Socioeconomic and environmental determinants of mental health

Commuting time, work-life balance, and depression in Germany: A mediation analysis
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Prior studies have consistently documented a negative link between commuting time and health outcomes. A mechanism is often brought up but seldomly tested: long commuting time can prompt work-life conflicts, which may lead to adverse health outcomes. We draw on cross-sectional data from the German Generations and Gender Survey (Round II) and use mediation analysis with structural equation models to test the hypothesis of work-life balance as a mediating factor for the relationship between commuting and depression. Results suggest three main findings. First, the total effect between commuting time and depression is positive, indicating long commuting time is associated with a higher level of depression. Second, the work-life balance indicator as a mediator fully accounts for the observed relationship between commuting and depression. While the indirect effect via work-life balance is significant and positive, the direct effect is not significant for either men or women. Third, there are no observed gender differences in the total, direct, and indirect effects of commuting time on depression. This study provides preliminary evidence for the often-assumed mediating role of work-life balance for the commuting-health links. We have demonstrated that one important mechanism behind why commuting time is often associated with worse health outcomes.

Does the association between unemployment and mental health depend on previous employment conditions? A register-based cohort study
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The health consequences of unemployment, a common adverse life event, may differ depending on the employment conditions an individual held before becoming unemployed. Differences in institutional support and financial resources may buffer or exacerbate the effects of unemployment, yet empirical evidence is limited. This study examines whether the mental health consequences of unemployment vary by previous employment conditions. Using the register-based Swedish Work, Illness, and Labour Market Participation cohort, which includes all individuals aged 16–64 residing in Sweden in 2005, we compared the risk of first diagnosis of common mental disorders (CMD) or first prescription of psychiatric medication between unemployed and employed individuals. We tested the association between unemployment and mental health using Cox proportional hazards regression to estimate adjusted hazard ratios with 95% confidence intervals. Two-way interactions between unemployment and previous employment conditions (standard, substandard, precarious) were added to the models. Results show that both unemployment and exposure to substandard or precarious employment independently increase CMD risk. We found evidence of positive multiplicative and additive interaction between unemployment and previous employment conditions. These results indicate that the relative risk increase associated with unemployment is stronger for nonstandard employees compared to standard employees, and the absolute extra burden -measured by new CMD cases attributable to unemployment- is greater among those previously in precarious employment. These findings suggest that unemployment protection and mental health interventions should be strengthened for workers in precarious employment, who face disproportionately elevated mental health risks following job loss compared to standard employees.

Disparities in child and adolescent mental health: Indication from minoritised ethnic communities in Yorkshire, North East England
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Background

Child and adolescent mental health problems, particularly anxiety and depression, are increasing globally, leading to long-term negative outcomes. Young people from minoritised ethnic communities in the UK are disproportionately affected due to intersecting challenges such as socioeconomic deprivation, racism,

cultural stigma, and limited access to health care services. In Yorkshire, North East England, these issues are magnified by entrenched inequalities, yet research on the prevalence and determinants of mental health symptoms in this population remains limited.

Aim

This study aimed to assess the prevalence, severity, and determinants of anxiety and depression among 10–18-year-olds from minoritised ethnic communities in Yorkshire, North East England.

Methods

A cross-sectional quantitative survey was conducted with 396 participants. Data were collected using a sociodemographic questionnaire and the Revised Child Anxiety and Depression Scale (RCADS). Descriptive statistics, independent t-tests, Pearson correlations, and multiple logistic regression analyses were performed to examine prevalence, developmental differences, and determinants of mental health symptoms.

Results

Approximately one-third of participants scored above clinical thresholds for anxiety and depression. Panic disorder, separation anxiety, and major depressive disorder were most elevated. Older adolescents (13–18) demonstrated significantly higher symptom severity than younger peers (10–12). Females showed slightly higher anxiety symptoms, and speaking English or a native language at home reduced risk. Living arrangements showed potential protective trends.

Conclusions and Recommendations

The findings demonstrate a substantial psychological burden among minoritised young people in Yorkshire. Culturally tailored, developmentally appropriate, and integrated mental health services are urgently needed. Policymakers and practitioners should prioritise early intervention, school and community-based supports, and strategies that reduce barriers to care while affirming both cultural identity and social inclusion.

The stratification of mental health penalties for parenthood

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Mental health consequences of the transition to parenthood are increasingly documented, yet we know little about which parents are most exposed and how these penalties relate to broader socioeconomic inequalities. This study addresses four questions: whether there is selection into parenthood on prior mental health; what the average mental health penalty of becoming a mother or father is; how those penalties are stratified across social groups; and how much of population-level mental health drug consumption is attributable to the consequences of parenthood.

We use population-wide linked Dutch administrative registries compiled by Statistics Netherlands (CBS), covering the entire resident population from 2006–2021. Mental health is measured along three margins: retail pharmacy dispensations of psychotropic medications (with antidepressants identified by ATC-4 code N06A), population-wide insurance claims for GP-declared mental-health-related care, and specialist mental healthcare claims. These are linked to comprehensive demographic, educational, employment, and earnings records.

We estimate event-study models anchored at two years before first birth, tracking parents for up to ten years, and extend these with stratification interactions by pre-birth employment status, income quintile, education, immigrant background, and partnership status. We also compute counterfactual population-level consumption profiles to quantify the aggregate burden attributable to parenthood.

Preliminary results show motherhood penalties in antidepressant use of around 40% relative to the pre-birth baseline, with considerably smaller but still substantial penalties for fathers. The strongest stratification is by employment status: working mothers sharply increase antidepressant consumption after birth, while non-working mothers reduce it — pointing to compounding pressures at the intersection of work and parenthood.

Determinants of poor mental health among migrant groups: A cross-national study

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European countries have experienced increased immigration over recent decades, resulting in a growing share of populations consisting of migrants and their descendants. This provides important context for examining mental health outcomes among these groups. The migration process can produce challenges that negatively affect mental health, including social isolation, adapting to new cultural environments, and barriers to accessing services. However, less is known about how these outcomes vary across different country contexts and migrant generations. Existing research suggests that government policies which support migrants and enable connections to countries of origin can mitigate adverse mental health outcomes. These approaches may also promote a greater sense of belonging and reduce feelings of social exclusion. These findings suggest that outcomes may differ across national contexts depending on governmental approaches.

This analysis investigates the potential drivers of poorer mental health outcomes by focusing on social isolation, perceived minority status, and levels of trust and satisfaction with national institutions. Using data from the European Social Survey, we first examine cross-national differences in self-reported mental health outcomes (e.g. depression and life satisfaction) across 15 European countries. We disaggregate by migrant generation and time since arrival (1G less than 10 years; 1G 10+ years) and employ a standardised approach, comparing migrant groups with natives in each country.

We then conduct a more detailed analysis focusing on three case study countries with large migrant populations (the UK, Germany, and France). This allows us to examine variation across distinct migrant groups and compare mental health outcomes by both migrant generation and country of origin.