

## INVITED ARTICLE

# Poverty, ACEs and stigmatised places: The application of psychology to the challenges of disadvantage

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## Abstract

**Background:** Our life circumstances present continual challenges to our mental health and well-being. For most of us, the politics of economy and society determine our prospects of living a good life. The fact that the ability to control and change things that happen to us is largely vested in the power of remote others has inevitable, mostly negative consequences.

**Method:** The following opinion piece illustrates the challenge our discipline faces in locating a complimentary contribution alongside those of public health, sociology and other sister disciplines with particular reference to the intractable concerns of poverty, ACES and stigmatised places.

**Findings:** The piece presents an examination of what psychology as a discipline can do in the context of adversity and challenges that individuals face but over which they have little sense of control. The discipline of psychology needs to play a meaningful part in understanding and addressing the impacts of societal matters, moving from a dominant position of individualised understandings of distress to embrace more fully the context in which people are expected to feel good and function well.

**Conclusion:** Community psychology offers a useful, established philosophy from which to advance our practices. However, a more sophisticated, discipline-wide narrative and grounded understanding that empathically represents real lives and captures individual functioning within a complex and distant societal system is urgently required.

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**KEYWORDS**

adverse childhood experiences, stigmatised places, psychology of poverty, public mental health, community psychology

**Practitioner points**

- Fully acknowledge the importance of living circumstances as determinants of people's behaviour and attitudes.
  - Ask 'What's happened to you?'
  - Accept that the power to make changes very often rests beyond the individual.
- Accept that individualised approaches to tackling challenges are limited in achieving meaningful and sustainable behaviour change.
- Engage in cross-disciplinary learning.

**INTRODUCTION**

What does it mean to feel good and function well in the increasingly urbanised, systemised and remote world of 2023? According to the Joseph Rowntree Foundation (2018), 14.2 million people in the UK were living in poverty in 2018 and 1 in 8 people experienced persistent poverty. This same report shows that in this United Kingdom, your life is particularly likely to be poor and precarious if you have disability within your family. 6.9 million people are "locked in poverty" as a result of their own or a family member's disability. Adversities have a way of spiralling downwards – challenge upon challenge.

What can psychology, its practices and its theories do to address the human experience of downward spiral when the causes of well-being decline and mental distress reside beyond the control of the individual (Marmot et al., 2020; Wilkinson & Pickett, 2009, 2018)? This is a significant challenge for a discipline that has focussed so much of its efforts on developing individualised approaches to addressing mental distress which, in turn, depoliticise the experience, letting our failing socio-economic and political models off the hook.

Our discipline brands internal mental and emotional states as 'faulty' if they are not associated with happiness, satisfaction, a sense of worthwhileness and/ or a will to strive and achieve, despite the context in which we find ourselves. However, the internal styles we develop through our lives can only reflect the world we have survived in. We must, as a discipline, ask ourselves the serious question of whether we should continue to 'correct' the thinking, feeling and behaviour of individuals whose responses and habits are no more than adaptive, learned reactions to an increasingly problematic environment. To illustrate, it would be wrong to interfere in the adaptive behavioural repertoire of someone who lives in a predictably violent and hostile environment. Anger management would be the wrong approach here because, with successful management of anger would come anticipated risk from antagonistic others who, because of their backgrounds, would fail to understand and therefore align with, an anger managed response. It is just the same with adaptive behavioural responses to predictably lean and low resource environments where to force behaviour change within such environments may have potentially serious implications for an individual's adaptive fitness and/or short-term survival. To illustrate, Office for National Statistics data (2018) show continued decrease in incidence of teenage pregnancy as a result of a nationwide application of policy to reduce them. However, there remains an increased prevalence of conception under the age of 18 in more disadvantaged compared to more privileged neighbourhoods and, what is more, there are fewer planned terminations of these pregnancies in disadvantaged areas. Consistent with Life History Theory (e.g. Stearns, 1992), this robust environmentally related difference can be understood as an implicit life course response to enhance adaptive fitness. Similarly, the prevalence of overweight and

obesity has environmental determinants, often at increased prevalence in the context of disadvantage and where so-called 'food deserts' exist (Levine, 2011; Little & Nestel, 2017).

