

**KNOW
WHERE
TO GO**

WORRIED SICK:

Experiences of Poverty and Mental Health across Scotland

March 2014

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*All names have been changed

Glossary of acronyms used in this report:

- DLA: Disability Living Allowance
- DWP: UK government Department for Work and Pensions
- ESA: Employment Support Allowance
- WCA: Work Capability Assessment
- Atos (Atos Healthcare): The company used by DWP to carry out the Work Capability Assessment



SOCIO-ECONOMIC DEPRIVATION
IS A KEY FACTOR IN DETERMINING
HEALTH OUTCOMES FOR PEOPLE
ACROSS SCOTLAND, AND IT IS CLEAR
FROM DECADES OF RESEARCH
THAT POVERTY CAN BE BOTH A
DETERMINANT AND A CONSEQUENCE
OF POOR MENTAL HEALTH

INTRODUCTION:

Throughout November and December 2013, SAMH invited service users and external organisations to participate in a series of discussion groups looking at the interaction of poverty and deprivation and mental health. This paper forms part of SAMH's Know Where to Go campaign – a Scotland-wide campaign to tackle the barriers to accessing information, help and support for your mental health.

One in four of us in Scotland will experience a mental health problem in any year. But SAMH research conducted in 2011/2012 found 800,000 adults across Scotland don't Know Where to Go to get help for their mental health¹. What's more, 25% of people who experience mental health problems wait more than a year to seek help after first developing concerns about their mental health². The SAMH Know Where to Go campaign aims to ensure more people are able to access mental health information and support as early as possible.

Since launching the campaign in 2012, we have focused our work on engaging with groups in society who face additional barriers in accessing timely and appropriate mental health support. Through research and engagement with stakeholders, our previous stages of the campaign have worked to identify and address the barriers faced by people from Black and Minority Ethnic Communities; people living in remote and rural areas of Scotland; and friends and family of those experiencing a mental health problem. This paper forms part of the next stage of the campaign- engaging with people experiencing poverty and deprivation in Scotland and raising awareness of how and where to get appropriate mental health support when they need it.

Socio-economic deprivation is a key factor in determining health outcomes for people across Scotland, and it is clear from decades of research that poverty can be both a determinant and a consequence of poor mental health.³ The multiple and complex interconnecting elements of poverty, deprivation, physical and mental health are clearly shown in the experiences described by the contributors to this paper, and paint a bleak picture for people experiencing poverty in Scotland in 2013.

Physical and mental health are clearly impacted by poverty. There is over 2.5 times the burden of health needs in the most deprived 10% in Scotland compared with the most affluent 10%⁴. Research shows that GP consultations in very deprived areas are characterised by multiple health and social problems, reduced expectations, lower health literacy, and practitioner stress.⁵ Suicide rates in Scotland generally increase with increasing deprivation, with rates in the most deprived areas double the Scottish average.⁶

People living in the most deprived areas of Scotland develop multi-morbidity 10 to 15 years earlier than those in more affluent areas- impacting on quality of life and making their health problems more complex to diagnose and treat.⁷

Data from the Scottish Index of Multiple Deprivation (SIMD) 2012 shows that in the most deprived areas people are more likely to be out of work due to sickness and less likely to rate their health as good. 47% of people in the most deprived quintile gave the reason for economic inactivity as sickness, compared to 10% in the least deprived quintile. Meanwhile, 60% of people in the most deprived quintile assessed their general health as good or very good, compared to 86% of people in the least deprived quintile.⁸ We can extrapolate that there are links between unemployment and poverty, and between poor health and unemployment.

The role of mental health in an individual's vulnerability to poverty and deprivation is less well understood. If an individual is mentally unwell they may be unable to work, and lose income, or become dependent on welfare benefits; mental health problems can make it more difficult to deal with finances, to ensure bills are paid or avoid debt.

¹ YouGov Poll commissioned by SAMH, 2012

² SAMH/Red Circle research, 2011

³ *Life Stress and Mental Health* Langner and Michael 1963; Quoted in *Poverty, Social Inequality and Poor Mental Health* Advances in Psychiatric Therapy 2004

⁴ *The Deep End GPs at the Deep End*: April 2012

⁵ *ibid*

⁶ *Suicide Statistics Scotland, Choose Life*, 2013

⁷ *Epidemiology of Multimorbidity and Implications for Health Care* The Lancet, July 2012

⁸ *Scottish Index of Multiple Deprivation 2012*

Equally, living on a low income, or indeed in poverty, can have an impact on an individual's mental and physical health. Social exclusion, which often goes hand in hand with financial poverty, reduces an individual's capacity to access support (both in their own community or through statutory bodies), and ability to engage in activities with therapeutic value to help them towards recovery.

