

David J. Pevalin, Aaron Reeves, Emma Baker, Rebecca Bentley

The impact of persistent poor housing conditions on mental health: a longitudinal population-based study

**Article (Accepted version)
(Refereed)**

Original citation: Pevalin, David J. and Reeves, Aaron and Baker, Emma and Bentley, Rebecca (2017) *The impact of persistent poor housing conditions on mental health: a longitudinal population-based study*. [Preventive Medicine](#). ISSN 0091-7435
DOI: [10.1016/j.ypmed.2017.09.020](https://doi.org/10.1016/j.ypmed.2017.09.020)

Reuse of this item is permitted through licensing under the Creative Commons:

© © 2017 [Elsevier](#)
CC BY-NC-ND

This version available at: <http://eprints.lse.ac.uk/84580/>
Available in LSE Research Online: October 2017

LSE has developed LSE Research Online so that users may access research output of the School. Copyright © and Moral Rights for the papers on this site are retained by the individual authors and/or other copyright owners. You may freely distribute the URL (<http://eprints.lse.ac.uk>) of the LSE Research Online website.

Accepted Manuscript

The impact of persistent poor housing conditions on mental health: A longitudinal population-based study

David J. Pevalin, Aaron Reeves, Emma Baker, Rebecca Bentley



PII: S0091-7435(17)30341-9
DOI: doi:[10.1016/j.ypped.2017.09.020](https://doi.org/10.1016/j.ypped.2017.09.020)
Reference: YPMED 5163
To appear in: *Preventive Medicine*
Received date: 10 April 2017
Revised date: 19 September 2017
Accepted date: 24 September 2017

Please cite this article as: David J. Pevalin, Aaron Reeves, Emma Baker, Rebecca Bentley , The impact of persistent poor housing conditions on mental health: A longitudinal population-based study. The address for the corresponding author was captured as affiliation for all authors. Please check if appropriate. Ypped(2017), doi:[10.1016/j.ypped.2017.09.020](https://doi.org/10.1016/j.ypped.2017.09.020)

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

The impact of persistent poor housing conditions on mental health: A longitudinal population-based study

Authors:

David J. Pevalin^{a,*}, Aaron Reeves^b, Emma Baker^c, Rebecca Bentley^d

^a School of Health and Human Sciences, University of Essex, Colchester, Essex, UK

^b International Inequalities Institute, London School of Economics, London, UK

^c School of Architecture and Built Environment, University of Adelaide, Adelaide, South Australia, Australia

^d Centre for Health Equity & Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health, University of Melbourne, Melbourne, Victoria, Australia

* Corresponding author at: School of Health and Human Sciences, University of Essex, Colchester, Essex, CO4 3SQ, UK *Email address*: pevalin@essex.ac.uk (D. Pevalin)

Word counts		Number of pages	16
Abstract	239	Number of tables	4
Manuscript	3620	Number of figures	2
		Online appendix	2 figures 5 tables

Conflict of interest statement

All authors have no conflict of interests.

Acknowledgements

Emma Baker and Rebecca Bentley's contributions were supported by Australian Research Council Future Fellowships [FT140100872 and FT150100131 respectively].

ABSTRACT

Living with housing problems increases the risk of mental ill health. Housing problems tend to persist over time but little is known about the mental health consequences of living with persistent housing problems. We investigated if persistence of poor housing affects mental health over and above the effect of current housing conditions. We used data from 13 annual waves of the British Household Panel Survey (1996 to 2008) (81,745 person/year observations from 16,234 individuals) and measured the persistence of housing problems by the number of years in the previous four that a household experienced housing problems. OLS regression models and lagged-change regression models were used to estimate the effects of past and current housing conditions on mental health, as measured by the General Health Questionnaire. Interaction terms tested if tenure type modified the impact of persistent poor housing on mental health. In fully adjusted models, mental health worsened as the persistence of housing problems increased. Adjustment for current housing conditions attenuated, but did not explain, the findings. Tenure type moderated the effects of persistent poor housing on mental health, suggesting that those who own their homes outright and those who live in social housing are most negatively affected. Persistence of poor housing was predictive of worse mental health, irrespective of current housing conditions, which added to the weight of evidence that demonstrates that living in poor quality housing for extended periods of time has negative consequences for mental health.

Keywords. Housing, mental health, longitudinal studies

1. INTRODUCTION

It is generally accepted that good housing protects health (Shaw, 2004; Thomson and Thomas, 2015). Exposure to poor housing conditions, such as damp, leaks, and inadequate heating, has been shown to increase the risk of developing respiratory infections and asthma, but also more serious conditions such as tuberculosis (Bonney et al., 2003; Shaw, 2004; Walker et al., 2006; Bonney, 2007; Webb et al., 2013). Poor housing conditions also affect mental health. People living in housing with more problems have a greater likelihood of experiencing mental ill health (Pevalin et al., 2008) while physical improvements to housing improves mental health (Curl et al., 2015; Willand et al., 2015). However, the influence of longer-term exposure (persistence) to poor housing on mental health specifically remains unclear (Marsh et al., 2000). This paper aims to address two questions: first, does the persistence of poor housing conditions over the previous four years affect mental health in the present and, second, does a person's experience of poor housing conditions in the past continue to affect their mental health in the present irrespective of whether they are currently experiencing poor housing conditions?