So, what can psychologist do? How are we to make a contribution to the alleviation of distress whose substrate is imposed impoverishment and where interventions aimed at behaviour change are less likely to succeed?

It is true that, for some of us, adversities are scarce and opportunities plentiful. However, few of us can successfully forage, in a planful way, to derive benefit from our progressively unequal societies in which adversities are many and opportunities scarce. Most of us struggle while some of us struggle extremely. The class system of the 21st century is undeniably one founded upon available resources – the 'have plenty's', the 'have some's' and the 'have nothings'. And the supply of resources, however, defined, is governed by an increasingly threatening, distant and ununderstandable economy. For our psychological and relational resources to cope and respond are as determined by regional, national and global economic forces as is our access to those resources that buy possessions and enable outward proclamation of wealth.

## CONFESSION – MY CREDENTIALS

I confess to having struggled to write this piece. For I am drafting it from a place of unease, which paradoxically, is a place of relative ease. For I am one of the 'have some's'. And I am one of the lookers upon. Privileged to be a *seeker of knowledge about*, rather than an *experiencer within*, disadvantage. For this reason, I am compelled to include here a brief outline of my lived experience credentials. As there is no real wisdom without lived experience, I ask that you, fellow knowledge seekers, keep your pinches of salt at the ready for when you feel my views overstep my experience. Just as we mistrust politicians who lack a convincing feel of what it means to be living as an ordinary person in this challenging world, so we should view academics and practitioners who profess to know the answers from positions of relative privilege.

As a way to show how the discipline of psychology might make a difference to population-level distress, I will write about 3 specific life challenges that often go hand-in-hand: poverty, ACES and stigmatised places. What has happened in my life to allow me to claim the right of informed opinion about these circumstances? Over and above 'scholarship', what experience do I have of living these circumstances?

Well, I was born into a family rich in mental health struggles and excelling in familial strife aided by substance misuse and which culminated in a lineage of suicide and brushes with the criminal justice system. I can therefore legitimately claim some lived experience of Adverse Childhood Experiences. I have lived to see the intergenerational consequences and spread of ACEs as they continue to play out across my extended family, more in some branches than in others. Anxiety, featuring fear of stagnation, a too frequent impulsive /compulsive urge to flee and bouts of low mood are part of who I am and what I have become. Indeed, it is this part of me that fuels my crises of confidence, and which is now forcing me to justify my lived expertise before returning to a safer, more distant, scholarly objectification.

Of poverty, I have experienced precious little. My father, our main breadwinner, earned decent money during my childhood so we did not lack the essential things that, had we done so, would have placed us amongst those children who experience material deprivation which, according to the Health Foundation, now stands at 11% (The Health Foundation, 2021a). Nevertheless, as a family of 6 we lived a fairly lean life. Waste was very frowned upon, meals always finished. Lights left on was a catastrophe and hand-me-downs were the norm – nothing wrong with any of that. That is how people led their lives in those days – adults were much more conscious of waste after rationing and the war years. Hobbies or activities that required anything more than basic equipment, while not discouraged, were not well catered for. Though frugal, I have not experienced anything more than brief spells of having to make do in adulthood either. Like many of us today, I can only hope I will not be cold or in need as an older adult.

Stigmatised places, their importance as a topic to address in public health and the nature of how it feels to live in them has been recently highlighted by Halliday et al. (2021). I know something of

stigmatised places and, while I am mindful of the risk adding to the stigma associated with the cities I describe next, my aim is to illustrate my closeness to their past or present challenges.

I spent my teenage years in Glasgow attending a comprehensive school during the 1970s. This was a time, now long gone, when drug use was rife and when gangs of young males, colloquially known as ‘neds’ (thought to stand for ‘non-educated delinquents’) stalked the city. Amongst my closest teenage friends was one who forayed into sex work to feed a habit and another whose young life was ended by a lethal heroin overdose. These were good, decent young people, clever, caring and fun. They were my friends.

