



PSYCHOLOGISTS
AGAINST AUSTRITY

The Psychological Impact of Austerity

A Briefing Paper

Executive Summary

This report directly links cuts to public services with mental health problems. Well-established psychological research that explains these links already exists. However, this knowledge has been missing from the debate on austerity so far.

Psychologists are often in a position to see the effects that social and economic changes have on people. We also occupy a relatively powerful position as professionals and therefore have an ethical responsibility to speak out about these effects.

Key conclusions

Austerity policies have damaging psychological costs. Mental health problems are being created in the present, and further problems are being stored for the future. We have identified five 'Austerity Ailments'. These are specific ways in which austerity policies impact on mental health:

1. **Humiliation and shame**
2. **Fear and distrust**
3. **Instability and insecurity**
4. **Isolation and loneliness**
5. **Being trapped and powerless**

These experiences have been shown to increase mental health problems. Prolonged humiliation following a severe loss trebles the chance of being diagnosed with clinical depression. Job insecurity is as damaging for mental health as unemployment. Feeling trapped over the long term nearly trebles the chances of being diagnosed with anxiety and depression. Low levels of trust increase the chance of being diagnosed with depression by nearly 50 per cent.

These five 'ailments' are indicators of problems in society, of poisonous public policy, weakness of social cohesion and inequalities in power and wealth. We also know what kind of society promotes good health. Key markers are that societies are equal, participatory and cohesive. Some important indicators of a psychologically healthy society are:

1. **Agency**
2. **Security**
3. **Connection**
4. **Meaning**
5. **Trust**

Mental health isn't just an individual issue. To create resilience and promote wellbeing, we need to look at the entirety of the social and economic conditions in which people live.

Recommendations

- Social policy should work towards a more equitable and participatory society, to facilitate individual wellbeing, resilient places, and strong communities.
- It is crucial that policy makers and service developers consider the psychological impacts of current and future policies.
- Creating the conditions for wellbeing and resilience directly helps to prevent distress in the short and long term, both saving resources and reducing suffering.

Introduction

The Coalition government since 2010 has implemented a program of cuts to public services and welfare that has disproportionately affected the most vulnerable people in our society in the name of 'Austerity'. Measures like the bedroom tax, cuts to disability benefits, the introduction of Universal Credit and cuts to local government, social services and NHS budgets have been presented by the Coalition as necessary to the UK's economic recovery. Ideas like 'the nation has maxed out its credit card' and austerity as a painful but necessary medicine have been used to frame these policy choices as unavoidable and moral[1].

We argue that recent cuts are both avoidable and immoral. As psychologists we are often in a position to see the effects that societal and economic conditions have on people. Psychologists also occupy a relatively powerful position as professionals with access to resources like theory and research and therefore have an ethical responsibility to speak about these effects. Indeed, according to the British Psychological Society (BPS) code of ethics, part of the standard for competence is sensitivity to developments in our social and political context[2].

It is imperative to take into account the psychological costs of austerity for individuals and communities. Psychological impacts of recent austerity policies have been little discussed in media and policy debates, yet there is clear and robust research linking recent austerity policies with damaging psychological outcomes. Work at an epidemiological level on social determinants of health like the Marmot Review[3] and The Spirit Level[4] shows robust evidence for the effects of social inequality on health, including emotional wellbeing. Mental health problems are associated with markers of low income and social economic status in all the developed nations, no matter which indicator is used[5]. There are indications of higher levels of mental health problems following austerity, with a rise in antidepressant prescriptions[6], and GPs

reporting increasing numbers of mental health appointments[7], and a rise in male suicides[8]. Since the financial crisis, suicides have increased in European countries that have adopted austerity policies (UK, Greece, Spain and Portugal), but not in those who have protected their welfare state (Iceland and Germany)[9, 10].

In this paper, we assume that the emotional wellbeing of societies and individuals is determined by multiple factors that interact with each another[11]. These include economic, societal, familial, psychological and biological influences. We use the terms 'emotional wellbeing', 'distress' and 'mental health problems' rather than 'mental illness'. This is because there is disagreement about whether emotional difficulties are best understood as a product of individual pathology, or a consequence of toxic environments and difficult life experiences.

We use diagnostic terminology as a proxy for a wide range of experiences of distress, which are biographically unique. As psychologists, we believe that the diagnostic and medical understanding of 'mental illness' often neglects socioeconomic context. As Lynne Friedli says: "Mental health is produced socially: the presence or absence of mental health is above all a social indicator and therefore requires social, as well as individual solutions"[12].

Psychological research provides evidence for some of the wide range of pathways by which increasing social inequality and austerity increase emotional distress. In this paper, we will outline well established pathways to short and long term psychological damage from austerity policies; we have called these 'austerity ailments'. They are:

- Humiliation and shame
- Fear and distrust
- Instability and insecurity
- Isolation and loneliness
- Being trapped and powerless



These five 'ailments' are indicators of problems in society, of poisonous public policy, weakness of social cohesion, and inequalities in power and wealth. However, there are also well-established psychological outcomes of living in a healthy, well balanced society and economy, which we will explore. These are:

- Agency
- Security
- Connection
- Meaning
- Trust

To provide some indications of the best ways to produce these outcomes, we will end with some recommendations for services, communities and policy makers.

Ailment one: **Humiliation and shame**

Austerity has increased poverty; austerity policies have hit the poorest hardest[13], increasing levels of poverty in families on the lowest incomes[14]. Households living below minimum income standard has increased by a third since 2008. The majority of this increase is since 2010, when austerity policies began, and families with children are the worst affected group[15]. Experiences of both shame and humiliation are endemic in poverty[16], due to the low status assigned to people on low incomes, and rhetoric that blames poor people for their own need. Humiliation has also been highlighted as a central experience for those affected by the changes to disability benefits[17]. Both shame and humiliation are social emotions. Humiliation arises when people are made to feel that they are lesser in status or worth, while shame occurs when people are made to feel that they have violated a social or moral standard[18]. These feelings have been compounded by the punitive benefits rhetoric used to drive through austerity policies, which has promoted the idea that those who use welfare benefits are worth less ('shirkers') than those who work ('strivers'[19]).

The costs to mental health

Shame has been described as “the bedrock of psychopathology”[20] meaning that it is central to many forms of emotional distress. Shame is associated with experiences of depression[21] [22], specifically when combined with a feeling of a lack of community[23]. Shame is also central to many distressed responses to abuse[24]. Experiences of humiliation are also known to be a key cause of depressed experiences[25]. Prolonged humiliation following a severe loss trebles the chance of being diagnosed with clinical depression[26]. Particularly at risk, therefore, are people who face sudden changes to their circumstances which place them in poverty, such as a job loss or benefit cuts.

CASE STUDY

Food banks

The growth of food banks has been a high-profile feature of austerity. Reliance on food banks has increased 22-fold since the beginning of austerity policies in 2010, according to the Trussell Trust, which served nearly 1 million people in 2013/14[27]. Shame has been identified as the most common emotion reported by users of food banks[28]. In a US study, 84% of visitors to food banks described feeling humiliated by the experience, while 43% hid their use of food banks from their children[29]. This is one example of the how the public exposure of being in poverty leads to shame and humiliation. The most common reason for using a food bank in the UK is problems with the benefits system[30], including delays and benefits changes. This directly links austerity policies to the growth in food bank use.

