

# Bridging Research and Policy: Unleashing the potential of longitudinal research for societal impact

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14:25 – 15:25 Research showcase session #1

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**1A Socioeconomic inequalities**

**Room: Main hall**

**Not in employment, education, or training: risk factors among young people – Gianfranco Addario, National Centre for Social Research**

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This research explores the extent and degree of overlap between different forms of marginalisation among young people (aged 13 to 25) in England, and how experiencing multiple types of marginalisation may increase the risk of young people not being in employment, education, or training (NEET). It is funded by Youth Futures Foundation (YFF).

Using data from Next Steps (LSYPE), we identify different risk factors in the first 20 years of life, informed by a NEET literature review. We employ hierarchical cluster analysis to identify overlaps in risk factors, and binary logistic regression to understand to what extent these factors increased the risk of NEET status between 18 and 25.

Having found high levels of overlaps, with 78% of young adults having experienced two or more risk factors, but little evidence of strong systematic clustering, we proceeded with the computation of a NEET Risk Index.

Our presentation will provide an overview of the research, focused on providing a rationale for the use of longitudinal survey data, and a retrospective assessment of working with Next Steps. We will also discuss how this project has been used to identify areas of intervention for policy action.

Finally, we will outline our next steps: the development of a version of the NEET Risk Index to be used in Local Authority settings, using administrative data (Longitudinal Educational Outcomes). As we prepare for the second part of this research project, we welcome feedback and suggestions from the audience on how to refine and improve our research approach.

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### **Early childhood inequalities: stability and change from 2004 to 2014 – Charlotte Booth, University College London**

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In England, there are vast socioeconomic-related inequalities in children's outcomes that emerge early on and have long-lasting consequences. Understanding factors that drive inequality are vital to informing policy and reducing early childhood inequalities.

We explored the drivers of early childhood inequality in two nationally representative samples of three-year-old children born ten years apart, to understand whether levels of inequality changed over time, and to determine which environmental factors led to any changes.

Data from Wave 2 (2004) of the Millennium Cohort study (MCS) born in 2000-02 (N = 8,992), and Wave 2 (2014) of the Study of Early Education and Development (SEED) born in 2010-12 (N = 3,869) were used.

A detailed decomposition method was used to assess the determinants of inequalities in children's cognition (British Ability Scales) and socioemotional difficulties (Strengths and Difficulties Questionnaire). Inequalities in each outcome were estimated as a function of the rank of two different socioeconomic status measures – mother's highest level of education and area-level deprivation (IMD).

Levels of inequality did not change over time for IMD-related-inequality in children's cognition or maternal-education-related inequality in children's socioemotional difficulties. However, there was a slight reduction in maternal-education-related inequality in children's cognition and IMD-related inequality in socioemotional difficulties over time.

Although early childhood inequalities remained relatively stable across this period, there was improvement in some areas largely related to the rise in levels of maternal education, which had a positive effect on reducing early childhood inequality.

### **Understanding and mitigating associations between childhood neighbourhood deprivation and adolescent mental health in two UK birth cohorts – Rachel Latham, King's College London**

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Reducing the prevalence of mental health problems is a public health priority and research to understand risk and protective factors informs this. Using the UK Millennium Cohort Study (MCS) (N=5,422) and the Environmental Risk (E-Risk) Longitudinal Twin Study (N=1,920) we investigate (i) associations between childhood neighbourhood deprivation and adolescent mental health difficulties and (ii) potential protective factors.

Childhood neighbourhood deprivation was measured using the Index of Multiple Deprivation. Adolescent mental health was assessed using the Strengths and Difficulties Questionnaire at age 17 (MCS) and self-reported past-year symptoms at age 18 (E-Risk).

Cross-classified models showed that a high level of childhood neighbourhood deprivation was associated with more adolescent total problems and internalising difficulties in MCS. Being male, having an easier temperament, higher self-esteem and social support, a more positive parent-child relationship and parents with more knowledge of their child's whereabouts were associated with fewer total problems regardless of neighbourhood deprivation exposure.

Being male, having higher self-esteem, a more positive parent-child relationship and higher levels of social support were also associated with fewer internalising problems regardless of neighbourhood deprivation exposure. However, interactions revealed that higher self-esteem was especially beneficial for those exposed to high levels of deprivation.

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No associations between childhood neighbourhood deprivation and adolescent mental health problems were found in E-Risk.

Interventions to increase self-esteem and social support may help protect adolescents' mental health. Whilst everyone, regardless of their level of neighbourhood deprivation, could benefit, focusing on those in the most deprived areas may be appropriate when resources are limited.

### **Childhood socioeconomic position and adolescent outcomes: Inter-generational comparisons using data from three British birth cohort studies – Caitlyn Rawers, Ulster University**

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Early life socioeconomic disadvantage is a robust predictor of psychological and behavioural difficulties in children and adolescents. Yet, there are numerous indicators of socioeconomic position [SEP] which are uniquely associated with psychological outcomes and cannot be used interchangeably. Measuring several SEP indicators can capture the multi-dimensionality of SEP as a construct but presents analytical challenges for regression-based models. Alternatively, person-centred approaches can overcome these challenges and identify complex patterns of socioeconomic indicators.

However, the relationship between SEP indicators and psychological outcomes has also changed over time. Analysing these changes necessitates retrospective harmonization of data from different cohorts, which few studies have done to date. We will review the process of harmonizing and analysing data from the BCS70, ALSPAC, and MCS to investigate differences in socioeconomic inequalities across cohorts.

To determine how the structure of SEP has changed in the past 50 years, we conducted latent class analysis with seven SEP indicators. Then, we evaluated the relationship between SEP latent classes and sociodemographic covariates to identify who is at greater risk of experiencing socioeconomic disadvantage. Following this adolescent mental health symptoms, antisocial behaviour, and substance use were examined as distal outcomes of SEP latent classes. Although the structure of SEP latent classes differed across cohorts, the relationship between the most relatively disadvantaged class and adolescent outcomes were strongest in the MCS. Socioeconomic inequalities in psychological and behavioural outcomes have important implications for the life course; thus, we will discuss how the methods and results of this study can inform future research.

### **Assessing the impact of a conditional cash transfer and social support program on formal labour market participation: Evidence from Chile – Natalia Valdes, University College London**

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This study evaluates the impact of Chile's Familias program, the primary initiative aimed at combating extreme poverty in the country. Combining conditional cash transfers with frequent home visits and access to social services, the program seeks to encourage families to overcome poverty through employment. Using a regression discontinuity design to identify program impacts, we examine eligibility based on a family income and assets index. Our research focuses on the program's effects on employment outcomes.