Living in Glasgow is different now. However, the intractable nature of disadvantaged places is exemplified by the fact that Glaswegians continue to have the UK's lowest life and healthy life expectancy with so called ‘deaths of despair’ playing a key part in these statistics (The Health Foundation, 2021b).

For 24 years, I have lived in Liverpool, a port city like Glasgow, that has been rocked by several high profile stories of trauma, including recent tragic, drug-related fatalities. Typically paradoxical, Liverpool seems constantly to be a contender for gun capital of Europe at the same time as vying for cultural status. Poverty and distress live cheek by jowl with privilege, high culture and wealth in the city. In this place, you need only travel a few meters to see the stark, wilful but avoidable contrast of prospects.

In partnership with my husband (an urban designer and landscape architect), I spend some of my working weeks with communities who, using their assets and determination, attempt to make their places resilient and themselves less vulnerable in the process. These are places termed ‘left behind’, where policies such as ‘levelling-up’ are directed. In our practice, we believe that our places shape us because the circumstances in which we live determine how we behave and the life choices we make. If our place is stigmatised, we will be too and we will, with some inevitability, internalise and own this stigma. The top-down regeneration approaches of recent decades have failed these places. They experience ‘regeneration relapse’ because doing things to neighbourhoods takes no account of how people live in them. Places are the people who live in them as much as their physical space and built form.

While I can claim to know a little bit about inequitable, stigmatised places and the policies and practices that sustain them, what does our science know of these challenges?

## THE STATE OF OUR SCIENCE

While advancing a career in academic psychology, I have felt mostly disheartened by the progress of the discipline towards real world knowledge, towards useful empathic understanding of those who many of us seek to help. If pushed to label it, I would call it shame of the discipline with a sense of guilt about its lofty arrogance. It claims answers founded on a decontextualised examination of challenging life contexts from which most academics and practitioners have managed to protect ourselves.

‘We are all psychologists’ is a familiar phrase to us. But few of us get to call ourselves psychologists because few of us can qualify as such. We are all, though, individuals carved from experience within and as part of the world. We can all only ever experience the world from where we stand and from where we have come. This experience guides our predictions of what will happen to us next (Schacter et al., 2007). Its focus on such individual differences is probably psychology's strongest stance. It is the stance with the most meaning historically and one which ought to discourage bland, over-generalisations about how to cope, how to respond and decide. But we need to add a further complexity to this stance. We are dwellers within a human-centred Gaia-like synergistic and self-regulating system (Lovelock, 2009). In this system, everyone else's inner worlds with their outward repercussions affect us in seemingly chaotic, unmodelable ways. The only thing that really seems to matter is the power we have within the system because, rested in that rank, is the capacity to change our own outcomes (and those of others). When we understand human behaviour this way, we begin to see the absurdity of silo-ing psychology from sociology, from public health and from humanities such as human geography, history, politics and urban planning.

To create real world impact from our applied social science, psychology must change to become a wholly inclusive and democratic discipline, set up to include, hear from, really listen to and value the diversity of experience so that it can reach more accurate interpretations of human behaviour in context. Set

up also in such a way as to make cross talk between related disciplines within social science, humanities and public health much easier, to allow a fluid transfer of knowledge, method and processes to serve better those we seek to benefit. Re-imagined to re-contextualise behaviour, thoughts, beliefs and feelings. To understand that there is no such thing as de-contextualised human behaviour. But to press for such social and pedagogical change means being prepared to unpack centuries of privilege entrenched within siloed educational and governance systems. This is something that the Western world seems reluctant to tackle. Instead, we seem to take strides in the wrong direction, enhancing the exclusionary nature of education with the winds of political decision-making behind us. Instead of opening up education, we have seen ever-increasing student fees and a failure by many Russell Group universities to effectively recruit and retain students from disadvantaged contexts (Koutsouris et al., 2022).

