

# Mental health, resilience and the recession in Bradford

Findings  
Informing change

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This study explored the impact of involuntary unemployment during economic recession on people's everyday life and mental well-being. It investigated the role of personal, social and local resources and age and gender differences in participants' resilience and coping with unemployment.

## Key points

- Unemployment caused major financial strain. Inability to meet everyday expenses significantly affected mental well-being, as did the loss of daily structure and social roles.
- Participants' capacity to manage was affected by two resilience characteristics: personal coping strategies and the practical help and emotional support they received.
- Men were reluctant to talk to others about their stress and depressive symptoms, whereas women were more open to finding relief in this way.
- Younger men talked of using illegal drugs and alcohol to cope with stress; women and older men did not mention these avoidance coping practices.
- Families were often the primary source of practical and financial help. However, not all participants considered relatives the best people to turn to. Several preferred to discuss their problems with people outside their family and social networks.
- Participants were reluctant to approach their doctors about depressive symptoms, because of the fear of being given anti-depressants and the stigma attached to mental health problems.
- Government policies to maintain and reintegrate people in work during economic downturns can reduce the mental health effects of unemployment.
- The authors conclude that the following local interventions could also help to promote unemployed people's mental well-being and resilience:
  - reducing their debt burden;
  - developing support groups of unemployed people;
  - reducing waiting lists for psychological therapies; and
  - strengthening services that help people with mental health problems to re-enter work.

## The research

By Gianfranco Giuntoli, Jane South, Karina Kinsella (Leeds Metropolitan University) and Kate Karban (University of Bradford).

# Background

Two main consequences of economic recessions are rising unemployment rates and increased job insecurity. Research has consistently linked both of these to a higher risk of people developing mental health problems and/or suffering diminished well-being. A growing body of research is investigating protective factors that confer 'resilience' characteristics – that is, the capacity to quickly regain the state of well-being that preceded the experience of a significant stress.

This study explored the impact of involuntary job loss at a time of economic downturn on the everyday life and mental well-being of unemployed people in Bradford. It investigated the role of personal, social and local resources in their resilience.

## Findings from existing research

### *Individual level studies*

The literature contains strong evidence that unemployment is negatively associated with mental health and well-being (defined as life satisfaction) among unemployed people. The association between unemployment and mental health can work in both directions: mental health problems can lead to unemployment, and unemployment can cause mental health problems. Various mechanisms have been suggested to explain the role of unemployment in causing mental health problems and reduced well-being, but there is a paucity of empirical research that investigates and tests any of them.

Several studies have investigated the factors that moderate the impact of unemployment on people's mental health and well-being. These factors have been categorised in different ways, but most categorisations include some or all of the following elements: coping strategies, social support, cognitive appraisal of the situation, financial resources, centrality of the work role, personal characteristics (such as age and gender), and socioeconomic context (for example, economic expansion or recession). Regarding this last factor, a recent study has shown that unemployment has a stronger impact on mental health in countries with weak unemployment protections or a weak level of economic development (measured through gross domestic product per capita).

Research has also shown that unemployment has a major and lasting effect on people's satisfaction with their lives. It is one of the few life events (such as being widowed) that can change people's 'life satisfaction set-point', i.e. the baseline level of satisfaction with life to which people tend to return after experiencing a crisis. Research has shown that unemployed people do not return to their original life satisfaction baseline even many years after regaining employment.

### *Economic studies*

Several studies investigating the relationship between macroeconomic changes – economic downturns and upturns – and indicators of population health have shown that at times of economic recession there are higher suicide rates in the population. However, all-cause and some cause-specific mortality rates increase during phases of rapid economic expansion and slow down during economic recession. The literature consistently reports that the impact of rising unemployment on suicide rates and of economic expansion on all-cause mortality rates is greater in countries with weak social welfare systems than in those with stronger social welfare provision. It suggests that governments can have a fundamental role in buffering the negative impact of economic downturns on suicide rates and people's mental health by adopting policies aimed at keeping people in and reintegrating people into work.

### *Promoting mental well-being among unemployed people*

Despite a wide body of research on the impact of unemployment on people's mental health and well-being, only a few studies have investigated interventions that can help to ease such impacts. Interventions have been based in three settings: primary care, labour market programmes, and the community.

Primary health care interventions have consisted of information programmes for general practitioners (GPs) or social prescribing. Social prescribing promotes use of the voluntary sector within primary health care by signposting patients with non-clinical needs to local voluntary services. There is growing evidence of the efficacy and cost-effectiveness of this approach. Interventions in labour market programmes have consisted primarily of cognitive behaviour therapy for unemployed people. Research has shown that cognitive behavioural therapy improves mental well-being among people with a history of mental health problems, but not necessarily in the unemployed population at large. Examples of community-based initiatives that could serve as settings for interventions for unemployed people are the Community Health Champions programme and the Work Clubs recently started by the Department for Work and Pensions (DWP).

## Findings from this study

### *Impact of unemployment on everyday life*

Many study participants reported that unemployment had had a major financial impact on them. Substantial loss of income often led to significant lifestyle changes, such as the inability to run their car, pay the rent, pay bills, maintain contacts with their social networks and, in some cases, buy fresh food. The extent of such changes depended on two main factors: whether people received redundancy pay or had substantial savings, and whether they had help from their family or others. Younger participants were more reliant on help and support from their families, whereas older participants could often, but not always, rely on redundancy pay. Some participants reported that they had not received what they were owed by their previous employer after the company had gone into liquidation. Others were frustrated that their redundancy pay could impact on their eligibility for means-tested unemployment benefits.

