

STRESS, MENTAL HEALTH & SUICIDE: EMPLOYMENT STATUS

Issue/Problem	The mental health and emotional wellbeing of those who are unemployed or economically inactive
Evidence Base (Equality & Inequalities Report)	<p>Unemployed people were more likely to have a potential psychological illness (30%) than those who were either economically inactive (25%) or employed (16%).</p> <p><i>Ref: NI Health and Social Wellbeing Survey 2001 cited in "Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (DHSSPS, 2004: 68)</i></p>
Evidence Base (Literature Review)	<p><i>Mental Health, Unemployment and Economic Inactivity</i></p> <p>Unemployment and economic inactivity are associated with increased risks of developing mental health problems. Unemployment, particularly long term unemployment, is associated with other related factors such as social exclusion, poverty, poor housing conditions, low educational attainment, and risk taking behaviours (e.g. alcohol and drugs misuse). Although unemployment can be both a cause and a consequence of mental health problems.</p> <p>Economic or financial disadvantage increases stress, including everyday pressures to pay bill or to purchase food and clothing. It limits access to activities which enhance independence and wellbeing. There is evidence to suggest that people who are socially or economically disadvantaged may be somewhat reluctant to report mental health complaints to health care workers¹.</p> <p><i>Mental Health and Economic Inactivity</i></p> <p>Those classified as economically inactive can include the retired, the long term sick and disabled, and/or people looking after a family or home (e.g. carers and others with dependants). Evidence suggests that many of these people experience can mental health difficulties. For example,</p> <ul style="list-style-type: none">▪ for many older people retirement can be a positive experience, however for others redundancy and retirement can be stressful life events. Loss of income, a daily routine, social networks and a sense of purpose can impact upon self-esteem and confidence.

Inequalities and Unfair Access Issues Emerging from the DHSSPS (2004) “Equality and Inequalities in Health and Social Care: A Statistical Overview” Report

These feelings can be particularly profound for those forced in retirement. Retirement can also impact upon family relationships with many couples finding it difficult to adjust to spending more time together (Mind Information Factsheet²).

- Many people who are economically inactive are **long term sick** or **disabled**. Factors such as low income, inaccessible physical environments, social isolation, discrimination and a lack of awareness of the mental health needs of people with disabilities can impact negatively upon mental health.
- Low income, social isolation and lack of respite services are factors which impact upon the mental health of people who remain in the home to care for dependents (e.g. **lone parents** and other **carers**).

Mental Health and Employment

For those in employment, stress in the workplace can lead to psychological problems such as depression and anxiety. Mental ill-health or distress is a major cause of sick-absence from work, reduced productivity and staff turnover. Under-employment can lead to boredom, apathy, loss of energy and motivation. Whilst excessive work-related stress can lead to fatigue, impaired judgement and serious physical and mental health problems (Mental Health Foundation, 2000³).

Is the issue/problem being addressed by current or proposed strategies and policies? On what level?

The [Promoting Mental Health Strategy and Action Plan](#) recognises the relationship between unemployment and mental health and wellbeing. The strategy and action plan aims to improve mental health and emotional wellbeing and raise awareness of the determinants of mental and emotional health through an integrated partnership approach which will organisations working in areas such as employment, education and neighbourhood regeneration. As part of the strategy and action plan, the DHSSPS proposes to establish a Multi-Agency Implementation Group which will report on progress to the [NI Taskforce on Employability and Long Term Unemployment](#) to ensure that mental health issues are included in future policy development.

One of the primary principles of the [Investing for Health Strategy](#) is to “*improve employment opportunities and income levels of those who are most disadvantaged*”. It too recognises the relationship between unemployment, low income, social exclusion and poor mental and physical health.

The various New TSN policies devised to address the problems of unemployment, and to create opportunities in which people can develop their skills and take advantage of the increasing number of employment opportunities which became available in Northern Ireland. Improving the life chances of unemployed and economically

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inactive people has been a focus of many Government Departments programmes and initiatives. For example, the establishment of an NI Taskforce on Employability and Long Term Unemployment (Department for Employment and Learning), the Welfare Reform and Modernisation Programme (Department for Employment and Learning and the Social Security Agency) and the continued effort towards job creation and local economic development (The Department of Enterprise, Trade and Investment). These are but a few examples of developments aimed at addressing the issue of unemployment in Northern Ireland.

Other strategies and initiatives likely to have a positive impact upon the mental health of unemployed and economically inactive people include the [Northern Ireland Anti-Poverty Strategy](#) which aims, for example, to improve income and living conditions. Other positive developments include various housing strategies and schemes led by the Northern Ireland Housing Executive often in co-operation with other statutory and voluntary organisations.

For those who are economically inactive, (e.g. some carers and lone parents) the [Carers Strategy](#) and other developments such as [Sure Start](#) may also contribute to improving mental health and emotional wellbeing. The vast contribution of the voluntary and community sector in supporting vulnerable groups such as carers and lone parents should also be acknowledged.

