

# Long-Term Effects of Cash Transfer Programmes on Adolescents' and Young Adults' Mental Health and Its Social Determinants: A Quasi-Experimental Study of Three Countries

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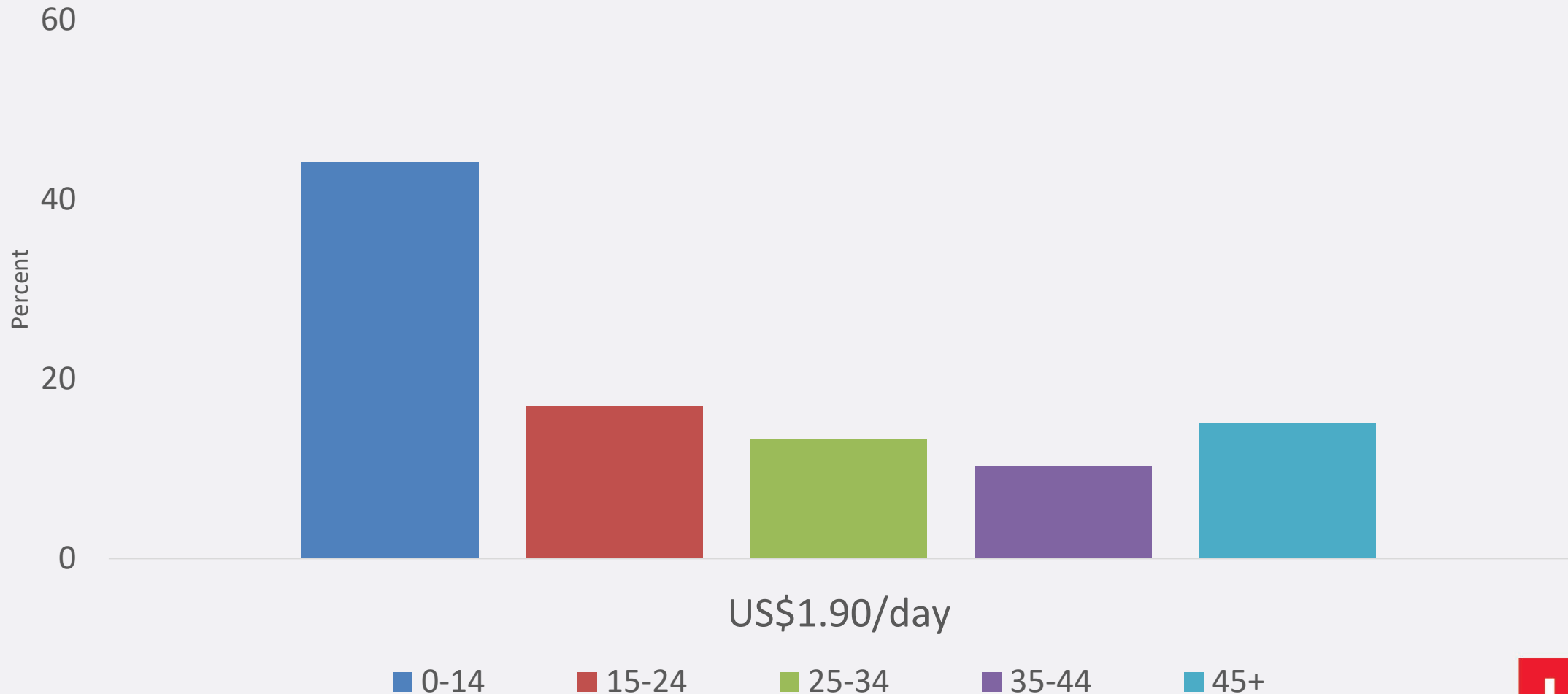


THE LONDON SCHOOL  
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# Overview

1. Context of poverty and youth mental health in LMICs
2. Does longer duration of exposure to CTPs during childhood (0-17 years) reduce depressive symptoms in early adulthood (18-30 years)?
3. If so, might increased education or employment explain the association with long-term mental health outcomes?

