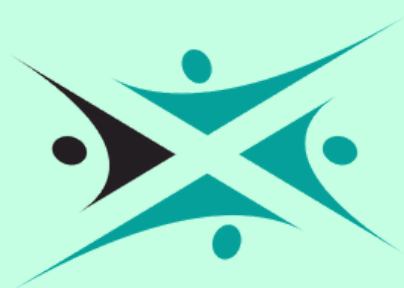


PEACE OF MIND

Exploring Basic
Income's Potential
to Improve Mental
Health

May 2021



Basic Income
Network Scotland

Basic
Income
Conversation

Peace of Mind: Exploring Basic Income's Potential to Improve Mental Health

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<https://www.scottishinsight.ac.uk/Programmes/UNGlobalGoals/UniversalBasicIncomeandMentalHealth.aspx>

This project was funded by the Scottish Universities Insight Institute (SUII) as part of their Linking the United Nations Global Goals to accelerate progress call.

The programme team was led by Professor Mike Danson, Chair of Basic Income Network Scotland and Professor Matt Smith of the University of Strathclyde.

It includes team members from Basic Income Network Scotland, Basic Income Conversation, The RSA Scotland, NHS Greater Glasgow and Clyde (NHSGGC), University of Manitoba, Social & Public Health Science Unit and University of Glasgow

Our sincere gratitude to everyone that contributed to this project, particularly those sharing their personal experience.

Introduction

Basic income is a regular, cash payment that everyone receives regardless of their circumstance. It is a policy proposal considered around the world, with a spike in interest in response to the COVID-19 crisis when it has been suggested as both an emergency and recovery measure. If set at a high enough level and implemented universally across the globe, basic income has the potential to eliminate absolute poverty.

There are clear and proven links between poverty and mental illness. Most responses to the current mental health crisis have focussed on what individuals, rather than society, can do to improve their mental health. This project examines the question: Could a basic income safeguard mental health and prevent mental illness?

The Peace of Mind project also considered how basic income could accelerate progress towards the Sustainable Development Goals (SDGs) “No Poverty” and “Good Health and Well-being”.

It brought together mental health and social care professionals, mental health charities, people with lived experience of mental illness, benefits recipients, basic income advocates and young people to explore how basic income could improve mental health and how this relates to the SDGs.

The project had four components:

- **Context:** Two workshops where ten expert speakers talked about various aspects of basic income, mental health and the sustainable development goals.
- **Discussion:** Two workshops where participants considered the links between money and mental health and whether the security of a basic income would improve money related impacts on mental health.
- **Stories:** Workshops run by creative methods practitioners Kitrina Douglas and David Carless to help participants tell stories of their experiences with money and mental health.
- **Action:** Two workshops to consider the implications of the links between money and mental health found so far, the relevance to basic income pilots and what the participants wanted to see happen next.

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Context

In the first two workshops the group heard from various experts to provide context to the discussions on basic income, money and mental health.

Basic Income in Scotland

The concept of basic income was introduced as a guaranteed level of income, that everyone receives regardless of their circumstances and paid with 5 characteristics: as cash, regularly, to the individual, universally and unconditionally. The universality of a basic income refers to every person within a geographically defined area receiving the payment.

The speakers presented some of the history of basic income looked at the current level of interest in basic income in Scotland and globally. They considered the role of the COVID pandemic in increasing interest in basic income and how this could be seen to have accelerated the debate on basic income by a matter of years. They noted that influential thinkers from Thomas Moore to Martin Luther King Jr had considered the concept.

They talked of the investigations into basic income in Scotland led by local authorities in Glasgow, Edinburgh, North Ayrshire and Fife and funded by Scottish Government. This research project looked at the feasibility of basic income pilots. Wendy Hearty, one of the leads of the feasibility study project outlined their findings.

The report published in July 2020 recommended pilots as the next step. But it also showed that there are political barriers that need to be overcome before this next step can be taken. It states that support from all levels of government is required to deliver their pilot model which tests the core elements of a basic income and ensures no one loses out on income because they have participated in the pilots.

Their pilot model proposes that two geographically defined areas of Scotland would receive a basic income. These pilots would test two levels of basic income. A low level, of £73.10 a week for adults aged 25 to pension age, would be paid to 14,600 people for a pilot duration of 3 years. The high level of £213.59 a week for people aged 16 to pension age would be paid to 2,500 people for the pilot duration of 3 years. There has been no further progress towards these pilots in Scotland since the publication of this report because of the political barriers.

