



POVERTY

THE VIEWS OF PEOPLE WITH MENTAL HEALTH PROBLEMS ABOUT POVERTY AND MENTAL HEALTH

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**HUG at
Highland Community Care Forum**

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INVESTOR IN PEOPLE

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WHAT IS HUG?

HUG (Action for Mental Health) is a network of people who have experience of mental health problems.

At present HUG has approximately 400 members and 14 branches across the Highlands. HUG has been in existence now for 14 years. Between them, members of HUG have experience of nearly all the mental health services in the Highlands.

HUG wants people with mental health problems to live without discrimination and to be equal partners in their communities. They should be respected for their diversity and who they are.

We should:

- Be proud of who we are.
- Be valued.
- Not be feared.
- Live lives free from harassment.
- Live the lives we choose.
- Be accepted by friends and loved ones.
- Not be ashamed of what we have experienced.

We hope to achieve this by:

- Speaking out about the services we need and the lives we want to lead.
- Challenging stigma and raising awareness and understanding of mental health issues.

HUG's aims are as follows:

- To be the voice of people in Highland who have experienced mental health problems.
- To promote the interests of people in Highland who use or have used mental health services.
- To eliminate stigma and discrimination against people with mental health problems.
- To promote equality of opportunity for people with mental health problems irrespective of creed, sexuality, gender, race or disability.
- To improve understanding about the lives of people with mental health problems.
- To participate in the planning, development and management of services for users at a local, Highland and national level.
- To identify gaps in services and to campaign to have them filled.
- To find ways of improving the lives, services and treatments of people

with mental health problems.

- To share information and news on mental health issues among mental health service user groups and interested parties.
- To increase knowledge about resources, treatments and rights for users.
- To promote cooperation between agencies concerned with mental health.

EXECUTIVE SUMMARY

In this report we look at our experience of poverty, examine why so many of us experience it and look at solutions to it.

Ninety three percent of the people who participated in this report are on benefits and the majority would consider that they live in poverty or close to poverty.

We believe that the degree of poverty we experience in Scotland is usually very different to the sort of poverty that many people experience in the developing world. However, despite the welfare system, which we value, many of us struggle with everyday living on a low income.

Having a low income is bad for our mental and physical health and reduces our expectations and ability to look to a better future.

Poverty can also manifest itself in other ways, isolation, lack of occupation, lack of hope and belief in a future are other aspects of poverty that are not necessarily only caused by a low income.

We find that the benefits system, whilst sometimes brightened by the activities of individuals who work in it, is inflexible and unyielding and does not respond well to the needs of individuals affected by a mental illness.

Many of us use the CAB service and find that it is very helpful when dealing with debt and benefits claims.

We believe that our mental illness frequently precipitates our descent in to poverty and that this can be caused both by illness, discrimination, alienation and an inability to sustain paid employment.

Poverty restricts our opportunities and reduces our wellbeing and mental health therefore taking away many of the attributes that would help us find ways out of it.

We are worried by changes to the welfare system and believe that people with a mental illness will be disproportionately affected by it and that these changes will increase mental illness and further disadvantage people with a mental illness.

Whilst employment is a route out of poverty, many of us see the prospect of

paid employment as unattainable. We are often not well enough to work, jobs are not available and, where they are, we still believe that inaccessible work places and discrimination prevent us from working. However, we would like to see more effort put into training, job creation and the development of healthy workplaces by government.

We would like recognition that mental illness can stop us claiming the benefits and services that we have a right to.

We would like to see a benefits system that recognises that some of us will be on long-term benefits and which accepts that society does not have the right to penalise or look down on us as a result of this.

We would like to see a society that invests in children and education and a reduction in the gap between rich and poor. This would increase social wellbeing and reduce poverty.

We would like to see investment in community initiatives that foster self help and community cohesion; by promoting positive communities people can find ways out of poverty of lifestyle and expectation.

We would also like to see an investment in our own individual capacities; by promoting recovery, resilience, peer support and confidence we will create healthier people and societies. This will reduce the impact of low income on people's well being and also help us gain the skills to rejoin a society that many of us feel alienated by.

By accepting us and our difference, by looking at the variety of ways we all contribute (that are not just about paid employment) we will enhance the countries' wellbeing and give many of us the capacity to contemplate leaving joblessness behind.

INTRODUCTION

HUG is a group of people who have experienced mental health problems. Having a mental illness means that many of us cannot work and live on benefits or alternatively work on a very low income.

For many years we have discussed the difficulty of living on a low income and how this impacts on our lifestyle, recovery and mental health.

We have produced reports on Benefits, Employment, Recovery and local issues all of which can be found on the HUG website at www.hug.uk.net. These discuss what it is like to be on benefits or what may get us into work and help us on the journey away from poverty.

It is well known that a large proportion of the people claiming sickness and disability benefits have a mental illness.

This picture is replicated in HUG. In this round of meetings 93% of us were on benefits of one sort or another.

