How Basic Income could improve the stability and structure of lives with people suffering from depression

How does depression affect one’s everyday life

Mental illness, which includes depression, are often classified into long-term illnesses (chronic illness) or repetitive illnesses and therefore the impact on everyday life is significant. Depression, which our report will focus on, has two main ways how it affects one’s everyday life, these affects will emphasise the need for basic income.

The first effect is the impact on the economic situation of the individual and their family. Depression increases the economic burden, which includes treatment costs, reduced productivity at work, also limitation of self-sufficiency, which becomes a burden to the rest of community. Because depression has become a very common disease it also affects the entire population and the state’s economy, the economic impact and how it can influence basic income is discussed more in the next chapter.

The second huge effect depression has is deterioration of ones health condition, which for example includes insomnia, headaches and other pains, this could complicate the activities in the ordinary day. Many people with depression also suffer from other physical illnesses, which can make treatment difficult and ultimately developing worse symptoms.

Depression also makes the treatment of other illnesses that may occur simultaneously harder to treat, so a person will begin to deal with multiple problems at the same time. Some aspects of the disease, are very difficult to measure and it always depends on the severity of depression. Research, made by British organizations Depression Alliance (2008), found out, that depression reduce also the physical, social and a working functioning of an individual. However, we can hardly measure the degree of pain, changes in relationships, stress and how depression also impairs the overall quality of life. Considering that results, they also published, that the real economic impact on society is much higher than we expect. Therefore, the social benefits for people with depression are usually insufficient.

A survey conducted in 2008 with 288 respondents showed, that these following five points have the greatest impact on their daily lives. Five aspects of depression that they have the most significant impact on everyday life are:
Insomnia
problems with concentration
anxiety
loss of interest
loss of energy

The majority of respondents (more than 80 percent) reported that they are sufferers of a sleep condition. For most of them this had the largest impact on the ability to work, which causes not only economic problems, but it also increases the level of stress and it could make a feeling of inferiority. In the part of the research, where they asked about the quality of life with depression, more than 70 percent answered again, that the greatest impact have low energy, distress, sadness, poor sleep and loss of interest. Some of the respondents also mentioned the impact of low sex drive and change in eating habits, which can make visible effect on their body, like rapid loss weight or gain weight.

**Effects of depression on one’s economic situation**

Various research has been put into whether depression affects one’s economic situation. A common finding from this research has been that depression and unemployment have a great degree of correlation. For example, one finding from Vissiere et al (2016) demonstrated that those suffering from depression will find it harder to get the job in the first place. Reasons put forward for this were due to prejudices against people from depression, for example the employers 'discomfort' to work with them, a fear of poor productivity and unexpected lengthy times of sick leave. Further supporting the correlation of depression and unemployment was research conducted by Adams (2014) who found that one in five unemployed Americans were suffering from depression. On the contrary from the previous research, another survey showed that one third of those suffering from depression left their jobs because of not being able to deal with the workload, demonstrating a lack of support (EC Europa 2016). From these pieces of research alone we can see that there is a concerning issue regarding depression and unemployment, although it is important to note that we cannot say if unemployment causes depression or depression causes unemployment.

It is clear that there is an established correlation between unemployment and depression, what is most concerning is that this will ultimately lead to the depressed individual living in a life of poverty. This is where a system of Basic Income can be hugely beneficial for various reasons. Firstly, there is the issue of being able to recover from depression, as the stigmatisation that comes with depression often create the individual to feel that they will be depressed forever.
For example, as the research by Visshere et al (2016) showed there is already an attached stigma to some degree against those that are suffering from depression within the workplace. To further support this research from Michelson and Williams (2008) showed a 'perceived stigma' to be constant in a survey of opinions about depressed individuals, ultimately demonstrating wide ranging 'social rejection' from all aspects of society.

However, stigma is often too associated with those living in poverty (Visshere et al 2016). For example, opinions such as, they do not try to help, or that they are expected to behave in a certain way. It is often these types of opinions that decrease and jeopardise the support of Basic Income. However, what the real issue is, is that research has also shown that the people within this category will soon become attached to this stigma and start becoming 'self-accepting' of it (Michelson + Williams 2008). This ultimately leads to a dead end situation, in which leaves their acceptance of the stigma makes it near impossible to overcome their depression and enter back into work. Creating a repeating life cycle and pattern as it reinforces to general society that the 'perceived stigma' is in fact a true representation.

Therefore, Basic Income can help to overcome this helping to prevent the individual to enter the life of poverty therefore at least reducing one type of stigma. Having a steady income can help the individual to focus on conquering their mental illness and hopefully allowing them to enter the world of employment. It is clear that depressions and economics correlate one another.

