

APMS 2014 Wakefield Poverty Report

This report uses data from the APMS 2014 to provide intelligence on the experiences and estimated prevalence of poverty-related indicators within Wakefield District.

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Overview and Key Findings

The Adult Psychiatric Morbidity Survey (APMS) is a national survey which aims to assess the psychiatric morbidity (poor mental health) of adults living in private households in England¹. In Wakefield, around 500 individuals were sampled to provide a Wakefield-specific sample. The Wakefield sample from the APMS provides a unique opportunity to look at poverty in Wakefield, as the APMS asks questions around debt, finances and employment as well as mental health. This allows an insight into the lives of Wakefield residents who may be struggling financially, particularly in relation to health, their demographics, employment and their personal experiences.

Key points:

- 54.1% of individuals in the district report that they experience money problems
- 1 in 5 people living in the most deprived areas don't feel they have enough money to keep their homes in a decent state of repair
- 1 in 3 people who screened positive for a mental health condition reported they were seriously behind in paying council tax
- 40.0% of those who are behind in paying council tax have had suicidal thoughts

Summary

There is no direct measure of poverty able to assess impacts and prevalence in the Wakefield APMS sample, therefore this document has used several different indicators as proxy measures for poverty.

The evidence from the Wakefield APMS sample indicates that poverty is strongly associated with employment status, mental health, deprivation and being a carer/having caring responsibilities for friends and family. People in these groups are more likely to struggle to pay bills, less likely to be able to keep their homes warm in winter, and have difficulties with managing money.

Those who appear to be in some form of poverty are also more likely to require GP and hospital care, be taking prescribed medication and are more likely to require healthcare for a mental or emotional problem. This may have implications for the effects of poverty on service use and mental health.

It should be noted that the relationship between poverty and these various factors may go either way – mental health, unemployment, deprivation and even having caring responsibilities can be contributing factors to poverty but poverty can also be a contributing factor to all of the above. It is therefore important to understand the complex links between factors, rather than looking at them on a cause-and-effect basis.

Context

What is Poverty?

There is no universally accepted definition of poverty. In the UK, poverty is defined in technical terms as 'people living in households with income below 60% of the median income in that year'. More broadly, however, the poverty 'line' can be defined as the minimum income standard of how much money someone needs to participate in normal life in the UK. Those below this line struggle to have the money or resources to meet this minimal acceptable standard of living and can be considered to be living in poverty.

The Department for Work and Pensions (DWP) estimated that in 2016/17, 10.4 million people (including 2.7 million children) were in relative low income, equating to around 16% of the population². However, a new metric proposed by the Social Metrics Commission suggests that the figure might be closer to 14 million after incorporating people's wider living costs and resources, such as housing, childcare costs, disability related costs and people's savings.

Poverty is often a dynamic process, and research shows that people and families move in and out of poverty frequently. Individuals can experience long or short-term poverty, and while still a priority, short-term poverty is much less likely to lead to serious deprivation and damage life chances³. It is estimated that around half of the UK population are financially vulnerable⁴; a small change in the balance of resources and need can often lead to experiences of short-term poverty, which may become long-term poverty if this change is sustained.

Factors associated with poverty

National findings from the APMS find several associations between poverty, social disadvantage and mental health. Survey results suggest that the groups most at risk of a common mental health disorder (CMD) were Black women, adults under the age of 60 who lived alone, women who lived in large households, adults not in employment, those in receipt of benefits and those who smoked cigarettes¹.

In general, commonly cited factors that are associated with poverty are benefit and employment status, deprivation, mental health and physical health.

This report explores several different factors as proxy indicators for poverty:

- Household income
- Debt
- Those who have previously experienced a major financial crisis
- Inability to save at least £10
- Being in receipt of an out-of-work benefit
- Deprivation
- Those who have 'difficulty managing money'