I am far from alone in seeking change to our discipline. Indeed, there are so many calling for change that one wonders how the status quo keeps winning through. The answer, I expect, is a lot to do with the investment in pedagogical practice as usual and the resource costs of wholesale change.

Amongst the many proponents of change are Rhodes and Langtiw (2018) who argue convincingly for the adoption of a community-based, more culturally sensitive form of clinical psychology. Practising in Australia, they argue:

We need to transform our practices, pedagogy and research methods if we are to engage with indigenous, refugee and recovery communities.

(p.377)

Johnstone and Boyle (2018), both longstanding exponents of change to psychiatric diagnoses, took up the concerns of the BPS Division of Clinical Psychology on release of the updated DSM to argue for a new non-diagnostic conceptual system for clinical psychology that they call the Power Threat Meaning Framework. This conceptualisation of distress enables the re-categorisation of experiences commonly understood as psychiatric symptoms as completely understandable reactions to toxic environments. Johnstone and Boyle (2018) further assert that these responses play a protective role, existing within our capacity to have power and to have it exerted upon us; to experience life, and our responses to life, meaningfully while enduring inevitable threats from diverse sources.

Then, of course, there is the force for good that is the Psychologists for Social Change movement who have published their four approaches for flourishing (Psychologists for Social Change Network, 2021).

## THE POWER PREDICAMENT

Matters of power and control, specifically the answers to questions of who has power and who's in control, are critical as we think about psychology's place in a wider community of disciplines and when we consider individual and community behaviour and behaviour change. There are no controlled environments in the real world, where real people live. There is, however, most certainly control. Control, delivered downwards, over the choices we think we make ourselves as individuals. This system is elegantly reflected in Dahlgren and Whitehead's (1991) influential rainbow model of health where the key message is that although we may think we are in control of our outcomes, for most of us, most of the time they are determined by the power of others, exerted upon us via decisions taken remotely – about us without us. This state of world governance culminates in the health and well-being inequalities that this country so disgracefully excels in. These inequities are preventable but only if we, the relatively powerful, have the will to prevent them.

How can the science of psychology, with its focus on the individual, their mind and their behaviour have meaningful impact on the lifecourse of disadvantage determined by a socio-political system governed by nameless others? There seems little point either in understanding the human mind in isolation or in trying to influence thinking and feeling to become more functional when each of our evolved minds and the decisions they take are the product of forces from an increasingly unreachable society.

There seems little point in studying humanity in controlled environments when we know that adaptability is our survival strength. To be meaningful, our research questions must properly consider the reality that our responses fundamentally adapt to changing environments.

## POVERTY'S PSYCHOLOGICAL TRAP

It seems that living in poverty has predictable consequences for behavioural and economic choices. These choices mitigate poverty's psychosocial effects in the short term. However, in the long run, they tend to lock-in poverty, trapping people in the making of those short-term choices across their lives. The increased risk aversion and temporal discounting causally associated with decision-making in the context of poverty have been reviewed by Haushofer and Fehr (2014) who emphasise its cross-cultural nature. Similarly, from the perspective of evolutionary biology, Sloan Wilson and his team have argued that resource depleted contexts tend to encourage self-protective choices over playful, cooperative or prosocial ones. Importantly, his team has shown that changing environments by facilitating place-based cooperation can enhance prospects through more socially oriented decision making (Sloan Wilson, 2011; Sloan Wilson et al., 2011).

While many of us share the will to do something about poverty and its psychological and societal impacts, just as many of us condemn the behaviour of individuals who discount their futures and resist change. Looking at this disapproving response in the most charitable way, we might argue that temporal discounting life choices do not sustainably serve the collective or the economic engine as well as future-directed life choices do, while risk aversion bars enterprise. We should ask ourselves though, are they sufficient reasons to attempt to rectify these adaptive, survival-focussed life choices using over-general policies, nudging, coaching, aspirational mentoring or whatever other behaviour change mechanism those who govern 'society' might choose at any given time?

What would be a more empathic psychologically informed response to the challenge of intractable poverty? What can the teachings and learnings of our discipline offer as a way forward to address the challenging psychological sequelae of relative poverty and to play a part in abolishing absolute poverty?

