Social Policies and Distributional Outcomes

in a Changing Britain

***Preliminary findings***

# Psychological distress and mental health inequalities in the period since the financial crisis

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# Disclaimer

This is work in progress and findings in this presentation should be treated as provisional.

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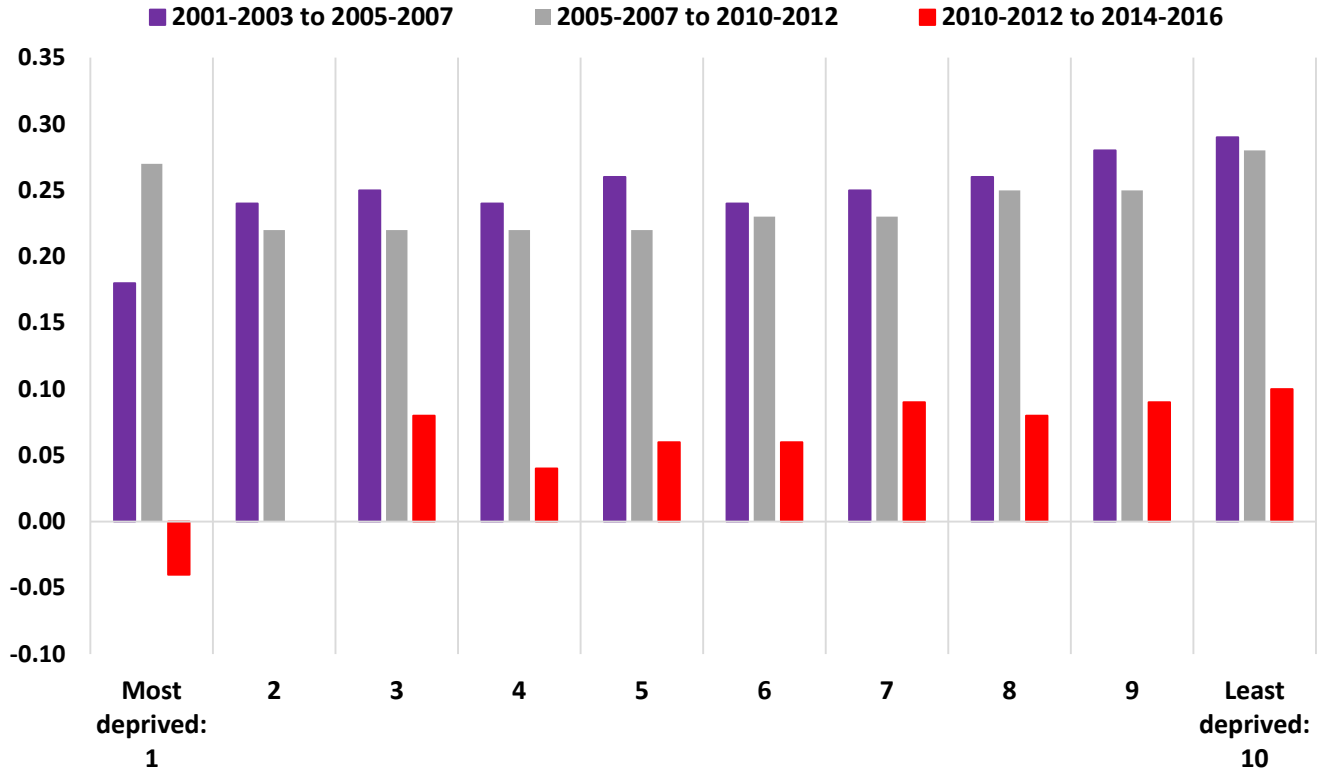
# Background (1): Slowdown in improvements in key health outcomes and possible association with austerity

- Slowdown in improvements in life expectancy and standardised mortality (ONS 2018ab), and no further improvements in IMR in recent period (ONS 2019a)
- Health inequalities have widened in some instances (LE slowdown most pronounced in deprived deciles, negative change for women in most recent period) (PHS 2018abc)

- **Explanations in literature:**
  - Social care cuts and other austerity measures
  - Annual fluctuations and sensitivity to change 14-2015 (spike in winter deaths 2015 (flu virus / pneumonia respiratory diseases - additional winter deaths, similar pattern in comparator countries)
  - Structural change in mortality trends (longer survival with dementia / Alzheimer's & slowdown in CDV gains)
  - Literature: Green, Dorling, Minton, Pickett (2017); Watkins et al (2017); Hiam and Dorling (2018); Marmot (2017); Fordham et al (2017), Steventon (2017); Milne (2017); Raleigh (2018ab 2019), PHE (2018ab), Kings Fund 2018, PHE 2018ab, Steel et al (2019), Murphy (2019), Kings Fund/Health Foundation/LSE (forthcoming)

**Average annual absolute change in life expectancy at birth (years), English deprivation decile - females**




**Source:** CASE chart using Public Health England data. A positive value indicates an improvement in life expectancy within the period. Index of multiple deprivation decide.

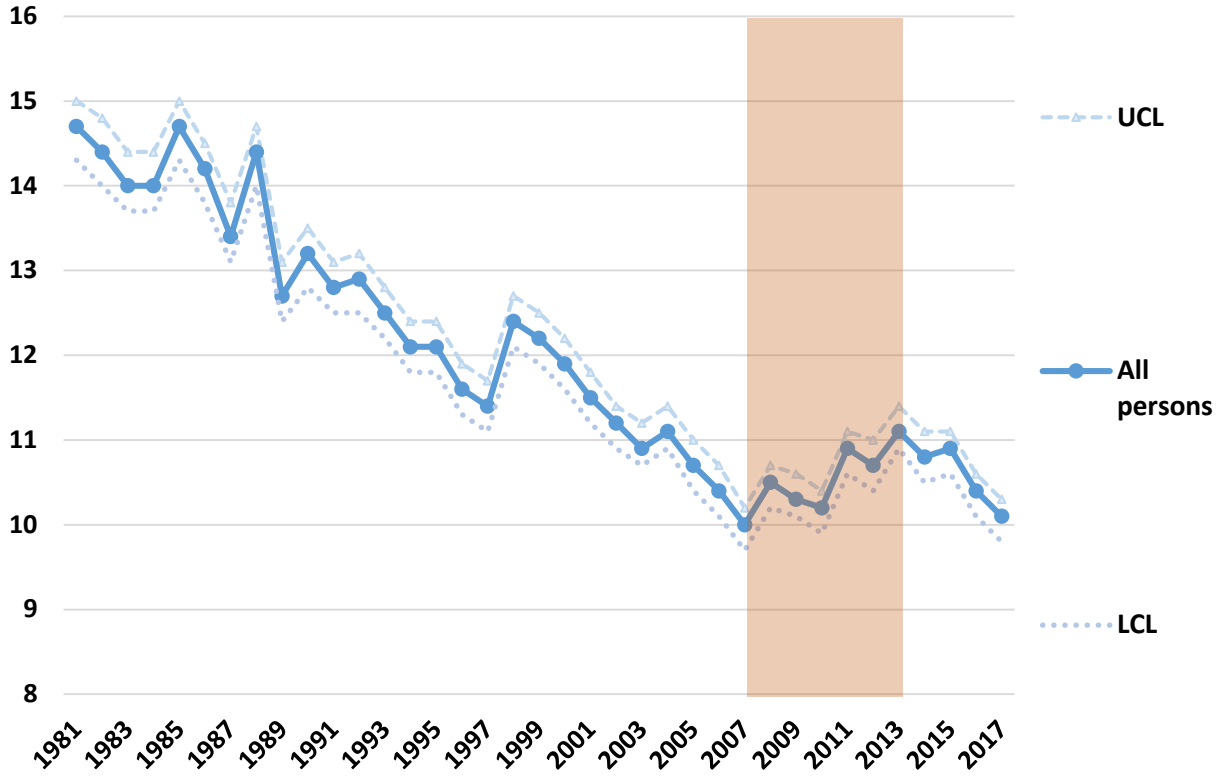
# Background (2): Previous studies examining adverse trends in suicide / mental health in the wake of the 2007 / 8 financial crisis, recession & onset of austerity

