps Capital One staff to consider their conversational approach and support options. Capital One systems and agent tools provide a high-level explanation on screen of how different identified conditions, situations and 'vulnerabilities' may impact the customer. Guidance is also provided to staff on how to support the customer in the moment (e.g. 'Panic attacks – don't provide too much information this may be overwhelming. Keep it simple and repeat it back – where necessary').

Additional information is also provided on further internal support and also third-party external support. However, where a customer also requires financial support (as well as non-financial support), this is outlined in internal systems too. Critically, the support offered is based on information gathered as part of the conversation that staff have with customers about the customer's past, current and future expected situation (including the impact of their non-financial situation, condition, or vulnerability on this).

b. Accuracy and relevancy

Among interviewees, accurately recording the most relevant information for action from a consumer conversation was central to a 'good disclosure'.

Doing this was seen as a vital step towards firms and staff understanding a consumer's disclosed situation, and consumers feeling heard and understood by the staff that they were disclosing to.

Accuracy

Among consumers, an emphasis on firms accurately understanding their situation was key:

> "I think… having them… act in an understanding way… making you comfortable to disclose, but not interrupting you, not assuming anything… and then at the end of it, repeating back their understanding so that you can say yes or no… you know, someone who isn't very interested or someone who could be writing down anything and then doesn't repeat it back to you, that's not really successful to me."

Here consumers wanted firms to capture their situation (and needs) as they had explained them, and in a way that consumers recognised as reflecting their situation and needs.

Only

1 in 5

people who disclosed a mental health problem to an essential service provider were asked if it affected their finances[4]

Relevancy

Interviewed staff did not disagree with accuracy as a principle – but they did explain that not every item of disclosed information could be recorded on a firm's system:

> "it's a case of… making sure that they've got that right level of support, but then also, on our systems, making sure we've got it noted if it is relevant [for us]"

Staff and firms described having to balance three considerations when recording information: (i) capturing information on support needs they could help with; (ii) recording data to assist a firm in meeting its commercial or organisational objectives (such as collecting a debt); while (iii) complying with data protection policies not to hold too much personal data about consumers.

Striking this balance was challenging. And it required staff to repeatedly establish what was most relevant from the often very large amounts of information that consumers shared with them.

What should firms do?

Where 'good' disclosures are sought, a tension should not exist between accuracy and relevancy.

Instead, firms should aim to:

- record the minimum amount of the most relevant information required to meet consumers' needs (where possible) without having to go back and ask for the disclosure to be repeated
- take meaningful action (covering support to consumers and meeting organisational aims)
- play-back to consumers what will be recorded (for accuracy), for what purpose (to comply with data protection law), and to obtain permission – where appropriate – for this.

As we examine fully in Guide Three ('Data and disclosure'), this again involves firms making it clear to consumers exactly what is being recorded from their disclosure, what can be acted upon by the firm, and what may require support from external organisations.

c. Connection and reassurance

The third element of a 'good' disclosure is connection and reassurance.

Connection

For consumers, feeling connected and engaged with staff during a disclosure was key:

> "Sometimes… you feel they're just rattling through. You… can almost see… those questions are coming up on the screen and they're following a patter… But it's, it's that feeling of actually engaging with somebody. It's… how they actually… engage with that person on a personal level and they're not just trying to get a number of calls in."

Staff also agreed with this – rather than 'rattling through' a script, making a connection could both shape the overall experience of disclosure, and what was disclosed:

> "I think, from the start of the call, if you ask them how they are and build that persona, that you are there as a person… but, if you can have a human-to-human experience over the phone, then that builds the basis."

Interestingly, while staff did not – on the whole – share their own experience of mental health difficulties with consumers, many noted that having these experiences did make it easier to understand and connect with them during a disclosure:

> "100%. Like life experiences is something that kind of… helps me."

Reassurance

Reassurance was also identified as a factor in making such a connection with many staff noting:

> "Reassurance is…the most important thing…reassurance is putting the customer in the position that, 'Someone is there to listen to me. Someone is there to talk to me. I…feel more confident in speaking to someone."

Many consumers agreed with the importance of receiving such verbal reassurance, although some under-scored the need for reassurance through actions rather than words alone:

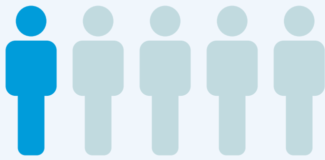
> "[I] said to them I had social anxiety disorder… basically… coming out me ears… They were very reassuring… [They] said to me… 'We'll make sure that you're not getting sent onto credit collection agencies' and it felt a bit more reassuring that way."