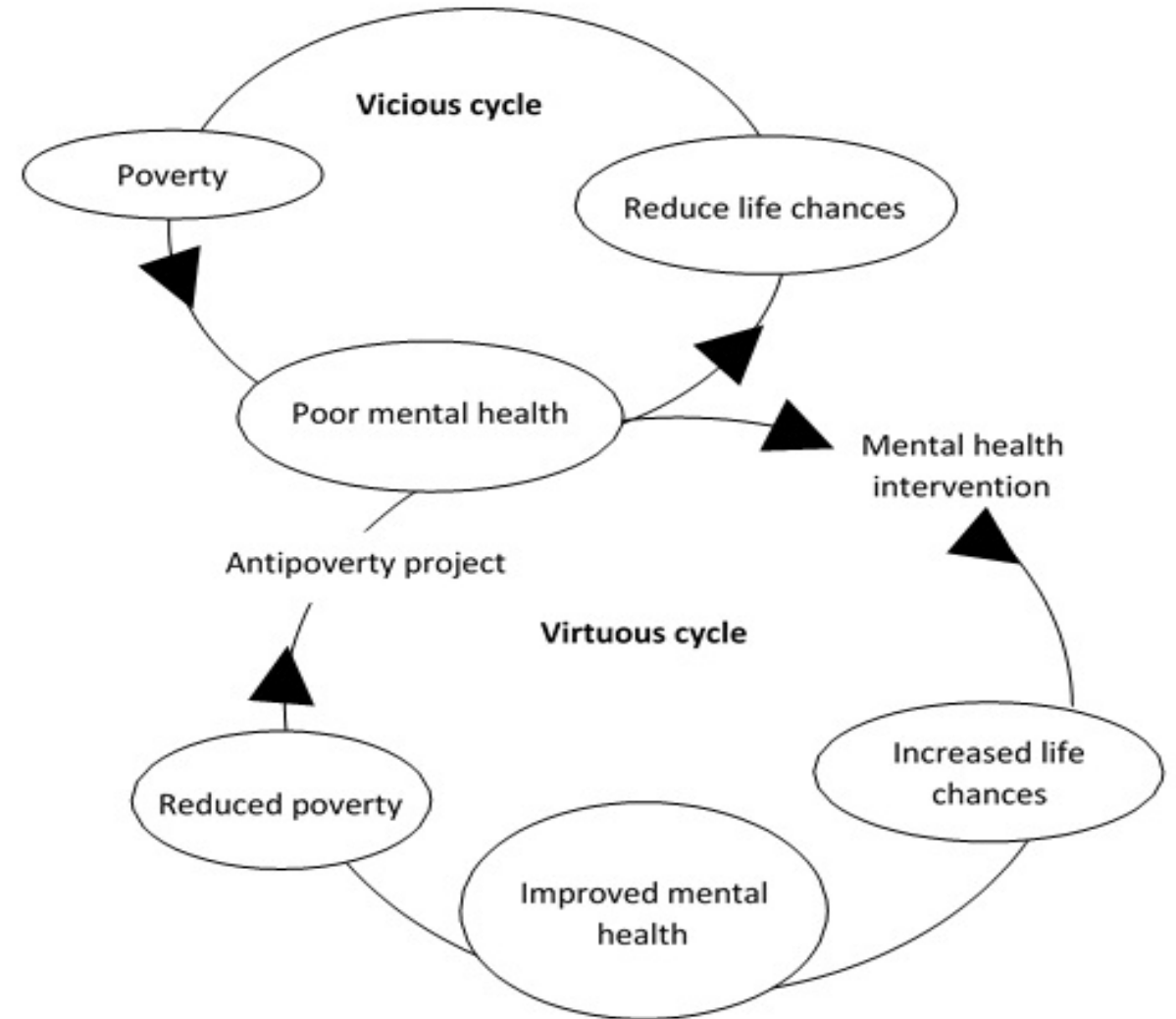
# 61% of the world's poor are under 24 years of age



Source: Aguilar et al., 2020; Castañeda et al. 2018; World Bank, 2018.

**Mental health is a key factor intertwined with poverty and future life chances**

- Living in poverty can lead to mental health problems
- Youth mental health problems limit life chances & increase likelihood of continuing to live in poverty
- Cash transfer programmes do not address these dynamics





# Impact of poverty reduction programmes on (mental) health: some evidence

RESEARCH ARTICLE

DETERMINANT



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## Conditional Cash Transfers

ORIGINAL PAPER

### Effect of the Brazilian cash transfer programme on suicide rates: a longitudinal analysis of the Brazilian municipalities

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#### Abstract

**Purpose** There is a growing awareness of the economic and contextual factors that may play a role in the aetiology of suicide. The Programa Bolsa Família (PBF) the Brazilian conditional cash transfer programme, established in 2004, aims to attenuate the effects of poverty of Brazilians. Our study aims to evaluate the effect of Bolsa Família Programme (BFP) coverage on suicide rates in Brazilian municipalities.