We find that the Familias program positively influences participation in labor programs, receipt of monetary benefits from employment initiatives, and engagement with municipal job support services. Notably, these impacts are most pronounced among families facing extreme poverty with precarious employment. Additionally, the program demonstrates sustained positive effects on formal employment even one to two years after program completion.

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This study contributes to the empirical literature on Conditional Cash Transfers' impact on formal labor and access to public services. Our analysis uniquely assesses the fully implemented Familias program in Chile, providing insights relevant for policymakers across Latin America. By emphasizing the importance of promoting formal employment to alleviate poverty, our findings inform the design and implementation of effective social policies.

### **The effect of childhood family endowment on health inequality of middle aged and elderly adults in China – Zongpu Yue, University College London**

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Family endowment is the resources and abilities family members can, to varying degrees, draw on from their own family unit, including economic capital, social capital, human capital, and emotional support. People from well-endowed families will have more family resources or capitals and have advantages than those from poorly endowed families. This paper uses nationally representative samples to investigate how childhood family endowment results in health inequality in middle-aged and elderly people in China. Data were obtained from wave 4 (2018) of China Health and Retirement Longitudinal Study. The analytic sample included 17,064 Chinese persons aged above 45. 40 items were selected to calculate the frailty index (FI) as health indicator. Quantile regression and propensity score matching were employed for investigating how childhood family endowment influences FI. At 25th, 50th, 75th percentiles, a unit increase in economic capital was associated with 0.055 to 0.074 decrease in FI ( $p < 0.01$ ), and a unit increase in social capital and emotional support decreased 0.046 - 0.067 and 0.019 - 0.025 in FI ( $p < 0.01$ ), respectively. No significant relationship between human capital and FI was found ( $p > 0.1$ ). In PSM analysis, the participants were identified as high/low family endowment group, and the difference between two groups caused by control variables were reduced by matching. The results demonstrated that one additional unit in childhood family endowment decreases FI by 0.020 ( $p < 0.01$ ). In order to eliminate health inequality in people's later life, interventions to ensure family resource equality should be taken as early in the life course as possible.

**1B Child development**

**Room: Bloomsbury and Foster**

**Is the association between infant regulatory problems and trajectories of childhood internalising and externalising symptoms moderated by early screen media exposure? - Ayten Bilgin, University of Essex**

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Regulatory problems in infancy (excessive crying, sleeping difficulties) are important public health concerns which are stressful for parents. Further, regulatory problems are associated with adverse childhood outcomes including an increased risk of internalizing and externalizing symptoms. However, there is limited understanding about the early-life precipitating factors that increase the association between infant regulatory problems and later internalizing and externalizing symptoms. The current study aims to investigate whether the association between infant regulatory problems and trajectories of co-developing childhood internalizing and externalizing symptoms differs according to the level of screen media exposure (i.e., >1 hour or >2 hours per day) in early childhood. Using data from the Growing Up in Ireland '08 cohort (N= 10,170), children were categorized based on their patterns of co-developing internalizing and externalizing symptoms using parallel process latent class growth analysis. Multinomial logistic regression analyses revealed that excessive screen media exposure at 3 years does not significantly moderate the association between regulatory problems at 9 months and internalizing and externalizing symptom trajectories. However, both regulatory problems in infancy and screen media exposure >2 hours in early childhood are early risk factors for the development of internalizing and externalizing symptoms. This finding implies that clinicians should be aware of, and treat, regulatory problems in infancy. Further, they should discuss and advocate for family media plans with parents to help decrease the long-term negative effects on internalizing and externalizing symptoms.

**Mental health trajectories across the primary to secondary school transition - Caitlyn Donaldson, Cardiff University**

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Mental health difficulties are increasing in young people. School transition is a period when mental health difficulties often increase and which provides opportunities for intervention. This research examines whether among young people experiencing a primary to secondary school transition, subpopulations can be identified based on their mental health trajectories, and whether individual-level characteristics predict trajectory class membership.

The sample consists of 1861 young people in the final year of primary school in South East England (mean age = 11.2 years at time 1; 46.8% female; 53.2% male), who were followed up twice at six monthly intervals following their transition to secondary school.

Emotional problems, conduct problems, hyperactivity and peer problems were modelled in parallel over the transition period using latent class growth analysis. Individual-level variables including socioeconomic status, special educational need(s), gender, negative life events and being worried about transition were tested as predictors of trajectory class membership using multinomial logistic regression.

A model with four trajectory classes provided the best fit to the data: 'persistently elevated' mental health problems, 'emotional and peer problems', 'hyperactivity and conduct problems' and 'persistently low' mental health problems. Class membership was differentially predicted by the individual-level variables.

Understanding which young people are at risk of negative mental health trajectories is important for informing intervention for mental health difficulties in young people in line with the Department of

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Health and Social Care's area of research interest 1: early action to prevent poor health outcomes. It also has implications for school transition educational policy.

### **Exploring emerging mental health problems in children and adolescents using longitudinal data – George Hales, University of Leicester**

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Existing literature broadly suggests that exposure to childhood adversities is linked to the mental health problems. However, it is unclear how the interplay between adversity and psychosocial outcomes operates during the transition from childhood to adolescence. This study aims to investigate these relationships and their role in the emergence of mental health issues in childhood and adolescence. Data were extracted from three timepoints of the UK Household Longitudinal Survey when participants (N = 646) were aged 10-11, 12-13 and 14-15 respectively. We used cross-lagged panel models to explore the relationship between cumulative adversities, and subtypes of adversities, and psychosocial outcomes (i.e., internalising and externalising problems, delinquency, and life satisfaction). Our results revealed that heightened adversity exposure predicted negative psychosocial outcomes across all measures, spanning from childhood to mid-adolescence. Significantly, increased levels of community adversities uniquely predicted internalising problems, while greater household adversity predicted poorer psychosocial outcomes across all measures. Furthermore, worse psychosocial outcomes predicted greater exposure to adversities during adolescence, highlighting a bidirectional relationship between adversity and psychosocial outcomes. These findings underscore the varying impacts of adversity subtypes and the mutually reinforcing effects of adversities and psychosocial functioning from childhood to mid-adolescence. Emerging mental health problems are both antecedents and consequences of adversities in the home and broader community.

### **Nobody puts BaBi in a corner: Paving the way for linked data research to inform decision-making – Hollie Henderson, Bradford Institute for Health Research**

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Routine data is well placed to support decision-making, inform service improvements, and reduce inequalities.