People who are living in poor housing conditions today are far more likely to experience poor housing conditions in the future. Data from the UK shows that among people living with (one or more) housing problems in 2001, 57% had housing problems in 2002 and 56% had housing problems in 2003. Some housing problems may change year to year but others, such as damp, may be especially difficult to rectify. Persistent housing problems affect a relatively small proportion of households, for example, just under 10 per cent of households with housing problems in 2000 reported housing problems each year until 2003.

Persistence of poor housing may, in part, be due to a lack of autonomy or inadequate financial resources (Kemp, 2011; Desmond, 2016). Renters are reliant on their landlords to fix housing problems. In the low-cost end of the housing market landlords have few incentives to make costly repairs and so renters may be forced to choose between poor quality housing and trying to find better quality housing, which may require moving and be less affordable (Kemp, 2011). Similarly, and especially among lower-income homeowners, housing problems may persist because households lack the financial resources to engage tradespeople (Bogdon, 1996).

We argue that, similar to unemployment, the health consequences of housing problems at a particular point-in-time may be quite different from the health effects of housing problems that persist over time (Paul and Moser, 2009). The association between current housing problems and current mental health may overlook the persistence of housing problems and the toll they take on mental health. Further complicating the interpretation of any association between housing problems and health are potential effect lags. Mental health problems may be ‘sticky’; persisting even after the initial trigger has been removed (Clark et al., 2001; Lucas et al., 2004; Davydov et al., 2010; Huijts et al., 2015). Previous housing problems may initiate stress and anxiety that is not immediately alleviated when the problem is fixed (Curl et al., 2015).

Building on the previous literature, we hypothesize that housing problems in the past will affect health in the present and that this relationship will be observable even after accounting for current housing problems. To explore this hypothesis, we develop a new measure of housing problems over time using a longitudinal data set that is better able to disentangle the health effects of current and past housing problems. To our knowledge, few studies have attempted to disentangle the health consequences of current and previous housing conditions. Our study, therefore, provides one of the first examinations of the cumulative impact of housing problems on mental health.

2. METHODS

2.1. Study Sample

The data came from the 13 annual waves (1996 to 2008) of the British Household Panel Survey (BHPS) that included questions about housing conditions. The BHPS is a well-established survey and is extensively documented (Taylor et al., 2010; University of Essex, 2010). Panel data for analysis was unbalanced as individuals move in and out of the survey according to a set of following rules (Taylor et al., 2010). To be included in the sample for this analysis an individual had to not have any missing values on all of the six measures of housing quality, described below (excluding 269 respondents; 2347 person/years). The main analytical sample contained 81,745 person/year observations from 16,234 individuals. In the longitudinal analysis, respondents were required to have complete data for the current year and three years prior

(excluding 7869 respondents; 46,660 person/years). Descriptive statistics for the main analytical sample are provided in Table 1.

[Table 1 near here]

2.2. Measures

Households were asked, “Does your accommodation have any of the following problems?” and then shown a list including the six items directly related to poor housing conditions: not enough light; lack of adequate heating; condensation; leaky roof; damp walls or roof etc.; and rot in the walls or floor etc. If a respondent answered ‘yes’ to any of these six indicators they were considered to be living with a housing problem in that year, which is consistent with other studies in the field (Webb et al., 2015). We measured the density of housing problems as the proportion of years over the last four years that people have been living with housing problems. For example, in 2000:

$$\text{Housing problem density}_{2000} = (\text{Housing problem}_{2000} + \text{Housing problem}_{1999} + \text{Housing problem}_{1998} + \text{Housing problem}_{1997})/4$$

One possible problem with this measure is that it assumes that the mental health effects of housing problems in the distant past are the same as the mental health effects in the recent past. We cannot differentiate if the past matters more than the present, or if the present matters more than the past. We explored how these possibilities may affect our results using a simulation that used weights to stress the importance of the past or the present, creating 1000 different versions of this measure of the density of housing problems. Each one was then used in a different regression model to see how much the association between persistent poor housing and mental health varied depending on the assumptions made regarding how the past affects the future (Full details of procedure in Table S1).

Our analyses also controlled for: age (in years); sex (0=male, 1=female); a self-reported measure of current financial strain (1=‘living comfortably’ to 5=‘finding it very difficult’); moved in the last 12 months; equalized monthly income before housing costs using the McClements

Equivalence Scales (McClements, 1977; Taylor et al., 2010); marital status (0=married or cohabiting, 1=divorced, separated, widowed, 2=never married); and tenure type (0=mortgage, 1=rent in private sector, 2=rent social housing, 3=own outright). The prevalence of housing problems and mental ill health vary by geography, we therefore included a series of regional indicators for each UK government office region. As a final set of controls we included time dummies to adjust for spatial correlation over time.

Mental health was measured by the 12-item General Health Questionnaire (GHQ). The GHQ is a widely used measure of mental health. Usually self-administered, it is based on the respondent's assessment of their present state relative to their usual or normal state. It is used here as an indicator of minor psychiatric morbidity and has been assessed to be a useful longitudinal indicator of mental health (Goldberg and Williams, 1988; Pevalin, 2000). The GHQ items were scored 0-3 resulting (after some items being reversed coded) in an overall score of 0-36 with a higher score indicating poorer mental health. Internal consistency of the GHQ in the waves of data included in this study were $\alpha=0.89$ to 0.91 . We excluded individuals who have missing data on any of these items (41 respondents).

