Occupationless Health

Improving the health of the unemployed: a job for health authorities and health workers

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Health authorities and health workers have been slow to wake up to the considerable health implications of mass unemployment. It was 15 years ago that British unemployment first hovered around a million and more than 10 years ago that the rapid increase began, reaching a record total of 3 407 729 (14.4% of the workforce) on the day that I write.¹⁻⁴ Even 15 years ago there was ample evidence—much of it from work done in the 1930s—that unemployment was associated with ill health and an increased workload for hospitals and general practitioners. Since then, despite much of the necessary research not having been done, the evidence that unemployment harms health and brings people to their doctors has grown much stronger.

Yet still no health authority has published a comprehensive strategy for tackling health problems caused by unemployment, and few have understood that they could themselves—as large employers—offer work opportunities to the unemployed, either on their own initiative or through the Manpower Services Commission. The departments of health have only recently and grudgingly accepted the importance of unemployment in harming health. None of the royal colleges has published a report on the problem, the Health Education Council has paid it only scant attention, and, although the British Medical Association now has a working party looking at inequalities and health, it has not addressed itself to unemployment.

One group that has recognised the importance of the issue is the Health Visitors Association, which held a week long meeting on unemployment more than five years ago and just last week called for radical moves to help its members tackle growing social problems in Wales. Finally, although some individual doctors and other health workers grasped the implications of unemployment for health long ago,⁴ most did not and still have not.

Why so slow?

Popay *et al* have studied 40 health visitors, 19 health education officers, and 51 social workers in three regions—London, the Midlands, and Scotland—to see how unemployment is affecting their work, to discover how they are responding, and to explore why much of the response has been ad hoc and inadequate.⁵ More than 80% of health visitors and social workers thought that unemployment was affecting their day to day practice, but only about half of the health education officers thought so. The increase in poverty was what hit most of the practitioners, but the health visitors and social workers also found that they were having to manage individual and family problems that were created, exacerbated, and made much more complex by unemployment.

Despite recognising that unemployment was affecting their work, most were ignorant of many of the local initiatives being taken to help unemployed people and most were responding in a purely ad hoc way. Very few had stopped to consider whether what they were doing was the best way of responding. The poor response resulted partly from a lack of time and resources, but there were other reasons: an attitude—rather like that of Dr J W Maltby (see p 488)—that unemployment and its effects were not matters for health or social work professionals; thoughts by health professionals that it was a matter for other professionals, particularly social workers; confusion about what could be done and a lack of conviction that anything was effective; ideas that the way that their training and work patterns made them respond was the wrong way; worries that they could only ameliorate and not remove the difficulties; and concern that their bosses would not see unemployment and its effects on health as legitimate issues for health workers to tackle.

This last concern may be particularly important, and some health workers trying to persuade unit and district managers to adopt strategies for responding to unemployment and health have met considerable resistance. The managers are not opposed to individual health workers being trained in unemployment and health but do not see that there is any need for them to take any action, or receive any training, themselves. But many, including the Unemployment and Health Study Group, would argue that individuals will find it very difficult to be effective unless they are encouraged from above and are working within a coordinated strategy.

Another factor that is likely to be important is the attitude of some health professionals towards the unemployed. Correspondents to the *BMJ* have made it clear that they consider that many of the unemployed could get jobs if they wanted and are choosing to be unemployed.⁶ The implication is that they are lazy scroungers. Some of our correspondents have gone further and suggested that the unemployed should not reproduce and that the young should be conscripted.^{7,8} These stigmatising and victim blaming attitudes are common among the general population, and may be widespread among health professionals—nobody wrote to take issue with our correspondents. They are exactly the attitudes that help to make unemployment so painful, and if many health professionals do not think this way then it is not surprising that the health response has been so feeble.

The need for a health strategy

Before a strategy can be developed for responding to unemployment and health, the authorities—from the top down—must recognise that unemployment does lead to health problems and does increase the workload of health agencies. This the government has now done. Norman Fowler, Secretary of State for Social Services, wrote to Michael Meacher MP, his opposition counterpart, on 1 July 1985 to say: "I would not question that unemployment may well have negative effects on health, though by no means in all. I

agree too that people who are unemployed need to be helped by those with whom they come into contact, including the social services, to overcome the negative effects of unemployment." Mr Fowler also makes the point in his letter that his department is monitoring research on the relation between unemployment and health and using it to formulate policy. But advice from the health departments to regional and district authorities on how to respond to the health implications of unemployment is conspicuous by its absence. Nor does the health of the unemployed feature much—if at all—in government discussions on creating jobs or reforming the social security system.

What can doctors do about unemployment and health?

