Occupationless Health

“Bitterness, shame, emptiness, waste”: an introduction to unemployment and health

RICHARD SMITH

Britain's young fear unemployment more than they fear the bomb.¹ And well they might: in April 1985 one in three of Britain's more than three million unemployed were aged 18-24, and in January the provisional unemployment rate among 18-24 year olds was 22%.² Among 18-19 year olds it was 26%. More than half (54%) of the unemployed under 25 have been without jobs for more than six months, almost a third (29%) for more than a year, and 14% for more than two years.² Some have never had a job and may never have. Only one in 20 black school leavers in Birmingham got a job on leaving school last year.³ They are the young people who are beginning to form an underclass such as already exists in America.^{4,5} They feel that they have no stake in Britain, that they don't belong.

Clare Short, member of parliament for Birmingham, Ladywood, has “no doubt” that it is unemployment that caused last month's riots in Handsworth. “For young black people there is nothing. They have no jobs, no income and no dignity; everywhere they encounter racism and rejection, and they have no hope that it will get better. Such a riot is a mindless and destructive cry of rage, the cause of powerlessness, poverty, and racism.”⁶ Lord Scarman in his inquiry was less certain that unemployment was the sole cause of the rioting in Brixton and other places in 1981, but he did write of unemployment: “There can be no doubt that it was a major factor in the complex pattern of conditions which lies at the root of the disorders in Brixton and elsewhere.”⁷ He also said that “to ignore the existence of these [political, social, and economical] factors is to put the nation in peril.”

But need doctors concern themselves with unemployment? Does it have much effect on the health of their patients, and even if it does what can they do? They have been criticised for campaigning on seat belts, smoking, alcohol, and nuclear war. Will they not stumble into even more trouble by making statements on an issue so politically sensitive as unemployment? Isn't unemployment more an economic than a medical problem? Or will we eventually see a report from the Royal College of Physicians on unemployment and health? I think that we might. Unemployment is far too important an issue to be left to economists, and already there is a substantial body of research on how unemployment harms health. This information is, however, scattered through a variety of disciplines—including psychology, sociology, economics, history, literature, journalism, and medicine—and it has not perhaps had the prominence it deserves; certainly many doctors are not fully aware of the powerful effect that unemployment is having on the nation's health. That is why we are publishing what will be a series of articles on unemployment and health that will attempt to bring together some of the material. The articles contain no new data.

It is only when you lodge in streets where nobody has a job, where getting a job seems about as probable as owning an aeroplane and much less probable than winning fifty pounds in the Football Pool, that you begin to grasp the changes that are being worked in our civilisation.

GEORGE ORWELL *The Road to Wigan Pier*³⁹

The scope and scale of unemployment

Over 13% of the British workforce is registered unemployed and seeking work, which means more than three million people, and more than a million have been unemployed for more than a year.⁸ As figure 1 shows, the number of people officially recorded as unemployed has more than doubled since the present government first came to power in 1979. Many people, particularly women, do

FIG 1—Unemployment and vacancies recorded at employment offices (about a third of all vacancies) in the United Kingdom from 1964 to 1985.

not, however, register as unemployed even though they want to work, and the “true” number of unemployed may be greater than four million.¹⁰ But it is also important to realise that there is still considerable turnover in employment—about 400 000 people each month start a new job—and that there are almost as many people employed now as ever before—over 26m.⁹ The labour force has increased as the population has grown and as more women seek paid employment, and this trend is continuing: the latest estimate is that the labour force will increase by about 830 000 between 1984 and 1991.¹¹

Although I will frequently use the word unemployed in this series without qualification, the unemployed are not a homogeneous group: some people are simply between jobs, while others have been unemployed for years, have never worked, and maybe never will. The consequences are clearly very different for these different groups. Furthermore, the young, the old, the unskilled, the single, men with large families, the disabled, the socially disadvantaged, and members of ethnic minorities are all over-represented among the unemployed.¹⁰ The unemployed are also concentrated in depressed industrial areas and inner cities. But compared with the 1930s regional differences in unemployment rates are greatly reduced, and in the past few years as unemployment has increased rapidly the variation in rates between skilled and unskilled has decreased. Unemployment is not simply a problem of particular people in particular places.¹⁰

Nothing to do with time; nothing to spend; nothing to do tomorrow
nor the day after; nothing to wear; can't get married. A living corpse;
a unit of the spectral army of the three million lost men.

