

Worklessness and health – what do we know about the causal relationship?

Evidence review summary

Introduction

The Health Development Agency (HDA) has taken on the task of mapping and synthesising the evidence base for public health. The subject of this evidence review is the causal relationship between worklessness and ill health, and the direction of that relationship.

Aims of this review

This review provides a synopsis of the literature about the relationship between worklessness and ill health. The aims are to:

- Identify all relevant review-level literature both through standard literature searching methods and by exploring the grey literature
- Review these papers and highlight recurrent themes and evidence that support or refute a relationship between work and health and, where possible, to report on the magnitude of that effect
- Set this evidence within the current employment policy context
- Highlight any gaps in the evidence and provide recommendations for policy and research commissioners.

Who is this review for?

This evidence review is intended to inform policy and decision makers, organisations with an interest and remit for work and health, and employers in the widest sense.

Policy context

This review enhances and builds on a strong momentum in government and elsewhere to continue to make a

difference to the life chances of people who struggle with poor health. The consequences of increasing our understanding of the relationship between worklessness and health – and the active demonstration that work is good for people – should result in increased life chances. There are other potential beneficiaries, including the taxpayer, employers and, most importantly, the nation as a whole.

This review sets out the current research evidence and offers an insight into how the agenda might be taken forward. Clearly, though, understanding is only part of the equation. We can only effect real change by acting on that understanding and ensuring that in the future, where appropriate, all strategies and initiatives have employment as a central component and outcome.

About evidence reviews

Evidence reviews, of which this is one, are reviews, overviews or syntheses of multiple evidence sources drawn from different research traditions. These take a variety of forms and formats. In some cases they consist of analyses of primary studies, drawn from the published or unpublished literature and sources, and in others (such as this on worklessness) they consist of assessments of theoretical literature and the concepts and ideas which relate to the evidence base in public health. They provide a general evidence resource on a range of public health topics.

Methodology

The evidence in this review on the relationship between worklessness and health is derived from review level data, both published and 'grey' literature, since 1996. An initial list of 52 potential articles to be included in the review, generated by electronic searches conducted by HDA review team members, together with references generated by a grey literature search by the social research consultant, were brought together at a review team meeting.

Through assessment of the abstracts, 21 full articles were sourced by the HDA. The full version of these articles went through a process of dual assessment by the members of the

review team using a slightly adapted version of the standard HDA critical appraisal tool. There was no blinding of authorship of retrieved papers. Any potential disagreements were resolved through discussion or, if necessary, through recourse to a third reviewer. The critical appraisal process identified 12 articles for inclusion within the evidence review.

Of the papers passed by the critical appraisal process, five focus on unemployment and mental health or parasuicide, four explore the relationship between unemployment or job insecurity and general health, two look specifically at youth unemployment and health (one from a gender

perspective) and one paper is an extensive systematic review of the relationship between unemployment and health in 15 different European countries.

Although evidence reviews are less robust than the traditional HDA evidence briefing, to a large extent they follow the same procedures and strive for similar quality standards. The quality standards for the evidence briefing series can be found at www.hda.nhs.uk/evidence

The following 12 review-level papers met the criteria outlined in the Methodology section

Bartley, M. (1994). Unemployment and ill-health: understanding the relationship. *Journal of Epidemiology and Community Health* 48: 333-7.

Brenner, M. H. (2002). *Employment and Public Health*. Vol I-III. Report to the European Commission. http://europa.eu.int/comm/employment_social/news/2002/jul/empl_health_en.html

Ezzy, D. (1993). Unemployment and mental health: a critical review. *Social Science and Medicine* 37 (1): 41-52.

Ferrie, J. E. (1999). Health consequences of job insecurity. *WHO Regional Publications Europe* 81: 59-99.

Fryers, T., Melzer, D. and Jenkins, R. (2003). Social inequalities and the common mental disorders: a systematic review of the evidence. *Social Psychiatric Epidemiology* 38: 229-37.

Hammarstrom, A. (1994). Health consequences of youth unemployment – review from a gender perspective. *Social Science and Medicine* 38 (5): 699-709.

Jin, R. L., Chandrakant, P. S. and Svoboda, T. J. (1995). The impact of unemployment on health. *Canadian Medical Association Journal* 153 (5): 529-40.

Lakey, J. (2001). *Youth unemployment, labour market programmes and health*. London: Policy Studies Institute.

Murphy, G. C. and Athanasou, J. A. (1999). The effects of unemployment on mental health. *Journal of Occupational and Organisational Psychology* 72: 83-99.

Owen, K. and Watson, N. (1995). Unemployment and mental health. *Journal of Psychiatric and Mental Health* 2: 63-71.

Shortt, S. E. D. (1996). Is unemployment pathogenic? A review of current concepts with lessons for policy planners. *International Journal of Health Services* 26 (3): 569-89.

Welch, S. (2001). A review of the literature on the epidemiology of parasuicide in the general population. *Psychiatric Services* 52: (3) 368-75.

Physical health

This section reports on the relationship between unemployment and physical health, including studies exploring mortality in terms of overall population studies, and deaths due to specific health conditions such as heart disease. It also includes morbidity studies that focus on conditions such as heart disease, stroke and general rates of GP consultation. Deleterious health behaviours include alcohol consumption, smoking and consumption of illegal drugs.