2.3. Statistical analysis

Our analyses consisted of three types of models. First, using pooled OLS regression we estimated the association between the density of housing problems over the last four years and mental health. This tested whether people exposed to more housing problems over the recent past have poorer mental health than those exposed to fewer housing problems.

$$1) \quad \text{Health}_{it} = \alpha_i + \beta_1 \text{Density}_{it} + \beta \chi_{it} + \eta_{it} + \nu_t + \varepsilon_{it}$$

Where *Health* is the measure of GHQ, *Density* is our measure of the density of housing problems over the last four years, $\beta\chi$ is a vector of individual level control variables (e.g., age, sex, etc.), α is the constant, η is the region dummies, ν is the time dummies, and ε is the error term.

Second, we used pooled OLS regression models to estimate whether the density of housing problems predicted mental health over and above the effect of current housing problems.

$$2) \quad \text{Health}_{it} = \alpha_i + \beta_1 \text{Problem}_{it} + \beta_1 \text{Density}_{it-1} + \beta \chi_{it} + \eta_{it} + v_t + \varepsilon_{it}$$

We estimated the same model as equation 1 except for two differences: first, we used the lagged measure of the density of housing problems (e.g., the density of housing problems from 1999 to 2002) and, second, we added the covariate *Problem*, which is a measure of the presence of housing problems (e.g., in 2003). We also estimated an additional model that included an interaction term between lagged persistent housing problems and tenure type.

Finally, we estimated a lagged-difference model to examine the association between long-term (four years) changes in housing problems and long-term (four years) changes in mental health. In a subsequent step we added a measure of change in housing problems over the last year to test whether the long-term change in mental health is driven by long- or short-term changes in housing problems.

$$3) \quad \Delta \text{Health}_{i,t-t-3} = \alpha_i + \beta_1 \Delta \text{Problem}_{i,t-t-1} + \beta_1 \Delta \text{Density}_{i,t-t-3} + \beta \chi_{it} + \beta \chi_{it-3} + \eta_{it} + v_t + \varepsilon_{it}$$

Here ΔHealth and $\Delta \text{Density}$ are both measured as four-year change variables. For example, GHQ score in 2004 minus GHQ score in 2001. Our vector of control variables $\beta \chi_{it}$ included measures of these covariates at $t-3$ ($\beta \chi_{it-3}$). One advantage of this analysis is that it removed any bias in our estimates due to time invariant confounders, such as genetics, and we excluded people who move house from the analysis to be more confident we were only capturing the consequences of changes in housing problems. In all analyses standard errors were adjusted for clustering at the individual level.

Statistical modelling and analysis were conducted in 2016 Stata 14 software. The University of Essex Ethics Committee approved this research using existing anonymised survey data.

3. RESULTS

Initially we examined whether one year of housing problems was associated with poorer mental health. We followed the same individuals over a five-year period and compared the association

between experiencing housing problems in only one of those years and experiencing no housing problems over this same period. We plotted the coefficients in Figure S1. In all cases the association was positive suggesting that experiencing housing problems, even for only one year, negatively affects mental health in the present; as a higher GHQ score means worse mental health. However, the association between housing problems and mental health diminishes over time. Surprisingly, it is only when we look at housing problems four years previous that we see that the confidence intervals marginally cross zero ($p = 0.052$) suggesting that the impact of housing problems on mental health may be long-term; as long as five years.

Having documented the long-term association between housing problems and mental health we then explored the association between persistent poor housing and mental health (Table 2). We found that as the density of housing problems increases over a four-year period, people reported higher average GHQ scores (indicating poorer mental health). In fully adjusted models, average GHQ scores increased by 0.92 [95% CI 0.72-1.13] as the density of persistent of housing problems increased from 0 to 1. Holding all the other covariates at their mean value, a person without any history of housing problems would have an estimated GHQ score of 11.15 while a person who has been living with housing problems for the last four years would have an estimated GHQ score of 12.08.

[Table 2]

After we adjusted for the current experience of housing problems in the fully adjusted model (Table 3: Model 3) the association between persistent poor housing in the past and mental health in the present was attenuated but remained statistically significant ($\beta = 0.65$ 95% CI 0.45-0.84). In short, people who do not have housing problems now but who have experienced housing problems in the past, have poorer mental health than someone who has not experienced any housing problems over the last five years.

[Table 3]

Next we tested whether there was an interaction between tenure type and lagged persistent housing problems (Figure 1). This interaction term revealed differences in slope by tenure type. Persistent housing problems are associated with tenure type although the association is weaker among those who have a mortgage. In contrast, persistent housing problems appear to harm mental health most among outright owners and social renters.

[Figure 1]

One reason that mental health effects of housing problems may vary across tenure is housing autonomy, or the ability to move or solve problems. Private renters and mortgage holders move more regularly than outright owners and have more autonomy to solve problems than social renters. We, therefore, explored the mental health effects of residential moves if they coincide with fewer housing problems and whether these effects were different from housing improvements for non-movers. Looking only at people who have experienced housing problems in the previous year, we observed what happens to their health depending on whether (i) their housing problems end and/or (ii) they moved property (Figure 2). Removing housing problems improves health regardless of whether someone moves out of their poor quality home, or if the problem ends (possibly linked to housing improvement). People who experience persistent housing problems have poor health, but those who move from one poor quality home to another experience an additional penalty.

[Figure 2]

Finally, we considered the long-term relationship, examining change in both housing problems and mental health over the last four years (Table 4: Model 1), finding evidence that worsening housing conditions was associated with worsening mental health ($\beta = 0.17$, 95% CI 0.06-0.28). Crucially, this analysis was restricted to only those who do not move house across this period, therefore capturing declining housing conditions within the same property. This relationship held even when we controlled for recent changes in housing problems and all other confounders ($\beta = 0.17$, 95% CI 0.04-0.29) (Table 4: Model 2).