In March 2012, GPs at the Deep End asked GPs working in the 100 general practices in the most socio-economically deprived areas of Scotland, "How have the current austerity measures affected your patients and your practice in the last week?" The report highlighted that deteriorating mental health was the central concern for GPs, both for patients who had previously been well and those with existing mental health problems.⁹

In a follow up report, published October 2013, GPs highlighted that Deep End practices are 'seeing increasing problems associated with the welfare reforms,' stating, 'we remain concerned that the welfare reform programme is detrimental to the lives and wellbeing of patients.'¹⁰

The interlinked elements of mental health and poverty and deprivation also impact on the next generation. Research conducted in 2010¹¹ confirmed that mothers living in poverty and in deprived areas were more likely to experience brief and repeated mental health problems, and that the mental health of a parent was found to be linked to children's developmental outcomes: "Children whose mothers had good or average mental health throughout the survey period had better social, behavioural and emotional development than those whose mothers had brief mental health problems, and they in turn, had better development than those whose mothers had repeated mental health problems."¹²

It was in this context, SAMH began conducting focus groups with service users in some of the most deprived areas in Scotland to better understand their experiences, and gain a more detailed understanding of the complex and interlinking impacts of poverty and deprivation on mental health.

Service users from SAMH services across six key areas of multiple deprivation contributed to this paper, in Glasgow, Edinburgh, Dundee, Inverclyde, Fife and North Lanarkshire.

We also spoke to staff and service users from a selection of external organisations including the Poverty Alliance, Maryhill Women's Centre (Glasgow), Housing Options Scotland, Strathclyde University, MLM Solutions (debt advice service) and the Cottage Family Support Centre (Kirkcaldy). In total we spoke to 35 people: 29 service users and peer supporters, and six staff from SAMH and external agencies. Of the 29 individuals, 15 were female and 14 were male. Contributors ranged in age from 19 years to 66 years old.

The people we spoke to all had experience of different combinations of two or more indicators of disadvantage; which can include unemployment, poor physical health, poor mental health, homelessness and/or poor housing, low income and/or living on benefits, low educational attainment or poor neighbourhood¹³; or were members of staff working with people living with a combination of disadvantages.

Each focus group was framed around a series of discussion areas, but was led by the contributors and what they felt was important to share. The discussion areas included: Your community; Stigma and discrimination; Welfare/benefits; Information and rights.

SAMH also conducted a survey of our staff and service users across Scotland between May and August 2013, asking them specifically about how welfare reform is impacting on their provision of services and service users' wellbeing. This paper incorporates the findings of this survey in the section 'Impact of Welfare Reform.'

⁹ *GP experience of the impact of austerity on patients and general practices in very deprived areas*; GPs at the Deep End, March 2012

¹⁰ *GP experience of welfare reform in very deprived areas*; GPs at the Deep End, October 2013

¹¹ *Growing Up in Scotland: Maternal Mental Health and its impact on Child Behaviour and Development*, Scottish Centre for Social Research, 2010; quoted in Bazalgette et al. "*A Wider Lens*" Demos 2012

¹² Ibid.

¹³ For a helpful summary of key 'indicators of disadvantage' see "*A Wider Lens*" Louise Bazalgette et al, Demos 2012

EXPERIENCES OF POVERTY AND DEPRIVATION IN EVERYDAY LIFE

In the current climate of austerity, where local authority budgets are being cut and the welfare benefits system is being reformed, recent research has found that poverty in Scotland and the UK is worsening.