The current welfare reform changes have been of great concern to our members, already we are seeing more of our members failing the medical review for incapacity benefit when, in the view of those around us, we are patently unable to work. The rumours we hear about the future of those on Incapacity Benefit and Disability Living Allowance (DLA) and the fate of those new to benefits who are put on Employment Support Allowance has caused considerable alarm and anxiety amongst our community.

Over the last two years we have consistently said that we need to re-examine the ideas of welfare reform, particularly as they apply to people with a mental illness. Our concern is that many people who are already living on the breadline will be put further into poverty and financial insecurity by current plans.

We have passed these views on to officials at Highland-wide and national meetings but realise that the area of benefits (and therefore to some extent poverty) is not one that is in their influence or remit.

The most common answer to our concerns is that Councils fund CAB bureaux to deal with issues like this. We find this unhelpful. When the Health Board or the Council are trying to improve the health of people with a mental illness they need to recognise that a key contributor to positive or negative mental

health and well being is poverty and that, unless this is addressed, they cannot hope to achieve the positive outcomes they would like for the considerable numbers of people with a mental illness who live in or near to poverty. We have responded to the welfare reform consultations and given speeches on benefits and welfare reform but have not so far seen any positive response to our opinions.

As a result we decided to go back to the basics of our lives and look at the whole issue of poverty, its impact and ways out of it, as seen by our membership.

We did this by holding meetings across the HUG network of branches in the Autumn of 2009. In all we met in 14 branches and involved 88 people in informal discussions that were written up in note form and turned into this report which was accepted by the HUG Round Table (our Advisory Group) and adapted, in light of the proposed welfare reform changes, in 2010.

It was also seen by key stakeholders before being published in this form.

WHAT DO WE MEAN BY POVERTY?

We had a number of ideas about what we thought poverty was:

At its simplest there is 'absolute' poverty where people do not have the basic necessities that they need to live on, such as food, water, warmth and shelter. This sort of poverty can be found throughout the world but we believe that it is much more common in developing nations:

"Here it is relative, it's not like Africa, we pay taxes and have the NHS and the 'dole'."

We think that this sort of poverty does still exist to some extent in Scotland and the Highlands. However it is often hidden and is perhaps, most commonly found amongst the homeless and in inner cities:

"Some people can depend on other people and on handouts for food; they can be in absolute poverty."

"The poor areas of bigger cities where there are soup kitchens; the inner city and homelessness and living in a room with nothing. There can be abject poverty in this country which is hard to understand. Why is this so?"

In the Highlands we think the main determinant of poverty is the income and amount of money we have available. Not having enough money to sustain

what we would regard as a reasonable living is the key factor that says whether we are in poverty:

"Living below the breadline."

"Not having enough to support yourself, not having enough food."

"Undernourished, bad accommodation, poor living conditions, can't provide for your children."

"Trying to cope on the never, never."

Poverty also changes over time and from generation to generation. So, once we have got beyond having access to basic necessities poverty becomes a cultural and perceptual phenomenon:

"Poverty is relevant to the different conditions of the country concerned, it varies across cultures and society."

"It's that state of mind. I was born in the 30's. We didn't have heating then so I don't need it now. Living in the depression and the war years we didn't have much but we didn't need much. It is easier for me than for those who were born in the '50's and '60's. I have no car, no telly; if I have a cup of tea and a book I consider myself to be very, very lucky."

"It's to do with status, we feel in poverty but compared with the poor in other countries we are well off."

We think that the gap between rich and poor people is an aspect of poverty. The bigger the gap there is and the more we are around people with a much greater income than us the more likely we are to feel that we are living in poverty:

"There's nobody starving but there are a lot of rich people."

"When you look at it, we are divided by the people with money and in power and in society and us in the benefits system."

"There are degrees of poverty, the UK has lots of very rich people and lots of very poor people, the gap in income shows the poverty."

Equally our values about what is important can determine how poor we feel. If we base our society on materialism then the less well off may feel poorer than if we place importance on other, perhaps more spiritual, aspects of living.

However, the size of our income is not the only determinant of poverty. It also rests on what we can afford with that income which relies on the prices of the

things we need to buy which can be influenced by our individual needs and where we live.

We believe that poverty has been increasing as a result of the recession and cost saving measures. We know that prices are increasing but that benefits are not increasing in line with this. We also believe that in recent years the poor have been getting poorer in relation to the rest of the population.

The effect of having a low income has an impact on many aspects of our lives and our aspirations for the future. A low income may have a major impact on our mental health. Poverty quickly has an effect beyond what we can afford to buy:

"... the important thing is quality of life, being able to participate in the community which is not always caused by finances."

"When you do not have enough resources to live on which is not just money."

Poverty can be an attitude or belief:

"Belonging to an underclass which puts you on the fringes by the very use of the term."

"You can be very poor but not unhappy, neighbours helped each other even though they had little money."

Poverty can also be a part of our lives if:

- We lack educational opportunities.
- We are unemployed.
- Our housing is insecure or we are homeless.
- We have no stimulus in our lives or have few opportunities available to us.
- We have a negative social status.
- We have no chance for ambition.
- We are isolated.
- We feel inferior or we feel like failures.
- We have poor mental health.

