

MRC/CSO Social and Public Health Sciences Unit Consultation Response

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| **Title of consultation** |
| Mental health and wellbeing plan |
| **Name of the consulting body** |
| Department of Health and Social Care |
| **Link to consultation** |
| [https://www.gov.uk/government/consultations/mental-health-and-wellbeing-plan-discussion-](https://www.gov.uk/government/consultations/mental-health-and-wellbeing-plan-discussion-paper-and-call-for-evidence) [paper-and-call-for-evidence](https://www.gov.uk/government/consultations/mental-health-and-wellbeing-plan-discussion-paper-and-call-for-evidence) |
| **Our consultation response** |
| **Key points**   * The economic determinants of mental health (such as income and employment) are crucially important for the promotion of positive wellbeing and prevention of mental ill- health * Our research suggests that experiencing job loss, poverty, or economic insecurity is particularly detrimental for mental health * The redistribution of income via tax and social security systems is also a powerful determinant of health, protecting people from the most negative consequences of unemployment, inability to work, and poverty * Reforms to the social security system have reduced its ability to mitigate the negative effects of poverty * Social security policies which reduce conditionality and protect people from poverty and insecure work have significant potential to improve population wellbeing and reduce inequalities in mental health outcomes   **Response Chapter 2, Q1**  **What is the most important thing we need to address in order to reduce the numbers of people who experience mental ill-health?**  For those in work, how much money they earn is a strong predictor of their likelihood of experiencing poor mental health, as is the nature and quality of their employment. For those out of work or in precarious employment, social security policies are also important. Research conducted by the MRC/CSO Social and Public Health Sciences Unit (SPHSU) suggests that policies focusing on these economic determinants of mental health will be helpful in preventing the onset of mental ill-health and promoting positive wellbeing, reducing inequalities in mental health at a population level. Economic and structural factors are increasingly recognised to be  among the most important determinants of health. As such, policy action to address these is |

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| required at a structural level. Evidence on income and poverty  The SPHSU recently led a systematic review which found that income changes have impacts on both mental health and wellbeing measures, and that moving across the poverty line seems to have a much larger effect on mental health than other types of income changes (Thomson et al., 2022). We replicated these findings in two studies using UK data, demonstrating that those who moved into poverty had rates of common mental health problems (such as anxiety and depression) from 2% to 5% higher than those who did not, even after accounting for pre-existing differences between the groups (Kromydas et al., 2021; Thomson et al., 2020). Income changes that are delivered through policy interventions may be particularly impactful for mental health, compared with income received from a one-off or random event such as a lottery win where mental health effects appear to be smaller (Thomson et al., 2022).  Some studies have found that increases in the UK minimum wage led to improved mental and self-reported health (Reeves et al., 2017; Lenhart 2017). Our research has also shown that population mental health is sensitive to income changes driven by wider economic changes such as recessions, with austerity policies in particular potentially contributing to widening of mental health inequalities in the UK (Katikireddi et al., 2012; Thomson et al., 2018).  Evidence on employment  In addition to the importance of income, our research strongly suggests that being in paid employment is crucial for mental health of working age people.  In further analysis using UK data, we found that job loss led to a 16% increase in rates of common mental health problems (Kromydas et al., 2021), larger than the effect of poverty and in keeping with established literature on unemployment and mental health (Paul et al., 2009; Modini et al., 2016). However, the presence of work alone is insufficient to guarantee mental health benefits, as the negative health effects of poor quality or insecure work may be similar to the effects of unemployment (Kim et al., 2015).  Another recent systematic review led by the SPHSU has shown that this is particularly true where someone experiences precarious employment lasting at least twelve months: such individuals have around a 40% increased risk of poor mental health (Pulford et al., 2022). Precarious employment has become increasingly common in the UK in recent years, with low and volatile weekly pay, job insecurity, zero hours contracts, and the use of gig economy platforms remaining high among low paid employees (Cominetti and Slaughter 2022). Perceived economic insecurity, particularly in relation to job loss, also increases the chance of experiencing mental health problems even where the fears are not necessarily realised (Kopasker et al., 2018).  Finally, our work has also shown that those who develop poor mental health are at increased risk of subsequent poor work-related outcomes such as reduced hours or unemployment (Campbell et al., 2022), potentially creating a feedback loop of negative consequences for mental health and wellbeing. Growing disparities in life expectancy and increases in ‘deaths of despair’ are also  attributed by some to the decreasing availability of ‘good’ work due to wider socio-economic processes, including deindustrialisation (Schering and King 2022, King et al., 2022; McCartney et al., 2019). |

