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Social justice in crisis

In the UK, a supposedly progressive government is taking a leaf out of the right-wing playbook by slashing disability benefits

What keeps you awake at night? For me, these days, however persistent the thoughts spooling in my mind can be, I have to admit that they are not, really, frightening. This is in contrast to my younger days when, living in the US, anxieties about not having enough money, not being able to manage, knowing there was no safety net, could fill my nights with dread and stomach-churning anxiety. I have gone without medical treatment because I couldn't afford it, shopped for groceries with a calculator checking every item against a tiny budget, and juggled the unpaid bills and the increasingly threatening demands for payment. It's hard to describe the blessedness of financial security to those who have never known precarity, and hard also to keep the horror alive in one's mind, so blissful is it to be out of that misery.

It isn't just my own feelings and experience that tell me how vitally important it is, for mental health and wellbeing, to feel financially secure. At the University of York, I convene a Cost of Living Research Group that has demonstrated time and time again, with both quantitative and qualitative methods, the devastating psychological impact of poverty. The statistics are damning — even short-term changes in financial circumstances are mirrored by fluctuations in both anxiety and depression. The stories are heart-breaking: 'Freezing, being hungry, no breaks, no let-up ever takes a huge toll on your body…I'm so afraid of what's coming…'

Now, a supposedly progressive UK Labour government, elected on a manifesto promise to 'end sticking plaster politics… and meet the long-term challenges the country faces', is taking a leaf out of the right-wing playbook, slashing disability benefit payments because, they say, too many work-shy people 'lack aspiration' and too many people are diagnosed with mental illness and then 'written off': the implication being that the country is weighed down by a mass of the not-really-mentally-ill, scrounging off the state when they should be out there working.

Investing in prevention instead

Never mind that people with mental illness-related benefits are already far more likely to have them removed than someone with a physical illness or disability and that seven times out of 10, the decision to not grant the benefit turns out to be wrong. Never mind that the process of applying for disability-related social security itself is degrading and stigmatising and the opposite of what might be helpful in supporting someone into recovery and work. Never mind the mind-numbing stressful reality of low-paid, precarious, zero-hours work and what the late David Graeber so memorably called 'bullshit jobs'. Never mind all that, never mind compassion and empathy and fairness and social justice, and all of the other arguments one might make for not imposing financial insecurity on the most vulnerable in society: it is, in the end, quite simply, economically really stupid.

It isn't just kinder, or fairer, or the ethical thing to do, investing in the *prevention* of mental health problems, and especially the prevention of the common mental disorders of depression and anxiety that are crippling such high numbers of people and trapping them in poverty and benefit dependency — it saves far more than it costs. Much more. Any estimate of the cost of *not* preventing mental ill health rapidly gets to very big numbers. In our report on the health of children in the North of England following the Covid-19 pandemic, Health Equity North calculated that the mental health conditions that children developed in just those regions of England alone would cost £13.2 billion in lost productivity over their lifetimes. So, yes, in the end, investing in prevention will eventually decrease the number of working-age people unable to work because of poor mental health, and ultimately save on the disability benefits that the government is now cutting.

A basic income could prevent or delay the development of anxiety and depression in young adults to such an extent that it could save £4.2 billion over a 20-year period.

But investing in prevention would also save in ways that cutting benefits will not. It would save on the costs of hospitalisations, medications, therapy and long-term care. It would save on the costs of the physical illnesses that increase when people are mentally unwell (digestive disorders, heart disease, obesity, diabetes, chronic pain etc). It would save on the knock-on costs of homelessness, substance use and interactions with social services, and even the criminal justice system (more than half of prisoners are mentally unwell). It would save on social services and housing assistance. On top of the savings on the economic and productivity losses

of worklessness, it would save on absenteeism (missing work) and presenteeism (being at work but too unwell to work well).

What would those investments and prevention strategies look like? My colleague Dr Katie Pybus sets them out clearly in a new book, *Fairer Welfare Systems for Better Mental Health*. You cannot, she says, 'create policies on the basis of anecdote… good evidence is needed in order to make meaningful change' and she sets out the evidence for a whole system approach that would put poverty reduction and mental health promotion at the centre of social policy. This would include bringing more people with experience of ill health and welfare into policymaking, approaching mental ill health from a trauma-informed perspective (trying to understand *how* someone has come to be distressed) and implementing effective approaches as one developed in Trieste, Italy in the 1970s that provides high-quality housing, income support and leisure services to the mentally unwell. Implementing a 'Mental Health in All Policies' approach would help, as would the Socioeconomic Duty of the 2010 Equality Act, so that public bodies are required to assess the impact of policy on socioeconomic inequalities.

A long-term game

Fundamentally, though, what people need is a secure income to combat the psychological harms caused by poverty and precarity. We need to begin planning for a Universal Basic Income that would bring everyone up to the Minimum Income Standard. Modelling suggests that a basic income could prevent or delay the development of anxiety and depression in young adults to such an extent that it could save £4.2 billion over a 20-year period, not far off the £5 billion the government plans to cut. Extended to all adults, annual savings for health and social services alone come in at £126 million to just over £1 billion.

So why isn't the UK government looking at the evidence and making the cost-effective policy choices suggested by the science and social science evidence? If it was a right-wing government, I might have expected this cruel stupidity, but I'm devasted to see such blindness from a supposedly social democratic party. I am going to give the government the credit of not being ignorant of the evidence, so why are they ignoring it?

One of the issues will be the time scales involved. Prevention is a long-term game. The benefits of action on the social determinants of poor mental health and worklessness will take time to be realised in cost-savings, productivity and a healthier, happier society. This doesn't fit neatly into the limited time horizon of a government that has to seek re-

election a mere four years from now. It would also be easier for the government to do the right thing if they had the courage to face up how they could fund those beneficial investments in public services and people's livelihoods. A government minister defended the disability benefit cuts by saying you can't 'tax and borrow your way out of the need to reform the state'. Well, yes, you can. A two per cent tax on the 0.04 per cent of the population who have assets worth more than £10 million would raise £24 billion a year. Job done.

There are 3.6 million people claiming the benefits that the government has in its sights: there will be sleeplessness, there will be soaring symptoms and spiralling stress, there will be suicides. There will be a price to pay.

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