

Annex A: Methodology

A.1 Research design

This research project consisted of:

- A review of the academic and grey literature, and existing government policy
- Qualitative depth surveys with members of the Money and Mental Health Research Community, a group of more than 5,000 volunteers with personal experience of living with a mental health problem, or of supporting someone who does
- Analysis of NHS Digital, Adult Psychiatric Morbidity Survey 2007 and 2014 and ONS, Labour Force Survey Q1 2018 - Q4 2019

Further details on each component of the research are provided below.

A mixed methods approach was used to combine statistics on the incomes, employment and benefits circumstances of people with experience of mental health problems, together with rich qualitative data on people's mental health and finances.

We are grateful to all those who supported this research by sharing their personal experience.

A.2 Literature review

Researchers completed a review of the existing literature on developments in the labour market and benefits system over the last 13 years. This included changes in the benefits system, the value of benefits and policies around employment support. Articles for review were identified using a snowball search strategy, searching key journals and databases.

Alongside this, a broad desk-based review was undertaken of grey literature published in response to the crisis. This review included literature on the current mental health and financial impact of the crisis, as well as future forecasts for the long-term impact of the crisis on people's finances and mental health.

A.3 Research Community qualitative depth surveys

As part of our research programme for the Mental Health and Income Commission, two previous surveys with the Research Community were carried out in April and May 2020. The results were used to inform our first report in the series, looking at the incomes of people with mental health problems.

Respondents to the survey in May were asked to express an interest in taking part in a piece of depth research, contributing at three points in time: June, August and once again in Autumn 2020. Engaging with respondents at three points in time allowed us an opportunity to understand how the coronavirus crisis has evolved and impacted on people's mental health problems and financial circumstances. From our initial call, 196 respondents expressed an interest in the depth research. From those 29 were sampled, and 15 completed full consents.

The depth research broadly considers how respondents' mental health problems have impacted their engagement with the labour market and benefits system over their life, and also how the coronavirus crisis has impacted on respondents' mental health and financial circumstances.

The research - in the form of an online, written survey - uses semi-structured questions to encourage respondents to write fully and freely about their experiences. The research is ongoing, with two of the three surveys completed. The final survey will be distributed in the autumn.

The first depth survey was distributed to 15 respondents between 14 June and 6 July. Ten respondents completed the survey. Open questions and prompts were used to explore:

- How respondents' incomes, and the security of those incomes, has changed over the past decade
- Respondents' personal and financial circumstances immediately before and during the coronavirus crisis, and their broader circumstances at that point in time.

The second was distributed between 7 August and 23 August to the ten respondents who completed the previous survey, of which eight completed the second survey. Open questions and prompts were used to explore:

- Respondents' income and mental health circumstances at that point in time
- How respondents' mental health problems had affected their ability to work over the last decade
- How respondents were feeling about their future income prospects.

To avoid causing distress to participants, all questions were optional. All survey responses were analysed thematically and used to develop the narrative and illustrate the report.

A final, third survey, will be distributed in Autumn 2020 to the 8 respondents who completed both the first and second survey. Respondents who complete all three surveys have been offered a £30 voucher as a thank you gift for taking part.

A.4 Quantitative data analysis

Adult Psychiatric Morbidity Survey

New analysis of the 2014 Adult Psychiatric Morbidity Survey (APMS) published in this report was conducted by NatCen.

The APMS is a large stratified probability sample survey of the adult population of England (aged 16 and over), carried out once every seven years. The two-phase survey design involves an initial interview with 7,528 people, followed by a further assessment with a subset of 630 participants by clinically trained interviewers. All analyses were conducted with data weighted to be representative of the household population aged 16 years and over, and controlled for complex survey design. The APMS assesses or screens for a range of different types of mental

disorder, from common conditions like depression and anxiety disorder through to rarer neurological and mental conditions such as psychotic disorder, attention-deficit/hyperactivity disorder (ADHD), and autism spectrum disorder (ASD).

This report has used data from the first phase of APMS interviews in 2007 and 2014. The analytical sample was restricted to the working age population (18-64-year-olds). Only those in paid employment, unemployed or economically inactive were included in the analytical sample. In 2007, data from those who were doing unpaid house work were excluded from the analysis (n=25) resulting in a final sample of 7,249. In 2014, those who work but are not paid were excluded (n=31) resulting in a final working-age population sample of 5,190. Data from 2007 were used to consider change over time. Only comparable variables measuring the same concepts both in 2007 and 2014 surveys were used to compare change over time.