The Born and Bred in (BaBi) Network is a multi-site, place-based, longitudinal birth cohort network recruiting mothers and babies during routine antenatal appointments. An active consent process enables identifiable routine data, from multiple sources, to be linked for research. BaBi also gathers consent to contact participants about other research opportunities. The aim of this PhD research was to understand how linked routine data from the BaBi Network could be used as a local health intelligence tool for child and maternal health.

Data from the BaBi Bradford site was used to explore whether the available routine data could be used to address a research question that was prioritised with local stakeholders. This focused on the relationship between mild-moderate maternal mental ill health during the perinatal period and child development.

The timeliness and completeness of the data were assessed for 4,781 mother and child dyads.

Key information needed to address this research priority was not available or captured in a way that is useful for research. For example, routinely collected universal data on child development was available for less than 50% of children and creating a composite measure of mild-moderate mental ill health experience was challenging due data capture across multiple systems and services.

As a result, BaBi Bradford are working with local services to improve routine data capture to meet local needs. This learning will be shared widely to influence national policy on optimal data capture.

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### **Investigating the association between attention-deficit/hyperactivity disorder (ADHD) symptoms and physical activity across developmental stages among girls and boys - Amandine Senequier, Queen Mary University of London**

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**Introduction:** Attention-deficit/hyperactivity-disorder (ADHD) is a neurodevelopmental condition characterised by difficulties with hyperactivity, impulsivity and inattention. Youths are often insufficiently active, and individuals with ADHD have poorer health outcomes. Research using Millennium Cohort Study (MCS) data observed ADHD symptoms could be predicted years prior, using physical activity (PA) data, indicating associations. However, developmental aspects remain unexplored.

**Aim:** To investigate associations between ADHD symptoms and PA across developmental stages.

**Methods:** The study sample included MCS participants, surveyed at ages 7 (n=14,043) and 14 (n=11,872). ADHD symptoms were assessed by the Strengths and Difficulties Questionnaire. PA was objectively measured using accelerometers. Puberty was evaluated using the Pubertal Development Scale. Mixed effects multiple linear regression models with random intercepts for participants and including an interaction term between PA and age were conducted. Models were adjusted for sex, age, BMI, ethnicity, socioeconomic status and parental education.

**Results:** Final results are awaited as data analysis continues. This study will provide information regarding associations between ADHD symptoms and PA across developmental stages. It will help determine if associations differ between childhood and adolescence and if variations are present between sexes. For girls, it will highlight whether pubertal stages influence relationships between ADHD and PA.

**Conclusions:** This study will enhance understanding regarding relationships between ADHD symptoms and PA across developmental stages. Importantly, its findings may identify optimal timings for targeted interventions, thus improving ADHD individuals' health outcomes and informing policy and practice. This aligns with the Area of Research Interest regarding early action to prevent poor health outcomes.

### **Bidirectional associations between physical punishment and child internalising, externalising, and prosocial behaviours in the UK – Maria Sifaki, University College London**

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**Introduction:** Physical punishment has recently been outlawed in Scotland and Wales but remains legal in England and Northern Ireland. Existing evidence on its detrimental effects stems mostly from the USA, while UK research is lacking. We aim to address this gap by assessing bidirectional associations between physical punishment and children's socio-emotional development, and potential effect modifiers.

**Methods:** Data will be drawn from the Millennium Cohort Study (MCS), child ages 3, 5, and 7, which include information on parental physical punishment ("smacking") and its frequency. Child internalising, externalising, and prosocial behaviours will be measured using the Strengths and Difficulties Questionnaire (SDQ).

Bidirectional associations will be assessed using cross-lagged random intercept models, adjusting for key covariates. We will also test whether associations are moderated by child sex, ethnicity, or maternal warmth.

**Results:** We hypothesize bidirectional associations between physical punishment and externalising behaviours, with the path from externalising behaviours to physical punishment being stronger for boys. We further expect that physical punishment will predict increased internalising behaviours and

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decreased prosocial behaviours, but not vice versa. We do not expect any other moderating effects; however, we will test for these associations as they are theory driven.

Discussion: The recent law reforms in Scotland and Wales provide a window of opportunity for UK research on physical punishment to directly inform policy developments in England and Northern Ireland. Partnering with the NSPCC, this research will provide important, timely insights on physical punishment in the UK and help to inform policies relevant to children's rights and well-being.



**1C Mental health**

**Room: Tavistock**

**Longitudinal associations between cultural engagement and loneliness and mental wellbeing in older adults: are the benefits the same for everyone? – Saoirse Finn, University College London**

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Older adults are at an increased risk of loneliness and poor mental well-being. Cultural engagement (e.g., visiting museums) is a modifiable health behaviour that may support older adults' well-being. Despite the well-documented well-being benefits of cultural engagement, whether such benefits are seen across individuals with different socio-economic backgrounds remains unclear. Understanding this is important given the growing global ageing population and the inequalities embedded in this population.

Using the English Longitudinal Study of Ageing (ELSA), we explored the associations between cultural engagement and depression, loneliness and quality of life outcomes across 14 years using fixed-effects regressions (N=4,598). The models controlled for all time-invariant factors (e.g., genetics) and relevant time-varying factors (e.g., health). Interactions tested whether associations were universal across socio-economic backgrounds (i.e., education level, homeownership, and wealth). The mean age of our sample was 67.0 (SD=8.64) years, including 53% females and 47% males. More frequent cultural engagement was associated with lower depression (B=-0.02, 95%CI=-0.03, -0.01) and loneliness (B=-0.03, 95%CI=-0.04, -0.02) and higher quality of life (B=0.31, 95%CI=0.24, 0.37). There was no evidence of interactions.

These findings indicate that cultural engagement could protect against loneliness and support well-being in older adults, and such associations may be universal across individuals with different socio-economic backgrounds despite social inequalities being known barriers to cultural engagement. Therefore, these findings support initiatives to ensure cultural engagement is accessible to all older adults to help promote well-being and healthy ageing. This work area informs policy and practice relevant to older adults, health and Social Prescribing.

