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
    o 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 ≠ 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
    o Q3 2010: availability of antidepressant data
    o 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 ≠ individuals

• Rates per 100,000 population
## Data and Methods

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<thead>
<tr>
<th>Variable</th>
<th>Source</th>
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<td>SSRI prescribing</td>
<td>NHS Digital</td>
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<td>JSA sanctions</td>
<td>DWP</td>
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<td>JSA claimants, Unemployment, Economic Inactivity, Employment, Age, Gender, GVA</td>
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<td>Antibiotics prescribing, Cardiovascular prescribing</td>
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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
Bibliography


NICE. (2015). *First-choice antidepressant use in adults with depression or generalised anxiety disorder.* Available at: [https://www.nice.org.uk/advice/ktt8/chapter/evidence-context](https://www.nice.org.uk/advice/ktt8/chapter/evidence-context)


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