



Consortium for the Regional Support for Women in Disadvantaged and Rural Areas

Austerity and Women's Mental Health: Women's Perspectives

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The Women's Regional Consortium consists of seven established women's sector organisations that are committed to working in partnership with each other, government, statutory organisations and women's organisations, centres and groups in disadvantaged and rural areas, to ensure that organisations working for women are given the best possible support in the work they do in tackling disadvantage and social exclusion. The seven groups are as follows.

- Training for Women Network (TWN) - Project Lead
- Women's Resource and Development Agency (WRDA)
- Women's Support Network (WSN)
- Northern Ireland's Rural Women's Network (NIRWN)
- Women's Tec
- Women's Centre Derry
- Foyle Women's Information Network (FWIN)

The Consortium is the established link and strategic partner between government and statutory agencies and women in disadvantaged and rural areas, including all groups, centres and organisations delivering essential frontline services, advice and support. The Consortium ensures that there is a continuous two way flow of information between government and the sector. It ensures that organisations/centres and groups are made aware of consultations, government planning and policy implementation. In turn, the Consortium ascertains the views,

¹ The remaining paragraphs in this section represent the official description of the Consortium's work, as agreed and authored by its seven partner organisations.

needs and aspirations of women in disadvantaged and rural areas and takes these views forward to influence policy development and future government planning, which ultimately result in the empowerment of local women in disadvantaged and rurally isolated communities.

Contents	Page
Executive Summary	4
1. Introduction	11
1.1 Background	11
1.2 Overall aim and objectives	11
1.3 Methodology	12
1.4 Layout	12
2. Project framing	13
2.1 Introduction	13
2.2 United Kingdom austerity, gender and poverty	13
2.3 United Kingdom austerity, gender, poverty and mental health	15
2.4 Austerity, gender, poverty and mental health: Northern Ireland	17
2.5 Section summary	19
3. Austerity and women's mental health: women's perceptions	20
3.1 Introduction	20
3.2 Reported associations: austerity and women's mental health	20
3.3 Proposed remedial action	22
3.4 Section summary	24
4. Conclusion, summary of findings and recommendations	26

Executive Summary

This brief paper explores the perspectives of a cohort of women, living and working in deprived and rural areas of Northern Ireland, on the question of the relationship between ongoing austerity, poverty and women's mental health² in the jurisdiction.

United Kingdom government policy responses to the recession generated by the 2008 global financial crisis have entailed seismic reform of the tax and benefit system, public services and public sector employment, reflective of severe fiscal cuts.³ Research evidences that those cohorts most adversely impacted by this austerity reform include the most vulnerable and the poor, and its cumulative adverse impact on affected cohorts' everyday lives has consequently been partially characterised in terms of exacerbated vulnerability and poverty.⁴ Poverty can be a significant factor in mental ill health⁵ and, as a result, the latter has, in turn, been associated with diminished mental wellbeing.⁶ For example, research indicates how welfare reform has made 'the poorest people poorer and more miserable', as manifest in depression and suicidal tendencies.⁷

2 Mental health remains a contested notion; on this, see, for example, R. Manderscheid, et al., 'Evolving definitions of mental illness and wellness', *Preventing Chronic Disease*, 2010, 7 (1): A19. This paper borrows from the World Health Organisation's definition of the notion: '[a] state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community'. WHO, 'Mental health: a state of well-being'. [Online]. Available at: http://www.who.int/features/factfiles/mental_health/en/

³ For analysis of the nature and variegated impact of the reform see, for example, C. Beatty and S. Fothergill, 'Hitting the poorest places hardest: the local and regional impact of welfare reform', Sheffield Hallam University: Sheffield, 2013; J. Ginn, 'Austerity and inequality: exploring the impact of cuts in the UK by gender and age', *Research on Ageing and Social Policy*, 1(1), 28-53, 2013; J. Browne and P. Levell, 'The distributional effect of tax and benefit reforms to be introduced between June 2010 and April 2014: a revised assessment', Institute for Fiscal Studies: London, 2010; also, Fawcett Society, 'The impact of austerity on women, policy briefing', Fawcett Society: London, 2012.

⁴ On this see, J. Portes and H. Reed, 'Austerity has hit women, ethnic minorities and the disabled most', *The Guardian*, 31 July 2014; Beatty and Fothergill, op. cit.; M. Aylott et al., 'An insight into the impact of the cuts on some of the most vulnerable in Camden', The Young Foundation: London, 2012; H. Aldridge and T. McInnes, 'Multiple cuts for the poorest families', Oxfam: London, 2014; and, A. Power et al., 'The impact of welfare reform on social landlords and tenants', JRF: London, 2014.

⁵ Research evidences poverty as both a contributor to, and consequence of, mental ill health. See, V. Murali and F. Oyebode, 'Poverty, social inequality and mental health', *Advances in Psychiatric Treatment*, May 2004, 10 (3) 216-224.

⁶ See, for example, D. Gunnell, et al., 'The 2008 global financial crisis: effects on mental health and suicide', University of Bristol: Bristol, 2015; also, Liverpool Mental Health Consortium, 'The Impact of Austerity on Women's Wellbeing', LMHC: Liverpool, 2014.

⁷ P. Cutler, 'Welfare reform: a tsunami of fear'. *The Guardian*, 24 September 2013. [Online]. Available at: <http://www.theguardian.com/society/patrick-butler-cuts-blog/2013/sep/24/welfare-reform-study-debt-hunger-tsunami-of-fear>. See also, LMHC, op. cit; Gunnell et al., op. cit.; and, M. Knapp, 'Mental health in an age of austerity', *Evidence Based Mental Health Notebook*, 2012, 15: 54-55.

