



Poverty, Social Exclusion  
and  
Mental Health  
in the UK 1978-2000

A Resource Pack

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# Foreword

Surviving on a low income is a struggle at the best of times. But for people with mental health problems it is particularly hard. The stigma and discrimination which users of mental health services face on a daily basis, still regrettably widespread, make them amongst the most socially excluded groups in our society.

The research and literature collected and summarised in this resource pack clearly demonstrate the links between poverty and mental health. Put simply, people with mental health problems usually have low incomes, and people on low incomes are more prone to mental distress. This creates a vicious circle. Breaking it will require the concerted efforts of Government, health and social services, the employment service and the voluntary sector, working together in partnership.

We are grateful to the Department for Education and Employment for funding our programme of work on poverty and mental health, of which this resource pack is a part. We hope the pack will be useful to all who work in this area, researchers, practitioners, managers and planners. But, most importantly, we want it to be closely read by people who draft legislation, make national and local policies affecting people with mental health problems, and influence developments - Ministers, MPs, Peers, Government advisers, think-tanks, media writers and presenters, churchmen, lobbyists.

Only when there is a real understanding of the complex and devastating links between poverty and mental illness can policies be properly targeted to help users of mental health services. With the New Deal for the Disabled and the work of its Social Exclusion Unit, underpinned by the Prime Minister's Ten Year Plan to tackle poverty, we see a Government that is serious in its intent. And yet if people with enduring mental health problems are to break free from poverty, they need a more flexible benefits system and many more local schemes that provide vital support into work. We hope that our contribution will help to demonstrate that policy must deliver change, and that practical problems demand practical solutions.

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# Introduction

**"Poverty is not just about shortage of money. It is about rights and relationships; about how people are treated and how they regard themselves; about powerlessness, exclusion and loss of dignity. Yet the lack of an adequate income is at its heart."**

*Archbishop of Canterbury's Commission on Urban Priority Areas (1985)*  
***Faith in the City, A Call for Action By Church and Nation, Vol. 15, Part 1.***

This definition of poverty informs the selection of material contained in this resource pack.

Produced 16 years ago, at a time when the government was claiming that there was no such thing as poverty in the UK, it vividly conveys the invidious impact of poverty on the lives, feelings and status of those experiencing it. It focuses attention on the ways in which a lack of material resources shapes and sustains exclusion from the activities of wider society. At the beginning of the 21st century it reflects the key components of the current government's concern to actively address the impact of poverty and social exclusion on individuals, families and communities in the UK.

Poverty is etched into the lives of the majority of people who experience mental health problems in the UK. Its consequences, together with the stigmatising impact of a diagnosis of mental illness, plays a powerful part in limiting the power, choices and opportunities of people with a diagnosed mental illness. Living in poverty increases your chances of experiencing mental health problems, because of the psychological and social stresses associated with managing debt and low income in adverse, insecure circumstances. Being diagnosed as having a mental illness increases the likelihood that you will experience poverty because it dramatically reduces your chances of obtaining employment and leaves you claiming social security benefits. Poverty is a key factor in creating the social exclusion experienced by people with mental health problems in the UK today limiting their participation in wider society and denying them opportunities to develop their talents and contribute actively as citizens.

Poverty and its consequences are a major concern for the majority of people diagnosed with mental illness. It follows that working with issues of poverty and mental health is central to mental health promotion as well as the effective treatment and care of people in mental health crisis and recovery. Yet there has been a long established tradition amongst mental health professionals and policy makers of ignoring poverty, despite its importance in the lives of mental health users and their households.

It is to be welcomed that in outlining its priorities for tackling poverty and social exclusion, the government lists mental health as a specific target. This is because:

**"Mental health problems are a key barrier to social inclusion, and are a major cause of poor physical health, disability and mortality. Disadvantaged people are at a particular risk of suffering poor mental health; more contemplate suicide and more actually commit suicide than those who are better off. People with mental illness have increased sickness absence, change jobs more often and are more likely to be unemployed."**

*(Social Exclusion Unit: 1999)*

A range of actions is being developed by government to begin to address these substantial issues. There has been increased investment in mental health services delivered by health and social care agencies. These agencies are being required to deliver, in partnership, substantial changes in the mental health field through modernisation, the reform of mental health legislation and the National Service Framework for Mental Health. These changes include commitments to promoting mental health and social inclusion.

The National Service Framework, for example, outlines seven standards that set the objectives for mental health care delivery in the twenty-first century. These objectives are underpinned by a set of values that include respect for and the involvement of service users. The first standard is mental health promotion:

**"Health and social services should**

- **Promote mental health for all, working with individuals and communities**
- **Combat discrimination against individuals and groups with mental health problems, and promote their social inclusion."**

*(Sainsbury Centre: 1999)*

At the same time, on the employment front, the New Deal for Disabled People continues to be extended to help people with a diagnosis of mental illness move into lasting employment. The government's ONE service designed to focus on the specific needs of individuals and ensure closer working between the Employment Service and the Benefit Agency as well as the introduction of job brokers to match skills are key elements of this approach to decreasing the high rates of unemployment amongst people with mental health problems.

The Disability Rights Commission, with a brief to work towards the elimination of discrimination against disabled people by helping them secure their rights under the Disability Discrimination Act, is involved in promoting equality and formally investigating the responses of employers and service providers to their duties under this legislation.

In addition the government's commitment to tackling, through partnership, the growing divide between deprived and thriving communities is focusing resources

and developing policy initiatives through such programmes as New Deal for Communities and Health Action, Education Action and Employment Zones. These measures in seeking to address the circumstances of the most disadvantaged and vulnerable have the potential of making an important contribution to mental health and well-being.

This resource pack has been designed as a tool for service users, mental health professionals, service commissioners and providers, who are working in this rapidly changing service context. It seeks to provide information to those who want to understand and combat the poverty and social exclusion of some of the most marginalised and vulnerable citizens in the UK - people experiencing mental health problems. It provides an overview of the current state of knowledge in this field as well as exploring ways of developing poverty-aware mental health practice and policy. This pack is not comprehensive. It presents no more than a selection of some of the most useful and accessible material that has been written over the last twenty three years about the reinforcing interrelationship between poverty, social exclusion, mental health and well-being.

In doing so it highlights the issues and provides examples of approaches which have been developed to promote policy-aware practice and service provision for mental health users and members of poor households and communities vulnerable to mental ill-health. This pack has been designed to contribute to mental health promotion. It seeks to provide service users, professionals and policy makers with the means to actively address poverty and mental health. In providing a summarised selection of material, published in the UK over the last twenty three years it engages with three key areas:

- **The vulnerability of people living in poverty to mental health problems.**
- **The poverty of people diagnosed with a mental health problem and the contribution this makes to their social exclusion.**
- **Ideas for promoting good practice designed to combat the impact of poverty on people with mental health problems.**

At the beginning of each section the reader will find a summary introduction referring to the key sources listed in the section's annotated literature selection. An annotated list of the key sources follows.

In the appendices, information is provided that will help keep this pack updated and relevant to developing poverty-aware mental health practice and provision.

An index is also provided of keywords to help the reader follow through specific topics of particular interest.

# PART ONE

## The Nature of Poverty: Its Impact on Mental Health

**"Poverty cascades down the generations. Up to a quarter of all children are persistently in low income families. Babies born to fathers in social class five are more likely to be low birth weight....Poor children are less likely to get qualifications and to stay on at school. Poor health then is linked to low educational attainment, distorting our future competitiveness in the knowledge economy."**

*Taken from a speech by Alan Milburn, Secretary of State for Health, at the Annual Health Lecture to the London School of Economics, 8 March 2000.*

There are many definitions of poverty which reflect different views of its nature and causes (Alcock:1997; Oppenheim & Harker:1996). Poverty is experienced when there is a lack of money to pay for the food and shelter necessary to exist. This is known as '**absolute poverty**' and is a narrow definition of poverty where those in poverty are defined as people who are unable to provide for themselves and therefore in need of support.

Broader definitions of poverty take into account the level of deprivation of those in poverty compared to the rest of the population. Deprivation is something that is affected by the norms and customs of a particular society. In the UK, for example, someone without access to television or radio is deprived of an important way of relating to others. Being unable to afford a nutritious diet that could reduce health problems is another form of deprivation. Living in accommodation that is substandard to a point that there are increased risks of health is another form of deprivation. Poverty that encompasses the above forms of deprivation is known as '**relative poverty**' (Gordon et al:2000; Townsend:1979).

Poverty is also experienced when people who lack money are denied their rights or the opportunities that others take for granted. For example, people who are unemployed and claim social security benefits can have them withdrawn for not conforming to particular types of job seeking behaviour. People on welfare benefits who are not allowed to open a bank account experience financial exclusion (Berthoud & Kempson:1992). People can be excluded from building and sustaining relationships because of a lack of money to travel by bus or make a phone call. These impacts of poverty on rights and relationships are increasingly called '**social exclusion**' (Howarth et al:1999; Lister: 1998; Room: 1995; SEU:1999).

What is clear is that those sections of the population who experience poverty and social exclusion, are, as a result of stigma, discrimination or prejudice, also more likely than other citizens, to experience mental health problems. The deprivation and exclusion associated with poverty causes levels of stress and distress that undermine physical and mental well-being (Beresford et al:1999; Gallic et al:1993; Smith: 1987). Such an emphasis on the social factors that result in a diagnosis of mental illness contrasts with traditional psychiatric perspectives highlighting genetic factors as key determinants of mental ill-health. As such they offer a vital contribution to the understanding of, and responses to, mental health problems at individual, family and community levels (Pilgrim & Rodgers:1999; Sayce:2000; Trowler:1993).

Research suggests that sections of the population that are more likely to experience poverty are also those sections of society who are over represented (in terms of their proportion of the population) in psychiatric hospital admissions. These groups include women, disabled people, older people and people from Black and minority ethnic communities. The oppression and marginalisation experienced by such groups in the UK has been highlighted as a major factor in explanations of why this is the case. (*Beliappa:1991; Beresford:1996; Brown & Scase:1991; Buck:1997; Littlewood & Lipsedge:1997; Madood et al:1997*).

Looking at poverty from a historical perspective helps to strengthen the argument that problems that result from poverty often lead to a mental health diagnosis. (Becker:1997). Nineteenth century UK governments attempted to deal with the social problems of poor people in ways which meant that social policy evolved into health policy. The government introduced 'poor laws' to deal with people who were poor. They divided them into the 'deserving' and 'undeserving' poor. Those who were seen as 'undeserving' and 'malingerers' were offered help through the, demeaning, impoverished and degrading conditions of workhouses. Those seen to have mental health problems were considered as the 'deserving' poor. However, the emphasis of their treatment was one of social control. Inmates of the fast growing nineteenth century asylum system were treated as 'children of the state' and deprived, as paupers, of their citizenship. As asylums evolved into hospitals with the establishment of the professions of psychiatry and nursing, they remained agencies for the social control of poor people. (*Morrall:1999*).

This association between poor people and psychiatric diagnosis and treatment is part of a continuing pattern that can be observed in the UK in the 20th century.

(*Fimister:1995; Marcovitch:1988*). A recent major report on health inequalities, the Acheson Report, demonstrates the strong association between inequality and poor health. In its recommendations it places a greater emphasis on government anti-poverty strategies and forms of redistributive fiscal policy in tackling health inequalities than it does on reforms of the National Health Service. (*Benzeval et al:1995; Birch:1999; Gordon et al:1999; Williams:1999*). A key recent policy document from the Department of Health, in outlining government strategy and targets to improve health nationally puts particular emphasis on the impact of poverty in creating mental health problems. (*DoH:1999*).

The literature suggests that women are more likely to experience being diagnosed with depression than men. Some researchers argue that this, in part, reflects the fact that women bear more of the brunt of hardship caused by poverty than men. Reasons for this include the likelihood that they take on a greater role (in some cases all) of parenting, are more likely to be victims of domestic violence, and are more likely to be employed in low paid, low status, high stress jobs in addition to their domestic responsibilities. (*Blackburn:1991; Graham:1993; Kempson et al:1994; SSAC:1989*). Research also points to the fact that children that experience hardship living in families struggling with poverty are also more vulnerable to mental health problems. (*Benezal et al:2000; Kumar:1993; UNICEF:2000*).

There is a very strong relationship between the risk of psychiatric hospital admission and the social class to which a person is said to belong. Those who belong to the lowest social class have the highest proportion of people diagnosed with mental illness (Gomm:1996; Jarman et al:1992). Areas of high deprivation not only have high infant mortality and coronary disease rates but also have high rates of psychiatric hospital admission. Amongst those with the highest risk of developing mental ill-health are those who experience poverty through homelessness and being in prison. (Cook:1997; Giddens:1997).

The economic and social disadvantage of many members of minority ethnic communities in the UK, (Maddood et al:1997; Oppenheim & Marker :1996) increases their vulnerability to experiencing mental distress. As research has shown some minority ethnic communities who share the circumstances of socially disadvantaged white communities have higher rates of diagnosed mental illness (Littlewood & Lipsedge:1997). At the same time the culturally inappropriate responses made by mental health services to the distress of members of these communities create additional problems which exacerbate their disadvantage and social and economic exclusion. (Beliappa:1991).

Across the diversity of those experiencing mental health problems there are some shared vulnerabilities. Research evidence points to a close relationship between conditions of poverty and the extent of physical impairments, and the psychological stress suffered as a result. These three factors interact. Someone with a physical impairment can experience psychological distress both from living in poverty and being disabled. Both sources of distress may contribute to psychological ill-health if not a diagnosis of mental illness. The lifestyle choices of those in poverty have also been shown to affect vulnerability to physical and mental ill-health.

The health promotion literature suggests that people who live with, and experience the hardship of poverty have restricted lifestyle choices and fewer and less effective means of coping with psychological distress. For example, some people in poverty are forced because of a lack of resources, to move address regularly because of insecure bed and breakfast accommodation. As a result they lose touch with the kind of supportive social networks that are essential for maintaining a sense of identity and well-being.

