

## Summary Briefing: Poverty, Economy and Mental Health Roundtable Event, 18 January 2022

**People living in poverty** are disproportionately affected by poor mental health. Living with mental health problems can increase the risk of poverty and living in poverty can have a negative impact on mental health outcomes. Poverty and income inequality are continuing to rise in Scotland, alongside a significant rise in the cost of living. Recent estimates suggest around one million people in Scotland are currently living in poverty. After housing costs, 19% of people in Scotland are living in relative poverty and 17% in absolute poverty<sup>1</sup>. Adults living in the most deprived areas are twice as likely to have common mental health problems as those in least deprived areas (22% v.11%)<sup>2</sup>.

**This paper** reports on key areas of mental health and poverty research in Scotland that emerged from discussions at the Poverty, Economy and Mental Health Roundtable held on 18<sup>th</sup> January 2022, hosted by the Mental Health Foundation and The Poverty Alliance. We note five broad key research gaps identified by participants as requiring to be addressed and highlight next steps as we take this programme of work forward.

**The roundtable event** included three presentations, summarized below, followed by group discussion, also summarized below under broad thematic headings:

Professor Sharon Wright, Dr Alasdair Stewart and Dr Laura Robertson: *Universal Credit and the Invalidation of Mental Health Problems: claimant and work coach experiences*

The presentation highlighted findings from research funded by the Joseph Rowntree Foundation on the adverse impacts of Universal Credit on claimants' mental health and how Jobcentre staff navigate the support they provide to claimants with mental health problems.

Dr Naomi Wilson: *Universal Basic Income and Mental Health*

The presentation focused on a literature review which explored the mental health effects of Universal Basic Income (UBI) pilots. Several studies evaluated the mental health outcomes associated with payments provided unconditionally, and they consistently reported clear and significant improvements in mental wellbeing. This may be explained by the payments allowing for improved time with family and friends, reducing stigma around the receipt of benefits and providing recipients with a renewed sense of hope for the future. We would therefore advocate for closer examination of the mental health effects of the current conditions surrounding benefits within in our own benefits system.

Dr Greig Inglis and Dr Edward Sosu: *Poverty Stigma and Mental Health*

The presentation presented findings from a rapid review to synthesize published research on the relationship between individuals' experiences of poverty stigma and mental health and well-being outcomes. A restricted systematic review was undertaken of research published between January 2005 to February 2021 that reported on the relationship between experiences of poverty stigma and mental health or well-being. Experiences of poverty stigma were found to be associated with a range of mental health and well-being outcomes, which were organized according to four broad domains: mental ill-health; negative self-evaluations; negative affect; and diminished social well-being. These findings highlight the public health relevance of poverty stigma, which may contribute to socioeconomic inequalities in mental health and well-being.

**Q.: What are research gaps** we see in research around mental health and poverty in Scotland and how could they be addressed?

### **Key Area 1 - Data:**

- There is a data gap that presents challenges to poverty and mental health research; we need data sets large enough to represent Scotland. This could be done via primary data generation and/or use of alternative data sources such as DWP and health data, or secondary analysis of existing surveys.
- There is a mis-measurement of poverty and mental health in current empirical studies where mental health is limited to life satisfaction. There is a need for a consistent measure of mental health.
- There is a need for increased **dual focus** on poverty and mental health, particularly in relation to causal association and the impact of structural factors on mental health outcomes. For example, exploring how certain welfare policies impact mental health.

### **Key Area 2 - Employment:**

- Further research is required into discrimination and mental health in employment. This needs to take an intersectional approach understanding the multiple barriers and complexities that can be experienced within different employment sectors.
- Research is required as to the mental health impact of zero hours contracts and precarious work more generally.
- There is a need to understand the mental health benefits of the Living Wage and other areas of Fair Work.

### **Key Area 3 - Systems:**

- We need to explore which combinations of interactions with institutions, structural systems and policies – that are designed to support those in poverty – are exacerbating or intensifying poor mental health.
- The impact of debt on mental health.

- A wider understanding of experiences of precarious income - whether through social security or low pay, or both - and the interplay with mental health is critical. We need to understand this further and the impact the system has on mental health.

#### **Key Area 4 – Inequalities and key drivers:**

- Feelings of value and worth are still possible for those living in poverty. Higher income does not always equal better mental health outcomes. What are the existing and emerging drivers of mental health for those living in poverty across different population groups?
- Related to the above, we need to explore what are the protective factors for mental health for those living in poverty.
- We need a focus on persistent poverty, to build on research as to the barriers to getting out of poverty and the dual issues of social and economic inequality.

#### **Key Area 5 - Causal pathways:**

- What are the causal pathways between poverty and mental health? We need to unpick this link, with a focus on, for example, stigma, and job and income insecurity.
- The impact of poverty and unemployment on identity is an important consideration. How is the effect of poverty on identity linked to mental health and are current systems ameliorating or exacerbating this outcome?

**The Mental Health Foundation and The Poverty Alliance Scotland** have entered into a five year partnership to work to fill these research gaps. Through the partnership, we aim to engage with multiple partners and networks, to build an alliance that will expand the evidence base on poverty, economy and mental health and apply this research to achieve positive changes to policy and service provision.

**We want participatory approaches to be embedded** in this work; the voice of lived experience should be foundational to our research and inform it from planning, through design, to implementation and dissemination. We need to consider diversity in mental health when doing this.

**Mental health stigma and poverty-based stigma** are also key considerations in this work as we take it forward.

#### **Next steps:**

- Continued engagement with roundtable participants and sharing of relevant work.
- Second roundtable event to further develop the research programme.
- Development of Poverty, Economy and Mental Health Network to continue collaborative working.

## Endnotes

<sup>1</sup> Scottish Government: [Poverty and Income Inequality in Scotland 2018-21 - analytical report \(data.gov.scot\)](https://data.gov.scot)

<sup>2</sup> Public Health Scotland: <http://www.healthscotland.scot/health-topics/mental-health-and-wellbeing/overview-of-mental-health-and-wellbeing>

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