

# **Welfare Conditionality and Mental Health**

## **The relationship between benefit sanctions and antidepressant prescribing in England**

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# Outline

- Background
- Data and Methods
- Results and Discussion

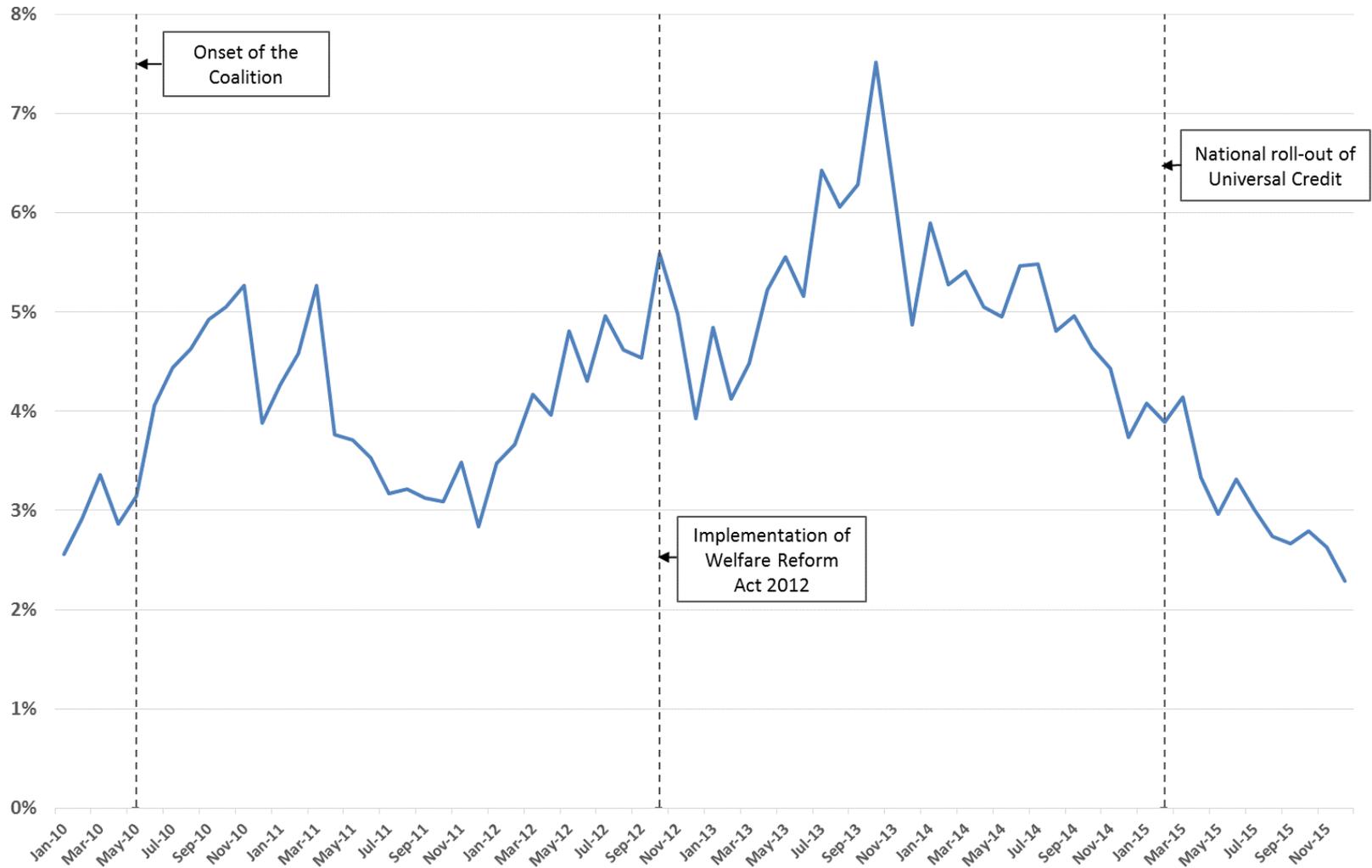
# Conditionality / Activation

- ‘Benefit activation’ (Clasen & Clegg, 2011):
  - work-related behavioural conditions
    - enforced through the threat and imposition of sanctions
  - international shift (Langenbucher, 2015)
- UK and ‘ubiquitous conditionality’ (Dwyer & Wright, 2014):
  - unemployed; single parents; long-term sick and disabled; low-paid employment

# Coalition Government (2010-15)

- High imposition of JSA sanctions:
  - approx. a quarter (24%) of JSA claimants received at least one sanction (NAO, 2016a)
  - ‘great sanctions drive’ (Webster, 2016)
- Increased length of sanctions (DWP, 2013)
  - prior to October 2012: one to 26 weeks
  - Welfare Reform Act 2012: four to 156 weeks

**Figure 1:** monthly rate of JSA sanctions (per cent of JSA claimants), 2010-2015



Source: author's calculations using DWP Stat-Xplore data

# Impacts

- Labour market:
  - short-term ↑ employment re-entry; longer-term ↓ wages, job stability and quality (Arni et al. 2013)
  - disengagement from both labour-market and benefit claiming (NAO, 2016b)
- Non-labour market:
  - financial hardship (Peters & Joyce, 2006)
  - food bank usage (Loopstra et al., 2018)
  - third-party impacts (Watts et al., 2014)

# Mental Health Impacts

- Emerging evidence:
  - anxiety, depression and stress (Stewart & Wright, 2018)
- Mechanisms (Sage, 2017):
  - material: four-week sanction = loss of over £230 (aged 18-24) and over £290 (aged 25+)
  - psychosocial: stress; loss of agency; and loss of social status (e.g. stigma)

# Antidepressant Prescribing

- Antidepressant prescribing  $\neq$  mental health
- Research questions:
  - are benefit sanctions associated with higher rates of antidepressant prescribing?
  - does the relationship strengthen following the Welfare Reform Act 2012?

# Data and Methods

- Longitudinal ecological study:
  - local authority-level: 326 English LA districts
  - quarterly: 18 quarters
    - Q3 2010: availability of antidepressant data
    - Q4 2014: prior to national roll-out of UC
  - $N = 5,832$  local-authority quarters
  - fixed effects regression models