People living in poverty are also more likely than others, to make lifestyle choices that put their physical and mental health at risk. This can include poor nutrition, lack of adequate heating and clothing as well as the misuse of drugs and alcohol. Conditions of poverty and social exclusion make it difficult to address these choices with individuals, particularly when they are part of a group who share a common experience of exclusion. (Hogget et al: 1999; Kempson:1996).

The literature examining the vulnerability of poor people to mental health problems opens up a complex range of interrelated issues, which places the

experiences of people diagnosed with mental illness firmly in a social context. It provides a strong indication of the directions in which policy and practice needs to travel in order to begin to unravel the factors placing those living in poverty at greatest risk of mental ill-health.

# Key Sources

Alcock, Peter (1997) (2nd edition)

**Understanding Poverty** *Macmillan*.

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Essential reading. This book provides an understanding of the terms used to define and measure poverty from people with different political and theoretical points of view. It also explains how poverty can be understood as something that is both experienced and, (in terms of social exclusion) inflicted on people by others. There is also an explanation of the differences between absolute and relative poverty. Alcock discusses subtle differences in key terms used to describe those in poverty such as the underclass and the poor. There is also an outline of the evolution of how 'the poor' have been perceived and treated throughout history. Individual chapters describe the effect of poverty on vulnerable groups including disabled people, women, older people and Black people.

**KEYWORDS:** *benefits; Black and minority ethnic groups; gender; homelessness.*

Becker, Saul (1997)

**Responding To Poverty - The Politics Of Cash And Care** *Longman*.

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This book attempts to put the reader into the minds of decision makers in the government to help them understand how social policy in response to poverty has evolved and how the nature of poverty has changed. Of particular interest are pages 43 and 56 where there is an excellent description of how, whilst, people diagnosed as mentally ill (referred to as lunatics) were seen as the 'deserving poor' the response of policymakers in government was to deal with their disability as an issue of social control. The massive programme of asylum building resulted from this focus on social control. The chain of events that led to the current system of community care is then outlined.

**KEYWORDS:** *benefits; homelessness; mental illness; social exclusion.*

Beliappa, Jayanthi (1991)

**Illness Or Distress? Alternative Models Of Mental Health**

*Confederation of Indian Organisations (UK)*

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A summary of a survey of the Asian community in London that explores conceptions of mental health and illness. This research also examines the support networks of the Asian community, patterns of service use and level of uptake of services (especially the use of Doctors or General Practitioners). It focuses on how Asian people, individually and collectively, define their own mental health. This report concludes that there is a need to develop alternative models of mental health to improve the care and treatment of Asian people with mental health problems in the UK. The problems of poverty experienced by the Asian community in Britain are also mentioned.

**KEYWORDS:** *Asian ethnic minority groups; education; employment; physical health.*

Benzeval, M., Judge, K. & Whitehead, M. (eds.) (1995)

**Tackling Inequalities In Health - An Agenda For Action (The Acheson Report)**

*Kings Fund.*

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This report emphasises the importance of various dimensions of poverty in contributing to health inequalities. There is a particular focus on inadequate housing as a source of poverty and on the family as a social unit within which health problems are experienced. Existing health promotion policies are said to tackle the symptoms of health inequalities rather than the problem. This report locates the problem in the socio-economic environment in which people live, i.e. conditions of poverty. There is particular mention of the links between poverty and mental health on pages 60 to 61; page 58 where the adverse effects of homelessness are explored and page 102 where factors affecting the mental health of children are described.

**KEYWORDS:** *children; housing; mental health; physical health.*

Benezal, M., Judge, K. & Taylor, J. (2000)

**Income Dynamics And Health Inequalities, Findings 1 ESRC**

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This first summary report of a national research project set up from 1996-2001, to improve understanding of the causes of socio-economic inequalities in health summarises some important early findings. It places emphasis on the ways in which the relationship between poverty/low income and poor health needs to be understood by looking at the accumulated effect of income across the life course. In particular the transition from childhood to adulthood is identified as a vital indicator of health status. Persistent financial difficulties in childhood are associated with poor educational attainment and health problems. The results suggest that practical policies to reduce poverty, especially for families with children, are an essential ingredient in any effort to improve physical and mental health.

**KEYWORDS:** *children; families; health inequalities; poverty policy.*

Beresford, P., Green, D., Lister, R. & Woodward, K. (1999)

**Poverty First Hand - Poor People Speak For Themselves** *Child Poverty Action Group.*

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This book has three parts. The first part sets the scene in relating to the reader what is already known about poverty. The second and most substantial part of the book consists of survivors of poverty talking, as experts, about what poverty means to them as well as relating what they feel are its causes and effects. These survivors also outline the steps that could be taken to alleviate the poverty they experience. What the survivors say is quoted directly and each quote illustrates major issues. The final part of the book draws together what has been said and suggests ways forward in tackling poverty. Pages 89 to 93 contain very useful verbatim accounts of the psychological effects of poverty.

**KEYWORDS:** *benefits; drug misuse; employment; nutrition.*

Beresford, P. (1996)

**Poverty And Disabled People: Challenging Dominant Debates And Policies**

*Disability And Society, Vol. 11. No.4, 1996 pages 553-567.*

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This article explores the relationship between poverty, disability and impairment in a global context. It criticises the perspectives of those who deny a relationship between disability and poverty and considers the proposals of the disabled people's movement to combat poverty in developed and developing countries. The article highlights the fact that disabled people are far amongst the poorest people in society. On page 564 there is a short discussion in which poverty is acknowledged as perpetuating disability as well as making existing disabilities more severe.

**KEYWORDS: benefits; disability; employment; social exclusion.**

Berthoud, R. & Kempson, E. (1992)

**Credit And Debt: The PSI Report** *Policy Studies Institute.*

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This book reports the results of the first UK survey of credit and debt. Survey findings are used to describe the budgeting problems of families living on low income. They consider sources of consumer credit and the links between credit and the needs and resources of families. The circumstances of the two million households who struggle with debt problems are summarised and recommendations made about what social, commercial and welfare policy and practice must be developed to combat the stress, anxiety and depression generated by debt problems.

**KEYWORDS: debt; families; mental health; money advice.**

Birch, S.(1999) The 39 Steps:

**The Mystery Of Health Inequalities In The UK**

*Health Economics, Vol. 8 pages 301-308.*

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The reference in the title is to the 39 recommendations in the Acheson Report. The essential point made in this article is that social class determines behaviour that has health-related consequences. Applying this to mental illness, it can be argued that poverty reduces or limits choices of lifestyle which in turn increases the risk of illness. In terms of reducing health inequalities the article suggests that a redistribution of income is necessary. To ensure that everyone benefits from economic growth it is argued that the structure of the economy needs to change. The problem seems to be that even in times of apparent prosperity in this country health inequalities worsen because of the uneven way the benefits of economic growth are spread.

**KEYWORDS: Acheson Report; drug misuse; income redistribution; physical health.**

Blackburn, C. (1991)

**Poverty And Health - Working With Families** Open University Press.

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The first chapter provides a guide that takes the reader through alternative definitions of poverty. Subsequent chapters provide explanations of the relationship between poverty and food, health and housing conditions. There is also a description of the stress, coping and health behaviour of women as parents. The book draws out the implications of its analysis in terms of policy and practice of those seeking to enable and empower women and their families who experience poverty. There is an excellent chapter (Chapter 5) on the relationship between poverty and mental health in families and the vulnerability of women, compared with men of being diagnosed with a mental illness.

**KEY WORDS:** *alcohol misuse; Black and minority ethnic groups; employment; families.*

Brown, P. & Scase, R. (eds.) (1991)

**Poor Work - Disadvantage And The Division Of Labour** Open University Press.

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People in poverty are often perceived as unemployed and in receipt of some type of state benefit. The central point that emerges from this book is that those in low status, stressful and poorly paid employment can also experience the effects of poverty. In Chapter 9 (written by Mike Oliver) there is an account of how disabled people (including those said to have mental health problems) became segregated from society and employment as a result of industrialisation. This book examines how particular groups such as women, disabled people, young people, older people and those of non-white ethnic origin are more likely to experience poor work, and the poverty that arises from such work. The harmful effect of unemployment on mental health is covered on pages 50 to 51.

**KEYWORDS:** *Black and minority ethnic groups; employment; education; gender.*

Buck, M. (1997)

**The Price Of Poverty: Mental Health And Gender**

*Critical Social Policy, Vol. 17, pages 79-97.*

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This article is based on a small-scale study of poverty and health undertaken in Devon. It uses the findings of the study to examine the relationship between poverty, gender and mental health. In exploring the effects of poverty on the nature and extent of mental ill-health in men and women, it criticises past research for focusing mainly on women when looking at experiences of poverty and on men when looking at the effects of unemployment on mental health. It concludes that this is a complex and under-researched area which government policy as outlined in The Health of the Nation is failing to engage with.

**KEYWORDS:** *gender; health policy; mental health; unemployment.*

Cook, D. (1997)

**Poverty, Crime And Punishment** *Child Poverty Action Group.*

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This publication provides an overview of the ways in which the relationship between poverty and crime is understood in Britain. In a context in which the gap between rich and poor in the UK has been increasing, it considers those groups who have been selected for particular consideration by the media and government policies - lone mothers. Black youths, asylum seekers and homeless people. The author highlights the ways in which poor people have found themselves increasingly vulnerable to crime and unequal treatment in the criminal justice system as well as punishment through government policies in relation to welfare provision. A useful account of how poverty, stigma and targeting impact on groups who are particularly vulnerable to mental distress.

**KEYWORDS:** *Black and minority ethnic groups; crime; lone mothers; young people.*

Department of Health (1999)

**Saving Lives - Our Healthier Nation** The Stationery Office.

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This is a document that outlines how the government perceives the health problems of this country's population and explains the government's strategy to improve the health of the nation by setting statistical targets that provide a measure of improvement in the nation's health. For mental health for example the aim is to reduce the rate of suicide by one fifth by the year 2010. This is calculated to save about 4000 lives a year. Section 8 (pages 95-204) is focused on mental health and makes links between aspects of poverty and the poor mental health that people experience.

**KEYWORDS:** *alcohol misuse; drug misuse; physical health; suicide.*

Fimister, G. (1995)

**Social Security And Community Care In The 1990s** *Business Education Publishers.*

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A detailed consideration of the relationship between community care and social security policy. Particular consideration is given to how the social security funding arrangements for supported housing emerged as well as the issues around social care costs. Useful for understanding why current policies and procedures are in place and how they are likely to develop. It is also strong in providing evidence of how the lack of resources and resulting constraints on individual choice and independence, affects community care policy and practice.

**KEYWORDS:** *benefits; community care; social care; social security policy.*

Gallie, D., Marsh, C. & Vogler, C. (eds.) (1993)

**Social Change And The Experience Of Unemployment** *Oxford University Press.*

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A detailed summary of research concerned with both the psychological effects of unemployment and the relationship between unemployment and psychological health is provided on pages 188-230. A surprising conclusion is that in a small minority of cases there are conditions of unemployment that can promote good psychological health though such conditions are rarely present for most people.

**KEYWORDS: education; employment; psychological health; unemployment.**

Giddens, A. (1997)

**Sociology** (3rd ed) *Polity.*

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A good introductory textbook written by a sociologist who is influential with the New Labour government. There is a short accessible introduction to the basic concept of poverty in Chapter 10 (pages 270- 282). Important concepts and terms are highlighted in bold and many of the important contributors to the debate on how poverty is perceived have their arguments neatly summarised in a couple of sentences. This section contains an excellent diagram entitled "The vicious street cycle" that represents the relationship between mental health, poverty and homelessness. The diagram shows how many homeless people who experience mental health problems find themselves stuck in a revolving door of care and accommodation and living on the street.

**KEYWORDS: alcohol misuse; benefits; drug misuse; homelessness.**

Gomm, R. (ed) (1996)

**Mental Health And Inequality Chapter 14 In Mental Health Matters: A Reader**

*Macmillan Press in association with The Open University.*

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This chapter argues that the further down the social class scale people are, the greater their predisposition to the more common forms of mental illness. High levels of poverty in any given area are said to contribute to high rates of coronary heart disease and limiting illnesses that go hand in hand with high rates of suicide, depression and incidences of hospital admission for schizophrenia. In addition those with a disability or illness (including mental illness) are argued to be more likely to experience poverty. The central point of the chapter is an explanation of the interrelationship between psychological stress, physical ailments and social and economic conditions (namely poverty). Gomm points out that the widening gulf between the incomes of the rich and poor social classes has led to widening health inequalities. Improvements in life expectancy and infant mortality and mental health in more prosperous areas has also led to the deterioration of these health indicators in areas that have experienced high levels of unemployment, for example through local redundancies.

**KEYWORDS: disability; physical health; schizophrenia; unemployment**

Gordon, D., Shaw, M., Darling, D. & Davey-Smith, G. (eds.) (1999)  
**Inequalities In Health: The Evidence Presented To The Independent Inquiry  
Into Inequalities In Health Chaired By Sir Donald Acheson** Policy Press.

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A presentation of the 17 chapters of evidence commissioned by the Acheson Inquiry into health inequalities. An excellent source of material on which to draw to understand the evidence that is informing policy thinking in this area. The introduction by Professor Peter Townsend provides a useful commentary on this work as well as an overview of the contribution it makes to the ongoing debate about health inequalities and services.

**KEYWORDS:** *Acheson Report; health policy; health services; inequality.*

Gordon, D., Adelman, L., Ashworth, C., Bradshaw, J., Middleton, S., Payne, S., Townsend, P. & Williams, J. (2000)  
**Poverty And Social Exclusion In Britain** *Joseph Rowntree Foundation.*

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This is a major study of poverty undertaken in 1999 that builds on previous studies conducted over the last 20 years. Poverty is measured in terms of the consensus of the people surveyed on what are socially perceived necessities. The study contains a list of more than 60 perceived necessities and the percentage of the survey who have them. The data generated by this study suggests that there has been a considerable growth in poverty and social exclusion since the last major survey 'Breadline Britain' in 1983.