Currently 29% of people in Scotland are unable to afford three or more of the 22 basic necessities identified as being essential and which no-one should go without.¹⁴ The ESRC funded Breadline Britain: Poverty and Social Exclusion Report (2012) found that 8% of people in Scotland could not afford to heat the living areas of their homes, and that one in 20 could not afford an adequate diet¹⁵. Scottish Government figures show that despite a decrease in fuel poverty between 2011 and 2012, 27% of households still experience fuel poverty.¹⁶ Meanwhile, the numbers of people using foodbanks across the UK increased by 170% in 2012-13 compared to 2011-12.¹⁷

All participants in the focus groups gave insightful examples of how living in poverty and deprivation manifests itself in everyday life. Clear lines can be drawn between these experiences and the wider impacts of poverty and deprivation on mental health, physical health, self-esteem, and opportunities of access/loss of agency. It is useful to begin with documenting these experiences before going on to look at implications in more detail.

FOOD POVERTY:

"I wouldnae be proud if I needed food for the weans. I'd be chapping on people's doors asking for breid. I've done it before and I'd do it again to feed my weans."
Female, Glasgow

"Even if I buy the food I can't afford to cook it, to cook a chicken in the oven it costs me £4 but to buy a cheap microwave dinner it's like 12p. It all gets to you, I worked all my life until I got ill before I had to go on disability."
Female, Glasgow

"The cost of living is going up, everywhere you look. I'm like- I'm not buying that, no way am I buying that. If I'm needing washing powder- £8- no way. I canna afford it. I would leave it, I would leave the washing cos I need the food."

Female, Glasgow

FUEL POVERTY:

"There's been an increase in flat fires in our area, due to people trying to rig the meters. That's desperation. That's not people setting out to do wrong."
Male, Glasgow

"My biggest pressure this year, that's really affected me, is electricity. That's really knocked me off my feet this year. Just with changing everything in the house- not being able to have the heating that you used to have, not having the water you used to have. Just, going to bed earlier, using more clothes, and blankets. It's stressed me a lot."
Female, Glasgow

COMMUNITY:

"People are saying that they can't take the kids to the park or they can't take their kids swimming because they haven't got the bus fare to get there even though it's free once you're there. You've no social life because you've got no money to access it or the kids will want a drink once you get to the park. People are feeling more and more ground down because it feels like there's no future or there's nothing to look forward to."
Female, Glasgow

¹⁴ Breadline Britain: Poverty and Social Exclusion Report, 2012; cited in [Poverty In Scotland at Worst Level for Thirty Years](#) The Herald March 2013

¹⁵ Ibid.

¹⁶ [Scottish House Conditions Survey](#) Scottish Government 2012

¹⁷ [Biggest Ever Increase in Foodbank Use](#) The Trussel Trust April 2013

“Stupid things like boots. I had a hole in my boots so every time it was raining my feet were getting soaking wet so I had to put carrier bags in my boots. It’s little things like that that make you think, ‘God, have I sunk this low?’ All these little things they just build up...”

Female, Glasgow

HOUSING:

“I actually have trouble breathing in the mornings. The flats directly above me and beside me are empty, and there’s hundreds of pigeons, and see the wee vents in the windows, they’re full of pigeon feathers. You can’t get rid of them, they just keep blowing in. See if I’ve been out of the house for even fifteen minutes, I feel better. [...] But you know if you’re homeless, and you end up getting somewhere, you feel grateful for it, you don’t want to moan about it.”

Male, Glasgow

BASIC NECESSITIES:

“I’m poor, my wee lassie’s sitting there going, how’ve they [school friends] got that? They’re walking about with £150 trainers on. I’m worried about how she’s feeling.”

Female, Glasgow

“If my cooker goes [breaks down] I can’t just go and get a new one. I’ll have to go without. I’ve not got money to fork out for a new one.”

Female, Glasgow

IMPACT OF POVERTY ON HEALTH AND WELLBEING

Many of those we spoke to highlighted the additional stress and anxiety caused by living on a low income, and how this impacts on their health and wellbeing. The current financial climate of budget cuts and cost of living rises were named as sources of anxiety and stress. Similarly, links were made between lack of basic necessities and the impact this has on physical and mental health.

GPs at the Deep End have highlighted that the increase in poverty since the introduction of austerity policies is having a detrimental impact on mental and physical health in their patients, stating that deteriorating mental health is becoming a central concern.¹⁸ In a letter to the British Medical Journal in December 2013, six senior public health experts described the rise in poverty and use of foodbanks as bearing ‘all the signs of a public health emergency.’¹⁹

“If you’re not feeding yourself properly, you start to get restless. It’s about your energy. Depression is like you’re in a swimming pool with a beach ball and all your emotions and all your feelings are the beach ball and you’re pushing it down and you’re pushing it down. And that takes a lot of energy, and people are just knackered and they don’t know why.”