There seems to be few high-quality studies that provide strong evidence of the success of community- or population-level interventions to alleviate the impacts of poverty and inequality on mental health, though individual parenting support seems to enjoy some efficacy (Walhbeck et al., 2017). There is evidence that initiatives such as Housing First can improve well-being (Chambers et al., 2018) because it positions the provision of safe and secure homes as the keystone of sustainably tackling complex needs. In Liverpool, with funding from the Health Foundation and National Institute of Health Research, a consortium of practitioners, commissioners and academics are currently examining the impact on well-being of 'Citizen's Advice on Prescription' with added social well-being provision for those who feel they would benefit from it after their financial issues have been addressed. What is clear from the available evidence is that non-health interventions like debt advice, parenting and employment support all play a critical role in mitigating the effects of not having enough to get by. Hence, the call for a Mental Health/ Wellbeing in All Policies approach to address the intractable impacts of poverty on mental health. Knifton and Inglis (2020) advocate for poverty-informed psychiatry practice amid a re-instatement of social psychiatry. The same call can be advanced for psychology.

With poverty, one of the most pressing problems facing our unequal world, to usefully involve our discipline in the practices of poverty alleviation, we must hone our models and practices to make them fit for the challenges of the real world. The effective and convincing evaluation of complex, real-world interventions, not lab based controlled experiments, must become a key focus of psychology teaching and learning if our discipline is to have relevance and influence in this area where a proliferation of unfavourable and uncontrollable conditions dominate to systematically destroy individuals, families and communities.

Currently, our tools are typically too blunt and too naïve even to accurately measure impact in resource-depleted circumstances never mind to uncover the mechanisms that underpin poverty's

perpetuation. Co-production in research and in tool development is becoming more common-place across disciplines with many funders insisting on meaningful patient or public involvement across the process. As psychology makes moves further out of the lab, one of our first steps needs to be effective and sustainable involvement of people with 'lived experience'. Of course, this means building trusting relationships within diverse research teams and the payment of appropriate rates to those who do not usually earn from research. Even better would be the creation of posts, within psychology departments or from within grant income, of lived experience researchers who should, when needed, be trained in research methods.

The turbulence of proper co-produced research seems inevitable, but the gains in understanding both what are the critical questions and the lived responses to constrained or precarious circumstances are invaluable to the delivery of meaningful social science (Worsley et al., 2022). The psychology of poverty needs to start here. Then, working with our lived experience researchers, we need to identify better the precious ore from within any poverty alleviation intervention. This is social science's alchemy where psychology's training in, and methods for identifying and understanding mechanisms of change should be advantageous. We need to use our skills to mine the mechanistic nuggets within complex interventions while confidently chipping away any baser materials as we plan and cost our research. This will allow the increasingly slim resources of research funding to spread further to address more efficiently the pressing challenges of poverty.

## ADVERSE CHILDHOOD EXPERIENCES

For this readership, there is no need to rehearse the devastating consequences to life trajectories, health, well-being and prospects of childhood adversities. Neither is there need to remind the readership of just how prevalent these adversities are. While some ACEs seem more severe than others, in challenging life circumstances, adversities tend to cluster and proliferate meaning that acrimonious divorce is too often accompanied by household violence, substance abuse and depression, for example. Researchers, therefore, tend to focus on an ACEs score, a count of the number of childhood adversity categories reported to have been experienced. It is this score that predicts health and well-being as well as later adversity in life where the count of ACEs from 0 to 4 or more map onto a saddening variety of negative outcomes, increasing the odds of experiencing them in a steeply rising, hopelessly predictable way. This is illustrated in the UK context by the research of Bellis and team (e.g Bellis et al., 2013). The neurobiology of ACEs's impact has been clarified in a range of studies showing brain structural and functional changes, biochemical and hormonal dysregulation and a propensity to chronic inflammation in response to the enduring stress catalysed by these experiences. In relation to mental health, the ACEs count predicts both common and serious mental distress (Bellis et al., 2013; Read & Bentall, 2012). The impact of ACEs is real, predictable but, most importantly, preventable.