Ailment two: **Fear and distrust**

Austerity has relied on a politics of fear and distrust to drive through policies that hit the most vulnerable the hardest. Fear occurs in situations of danger, whether physical or emotional, while distrust is a response to unreliable or damaging social relationships. Both imagine a negative future[31]. Blaming people for misfortune, disability or poverty, and promoting the idea that people who receive state help are untrustworthy directly promotes distrust in society. In addition, people living in communities that have fewer resources, and higher levels of disorder and disorganisation, have higher levels of distrust[32], and austerity policies have been shown to have hit such deprived areas hardest[33].

The costs to mental health

Fear and distrust are central to many mental health problems. Life events which are rated as dangerous are known to cause experiences of serious anxiety[34]. Societies that are less trusting also tend to be less equal, and have higher levels of mental health diagnoses[35]. High levels of distrust are associated with an 80% increase in overall reported poor health[36]. Low levels of trust also increase the chance of being diagnosed with depression by nearly 50 per cent[37]. People who live in neighbourhoods that have high levels of distrust also have increased levels of all mental health problems, particularly psychosis[38]. Loss of trust in the world and others is also known to be a precursor to suicide[39]. Policies that increase distrust within and between communities are therefore poisonous to both community cohesion and individual mental health.

CASE STUDY

Benefits claimants

Austerity policies targeted benefit claimants, using the vilification of benefit claiming and beliefs about the level of benefit cheating. The DWP has been reprimanded by both the UK Statistics Authority and the parliamentary committee for Work and Pensions on the misleading and ideological use of statistics, to promote negative views about benefit claimants, including disabled people[40]. This is a deliberate strategy to undermine popular support for the principle of social security; over the past 30 years, there has been a 20 per cent reduction in people who think that the unemployed are deserving of the support they receive[41], and people are more likely to think that benefit claimants are lazy and don't deserve help[42]. Media reports are also more likely to contain language that implies that benefit claimants are undeserving of help, or have lacked effort to help themselves[43]. In addition, 30 per cent of media stories discussing benefits focus on fraud, despite the fact that the fraud rate is only 0.5-3 per cent[44]. This feeds the finding that the public overestimate benefit fraud by a factor of 34[45], and 14% of people believe a majority of claims are fraudulent[46]. This kind of rhetoric fosters distrust within and between communities by promoting the idea that people who receive state help are duplicitous and undeserving.

Ailment three: **Instability and insecurity**

Austerity has increased insecurity in both work and welfare benefit payments; instability has become an intrinsic part of many people's experiences. Work is no longer a guarantee of stability. Half of the people in poverty in the UK, over 6 million people, are now in working households[47]. This period of austerity has led to poor people in work outnumbering poor people out of work for the first time[48]. An increasingly precarious workforce finds itself moving back and forth between insecure work and insecure benefits, with sanctions underpinning an increasingly punitive system. The number of financial penalties ('sanctions') imposed on benefit claimants by the Department of Work and Pensions now exceeds the number of fines imposed by the courts[49].

The costs to mental health

Insecurity, both personal and material, is known to be central to mental distress[50]. It is well established that job insecurity leads to poor mental health outcomes[51][52][53], independently of income or occupation level[54], and is as detrimental to mental health as unemployment[55]. Insecurity at a community level has also been found to feed into individual distress, in particular a feeling that authorities are unreliable or cannot be trusted to look after the interests of an area[56]

CASE STUDY

Zero hours contracts

Jobs are increasingly insecure. In December 2014, 697,000 people were employed on zero hours contracts, comprising a job with no guarantee of work or pay[57]. This number has increased fourfold since the beginning of austerity in 2010[58]. The most recent estimate is that 1.8 million people in Britain are on contracts without guaranteed hours[59]. It is also estimated that 22 per cent of UK workers earn less than the living wage, up from 20 per cent in 2012[60]. Robust research has established that job insecurity has damaging effects on both individual employees and organisations[61]. The more insecure the job, the higher levels of mental distress and physical health complaints found in employees[62]. Job insecurity leads to higher levels of strain, worsened job performance and increased sickness[63]. In addition, jobs that are characterised by low status and high levels of strain, along with insecurity, are as damaging to mental and physical health as unemployment[64].

CASE STUDY

Housing

Punitive austerity policies combined with an out-of-control housing market have led to people being uprooted from their homes. The BBC suggests that around 30,000 people have been forced to move following the implementation of the bedroom tax[65]. Since 2010, there has been an estimated 37 per cent increase in rough sleeping in England[66]. The numbers being made homeless following a private tenancy has also doubled over the same period, indicating severe insecurity in the private rental sector[67]. It is well known that people on low incomes tend to have smaller, denser and more localised support networks[68]. Being forced to move from established communities therefore is likely to be particularly problematic and a risk to mental wellbeing.

Ailment four: **Isolation and loneliness**

Austerity has hit local government very hard, and the biggest losses of funding have come in deprived areas[69]. This reduces resources that support community living, social support and contact for groups at particular risk of being lonely and isolated, such as young families and older people[70]. People living in deprived communities are, on average, more socially isolated[71], as well as being more significantly affected by the cuts to free communal and cultural resources[72]. Deprived communities have been disproportionately affected by government cuts[73].

The costs to mental health

Isolation, both social and cultural[74], is known to both precipitate mental health difficulties, and inhibit recovery[75]. Loneliness has a comparable mortality risk to smoking and drinking alcohol, and is a higher risk for mortality than obesity[76]. Britain already has one of the highest levels of loneliness in Europe[77]. Policies that increase isolation and loneliness, therefore, have a direct risk of damaging mental health outcomes in both the short and long term.

CASE STUDY

Sure Start centres

More than 400 Sure Start centres closed during the first two years of the Coalition government, following a cut of one third in funding[78]. Mothers of young children are a group at high risk for developing mental health problems, with one in 10 women experiencing mental health problems during or after pregnancy. Women living in poverty are four times more likely to develop postnatal depression than those in the highest income bracket[79]. Supportive social networks, including those developed at children's centres, have been shown to decrease the level of depression experienced by this group[80]. Early years environments are known to be critical for children's long-term development and adult mental health. Experiencing depression after birth is linked to reduced quality in mother-child interactions and child-stranger interactions[81]. Supporting parents to provide good early years in environments is incredibly important[82].

CASE STUDY

Older people and social care

While those over 65 have been relatively protected from austerity[83], the cuts to local government have meant cuts to services for older people at particular risk of loneliness. The Supporting People budget has been cut, and support staff have been removed from people living independently[84]. Widespread "call cramming", meaning shortened visits to disabled and older people, has been reported. Older people are already more likely to be lonely[85], so removing lifelines of social contact is highly damaging. Concentration of social care on only the most severe need is a short-termist strategy that creates problems in the long term. Those affected by the first wave of cuts are often those who only need minimal support. Without this support they are likely to suffer more and to develop more serious levels of need.

