

POVERTY OF AMBITION

Why we need bold action
to tackle poverty and improve
mental health



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JOSEPH
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Lead authors

Mike Hough, Senior Public Affairs Officer, Mental Health Foundation

Lee Knifton, Director of Scotland, Wales and Northern Ireland, Mental Health Foundation

Andrew Wenham, Senior Analyst, Joseph Rowntree Foundation

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Peter Matejic, Chief Policy Analyst, Joseph Rowntree Foundation

Iain Porter, Senior Policy Analyst, Joseph Rowntree Foundation

Kristyna Steflova, Senior Campaigns Officer, Joseph Rowntree Foundation

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Glossary

Absolute poverty

Based on government analysis, an individual is considered to be in absolute poverty if they are living in a household with an income below 60% of the inflation-adjusted 2010/11 UK median income.

Adverse childhood experiences

The NHS refers to adverse childhood experiences as a set of traumatic events that can affect brain development and health outcomes in later life.

Anticipated stigma

This is where individuals expect others to stigmatise them, independent of whether they have had direct experience of received stigma.

Austerity

References to austerity relate to the policies enacted by successive Westminster administrations between 2010 and 2017.

Endorsed stigma

This refers to expressed agreement with stigmatising reactions. When endorsed stigma manifests as discrimination against individuals with mental illness, these people encounter a range of negative consequences.

Equivalised household income

Based on the Office for National Statistics definition, this refers to a measure of household income that takes into account differences in household demographic composition and size.

Material deprivation

Based on government analysis, this is a direct measure of poverty derived from the lack of items and activities deemed to be necessary for a minimum acceptable standard of living.

Perceived public stigma

This relates to individuals' perceptions of how others in society view people living in poverty or receiving welfare benefits.

Received stigma

This relates to individuals' experiences of unfair treatment from others, which include encountering disrespect from members of the community as well as being treated unfairly by social security agencies.

Relative poverty

Based on government analysis, an individual is considered to be in relative poverty if they are living in a household with an income below 60% of UK median income in the year in question.

Self-stigma

Whereby individuals accept negative stereotypes and apply these to themselves. It has been found to relate to mental health and wellbeing in several studies.

Subjective financial strain

An individual or family is considered to be experiencing financial strain if they are struggling to pay their bills by the end of the month or having trouble paying for daily necessities.

Foreword

More than 14 million people across the UK are living in poverty – that's one in five of us. For children, things are even worse, with nearly a third growing up in poor households. It is a scandal that devastates lives.

This report, by the Mental Health Foundation (MHF) and the Joseph Rowntree Foundation (JRF), shows how poverty and mental health problems are entwined. Financial hardship brings stress, shame and trauma that can trigger mental health problems, while mental health struggles can make it harder to work, earn money and maintain relationships, pushing people deeper into poverty.

We are in a mental health crisis in the UK, and poverty is at its core. If you live in one of the UK's most deprived areas, you are twice as likely to develop depression as someone from a wealthy area. Children from the poorest families are four times more likely to have serious mental health problems by the age of 11 than children from wealthy families.

We need to stop seeing poverty as a personal failure and start recognising it for what it really is: a structural problem with devastating psychological consequences. The moral, social, health and economic case for addressing this is compelling. It must be a priority for policymakers, practitioners and communities.

We have spent recent years researching this issue across England, Scotland, Wales and Northern Ireland. We have seen how recent crises – including the damaging effects of austerity and the current cost-of-living challenges – have made things worse.

We have focused particular attention on some of those hit hardest: children, ethnic minorities, disabled people, single parents and asylum seekers. We have also examined how the shame and stigma around poverty can stop people from getting the help they need.

In this report, we start by showing the scale of poverty across the UK today. We then explore its mental health consequences in each nation, before turning to practical, evidence-based solutions. These range from ensuring that people have enough money to live on and reforming social security, to tackling job insecurity and challenging harmful attitudes.

We know that governments face difficult economic choices. However, we cannot allow the potential of our poorest citizens and children to be crushed: we all deserve the chance to flourish. Not only are the solutions we outline the right thing to do, but they also make economic sense for the government. They will reduce healthcare costs, create stronger, healthier communities and improve our workplaces.



Lee Knifton

Director of Scotland, Wales and Northern Ireland
Mental Health Foundation

Poverty in the UK

Prevalence, trends, and the measures being taken to address them

Overall poverty rate

More than 1 in 5 people in the UK (21%) were in poverty in 2023/24 – 14.3 million people. Of these, 8.1 million are working-age adults, 4.3 million are children and 1.9 million are pensioners.¹

Overall poverty was broadly flat between 2021/22 and 2023/24, with an increase in the number and proportion of children in poverty offset by a reduction in the number and proportion of pensioners in poverty. The proportion of children in poverty rose by 2 percentage points to 31%, while the proportion of pensioners in poverty fell 1 percentage point to 16%.¹

Children have consistently had the highest poverty rates throughout the last 30 years. In the mid to late 1990s, a third of children lived in poverty. This fell to 28% by

2004/05 and reached its lowest level of 27% between 2010/11 and 2013/14. After this period, child poverty then rose, reaching 31% in 2019/20, before falling back to 27% in 2020/21.

Families with children are more likely to be receiving benefits than families without children, so this pattern reflects changes in employment levels, earnings and benefits.¹

The pensioner poverty rate has more than halved, from just under 30% in the mid to late 1990s to 13% in 2012/13 (driven by increasing income from private pensions and increases in benefits). It has edged up from then to 2019/20, before the reduction to 15% in the data for the pandemic year of 2020/21, standing at 16% in the latest year.¹



Poverty has deepened

In 2022/23, around 9.7 million people across the UK lived in 'deep poverty' (that is, with an equivalised household income after housing costs that was less than 50% of the UK median). Within this, 6.0 million lived in 'very deep poverty' (an income less than 40% of the UK median) and more than twice as many (over 12 million people) had experienced very deep poverty in at least one year between 2017/18 and 2020/21.¹

A greater proportion of people living in poverty are now living in very deep poverty than in 1994/95. While the poverty rate in the UK was lower in 2022/23 than it had been in 1994/95, this was not the case for the deep poverty rate, which stayed stable (15% in both years), or the very deep poverty rate, which rose very slightly (8% in 1994/95 and 9% in 2022/23).¹

In 1994/95, most people in poverty were in non-deep poverty (38%), compared to 34% in very deep poverty and 28% in deep but not very deep poverty. Over the next 25 years, this changed. By 2018/19, nearly half of those in poverty (47%) were in very deep poverty. Although this number dropped during the Covid-19 pandemic, by 2022/23, people in poverty were still more likely to be in very deep poverty (42%) than in non-deep poverty (32%).¹

Destitution

Looking at the deepest and most damaging form of poverty – destitution, where people cannot afford to meet their most basic physical needs to stay warm, dry, clean and fed – we see from the JRF's latest *Destitution in the UK* report that around 3.8 million people experienced destitution in 2022, including around 1 million children.²

The number of people experiencing destitution increased by almost two-thirds (61%) between 2019 and 2022. However, destitution was already increasing before the Covid-19 pandemic and the cost-of-living crisis: between 2017 and 2019, the number of people experiencing destitution increased by 54%. This means that the overall number of people experiencing destitution was more than two-and-a-half times higher in 2022 than it had been in 2017, and the number of children experiencing destitution was almost three times higher.¹



Groups with greater risks of poverty

Some characteristics of individuals lead them to having a higher risk of poverty than others due to deep-rooted economic, social and political factors. The following section touches on some of these groups.