**Understanding parents' psychosocial functioning as a result from the COVID-19 pandemic: A longitudinal 20 month follow up study – Kathryn Fradley, Edge Hill University**

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To address the lack of longitudinal research into the impact of the COVID-19 pandemic on parental psychosocial functioning this study was designed to use longitudinal data collected by the COVID-19 Psychological Research Consortium study (seven waves: March 2020 to December 2021) to examine the impact of individuals with children throughout different phases of the COVID-19 pandemic. Firstly, by comparing psychological functioning (life satisfaction, hopefulness, suicidal ideation, and wellbeing) 20 months after the initial wave of the COVID-19 pandemic, using ANCOVAs or non-parametric equivalents, between four groups which were: Non-parents (N = 1431); Parents with children are under 18 (N = 214); Parents with children over 18 which reside with them (N = 58); and Parents whose children are over 18 and resides elsewhere (N = 281). Secondly, to compare trajectories of mental health (Depression, Anxiety, and Post-Traumatic Stress Disorder) between the four same parental groups spanning a period of 20 months during the COVID-19 pandemic using Growth Curve Modelling. Key preliminary findings revealed that parents with children under 18 reported higher levels of PTSD compared to other groups consistently across the COVID-19 pandemic (March 2020 to December 2021). Additionally, parents with children over 18, regardless of where their children reside, reported higher wellbeing compared to non-parents and parents with children under 18, 20 months after the initial wave of the pandemic (December 2021). Implications include understanding the long-term mental health effects of the COVID-19; an area of research interest for the UK Parliament (POST).

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### **Sex-specific trajectories of mental health outcomes in autism – Laura Hull, University of Bristol**

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Little is known about how anxiety and depression symptoms may develop across adolescence or early adulthood in autistic males and females. Understanding sex-specific trajectories allows us to identify who would benefit from targeted mental health support and when, addressing the Department of Health's 2024 ARI concerning Vulnerable Children and Young People.

We aimed to compare rates of depression and anxiety amongst males and females with/without an autism diagnosis or social communication difficulties (SC).

Participants were obtained from the Avon Longitudinal Study of Parents and Children, a population-based cohort study following over 14,000 children from birth. Information on autism diagnosis and SC were obtained in childhood. Participants were split into high and low SC groups within each sex. Depression and anxiety symptoms were measured at multiple timepoints from 10 to 28 years. Diagnoses of depression and anxiety were recorded at 24 years, with odds of diagnosis calculated within each sex. Trajectories of predicted mean scores for anxiety/depression were compared between autistic/high-SC and non-autistic/low-SC participants within each sex, using mixed-effect linear growth models.

Autistic males had higher symptoms of depression and anxiety than non-autistic males in early adolescence, but no greater likelihood of anxiety or depression diagnoses in adulthood. In contrast, females with high SC were more likely to receive a diagnosis of anxiety or depression in adulthood than females with low SC.

Our findings suggest that autistic males may benefit from mental health support in early adolescence, whereas females with high SC may require sustained mental health support through to adulthood.

### **Unlocking the hidden inequalities in wellbeing among young carers – Alejandra Letelier, St George's University of London**

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**Introduction and objective:** Caring responsibilities can profoundly affect the wellbeing of young carers. This study offers a comprehensive analysis of the longitudinal effect of becoming a young carer on individuals' wellbeing, compared with peers who are not young carers, examining how this effect varies according to the intensity of care and sociodemographic characteristics.

**Methods:** We used data from the UK Household Longitudinal Study, focusing on individuals aged 10-25 from Waves 1 through 13 (2009-2023). Wellbeing was measured via self-reported life-satisfaction and self-esteem. Employing Propensity Score Matching, carers were paired with non-carers. Linear piecewise growth curve modeling examined wellbeing trajectories pre-, during, and post-caring. The analysis included 4,202 individuals, examining the trajectories of carers versus non-carers, with further stratification by care intensity, gender, ethnicity, and household income.

**Results:** Wellbeing declined at the transition to care, with a more pronounced decrease observed in young carers compared to non-carers, and with those undertaking high-intensity caregiving reporting lower life satisfaction and self-esteem than their low-intensity peers, a trend persisting post-transition. We found no significant gender differences. Furthermore, carers from lower-income households reported diminished wellbeing at the transition to care.

**Conclusion:** The findings reveal that young carers experience a decline in wellbeing during their transition into caring, a decline that is more pronounced than that experienced by non-carers. This effect is particularly pronounced for those providing intense care, and individuals from socioeconomically disadvantaged backgrounds. The findings underscore the importance of early identification and targeted support for young carers to mitigate adverse wellbeing effects.

**Racism and mental health and wellbeing among the youth in England: A cross-sectional analysis from the Next Steps Longitudinal Study – Hatem Mona, Swansea University**

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**Background:** Racism is considered a predictor of ill health and wellbeing at all ages. Yet, few longitudinal studies examine the relationship between racism and mental health, and ethnic minorities are often left out. Therefore, the aim of this study is to examine this association among high school students in England and determine if gender and ethnicity modify it.

**Methods:** The data was obtained from the Next Steps Longitudinal Study on participants born in 1989-1990 in England. Waves 4 (2007) and 8 (2015) were used to measure associations between experiencing racism at age 17 and several mental health and wellbeing outcomes at age 25. Logistic regression analyses were conducted to measure those associations.

**Results:** Compared to those who did not experience racism, participants who experienced racism had higher psychological distress scores, had higher odds of self-harming, and had lower levels of life satisfaction at age 25. However, no significant association was found between racism and having a longstanding mental health illness. Neither gender nor ethnicity modified the associations.

**Conclusion:** These results confirm that being exposed to racism increases the risk of having worse mental health and wellbeing for young people in England. Ongoing and future longitudinal studies exploring mental health should include measures of racism to better understand its effects on health in a life course approach.

**Policy implications:** ARI1 of DHSC- To help prevent excess death and improve mental health of marginalized adolescents, it is imperative to identify the risk factors in order to suggest interventions in schools.

**The impact of different types of social media use on adult mental health – Ruth Plackett, University College London**

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Few studies have explored the association between social media use and mental health for adults and how the effect might change depending on how people use social media. This study investigated the relationship between the frequency of viewing and posting on social media and mental health problems among UK adults.

This study included 15,836 adults who participated in Understanding Society (USoc), a UK longitudinal survey. Frequency of viewing and posting on social media was measured in 2019-2021 (wave 11). Mental health problems were measured by the General Health Questionnaire in 2020-2022 (wave 12). Linear regression models were estimated for viewing and posting on social media, adjusting for sex, age, ethnicity, employment, and education.

We found no association between frequency of viewing social media and mental health problems in the following year. Adults who posted daily on social media had more mental health problems than those who never posted on social media (coef.=0.35, 95% CI: 0.014-0.68, P=0.04). Those who frequently viewed and posted had more mental health problems than those who rarely viewed or posted on social media (coef.=0.31, 95% CI: 0.04-0.58, P=0.03).