In Wales, there has been a sustained policy-level focus on ACEs and their reduction led by Public Health Wales, beginning with a skilful animation tracking the life course into manhood of a boy whose ACEs and their impacts unfold in a typical way. However, the positive ending tells of how his own help-seeking is working to prevent the transfer of these ACEs to his own children (Public Health Wales and Blackburn with Darwen, 2017). While the full impact of this animation is still to be felt, an early evaluation of it points to long-term utility (Ford et al., 2021). Other moves in Wales are focussed on working practices with studies examining the introduction of trauma-informed working into health visiting, policing and elsewhere (Hardcastle et al., 2021; Hardcastle & Bellis, 2021). In Ireland, we have seen a move to routine enquiry about ACEs within domestic violence services (Morton et al., 2022). This rollout of routine enquiry and trauma-informed practice seems to be entirely sensible approaches that sit within a public health response alongside Mental Health in all Policies and poverty-informed calls to action.

Psychology's response to prevention has been sluggish by comparison and situated within services that only some of us can reach or derive benefit from. Undoubtedly, early intervention services within clinical psychology are a positive move. But, are the profession's attempts to intervene early already too

late, too rigidified and too predicated on what is affordable in the short term? Are our methods wrongly situated within struggling mental health services, too focussed on helping the individual strive amidst societal dysfunction where non-health issues form the core of matters related to enhanced distress? What can psychology do to prevent ACEs and their consequences over and above working to change cognition, emotions and behaviour while suffering within the maelstrom of ACEs' fall out?

One suggestion would be to devote research effort and practice to understand better how the inter-generational pattern of ACEs transmission works and how, through evidence-informed practice, it can be most effectively halted. Should not we use our skills to understand how and why some people suffer more in response to adversity than others and why some families seem to be inter-generational conduits of distress so that we can understand the strengths and vulnerabilities that make ACEs play out more across some families than others? This focus on mechanisms and vulnerabilities would play to psychology's strengths, adding meaningfully to the public health-led programmes already in action and working alongside parenting support initiatives that show promise in the context of family poverty. We could ask how the concept of post-traumatic growth can be brought into play to change bad outcomes into better ones. Can families grow from trauma to become 'antifragile' (Taleb, 2012)? What can we learn from the stories of those who have struggled through and within a proliferation of ACEs, functioning as an army of walking wounded? If we were to get this legion together, what would be their ideas?

## STIGMATISED PLACES

Urban adversities are progressively outstripping urban advantages as we progress into increasingly digitalised systems which seem mindless of individual, community place and space. The relationship between living in disadvantaged urban places and poor health, mental health and well-being, dubbed the urban penalty or urbanicity effect, has been recorded since the 1930s (e.g. Wirth, 1938) and continues to be a robust finding to this day, albeit with some important geographical variations from which we might learn (Krabbenden et al., 2020). There has been a concerted cross-disciplinary effort devoted to understanding why urban places are toxic for us, some of which Krabbenden et al. (2020) usefully summarise. From neuroscience to evolutionary science, genetics, epidemiology, sociology, geography, psychology and psychiatry, we can read of the effects that our urbanised lives are having on us and there are many ideas as to why urbanity is, on balance, disadvantageous for us. Although there are potential advantages to urban living, perhaps these should be thought of as 'urbane' advantages since the enhanced access to cultural attractions, higher education establishments and healthcare offered by cities are available only to the 'urbane'.