Research thus suggests a relationship between the austerity-driven fiscal cuts at hand, poverty and mental health.⁸ Studies also evidence a distinctly gendered dimension to this trajectory since women, as compared to men, remain disproportionately affected overall by these cuts.⁹ The upshot is that research also suggests some kind of relationship between the cuts, poverty, mental wellbeing and gender.¹⁰ Exploration of these relationships in the literature can often tend to focus in particular on the English and Scottish cases.¹¹

By comparison, their exploration in the Northern Ireland-specific case remains markedly neglected.¹² A recent study does at least lend some general insight here, observing that the likely cumulative mental health impact of the recession in the jurisdiction is 'significant', contributed to in no small part by austerity-associated 'systemic', 'long-term' and further projected underfunding of mental health provision.¹³ Nevertheless, it is still the case that the central question in this project - of the relationship between the austerity model under review, poverty and *women's* mental health in the jurisdiction - remains thoroughly underexplored. This paper thus responds to a distinct gap in the literature.

⁸ See, for example, LMHC, op. cit.; L. James and J. Patiniotis, 'Women at the cutting edge: why public sector spending cuts in Liverpool are a gender equality issue', Liverpool John Moores University: Liverpool, 2013; Gunnell et al., op. cit.; A. Curl and A. Kearns, 'Financial difficulty and mental wellbeing in an age of austerity: the experience in deprived communities', *Social Policy and Society*, Volume 14, April 2015, pp. 217-240; and, A. Curl and A. Kearns, 'Financial stress and mental wellbeing in an age of austerity: evidence from the GoWell surveys 2006-2011, project report', GoWell: Glasgow, 2013.

⁹ For example, under austerity-associated direct tax and welfare changes, in large part and in general, women have tended to lose more financially than men because they receive a greater proportion of child-related benefits and tax credits, which represented a sizeable segment of the 2010-15 social security cuts, Portes and Reed, op. cit. It has been estimated that up to 2014-15, £14.9 billion worth of austerity cuts were made to benefits, tax credits, public sector pay and pensions in the United Kingdom, 75 per cent of which was taken from women; Ginn, op. cit., p.31. Changes that fall into this category include the child benefit freeze from 2011 to 2014, and 1 per cent uprating from 2014 to 2016; the lowering of the proportion of childcare costs within working tax credit; removal of the baby element of child tax credits; the stipulation that lone parents on income support with a youngest child aged 5 or 6 should move to job seekers' allowance; and, the cessation of the health in pregnancy grant; Scottish Government, 'The gender impact of welfare reform', Scottish Government: Edinburgh, 2013. On this, see also, for example, Fawcett Society, op. cit.; James and Patiniotis, op. cit.; and, Engender, 'Gender and welfare reform in Scotland: a joint position paper', Engender: Edinburgh, 2014.

¹⁰ See LMHC, op. cit.

¹¹ Supra note 8 refers.

¹² G. Wilson, et al., 'Regress? React? Resolve? An evaluation of mental health service provision in Northern Ireland', QUB: Belfast, 2015, p.25.

¹³ Ibid., p.v and p.2.

To examine the perspectives of women in deprived and rural districts of Northern Ireland on this neglected question, the project has included focus group, interview and questionnaire engagement. The project findings are set out below followed by recommendations for remedial policy and practice, which the findings inform.

Summary of findings

Perceived associations: austerity, gender, poverty and mental health

- Across all stages of the project's engagement dimension, participants posited different kinds of associations between recession-responsive austerity measures rolled out in the United Kingdom since 2010, poverty and constrained mental health among disadvantaged female cohorts in deprived and rural areas of Northern Ireland.

- More precisely, austerity reform of public services, public sector employment and the tax and benefit system was variously characterised as threatening such cohorts' mental wellbeing, whether by (a) aggravating pre-existing poverty (and associated conditions of, inter alia, vulnerability, marginalisation, isolation and exclusion), including in-work poverty and that affecting workless households; or (b) heightening the risk of poverty and its associated conditions. And, this poverty impact was, in turn, cited as correlated to the gender impact of austerity, i.e. the way in which such reform can differently and disproportionately affect women adversely, as compared to men.

- Rural: while similar austerity-associated mental health risk was reported across both rural and urban contexts, some fiscal cuts to public services were categorised as posing a particular threat to rural cohort mental wellbeing, precisely by compounding pre-existing female vulnerability, exclusion and isolation linked to a legacy of rural infrastructural underinvestment in the jurisdiction.¹⁴

¹⁴ Recent research lends some insight into the urban/rural imbalance in mental health provision in the jurisdiction: it was noted that 'the provision of mental health services across Northern Ireland [is] uneven with people living in large rural catchment areas having significantly less access to services than people living in urban areas', *ibid.*, p.4. On the relationship between rural isolation and wellbeing see, for example, M. Allen, 'Rural isolation, poverty and rural community/farmer wellbeing - scoping paper', Research and Information Service Briefing Paper, NIA: Belfast, 2014.

- The reported typology of austerity impacted mental health conditions was broad, encompassing anxiety, depression, despair, emotional distress, self-harm and suicidal tendencies, as well as aggravated variants correlated to the legacy of ethno-national conflict in the jurisdiction.
- Among those groups deemed most affected by these reported associations were different kinds of low-income cohorts: lone parent and pensioner groups, ethnic minorities, disabled cohorts and those in low status precarious employment, including those on zero hours contracts.
- Against this background, universal alarm was conveyed at the severity of austerity-driven cuts to mental health provision in Northern Ireland, both at the level of community and beyond,¹⁵ which was identified as fundamentally impeding women's access to adequate care and treatment.
- A universal appeal was consequently made for substantive government interventionism to properly identify and mitigate the cumulative mental health impact of wider austerity in the jurisdiction. A particular case was made for enhanced women-only interventionism at the level of community, especially within the women centre delivery model, given the latter's track record of addressing the kinds of threats to women's mental wellbeing posed by poverty and deprivation.

The recommendations that follow from these findings are set out below.

Recommendations

- In pursuit of substantively improved mental health outcomes in the jurisdiction, it is recommended that government seek to properly identify and remedially address the cumulative mental health impact of ongoing austerity, while also

¹⁵ See Wilson, et al., op. cit.

ring-fencing mental health from any further fiscal cuts under extended austerity.¹⁶

- In devising such an interventionist remedial approach, the executive should ensure it takes proper account of the particular mental health impact of austerity on vulnerable women in deprived and rural areas, specifically aiming therein to:
 - identify and mitigate any implicated service shortfalls;
 - attend to any gender disaggregated data gaps¹⁷ in the available evidence base, such as might undermine the effectiveness of this remedial exercise; and,
 - take seriously the case for sustained *and* enhanced women-only interventionism at the level of community - especially women centre delivery - in addressing vulnerable cohort need.