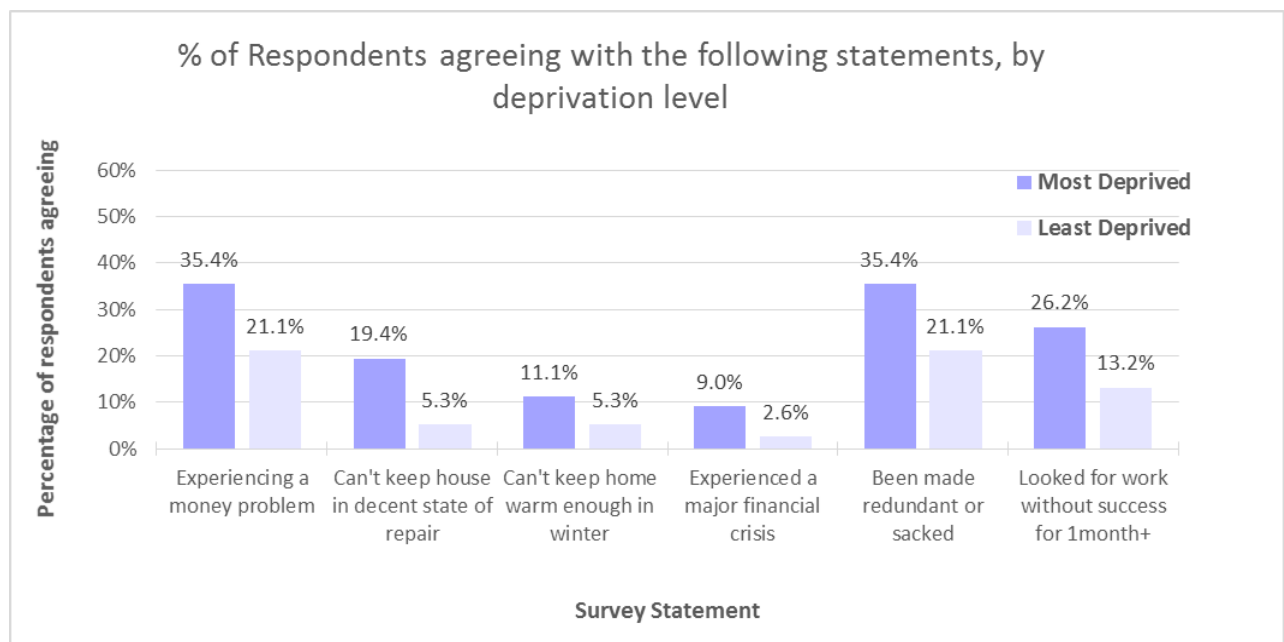
Poverty and Deprivation

Deprivation is often closely associated with poverty, due to links between the underlying processes of deprivation and how it relates to availability of resources. Both deprivation and poverty are classed as a form of 'disadvantage' linked to income and education. However, some research suggests that this association is often mismatched and may not always demonstrate a linear relationship, due to the significant influence external factors have on poverty⁵. These factors may be personal experiences, health and (lack of) opportunity which may not always be related to deprivation. Findings from the Wakefield APMS data support this.

According to the data from the APMS 2014, 54.1% of people in the district as a whole experience some kind of money problem. This rises to 56.8% of people when looking at just those living in the most deprived areas of Wakefield, and falls to 27.8% when looking at those in the least deprived areas. Just over 1 in 10 individuals across the District feel that they do not have enough money to keep their house in a decent state of repair, and around 8% feel that they are unable to keep their home warm enough in winter. This rises to 1 in 5 and 11% among those living in the most deprived areas, respectively.

9.0% of those living in the most deprived areas have experienced a 'major financial crisis' at some point in their life, defined as being equivalent to loss of 3 months income or more. This compares to just 2.6% of those surveyed who live in the least deprived areas of Wakefield. However, this relationship is not linear. 14.3% living in the middle deprivation quintile (not the most or least deprived areas, the areas exactly in the middle) have experienced a major financial crisis, which goes against the expected trend.

The Financial Conduct Authority estimate around 4.1 million people in the UK are in 'financial difficulty', meaning they are unable to pay domestic bills or meet monthly credit card payments. As part of the APMS survey, around 4% of individuals mentioned that they were seriously behind in paying credit card payments.