WALTER GREENWOOD *Love on the Dole*⁴⁰

Clear damage to mental health

The positive association between unemployment and a variety of measures of ill health is clear. What is less clear is how that association arises: does unemployment itself cause a deterioration in health, or are the sick most likely to become unemployed, or does unemployment lead to poverty, which we well know to be associated with poor health, or are unemployment and poor health both associated with other factors such as low socioeconomic status, poorer education, and worse housing conditions? These are not mutually exclusive hypotheses (although some reports on unemployment and health give that impression), and all are true to some degree. But we cannot be sure of the degree of truth of each hypothesis, nor can we be confident about the strength of the association between unemployment and ill health. Brenner, for instance, has estimated that unemployment in Britain may be associated with tens of thousands of premature deaths,^{12 13} while Gravelle is unconvinced,¹⁴ and Scott-Samuel opts for a "conservative" figure of 3000 a year.¹⁵

The evidence linking unemployment with poor mental health is much stronger than that linking it with poor physical health.¹⁶ In most surveys about a fifth of the unemployed report a deterioration in their mental health since becoming unemployed, and the longer they have been without work the more likely they are to report a deterioration.^{17 18} Importantly, however, about 5% of people report an improvement in their mental health—some because they have escaped from miserable jobs, but others because they have found positive aspects to unemployment.¹⁹

In addition to these self reported changes in mental health, a great many studies have measured the mental health of the unemployed and consistently shown that it is poorer than that of the employed.¹⁶ The unemployed tend to be more anxious, depressed, unhappy, dissatisfied, neurotic, and worried, and they have lower confidence and self esteem and sleep worse than the employed. That many of the unemployed should be miserable is hardly a surprise, but for many this misery measured in questionnaires becomes bad enough for psychiatrists to consider them "cases." More than half of 401 unemployed 16-24 year olds given the general health questionnaire in Australia were considered to be "probable cases of psychiatric disorder," and 47 of a weighted subsample of 72 examined by a psychiatrist were classed as cases.²⁰ But the evidence associating unemployment with full blown psychosis is weak.^{16 21}

This is partly because the association has not been much studied (psychologists have done much more work than psychiatrists), but what has been studied extensively is the link between unemployment and suicide and deliberate self injury (often called parasuicide).

Platt found 156 relevant studies, and they consistently show that the unemployed are over-represented among those who kill or deliberately injure themselves and that suicide and parasuicide rates are higher among the unemployed than the employed.²² Studies that follow large groups through time also show more unemployment and job instability among those who kill and deliberately injure themselves, and in almost all countries studied unemployment and suicide and parasuicide rates change together over time.

None of these studies are capable, however, of proving that of itself unemployment leads to suicide or deliberate self injury. But it has been proved that unemployment can cause a deterioration in measured mental health. Banks and Jackson gave the general health questionnaire to more than a 1000 16 year olds in Leeds before and after they left school.²³ They showed not only that those who became unemployed scored higher on the general health questionnaire (and so had a higher probability of being a psychiatric case) but also that the two groups had scores that were not significantly different when they were still at school—thus it cannot be argued, as it can with most studies of unemployment and health, that unemployment might have been associated with poorer mental health because those with the poorer health found it more difficult to find jobs. Another study by the same group has also shown that the score on the general health questionnaire of the unemployed fell sharply when they got jobs.²⁴

How does unemployment lead to poorer mental health?

Research into unemployment and mental health has moved into the stage of looking for mechanisms and working out who among the unemployed is most severely harmed. That research into unemployment and mental health is superior to that into physical health (and I recognise that this is a somewhat false dichotomy) may reflect that psychological studies are easier to do than physical ones in these circumstances, that psychologists and social scientists have taken more initiatives than doctors, and that even with an inadequate social security system the psyche of the unemployed is more harmed than their bodies.