- The development of any such remedial approach should also be properly informed by meaningful stakeholder engagement, particularly with service user and carer cohorts.

- Because the reported mental health phenomena correlates strongly to *gendered* poverty, it follows that any successful realisation of government ambition to address this phenomena would innately rely on effective interventionism in respect of the factors underlying such poverty, most notably:
 - the persistence of unaffordable childcare as a fundamental impediment to women's economic participation in the public sphere;¹⁸ and,
 - the dearth of secure and meaningful employment opportunities for women, i.e. so-called 'work that pays', as opposed to low paid, low

¹⁶ This notion of ring-fencing is explored in the literature; *ibid.*, p.2.

¹⁷ For example, pertinent gaps in disaggregated ethnic-gender data: research points to a worrying dearth of reliable disaggregated ethnic data on the everyday experiences of ethnic minorities in Northern Ireland on the question of health: '*little is known* about the health outcomes of minority ethnic groups', A. Wallace, R. McAreavey and K. Atkin, 'Poverty and ethnicity in Northern Ireland: an evidence review', Joseph Rowntree Foundation: London, 2013, p.32.

¹⁸ See, R. McQuaid, H. Graham and M. Shapira, 'Childcare: maximising the economic participation of women', Equality Commission for Northern Ireland: Belfast, 2013

level, sporadic and precarious opportunities correlated to in-work poverty.

We recommend the prioritisation of such interventionism within ongoing and future policy development.

- Rural: in all of this, in pursuit of appropriately integrated service provision across rural/urban, due regard should also be given to the role of meaningful rural proofing, articulated as an express commitment to robust delivery, monitoring and review mechanisms that take explicit account of the statutory imperative of rigorous rural needs assessment.
- Government should also consider the case for establishing an independent mental health champion for Northern Ireland with responsibility to promote and defend the rights, interests and needs of individuals with mental ill health and to advocate for improved mental health delivery.¹⁹
- It is further recommended that the executive provide for meaningful and properly coordinated informational and awareness-raising interventions to challenge the ‘pervasive’²⁰ stigma still associated with mental ill health in the jurisdiction.
- Finally, to remedially address the projected longer-term impact of austerity on women’s equality and wellbeing,²¹ government should cultivate a substantive human rights perspective on this debate such as might allow it to properly capture and take due account of the wider social justice issues at stake. Moreover, within this context and in furtherance of improved equality outcomes and targeting of variegated cohort need, due consideration should

¹⁹ On this, see Wilson et al., op. cit., p.4.

²⁰ Ibid., p.7.

²¹ It is projected that the model of extended austerity at hand will ‘contribute to the suffering of the jobless and the poor *for many years*’, and that the likely longer-term cumulative adverse impact of associated gendered disproportionateness on women’s positioning in the public-private sphere nexus ‘will be to turn back time on a range of indicators of women’s rights and equality’. J. Stiglitz, quoted in Oxfam, ‘Oxfam briefing paper summary: a cautionary tale - the true cost of austerity and inequality in Europe’, Oxfam: London, 2013, p.2; and, Fawcett Society, op. cit. p.3.

be given to the merit of gender equality responsive budgeting across all related austerity policy processes.²²

²² S. Quinn, 'Equality responsive budgeting', ECNI: Belfast, 2013. As is well established, such budgeting represents a robust policy mechanism through which government may comprehensively target improvement in equality of opportunity and outcome between men and women, precisely by measuring outcomes to ensure results across different gender categories.

Section 1 Introduction

1.1 Background

In 2012, DSD in partnership with DARD launched a programme aimed at providing regional support for women in 'areas of greatest need' across Northern Ireland, defined as disadvantaged and rural areas.²³ More precisely, the programme sought to 'serve the needs' of disadvantaged women in these areas, defined as 'marginalised and isolated' individuals,²⁴ by 'enabl[ing] them to tackle disadvantage and fulfill their potential in overcoming ... exclusion'.²⁵

The Women's Regional Consortium is funded under this programme and the brief for this small-scale project originated within that policy development context.

1.2 Overall aim and objectives

The overall aim of the paper is to explore in snapshot format whether women living and working in deprived and rural areas of Northern Ireland perceive there to be some kind of relationship between ongoing austerity and women's mental health in the jurisdiction (specifically, that of disadvantaged women in these areas); and, if so, how they characterise the nature of that relationship.

Three central research objectives consequently apply:

- to explore the relationship between ongoing austerity, poverty and women's mental health;
- to capture the perspectives/perceptions of a cohort of women living and working in deprived and rural areas of Northern Ireland on the nature of this relationship in the jurisdiction; and,
- to formulate recommendations for policymakers and relevant others aimed at taking account of the project's findings.

²³ DSD/OFMDFM, 'Review of government funding for women's groups and organisations', DSD/OFMDFM: Belfast, 2012, p.32.

²⁴ *Ibid.*, p.41.

²⁵ DSD/NISRA, 'Regional support for women in disadvantaged and rural areas: survey of women's groups analysis', DSD/NISRA: Belfast, 2013, p.3.

1.3 Methodology

The project employed a mixed methodological approach, combining a literature review with focus group, interview and questionnaire engagement with the selected cohort of women, as follows:

- Women's Centre Derry held a focus group at its premises, 7 June 2016 and another at Waterside Women's Centre, 15 June 2016;²⁶
- NIRWN facilitated interview and questionnaire engagement with its membership base, July 2016;²⁷ and, also in July 2016,
- WSN facilitated questionnaire engagement with its membership base.²⁸

1.4 Layout

To theoretically frame the project, Section 2 examines key arguments in the literature on the nature of the relationship under review. An evaluation of the research engagement dimension of the project follows in Section 3. The paper then concludes in Section 4 with a summary of the project's key findings and policy recommendations.

²⁶ These focus groups comprised nine and fifteen participants, respectively.

²⁷ Participants totalled twenty-seven: four interviewees and twenty-three survey respondents.