Large families

Larger families with three or more children have consistently faced a higher rate of poverty (45% of children in large families were in poverty in 2022/23).¹ This is because a number of benefit policies have a disproportionate impact on larger families. These include the two-child limit, which restricts eligibility for many child-related benefits to the first two children in a family, whatever the working situation of the parent(s), and the benefit cap, which limits the total income a household can receive in out-of-work benefits.

Ethnic minorities

Poverty rates are very high for some minority ethnic groups. Between 2020/21 and 2022/23, over half of people in Bangladeshi (56%) and around half of people in Pakistani (49%) households lived in poverty, with even

higher poverty levels for children in those households (67% and 61% respectively). Around 4 in 10 people in households headed by people from Black African backgrounds (40%) were in poverty, with around half of children in these households in poverty. All these groups were much more likely than people in households headed by someone of white ethnicity (19%) to be in poverty (24% of children in households headed by someone of white ethnicity were in poverty).¹ Minority ethnic groups with higher rates of poverty tended to also have higher rates of very deep and of persistent poverty.

Disabled people

The additional costs associated with disability and ill-health, and the barriers to work that disabled people face, drive their higher risk of poverty. However, while the proportion of disabled working-age adults in work increased from 42% in 2010/11 to 53% in 2022/23, their poverty rates remained steady over that period. In the latest data, there were 16 million disabled

people in the UK – that is, nearly 1 in 4 people (24%) – and almost 4 in 10 families contained at least one person who was disabled.

The poverty rate for disabled people was 30%, 10 percentage points higher than the rate for people who were not disabled. Nearly half of all people who were disabled and living in poverty had a long-term, limiting mental condition – around 2.4 million people. The poverty rate for this group was 50%, compared with 29% for people with a physical or other type of disability.¹

Renters

In 2022/23, more than 4 in 10 social renters (44%) and around a third of private renters (35%) were in poverty after housing costs. Within this group of renters in poverty, around 3 in 10 social renters and half of private renters were only in poverty after their housing costs were factored in and so appear to be pushed into poverty by the amount of money they have to spend on housing.¹

Why poverty isn't improving

In part, the lack of progress over the last 20 years reflects the series of hits to living standards that have affected the whole population. Each of the five Parliaments since 2005 has recorded lower quarterly income growth than the 13 Parliaments before 2005, stretching back to the start of available data in 1955.

This started with the economic slowdown even before the global financial crisis and persisted through the crisis itself, then austerity, Brexit, the Covid-19 pandemic and finally the cost-of-living crisis. Government responses, or lack thereof, to these crises have deepened them. It is clear that levels of poverty and hardship in the United Kingdom are unacceptably high.

We need to break out of this culture of low expectations with concrete action and demonstrable prioritisation to address hardship, looking at a wide range of causes and consequences of poverty, moving towards building economic security straight away rather than waiting for growth first. We explore possible interventions later in this paper.



The mental health effects of poverty

Mental health is shaped by the wide-ranging characteristics of the social, economic and physical environments in which people live. Social determinants, including a person's financial and childhood circumstances, account for over 50% of health outcomes.³ As the key determinant of mental health, the relationship between poverty and mental health is an area that must be better understood and addressed as a national priority.

Poverty is both a cause of mental health problems and a consequence. Poverty in childhood and among adults can cause poor mental health through social stresses, stigma and trauma. Equally, mental health problems can lead to impoverishment through loss of employment or underemployment, or fragmentation of social relationships. A systematic review found that *"the evidence was consistent that economic recessions and mediators such as unemployment, income decline, and unmanageable debts are significantly associated with poor mental wellbeing, increased rates of common mental disorders, substance-related disorders, and suicidal behaviour"*.⁴ This vicious cycle is in reality even more complex, as many people with mental health problems move in and out of poverty, living precarious lives.

Rates of depression, severe mental illness and suicide all worsen with poverty in a clear relationship.³ Figures from autumn 2022 show that adults living in the most deprived areas of England are twice as likely to experience depression than adults living in the least deprived areas.⁵ Living with poverty and social exclusion can also increase the likelihood of people experiencing loneliness. These risks are greater for people living in disadvantaged areas, due to poor infrastructure, amenities and transport. People in debt are more likely to have a common mental health problem, and the more debt people have, the greater the risk of having a mental health problem.⁶



Moreover, there is a significant link between unemployment and mental ill-health. According to research commissioned by MHF, seven-tenths (70%) of UK adults think unemployment or job loss has a negative effect on mental health, and 1 in 4 adults who had experienced job loss or unemployment felt unsupported at the time.⁷ Unemployment and job insecurity are more likely to affect certain groups of people. These include lower-income workers and those who experience long-term as opposed to short-term unemployment.

Additionally, there is an association between unemployment and suicide. A time-trend analysis of the 2008–2010 economic recession in England identified that each 10% increase in the number of unemployed men was significantly associated with a 1.8% increase (0.5% to 2.3%) in male suicides.⁸ About two-fifths of the increase in male suicides during this period can be attributed to rising unemployment.⁸

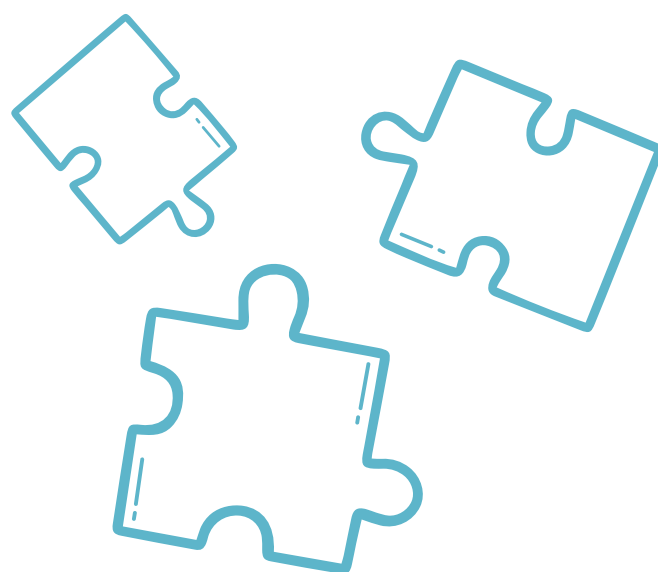
Intersectional disadvantage

Being a victim of racism is associated with mental health problems. The emotional and psychological effects of racism have been described as consistent with traumatic stress, with the negative effects being cumulative.⁶ Evidence has shown that the criminal justice system persistently arrests and detains more people from Black, Asian, and minority ethnic communities than white people (particularly people from Black African and Black Caribbean communities).⁶ Suicide rates are higher among young men of Black African and Black Caribbean origin, and among middle-aged Black African, Black Caribbean and South Asian women, than among their white British counterparts.⁶