[Table 4]

3.1. Sensitivity tests

First we tested whether our results are contingent on our assumption that each year of poor housing affects mental health in the same way. We used a Monte Carlo simulation procedure to differently weight housing problems in the past and in the present and then examined how much this differential weighting influenced our results. For example, if the association between our measure of housing problems and health declined substantially when the past was weighted more strongly then this would suggest that persistence matters much less than contemporary housing problems. We found that our results did not change when we stressed the importance of present or past housing problems (Table S1). We also tested a cumulative measure of housing problems (Table S2) that counted the number of problems, not just the presence of any of them. This yielded similar results to those obtained using the measure reported in Table 4. Next we explored whether using a narrower (3 year) or wider (5 year) time window alters our results and found that they do not (Table S3). We also adjusted for a lagged measure of GHQ (measured 4 years earlier) to test if poor mental health increased the likelihood of persistent housing problems, but even this control did not alter our findings (Table S4). Our analytic sample had a larger proportion of women than the general sample and this may bias our results, but we found no gender differences in the coefficients when we stratified our models by gender (Figure S2). We also estimated multilevel models where the level-1 clusters were either individuals or households and found, again, that our results did not change (Table S5).

4. DISCUSSION

Three main conclusions can be drawn. First, living with housing problems in the past is associated with poorer mental health in the present. Second, living in persistently poor housing harms mental health over and above the effect of current housing problems. Mental health effects of persistent housing problems vary by tenure type, harming social renters and outright owners the most. Third, among people who remained in the same residence, but developed new housing problems, there was an association with poorer mental health. Taken together, these findings suggest a strong, long-term impact of persistent poor housing on mental health.

Our study has important limitations. First, housing problems appear closely associated with lack of choice in the housing market and limited financial resources, both of which may independently affect mental health (Bentley et al., 2011; Reeves et al., 2016b), and our analysis cannot capture landlord-specific differences that may affect the ability of tenants to have problems fixed quickly by responsive landlords. Second, self-reporting housing problems may involve some measurement error due to subjective differences in how people describe problems (e.g. condensation). However, such differences are largely stable over time and such measurement error will likely bias our estimates downward toward zero. Moreover, lagged difference models account for differences between individuals that are constant over time and so changes in self-reported housing problems likely reflect meaningful differences to respondents. Third, reverse causality may partially influence our results. For example, a history of poor mental health, particularly a serious psychotic episode in youth, may lead to lower incomes and restricted housing choices. Although we find that measuring mental health five years earlier does explain our primary findings, we acknowledge that episodes of mental distress may have a long-term scarring effect on access to quality housing. Fourth, our regional indicators represent broad areas, such as inner London, and likely reflect a wide range of housing conditions. Future research could use more fine-grained local areas to test the influence of living in areas of poor quality housing.

This study also suggests avenues for future research. First, the emergence of housing problems within households may not be random with respect to the household members and so future research may benefit from utilizing natural experiments or instrumental variables to identify exogenous sources of change in housing problems that are independent of household characteristics (Morgan and Winship, 2007). Second, while persistent poor housing seems to have a long-term impact on mental health there is still variation across individuals in how housing problems affect health. More work is needed to understand whether neighborhoods, service accessibility, or family ties moderate the impact of housing problems on health (Clair et al, forthcoming).

Our results also have important implications for policy. Transitioning into housing problems has long-term consequences for health and so policies that stop problems arising may protect health

and reduce public spending (due to reductions in healthcare and sick days due to common mental illness). At the extreme end, ‘slum landlords’ exist because there is a pool of possible tenants who have limited alternative housing choices (Desmond, 2016). Such tenants may have poor credit ratings or low incomes and so intervening in these markets may require basic income programs that ensure people can afford good quality housing. Alternatively, some tenants may have limited housing choices because of health or behavioral conditions that leave them unable to maintain a traditional tenancy. For such tenants, affordability interventions may be insufficient to address housing quality problems. The vast majority of renters in this study, however, do not have persistent problems with their housing. For the most part, they are living in rented accommodation with landlords (private and state) with varying degrees of responsiveness. Policies that require landlords to undertake inspections of housing quality and limit their ability to initiate new tenancies, or increase rents, if such inspections are not carried out may incentivize landlords. One possible interpretation of our results regarding the influence of past and present housing problems is that there may be little point in improving quality once housing problems have emerged. However, here we emphasize other aspects of our results that show that lifting people out of housing problems gradually improves their mental health so that within a few years previously exposed people return to levels of mental health that are comparable with their peers.

Our findings also suggest that mental health policy needs to more explicitly recognize the housing conditions of those who engage directly with mental health services. As Marmot has argued, ‘why treat people only to send them back to the conditions that made them sick’ (2015: 1). In 2012, the UK government committed to regarding mental and physical health with parity of esteem, and promised additional funds to mental health services (Millard and Wessley, 2014). But these commitments emerged at the same time as government spending on housing-related areas was reduced, including local authority budgets (which partially fund refitting poor quality housing) and reductions in financial support for those in the private rental sector (Reeves et al., 2016a). While the additional support for alleviating mental ill health is laudable, any benefits may be offset by declining housing quality and greater financial stress created by cuts elsewhere.

