

THE MENTAL HEALTH PROFILE OF THE JOBLESS PEOPLE AS A 'COMMUNITY

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ABSTRACT

Trying to keep things in perspective for the jobless community - recognize the good aspects of life and retain hope for the future. Strengthening connections with family and friends who can provide important emotional support to the jobless individuals. Engaging in activities such as physical exercise, sports or hobbies that can relieve stress and anxiety for the individuals of the jobless community. Developing new employment skills that can provide a practical and highly effective means of coping and directly address financial difficulties of the jobless community.

KEYWORDS: *Jobless Community, Strengthening Connections, Engaging in Activities, Developing Employment*

INTRODUCTION

This article is on the mental health profile of the jobless people as a 'community'. This article will at first review literature and secondary data to discuss the mental health profile of the jobless community. Moreover, I intend outlining the main promoters (facilitators) and negators (obstacles to) of mental health for the jobless community. The second part of the article will propose the priority action points of a mental health improvement plan that would be appropriate for the jobless community and critically consider the factors that would enhance or limit the chances of such a plan succeeding.

Mental Health Profile of the Jobless Community

According to the Washington D.C. Department of Mental Health's Councilman David Catania, (chairman of the health committee) the jobless community usually suffers from situational depression or situational anxiety (Neibauer, 2008). The community needs emergency psychiatric care and problem-solving services such as job searches or mortgage assistance. The jobless community is prone to depression hence it is important that they are provided assistance for fighting off psychological distress. For example, the world's biggest drugmaker will provide more than 70 of its prescription drugs at no cost to unemployed, uninsured Americans, regardless of their prior income, who lost jobs since Jan. 1 2009 and have been on the Pfizer drug for three months or more (Fox News, 2009).

One of the main reasons for mental health problems in the jobless community is a financial difficulty; financial difficulties in meeting human needs can cause depression and Anxiety, compulsive behaviors (over-eating, excessive gambling,

spending, etc.) substance abuse (Alvaro and Fraser, 1994). Joblessness can also cause other mild symptoms in the community, such as, persistent sadness or crying, excessive anxiety, lack of sleep or constant fatigue, excessive irritability or anger, increased drinking, illicit drug use (including misuse of medications), difficulty paying attention or staying focused, apathy-not caring about things that are usually important to you and not being able to function as well at work, school or home.

Hartley and Cooper (1976) argued that Shanthamani's study on unemployed engineers found that emotional instability, as indexed by a neuroticism scale, increases with length of unemployment, moreover a correlation provides information about cause and effect and it is possible from this study to ascertain that unemployment causes the emotional instability and unstable people find it difficult to obtain work. The health problems of unemployed people find their way daily into general practitioners' (GPs') consulting rooms and hospitals, and so are a legitimate concern to all health workers and policymakers (Mathers, 1998 and Morrell, 1998).

Differences in the presenting health problems of unemployed and employed people are not slight, rather in a 'GP waiting room survey' in outer Sydney, showed that unemployed people were significantly more likely than employed people to report "poorer health, depression, anxiety, insomnia and limitations to their social activities due to physical and mental health problems", after adjusting for age, sex and English-speaking or non-English-speaking backgrounds (Harris et al., 1995). There is also evidence that people who are unemployed have, or develop, chronic health problems that act as barriers to a return to work (Jinn et al., 1995).

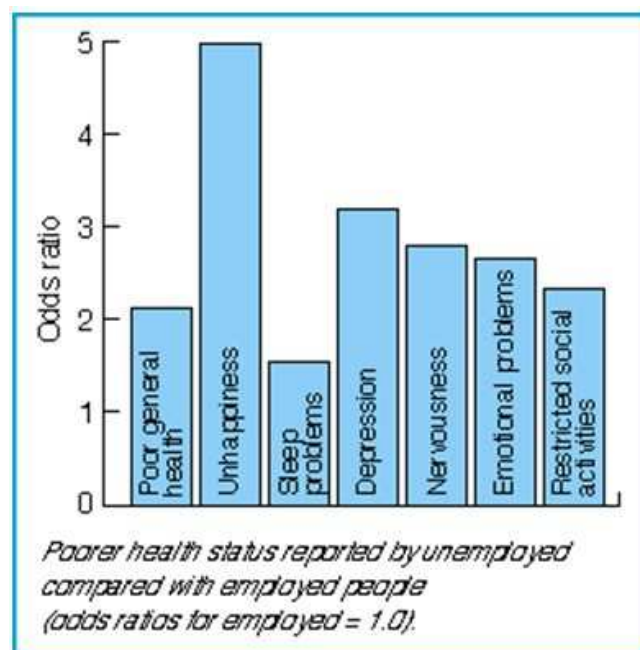


Figure 1

Source: <http://www.mja.com.au/public/issues/mar16/harris/harris.html>

www.samhsa.gov (2009) states that jobless community are more prone to psychological problems which could result in threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself, looking for ways to kill oneself, thinking or fantasizing about suicide, acting recklessly and seeing no reason for living or having no sense of purpose in life.