We found that a high frequency of posting on social media was associated with increased mental health problems a year later, but frequency of viewing social media content was not. This suggests some types of active social media use have a stronger link to mental health outcomes than others. More research is needed to understand the mechanisms underlying these patterns to inform targeted interventions and policies.

**Prevalence and persistence of loneliness among minority ethnic and LGB populations in the UK – Isla Rippon, Brunel University London**

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Loneliness has been identified as a major public health problem. The Department for Culture, Media and Sport would like to establish how widespread loneliness is and who is affected by it. Although there is a substantial body of research about loneliness in older adults in the UK, there is a significant evidence gap reporting experiences of loneliness among older people from ethnic minorities and those who identify as lesbian, gay, or bisexual (LGB). The aim of the study was firstly to establish the prevalence of loneliness in people aged 50 and over from ethnic minorities and those who identify as LGB and secondly to consider loneliness transitions. Data were drawn from 7,646 respondents who participated in waves 9 to 12 of Understanding Society. Loneliness was measured using the three-item UCLA scale. 1.7% of participants identified as LGB and 4.3% as Asian, 2.5% as black and 1.4% as mixed or other ethnicity. Loneliness prevalence at baseline was higher for LGB participants (35.8%) and for black (30.7%), Asian (29.9%) and other ethnic minority (32.0%) respondents in comparison with heterosexual (20.6%) or white (20.2%) respondents. Across the four waves a higher proportion of LGB respondents and respondents from black, Asian and other ethnic minorities were more likely to be consistently lonely in comparison to heterosexual or white respondents. Preliminary findings indicate that only living alone maybe a common predictor for persistent loneliness across groups. The higher level of persistent loneliness in the two groups has potential implications for their health and wellbeing.

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14:25 – 15:25 Research showcase session #2

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### 2A Health inequalities

Room: Main hall

#### **Health inequalities in midlife in the UK and USA: Comparison of two nationally representative cohorts – Charis Bridger Staatz, University College London**

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Older adults in the United States (US) have worse health and wider socioeconomic inequalities in health compared to Britain. Less is known about how health in the two countries compares in midlife, a time of emerging health decline, including inequalities in health. Midlife presents an important time in the life course when there is an opportunity to promote healthy aging.

We compare measures of smoking, alcohol consumption, obesity, self-rated health, cholesterol, blood pressure, and glycated haemoglobin using population-weighted modified Poisson regression in the 1970 British Cohort Study (BCS70) in Britain (N= 9,665) and the National Longitudinal Study of Adolescent to Adult Health (Add Health) in the US (N=12,297), when cohort members were aged 34-46 and 33-43, respectively. We test whether associations vary by early- and mid-life socioeconomic position.

US adults had higher levels of obesity, high blood pressure and high cholesterol. Prevalence of poor self-rated health, heavy drinking, and smoking was worse in Britain. We found smaller socioeconomic inequalities in midlife health in Britain compared to the US. For some outcomes (e.g., smoking), the most socioeconomically advantaged group in the US was healthier than the equivalent group in Britain. For other outcomes (hypertension and cholesterol), the most advantaged US group fared equal to or worse than the most disadvantaged groups in Britain.

US adults have worse cardiometabolic health than British counterparts, even in early midlife. The smaller socioeconomic inequalities and better overall health in Britain may reflect differences in access to health care, welfare systems, or other environmental risk factors.

#### **Estimating the economic burden of heat stress on health systems through the lens of hospital admissions in Brazil – Huiqi Chen, London School of Hygiene and Tropical Medicine**

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Climate change poses significant challenges to global health, with rising temperatures exerting profound impacts on public health systems worldwide. While existing research has predominantly focused on short-term assessments of hospital admissions due to heat-related illnesses, there remains a critical gap in understanding the long-term economic implications of heat stress on health systems, particularly in countries like Brazil. This study aims to address this gap by assessing the economic impact of heat stress on the health system in Brazil, and exploring how effects differ over time and across subnational regions.

Using data from the Brazil Hospital Information System spanning 2008 to 2019, we analyzed daily hospital admissions for all causes across nearly 2000 Brazilian cities. Gridded daily maximum temperature data from ERA5 was utilized to define heat stress, incorporating both ambient heat and heatwave. Employing a distributed lag non-linear model, we examined the relationship between heat stress and hospitalization risk for each city. Moreover, morbidity costs were estimated using a 'cost-of-illness' approach that included direct medical costs (hospital admissions), indirect costs (loss of production), and intangible components.

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Preliminary findings suggest that heat stress significantly increases morbidity risks in Brazilian cities, with varying thresholds for adverse effects across regions. Spatiotemporal analyses indicate differentiated projected impacts on the burden for the Brazilian health system from 2008 to 2050. Our analysis underscores the importance of leveraging routinely collected health data to elucidate the long-term impacts of heat stress on health systems, offering valuable insights for policymakers tasked with developing climate mitigation strategies.

### **Intergenerational transmission of health in the UK – Nancy Daza Baez, University College London**

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"Individuals who grow up in households where their parents have poor health tend to have poorer health during their lives. In light of this fact, this paper examines the intergenerational transmission of health in the UK by using data from the 1970 British Cohort Study. We decompose the general health status of mothers and their offspring into four categories (no health problems, physical health problems, mental health problems and comorbidity of physical and mental health problems) to determine if the likelihood that an offspring falls into a specific category of the health status differs among the different categories of the mother's health status, with a particular focus on the comorbidity of health problems. The results show that if the mother has poor mental health or comorbidity of health issues during the offspring's early childhood or adolescence, it significantly increases the likelihood of their offspring having mental health problems in early adulthood and comorbidity of health problems in early and mid-adulthood. Daughters tend to develop mental health problems in early adulthood that turn into comorbidity of health problems in mid-adulthood. For sons whose mothers had mental health problems or comorbidity of health problems during their adolescence, comorbidity of health problems was found to persist during early and mid-adulthood without any ambiguity. To prevent the adverse effects of maternal physical and mental health on children, support programs should be provided for children living with affected mothers. This can help reduce long-term health impacts and offer additional benefits.

### **Impact of direct payments on care outcomes among older people in England – Jinbao Zhang, University of Kent**

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**Objectives:** Direct Payments have been rolled out in England to empower individuals with choice and control over service arrangements. However, evidence on the effectiveness of Direct Payments for older people is limited. This study investigates the impact of Direct Payments on care outcomes and explores how the policy impacts vary among older people.