For me, two findings seem particularly important in the urbanicity literature. The first, from epidemiology, is the fact that risks of mental distress in adulthood are correlated with time spent in urban areas during childhood (Pedersen & Mortensen, 2001; Xu et al., 2022) strongly suggesting that prolonged childhood living in disadvantaged inner city ought itself to be considered an ACE. The second, from psychology, touches the very basis of our discipline by showing that it is our perceptions of the world, rather than anything we might term 'objective reality', that is critical. Shown by Evans (2003); Ellaway et al. (2009) and by some of my team's work (e.g. Corcoran, Mansfield, et al., 2017, 2018; Corcoran, Richardson, et al., 2018), our perceptions of place quality are critical drivers of place-related distress. We may live happily in places that, according to official statistics such as the Indices of Multiple Deprivation, are considered deprived providing we see them positively. If sensory cues that alert us to deprivation or impoverishment are not there or if our place feels like home and is non-threatening to us, then what do official statistics matter? This puts the good stewardship or governance of places at the very heart of the matter. Psychology has the research methods to influence better place governance by unpacking perceptions of place. Indeed, with a little innovation, methods such as eye tracking can be used outside, in the real world to identify where our attention resources are drawn and under what circumstances.

Turning to childhood exposure, it seems that a social threat response may be a key mechanism linking childhood urban exposure and adult mental distress in the form of depression, anxiety and psychosis.



This is likely because social stressors and threats proliferate in the higher density and restricted personal space of the inner city. These include the higher prevalence of ACEs and of poverty in urban environments (Frissen et al., 2015) but may also relate to increased incidence of bullying and victimisation in cities, potentially associated with ethnicity and sexual orientation amongst other intersectional factors. But what of stigma and its association with living in poor areas where the reputation and stereotype of your neighbourhood can cause it to be stigmatised and, by association, you yourself to endure stigma? I have written before of the paradoxical pride and shame found amongst the narrative of a friend, colleague and sufferer of mental distress as she spoke about her urban neighbourhood (Corcoran & Mansfield, 2018). It seems that being attached to a disadvantaged and stigmatised place can be a confusing, dissonant experience. The downward spiral from place stigma to self-stigma is predictable and can explain some of the resentment expressed by residents living under the banner of top-down neighbourhood regeneration. What more telling signal is there of a stigmatised place than a large, officious overhead sign announcing that this is a neighbourhood undergoing regeneration?

So, what can applied psychology do above and beyond the documentation of the urbanicity effect to combat the deleterious impacts of inner city living on mental health? Psychology could claim to be making significant in-roads into the urban mental health challenge via at least three converging routes. First, by understanding and representing the experiences of disadvantaged urban children, beginning by listening to and recording the stories of urban young people so that their preferences can be built into child-friendly urban environments. Second, working alongside health and well-being impact assessment processes and using realist evaluation (Pawson & Tilley, 1997) or natural experimentation (Leatherdale, 2019; Petticrew et al., 2005) as appropriate to capture changes to mental health and well-being that are a consequence of changes made to places. Third, by using our methodological versatility to sensitively evaluate the difference that the democratisation of local decision-making and power in community and neighbourhood makes to well-being.

During recent years, while working with the What Works Centre for Wellbeing, I was struck by the importance of what was essentially a null finding of our systematic review on place infrastructure's impact on individual and community well-being. As we synthesised the material, we found no evidence whatsoever of positive well-being impacts derived from top-down regeneration where meaningful involvement of the resident community was missing from the processes (Bagnall et al., 2018). This seemed to us to signal that it is perhaps not so much what is done to 'improve' places and their prospects but rather what is important is how the process of change is conducted. Meaningful involvement, with appropriate levels of support, vested responsibility and authority, is amongst the key ingredients that makes a difference to individual and community well-being in the context of changes to places (Pennington et al., 2018). The reviews we conducted included studies of adult samples, but it is my experience that the representation of children's needs in top-down urban regeneration processes is woefully lacking. Regeneration reports incline towards the standpoint of the working age population because these are the folk who service local economies. They tend therefore to leave the needs of the 'economically inactive' unaddressed. While working parents might want to see, and recognise the value of, good quality play provision for their children, they are so seldom able to be at home with their children to enjoy playgrounds together, that this vital infrastructure tends to be overlooked in favour of highways, business and retail. The needs of adolescents are also, for the most part, unheard and this omission is happening in the context of increasing evidence of and policy concern about escalating adolescent mental distress. In rural communities this can be different. In this setting one of the chief sustainability concerns is the need to retain young people so they can, when their time comes, play their part by servicing tomorrow's local economy. This concern can make the needs of young people more visible within rural regeneration plans.

