with recruitment in two phases; contacting Directors of Public Health (DsPH) directly and snowballing through key contacts. Other professionals were interviewed where recommended by DsPH. Face-to-face or telephone interviews were digitally recorded and transcribed verbatim, and data analysed using the framework method.

Results Public health professionals (n=14) in ten LAs were interviewed, including DsPH (n=5) and consultants (n=5). Participants viewed evidence use as an important part of their roles, and had a high level of relevant skills. However, public health teams and individuals differed in the extent to which they used systematic reviews. Some consultants used systematic reviews extensively; for other participants, while they were highly valued in principle, their value and impact in practice was limited by various barriers and the nature of decision-making in LAs. Barriers included time constraints, a lack of relevant reviews, limited applicability to LA context and the role of evidence in a political organisation. Evidence, including systematic reviews, was sometimes used to directly inform decisions but also used tactically. Participants regularly engaged with research evidence outside the decision-making process, often through a personal commitment to maintaining knowledge.

Conclusion Systematic reviews are used in LA public health in various ways but use varies and is limited by a range of factors. Decision-making processes can be complex, with systematic reviews used in conjunction with other evidence types, and therefore research use should be seen within the political context. This qualitative study developed understanding of systematic review use but a limitation is that there may be professionals less committed to evidence use that were not included in the sample.

OP93 THE MENTAL HEALTH IMPACT OF UNIVERSAL CREDITINTRODUCTION ON WORKING AGE UNEMPLOYED INDIVIDUALS ACROSS ENGLAND: DIFFERENCE-IN-DIFFERENCE ANALYSIS OF THE UNDERSTANDING SOCIETY HOUSEHOLD LONGITUDINAL STUDY

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Background An increase in mental health problems and a widening in inequalities has occurred in England during a period of austerity and welfare reform. Universal Credit (UC) was introduced for unemployed people first in the UK in 2013, to simplify the benefit system by bringing six 'legacy benefits' together into one means tested benefit. Qualitative research suggested potential negative mental health impacts. We assessed this natural policy experiment, taking advantage of the variation in UC introduction across local authority areas to see whether the introduction of UC was associated with an increase in self-reported psychological distress.

Methods We conducted a difference-in-difference analysis using longitudinal data from the Understanding Society Household Panel Survey on 88,060 working age (16–64) adults who participated between 1991 and 2018. We linked UC data from the DWP by local authority, month and year to identify when UC was introduced in each area. The primary outcome was self-reported psychological distress using the continuous General Health Questinaaire-12 (GHQ-12) measure, with high scores indicating increased psychological distress. We compared the change in mental health of unemployed people after UC was introduced in their local authority area to individuals who were not unemployed, and not effected by UC. Analysis was conducted in STATA-14.2 and accounted for confounding variables such as year, age, sex, having dependents, and marital status.

Results 18% (n=15,847) had a spell of unemployment at some time between 1991 and 2018. 3058 of these were unemployed in an area where UC had been introduced. When UC was introduced in an area the mental health of the unemployed deteriorated, whilst we did not see a deterioration in the mental health of those not unemployed. The trends in mental health in these two groups prior to the introduction of UC were parallel. The difference-in-differences in total GHQ-12 scores showed that the introduction of UC on an area was associated with a rise in psychological distress amongst the unemployed (β=0.27, 95% CI 0.09, 0.45, p=.003) relative to those not unemployed.

Conclusion Our analysis shows that the introduction of UC has led to an increase in psychological distress amongst unemployed individuals. UC has the potential to positively transform the benefit system, however our analysis, alongside the growing body of evidence suggests that in its current form UC has a negative impact on peoples mental health, and actions to address this are needed to help tackle the UK mental health crisis.

OP94 HEALTH AND PRODUCTIVITY COSTS OF VIOLENCE AGAINST WOMEN AND GIRLS

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Background Violence against Women and Girls (VAWG) is widely recognized as a violation of human rights and a challenge to public health. In recognition of the dearth of knowledge of the impacts and costs due to VAWG, particularly in fragile and developing contexts, the UK Department for International Development (DFID) funded this research to investigate the social and economic costs of VAWG in Ghana, Pakistan and South Sudan (2014–2019), as part of its wider What Works to Prevent Violence research and innovation programme.

Methods This study used a mixed method approach including both quantitative surveys of individual women, households, and businesses, and qualitative inquiry methods including key informant interviews, participatory focus groups, and individual in-depth interviews. The direct health-related effects on women are measured by the out of pocket health expenditure incurred by women experiencing violence. The indirect mental health-related effects are quantified by productivity loss which is estimated as women missing work, being late at work or being not being mentally present at work. The study also estimates various health-related scores: Depression, Disability and Acute Illness scores, and compares women who experience violence and who do not.