### *Mental well-being*

Participants talked extensively of six experiences associated with unemployment during the recession that negatively affected their mental well-being:

- the financial strain caused by loss of income;
- the difficulty in finding employment because of stronger competition in the job market;
- loss of time structure in the day;
- loss of social role;
- anger and frustration about their situation;
- the stigma attached to being unemployed.

Financial strain and job market competition were manifest consequences of job loss, and losing a job in a time of economic recession. The remaining four experiences were the emotional and psycho-social consequences of involuntary job loss and acquiring the status of being unemployed.

Two sets of resilience characteristics affected people's capacity to manage and address the effects of these experiences: their personal coping strategies, and the practical help and emotional support they received from family, friends and services.

### *Resilience factors: coping strategies*

Some participants adopted problem-focused coping strategies aimed at re-entering work. All participants used emotion-focused coping strategies. Women were more open to sharing their distress with relevant others to find relief from it, whereas men were more likely to engage in avoidance strategies. Younger men often talked of abusing alcohol and taking illegal drugs to cope with their stress, but older men did not refer to these types of coping strategies. Instead, they made downward social comparisons, a self-enhancement strategy consisting of comparing oneself to people who are in a worse situation.

### *Resilience factors: practical and emotional support from families, friends and services*

Families were often the primary source of practical and financial help. Some participants found their families a fundamental source of both practical and emotional support, while others received material but not emotional support. Not all participants considered family members the best people to turn to for sharing their stress and depression symptoms. Several preferred to talk about their problems with people outside their usual family and social networks.

Participants also talked extensively of their experiences with a variety of services, ranging from the Jobcentre and their GP to utility companies, banks and voluntary organisations. Participants had contrasting views on the Jobcentre services they received. Several were frustrated about having to wait six months before being able to receive full support to look for a job. Of those who were enrolled in retraining courses, some found them useful, while others found them demotivating and a waste of time. The main reason for this was that unemployed people were offered the same kind of courses regardless of their previous experiences and education.

Many participants expressed reluctance to go to their GP to address their symptoms of depression and stress. The main reason was that they did not want to be prescribed anti-depressant tablets, which were seen as a source of stigma. One participant was offered cognitive therapy to address her depressive symptoms, but was informed that there was a waiting list of ten months.

Several participants suggested that those who cannot afford to keep up with the payment of their utility bills should be given a chance to postpone their payments for a while.

### *Stakeholders' views*

The stakeholders interviewed for the study mentioned five main concerns regarding the recession, and in particular its consequences regarding reduced public spending. They felt that it could:

- generate more social and health inequalities;
- have a negative impact on the possibility of people with a history of mental health problems re-entering the job market;
- raise the rate of lifestyle risk factors such as alcohol consumption and smoking;

- fully show its impact in the demand for mental health services even after the start of economic recovery;
- bring about reduced public funding.

This last point was particularly stressed by voluntary sector stakeholders, who unanimously reported that demand for their services has risen in recent years, placing a strain on their resources.

## Conclusions

The literature on the relationship between macroeconomic changes and population health shows that governments can play a crucial role in cushioning the effects of unemployment on people's mental health by adopting policies that keep people in or reintegrate them into work. This study has highlighted five main issues that require policy attention:

- addressing the financial burden of debt on people's everyday life;
- facilitating emotional support for unemployed people, particularly men;
- improving people's ability to keep a structure and a routine to their day;
- addressing the 'unhealthy' coping strategies adopted by some young unemployed men;
- raising public awareness of the impacts of unemployment and hence reducing the stigma associated with unemployment and mental ill health.

At local level, the following interventions could contribute to promoting mental well-being and resilience among unemployed people at a time of economic recession:

- developing local support groups of unemployed people (e.g. the Work Clubs recently promoted by DWP);
- reducing waiting lists for psychological therapies;
- strengthening cross-sector collaborations aimed at early diagnosis and intervention for people who develop mental health problems while unemployed (e.g. social prescribing);
- strengthening services that help people with mental health problems to re-enter work.

## About the project

This study was based on 16 focus group interviews with a total of 73 people (33 men and 40 women) who had involuntarily lost their jobs at any point since July 2008. This date represents the start of the two quarters of negative economic growth that led Britain to officially enter recession in January 2009. The assumption was that people were made redundant as a consequence of the economic downturn. The study participants were recruited between July and October 2010 using three main routes: 'opportunistic' recruitment outside the main Jobcentre Plus in Bradford, through managers of local community centres running employment programmes and through two announcements on local radio. The aim was to recruit unemployed people from a variety of work backgrounds. Men and women of each age group were interviewed separately to investigate how gender affected their views. The participants' age range spanned from 17 to 62: 37 were in the 17–25 age group, 19 in the 26–49 age group and 13 in the 50–65 age group. Seven participants belonged to ethnic minority groups.

Nine semi-structured individual interviews were undertaken with stakeholders of mental health and other support services in Bradford. Five were from statutory sector organisations and four from voluntary sector organisations. The interviews investigated the stakeholders' points of view regarding the services aimed at promoting mental health and well-being in Bradford and how these could help to support people who lost their jobs as a result of the economic recession. The content of these interviews informed the discussion of the findings from the focus group interviews.

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## For further information

For further information please contact Gianfranco Giuntoli, Leeds Metropolitan University, Centre for Health Promotion Research, Faculty of Health and Social Sciences, Queen Square House (Room 230), 80 Woodhouse Lane, LS2 8NU, Leeds. Tel: 0113 812 9140 email: g.giuntoli@leedsmet.ac.uk.

The full report, **Mental health, resilience and the recession in Bradford** by Gianfranco Giuntoli, Jane South, Karina Kinsella and Kate Karban, is published by the Joseph Rowntree Foundation. It is available as a free download at [www.jrf.org.uk](http://www.jrf.org.uk)

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