



ARC BITE

Brokering Innovation Through Evidence

Poverty-related distress is on the rise, but is medical intervention the answer?

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The treatment of mental health is a key priority in the NHS Long-Term Plan. Within this context our research has focused on the effect of austerity and welfare reforms on mental health in low-income communities. The stresses of dealing with life on a low income are increasingly being dealt with as a medical problem, reflected in higher rates of antidepressant use; but framing poverty-related distress as a mental health problem can mask the causes of patients' suffering.

The DeSTRESS project set out to explore the 'medicalisation' of poverty-related distress, the impact of high levels of antidepressant prescribing and use on people's health and wellbeing and the challenges facing both

patients and doctors. The project team used interviews with patients, focus groups, GP interviews and analysis of GP/patient consultations to identify effective ways of supporting people with distress and develop good practice guidelines for healthcare professionals.

"Cuts under austerity mean there are few community resources and limited places for people to go to for help. By going to a GP, the very nature of the setting results in the likelihood of the problem being medicalised. It is often the case that people need a medical reason to keep receiving welfare entitlements."

Dr Felicity Thomas, DeSTRESS Project Lead



What did we learn?

We found that in the UK, rates of antidepressant prescribing are linked to deprivation, particularly in coastal and rural areas. People told us about their experiences of living on a very low income and the factors that were causing them stress, such as poor housing, changes to benefits, low paid or insecure work. They also told us about the ways that they dealt with that stress and its impact on their wellbeing.

GPs expressed frustration at the lack of options available that don't over-medicalise this distress. As one GP told us:

"I think the perception is that something like fluoxetine [an antidepressant] is a clean, safe drug and won't do much harm. So it feels like a kind thing to do when someone's in a situation that can't be changed – to prescribe a medication that makes them feel slightly better about their situation. There isn't good evidence to support it, but we still do it."

We found that a lack of support for, and pressure on, patients combined with a mistrust of authority and a system that encourages blame could lead GPs towards inappropriate and disempowering diagnoses and treatments.

A participant seeking help for postnatal depression said, *"I was made to feel...because I had depression... I was a danger to myself and my child...I just stopped going"*.

We identified the important role of GPs in communities and the need to recognise social factors in poverty-related distress. We found that wider community responses such as social prescribing would be beneficial, as well as stronger connections between community and health services.

What happened next?

Researchers worked with the project's advisory board of residents, health professionals and community organisations to produce training materials for GPs to help them provide better support for low-income patients. These have now been published as Royal College of General Practitioners e-learning materials. Community partners have produced short films on their experiences of seeking support for poverty-related distress, as well as a poster that can be displayed in GP waiting rooms and community spaces. The project has also attracted media attention, featuring in a BBC Radio 4 PM programme series on antidepressant use and shortlisted for a 2019 Mind Media award.

Findings from the DeStRESS project have been used to inform the restructuring of IAPT (Improving Access to Psychological Therapies) provision in the main Plymouth study area.

References

- Thomas, F., Hansford, L., Ford, J., Wyatt, K., McCabe, R., Byng, R. (2019) How accessible and acceptable are current GP referral mechanisms for IAPT for low-income patients? Lay and primary care perspectives, *Journal of Mental Health*. <https://doi.org/10.1080/09638237.2019.1677876>
- Thomas, F., Hansford, L., Wyatt, K., et al. (2020) An engaged approach to exploring issues around poverty and mental health: a reflective evaluation of the research process from researchers and community partners involved in the DeStress study, *Health Expectations*. <https://doi.org/10.1111/hex.13065>

Useful Links:

- destressproject.org.uk
- arc-swp.nihr.ac.uk/research/de-stress

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