Poor housing quality can have a long-term, scarring effect on mental health. Although housing quality appeared to be improving somewhat in the UK before the Global Financial Crisis, around

one fifth of the population were still living with one or more housing problems in 2008. The Global Financial Crisis has likely made things worse and austerity policies, which are still being rolled out, have placed additional pressure on household budgets (Lupton et al., 2016; Reeves et al., 2016a). Under these conditions, housing problems may begin to worsen, having long-term consequences for mental health.

ACCEPTED MANUSCRIPT

REFERENCES

- Bentley, R., Baker, E., Mason, K., Subramanian, S.V., Kavanagh, A.M., 2011. Association between housing affordability and mental health: a longitudinal analysis of a nationally representative household survey in Australia. *Am. J. Epidemiol.* 174, 753-760. doi: 10.1093/aje/kwr161
- Bogdon, A.S., 1996. Homeowner renovation and repair: the decision to hire someone else to do the project. *J. Hous. Econ.* 5, 323-350. doi: 10.1006/jhec.1996.0017
- Bonnefoy, X., 2007. Inadequate housing and health: an overview. *Int. J. Environ. Pollut.* 30, 411-429. doi: 10.1504/IJEP.2007.014819
- Bonnefoy, X.R., Braubach, M., Moissonnier, B., Monolbaev, K., Robbel, N., 2003. Housing and health in Europe: preliminary results of a pan-European study. *Am. J. Public Health* 93, 1559-1563. doi: 10.2105/AJPH.93.9.1559
- Clair A., Reeves, A., McKee, M., Stuckler, D., forthcoming. Constructing a Housing Precariousness Measure for Europe, *J. Euro. Soc. Policy.*
- Clark, A., Georgellis, Y., Sanfey, P., 2001. Scarring: the psychological impact of past unemployment. *Economica* 68, 221-241. doi: 10.1111/1468-0335.00243
- Curl, A., Kearns, A., Mason, P., Egan, M., Tannahill, C., Ellaway, A., 2015. Physical and mental health outcomes following housing improvements: evidence from the GoWell study. *J. Epidemiol. Community Health* 69, 12-19. doi: 10.1136/jech-2014-204064
- Davydov, D.M., Stewart, R., Ritchie, K., Chaudieu, I., 2010. Resilience and mental health. *Clin. Psychol. Rev.* 30, 479-495. doi: 10.1016/j.cpr.2010.03.003
- Desmond, M., 2016. *Evicted: Poverty and Profit in the American City*. New York: Crown Publishing Group.
- Goldberg, D.P., Williams, P., 1988. *A user's guide to the General Health Questionnaire*. NFER-Nelson: Windsor.

Huijts, T., Reeves, A., McKee, M., Stuckler, D., 2015. The impacts of job loss and job recovery on self-rated health: testing the mediating role of financial strain and income. *Eur. J. Public Health* 25, 801-806. doi: 10.1093/eurpub/ckv108

Kemp, P.A., 2011. Low-income tenants in the private rental housing market. *Hous. Stud.* 26, 1019-1034. doi: 10.1080/02673037.2011.615155

Lucas, R.E., Clark, A.E., Georgellis, Y., Diener, E., 2004. Unemployment alters the set point for life satisfaction. *Psychol. Sci.* 15, 8-13. doi: 10.1111/j.0963-7214.2004.01501002.x

Lupton, R., Burchardt, T., Hills, J., Stewart, K., Vizard, P., 2016. *Social policy in a cold climate: policies and their consequences since the crisis*. Bristol: Policy Press.

Marmot, M., 2015. *The Health Gap: The Challenge of an Unequal World*, London: Bloomsbury.

Marsh, A., Gordon, D., Heslop, P., Pantazis, C., 2000. Housing deprivation and health: a longitudinal analysis. *Hous. Stud.* 15, 411-428. doi: 10.1080/02673030050009258

McClements L.D., 1977. Equivalence scales for children. *J Public Econ.* 8, 191-210. doi: 10.1016/0047-2727(77)90018-4

Millard, C., Wessely, S., 2014. Parity of esteem between physical and mental health. *BMJ.* 349: g6821. doi: 10.1136/bmj.g6821

Morgan, S.L., Winship, C., 2007. *Counterfactuals and causal inference: methods and principles for social research*. Cambridge: Cambridge University Press.

Paul, K., Moser, K., 2009. Unemployment impairs mental health: meta-analyses. *J Vocational. Behav.* 74, 264-82. doi: 10.1016/j.jvb.2009.01.001

Pevalin, D.J., 2000. Multiple applications of the GHQ-12 in a general population sample: an investigation of long-term retest effects. *Soc. Psychiatry Psychiatr. Epidemiol.* 35, 508-512. doi: 10.1007/s001270050272

Pevalin, D.J., Taylor, M.P., Todd, J., 2008. The dynamics of unhealthy housing in the UK: a panel data analysis. *Hous. Stud.* 23, 679-695. doi: 10.1080/02673030802253848