**KEYWORDS:** *inequality; poverty definitions; poverty measurement; social exclusion.*

Graham, H. (1993)

**Hardship And Health In Women's Lives** *Harvester Wheatsheaf.*

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This book details the difficulties and pressures that women confront. A vivid description of the causes of hardship such as lack of income, problems of debt, poor pay and conditions of employment and bad housing is given. Such pressures are usually coupled for women with the responsibilities of making ends meet, getting themselves and their children enough to eat and maintaining their own and their children's health. Specific reference to the psychological and emotional pressures caused by poverty and its resultant hardship are made on pages 69-70 and 172-179.

**KEYWORDS:** *children; domestic violence; physical health; women.*

Hogget, P., Rozzaque, H. & Barker, I. (1999)

**Urban Regeneration And Mental Health** *Kings Fund.*

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This contains a useful review of the characteristics of disadvantaged urban communities and the ways in which they trigger higher than average rates of mental ill-health. It places issues of poverty and social exclusion in their social and community context. It highlights the links between issues of poor housing, crime and social isolation and mental health and urban regeneration policy issues.

**KEYWORDS:** *crime; community development; unemployment; urban poverty.*

Howarth, C, Kenway, P., Palmer, G. & Miorelli, R. (1999)

**Monitoring Poverty And Social Exclusion,1999**

*New Policy Institute & Joseph Rowntree Foundation.*

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A report that provides data for 50 indicators portraying, in combination, the key features of poverty and social exclusion in Great Britain. What these indicators demonstrate, amongst other things, are that health inequalities continue to worsen; that the number of people with incomes below half the national average after housing costs are around 14 million; the number of people on very low income rose between 1995 and 1998. Two central challenges in tackling poverty and social exclusion are highlighted. These involve increasing the incomes of the poorest and ensuring that the government extends the ways it seeks to influence change amongst key individuals and organisations.

**KEY WORDS: children; older people; poverty measurement; social exclusion.**

Jarman, B., Hirsh, S., White, P. & Driscoll, R. (1992)

**Predicting Psychiatric Admission Rates** *British Medical Journal*, Volume 304, 2nd May 1992

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The main finding from this research is that people who are single are overwhelmingly represented in the number of admissions to psychiatric hospital. This research also indicates there is a relationship between the numbers of admissions to psychiatric hospital and the level of deprivation in a given area. If you do not have a background in statistics, you may only want to read the discussion section of this article.

**KEYWORDS: communities; deprivation; mental health; psychiatric hospital admission.**

Kempson, E., Bryson, A. & Rowlingson, K. (1994)

**Hard Times? How Poor Families Make Ends Meet** *Policy Studies Institute.*

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A study of the strategies that families living on low incomes use to pay bills and meet their daily living costs. Based on the detailed investigation of the household budgeting of 74 West Midlands low income families, it points to the factors that determine which strategies are adopted. The links between low income and stress are highlighted in relation to the health of those responsible for handling household money as well as their relationships with partners, families and the wider community.

**KEYWORDS: children; debt; families; mental health.**

Kempson, E. (1996)

**Life On A Low Income** *Policy Studies Institute.*

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This research report considers the situations of the one in four people in Britain who live on incomes below half of the national average and the 9.8 million who live on Income Support. It highlights the fact that this group of citizens do not constitute an underclass, but share the same aspirations as others in society -getting a job, a decent home and an income to meet their daily needs. In its detailed consideration of how people manage their lives in poverty, the report shows the resourcefulness that is brought to bear on impossible situations. It provides a vivid and detailed picture of the social exclusion and marginalisation experienced by poor people in Britain.

**KEYWORDS:** *benefits; debt; housing; social exclusion.*

Kumar,V. (1993)

**Poverty And Inequality In The UK - The Effects On Children**

*The National Children's Bureau.*

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A good description of the trends that are emerging in the nature and level of child poverty in the UK and the causes of such poverty. Most of the book is focused on explaining the effects of child poverty with particular regard to education, health and social class. There is a specific mention of the effects of poverty on the mental health of children (referred to as morbidity) on pages 106-111 and 189-190.

**KEYWORDS:** *benefits; Black and minority ethnic groups; children; nutrition.*

Littlewood, R. & Lipsedge, M. (1997) (3rd ed.)

**Aliens And Alienists: Ethnic Minorities And Psychiatry** *Routledge.*

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This book considers the links between racism; psychological ill-health and the inappropriate treatment of ethnic minorities in the mental health system. Through its use of case studies it discusses the key themes contributing to the experiences of ethnic minority citizens diagnosed with mental illness. The authors argue that it is important to understand the reactions of people as their attempts to make sense of the predicaments they find themselves in and that racism alienates white people as well as Black people.

Chapter Six - **The Price of Adaptation** focuses on how racism and poverty impact on ethnic minority communities and individuals who find themselves in the mental health system. In considering the interrelationship between poverty and mental illness, it pays particular attention to why ethnic minorities who share the circumstances of socially disadvantaged white groups in society have higher rates of mental illness. The choice of case studies in this chapter provides a focus for consideration of young Black people, disadvantage and mental health.

**KEYWORDS:** *Black and minority ethnic groups; immigration; mental health; young people.*

Lister, R. (1998)

**From Equality To Social Inclusion: New Labour And The Welfare State**

*Critical Social Policy, Vol. 18 Issue 2 pages 215- 225.*

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This article is a good summary of the present Labour government's approach to poverty and provides a context to changes in the review of the 1983 Mental Health Act. It neatly describes a debate within the Labour Party by reporting the exchange in *The Guardian* between traditionalists, (in the form of Roy Hattersley) who believe in tackling poverty through income redistribution, and New Labour, (represented by Gordon Brown) who believe to an extent inequality is an inevitable by-product of economic progress and that what is important is to tackle poverty, and to provide an equality of opportunity.

**KEYWORDS: benefits; education; employment; income redistribution.**

Madood, T, Berthoud, R., Lakey, J., Nazroo, J., Smith, P., Virdee, S. & Bieshon, S. (1997)

**Ethnic Minorities In Britain: Diversity And Disadvantage** *Policy Studies Institute.*

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This national survey charts changes in the experiences of the three million people who live in Britain as members of ethnic minority groups. Drawing on data collected from ethnic minority and white households it considers diversity and disadvantage in relation to families and households; employment; income and standards of living; neighbourhoods and housing; health and health services; racial harassment and cultural identity. It provides important baseline data for consideration of the disadvantaged circumstances of minority ethnic groups. Chapter 5 on Income and Standards of Living is particularly useful in considering poverty and race issues.

**KEYWORDS: Black and minority ethnic groups; communities; employment; racial harassment.**

Marcovitch, H. (1988) **Impact Of Changes In Social Security**

*British Medical Journal, Volume 297, 19th November 1988.*

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This article focuses on the links between claiming social security benefits and health. Written after major reforms to the social security system it argues that the probable effects of that reform will be to make people who are already poor poorer. This will have consequences for their health and for health providers.

**KEYWORDS: benefits; mental health; physical health; social security policy.**

Morrall, P. (1999)

**Social Exclusion And Madness**

**Chapter 6 in M. Purdy & D. Banks (eds.) Health And Exclusion** *Routledge*.

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This is a chapter that discussed the consequences of attempts by the state to regulate the poor by distinguishing between the deserving and undeserving. It argues that one of the main outcomes of this type of social policy was the growth of medicine and that the profession of nursing and psychiatry have, as a result, become agents of the state in exercising social control over sections of the deviant poor. A central part of this chapter is a discussion, using concepts of social theory, to explain how essential it is to have an understanding of the concept of power and its use by the medical profession. The author argues that the concept of power is central to an explanation of why poor people are more likely to have a mental illness. It examines how the medical labelling process contributes to social exclusion. Though this chapter is a difficult and challenging read it is also rewarding. Before reading this piece it is advisable to have a basic sociology text book for reference and to read one of the simpler social theory texts. A recommended social theory text for its accessibility is **Derek Layders -Understanding Social Theory (1994) Sage. Giddens (1997) Sociology. Polity** is also good for reference reading.

**KEYWORDS: discrimination; mental health; psychiatry; social exclusion.**

Oppenheim, C. & Marker, L. (eds.) (1996)

**Poverty - The Facts** *The Child Action Poverty Group*.

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A good basic book for defining key terms that are used in discussions of poverty. Initial chapters explore the definition, causes and impact of poverty. Intermediate chapters describe the nature and impact of poverty amongst women and people who are of non-white ethnic origin. Later chapters describe the distribution of poverty within Britain and Europe. In addition it quotes survivors of poverty as experts in backing up the points it makes about deprivation, debt, loneliness, homelessness and exclusion. These quotes have a strong impact. The book contains an invaluable statistical profile of the occurrence, severity and impact of poverty. This profile includes the numbers of benefit claimants, unemployment levels, levels of debt or multiple debt, expenditure surveys. Chapter 3 (pages 56 -63) provides a description of the factors that cause poverty amongst disabled people. A section of Chapter 4 (pages 78- 82) deals with the impact of poor health on the levels of poverty experienced including the impact on health of unemployment and illness (including mental illness).

**KEYWORDS: Black and minority ethnic groups; gender; poverty definitions; poverty measurement.**

Pilgrim, D. & Rodgers, A. (1999) (2nd ed.)

**A Sociology Of Mental Health And Illness** *Open University Press.*

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There is a detailed discussion in this book about the role of poverty as a causal factor in mental illness. The authors argue that poverty causes social problems. The medicalisation of these social problems arises from the diagnosis of people with mental health problems. Symptoms of poverty are said to include being homeless, being unemployed, and other losses of status that can cause the psychological distress. All of these are seen to be part of the process that leads to clinical diagnosis.

**KEYWORDS:** *homelessness; mental illness; psychological health; unemployment.*

Room, G. (1995)

**Poverty and Social Exclusion: The New European Agenda**

**For Policy and Research In G. Room (ed). Beyond the Threshold:**

**The Measurement And Analysis Of Social Exclusion** *The Policy Press.*

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A careful consideration of the relationship between poverty and social exclusion. The prime focus of poverty is defined as distributional, i.e. a lack of resources at the disposal of an individual or household. The prime focus of social exclusion is defined as 'relational' i.e. lack of social participation, lack of social integration and lack of social power. The discussion is usefully located in a policy and research context.

**KEYWORDS:** *poverty definitions; poverty measurement; social exclusion; social inclusion.*

Sayce, L. (2000)

**From Psychiatric Patient to Citizen - Overcoming Discrimination**

**and Social Exclusion** *Macmillan.*

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Strong on identifying the shame and stigma experienced by those who have been labelled with a mental health problem, this book details graphically their social exclusion. It makes several references to poverty being both a consequence and a cause of mental distress. In its consideration of the exclusion and discrimination experienced by people diagnosed with mental illness it makes reference to the ways in which government welfare policy contributes to exclusion through punishing and shaming those who claim social security benefits.

This book is important because it outlines ways forward for mental health users /survivors and sympathetic professionals committed to fighting discrimination and exclusion. It suggests that anti-discriminatory law should be integrated with policy in other fields such as employment, social security and housing in order to open up new opportunities for enabling mental health service users to be more inclusive citizens in the communities in which they live.

**KEYWORDS:** *benefits; disability; employment; social exclusion.*

Smith, R. (1987)

**Unemployment And Health** *Oxford University Press.*

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This book presents evidence gathered from a wide range of sources journalistic, sociological, statistical, psychological and literary to prove that unemployment is harmful to health. There are specific references to the harmful effects of unemployment on mental health in Chapter 5 as well as pages 7-10 and pages 95-97.

**KEYWORDS: employment; physical health; suicide; unemployment.**

Social Exclusion Unit (1999)

**Opportunity for All - Tackling Poverty and Social Exclusion**

**First Annual Report 1999 Cm.4445** *The Stationery Office.*

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This document contains the government's definitions of the problems of social exclusion and poverty in Britain. Problems are defined generally and as they affect different groups that are vulnerable to poverty and social exclusion namely children and young people, unemployed adults of working age and older people. Incorporated amongst the government's definition of the unemployed of working age are vulnerable groups, these include people with mental health problems. The issues facing deprived communities are also discussed.

An outline is given of the government's strategy to tackle poverty and exclusion including policies such as the Disabled Persons Tax Credit, New Deal for Disabled People and Welfare to Work. Examples of successful pilot projects are quoted as justification of future policy/ policy proposals. There is particular mention of how poverty affects physical and mental health on pages 25, 41, 105 and 107.

**KEYWORDS: children; disability; employment; older people.**

Social Security Advisory Committee (1989)

**Credit, Debt And Poverty** *The Stationery Office.*

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This report commissioned by Social Security Advisory Committee and written by Richard Berthoud provides a useful overview of the available research evidence about the problem of debt, especially as it affects families relying on social security benefits for their income. It highlights the rapid growth in credit amongst the UK population and the debt in which unemployed families find themselves. Using official statistics it considers the problems of managing on low incomes;

the use of credit and the problems faced by people in debt. It provides a useful list of references on 1980's research on credit, debt and poverty.

**KEYWORDS: benefits; debt; families; unemployment.**

Townsend, P. (1979)

**Poverty In The UK - A Survey Of Household**

**Resources And Standards Of Living** *Allen Lane/Penguin Books.*

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This is a classic large-scale study on poverty published in 1979; since its publication poverty has increased in the UK. Townsend uses a broad definition of poverty called 'relative deprivation'. Relative deprivation seeks to identify the resources considered essential for living in modern society and measure their unequal distribution. In addition to the large survey, Townsend uses case studies to provide a more detailed picture of the impact of poverty.

The early part of this study explores the definition of poverty exhaustively. The effect of poverty is then detailed drawing on the general findings of the survey. The study highlights the effect of poverty on vulnerable groups such as the non-white population, disabled people, older people, one parent families and people dependent on state benefits. However, Townsend unusually highlights the poverty experienced by those in employment. Overall he estimates, using his measure of poverty, that about a quarter of the population either lives in poverty or on the margins of poverty.

