**Assessing the evidence for alternative policy responses to economic crises.**

We thank Barlow for his comment to our commentary on the systematic review by Parmar and colleagues in which we highlight the need to distinguish between the health effects of the financial crisis and the impact on health of alternative government responses to the crisis. Barlow suggests that our studies (ref) may have been excluded from the Palmar review on the basis of risk of bias assessment – this is not the case. As is clear from Figure 1 in the paper by Parmar and colleagues no studies were excluded based on the risk of bias assessment.

The crisis led to a wide range of policy responses including fiscal stimuli, monetary policies, cuts in public spending and welfare reforms. The aim of the review by Parmar and colleagues was primarily to assess the health impact of the financial crisis itself rather than these alternative policy responses. They do not, however, specifically define what they mean by the term ‘the financial crisis’. The majority of the studies they review assessed the impact of the economic trends occurring during the crisis – for example rises in unemployment. However, as they include the term ‘austerity’ in their searches they also include some studies that investigate policy responses that have been labeled as “austerity” (ref). They have not, however, included all studies investigating the health effects of policy responses to the crisis, particularly where studies have not used the term ‘austerity’ in their title or abstract. The studies we cite investigating policy responses were not excluded from the review based on the risk of bias criteria as suggested by Barlow, but likely because they were not captured in the search.

We quite like the risk of bias assessment developed by Parmar and colleagues. However, we point out that the relatively high risk of bias in the studies included in the review is largely due to the nature of the exposure being investigated and the data available. The thirty studies investigating mental health outcomes including in the review consistently find that the financial crisis was associated with adverse outcomes. Following the pioneering epidemiologist Bradford Hill 1, we feel that the assessment of whether such associations are likely to be causal needs to take into account the consistency with prior evidence and the presence of a plausible mechanism, as well as the other factors outlined by Parmar and colleagues. There is strong prior evidence from systematic reviews and longitudinal studies 2–7 that unemployment has an adverse impact on mental health and good evidence for the psychological mechanisms through which this occurs.4,8,9 We therefore conclude it is highly likely that increases in unemployment that occurred during the financial crisis led to adverse health impacts.

Better evidence is needed to understand the health impact of alternative policy responses to the financial. To assist policy makers, we recommend that future reviews of this evidence could helpfully distinguish between economic crises itself and the policy response to crisis, and use search terms specific to these policies.

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