Male, Glasgow

“This is what’s getting me down just now, it’s the unemployment. I mean I’ve always been employed but that’s 7 months now that I’ve been unemployed. And I know it’s not long in the scheme of a lot of people but to me it’s torture. I can’t handle it.”

Male, Inverclyde

“I just haven’t got enough money to feed myself, that is the biggest one. [...] The stress hasn’t helped, I’ve been in hospital twice and the specialist said to me that with my Crohn’s disease as soon as you get stressed it gets worse.”

Female, Glasgow

¹⁸ GP experience of the impact of austerity on patients and general practices in very deprived areas; GPs at the Deep End, March 2012

¹⁹ The rise of food poverty in the UK *British Medical Journal*, 3rd Dec 2013, cited in Holyrood Magazine *The Cost of Hunger* 16th Dec 2013

CASE STUDY: Joan*

Family Support Worker, Fife:

Joan is a therapist working in a deprived area of Fife, supporting families with mental health problems, many of whom experience poverty and deprivation.

"[People come to us for] different reasons. Some people it's because they're new to the area and maybe don't know many people. We see people who've got a variety of mental health problems, so it might be depression, a lot of the mums I work with have some form of anxiety.

"When I started working here a few years ago most of our clients came in for help with childcare. We operate a traffic light system so people's needs were either green, orange or red with red being the highest need and green the least. But now we don't have any people left who we'd class as green, everyone we're working with now is either orange or red. "There's a decline. There's always been poverty in this area but it's much worse than last year. There's been a big increase in the use of alcohol and drugs and a lot of our clients are struggling with those too.

"[Welfare benefits] keep changing and it's hard for people to keep up. Some of our clients can't read, they might be dyslexic or just haven't done well at school for lots of different reasons and so have problems with literacy. And some of the language in these letters isn't very clear, so we try and support them with that type of thing too. And getting letters like that people panic.

"It's a good community but I think there's a lot of anger out there. If you can't feed your children and you're sitting in a freezing cold flat and you aren't generating any income it's hard.

"We used to run a food bank but the local churches have taken over as the demand got too big for us to run. People would say to us "I've got children and I'm totally embarrassed that I can't feed them." In some cases they feel completely humiliated as a result of that. I can see they have such low self-esteem and confidence and a lot of them feel dejected and rejected by society as a result of their situation."

"We see people who've got a variety of mental health problems, so it might be depression, a lot of the mums I work with have some form of anxiety."



IMPACT OF WELFARE REFORM:

In the context of welfare reform, a recurring area of major concern for all the groups we spoke to, many felt that these reforms were impacting on both their finances and their health. In the context of welfare reform, a recurring area of major concern for all the groups we spoke to, many felt that these reforms were impacting on both their finances and their health. A major SAMH survey of staff and service users found cause for concern.

Between May and August 2013, SAMH carried out an extensive survey of service managers and service users, asking them specifically about the impacts of welfare reform. Just over 90% of SAMH service users who responded were receiving out of work sickness benefits such as Employment Support Allowance, Incapacity Benefit, Income Support on grounds of incapacity, and Severe Disablement Allowance. Housing benefit was the next highest claim rate, with 65% of service users in receipt of this benefit.

As a result of the welfare reforms:

98% of respondents stated that their mental health has suffered, including increased stress and anxiety

79% of service users have a reduced income

48% of service users are less able to pursue leisure activities

57% were affected by the 'bedroom tax'

56% did not receive any help from a healthcare professional in providing supporting information about their mental health condition as part of the WCA process

In six cases, staff had to carry out suicide interventions directly related to welfare reforms.²⁰

A majority of staff (85%) said they were having to provide additional support to service users, including additional mental health and emotional support, as a direct result of the welfare reforms. As shown in the chart below the nature of this support has been wide ranging.

Q. WHAT TYPES OF ADDITIONAL SUPPORT HAVE YOU BEEN REQUIRED TO PROVIDE?

Providing information about benefits

68.6%

Signposting to welfare advice agencies

76.5%

Additional mental health/emotional support

80.4%

Advocacy eg during welfare assessments

41.2%

Providing information to support benefit claimants

60.8%

Suicide intervention/s linked to welfare concerns

11.8%

Other

17.6%

An overwhelming 98% of respondents said that their mental health had suffered as a result of the welfare reforms, and 79% were facing a reduced income. However, many other, broader repercussions were felt by those impacted by welfare reforms, as shown in the chart overleaf.