- **Substantial body of literature examining an adverse association between the financial crisis and economic downturn that began in Autumn 2007 and suicide rates and mental health outcomes in many different countries of the world**
  - Adverse trends in mental health - Katikireddi et al. (2012), Thompson (2018), Coope et al 2014
  - Suicide and self-harm - Barr et al (2012), Hawton et al. (2016), Corcoran et al. (2015)
  - Includes a specific body of literature on welfare reform and mental health
    - Disability assessments and mental health - Barr et al. (2016); effects of broader changes (Cummins 2018, Cheetham et al 2019, SAMH 2019, Greener et al 2016, Moth et al 2017, Moth et al 2018, Williams forthcoming; navigating UC (Money and Mental Health Policy Institute 2019)

- **International studies examining trends in suicide / mental health in the wake of the financial crisis / Great Recession**
  - Stuckler et al. 2011; Reeves, Mckee, Gunnell et al. 2014; Van Gool and Pearson, 2014; OECD, 2014a 2015; WHO, 2011; Chang et al. 2013 , Kentikelenis *et al.* 2011, Economou et al. 2015; Bernal et al. 2013; Antonakakis and Collins 2015, Branas et al. 2015; Rachiotis et al. 2015; Tapia et al 2017, Toffolutti 2014, Karanikolos et al 2013, Karanikolos et al 2016, Antonakakis et al 2016; Frasquilho et al 2016

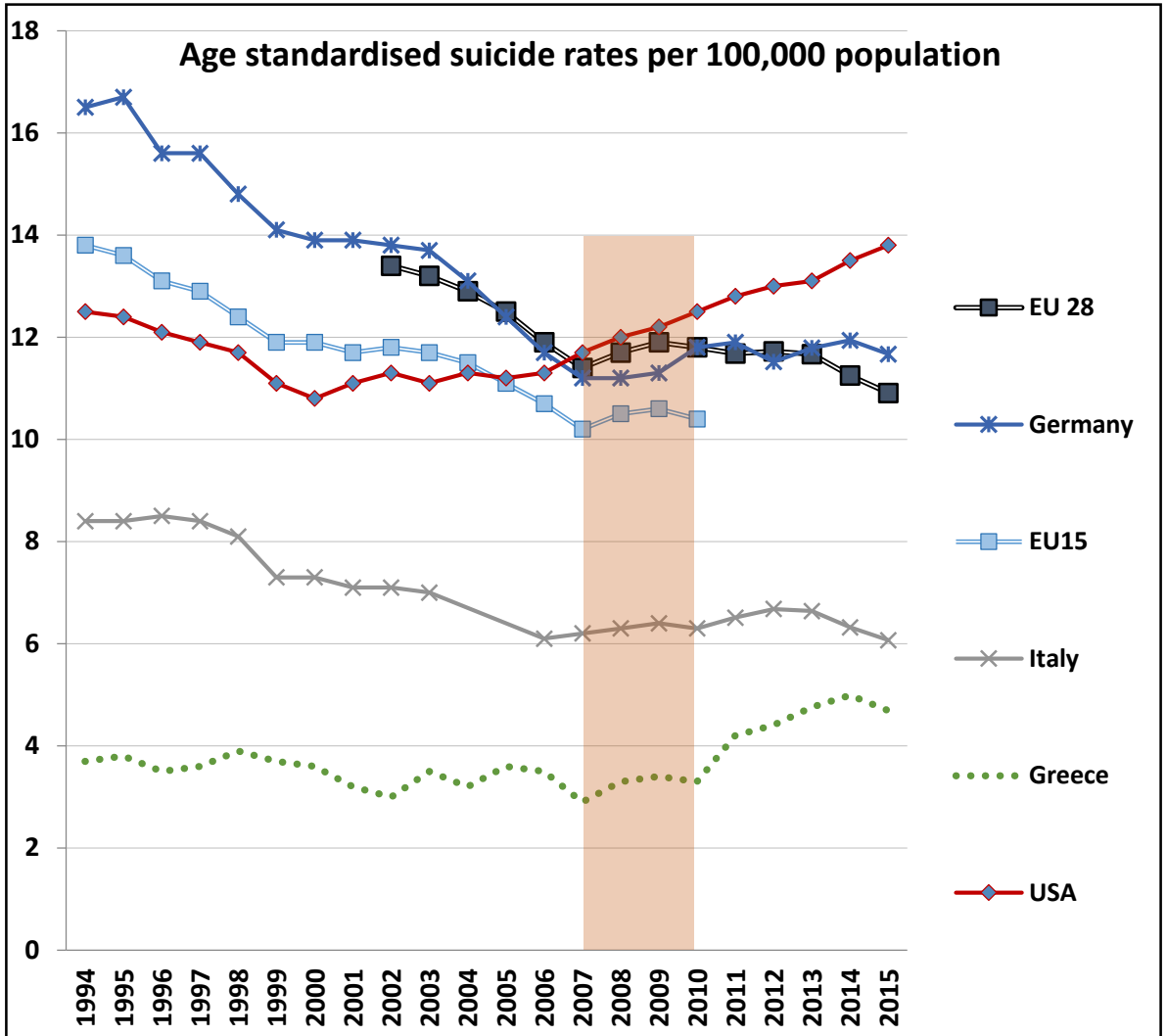
# Suicide rates in the UK increased in the wake of the 2007/8 financial crisis, recession and onset of austerity (2008-2013) but have subsequently fallen back

## Age-standardised suicide rates per 100,000 population (with 95 per cent confidence limits) (UK)




**Source:** CASE chart using ONS data.
Note: Suicide figures are for persons aged 10 years and over.

## Age standardised suicide rates per 100,000 population




**Source:** CASE chart using Eurostat data (1994-2015) and OECD data for the USA (1994-2015).

# Previous CASE research (Suh et al 2013, Vizard and Suh 2015)

- UK one of the EU27 countries most affected by increase in poor mental health risk (6 pp increase 2007-2011)
- Impact of the crisis and downturn on young people in EU countries not limited to income and employment - evidence of broader impact on socio-psychological wellbeing and mental health, with 3 pp increase amongst 18-24 years olds
- Prevalence of poor mental health higher amongst females, lower educational quals, unemployment esp. longterm, poor, arrears, poor quality housing, disabilities, lack of social support + oldest of the old
- Prevalence of poor mental health higher in health systems with high ppn of out of pocket medicine and lower in countries with social democratic welfare regime
- Multivariate analysis – mental health has an independent association with welfare regime but not with country level income inequality (gini)
- Overall increase over the period 2007-2011 in EU countries was statistically significant AND more accentuated than the change in life satisfaction 2007-2011

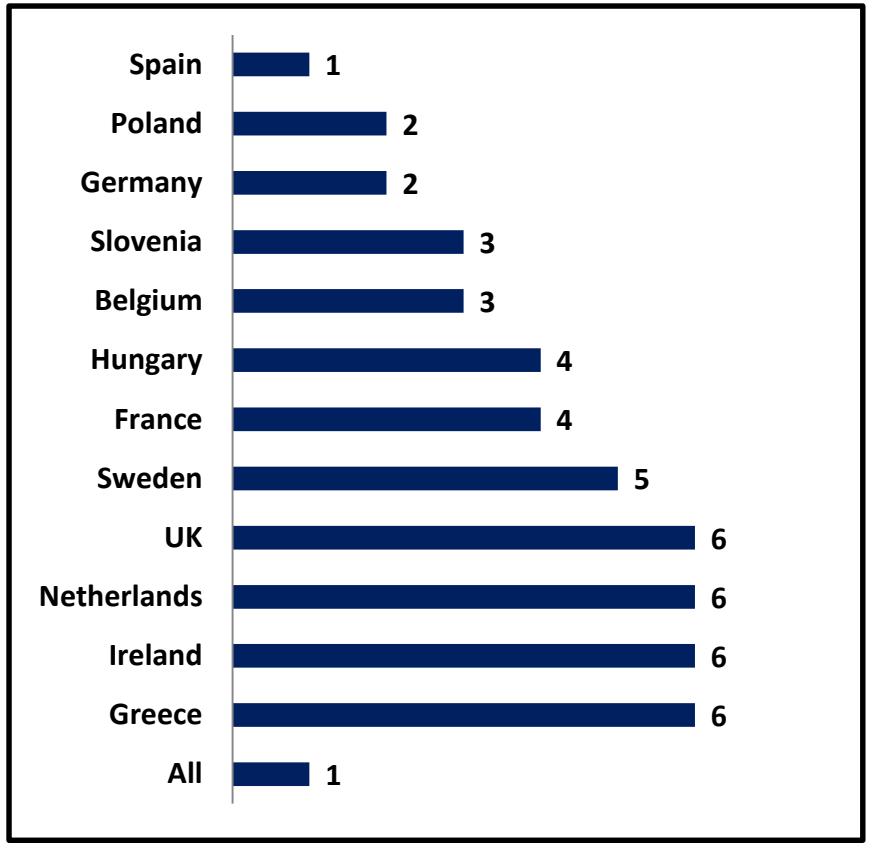



Chart percentage point change in adults with WHO-5 score< 13 2007-2011. WHO-5<13 indicates mental health risk / indicator of depression).
Authors calculations using European Quality of Life Survey in Eurofound (2012).

