

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

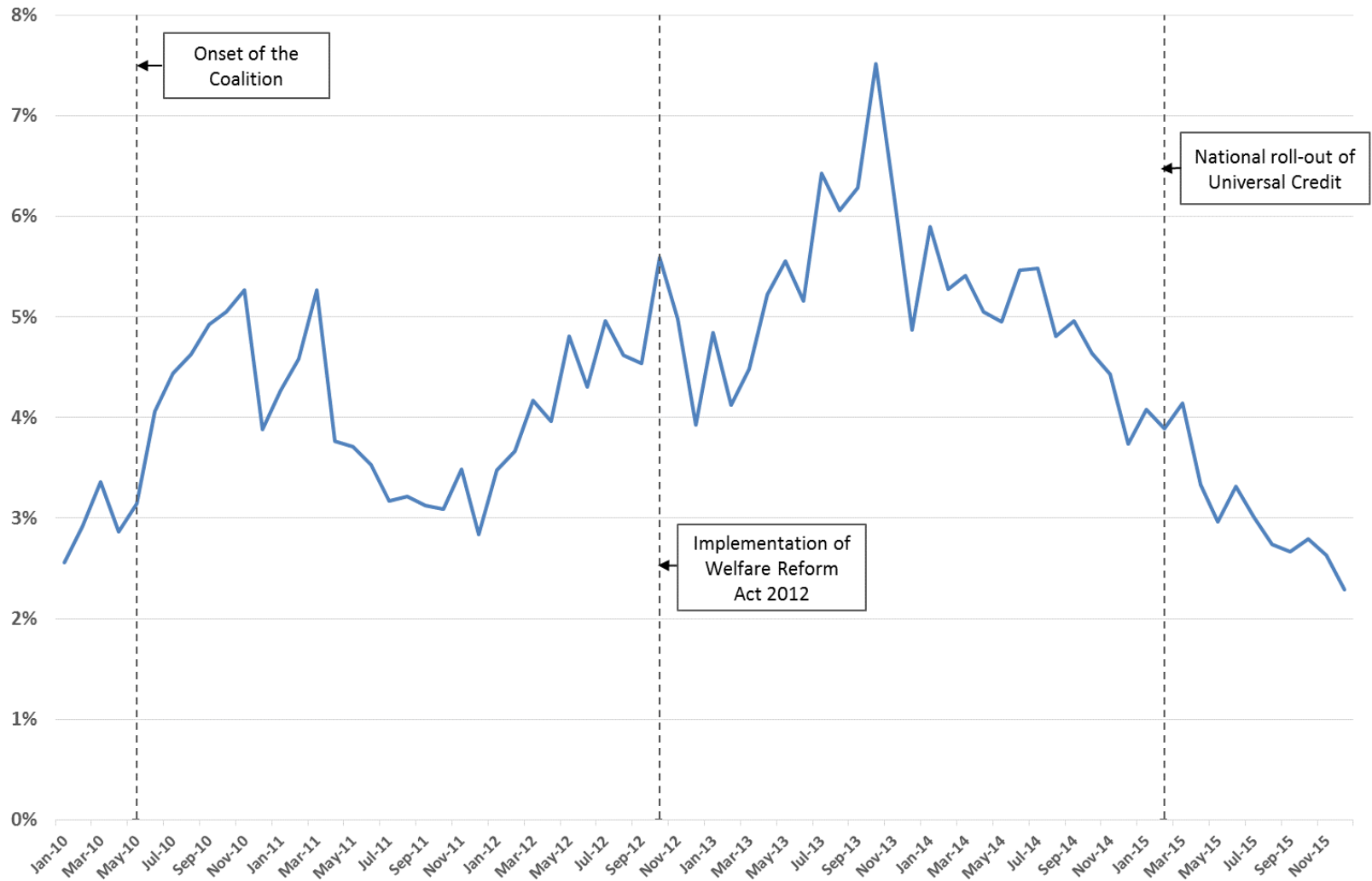
Conditionality / Activation

- ‘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

