

# North West Mental Wellbeing Survey

## Employment and resilience



A report commissioned by:



*North West*

## EXECUTIVE SUMMARY

*The North West Mental Wellbeing Survey 2009* (NWMWS)<sup>1</sup> was undertaken in response to a growing need to understand more about the positive mental wellbeing of people in the region. The survey comprised 44 questions covering a range of indicators, including the seven-item Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS) and questions relating to factors which may influence mental wellbeing.

This report is one in a series of themed analyses into specific issues related to wellbeing. It presents findings of the health, wellbeing and health behaviours of those who are employed and unemployed in the North West and explores some of the factors that impact on people's resilience and ability to deal with changes in their employment status.

The survey found that adults with higher mental wellbeing levels were significantly more likely to be in full-time or part-time work than those with lower levels of mental wellbeing. Being out of work can be detrimental to both physical and mental health<sup>2</sup> while being in work can have many positive impacts on wellbeing.<sup>3</sup> However, the effect of poor quality work should not be overlooked in relation to health inequality.<sup>4</sup> The Marmot Review, *Fair Society, Healthy Lives*, recommends tackling all the social determinants of health, including work, if health inequalities are to be reduced.<sup>8</sup> The National Institute for Health and Clinical Excellence (NICE) has issued guidelines to support employers to promote positive mental wellbeing in the workplace.<sup>10</sup>

Although those in employment tend to have better health and higher mental wellbeing than those who are unemployed, a significant proportion of those in employment are in moderate or extreme pain (16.7%) and one in ten are moderately or extremely anxious or depressed (10.6%).<sup>i</sup> Levels of optimism are higher among the employed than the unemployed, yet over 40% of those who are employed feel optimistic about the future only sometimes and this proportion is lower among those aged 40 to 54 years. A quarter of those employed feel useful only sometimes (26.3%) and for young workers (aged 18 to 24 years) this rises to 32%. Health behaviours, such as smoking, alcohol consumption, and cannabis use are lower among the employed than those who are unemployed whilst physical activity is only slightly higher. However, over a quarter of those in employment smoke, while a fifth are ex-smokers. Two-thirds of those who are employed do not meet the recommended level of physical activity of five sessions of 30 minutes moderate exercise a week and 16.3% drink at hazardous or harmful levels.

Health among those registered unemployed tends to be worse than for the employed, with 25% of those unemployed describing their health as 'not good', compared to 15% of the employed. They have lower levels of optimism, feel useful less often and nearly a quarter have moderate or extreme levels of anxiety.

Redundancy has a negative impact on wellbeing. However, for those who regain employment within 12 months, wellbeing levels are close to those of employed people who have not experienced redundancy. The employment status of households is important in determining wellbeing. The wellbeing of those who have been made redundant but who live

<sup>i</sup> Self-reported pain, anxiety and depression

in a household where somebody is employed tends to be higher than those who live with another unemployed person. Social networks are important for wellbeing to those who have experienced redundancy, and to provide possible routes back to employment. Those who have been made redundant in the last 12 months, who remain unemployed and have low wellbeing, are less likely to see people outside their household on at least a weekly basis than those who have got back into work.

A complementary piece of analysis of the factors that influence wellbeing from the NWMWS has shown that a sufficiency of income and worries about money are significant.<sup>5</sup> These increase in importance for the unemployed. Clearly there are implications for employment policy for maintaining and improving levels of wellbeing. There are health and wellbeing issues among those who are employed and a need to ensure the quality of workplaces if health inequalities are to be tackled. Equally, there is a need to focus on improving the wellbeing of people who are unemployed in order to support their return to work.

## 1. Introduction

### 1.1 Employment and wellbeing

Being out of work can be detrimental to both physical and mental health, while being in work can have many positive impacts on wellbeing. People living in households that have an employed person are more likely to have high mental wellbeing.<sup>1</sup> In the current economic climate, UK unemployment is expected to rise to 2.65 million (8.3% of the workforce) in the first half of 2012.<sup>6</sup> This presents significant challenges to public health; first, in ensuring that people regain employment quickly, but also in ensuring good quality work is available. In Britain in 2006, 420,000 employees believed they were experiencing depression, anxiety or stress in work at levels that were making them ill.<sup>7</sup>

The effect of poor quality work should not be overlooked in relation to health inequality.

“People in lower paid jobs are more likely to experience poor working conditions, such as a lack of control over their workload, lack of job security, limited support and exposure to physical hazards. Consequently, improvements in the quality of work and working conditions may help to reduce health inequalities”.<sup>8</sup>

The Marmot Review<sup>9</sup> makes recommendations to tackle the social determinants of health, including work, if health inequalities are to be reduced. This includes improving the quality of work that is available as well as tackling unemployment. Guidelines provided by National Institute for Health and Clinical Excellence (NICE) acknowledge that work can have a negative effect on mental health in the form of stress. Prolonged stress can lead to depression and anxiety. Risks to mental wellbeing occur when high demands are put on a person without giving them sufficient control and support to manage those demands. In turn, this can impact on productivity and performance.<sup>10</sup> The importance of work and its quality have been considered important enough to mental health that guidelines have been produced by NICE on promoting good mental health at work. The NICE guidelines put forward five recommendations for promoting positive mental wellbeing in the workplace.