Moreover the unemployed compared to those employed are more likely to suffer from minor psychiatric disorders and a lower level of mental health, in fact, the unemployed show more symptoms of depression, general dissatisfaction and a higher level of negative self-esteem (Hontangas et al, 1990; Moret et al, 1990).

Moreover with regard to age, the middle-aged experiences a greater psychological deterioration due to unemployment (Alvaro, 1992) than do other age groups. In the middle-aged group, which has the greatest financial responsibilities as well as a longer history of and a greater degree of socialization into work than other groups, the effects of unemployment on mental health are most apparent (Alvaro and Fraser, 1994). Furthermore, according to Alvaro and Fraser (1994) women are supposedly less badly affected by unemployment than men, either because they have a socially acceptable alternative identity as home-maker readily available to them or since married women with younger children are more committed to household family tasks than outside work.

Priority action points of a mental health improvement plan that would be appropriate for the jobless community and challenges for the plan to succeed.

Many healthcare workers already informally collaborate with other services to address the needs of particular individuals or families, a more formal and systematic collaboration is needed to prevent job loss whenever possible, to reduce the impact of unemployment on health, and to ensure that existing health problems do not become a barrier to returning to work (Harris et al., 1998). Establishing better relationships between health care service providers to jobless community can prevent the different ways organizations do business from compounding the problems (eg, making arrangements for managing drug or alcohol dependence can improve unemployed people's ability to concentrate on training programs).

According to www.samhsa.gov (2009) the priority action points of a mental health improvement plan should include:

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Developing new employment skills that can provide a practical and highly effective means of coping and directly address the financial difficulties of the jobless community.

Although the Chartered Institute of Personnel and Development (CIPD) welcomes the Government's various "support and responsibilities" approach to welfare reform yet the Institute believes that the range of support and incentives offered should be individually tailored to the different jobless groups given evidence of employer reluctance to recruit from particular jobless groups and other barriers (Epolitix, 2008). Those with a criminal record, a history of mental or physical illness, drug or alcohol dependence, or who are homeless face particular difficulty in finding jobs or any assistance from employers.

Gerwyn Davies, Public Policy Adviser, said, "CIPD research shows that employers are more than three times as likely to shy away from recruiting those with a history of drug illness or an alcohol problem than those with who have been on long-term incapacity benefit".

Therefore government should customize the welfare schemes for the jobless community depending on their employment, social and medical history. One of the possible ways to approach this problem could be an introduction of quota scheme at workplace for those employees who are usually not wanted or preferred by the employers. This will oblige employers to recruit employees from all walks of life. However one of the many severe criticisms for quota scheme could be unfair competition for eligible candidates and employers could fail in recruiting skilled employees.

According to Zhang and Kleiner (2002) another way to help the jobless individuals is 'unemployment insurance (UI) programme' which is funded by taxes paid by employers, by payments to laid-off workers, this method ensures that at least a significant proportion of the necessities of life (food, shelter, and clothing) can be obtained while a search for work takes place. In the USA the money to pay UI benefits comes from a state payroll tax levied on employers and the amount employers pay depends on the number of their employees who actually receive benefits from the programme (www.wa.gov). Each employer has a "reserve account" for the UI programme and on a quarterly basis the employer submits a report that itemizes the hours worked by and the wages paid to each employee.

Zhang and Kleiner (2002) argue that since this method will ensure at least the basic necessity of unemployed individuals are met, their mental health will not be as adversely effected as it would in the absence of any assistance to meet the basic necessities in life. However, the challenges of ensuring that the unemployed individuals are actively seeking work and not just using the money for drugs needs to be investigated because both state and the employers wouldn't like to pay to unemployed individuals who have no wish to work rather live on benefits.

Other welfare schemes of jobless individuals can be 'back to work programmes' and social benefits, which will use taxpayers money to motivate a jobless individual to go back to work. Using taxpayer's money to support jobless people is very common in the form of benefits, back to work welfare schemes and other support schemes for jobless individuals however drug use among jobless is getting rampant and taxpayers are growing alarmed with how the government is spending their money (Romans, 2009). One possible solution for this could be anyone filing for unemployment benefits, warfare schemes or food stamps must show that they are drug-free during random drug testing.

However, Graham Boyd, director of the American Civil Liberties Union's Drug Law Reform Project argues that random drug testing is costly, and he called such measures "cruel" during a recession. Therefore although welfare schemes for jobless individuals, such as, 'back to work programmes', social benefits or food stamps can be useful in addressing the mental health problems which rise due to insecurity and uncertainty of income, it also faces the criticisms from some taxpayers. Taxpayers criticise that some drug users are abusing the social welfare schemes so random drug testing should be applied to them. While other criticize that random drug testing can be expensive and cost more to taxpayers.

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