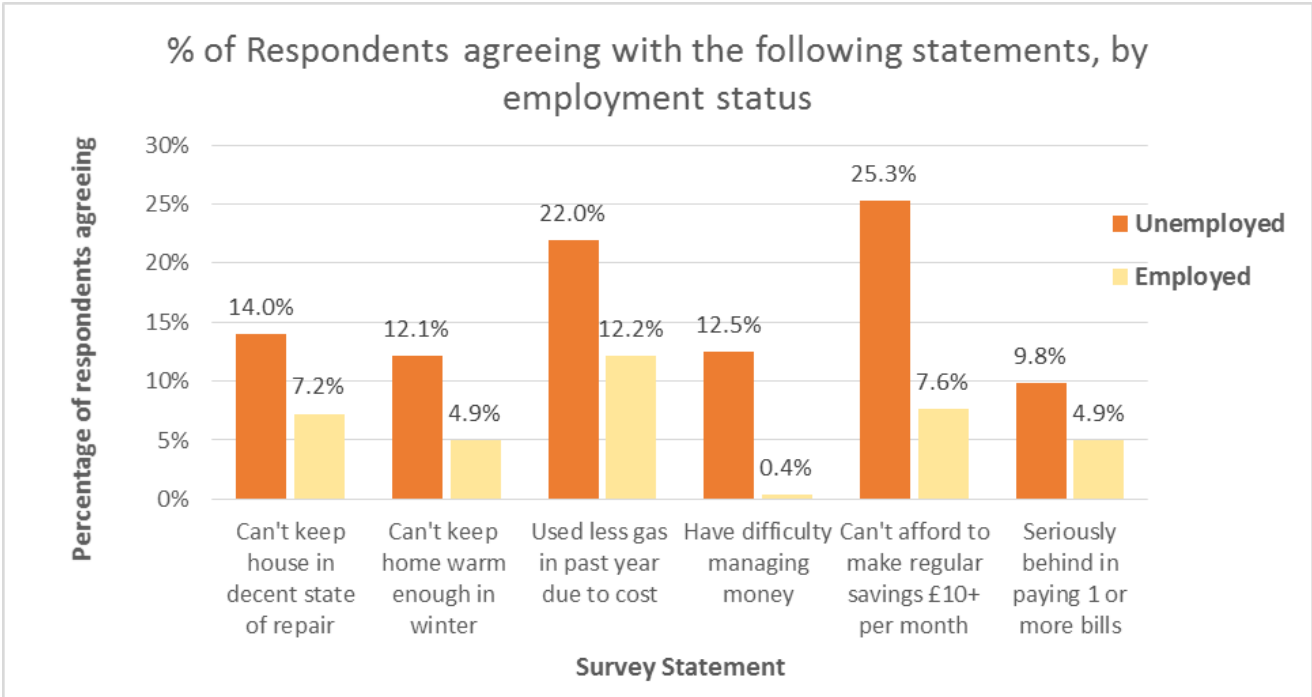
Around 30% of individuals have been sacked or made redundant from a job at any time in their lives. This rises to 35.4% among those living in the most deprived areas of Wakefield, compared

to 21.1% of those living in the least deprived areas. Interestingly, the middle deprivation band (quintile 3; not the most or least deprived areas, the areas exactly in the middle) also have a higher rate of experiencing being sacked or made redundant than the district average; one in three individuals in this group (33.3%). The proportion of individuals who have experienced looking for work without success for more than 1 month at any time in their life also increases with deprivation. Those living in the most deprived areas of Wakefield are twice as likely to have experienced this as those living in the least deprived areas (13.2% compared with 26.2%), which supports evidence that deprivation is directly connected with worklessness and unemployment.

Poverty, Income and Unemployment

As one of the most important drivers of poverty, income, employment status and benefit status are all important in the consideration of poverty. According to data from the APMS, around 10.6% of those surveyed are in receipt of some form of out-of-work benefit. This is only 2.8% in the least deprived areas of Wakefield, but rises to 18.2% in the most deprived areas. Among other things, unemployed individuals surveyed are more likely to have had to borrow money from friends and family, report difficulty managing money and have difficulty getting out and about.

49% of survey respondents did not undertake paid work in the previous week, indicating that they were unemployed, this could be for various reasons such as retirement, disability, childcare or they are currently looking for work. Although the sample may overestimate the proportion of those who are unemployed in the district, it helps provide a good comparison of the different needs of this group compared to those who are employed in relation to poverty. The number of unemployed people across the district that feel like they do not have enough money to keep their house in a decent state of repair is twice that of the employed group; 14.0% of individuals who are unemployed stated they felt like this compared to 7.2% of employed individuals. For notes on this measure, please see the [Methodology](#) section of this report.