**Methods:** This study used data from the English Longitudinal Study of Ageing (ELSA, 2012-2023) on adults 65 and older who used Direct Payments or managed care (n = 568). We conducted propensity score matching methods to estimate the impact of Direct Payments on unmet needs, depressive symptoms, and quality of life.

**Results:** Direct Payments reduced unmet needs and had non-significant effects on depressive symptoms and quality of life. Older people with a moderate-to-high likelihood of using Direct Payments significantly benefit from it in addressing unmet needs.

**Discussion:** Our findings suggest that Direct Payments effectively improve care outcomes for older people, and those from advantaged backgrounds are more likely to benefit from it. Policymakers and practitioners should support the disadvantaged and mitigate disparities in care outcomes.

### **How do means test thresholds for publicly funded social care services impact the utilisation of formal and informal care among older people in England? – Jingwen Zhang, University of Sheffield**

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With the rapid population ageing and surging care needs, the sustainability of adult social care funding and equitable access to social care services have been key policy concerns in England. Under the current system, people's eligibility for public funding for social care services involves a means test, conditioning on whether their household assets are above the £23,250 threshold. This study aims to examine the impact of public funding eligibility on older people's use of formal care and informal care in England. Data comprising 6058 pooled observations from older people aged 65 and over having care needs were drawn from the English Longitudinal Study of Ageing (2012/13-2020/21). We used the regression discontinuity design to exploit the quasi-randomisation around the asset threshold defined by the funding policy. The results show that public funding for adult social care services can increase older people's use of paid social care services (home care and nursing homes). However, we also found that public funding does not have a significant impact on people's use of unpaid professional services (voluntary helpers and council workers) and informal care (family members and friends). The findings inform the policy debates on the means test system of adult social care, suggesting that public funding support could enhance access to formal social care services for economically disadvantaged older people, but it will not 'crowd out' the support from their informal caregivers.

**2B Trauma and adversity**

**Room: Bloomsbury and Foster**

**Testing whether multi-level factors protect poly-victimised children against early adult psychopathology: A longitudinal cohort study – Flora Blangis, King’s College London**

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Societal significance: Childhood victimisation is associated with poorer mental health in early adulthood, and thus it is important to identify ways to mitigate against this. This aligns with the priorities outlined in Public Health England’s Strategy 2020-25, which aim to promote good mental health and prevent mental illness.

Objectives: To investigate individual-, family-, community-, and cross-level putative protective factors between childhood poly-victimization and early-adult psychopathology.

Sample: We used data from the Environmental Risk (E-Risk) Longitudinal Twin Study, a nationally-representative cohort of 2232 children born in 1994-1995 across England and Wales and followed to 18 years of age (with 93% retention, n=2066).

Methods: Poly-victimisation (i.e., exposure to 2 or more of: physical abuse, sexual abuse, emotional abuse and neglect, physical neglect, bullying by peers, and domestic violence) and putative protective factors were prospectively measured between ages 5-12 years. Early-adult psychopathology was assessed at age 18 and used to construct a continuous latent factor of general psychopathology.

Results: Approximately a third (n=720) of twin participants were reported as poly-victimised (53% male) and had greater levels of general psychopathology at age 18 than non-poly-victimised children (adjusted  $OE \leq 4.80$ ; 95%CI: 3.13-6.47;  $p < .001$ ). Presence of a supportive adult was associated with lower levels of general psychopathology among poly-victimised children (adjusted  $OE \leq -0.61$ ; 95%CI: -0.99--0.23;  $p = .002$ ). Positive atmosphere at home, higher parental monitoring, and greater neighbourhood cohesion showed a protective trend. Similar results were found in the whole sample.

Implications: Identifying these protective factors supports the implementation of universal prevention strategies that include interventions at multiple levels.

**Effect of exposure to conflict and to conflict-related sexual violence on marital and non-marital adolescent fertility in the Democratic Republic of Congo – Guerschom Mugisho, Paris 1 Pantheon-Sorbonne**

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The Democratic Republic of Congo (DRC) has been in conflict since 1996. These conflicts have been accompanied by massive sexual violence against women and girls under 18 years. The aim of this study is to analyse the specific role of conflict and conflict-related sexual violence on the risk of first adolescent pregnancy in urban and rural DRC.

We used data from the 2007 Demographic and Health Surveys and geo-referenced data on conflict (UCDP-GED) and conflict-related sexual violence (GEO-SVAC). First, we used a binary discrete-time logistic model to analyse the effect of exposure to conflict and conflict-related sexual violence on the odds of first adolescent conception (marital or non-marital). Second, we considered first marital and first non-marital adolescent conception as two competing events and used a multinomial discrete-time logistic model to analyse the effect of exposure to conflict and conflict-related sexual violence on the occurrence of each event.

We found that (1) exposure to conflict is associated with an increased risk of first marital adolescent conception and adolescent conception (marital and non-marital), with a stronger effect in rural areas,



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(2) exposure to conflict-related sexual violence is associated with a high risk of first non-marital adolescent conception, with a stronger effect in rural areas.

Our findings suggest the need to provide contraceptives and raise awareness of their use among adolescent girls in general and those living in rural conflict areas in particular, and to strictly enforce the law against parents or guardians who give away their daughters under 18 years in marriage.

### **Researching the journey from childhood autistic traits to PTSD: Implications for policy – Alice Quinton, King’s College London**

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(1) Autistic young people face increased risks of mental health issues and adverse childhood experiences, yet have often been overlooked in post-traumatic stress disorder (PTSD) research. This longitudinal study is crucial for understanding if autistic traits in childhood play a role in vulnerability to PTSD in early adulthood.

(2) This study investigated whether high autistic traits in childhood predispose individuals to traumatic experiences and PTSD by age 18, alongside exploring associations with general psychopathology and occupational functioning.

(3) Data was from 1,504 children in the Environmental Risk (E-Risk) Longitudinal Twin Study, whose parents completed the Childhood Autism Spectrum Test (CAST).

(4) Regression analyses examined associations between childhood autistic traits and age-18 outcomes, controlling for key confounders such as sex, family socioeconomic status, and intelligence quotient.

(5) Higher autistic traits in childhood were significantly associated with increased reports of lifetime trauma exposure, PTSD diagnosis, general psychopathology, and poor occupational functioning at age 18. Associations with PTSD and general psychopathology remained robust even after adjusting for confounders.