²⁸ Respondents numbered seven.

Section 2 Framing the project

2.1 Introduction

This section seeks to theoretically frame the project by briefly exploring debate on the wider relationship between austerity, gender, poverty and mental health. Accordingly, we will focus, first, on the complex structural association between gender and poverty, and then on how austerity can potentially interact with and affect that association, therein potentially threatening women's mental wellbeing.

2.2 United Kingdom austerity, gender and poverty

United Kingdom government austerity, introduced from 2010 in response to the recession generated by the 2008 global financial crisis, may be characterised in terms of severe fiscal constraints and associated retrenchments affecting the benefit and tax system, public sector employment and public services.²⁹ Research affirms that cohorts most adversely impacted by this austerity model include the most vulnerable and deprived and that women, as compared to men, remain disproportionately affected overall.³⁰ For example, it has been estimated that up to 2014-15, £14.9 billion worth of austerity cuts were made to benefits, tax credits and public sector pay and pensions in the United Kingdom, 75 per cent of which was taken from women;³¹ while women, as compared to men, have also been disproportionately impacted as heavier users of shrinking public services.³²

The cumulative adverse impact of this gendered disproportionateness on women's everyday lives has been variously associated with increased vulnerability, deprivation, exclusion and marginalisation.³³ And, against this background, it has been observed that the austerity model at hand has aggravated the well established relationship between gender and poverty.³⁴

²⁹ See supra note 3.

³⁰ See supra notes 3 and 9.

³¹ Ginn, op. cit., p.31.

³² See supra note 9.

³³ See supra note 9.

³⁴ See supra note 9. See also, F. Bennett and M. Daly, 'Poverty through a gender lens: evidence and policy review on gender and poverty', Joseph Rowntree Foundation/University of Oxford: London/Oxford, 2014.

In the United Kingdom case, the relationship between gender and poverty is such that gender remains a 'prime determinant' of poverty;³⁵ and, poverty in general, persistent poverty and recurrent episodic poverty are all 'more likely to involve women'.³⁶ Broadly, poverty is gendered in the sense that its occurrence, causes and consequences³⁷ are profoundly affected by the manner in which social structures, comprising interacting economic, political and cultural institutional norms, rules and practices, differently position women and men. This differential positioning informs gender roles and relations, producing/reproducing gender inequalities that, precisely by constraining women's economic participation in the public sphere, can 'carry a heightened risk' of poverty for women.³⁸

This structural context of gendered poverty and its implications in times of austerity are usefully exemplified by consideration of the gendered division of labour. By ascribing to women the role of primary care giver and domestic labourer, thus placing on them a disproportionate unpaid work and time burden in the private sphere, the social division of labour can constrain and preclude female economic participation in the public sphere, reducing women's financial independence while therein increasing the likelihood of reliance on state and/or partner income.³⁹ Each category of reliance carries a particular risk of poverty for women. First, where household resources are unequally/unfairly distributed, reliance on partner income can potentially heighten the risk of 'hidden' poverty for women, i.e. gendered poverty *within* the household.⁴⁰ Second, where there are significant changes in state support, resulting in either a reduction or cessation of entitlement - such as under conditions of austerity - reliance on state income can heighten the risk of poverty for women as tax credit and benefit claimants.⁴¹

³⁵ Ibid., p.13.

³⁶ Ibid., p.9.

³⁷ Ibid.

³⁸ Ibid., p.105.

³⁹ Clearly, the ultimate inherent danger of public sphere exclusion of this kind is that some women's agency might become totally restricted to the realm of the private sphere, wholly characterised in terms of assumed role of 'economically inactive', unpaid primary care giver/domestic labourer.

⁴⁰ Obviously, such partner reliance can also contribute to the future risk of poverty in the event of relationship breakdown or the death of a partner. See Bennett and Daly, op. cit.

⁴¹ Ibid.

Because certain benefits and tax credits are ‘typically’ paid to women given their ascribed roles as primary carers,⁴² women have tended to ‘lose out in a direct [and disproportionate] financial sense’ from changes in state support under the austerity model at hand.⁴³ To compound matters, research affirms how women are most likely to ‘fill the gaps’ in provision left by public service reduction and withdrawal under this model, thereby (a) adding to their aggregate unpaid work and time burden in the private sphere as primary carers and domestic labourers, while (b) further undermining their capacity to economically participate in the public sphere and so achieve and/or maintain some kind of financial independence, whether from their partners and/or the state.⁴⁴

It is precisely from this perspective that research suggests the austerity policy change under discussion has aggravated the relationship between gender and poverty,⁴⁵ compounding pre-existing gender inequality that has positioned women in ‘longstanding economic disadvantage’,⁴⁶ compared to men: ‘the cumulative effect of fiscal measures taken to reduce net public spending will have a disproportionate effect on women, making many women poorer and less financially autonomous’.⁴⁷

2.3 United Kingdom austerity, gender, poverty and mental health

It is crucial to the development of this project’s enquiry that, in addition to positing this correlation between austerity disproportionateness and the wider relationship between gender and poverty, research also posits a correlation between this disproportionateness and women’s mental health.⁴⁸

⁴² For example, child benefit, child tax credits and the childcare element of working tax credit are all paid to the main carer of children ‘usually a woman’; Scottish Government, op. cit., p.1.

⁴³ Loc. cit. See also James and Patiniotis, op. cit.

⁴⁴ Fawcett Society, op. cit., p.36.

⁴⁵ Ibid.; see also, James and Patiniotis, op. cit. The definition of gender relied upon here is borrowed from recent work by the Joseph Rowntree Foundation: ‘gender is defined as a constituent element of social relations based on perceived differences between the sexes, and as a primary signifier of power creating unequal access to resources. It is societal and structural in nature’. The paper also draws on that source’s particular definition of poverty: ‘when a person’s resources (mainly material resources) are insufficient to meet their minimum needs (including social participation)’; Bennett and Daly, op. cit., p.6.

⁴⁶ James and Patiniotis, op. cit., p.15. Cited United Kingdom indicators of this gendered differential in disadvantage included the following: women comprising 64 per cent of low paid workers and over 90 per cent of lone parents (among whom the risk of poverty is considerable); and, comparatively high childcare costs.