Jahoda produced from her studies of the unemployed in the 1930s hypotheses about what it is about work that matters in addition to financial reward,²⁵ although possibly loss of income matters more than anything else.¹⁶ Work imposes a time structure on the day, provides social contact outside the family, gives a purpose and sense of achieving something with others, assigns social status, and requires regularity. Warr has added to this list: the unemployed lose the "traction" of work—the way it pulls you along and means you do more on Mondays than Sundays; they have a smaller scope for making big decisions and less chance of developing new skills; and, finally, the unemployed suffer frequent humiliations and lose social status.¹⁶

The usefulness of teasing out these mechanisms of how unemployment hurts is that it may allow ways of reducing the poor mental health of the unemployed even in a society where high unemployment is likely to continue. The same can be said for studies of who among the unemployed suffers most; these show that the middle aged tend to be more harmed than those who are younger and older, which may relate to the unsurprising finding that the more somebody wants a job the more his mental health is likely to suffer during unemployment.¹⁶ Other groups who suffer disproportionately are the poorest, those who do the least, and the "vulnerable"; mothers, and particularly young mothers, seem to be protected from the psychological distress of unemployment.¹⁶

Death and reduced physical health

Studies on how unemployment affects physical health cannot match the sophistication of the psychological studies, and many of those that have been done concentrate on death. Furthermore, most have used data for whole populations over long periods of time and have used complex mathematical techniques to search for associations between measures of performance of the economy—including

FIG 2—"No home, no dole"; an unemployed man in the East End of London in the '30s (photograph by Edith Tudor Hart, copyright W Suschitzky). An unemployed man in South Wales in the '80s (photograph by John Sturrock, copyright Report).

unemployment—and measures of health such as overall and infant mortality. These studies are called aggregate or time series analyses, and, although they spent a good while at the centre of the debate over unemployment and health, they have now receded in importance.

Singer used aggregate analyses in the 1930s to show correlations between unemployment and maternal and infant mortality,²⁶ and Morris and Titmuss extended his work in the 1940s to show correlations between unemployment and deaths from rheumatic heart disease in 83 county boroughs in England and Wales from 1927-38 even after controlling for poverty and overcrowding.²⁷ These studies have since been severely criticised,²⁸ as have the more recent studies of Brenner in which he has shown a relation between economic instability and mortality in the United States,¹² England and Wales,¹³ and Scotland. His own data for England and Wales were reworked, and no statistically significant relation was found between unemployment and mortality.²⁹ Brenner retorted that his model had not been applied properly in the new analysis.³⁰

The trouble with these aggregate studies is that: they can show only correlation not causation; as they measure mortality in whole populations they cannot sort out the mortality of the unemployed from that of the employed; minor procedural changes in the methods may produce dramatically different results; they are all studies of the past and so may not be relevant to the present; and they cannot tease out the effects of unemployment from those of poverty, availability of health services, changes in diet, etc.¹⁶

Much better data can be had from longitudinal studies that follow a defined population through changes in employment status and see what happens to particular individuals. Sadly, although unemployment began to increase dramatically in Britain more than five years ago, no study was ever set up to study specifically the effect of unemployment on mortality—or, indeed, any other measure of health. Instead, clever use has had to be made of data from studies set up for other purposes, and the cleverest of these opportunistic studies has been that derived from the longitudinal study of the

Office of Population Censuses and Surveys that follows up a 1% sample of the population of England and Wales from the 1971 census.

Moser *et al* found that the standardised mortality ratio in 1971-81 of the 5861 men who were seeking work or waiting to take up a job in the week before the census was 136 (95% confidence limits 122-152).³¹ The ratio was raised for all age groups and was over 200 in those aged 35-44. The authors calculated that some of this increased mortality among the unemployed was due to unequal socioeconomic distribution, but in all social classes the mortality of the unemployed was higher than that of the employed. Moser *et al* also were very ingenious in trying to work out whether this excess mortality among the unemployed was due to the sick being more likely to become unemployed. They hypothesised that if this was the case then mortality would be higher in the whole group in the first half of the decade, and this was not so. They also hypothesised that if it was unemployment itself that caused the extra deaths then the wives of the men might be affected, and they found a standardised mortality ratio of 120 (95% confidence limits, 102-139) among the 2906 wives.

This is the most outstanding study yet on mortality among the unemployed, but because of the complexity of their hypotheses and their large sampling variations the authors were unable to be completely confident that unemployment itself kills.