Existing Evidence

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The group heard from Dr Marcia Gibson who, as part of the Scottish feasibility study, developed a scoping review framework that samples interventions relevant to the Scottish context. It identified 27 studies of nine interventions that were deemed relevant.

The evidence presented in Dr Gibson's review shows that the effects of the interventions on health were mixed. There were strong positive effects on some outcomes but no effect on others. Some studies showed basic income had a large positive effect on mental health.

This included the Manitoba Basic Annual Income Experiment in Canada. In the city of Dauphin, where people were receiving a basic income, hospitalisation per 1000 people were 8.5% lower than control group who were not getting a basic income. Mostly this was driven by reductions in admissions for accidents or injuries and mental health diagnoses.

The Great Smokey Mountains Study (GSMS) is a study of Cherokee people in receipt of a basic income funded by profits made by casinos. These payments are also known as tribal dividends. Several analyses reported positive effects on a range of child and adolescent personality traits and mental health outcomes. The theory is that improvements in adult mental health led to better child outcomes, through improved parental supervision, improved parental and parent-child relationships, and fewer delinquent peers in adolescence. Effects were often stronger in the most high-risk groups. Improved adult mental health was potentially due to decreased financial stress.

A qualitative tribal dividend study also reported that reduced financial stress led to improved mental health.

Qualitative evidence from two studies of the Ontario Basic Income Pilot indicated that escaping intrusive bureaucracy led to reduced stress. Greater food security was linked to amelioration of other health conditions, including depression, fibromyalgia, and coeliac disease. Payments were used for medications, dental treatment, and optical needs. Some of these effects were due to the higher value of payments when compared to normal benefits.

Some studies suggested mechanisms underlying these improvements. These included reduced stress, improved parenting quality, and reduced financial strain.

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Discussion

During the discussions held throughout the project some key themes emerged.

Money and Mental Health

People made it clear that there are links between money and mental health. This was reinforced by people speaking from personal experience and mental health practitioners in various roles.

Often the conversations with people who had lived experience led back to the same two, linked questions:

“How am I supposed to look after my mental health when I don't have any money?”

and

“How can I think about earning money when I am struggling with my mental health?”

The System

Many spoke of the flaws with the current social security system. How the process of claiming financial support exacerbated mental distress or did not function for people experiencing severe issues with their mental health.

The issues with the current system were largely centred around:

- The level of financial support that could be claimed being too low
- The conditions put on claims, including compulsory medication
- A lack of support for navigating the system
- Absence of fit for purpose support for people to make choices about their health and work

The practitioners who provide services to help people navigate social security spoke of the frustrations and stress their staff experience in this work due to the inadequacy of the system.

The Mechanism

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The discussions about the impact a basic income could have on mental health were theoretical but provided interesting insights.

The sum of money paid as a basic income was considered and most felt that it needed to be fairly substantial to have an impact on mental health. It was made clear that its interaction with other benefits needed to be carefully considered and that it would be detrimental if a basic income led to people's incomes reducing as a result of changes to the benefits system.

It was not expected that a basic income as an increase in income would directly improve mental health. Instead the mechanisms for impacting mental health were expected to be:

- Removing people from the means tested benefits system
- As a universal policy, reducing the stigma associated with receiving money from the social security system
- The peace of mind that a guaranteed income, of any level, would provide
- The regularity of the payment
- A social security system that is more compassionate and user friendly
- An income provided that does not require a claims process
- Earned income being retained in addition to the basic income
- A changed relationship to paid work

Systemic Solutions

The discussions around mental health and money made it clear that these problems were not easily addressed and required systemic solutions. It was felt that putting the onus on individuals to solve their own financial concerns was unworkable when mental illness was properly considered.

Many felt that a basic income could be an appropriate systemic solution. But it was clear that this would only be the case if the basic income was a high enough level to improve people's financial circumstances and if it interacted with other forms of targeted benefits appropriately. It was also noted that unless the conditions placed on the payments of other benefits were reduced, then people would still be subjected to the assessment processes that are such a significant cause of stress and distress. This is a particular concern for those receiving disability benefits.

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Stories

The participants worked with creative methods practitioners Kitrina Douglas and David Carless to share their stories in various ways. The video outputs of these sessions can be found on [this YouTube playlist](#).

One Word Stories

Participants were asked what words were evoked when they thought of poverty and mental health. Recognising the importance of voicing our experiences, the aim of this collaborative workshop was to explore some of the many faces of poverty and mental health.

The words evoked included: loss, drained, isolated, labelled, confused, worthless, entrapped, fear, sadness, frustrated, inferior, subtle dependence, unimportant, worries, panic, patch, inadequate and asking for help.