Racialised communities are also at greater risk of financial strain, with many racialised communities in the UK experiencing higher rates of poverty and worse mental health. Asylum seekers and refugees in particular are at great risk of experiencing these financial inequalities due to the post-migration social conditions they face.⁶ Everyday experiences of living in financial hardship can reduce asylum seekers' and refugees' confidence and increase their fear, dependence and isolation.

Gender also influences the risk of mental ill-health. Mental health problems affect men and women, but not in equal measure, with young women three times more likely than men to experience common mental health problems.⁶ Around one in five women have a common mental health problem such as anxiety or depression.¹⁰ Furthermore, women are more likely to be in persistent low income (measured as 60% of median income) than men, at 12% and 10% respectively.¹¹ The findings are more stark for lone parents. Almost two-fifths (39%) of single parents are living in poverty,¹² the vast majority (90%) of whom are women.¹³

Recent research has highlighted that raising a child alone increases the likelihood of developing depression for the parent due to the increased burden and responsibilities.¹⁴ Such parents tend to have low self-esteem and be more prone to suicide and suicide attempts.¹⁴ Polling from MHF in autumn 2023 also demonstrated that around 4 in 10 single parents in the UK with anxiety (41%) feel anxious to the extent that it stops them from doing what they like or need to do, most or all of the time, with single parents more likely to feel anxious than others.¹⁵



Children's mental health

Through its influence on parental mental health, marital interaction and parenting, poverty significantly impacts the mental health of children and adolescents.¹⁶ Children from the poorest 20% of households are four times as likely to have serious mental health difficulties by the age of 11 compared to those from the wealthiest 20%.¹⁷ This stress increases the risk of adverse childhood experiences. It can also affect a family's ability to access essentials like food and heating, making it harder for children to take part in activities like sports clubs or school trips, influencing a child's mental wellbeing and self-esteem. Furthermore, children have consistently had the highest poverty rates.¹⁸ Children who grow up in poverty may also experience poor health later in life as a result.¹⁹

Analysis of data from the *Growing Up in Scotland* study reveals that children from low-income households at age three were more than twice as likely to have a mental health difficulty at age six as compared with all other children.²⁰ Children from less economically advantaged backgrounds were also more likely to have a mother who described reduced wellbeing.²⁰ Additionally, the mother was more likely to have self-reported lower levels of perceived closeness or greater levels of perceived conflict in their relationship with their child.²⁰ The study found that maternal wellbeing mediated over a tenth (11.2%) of the total effects of poverty on children's mental health.²⁰

Access to services

Being part of a deprived community disproportionately increases the possibility of being detained under the Mental Health Act, with figures from 2022 showing people in the 10% most deprived communities nearly four times as likely to be detained under the Mental Health Act.²¹ Nearly twice as many people in the most deprived communities are attending Access and Emergency services.²² Research from Samaritans in its Dying from Inequality report has also linked inequality with higher rates of suicide.²³ The research highlights clear areas of risk to communities and individuals, including the closure and downsizing of businesses, those in manual, low-skilled employment, those facing unmanageable debt and those with poor housing conditions.²³

Poverty also makes it harder for people to access services, with services not always reaching those in financial distress. It creates practical difficulties in seeking treatment, including the cost of travelling to hospital, waiting on the phone for a GP appointment and using the internet to access online services. In England, there are also fewer GPs per patient in more deprived areas.²⁴

The Scottish Deep End Project details how mental health problems are increasing and directly affecting general practice capacity, particularly in areas of socio-economic deprivation.²⁵ The analysis sets out how most new mental health morbidity will present in general practice, below thresholds for referral to mental health services.²⁵

Living on a low income can lead to various forms of mistreatment, rejection and exclusion from other people as well as institutions such as social security services (the issue of 'poverty stigma' is explored in more depth in a later section of this report). If you experience poverty, you are much more likely to experience a mental health problem; it will have a greater impact upon your life (e.g. due to precarious work and financial stress); you will experience greater poverty and mental health stigma; your access to healthcare and social support will be worse; and this will reduce your chances of recovery. In the next sections we outline how this differs across the four nations of the UK, and how this can be addressed.



Mental health effects of poverty in the UK and the devolved nations

This section of the briefing paper focuses on the mental health effects of poverty in the UK and the devolved nations. This includes considering the impact of recent policies, notably austerity, as well as the issue of poverty stigma. It explores polling and research conducted between 2022 and 2024 on the impact of financial pressures on mental health.

Impact of austerity

There has been considerable research into trends in poverty in the last few decades. This has given us a good understanding of the impact of austerity. This period adversely affected the social determinants that affect health in the short, medium and long term.²⁶ Deteriorations in equity in the social determinants will likely have driven, and continue to drive, deteriorations in health and length of life for much of the population.²⁶ The London School of Economics (LSE) concluded that the effect of cuts to welfare benefits and changes in health expenditure between 2010 and 2019 had reduced life expectancy by between 2.5 and 5 months by 2019.²⁷

Austerity also did not affect all areas equally. The negative impacts of austerity and deteriorating health disproportionately affected the North of England. The North of England experienced the greatest declines in funding in almost all social, economic and cultural domains, resulting in an increase in poverty, poor health and socio-economic inequalities.²⁸ Regarding life expectancy for both men and women, the largest decreases were seen in the most deprived 10% of neighbourhoods in the North East and the largest

increases in the least deprived 10% of neighbourhoods in London.²⁸ Northern regions, which have a higher concentration of deprived authorities, were disproportionately affected by the cuts in central grants and by their limited capacity to increase their revenues from other sources.²⁸

Polling conducted for Mind by Censuswideⁱ showed that austerity disproportionately affected people in England and Wales who were already struggling, including those reliant on Universal Credit. People receiving Universal Credit were more than three times more likely to have considered suicide triggered by the cost-of-living crisis than those who did not receive benefits, with a third of people receiving Universal Credit reporting deepening depression.²⁹

Actions need to be taken on the social determinants of mental health to improve the lives people are able to lead. We explore further policy recommendations in the solutions section. We also use the sections below to explore the impacts of austerity and the cost-of-living crisis in more detail, including looking at recent polling.

i. The research was conducted by Censuswide, among a sample of 3,015 general respondents in England and Wales (England nationally representative by age, gender and region, and Wales nationally representative by age and gender). The sample was also weighted by country. The data was collected between 24.03.23 and 12.04.23.