Mortality and unemployment – population studies

- England and Wales (among other countries) demonstrate a positive association between mortality and unemployment for all age groups, with suicide increasing within a year of job loss, and cardiovascular mortality accelerating after two or three years and continuing for the next 10-15 years.
- Standard mortality ratios are higher for men who have been out of work.
- There is an estimated 20% excess risk of death for both men actively seeking work and their wives, with the possibility that this may be higher still in areas of higher unemployment.
- While poverty can be thought of as one of the potential mediating factors for increased mortality, unemployed people also adapt to their new status so that further deterioration (in terms of health and social status) does not occur beyond 12-18 months.

Mortality and unemployment – deaths due to cardiovascular disease and other physical health conditions

- There appears to be some association between unemployment and mortality due to health conditions such as cardiovascular disease, but this relationship is less clear for other conditions such as stroke.

Morbidity and unemployment – physical health conditions and health service usage

- Studies illustrate that during the anticipation and termination phase of

factory closure, illness and health service use increase, the rate of hospital admissions doubles and conditions such as heart disease and higher blood pressure increase.

Morbidity and unemployment – health-related behaviours

- The pattern for health-related behaviours (eg alcohol use and smoking) is contradictory, with disagreement between studies and no overall pattern observable concerning unemployment, suggesting the need for further study.

Psychiatric morbidity and unemployment

Evidence suggests that there is a strong association between unemployment and measures of psychological and psychiatric morbidity. Factors such as levels of social support, geography, gender, age and type of employment appear to be confounders to this relationship. Upon re-employment, there appears to be a reversal of these effects. While the direction of causality is difficult to determine, unemployment is considered to be a significant cause of psychological distress in itself.

Suicide

- While unemployment may be associated with increased suicide, there is no clear evidence for a relationship in the UK. There appears to be a stronger relationship between parasuicide and unemployment.

General Health Questionnaire (GHQ) and generic measures of mental health

- Studies indicated a positive association between unemployed people and a higher prevalence of common mental disorders.
- The precise nature of the association between unemployment and increased mental health problems remains to be established.
- The literature describes a stabilisation of unemployed people's mental health levels once they have undergone a period of adjustment to their new circumstances.

- Factory closure studies indicate that job insecurity itself was found to bring higher levels of psychiatric morbidity among those anticipating the threat of redundancy compared to those anticipating no change.
- The impact of job insecurity and job loss on mental health appears to vary according to age, social support, duration of unemployment and level of unemployment within an area.
- For certain occupations it may actually be more advantageous for people's health to be unemployed as opposed to employed.

Locus of control and gender

- Reviews have identified a number of studies that consider weak locus of control as a precursor of mental distress, whereas those who are unemployed but have more positive and goal-oriented outlooks fare better.
- Research has had a prevailing focus on unemployed men. There is an assumption that women do not show psychological distress to the same degree as men because of lower levels of attachment and identification with work. Though some studies have found no association between unemployment and psychological distress, others have found that for single women the relationship between mental health and unemployment is similar to that for men.
- Being married has been understood as a 'protective agent' against psychological distress.

Selection vs causation

- As in all sections of this evidence review, the direction of causality is an issue of debate. Selection bias indicates that those with mental health problems are more likely to lose employment and those without to gain employment.

Social aspects of health

In addition to physical and mental health, there are a number of social variables that may have impact on or correlate with health and unemployment. They concern the social identities that we negotiate in our everyday lives, such as those according to gender, age and ethnicity.

Gaps in the literature and areas for further research

There is a remarkable degree of consistency in the gaps identified in the literature and the calls made for further research:

- Review authors remark that the impact of unemployment on health needs to be considered in the light of other mediating factors such as poverty, financial anxiety, education, income and individual contexts
- There needs to be more qualitative research based on gender theories to search for deeper mechanisms and mediating factors
- A lack of review-level literature addressing the relationship between ethnicity, health and worklessness suggests a need for more research in this area
- The epidemiological evidence suggests that the direction of causation from unemployment to illness is greater than the inverse but that this relationship is complex and not yet determined
- There needs to be a greater focus on job loss research that is more than descriptive, attempting to specify the relationship between demographic groups, properties of job loss experienced, and self-evaluative consequences of job loss
- A 'life-course' perspective to worklessness and health research would be useful, with unemployment being understood as one life event among a number of others
- Much more research needs to be done to be able to inform policy decisions and service provisions in the health arena.

Conclusion

- The evidence outlined in this review shows a relationship between unemployment and poor health, although causation is not proven.
 - There would seem to be a strong relationship between psychiatric morbidity and unemployment.
 - Much of the evidence from both original studies and reviews deals with the concept of unemployment, and not worklessness in its broadest sense.
 - There is a need for an increased sophistication in understanding the health and work agenda within the context of health inequalities, especially the geographical dimension. Improvements in the nation's health may not by itself have a significant impact on health inequalities. There is a strong association between deprived areas, poor health, poverty and worklessness although the exact relationship is not clear.
 - Given the potential differences on morbidity and life expectancy within local authorities, there may be an argument to examine the geographical dimension on worklessness and health at ward level if such data exist.
- The evidence suggests a relationship between unemployment and health and a strong association between unemployment and poor mental health.
- The complex relationship though is less clear, in part confounded by other variables such as educational attainment, the environment and economic circumstance.
- Although it is difficult to consider definitive implications for policy at this stage, there is a strong case for all health strategies to consider employment as an outcome, where appropriate. There is also a strong case for employment policy to evaluate the health impact of all its relevant interventions.

From 1 April 2005, the functions of the Health Development Agency will transfer to the National Institute for Clinical Excellence.

The new organisation will be the National Institute for Health and Clinical Excellence (to be known as NICE). It will be the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

The web address from 1 April 2005 will be www.nice.org.uk

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