A similar trend was observed when respondents were asked if they felt that they were able to keep their home warm enough in winter. 8.5% of individuals across the district felt like they were unable to keep their home warm enough in winter, with a significant divide across men and women. Women were almost three times as likely to report that they struggled with this compared to men. The percentage of unemployed people who reported they were unable to keep their home warm enough in winter was much greater than those who were in paid employment, 12.1% compared to 4.9%. There was also a lesser divide between the numbers of unemployed men compared to unemployed women who felt their homes were warm enough.

A large proportion of individuals, around 17% of those surveyed, reported that they used less gas than they needed to in the past year due to worry about the cost. This figure rose to 22% when looking at just those who were unemployed, compared to 12% of individuals in the employed group. Those who were unemployed were twice as likely to report that they were behind in paying various bills such as rent, credit card payments, council tax and utility bills, than those who were in paid employment. 10% of people who did not undertake paid work in the previous week reported that they were “seriously behind” in paying some kind of regular bill. Those who are unemployed (either through retirement, ill health or lack of work) not only experience significant socio-economic inequality when compared to those who are employed, they also experience significant health inequalities, all of which are thought to stem from unemployment-related poverty⁶.

Poverty and Physical Health

Physical health is linked to factors previously explored in this document such as poverty, deprivation and unemployment. There are several determinants of chronic disease, and there is increasing acknowledgement that many of these determinants may be social factors including income, deprivation, education and social inequality⁷. The reverse relationship may also exist, in which chronic disease is a factor in contributing to poverty.

Data from the Wakefield APMS sample indicates that those with a chronic disease are more likely to have been sacked from their job or made redundant at some point in their lives than those who are disease free. 34% of those with a chronic disease have experienced this, compared to 27.9% who do not report that they have a chronic disease. Additionally, those with a chronic disease are more likely to have experienced looking for work without success for more than 1 month at any time in their life. 1 in 4 people with a chronic disease have experienced this, compared to 1 in 5 people who are disease free.

The data also shows that those with a physical health condition were more likely to have difficulties with managing money than those who do not have a condition; 13.2% of those who reported they had had a chronic disease in the last 12 months reported having difficulty managing money, compared to 4.3% who did not have a chronic disease. This was the same among different diseases, e.g. diabetes, chronic headaches and bladder problems.

However, those who had a chronic disease were less likely to have experienced a major financial crisis, equivalent to loss of 3 months income, than those who did not have a chronic disease. Additionally, those with a chronic disease were also less likely to be seriously behind in paying council tax and other bills than those who were disease-free.

Poverty and Mental Health

Mental health in this section is assessed by the proportion of individuals scoring 12+ on the CISR, not by those with a professional diagnosis. The CIS-R is a clinical assessment tool used in the diagnosis of mental health problems, and the resultant CIS-R score is correlated to the severity of mental health symptoms. A CIS-R score of 12 or more is indicative of a mental health problem warranting clinical recognition. Those scoring 18+ are likely to have a severe mental health problem warranting intervention. It therefore can be used as a screening measure of mental health regardless of whether individuals have received a clinical diagnosis. Data from the APMS shows that those with a CIS-R score of 12+ are more likely to struggle to have enough money to keep their house in a decent state of repair – 25.3% of those screening positive for a mental health problem mentioned they struggled with this, compared to 8.0% who scored normally in the CIS-R.

Those with higher CIS-R scores indicative of a mental health problem are also more likely to struggle to keep their home warm in winter. 22.0% of those who have a potential problem report that they struggle to heat their homes, compared to 5.9% who don't appear to have a problem. Those with higher scores surveyed also were more likely to use less gas and electricity than they needed to due to worry about the cost.

Additionally, those with higher CIS-R scores are more likely to be behind in paying various bills and council tax. 17% of people with CIS-R scores of 18+ (the highest scoring category, indicative of a serious mental health problem) mention that they are seriously behind in paying credit card payments. Around 1 in 3 individuals in this highest scoring category are seriously behind in paying council tax, which compares to around 1 in 100 in other groups.