Poverty stigma

There is an imperative to understand, research and tackle stigma in a more sophisticated way by recognising that mental health stigma does not sit in isolation. Intersectional stigma explains the convergence of multiple stigmatised identities that can include ethnicity, gender, sexuality, poverty and health status. This can then magnify the impact on the person's life. In this context, the reality is that you have a much greater chance of developing a mental health problem if you experience poverty. And if you do, then you will likely experience more stigma and discrimination. Its impact on your life will be greater, including, for example, issues with precarious employment, housing, education and finances. This makes it harder to recover and the impact on family members may be magnified.

In 2022, Inglis et al. conducted a rapid review and synthesis of quantitative and qualitative research into poverty stigma, mental health and wellbeing.³⁰ The review considered 22 different studies published between January 2005 and February 2021 which highlighted five broad forms of poverty stigma associated with mental health and wellbeing outcomes.³⁰

Two of the most cited forms of stigma were received stigma and perceived public stigma. Closely related to these forms of stigma is anticipated stigma. Other forms of stigma investigated included self-stigma and endorsed stigma (these are all defined in the glossary section). Experiences of poverty stigma were found to be associated with four broad aspects of mental health and wellbeing: negative self-evaluations, diminished social wellbeing, negative affect and mental ill-health.³⁰ There is also evidence that the relationship between poverty stigma and mental ill-health is mediated by social processes.³⁰

These conclusions are enhanced by MHF research published in 2024 considering the experiences of poverty stigma and mental health in the UK. This research was based on an online survey of 1,000 adults living in the UK who reported a household income of £30,000 or less administered through Prolific.com.³¹ Over one-fifth

(21%) of survey respondents reported that they had personally experienced at least one form of received poverty stigma *"often"* or *"very often"* in the past 12 months. This increased to more than a quarter (26%) among respondents who reported that they were financially *"just about getting by"* or worse. More than four-fifths (82%) of all survey respondents believed people on low incomes experience at least one type of structural stigma *"often"* or *"very often"*. This figure was 3% higher among respondents who reported that they were financially *"just about getting by"* or worse.³² Those experiencing higher levels of financial hardship were more likely to report poverty stigma, with experiences of received stigma and perceived structural stigma positively associated with greater levels of anxiety and depression.³¹

In the solutions section of this briefing paper, we will suggest several policy recommendations to tackle the issues highlighted in this research.

UK

2023 findings

In 2023, MHF commissioned pollingⁱⁱ looking at the impacts of the cost-of-living crisis and financial hardship on mental health. This research disclosed that the financial strain arising from the cost-of-living crisis had been negatively affecting people's mental health. Specific polling was commissioned for Scotland and Northern Ireland, which will be discussed in their individual sections in the report. The research highlighted that over 3 in 10 (31%) of UK adults had felt anxious, over a quarter (27%) had felt stressed and almost a tenth (9%) had felt hopeless about their personal financial situation in the month prior to the polling being conducted.³²

Other data from the MHF polling shows that 58% of parents of young children aged 10 and under had paid essential bills using unsecured debt.³³ Among the parents of children aged 10 and under who have accumulated debt paying essential living costs in the last 12 months, 32% were very worried about their

ii. Polling of 5,000 UK adults was carried out by Opinium between 1 and 13 November 2023. Figures are weighted to be nationally representative.

ability to repay.³³ More than a quarter of parents (27%) of children aged 10 and under had felt anxious in the previous month due to their financial situation, while three-tenths (30%) felt stressed and close to a tenth (11%) felt hopeless.³³ A survey by JRF found that of those in the bottom quintile whose mental health had been affected by the cost-of-living crisis, only a third (33%) had accessed mental health services.³⁴

Polling from the Policy Institute and the ESRC Centre for Society and Mental Health at King's College London mirrored this data, finding that over half (56%) of people struggling financially were having trouble sleeping due to worry about rising costs, compared with under a tenth (8%) of those who were coping financially.³⁵ The polling found that almost a quarter (24%) of people felt they were losing control over their finances. This rose to over three-fifths of people who were struggling financially, and more than two-fifths of people living in social housing.³⁵ Some 4 in 10 people with a mental health condition felt they lacked control over their finances.³⁵

Financially at-risk groups were more likely to report high levels of general psychological distress, with a two- to three-fold disparity between the most and least distressed groups.³⁷ Younger people, people who rent privately or live in social housing, and people who are struggling financially were more likely to report poor wellbeing, with half of people who are struggling financially reporting poor wellbeing.³⁵ People living with a mental health condition were also more likely to have sought help to cope with the rising cost of living, including mental health support and practical support.³⁵ In illustrating the relationship between poverty and NHS Services, research by The King's Fund details that 6 in 10 people in the most deprived areas reported that the cost-of-living squeeze had affected their health.³⁶

2024 findings

Findings from 2024 largely echo the themes from 2023. In its latest Public Perceptions Survey,ⁱⁱⁱ the British Association for Counselling and Psychotherapy (BACP) reveals that three-quarters (74%) of people said that their mental health had been worsened by the cost-of-living crisis, an increase of a third since 2022.³⁷ Polling commissioned by the Big Issue also shows that many Britons are feeling more at risk than ever due to economic pressures and societal issues, with nearly three-fifths (58%) of those surveyed stating that mental or physical health issues could put them at risk of homelessness.³⁸

The hardest hit, according to the data, are those that have had a mental health issue in the past five years, with over 8 in 10 (84%) admitting that the cost of living and inflation is negatively impacting their health and wellbeing.³⁷ Another group particularly struggling are those aged between 25 and 44, with a significant majority (83%) admitting that their mental health and wellbeing has been negatively affected by the cost-of-living crisis.³⁷

More women are affected than men (77% versus 70%), as well as those from ethnic minorities (81%), LGBT+ people (80%) and those with a disability (79%).³⁷ The poll reveals that the wellbeing of those with household incomes of under £15k per annum is significantly under strain, with over four-fifths (82%) acknowledging that their mental health had been negatively affected by the cost-of-living crisis.³⁷



iii. The survey data was collected using a self-complete, online methodology. A nationally representative sample of 5,249 adults (aged 16+) was taken from YouGov's online research panel and results were weighted to provide a nationally representative dataset.



Scotland

Over two years, MHF engaged with more than 17,000 college and university students and staff across Scotland to explore their experiences of mental health. This included a student-facing survey completed by more than 2,000 students studying at a Scottish college between March and May 2022.