Townsend argues that it is the efforts of the rich to consolidate and enhance their economic position that has an effect of excluding sections of the population from decent net incomes. Not surprisingly therefore he recommends the abolition of excessive wealth and income, the abolition of unemployment and policies to promote a more equitable income structure. On pages 725-727 reference is made to the fact that in this survey a large proportion of those living in or on the margins of poverty, admitted to 'having problems with their nerves'.

**KEYWORDS:** *disability; older people; poverty definitions; poverty measurement.*

Trowler, P. (1993)

**Investigating Health, Welfare And Poverty** *Macmillan.*

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There is an excellent chapter in this book on mental illness. This chapter considers social approaches to the explanation of mental illness (this approach includes factors such as poverty as a cause of mental health diagnosis). Other approaches used to explain mental illness are considered including the organic approach (a medical theory influential and predominant in psychiatry), the psychodynamic approach (related to psychoanalysis), the behavioural approach and the systematic approach (mental illness a product of the situation in which a person lives particularly their family environment) and the view that mental illness is a myth.

**KEYWORDS:** *families; physical health; mental health; mental illness.*

UNICEF (2000)

**League Table Of Child Poverty In Rich Nations** *UNICEF Publications.*

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This report provides evidence that estimates that the UK is 20th in a League Table of Child Poverty containing 23 Rich Nations. The authors estimate that, in 1995, 20% of British families lived below the poverty line - that is they lived on less than half the national average income. This report suggests that at current rates the Government will not reach its declared target of reducing child poverty in 10 years.

**KEYWORDS:** children; families; poverty measurement; poverty policy.

Williams, A. (1999)

**Commentary On The Acheson Report** *Health Economics, Vol. 8 pages 297 - 299.*

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This article praises the Acheson Report (the first report on health inequalities since the Black Report nearly two decades ago) for placing a minor role on the NHS for addressing health inequalities and placing more emphasis on other aspects of government policy including anti-poverty strategies. It criticises the report for the suggestion that all families with children should be a high priority, as unworkable in terms of tackling health inequalities. There is also a suggestion that the Acheson Report fails to acknowledge that some types of health inequality have more serious consequences than others thereby requiring a different level of priority in terms of policy response from government.

**KEYWORDS:** *Acheson Report; children; families; health inequalities.*

## PART TWO

### The Experience of Poverty:

#### The Circumstances of Mental Health Service Users

**"It is true that poorer people are ill more often and die sooner. The other part of the equation, however, is that poor health contributes to poverty, not least because it excludes people from the labour market. Studies of the effect of chronic mental health problems have shown this relationship, and it exists for other conditions too."**

*Taken from a speech by Alan Milburn, Secretary of State for Health, at the Annual Health Lecture to the London School of Economics, 8 March 2000.*

For the majority of citizens of working age a diagnosis of mental illness has a dramatic and negative impact on weekly income. This is because it can result in loss of employment and a consequent fall in income. People with mental health problems also face discrimination in accessing well-paid employment. As a result mental health service users are amongst the poorest citizens in the UK. They have the highest unemployment rates of any group of disabled people. The Labour Force Survey in 1995/6 found that 85% of people with long-term mental illness were out of work, compared with 72% with severe or specific learning difficulties; 43% with difficulty seeing and 36% with hearing problems (OPCS: 1995). The Psychiatric Morbidity Survey of Private Households found that 61 % of people who had experienced a psychotic episode in the last year and 43% of people reporting one or more neurotic episodes in the past month were unemployed. (Meltzer et al:1995). Other recent national surveys of mental health service users have found only around 10% to be in paid work. (*Hatfield:1992; Hogman & Chapman: 1998*).

Such high levels of exclusion from employment means that in later life most people who have a mental health problem find themselves on poverty-level retirement pensions because they have been unable to access sufficient contributions in private pension schemes. This is a particular issue for women, who outnumber men amongst older citizens and who are more likely to have experienced mental health problems across their life times. The majority of people using mental health services, find themselves with no alternative but to obtain most of their income from the social security benefits system. This system can sustain and reinforce mental ill-health in a variety of ways (SSAC:1996). The attitudes of social security staff to claimants with a mental illness diagnosis can confirm low self-esteem and a sense of worthlessness (Davis & Betteridge:1990; Rose: 1996). Difficulties faced by mental health service users in claiming full benefit entitlement can reduce weekly incomes to below the poverty-level (Allen & West: 1989; Hirst & Sainsbury: 1996; Linney & Boswell:1987; Pacitti & Dimmick:1996; Sainsbury et al:1995; Slade et al:1995; Rose: 1996). The low levels of benefit rates together with the restrictions which the system places on people having choice about employment, education and housing, traps many into desperate long-term poverty. (*Bates & Walsh: 1989; Dick: 1989; Matthew Trust: 1997; Pidgeon & Shepperson: 1988; Stewart:1988; Radia:1996; Ritchie et al; 1988; Warden et al: 1990*).

Current government social security policies are directed at reducing rising expenditure on disability benefits. This is having the effect of restricting claims for disability benefits as well as reducing rates of benefit. As a result considerable barriers are being placed in the paths of those wishing to break out of the poverty they find themselves in (Birch: 1983). In addition, government and media announcements of changes to the system to restrict entitlement, increases the insecurity, stress and anxiety faced by service users and their households who rely on social security benefits for their weekly income (Davis: 1999; Dick: 1994;

Hadjipateras & Howard:1992; Hogman & Chapman 1998; MIND:1998; Sainsbury Centre: 1996). The strain of managing on poverty-level incomes claimed from the state exacerbates existing mental health problems and undermines the mental health and well-being of adults and children. (*Brown & Harris:1978; NCH:1993; Grant:1995*).

This vulnerability to mental distress amongst poor people and their households is increased by the lack of responsiveness of local and national benefits systems to changes in the circumstances of benefit claimants. For people who find themselves moving, in crisis, from their homes to hospital or between different kinds of supported and independent accommodation, lack of money, because benefit claims have not been processed, causes hardship and insecurity. Homelessness, hunger and desperation result from the failure of benefits to be paid on time and further jeopardise the chances that people with mental health problems have to succeed in managing their lives and recovering their mental well-being. (*Audit Commission: 1994; Bradshaw & Davis: 1986; Griffiths: 1995; House of Commons: 1985*).

Long-term poverty means hardship, stress and debt and poor physical and mental health. People struggling to maintain their links with social and community activities can find themselves increasingly isolated, and cut off from friends and family. The lack of resources to sustain reciprocal relationships; to dress adequately enough to join family and community events with ease as well as participate in opportunities to do voluntary work; to travel and pursue hobbies, all take their toll on mental health and well-being. (*Barham & Hayward:1995; Grimshaw:1995*).

Given the impact of poverty on the lives of many people with mental health problems it is unsurprising that issues of income, employment and housing emerge as central concerns when mental health service users are asked about their lives. (Rogers et al:1993). Yet rarely do they find an acknowledgement from mental health workers and services that these are issues that must be acknowledged and worked on in order to achieve recovery and integration (Grimshaw:1995). Professional concerns with diagnosis, risk and treatment remain largely uninformed by the pressing social and economic circumstances of most service users.

The literature on which we can draw to improve understanding of these issues has grown over the last decade. This is largely because of the increase in user focused social research looking at the situations of people who have been diagnosed with mental illness. There are four main literature sources. Firstly, surveys of people with mental health problems, living in the community which highlight the consequences of living on benefit for long periods of time.

Secondly, accounts of benefit take-up, housing and employment work that has been undertaken amongst people using mental health services, which point to their relative low take-up of benefits compared with other disabled people. Thirdly, initiatives that have been undertaken by generalist advice and debt agencies that have targeted people with mental health problems living in poverty as well as other disabled people, which suggest that considerable difficulties are encountered in accessing information and advice about benefit entitlement. Finally, evidence from mental health inquiries undertaken by government and independent bodies which have focused on the quality of life of people living in the community and hospitals.

This literature, to date, has concerned itself primarily with adults of working age who are in touch with mental health services. There is a lack of material that looks in depth at the circumstances of children, young people and older people who have mental health problems and are living in poverty. This reflects the low priority given by services to these groups and their lack of involvement in collaborative research designed to investigate their experiences of poverty.

## Key Sources

Allen. D. & West, R.(1989)

### **The Uptake Of Social Security Benefits Among Psychiatric Day Hospital Patients**

*Psychiatric Bulletin*, 13, p626-627.

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A report of a study of 50 people using day hospitals who were asked about their income from social security benefits. There is considerable evidence of under-claiming amongst this group despite their contact with health and social services. 25% of those receiving social security benefits were entitled to at least one further benefit, over half of these unclaimed benefits were for housing benefit. Attention focuses on the lack of response by local authorities and social workers to this situation.

**KEYWORDS:** *benefits; benefit advice services; Housing Benefit; psychiatric day services.*

Audit Commission (1994)

### **Finding A Place: A Review Of Mental Health Services For Adults HMSO.**

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This official review of mental health services in England and Wales considers services for adults with mental health problems. It provides a summary of the extent of mental health problems and the way in which resources are allocated in health and social services. It makes recommendations focused at improving strategy in this area and the way in which services are managed and delivered in order "to improve the lot of some of the most disadvantaged members of society". Amongst the areas considered are the needs highlighted by service users and carers. These include the common experiences of poverty and inadequate housing which whilst they are matters of high priority for service users are often overlooked by professionals who focus on treatment and therapy.

**KEYWORDS:** *community care; housing; mental health; psychiatric hospital services.*

Barham, P. & Hayward, R. (1995)

### **Relocating Madness: From The Mental Patient To The Person Routledge.**

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This study of the circumstances in which people with a diagnosis of schizophrenia are living in the community, provides rich data from service users about the ways in which unemployment, poverty, isolation and poor housing impact on people's sense of themselves and their place in their families, local communities and wider society. It points also to the neglect by service providers of the material circumstances of people's lives as well as the survival strategies developed by service users to retain their dignity and make a positive contribution to society. The authors stress the need for an open dialogue between people with a diagnosis of mental illness and wider society in order to increase opportunities for inclusion, participation and recovery.

**KEYWORDS:** *community care; housing; schizophrenia; social exclusion.*

Bates, P. & Walsh, M. (1989)

**Empty Premises. Empty Promises** *Nottinghamshire Benefits Research Unit.*

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A report of a study which investigated the problems facing 43 people in Nottinghamshire who were discharged from residential rehabilitation accommodation into unfurnished, furnished and supported accommodation in the community. In addition, the benefit status and entitlements of 44 people in residential rehabilitation accommodation were examined. The findings indicate that only one member of the group moving into the community was able to furnish accommodation to the most basic standard of safety and comfort. The others were dependent on inadequate social security payments, charities or no help at all. The authors conclude that there are negative financial and clinical outcomes for those moving into the community with such inadequate resources to draw on.

**KEYWORDS:** *benefits; community care; rehabilitation; supported housing.*

Birch, A. (1983)

**What Chance Have We Got? Occupation And Employment  
After Mental Illness - Patients View** *Manchester MIND.*

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This report from Manchester MIND was written at a time when four million people were unemployed in the UK. Based on interviews with patients who have spent some time in psychiatric hospital, it presents their experiences and aspirations for work in their own words. It argues that opportunities for paid and unpaid work are essential to recovery, a feeling of self-worth, status and participation in society. It argues that mental health services need to make the need for employment central to professionals' agendas.

**KEYWORDS:** *community care; employment; psychiatric hospital admission; Unemployment.*

Bradshaw, M. & Davis, A. (1986)

**'Not A Penny To Call My Own': Poverty Amongst Residents In  
Mental Illness And Mental Handicap Hospitals** *Kings Fund and Disability Alliance.*

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This pamphlet, based on research conducted in hospitals in the early 1980s, considers the situations of poverty amongst people who are living long-term in psychiatric and 'mental handicap' hospitals. It establishes that most hospital residents live in poverty because of their dependence on the lowest rates of social security benefits and their failure to claim the benefit income they are entitled to. It also discusses the ways in which hospital procedures and the practices of staff limit resident's access to their income. In the second part of the pamphlet attention is given to what needs to change in order that poverty can be addressed when people find themselves admitted to hospitals.

**KEYWORDS:** *benefits; benefit advice services; disability benefits; psychiatric hospital admission.*

Brown, G. & Harris, T. (1978)

**Social Origins Of Depression:**

**A Study Of Psychiatric Disorder In Women** *Tavistock Publications.*

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A groundbreaking study of women in South London, which identifies the life events associated with depression amongst women. This study was designed to examine the social factors that influence the development of depression. Based on a survey of 500 women in inner London it found that 33% of the sample was experiencing some degree of depression. In 83% of cases traumatic life events or major ongoing difficulties preceded the onset of depression. These traumas and difficulties involved the experience of loss or disappointment concerning either a person, object, role or idea. Ongoing difficulties included bad housing or unsatisfactory marriages. The authors identified four 'vulnerability factors' that increased the likelihood of women becoming depressed when faced with such stresses. These are listed as: having three or more children under 14 living at home; lack of an intimate or confiding relationship; loss of mother in childhood; lack of employment outside the home. In pursuing the relationship between poverty and depression the authors found that working class women were found to be five times more likely to become depressed than middle class women.

**KEYWORDS:** *children; depression; employment; women.*

Davis, A. & Betteridge, J. (1990)

**Cracking Up: Mental Health Users' Experiences Of Social Security**

*The University of Birmingham.*

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A national survey of 54 mental health users' experiences of the social security benefits system undertaken in 1989. It highlights the stress and strain that service users experience managing on social security level incomes. It identifies the key areas that are problematic for service users who are claimants. In particular, the lack of accessible information about benefits and benefit claiming for service users; the complexity of the benefit claiming procedures; the difficulties that delays in benefit payments generate for people with mental health problems;

and the disruptions to benefit income which can flow from service use. The report concludes with ideas from service users about the reforms needed to the social security system if it is to enable rather than undermine their survival in poverty.