**Methods** We conducted an ecological study using 2004–2012 panel data for 5507 Brazilian municipalities. We calculated age-standardized suicide rates for each municipality and year. BFP coverage was categorized according to three levels (<30%, ≥30% and <70% and ≥70%) and duration (coverage ≤70% for all years, ≥70% for 1 year, ≥70% for 2 years, ≥70% for 3 or more years). We used negative binomial regression models with fixed effects, adjusting for socio-economic, demographic and social welfare co-variables.

### Conditional cash transfer program on young people in Kenya

Full text available at [ScienceDirect](https://www.sciencedirect.com)

Social Science & Medicine

[www.elsevier.com/locate/socscimed](https://www.elsevier.com/locate/socscimed)

### Conditional cash transfer improves youth mental health

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Susannah Zietz<sup>e</sup>, Peter Mvula<sup>f</sup>, Maxton Tsoka<sup>f</sup>,  
and others<sup>g</sup>)

<sup>1</sup>Hill and MEASURE Evaluation, USA







# CHANCES-6

**Brazil**



**Liberia**



**Colombia**



**Mexico**



**South Africa**



**Malawi**



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# The long-term effects of cash transfer programmes on young adults' mental health: A quasi-experimental study of three countries

*Annie Zimmerman, Crick Lund, Ricardo Araya, Sara Evans-Lacko, Yadira Diaz, Juliana Sanchez Ariza, Philipp Hessel, Emily Garman, Mauricio Avendano*

# Evidence for long-term effects of cash transfer programmes (CTPs) on mental health?

- Recent systematic review (Zimmerman et al., 2022) identified 12 studies examining impacts of CTPs on youth mental health –all short term impacts
- Most evaluations focus on children's physical health, nutrition and education outcomes
  - Some of these look at long-term outcomes and suggest increased educational attainment
- Yet, little known about impact of early and sustained exposure of CTPs on mental health



# Research questions

1. Does longer duration of exposure to CTPs during childhood (0-17 years) reduce depressive symptoms in early adulthood (18-30 years)?
2. If so, might increased education or employment explain the association with long-term mental health outcomes?