The research reveals that over a third (37%) experienced food insecurity in the previous 12 months, while three-tenths (31%) of students worried about running out of food.³⁹ Nearly a third (30%) ate less due to a lack of resources or money, and close to a fifth (17%) lived in households that had run out of food.³⁹ Students with experiences of food insecurity also experienced worse outcomes than their counterparts.³⁹

In 2023, MHF polling revealed that over a third (32%) of Scottish adults reported having felt anxious about their financial situation in the last month.⁴⁰ These findings are consistent with MHF's UK-wide data. As with the UK figures, those in the lowest socio-economic groups and on the lowest incomes are much more likely to

report feeling anxious and stressed: two-fifths (40%) of people on the lowest incomes said they were anxious about their personal finances, with more than a third (36%) feeling stressed.⁴⁰ This compares with a quarter (25%) of people on the highest incomes feeling anxious and nearly a quarter (23%) feeling stressed.⁴⁰ More than a quarter of Scottish adults were worried about not being able to pay household bills, while almost one in three were concerned about not being able to heat their homes.⁴⁰ One in five were worried about not being able to pay their mortgage or rent and 21% were worried about not being able to afford food.⁴⁰

The Understanding Scotland Economy Tracker published in November 2024 by the David Hume Institute and polling experts Diffley Partnership reports similar themes to the MHF polling from 2023. It found that nearly half (48%) of people living in Scotland believed that their financial situation is worse than a year ago.⁴¹ Around 3 in 10 people reported losing sleep over money, with a third (32%) reporting an impact on mental health due to worries about money.⁴¹

Wales

A Public Health Wales survey^{iv} conducted between November 2022 and March 2023 outlined that nearly half (44%) of adults said rising costs of living were having a negative impact on their mental health.⁴²

Some 28% of respondents were then ‘*very worried*’ about rising costs of living, with 27% saying it was causing them substantial anxiety and distress.⁴² In some instances, households are finding it difficult to access essential services and are going without basic living essentials including food and a warm home.⁴²

In its latest Snapshot of Poverty survey, the Bevan Foundation highlights that one in seven people across Wales sometimes, often or always struggle to afford the essentials.⁴³

Around 3 in 10 people have borrowed recently as a result of financial arrears and one in seven are in arrears of at least one month on a household bill.⁴³ These high levels of financial hardship have had a significant impact on health. Some 44% of people said their mental health had been negatively affected by their financial position, while 3 in 10 reported the same in regard to their physical health.⁴³ These numbers have remained consistently high since July 2022, and largely replicate the findings from the previous Snapshot of Poverty survey, demonstrating a clear and ongoing issue.



Northern Ireland

Polling commissioned by MHF conducted by LucidTalk^v in October 2023 revealed that over a third (34%) had felt anxious in the last month about their personal financial situation, rising to nearly three-fifths (57%) among young people aged 18–24.⁴⁴ As with Scotland, these findings mirror the situation across the UK. A quarter of adults expressed worry about being able to heat their home in the next few months, while more than one in five worried about paying the bills.⁴⁴ Over a fifth (21%) are also worried about being able to afford family days out, entertainment, leisure and gifts.⁴⁴

Moreover, among children and young people in Northern Ireland, the Youth Prevalence and Wellbeing Study found that deprivation increased the rate of any mood or anxiety disorder by a ratio of 1.7.⁴⁵ From April 2022 to October 2023, the Centre for Effective Services conducted a research project in partnership with Parenting Focus. This observed that over half of separated parents struggle financially, while two-fifths (40%) of people are “*just managing*”.⁴⁶ Over nine-tenths (91%) of parents report that cost-of-living concerns are negatively affecting their mental wellbeing.⁴⁶ Many of the parents interviewed experienced anxiety, depression, sleep issues and worsening of other health conditions.⁴⁶ They also felt that the added stigma of being a lone parent contributed to their reluctance to seek appropriate support.

These findings are replicated in research from the Women’s Support Network in Northern Ireland. This research highlights the gender dimension of the effects of the cost-of-living crisis. This research found nine-tenths (90%) of women in Northern Ireland admitting cost-of-living pressures had impacted their physical health or mental health or both.⁴⁶ Of those who had children, over three-quarters (78%) felt that cost-of-living increases had negatively affected their children.⁴⁶

iv. To understand how rising costs of living are affecting people in Wales, a national household survey of over 2,000 Welsh residents aged 18 years and over was undertaken by Public Health Wales and Bangor University between November 2022 and March 2023.

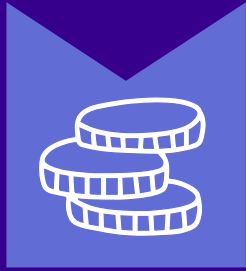
v. Polling was carried out online using the established LucidTalk Northern Ireland (NI) online opinion panel (15,843 members), which is balanced to be demographically representative of NI. In total, 3,046 full responses were received, and these were then authenticated, audited, weighted and modelled, into a 1,044 NI representative response dataset, which was used for analysis in terms of the final results.

Solutions

This section will consider some of the solutions that can reduce the mental health harms of poverty.

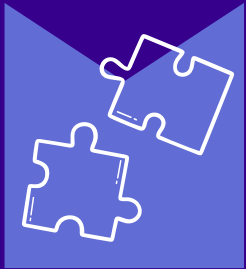
None of the mental health harms that we have discussed in this briefing paper need to be inevitable. There are several ways that we as a society can reduce such harms, which we will describe.

These include:



Ensuring everyone has an income that enables them to live a dignified life

Having a lower income or an unstable income is associated with an increased risk of experiencing mental ill-health.



Tackling child poverty

A child growing up and living in poverty is more likely to experience mental ill-health, which can have a lifelong impact. Likewise, actions to tackle child poverty can have lifelong benefits.



Addressing poverty stigma

Challenging negative attitudes through anti-stigma interventions has been demonstrated to be a promising avenue for reducing individuals' exposure to received poverty stigma.



Improve workplaces

Work precarity and the environment that we work in have been found to be associated with poorer mental ill-health.



A humane response to the mental health of asylum seekers

Asylum seekers face unique challenges when entering this country, and are at higher risk of poverty. An approach that addresses these challenges is needed.

Ensuring everyone has an income that enables them to live a dignified life

Having a lower income and an unstable income are both associated with an increased risk of experiencing mental ill-health. One of the best ways of reducing mental ill-health is ensuring everyone has an adequate income. This can be delivered through reforms to the social security system, and legislation that protects workers against job insecurity and in-work poverty.