# Background (3): National wellbeing indicator set

**2012-2018 (APS)**

- ONS national wellbeing indicators suggest *improvements* in life satisfaction, happiness and anxiety

**Longerterm trends (APS/Eurobarometer)**

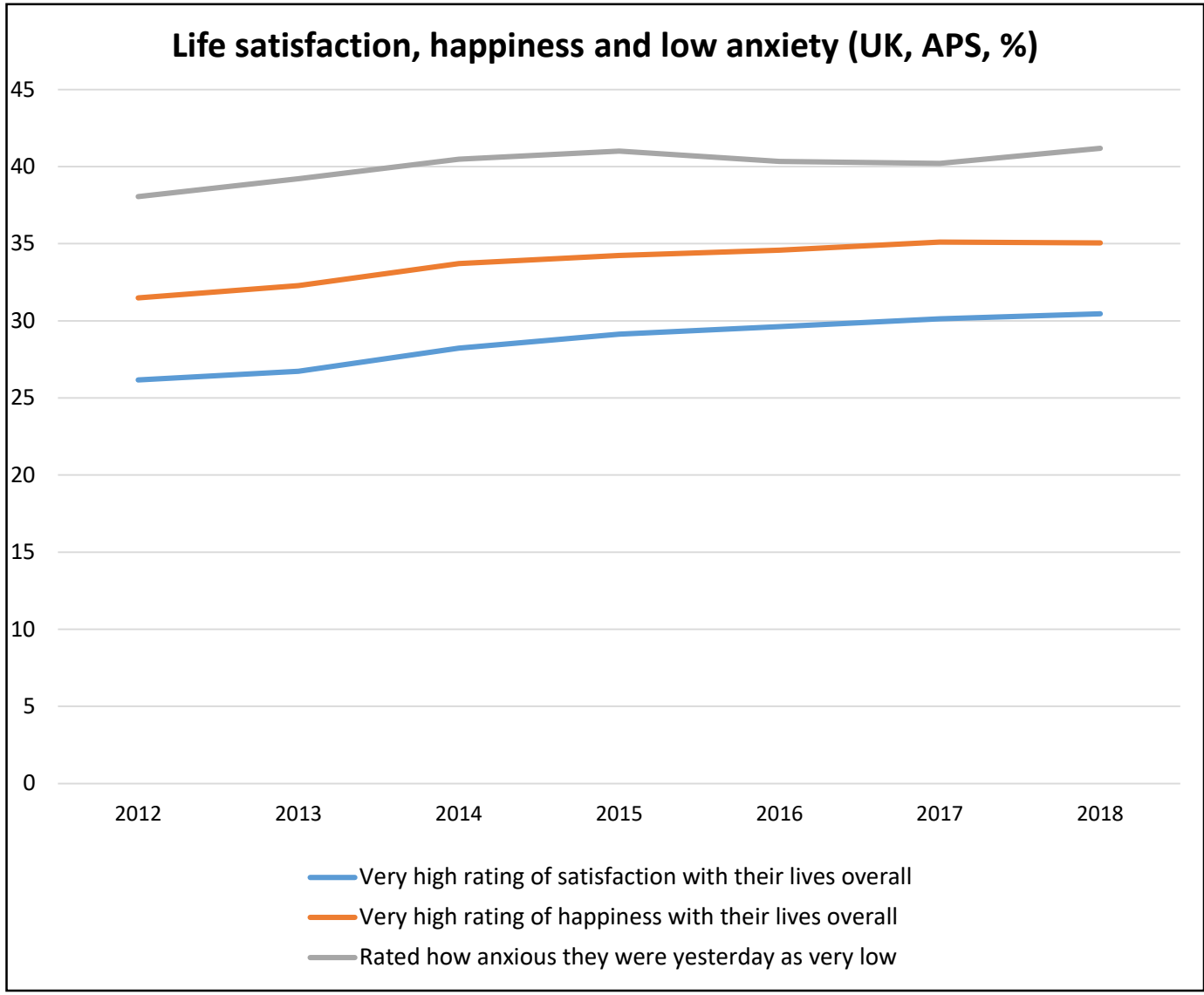
- RF (Bangham 2019) finds structural break with improvement for all population groups since early 1990s

**Analysis of Great Recession & SWB (BHPS/US)**

- Boyce et al (2018) find only limited (adverse) change in overall life satisfaction 2006/7-2009/10, but deterioration for individuals experiencing unemployment, income losses / sick / disabled

**International evidence**

- Deaton (2012) US study: some deterioration in subjective wellbeing indicators in wake of financial crisis in US, but of relatively small magnitude given extent of changes in unemployment




**Source:** CASE chart using National Wellbeing Indicators (2019) data.

**Dataset, measure and limitations**

- Health Survey England = specialist health survey dataset
- Repeat cross-section – used to create trend dataset
- Designed to be nationally and regionally representative
- Uses a multistage stratified / clustered sample design (requires svy correction)
- Sample size = 8000 adults, 2000 children; response 60 percent +

Breakdowns by gender, age, disability, ethnicity, income, imd, educational qualification, occupational group, benefit receipt

**Mental health indicator = GHQ-12**

- Screening device used to pick up non-psychotic and minor psychiatric disorders in the general pop. / community settings to help inform interventions
- Interpretation = a score of 4 or more is referred to as a high GHQ-12 score
- Indicating "probable psychological disturbance or mental ill health" – psychological or psycho-social distress
- NOT used to identify: schizophrenia, bipolar, autism, intellectual impairments, PTSD, self-harm, eating disorders, additions e.g. substance / alcohol dependency, gambling
- Assesses **current** state relative to usual state – insensitive to long term conditions ?

**Other Limitations**

- Social survey - not service user data, non-private household population not covered
- Suitable adolescents upwards
- Group specific limitations
- Shift in awareness / recognition / reporting of mental health problems (OBR 2019)
- Coding issues and identification of groups

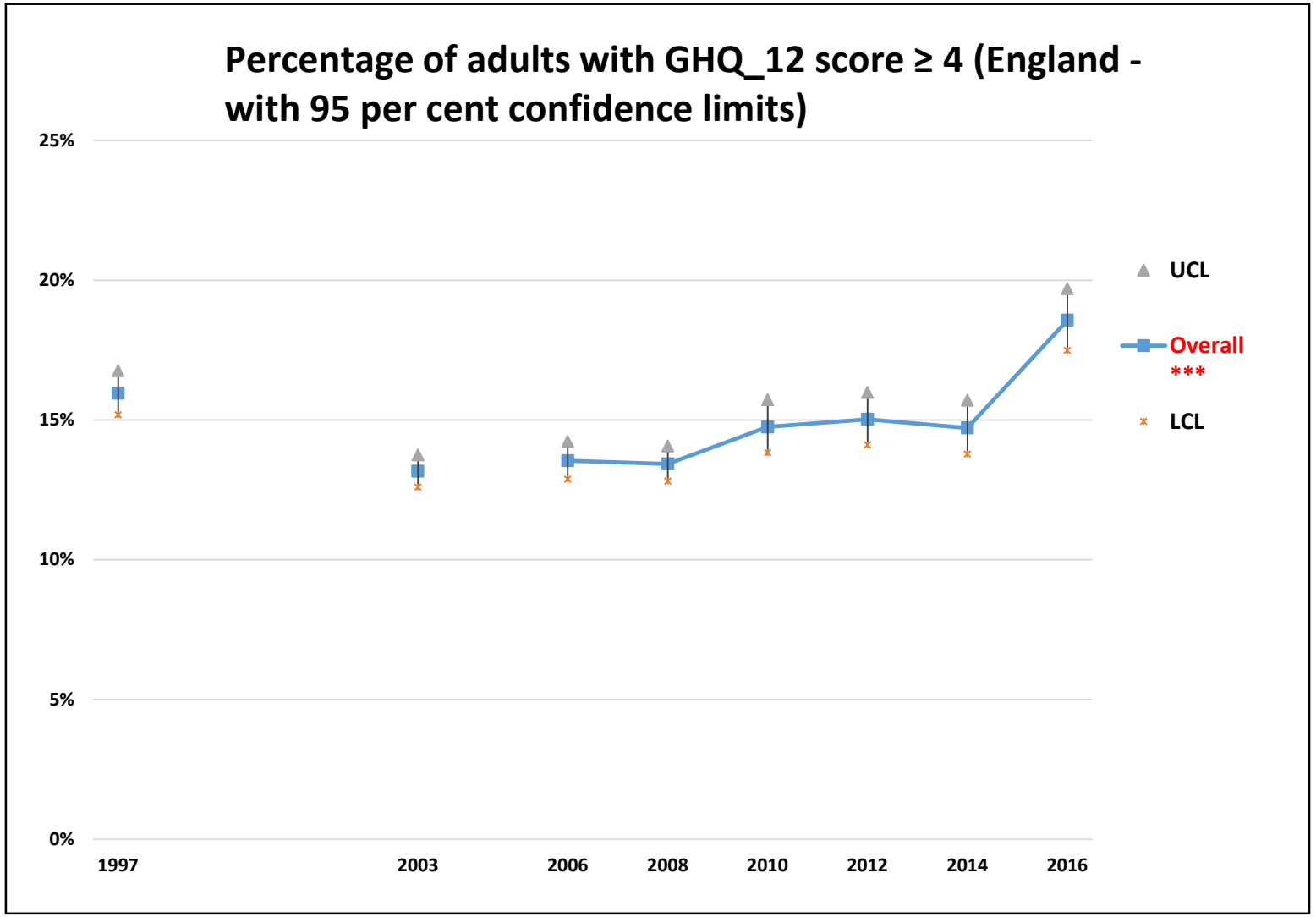
**Triangulation**

- Findings consistent with Adult Psychiatric Morbidity Survey trends, HSE 2016 report and BMJ analyses
- Some inconsistencies with ONS National wellbeing dataset – qhq12 trend (based on BHPS/US dataset – Table 3.4)

# Overall (average) trends

# There was an increase in psychological distress increased in the decade 2006-2016

- Upturn in percentage of adults with GHQ_12 score≥ 4 2006-2016 (statistically significant)
- Upward trend following the financial crisis and recession period (2008-2012) (although marginally overlapping cis)
- Followed by steep increase in 2016
- Looking back: decline 1997-2003 followed by flat-lining (2003-2006)
- Similar trends after controlling for age and sex: higher odds of poor mental health in 2010, 2012, 2014 and 2016 relative to 2006



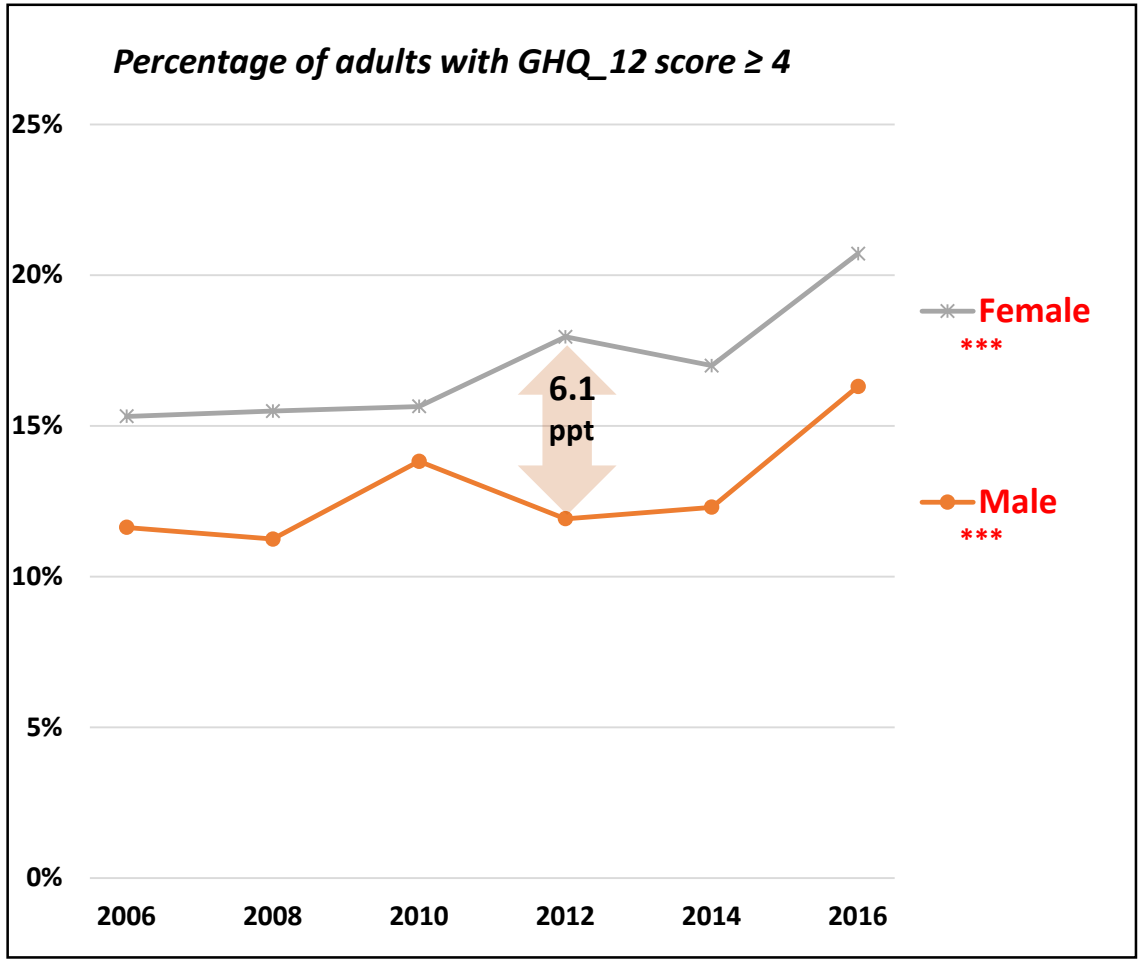

*Authors calculations using Health Survey for England data. Data includes persons aged 16 and above. Statistically significant changes between 2006 and 2016 are denoted by asterisks (* p < 0.10, ** p < 0.05, *** p < 0.01)*