Ailment five: **Being trapped and powerless**

Austerity has removed many choices from people's lives who are struggling or living with low incomes. The cuts to legal aid have meant that many people are without legal help in crucial areas such as housing, family, debt and benefits[86]. The tripling of university tuition fees has led to a 47 per cent drop in part-time students[87]. Part-time students are more likely to be mature[88], and so often already have responsibilities, such as children. The debt burden of university education has therefore had the effect of trapping people who do not take the traditional path straight from school to university.

The costs to mental health

Entrapment has serious short- and long-term impacts. Feeling trapped is a key cause of depression and anxiety[89]. Long-term entrapping life experiences nearly treble the chances of anxiety and depression[90]. Central to feeling trapped is a loss of hope in the possibility of being able to change life for the better. Feeling powerless is also a key component of many psychotic experiences, such as paranoia[91]. Mental health problems are responses to difficult life circumstances, so trapping people into situations of trauma, abuse and neglect can create lifelong problems.

CASE STUDY

Domestic violence

Funding for domestic violence shelters has plummeted. Last year, nearly a third of referrals to refuges were turned away due to a lack of space. On just one day, 112 women and 84 children were refused accommodation[92]. This literally traps women and children into violent and abusive situations. Beside the risks to women and children this poses in the present, the links between childhood adversity and adult mental health are well known. People are significantly more likely to be diagnosed with both depression[93] and psychosis[94] in adulthood if they have experiences of being abused or neglected in childhood. Experiencing or witnessing abuse as a child increases the risk of attempting suicide as an adult by nearly 70 per cent and of being prescribed medication for mental health issues by three times[95]. There is some evidence that long-term changes in biological stress systems, brain structure and chemistry can be attributed to witnessing or experiencing abuse in childhood[96]. All of these links have a 'dose response', meaning adult impacts are more severe the more sustained and repeated the experiences are in childhood[97]. This is a long-term mental health disaster.

The five ailments: summary

People living in particularly deprived circumstances are likely to be exposed to situations that have elements of all of these 'ailments'. Many austerity policies, such as harsh benefit sanctions, are likely to produce experiences that have more than one of these features. These experiences can also intertwine and coalesce to compound experiences of distress over time. Powerlessness is linked to

distrust, for instance; people living in deprived communities have higher levels of both[98]. Experiences of abuse and neglect, which people can get trapped into, can lead to lifelong feelings of shame[99], colouring future interactions and relationships[100]. Insecurity and instability can also trap people, leaving them feeling powerless over their own lives.



Five psychological indicators of a healthy society

Austerity tears apart communities and reduces people's capacity to live well. The costs and consequences of austerity policies will be long term and far reaching. To counter them, we need to build a society and public services that create the conditions for people to have "the freedom to live a valued life"[101]. Defining a 'good society' is fraught with difficulty, as such a definition will always be tied to a particular culture and time. In 'The Quality of Life'[102], Nussbaum and Sen argue that, although what is valued by different cultures may vary, all societies should aim to support people's capability to function well within them. Suggested capabilities include ensuring people have the capacity to be healthy; to think, feel and act freely; to have control over their environment; and to form communities.

There is evidence that particular kinds of social and economic organisation are better for health and wellbeing than others. Poverty is a robust predictor of poor mental and physical health[103], however there are also 'resilient places', where residents are healthier and happier than other demographically similar areas[104]. Resilience can be defined as the "capability of individuals or systems (such as families, groups, and communities) to cope successfully in the face of significant adversity and risk"[105]. This is a crucial concept for considering how best to provide conditions in which people can live well.

Several aspects of community life predict good health and resilience, including civic participation, social cohesion, reciprocity and political efficacy[106]. The built environment is also important, as good quality housing predicts good mental health[107]. Being able to see green space has been found to help people cope more successfully[108]. On a broader level, equality of wealth is known to be central to wellbeing – more equal societies have healthier citizens and lower levels of mental health problems[109]. Social capital, the social ties which link people within and between communities, is also stronger in more equal societies, and is protective for health[110]. This evidence points to the benefits

of an equal society, with cohesive communities, in which all citizens have access to meaningful power and influence. Drawing on published research, we outline five key psychological indicators of such a resilient and healthy society.

1. Agency

Agency is subjective sense of having control over one's life, having power to make decisions and shape the future. There is considerable evidence that in Western cultures, which prize individualism, feeling agentic, sometimes called having an 'internal locus of control', is related to better physical[111] and mental health[112]. A similar concept of 'mastery' is also used to describe a person's sense of control over their environment. A general sense of mastery, along with good social resources, has been found to protect disabled people from developing depression in later life[113]. Overall, a sense of mastery over both self and environment predicts lower levels of depression[114]. Preserving a sense of agency is also crucial in times of mental health crisis[115] as well as being central to the recovery process[116].

Many aspects of people's lives, communities and environments feed into the level of perceived agency. Living in poverty is a key circumstance that reduces people's capability to feel agency. People on low incomes[117], and in low-status, passive jobs[118], tend to have a more external 'locus of control', meaning that they feel their lives are more controlled by others[119]. Considering the lower levels of autonomy in low-status jobs[120], and the lack of choice that comes with a low income, this is a valid assessment. Public services that are paternalistic, didactic or punitive, are also known to disempower people and reduce their feelings of agency[121]. Agency is also not only an individual characteristic. Community level empowerment, involving an increase in the participation and efficacy of groups to impact local decision making, been found to be beneficial for health[122].

2. Security

Feeling safe is central to being a happy and healthy person. Psychologists have long known that feeling secure in our environments and our relationships with others is central to wellbeing. Knowing that you will have enough to eat and somewhere to live is a basic requirement for emotional wellbeing. For example, homelessness has been linked to greater anxiety and low mood in children and parents in homeless families, compared to those in poverty who are housed[123]. Secure housing is likely to have a positive impact on wellbeing, given that moving house three or more times has been identified as a risk factor for increased emotional and behavioural problems in children[124].

There is a wealth of research on the effects of fear of crime, showing the detrimental effects of feeling unsafe on mental health and wellbeing[125]. Areas with visible markers of instability, such as vandalism, litter and abandoned buildings tend to have higher levels of mental health problems[126]. Having a job and feeling secure that you will have a job in the future are clearly important for wellbeing as one in five suicides worldwide is linked to unemployment[127] and job insecurity as well as unemployment predicts depression and anxiety[128].

Supporting the capability for experiencing emotions means creating the conditions whereby children's emotional development is not adversely affected by feelings of fear. Good early relationships lead to secure attachments and feelings of safety. Attachment research indicates that maternal sensitivity, a strong predictor of attachment security, is affected by economic deprivation[129] and family socio-economic status (SES)[130]. Research examining contextual predictors of secure attachments in low-SES families found a range of interrelated resources, including maternal social support, provision of toys, maternal depression and education predicted secure attachment[131].

A society that supported parents would increase the chance of children beginning their lives with a sense of safety that in turn is linked to improved wellbeing in adulthood.