Poverty can be seen as:

"Being on the breadline, not getting enough each month, being in debt, existing not living, lack of choice, being an outcast."

"Poverty is not just money; it is the sadness of no family, no social networks, no one to turn to when in pain, no help with stress, no sense of place or

security, no sharing or feeling respected or part of a group."

It can be an aspect of our wellbeing as well as a consequence of our low income:

"[poverty is] attitudinal, knowledge, ability, resilience, poverty of expectation."

Changes in income can also result in poverty. A sudden change in income can cause debt and an inability to maintain our household or lifestyle. Even people on reasonable incomes can quickly end up in debt and eventually poverty if their lifestyle or circumstances no longer match their income. Equally, if we are already living in poverty then sudden changes in income, though minor, can be catastrophic and can take a very long time to adjust to.

We have a feeling society believes that people who live on a very low income often do little to contribute to society which we resent. However, there is a parallel belief from some of us that there are considerable numbers people on a high income who provide little to the society that they live in.

Some of us see poverty in a different way and believe that there is not really any poverty in Britain nowadays. We don't believe anyone goes to bed starving and think that the welfare state provides for anyone at risk of falling into poverty.

THE EFFECT OF POVERTY

We feel that too many people don't understand what it is like to be in poverty and therefore have ill informed attitudes about our lives:

"Unless you have been there, you don't understand."

"Every so often there is a token gesture by an MP who lives for a while on benefits but they don't have a clue what it's like."

Poverty can make everyday life very difficult to manage:

"It can be a struggle to live."

"At first I had no money for 12 weeks. They said 'you could borrow money off the drop in centre'."

"You go for the cheapest you can get"

"Not having enough money is not poverty; it's the effect on your life, food, friends, travel, stress, depression. There is a very different life between the

rich and the poor."

"For a while I was living on £49.80 a week which is just about impossible."

When we are in poverty we may see people with very different lives to us which can be hard to deal with:

"You get dragged down when you see other people going on holiday."

Poverty can have a bad effect on our health:

"It affects our health, i.e. not having a healthy diet."

"Poor physical health; you eat cheap food, you have to cut the cloth to your suit."

Poverty can also affect our expenditure on energy:

"Buying a bag of coal is a big slice out of my benefit money."

"I got 20 energy efficient light bulbs as part of my fuel poverty but this doesn't really offset the bill."

Poverty can have a great impact on our ability to engage with other people:

"We live in the community and need, for our wellbeing, to mix and socialise but opportunities are limited by money and poverty."

"A lot of people with a mental illness are on their own and are therefore in poverty."

"If you are on benefits because you can't work it can make people outcast."

Travel can be difficult if we live in poverty:

"Bus fares are too much so you can't go out. This affects your health."

"The only good thing now is that I have my bus pass."

Poverty can affect our access to basic things other people take for granted:

"We are having to make real cutbacks as our benefits were reduced... we try to manage without electricity, we have stopped using the freezer, we watch the meter all the time."

"Lack of furniture; I wanted a bed; not having enough furniture to live with."

We can struggle with change:

"It is very difficult to manage finances when you have little income, little to support you when you get into trouble."

We can find it hard to provide for our children:

"You can't give your children the same."

"It's very hard if you have a house full of children."

We can find it hard to clothe ourselves:

"Having to get clothes from charity shops."

"I can't remember the last time I bought new clothes."

Poverty can affect our whole outlook on life:

"Makes you spiritually bankrupt."

"You either grow a skin and become immured to your situation or develop a more resistant character. It either kills you or cures you."

It may lead to crime:

"Crime may increase to get money or you may owe money to criminals."

"You can use illicit means to make a living."

Poverty can lead to unwise ways of obtaining money:

"Money lending can be criminal but they encourage banks to do the same."

We may struggle with debt:

"You can easily get into debt."

"When I was first ill I had to juggle between having food and electricity; I couldn't afford both."

It can cause mental ill health:

"It can cause depression and lack of motivation."

"You can be agoraphobic and unable to get out and deal with everyday life."

It can lead to homelessness:

"In rare circumstances you find people with a mental illness living on the streets."

"Lack of housing is poverty".

THE BENEFITS SYSTEM

Most of us use the benefits system to manage but we are aware that some people on a low wage are also in poverty:

"The minimum wage is still far too low."

"£20 a day for part time work is too low, it's hard work and too stressful."

We do agree that those people who are not entitled to benefits shouldn't get them, but tend to find that those people who are good at manipulating the system can maintain good benefits whilst others who are obviously in need of benefits can get a bad deal because they don't have the skills to deal with the system:

"Some people take advantage of the system and tar everyone with the same brush."

We sometimes feel that in order to qualify for higher benefits (such as Disabled Living Allowance) we have to exaggerate our present difficulties or tell a story about our lives that doesn't fit neatly with our current daily reality. This is because, with a mental illness, we can have periods when we are very well and other times when we cannot cope at all and giving a picture of this variable condition may make us feel that we are distorting our situation:

"You can be unfit for work, but not unfit enough. We are often knocked back from DLA appeals despite CAB being a successful organisation."

"You can struggle to get DLA."

DLA (Disabled Living Allowance), especially if we can get the higher rate, can give us a reasonable income to live off and is seen by some of us as the thing to aspire to:

"DLA is a very important benefit."

"If you are not on DLA then you are in real problems."

However a few of us worry that the security that DLA gives us can force us in to long term illness; only by being severely mentally ill will we qualify for DLA and therefore there is little incentive to look at positive routes out of illness or even to find the motivation to try to recover – we may suffer financially if we show signs of becoming more healthy:

"Being on high benefits can lead to a lack of expectation and a need to keep our illness to keep our benefits. There can be no motivation to move on in life."

We find it confusing that people who seem to be in very similar situations can be on very different benefits and therefore very different incomes:

"It's pretty complex and can lead to all sorts of different levels of benefit and concessions despite similar illnesses."

This can mean that we find the benefits system confusing and overly complicated. If it were simplified it would be much easier to deal with:

"On Incapacity Benefit you don't get the dentist or the optician etc., on Income Support you do."

"It's really confusing, the benefits system changes all the time; is that to keep us confused and the others in control and power?"

OUR VIEWS OF STAFF IN THE BENEFITS SYSTEM

We have mixed views of the benefits system staff. Some of them are helpful but this often seems to be if they reach out beyond the restrictions of their job and demonstrate a humanity and empathy that they are not expected to have:

"My advisor was good and told me not to bother looking for jobs."

We find it incredibly frustrating that they are not allowed to give us any advice and that they will not tell us what we are and aren't entitled to. Some staff seem to have a judgemental and negative attitude towards us:

"You are looked down on, they couldn't raise a smile, they are hard as nails."

"They don't give you all the information that you need, we wouldn't need CAB

if they were more helpful. They don't understand mental illness."

"They don't tell you what you can claim or what level you can claim. They keep you hanging on, no money, no decisions, you have to do it all over the phone."

We feel that we have little say or power over the decisions of the Benefits Agency and are treated by the system as inferior:

"The advisor tells you what you are fit for and you have no say."

"There can be a lot of stigma and discrimination from Job Centre staff, ignorant of the illness."

"It also applies to physical illness, for instance I was told: 'do you really need to be in a wheelchair?'"

"They need a better understanding of our lives and why we claim benefits so that they don't think we are outcasts or spongers."

"Some are excellent, they care, they are not supposed to help you but they point you in the right direction."

"They are not forceful and understand the shortage of job prospects"

We don't feel that people who have a good knowledge of us are consulted or encouraged to be involved in our assessments:

"Your own G.P. should say you're fit for work; it's not fair, my doctor said 'How can the medical doctor say you're fit for work when I say you're not?'"

"Losing an appeal for benefit is very hard, even if you have a letter of support from your psychiatrist it can be hard to overturn it."

THE CITIZENS ADVICE BUREAU (CAB)

Most of us found the help that the Citizens Advice Bureau offered was hugely valuable. Many of us would be refused benefits or not know of benefits without their help. We are glad local councils fund their work and find them extremely important:

"You need support in knowing how to express what you write, CAB knows how to express the truth, sometimes it is only them that can get you benefits."

"CAB are brilliant."

BEING ASSESSED AS FIT FOR WORK

Some of us can't understand or accept the sort of work we are now expected to do and find it very hard to adjust to new expectations of us after medical reviews:

"They said I was fit for work, that I could stack shelves in Tesco's but I'm a fisherman; why should I do that?"

Many of us feel that we are being forced into work that we cannot do and, equally, if we are assessed as being able to work are expected to find jobs that don't actually exist, especially in rural areas.

We worry about the effect that this will have on people and believe that ultimately many more people will be pushed into deeper poverty and more severe mental illness:

"They are forcing people into work, they will be hounded and could be forced into illness, there is so much hassle now."

"They are not really offering you jobs, just telling you that you can work even when you can't and there is no work."

THE BENEFITS SYSTEM AS A WHOLE

We find the benefits system unyielding and inflexible:

"There is a book of rules that they learn by heart. There is never an occasion that a rule shouldn't be bent, but they don't live like this, they adhere to all the rules."

"Changes in policy and people's attitude are hard to deal with. There are always new rules and regulations. You get asked why you haven't claimed certain benefits but you don't know about it and it is too hard to find out, there are too many forms and you can't always deal with CAB."

When the Benefits Agency makes a mistake we are often the ones that suffer as a result. This can cause us hardship, is not our fault or something we could have anticipated:

"They want it back if they get it wrong and will take it off you."

We have a perception that Benefits Agency staff are rewarded for the amount of people who don't get benefits:

"A lot of benefits staff say we are only entitled to one benefit but it's a load of nonsense; they try to stop you at the first hurdle. It feels like they must get a bonus for cutting down on benefits."

The use of phone consultations and centralisation has made it more difficult to claim and makes the agency seem even more remote:

"The telephone system is awful you get transferred across the country."

"It's wrong having to phone for benefits by mobile - it can cost a fortune."