# Data from three countries with CTPs

## Colombia's Familias en Accion

- 2015 National Mental Health Survey
- n=3,674

## South Africa's Child support programme

- National Income Dynamics Study (NIDS) 2014
- n=7,372

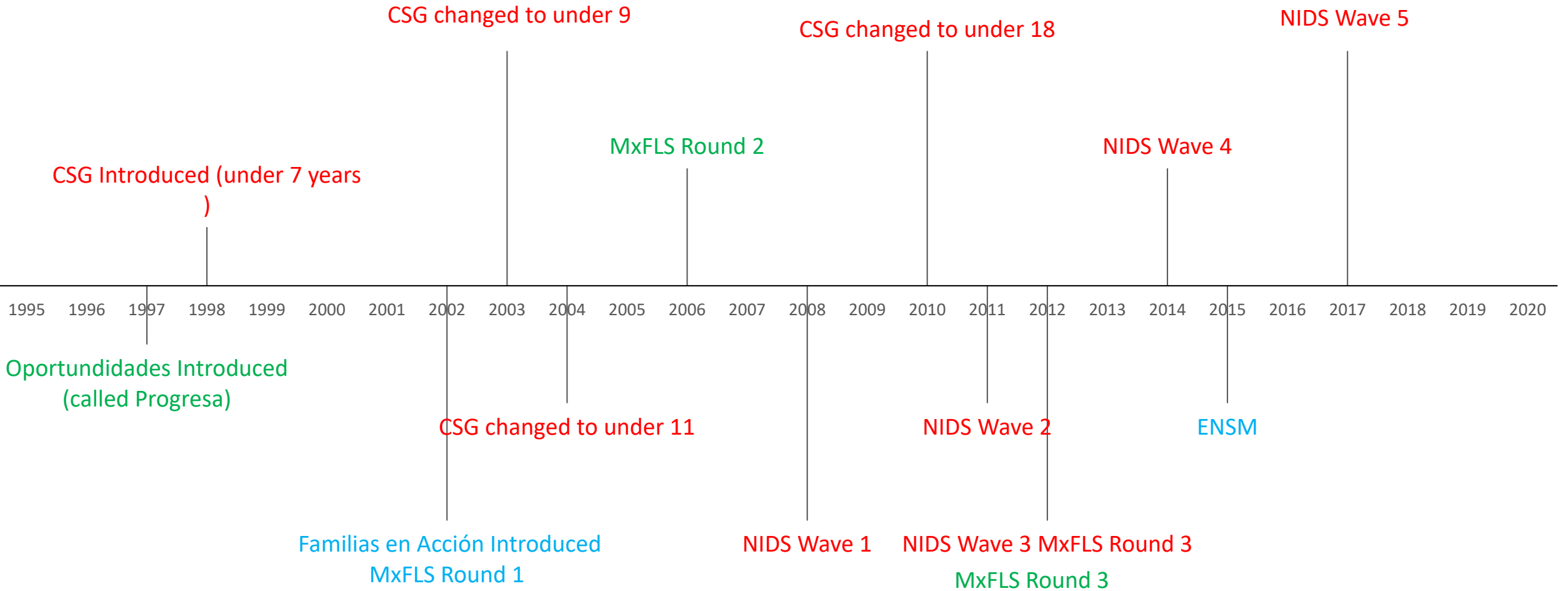
## Mexico's Oportunidades

- Mexican Family Life survey (MxFLS-3) 2009-2012
- n=8,832

# Study design

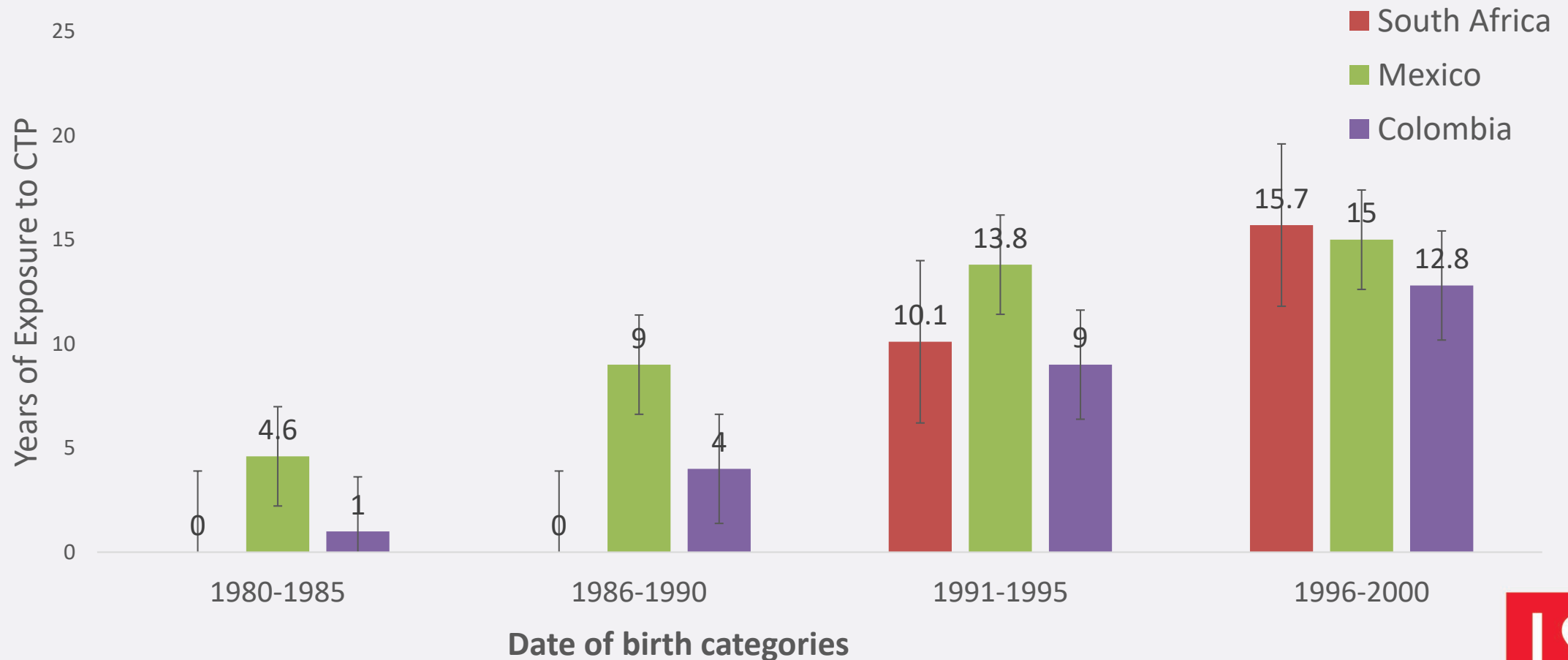
- Exploits cross-country and cohort variation in the age of children when the program was first introduced
- Seeks to capture impact of policy on cohort of children and adolescents, rather than impact of individual receipt of cash transfers
- Treatment: number of years (from age 0 to age 17) living in country with CTP
- Outcome variable: Depressive symptoms (SQR-20 for Colombia, CESD-10 for South Africa, and CCDSD for Mexico)