Effects of inequality on health-related and social issues, and the possibility of Universal Basic Income as a solution

Guy Standing claims that currently there’s a kind of crisis going on similar to that described by Po-lanyi in his book “The Great transformation” published in the year 1944. The similarities to the end of the 18th century are for example the placement of the Laissez faire - politics and the current dismantling of the welfare state. Both claim that the inequality in the income distribution leads ultimately to a protectionist result for the system to not destroy itself. Standing says that inequality is a big cause of social unrest as well as individual problems such as anxiety and stress. The globalization process in capitalism has not taken into account the problems of this inequality and so the question of income distribution is an essential part in future discussions. De-globalization and the “return to a golden age” is something that, according to Standing, would be impossible. Standing goes on to say that raising the unemployment benefits would not ease the insecurity among the precariat as many of them in industrialized countries do not qualify as receivers of the benefit. Globally millions have joined the precarious workforce and result in this is many falling through the cracks (Standing 2011, 10-12 & 17.)
'Inequality kills' is the claim of Göran Therborn in his book “The Killing Fields of Inequality”. Even though there is not a lot of studies about basic income, there is a lot about inequality. For example, in Finland the life expectancies have increased by four years on average during the 1988-2007. Relative poverty, which is the inability to live a life perceived as normal lowers the life expectancy and increases the risk of death. Interestingly also Oscar-winning actors and Nobel-winning scientists also live longer than the actors and scientists who do not win said awards. Malnourishment shows in the amount physical and psychological illnesses and life expectancy. Margaret Thatcher increased the child poverty threefold and it still hasn’t recovered. (Therborn 2014, 16-27.) If basic income were to be big enough it could increase the autonomy of individuals in workplaces and in politics (The feeling of being able to affect one’s life) which are also factors in life expectancy and stress according to Therborn. Inequality ultimately narrows down the social networks and can cause an almost apartheid-like situation among social classes (Therborn 2014, 31-36).

Basic income has not had too many wide experiments and for determining the health benefits there’s little to go by. The analysis of Evelyn Forget and the basic income study in Dauphin, Canada during the 1970’s can offer some ideas as to what we can expect.

The study of Evelyn Forget found that a wide basic income, capable of releasing people from everyday work life had interesting effects. Young people, especially young males according to Forget, left their employment, but what really happened was an increase in high school finishing rates. Also young women quit jobs, but usually the case was that they quite their second jobs for the benefit of caring for their children. Also the wide BI lowered the cases of hospital visits (Forget 2011, 286, 291 294-295.) These can be seen as factors increasing the autonomy and agency of citizens increasing wellbeing. Also the point of social cohesion and the ability to live a life where you can have choices available to your peers can be said to increase well-being through the ideas of Göran Therborn mentioned earlier.

Framing of Universal Basic Income

Speenhamland was a poverty aid starting at the end of the 18th century. Karl Polanyi argues that it and the subsequent protectionist moves limiting the free-market were necessary for the system to not destroy itself. Speenhamland dropped wages and vanished the distinction of the former “working man” and the “poor”. Not categorizing the poor and the “working man” was a big issue of identity in the England of that day. This was a huge source of unmotivated populace without a sense of belonging. Having a job didn’t increase your standard of living and you were dropped to the bare minimum to stay alive. Polanyi argues that on this basis the idea of modern economics were formed and the idea of the rational homo economics was formed to categorize the human being (Polanyi 2009, 197 & 338.)
What we claim from this idea of identity as a motivation is ultimately the idea of stigma in social security systems. On his lecture, José A. Noguera also argued that the idea of homo economics should be changed to the idea of reciprocity, or “Homo Reciprocans”. He described studies where people would actually harm their own situation in order to have reciprocity. Reciprocity was also theorized by Karl Polanyi in his “The Great Transformation” as his 3-part system already before our current capitalist system. They would lose their interests and advantages to create what they thought was right and just. By making the taxation universal and losing the transparency of the system, it would remove the stigma and the demand for reciprocity. The idea of Milton Friedman (2013) and negative taxation would make the system in a sense non-transparent, but what he also suggests is a very low BI and the idea of replacing other social benefit systems with charity, which are very counterintuitive to these ideas of transparency, reciprocity and identities.

The effects of a low “basic income” however can be devastating. Although debatable, Karl Polanyi’s description of the Speenhamland - law in the 18th century England caused widespread ill-being. The law guaranteed the basic needs of food for everyone. Though this would seem like good development the effect was the drop of wages and the responsibility on the side of capital (Polanyi 2009, 144-147.) This kind of an effect can be speculated to be the reason as to why the social democratic party in Finland is against basic income.