CLAIMING BENEFITS WHEN WE HAVE A MENTAL ILLNESS

Many of us struggle with the system and cannot claim benefits or mismanage our claims:

"You can be so depressed that you can't do the claims - it's not pride, you can have very poor communication skills, I couldn't get there or face the forms."

"I remember sitting there and crying and crying, looking at the forms."

"Sometimes you don't even have the motivation to get a sick note."

"You need a degree to fill in the forms, you have to do it on the phone which is awful, really off putting."

"We are oppressed by the system, by changes to bus passes, by changes in benefits, we can't deal with this and end up isolated and ill."

MANAGING ON BENEFITS

Many of us find that it is a huge struggle to manage on the amount of benefits we get, just as it can be on the minimum wage or a low income.

However, some of us believe that people getting the full range of disability benefits can have a good quality life and be financially better off than people in work. We were unsure whether this was a good thing:

"Some people on benefits have a greater income than me."

"Low income can be just enough to exclude you from benefits."

"You can be worse off if you try to work, everything is paid, especially if you

have children."

We also believe that it can be harder to manage on benefits in rural areas than other areas.

We find that we do not always use our money wisely when on benefits. A way of getting out of the misery of being on long-term benefits is to turn to drink or drugs. This was very understandable to many of us but some of us felt that benefits used for purposes like these were being misused:

"Addictions go with mental illness and with smoke and drink and gambling – it provides comfort in misery and alleviates boredom."

"You can't keep your house, your car, your telephone and fall into the trap of seeking the solace of drugs or whisky."

"There is nothing to do, you are bored out of your mind and turn to drugs."

Some people had very little understanding of life on benefits and gave us advice that was very unhelpful:

"The psychiatrist says 'Go and treat yourself', you can't or you do and end up in debt."

Daily living is a constant struggle for many of us when we are on benefits:

"It restricts every aspect of life; cheap food, skip on heating and hot water, you go to bed early rather than turn on the heat. You buy own brands and walk everywhere, you can't buy nice clothes, can't go on holiday, even charity shops are too expensive. You can't buy plants for the garden; you live in deprived areas, although it can be even worse in areas where everyone else is better off."

"I couldn't visit my parents or children because of the cost of transport."

"You can't afford to go round to friends and relatives with a bottle of wine, you feel very guilty and withdraw. It is very difficult to get involved again."

"In winter it is hardest. With fuel, cold weather payments are not much. I had ice on the inside of my window half a centimetre thick last winter."

"I had one chair, one TV, one plate, one cup, one saucer, one microwave and that was all."

The lives we have led can lead to us being treated differently. For instance, women who have brought up children may have a different situation to others

despite feeling that they have made a good contribution to society:

"If you have not worked much but instead have brought up children and always had an illness then you are not entitled to much."

As we get older we may become poorer which seems unjust:

"Going on a pension from benefits can lead to a decrease in income."

If we become in-patients in hospital our benefits may be reduced dramatically which is unhelpful as we still have many of the needs in hospital as we do outside and the bills we incur at home often continue:

"In hospital benefits stops, they think you don't need anything but we need basics like cigarettes, toiletries, the basics that allow you to enjoy yourself a little."

"I get almost no benefit as I have been in hospital a long time. When I get out again I will get my DLA again and I know in the past they have overpaid me so I might have to give that back too."

Some of us find living on benefits fine and helpful:

"Round here we are comfortable on benefits. I am quite fortunate; the area is good, I am better off on benefits. I don't have to pay for housing. Everywhere is clean and there is a reasonable sense of community."

If we do get work it can be hard to get back on to benefits if we can't sustain our job:

"If you come off benefits, if the job doesn't work. But with benefits you have to wait for 4 weeks to get back on and need to survive on a crisis loan."

VIEWS OF CHANGES IN WELFARE REFORM

We are extremely glad that we have a benefits system in the UK.

However, we fear that changes to the benefits system will put more people on benefits into poverty, increase mental illness and contribute to an increasing gap between rich and poor and lead to poorer community wellbeing.

We are extremely concerned that people with a mental illness will be disproportionately affected as the reality of mental illness is not catered for

well by the benefits system. Many of us are unskilled at claiming benefits and many of us lack the ability to stick up for ourselves when our claims are rejected:

"There is increased poverty amongst people with a mental illness - because you appear OK you will be assessed as ok to work, the criteria are harder and will lead to an increase in people with mental illness."

We also find welfare reform hard to understand as we are not aware of jobs being available for us to do. Many of us believe that even if outsiders believe we can work, we, and our helpers are often aware that we cannot work and that it will lead to stress and illness.

If we could work the workplace is often not accessible to people with a mental illness:

"Through illness we can't work, even if we have good qualifications."

"In this area (Skye) it is very hard to get work, we need more support in work."

"Because you can be bullied and treated badly at work - I had to resign."

"It can be all work or no work - it would be good if we could work if and when we could."

We wish that, instead of concentrating on people who claim benefits fraudulently, who are in a tiny minority, that work be done to maximise unclaimed benefit:

"They talk of millions of unclaimed money, where's it going? We have a right to it."

However, some of us do find that the benefits system can trap us into a life from which it is difficult to escape:

"If you are on high benefits then you can't afford to work, especially if you pay high rent and council tax, not don't want to work, can't. There is not enough money to pay the bills."