²⁰ All statistics in this section are from SAMH's Welfare Reform Survey, 2013

“[my] GP refused to give me any medical records, and my psychiatrist said Atos had to write to them, but they never did[...] I phoned my GP and the receptionist said ‘Oh no, we have had about 10 people phoning up asking, and it has to be Atos who contact us directly’, and I said to the [Atos] assessor ‘are you going to go to my GP?’, and he said ‘yeah yeah, we will get in contact with him’.... But they never heard from him”.

Male, Dundee

Q. WHAT FORM HAS THIS IMPACT TAKEN?

Financial

eg reduced income

79.6%

Social

eg less able to pursue leisure activities

48.1%

Mental health

eg increased stress and anxiety

98.1%

Access to services

eg no longer receiving free travel

16.7%

Other

11.1%

Despite the change in financial circumstances, there was a very low awareness of government support schemes, such as the Scottish Government’s Scottish Welfare Fund – which replaces Community Care Grants and Crisis Loans. In an even split, 50% of respondents were aware of this fund, and 50% had not heard about it. Similarly, service users who had previously been receiving Council Tax Benefit were asked if they had been contacted to inform them that they were now eligible for the Council Tax Reduction Scheme. Only 19% had received any communication about this.

Communication about processes, rights and entitlements both related to welfare reforms and schemes to support vulnerable individuals appears to be limited and where received at all, confusing.

For those going through the Work Capability Assessment (WCA) process, there was clearly misunderstanding around how to secure supporting statements about an individual’s health and eligibility to work. 56% said they had not received any help from a healthcare professional during the process, including some stating their GP charged them for a supporting statement, and others claiming that Atos, GPs and other healthcare professionals all gave conflicting advice about how to secure a supporting statement.

“If you haven’t worked for a long time due to health reasons it’s harder for an employer to take a chance on you.”

Male, Edinburgh

Echoing the findings of the welfare reform survey, group participants all highlighted a lack of information and poor communication about benefit application processes, reassessment processes and their rights and entitlements. Main areas of concern highlighted included the Work Capability Assessment and fear of being wrongly assessed as Fit for Work or placed in the Work Related Activity Group. There was also considerable anxiety about the impending change to Universal Credit, including fear of the move to digital applications among people without access to computers, or who lack digital skills or literacy levels.

The controversial ‘bedroom tax’ was highlighted by all groups as having a particularly deep impact on finances, but also causing concern about getting into debt, being evicted from their home, or having to move away from their supportive structure of family, friends and community. This was matched by a frustration that there were relatively few one-bedroom properties available.

“[There is] lots of fear around welfare reform. Atos have a poor reputation, so there’s no confidence that when you fill out that form or go for an assessment you’ll be given a fair hearing.”

Male, Edinburgh

“They’re shifting everything online, what about the elderly, or, I’ve got a friend who can’t actually read, and I just found that out recently, it’s amazing how he gets by. So people like him, that’s gonna really affect.”

Male, Glasgow

“I’m getting ESA and the lower level DLA. I had to fill out the reassessment form. The info they are asking for is deeply personal stuff and it brings up memories. You have to revisit things you don’t want to. I was writing stuff down on this form that was so private. Stuff that you’d only tell one or two other people on this planet. But here am I filling out a form – I don’t know who’s going to see it. It took ages for me to actually get the form completed. I’d do a bit and have to walk away from it for days and days, but then it’s in the back of your mind, you’re thinking about how you need to get it done. It’s affecting the rest of your life too. The people who require that info have no idea what they’re asking us to do.”

Male, Edinburgh

“If my son moves out, she [advisor] told me I’d have to pay the bedroom tax. She said cos if he moved out I’d have a spare room. I said no, my daughter will sleep in that room. I know I’m overcrowded. They shouldn’t be sharing, my son’s 18, my daughter’s 14. Just now, she’s in with me. I was up to high-doh. It’s as if – if I don’t get you with this I’ll get you with that. And that’s pressurising. Pressure, constant pressure.”

