

# Mental health in context: the national study of work-search and wellbeing

By Sally McManus, Alice Mowlam, Richard Dorsett, Stephen Stansfeld, Charlotte Clark, Victoria Brown, Ivonne Wollny, Nilufer Rahim, Gareth Morrell, Jenny Graham, Rachel Whalley, Lucy Lee and Howard Meltzer

## Background and study design

When people start a claim for Jobseeker's Allowance (JSA), what is the state of their mental health and wellbeing? And what happens to them in the months that follow?

To examine these questions, a two-wave telephone cohort survey was conducted by NatCen Social Research with a sample of people who began a JSA claim in the first quarter of 2011. Wave 1 fieldwork was conducted between March and May (2,079 people interviewed) with participants followed up for a second interview approximately four months later (July to August, 1,279 people interviewed). An assessment of common mental disorder (CMD) was carried out at both waves.

Comparisons were made with the general population, using data from other surveys. Qualitative interviews were conducted with participants identified with symptoms of stress, anxiety or depression during Wave 1 survey interviews. Qualitative fieldwork was conducted in June and July 2011.

## Key findings

### Health and wellbeing among recent JSA claimants

People who started a JSA claim in the first quarter of 2011 had worse mental health than people of working age in the population as a whole.

After standardising the JSA claimant cohort to the age and sex profile of the general population, 14.7 per cent were found to have severe neurotic symptoms, that is, a Clinical Interview Schedule-

revised (CIS-R) score of 18 or more - a level of symptoms almost certain to warrant treatment. This is nearly twice the rate for the general population (8.5 per cent).

More than a fifth (22.6 per cent) of the cohort had a CMD like anxiety or depression. In the months after a claim commenced the average mental health of men in this cohort remained poor, while that of women improved.

Overall, two-thirds of JSA claimants believed that working leads to better health. Very few felt that working leads to worse health (0.9 per cent). JSA claimants with a CMD held more negative views about work. They had less self-confidence about their work-search abilities than claimants without a CMD and had generally much lower levels of optimism about the future.

### Socio-economic circumstances of recent JSA claimants

Recent experience of adverse life events, such as experiencing a financial crisis and living in temporary housing, were relatively common events among the recent JSA claimants in the cohort. For example, one in ten had been homeless or living in temporary accommodation in the previous 12 months. They were more likely to be young, male and single than the rest of the working age population. Among both JSA claimants and the rest of the population, mental health was worse among women, people aged 25 to 49, and those who were divorced or separated.

People with a CMD were more likely than those without to have been dismissed from their last job. They were also more likely to give a personal or health related reason for leaving their last employment.

## ***Work-search activity, support and outcomes***

Job search activity varied with mental health. Overall people with CMD had less confidence in their job search abilities and sent out somewhat fewer job applications.

Discussion of health and wellbeing in work-focused interviews with Jobcentre Plus Personal Advisers (PAs) was not widespread, but was found to be helpful when it happened. One in six of the JSA claimants who had had a PA interview reported that their health or wellbeing had been discussed. By comparison the vast majority reported that they had discussed strategies for finding work. Women with a CMD were much more likely to have discussed their health and wellbeing with a PA than men with a CMD. Women were also more likely to have found the discussion helpful. It seems, however, that discussion about health and wellbeing with a PA was more likely when the claimant had poor physical health, rather than poor mental health.

Satisfaction with support from Jobcentre Plus was lower among people with CMD than among those without, although a symptom of CMD is to tend towards more negative views. In particular, they were less likely to feel that Jobcentre Plus support had increased their work-search self-confidence. Claimants transitioning to JSA from a sickness benefit also reported lower levels of satisfaction with support.

About four in ten of the cohort was still in receipt of JSA at the Wave 2 survey interview. People who had CMD at Wave 1 were less likely to enter jobs over the study period. Wave 1 characteristics that predicted being in employment at Wave 2 also included socio-demographic factors (being female; married; not having children in the household; and younger, below the age of 55); employment history and qualifications (being employed by Wave 1; not having claimed Employment and Support Allowance/Incapacity Benefit (ESA/IB) in the previous year; having a driver's licence); and related to neighbourhood deprivation (less deprived). The Wave 1 characteristics that predicted remaining on JSA for longer were similar but reversed.

## ***The stresses of unemployment among people with CMD***

Qualitative interviews were carried out with people whose survey responses indicated the presence of symptoms of anxiety and depression.

Two groups of claimants were identified: those facing multiple and longstanding challenges in their lives and those dealing primarily with recent experiences of adversity. The group with multiple and ongoing problems tended to have broken or limited work histories, while those with mainly recent experiences of adversity had more stable and long-term employment histories.