Some of us think that we need to acknowledge and play our role in dealing with the impact of the recession and spending cuts rather than challenging possible changes to the welfare system:

"Should we be more content with what we have got as the recession bites"

rather than looking for more and more?"

WHY DO SO MANY PEOPLE WITH A MENTAL ILLNESS END UP IN POVERTY?

The principle reason so many of us end up in poverty is because our mental illness makes it impossible for many of us to do any work at all and for most of us to do well paid work.

One of the reasons for this is discrimination. Attitudes to people with a mental illness can still be very prejudiced:

"The first time I went to Keiss, I said that I went to the 'Haven', they said 'they are all loonies there'. It's discrimination at the very beginning. They don't understand that it's a community where we all help each other out."

From prejudice about us as people comes prejudice about us as workers. Despite the fact that there is the Disability Discrimination Act and equalities legislation we still believe that we are excluded from work.

Many of us still assume that we will be asked about our mental health if we apply for jobs. The past history of discrimination is a powerful inhibitor when we come to consider work again.

This exclusion can be overt in that once people know we have an illness they don't want to employ us, whatever the law may say, but it can also be because the workplace is not accessible to us.

We do not live in a society where it would be acceptable to work only when we are well enough. Periods of illness may mean that we struggle to get to work in the mornings or spend time off work which may last for days or weeks and then have weeks or days when we can work. This reality is not compatible with current employment practice.

Equally, the workplace may not be a place where we get enough support and adjustment to allow us to sustain work and so again we end up on benefits and in poverty.

Stress is a trigger for mental illness for many of us and the stress of the mainstream workplace may make it inevitable that some of us will get ill again when we try to return to or start work.

Because many of us struggle to engage with the current way in which the benefits system works we may be deemed fit to work when we are not. We may be put on the wrong sorts of benefits or may find it impossible to comply with the regulations of the benefits system. This serves to put us at further

risk of poverty.

When we are on benefits, our lifestyle and our illness may make it impossible to manage our finances and day to day living arrangements which may lead to debt, homelessness and an inability to cope with everyday living on a limited income.

An example of this is that people who are bi-polar may completely mismanage their finances and situation when 'high'. They may spend money they haven't got and get into considerable debt or come off benefits in the mistaken belief that they are fit for work.

Some of us do not recognise that we have a mental illness for a variety of reasons, sometimes because of lack of insight, sometimes because of stigma, sometimes because we reject the medical interpretation of mental illness. This may mean that we are not entitled to adjustment at work or that we do not accept that we qualify for any of the disability or sickness related benefits and therefore end up in poverty.

Mental illness can lead to a number of things happening; we may be rejected by family and friends and the networks most people rely on to keep a connection with society and therefore end up isolated and unable to engage with people or agencies that may keep us out of poverty.

Sometimes we cannot manage the complexities of keeping accommodation paid for or up to the required standard. We can lose control over many aspects of everyday living when ill and may reject offers of help or not be offered help.

We have fluctuating conditions that do not always fit in with the ways in which society expects us to behave, whether that is when on benefits, doing voluntary work, mainstream work or mixing with friends and acquaintances. These can all contribute to the fact that we end up on a low income and/or sometimes cannot manage that income.

Sometimes we find that we are not listened to by other people, especially those in authority and that we struggle to communicate in effective ways. This can mean that attempts to stand up for justice for ourselves or to ensure that our needs are catered to whether at work or on benefits are unlikely to be heard.

Sometimes our own self-image is very negative as a result of life events and/or illness. This can also result in an inability to speak out for ourselves or expect anything other than a negative outcome which may become self fulfilling.

Sometimes being in poverty in the first place may lead to mental illness which

can further trap us in a cycle of deprivation.

Dealing with benefits forms and claims is beyond some of us. We may find it easier to lose our benefits or not claim them than fill in a form, attend a medical or make a phone call to the Benefits Agency.

We can also become very isolated. By withdrawing from contact and refusing to seek help we may be denied a raft of measures, including benefits that would offset the effects of poverty.

We can self-medicate with drink and drugs. Dual diagnosis is common and can lead to poorer physical and mental health and make it increasingly difficult for us to engage with the outside world, leading to increased poverty and increased risk of poverty.

We may get in to positions where we no longer care about money matters, which in some cases could be seen as losing responsibility for our financial affairs, so that we may give away money we can't afford or become open to exploitation.

We may have needs that are not easily accepted by the benefits system. For some of us this may be reflected in using taxi's for all our travel as we cannot face other people or public transport.

We may have been long-term unemployed for a long time which can have its own impact irrespective of mental illness and may have caused us to give up on the hope of work or a different life:

"I can't get work, I have qualifications but I can't face it. My brain has turned to mush. I can't do anything to get into work. I've lost the will to keep trying. I've given up."

We may see our situation as something that cannot change and because of this we may assume that we have a position in society that also will not change:

"I get the minimum wage, your expectations of work and its status are lowered."

"If something goes wrong you are on the scrapheap with nothing to give."