**KEYWORDS:** *benefits; debt; Housing Benefit; social security policy.*

Davis, A.(1999)

**Mental Health And Poverty: Critical Commentary**

*British Journal of Social Work. 29. pages 631-638.*

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This article considers what social workers can learn from the experiences of poverty and social exclusion reported by mental health service users. It selects three pieces of user-based literature concerned with the difficulties faced by service users managing their lives on social security benefit incomes. It concludes that the development of reflective, poverty-aware practice amongst social workers depends on their awareness of the impact of poverty and inequality in the lives of service users.

**KEYWORDS:** *disability benefits; mental health service users; social security policy; social work services.*

Dick, S.1989)

**The Sixth Sense: Six Case Studies Of The Realities Of Life In The Community**

**For People With Mental Health Problems** *Scottish Mental Health Forum.*

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A report commissioned by an alliance of mental health organisations in Scotland that explores the financial difficulties faced by people with mental health problems, living in, or hoping to live in, the community. It contains descriptions of the financial circumstances of eight people illustrating in detail the way in which the disadvantages associated with mental ill-health are exacerbated by the severe constraints of living on poverty-level incomes. It contains a number of recommendations from the Scottish Mental Health Forum aimed at improving procedures, policy and practice in relation to social security and community mental health services.

**KEYWORDS:** *benefits; community care; debt; housing.*

Dick. S. (1994)

**Concern For The Future: The Experiences And Concerns Of People With Mental Health Problems Claiming Invalidation Benefit**

*Scottish Association of Mental Health.*

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A report of a Scottish survey which asked mental health service users about their experiences of claiming Invalidation Benefit (IVB). It reveals the high levels of fear and anxiety amongst service users about the government's intention to introduce Incapacity Benefit in 1995 to replace IVB. The findings also highlight the stress generated in service users by the medical examinations they undergo to establish their entitlement to work related disability benefits. The report's recommendations stress the need for developing good information and support services within the mental health system to enable people claim their entitlement to benefit.

**KEYWORDS:** *benefit advice services; employment; Incapacity Benefit; Invalidation Benefit.*

Grant, L (1995)

### **Debt And Disability: The Experience Of Disabled People In Debt**

Social Policy Research Report, 78: York: *Joseph Rowntree Foundation*.

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This report of research undertaken by the Sheffield Citizens Advice Bureaux Debt Support Unit, in 1993-1994, investigates the impact of living with debt problems on disabled people. Based on interviews with people in 76 households that included people with mental health problems it shows that debt problems are a common experience of people living with a disability and claiming social security benefits.

Amongst its findings are that the onset of a mental health crisis and/or disability can lead to debt problems. Many people interviewed reported deteriorating mental and physical health as a consequence of dealing with their debt problems. The minority of those interviewed who had received independent money advice found that it provided a positive turning point in their lives, however most found it difficult to obtain information about such services and access to them.

**KEYWORDS: benefit advice services; community care; debt; money advice.**

Griffiths, S. (1995)

### **How Housing Benefit Can Work For Community Care**

*Joseph Rowntree Foundation & Community Care*.

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This report looks at the relationship between housing benefit and community care. It considers previous research, interviews housing benefit staff, advice agency staff and users and carers groups. This research suggests that whilst decent housing is vital to independent living in the community, the issue of how housing costs are covered tends to be neglected in community care assessments. Evidence from this research shows how small-scale supported housing options such as supported lodgings and adult placement schemes for people with mental health problems have been undermined by changes in social security law and regulations. It recommends that government needs to provide a unifying framework to ensure that vulnerable people have adequate financial support in whatever housing solution is identified as part of community care assessments.

**KEYWORDS: community care; housing; Housing Benefit; supported housing.**

Grimshaw, C. (1995)

### **The Poor Laws Revisited**

in Brackx, A. & Grimshaw, C. (eds.) *Mental Health Care in Crisis*. *Pluto Press*.

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This chapter considers the ways in which poverty and benefit claiming contribute to a sense of stigma and worthlessness amongst people with a mental health problem. Using evidence from mental health service users, the impact of poverty on people in hospital and the community is described. Locating the issues historically, the author argues that effective community care cannot be delivered if people are denied an adequate level of income by government social security provision.

**KEYWORDS: benefits; community care; debt; psychiatric hospital services.**

Hadjipateras, A. & Howard, M. (1992)

**Too Little ... Too Late: A National Survey Of Claimants And Advisers' Experiences Following The Introduction Of Disability Living Allowance And Disability Working Allowance**

*Disability Alliance and RADAR.*

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This publication reports the findings of a survey undertaken by the Disability Alliance and RADAR following the introduction of Disability Living Allowance (DLA) and Disability Working Allowance (DWA). The survey explored the problems that arose with the introduction of these benefits for claimants and their households. It also looked at the impact of this change on advice agencies and professionals within the health services. It highlights the problems faced by people with mental health problems in completing claim forms for DLA which are seen to be primarily focused on physical ill-health.

**KEYWORDS: benefits; Disability Living Allowance; Disability Working Allowance; employment.**

Hirst, M. & Sainsbury, R. (1996)

**Social Security And Mental Health: The Impact Of Disability Living Allowance**

*Social Policy Research Unit.*

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A report that examines the treatment of people with mental health problems who claim Disability Living Allowance (DLA). It selects data from a large scale evaluation of DLA designed to examine the awards made for the care and mobility needs of claimants with a diagnosis of mental illness. It also draws on the views of claimants about the DLA claiming process. This research found a widespread presence of mental health problems amongst DLA claimants and the conclusion reached is that the benefit regulations and decision-making procedures associated with DLA disadvantage this vulnerable group of claimants. The report recommends that urgent reconsideration be given to reviewing the treatment of mental health service users who claim DLA.

**KEYWORDS: benefits; Benefits Agency; disability benefits; Disability Living Allowance.**

Hogman, G. & Chapman, M. (1998)

**Surviving In The Community: NSF Benefits Survey *National Schizophrenia Fellowship.***

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A report of a national survey of 660 mental health service users. The majority of respondents were unemployed, using day care services and half of them had been admitted to psychiatric hospital for at least a week over the last three years. Respondents identified their mental health problem as being the main reason that they were not employed. Over half of the sample received Disability Living Allowance and said they used it to cover the costs of basic living expenses. Over a third of the sample said they were in debt because they could not afford basic essentials. Many respondents reported an increase in their mental health problems because of government plans to reduce disability benefits.

**KEYWORDS: debt; disability benefits; Disability Living Allowance; mental health service users.**

House of Commons Social Services Committee (1985)

**Community Care With Special Reference To Adult Mentally Ill And Mentally Handicapped People**

*The Stationery Office.*

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This Second Report of the Social Services Committee is an inquiry into community care. Based on oral and written expert evidence and national and international visits to mental health and 'mental handicap' services. Amongst the areas considered is the part that social security plays in supporting people in community living. As a result of the evidence it examined the Committee recommended that there should be a government initiative to ensure a greater take-up of social security benefits amongst people with mental health problems living in hospitals and the community. It also stresses the need to consider the interrelationship of community care and social security policies.

**KEYWORDS: benefits; community care; psychiatric hospital admission; social security policy.**

Linney, J. & Boswell, C. (1987)

**Social Security And Mental Illness** *London, Islington People's Rights.*

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A report of the work carried out by two advice workers over a three-month period to identify the needs of people with a diagnosis of mental illness living in hospital and the community. It identifies through survey data and case examples, the severe financial difficulties experienced by this group of people as well as benefit under-claiming. It recommends that mental health awareness training is needed for benefit staff as well as targeted welfare rights advice for people using mental health services.

**KEYWORDS: advocacy; benefits; benefits advice services; psychiatric hospital services.**

Marks, B.E. (1988)

**Social Security Benefits For The Mentally Ill -**

**Uptake Is Low And Information Is Sparse**

*British Medical Journal, November 5th, 1988, p. 1148.*

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This is a review of the impact of the 1988 reforms of the social security benefits system. The findings are based on a small-scale study, in a single health district, amongst people with a diagnosis of mental illness. It reports that this group under-claim their benefit entitlement. One of the reasons for this is seen as the lack of systematic dissemination of information to patients on discharge from hospital. Things are made worse by ineffectual responses of Benefits offices due to understaffing as well as the discriminatory attitudes held by benefits staff towards claimants with mental health problems.

**KEYWORDS: benefits; benefit advice services; psychiatric hospital admission; social security policy.**

Matthew Trust (1997)

**A Burden Too Heavy: The Financial Plight Of People With Mental Health Problems**

*Matthew Trust.*

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A survey report of the financial difficulties of people with mental health problems living in the community. The Matthew Trust is a national organisation concerned with mental health and penal reform and provides care for people in and formerly in special hospitals. An analysis is presented of a sample of 243 applications to the Trust for grants from people in need. It highlights the severe difficulties faced by people living on social security incomes and managing mental health problems. In making recommendations for change the report argues that an increase in benefit levels, support with benefit claiming and a less restrictive Social Fund is required if people are to live independent lives in dignity.

**KEYWORDS: benefits; Social fund; social security policy; special hospitals.**

Meltzer, H., Gill, B., Pettigrew, M. & Hinds, K. (1995)

**Economic Activity And Social Functioning Of Adults With Psychiatric Disorders**

*The Stationery Office.*

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A report of a 1993 survey of 10,000 adults aged 16-64 years, living in private households in Great Britain. The survey considers the economic activity and financial circumstances of people diagnosed with neurotic and psychotic illnesses. It provides some useful background material on the employment and income status of mental health service users. Amongst its findings are that adults with mental health problems are 4-5 times more likely than the rest of the adult population to be permanently unable to work. This group are twice as likely as the rest of the adult population to receive Income Support. The weekly gross income of this group was found to be £90 compared with £150 among the general population. The report also shows that financial crises contribute to psychiatric illnesses and that problems of managing money are experienced by a significant number of service users.

**KEYWORDS: debt; financial difficulties; Income Support; unemployment.**

MIND (1998)

**MIND Disability Benefits Survey** *MIND Publications.*

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A report of a national survey of 650 people with mental health problems. The survey was designed to investigate users' experiences and views of the disability benefits system and the government's plans to change it. 98% of those surveyed received benefit income, with 60% receiving a benefit because they were not able to work. The majority of respondents reported using their income for basic essentials:- food, heating, light, transport and housing costs. Fears were expressed that if benefits were reduced there would be increased isolation from society as people would not be able to afford to travel and be socially active. A significant number of respondents reported a deterioration in their mental well-being because of rumours of changes to disability benefits.

**KEYWORDS: benefits; disability benefits; mental health service users; unemployment.**

NCH (1993)

**A Lost Generation? A Survey Of The Problems Faced**

**By Vulnerable Young People Living On Their Own** *NCH Publications.*

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This is a report of a study of 120 young people between 16 and 25 years, two thirds of whom had been looked after in the local authority care system at some point in their lives. The surveyed sample lived alone on low incomes. The report shows vividly the anxiety and stress young people face in trying to manage their lives on inadequate incomes and the mental health problems triggered by poverty amongst this group. It discusses why some young people in these circumstances turn to crime, drugs and alcoholism in trying to cope with depression and debt. It argues that government needs to provide more financial and personal assistance to these vulnerable young citizens

**KEYWORDS:** *alcohol misuse; crime; drug misuse; young people.*

Pacitti, R. & Dimmick, J. (1996)

**Poverty And Mental Health: Underclaiming Of Welfare Benefits**

*Journal of Community and Applied Social Psychology*, Vol.6, pages 395-402.

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This article reports a study undertaken by a local MIND welfare benefits service. It found that 51 % of people attending a local mental health resource centre were not receiving the benefits to which they were entitled. Women were less likely to be receiving their entitlement than men. The authors argue that trained and experienced welfare rights benefit advisers need to be readily accessible to everyone using mental health services in order to ensure benefit income maximisation.

**KEYWORDS:** *benefits; benefit advice services; community care; mental health service users.*

Pidgeon, J. & Shepperson, G. (1988)

**Poverty And Mental Health** in Chapter 12 in S. Becker & S. Macpherson (eds.)

*Public Issues and Private Pain: Poverty, Social Work and Social Policy. Insight.*

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This article focuses on the consequences of people with mental health problems being dependent on social security benefits for long periods of their lives. The authors, who were social workers in a Rehabilitation and Community Care Service in Nottinghamshire, use four profiles of people to illustrate the implications that being a claimant has for people using mental health services. In analysing this material they conclude that mental health service users face a double jeopardy of claiming and the stigmatising effects of mental illness on employability. They argue for the introduction of a comprehensive disability income scheme, designed to lift people off of the poverty line and promote the possibility of combining employment with benefit income support.

**KEYWORDS:** *benefits advice services; disability benefits; employment; social security policy.*

Radia, K. (1996)

**Ignored; Silenced; Neglected: Housing And Mental Health Care Needs Of Asian People In The London Boroughs Of Brent, Ealing Harrow And Tower Hamlets**

*Joseph Rowntree Foundation.*

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A report of two surveys designed to investigate the housing and care needs of Asian people with mental health problems. It locates housing need in the Asian community in the context of the racism, disadvantage, unemployment and poverty experienced by Asian minorities. Most of those surveyed were unemployed and not aware of their full benefit entitlements. Other findings indicated that a large number of Asian mental health service users were inappropriately housed and faced overcrowding, racial attacks and harassment from neighbours. The mental health services that were available to this group were poorly co-ordinated, and lacked cultural sensitivity leaving many users feeling isolated and ignored by service providers.

**KEYWORDS:** *Asian ethnic minority groups; housing; racial harassment; unemployment.*

Ritchie, J., Morrisey, C. & Ward, K. (1988)

**Keeping In Touch With The Talking: The Community Care**

**Needs Of People With Mental Illness** *Social and Community Planning Research.*

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A report commissioned by the Birmingham City Council Community Care Special Action Project, in order to ensure that the planning of mental health services in the City could be structured to meet the needs and experiences of people with mental health problems. Based on interviews with sixty seven people using a range of services, it shows the adverse circumstances that characterise the lives of mental health service users. In particular, how a lack of paid employment, low income and unsettled living arrangements, structure vulnerability, low self-esteem and low self-confidence. The report concludes with a review of the main community care needs of this group of service users and the implications these have for service development.