For employees, many organisations have procedures, guidelines and welfare support services in place to protect and promote mental health and emotional wellbeing. This is particularly important for HPSS staff working in areas of interface conflict and for staff experience verbal and physical abuse. Recent developments to tackle these problems include a campaign to tackle violence against HPSS staff and the development of a joint DHSSPS/PSNI protocol for reporting incidents of abuse⁴. Other key developments for promoting a healthy HPSS workforce include the [Employer of Choice Strategy](#) and the [Health Promoting Hospitals](#) initiative.

For employees in general, the Occupational Health Forum for Northern Ireland have, under the umbrella of the Investing for Health Strategy, developed [“Working for Health”](#) a long term workplace health strategy for Northern Ireland. The strategy aims to reduce both the incidence of work-related ill-health and to exploit the workplace as a priority setting for the improvement of the health of people in general. Other important progress made in the area of employee mental health includes the development by Health and Safety Executive of [Management Standards](#) for organisations to enable them to tackle the issue of occupations stress.

Is the problem amenable to further intervention by the DHSSPS or other?

Improving mental health and preventing psychological illness amongst the unemployed and economically inactive requires interventions from a broad range of statutory, private, community and voluntary organisations. It will require a number of cross-cutting approaches in areas relating to discrimination, poverty, employment, health, social exclusion, community regeneration etc. The DHSSPS and its associated bodies have already put into place a range of strategies and initiatives aimed at tackling the problems faced by marginalised groups such as the unemployed.

High quality interventions for individuals who are unemployed can reduce the psychological impact of job loss, and promote re-employment, especially amongst those at risk of mental ill health⁵. Social support, problem solving or group cognitive behavioural therapy can improve the mental health and employment outcomes of people who are unemployed⁶. Evidence of best practice and an exploration of schemes which are effective should be explored.

To improve the mental health and emotional wellbeing people of "economically inactive" people who are *sick or disabled*, it has been recommended that⁷:

- in the commissioning and provision of mental health services, more recognition should be given to the emotional and mental health needs of people with disabilities.
- "talking treatments" and other mental health services such as crisis and residential services, must be made accessible people with disabilities. Consideration must be given to improving physical access to facilities.
- recognition should be given to the prescribing of medication for people with physical disabilities who also have mental health support needs. Practitioners prescribing medication must be aware of the potential problems caused by combining medications.
- Front line physical disability services (e.g. social workers, day centres, care management teams) must work closely with mental health services to meet the needs of service-users who also have mental health support needs. This should include the development of local protocols for joint working. It should also include information about mental health services and how to access them.

Possible interventions to improve the mental health and emotional wellbeing of those in the *pre and post retirement* stage could include:

- the development resource packs, in co-operation with relevant voluntary and community groups, which information on health, leisure and activities, bereavement and loss, employment and

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education opportunities, volunteering, relationships, managing finance etc.

- consideration of the merits in developing a health check or individual health plans for those at the pre-retirement stage.

These are clearly just a few examples of possible interventions for HPSS bodies in what is a complex subject area. Identification of further interventions would require further research.

The [Review of Mental Health and Learning Disability](#) is currently in the process of reviewing the law, policy and provisions affecting people with mental health needs in Northern Ireland. The [report](#) of Adult Mental Health Expert Working Committee notes that many severely mental ill service users are financially better off if they remain unemployed and in receipt of Social Security benefits. The report suggests that specialist help for those with mental health needs will only be effective provided there are closer working relationships between Government Departments, healthcare providers, the voluntary sector and employers.

Recommendations from the report include:

- Offering, at the earliest possible opportunity, full occupational assessments to people with severe mental health needs.
- More straightforward and flexible social security benefits to facilitate the transition from benefits to work.
- A comprehensive range of occupational services within each Trust area which should include access to voluntary work, educational and leisure opportunities.
- Vocational specialists with mental health expertise should be commissioned to enhance the rehabilitative function of Community Mental Health Teams (CMHTs).

¹ Ref: DHSSPS (2003:20) *Promoting Mental Health Strategy and Action Plan 2003-2008*.

² Mind. Factsheet: *Older People and Mental Health*. www.mind.org.uk

³ The Mental Health Foundation (2000) *Mental Health in the Workplace: Tackling the Effects of Stress*. London: The Mental Health Foundation.

⁴ “We’re Fighting Back Against Abuse” – Minister. DHSSPS Press Release. 19 March 2004.

⁵ Department of Health. National Service Framework for Mental Health.

<http://www.publications.doh.gov.uk/nsf/mhnsf2a.htm>

⁶ NHS Centre for Reviews and Dissemination, University of York (1997) *Effective Mental Health Care: Mental Health Promotion in High Risk Groups*. <http://www.york.ac.uk/inst/crd/ehc33.pdf>

⁷ The following recommendations have been extracted from Morris, J. (2004) “*One town for my body, another for my mind: Services for people with physical impairments and mental health support needs.*” York: Joseph Rowntree Foundation.