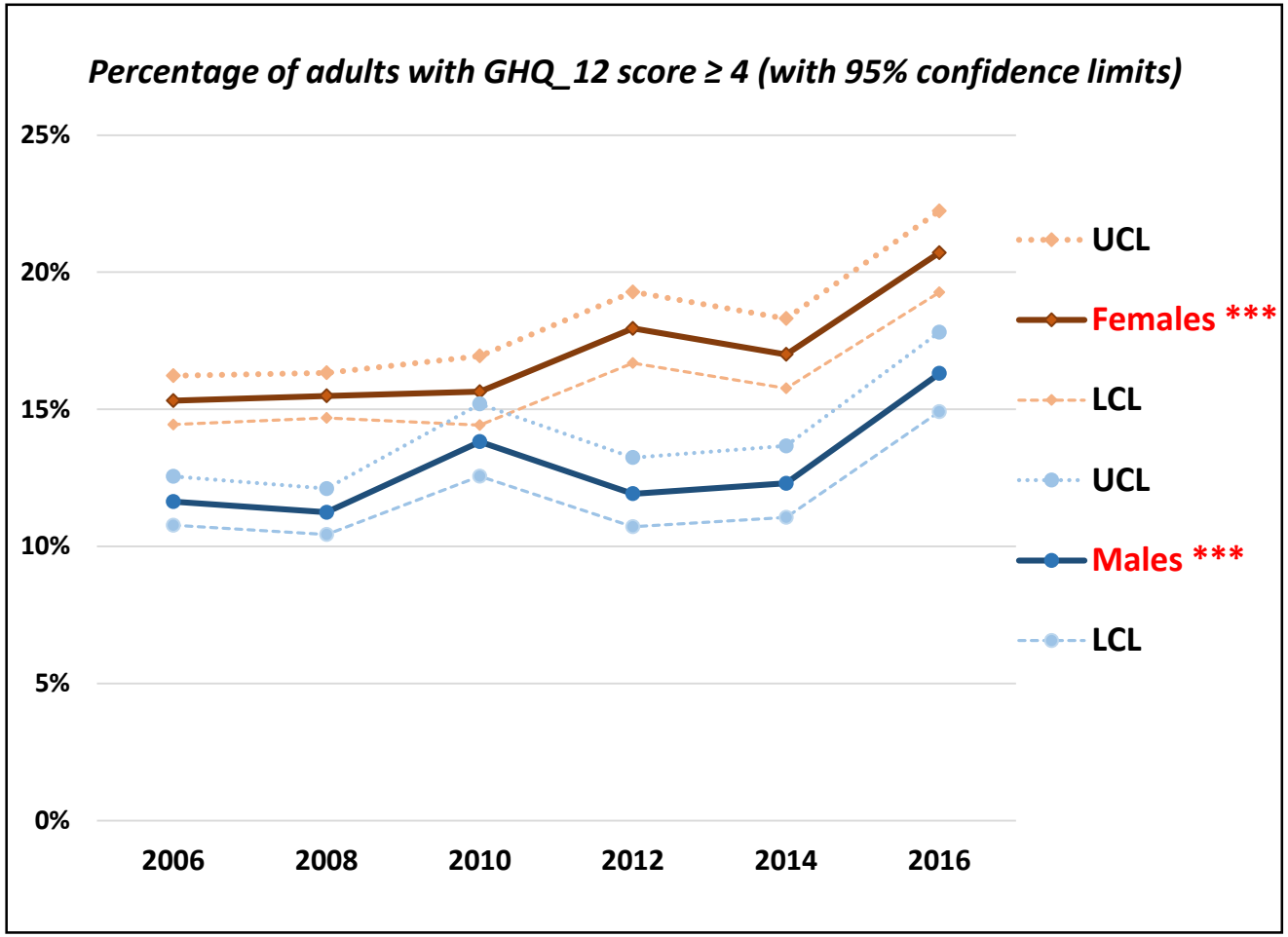
# Inequalities

## By Gender

# Prevalence of poor mental health increased for both men and women over the 2006-2016 decade

- *Prevalence increased for men 2008-2010, for women 2008-2012 , and for both men and women in the recent period*
- *Prevalence amongst women was higher throughout the decade, with the gender gap at a maximum in 2012*

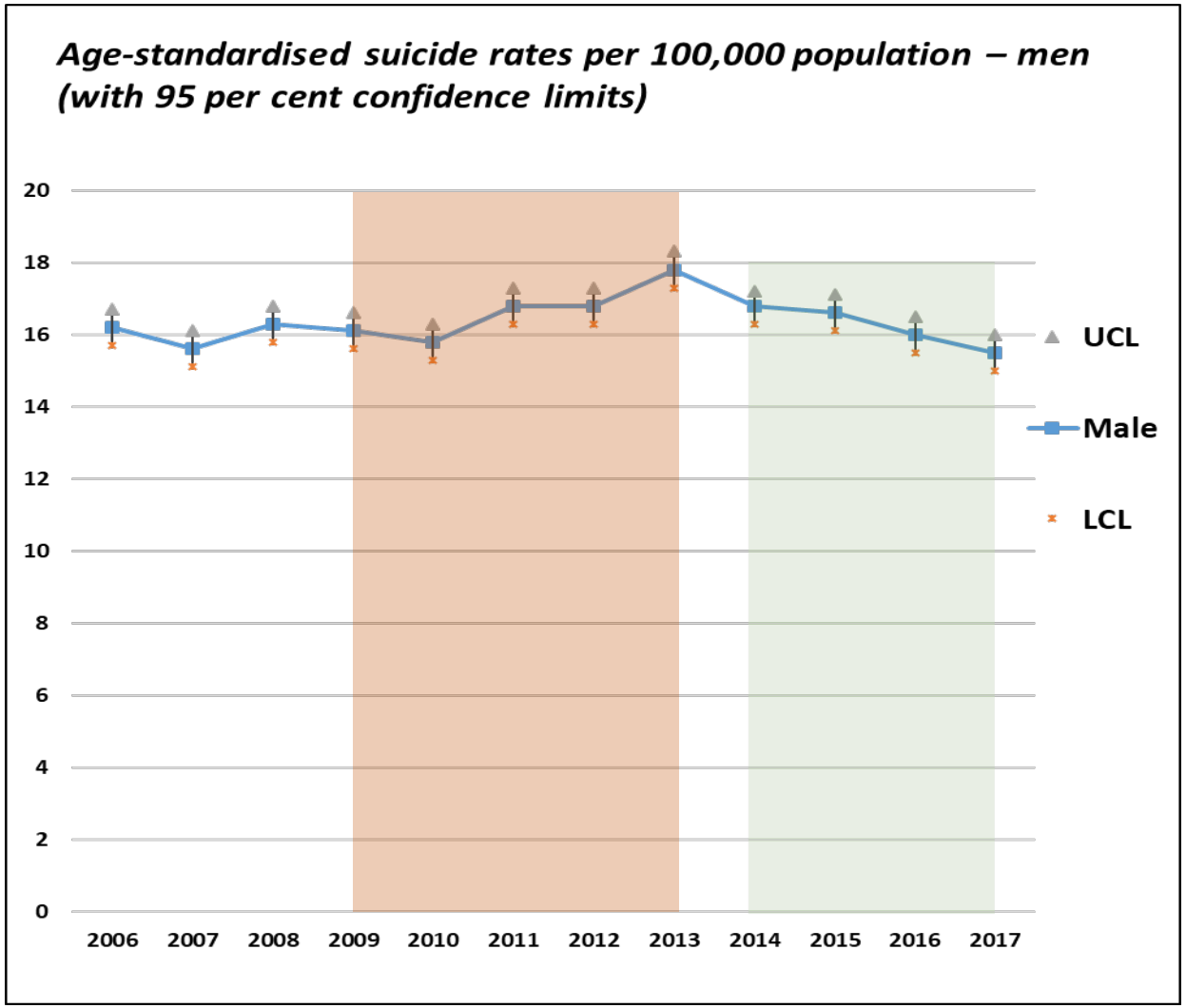


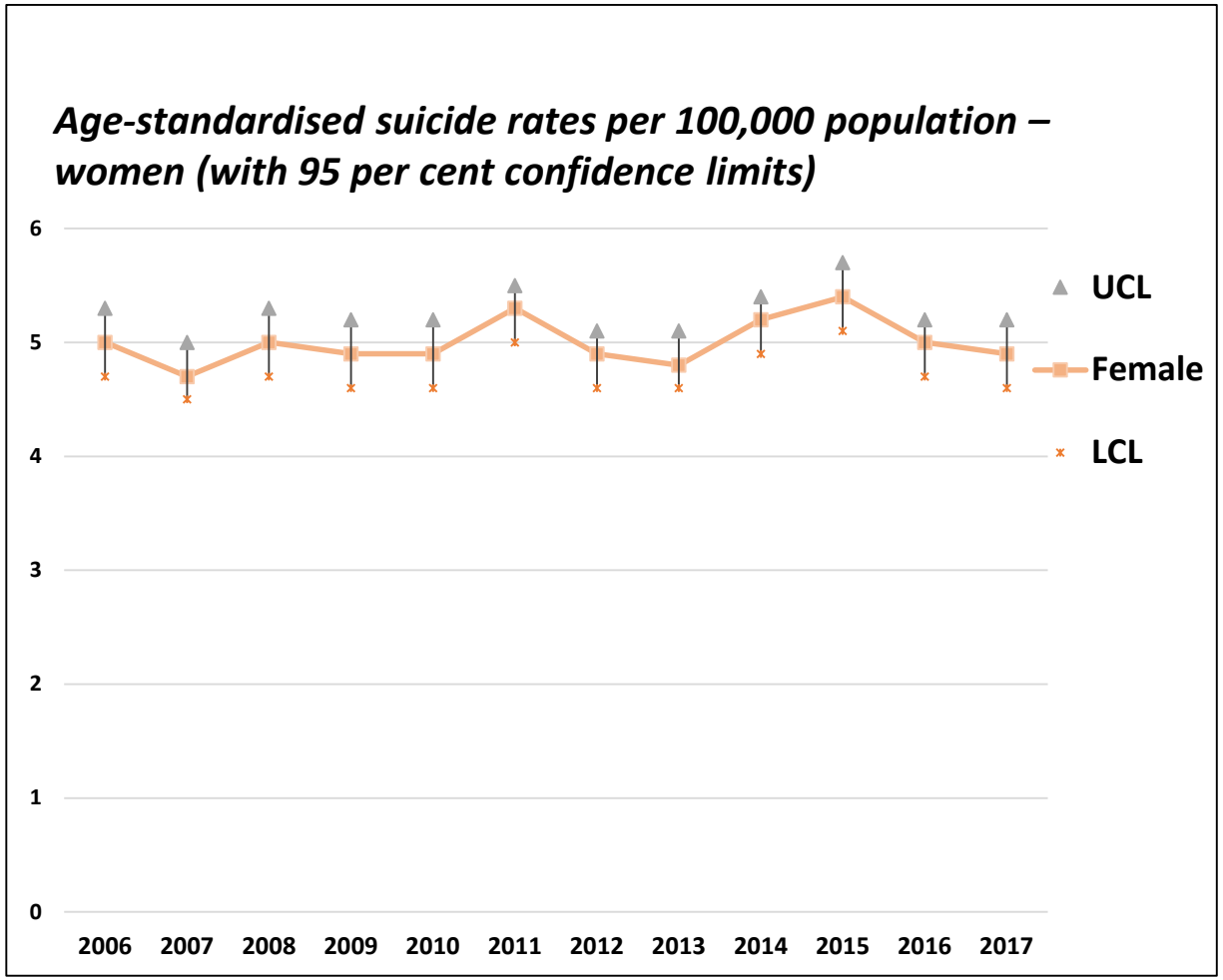




*Note: 1. Data is for persons 16 and above.*
*2. Statistically significant change between 2006 and 2016 are denoted by asterisks (* p < 0.10, ** p < 0.05, *** p < 0.01)*
***Source:*** *Authors calculations using Health Survey for England data.*

# Suicide increased between 2009 and 2013 for men in line with increase in mental health, then fell off again

- *Male suicide rates increased significantly following the financial crisis and recession*



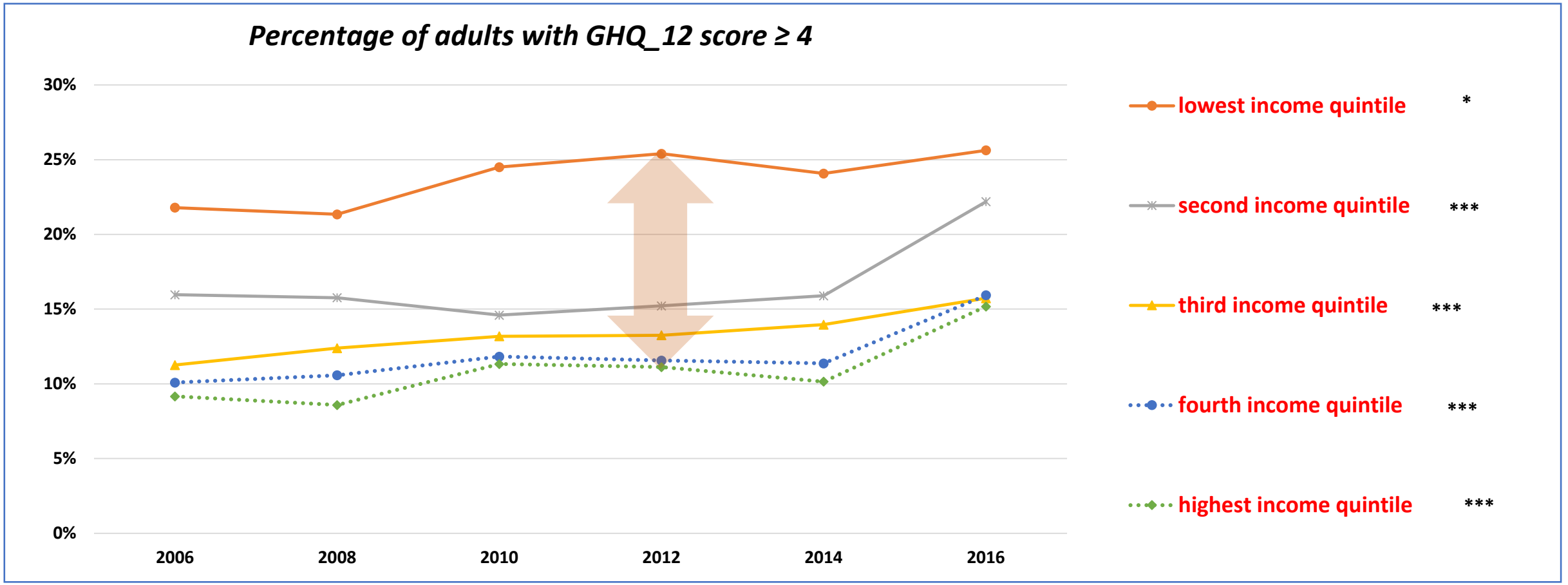

**Source:** CASE charts using ONS (2018) data

# Socio-economic group

**By Income Quintile**

# Prevalence increased for adults from all income quintiles over the decade 2006-2016

- *Prevalence for adults from the lowest income quintile remained higher throughout the period*
- *Upward trend for the lowest income quintile between 2008 and 2012, with the gap between the highest & lowest quintile increasing to a maximum in 2012, before narrowing again*

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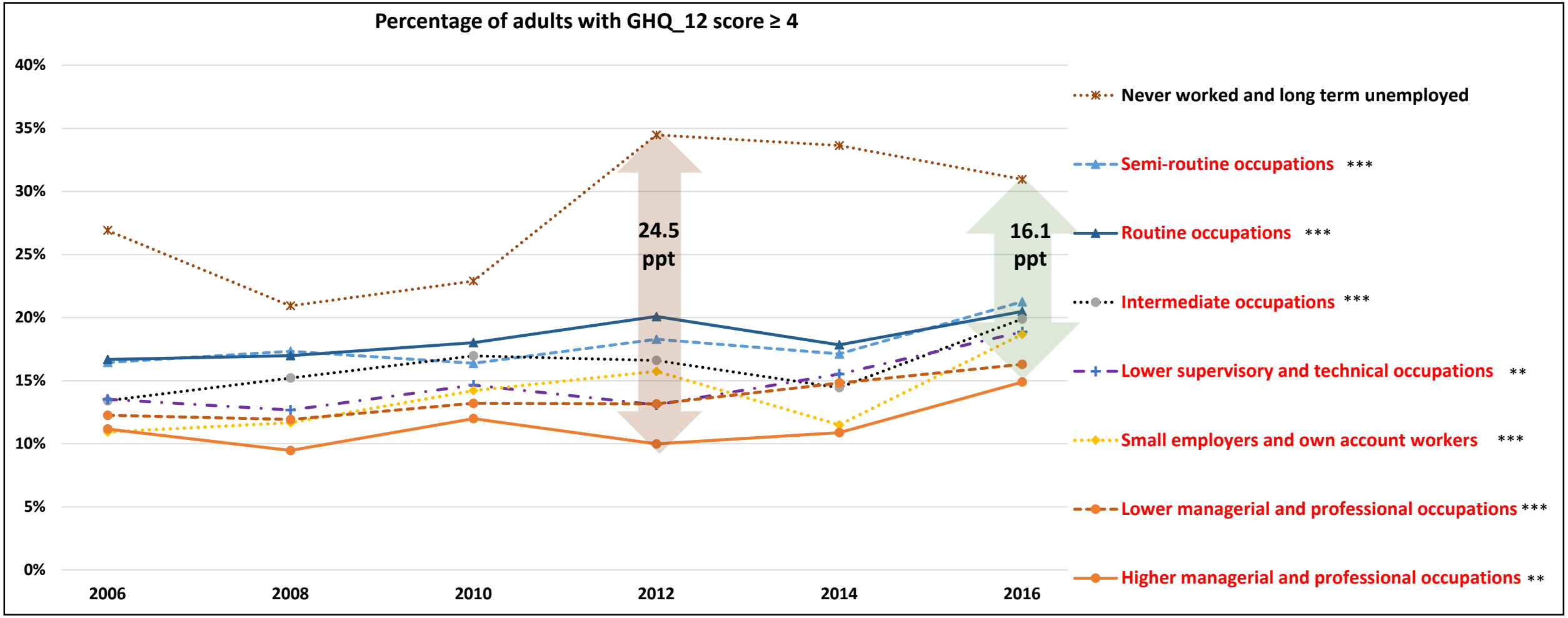
***Source:*** *Authors calculations using Health Survey for England data.*

