Poverty and Social Exclusion in the UK:
The 2011 survey

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Social Exclusion and Mental Health – Review of Literature and Existing Surveys

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Poverty and Social Exclusion in the UK: The 2011 survey

Overview

The Poverty and Social Exclusion in the UK Project is funded by the Economic, Science and Research Council (ESRC). The Project is a collaboration between the University of Bristol, University of Glasgow, Heriot Watt University, Open University, Queen's University (Belfast), University of York, the National Centre for Social Research and the Northern Ireland Statistics and Research Agency. The project commenced in April 2010 and will run for three-and-a-half years.

The primary purpose is to advance the 'state of the art' of the theory and practice of poverty and social exclusion measurement. In order to improve current measurement methodologies, the research will develop and repeat the 1999 Poverty and Social Exclusion Survey. This research will produce information of immediate and direct interest to policy makers, academics and the general public. It will provide a rigorous and detailed independent assessment on progress towards the UK Government's target of eradicating child poverty.

Objectives

This research has three main objectives:

- To improve the measurement of poverty, deprivation, social exclusion and standard of living
- To assess changes in poverty and social exclusion in the UK
- To conduct policy-relevant analyses of poverty and social exclusion

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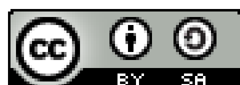

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Abstract

The paper outlines the rationale for the inclusion in the PSE survey of questions relating to the relationship between social exclusion and mental health problems. Mental health problems can impact on social exclusion as a result of lack of financial resources and because of the effects of illness, including low self-esteem, loss of social contacts due to hospitalisation or the impact of illness on sociability, or the stigma experienced by many of those affected by mental illness.

However poverty and social exclusion are also likely to lead to an increased risk of mental health difficulties, as a result of stress or managing on a low income, living circumstances, local environment, discrimination and decreased opportunities for positive self-esteem for example.

The mental health domain in the PSE covers questions which aim to establish the presence of mental health problems. Mental ill-health is a complex concept, and definitions reflect disciplinary and conceptual differences. In this survey the primary approach will be to use a well-validated instrument, the General Health Questionnaire (GHQ) 12 to indicate presence or absence of symptoms of what are often described as 'common mental disorders' (CMDs).

Key words: poverty, social exclusion, poverty measurement, mental health, mental illness, common mental disorders, General Health Questionnaire, GHQ12

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Introduction

The purpose of this paper is to provide the rationale for the inclusion of particular questions in the main PSE survey relating to the relationship between social exclusion and mental health problems. There is a long history of research exploring associations between mental well-being and poverty and social exclusion. Poor mental health may increase the risk of poverty due to the impact of illness on opportunities for paid employment, for example, while mental health problems can also impact on social exclusion both as a result of lack of financial resources and also because of the effects of illness, leading to low self-esteem and a lack of confidence, loss of social contacts due to hospitalisation or the impact of illness on sociability, or the stigma experienced by many of those affected by mental illness.

However poverty and social exclusion are also likely to lead to an increased risk of mental health difficulties, as a result of stress or managing on a low income, living circumstances, local environment, discrimination and decreased opportunities for positive self-esteem for example.

This paper will review the scope of the domain, ‘mental health’ and the overlap with other health domains, give a very brief review of the literature to identify the main associations found in other studies, and recommend survey questions for the main PSE survey, based on a review of available instruments and their use in other surveys.

Scope of the mental health domain

What does it cover?

The mental health domain covers specifically those questions which aim to establish the presence of mental health problems. Mental ill-health is a complex concept, and a range of definitions and measurements are used empirically reflecting both disciplinary and conceptual differences, as well as pragmatic resolutions. In this survey the primary approach will be to use a well-validated instrument to indicate presence or absence of symptoms of what are often described as ‘common mental disorders’ (CMDs).

Relationship to other domains

The mental health domain fits with other aspects of health, that is, with parts of the survey exploring physical health and disability. There is the potential for overlap between mental health problems and disability, and the questions relating to disability are of interest and value when considering the way to frame that part of the survey covering mental well being, and will be useful in the analysis of health generally. Long-term mental health problems are included in the disability questions which have been proposed, for example:

Do you have:

1) A physical health condition (such as mobility problems, breathing problems, difficulties with dexterity etc)
2) Sensory impairment (such as difficulties seeing, hearing, or speaking and making yourself understood)
3) Long-term pain or discomfort
4) Intellectual disability
5) Difficulties in learning (such as dyslexia)
6) Periods of confusion or remembering things
7) Social or behavioural difficulties (such as difficulty making friends or aggressive outbursts)
8) **Emotional, psychological or mental ill health conditions that have lasted, or are expected to last, 12 months or more?**
9) A long-term condition that has lasted or is expected to last 12 months or more and that has been diagnosed by a health professional, such as cancer, Multiple Sclerosis or HIV?