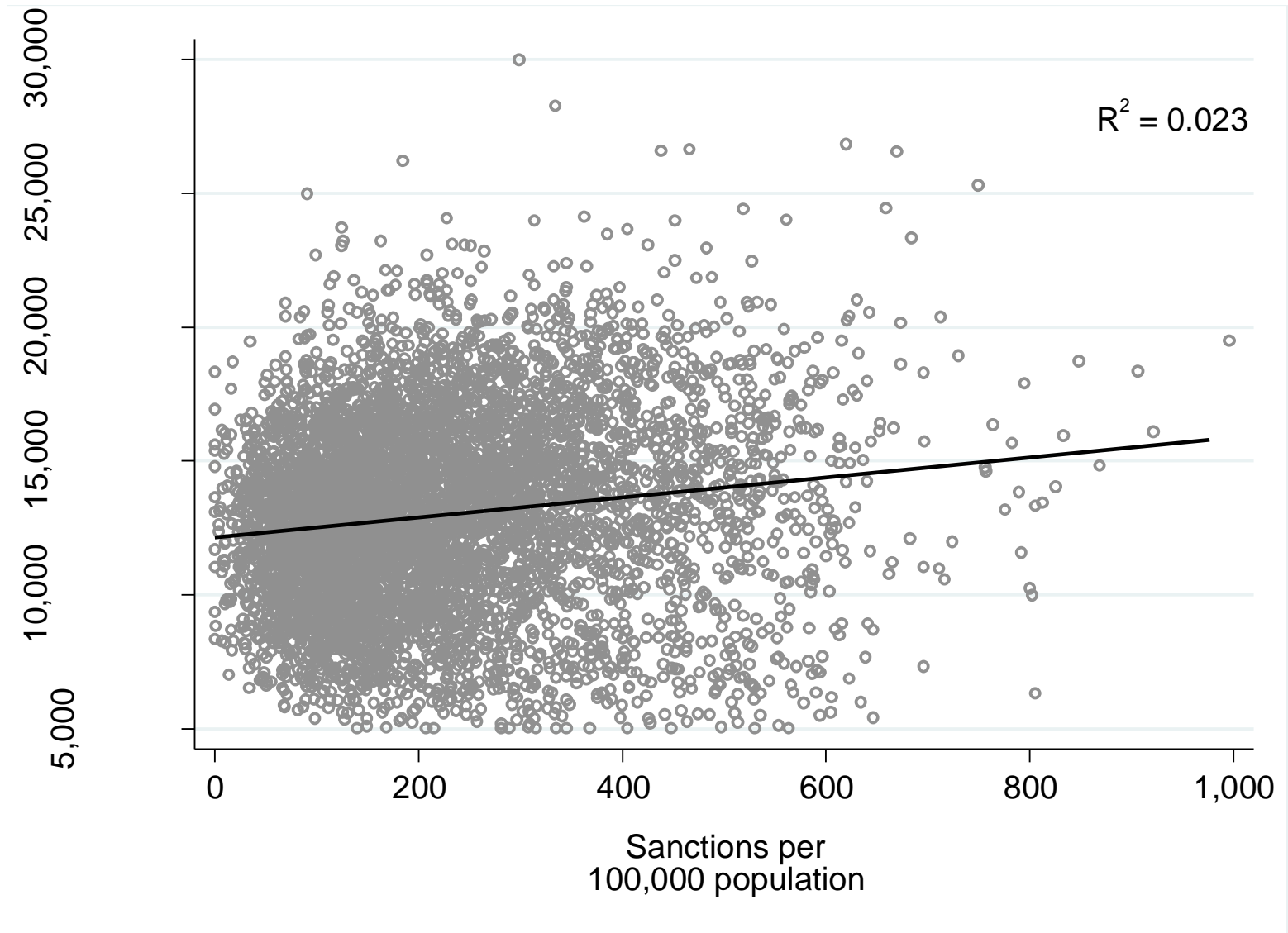
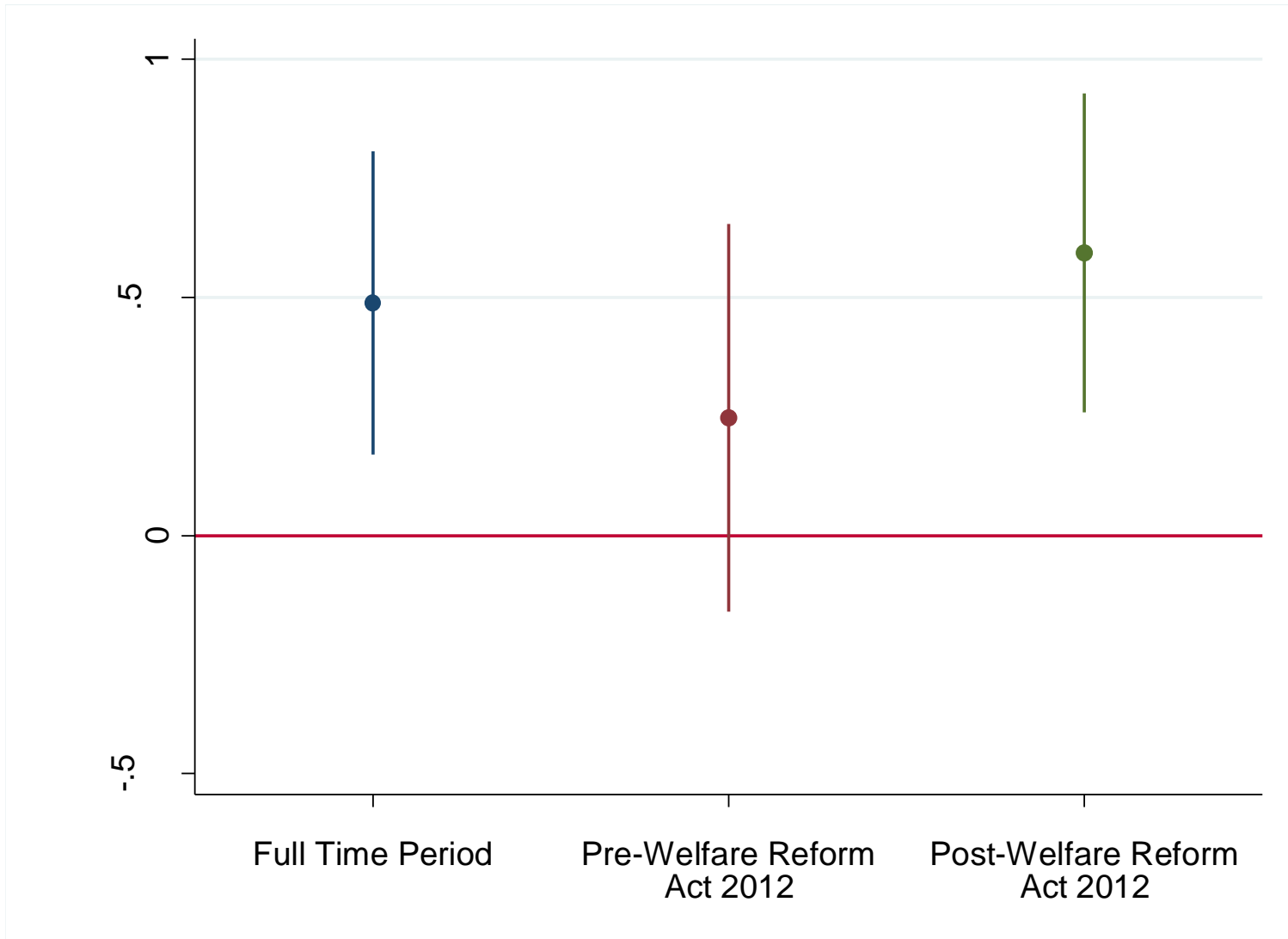


Figure 3: relationship between sanctions and SSRI prescribing (fixed effects regression estimates)



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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