# Socio-economic group

**By HRP Occupational Group**

# Prevalence was lowest for those with HRPs from the higher managerial and professional occupational group, and highest for those who had never worked / were long-term unemployed, throughout the decade

- *The gap between the higher managerial group and the long-term unemployed was at a maximum in 2012, during a period of real income shock*
- *There were increases for all occupational groups over the decade 2006-2016*

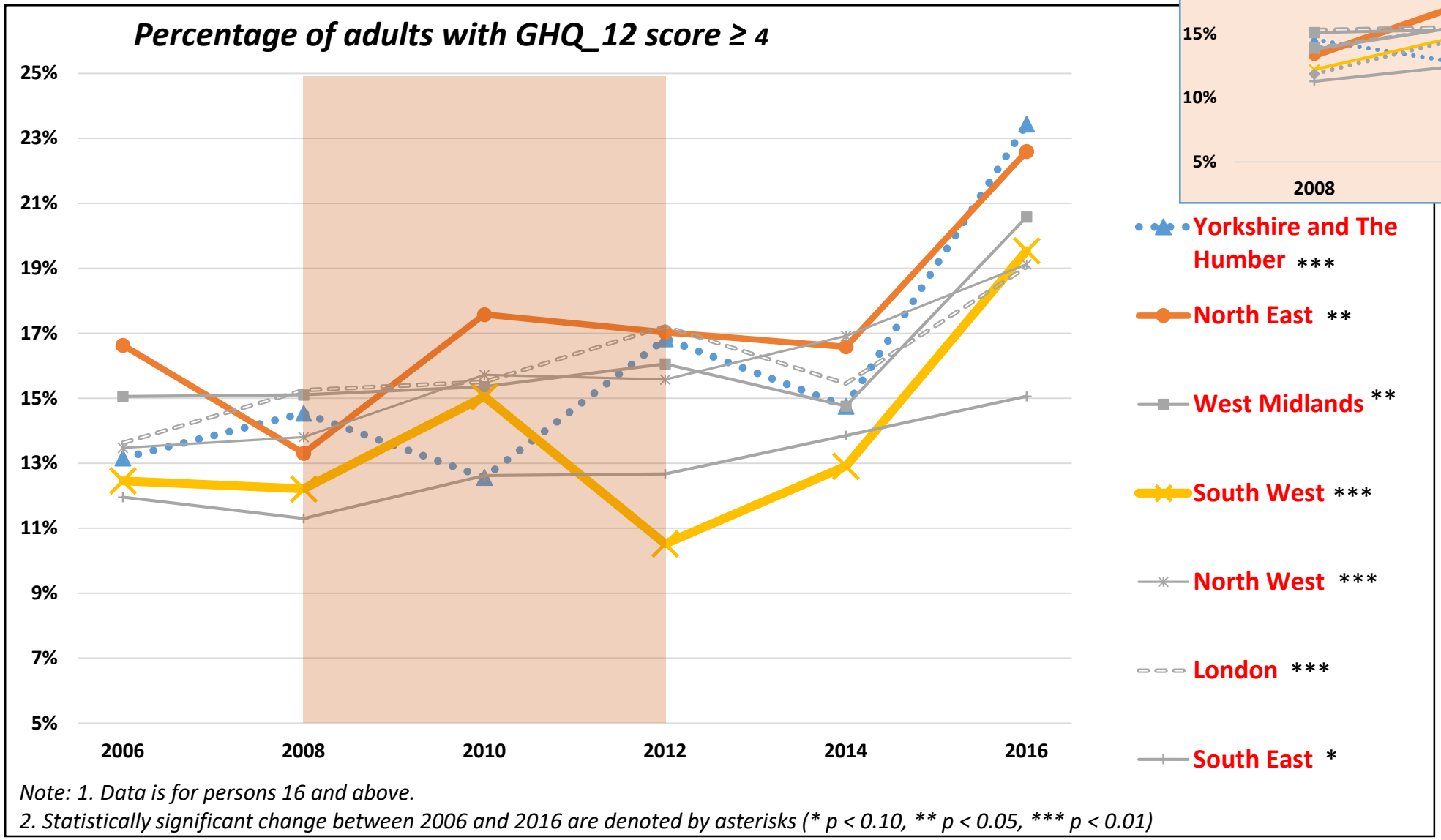


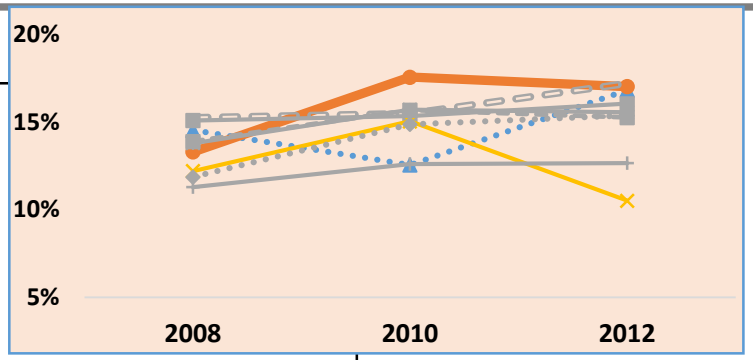

***Source:*** *Authors calculations using Health Survey for England data.*

# Region

# All regions had an increase in prevalence between 2006-2016, with particularly large increases for Yorkshire and the Humber, South West and West Midlands in 2016