Female, Glasgow

“They’re now applying the bedroom tax to me as I live in a two bedroom house but it’s a double edged sword as they tell me I can apply for a one bedroom but they don’t have any one bedroom houses.”

Male, Inverclyde

Participants also highlighted a lack of information and poor communication about benefit application processes, reassessment processes and their rights and entitlements.

“Some of our clients can’t read, they might be dyslexic or just haven’t done well at school for lots of different reasons and so have problems with literacy. And some of the language in these letters isn’t very clear, so we try and support them with that type of thing too. And getting letters like that people panic, if people are getting letters about rent arrears it causes great anxiety and that’s gotten much worse since the bedroom tax for definite.”

Family Support Worker, Fife

“People don’t know what’s out there to help them. The stress and anxiety about debt is overwhelming, people come to me in tears, worried, feeling like they’ve failed their families, but you can see the difference in people as they go through the processes of dealing with it. There are different options – people shouldn’t be putting up with creditors’ letters, phonecalls for example, when you can get protection from Scottish Government schemes.”

Debt Advisor, Glasgow

UNEMPLOYMENT:

There was also a widespread view that even if found fit for work, there were no jobs available. The Scottish Index of Multiple Deprivation 2012 found that the unemployment rate in the most deprived areas of Scotland was more than three times that of the least deprived areas.²¹

"There just aren't any bloody jobs."
Male, Edinburgh

"It does tie into mental health – people are getting depressed because they're not able to get jobs."
Support worker, Fife

A number of people also raised the difficulty of getting a job if you have been out of work for health reasons.

"If you go for an interview, they take one look at your CV and ask you – 'what have you been doing for the last twenty years?' I say, 'I've been unwell, I suffer from schizophrenia' and they won't even look at you."
Male, West Lothian

STIGMA:

A study carried out by the University of Glasgow in 2011 found that negative reporting of disabled people in the media had increased, that articles linking disability and benefit fraud had increased, that pejorative language being used to described disabled people had increased, and that people with mental health problems were more likely than other disabled people to be presented as 'undeserving'.²²

Many of the participants in the discussion groups felt that there was a noticeable increase in stigma and discrimination towards them, and many linked the change in media and government rhetoric to a 'hardening' of people's attitudes, and their own self-esteem and wellbeing.

"When I had my bus pass and I was getting on the bus to go to the hospital the bus driver said to me 'people like you make me sick, there's nothing wrong with you and you've got a bus pass!' I just said to her 'I've got cancer and just because you can't see it doesn't mean I'm not ill' and her face! I haven't got cancer but I got off the bus and I was so upset and I thought, what right do they have to say that, especially because it's unseen they automatically stigmatise you and think that there's nothing wrong with you. And you get that with mental health problems too and I think there's more and more of that people judging without knowing. Especially people who are in work because they're suffering they need a scapegoat."
Female, Glasgow

"You feel like people think you're just putting it on cos you don't want to work. A lot of people probably feel the same way, think people on benefits are staying in their beds til 4 o'clock."
Female, Dundee

*"It's the whole mantra as well that the government bang on about that they're in it for 'hardworking families' and basically saying we're not interested in supporting people who are not in that situation, that you basically don't exist, you're not worthy of anything. I'm already feeling like that. If you're already feeling like you're at the bottom of the ladder, and you're feeling really down, your own government is basically saying 'we can't be bothered with you, you're a waste of space.'"
Female, North Lanarkshire*

"I've felt guilty about accepting benefits cos I'm so used to working for my money. I feel bad living off the state. But if I'm no well, I'm no well. I would love a job."
Male, Fife

"On the radio they do it all the time, talking about people, describing people on benefits as 'lazy scum.' And what's that other word I keep hearing, 'scroungers', the government are constantly describing people on benefits as scroungers. When I was on benefits I just had to stop listening to the radio because it made me feel really, really, really bad. On top of it all, already being mentally unwell, it really added to it."
Female, North Lanarkshire

²¹ 'Outcomes of people living in the most deprived areas.' [Scottish Index of Multiple Deprivation 2012](#)

²² *Bad News for Disabled People* University of Glasgow 2011

CASE STUDY: Peter*

SAMH Service User, Inverclyde

Peter, 50, is living in poverty after losing his job because of his mental health problems. He is receiving benefits and is out of work for the first time after working all his life. He often has to rely on family members to help him with loans for bills and food.