This question is followed up with reference to the impact of such conditions on activities. Similarly, other health/disability questions looking at the impact of poverty or inclusion on health include reference to impacts that might be prompted by poor mental health (having to take a less well paid job for example) and directly to feeling anxious or depression due to lack of money.

Literature

There is an extensive literature on the ways in which poverty impacts on mental well-being, including associations at individual, household and area level with increased levels of symptoms, hospital admissions, out-patient use and suicide and parasuicide (for example Weich and Lewis, 1998; Butterworth et al. 2009; Weich et al. 2006; Stafford et al).

There are fewer studies of the relationship between social exclusion and mental health difficulties although this is slowly changing (Morgan et al. 2007) For example research reveals an increased risk of poor mental health among unemployed people, single parents, those with low educational qualifications, poor social capital, those living in poor housing and among victims of crime. Studies in this area indicate the ways in which social exclusion can lead to an increase in the risk of poor mental health and also the ways in which mental health problems can increase exclusion – the direction of association more often identified in government policy between 1997 and 2010 and in the work of the Labour government's Social Exclusion Unit and Department of Health policies (SEU 2004). Recent work has also identified the need for definitions of social exclusion to consider the specific ways in which poor mental health might contribute to exclusion - including, for example recognition of

discrimination, unfair detention, stigma and constructions of 'difference' (Morgan et al. 2007). Sayce and Curran (2007) for example argue that people with mental health problems are excluded from consuming health services, such as health promotion and health improvement programmes,that are available to others, leading to unequal health outcomes increased mortality among these populations. Similarly people with mental health problems experience exclusion as a result of their low employment rates and inequalities in the 'chance to contribute' (p40).

Questions to be used

The main factors to be taken into account in agreeing the questions to be used in the PSE survey are the length of the instrument to be used (and time it would represent for the questionnaire as a whole) and scope for comparisons with other surveys. There are two main schedules which might be used: The General Health Questionnaire, particularly the short version, the GHQ12, and the Clinical Interview Schedule, again focusing on the shorter revised version, the CIS-R.

General Health Questionnaire (GHQ12)

This has been widely used over a number of years. It is a self-complete questionnaire with 12 items covering symptoms of poor mental health. Each question offers 4 possible answers, such as 'not at all' 'no more than usual', 'rather more than usual' and 'much more than usual'. Answers vary slightly according to the wording of each question. Answers are rated in a binary fashion – in the example above the first two responses score 0 and the other two score 1. The lowest possible score for each respondent is 0 and the highest is 12.

There are two options in relation to the cut-off point for scores which indicate the presence of common mental disorders (CMD), and there are many examples of studies using each option. In the first option, a score of 0-2 indicates no CMD and 3+ is taken to indicate the presence of a CMD. In the second system used a score of 0-3 indicates no CMD and the cut-off is 4 or more for CMD. It is suggested that the cut-off point used should be determined by each study and may vary between countries to reflect cultural differences or other factors (Bell et al 2005). Studies using the GHQ12 in South America for example frequently adopt a higher threshold than the one used in the UK, to minimise false positives due to over-reporting among poorly educated respondents (Bell et al. 2005). However, studies in the UK suggest that false positives are more common among more educated and professional groups (Stansfield and Marmot 1992).

The Health Survey for England has frequently used the GHQ12 (Robinson 2010) and analyses this data by respondent income levels and area deprivation. The Health Survey for England uses a cut-off point of 4+ for CMD.

The GHQ12 is not intended to identify psychotic illnesses and will not necessarily identify substance use problems, unless these are accompanied by anxiety and depression. It does not give the same level of result as more complex and longer survey instruments, such as the CIS-R (see below). For example, it has been estimated that the GHQ12 has around 70-80% of the sensitivity and specificity of other longer instruments (Bell et al. 2005).

CIS-R

The CIS-R (Lewis et al. 1992) is a standardised interview schedule widely used to assess common mental disorders. It has been used in a number of large scale population surveys most importantly, in terms of our interest, various Department of Health/NHS surveys – for example the 'Adult Psychiatric Morbidity in England 2007 (household survey). The schedule has 14 sub-sections including questions on somatic symptoms, fatigue, concentration, sleep, irritability, depression, anxiety, phobias, panic and compulsions.

