

Chapter 4

Poverty and Mental Health in the *Breadline Britain* Survey

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The 1990 *Breadline Britain* survey asked a number of questions on mental health and poverty and these were analysed in the final report and the version published by Avebury. These questions should be repeated in the new survey with some additions, for reasons outlined below.

There is increasing evidence of an association between poor mental health and the experience of poverty and deprivation whether at the individual level or the ecological level (Burgess *et al*, 1992; Jarman, 1992; Kammerling and O'Connor, 1993). There is also a growing body of literature exploring the association between suicide, parasuicide and deprivation (Gunnell *et al*, 1995; Congdon, 1996). Less research has been carried out which looks more specifically at what might be termed social exclusion, although there are significant pieces of work around the experience of various forms of discrimination and, in particular, racism and sexism (Fernando, 1995; Littlewood and Lipsedge, 1988; Miles, 1988; Ussher, 1991).

One of the difficulties in the research has long been the issue of 'drift'. This theory suggests that the greater proportion of psychiatric admissions from poorer areas and higher levels of observed psychiatric symptoms is the result of inward migration which is prompted by poor mental health, either due to decreasing income or to 'disintegration' which means that people with mental health problems are attracted to such areas. Increasingly, research has focused on multi-factorial explanations which accepts the possibility of some drift (Muijen and Brooking, 1989), whilst also acknowledging that, particularly at the lower levels of symptomology, drift is less likely to occur.

The relationship between poverty, deprivation and mental health will always be a complex one to explore using survey data, due to the difficulties over the measurement of mental health/mental illness. The 1990 Survey used questions on mental health which were based on the respondent's own perceptions of their mental health and the impact of poverty. The value of this approach is that it avoids clinicians' definitions of mental health - self-perceived mental ill-health is a good reflection of how people view their mental health and the way this is affected by living circumstances and the experience of exclusion. Self-assessment also avoids problems of bias in psychiatric models of mental health (for example, there is some question over the high levels of psychiatric admission with diagnoses of schizophrenia amongst young Afro-Caribbean men).

The negative aspect of the 'self-assessment' question is that the stigma associated with mental ill-health may result in an under-reporting of mental illness. However, the 1990 *Breadline Britain* survey did not ask about all mental health problems but only those seen, by the respondent, as being caused by poverty/deprivation - this may have encouraged greater reporting, though it is hard to say.

We ran a test of the reliability of Q18, used in the 1990 version of the survey, which asked the respondent whether they had experienced a range of effects as a result of being poor. The reliability test used - Cronbach's Coefficient Alpha - gave an overall coefficient alpha score

of 0.7564, which indicates a high degree of reliability for these questions. Individually, the questions had the following scores:

Table 4.1: Reliability analysis on personal difficulties question (Q18) from the 1990 *Breadline Britain* survey

	Scale Mean if Item Deleted	Corrected Item Total Correlation	Alpha if Item Deleted
Being depressed	.4778	.5393	.6878
Relations with friends	.6108	.3775	.7242
Relations with family	.5914	.4261	.7132
Being bored	.5093	.3300	.7371
Feeling looked down on	.5937	.5121	.7010
Feeling a failure	.5787	.5067	.6976
Lack of hope	.5273	.4511	.7064
Letting down family	.5573	.4414	.7075

Overall Coefficient alpha = 0.7564

However, the original question from 1990 could be shortened to two basic questions relating to self-report of depression and/or isolation due to lack of money. The essential elements in this question are the self-reported nature and also that the respondent attributed these problems to lack of money.

To add to this measurement, however, it would be valuable to include a measure which is not based on self-report. Using one of the standardised interview schedules devised by clinicians, would strengthen the analysis of this area of the survey. Such a schedule would also enable comparison with other studies and other groups. One approach is to use the short version of the General Health Questionnaire (GHQ) which has a good pedigree and has been tested on a number of occasions (Goldberg and Williams, 1988; Goldberg *et al*, 1997). The Short GHQ (GHQ 12) has been used in the Health Survey for England (1995) which gives a good benchmark comparison sample. It has also been used by other studies, including the Avon-based ALSPAC study which follows parents of children born in 1991-92, has valuable socio-demographic data, material on deprivation and had an original sample of around 14,000. With the GHQ 12, a threshold score of 4 or more will be used to identify respondents with a possible psychiatric disorder (See Appendix to this Chapter).

References

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Appendix to Chapter 4

Short General Health Questionnaire (GHQ 12)

Have you recently?

1. Been able to concentrate on what you're doing?	Better than usual	Same as usual	Less than usual	Much less than usual
2. Lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
3. Felt you were playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful
4. Felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable
5. Felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
6. Felt you couldn't overcome your difficulties?	Not at all	No more than usual	Rather more than usual	Much more than usual
7. Been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual
8. Been able to face up to your problems?	More so than usual	Same as usual	Less so than usual	Much less able
9. Been feeling unhappy and depressed?	Not at all	No more than usual	Rather more than usual	Much more than usual
10. Been losing confidence in yourself?	Not at all	No more than usual	Rather more than usual	Much more than usual
11. Been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
12. Been feeling reasonably happy, all things considered	More so than usual	About same as usual	Less so than usual	Much less than usual;

