

Cambridge University Press
978-0-521-14396-7 - Mental Health and Poverty
Rob Poole, Robert Higgs and Catherine A. Robinson
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CAMBRIDGE
UNIVERSITY PRESS

University Printing House, Cambridge CB2 8BS, United Kingdom

Published in the United States of America by Cambridge University Press, New York

Cambridge University Press is part of the University of Cambridge.

It furthers the University’s mission by disseminating knowledge in the pursuit of education, learning and research at the highest international levels of excellence.

www.cambridge.org
Information on this title: www.cambridge.org/9780521143967

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First published 2014

Printed in the United Kingdom by MPG Printgroup Ltd, Cambridge

A catalogue record for this publication is available from the British Library

Library of Congress Cataloguing in Publication data
Poole, Rob, 1956–
Mental health and poverty / Rob Poole, Robert Higgs, Catherine A. Robinson.
pages cm
Includes bibliographical references and index.
ISBN 978-0-521-14396-7 (hardback)
1. Poor – Mental health. 2. Poverty – Health aspects. 3. Mental health – Social aspects.
4. Mental illness – Economic aspects. I. Higgs, Robert, 1952– II. Title.
RC451.4.P6P66 2014
616.890086’942 – dc23 2013032647

ISBN 978-0-521-14396-7 Hardback

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This book is dedicated to the late Aneurin Bevan, founder of the National Health Service, who once said 'If freedom is to be saved and enlarged, poverty must be ended. There is no other solution' (Bevan, 1952).

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Acknowledgements

RP and RH started writing this book four years ago, with the firm intention that it would be completed within two years. It proved more difficult to write than we expected, and there were times when it seemed unlikely that we would ever finish it at all. In the final year, CAR joined us and we started again from scratch. The process started with a marathon and ended with a sprint. We have tested the patience of Richard Marley of Cambridge University Press, who nonetheless has remained unfailingly supportive. We value his loyalty and we are seriously considering paying for his dinner next time we meet.

Many of the ideas set out in this book were developed in the course of long discussions and debates with our university and NHS colleagues. We acknowledge their role in sharpening our thinking. We are particularly grateful to Gordon Kennedy, Dr Theresa McArdle and Dr Sue Ruben, who read an earlier draft and passed helpful comments. Sue Ruben also assisted by loaning us her cottage, which was fittingly named Pentop. She painted the cover illustration. Steve Hammond of Hammond Design Ltd turned this into a high quality digital image. The text benefited from skilful copy-editing by Zoë Lewin who was consistently patient and helpful.

Latterly we wrote as a threesome at a variety of locations in mid-Wales. This entailed complex and ever changing arrangements, which were uncomplainingly organised by Sue Jones. We thank her for her skill in herding cats.

Finally, we have greatly benefitted from the support and forbearance of our families, some of whom have had to cook for themselves in our absence.

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Preface

Serious mental illness is a disease of poverty in much the same way as cholera or tuberculosis. Anyone can suffer from these illnesses, but people are much more likely to do so if they are poor.

People living in poverty tend to experience worse outcomes from treatment than wealthier people.

A substantial part of clinical practice for most mental health professionals involves effort to help patients to overcome the extensive adverse effects of social deprivation.

The most important measure that might plausibly reduce the incidence and prevalence of serious mental illness is action to reduce poverty and income inequality.

Intervention at an individual level is unlikely to prevent mental illness, but action against poverty would be a powerful public health measure.

The purpose of this book is to explore the evidence that tends to support these statements, paying due attention to the ambiguities in the literature. We examine the scientific, policy and clinical implications of the knowledge base on poverty for practising mental health professionals.

Two of us have previously written two books about clinical skills (Poole & Higgs, 2006, 2008). This book is a dissimilar exercise with a different authorship. Catherine Robinson has brought a social science perspective, together with new ways of thinking about the material. She has driven us to a systematic, closely referenced approach that is more scholarly than our previous texts.

When this book was first being developed it seemed to be an idea that already existed independently of us, a glaring gap in the market. There was, we thought, an obvious need for a readable but scientifically sound book that drew out the strength of the evidence about the social origins of major mental illness. It seemed particularly appropriate to write the book at a time when widespread disillusionment had set in over the very limited results of the alleged biological revolution of the 1990s. It had been promised that new genetics and new pharmacology would transform clinical practice in psychiatry. Instead, service delivery systems have been

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transformed, but the actual treatments given to patients looked remarkably similar to those being offered 20 years earlier. A new wave of enthusiasm for social psychiatry was developing. The time was right, the theme was right and we had the necessary skills within the new authorship.

The task was, however, daunting. There was a huge amount of material to review, but we retained a commitment to write books that would be read rather than consulted. We have produced a book that is relatively short. We have not systematically reviewed the whole of the massive literature that is relevant to our main themes. Had we done so, each of the chapters herein would have been several hundred pages long. Even if we had the resources to produce such a tome, a densely and meticulously referenced text would be unlikely to achieve our primary objective, which is to draw attention to an aspect of psychiatry that is entirely obvious in clinical practice, but until relatively recently has been neglected within psychiatric journals and textbooks.