This emphasis on reassurance through actions (as well as words) is critical – and involves firms keeping commitments, sticking to promised actions and delivering agreed levels of support.

Just

18%

of people who disclosed a mental health problem to an essential service provider felt they were treated sensitively[5]



What should firms do?

Clearly, firms should work to ensure that consumers making a disclosure know they have been listened to and understood as individuals, rather than being fitted into a standard script or process. This may appear to be a simpler task where voice or face-to-face contact is made with consumers. However, this is also possible in digital journeys, as Case Study 2 illustrates.

Firms should also work to reassure customers about what actions will take place after a disclosure. As noted in Guide One, customers will usually have concerns about their disclosed information being used against them, or certain types of support or change not being actioned. In these situations, firms should explain to customers what will happen next, walk them through the key steps, and (most critically) deliver on any promised actions or support that have been given. This practical reassurance – through delivery – is vital in building consumer trust in a firm.

CASY STUDY 2: MONZO – DIGITAL DISCLOSURES

Founded in 2015, Monzo is a digital bank on a mission to make money work for everyone. Customers bank with Monzo through their smartphones. While they can make contact through telephone or post, most conversation is via in-app chat and email. This includes disclosures of mental health problems and other difficulties.

Here Monzo staff have to deal with customer conversations that can feature repetition, and broken and unfinished sentences — as well as exchanges that can take place either in real-time, or alternatively over several hours, days or even weeks. Despite this, staff manage these disclosures with the same TEXAS and IDEA protocols (see page 7) that are used during telephone disclosures.

d. Recognition and difference

Many of the consumers we spoke to wanted firms to recognise two key facts. First, that consumers with mental health issues *had different needs* from other consumers:

> "It would be nice to think that, now that they know that I've got mental health problems, they would treat me differently"

And second, that consumers with the *same* mental health problem may have *different* needs:

> "Well, everybody's different… whether it's depression… anxiety… bipolar, all these different, different labels and stuff…"

Importantly, these consumers wanted firms to recognise and respond to the support needs they presented with rather than being treated like other consumers, or assumptions being made about what their needs might be based on their 'diagnostic label'.

Most interviewed staff recognised that "each scenario is different for each individual customer", but many also spoke about the challenge of practically doing this call-after-call:

> "[sighs] I think what makes it worse is because we are so used to hearing the words anxiety and depression, I think some people who answer the phones are very much like, 'Oh, it's the same thing over and over,' but it's not for that one person at the end of the phone."

What should firms do?

Firms need to ensure that staff have the skills and permission to unpack the specific circumstances of each consumer's disclosure. This may include staff having the flexibility and time to shift the focus away from financial or operational issues, and towards considering the differing experiences and needs that individuals with mental health problems can have.

e. Choice and control

For many participants, having choice and control over their disclosed data was important:

> "It's my data, my information and it's my choice if I want to share it with that company"

We fully explore this strong ethos of 'my data, my choices' in Guide Three ('Disclosure and Data').

We do this because discussions about data protection within firms often naturally orbit around issues of compliance, technicality, and 'what is possible' for a firm to do with disclosed data.

However, such internal discussions can overlook two factors. First, what consumers want from firms in terms of choice. And second, given the complexity of data protection regulation, what firms need to tell often unaware consumers about the choices, options, and rights open to them under regulation and law..

In short, whatever approach is ultimately taken, a firm's approach to recording and using data from a consumer's mental health disclosure should ensure the consumer voice and experience is at the centre of this.

f. Guiderails and culture

The sixth and final element of a 'good disclosure' does not relate to interaction between consumers and staff, but to the wider organisational culture that surrounds this.

Firms were aware that while disclosure involved more than following tools for managing disclosure, these tools still provided a valuable framework and set of initial guiderails for staff.

In interviews, leadership described these tools as in offering an 'in the moment' resource to help staff manage and structure often challenging disclosure conversations:

> "I think the framework is helpful because it sets out the headlines… it provide[s] a framework that allowed somebody to go through… a mental tick list to say… 'Have I checked this? Have I checked that? Have I done this? Have I done that?'"

Furthermore, in larger organisations, the simplicity of such tools helped firms to 'roll out' training across a significant number of staff in a time and cost-efficient way:

> "So… we've reaffirmed to use the… TEXAS approach… when somebody's disclosing something to you… it's a practical challenge because we've got… 1500 people, so it's a big time investment… to find the time to… retrain and, and give people the opportunity to digest it, absorb it, play with it."

But tools are not enough – organisational culture is also key

Despite its adoption and embedding, participants were aware that an over-reliance on such tools (where the 'tool became the rule') could overshadow the engagement and connection consumers also wanted from disclosures. As one staff member described:

> "If… you've got a laminate in front of you and you're just doing it as a tick sheet, then you are gonna come across robotic… 'You're just reading this, you really don't give a monkey's about me, to be honest.' So, again, it's having that tone of voice… [that]… conversation."

Leadership participants recognised this too and noted:

> "At some point you've got to take the… stabilisers off the bike… you will always have something that doesn't fit the model. No matter how…careful or how detailed you think the model is, [there will] be too many… differences that pop up that you can't cater for."

For this reason, leadership and staff in firms talked about building on and improving the available models for managing disclosure, rather than replicating them verbatim. This involved providing staff with the core parameters and protocols for handling disclosures, but also the permission to flexibly respond to disclosures to meet individual consumer needs within these 'guiderails'.

What should firms do?

Firms should draw on the available resources and tools for disclosure management and improve on them – with a recognition of the factors that make a disclosure 'good'. However, they need to ensure this is supported by a wider organisational culture on disclosure.

Section three

RECOMMENDATIONS

What actions should firms take?

To increase the likelihood of a 'good disclosure', firms should train staff to understand that disclosure comes in many types, that tools for managing it can provide helpful 'guiderails', but there is more to achieving a 'good disclosure' including:

Action and transparency

- being clear with disclosing consumers about which support they can and cannot give
- making sure this clear explanation is accessible and can be found by a consumer at a later date (e.g. as a signposted webpage, or given as a written summary).

Accuracy and relevancy

- firms recording the absolute minimum of the most relevant information to inform action
- firms 'playing-back' to consumers what parts of their disclosure will be recorded, for what purpose (for data protection law), and to obtain their permission – where appropriate – for this.

Connection and reassurance

- firms ensuring that disclosing consumers know they have been listened to and understood as individuals, rather than being fitted into a standard script or process
- firms verbally reassuring consumers about what actions will be following a disclosure (to respond to any fears or concerns about where a disclosure might 'lead')
- firms through their actions offering reassurance by keeping to agreed commitments, delivering on promised actions, and consistently providing agreed levels of support.

Recognition and difference

- firms should note the different needs that people with mental health problems can have
- firms should not assume people with the same mental health issues have the same needs.

Choice and control

- firms should consider the choice and control consumers have over their own data .

Guiderails and culture

- firms should draw on the available tools for disclosure management and improve on them – with a recognition of the factors that make a disclosure 'successful' or 'good'
- firms should make these improved tools available for others to use and improve on.

Conclusion

On paper, disclosure is straightforward: a customer shares information and firms then respond. However, in real-life, disclosures are rarely straightforward, or made in exactly the same way.

Understanding the different types of consumer disclosures that firms will encounter is important, as is recognising what makes for a 'good disclosure' in the eyes of consumers and firms alike.

In this guide, we have aimed to help prepare staff for the different disclosure situations in which they will find themselve and ensure consumer needs are better understood, recorded and acted-upon.

In Guide Three, we now consider our last question: what data should firms record about mental health? And how can we record data from consumer disclosures in line with data protection legislation?

Methodology

Interviews

Thirty-four telephone and in-person semi-structured interviews were conducted with frontline staff (n=13) and leadership in debt collection firms (n=7), and people with experience of mental health problems, debt, and debt collection (n=14).

Lived experience participants were recruited through an advertisement sent to selected members of Money and Mental Health Policy Institute's Research Community. Frontline staff and leadership participants from debt collection firms were recruited from one large sized firm, one medium sized firm, and two small sized firms. This firms were randomly selected using a sampling frame constructed for a separate quantitative survey study that is described further in Evans et al (2018).[6]

Interviews were conducted between December 2019–February 2020, qualitative data analysis ran from November 2020–February 2021, and write-up took place in 2021.

Survey

Money and Mental Health commissioned Opinium in 2021 to ask 5,001 adults (aged 18-65) who had experienced mental health problems about their lives, the largest ever representative online survey about money and mental health. The results of this survey are published in the Money and Mental Health report, 'The State We're In' (2021).

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