**KEYWORDS:** *advocacy; benefit advice services; employment; housing.*

Rodgers, A., Pilgrim, D. & Lacey, R. (1988)

**Experiencing Psychiatry - Users' Views Of Services**

*Macmillan in association with MIND.*

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This book reports research about users'/survivors' views of the mental health services they have received. As such it makes an important contribution to understandings of how diagnosis and psychiatric treatment contribute to poverty and social exclusion amongst people with mental health problems.

Interviews and questionnaires were used to collect users' experiences and opinions. The areas covered include type of treatment received from different mental health professionals such as doctors, social workers, psychiatrists and therapists. The issue of what is defined as 'consent to treatment' is explored. Issues about the type and quality of treatment/service provision in community as well as hospital settings are discussed. Users/survivors explain how they were made to feel about the way they were treated by professionals.

Users highlight the importance of how they were listened to, physically treated and left feeling a measure of control over the treatment they received. The negative feedback given by users make reference to malpractice by nurses and the belittling and unresponsive attitudes of psychiatrists. This is balanced by positive feedback from some users about professional practice.

The research findings raise questions about the lack of responsiveness to users by mental health services. It concludes that there is limited evidence in the day-to-day experience of users that services are centred on users' needs and agendas.

**KEYWORDS:** *community care; mental health service users; psychiatric hospital services; psychiatry.*

Rose, D. (1996)

**Living In The Community** *The Sainsbury Centre for Mental Health.*

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This research report is based on interviews with mental health service users about their experiences of living in the community. It highlights the damaging and stigmatising encounters of many service users with staff from social security, housing and welfare agencies. It clearly demonstrates the importance of poverty and a lack of employment opportunities on the difficulties that mental health service users encounter in managing their lives.

**KEYWORDS:** *benefits; community care; employment; housing.*

Sainsbury Centre for Mental Health (1996)

**Incapacity Benefit One Year On: The Effects Of Changes  
In The Benefits System On People With Mental Illness**

*The Sainsbury Centre for Mental Health.*

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A report undertaken by Breakthrough, a national organisation campaigning for people with mental health problems, which explored the effects of the introduction of Incapacity Benefit on people with diagnosed mental illness. It considers the key elements of this benefit and drawing on case material considers its adverse impact on people with mental health problems. In a concluding section it makes suggestions for changes to procedures and practice in relation to the Benefits Agency, medical examinations and the dissemination of information and advice to claimants.

**KEYWORDS: benefits; disability benefits; employment; Incapacity Benefit.**

Sainsbury, R., Hirst, M. & Lawton, D. (1995)

**Evaluation Of Disability Living Allowance And Attendance Allowance**

*The Stationery Office.*

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A report of the findings of two studies commissioned by the Department of Social Security, designed to evaluate Disability Living Allowance and Attendance Allowance following their introduction and revision in 1992. The report looks at how successfully the benefits targeted those eligible to claim them, the quality of the service provided for new claimants and the quality of the service for those asking for a review or appealing against the decisions made about their awards. The report highlights the difficulties faced by people with a diagnosed mental illness in completing the claims forms appropriately.

**KEYWORDS: Attendance Allowance; benefits; disability benefits; Disability Living Allowance.**

Slade, M., McCrone, P. & Thornicroft, G. (1995)

**Uptake Of Welfare Benefits By Psychiatric Patients**

*Psychiatric Bulletin 19, pages 411-413.*

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This article is concerned with the way in which poverty is linked to diagnosed mental illness. It focuses on the importance of social security benefit provision for people diagnosed with a mental illness and living in the community. The authors suggest that there is evidence of low benefit take-up amongst people using mental health services and that the provision of information about benefits should be a routine part of clinical work for mental health staff. They consider that such services are essential in order to protect vulnerable people.

**KEYWORDS: benefits; benefit advice services; community care; mental health service users.**

Social Security Advisory Committee (1996)

**Social Security And Mental Health: Report On The SSAC Workshop**

*The Stationery Office.*

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A report of a workshop on social security and mental health. It explores the difficulties faced by people with mental health problems in dealing with the social security system and makes some suggestions for improvements to the system. Contributors include Citizen Advice Bureau workers, service users and representatives of the Benefits Agency

**KEYWORDS:** *benefits; benefit advice services; community care; social security policy.*

Stewart, G. (1988)

**Maintaining People With Mental Disabilities In The Community**

**Chapter 8 in S. Baldwin, G. Parker & R. Walker (eds.)**

*Social Security and Community Care. Avebury.*

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This chapter reviews the research evidence about the financial problems experienced by social security claimants who have mental health problems and the help they seek and receive. It considers the way in which social security policies have responded to the perceived needs of this group of service users and how these relate to community care. It also contains a useful discussion of the ways in which social security support for those who need supported accommodation is financing the development of care in the community.

**KEYWORDS:** *benefits; community care; housing; social security policy.*

Warden, A., Walsh, M. & Becker, S. (1990)

**Sentenced To live Within This Sickness:**

**Mental Health, Social Security And Registered Homes**

*Nottinghamshire Welfare Rights Unit and The University of Nottingham Benefits Research Unit.*

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A report of a project designed to investigate the lifestyles of 60 people with long-term mental health problems living in 17 registered homes in Nottinghamshire. Particular attention was given to investigating whether the personal allowance available to people allowed them to participate in their communities. Interviews were conducted with service users and the managers of the registered homes. It was found that this group of people were living in dire financial poverty because of inadequate social security provision. The findings indicate that the basis of adequate care and rehabilitation for people with enduring mental health problems is threatened by the inadequacy of social security provision.

**KEYWORDS:** *benefits; community care; rehabilitation; supported housing.*

# PART THREE

## Combating Poverty, Promoting Mental Health

**"The vicious cycle of poverty, social exclusion, educational failure and ill-health is mutually reinforcing. It needs to be broken. It can be broken."**

*Taken from a speech by Alan Milburn, Secretary of State for Health, at the Annual Health Lecture to the London School of Economics, 8 March 2000.*

The groups in the UK who are at most risk of disadvantage and discrimination include people with disabilities and mental health problems; older people;

women; unemployed people and members of minority ethnic groups. All of these groups have a higher than average risk of experiencing mental health problems. In pursuing Standard One of the National Service Framework - to promote mental health and social inclusion and combat discrimination - those commissioning and delivering mental health services need to ensure that issues of poverty and social exclusion are recognised targets for service intervention.

Because this an area that has suffered in the past from neglect by mental health services, despite the high priority placed on it by mental health service users and their families, there is a rather sparse research and practitioner literature on which to draw for ideas about combating poverty through poverty-aware mental health practice and policy (Ferguson:2000). However, the source material that exists in the mental health arena, together with that drawn from the general health and community development literatures, indicates at least four levels that need to be simultaneously targeted in order to ensure that services and practice connect with service users concerns.

The first level relates to the policy, procedures and structures of key agencies that are, in partnership, seeking to deliver modern mental health services. The range of agencies considered to be relevant to the lives of mental health service users needs to be extended to include agencies that have been all too often excluded from mental health policy agendas (Mental Health Foundation:1996). The Benefits Agency, housing, education, employment and criminal justice agencies as well as primary and general health care services play a critical part in the lives of service users (Barnes et al:1998; Berthoud:1998; Davis & Betteridge:1997; Petch:1992;

Petch:1994; SSAC:1997). Working in ways that acknowledge the connections of these agencies with the poverty and social exclusion experienced by service users is important. Such work will involve seeking to change the ways in which these agencies relate to people with mental health problems and their families in order to promote inclusion and decrease marginalisation. Such changes must challenge the attitudes of agency staff as well as developing procedures that take responsive account of the situations of mental health service users. (*Disablement Income Group: 1997; Pantazis & Gordon: 1999; Patmore:1987; Watson: 1999*).

The second level that needs to be understood and addressed is that of poor communities. The literature here suggests that it is vital to tune into the experiences and agendas of poor communities (Davey:1999; Green: 2000) in order to establish an agenda for action. Such an agenda needs to acknowledge the vulnerability of members of such communities, of all ages, to mental distress associated with a lack of adequate income, housing, education and employment opportunities. At the same time the high risk of members of such communities to crime and insecurity needs to be taken into account. Action to promote mental health and well-being must be rooted in establishing or helping sustain community initiatives delivering on anti-poverty agendas. Such initiatives have the potential of offering inclusive responses to mental health service users as members of local communities and community organisations. (*Holland: 1992; Laughlin & Black: 1995; Low Income Project Team: 1996; MIND: 1999; Strathclyde Poverty Alliance: 1994*).

The third level that requires attention relates to mental health professionals and service providers. There is a great deal of work to be done here in ensuring that mental health professionals have poverty awareness embedded into their training and in the assessments they make of service user's needs. (Davis & Wainwright: 1996; Godfrey & Saxton:1994). In developing services within the National Service Framework, outcome measures which relate specifically to issues of poverty and social exclusion need to be developed and monitored. (Sainsbury Centre for Mental Health: 1998). At the same time professionals in collaboration with mental health service users and their organisations have a potentially important role to play in increasing the mental health awareness and practice of the key community agencies that can make a vital contribution to the empowerment and independence of service users. (*Camden Welfare Rights Unit: 1992; Davis et al: 1996; McHarron & Nettle: 1999*).

The fourth level to be addressed is the identification and provision of the kind of specialist services which are capable of providing the information, independent advice and guidance which mental health service users and their households need to manage the ongoing poverty, debt and social exclusion that shape their daily lives. (Betteridge & Davis: 2000; City of Salford: 1998; Davis & Betteridge: 1997). Such services can be located in mainstream community provision or within mental health services. What is important is that they offer mental health service users choice and an individualised and timely response to their concerns. (*Dewan & Read: 1998; Leo: 1987; Mental Health Foundation: 1999; Veitch:1995*).

The literature which has been selected in order to provide examples of good poverty-aware practice addresses all four of these areas. It offers ideas and challenges those concerned to promote mental health. It also points to the directions that we need to develop collaboratively in order to build our knowledge and skills in this area. In particular it suggests that there is a need to focus on ways in which we can address the needs of children, young people and older people from diverse communities living in poverty with problems of mental ill-health.

# KEY SOURCES

Barnes, H., Thornton, P. & Maynard Campbell. S. (1998)

## **Disabled People And Employment:**

**A Review Of Research And Development Work** *Policy Press.*

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This report reviews research and development initiatives designed to help disabled people get or stay in work. Its starting point is that disabled people themselves are the measure by which to assess good practice in this field. In looking at issues of getting and retaining employment it draws on the views and expertise of disabled people. It also looks at gaps in existing research, and considers what disabled people, employers and service providers require to increase the employment of disabled people. In its final section it considers what is needed for future research and development in this area. It has a useful reference section of relevant, recent research.

**KEYWORDS: disability; employment; employment policy; unemployment.**

Berthoud, R.(1998)

## **Disability Benefits: A Review Of The Issues And Options For Reform**

*Joseph Rowntree Foundation.*

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This report prepared as an independent guide to the issues facing government of the increasing costs of disability benefits, provides a useful overview of the factors that have led to the quadrupling of disability benefit expenditure over the last 20 years in the UK. It presents evidence about the numbers of disabled people and their patterns of benefit claiming. It considers options for a reform of the current system in order to stimulate a policy discussion based on an understanding of the facts and a clear analysis of the possible objectives of disability benefit support.

**KEYWORDS: benefits; disability; disability benefits; social security policy.**

Betteridge, J. & Davis, A. (2000)

## **Mental Health And Incapacity For Work: A Guide For People**

### **Claiming Incapacity Benefit, Income Support And Severe Disability Allowance**

*The University of Birmingham Working with Poverty, Paper 7.*

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This information pack has been designed to assist people with mental health problems understand the Incapacity for Work Test and go through each of its stages. It aims to support people get the best out of the current system in order to maximise their benefit income. It also suggests ways in which groups and organisations can provide assistance and support for mental health users who find themselves being tested for their capacity for work.

**KEYWORDS: advocacy; benefits; Incapacity Benefit; unemployment.**

Camden Welfare Rights Unit (1992)

**Report On The Benefits And Mental Health Project Camden Welfare Right Unit**

*London Borough of Camden.*

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A report of a take-up and action research project carried out jointly by Camden Welfare Rights Unit and users of mental health services in Camden. It highlights the issues of poverty and related difficulties including homelessness experienced by people with mental health problems claiming benefits and living in the community and in hospital. The report describes the organisation of the project and its outcomes through case studies and the results of the benefit take-up work. It highlights the insensitivity of the benefits system to the needs of people with mental health problems; the lack of relevance to mental health problems of much of the information on disability benefits; the problems of homeless people in accessing their benefit entitlement and the need for health and social services to ensure that they address the income needs of people using their services.

**KEYWORDS:** *benefits; benefit advice services; disability benefits; homelessness.*

City of Salford Community and Social Services (1998)

**How Can I Help Someone Apply For Disability Living Allowance? A Guide For Mental Health Workers To Apply For DLA For People Who Have Mental Health Difficulties.**

*City of Salford. Community and Social Services.*

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This guide provides a step-by-step introduction to Disability Living Allowance for mental health workers. It focuses on the elements of mobility needs and care needs that are most likely to affect people with a diagnosis of mental illness and provides advice on the kind of evidence and supporting statements that can help people make a successful claim for DLA. It provides a useful appendix of local resources that could be adapted for use in other parts of the country.

**KEYWORDS:** *advocacy; benefits; benefit advice services; Disability Living Allowance.*

Davey, B. (1999)

**Solving Economic, Social And Environmental Problems Together:**

**An Empowerment Strategy For Losers** in M. Barnes & L. Warren (eds.)

*Alliances and Partnerships in Empowerment. Policy Press.*

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A detailed and persuasive analysis of the interrelated dimensions of the disadvantage and disempowerment experienced by people with mental health problems. The author draws on his involvement in Ecoworks, a user-led environmental project based in Nottingham, to suggest empowering and collaborative approaches to addressing poverty and social exclusion.

**KEYWORDS:** *crime; drug misuse; social inclusion; social security policy.*

Davis, A., Davis, A. & Fleming, A. (1996)

**Money And Mental Health: The North Birmingham Money Management Project**

*Working with Poverty* Paper 4, *The University of Birmingham*.

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An account of an action research project undertaken in North Birmingham to look at the money management problems faced by people using mental health services on a long-term basis. The project aimed to:

- Identify the financial problems faced by people using mental health services during crises.
- Identify the financial problems faced by people using mental health problems living in the community.
- Assess the ways in which current service responses were of assistance to people with difficulties in managing their money
- Recommend changes to service responses to money management problems amongst service users.

The report contains an Agenda for Action section that could be adapted or adopted by other mental health services.

**KEYWORDS:** *advocacy; benefits; debt; psychiatric hospital admission.*

Davis, A. & Wainwright, S. (1996)

**Poverty Work And The Mental Health Services** *Breakthrough*. Vol.1 No.1.

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This article considers the importance of poverty in the lives of people using mental health services and contrasts users' concerns with this issue with the neglect that mental health professionals demonstrate in their attitudes and practice. It outlines an approach to developing poverty-aware practice in mental health services, informed by users' agendas.

**KEYWORDS:** *benefits; mental health; mental health service users; poverty-aware practice.*

Davis, A. & Betteridge, J. (1997)

**Welfare To Work: Benefit Issues For People With Mental Health Problems**

*Briefing* No. 10. *Mental Health Foundation*.

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This briefing paper summarises the issues facing people with mental health problems in relation to employment and work-related benefit issues. It lists a number of targets for change if Welfare to Work programmes are to create pathways which support people with mental health problems to access paid and unpaid work.

**KEYWORDS:** *benefits; disability benefits; employment; social security policy.*

Davis, A., Davis, A. & O'Kane, M. (2000) (5th ed)

**Claiming Disability Living Allowance: A Practical Guide For People Aged 65 Years  
And Under Using Mental Health Services, Their Carers And Advocates**

*Working with Poverty, Paper 5, The University of Birmingham.*

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This information pack has been written by people who have been successful in helping users of mental health services and their carers claim Disability Living Allowance (DLA). It aims to support people get the best out of the current system in order to maximise their benefit income. It includes examples of support letters and advice for users, advocates and carers in pursuing their claims.

**KEYWORDS: benefits; benefit advice services; disability benefits; Disability Living Allowance.**

Dewan, V. & Read, J. (1998)

**'More Than A Learning Experience': The Capital Project-Clients**

**And Professionals In Learning And Training** *West Sussex Social Services.*

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This is an account of a one-year project, funded by the Mental Illness Specific Grant, led by two service users and designed to train people in West Sussex who are or have been mental health service users, to then train health professionals. It contains an outline of the training programme with the views of participants on what they gained from it. It includes a detailed account of a one-day workshop on welfare benefits, as well as commentaries from participants about the ways in which they had to negotiate with the Benefits Agency about their participation in the programme. As a result of their work on the programme, participants identified primary health care services and professionals as key targets for providing welfare benefits information, advice and support.

**KEYWORDS: benefits; benefits advice services; mental health service users; primary health care.**

Disablement Income Group (1997)

**Investing In Disabled People: A Strategy From Welfare To Work**

*DIG & Joseph Rowntree Foundation Publications.*

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This report is in the form of two papers. The first considers the evidence about benefit barriers and bridges faced by disabled people who wish to move into employment. The second outlines a radical approach to the work exclusion of disabled people and a new perspective to disability. It argues for the introduction of an employability assessment for disabled people of working age that would provide a basis for an individual action plan, providing people with support to move from welfare to work.

**KEYWORDS: benefits; disability benefits; employment; social security policy.**

Ferguson, I. (2000)

**Identity Politics Or Class Struggle - The Case Of The Mental Health Service**

**Users Movement Chapter 12 in M. Lavalette & G. Mooney (eds.)**

*Class Struggle And Social Welfare. Routledge.*

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Ferguson puts forward an argument about what he feels is the best way mental health service users can organise to effect change that enables them to overcome experiences of unemployment and poverty. His view is that the identity-based nature of the mental health service users movement is an ineffective way of bringing about change. Ferguson argues that instead there are broader class issues that lead to the oppression of mental health service users. Poverty is one of the many structural or society-based causes of mental health problems and issues such as poverty are at least as important in explaining mental illness as clinical or medically based explanations of mental illness. Consequently Ferguson puts the case for the political and class-based organisation of mental health users rather than a way of organising based purely on identity.

**KEYWORDS: benefits; discrimination; employment; mental health service users.**

Godfrey, M. & Saxton, J. (1994)

**Helping People With Mental Health Problems Claim Disability Living Allowance:**

**A Practical Guide For Professionals And Other Advocates**

*Working with Poverty, Paper No.6 The University of Birmingham.*

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A guide for action based on work undertaken by a Mental Health Social Work Team in Solihull. A description is provided of how to organise a take-up campaign for Disability Living Allowance by social workers and other mental health workers, amongst mental health service users. Evidence is provided of the impact this work has on people's income and well-being.

**KEYWORDS: benefits; Disability Living Allowance; poverty-aware practice; social work services.**

Green, R. (2000)

**Applying A Community Needs Profiling Approach To Tackling Service User Poverty**

*British Journal of Social Work. Vol.30; No.3. pages 287-303.*

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This article argues that poverty should be part of the social work agenda and should not be viewed as outside the scope of social work agencies. In order that social workers confront the challenge of poverty, the author outlines a community needs profiling approach. This he argues, is a useful tool in addressing service user poverty and increasing the awareness of practitioners and agencies of the needs of users and communities in which they live. Drawing from a range of work the author suggests practical working approaches to this area of work. This is material that could be applied usefully in a community mental health service context.

**KEYWORDS: communities; community needs profiling; poverty-aware practice; social exclusion.**

Holland, S. (1992)

**From Social Abuse To Social Action: A Neighbourhood Psychotherapy And Social Action Project For Women in J.M. Usher and P. Nicolson (eds.)**

*Gender Issues in Clinical Psychology. Routledge.*

---

An account of the White City Project, set up in inner London to offer women in poverty with mental health problems a supportive service. Its strength derives from the ways in which it seeks to work at the issues of poverty and social exclusion facing women in poor communities by engaging them in community action, group work and individual psychotherapy. The work of the project in focusing on common issues facing women living in poverty, offers an inclusive action framework that highlights issues of mental well-being.

**KEYWORDS:** *community action; mental health; poverty-aware practice; women.*

Laughlin, S. & Black, D. (eds.) (1995)

**Poverty And Health Tools For Change: Ideas, Analysis, Information, Action**

*Public Health Trust.*

---

This resource pack, with CD-ROM is about the effects that poverty has on mental and physical health. It explores the causes of poverty, analyses the links between poor health and poverty and provides case examples of the efforts being made in local communities to tackle these issues. It is designed to help communities and workers develop effective work at local level. At the same time it recognises that the causes of poverty are not within the control of those working at local level. There are four parts to this pack. The first part provides an overview of how poverty is understood. The second part looks at national and local agendas around poverty and health. The case studies that make up the third part provide a national selection of good practice projects working with employment; food co-operatives;

family issues; health education and support for older people. There is an interesting account of the Norfolk Park Project that works with individuals with mental health problems in Sheffield on the basis that the underlying causes of mental health problems are located in social structure and process rather than individual pathology. The fourth part provides information that can inform action and the final part provides a database of contact addresses for the projects covered.

**KEYWORDS:** *children; community action; community care; families.*

Leo, T. (1987)

**Mental Health Workers And Welfare Rights: Some Practical Steps**

in C. Patmore, (ed.) *Living after Mental Illness: Innovations in Services. Croom Helm.*

---

This article, written by a CAB adviser at a Bureau based in a psychiatric hospital, considers the impact of this kind of service on the lives and opportunities of people with a diagnosis of mental illness. Arguing that financial difficulties should not be treated as side issues by mental health workers, the author outlines how mental health workers can take practical steps to develop a service response to users' financial concerns.

**KEYWORDS:** *benefits; benefit advice services; debt; psychiatric hospital services.*

Low Income Project Team (1996)

**Low Income, Food, Nutrition And Health: Strategies For Improvement**

*Department of Health.*

---

A report from a team set up by the Nutrition Task Force which identifies strategies to help low income households gain access to affordable good quality food. It provides a brief overview of the key factors influencing purchase and consumption patterns of low income households. It then focuses on local initiatives such as food co-operatives, community cafes and skill and information exchange networks that can play a part in promoting more choice and nutrition. It outlines the components of a national strategy to provide sustenance for local developments.

**KEYWORDS:** *children; nutrition; physical health: older people.*

McHarron, A. & Nettle, M. (1999)

**Payments To Service Users**

*Guidance Paper 1, National Health Service Executive, West Midlands.*

---

This guidance paper offers detailed recommendations for positive practice in making payments to service users for their involvement in the planning, commissioning, delivery and evaluation of mental health services. It takes into account the ways in which social security rules and regulations on earnings affect the amounts which can be paid for the work of service users. It outlines practical steps that can be taken to maximise financial rewards for user expertise and cites examples of national good practice in this area.

**KEYWORDS:** *benefits; Benefits Agency; employment; mental health service users.*

Mental Health Foundation (1996)

**Creating Community Care: Report Of The Mental Health Foundation Inquiry**

**Into Community Care For People With Severe Mental Illness** *Mental Health Foundation.*

---

The report of an Inquiry that was established as a response to growing public concern over cases of self-harm and harm to others by people, age 16-65, with severe mental health problems. It considers the essential elements for good community care that would enable people to lead full lives in their local area and makes recommendations to policy makers and practitioners. It gives particular consideration to the provision of an adequate income to enable full participation in community life.

**KEYWORDS:** *benefits; community care; risk; social inclusion.*

Bird, L, Faulkner, A. & Majumdar, A. (1999)

**Citizens Advice Bureaux Services For People With Mental Health Problems**

*Mental Health Foundation.*

---

A research project carried out by the Mental Health Foundation and the National Association of Citizens Advice Bureaux (NACAB) that:

- Investigated a sample of CAB services for people with mental health problems
- Collected examples of good advice practice
- Made recommendations for advice providers to improve services to people with mental health problems.

This project highlighted the importance for people with mental health problems of information and advice, particularly in relation to welfare benefit entitlement. It recommends that a range of general and specialist advice provision is needed to ensure access to people with mental health problems from a diversity of communities.

**KEYWORDS: benefits; benefit advice services; Black and minority ethnic groups; mental health service users.**

MIND (1999)

**Creating Accepting Communities; Report Of The Mind Inquiry**

**Into Social Exclusion And Mental Health Problems** *MIND Publications.*

---

The report of an inquiry into the ways in which people with mental health problems experience social exclusion. Based on evidence from hundreds of individuals, groups and organisations, using and providing mental health services. It provides a detailed account of what social exclusion is in Britain today and what might be done to tackle it. It has a useful focus on issues of social isolation, employment and housing. It has a number of recommendations for change at all levels that can be usefully adapted to local initiatives as well as national campaigning.

**KEYWORDS: community care; employment; housing; social exclusion.**

Pantazis, C. & Gordon, D. (eds.)

**Tackling Inequalities: Where We Are Now And What Can Be Done?** Policy Press.

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A collection of papers which provide a useful overview of the main areas of inequality in Britain today. This includes chapters on income, employment, housing, crime, poverty and health and health service provision. Official data is used to demonstrate how inequality is currently measured and a critique is provided of current government policies aimed at tackling inequality. A range of alternative policies is discussed for reducing inequality at national and global levels.

**KEYWORDS: crime; employment; housing; inequality.**

Patmore, C. (1987)

**Strategies To Counter Poverty**

in C. Patmore (ed.) *Living after Mental Illness: Innovations in Services*. Croom Helm.

---

This article considers why action to counter poverty is essential to support people with mental health problems. It establishes the centrality of social security income in the lives of people who use services and the limits this places on their full social participation. It suggests three responses to reduce the impact of poverty on the choices and opportunities open to people with mental health problems.

- Welfare benefit advocacy
- Setting up funds to enhance service users benefit income
- Helping people move to part-time and self-employment while claiming benefits.

**KEYWORDS:** *benefits; benefit advice services; employment; social inclusion.*

Petch, A. (1992)

**At Home In The Community** Avebury.

---

This book provides a detailed account of work undertaken in Scotland between 1988-89, which evaluated 11 special housing projects for people with mental health problems. Most of the projects were in the statutory sector, financed for revenue costs through the residential care allowance and the outcomes of joint working initiatives between health and local authorities. This book highlights the importance of good quality supported housing in the provision of community care for people with a diagnosis of mental illness.

**KEYWORDS:** *community care; housing; mental health; supported housing.*

Petch, A. (1994)

**'The Best Move I've Ever Made':**

**The Role Of Housing For Those With Mental Health Problems**

in Titterton, M., (ed), *Caring for People in the Community: the New Welfare*, Jessica Kingsley.

---

This chapter provides a useful summary of the work undertaken between 1988-1989 in Scotland which is discussed in full in *At Home in the Community* (see entry above). It gives an overview of the way in which policy documents and user-based research has highlighted the importance of good quality supported accommodation to effective community care provision. It also discusses what is required in relation to resources and improved inter-agency co-operation to ensure that good practice in this area influences future developments.

**KEYWORDS:** *community care; housing; mental health; supported housing.*

Sainsbury Centre for Mental Health (1998)

**Keys To Engagement; Review Of Care For People With Severe Mental Illness**

**Who Are Hard To Engage With Services** *The Sainsbury Centre for Mental Health.*

---

This report of a review of care for people who are hard to engage with services covers a range of approaches to providing services which can assist people with daily living. It provides a useful consideration of the part that welfare advice can play in promoting engagement. It argues that help with finance and social security benefits is a high priority for people with mental health services who face serious problems in this area and consequently under-claim their entitlements. It considers that there is a need for widely accessible services to help people in this area. Such services are seen as providing a positive reason for people to engage with a range of other services.