# Year CTP introduction and eligibility change in South Africa, Mexico and Colombia



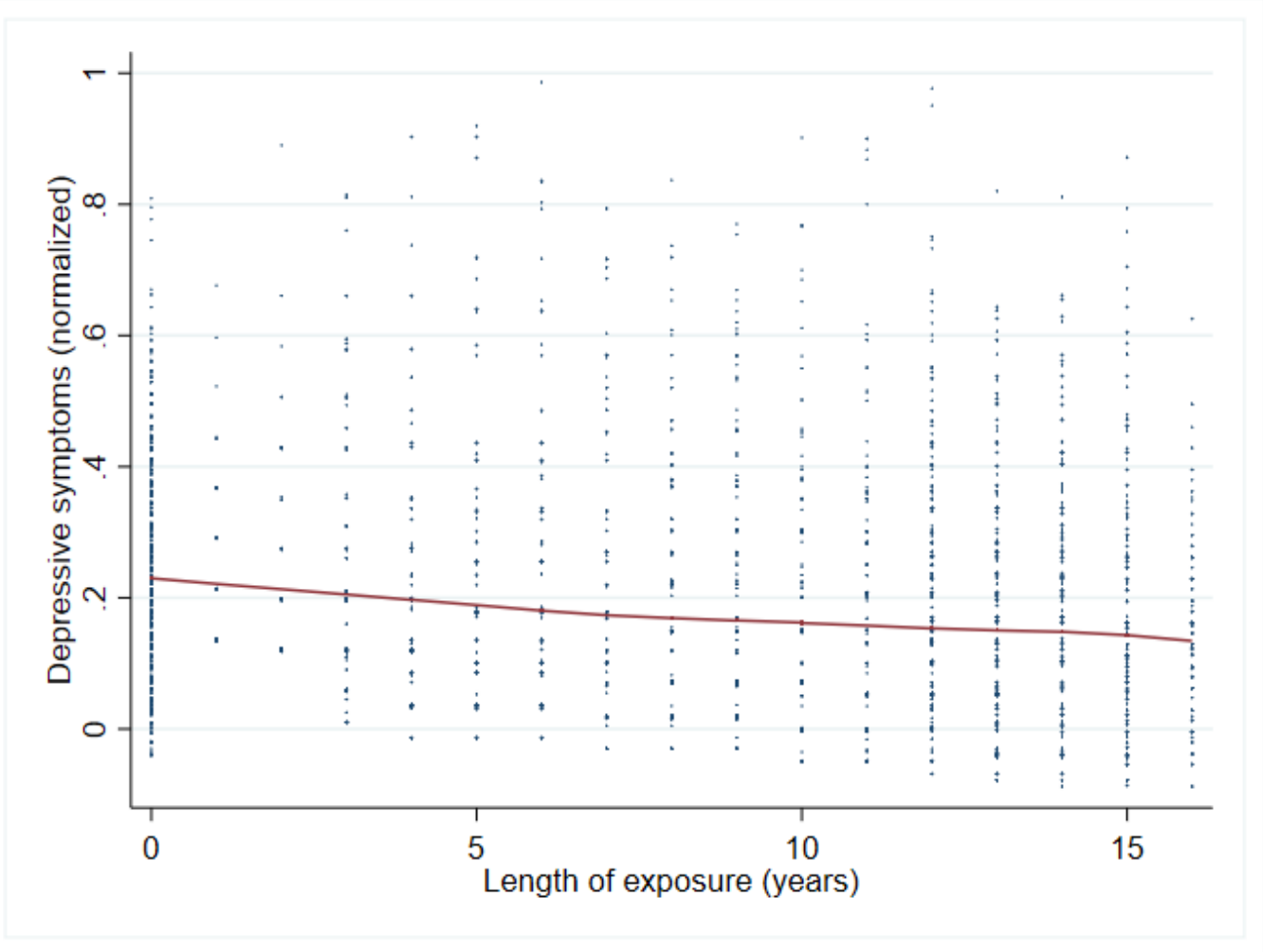


# Mean years exposure to CTP by country and birth cohort category



**What did we find?**

# Each additional year of exposure to CTP (aged 0-17) was associated with a reduction in depressive symptoms (aged 18-30)



