

# Conversations about financial hardship should not be off limits.

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With regard to Helen Salisbury asking whether healthcare staff should pay more attention to poverty [1], financial hardship is both a cause and an outcome of mental health distress including depression, low self-esteem, feelings of shame and stigma, which can lead to the avoidance of healthcare [2-5]. Qualitative research with people affected by poverty-driven food insecurity finds people take care to present an appearance masking signs of financial hardship during health care consultations, whilst admitting they struggle privately to cope with their health condition due to food insecurity [6]. Research shows that some health care professionals are aware that patients are impacted by food insecurity, are concerned about it, and report knowing that it compromises their patient's ability to manage their condition(s) [7]. Others believe it can be a problem but find it hard to judge from appearances and don't want to raise the issue in case they offend their patients - much like Salisbury describes [1].

Health care professionals can fear raising the issue even if they believe poverty is a problem, because they feel they have nothing to offer [7]. However, many patients would derive psychological comfort from knowing their health care professional was better informed and aware of the challenges they face managing their health due to income poverty, and were better able to empathise with them, if not signpost them to practical support [6].

Just because it is difficult to discuss shouldn't prevent healthcare professionals from raising the issue of potential financial challenges. Not only are there practical clinical reasons for doing so, there are also compelling ethical reasons for doing so [8]. In the current UK context of the looming cost of living crisis [9, 10], conversations about financial hardship should no longer be off limits in clinical conversations. Training and organisational support, with signposting to appropriate resources are needed. **(304 words and 10 references)**

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