**KEYWORDS:** *benefit advice services; housing; mental health; social inclusion.*

Social Security Advisory Committee (1997)

**Social Security Provision For Disability. A Case For Change?** *The Stationery Office.*

---

A report which considers how in a context of concern about the growing cost of social security provision for long-term sick and disabled people, the social security system can be changed in order to deliver an adequate basic benefit for disabled people. It highlights eight issues that need to be addressed by government in any review of disability benefit payments. It contains a useful summary sheet of the main disability benefits in payment in the UK.

**KEYWORDS:** *benefits; disability benefits; physical health; social security policy.*

Strathclyde Poverty Alliance (1994)

**Communities Against Poverty: Resource Pack** *Strathclyde Regional Council.*

---

This resource pack provides information to be used by local community organisations concerned with developing effective and practical responses to tackling poverty. It provides a model that could be adapted for other areas and for work on mental health promotion. It looks at the extent of poverty in Strathclyde and the way in which local community groups have organised to work on poverty issues. Using 17 case studies of practical action undertaken in the area it aims to provide ideas and inspiration to other local groups interested in this work. These case studies include adult education and employment projects; credit unions; carers groups; family centres; food co-operatives and housing projects. There is an interesting account of The Crescent Project, a joint initiative between health and social services that aims to provide flexible community support for people with mental health problems in Easterhouse.

**KEYWORDS:** *anti-poverty work; community action; community care; nutrition.*

Veitch, D. (1995)

**Prescribing Citizens Advice: An Evaluation Of The Work Of The Citizens Advice Bureau With Health And Social Services in Birmingham**

*Birmingham Citizens Advice Bureau and South Birmingham Health Authority.*

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A report commissioned by Birmingham CAB; Social Services Department and Health Authority to assess the impact of a CAB Health project on the health status of service users including people with mental health problems. The Health project located seven CAB advice services in venues used by people seeking treatment for their general health, mental health and HIV and AIDS related needs. An evaluation of this service found that older and disabled people made better use of targeted advice services in health and social service venues than they did of mainstream CAB advice services. Service users valued the supportive environment provided by the CAB service and the results it provided in increasing their benefit income. This was viewed as helping them feel less isolated and excluded.

**KEYWORDS:** *benefits; benefit advice services; disability benefits; older people.*

Watson, L. (1999)

**Not Mad, Bad Or Young Enough: Helping Young Homeless People With Mental Health Problems** *Policy Press.*

---

A review of recent research into the issues facing young people with mental health problems who become homeless. This report helpfully summarises the themes which emerge from this body of research and sets out an agenda for service providers to consider. It also makes recommendations for the development of more effective and collaborative services between a range of agencies.

**KEYWORDS:** *homelessness; housing; mental health; young people.*

# APPENDIX

## Part A

To keep this resource pack updated there are a variety of sources of information in published and internet forms which you might like to use. Below are some useful publications which can keep you up-to-date with continuing changes in the field of mental health and poverty as well as some relevant website addresses.

### Written Material

The Economic and Social Research Council funded a Health Variations programme in 1996 to focus on the causes of health inequalities in Britain. There are 26 projects in the programme based in University departments and research units across the UK. Further information is available from:

Department of Applied Social Science  
Cartmel College, Lancaster University, Lancaster LA1 4YL  
Tel: 01524 594111 Fax: 01524 594919  
**Website: [www.lancs.ac.uk](http://www.lancs.ac.uk)**

The Family Policy Studies Centre produces reports on the impact of poverty on children and families. Their latest report is on Family Poverty and Social Exclusion. Further information is available from:

FPSC Tel: 020 7388 5900  
**Website: [www.fpssc.org.uk](http://www.fpssc.org.uk)**

The Sainsbury Centre for Mental Health publishes research reports and briefings of key government documents in mental health. For example Briefing 8 provides an Executive Summary of the National Service Framework for Mental Health. Further information is available from:

The Sainsbury Centre for Mental Health 134-138 Borough High Street, London, SE1 1LB  
Tel: 020 7403 8790 Fax: 020 7403 9482  
**Website: [www.sainsburycentre.org.uk](http://www.sainsburycentre.org.uk)**

The Disability Alliance is an organisation that believes that it is unacceptable for thousands of disabled people in the UK to live in poverty. It provides disabled people and their organisations with information about their rights and undertakes research into the income needs of disabled people as well as campaigning for improvements in disability benefits. It publishes, amongst other things, an annual Disability Rights Handbook which is updated through Disability Rights Bulletins published three times a year. Further information from:

Disability Alliance, Universal House, 88-94 Wentworth Street, London, E1 7SA  
Tel: 020 7247 8776 (minicom available) Fax: 020 7247 8765  
Rights Advice Line: 020 7247 8763 (minicom available)  
**Website: [www.disabilityalliance.org](http://www.disabilityalliance.org)**

## Useful Websites

### UK: official sources

To keep in touch with the latest government research on poverty visit the House of Commons library website:

**Website:** [www.parliament.uk](http://www.parliament.uk)

To communicate with the Mental Health Czar - Professor Louis Appleby (Department of Health, Richmond House, 79 Whitehall, London SW1 2NS) appointed by government to oversee planned improvements in the mental health services visit his website:

**Website:** [www.doh.gov.uk/mentalhealthczar](http://www.doh.gov.uk/mentalhealthczar)

### UK: other sources

#### Community Care

This magazine reports on research and government policy around disabled people and poverty often relating to the community settings in which social service and health professionals have to work. It has a page on welfare which reports on the impact of the benefit system and the financial plight of vulnerable client groups, as well as giving advice to professionals on how to empower clients in handling complex benefit systems.

**Website:** [www.community-care.co.uk](http://www.community-care.co.uk)

#### The Guardian

Good daily coverage of issues around poverty and disadvantaged groups in society including disabled people. Relevant websites of organisations quoted in articles are given so that you can find out more or check the accuracy of an article. Its main website has articles going back to 1998.

**Website:** [www.guardianunlimited.co.uk](http://www.guardianunlimited.co.uk)

#### Mad Pride

Amongst the many aspects of this organisation's campaigning are the promotion of better economic, social, environmental and cultural integration of users/survivors into mainstream society.

**Website:** [www.ctono.freeseve.co.uk](http://www.ctono.freeseve.co.uk)

#### Joseph Rowntree Foundation

This is a research organisation that has published reports on, and continues to have an interest in, issues of poverty. Its web pages have useful summaries of the findings of recent research that has been carried out.

**Website:** [www.jrf.org.uk](http://www.jrf.org.uk)

## Major Voluntary Organisations

### Child Poverty Action Group

The leading UK organisation for information about poverty. Publishes welfare rights handbooks and research publications. Further information from:

94 White Lion Street  
London N1 9PF  
Tel: 020 7837 7979  
**website:** [www.cpag.org.uk](http://www.cpag.org.uk)

### Mental Health Foundation

A leading UK charity working to improve the lives of people with mental health problems or learning disabilities. It carries out research, provides information, challenges stigma and supports the development of community services. More information from:

20-21 Cornwall Terrace  
London, NW1 4QL  
Tel: 020 7535 7400  
Fax: 020 7535 7474  
**Website:** [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)

### Mind

This is a major voluntary organisation working with people in mental distress. It has a publishing department (Mind Publishing) and also conducts its own research that includes an active interest in issues of how people with mental health problems are affected by poverty. Further information from:

Granta House  
15-19 Broadway  
London E15 4BQ  
Tel: 02085192122  
**Website:** [www.mind.org.uk](http://www.mind.org.uk)

### National Schizophrenia Fellowship

One of the largest voluntary organisations working with people experiencing mental health problems. It has a research department that has examined the financial problems of people diagnosed with mental health problems and living on benefit. More information from:

30 Tabernacle Street  
London EC2A 4DD  
Tel: 02073390100  
**Website:** [www.nsf.org.uk](http://www.nsf.org.uk)

## Government Websites

### Government Publications

For details of government publications see:

**Website:** [www.parliament.the-stationery-office.co.uk](http://www.parliament.the-stationery-office.co.uk)

For details of recent legislation see:

**Website:** [www.legislation.hmso.gov.uk](http://www.legislation.hmso.gov.uk)

### Social Security

This is a useful set of web pages previewing proposals and actual changes to the benefits system. It details ministerial announcements and publishes the green papers and the government's view on welfare reform. However, the pages cannot be downloaded because these pages are Crown copyright.

**Websites:**    [www.dss.gov.uk/index](http://www.dss.gov.uk/index)        [www.dss.gov.uk/ba](http://www.dss.gov.uk/ba)

For details of recent Social Security Commissioners Decisions:

**Website:** [www.rightsnet.org.uk](http://www.rightsnet.org.uk)

### Health

This site can sometimes highlight some of the latest research on mental health and illness. Problems, if anything, seem to be that much of the content can be full of medical and statistical jargon that can be daunting for the uninitiated.

**Website:** [www.doh.gov.uk](http://www.doh.gov.uk)

### Education and Employment

A great deal about the government's policy towards the promotion of employment for disabled people is contained on these WebPages.

**Website:** [www.dfee.gov.uk](http://www.dfee.gov.uk)

The New Deal for Disabled People website contains details of most recent developments in disability employment initiatives.

**Website via:** [www.disability.gov.uk](http://www.disability.gov.uk)

Central Adjudication Services

**Website:** [www.cas.gov.uk/index.htm](http://www.cas.gov.uk/index.htm)

Her Majesty's Stationery Office (HMSO)

**Website:** [www.hmso.gov.uk](http://www.hmso.gov.uk)

## News Groups

There are a number of mental health related newsgroups and they can be useful for obtaining relevant information.

**Website:** [www.mentalhealth.org.uk/mhlinks.htmnews](http://www.mentalhealth.org.uk/mhlinks.htmnews)

London Mental Health Learning Partnership connects health, social care, justice, service users, carers and non-statutory organisations to progress the Strategy for Mental Health in London.

**Website:** [www.virtuall.org](http://www.virtuall.org)

## International Sources

UNICEF publishes international reports and statistics on child and family poverty.

**Website:** [www.unicef-icdc.org](http://www.unicef-icdc.org)

# Part B

## Additional literature

This resource pack has confined itself to UK literature. There is, of course some relevant literature from other countries that might be of interest to readers. In particular we would like to bring your attention to two US publications.

Horwitz, A.V. & Scheid, L. T. (eds.) (1999)

### **Handbook For The Study Of Mental Health - Social Contexts, Theories And Systems**

*Cambridge University Press.*

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This is the ultimate reference book for people needing comprehensive knowledge about both social and medical theories of mental illness. It is thorough in its approach, written in an accessible style and is nearly 700 pages long. This book is split into three parts. The first part concentrates on conflicting definitions of mental illness. The second part explores the causes of mental illness concentrating on the social context of illness. The final part examines the mental health system and mental health policy.

There is a chapter that indirectly deals with the issue of poverty and mental illness by examining the relationship between socio-economic stratification and mental disorder (Chapter 14, pages 259-284). An explanation of the causes of poverty is outlined here. Poverty is placed within the context of the individual's life cycle and it is argued that a large proportion of people experience poverty at some stages in their lives. The analysis tends to view poverty as a class-based issue. Reference is then made to major relevant research that has explored the relationship between mental health and poverty. Chapter 15 provides a useful assessment of the impact of one indicator of poverty, unemployment on mental health.

Warner, R.(1994)

### **Recovery From Schizophrenia - Psychiatry And Political Economy** *Routledge.*

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The approach taken by Warner is to examine how economic factors affect the types of treatment that people diagnosed with schizophrenia receive. He makes a comparison between wage and non-wage economies. From this comparison he concludes that industrialisation has both led to the segregation of people with mental illness from society and to reduced expectations of them. Furthermore, the manifestation or recognition of schizophrenia as an illness is related to pressures of industrialisation. Such pressures were borne by middle class entrepreneurs but were later transferred to poorer social groups as Britain's population became urbanised and directly affected by industrialisation.

Three sections of the book deal directly with the relationship between poverty and schizophrenia. The effect of economic variables on an individual's health and mental health is discussed on pages 30 to 56. Factors affecting the incidence of schizophrenia are detailed on pages 192 to 214. Finally, there is a description of how an individual's position in the labour market, poverty and the effect of the business cycle, may affect those with a diagnosis of schizophrenia is covered on pages 129 to 148.

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# FOCUS ON MENTAL HEALTH

Focus is a UK forum, formed in 1993 to promote activities for World Mental Health Day.

It proved valuable as a platform to encourage collaboration between different mental health groups, including mental health service users, and this led to its continuation when another body took responsibility for World Mental Health Day.

Focus now consists of some 25 representatives of leading UK mental health groups, working together on common objectives. They have carried out a number of successful projects aimed at promoting mental health and encouraging good practice. Its work has included working with the Department of Health on a programme challenging stigma and trying to improve media representation of mental health problems. Another project on employment and mental health funded by the Department of Health led to the publication of an Employment Checklist Pack, both to help people with mental health problems seeking work and potential employers.

In 2000/2001 Focus has been funded by the Department for Education and Employment to undertake a programme of work looking at issues around poverty and mental health.

This resource pack is one of its outcomes. A Focus sub-group on poverty and mental health was established to oversee this programme. Its members are:

**Edith Morgan**, *Mental Health Europe (Chair)*  
**Lisa Bird**, *The Mental Health Foundation*  
**Kevin Burnand**, *Mindlink*  
**Brendan Clark**, *The Sainsbury Centre for Mental Health*  
**Valerie Graham**, *Mind*  
**Simon Lawton-Smith**, *MACA*  
*Judith Ofori*, *Independent Consultant*

For enquiries regarding the Focus poverty and mental health project:  
please contact Lisa Bird at The Mental Health Foundation on 020 7535 7440  
or e-mail [lbird@mhf.org.uk](mailto:lbird@mhf.org.uk)

For enquiries regarding the work of Focus generally, please contact:

Edith Morgan on 020 7485 5244 or e-mail [EdithMorgan@compuserve.com](mailto:EdithMorgan@compuserve.com)

Price £10.00 (free for services users and unwaged)

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