⁴⁷ Fawcett Society, op. cit., p.3.

⁴⁸ On the general relationship between recession related austerity and mental health, see, for example, Knapp, op. cit.; also; S. Evans-Lacko et al., ‘The mental health consequences of the

Research associates the poverty impact of the austerity model at hand with increased levels of housing, employment, relational and financial difficulties, including problematic debt.⁴⁹ And, the substantive point here is this: because poverty remains a significant factor underlying poor mental health,⁵⁰ these poverty correlated conditions may be conceived of as potential threats to mental health.⁵¹

Accordingly, it has been noted that ongoing United Kingdom austerity, in making ‘the poorest people poorer’, has also made them ‘more miserable’, resulting in increases in different kinds of constrained mental health.⁵² For example, it has been observed that the poverty impact of austerity measures, in tandem with recession-related unemployment, have made significant contributions to suicide rate rises in the region.⁵³ This picture is further complicated by the observation that some of those cohorts most vulnerable to recession associated job loss and debt can tend to have pre-existing mental health problems or past psychiatric illness.⁵⁴

Within this context, it has been further noted that this austerity model, precisely by disproportionately impacting women adversely and therein aggravating gendered poverty, has had a ‘devastating’ impact on women’s health,⁵⁵ including their mental wellbeing.⁵⁶ Research thus suggests some kind of relationship between austerity-driven fiscal restraint, poverty, gender and mental health in the United Kingdom case.⁵⁷ But what of the Northern Ireland-specific case?

recession: economic hardship and employment of people with mental health problems in 27 European countries’, *PLoS One*, 2013 8(7); Gunnell, et al., op. cit.; and, Curl and Kearns, op. cit. On the relationship between austerity and women’s mental health, see James and Patiniotis, op. cit. and LMHC, op. cit.

⁴⁹ See, for example, Aylott et al., op. cit.; Power et al., op. cit.; and, Cutler, op. cit.

⁵⁰ See Murali and Oyebode, op. cit.

⁵¹ Ibid.

⁵² Cutler, op. cit. See also, Knapp, op. cit.; Evans-Lacko et al., op. cit.; Gunnell, et al., op. cit.; Curl and Kearns, op. cit.; Power et al., op. cit.; James and Patiniotis; and, LMHC, op. cit.

⁵³ See Gunnell, et al., op. cit.

⁵⁴ Ibid.

⁵⁵ James and Patiniotis, op. cit., p.12.

⁵⁶ On this, see LMHC, op. cit.

⁵⁷ Ibid.

2.4 Austerity, gender, poverty and mental health: Northern Ireland

The question of the cumulative mental health impact of ongoing austerity in the Northern Ireland case remains distinctly underexplored in the literature.⁵⁸ That said, research does at least lend some general insight into how the wider recession model framing this austerity project may have cumulatively affected mental wellbeing in the jurisdiction:⁵⁹ ‘the ... economic recession has ... impacted significantly on the mental health of the population, creating an additional source of emotional distress for individuals and families’.⁶⁰

Because, as noted, poverty remains a significant factor underlying mental ill health, this reported impact has been partially attributed to the way in which recession factors, such as wage restraint, unemployment and underemployment, may have exacerbated pre-existing mental ill health in the jurisdiction correlated to a ‘legacy of high levels of social deprivation, poverty and unemployment’.⁶¹ But it has also been partially attributed to the way in which recession-responsive fiscal cuts may have exacerbated pre-existing mental ill health correlated to the legacy of ethno-national conflict in the jurisdiction, precisely by shrinking provision for conflict related disorders⁶² (as part of wider ‘systemic and long-term’ austerity-driven underfunding of mental health).⁶³

We are, of course, concerned in this paper with the more specific question of the mental health impact of ongoing austerity on *disadvantaged female* cohorts in the Northern Ireland case. As with the first question, this second question is also neglected in the literature. Nevertheless, as before, research does at least lend

⁵⁸ Wilson, et al., op. cit., p.25.

⁵⁹ I say ‘some’ because, worryingly, there is a distinct dearth of research on the precise nature of the impact on mental health services and users of ongoing fiscal cuts in the Northern Ireland case: ‘there has been little or no study of how the economic recession and the current strong emphasis on financial restraint in health and social care commissioning have impacted on the development of mental health services. In essence, we have little empirical knowledge of the impact of these factors on service users in Northern Ireland, or the ability of frontline staff to meet their needs. Indeed, it is evident ... that there has been a lack of ongoing, systematic mental health research in and for Northern Ireland that can provide a strong evidence base for legal, policy and service development’.
Ibid., p.28.

⁶⁰ Ibid., p.v.

⁶¹ Ibid., p.92.

⁶² Loc. cit.

⁶³ Ibid., p.2, p.v.

some general insight here, in this case by exploring the wider austerity experiences of such cohorts.⁶⁴

This general insight essentially provides clarification of two important points. First, it has been shown how, prior to the advent of the austerity model under discussion, the wellbeing of different kinds of disadvantaged female cohorts in the jurisdiction was already profoundly constrained by variegated experiences of poverty.⁶⁵ Second, it has been further shown how the gendered impact of this model has tended to compound such pre-existing vulnerability, aggravating poverty while therein further constraining and threatening women's general wellbeing.⁶⁶ Because poverty may be a significant factor in mental health, it might also be reasonably posited that this austerity-associated aggravation of poverty may also potentially impact women's *mental* wellbeing. This general insight therefore suggests some kind of relationship between austerity, gender, poverty and mental health in the Northern Ireland case.

Some further insight into the likely nature of this suggested relationship is achievable by consideration of the association between the austerity cuts and certain key factors characterising the mental health legacy of the conflict.⁶⁷ The first factor is socio-economic: disadvantaged individuals in the jurisdiction are in general 'much more likely' to cite an impact of the conflict on their everyday lives.⁶⁸ The second is gendered: the 'burden' of conflict related anxiety and depression can tend to fall disproportionately on women, as compared to men.⁶⁹ The interaction between these factors implies some kind of correlation between disadvantage, gender, conflict and mental ill health in the jurisdiction. And, by imposing 'substantial' treatment delays for conflict related disorders, austerity-driven underfunding of mental health in the

⁶⁴ See, for example, B. Hinds, 'The Northern Ireland economy: women on the edge? A comprehensive analysis of the impacts of the financial crisis', WRDA: Belfast, 2011.

