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NIHR Alerts

Unemployment and insecure housing are linked to less successful treatment for depression

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The study

Buckman JEJ, Saunders R, Stott J, et al. Socioeconomic indicators of treatment prognosis for adults with depression: a systematic review and individual patient data meta-analysis. *JAMA Psychiatry* 2022;79:5.
To read the full NIHR Alert, go to: https://evidence.nihr.ac.uk/alert/unemployment-insecure-housing-linked-less-successful-depression-treatment/

Why was the study needed?

Between 2 and 4 million adults in the UK have depression. Many treatments are effective, but one in two people do not recover with the first treatment they receive. This can prompt them to disengage from services and increase the chance of poor long term outcomes.

The more severe and long term the depression is, the harder it is to treat. Anxiety, marital status, social support, and other factors also have an impact on people's recovery.

People whose social circumstances (income, housing or education, for example) are less favourable are more likely to develop mental health problems such as depression. However, before this study, it was not known how these circumstances affect people's response to treatment.

The researchers wanted to learn more about the impact of these socioeconomic factors on people's recovery from depression. Understanding this link could help health and care professionals tailor the support and treatment they offer.

What did the study do?

This review included data from nine high quality studies. In all, they included 4864 people who had been treated for depression at general practices in the UK. Treatment was with medicines, talking therapies, and/or structured exercise. Participants were 42 years old on average, and more than half (67%) were women.

Each individual's recovery was assessed three to four months after treatment started. The researchers considered four socioeconomic factors: employment status, housing, financial wellbeing, and education. They adjusted results for other factors that might influence recovery (depression severity and duration, anxiety, age, sex, and marital status).

What did it find?

The study found that, three to four months after treatment started:

- People who were unemployed had worse treatment outcomes than people in employment (depression symptom scores were 28% higher)
- People living with family or friends, in hostels, or homeless had worse treatment outcomes than home owners (depression symptom scores were 18% higher)
- People who were experiencing financial difficulties and had no qualification beyond school appeared to have a poorer recovery, but the link was less strong when other factors were taken into account.

Employment and secure housing had an ongoing effect. The researchers saw similar patterns six to eight months, and nine to 12 months after treatment started.

Why is this important?

The authors believe this is the first review to consider the link between socioeconomic factors and recovery from depression across different types of treatment.

The study found poorer outcomes after treatment for depression among people who are unemployed, experiencing financial difficulties, not home owners, and do not have educational qualifications beyond school. The research concluded that housing and employment status are likely to have a clinically meaningful effect on recovery, independent of the severity of depression, age, marital status, or other factors.

These findings can help tailor treatment for depression. In the initial assessment, GPs and other clinicians could ask people with depression about their employment status and housing. GPs might consider increasing the number of appointments offered, or the intensity or duration of treatment. Signposting to other local services able to support people with housing and employment issues could help.

Interventions to help people secure stable housing or employment have been shown to reduce symptoms of depression and improve quality of life. This research suggests that, for people with these difficulties, practical support may be necessary alongside standard treatments for depression. People who receive this support may be more able to engage with treatments, and may benefit more quickly.

What's next?

Future research is needed to explore what types of support would best help people at risk of poor recovery. Studies could investigate the optimal order in which to offer help. It may be that medicines or therapy are more effective for people with unfavourable social circumstances once they have received help with employment or housing, for example. In addition, this group of people might routinely need more intensive treatment strategies, and more regular reviews to adjust their treatment plan according to their progress. They may need a longer follow-up period.

This research did not include people with bipolar depression, other psychotic or personality disorders, neurological conditions, or children under age 16. In addition, some communities were not well represented, for example, people who are homeless or from marginalised backgrounds. Further research in all of these groups is needed.

The findings are relevant at a public health level. They may encourage government and local authorities to increase their efforts to tackle socioeconomic inequalities.

Competing interests: *The BMJ* has judged that there are no disqualifying financial ties to commercial companies. The authors declare the following other interests: none.

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