The strengths of the CIS-R include greater reliability and fewer false-positives (Pothen et al. 2003; Bell et al.2005) as well as scope for more detailed comparisons with the psychiatric morbidity surveys. However, against this must be set the time it takes to complete – this is estimated as 10-20 minutes (Pothen et al. 2003).

Review of other questions used in PSE2000

One other question specifically asked about the association between money and feelings of depression or isolation:

> "Have there been times in the past year when you've felt isolated and cut off from society or depressed, because of LACK OF MONEY?"

This question was specific regarding feelings of depression, asking individuals to consider whether they had had such feelings over a 12-month period.. It also called for individuals to assess if those feelings were related to lack of money rather than for other reasons. It is likely that this was a difficult question to answer – both due to the length of time it covered but also because it calls for people to recognise their depression and to decide the cause. In reality of course depressed feelings will have many different causes which may also change over time, and there is likely to be variation in how readily people ascribe such feelings to lack of money. The answers offered to this question were also complex – respondents could reply:

1) Neither of these; 2) Yes – Isolated; 3) No – Not isolated ; 4) Yes – Depressed ; or 5) No – Not depressed.

The question and the responses proved difficult to analyse in the 1999 survey, and did not add greatly to the analysis that the GHQ12 answers provided and it is proposed that these are dropped from the new survey.

Proposals for questions to be used in PSE

1. It is proposed that the PSE uses the GHQ12 on the grounds that it is widely accepted, there are comparable data sets which include measures of income and it has been used in numerous studies of poverty or exclusion and mental health, particularly in the UK. The GHQ12 is also brief and well validated.
2. It is also suggested that we use the cut off point of a GHQ12 Score of 4 or more to denote likely presence of common mental disorder (CMD). Firstly, this matches the cut-off point used in the 1999 PSE survey and allows for comparison with the earlier work. It also matches the Health Survey for England cut-off point and it seems advantageous to be able to compare our results to a large population survey. It is the more cautious of the two cut-off points, and less open to the suggestion that CMDs are overstated in our report. In addition, the higher cut-off point may reduce the problem of false positives in GHQ12 findings. Note that the decision about cut-off does not need to be taken until a later stage.
3. It is also possible to further reduce the GHQ12 at analysis stage. For example analysis of the problems of dimensionality suggest that responses to the GHQ12 can usefully be divided into a six-item Anxiety-Depression factor and a five item Daily-Activities and Social Performance factor (one question does not fit either of these dimensions) (Smith et al. 2010). Using this further approach in the analysis of the relationship between CMD and poverty and social exclusion could be interesting.

General Health Questionnaire: GHQ12

We should like to know how your health has been in general over **the past few weeks**. Please answer ALL the questions by ticking the box below the answer which you think most applies to you.

[GH1] **Have you recently been able to concentrate on whatever you're doing?**

(1) Better than usual
(2) Same as usual
(3) Less than usual
(4) Much less than usual

[GH2] *Have you recently lost much sleep over worry?*

(1) Not at all
(2) No more than usual
(3) Rather more than usual
(4) Much more than usual

[GH3] *Have you recently felt that you are playing a useful part in things?*

(1) More so than usual
(2) Same as usual
(3) Less so than usual
(4) Much less useful

[GH4] *Have you recently felt capable of making decisions about things?*

(1) More so than usual
(2) Same as usual
(3) Less so than usual
(4) Much less useful

[GH5] *Have you recently felt constantly under strain?*

(1) Not at all
(2) No more than usual
(3) Rather more than usual
(4) Much more than usual

[GH6] *Have you recently felt you couldn't overcome your difficulties?*

(1) Not at all
(2) No more than usual
(3) Rather more than usual
(4) Much more than usual

[GH7] *Have you recently been able to enjoy your normal day-to-day activities?*

(1) More so than usual
(2) Same as usual
(3) Less so than usual
(4) Much less useful

[GH8] *Have you recently been able to face up to your problems?*

(1) More so than usual
(2) Same as usual
(3) Less so than usual
(4) Much less useful

[GH9] *Have you recently been feeling unhappy and depressed?*

(1) Not at all
(2) No more than usual
(3) Rather more than usual
(4) Much more than usual

[GH10] *Have you recently been losing confidence in yourself?*

(1) Not at all
(2) No more than usual
(3) Rather more than usual
(4) Much more than usual

[GH11] *Have you recently been thinking of yourself as a worthless person?*

(1) Not at all
(2) No more than usual
(3) Rather more than usual
(4) Much more than usual

[GH12] *Have you recently been feeling reasonably happy, all things considered?*

(1) More so than usual
(2) Same as usual
(3) Less so than usual
(4) Much less useful

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