Inadequate social security is causing significant harm. Without an adequate safety net, a setback can be hard to overcome. Presently, around five in six low-income households on Universal Credit are going without essentials.⁴⁷ Support has been eroded over decades, with the basic rate of Universal Credit at around its lowest ever level as a proportion of average earnings.⁴⁷ One solution is the implementation of an Essentials Guarantee (EG). This would embed in the social security system the principle that, at a minimum, Universal Credit should protect people from going without essentials. The policy would ensure that everyone had a protected minimum amount of support in Universal Credit to afford essentials. Analysis has suggested that this level would need to be at least £120 a week for a single adult and £205 for a couple.⁴⁷

This EG would embed a protected, minimum level of support based on an independent calculation of essential costs, directly addressing material hardship. The policy would benefit 8.8 million low-income families, including 3.9 million families with children and over half of all working-age families in the UK with a disabled family member. This would help to alleviate in-work poverty, with an improvement in low income-replacement rates, providing households with more stability to recover from setbacks.⁴⁷

A recent study carried out by the SIPHER Consortium for MHF builds on these findings, evidencing the mental health gains from additional, targeted support for families on low incomes. This study focused on the population of England and Wales, outlining how introducing a weekly payment of between £10 and £100 to Universal Credit for households with one or more children present would cause a significant reduction in poor mental health among the adults in the household.⁴⁸

This mirrors a similar policy already in place in Scotland, where households with children currently receive a payment of £26.70 per week. This would also reduce pressure on our public services, with additional payments to parents delivering a reduction of 13% of incidence of poor mental health for parents and other households caring for children that receive Universal Credit.⁴⁸ The greater the payment, the bigger the reduction in recipients experiencing poor mental health, with a £100 weekly payment resulting in a 13% reduction and a £25 weekly payment resulting in nearly a 4% reduction.⁵² This in comparison to a £50 payment which results in a 6% reduction, or a £70 payment resulting in an 11% reduction.⁴⁸

Applied to the population of 2.85 million adults living in households with at least one child in England and Wales who are in receipt of Universal Credit, a 13% reduction would represent 95,000 fewer people needing mental healthcare, freeing up space on NHS waiting lists.⁴⁸ Given the links between parental and child mental health, an initiative like this would be expected to also have significant benefits to the mental health of children, thereby reducing the pressures on schools and Child and Adolescent Mental Health Services (CAMHS).

Our recommendation directly related to ensuring everyone has an income that enables them to live a dignified life is as follows:

- The government should embed an Essentials Guarantee in Universal Credit, ensuring everyone has a protected minimum amount of support to afford essentials.

Tackling child poverty

Child poverty is an unacceptable blight on our society, which needs to be eradicated. In previous sections we have detailed the links between child poverty and mental ill-health.

There is clear evidence that children who qualify for a free school meal are viewed differently and face stigmatisation as a result.⁴⁹ Pupils in receipt of free school meals report being less likely to feel safe at school and are more likely to report that they have been the victim of bullying or spend time playing alone.⁵⁰ They also suffer educationally, with pupils eligible for free school meals an equivalent of 19.2 months behind those who are not eligible in terms of their learning by the end of secondary school.⁵¹ Nearly half of all families with children receiving free school meals reported to the Child Poverty Action Group that it is difficult for them to afford all the things their children need for school.⁴⁹ This research was all undertaken before the latest announcement from the government about the extension of free school meals to include all children in households on Universal Credit.⁵²

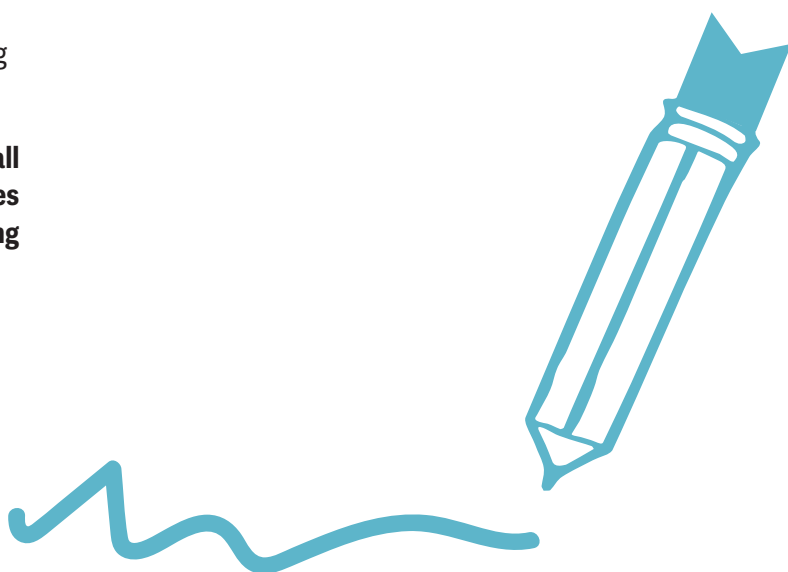
Schools also provide an important context to support families to maximise their incomes and reduce the mental health impact of poverty. Free school meals reduce the pressure on families who are struggling with school dinner money debt or unable to provide adequate packed lunches. Schools should be provided with adequate support to ensure that free school meals provided are nutritious, given the importance of good nutrition in helping children to thrive. Grants should also be available for families who are struggling to buy uniforms.

One example in Scotland is 'Maximise Angus!', a small project which achieved a £700,000 return for families over two years.⁵³ An important element was branding the project as financial wellbeing to avoid 'stigma'.

There is also now an emerging body of evidence suggesting that the prolonged summer break has an accumulative effect on educational outcomes. This may be one of the most fundamental, yet least acknowledged, contributors towards the attainment gap between the richest and poorest children, accounting for almost two-thirds of the gap by the time children reach the age of 14.⁵⁴

Poor provision of appropriate childcare, limited access to enrichment activities and food insecurity mean that children's health and wellbeing can suffer and their learning stagnate or decline.⁵⁴ This also disproportionately impacts lone parents, who are more likely to be in poverty, and need to take more temporary low-paid work to pay for childcare.

As the causes of poverty and its impacts are spread across different departments, any child poverty strategy must have cross-governmental buy-in. It must be supported by robust mechanisms and structures across government to ensure effective delivery of the strategy. This should include the use of the mental health and wellbeing assessment tool committed to in the previous government's Interim Major Conditions Strategy to assess the mental health impact of the policy proposals being developed in the Westminster government's Child Poverty Strategy.⁵⁵ This would reflect the Mental Health in All Policies approach recommended by the World Health Organization.⁵⁶



Our recommendations directly related to eradicating child poverty and its negative mental health effects are as follows:

- The Child Poverty Strategy being developed by the Westminster government should be a whole-of-government strategy leveraging the efforts of all departments towards eliminating child poverty and its effects.
- The mental health impact of the policy proposals in the Child Poverty Strategy should be assessed and implemented through the mental health and wellbeing assessment tool being developed by the Department of Health and Social Care and promised in the previous government's Interim Major Conditions Strategy. Good mental health and wellbeing should be at the heart of every government policy.
- Given the known links between poverty, parental mental health and children's mental health, the government should remove the two-child limit and the benefit cap. This would take an estimated 500,000 children out of poverty in 2029–30, and is one of the most effective measures the government can take to reduce poverty.
- To reduce stigma for students on free school meals, the government should consider options which make it difficult to determine who is receiving a free school meal, such as cashless or anonymous payment systems, integrating meals into the school day or avoiding separate lines.
- Continued funding should be provided for the Holiday Activities and Food Programme. This would help remove financial stress at an expensive time of year and avoid the need for parents to reduce their working hours.