Sometimes our past life can mean that we are reluctant to look for jobs as we would previously have rejected them:

"I don't have the chance of earning at the level I did before; I couldn't work in the fish factory or the call centre or the oil rigs."

THE EFFECT OF POVERTY ON OUR LIFE STYLE

Although we have already mentioned a number of points, the following describes the impact poverty can have on our lifestyle:

- We may find it impossible to socialise and can lose many of our friends.
- We can find we have little to do.
- We have difficulty finding ways of paying the bills.
- We can't afford to do many activities or to travel.
- We have to borrow off other people instead of banks.
- We need to go for expensive loans or illegal loans.
- We have to buy cheap food.
- We can't afford phones or the internet.
- We have to buy 'value' products and can't buy nice clothes.
- We can't maintain or heat our home.
- We can't give our children toys or provide ordinary opportunities to them.
- We have fewer choices.
- Our children and future generations can be disadvantaged.
- We can lose our homes or our cars.
- We can get stuck in restrictive tenancy agreements, i.e. no co- habiting or pets.
- We can have to juggle spending between basic needs.
- We can spend our time watching daytime T.V.

THE EFFECT OF POVERTY ON OUR WELLBEING

Poverty does a number of things to our wellbeing that are not necessarily purely a result of the fact that we also experience mental illness.

We can find that we:

- Can't enjoy ourselves or relax.
- Get much more stressed and depressed.
- We can feel worthless and lose confidence.
- We can get physically ill.
- We have poor self esteem.
- We can feel suicidal .
- We can lose hope of a better future.
- We can feel stigmatised.
- We can lose our independence.
- We can lose sources of stimulation.
- We can become withdrawn and isolated.

WHAT CAN POVERTY DO TO COMMUNITIES?

We think communities can respond in a number of ways to poverty. Sometimes hardship can lead to increased resilience and community cohesion. People can look out for each other, help those that are suffering and vulnerable, work together and gain a sense of togetherness in the challenges they face.

However, we think poverty can also eventually lead to the destruction of communities in that people can begin to feel forced to look after themselves first and can lose the will to help others. This can lead to the physical environment deteriorating and increasing vandalism and crime and an increase in antisocial activities such as alcohol and drug abuse.

HOW CAN WE DEAL WITH POVERTY?

Some of us have a strong feeling that we are faced with a system we can't 'beat' or get out of and that poverty is such a burden that talking about 'coping with it' feels slightly obscene:

"We are too stretched to deal with it."

"We have to, we have no choice, but lots don't and end up in debt."

"Some can't handle it."

However many of us do cope with poverty, even if unwillingly.

We can adjust by changing our expectations, by looking for cheap deals at the supermarkets, getting clothes at charity shops and by adapting our lifestyle to our circumstances.

The large number of cheap imports can make it easier to live on a low income but we can worry that by buying cheap products that have probably been produced by other people in poverty we just shift suffering from one place to another.

We are usually forced to adjust and cope with a low income but may struggle with this:

"No choice, you just learn to live with it, but we have poor food and this means we have poor health."

"Depends if you are a smoker or a drinker - it eats up the money."

"You can manage without a lot and actually need very few possessions."

"We do have the absolute basics."

However we can help each other out; neighbourliness and a sense of community in times of need helps us adjust emotionally and financially:

"Everyone helps each other out instead of individualistic ways of living."

It can be incredibly hard to achieve but some of us can cope reasonably well with a low income:

"I have no debt. I had to move but I had my pride and I kept a clean and presentable house. I'm sensitive to what I've got and proud of what I've done for the house. It would be nice sometimes to have some money for nice food or to go out and buy something."

Adjusting to a very difficult lifestyle is often connected to how we feel about ourselves or are made to feel about ourselves:

"You can be able to choose to live in poverty and still feel good. Poverty is about choice and how you perceive the world to be."

"Get used to it – eventually we can get used to almost anything."

"Spirituality and not being so materialistic helps."

"I've often been broke but I've never been poor; it's an attitudinal thing!"

"You can feel well off with no money."

"I was very poor but felt OK as we managed and saved money all year."

Some of us have grown up in a culture where being in poverty is the reality we expect to live with all our lives and adjusting to this involves understanding the system:

"It can be drilled in to some people in how to fiddle the system. Some children know more about how to get benefits than anything else."

There are a number of things that we find helpful which don't cost money and which increase our wellbeing; these include doing yoga, looking at the spiritual side of life, working as part of a team, celebrating the earth we live on, finding things we enjoy doing, finding a purpose, having company, finding leisure and relaxation activities and understanding the difference between being on our

own and having to be on our own. We can also change our expectations:

"Going from being very wealthy to very poor has been a humbling exercise but now I have adapted I am quite proud of myself. It's a big lesson to learn and makes me laugh at some people. I've met lots of nice decent people I would never have met."

"Lead a simple less stressful life."

We said that poverty doesn't make us healthy - in fact it tends to be bad for our health but some of us reflected on the fact that the restricted diet and choices that people had in the Second World War in Britain are said to have led to better physical health for the population.

WHAT CAN WE DO ABOUT POVERTY?