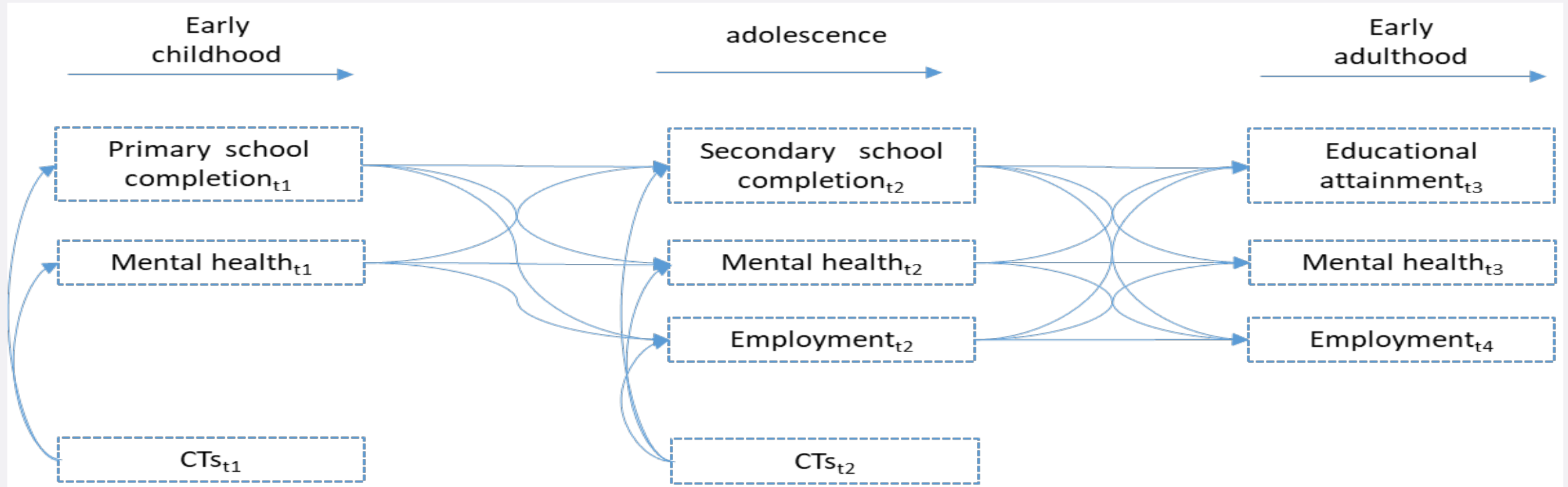
	Continuous normalised depressive symptoms
	B (95% CIs)
Years of potential exposure	-0.003 (-0.004, -0.001)

Small effect size: Cohen’s d = 0.02



\*All models controlled for 3-year birth cohort, country, sex and poverty status.

# Theoretical model of long-term effects of CTPs on mental health – role of education & employment?



CTPs from  
age 0 to 17 years

Mental health  
age 18-30 years



**Might increased education or employment explain the association with long-term mental health outcomes?**

	Odds ratio
Secondary school completion	1.01 (1.00, 1.03)
Employment	0.90 (0.88, 0.91)

# Discussion

- Our data suggest small impacts of growing up during CTP expansion on depressive symptoms during early adulthood
- Although effect size is small, identifying a population impact given only subset received CTP is promising
- Moreover, given CTPs do not target mental health outcomes this can be considered an added 'bonus' of CTPs
- Improvements in depression outcomes are not due to improvements in employment outcomes
- Improvements may be related to improvements in education outcomes and likely to be a number of other potentially complex pathways (household, stress, income security, caregiver mental health)
- To improve mental health, need better understanding of mechanisms and specific targeting
- Also, need direct mental health interventions to support youth living in poverty and improve their life chances



# CHANCES-6 Study Team

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# Thank you! Any questions?

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