- Recognise problems in their patients caused by unemployment
- Know their patients' occupational histories
- Refer their patients for advice on benefits
- Know of national and local initiatives to help the unemployed and so be able to refer patients
- Work locally to make people aware of the health consequences of unemployment and so to help to reduce the stigma of unemployment
- Consider organising employment schemes either alone or with the Manpower Services Commission

The first responsibility of the government should be to take account of the impact on the health of the unemployed of its own policies, and to this end the Unemployment and Health Study Group advocated an interdepartmental committee with exactly this brief.⁴ Secondly, the government should be monitoring the impact of unemployment on health and encouraging research. The evidence that I have is that such research has been more discouraged than encouraged. Thirdly, the health departments should be advising health authorities on how best to respond to unemployment, and they should be taking regional unemployment into account when resources are distributed. Fourthly, they should be pushing for the training of all health workers to include something on unemployment and health.

At the moment, as far as I can see, none of these things are happening. Yet the government has shown—with its response to drug addiction among the young—that once a long neglected issue becomes a matter of national concern something (albeit of doubtful effectiveness) can be done quickly.

Health authorities need to draw up strategies for dealing with unemployment and health, and the report published by Strathclyde Regional Authority could serve as a useful blueprint (8 February, p 402).⁵ The strategy should summarise for staff some of the convincing evidence that unemployment harms health and then state the authority's commitment to reducing the harm. One of the main jobs of an authority will be to monitor the effects of unemployment in its area and then perhaps to target responses at those most in need. Regional authorities will also need to consider taking unemployment levels into account when distributing resources.

The authorities should have a policy of sharing the employment they have to offer as much as possible and should also consider how they can create work either on their own initiative or in cooperation with the Manpower Services Commission. Information for staff and the unemployed on the huge range of facilities available to the unemployed should be the next component of the policy, and the authority should appoint somebody to assemble a directory and then make it available to all its staff. This should be combined with training key staff in what can be done for the unemployed and with

seconding some staff to local community initiatives. Authorities should also make arrangements to provide counselling to unemployed people who want it, and this could be achieved by encouraging individuals within the authority and perhaps by establishing a special unit.

Action tends to come about only when individuals are made responsible for coordinating and stimulating initiatives, and each authority might appoint such a person. One of his or her main jobs might be to liaise with other health authorities and with local authorities to avoid duplication of effort.

Other national agencies

The medical royal colleges, and organisations like the British Medical Association, the Royal College of Nursing, and the Health Visitors Association all have an important part to play in encouraging research and discussion on unemployment and health, gathering together information, and disseminating it to their members and to the public. I began this series of articles by wondering if we would eventually see a report from one of the royal colleges on unemployment and health,¹⁰ and the Royal College of Physicians of Edinburgh may be the one to take the lead. It has undergone what the *Scotsman* has called a quiet revolution, and its new president—cardiologist Professor Michael Oliver—is quoted as believing that "at the heart of current health concerns are those related to poverty in the midst of affluence."¹¹ He wants the college to take action on poverty, and in doing so he is taking the college back to its roots. The guidebook to the college's headquarters points out that "the 21 original fellows were concerned not only with the advancement of medicine as a reputable science but also with ways of alleviating the miseries of the poor and needy."

Two national bodies that perhaps have particular responsibility to do something about unemployment and health are the Health Education Council and the Scottish Health Education Group. The unemployed tend to be scattered and alone but could be reached by health education initiatives that provided information on how unemployment might harm health and on what could be done to minimise the harm. The information could tell people where they could get advice on benefits, training, and other initiatives and could give ideas on healthy diets on low incomes and on strategies for coping. The Greater Glasgow Health Board health education department has already produced a pack on unemployment and health that could serve as a model.¹²

The role of doctors

Individual doctors and health workers, particularly those working in general practice, can do a lot to help the unemployed and their families (see box). Firstly, they can be aware of the harm associated with unemployment and can make certain that they know their patients' occupational history. The long term unemployed are those most at risk, but also to be watched closely are the middle aged with heavy commitments, those deepest in poverty, and those who are repeatedly in and out of jobs.^{13,14} The second responsibility of doctors and their staff is to make sure that patients are getting all the benefits to which they are entitled. The general practitioner need not do this himself but should be able to point his patient towards somebody who can help.

Thirdly, doctors should be able to tell their patients about local and national initiatives to help the unemployed. (We obviously cannot publish a list of all the initiatives in Britain, but the second box gives some useful national addresses.) Fourthly, doctors should try to make their local communities aware of how unemployment can harm health and should take the lead in reducing the stigma of unemployment. Fifthly, doctors as employers and organisers should consider what they might be able to do to create work for unemployed people.

