

Unemployment and mental health scarring during the life course

High and persistent unemployment across much of the developed world has renewed interest in the health consequences of unemployment. Previous research has shown that there are not only socioeconomic costs of the unemployment experiences but that there also are substantial health costs. Over the last thirty years a great number of high quality longitudinal studies have, through following individuals into unemployment or out of unemployment, shown clear and strong negative effects of unemployment for mental health.

Most of this research has focused on relatively direct effects of unemployment, where reemployment implicitly is assumed to restore mental health to pre-unemployment levels. This resembles psychological set-point theories, where long-term stable levels of psychological wellbeing are seen as essentially dependent on personality traits. Events, such as unemployment, will lead to reactions, but the assumption is that individuals will adapt and return to baseline levels. Most research on unemployment and mental health has not suggested adaptation to the unemployment situation. Duration of unemployment does in fact instead seem to be connected with a plateau or further deterioration of mental health.

The relatively short term perspective on the relationship between unemployment and mental health contrasts with how research into socioeconomic consequences of unemployment have long focused not only on the direct effects of unemployment in terms of duration dependence or economic problems, but on long-term negative effects on labour market careers. Unemployment experiences have been connected with longer term risks of downward occupational mobility and wage penalties. These long-term labour market consequences of unemployment are usually described in terms of unemployment scarring, referring to the visible long-term impacts of unemployment. As there are such scarring effects of unemployment on the labour market career, there could also be expected to be scarring effects on mental health. There are however few longitudinal studies that have investigated long-term mental health effects of unemployment. This article expands the existing knowledge on long term relationships between unemployment experiences and mental health through a long term follow up study of school leavers followed from age 16 to age 42. The study investigates the long term effect of youth unemployment as well as that of later unemployment experiences and whether mental health consequences of multiple unemployment experiences accumulate over the life course.

Experiences of youth unemployment were in the study clearly shown to be connected with deteriorating mental health at all three target ages, 21, 30 and 42. Later singular unemployment experiences did not appear to have the same long-term negative connotations as youth unemployment. Unemployment experiences between ages 21-30 were connected with poorer mental health at age 30, but not at age 42, while unemployment experiences between ages 30 and 42 were not significantly connected with poorer mental health at age 42. There were however strong connections between accumulation of unemployment experiences and mental health at various ages where respondents with unemployment experiences during two, and even more so three, of the periods were substantially worse off at ages 30 and 42 than all other groups.

From a life course epidemiological perspective there are two models for the relationship between socioeconomic conditions and future health that could be useful for understanding these findings: 1) the disadvantageous social conditions could transmit directly to later health through, in our case, the strain on the individual's psychobiological system leading to a mental health set point change, or 2) disadvantageous social conditions could accumulate over the life course. There has been substantial support for such life course transmission of health outcomes although the very mode of transmission can be methodologically difficult to differentiate. It is also possible that the timing of exposure is of importance. Models focused on sensitive periods suggest that environmental exposure during vulnerable periods in life, such as youth, might have larger consequences than later exposure.

We cannot from the present study draw conclusions in relation to the mechanisms behind the mental health scarring unemployment found. It is possible that the results related to set point changes in mental health related to unemployment experiences. The existence of long-term mental health scarring of unemployment found in the paper does however indicate that public health policy severely underestimates the mental health costs of unemployment, as well as the true costs in terms of health of the current employment situation.

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