There is an abundance of evidence that suggests that poverty, unemployment and social stress are linked to suicide, depression and self-harm^{8,9}. Financial hardship has been reported as a common stressor as well as unemployment and whether or not have been subjected to significant social change; all of which are linked to poverty. Higher rates of suicide are found among marginalised groups and those who are unemployed.

People who reported that they had experienced a significant financial crisis at some point (equivalent to 3 months loss of income or more) were more than twice as likely to have had suicidal thoughts compared to those who haven't experienced one (43.9% compared to 19.3%). They were also more likely to have attempted suicide (16.7% compared to 6.3%) and more likely to have self-harmed. Survey respondents who report that they have difficulty managing money appear to have a significantly increased risk of attempting and thinking about suicide. 70% of people in this group have had suicidal thoughts, and 17.6% have attempted suicide at some point in their lives. In people who report they have no difficulty, the figures fall to 19.8% and 6.4% respectively.

A similar trend was observed among individuals who struggle to meet various payments; 40% of those who are seriously behind in paying council tax have had suicidal thoughts, compared to 20.6% of people who are able to make payments. 44.4% of individuals reporting they were struggling to meet credit card payments reported experiencing suicidal thoughts at some point.

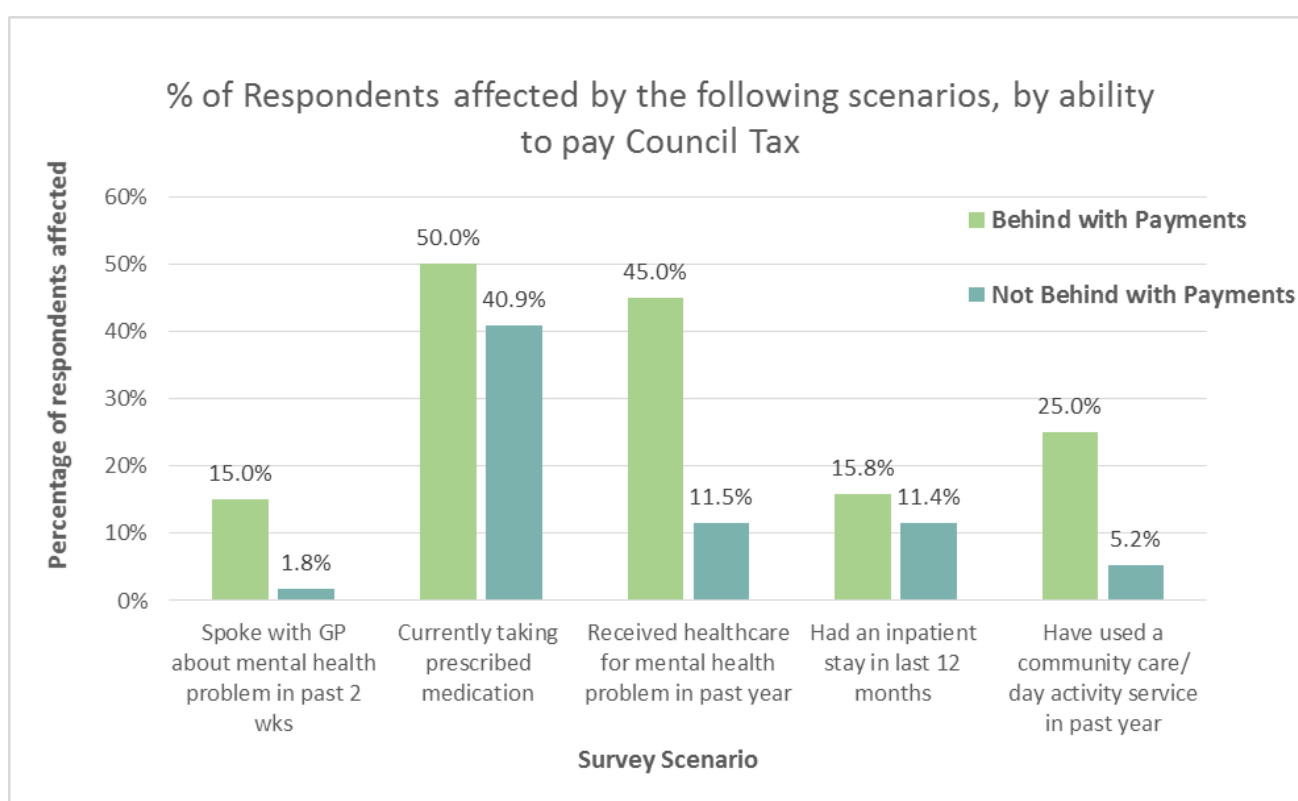
The impact of poverty on Service Use

Poverty may have wider impacts on service use, such as number of visits to GPs and visits to secondary care providers, mainly due to links with mental and physical health, and other socioeconomic factors¹⁰.