3. Connection

Connection to others is crucial for having a sense of meaningful identity and place in the world. Relatedness is a basic human need according to psychological research, including attachment theory, mainstream social psychology and community psychology[132]. Humans experience social exclusion as painful[133], and a sense of belonging is associated with better emotional wellbeing[134].

There is also a body of research showing a link between sense of community and emotional wellbeing[135]. Research has found that in blocks with comparable levels of moderate deprivation, greater community participation predicted lower levels of anxiety and depression. However in the most deprived areas, living in a block with little community participation appeared to be slightly protective[136]. Levels of community participation were lower in the most deprived blocks. This shows how isolation created by austerity policies can be amplified by the creation of vicious cycles of deprivation and disconnection, with mutually reinforcing negative effects on emotional wellbeing.

Evidence indicates that, where people have more contact and involvement with others, they experience a greater sense of connection and belonging, which is protective for emotional wellbeing. Increasing inequality over the past 30 years has been linked to reduced levels of cohesion and involvement in community life[137]. Therefore it is crucial that the trend toward rising inequality is reversed.

(continued overleaf)

Five psychological indicators of a healthy society *(continued)*

4. *Meaning*

The ability to live a meaningful life, whether through work, relationships or creative pursuits, is central to wellbeing[138]. An overall sense that life is understandable and meaningful[139], often characterised as a 'sense of coherence', predicts good mental health[140] and physical health[141]. The extent to which people feel valued is based in the quality of their environment, relationships and pursuits.

Work is a key route for people to find meaning, purpose and value in our society, but the quality of work is crucial. Low-skilled jobs have been found to decrease people's sense of coherence[142], helping to mediate the poorer mental health generally found in people in low-paid roles[143]. For jobs to be beneficial for health rather than detrimental, there needs to be a positive 'effort-reward' balance, where the rewards from the job, whether financial, personal or intellectual, are not overwhelmed by the effort and strain required by the job[144].

Other routes to a meaningful life include relationships[145], creativity[146], spirituality[147] and civic participation[148]. Improving levels of social support for people using mental health services can actively increase a sense that life is meaningful[149]. People who continue to be embedded in family relationships and responsibilities tend to recover better from distress[150], particularly if their role in the family is valued[151]. Engaging in creative pursuits during recovery from distress has also been found to foster hope and develop a sense of meaning and purpose[152]. For those who have a spiritual outlook, these beliefs can also be a strong source of hope, meaning and comfort[153]. Finally, being actively involved in civic and community activities, and feeling a strong sense of belonging through activities such as volunteering, is also beneficial for health[154].

5. *Trust*

Trust is a crucial component of wellbeing in individuals, communities and society. Societies that are more equal[155] and socially cohesive[156] have citizens who trust each other more. People living in more trusting societies have higher levels of subjective wellbeing[157], lower levels of mental health diagnoses[158], and a range of other positive social[159], and health[160] outcomes. Trust is important because because it acts as a social and interpersonal facilitator; it helps us to develop and sustain social capital, the social bonds, networks and associations that sustain strong communities[161]. Socially cohesive societies and communities are more trusting due to both the level of bonding within communities and better bridging links between groups[162]. Consequently, communities are able to come together to work towards collective ends[163].

It is by having trust in others that we are able to build strong and stable interpersonal relationships[164], which provide us with a sense of belonging and security, and a foundation upon which to explore ourselves and the environment around us[165]. It is the experience of these trusting and nurturing relationships, particularly in our early development, which are the foundation of good mental health[166] as they help reduce the likelihood of developing a mental health difficulty later in life[167]. Consequently, promoting the accumulation of social capital is now seen as an important objective for governments in order to promote social cohesion and public wellbeing[168].

Implications and recommendations

The evidence presented in this report indicates that a range of key psychological experiences can be directly linked to public policy, and are sensitive to macro social and economic changes. It is therefore crucial that policy makers and service developers consider the psychological impacts of current and future policies. Creating the conditions for wellbeing and resilience directly helps to prevent distress in the short and long term, thereby saving resources and reducing suffering.

We call for:

- Social policy that works towards a more equitable and participatory society, to facilitate individual wellbeing, resilient places, and strong communities.
- Policy makers to take into account the psychological impacts of macro social and economic changes.
- A social security system that empowers and supports, rather than punishing people in times of need.
- Public services to increase focus on preventing distress, improving citizen participation and social justice, as well as help facilitate the five positive indicators above.
- Co-production to be one such model of public service reform. This approach harnesses individuals' and communities' assets and expertise rather than viewing them just as passive recipients of and burdens on services.
- A community-led approach to mental health and emotional wellbeing that develops collective responses to individual needs and by doing so works to strengthen communities and build on communal resources.[169]