Participant's Stories

The storytelling workshops also worked with the participants to capture their stories in various formats. These included short poems and spoken word pieces.

The following are just two of the stories shared by participants. Please note these stories talk candidly about suicide.

“Windows” by Simon:

“I want to talk to you about windows. There are many windows of ourselves through which the reflection of who we are changes. Now some years ago, my window was shattered. I was left alone, isolated and powerless. After months of not being able to look at myself in windows and mirrors, I fractured. I felt worthless,

I did not know how I would be able to survive, to support myself or to be anything but a burden. So, I decided to break my last window. I used my computer to record messages to my friends, my sons and my fellow PhD students. Each recording providing a different window to how I felt, each one a different fragment of my desperation, and feelings of worthlessness. With each recording, I felt freer.

And then I came to my last window. The window within the building I decided to leave from on the highest floor.

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But I couldn't open the window. And I mean, literally, I could not open the window. It had security locks on it. So, I tried to smash the window, and it fought back. As the chair bounced off it I bounced off the floor. And I sat on the floor defeated. Yet again. By a window.

My phone rang a video call from my eldest son, which opened a new window to his face, to his smile. And I changed my mind.”

And Louisa's story:

“Looking back on a period of time when I'd say money and mental health were at their worst. I'd stopped working, I'd had a full time job as a support worker in the homeless community. So, I was coming from a perspective where I thought I knew the benefits system inside out as my job was to maximise other people's benefits. I couldn't have been more wrong. I desperately, desperately tried.

The most important thing for me was to keep my house. I own my house with a mortgage and I was on contribution based benefits, which for people who don't know means that I've paid National Insurance. At that time, a decade ago, there were all these different schemes out there where you could try and access help. Different schemes to help pay the mortgage. I was literally sent from pillar to post, "You've got too much equity" "You have not got enough equity." "You haven't bought your house before" whatever, “Blah, blah, blah.”

During this time, I was recovering from a suicide attempt as well. It was the most angry and frustrating, I think, period of time that I've ever, ever been in.

In the end, I actually gave up. I've paid my mortgage, ever since I've never received housing benefit or anything, it was just too great a battle to have. But the good news is that last year, I took a claim against the DWP for having kept me on this contribution based benefit when they should have really assessed me for an income based benefit at some point during that decade. I actually won a significant amount of money from my claim against them. But that was with a decade.”

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Action

Since the end of the project in February 2021 a group of participants have been working with the Basic Income Conversation team to consider what they want to see happen next on basic income and mental health.

This group have decided to address an open letter to Ministers concerned with mental health across the UK during Mental Health Awareness Week 10 – 16 May 2021. The purpose of this letter is to share the reality of mental illness and the impact this can have on finances. The group feel that more could be done to look for systemic solutions to the common issues people experience when struggling with their mental health and that this should include a basic income.

The group want mental health charities to start looking at basic income and talking to their teams and service users about it to discuss how it might work for them. They are calling on policy makers, mental health charities and politicians to seriously consider basic income as a preventative mental health measure.

As well as being showcased at Mental Health Awareness Week, the outputs from the workshops will be broadcast at this summer's Basic Income Earth Network World Congress in Glasgow which is led by Basic Income Network Scotland. As the theme of the Congress is Idea to Reality these Scottish Universities Insight Institute workshops on Peace of Mind: Exploring Universal Basic Income's Potential to Improve Mental Health should offer real insights and hope for many around the world.

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Conclusion

The Peace of Mind project brought together mental health and social care professionals, mental health charities, people with lived experience of mental illness, benefits recipients, basic income advocates and young people to explore how basic income could improve mental health and how this relates to the SDGs.

The insights and testimonies, both personal and professional, make clear that access to money and freedom from poverty have an impact on people's health and well-being.

It was felt that a basic income has the potential to alleviate and improve this, if it meets certain criteria about the level of payment and interaction with other services and benefits, both cash and in kind. This is further illustrated by the action taken by programme participants to raise awareness of basic income during Mental Health Awareness Week.

From this we conclude that a basic income could be used to achieve the No Poverty and Good Health and Well-being Sustainable Development Goals.

“For those with mental health problems, which are often caused and exacerbated by insecurity and low incomes and pay, a basic income would offer some relief from these and related causes,” Project lead Professor Danson said.

“By being recognised as a full member of society, having significant contributions to their income and without the need for DWP [Department for Work and Pensions] tests of their conditions, they are reassured and better able to improve their mental health and wellbeing.”

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