⁶⁵ See, Hinds, *op. cit.*; also, H. McLaughlin, 'Women living in disadvantaged communities: barriers to participation', Women's Centres' Regional Partnership, Belfast: 2009.

⁶⁶ See, Hinds, *op. cit.*

⁶⁷ On this, see, M. Tomlinson, 'The trouble with suicide mental health, suicide and the Northern Ireland conflict: a review of the evidence', DHSSPSNI: Belfast, 2007.

⁶⁸ C. C. Kelleher, 'Mental health and "the Troubles" in Northern Ireland: implications of civil unrest for health and wellbeing', *Journal of Epidemiology and Community Health* 2003; 57:474-475, p.474. See also, C. C. Kelleher, D. O'Reilly and M. Stevenson, 'Mental health in Northern Ireland: have 'the Troubles' made it worse?' *Journal of Epidemiology and Community Health*, 2003; 57: 488-492.

⁶⁹ Tomlinson, *op. cit.*

jurisdiction potentially risks aggravating this correlation, further threatening the mental wellbeing of such cohorts.⁷⁰

In sum, in so far as the austerity model under review has a discernibly gendered poverty impact and poverty is a significant factor in poor mental health, we might reasonably posit some kind of relationship between gender, poverty, ongoing austerity and mental wellbeing in the Northern Ireland-specific case. As we shall see in the next section, this relationship was anecdotally evidenced by participants in the engagement dimension of the project.

2.5 Section summary

In seeking to theoretically frame the project, this section has explored debate on the wider relationship between gender, poverty, austerity and mental health. As we have seen, poverty is gendered in the sense that its causes, consequences and occurrence are profoundly affected by the manner in which social structures produce gender inequalities that can 'carry a heightened risk of poverty for women'.⁷¹ As we have also seen, austerity reform can complicate this gendered structural picture precisely by disproportionately impacting women adversely, as compared to men. And, the resultant gendered poverty impact of austerity has been associated with diminished mental wellbeing among affected cohorts. However, the point has been underlined that the question of this relationship in the Northern Ireland-specific case remains distinctly underexplored in the literature, leaving us to rely on general insight in examining this question.

We turn now to the findings that emerged from the engagement dimension of the project, setting out women's perspectives on the question at hand.

⁷⁰ Wilson et al., p.27.

⁷¹ Bennett and Daly, op. cit., p.105.

Section 3 Austerity and women's mental health: women's perceptions

3.1 Introduction

This section captures and analyses the perspectives of a cohort of women living and working in deprived and rural areas of Northern Ireland, who engaged in the project's focus group, interview and questionnaire processes, on the question of the relationship between ongoing austerity and women's mental health in the jurisdiction.

3.2 Reported associations: austerity and women's mental wellbeing

Across all stages of the project's engagement dimension, participants posited distinct associations between ongoing austerity-driven fiscal restraint, poverty and constrained mental health among disadvantaged, vulnerable female cohorts in deprived and rural areas of the jurisdiction.

The starting point to this anecdotally evidenced claim-making was the well established observation that this austerity model has differently and disproportionately impacted women adversely,⁷² as compared to men. That impact was variously cited as resultant from (a) reform of benefit and tax system entitlements more usually claimed by women as primary carers within households, such as tax credits; (b) severe fiscal cuts to public services, and publicly supported services at the level of community, more heavily relied upon by women, such as childcare, community based education and health and personal social care provision; and, (c) pension and wage restraint in the public sector, where females remain over-represented.

The cumulative adverse impact of these austerity measures on women's everyday lives was broadly characterised in terms of the exacerbation of pre-existing - and the heightened risk of further - poverty and vulnerability, conceived of as aggravated conditions of, *inter alia*, exclusion, deprivation, disconnectedness, isolation and marginalisation. And, in this sense, the point was expressly made and underscored that austerity had a significant gendered poverty impact.

⁷² See *supra* note 9.

The reported vulnerability-poverty impact typology was broad: ranging from cases involving vulnerability associated with austerity-aggravated in-work poverty through to cases involving the aggravation of poverty across workless cohorts, as exemplified, most notably, in food and fuel poverty as well as wider issues of affordability difficulty. Identified correlated complicating factors included unmanageable debt, substance abuse and relationship pressures.⁷³

Crucially, this claim-making also featured anecdotal accounts of associations between the gender and poverty impacts of austerity and mental health risk across affected cohorts. The typology of conditions reported as associated with austerity-aggravated poverty encompassed anxiety, depression, emotional distress, despair, self-harm and suicidal tendencies, including the exacerbation of pre-existing conditions, such as variants correlated to the legacy of ethno-national conflict in the jurisdiction. Associated 'high levels' of prescription drug dependency were also reported. The typology of females identified as most affected in this way was broad, including different kinds of low income cohorts: inter alia, ethnic minorities; isolated young and older women; lone parents; underemployed and economically inactive groups; and, those in precarious, low status employment, most notably those on zero hours contracts.

Against this background, the cumulative adverse impact of austerity on women's mental health in the jurisdiction was judged considerable, as summarised by one participant thus: 'austerity measures are having a *direct and lasting* impact on the mental health of women and their families... the mental health issues recorded are of a *serious and life limiting* nature' (focus group participant).

While similar mental health risk was reported across rural and urban comparative contexts, some fiscal cuts to public services were categorised as posing a particular threat to rural cohorts' mental wellbeing, precisely by compounding pre-existing female vulnerability, exclusion and isolation linked to the legacy of rural infrastructural underinvestment in the jurisdiction. Transport cuts comprised a case in

⁷³ Anecdotal accounts were also forthcoming as to how this gendered austerity vulnerability-poverty factor interacted with, and could be affected by, financial difficulty associable with recession-responsive employment change beyond the public sector, i.e. cross-sectoral wage restraint, underemployment and job losses.

point, as hinted at by one interviewee thus: 'rural transport is key... services are ... being cut [and]... this has caused rural women a great deal of fear, concern and feeling of further isolation, particularly older women'.