References

- 1 Afoko, C., Vockins, D. (2013). Framing the economy: The austerity story. London: New Economics Foundation
- 2 British Psychological Society. (2009). Code of Ethics and Conduct. Leicester: British Psychological Society
- 3 Marmot, M. (2010). Fair society healthy lives. London: The Marmot Review.
- 4 Wilkinson, R., Pickett, K. (2010). The spirit level: Why equality is better for everyone. London: Penguin.
- 5 Melzer, D., Fryers, T., & Jenkins, R. (2004). Social Inequalities and the Distribution of the Common Mental Disorders. Hove: Psychology Press
- 6 Spence, R. Roberts, A. Ariti, C., Bardsley, M. (2014). Focus On: Antidepressant prescribing. Trends in the prescribing of antidepressants in primary care. London: Quality Watch.
- 7 Insight Resarch Group. (2012). The austerity Britain report; The impact of the recession on the UK's health, according to GPs. London: Insight Research Group.
- 8 Office of National Statistics. (2015). Suicides in the United Kingdom, 2013 Registrations. London: ONS.
- 9 Karanikolos, M., Mladovsky, P., Cylus, J., Thomson, S., Basu, S., Stuckler, D., Mackenbach, D. J. (2013). Financial crisis, austerity, and health in Europe, *The Lancet*, 3, 382, 391-2.
- 10 McKee, M., Karanikolos, M., Belcher, P., Stuckler, D. (2012). Austerity: a failed experiment on the people of Europe, *Clinical Medicine*, 12, 4, 346-350.
- 11 Brofenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge, MA: Harvard University Press.
- 12 Friedli, L. (2009). *Mental Health, Resilience and Inequalities*. Copenhagen: WHO, p. iv.
- 13 De Agnostini, P., Hills, J., Sutherland, H. (2014) Were we really all in it together? The distributional effects of the UK Coalition government's tax-benefit policy changes, *Social Policy in a Cold Climate: Working Paper 10*, London School of Economics.
- 14 Hills, J. (2015). *The Coalition's Record on Cash Transfers, Poverty and Inequality 2010-2015, Social Policy in a Cold Climate: Working Paper 11*, London School of Economics.
- 15 Padley, M., Valadez, L., Hirsch, D. (2015). *Households below a minimum income standard*. London: Joseph Rowntree Foundation.
- 16 Mills, C., Zavaleta, D., and Samuel, K. (2014). *Shame, humiliation and social isolation: Missing dimensions of poverty and suffering analysis*. OPHI Working Paper 71, University of Oxford.
- 17 We are Spartacus. *The People's Review of the Work Capability Assessment*. London: We Are Spartacus.
- 18 Tracy, J., L., Robins, R. W., Tangney, J. P. (2007). *The self-conscious emotions: Theory and research*. New York: Guilford Press.
- 19 George Osborne, Conservative Party Conference Speech, 2012. Liam Byrne, Conservative Party Conference Speech, 2011.
- 20 Miller, R. S. (1996). *Embarrassment: Poise and peril in everyday life*. New York: Guilford Press, p. 151.
- 21 Kim, S., Thibodeau, R., Jorgensen, R. S. (2011). Psychological shame, guilt, and depressive symptoms: A meta-analytic review, *Bulletin*, Vol 137, 1, 68-96.
- 22 June P.; Wagner, P., ; Gramzow, R. (1992). Proneness to shame, proneness to guilt, and psychopathology, *Journal of Abnormal Psychology*, 101, 3, 469-478.
- 23 Scheff, T. (2001). Shame and community: Social components in depression, *Psychiatry: Interpersonal and Biological Processes*, 64, 3, 212-224.
- 24 Whiffen, V., E., MacIntosh, H., B. (2005). Mediators of the link between childhood sexual abuse and emotional distress: A critical review, *Trauma, Violence and Abuse*, 6, 1, 24-39.
- 25 Brown, G. (1996). 'Onset and course of depressive disorders: Summary of a research programme', in C. Mundt, M.J. Goldstein, K. Hahlweg, P. Fielder (eds), *Interpersonal factors in the origin and course of affective disorders*. London: Royal College of Psychiatrists.
- 26 Kendler, K., S., Hettema, J. M., Butera, F., Gardner, C. O., Prescott, C., A. (2003). Life event dimensions of loss, humiliation, entrapment, and danger in the prediction of onsets of major depression and generalized anxiety, *Archives General Psychiatry*, 60, 8, 789-796.
- 27 Trussell Trust. (2014). *Highlights of the year: 2013-14*. London: Trussell Trust.
- 28 Van der Horst, H., Pascucci, S., Bol, W. (2014) The "dark side" of food banks? Exploring emotional responses of food bank receivers in the Netherlands, *British Food Journal*, 116, 9, 1506-1520.
- 29 Tarasuk, V.S., Beaton, G.H. (1999). Women's dietary intakes in the context of household food insecurity, *The Journal of Nutrition*, 129, 3, 672-679.
- 30 Trussell Trust. (2014). *Highlights of the year: 2013-14*. London: Trussell Trust.
- 31 Sztompka, P. (1999). *Trust: A sociological theory*. Cambridge: Cambridge University Press.
- 32 Ross, C. E., Mirowsky, J., & Pribesh, S. (2001). Powerlessness and the amplification of threat: neighbourhood disadvantage, disorder and mistrust. *American Sociological Review*, 66, 568-591.
- 33 Berry, C., While, L. (2014). No. 6 - Local authority spending cuts and the 2014 English local elections. Sheffield: SPERI.
- 34 Finlay-Jones, R., Brown, G. (1981). Types of stressful life event and the onset of anxiety and depressive disorders, *Psychological Medicine*, 11, 4, 803-815.
- 35 Wilkinson, R., Pickett, K. (2010). *The spirit level: Why equality is better for everyone*. London: Penguin.
- 36 Fujiwara, T., Kawachi, I. (2008). A prospective study of individual level social capital and major depression in the United States, *Journal of Epidemiology and Community Health*, 62, 627-633.
- 37 Araya, R., Dunstan, F., Playle, R., Thomas, H., Palmer, S., Lewis, G. (2006). Perceptions of social capital and the built environment and mental health, *Social Science and Medicine*, 62, 12, 3072-3083.
- 38 Rogers, A., Pilgrim, D. (2010). *A sociology of mental health and illness*. Maidenhead: Open University Press
- 39 Benson, O., Gibson, S., Boden, Z. & Owen, G. (forthcoming). *New Focus for Suicide Prevention: An Understanding of Suicide Based on Accounts of Experience*. Unpublished manuscript.
- 40 House of Commons Work and Pensions Committee. (2013). *Monitoring the performance of the Department for Work and Pensions in 2012-13*. London: House of Commons.
- 41 NatCen Social Research (2013). *British Social Attitudes Survey*. London: NatCen Social Research.
- 42 Baumburg, B., Bell, K., Gaffney, D. (2011). *Turn to Us: Benefits Stigma in Britain*. London: Elizabeth Finn Care.
- 43 Baumburg, B., Bell, K., Gaffney, D. (2011). *Turn to Us: Benefits Stigma in Britain*. London: Elizabeth Finn Care
- 44 Baumburg, B., Bell, K., Gaffney, D. (2011). *Turn to Us: Benefits Stigma in Britain*. London: Elizabeth Finn Care
- 45 Royal Statistical Society. (2013). *Perceptions are not reality: The top ten we get wrong*. London: RSS.
- 46 Baumburg, B., Bell, K., Gaffney, D. (2011). *Turn to Us: Benefits Stigma in Britain*. London: Elizabeth Finn Care.
- 47 MacInnes, T., Aldridge, H., Bushe, S., Tinson, A., Born, T. B. (2013). *Monitoring Poverty and Social Exclusion 2014*. London: Joseph Rowntree Foundation.
- 48 MacInnes, T., Aldridge, H., Bushe, S., Tinson, A., Born, T. B. (2013). *Monitoring Poverty and Social Exclusion 2014*. London: Joseph Rowntree Foundation.
- 49 Webster D (2015) *Benefit sanctions: Britain's secret penal system* <http://www.crimeandjustice.org.uk/resources/benefit-sanctions-britains-secret-penal-system>
- 50 Shinn, M., & Weitzman, B. C. (1996). Homeless families are different. *Homelessness in America*, 109-122; Buckner, J. C. (2008). Understanding the impact of homelessness on children challenges and future research directions. *American Behavioral Scientist*, 51(6), 721-736.
- 51 McDonough, P. (2000). Job insecurity and health, *International Journal of Health Services*, 30, 3, 453-476.
- 52 Sverke, M., Hellgren, J., Näswall, K. (2002). No security: A meta-analysis and review of job insecurity and its consequences, *Journal of Occupational Health Psychology*, 7, 3, 242-264.
- 53 Virtanen, M., Kivimekil, M., Joensuu, M., Virtanen, P., Elovainio, M., Vahtera, J. (2005). Temporary employment and health: a review, *International Journal of Epidemiology*, 34, 3, 610-622.
- 54 De Witte (1999). *Job Insecurity and Psychological Well-being: Review of the Literature and Exploration of Some Unresolved Issues*, *European Journal of Work and Organizational Psychology*, 155-177.
- 55 De Witte (1999). *Job Insecurity and Psychological Well-being: Review of the Literature and Exploration of Some Unresolved Issues*, *European Journal of Work and Organizational Psychology*, 155-177.
- 56 Rogers, A., Huxley, P., Thomas, R., Robson, B., Evans, S., Stordy, J., Gately, C. (2000). Evaluating the impact of a locality based social policy intervention on mental health: conceptual and methodological issues, *International Journal of Social Psychiatry*, 47 (4), 41-55
- 57 ONS (2015). *Release: Contracts with no guaranteed hours, Zero hours contracts, 2014*. London: ONS.
- 58 ONS (2014). *Zero Hours Analysis*. London: ONS.
- 59 ONS (2015). *Release: Contracts with no guaranteed hours, Zero hours contracts, 2014*. London: ONS.
- 60 Kennedy, J., Moore, T., Fiddes, A. (2014). *Living Wage Research for KPMG: Structural*