No doctors have ever been taught any of this at medical school, and many will consider that tasks like these should not be part of a doctor's job. But, as Brandon has written: "Depression associated

with the problems of parenthood, unemployment [or] poverty . . . is often relieved more by practical interventions than by formal psychotherapy or drugs."¹⁵ Furthermore, as the Royal College of General Practitioners has emphasised, management skills are becoming increasingly important in general practice,¹⁶ and the general practitioner need not do all this work with the unemployed himself or herself. Responding to this problem will be a challenge to the "modern general practitioner," and it is one that few have yet taken on.

"More research is needed"

These 14 articles have made it clear that there is much that we do not know about unemployment and health, and I presented some evidence in the first article to suggest that research into unemployment and health has been actively discouraged.¹⁰ Since then others have written to me to say that they have been refused support for projects researching into the health of the unemployed. Perhaps now, as health authorities and workers wake up to the immense implications of unemployment for health, grant giving bodies will be more willing to back research. If they are going to do so what research is needed?

The *Lancet* has argued boldly that no more research is needed into unemployment and health: "If government excuses inaction by claiming that it awaits the outcome of research, academics should not connive."¹⁷ It seems extraordinary to argue that those researching into unemployment and health are somehow conniving with government inaction, and the fallacy in the argument is surely the implication that the government would take action if academics stopped their research. Watkins has argued that "little is to be gained by studies designed simply to ask whether unemployment is bad for people."¹⁸ This seems a fair proposal, but have researchers ever undertaken such naive studies? Surely the aims of many studies, although rarely achieved, are to try to quantify the harm done to health by unemployment, to determine whether the unemployment or the harm comes first, and to determine whether it is the unemployment per se—rather than its usual accompaniments—that causes the damage.

Thus I would argue that there is still room for basic studies that explore topics such as the effect of unemployment on women and families. Much needs to be done, too, to look at whether unemployment per se causes deterioration in health, and Watkins himself

argues for a study along the lines of Stafford *et al*,¹⁹ but looking at physical health rather than psychological. (This study was important because it proved—in a way that has never been done for physical health—that unemployment causes psychological ill health.)

But I do accept—as Watkins argues—that the main thrust of research should now be to look at how unemployment harms health—the "intervening variables." Work like this has been done and more is in progress, but its importance is that it might allow a more intelligent response to alleviating the harmful effects. In the same vein, intervention studies should be done to explore the best ways of helping the unemployed. More research also needs to be done to look into why health authorities and workers are being so slow in responding to the harm done to health by unemployment.

This is the last in this series of articles on unemployment and health. The whole series—revised, edited, and updated—will be published soon by Oxford University Press. I thank the dozens of people who have helped me in writing this series.

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National sources of help and information for the unemployed and people caring for them

Manpower Services Commission,
Moorfoot,
Sheffield S1 4PQ
(There is a national network of jobcentres.)

National Association of Citizens Advice
Bureaux,
115 Pentonville Road,
London N1 9LZ
(There is a national network of citizens advice bureaux.)

TUC Centres for the Unemployed,
Trades Union Congress,
Congress House,
Great Russell Street,
London WC1B 3LS
(Directory of centres available price £3)

Unemployment Unit,
9 Poland Street,
London W1V 3DG

Unemployment Alliance,
26 Bedford Square,
London WC1B 3HU

Unemployment and Health Study Group,
5 Lyndon Drive,
Liverpool L18 6HP

British Unemployment Resources Network,
Birmingham settlement,
318 Summer Lane,
Birmingham B19 3RL

Centre for Employment Initiatives,
140A Gloucester Mansions,
London WC2H 8PA

Church Action with the Unemployed,
318 St Paul's Road,
London N1

Child Poverty Action Group,
1 Macklin Street,
London WC2B 5NH
(Produces a poster on benefits (price 75p including postage) and two handbooks—*National Welfare Benefits Handbook* and *Rights Guide to Non Means Tested Social Security Benefits* (both £4 including postage))

Strathclyde Regional Council. *Unemployment—implications for regional services*. Available from:

Chief Executives Department,
Strathclyde House,
20 India Street,
Glasgow G2 4PF

Black D, Laughlin S, eds. *Unemployment and health: resources, information, action, discussion*. For information and copies contact authors:

Health Education Department,
Greater Glasgow Health Board,
225 Bath Street,
Glasgow

South Sefton Health Authority. *Guide to the MSC Community Programme*. (Still in press but will be available from:

Health Services Management Unit,
Department of Social Administration,
University of Manchester,
Manchester M13 9PL