The involvement of residents in place-making has a fairly long history with meaningful involvement and empowerment defined by the work of Sherry Arnstein (Arnstein, 1969) and vociferously called for by activist Jane Jacobs when her New York neighbourhood was decimated by top-down regenerators and highway officials (Jacobs, 1961). Perhaps what is less well known is that the actual involvement in place-making has sustainable psychological well-being benefits with it focus on optimistic futures, the gaining of mastery and the establishment of place-based communities of practice and interest that reflect

a shared 'commons' (Corcoran, Marshall, & Walsh, 2017). This is the spread of power and authority vested in the shared interest of neighbourhood. However, its a source of well-being that is fragile until mature. It is vulnerable to disruption and setbacks from the threat of not being heard, acknowledged, listened to at different points within the place-change process. It is also a source of well-being that, while having potential to spread to wider community, is initially confined to those fully involved who are likely to be those already empowered. It is only through the implementation of ideas and designs emanating from convincing, representative community voices that any benefits will spread to the wider community, including those who initially may have felt excluded. This is a long process with many a slip between cup and lip.

## PSYCHOLOGY'S VOICE IN 'LEVELLING UP'

The concerns and issues expressed above are entirely consistent with one already existing specialism within our discipline – community psychology. In contrast to traditional psychological approaches where the dominant model is individualistic within a positivist scientific frame, community psychology is founded on different principles of ecological validity, recognition of diversity, co-production with communities, aiming to empower the formerly unheard. As much social activism as psychology, this specialism sees community as the appropriate unit of study and relational systems as its main focus of concern (Garcia-Ramirez et al., 2014; Orford, 1992). It works to spread applied, inclusive action aimed at helping communities beyond a traditional therapy setting. Most importantly, with its focus on collaboration and empowerment, community psychology would seem to have the knowledge, practice and activist base to make a real difference to stigmatised places and to take on social injustices (Cornish et al., 2018). This is the type of psychological practice that might question the validity of labelling a long-term unemployed person as 'depressed', offering instead the possibility that they are simply resigned to adversity, a suggestion that has its roots back in the 1930s (Lazarsfeld, 1932). This is the kind of practice that understands the value of adapting to environments that you feel you cannot change, no matter how seemingly toxic they are. Community psychology also has the power to pull the community of psychologists together within a shared mission of social and political change because it engages with concepts such as power, threat and meaning in much the same ways as Johnstone and Boyle's (2018) non-diagnostic conceptual; system does. Because many of us live with just these challenges today, it is good to see the words of the chair of the Community Psychology section, Dr. Michael Richards on the BPS website:

Since 2010, the Section has become a well-established part of the British Psychological Society, driven by activists, academics, clinicians, students, and psychologists who have an interest in communities and promoting the voices of the most excluded individuals and groups. Both mainstream and critical community psychologists have come together to promote values of social justice, empowerment, accompaniment, equality, and diversity over the years, working in the hope that psychology can become an all-encompassing psychology of inclusion, participation, and solidarity for all, within and outside of psychology, in the UK and across the world.

(<https://www.bps.org.uk/member-networks/community-psychology-section>)

It is critical that our discipline has a strong voice amid the politics of levelling up. Indeed, the emphasis on improving well-being within the objectives of levelling up demands the need for our involvement. Irrespective of what happens to the future of this policy area and of how we feel about its authors or its foundational intentions, the need to address disadvantage, exclusion and the trauma associated with them in sensitive and sustainable ways will not go away. Nor can the world achieve levelling up without the hard work and dedication of professions who have the capacity to see clearly the damage inequity does across the globe.

As we think about and plan our future research and practices, let us consider carefully what is the most meaningful unit of analysis for our work. Are not we a community of psychologists after all?

## AUTHOR CONTRIBUTIONS

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## CONFLICT OF INTEREST

All authors declare no conflict of interest.

## DATA AVAILABILITY STATEMENT

None.

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