"I've suffered with depression for years, but it just got last year I couldn't shake myself out of it and that was the first time I had to go to the doctor.

"I've had one sick line in my life and I'm 50 years of age. This is what's getting me down just now, it's the unemployment. I've always been employed but that's 7 months now that I've been unemployed. I know it's not long in the scheme of a lot of people but to me its torture. I can't handle it, I've got to be at work.

"I got laid off in March. I'd never claimed housing benefit in my life and I was under the impression that it was a pretty simple thing. But it turns out they only pay a percentage of your housing costs. You're awarded a certain amount and you have to find the rest. I get £70 a week of benefit and out of that the government takes £10 a week as they claim I've got an overpayment for something I'm not even sure of, that's me left with £60 to live on.

Then out of that I'm supposed to pay £13 towards gas, then I've got £10 for the bedroom tax, that's me down to £37, then I've got the electricity charges which are £10 a week, so that's me down to £27 and that's before I've bought any food. And as you know the food bills at the minute are extortionate.

"They sanctioned me too; I was sanctioned for a month. As a result I had no money for 5-6 weeks.

"They send you to food banks. But I had no electricity so even if I accessed the food bank I had no way of cooking any of it [...] That's made me feel terrible. It's that feeling of helplessness- why in this day and age am I having to go to food banks?

"I just don't care now, they try to kick you down so far, so now I just think "to hell with you". They tell me I need to pay so much. But I don't have it. They're worse than money lenders."

"I've had one sick line in my life and I'm 50 years of age. This is what's getting me down just now, it's the unemployment."



IMPACTS OF POVERTY AND DEPRIVATION ON ACCESS, AGENCY AND OWNERSHIP

It is clear that agency and ownership play a role in people's ability to move out of poverty and improve their lives.

Without a sense of agency- being able to choose and participate – or a sense of ownership in your community – feeling part of it and able to influence outcomes for the better – people feel disempowered and disengaged.

There are also concrete and tangible impacts of poverty that prevent people from engaging in their communities, and participating in activities or services that can aid recovery or tackle poverty. Many of the participants named feelings of isolation, fear of crime or violence, intimidation, lack of services and lack of finances to participate in local activities or services, as the reasons for feeling that they were not part of their community.

Many of the participants mentioned the financial strain of attending medical appointments and support services, or the impact that lack of educational and other opportunities has had on their ability to participate.

"Out of my benefits at the moment I must be spending £20-£25 a week on getting around and that's just on public transport, tomorrow I have to get to Gartnavel hospital so that's two trains. That's got to come out of my benefit, some of the costs are down to me as I'm trying to get out there and attend classes and do things but I won't get a bus pass."
Male, Inverclyde

"Getting to appointments, a day [bus] ticket is £3.40, sometimes you've got 2, 3, 4 appointments in a week, you're trying to find the money for a bus pass. The free bus pass really helps. Taxis are just a no no."
Female, Dundee

"There's not that many places you can go to during the day. They've done away with all the community centres as well. They've broke down the community."
Male, Glasgow

"I left school with no qualifications. I felt like people were reading [my CV] thinking, 'this boy's got no qualifications, he must be stupid or something.' [...] I was in [care] homes a lot, I moved about a lot and I just didn't get the chance to, you know, do it. [...] I went to [a college in Glasgow], they were like that, 'have you got a learning difficulty or something?' I thought, what's the point in me coming here? I felt worse."
Male, Glasgow

"Physical disability, learning disability and mental health; for a person with any of those issues trying to engage with a community is very very difficult. [In addition,] if you can't leave the house because you haven't got the money to get the bus into town to do something interesting and can't pay to do something interesting, if you can't engage in volunteering, or work and there isn't anything in place in society to help you network with people or set up those networks of support I think that's a bad thing for anyone in society."
Housing expert, Glasgow

CASE STUDY: David*

SAMH service user, Glasgow

David, 43, was homeless for a number of years, and has experienced both physical and mental health problems. He now has a flat and receives support from a SAMH service in Glasgow.

"My ain family don't even understand it [my mental health problems.] Depression is like you're in a swimming pool with a beach ball and all your emotions and all your feelings are the beach ball and you're pushing it down and you're pushing it down. And that takes a lot of energy, and people are just knackered and they don't know why.