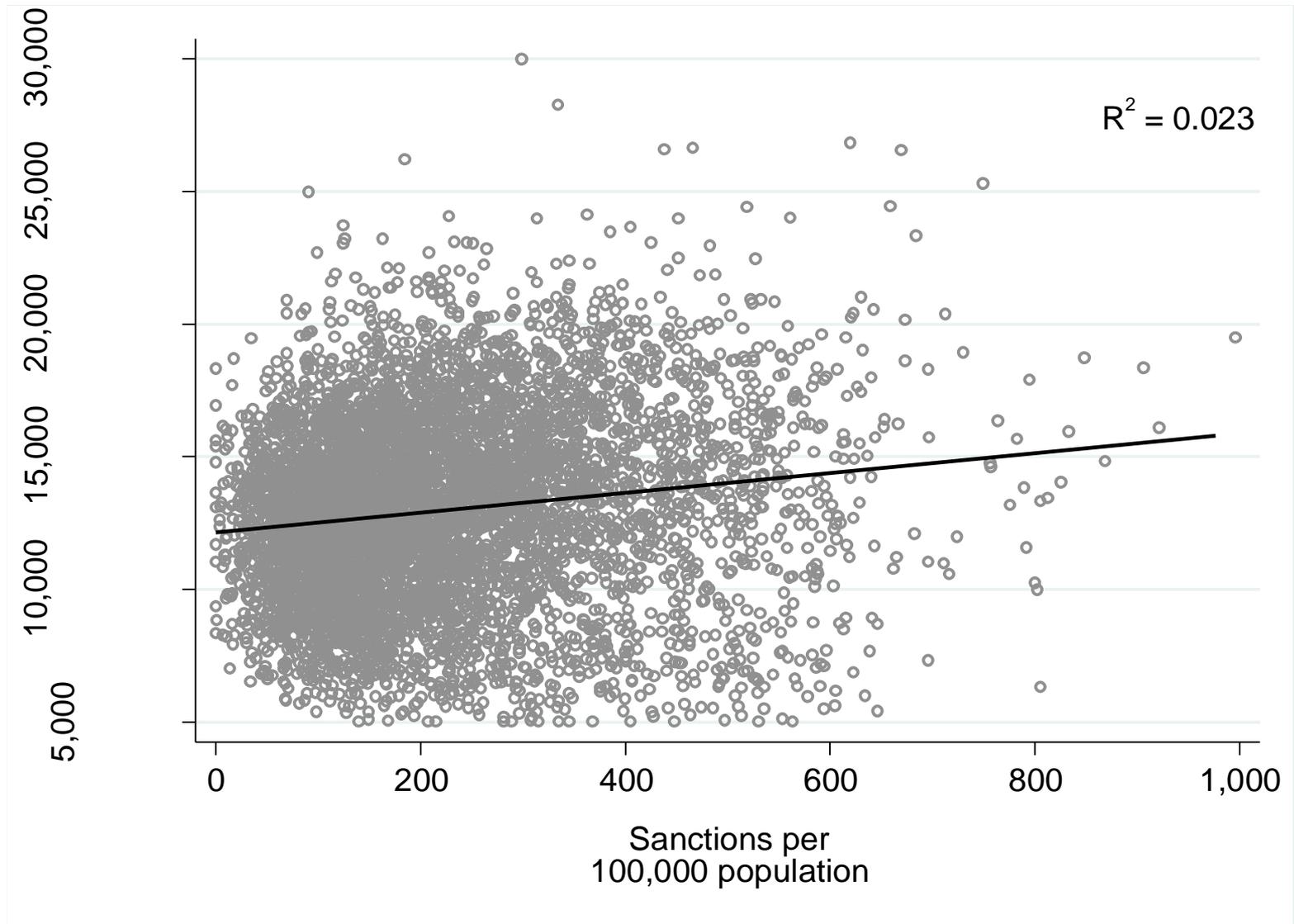
# Data and Methods

- Antidepressant prescribing:
  - Selective Serotonin Re-Uptake Inhibitors (SSRIs): first-line medication for depression and anxiety (NICE, 2015)
  - total antidepressant prescribing: additional items unrelated to depression / anxiety
  - item: single supply of a medicine, generally a month long (HSCIC, 2015)
- Sanctions:
  - original adverse sanctions: underestimate of true figure
  - sanctions  $\neq$  individuals
- Rates per 100,000 population

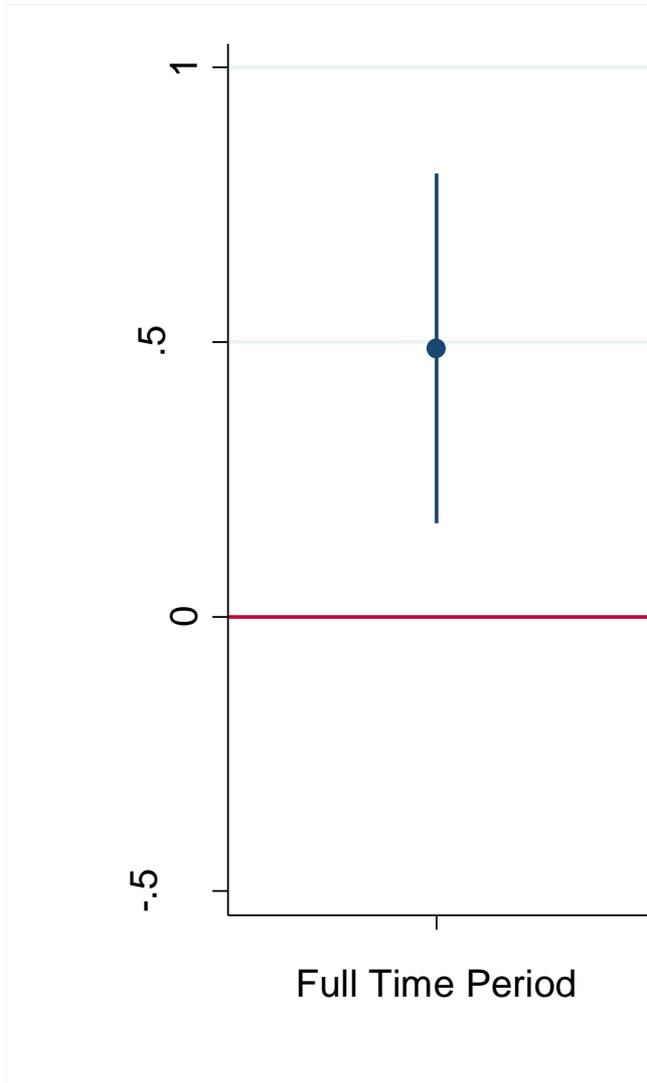
# Data and Methods

Variable	Source
SSRI prescribing	NHS Digital
JSA sanctions	DWP
JSA claimants Unemployment, Economic Inactivity, Employment Age Gender GVA	NOMIS / ONS
Antibiotics prescribing Cardiovascular prescribing	NHS Digital
Deprivation	DCLG
Rurality	Defra

**Figure 2:** relationship between sanctions and SSRI prescribing



**Figure 3:** relationship between sanctions and SSRI prescribing (fixed effects regression estimates)



# Robustness Tests

- Falsification test:
  - test for omitted variables bias
  - cardiovascular drug prescribing (Barr et al., 2015): no statistically significant relationship
- Granger-test for reverse causality:
  - sanctions Granger-cause SSRI prescribing ( $p < 0.002$ )
  - SSRI prescribing does not Granger-cause sanctions ( $p = 0.918$ )

# Summary

- Sanctions associated with increases in SSRI prescribing
  - relationship is stronger following the implementation of the Welfare Reform Act 2012
  - indicative of adverse impacts on mental health
  - limitations to quantitative analysis e.g. ecological fallacy

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