A range of factors affected the experience of unemployment and people's expectations of finding work. These included the local labour market conditions where people live; their age; finance and housing situation; the social support systems around them and their individual psychological factors. The ways in which these factors manifested in people's lives was complex and dynamic, making trajectories of mental health conditions and labour market outcomes difficult to predict.

## ***Experience of Jobcentre Plus and work-search among people with CMD***

The experience of claiming JSA was associated with feelings of shame and the stigma of being on benefits. Personalised support and being treated respectfully were important to people.

PAs and claimants alike could be reluctant to discuss mental health. Some claimants did not see themselves as having a mental health problem; others acknowledged a problem but preferred not to talk about their health and wellbeing.

Where movement towards the labour market was evident, Jobcentre Plus had in some cases supported this progress in the form of specialist support, such as Lone Parent support or a Disability Employment Adviser.

Some particular mental health problems made it difficult for people to adhere to the requirements of the JSA regime and some raised concerns about moving into work. This included people experiencing panic attacks and feelings of paranoia or agoraphobia.

## **Predictors of change in mental health**

New JSA claimants started a JSA claim with worse mental health than that of the rest of the working age population. In the four months that followed, about a third of them experienced a recovery or improvement in their mental health, a third experienced little or no change, and a third experienced deterioration.

The initial (Wave 1) circumstances that predicted a future deterioration in mental health after the start of a JSA claim included: health and wellbeing (having a longstanding illness, an anxiety disorder, or low subjective wellbeing), the quality and number of social relationships, the ongoing experience of traumatic events, and the characteristics of the local area. Fewer factors significantly predicted an improvement in mental health, but anxiety disorders were prominent for making recovery less likely. Entering work supported mental health recovery.

Before adjustment for explanatory factors, men and women were equally likely to experience a decline in mental health between the survey waves. While women were more likely to show signs of recovery, men were more likely to experience no change. However, after adjustment for other factors the association between sex and change in mental health was no longer significant. Other demographic factors, such as age and ethnic group, also did not influence what happens to someone's mental health after starting a JSA claim.

## **Study implications**

Many findings from this study have relevance for policy and practice, particularly in Jobcentre Plus.

Neurotic symptoms form a wide spectrum and are common among jobseekers.

This partly stems from jobseekers' wider adverse social and economic circumstances.

People with even relatively mild neurotic symptoms have lower confidence in their work-search abilities, suggesting that it would be appropriate for support aimed at improving perceptions of job search self-efficacy to be targeted widely, and not just at those with the most severe neurotic or other mental health symptoms. It may not be evident to staff which claimants have mild neurotic symptoms.

Some findings suggest that it may be beneficial to consider how best to bring up the issue of mental health and identify needs associated with mental health among claimants. People described reluctance to admitting to having mental health problems. However, where health was discussed with a PA this was generally found to be helpful, though its discussion was not widespread and there was evidence to suggest that health discussions tended to focus more on physical health problems.

The study points towards a number of individual characteristics which may indicate risk for claimants remaining on JSA for relatively longer periods of time or experiencing a decline in mental health. The characteristics that might indicate to a PA that someone needs additional support in order to enter employment include: being male, unmarried, living in a deprived area, lacking self-confidence in work-search abilities and having a child in the household. The warning signs indicating someone at risk of deterioration in mental health almost entirely relate to the non-work context (social support, and whether they are exposed to problems such as bullying or financial crisis). There may be a role for exploring health conditions (in particular, anxiety disorders like phobias and panic attacks) and wider social circumstances in more detail.

Being able to think clearly was an aspect of subjective wellbeing that predicted mental health trajectories during a JSA claim. People who reported difficulty with this had increased odds of a decline in mental health. This supports the importance of the support and discussion that takes place during interview with PAs. There may also be a role for referrals to cognitive behaviour counselling focused on ways to achieve goals.

## Conclusion

The findings indicate that CMDs contribute to poorer employment outcomes, because by their nature, they erode beliefs about abilities and optimism about the future. But entering employment can support recovery.

More broadly, the study has shown that mental health is rooted in the context of people's lives. Poor physical health, low levels of social support, neighbourhood context and adverse life events all play a role in whether or not someone will experience a decline in mental health during a period of unemployment. However, there is an important distinction for policy-makers to consider between people who arrive on JSA with relatively stable employment histories having developed symptoms of distress as a result of recent life events, and those for whom a mental health condition is one issue among an array of longstanding life adversities.

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Carol Beattie, Central Analysis Division, Department for Work and Pensions, Upper Ground Floor, Steel City House, West Street, Sheffield, S1 2GQ. Email: [Carol.Beattie1@dwp.gsi.gov.uk](mailto:Carol.Beattie1@dwp.gsi.gov.uk).