Far more limited are the studies of physical health that have used end points other than death. One often quoted study was of 113 men who lost their jobs when two manufacturing plants in Michigan closed in 1967.³² The study was controlled, and the men were followed from four to seven weeks before the plants closed until two years after: they were interviewed several times, kept a health diary, and had their blood pressure and serum cholesterol and uric acid concentrations measured. The design of this study thus meant that it had the potential to produce convincing results, but it didn't. It did suggest that the changes in employment caused more problems than unemployment itself, but Cook and Shaper are not unfair when

they say that the results of this study are less interesting than the methods.³³ It was intended as a pilot study but tragically it has never been repeated with larger numbers and better measures.

The British Regional Heart Study, which is looking at variations in heart disease in 24 medium sized British towns, has also been used to produce information on unemployment and health, and it has shown higher rates of bronchitis, chronic obstructive lung disease, and ischaemic heart disease among the unemployed than among the employed.³⁴ But many of the unemployed said that they had become unemployed because of poor health, and only very limited conclusions are possible. The same goes for the Department of Health and Social Security cohort study³⁵ and the United Kingdom Training Survey,³⁶ both of which have produced unconvincing information on the health of the unemployed, chiefly due to neither being primarily designed for that purpose. The only study that was sponsored specifically by the DHSS to look at the health of the unemployed was that by Fagin.³⁷ He looked at 22 families in depth and produced fascinating descriptions of their plight, but his study does not allow conclusions on whether unemployment causes ill health.

Failures in research

Why when we have more than three million people unemployed do we have so little information on how unemployment affects physical health? Some people whom I spoke to thought that the government had deliberately discouraged research on unemployment and health because it did not want any data produced that might make continuing with present economic policies more difficult. Certainly I was told by a reliable source that in Scotland the government word went round saying that research into unemployment and health was not a priority; and it would be hard to argue that this was because we either know enough about unemployment and health or that it is an unimportant subject. I heard of at least two other cases from England where applications for grants to do research into unemployment and health had been rejected more on political than scientific grounds.

But others I spoke to subscribed less to this conspiracy theory and more to the idea that doctors' leaders had been slow to wake up to the importance of unemployment to health (and maybe they are not awake yet). One important hindrance may be that the departments of health are unenthusiastic about sponsoring research into unemployment because that is a matter for the Department of Employment, and in its turn the Department of Employment does not think that it has any responsibility to sponsor health research. Others think that there is not much point in researching unemployment and health because all that could be done as a result would be to argue for less unemployment, which everybody wants anyway and yet which appears "hard" to achieve.

Responding to the health problems of unemployment

Is drastically reducing unemployment the only answer to the health problems of unemployment? The answer is probably no, and the Unemployment and Health Study Group has produced plans on how to prevent the health consequences of unemployment and on how they can be modified by the health services and other agencies.³⁸ The first thing that can be done is to reduce poverty among the unemployed by raising benefits, but at the moment the government seems set on doing the opposite. Another possibility is to change the rules so that the unemployed can do a little paid work without losing their benefits. A further ploy is to share out more the work that is available by creating job sharing agreements, shortening working days and weeks, offering early retirement, longer holidays, and sabbaticals, and rotating periods of worklessness.

In the past these sort of measures have been used most in industries where unemployment is looming rather than throughout the labour market, and for them to become widespread may require changes in the way that most people think about work. For instance, most people still mean paid employment when they talk about

I never do any shopping, or housework, or washing or cleaning. The wife does it all. We eat meat once a week at mam and dad's. My main meal is beans and a beefburger, or a fry up. I go for a pint when the giro comes, and on Fridays I play in a darts match, and every two or three months we both go out. We live in a flat and there's no garden, so we always get on each others nerves. I get depressed and just sit and sulk, it's never physical but we shout a lot. The two kids are small so they get on my nerves. I just generally have the feeling that I'm about to blow my brains out, thinking is this it?

A 22 year old former fitter quoted in *Wigan Pier Revisited* by BEATRIX CAMPBELL⁴¹

work, and looking after the family and the home, caring for others in the community, and developing skills that are not directly marketable are often not seen as being as important as "real work." We need to break down the artificial boundaries between formal employment and other types of useful but unpaid work at the same time as we work towards fuller employment.

This is the first in a series of articles on unemployment and health.

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