- Reeves, A., Clair, A., McKee, M., Stuckler, D., 2016a. Reductions in the United Kingdom's Government housing benefit and symptoms of depression in low-income households. *Am. J. Epidemiol.* 184, 421-429. doi: 10.1093/aje/kww055
- Reeves, A., McKee, M., Mackenbach, J., Whitehead, M., Stuckler, D., 2016b. Introduction of a national minimum wage reduced depressive symptoms in low-wage workers: a quasi-natural experiment in the UK. *Health Econ.* 26, 639–655. doi: 10.1002/hec.3336
- Shaw, M., 2004. Housing and public health. *Ann. Rev. Public Health* 25, 397-418. doi: 10.1146/annurev.publhealth.25.101802.123036
- Taylor, M.F. (ed). with Brice, J., Buck, N., Prentice-Lane, E., 2010. *British Household Panel Survey User Manual Volume A: Introduction, Technical Report and Appendices*. Colchester: University of Essex.
- Thomson, H., Thomas, S., 2015. Developing empirically supported theories of change for housing investment and health. *Soc. Sci. Med.* 124, 205-214. doi: 10.1016/j.socscimed.2014.11.043
- University of Essex. Institute for Social and Economic Research. 2010. *British Household Panel Survey: Waves 1-18, 1991-2009*. [data collection]. 7th Edition. UK Data Service. Available from: <http://doi.org/10.5255/UKDA-SN-5151-1>
- Walker, J.J., Mitchell, R., Platt, S.D., Petticrew, M.P., Hopton, J., 2006. Does usage of domestic heating influence internal environmental conditions and health? *Eur. J. Public Health* 16, 463-469. doi: 10.1093/eurpub/cki186
- Webb, E., Blane, D., de Vries, R., 2013. Housing and respiratory health at older ages. *J. Epidemiol. Community Health* 67, 280-285. doi: 10.1136/jech-2012-201458
- Willand, N., Ridley, I., Maller, C., 2015. Towards explaining the health impacts of residential energy efficiency interventions - a realist review. Part 1: Pathways. *Soc. Sci. Med.* 133, 191-201. doi: 10.1016/j.socscimed.2015.02.005

Tables

Table 1: Descriptive statistics for pooled main analytic sample

Table 2: Persistent housing problems affect mental health. Data from British Household Panel Survey (1996-2008).

Table 3: Persistent housing problems in the past affects mental health in the present. Data from British Household Panel Survey (1996-2008).

Table 4: Longitudinal association between changes in mental health and changes in exposure to housing problems. Data from British Household Panel Survey (1996-2008).

ACCEPTED MANUSCRIPT

Table 1: Descriptive statistics for pooled main analytic sample

Variable	N	Mean (%)	SD	Min	Max
GHQ	81,741	11.36	5.45	1	36
Presence of housing problems	81,741	20.04%	-	0	1
Density of housing problems	81,741	0.22	0.31	0	1
<i>Specific housing problems</i>					
Not enough light	81,736	4.93%	-	0	1
Lack of adequate heating	81,731	3.13%	-	0	1
Condensation	81,720	9.09%	-	0	1
Leaky roof	81,670	3.37%	-	0	1
Damp walls, floors, etc.	81,722	6.46%	-	0	1
Rot in windows, floors	81,730	4.99%	-	0	1
Age	81,741	49.57	17.18	19	100
Sex	81,741	1.55	0.50	1	2
Equivalised household income	81,741	2372.42	1670.83	0	66216.98
Social renters	81,741	6.71%	-	0	1
Private renters	81,741	14.93%	-	0	1
Own outright	81,741	32.43%	-	0	1
Financial strain	81,741	2.04	0.93	1	5
Moved house in last 12 months	81,741	1.08	0.26	1	2
Divorced, widowed, or separated	81,741	15.75%	-	0	1
Single	81,741	14.22%	-	0	1

Table 2: Persistent housing problems affect mental health. Data from British Household Panel Survey (1996-2008).

<i>Variables</i>	GHQ (36-point scale)		
	(1)	(2)	(3)
Persistent housing problems between t and $t-3$	1.80 ^{***} (0.11)	0.92 ^{***} (0.11)	0.92 ^{***} (0.11)
Age at date of interview		0.013 ^{***} (0.0025)	0.014 ^{***} (0.0025)
Female (baseline = male)		1.31 ^{***} (0.066)	1.31 ^{***} (0.066)
Equivalized Household Income (£000s)		0.034 [*] (0.018)	0.041 ^{**} (0.018)
<i>Tenure type (baseline = mortgage)</i>			
Private rent		0.020 (0.12)	0.039 (0.12)
Social rent		0.44 ^{***} (0.11)	0.45 ^{***} (0.11)
Own outright		-0.10 (0.081)	-0.12 (0.081)
<i>Financial strain (baseline = living comfortably)</i>			
Doing alright		0.77 ^{***} (0.053)	0.76 ^{***} (0.053)
Just about getting by		2.31 ^{***} (0.075)	2.31 ^{***} (0.075)
Finding it quite difficult		5.00 ^{***} (0.15)	5.00 ^{***} (0.15)
Finding it very difficult		7.94 ^{***} (0.29)	7.92 ^{***} (0.29)
Moved house (baseline = did not move)		0.015 (0.082)	0.046 (0.082)
<i>Marital status (baseline = married or cohabiting)</i>			
Divorced, widowed, or separated		0.26 ^{**} (0.10)	0.25 ^{**} (0.100)
Never married		-0.30 ^{**} (0.097)	-0.29 ^{**} (0.098)

Regional dummies	N	N	Y
Time dummies	N	N	Y
Constant	11.0 ^{***} (0.041)	8.49 ^{***} (0.15)	7.98 ^{***} (0.32)
R^2	0.011	0.10	0.10
Person-years	81,745	81,745	81,745
N	16,234	16,234	16,234

Notes: Standard errors adjusted for clustering at the individual level in parentheses. Y = we adjust for those dummy variables; N = we do not adjust.

* $p < 0.1$, * $p < 0.05$, ** $p < 0.01$

Table 3: Persistent housing problems in the past affects mental health in the present. Data from British Household Panel Survey (1996-2008).