"I've been homeless, maybe, twenty years on and off. Your environment has got a lot to do with your mental health and your physical health. My mental and physical health has improved immensely since I got my flat.

"I've just recovered from a long term illness, from a liver disease. And I've had to change my diet to a lot more fruits and vegetables, and it's costing a fortune. [...] It's the choice of trying to heat your house or eating. Or hot water even – having hot water in the morning just to get washed. Stuff like that. But see if you've got mental health problems, you don't want to be on the phone asking people for [help]. It's hard enough trying to communicate with people as it is.

"The whole job assessment [Work Capability Assessment], they don't know how to deal with mental health. They just look at you physically, they don't seem to understand. They only see what they want to. If you can move your arm, then you can work.

"It's terrible in this country. People [are] scared. They don't even know what their rights are for a start. It's a kind of barrier."

"I've been homeless, maybe, twenty years on and off. Your environment has got a lot to do with your mental health and your physical health."



IMPACTS OF MENTAL HEALTH PROBLEMS ON POVERTY AND DEPRIVATION

This ties into the fact that people with mental health problems are more likely to be out of work, more likely to be victims of crime and more likely to face stigma and discrimination than the rest of the population. Often, living with physical or mental health problems means individuals spend more time in the home, as they are too unwell to be out. This can lead to higher fuel bills or other additional costs.

"I see a lot of people who for example have bipolar and have accumulated debts while in 'manic' phases, or people who suffer a setback like a partner dying which impacts on mental health and this spiralling mental ill health can lead to not bothering about financial payments or debts accumulating."

Debt advisor, Glasgow

"If you're having a bad time, [you're] not checking your bank and making sure the money's there to cover everything."

Female, Dundee

Equally, living in poverty and deprivation can mean a loss of the family or structural support which can help a person with mental health problems avoid falling further into poverty.

"Often that's something, if you're not well, your normal routines go, your hygiene goes. If you've got family around you they can notice that that's not the norm. But if not... "

Peer Support Worker, North Lanarkshire

"Nowadays we're finding people in [this area of Fife] don't have a network, so they feel significantly isolated and obviously they may be aware they need help but might be ashamed or wary of asking for that help. [...] We've also got some clients who live in a local estate and there's no services there so that increases the feeling of isolation when people are stuck in their flat, maybe staying in one room but aren't able to heat it properly. And that lack of network or support group just increases that feeling of isolation."

Family Support Worker, Fife

"See if you've got mental health problems, you don't want to be on the phone asking people for [help]. It's hard trying to communicate with people as it is..."

Male, Glasgow

RECOMMENDATIONS

The aim of this report was to give people the chance to voice their concerns, and share their experiences of poverty, deprivation and mental health. By looking at how poverty and mental health interact, and the areas in which support is lacking or barriers exist, we can be better informed in ensuring mental health information, help and support is available to all.

Decisive and urgent action must be taken to reduce poverty and deprivation in Scotland, including actions to mitigate the impact of welfare reforms. Equally, improved understanding and awareness of mental health, sources of support available and better resourced mental health services will have an impact on the cycle of poor mental health and poverty that too often sees the two go hand in hand.

1. The Scottish Parliament Welfare Reform Committee, in their enquiry into the impact of welfare reforms on people with long term conditions, must include investigation of the impacts of welfare reform on mental, as well as physical, wellbeing and the relationship between welfare reform, health and socio-economic deprivation.
2. SAMH recommends that DWP and Atos should implement a new procedure for securing supporting statements from healthcare professionals on behalf of the ESA applicant. Applicants should be contacted in advance of their assessment and if appropriate, asked to inform Atos of their nominated healthcare professional(s) who can then be contacted to provide supporting information.
3. SAMH calls upon DWP to provide clear, accessible information to each applicant, via letter, at the beginning of the Employment and Support Allowance application process on: organisations which can support them through the process, including welfare rights advice, mental health and wellbeing support and financial advice; the process for securing supporting medical statements; the applicant's rights and entitlements throughout the process. This must be proactively communicated to each individual applicant. For each applicant placed in the Work Related Activity Group (WRAG), further information must be communicated regarding organisations and sources of accurate information on: the conditions to be fulfilled and consequences of not fulfilling these; organisations which can support the individual during WRAG activity, including support for their mental health and wellbeing.

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Registered Office:
Brunswick House
51 Wilson Street
Glasgow G1 1UZ

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