Wakefield survey data from the APMS indicates that there is a link between financial problems and the receipt of community care. Requiring community care may have an influence on a person's ability to be financially stable, or financial stability may have an impact on a person's need for community care or day activity services. 44.4% of those who had received some kind of community care (or day activity services) in the past year were seriously behind in paying for gas, compared to 1.7% of the sample population as a whole. Additionally, 23.5% of those who had some kind of community care in the past year self-reported to have had difficulties with managing money, compared to 6.5% of the sample population as a whole.

Poverty and financial stability may also have an impact on the use of primary care services, especially in relation to mental health and emotional wellbeing. Financial strain is one of the main contributors to mental health problems worldwide and is strongly associated with the onset and duration of common mental health disorders (CMDs)¹¹. 15% of individuals sampled in Wakefield who report that they are seriously behind in paying their council tax have visited their GP in the past two weeks about an emotional or mental problem, compared to just 1.8% who are not behind with payments. Additionally, 35.5% of individuals who reported that they have difficulty managing money have received healthcare for an emotional or mental health reason in the past year, compared to 11.2% of those who have no difficulty at all.

There are also impacts on secondary care services; 21.2% of individuals who reported that they have difficulties with managing money had an inpatient stay for treatments of tests within the past 12 months, compared with 10.9% who have no difficulties.



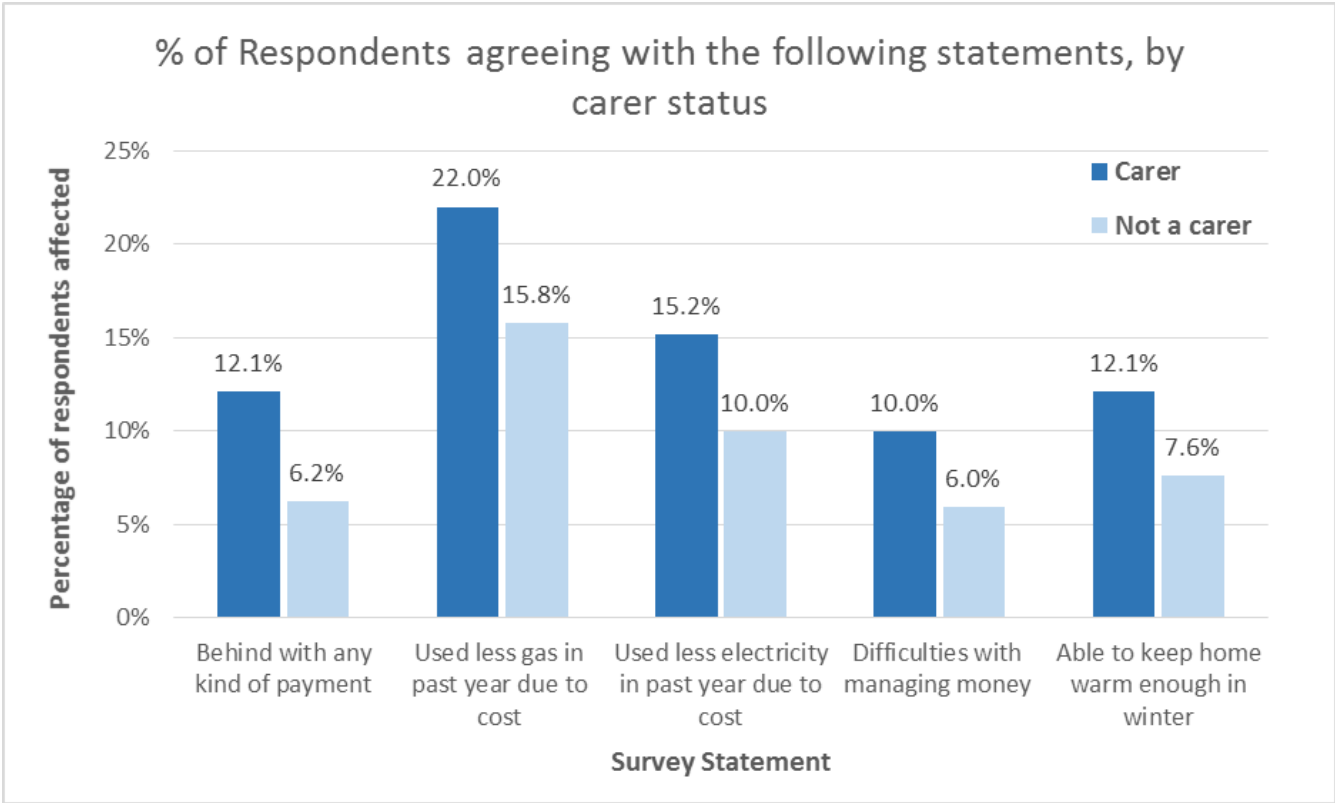
When looking at measures of poverty in a wider context, such as the ability of a person to keep their home warm in winter, data from the APMS shows those struggling to keep their homes warm in winter were more likely to have received health care for an emotional or mental health reason. Those reporting that they struggle to keep their homes warm in winter were also more likely to have had an inpatient stay within the last 12 months, and more likely to be taking prescribed medication. Those who feel they do not have enough money to keep their house in a decent state of repair were almost twice as likely to have received healthcare for a mental health or emotional reason compared to those who do (21.4% compared to 12.0%).

