GoWell
GLASGOW COMMUNITY HEALTH AND WELLBEING RESEARCH AND LEARNING PROGRAMME

Briefing Paper 21

GoWell is a collaborative partnership between the Glasgow Centre for Population Health, the University of Glasgow and the MRC/CSO Social and Public Health Sciences Unit, sponsored by Glasgow Housing Association, the Scottish Government, NHS Health Scotland and NHS Greater Glasgow and Clyde.

Does perceived relative position affect mental wellbeing?

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GoWell is a planned ten-year research and learning programme that aims to investigate the impact of investment in housing, regeneration and neighbourhood renewal on the health and wellbeing of individuals, families and communities. It commenced in February 2006 and has a number of different research components. This paper is part of a series of Briefing Papers which the GoWell team has developed in order to summarise key findings and policy and practice recommendations from the research. Further information on the GoWell Programme and the full series of Briefing Papers is available from the GoWell website at: www.gowellonline.com

Key findings

This paper investigates whether perceived relative position is associated with mental wellbeing in a deprived neighbourhood context.

We found that mental wellbeing is positively associated with:

- Perceived relative quality of the home locally and perceived relative desirability of the home more widely in society.
- Perceived local reputation of the neighbourhood – although there was no association with perceived external reputation of the neighbourhood.
- Perceived own relative standard of living compared with wider society.
- Perceived local income inequality was associated with mental wellbeing in a particular way:
  - Those who thought they lived in a neighbourhood where some people had higher incomes than others reported higher mental wellbeing. This may indicate that upward social comparisons can be beneficial in a deprived area context.

INTRODUCTION / CONTEXT OF THE STUDY

The link between income inequality and poor health is well established[1,2] but a recent strategic review of health inequalities in the UK found that the relationship was a 'graded one' between income, health and relative social status i.e. the issue is not just simply low income but rather a broader inequality issue[3].

Various mechanisms or pathways that link inequality and health have been proposed[4,5], categorised as material pathways, social pathways and psychosocial pathways. This study focussed on the psychosocial pathway which has two key dimensions:

- people of low social status in a hierarchical society may suffer dominance and subordination causing them to feel stressed and a lack of control over their lives[3];
- a psychological effect of discontent results from people comparing themselves with others possessing things that they don't have, but which they desire and believe are attainable[6].

The relationship between income inequality and poor health is more firmly established at higher spatial scales than lower more local ones[2] and UK sub-national studies are few in number. However, we and others[4] feel it is important to look at different scales when looking at the psychosocial pathways between inequality and health, both society at large and also more local or neighbourhood level scales, the latter being particularly pertinent for psychosocial pathways.

Research has also tended to focus on income inequality per se rather than the effects of relative social position that income inequality underpins[7]. However, it is important to differentiate between the top-down societal pressures placed on people and those they place on themselves (bottom-up) by comparing themselves with others more 'well off', in terms of income, material and social status.

Recent UK qualitative research reported that people tend to compare themselves in terms of consumption of goods/services and material aspects of their lives rather than in relation to jobs or income[8]. This and other studies[9,10] highlight the importance of expanding studies of inequalities and health to include the residential environment of homes and neighbourhoods.

Another weakness of past research which we have tried to address is the focus on self-rated health and morality as the two main health outcomes of interest[11]. Even where mental health has been considered it has tended to focus on mental ill health.

RESEARCH OBJECTIVES

Our aim was to investigate whether *perceived relative position* was associated with *mental wellbeing* for people living in deprived areas.

We took a particular perspective on three key issues.

First, rather than examining income inequality alone, we look at the potential effects of social comparisons that are underpinned by inequality. We focus on income *and* the residential attributes of the home and neighbourhood.

Second, we pay particular attention to people's perceptions of their *position in their neighbourhoods and city* – rather than just at the aggregate societal or national level.

Third, our interest is *mental wellbeing* rather than self-rated health or mental (ill)health, as we think mental wellbeing may be more sensitive to psychosocial influences.

METHODOLOGY – WHAT WE DID

We interviewed a total of 4,657 adult householders across the 15 GoWell communities in 2008 from randomly selected addresses. The response rate was 47.5% overall. All the communities involved are relatively deprived, falling within the 15% most deprived in Scotland. The survey investigated participant's views of their home and neighbourhood, their sense of community and their physical and mental health.

How we measured things

Mental wellbeing was assessed using the Warwick-Edinburgh Mental Wellbeing scale (WEMWBS). It has 14 items that cover positive affect (feelings of optimism, cheerfulness, relaxation), positive functioning (energy, clear thinking, self-acceptance, personal development, competence and authority) and relationships with others. Respondents are asked to what extent they have been feeling that way over the past two weeks. Responses are summed up to a scale from 14 to 70. Larger scores indicate higher wellbeing.

