Unemployment and health
Stephen J. Watkins

All the available research tends to prove that unemployment is harmful to health, even when allowance has been made for alternative explanations. Public policy needs to take account of this undeniable fact of life.

Unemployment creates poverty which is in turn a major cause of ill health. People who are obliged to follow the cheapest diets have little scope for healthy eating – wholemeal bread, pure fruit jams, low-fat meats or sausages, and products low in salt are all more expensive than the less healthy alternatives. Some of these products may only be available in health food shops or in the larger supermarkets which are often accessible only by car.

Poverty is related to disease. For example, deaths from coronary heart disease – according to a study in 1973 – can be directly related to the weather, increasing and decreasing as the temperature falls and rises. Poor people are at risk because they are less likely to be able to afford heating. Pleasant environments have more expensive housing and this too has a bearing on health; people who live amidst countryside or near parks are more likely to take exercise, while road accident risks are higher among children who do not have gardens to play in.

Unemployment also creates stress by disturbing such important psychological elements as personal identity, time structuring and sense of self-esteem. It may also disrupt social support networks through the loss of social relationships at work, the abandonment of hobbies and social life under financial pressure, and withdrawal from social interaction because of the stigma of being jobless. Research has shown that reduced strength of social networks increases mortality. Unemployment is also a life change, and there is plenty of evidence to show that life changes damage health until the individual readjusts. On the other hand, people are not expected to adjust to unemployment; if they do, they are described as “work shy.”

All in all, it is not surprising that evidence shows unemployment to be damaging to health. Correlations have been found between unemployment rates and death rates in time trends, in large geographical areas and in small geographical areas. However, all of these correlations are open to alternative explanations. In a number of time trend studies that have been made, unemployment rates have been seen as a good indicator of recession. So a correlation between unemployment rates and rates of ill health in time trends could merely mean that recessions damage health, perhaps through their effects on working conditions, on the quality of public services, or on general levels of stress in society.

In geographical studies, unemployment rates are a good indicator of multiple deprivation.
Surveys in various towns have shown that areas of a given town with high unemployment rates have high death rates and sickness rates, which could be related to the effects of deprivation rather than to unemployment in itself. Or it could be accounted for by selection since unemployment falls disproportionately on various unhealthy groups, such as low social classes, workers in declining industries, and people living in areas with multiple deprivation. However, a few studies—for example, one made in 1982 on the health of unemployed middle-aged men in Great Britain—have meticulously excluded these intervening factors and yet have still shown the relationship between unemployment and ill health.

As the exclusion of such factors is difficult and never perfect, the most relevant surveys are those which follow the health of a cohort of people and take account of the various confounding factors. These studies have indeed confirmed that unemployment is damaging to health. Research into the effects of factory closures have generally confirmed findings dating back to 1968 that the health of workers deteriorates from the time the closure first threatens until the time when the workers find alternative jobs and settle into them. A few of these studies have found the reverse, but they concerned the closure of factories where working conditions have been particularly poor, showing that certain types of work can be even more damaging to health than unemployment.

The factory closure surveys have been reinforced by studies which have followed the health of a cohort randomly drawn from the general population. One of the best of these, made in 1980 in a north of England city, followed the employment experiences and mental health of a group of school-leavers from even before they left school and before they knew whether or not they would get a job. The group who became unemployed had worse mental health whilst unemployed, but there was no difference between the two groups while they were at school, indicating that the poor mental health was not the cause of the unemployment but rather was precipitated by it.

Accordingly, it is no longer reasonable to base economic, social and public health policy upon any assumption other than the proposition that unemployment is harmful to health. Measures to cope with the potential health damage of unemployment can be taken at four levels.

- To conduct the economy so that recession is avoided—this is essentially an issue of economic policy.
- To structure the economy so that people enjoy satisfactory incomes and meaningful life roles even during a recession—this can be done by work sharing or job creation schemes; society does not benefit if people who are able and willing to contribute usefully to it are prevented from doing so.
- To support the unemployed—for example, support centres and unemployment groups can provide substitute social support, and social security can provide alternative incomes, while food cooperatives or credit unions are possible ways of helping people to cope with low incomes.
- To plan health services so as to meet the health damage that occurs.

My personal opinion is that none of these four levels of intervention is at present being undertaken as well as it would need to be in order to constitute a serious public health response to a major risk factor.

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