Whilst we did not have many collective tangible ideas about what would reduce poverty in the UK we did have a large variety of suggestions that could be done by individuals, government and society:

- Provide training opportunities to help us get the skills and confidence to get jobs.
- Create more jobs.
- Reduce the growing gap between the rich and the poor.
- Reduce bureaucracy in society.
- Reduce the profits the utilities companies make.
- Increase opportunities for those on low to middle income.
- Adapt the workplace to the needs of those disabled by mental illness.
- Stop students finishing university in debt.
- Encourage local rural areas to grow their own produce.
- Address rural inequalities.
- Encourage local community action and cohesiveness.
- Learn from the examples of the Swedish and Norwegian system.
- Have higher taxes.
- Put VAT on luxuries not things we have to buy.
- Reduce the emphasis on materialism and reduce waste.
- Reduce immigration.
- Shift to self reliance.
- Develop 'LETS' schemes and 'TIME' banks.
- Develop Credit Unions.
- Encourage ideas like 'Freecycle'.
- Provide better transport in rural areas.
- Stop running society for profit and concentrate on need.
- Stop targeting people on benefits and in poverty as being the place to make savings.

- Value contribution in ways that are not based just on paid employment - there are other ways of contributing to society.
- Promote equality across society.
- Promote concepts such as recovery that help people believe in themselves and in the possibility of change.
- Make sure that children who are vulnerable, such as looked after children or the children of people with a mental illness, have the possibility of a positive education.
- Invest in the nurturing of children in the vital early years.
- Provide role models of people who have got out of poverty or mental illness.
- Encourage self help.
- Encourage greater tolerance and acceptance of each other.
- Increase volunteering possibilities.
- Encourage proper uptake of benefits.
- Invest in CAB's.
- Provide therapeutic jobs.
- Make Government officials and politicians take a cut in earnings.
- Promote the idea of helping each other.
- Provide activities that will keep people busy and improve their wellbeing.
- Stop the minimum wage being the default salary for every low paid job.
- Help people to budget better.
- Stop the negative activities of the banks
- Promote healthy lifestyles, safe communities healthy children.
- Provide more council houses.
- Increase benefits.
- Stop cuts in services.
- Stop exploitative, immoral activities by credit companies.
- Provide incentives to get back to work.
- Invest in new technology such as broadband and access to the internet for all.
- Stop cutting benefits and making it harder to access disability and sickness benefit.
- Improve access to permitted work.

When we asked people if they thought employment was a way of getting out of poverty most of us thought that this was a completely unrealistic expectation.

Many of us would like to work, that is a goal for us. However, we have conditions that make this extremely difficult, if not impossible, and live in a society where the jobs that could lift us out of the benefits system don't exist and, where they do, we often believe that they would be inaccessible to us or unsustainable if we got them.

LAST WORDS

"Five years ago I had an accident. I worked all my life. I was disallowed the benefit I should have got and yet other people get lots of money. They took all the money off me. Last year they said I was better and fit to work. They sent me a computer generated letter to tell me this. I took the letter to my G.P. to sort out. At least the apology I got was signed."

"If people are down then we will help them even if we have no money

"Medicals are about getting people off Incapacity Benefit and on to Job Seekers Allowance; you want the jobs but they aren't there and you can't do them anyway."

"We need a fair benefits system."

"There are no jobs, people with disabilities have no chance in the current climate."

"There is a generation of people for whom there is no work; it leads to drugs, drink and thieving."

"Poverty is first felt in the heart rather than the pocket book, you can have a lot of love and care which is worth more than money."

"If you are stimulated by your environment and get involved socially, you have time and energy. With peer support this is good; you can still have a good lifestyle. If you think negatively then everything is crap."

"When you know you are not alone or wrong but can talk to people in similar situations, it can make a big difference."

"If you are on the recovery road you need to look at the positives, not the negatives of lack of money, it is too easy to moan and groan and give up."

"Having been through it and now putting stuff back in and getting better. The services and help have been very good. It keeps us going. If I can meet someone and help them then that is what it is all about; not giving up, because it will get better. You've got to continue and not lose hope even though they try to keep us down."

These quotes demonstrate that, as a community, we feel we have been let down and misunderstood by wider society. The benefits system is harsh and unforgiving and only seems to reflect a judgemental attitude from people in power towards people who live in poverty and because of mental illness and distress find it impossible to find any way out of this poverty.

Most of us cannot work and many of us never will work. This is not a fault, it is

a reflection of the reality of our disabilities and circumstances. We have a right to an income that makes life bearable and a right to be valued for the contribution we make to society even though we are not in paid employment.

Many of the services we use, such as drop in centres and 'Tag units' promote a sense of self worth and confidence that gives us the strength to have hope and to support each other. In mutual respect and the small daily gifts we offer each other within our own communities we can rise above the unacceptable burden that financial poverty places on us.

One day we hope we will be listened to and valued, we will not be seen as problems or a burden and will have the support that helps us survive on an acceptable income and the motivation and acceptance to dare to engage more fully with mainstream society again, to believe that work is possible and, once we find it, sustainable.

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