<i>Variables</i>	GHQ (36-point scale)		
	(1)	(2)	(3)
Housing problems in the present at time t	0.68 ^{***} (0.063)	0.37 ^{***} (0.060)	0.37 ^{***} (0.060)
Persistent housing problems between time $t-1$ and $t-4$	1.27 ^{***} (0.10)	0.64 ^{***} (0.096)	0.65 ^{***} (0.097)
Age at date of interview		0.014 ^{***} (0.0025)	0.014 ^{***} (0.0025)
Female (baseline = male)		1.31 ^{***} (0.066)	1.31 ^{***} (0.066)
Equivalized Household Income (£000s)		0.034 [*] (0.018)	0.041 ^{**} (0.018)
<i>Tenure type (baseline = mortgage)</i>			
Private rent		0.0022 (0.12)	0.022 (0.12)
Social rent		0.42 ^{***} (0.11)	0.43 ^{***} (0.11)
Own outright		-0.10 (0.081)	-0.12 (0.081)
<i>Financial strain (baseline = living comfortably)</i>			
Doing alright		0.76 ^{***} (0.053)	0.76 ^{***} (0.053)
Just about getting by		2.30 ^{***} (0.075)	2.30 ^{***} (0.075)
Finding it quite difficult		4.99 ^{***} (0.15)	4.98 ^{***} (0.15)
Finding it very difficult		7.92 ^{***} (0.29)	7.90 ^{***} (0.29)
Moved house (baseline = did not move)		0.027 (0.082)	0.058 (0.082)
<i>Marital status (baseline = married or cohabiting)</i>			
Divorced, widowed, or separated		0.26 ^{**} (0.10)	0.25 ^{**} (0.100)

Never married		-0.30 ^{**} (0.097)	-0.29 ^{**} (0.098)
Regional dummies	N	N	Y
Time dummies	N	N	Y
Constant	10.9 ^{***} (0.042)	8.46 ^{***} (0.15)	7.94 ^{***} (0.32)
R^2	0.012	0.10	0.10
Person-years	81,745	81,745	81,745
N	16,234	16,234	16,234

Notes: Standard errors adjusted for clustering at the individual level in parentheses. Y = we adjust for those dummy variables; N = we do not adjust.

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Table 4: Longitudinal association between changes in mental health and changes in exposure to housing problems. Data from British Household Panel Survey (1996-2008).

Variables	Change in GHQ between t and $t-3$ (36-point scale)	
	(1)	(2)
Change in exposure to housing problems between t and $t-3$	0.17** (0.056)	0.17** (0.063)
Change in exposure to housing problems between t and $t-1$	—	-0.013 (0.063)
Age at date of interview	-0.0027* (0.0016)	-0.0027* (0.0016)
Female (baseline = male)	0.084** (0.039)	0.084** (0.039)
Equivalized Household Income (£000s)	0.036* (0.019)	0.036* (0.019)
Equivalized Household Income at $t-3$ (£000s)	-0.014 (0.018)	-0.014 (0.018)
<i>Tenure type (baseline = mortgage)</i>		
Private rent	-0.045 (0.24)	-0.045 (0.24)
Social rent	-0.12 (0.22)	-0.12 (0.22)
Own outright	0.21** (0.092)	0.21** (0.092)
<i>Tenure type at $t-3$ (baseline = mortgage)</i>		
Private rent at $t-3$	0.061 (0.25)	0.061 (0.25)
Social rent at $t-3$	-0.033 (0.22)	-0.033 (0.22)
Own outright at $t-3$	-0.15 (0.094)	-0.15 (0.094)
Increase financial strain	0.86*** (0.033)	0.86*** (0.033)
<i>Change in marital status (baseline = no change)</i>		
Become married	0.18	0.18

	(0.32)	(0.32)
Become unmarried	-3.28*** (0.30)	-3.28*** (0.30)
Regional dummies	Y	Y
Time dummies	Y	Y
Constant	-0.58** (0.20)	-0.58** (0.20)
R^2	0.026	0.026
Person-years	60,383	60,383
N	14,086	14,086

Notes: Standard errors adjusted for clustering at the individual level in parentheses. Note that the number of observations is slightly smaller because we restrict this analysis to only people who do not move across this period. Y = we adjust for those dummy variables; N = we do not adjust.

