

Income, health, and social welfare policies

Socioeconomic status and income are determinants of health, linked to life expectancy, quality of life, and disease risk, with many diseases more prevalent in people from low socioeconomic status. Individuals from socioeconomically deprived backgrounds are also more susceptible to the effects of unhealthy lifestyles. Unequal distribution of income and health inequality are closely linked. This issue of *The Lancet Public Health* features research that explores further the interconnection between income and health, and the health consequences of government policies that shape personal income.

Mika Kivimäki and colleagues dissect the association between socioeconomic status and disease development. They show that poorer health is socioeconomically patterned (with low socioeconomic status associated with increased risk for 18 of the 56 conditions they considered) and can become entrenched over the life-course in a chain of disadvantage. Against this backdrop of economic disadvantage, social welfare systems provide a safety net—how they are implemented or reformed could influence population health and health inequalities.

The study by Sophie Wickham and colleagues takes a natural experiment approach to evaluate the mental health impact of the Universal Credit reform in the UK—a scheme that rolled together six benefits into one online-only system, and increased conditionality. Wickham and colleagues' findings strongly suggest that the introduction of Universal Credit led to an increase in psychological distress among people affected by the policy and they estimate that more than 20 000 people might have had clinical depression as a result. Consistent with these concerns, the National Audit Office, the government watchdog, noted in its Feb 7 report that at least 69 suicides could have been linked to problems with benefit claims over the past 6 years. The charity Salvation Army also warns that rolling out Universal Credit in its current form could “steamroll vulnerable people into poverty”, as many people—particularly those with mental illness—struggle to apply for and maintain a Universal Credit benefit claim. For Peter Craig and Vittal Katikireddi, the Universal Credit case has important implications for how welfare reform changes are evaluated: “Policy makers must take seriously the health effects of reforms”.

Mitigating the harms and enhancing the positive effects of any reforms is crucial. For Colin Angus, “A key question for decision makers who seek to reduce inequalities in health is how to compare the potential inequality effects of disparate policies, or how to determine the overall effect of a broad suite of policies on inequality.” The study lead by Liz Richardson provides a good example of modelling the potential impact of 12 different income policies—targeting taxation, wage law, or benefits—on household income and how these income changes would affect mortality and health inequalities in Scotland. The authors estimate that a policy increasing means-tested benefits by 50% would increase income in the lowest decile households the most and would produce the largest overall decrease in years of life lost. Policies introducing citizen basic income could also progressively increase household incomes and reduce inequality.

Interest has been growing in the concept of universal basic income—whereby a government guarantees each citizen a largely unconditional minimum income—as a means to redress mounting income inequality. Critics counter that it would be prohibitively expensive, would not target the most disadvantaged, and could reduce participation in the labour force. Marcia Gibson and colleagues reviewed the evidence on the potential effects on health and socioeconomic outcomes of basic income-like interventions. Overall they found no evidence for large reductions in employment and some positive associations with some health outcomes (birthweight and mental health). Importantly, the review highlights the paucity of evidence on universal basic income and the need for more extensive trials and modelling to understand its wider health, economic, and social implications.

Governments face considerable challenges to ensure a socially just distribution of income and quality of life for their citizens. Novel progressive and redistributive fiscal policies might have the potential to tackle socioeconomic health inequalities, but building the evidence base using a wide range of methods, as exemplified in this issue, remains crucial. Evaluating social welfare policies from a public health perspective is essential if we are to avoid prolonging or worsening inequalities.

■ *The Lancet Public Health*

Copyright © 2020 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license.



See **Comment** page e130, e131 and e133

See **Articles** pages e140, e150 and e157

See **Review** page e165

For the **NAO report** see <https://www.nao.org.uk/wp-content/uploads/2020/02/Information-held-by-the-DWP-on-deaths-by-suicide-of-benefit-claimants.pdf>

For the **Salvation Army call** see <https://www.theguardian.com/society/2020/feb/11/universal-credit-could-steamroll-vulnerable-into-poverty-salvation-army>