Indicators were derived for use in this report. Long-term conditions indicated whether people had experienced at least one of the following conditions: PTSD, psychosis, bipolar disorder, antisocial personality disorder, borderline personality disorder, alcohol and/or drug dependence. Suicidality and self-harm indicated whether someone has had suicidal thoughts or attempted a suicide in the past year and/or engaged in non-suicidal self-harm in the past year. Severity of anxiety and depression categories were developed using the total CIS-R score and recommended cut-off threshold. A score of 11 or less indicated no strong evidence for the mental health condition. A score of 12 or more indicated 'any symptoms', including 'mild symptoms' warranting clinical recognition, a score of 18 or more was considered 'severe symptoms' and requiring intervention.

APMS collected information on respondents' income in a categorical variable where individuals were asked to select the appropriate income band for their individual income. As these income bands were relatively small, the mid-point (median) of these ranges has been used to create a continuous variable of estimated income for individual respondents. From these figures, average income values have been produced for the sub-groups of respondents below. As in much survey research, there was a relatively high level of question-specific non-response for questions asking about income levels, meaning that there is a relatively high level of missing data (9.4%) on people's individual income in the APMS. Other types of benefits reported in the tables include benefits not covered by JSA, ESA, Incapacity benefit or a housing benefit.

The mental health income gap figures produced in the report are in July 2020 prices, using the CPI. The 2014 APMS data was collected between May 2014 and September 2015. We take the average index figure over that period and use that as the baseline for uprating.

Labour Force Survey

The Labour Force Survey (LFS) is a large, quarterly survey of a representative sample of the UK population conducted and published by the ONS. Its questions focus on many issues relevant to income, including employment, unemployment, inactivity and occupation. Respondents are also asked questions about their health. In order to identify those who may be considered to have a mental health, we analysed LFS micro-data for eight quarters, rolling together data from

Q1 2018 through to Q4 2019. This allowed us a larger sample (acknowledging some people will appear in multiple quarters) and to better understand the employment and health circumstances of this population. As with the APMS, we focused on the working-age population (16-64).

Our mental health indicator was constructed using the HEAL and HEALPB, which ask respondents about health or disability problems limit the kind of paid work they can do, or such problems that they have had in the past. The phrasing of this question means the LFS and our mental health problem variable means that, compared to the APMS, the population here is likely to have more difficulties with their mental health in terms of their ability to work. While the HEALPB provides some corrective to this, capturing those who had previously had such conditions but say it no longer limits the amount of work they can do, this group comprised less than a tenth of the total of the population we define as having experienced a mental health problem. Respondents who said they had experienced “depression, bad nerves or anxiety” and/or “mental illness or suffer from phobias, panics or other nervous disorders” were included in our variable.

The employment gap was calculated by estimating the employment rate over the entire period (2018-19) for both those with a mental health problem and those without. The analysis then assumes then estimates the number of people with a mental health problem that would have to move from unemployment or inactivity into employment in order for those with a mental health problem to have the same employment rate as the group without a mental health problem. The same approach is taken for part-time workers. For each, and as the report makes clear, this is intended as something of a thought experiment and to begin to estimate the scale of the differences between the two groups. The analysis also does not account for compositional difference between the groups e.g. the higher proportion of women that have a mental health problem compared to men and their higher likelihood of being in part-time work.

For the occupational gap, the three lowest-paying occupational groups are considered: Elementary Occupations; Sales And Customer Service Occupations; and Caring, Leisure And Other Service Occupations. The ranking of these three as the lowest-paid occupations is based on median hourly wages excluding overtime from the 2019 Annual Survey of Hours and Earnings. As with the employment and part-time gap, we then estimate the number of people with a mental health problem that would have to move from such positions into typically better-paying occupations in order to have the same proportion in these lowest-paying occupations. We do not consider how those ‘movers’ would be distributed across the other occupational groups. Again, this is a thought experiment and an estimate of the difference in occupations between those with and without mental health problems. Median wages in large occupational groups conceal much variation, with some people in these typically lower-paying occupations earning more per hour than those in typically higher-paying ones. Another missing element is that while our analysis of the number of people with mental health problems who could move into other occupations includes the self-employed, the wage figures are based solely on employees.