- Analysis of Hourly Wages and Current Trends in Household Finances. Markit Group Limited.
- 61 Johnny Hellgren , Magnus Sverke & Kerstin Isaksson (1999) A Two-dimensional Approach to Job Insecurity: Consequences for Employee Attitudes and Well-being, *European Journal of Work and Organizational Psychology*, 8, 2, 179-195
- 62 Ashford, S.J., Lee, C., & Bobko, P. (1989). Content, causes, and consequences of job insecurity: A theory-based measure and substantive test. *Academy of Management Journal*, 4, 803-829.
- 63 Hartley, J., Jacobson, D., Klandermans, B., & van Vuuren, T. (1991). *Job insecurity: Coping with jobs at risk*. London: Sage.
- 64 Broom, D. H., D'Souza, R. M., Strazdins, L., Butterworth, P., Parslow, R., Rodgers, B. (2006). The lesser evil: Bad jobs or unemployment? A survey of mid-aged Australians, *Social Science and Medicine*, 63, 3, 575-586.
- 65 BBC, 28 March 2014: Housing benefits: Changes 'see 6% of tenants move'.
- 66 Department of Communities and Local Government. (2014). *Rough sleeping statistics England: Autumn 2013*. London: DCLG.
- 67 <http://www.homeless.org.uk/facts/homelessness-in-numbers/statutory-homelessness>. 14% of applications in 2010; 29% of applications in 2014.
- 68 Haug, G., Tausig, M. (1990). Network range in personal networks, *Social Networks*, 12, 3, 261-268.
- 69 Hastings, A., Bailey, N., Besemer, K., Bramley, G. Gannon, M., Watkins, D. (2013). *Coping with the cuts? Local government and poorer communities*. Glasgow: Joseph Rowntree Foundation.
- 70 Hastings, A., Bailey, N., Besemer, K., Bramley, G. Gannon, M., Watkins, D. (2013). *Coping with the cuts? Local government and poorer communities*. Glasgow: Joseph Rowntree Foundation.
- 71 Ross, C. E., Mirowsky, J., & Pribesh, S. (2001). Powerlessness and the amplification of threat: neighbourhood disadvantage, disorder and mistrust. *American Sociological Review*, 66, 568-591.
- 72 Hastings, A., Bailey, N., Besemer, K., Bramley, G. Gannon, M., Watkins, D. (2013). *Coping with the cuts? Local government and poorer communities*. Glasgow: Joseph Rowntree Foundation.
- 73 Berry, C., While, L. (2014). No. 6 - Local authority spending cuts and the 2014 English local elections. Sheffield: SPERI.
- 74 Bhugra, D., Arya, P. (2005). Ethnic density, cultural congruity and mental illness in migrants, *International Review of Psychiatry*, 17, 2, 133-137.
- 75 Warner, R. (2000). *The environment of schizophrenia: Innovations in policy, practice and communications*. London: Brunner-Routledge.
- 76 Holt-Lunstad, J., Smith, T. B., Layton, J. B. (2010). Social relationships and mortality risk: A meta-analytic review. *Plos, Medicine*.
- 77 ONS. (2014). *Measuring National Wellbeing: European Comparisons, 2014*. London: ONS
- 78 4Children. (2012). *Sure Start Children's Centres Census 2012*. London: 4Children.
- 79 Marmot, M. (2010). *Fair society healthy lives*. London: The Marmot Review.
- 80 Colletta, W.D. (1983). At risk for depression: A study of young mothers, *The Journal of Genetic Psychology: Research and Theory on Human Development*, 142, 2, 301-310.
- 81 Stein, A., Gath, D.H., Bucher, J., Bond, A., Day, A., Cooper, P. J. (1991). The relationship between post-natal depression and mother-child interaction, *British Journal of Psychiatry*, 158, 46-52.
- 82 Marmot, M. (2010). *Fair society healthy lives*. London: The Marmot Review.
- 83 Lipton, R. (2015). *The Coalition's Social Policy Record: Policy, Spending and Outcomes 2010-2015*, Research Report 4, Social Policy in a Cold Climate, Joseph Rowntree Foundation.
- 84 Hastings, A., Bailey, N., Besemer, K., Bramley, G. Gannon, M., Watkins, D. (2013). *Coping with the cuts? Local government and poorer communities*. Glasgow: Joseph Rowntree Foundation.
- 85 Cattain, M., White, M., Bond, J., Learmouth, A. (2005). Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions, *Ageing and Society*, 25, 1, 41-67.
- 86 <http://www.theguardian.com/law/2014/sep/25/-sp-legal-aid-forgotten-pillar-welfare-state-special-report-impact-cuts>
- 87 Universities UK. (2014). *Trends in undergraduate recruiting*. London: Universities UK.
- 88 Universities UK. (2014). *Trends in undergraduate recruiting*. London: Universities UK.
- 89 Brown, G. W., Harris, T. O., Hepworth, C. (1995). Loss, humiliation and entrapment among women developing depression: a patient and non-patient comparison, *Psychological Medicine*, 25, 1, 7-21.
- 90 Kendler, K. S., Hettema, J. M., Butera, F., Gardner, C. O., Prescott, C. A. (2003). Life Event Dimensions of Loss, Humiliation, Entrapment, and Danger in the Prediction of Onsets of Major Depression and Generalized Anxiety, *Archives General Psychiatry*.