We investigated perceived relative position in respect of three domains: housing; neighbourhood; and income/quality of life. Two questions were asked for each domain, as outlined overleaf:

Housing:

- "How much do you agree or disagree with the following statement: 'Most people would like a home like mine'?" [strongly agree → strongly disagree, 5-point scale]
- "Which of the following statements best describes how your house/flat compares with others around here?" [better than many others → worse than many others, 5-point scale]

Neighbourhood:

- "How much do you agree or disagree with the following statements?: 'People who live in this neighbourhood think highly of it'
- "Many people in Glasgow think this neighbourhood has a bad reputation'" [strongly agree → strongly disagree, 5-point scale]

Income/quality of life:

- "Which of the following statements best describes income levels in this area?: some people have much higher incomes than others; most people have a very similar level of income; some people have much lower incomes than others; don't know"
- "Compared to other people, how would you rate your quality of life and standard of living, 1 = very low and 10 = very high?"

In examining the relationship between perceived relative position, and mental wellbeing, we controlled for a number of personal and housing characteristics: gender; age; citizenship/ethnicity; household structure; educational qualifications; self-rated health; long-standing illness; employment; economic hardship; housing tenure and dwelling type.

Appropriate regression models were used to explore associations between relative position and wellbeing. Analysis was carried out based on the 4,615 respondents for whom complete information on all variables was available.

For further information on the methodology and limitations of this study see Kearns et al[12].

RESULTS – WHAT WE FOUND

Older people, owner-occupiers and those living in houses held the most positive views of their relative position.

Non-British respondents, single parents, those not working, those living in high-rise flats and those with difficulties paying bills held the most negative views.

There was little difference in responses by gender, health status and educational levels.

Mental wellbeing scores were generally higher among respondents who had a positive view of their relative position (apart from external area reputation which was not associated with mental wellbeing).

High levels of mental wellbeing were most prevalent among:

- those who thought they lived in an area where some people had much higher incomes than others (59%) and;
- those who strongly thought they lived in a home that most people would like to live in (56%). This had the biggest effect and these respondents were seven times more likely to report high mental wellbeing than those who thought they lived in a house that other people would not like.

Looking at how mental wellbeing scores varied in an absolute sense by perceived relative position, controlling for all other personal characteristics, we found that the most positive mental wellbeing scores were associated with:

- thinking that you live in a home that most people would like (+7.2 on the WEMWBS scale);
- rating your quality of life and standard of living as high relative to others (+6.1);
- believing that local people had a positive view of the neighbourhood (+5.7);
- having the most positive view of one's house/flat compared with others locally (+4.5);
- a view that some people in the area had higher incomes (+4.1).

Once again there was no evidence of differences in mental wellbeing scores being associated with perceived external reputation of the neighbourhood.

DISCUSSIONS AND RECOMMENDATIONS

How people living in deprived areas perceive their position compared to others in their neighbourhood is important for positive mental wellbeing. This extends beyond income and personal position to the relative position of a person's home and neighbourhood.

Our finding that perceiving your home as better than those around it is associated with much higher metal wellbeing echoes an earlier report[13] that found the perceived relative *value* of your home is important for self-esteem and mastery. We also found that the importance of the relative position of your home additionally reflects its subjective quality (being 'better'). This relative quality of the home has an even stronger association with mental wellbeing than the association with self-esteem and mastery found in the earlier report. These findings suggest that social housing home improvement programmes have the potential to deliver psychosocial and mental wellbeing benefits.

Our findings on the perceived desirability of the home also suggest that people may experience lower mental wellbeing if they are aware they live in a home considered unpopular or of low status by the general public, and so the more social housing isconsidered 'mainstream' or traditional in type the better for general welfare. Although we have not tested the issue here, the findings may also support the notion of 'tenure blind' housing, wherein social rented and owner occupied housing are visually indistinguishable, or with 'limited differentiation'[14].

We found neighbourhood reputations to be associated with mental wellbeing, but not in the ways expected. Previous studies held that there is a 'considerable emotional impact' from living in an area subject to external stigma[15]. Although negative psychological impacts were more often assumed or inferred than measured[16,17]. However, we found little systematic association between external reputation of a neighbourhood and residents' mental wellbeing. Nevertheless, residents' perceptions of what their *co-residents* thought of the neighbourhood were positively associated with mental wellbeing.

This suggests that the neighbourhood (or local spatial) scale may be more important than previously thought. We also believe it adds important indicative evidence to an emerging finding in qualitative research with people in deprived areas that their self-esteem is mostly affected by their own self-assessments and self-criticism – and that the effects of stigma and neighbourhood are 'more limited than previous research suggested'[18].

On relative income position we found different effects at different spatial scales (e.g. at neighbourhood or national scales).

At the broadest spatial level our findings were as expected – those who felt that they had a relatively high quality of life and standard of living had higher mental wellbeing, with much lower mental wellbeing among those who thought they had a relatively low standard of living.

In contrast however, when considering their own neighbourhood, people who thought they lived in an area where there were some people with much higher incomes than others, also reported higher mental wellbeing (after controlling for their own income level).