- *NE was the highest in 2006 and remained very high throughout.*



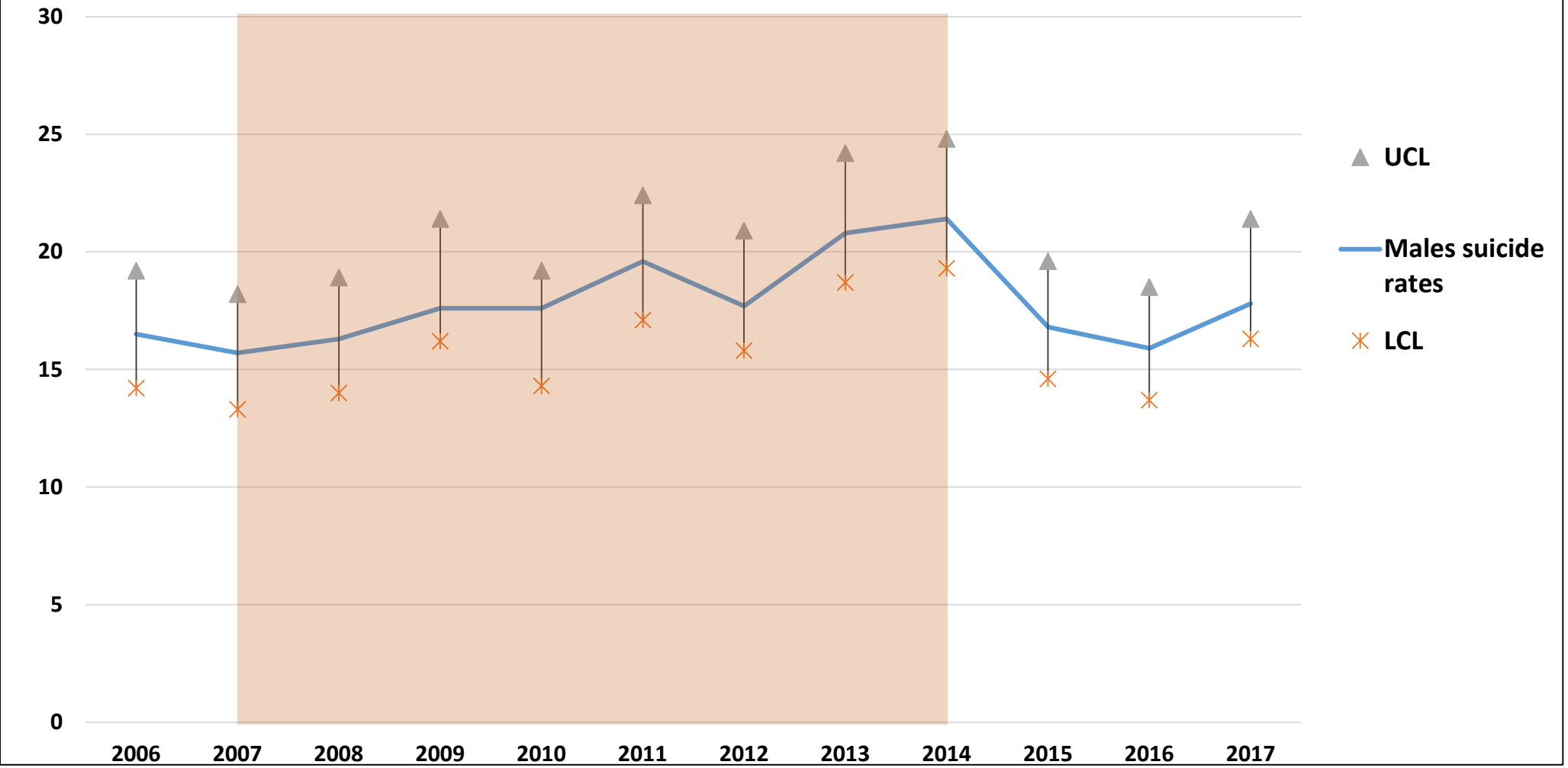

*Note: 1. Data is for persons 16 and above.*
*2. Statistically significant change between 2006 and 2016 are denoted by asterisks (* p < 0.10, ** p < 0.05, *** p < 0.01)*

***Source:***
*Authors calculations using Health Survey for England data.*

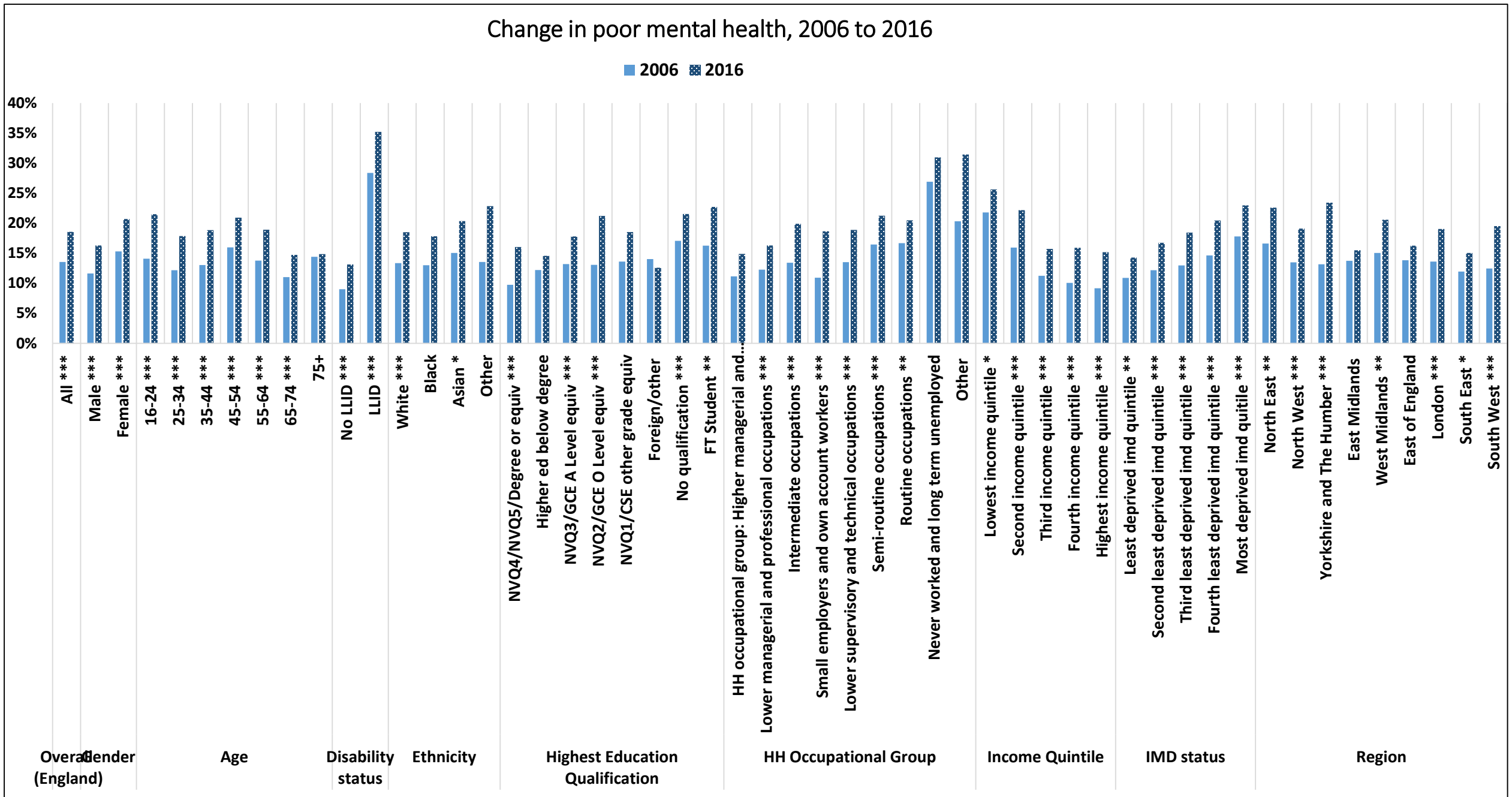
# There was a significant upturn in male suicide rates in the North East between 2007/2008 and 2014

- *Similar pattern of increases is observed for males suicide rates in the North East over the recession & early austerity period.*

***Age-standardised suicide rates per 100,000 of population (with 95 per cent confidence limits): males, North East, 2006 to 2017***




**Source:** CASE charts using ONS (2018) data




*Note: Statistically significant change between 2006 and 2016 are denoted by asterisks (* p < 0.10, ** p < 0.05, *** p < 0.01)*

***Source:*** *Authors calculations using Health Survey for England data.*

# Conclusions

1. Upturn in the percentage of adults at risk of poor mental health over the decade 2006-2016, with increases in psychological distress following the financial crisis (2008-2010) and during the onset of austerity (2010-2012), and a further steep increase in 2016
2. The findings on overall trends correspond to HSE analysis (BMJ, Knott 2012, HSE report 2013, 2016, 2017) and are consistent with rises recorded in Adult Psychiatric Morbidity Survey – but seem to contract with the National Wellbeing Indicators series. Puzzling difference with Understanding Society trend reported in the NWI.
3. Inequalities
   - Increases amongst virtually all population groups we have examined – not only amongst groups at the hard end of recession / austerity – although increases recorded for those with lowest incomes, in deprived areas, with disabilities
   - Gender inequalities: women higher prevalence throughout the period, though suicide higher amongst men, Poor mental health amongst men increased 2008-2010 and for women 2008-2012, with increases for both in the recent period
   - Socio-economic inequalities: strong social gradients by household income quintile, occupational group and educational quals throughout the period, with the gap between the highest and lowest income quintile 2008-2010 and by occupational group at a maximum in 2012.
4. Increases in poor mental health in the earlier part of the decade coincided during the earlier part of the decade with increases in suicide rates, especially amongst men, whilst more recently poor mental health has continued to increase whilst suicide rates have fallen back.

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