(6) These findings highlight the urgent need for tailored assessment and evidence-based interventions for PTSD in children with autistic traits, contributing to the evidence of increased PTSD risk in autistic children. Policy implications include integrating trauma-informed and neurodiversity-informed approaches into mental healthcare, education, and social policy to reduce adverse experiences and support these children effectively. This encompasses developing tailored therapies, implementing trauma-informed approaches in special educational needs, and supporting families with neurodivergent children through social policies to foster a more inclusive and supportive societal environment.

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### **Childhood trauma as a mediator between autistic traits and depression: Evidence from the ALSPAC birth cohort – Jack Underwood, Cardiff University**

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**Background:** Autistic individuals are much more likely to experience depression. Autism and autistic traits have also been associated with greater risk of childhood trauma. The interplay of these exposures is little explored. We therefore set out to examine the role that childhood trauma plays in the association between autism, autistic traits and depression in adulthood.

**Methods:** We used the ALSPAC cohort with phenotype and genotype data on autism, autistic traits, childhood trauma and depression in 9,659 individuals prospectively followed up from birth until age 28 years. Using mixed-effects growth-curve models, we assessed trajectories of depression symptoms over time testing combinations of autistic traits and trauma exposures. We further investigated the association between autism/ autistic traits and depression in adulthood using confounder-adjusted logistic regression models plus mediation analyses to investigate the relationship with childhood trauma.

**Results:** All autism variables demonstrated increased depressive symptom trajectories between ages 10-28 years. Social communication difficulties (SCDs) were the most strongly associated with a depression diagnosis in adulthood (age 24 OR= 2.15; 95%CIs: 1.22-3.76). Trauma and autistic traits combined to further increase depression symptom scores. Mediation analyses suggested that autistic traits increased risk of depression directly, and indirectly through increased risk of trauma.

**Implications:** Autism/ autistic traits increase the odds of experiencing childhood trauma and being diagnosed with later depression, with depressive symptom trajectories persistent into adulthood. The combined effect of SCDs and childhood trauma is greater than the individual exposures, and specific identified trait/ trauma combinations may discern targets for potential therapeutic interventions.

### **Maternal expressed emotion and adolescent mental health: Using longitudinal monozygotic twin-difference analyses to approach causal inference – Alice Wickersham and Zoë Firth, King's College London**

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A current area of research interest for the Department of Health and Social Care is accurately identifying those at risk of poor health outcomes. One possible indicator of future mental health problems is maternal expressions of emotion about offspring, or expressed emotion (EE). We explored the association between maternal EE towards twin offspring and subsequent mental health outcomes in early and late adolescence. We investigated this using the Environmental Risk (E-Risk) Longitudinal Twin Study, a population-based cohort study of same-sex twin children born in 1994-1995 across England and Wales. Maternal EE (levels of warmth and negativity) was assessed from Five Minute Speech Samples obtained when the twins were aged 10, and mental health outcomes were assessed mainly through face-to-face interviews with each twin at ages 12 and 18. Among the 1,906 participants analysed, linear regressions adjusted for sex, family socioeconomic status, and age-5 emotional and behavioural problems showed that lower maternal warmth and higher maternal negativity were associated with worse mental health outcomes at ages 12 and 18. We then limited the sample to monozygotic twins for a twin-difference analysis to control for unmeasured shared environmental and genetic factors, and found that higher negativity and lower warmth remained robustly associated with more externalising symptoms in adolescence, and negativity also with poorer general psychopathology. This genetically-sensitive design allows us to approach causal inference, highlighting maternal EE as a potential indicator to predict risk of poor mental health and identify families who would benefit from interventions and mental health disorder prevention programmes.

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### **Brexit Ripple Effect: Shifting perspectives on climate change in Europe – Alessia Casamassima, European University Institute**

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The United Kingdom's decision to depart from the European Union has prompted a broad spectrum of questions and concerns among neighbouring nations. This study examines whether the UK's Brexit experience has influenced European citizens' voting preferences and their trust in EU institutions, particularly in the context of climate change. Utilizing data from the European Social Survey spanning the years before and after the UK's exit from the EU (2016 and 2021), we investigate whether European apprehensions regarding climate change correlate with shifts in trust toward European institutions. Our analysis focuses on individuals' hypothetical voting preferences in a potential referendum similar to the UK's experience. Since our outcome embodies the individuals' 'worry about climate change and is represented by a 3-Likert scale, we applied an Ordered Logistic Model considering a pre-post approach. We examine the interaction term between a dummy variable which embodies the pre- and post-Brexit period, and the categorical variable showing individuals' 'vote preferences. Our preliminary estimations suggest that individuals showing a desire to remain in the EU in 2016 exhibit a higher predicted probability of expressing concern about climate change compared to those expressing a similar sentiment in 2021. This preliminary outcome seems to suggest that people may fear that the absence of coordinated efforts among countries poses a significant obstacle in addressing the challenges of climate change effectively. This lack of coordination not only undermines collective efforts but also amplifies the severity of climate-related crises, exacerbating their consequences on both a local and global scale.

#### **2C Labour market**

**Room: Tavistock**

### **The impact of loneliness on employment outcomes: Evidence from a nationally representative longitudinal study of young adults – Bridget Bryan, King's College London**

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The negative health consequences of loneliness have led to increasing concern about the economic cost of loneliness in recent years. Loneliness may also incur an economic burden more directly, by impacting individuals' economic activity and progression in work, a key Area of Research Interest for the UK government. However, much of the research to date has utilised cross-sectional data, leaving questions around the robustness of the association and reverse causation. This study used longitudinal data to test prospective associations between loneliness and multiple indicators of labour market performance in young adulthood, specifically, whether participants who were lonelier at age 12 were more likely to be out of employment, education and training (NEET) and lower on employability and subjective social status as young adults. Data were drawn from the Environmental Risk (E-Risk) Longitudinal Twin Study, a cohort of 2,232 individuals born in England and Wales during 1994-1995. Loneliness and social status were measured at ages 12, 18 and 26. Employability and NEET status were assessed at age 18. Findings indicate that loneliness at age 12 was prospectively associated with reduced employability and social status in young adulthood. The association between loneliness and lower status in young adulthood was robust when controlling for a range of confounders using a sibling-control design. Results also indicate that loneliness is unidirectionally associated with reduced status across adolescence and young adulthood. Overall, our findings suggest that addressing loneliness early in life could improve individuals' progression into work and benefit the economy through reduced productivity costs.