- 91 Cromby, J., Harper, D. (2009). Paranoia: A social account, *Theory and Psychology*, 19, 3, 335-361.
- 92 Women's Aid. (2015). *Women's Aid National Survey 2014*. London: Women's Aid.
- 93 Chapman, D.P., Whitfield, C.L., Felitti, V.J., Dube, S.R., Edwards, V.J., Anda, R.F. (2004). Adverse childhood experiences and the risk of depressive disorders in adulthood, *Journal of Affective Disorders*, 82, 2, 217-25.
- 94 Varese, et al. (2012). Childhood Adversities Increase the Risk of Psychosis: A Meta-analysis of Patient-Control, Prospective and Cross-sectional Cohort Studies, *Schizophrenia Bulletin*, 38 (4): 661-671.
- 95 Dube, S.R., Anda, R.F., Felitti, V.J., Chapman, D.P., Williamson, D.F., Giles, W.H. (2001). Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: findings from the Adverse Childhood Experiences Study, *JAMA*, 286, 24, 3089-96.
- 96 Anda, R.F., Brown, D.W., Felitti, V.J., Bremner, J.D., Dube, S.R., Giles, W.H. (2007). Adverse childhood experiences and prescribed psychotropic medications in adults, *American Journal of Preventive Medicine*, 32, 5, 389-94.
- 97 Anda et al. (2011). The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology, *European Archives of Psychiatry and Clinical Neuroscience*, 256(3), 174-186.
- 98 Ross, C. E., Mirowsky, J., & Pribesh, S. (2001). Powerlessness and the amplification of threat: neighbourhood disadvantage, disorder and mistrust. *American Sociological Review*, 66, 568-591.
- 99 Andrews, B., Hunter, E. (1997). Shame, Early Abuse and Course of Depression in a Clinical Sample, *Cognition and Emotion*, 11, 4, 373-381.
- 100 Crow, M. (2004). Never good enough: Shame or borderline personality disorder? *Journal of Psychiatric and Mental Health Nursing*, 11, 327-334.
- 101 Sen, A (2009) *The idea of justice*. Cambridge, MA: Belknap Press/Harvard University Press
- 102 Nussbaum, M., Sen, A. (1993). *The quality of life*. Oxford: Oxford University Press.
- 103 Marmot, M. (2010). *Fair society healthy lives*. London: The Marmot Review.
- 104 Tunstall, H., Mitchell, R., Gibbs, J., Platt, S., Dorling, D. (2007). Is economic adversity always a killer? Disadvantaged areas with relatively low mortality rates, *Journal of Epidemiology and Community Health*, 61, 337-343.
- 105 R.F. Lyons, K.D. Mickelson, M.J.L. Sullivan, J.C. Coyne, (1998). Coping as a communal process, *Journal of Social and Personal Relationships*, 15, 579-605
- 106 Poortinga, W. (2012). Community resilience and health: The role of bonding, bridging, and linking aspects of social capital, *Health and Place*, 18, 2, 286- 295.
- 107 Evans, G. W., Wells, N. M., Chan, H. E., Saltzman, H. (2000). Housing quality and mental health, *Journal of Consulting and Clinical Psychology*, 68, 3, 526-530.
- 108 Kuo, F. E. (2001). Coping with Poverty: Impacts of Environment and Attention in the Inner City, *Environment and Behavior*, 33, 1, 5-34
- 109 Wilkinson, R., Pickett, K. (2010). *The spirit level: Why equality is better for everyone*. London: Penguin.
- 110 Kawachi, I., Kennedy, B.P., Lochner, K., Prothrow-Stith, D. (1997) Social capital, income inequality and mortality, *American Journal of Public Health*, 87, 9, 1491-1498.
- 111 Lefcourt, H. M. (1991). 'Locus of control'. in Robinson, J. P., Shaver, P. R., Wrightsman, L. S (eds), *Measures of personality and social psychological attitudes*. Vol. 1. San Diego, CA, US: Academic Press.
- 112 Frenkel, E., Kugelmass, S., Nathan, M., Ingraham, L. J. (1995). Locus of Control and Mental Health in Adolescence and Adulthood, *Schizophrenia Bulletin*, 21, 2, 219-226.
- 113 Jang, Y., Haley, H. E., Small, B. J., Mortimer, J. A. (2002). The Role of Mastery and Social Resources in the Associations Between Disability and Depression in Later Life, *The Gerontologist*, 2, 6, 807-813.
- 114 Franks, F., Faux, S. A. (1990). Depression, stress, mastery, and social resources in four ethnocultural women's groups, *Research in Nursing & Health*, 13, 5, 283-291.
- 115 McGrath, L., Reavey, P. (2015). Seeking fluid possibility and solid ground: Space and movement in mental health service users' experiences of crisis, *Social Science and Medicine*, 128, 115-125.
- 116 Repper, J., Perkins, R. (2004). 'Rehabilitation and recovery'. In I. Norman, I. Yrrie (Eds.), *The art and science of mental health nursing*. Maidenhead: Open University Press
- 117 Lefkowitz, M., Tesiny, E., Gordon, N. (1980). Childhood Depression, Family Income, and Locus of Control, *Journal of Nervous & Mental Disease*, 168, 12, 732-5.