Workplaces

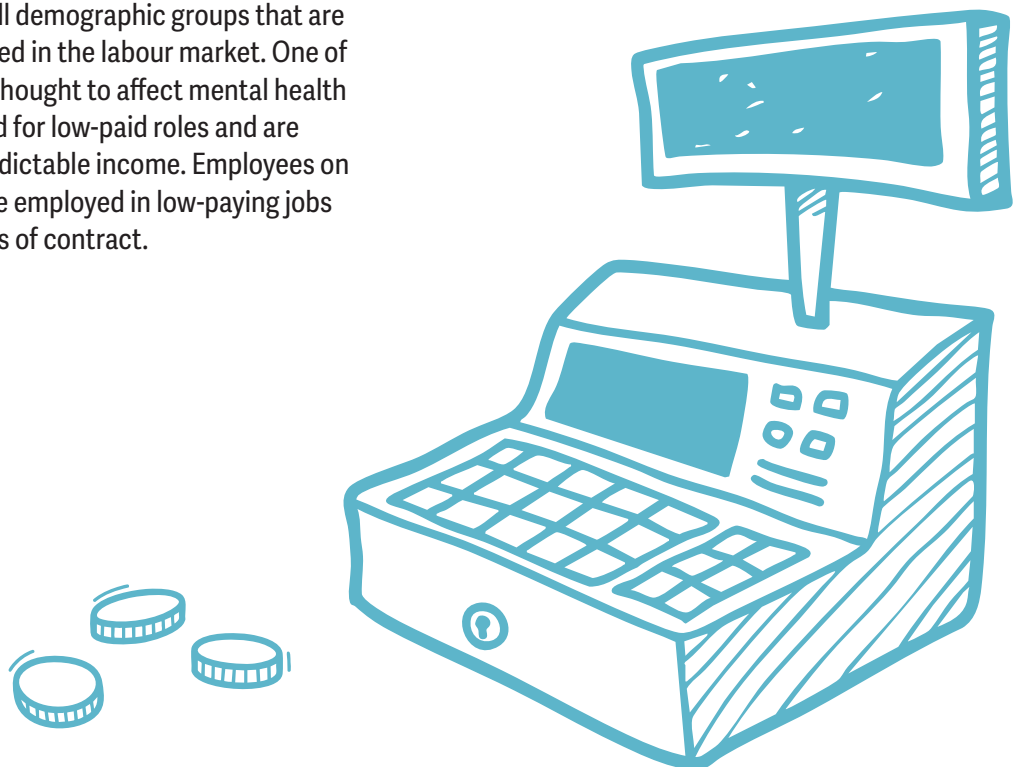
Particular working practices and job types are often linked to low pay and are a significant barrier to good mental health. Those experiencing mental ill-health have a median gross annual income of £2,376 less than people without mental health problems.⁵⁷ Furthermore, over a third (37%) of those in work who have a mental health problem are in the three lowest-paid occupational groups, in contrast to a quarter (26%) of those who have not had mental health problems.⁵⁷

Work precarity itself has been found to be associated with lower mental wellbeing. MHF's review of research on zero-hours contracts (ZHCs) found that among 17 relevant studies, eight disclosed a significant link between ZHCs and reporting a mental health difficulty or low wellbeing.⁵⁸ Only two studies could *not* find any association between being on a ZHC and reporting poorer mental health, and these two studies were carried out in Australia, where ZHC workers are given greater protection and a higher hourly wage.⁵⁸

The government has a role to play in protecting the mental health of workers in all forms of employment. This includes those on ZHCs. These roles are more commonly held by women, people with disabilities, people from minority ethnic groups or people with lower socio-economic status: all demographic groups that are known to be disadvantaged in the labour market. One of the main ways ZHCs are thought to affect mental health is that they are often used for low-paid roles and are associated with an unpredictable income. Employees on ZHCs are more likely to be employed in low-paying jobs than those on other forms of contract.

Our recommendations directly related to ensuring that work genuinely pays, and that everyone can access a good quality job, are as follows:

- Building on the new remit of the Low Pay Commission, the government should update the minimum wage regularly to genuinely reflect the cost of living.
- The government should introduce legislation to reduce job insecurity and in-work poverty, including ensuring that the Employment Rights Bill implements new rights to secure and predictable work that would make a tangible difference to workers.
- The government should review the flat rate of Statutory Sick Pay, ensuring it is adequate to support all workers to take time off work when sick without facing hardship.



Addressing poverty stigma

Service providers have a pivotal role in tackling poverty and other distress that customers might be facing. Organisations such as energy, water, telecoms and other utility companies and creditors are in direct contact with customers who may be experiencing pain. Frontline workers in a variety of community and service settings need adequate training to know how to sensitively respond to mental distress and signpost people to support. This includes call-centre staff, who are often the first point of contact with people in distress.

Trauma is also a major risk factor for poor mental health. An understanding of trauma should underpin all interactions between the public sector and people across the UK. All government services and departments should adopt a compassionate, trauma-informed approach, where staff and services are equipped to listen to and

value people's stories, show an understanding of the traumas they have experienced and respond to their needs without creating new trauma.

Addressing poverty stigma is a key lever to address poverty, improve service delivery and alleviate the additional mental health impacts related to how people are treated in society. Experiences of poverty stigma are associated with greater levels of anxiety and depression.⁵⁹ The stigma and shame of poverty felt by many, and the pain of this shame, is highlighted in research as one of the most detrimental and disabling impacts of living in poverty.⁶⁰ Stigma associated with poverty is also a key barrier to people accessing the benefits they are entitled to. To reduce poverty levels, addressing the negative narrative around claiming benefits is key.⁶¹

It is vital that all stakeholders, including the government, play a part in reducing the negative narrative that holds poverty in place and promotes poverty stigma. Our recommendations around this are as follows:

- Challenging negative attitudes through anti-stigma interventions is a promising avenue to address poverty stigma. Future interventions to challenge stigma should draw on learning from other types of anti-stigma campaigns such as those for mental health stigma.
- Service providers, including employment support services, healthcare services and others, should evaluate how services are perceived by people living on low incomes to ensure that service delivery does not contribute to perceptions of stigma. This includes ensuring that free school meals, support for the cost of school uniforms, etc., are delivered in non-stigmatising forms.
- The Department for Work and Pensions (DWP) should examine how it can contribute to reducing poverty stigma through service design and delivery. We draw attention to Social Security Scotland's 'Delivering social security with fairness, dignity and respect' commitment and its customer charter and ask the DWP to reflect on how its approach can incorporate the learnings from the positive claimant experiences in Scotland.
- The government should be mindful not to increase poverty stigma through the narrative that it adopts around child poverty. The government could play a significant role in reducing poverty stigma and the mental health impacts by being clear in its communications on the causes of child poverty (inadequate income levels – both in and out of work, unaffordable and inadequate access to housing). This would help protect parents from the pernicious narrative of blame which fuels the lack of public support for government policies that could make significant inroads to addressing poverty.
- The government should work with families with children on low incomes to consider and design outcome measures of poverty stigma for the Child Poverty Strategy.