* $p < 0.05$, ** $p < 0.01$

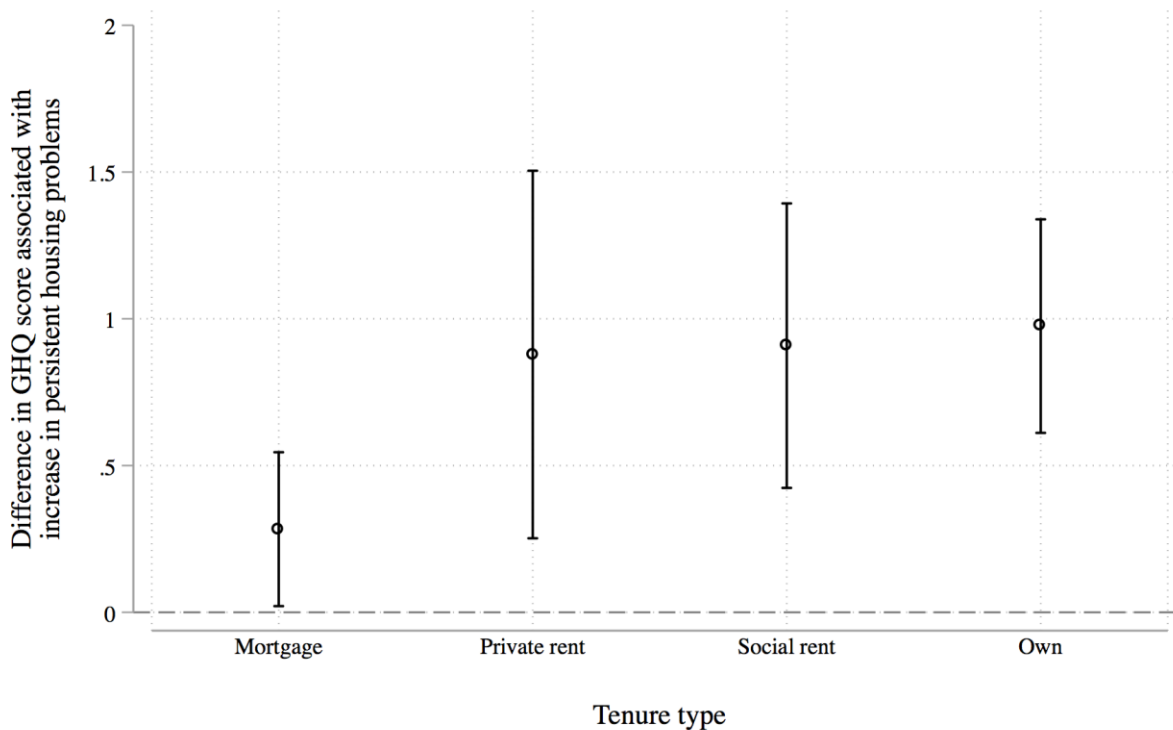
Figures:

Figure 1: The association between persistent housing problems and mental health varies by tenure type. Data from British Household Panel Survey (1996-2008).

Figure 2: Interaction between contemporary housing problems, previous housing problems, and moving.

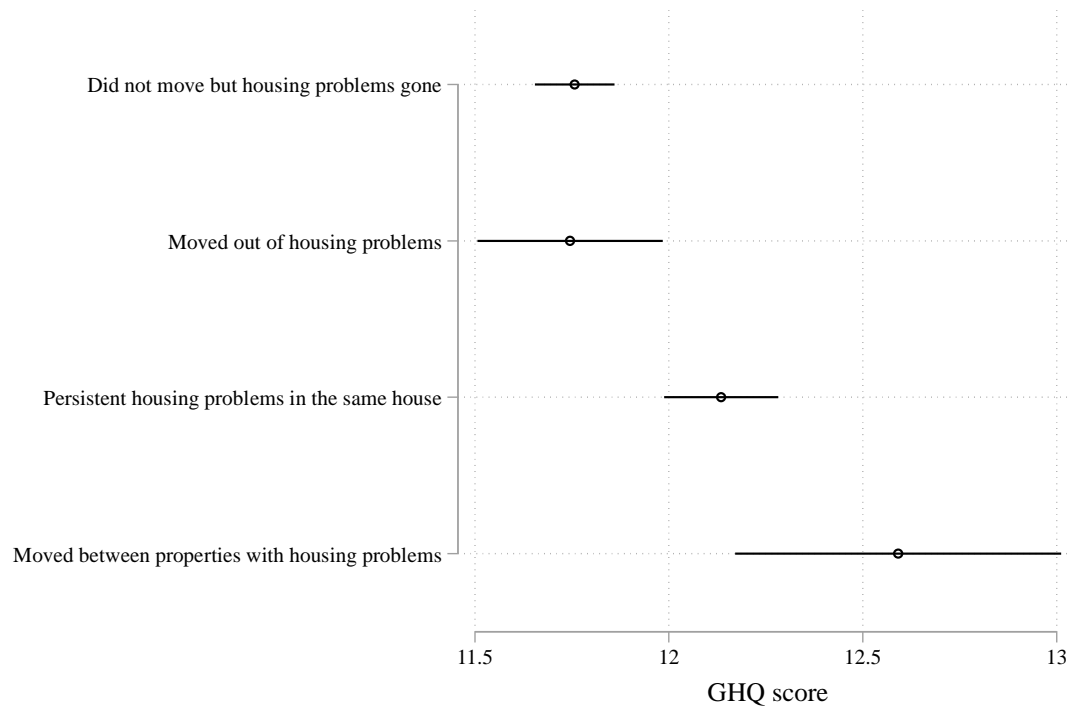
ACCEPTED MANUSCRIPT

Figure 1: The association between persistent housing problems and mental health varies by tenure type. Data from British Household Panel Survey (1996-2008).



Notes: Results are based on table 2, model 3; but this model includes an interaction term between tenure type now and persistent housing problems in the past. Difference in coefficients between mortgage and private rent = 0.60, 95% CI: -0.079 to 1.27; between mortgage and social rent = 0.63, 95% CI: 0.073 to 1.18; between mortgage and owners = 0.69, 95% CI: 0.25 to 1.13.

Figure 2: Interaction between contemporary housing problems, previous housing problems, and moving.



ACCEPTED MANUSCRIPT

Highlights:

- Persistent housing problems in the past are associated with poor mental health
- Long-term change in housing problems and mental health are also correlated
- Social renters and outright owners are affected by housing problems the most
- Both moving out of poor quality housing and removing housing problems improve mental health
- Mental health policy may be less effective if it does not consider housing quality

ACCEPTED MANUSCRIPT