References (continued)

- 118 Landsbergis, P. A., Schnall, P. L., Deitz, D., Friedman, R. Pickering, T. (1992). The patterning of psychological attributes and distress by "job strain" and social support in a sample of working men, *Journal of Behavioural Medicine*, 15, 4, 379 - 405.
- 119 Stansfeld, S. A., Bosma, H., Marmot, Michael G. (1998) Psychosocial Work Characteristics and Social Support as Predictors of SF-36 Health Functioning: The Whitehall II Study, *Psychosomatic Medicine*, 60, 3, 247-255.
- 120 Stansfeld, S. A., Bosma, H., Marmot, Michael G. (1998) Psychosocial Work Characteristics and Social Support as Predictors of SF-36 Health Functioning: The Whitehall II Study, *Psychosomatic Medicine*, 60, 3, 247-255.
- 121 Sayce, L. (2000). From psychiatric patient to citizen: Overcoming discrimination and social exclusion. Basingstoke: Macmillan; Campbell, P. (1996b). 'Challenging loss of power'. In J. Read, J. Reynolds. (Eds.), *Speaking our minds: An anthology*. Hampshire: Palgrave.
- 122 Rappaport, J. (1977). *Community psychology: Values, research and action*. New York: Holt, Rinehart, Winston.
- 123 Shinn, M., & Weitzman, B. C. (1996). Homeless families are different. Homelessness in America, 109-122; Buckner, J. C. (2008). Understanding the impact of homelessness on children challenges and future research directions. *American Behavioral Scientist*, 51(6), 721-736.
- 124 Buckner, J. C. (2008). Understanding the impact of homelessness on children challenges and future research directions. *American Behavioral Scientist*, 51(6), 721-736.
- 125 Green, G., Gilbertson, J. M., & Grimsley, M. F. (2002). Fear of crime and health in residential tower blocks A case study in Liverpool, UK. *The European Journal of Public Health*, 12(1), 10-15.
- 126 Wanderman, A., Nation, M. (1998). Urban neighbourhoods and mental health: Psychological contributions to understanding toxicity, resilience and interventions, *American Psychologist*, 53, 6, 647 - 656.
- 127 Nordt, C., Warnke, I., Seifritz, E., & Kawohl, W. (2015). Modelling suicide and unemployment: a longitudinal analysis covering 63 countries, 2000-11. *The Lancet Psychiatry*.
- 128 Burgard, S. A., Kalousova, L., & Seefeldt, K. S. (2012). Perceived job insecurity and health: the Michigan Recession and Recovery Study. *Journal of Occupational and Environmental Medicine*, 54(9), 1101-1106.
- 129 Bakermans-Kranenburg, M. J., van IJzendoorn, M. H., & Kroonenberg, P. M. (2004). Differences in attachment security between African-American and white children: Ethnicity or socio-economic status?. *Infant Behavior and Development*, 27(3), 417-433.
- 130 De Falco, S., Emer, A., Martini, L., Rigo, P., Pruner, S., & Venuti, P. (2014). Predictors of mother-child interaction quality and child attachment security in at-risk families. *Frontiers in psychology*, 5.
- 131 Diener, M. L., Casady, M. A., & Wright, C. (2003). Attachment security among mothers and their young children living in poverty: Associations with maternal, child, and contextual characteristics. *Merrill-Palmer Quarterly*, 49(2), 154-182.
- 132 Bowlby, (2005). *A secure base: Clinical applications of attachment theory*. New York: Routledge.
- 133 Williams, K. Ostracism, *Annual Review of Psychology*, 58, 425-452.
- 134 Caxaj, C., Verman, H. (2010). Belonging Among Newcomer Youths: Intersecting Experiences of Inclusion and Exclusion, *Advances in Nursing Science*, 33, 4, 17-30.
- 135 Pooley, J. Pike, & Drew, N. Breen, L. (2002). Inferring Australian children's sense of community: A critical exploration, *Community Work & Family*, 5, 1, 5-22.
- 136 Dupere, V. & Perkins, D. D. (2007). Community types and mental health: a multilevel study of local environmental stress and coping, *American Journal of Community Psychology*, 39, 1-2, 107-119.
- 137 Wilkinson, R., Pickett, K. (2010). *The spirit level: Why equality is better for everyone*. London: Penguin.
- 138 Antonovsky, A. (1979). *Health Stress and Coping*. London: Jossey-Bass. .
- 139 Antonovsky, A. (1979). *Health Stress and Coping*. London: Jossey-Bass.
- 140 Eriksson, M., Lindstrom, B. (2007). Antonovsky's sense of coherence scale and its relation with quality of life: a systematic review, *Journal of Epidemiology and Community Health*, 61, 938-944.
- 141 Surtees, Paul G.; Wainwright, Nicholas W. J.; Luben, Robert; Khaw, Kay-Tee; Day, Nicholas E. (2006). Mastery, sense of coherence, and mortality: Evidence of independent associations from the epic-norfolk prospective cohort study, *Health Psychology*, Vol 25(1), Jan 2006, 102-110
- 142 Smith, P., Breslin, F. C., Beaton, D. E. (2003). Questioning the stability of sense of coherence, *Social Psychiatry and Psychiatric Epidemiology*, 38, 9, 475-484.
- 143 Stansfeld, S. A., Bosma, H., Marmot, Michael G. (1998) Psychosocial Work Characteristics and Social Support as Predictors of SF-36 Health Functioning: The Whitehall II Study, *Psychosomatic Medicine*, 60, 3, 247-255.
- 144 Stansfeld, S. A., Bosma, H., Marmot, Michael G. (1998) Psychosocial Work Characteristics and Social Support as Predictors of SF-36 Health Functioning: The Whitehall II Study, *Psychosomatic Medicine*, 60, 3, 247-255.
- 145 Langeland, E., Wahl, A. K. (2009). The impact of social support on mental health service users' sense of coherence: A longitudinal panel survey, *Social Science and Medicine*, 46, 6, 830-837
- 146 Spandler, H., Secker, J., Kent, L., Hacking, S., Shenton, J. (2007). Catching life: the contribution of arts initiatives to recovery approaches in mental health, *Journal of Psychiatric and Mental Health Nursing*, 14, 8, 491-499.
- 147 Koenig, H.G. (2010). Spirituality and mental health, *International Journal of Applied Psychoanalytic Studies*, 7, 2, 116-122.
- 148 Lyubomirsky, S., Sheldon, K. M., Schkade, D. (2005). Pursuing happiness: The architecture of sustainable change, *Review of General Psychology*, 9 2, 111-131.
- 149 Langeland, E., Wahl, A. K. (2009). The impact of social support on mental health service users' sense of coherence: A longitudinal panel survey, *Social Science and Medicine*, 46, 6, 830-837
- 150 Warner, R. (2000). The environment of schizophrenia: Innovations in policy, practice and communications. London: Brunner-Routledge.
- 151 Borg, M., Davidson, L. (2008). The nature of recovery as lived in everyday experience, *Journal of Mental Health*, 17, 2, 129-140.
- 152 Spandler, H., Secker, J., Kent, L., Hacking, S., Shenton, J. (2007). Catching life: the contribution of arts initiatives to recovery approaches in mental health, *Journal of Psychiatric and Mental Health Nursing*, 14, 8, 491-499.
- 153 Koenig, H.G. (2010). Spirituality and mental health, *International Journal of Applied Psychoanalytic Studies*, 7, 2, 116-122.
- 154 Lyubomirsky, S., Sheldon, K. M., Schkade, D. (2005). Pursuing happiness: The architecture of sustainable change, *Review of General Psychology*, 9 2, 111-131.
- 155 Wilkinson, R., Pickett, K. (2010). *The spirit level: Why equality is better for everyone*. London: Penguin.
- 156 Kawachi, I., Sankaran, S.V., Kim, D. (2008). *Social capital and health*. London: Springer.
- 157 Helliwell, J. F., & Putnam, R.D. (2004) *The social context of wellbeing*, *Philosophical Transactions of the Royal Society*, 359, 1435-1446.
- 158 Wilkinson, R., Pickett, K. (2010). *The spirit level: Why equality is better for everyone*. London: Penguin.
- 159 Putnam, R. (1993). *Making democracy work: Civic traditions in modern Italy*. Princeton: Princeton University Press.
- 160 Kawachi, I., Sankaran, S.V., Kim, D. (2008). *Social capital and health*. London: Springer.
- 161 Putnam, R. (1993). *Making democracy work: Civic traditions in modern Italy*. Princeton: Princeton University Press.
- 162 Almedom, A. (2005). *Social capital and mental health: An interdisciplinary review of primary evidence*, *Social Science and Medicine*, 61, 5, 943-964.
- 163 Fukuyama, F. (2002). *Social capital and development: The coming agenda*, *SAIS Review*, 22, 1, 23 -38.
- 164 Baumeister, R.F., Leary, M. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation, *Psychological Bulletin*, 117, 3, 497-529.
- 165 Bowlby, J. (2005). *A secure base: Clinical applications of attachment theory*. New York: Routledge.
- 166 Bowlby, J. (2005). *A secure base: Clinical applications of attachment theory*. New York: Routledge.
- 167 Friedli, L. (2009). *Mental Health, Resilience and Inequalities*. Copenhagen: WHO.
- 168 Friedli, L. (2009). *Mental Health, Resilience and Inequalities*. Copenhagen: WHO.
- 169 SCDC/CHEX. (2012). *Community-Led Health for All Developing Good Practice*. A Learning Resource. Glasgow: SCDC/CHEX.

Written by: Laura McGrath, Vanessa Griffin and Ed Mundy.

With contributions from: Tamsin Curno, Dilanthi Weerasinghe and Sally Zlotowitz.

Thanks to: School of Psychology, University of East London; Carolyn Kagan; Lynne Friedli; David Pilgrim; Mark Burton; John Cromby; Andy Fugard; Helen Spandler; Rufus May; Peter Beresford; Robert Dellar; Adrian Bua; Luke Hendrix; Sam Thompson; Emma Anderson; and the members of Psychologists Against Austerity.