Poverty and Carers

Around 20% of the Wakefield population sample surveyed as part of the APMS mentioned having caring responsibilities for friends or family on an unpaid basis. There are existing links between caring responsibilities, the amount of unpaid care provided and financial difficulty.

Those who stated they looked after family members, friends or others due to their health or disability were more likely to report being seriously behind in paying bills, such credit card payments and council tax. 9.0% of carers stated they were behind with council tax payments, compared to 2.6% who had no caring responsibilities. When looking at all payments, almost twice as many carers responded they were behind with payments compared to non-carers (12.1% compared to 6.2%).

1 in 5 of people with caring responsibilities (22.0%) stated that they used less gas needed in the past year due to concerns about the cost, and 15.2% used less electricity. This compares to 15.8% and 10.0% of people who do not have caring responsibilities respectively.



Summary

There is no direct measure of poverty able to assess impacts and prevalence in the Wakefield APMS sample, therefore this document has used several different indicators as proxy measures for poverty.

The evidence from the Wakefield APMS sample indicates that poverty is strongly associated with employment status, mental health, deprivation and being a carer/having caring responsibilities for friends and family. People in these groups are more likely to struggle to pay bills, less likely to be able to keep their homes warm in winter, and have difficulties with managing money.

Those who appear to be in some form of poverty are also more likely to require GP and hospital care, be taking prescribed medication and are more likely to require healthcare for a mental or emotional problem. This may have implications for the effects of poverty on service use and mental health.

It should be noted that the relationship between poverty and these various factors may go either way – mental health, unemployment, deprivation and even having caring responsibilities can be contributing factors to poverty but poverty can also be a contributing factor to all of the above. It is therefore important to understand the complex links between factors, rather than looking at them on a cause-and-effect basis.

Methodology and Data Considerations

Analysis in this document is based on a relatively small sample of individuals (around 500) and these have been sampled from private households only. Individuals living in large residential care homes, hostels and prisons have not been included in the sample therefore data may not be wholly representative of the population. Figures quoted should be interpreted with caution due to the limitations of the sample size, however it should be considered that this is the best available data for the given topic.

Poverty and mental health are highly stigmatised and sensitive topics, therefore people surveyed may have had a tendency to under-report factors and feelings around poverty and mental health. This may make the prevalence of both appear lower than it is.

The data has been weighted to improve representativeness of the local population. This weighting was calculated and applied by NatCen and has been used in all analysis presented within this document.

References

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Other Resources

APMS Wakefield [FAQ sheet](#)

APMS Wakefield [Suicide factsheet](#)

National APMS 2014 [Full Report](#) (NHS Digital)

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