This is an important finding: that in deprived areas the mental wellbeing of people in lower income groups is *not* negatively impacted, significantly, by their awareness that there are income differences in the neighbourhood. This suggests that the notion of a positive effect coming from downward social comparisons and a negative effect from upward comparisons[19,20] does not necessarily apply to people in deprived areas.

This suggests that residents perceived to be in low social positions may gain psychologically from living in neighbourhoods where people in relatively better circumstances also reside. This may be because having people on higher incomes in your neighbourhood is part of the desire to live in 'normal' neighbourhoods, rather than in deprived and stigmatised areas. This may lend support to the development of mixed-tenure communities within deprived areas, if it could deliver a degree of both income and social mix[21], that contributes to a positive *internal* reputation[22], which is important for mental wellbeing.

CONCLUSIONS

This study indicates that the effects of perceived relative position are important for mental wellbeing. Therefore, research on inequality should not be limited to studies of ill-health or mental disorders. Although causality cannot be inferred in the associations i.e. that residents' perceptions of their relative position impacts on their mental wellbeing rather than the other way round, we consider the first pathway to be the stronger. This is for several reasons including: the growth of inequality and the importance of status and respect in societies make it more likely that the psychological pathway from inequality to health will function and affect how people feel[1,9,10]; home and neighbourhood are major signifiers of material lifestyles on which social comparisons are made[8]; and recent longitudinal research has shown that moves to newer and better housing results in improved mental health[23,24].

We have shown that the local scale of the neighbourhood is important when looking at perceived relative position. Sub-national scales should not, therefore, be downplayed due to mixed or inconclusive evidence about the relationship between income inequality and ill-health at the regional or county levels.

Our study shows that the residential domain of housing is an important signifier of relative status and personal progress that matters for wellbeing. The findings therefore support the argument that the assessment of relative deprivation should extend beyond income to other goods[25].

We have studied deprived communities, and in that deprivation context it is difficult to disentangle the material and psychological pathways. Indeed, we would argue that they cannot be separated. Improving the perceived relative status of people's homes and neighbourhoods for social sector tenants in deprived areas needs both improved residential conditions and broader attempts to remove the stigma of social housing, tower blocks and estates[26].

While the psychological pathway of relative position (especially in residential terms) operates at a local level, it derives much of its power from the wider societal scale and therefore needs to be tackled at that scale too.

Our study offers pointers for public policy. The Scottish Government has an objective of increasing the average WEMWBS score of Scottish adults by 0.4 on an annual basis[27]. Our findings indicate that a possible means to achieve this may be through enhancing the quality and status of housing in deprived areas. They also lend some support to the Scottish Government's policy to increase quality and choice in social housing for those in less advantaged circumstances.

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Sheila Beck (Ecological Monitoring Team)
Julie Clark (Researcher)
Jennie Coyle (Communications Manager)
Fiona Crawford (Ecological Monitoring Team)
Angela Curl (Researcher)
Anne Ellaway (Principal Investigator)
Ade Kearns (Principal Investigator)
Louise Lawson (Researcher)
Mark Livingston (Researcher)
Phil Mason (Researcher)
Martin McKee (Researcher)
Jennifer McLean (Ecological Monitoring Team)
Kelda McLean (Programme Administrator)
Joanne Neary (Postgraduate Research Student)
Carol Tannahill (Principal Investigator)
Hilary Thomson (Researcher)
David Walsh (Ecological Monitoring Team)

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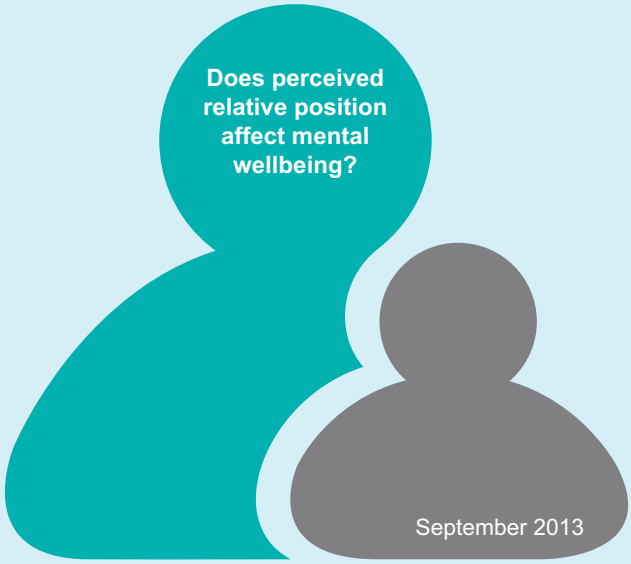

CONTACT DETAILS

For further information, please contact the report author:

Prof Ade Kearns
Department of Urban Studies
University of Glasgow
25 Bute Gardens
Glasgow
G12 8RS

Email: ade.kearns@glasgow.ac.uk
Phone: +44 (0)141 330 5049