An austerity-associated mental health impact was also observed at the level of the wider family, especially in respect of child wellbeing. This impact was identified as correlated to the severe constraints placed by austerity on women's financial capacity to provide for everyday household needs, as manifest in 'worry over being able to pay bills [and] get groceries' (focus group participant). This affordability difficulty factor was helpfully elaborated on by another participant thus: 'I have to get help from family to buy groceries. I feel guilty that I can't provide for my children and that they have to go without so much'. The cumulative child wellbeing impact of this austerity constrained financial capacity was summarised thus: '[austerity] is affecting ... children too, the vulnerable in society are targeted, which impacts on children's social, mental, emotional and physical wellbeing ... it's an attack on the socially needy' (focus group participant).

Within this context, participants expressed alarm at the severity of fiscal cuts to mental health provision in the jurisdiction, both at the level of community and beyond, which was anecdotally evidenced as profoundly threatening women's and children's mental wellbeing by fundamentally restricting access to adequate care and treatment.

In sum, a broad consensus emerged across the project's engagement dimension, according to which ongoing austerity had a discernibly gendered adverse impact; and, that impact was characterised in terms of either the exacerbation of pre-existing - or the heightened risk of further - poverty and vulnerability among affected disadvantaged female cohorts. Crucially, this reported gendered impact included the identification of profound adverse implications for women's mental health.

3.3 Proposed remedial action

Motivated thus, participants universally critiqued the Northern Ireland government for failing to take seriously enough the adverse impact of austerity on women's mental health in the jurisdiction and, therein, for neglecting to take due account of the

particular perspectives, needs and interests of affected cohorts: 'women [feel] that they [are] not being listened to and that as a consequence their views [are] treated as unimportant' (focus group participant). An appeal was consequently made for substantive government interventionism at the level of policy development and service design to correct that failure.

This appeal centred around a call for remedial action to address the severe underfunding of mental health in the jurisdiction at the level of the community and beyond, but particularly in the most deprived districts. It was emphasised that some of the structural and other threats to mental health in the jurisdiction, for example, unemployment, can be particularly prevalent in such districts and that, as a result, the latter can often tend to have considerably higher rates of mental ill health, for example, higher rates of suicide and self-harm.

Participants underlined the unique positioning of community based women's sector providers as potential collaborators in such interventionism. Particular emphasis was placed on the importance of integrated frontline women-only provision within women's centres in helping to address the wellbeing impact of profound disadvantage. The latter includes remedial work on resilience-building intended to address complex needs around the mental wellbeing impact of constrained processes of self-development and self-actualisation among vulnerable cohorts. Accordingly, discussants called for government to commit not only to sustaining such provision but also to strengthening and augmenting it.

This appeal for meaningful interventionism was explicitly framed in social justice discourse, from a starting position that comprised the observation '[government is] not doing enough to protect the rights of women and their families in areas of disadvantage' (focus group participant). It was argued that the reported issue of mental health under review, in correlating strongly to the gendered poverty impact of austerity, was fundamentally - first and foremostly - an issue of gender justice and equality: '[government should] recognise the origin of [austerity-associated] mental health and stress in inequality and poverty' (questionnaire respondent). From this perspective, it was further argued that the case for redress of this substantive social problem should be explicitly understood in terms of a normative imperative for

government to fulfill '[a] moral and legal responsibility' to 'provide services, funds and policies that reduce inequality' and poverty and protect and promote rights (focus group participant).

Because the identified mental health controversy was expressly understood as correlated to the interaction between austerity and gendered poverty, participants concluded that substantive change to this correlation would innately rely on robust interventionism in respect of the factors underlying such poverty in the jurisdiction, most notably: (a) the persistence of unaffordable childcare as a fundamental impediment to women's economic participation in the public sphere and thus a crucial factor underlying women's financial exclusion and benefit reliance; and, (b) the dearth of the kind of labour market opportunities required to help guard against the risk of in-work poverty for women, i.e. sustainable opportunities that proffer a genuine living wage, as opposed to low paid, low level, sporadic and precarious opportunities typically concentrated in the service and retail sectors, including those featuring zero hours contracts.

Other identified interventionist priorities included action to help address depleted community infrastructural support cited as fundamentally linked to women's isolation, disconnectedness and exclusion, including transport, childcare and educational delivery; and, informational and awareness-raising interventionism to address the reported stigma attached to mental illness in the jurisdiction.⁷⁴

3.4 Section summary

This section has explored the perspectives of women living and working in rural and disadvantaged areas of Northern Ireland on the subject of the relationship between ongoing austerity and women's mental health. As observed, a broad consensus emerged among participants, according to which the former had significantly impacted the latter, precisely by aggravating pre-existing, and heightening the risk of further, poverty and vulnerability among disadvantaged women, as cohorts disproportionately affected by austerity cuts. As further observed, participants

⁷⁴ Research lends some insight into the nature of this issue, noting the view of mental health stakeholders, including professionals, service users and carers, that 'a pervasive stigma [is] still attached to mental ill health [in Northern Ireland], and services [are] still considered something to be hidden from 'normal' view', Wilson et al., op. cit., p.7.

subsequently critiqued government for failing to take this impact seriously, proposing substantive interventionism to correct that failure.

Section 4 Conclusion

The overall aim of this brief paper was to capture in snapshot format the perspectives of a cohort of women, living and working in deprived and rural areas of Northern Ireland, on the question of the relationship between ongoing austerity and women's mental health in the jurisdiction. As we have seen, a broad – anecdotally evidenced - consensus emerged among participants, according to which the austerity model at hand had a significant adverse mental health impact on disadvantaged women in these areas, which could be linked to the well established gender and poverty impacts of austerity.

This debate clearly raises substantive social justice concerns and questions, including equality and rights considerations, about the current and future provision for vulnerable and economically marginalised women in overall policy development and service planning under conditions of extended austerity. In a context of Brexit-generated socio-economic and legal uncertainty, including speculation over the future of extant rights protections, and projections of further economic hardship for the most vulnerable, these social justice considerations are obviously given added moral-political urgency.⁷⁵

These observations have informed the formulation of policy recommendations. The latter are set out below following a summary of the project's key findings.