### **The scarring effect of graduate underemployment: Evidence from the UK – Kalyan Kumar Kameshwara, University of Westminster**

The UK has one of the highest proportions of tertiary educated workers in Europe, but also the highest rates of graduates not attaining graduate level jobs i.e. being underemployed, and highest wage penalty for graduate underemployment. Little is known however about the extent to which there is a scarring effect of early graduate underemployment for future graduate labour market outcomes. In this paper, we use linked survey and administrative data to examine the scarring effect of graduate underemployment for 55,000 graduates from undergraduate degrees in the UK in 2013. Graduate outcomes at 6-months and 42-months post-graduation are recorded and linked to their education records covering their higher education, school prior attainment, demographics and family background. We find that compared to attaining a graduate job 6-months post-graduation, early experience of underemployment increases the probability of being underemployed three years later by 0.24 after controlling for a rich set of covariates. This is a large effect relative to the base risk of underemployment at 42-months for those in a graduate job at 6-months which is just 0.07. We then construct Oster (2019) bounds for the causal effect of the early underemployment and under realistic assumptions find a range of 0.18-0.24, suggesting that early underemployment causally increases the chances of later underemployment by at least 0.18. This is an important finding as early graduate underemployment is both much more prevalent and much more persistent than early unemployment, and has similar negative effects on the prospects of attaining a graduate job in the future.

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**Evaluating the mental health effects of the £20 uplift among UK benefit claimants during COVID-19 – Marina Kousta, King’s College London**

In response to the Covid-19 pandemic, the UK government introduced a weekly –£20 uplift to Universal Credit (UC) and Working Tax Credits (WTC), but not to other benefits. Evaluations of such policy changes are essential for informing policymakers of the wider impacts of public policies on health inequalities, especially when it concerns vulnerable groups at increased risk of poor (mental) health, such as benefit claimants. This paper evaluates the mental health effects of the uplift among welfare recipients. Data came from four waves of the Understanding Society’s Main Survey, the UK’s largest longitudinal household survey. The General Health Questionnaire-36 measured psychological distress. The exposure variable identified between people who were claiming UC/WTC (treated group), and those on legacy benefits who were not eligible for the uplift (comparison group). Entropy balancing was employed to match the covariates between the control and treatment groups, followed by a staggered Differences-in-Differences model, to assess the mental health effects of the uplift. Results from a preliminary study indicate that the uplift was protective of the mental health of UC/WTC claimants during the pandemic, compared to the comparison group of legacy claimants. These findings raise questions as to why policymakers decided not to extend eligibility for the uplift to other benefit claimants, who were also vulnerable to the shocks of the pandemic. Considering the increased prevalence of poor (mental) health among most benefit claimants in the UK, future changes in public policies should consider potential health and wellbeing effects, as well as equity concerns.

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**Disadvantaging single parents? Effects of long family leaves on single and partnered mothers’ labour market outcomes in Finland – Kathrin Morosow, University of Manchester**

One aim of family leaves is to help mothers combine paid work and childcare, yet longer leaves have been shown to weaken women's labour market positions. Moreover, longer leaves can have differential effects across population groups. This study compares the consequences of longer family leaves for single and partnered mothers’ labour market outcomes as measured by unemployment and earnings. We use Finnish register data for 1989 to 2014 to interact mothers’ partnership status with the accumulated family leave length. To consider selection into being a single mother, we compare estimates from OLS and FE models. The results indicate that longer leaves are positively associated

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with post-leave unemployment in both groups but more strongly among single mothers. Longer leaves are linked to similar lower annual earnings among both single and partnered mothers. We conclude that longer family leaves disproportionately disadvantage single mothers' employment chances, highlighting the heterogeneity of consequences. These disadvantages are not due to selection into single motherhood, suggesting potential discrimination or work-family reconciliation problems.

### **The new geography of remote workers: Evidence from linked employer-employee data – Davide Rigo, London School of Economics**

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The COVID-19 pandemic has permanently altered work paradigms, significantly influencing societal structures and economic landscapes. This research aims to explore how these changes, particularly the rise in work-from-home (WFH) arrangements, have reshaped firms' local labour markets and affected firm performance.

Utilizing comprehensive administrative matched employer-employee data for the universe of French private sector employees, we derive commute distances between employees and their respective workplaces. We document that the average French firm experienced approximately a 6% increase in the commute distance of its employees compared to the pre-pandemic period. This shift is predominantly due to incumbent firms hiring individuals located farther away, with a more pronounced effect in occupations with high WFH potential. Furthermore, instrumenting changes in commute distance with firm-level pre-pandemic WFH potential, we find that firms with larger increases in commute distance experienced significant increases in productivity since the pandemic outbreak.

These findings carry profound implications for policy and practice, suggesting a reevaluation of conventional work arrangements and spatial economic theories. They support a potential paradigm shift towards more flexible working environments, which could lead to sustained productivity gains while also addressing contemporary societal challenges such as urban congestion and work-life balance. Future research will delve into the heterogeneity of these effects across different sectors and demographics to inform targeted policy interventions.

### **Does the UK furlough scheme mitigate psychological distress during the pandemic? – Enza Simeone, University of Turin**

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The UK Coronavirus Job Retention scheme (CJRS) was a temporary scheme introduced during the COVID-19 crisis and its beneficial impact on mental health should be considered in designing policies to face the economic crises and enhance economic growth. We mainly investigate whether the CJRS can mitigate individuals' psychological distress of those on furlough, especially for individual living in neighbourhood with low levels of social cohesion (that are individuals lacking other forms of supports). We use the UKHLS and the April-July 2020 data from the COVID-19 survey. Our sample is an unbalanced panel composed by almost 8210 individuals per year, aged 17-65 and living in 373 Local Authorities. We implement a three-levels linear model with data that are clustered with 'occasions' at level 1, individuals at level 2, and Local Authorities (LA) at level 3.

We achieve the following results. First, employees as well as furlough workers appear to experience less distress than, respectively, unemployed and inactive individuals. Second, the CJRS appears to be beneficial for mental health decreasing psychological distress. Third, individuals perceiving neighbourhoods deprivation appear to experience, on average, higher level of distress. Fourth, individuals experiencing neighbourhood social cohesion deprivation appear to benefit more (in terms of distress reduction) from the CJRS than individuals living in more cohesive neighbourhoods.

Considering the COVID-19 ARIs for the UK Parliament, specific policies aimed to improve social cohesion in deprived neighbourhoods could be beneficial to contain individual psychological distress

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during economic crises and, therefore, containing costs of treating mental health disorders and productivity losses.