A humane response to the mental health of asylum seekers

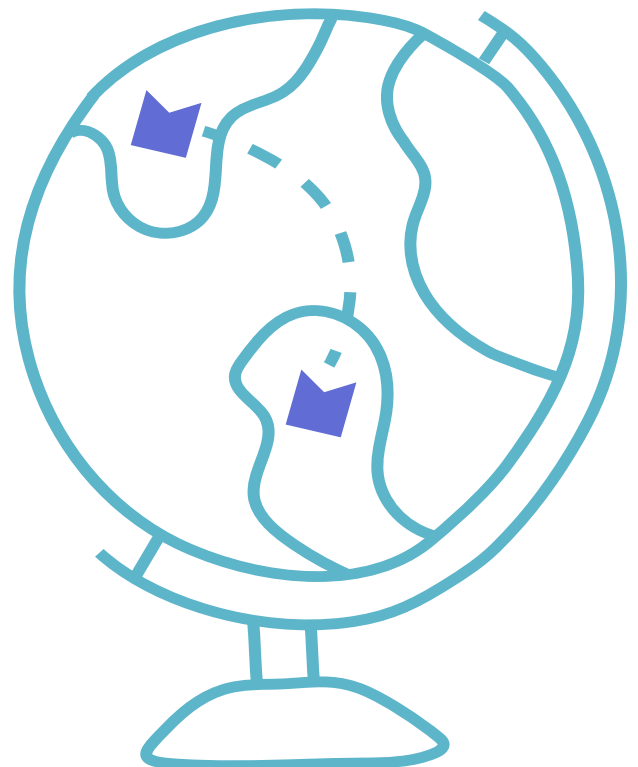
Upon arrival in the UK, asylum seekers face a high risk of poverty. While there are existing policies that financially support asylum seekers, they have not kept up with inflation and the high cost of living.⁶² In 2021, the British Red Cross and the Refugee Survival Trust conducted interviews with people with lived experience of the asylum system in the UK. Those who were interviewed revealed their small weekly allowance, coupled with the high cost of everyday living, meant they were often forced to make difficult choices between basic essentials such as food or transport.⁶³

Those seeking asylum in the UK also face unique pressures regarding work. We have previously discussed how an adequate income is one of the best ways of reducing mental ill-health. Yet, asylum seekers can only apply for permission to work if they have been waiting 12 months for a decision on their claim and are not considered responsible for this delay. Even then, people who are granted this permission are often unable to work in practice because employment options are restricted to the list of skilled professions included on the government's Immigration Salary List.⁶⁴

Without the right to work, and with low levels of financial support, asylum seekers are at serious risk of problems such as loneliness,⁶⁵ financial strain⁶⁶ and loss of self-esteem.⁶⁷ Research from a 2023 intervention has demonstrated that if the government lifted the right to work restriction for people waiting longer than six months for a decision on their application, there would be significant economic benefits. Calculated average annual accounts show that this change in policy would save the government a total of £4.4 billion annually, increase tax revenue by £880 million and add £1 billion to gross domestic product.⁶⁸

Our recommendations to address asylum seeker poverty are:

- The UK government should commit to reducing the time people are waiting for a decision on their claim and automatically grant asylum seekers the right to work if they have been waiting for longer than six months.
- The Asylum Support Allowance should be increased to a level that ensures everyone can at least meet their essential needs, and be regularly reviewed, based on research with people with experience of the asylum system, to determine what people actually need to afford the essentials.



What can government do to support communities

Communities can be vital in preventing mental health problems. Research has outlined that people in neighbourhoods with higher levels of social cohesion experience lower rates of mental health problems than those in neighbourhoods with lower cohesion, independent of how deprived or affluent a neighbourhood is.⁶ Participation in group activities and greater levels of perceived helpfulness within communities are associated with better levels of mental health and can constitute a safety net against the adverse effect of rapid macro-economic changes.

It is therefore imperative to focus on community assets and looking at the positives present in the community and the ability of individuals and groups to transform neighbourhoods with the expertise that only people who live and work there have. Within this approach, social workers also have a vital role to play, as they can often help people access public benefits, connect with community resources and plan for long-term financial stability.

To this end, MHF has been working with the Poverty Alliance in Scotland, supported by funding from the Scottish government, to take forward a programme of work that will build capacity within grassroots community organisations to better support the mental health needs of people experiencing poverty.⁶⁹ The work targets organisations that do not have specialist skills or knowledge in relation to mental health and will enable them to better support or direct the people with whom they have been working. Initial work has focused on understanding training and support the needs of over 120 Poverty Alliance member organisations to inform the development of a capacity-building model around preventative approaches to mental health.

A training needs survey of Poverty Alliance member organisations and focus groups with targeted organisations has now taken place. There were 121 responses to the survey, with 17 participants joining the focus groups. The focus groups targeted organisations that work in rural areas, organisations that work with people from protected characteristics and organisations that work with people in financial crisis.

The survey highlighted that while confidence in knowledge around mental health theory and the links between mental health and poverty was high, confidence in delivering activities around these was low. Therefore, it is important that organisations and all working at a grassroots level are provided with adequate funding from both central and local government to ensure training can be delivered and that they can continue to carry out their important work supporting social connection and good mental health.





What can individuals do to support communities

In a previous survey of UK adults who had experienced job loss or unemployment, the most common sources of support were family members (47%), a partner or spouse (44%) and friends (34%).¹⁴ These findings are all crucial, as previous research highlighted the importance of both social support from family and friends, and support from more formal services.⁷

While individuals cannot take on all of the burden of protecting their own mental health in a social environment that is not supportive of it, a sense of agency can act as a buffer against stress, anxiety and depression. There are often ways that individuals can take action to support their mental health, even when the system is unfairly stacked against them.

Some resources which may be useful to individuals experiencing poverty and poor mental health are:

- [Advice on debt and mental health](#) (MHF)
- [The cost of living and mental health](#) (MHF)
- [Mental health and debt](#) (Money Saving Expert)
- [Getting financial advice](#) (Citizens Advice)
- [The link between money and mental health](#) (Mind)

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