Ultimately these are also questions about framing. How is reciprocity or UBI framed? What is enough to have and give? Who is the rightful recipient of a benefit? The philosopher Michel Serres created the idea of a parasite in the 1982. Parasite is something that leeches of from the relation of others, but it’s not, as Serres Describes it, a negative thing. The Parasite also provides the grounds for which the relation is possible. Despite the negative connotation of the term, we’re going to make a serresian point regarding this: The stigma of getting a benefit is too often framed as leeching of others, but according to Karl Polanyi (2009) and usually regarded as Marxist critique unemployment is essential for industry in terms of keeping it supplied with workforce. Even though the economic arguments often are the bread and butter of political debates, we should also be concerned with the ethics of how people who are less fortunate in our economic system are treated. According to Georg Simmel (1999, 140), our economic system is a system that allows the weak (either socio-economic status or “biology” if you will) to be exploited by the strong. That ultimately puts the conversation of the homo economicus - individual responsibility in a new light. Disregarding it would be impossible in the current political climate however.

From these arguments we can claim that BI should definitely NOT be about cutting back on social work or other social security systems nor should we have BI as something to diminish corporate responsibility.
Our suggestions on what kind of a Basic Income model would best help those suffering from depression

Referring to de Wispelaere and Stirton’s (2004) article *The Many Faces of Universal Basic Income*: there is no one way of designing basic income, and it’s crucial for the effectiveness that it matches our policies and our administrative environment. When it comes to mental health - and in this case, the specific question of depression -, it is no different. There are more and less effective designs of basic income for improving the lives of those suffering from depression. We’ll approach the question through dimensions mentioned by de Wispelaere and Stirton.

First of all, basic income should be universal. Selectivity often means stigma, and people suffering from depression are stigmatized enough already. Also, depression being the most common mental health problem, it touches people in every social class, any field of study, any career, people of all ages, all genders, all ethnicities. A selective model would either mean some people with depression would be left out or that there would have to be a special “psychological basic income” for those with certain diagnoses - and how stigmatizing would that be? Also, depression and unemployment often go hand-in-hand, and a universal basic income would make it safer and smarter to work within the limits of one’s mental health. That means being able to ease when needed, and take some part-time job when one has the energy to do that, without having to be afraid of losing one’s income due to bureaucracy and the harsh laws of employment.

Individuality is an important factor, too. Administering basic income through household units would not provide those suffering from depression the freedom an individual form would; non-individualized benefits always come with a risk of creating dependency relations. This question is not simple combined with the question of uniformity, though. Should for example children - and of what age - be eligible and should they get the full amount? Concerning mental health, this depends on who in the household is the one having mental health problems. If it’s the parent - especially when there is only one parent -, it could in some occasions be safer for the child to get their own money. In case it’s the child, especially a teenager, the risk of substance abuse could increase if the child could afford buying intoxicants, considering that a child doesn’t have to spend their money on necessities such as rent or food. We would suggest a model using the distinction we already have in Finland: monetary benefit for underage children would be paid for the parents, and after the child turns 18, they’d become eligible them self. This would require a decision to pay the child benefit until the age of 18 instead of 17, but that should be fixed anyway.

Conditionality on a subject level could serve those with depression only, if conditions are broad. Participation income should not mean any kind of work, but could possibly demand for example
commitment to therapy. But that would come with problems, too: not nearly everyone in need for therapy is able to get it, and therapy is only recommended by doctors in case one’s condition is stable enough. So even broad subjective conditions would leave some people out of the system. Since all stressors are a risk for people with depression, we would recommend as broad unconditionality and inclusiveness as possible. So, the only condition we would see as reasonable would be citizenship. That would bring some ethical issues, though, since not all of those living in Finland are citizens. And depression and PTSD unfortunately are very common among refugees.

The frequency of payments is crucial when trying to improve the lives of those with mental health problems. Since the ability to make long-term commitments or be constantly aware of one’s situation as a whole may be decreased because of depression or other mental health problems, we would recommend using the once a month -system we’re accustomed in Finland, or maybe even make the payments every two weeks. Longer than one month intervals probably wouldn’t serve best. Also, considering that many psychiatric illnesses can be life-long, and that there are repetitive forms of depression, limiting the subjective duration of basic income wouldn’t decrease uncertainty as effectively as non-limited duration, or at least the limit should be pretty high - five years or so is simply not safe and conforming enough. Some people with severe, chronic depression are able to get a pension, and replacing it with basic income would only be acceptable were basic income higher than the pension. Since depression comes in many forms, a life-long guaranteed income would improve the situation of those suffering from repetitive forms of depression and other swinging mood disorders, such as bipolar disorder.

We think basic income should come in a monetary form and with the possibility of complementary assistance. Life is uncertain for everyone, and especially for those with mental illnesses. Life situations vary among people, and probably any other form than monetary would not be suitable for everyone. Freedom of choice and feeling of autonomy will continue to have a meaning for us even after being diagnosed with a psychiatric illness, and paternity in a form of controlling the payment intervals would be enough. As a conclusion we want to point out, that the more classical definition of basic income, the better for those suffering from depression and other psychiatric illnesses.

References:


