

## Unemployment and Mental Health: (Not) Learning from the Experience

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“History repeats itself: first as tragedy, then as farce”

Karl Marx

The Eighteenth Brumaire of Louis Bonaparte March 1852.

Unemployment is a state that may trigger adverse emotional and behavioral reactions. In modern world, employment does not provide only an income. It is also related with a lot of aspects concerning social function, such as time structure, sense of belonging, social status, physical sense of security, social contact and valued social position [1]. Unemployed individuals do not experience a number of positive benefits associated with work-life like opportunity for perceived control, expanded interpersonal contact, generating goals, environmental clarity and skill use [2]. A large number of studies indicated the positive relation of job loss with depression, suicides, substance abuse, not psychotic mental disorders and lower self-reported levels of happiness [1]. A meta-analysis of over of 140 studies indicated worsening of mental health after job loss and, inversely, improvement of mental state after re-employment [3].

Depression is the most frequently studied psychological condition among unemployed people. Over time and cross cultural research highlight the strong relationship between job loss and symptoms of depression. A classic study of Brenner in the United States during the decade of 70 show that 1% raise of unemployment rate was related with 67% raise of depressive symptoms five years after [4]. According to the findings of a prospective cohort study included six European Countries (United Kingdom, Spain, Estonia, Netherlands, Slovenia, Portugal) and Chile, unemployed adults were at greater risk of clinical depression compared to employed [5]. In Greece, during the years of the last recession (2008 - 2016), where unemployment rates reached 25%, it was found that during economic downturn Greeks were 2.6 times more likely to undergo a major depression episode [6].

Among the most important predictive factors concerning the effect of employment status on depression are: (i) duration of unemployment and (ii) gender. The findings of a study conducted in Lithuania revealed the presence of more depressive moods episodes among individuals who were long-term unemployed [7]. In line with the above, according to the results of a research conducted in Finland, where 3818 people took part, long-term unemployment was positively related with greater risk for depression [8]. As far as gender, literature suggests that job loss affects more men's mental health [3].

Literature also suggests that there is a causal relationship between unemployment and suicides. According to the findings of an empirical analysis across 26 countries in Europe, for every 1% unemployment rate incensement, a 0.79% suicide rate incensement was reported at ages < 65, while an unemployment increase of 3% had a greater impact, leading to 4.5% rise in suicides [9]. During the period of mass privatization in post-communist countries, where many people left out of jobs, suicides increased dramatically and became the first cause of violent death among working-aged men [10]. The results of a study investigated the Asian financial crisis effect on suicides across six countries show that suicides rates rose during crisis period (1997 - 1998) by 39% in Japan, 45% in Korea and 44% in Hong Kong [11]. High suicide rates were also reported among farmers of India during mid-1990s as a result of high financial insecurity, job loss and rapid changes in labor market [12]. Finally, the findings of a meta-analysis assessing unemployment duration as a suicides' risk factor revealed that being for a long time unemployed is related with greater suicide incidence [13].

The instable economic conditions and the raise of unemployment is also strongly related with higher rates of substance abuse and alcohol consumption. This is something that is strongly supported from the data from different countries over time [3,7,8,10]. The acute and chronic stressors that follow job loss make the unemployed vulnerable to high-risk lifestyle behaviors (smoking, alcohol, drug use) in an attempt to cope with a stressful situation of being stripped of social networks.

Of course, economic downturns are unavoidable during the economic circles. But is populations' mental health deterioration an one-way? The results of a study comparing the impact of economic recession (during late 1980s and early 1990s) on youth suicide on Finland and New Zealand revealed that recession was positively associated with suicides in New Zealand, but not in Finland [14]. An interpretation of the specific result is that targeted social interventions in the case of Finland, due to the country's comprehensive welfare state, buffered the young population from some of the worst effects of unemployment, like suicide [14]. During the implementation of "suicide project" in Finland (from 1991 to 1996), where targeted policies concerning prevention of suicide on vulnerable populations like unemployed were implemented, there has been a downturn trend in suicide mortality rates. Although these rates cannot be directly related with the specific prevention program, one can raise questions for the sufficient amount of targeted prevented activities to cause a change in suicide rate [15]. Indeed, the results of a study investigated the effectiveness of a group-based preventive job search program among unemployed revealed that such interventions may beneficially affect both mental health of the participants and their chances for re-employment [16].

On the contrary, austerity measures and cut backs policies, especially in health care sector expenditure, may lead to devastating health effects for the society [9,6,17]. What is needed in a financial crisis period is the enhancement of welfare policies [17].

A widely known case of long-tem recession during the last years is that of Greece. In 2009, Greece entered into a deep financial crisis and lost 25% of the gross domestic product (GPD) [18]. In order to address the situation Greece requested the activation of a support mechanism, in which the European Union (EU), the European Central Bank (ECB) and the International Monetary Fund (IMF) participated. Based on their instructions, Greek governments adopted austerity measures, increased taxes, enhanced flexibility in the labor market and cut dramatically the expenses. Among the other, Greek governments decreased healthcare public spending by more than 11% [18]. During this period (from 2009 till now) were not adopted prevention measures for unemployment and poverty reduction on vulnerable populations, as a countermeasure. From 2009 and after, mental health status of the population was deteriorated, suicides increased, while other health and epidemic problems, like major HIV outbreak among injecting drug users in 2011, were detected [6,18,19].

Historical evidence and research outcomes indicate that during economic downturns the cutbacks of social welfare expenditure may further deteriorate people's health. However, during the last recession in Greece, all governments reduced public investments in health services and did not demonstrated targeted policies for the reduction of unemployment and for the vulnerable populations' protection. Unfortunately, lack of welfare policies during all the previous years in Greece, confirm the fact that we tend to forget that years of 30s great recession are mentioned in the literature as the "Great Depression".

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