Summary of findings

Perceived associations: austerity, gender, poverty and mental health

- Across all stages of the project's engagement dimension, participants posited different kinds of associations between recession-responsive austerity measures rolled out in the United Kingdom since 2010, poverty and

⁷⁵ See, for example, M. Evans, 'What Brexit means for our human rights', The Justice Gap. [Online]. Available at: <http://thejusticegap.com/2016/06/brexit-means-human-rights/> See also, T. Lock, 'What does Brexit have to do with human rights?' OUP. [Online]. Available at: <http://blog.oup.com/2016/06/brexit-human-rights-law/>. See also, T. Helm and P. Inman, 'Theresa May's 'just managing' families set to be worse off', *The Observer*, 29 October 2016. [Online]. Available at: <https://www.theguardian.com/politics/2016/oct/29/theresa-may-just-managing-families-worse-off-brexit>

constrained mental health among disadvantaged female cohorts in deprived and rural areas of Northern Ireland.

- More precisely, austerity reform of public services, public sector employment and the tax and benefit system was variously characterised as threatening such cohorts' mental wellbeing, whether by (a) aggravating pre-existing poverty (and associated conditions of, inter alia, vulnerability, marginalisation, isolation and exclusion), including in-work poverty and that affecting workless households; or (b) heightening the risk of poverty and its associated conditions. And, this poverty impact was, in turn, cited as correlated to the gender impact of austerity, i.e. the way in which such reform can differently and disproportionately affect women adversely, as compared to men.
- Rural: while similar austerity-associated mental health risk was reported across both rural and urban contexts, some fiscal cuts to public services were categorised as posing a particular threat to rural cohort mental wellbeing, precisely by compounding pre-existing female vulnerability, exclusion and isolation linked to a legacy of rural infrastructural underinvestment in the jurisdiction.⁷⁶
- The reported typology of austerity impacted mental health conditions was broad, encompassing anxiety, depression, despair, emotional distress, self-harm and suicidal tendencies, as well as aggravated variants correlated to the legacy of ethno-national conflict in the jurisdiction.
- Among those groups deemed most affected by these reported associations were different kinds of low-income cohorts: lone parent and pensioner groups, ethnic minorities, disabled cohorts and those in low status precarious employment, including those on zero hours contracts.
- Against this background, universal alarm was conveyed at the severity of austerity-driven cuts to mental health provision in Northern Ireland, both at the

⁷⁶ See supra note 14.

level of community and beyond,⁷⁷ which was identified as fundamentally impeding women's access to adequate care and treatment.

- A universal appeal was consequently made for substantive government interventionism to properly identify and mitigate the cumulative mental health impact of wider austerity in the jurisdiction. A particular case was made for enhanced women-only interventionism at the level of community, especially within the women centre delivery model, given the latter's track record of addressing the kinds of threats to women's mental wellbeing posed by poverty and deprivation.

The recommendations that follow from these findings are set out below.

Recommendations

- In pursuit of substantively improved mental health outcomes in the jurisdiction, it is recommended that government seek to properly identify and remedially address the cumulative mental health impact of ongoing austerity, while also ring-fencing mental health from any further fiscal cuts under extended austerity.⁷⁸
- In devising such an interventionist remedial approach, the executive should ensure it takes proper account of the particular mental health impact of austerity on vulnerable women in deprived and rural areas, specifically aiming therein to:
 - identify and mitigate any implicated service shortfalls;
 - attend to any gender disaggregated data gaps in the available evidence base, such as might undermine the effectiveness of this remedial exercise;⁷⁹ and,
 - take seriously the case for sustained *and* enhanced women-only interventionism at the level of community - especially women centre delivery - in addressing vulnerable cohort need.

⁷⁷ See Wilson, et al., op. cit.

⁷⁸ This notion of ring-fencing is explored in the literature; *ibid.*, p.2.

⁷⁹ See *supra* note 17.

- The development of any such remedial approach should also be properly informed by meaningful stakeholder engagement, particularly with service user and carer cohorts.
- Because the reported mental health phenomena correlates strongly to *gendered* poverty, it follows that any successful realisation of government ambition to address this phenomena would innately rely on effective interventionism in respect of the factors underlying such poverty, most notably:
 - the persistence of unaffordable childcare as a fundamental impediment to women’s economic participation in the public sphere,⁸⁰ and,
 - the dearth of secure and meaningful employment opportunities for women, i.e. so-called ‘work that pays’, as opposed to low paid, low level, sporadic and precarious opportunities correlated to in-work poverty.

We recommend the prioritisation of such interventionism within ongoing and future policy development.

- Rural: in all of this, in pursuit of appropriately integrated service provision across rural/urban, due regard should also be given to the role of meaningful rural proofing, articulated as an express commitment to robust delivery, monitoring and review mechanisms that take explicit account of the statutory imperative of rigorous rural needs assessment.
- Government should also consider the case for establishing an independent mental health champion for Northern Ireland with responsibility to promote and defend the rights, interests and needs of individuals with mental ill health and to advocate for improved mental health delivery.⁸¹
- It is further recommended that the executive provide for meaningful and properly coordinated informational and awareness-raising interventions to

⁸⁰ See McQuaid, Graham and Shapira, op. cit.

⁸¹ Wilson et al., op. cit., p.4.

challenge the 'pervasive'⁸² stigma still associated with mental ill health in the jurisdiction.

- Finally, to remedially address the projected longer-term impact of austerity on women's equality and wellbeing,⁸³ government should cultivate a substantive human rights perspective on this debate such as might allow it to properly capture and take due account of the wider social justice issues at stake. Moreover, within this context and in furtherance of improved equality outcomes and targeting of variegated cohort need, due consideration should be given to the merit of gender equality responsive budgeting across all related austerity policy processes.⁸⁴

⁸² Ibid., p.7.

⁸³ See supra note 21.

⁸⁴ Quinn, op. cit. See supra note 22.