There is a marked skew in this book towards discussion of the socio-economic factors associated with schizophrenia rather than other mental disorders. We do not apologise for this, as schizophrenia is the diagnosis where the evidence is strongest and most extensive. However, we must warn readers that we move between discussion of different diagnostic categories. Terms such as schizophrenia, psychosis, and psychotic symptoms are not synonyms. Each has been used to convey a different meaning, which we hope is evident from careful attention to the text.

Although there is an unmistakable rhetorical flow to this book, we maintain a strong attachment to evidence and empiricism. We have endeavoured to achieve a balanced overview, without exaggerating the strength of our argument. We explore some parts of the evidence in detail. We have not attempted to smooth over a number of contradictions. We have tried to draw a clear distinction between our opinions and sustainable facts.

This text follows the model of the previous Poole & Higgs books in that it is strongly influenced by the experience of two social psychiatrists with many long years of inner-city practice behind them. Catherine Robinson is a social scientist with a strong background in service user and carer research. The three of us share an interest in narrative as a tool of empiricism. However, we offer no novel insights or conceptual innovations here. The UK produces much of the best social psychiatry research in the world, and we embrace that tradition. Our collective research interests are somewhat closer to social science than biomedical methods.

Alongside our wish to draw attention to what is already known about the relationship between mental illness and poverty, we have a secondary objective, which is to draw out and articulate the nature and principles of modern social psychiatry in clinical practice. We feel that in recent years this important theoretical orientation has tended to lack the strident advocacy evident in the biological and psychological traditions, despite a high level of research activity.

We have been surprised and pleased that the previous Poole & Higgs books have been well received, not just by psychiatrists, but also by nurses and social workers. This has occurred despite our defence of a version of the medical model. We hope

that this will prove to be the case again. Some readers with a background in public health or sociology will probably be dismayed to find that a book with the term ‘mental health’ in the title is almost entirely devoted to issues concerning serious mental illness. There is only limited discussion of the positive health and well-being agenda. What we have to say on that subject is likely to prove controversial. Nonetheless it has seemed to us to be appropriate to retain ‘mental health’ in the title. We have serious misgivings over conflating mental health with well-being, and even greater misgivings over attempts by mental health professionals to promote happiness rather than to relieve suffering. We believe that there is good reason to suppose that a significant proportion of people who are vulnerable to serious mental illness would remain in good mental health if measures were taken to tackle poverty and inequality.

Just as the contract for this book was being agreed with Cambridge University Press, Wilkinson and Pickett’s *The Spirit Level* (Wilkinson & Pickett, 2009) was published. This has had a major impact in bringing the issue of income inequality to the centre of debate about health inequalities. We acknowledge the importance of Wilkinson and Pickett’s work to our own thinking. It is fortuitous that their book has had the effect of making ours more topical.

Little in this book will seem particularly radical to social scientists. Within psychiatry, however, the suggestion that the most important measure that would improve public mental health would be steps to reduce inequality sounds suspiciously political. None of us belongs to a political party. It would be disingenuous to deny that we have a strong attachment to social justice and that we have little sympathy with the neo-liberal economic orthodoxies of our time. However, this book is not driven by the demands of ideology. It is driven by evidence and by experience. Our attachment to scientific empiricism is stronger than our attachment to any set of political ideas. As a consequence we recognise that many of our most cherished ideas about mental illness will, in the fullness of time, be shown to be simplistic or plain wrong, including some of those set out here. We are not ‘radical psychiatrists’ or ‘radical social scientists’. If the evidence leads us to conclusions that seem radical, this reflects the strange position that UK political thought has arrived at in the twenty-first century, with a set of values that are based upon a seemingly unchallengeable assertion that there is no alternative to unbridled market capitalism. It is hard to believe that over the past 30 years it has been part of the orthodoxy of mainstream UK political parties that worsening social inequality is either inevitable or actually a good thing.

In denying radical intent, there is a danger that we might be thought to have produced a work that is fundamentally inconsequential. The existence of a connection between poverty and emotional distress appears to be quite obvious, and in no way surprising. Common sense would dictate that it is self-evident that children who grow up in the poorest neighbourhoods, and in the poorest families within those areas, are much more likely to become unhappy adults than children who grow up in privilege. There are many aphorisms to the effect that money doesn’t make you happy, but experience suggests otherwise. Readers are invited to compare and

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contrast The Beatles' *Can't Buy Me Love* with Randy Newman's *It's Money That I Love*. The arguments in the latter appear to us to be more robust.

Common sense is not always reliable. The relationship between adversity and mental ill health is much more complex than simple truisms might suggest. Many of the well established associations between poverty and mental ill health are strongly counter-intuitive. For example, whilst Marx (Marx & Engels, 2008) believed that capitalism had rescued the nineteenth century working class from the '*idiocy of rural existence*', it appears to be less harmful to grow up in rural poverty than urban poverty.

We are discomfited that some of the content of this book could be taken to portray people in lower socio-economic classes as passive victims, in need of rescue by paternalistic philanthropy. This is not in accordance with our experience of working in a deprived inner city, where people's resourcefulness, sense of community and optimism is often inspiring. Our recognition of the socio-economic factors that cause and shape mental disorder does not contradict the abiding principle that mental health professionals are most helpful to patients when they get alongside them and their communities.

Rob Poole
Robert Higgs
Catherine A. Robinson
May 2013