



DAY 1 15th Jan 2019

Abstracts

Session 1

Setting the Scene

Welcome and introduction

Stewart Mercer, University of Edinburgh

Impact of the social determinants of health on the mental health of society

Jessica Allen, Institute of Health Equity

The impact of mental health on communities: the view from civil society

Vanessa Pinfold, McPin Foundation

Vanessa will draw upon experiences of staff working at the McPin Foundation and relevant research projects to describe our reflections on community mental health and wellbeing. Our recent research includes studies on stigma and discrimination, life stories of people with psychosis, loneliness and mental health, wellbeing networks and peer support.

Session 2

The DeSTRESS Project

Introduction to the project

*Felicity Thomas, DeSTRESS Project Director,
University of Exeter*

Project methodology

*Katrina Wyatt, Lorraine Hansford, Rose McCabe, University of Exeter
Hilary Richardson & Jenna Finch, DeSTRESS Advisory Board*

Project Findings

*Felicity Thomas & Rose McCabe, University of Exeter
Helping Hands Group, Teignmouth*

DeStress is a 2.5 year project concerned with understanding the impact of austerity and welfare reforms on mental wellbeing in low income communities. Particular focus has been placed on understanding how antidepressants and talking therapies are being used and what this means for the mental wellbeing of low income patients. The project also examines the challenges facing GPs working with low income patients, and has identified what good practice in supporting patients experiencing poverty-related distress may look like. This session provides an overview of DeStress and our core project findings

Session 3

Links between poverty, deprivation and mental health

Mental health in struggle: community action on austerity and welfare reform



Lynne Friedli, Centre for Welfare Reform

This paper reflects on a growing body of evidence on the damaging mental health impact of key aspects of welfare reform, including the impact of benefit cuts, workfare, sanctions, greater conditionality and the heightened sense of stigma attached to claiming benefits, notably for disabled people. Drawing on personal testimony from claimants, I will also look at the rise of psychological conditionality and the impact of psychological explanations – and prescriptions – for unemployment. Finally, I'll consider what we can learn from the resistance: the mental health, disability rights and grass roots trade union activists who came together in solidarity to expose the mental health consequences of austerity.

Family income inequalities and self-harm in young people

Pearl Mok, The University of Manchester

Childhood poverty is associated with elevated risks for self-harm, but how risks are modified by parental socioeconomic mobility remains unclear. We investigated parental income trajectories during childhood and subsequent risks of self-harm.

Using Danish national registers, we constructed a nested case-control study of all first registered episodes of self-harm (N=21,267) at ages 15-33. Each case was matched to 25 controls on sex and age using incidence density sampling. Parental income was assessed in the birth-year, and at ages 5, 10 and 15. Incidence rate ratios (IRRs) were estimated using conditional logistic regression.

Results: Childhood family income is strongly linked with later risk of self-harm, with individuals growing up in the lowest income families having disproportionately elevated risks. The longer a child lived in poorer circumstances the higher their subsequent risks, and vice versa for time spent living in affluent conditions. Tackling the underlying causes of family poverty and income inequality, and associated psychosocial and sociocultural challenges to enable upward socioeconomic mobility, could potentially ameliorate risks for self-harm in young adults.

Impact of poverty and isolation on mental wellbeing in lone parenthood

Laurie Anne Campbell & John McKendrick, Glasgow Caledonian University

The association between lone parenthood and poverty is long-standing and widely understood. However, there is no universal agreement over what should follow from this knowledge, with responses varying dramatically between those who perceive lone parents *per se* to be root of the problem, and those who rail against the poverty that is experienced by them. There is also much less certainty over the wider implications for lone parents of living with poverty.

This paper reflects on the experiences of almost 900 lone parents in Scotland who shared their thoughts on life as a lone parent, isolation and well-being in a study administered by the Scottish Poverty and Inequality Research Unit (SPIRU) on behalf of One Parent Families Scotland (OPFS). Drawing on survey evidence and one-to-one in-depth interviews, in this paper we demonstrate the ways in poverty history and trajectory is associated with mental distress and isolation among lone parents. In light of the Child



Poverty (Scotland) Act 2017 and the identification of lone parent families as one of the six priority groups in the Delivery Plan, we consider the implications of these findings for the prospects of eradicating child poverty in Scotland by 2030.

Session 4

Reconceptualising responses to mental health

Questioning diagnosis and standard treatment approaches

Joanna Moncrieff, University College London

This talk will explore the nature of diagnosis and how this is linked to current treatment approaches. Alternative ways of understanding mental health problems will be presented, and the implications for the use of drug treatment and other forms of therapy will be explored.

Exploring the impact of social prescribing on health and wellbeing

Bethan Griffith, University of Newcastle

Social prescribing is an increasingly popular narrative in primary care. It allows health care professionals to refer patients to a Link worker who works with them to tackle non-clinical or social factors that are impacting their health. It has a range of proposed aims and objectives including a reduction in system level pressures, such as GP consultation rates, improving personalised care and tackling health inequalities. Social prescribing is endorsed by the Royal College of General Practitioners, the Department of Health and NHS England. Despite this, providing evidence that it works is challenging and many argue that future research needs to focus more on process than proof in an attempt to understand what type of interventions work best and for who. This includes exploring engagement and sustainability.

Ways to Wellness (WtW) is a large-scale social prescribing initiative operating in a socioeconomically deprived area of Newcastle upon Tyne. It is funded for seven years and provides an unparalleled opportunity for understanding social prescribing. Early data suggests its impact extends beyond those individuals referred to families and communities. However, there are considerable variations in GP referral practices and individual level engagement.

Using ethnographic methods I am collaborating with WtW and local primary care to understand how knowledge about social prescribing is created locally, what factors influence referral and engagement practices and how concepts of success and failure are constructed in relation to social prescribing.

Community-led social prescribing: 'real life' stories from Thanet

*Kay Byatt, Community Project Worker,
Simone Crouchman and Lola Christopher, SpeakUp CIC*

SpeakUpCIC is an independent mental health support organisation supporting people with long term mental health illness from the age of 18 upwards living within South East Kent. Based in and providing support across Thanet – nationally rated as one of the most



deprived localities within the UK – we also cover Ashford, Dover, Deal and Sandwich. We provide a wide variety of peer-led support groups and activities and service user forums where people can voice their concerns, experiences and issues so they can be taken forward to the necessary mental health providers. All members of our dedicated team are ‘experts by experience’ and everyone who accesses our services becomes a member of SpeakUpCIC as opposed to a service user.

Our talk will feature a ‘real life’ Case Study outlining the Thanet Working Group (TWG) – a group of SpeakUpCIC members who volunteer their time to work collectively to create positive initiatives to help address gaps in local mental health service provision. We will evidence the positive impact experienced by service users when they are empowered and involved in creating projects that help other people within their communities. Our talk will highlight some of the initiatives and include a personal account of how being involved and leading projects helps people to manage their mental health better and improve their personal wellbeing.

Communities in control: why community empowerment matters

Jennie Popay, University of Lancaster