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| Evidence on social security policies  Social protection which reliably provides sufficient income to maintain a reasonable standard of living has been shown to protect health at a population level. A systematic review found that precarious workers in countries with generous social protection did not suffer worse health than people in stable employment, while those in countries with less generous social protection (including the UK) had worse health than their stably employed counterparts (Kim et al., 2012). Higher spending on unemployment benefits is associated with lower mental health problems for unemployed men in Europe (Niedzwiedz et al., 2016), while higher social expenditure is associated with lower health inequalities (Álvarez-Gálvez and M. Jaime-Castillo, 2018). In the USA, more generous unemployment benefits completely offset the negative impact of unemployment on self-rated health (Cylus et al., 2015), and there is evidence of long-term returns on investment in safety net spending for children (Hoynes et al., 2018).  Reforms to UK social security aimed at simplifying the system and increasing work incentives have improved the financial circumstances of some people who are in low-paid work but left many groups worse off (Brewer et al., 2019). However, a raft of other reforms has reduced the real value of benefits and can leave claimants with no income for substantial periods of time.  In 2014, standard rates of social security benefits in the UK were among the lowest high-income countries, providing less than 40% of EU median incomes in 2014 and falling well below what is considered the minimum income required to sustain oneself (Council of Europe 2014). However, the value has continued to fall due to the benefits freeze, and for many entitlements are reduced further by reforms such as the Spare Room Tax and the benefits cap. Universal Credit is not paid for 5 weeks after claiming, leaving claimants dependent on repayable advances. Many people have Universal Credit advances, Tax Credit overpayments, and rent or utility arrears deducted from their benefits, leaving them far below standard entitlements and often close to destitution for long periods (Lloyds Bank Foundation 2022).  A study by colleagues found that the introduction of Universal Credit in an area led to a 6.57 percentage point increase in psychological distress (Wickham et al., 2020). Another recent study has shown that Universal Credit mitigates the effects of unemployment for couples, but not for lone parents or single adults (Brewer et al., 2022). Further research to understand the impact of benefit sanctions on health has been hampered by researchers’ inability to access data held by the DWP (Butler, 2022).  The ramping up of conditionality backed by financial sanctions in 2012 led to a dramatic increase in the rate and severity of benefit sanctions. Rates are now rising again since the post-pandemic reinstatement of conditionality (Webster 2022). Benefit sanctions can leave people with zero income for between 4 weeks and 6 months. A 2016 qualitative study found that some people who were admitted to hospital following self-harm attributed their severe distress to sudden income and benefit disruptions, including being sanctioned (Barnes et al., 2016). An SPHSU/University of Glasgow review of the international literature on the impact of benefit sanctions found that any employment gains were short-term and did not lead to stable, secure employment. Meanwhile, effects on economic inactivity, mental health, hardship, and child wellbeing were negative (Pattaro et al., 2022). Our analysis of the effect of work requirements for single parents also found negative effects on mental health (Katikireddi et al., 2018), and evidence from our review of cash transfers without such work requirements suggests they may improve mental and physical health across the life course without leading to substantial falls in employment among working age adults (Gibson et al., 2020). |

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| Summary and recommendations  Policies to support mental health should focus on ensuring stable, secure employment is available for those who can work, and providing an adequate safety net for those who lose their jobs or cannot work. In terms of the social security system, the following actions are likely to improve the mental health of people on low incomes.   * Increase the basic rate of social security and ensure it is uprated in line with inflation. * Remove or reduce conditionality for most groups and reduce the value and length of sanctions. * Abolish the 5-week wait for Universal Credit. * Increase the Work Allowance for people with children and reinstate it for single people. * Consider the cumulative impact of specific reforms such as the Spare Room tax, the benefits cap, and the two-child limit. * Reform the system for recovering arrears and overpayments via deductions from benefits. * Improve worker security by implementing the findings of the 2017 Taylor Review, via the delayed Employment Bill. * Reverse severe post-2010 cuts to education spending at all levels (IFS, 2021/22). * Pursue macro-economic policies which support the creation of stable, secure jobs.   In summary, our research strongly suggests that income and poverty impact on wellbeing, that unemployment is especially damaging for mental health, and that social security can mitigate the worst consequences of unemployment and poverty. This implies that policies which affect these economic determinants will have a considerable impact on population mental health and inequalities, and that such policies should play a key role in any effort to improve wellbeing and reduce rates of mental health problems. We have suggested a range of policies and policy- making principles which may be useful, including ensuring availability of income support levels which prevent individuals from falling into poverty, and pursuit of labour market policies which ensure people have access to good quality, secure employment.  Our future planned work in this field will involve the use of simulation modelling to predict the effects of changes to taxation and social security policies on a range of mental and physical health outcomes in the Health Equity and its Economic Determinants (HEED) model, developing analysis plans with policymakers to ensure the policy relevance of the outputs (Katikireddi et al., 2022). We are also working on an evaluation of the mental health effects of Universal Credit (Craig et al., 2022).  References  Álvarez-Gálvez J, Jaime-Castillo AM. The impact of social expenditure on health inequalities in Europe. Social Science & Medicine. 2018 Mar 1;200:9-18.  Ben-Galim D. Deductions: Driver of Poverty. The case for reform of deductions from Universal Credit payments. Lloyds Bank Foundation for England and Wales. 2022.  Bowcott O. Level of UK benefits inadequate, says Council of Europe. The Guardian: Benefits. 2014 29/1. Available at: <https://www.theguardian.com/society/2014/jan/29/uk-benefits-inadequate-council-of-europe>  Brewer M, Joyce R, Waters T, Woods J. Universal Credit and its impact on household incomes: the long and the short of it. Institute for Fiscal Studies. 2019. |

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| **When was the response submitted?** |
| 4th July 2022 |

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| **Who to contact about this response** |
| Dr Rachel Thomson, MRC/CSO Social and Public Health Sciences Unit, University of Glasgow Email: [rachel.thomson@glasgow.ac.uk](mailto:rachel.thomson@glasgow.ac.uk) |