#### **Box 1: NICE guidelines on promoting positive mental health in the workplace**

1. Have a strategic and coordinated approach to promoting employees' mental wellbeing;
2. Assessing opportunities for promoting employees' mental wellbeing and managing risks;
3. Offer flexible working;
4. Consider the role of line managers in promoting mental wellbeing; and
5. Support should be provided to micro, small and medium-sized businesses and offer advice and a range of support and services.<sup>10</sup>

The Government's Foresight report into mental capital and wellbeing (2008) included wellbeing and work as one of its five broad areas of investigation. It recognises how the changing landscape of work is increasingly influencing wellbeing through issues of work security, intensification of work, work-life balance and stress. It also observes that there are many factors which affect wellbeing at work including the economic environment and/or globalisation, the regulatory environment, the workplace environment and/or organisational climate, work content, individual resources, life satisfaction and work-life balance. Interventions are therefore recommended at both an organisational and individual level.<sup>11</sup>

This report considers wellbeing and resilience and explores the health and wellbeing of the employed followed by those who are unemployed. It explores data within the NWMWS to identify factors that may underpin the wellbeing of the employed and unemployed and promote resilience. Finally, implications of the findings for employment policy are presented.

## **1.2 The North West Mental Wellbeing Survey (NWMWS)**

There are few data sources available that look at population wellbeing and collect data on the context to people's lives, including their employment. The NWMWS included some questions on employment status and also elicited whether respondents had experienced redundancy in the previous 12 months. In the current economic climate where unemployment is likely to rise and there may be pressure on employers to reduce costs and increase workloads, building resilience among individuals may offer some protection against these increased pressures. The purpose of this report is to present findings from the survey on employment status and wellbeing, changes to employment and the effect of this on wellbeing, and the protective factors that support people to be resilient in a difficult labour market.

The survey defined wellbeing as feeling good and functioning well. It recognised the Foresight report's definition of wellbeing as *"a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their economy. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society"*

The survey included a composite measure of wellbeing, the Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS) score (see Section 3 for details) and also questions on various determinants of wellbeing: life satisfaction, relationships, social contacts, health, local area satisfaction and sense of belonging, participation, and safety, as well as information on people's work status, education, household economic status and personal characteristics.

## **2. Wellbeing and resilience**

In undertaking an analysis of the NWMWS in relation to resilience and unemployment, it is useful to start with a definition of what resilience means. Rutter (1987) defines resilience as *"the concept of mechanisms that protect people against the psychological risks associated with adversity"* and discusses it in relation to four main processes: reduction of risk impact, reduction of negative chain reactions, establishment and maintenance of self-esteem and self-efficacy and opening up of opportunities. It is important that such mechanisms operate at key turning points in people's lives, such as when unemployment occurs.<sup>12</sup>

Resilience is then defined as a process that enables individuals to adapt to a change in circumstance. The NWMWS is a static dataset and is therefore limited in how it can measure changes in individuals over time. However, the survey does contain a question relating to employment change in the previous 12 months and this provides some indication of individual's adaptation and what may influence this.

The NWMWS captured some information on factors that contribute to resilience, most notably social support. Respondents were asked about their membership of organisations, their participation in decision making, social contact with family, friends and neighbours and

satisfaction with their personal relationships. The impact of these factors on wellbeing will be considered here. The survey also asked people about perceptions of their financial situation. The importance of this to people's resilience and wellbeing is discussed further in a separate report, *North West Mental Wellbeing Survey: What Influences wellbeing?*<sup>5</sup>

### **3. Data and methods**

The data used in this report was taken from the NWMWS 2009, a survey of 18,560 persons in the North West of England. The survey comprised 44 questions covering a range of indicators, including the seven item Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS) and questions relating to factors which may influence it. The WEMWBS scores provide a composite wellbeing score out of 35 for each individual. The WEMWBS scores were re-coded to allocate each individual to one of three levels of wellbeing: above average, average or below average. Above and below average were defined as one standard deviation either side of the mean. Respondents were allocated a deprivation score based upon their place of residence at the time of the survey using the Index of Multiple Deprivation (IMD) 2007.<sup>ii</sup>

For the purposes of this report, analysis of all individuals' wellbeing was undertaken using weighted data. From this, statistical measures were used to determine whether there were significant differences between groups. As the WEMWBS and life satisfaction scores did not follow a normal distribution, t-tests could not be used to test for statistical significance between groups.<sup>iii</sup> A non-parametric test (Wilcoxon signed rank sum) was used where appropriate, with corrections for multiple testing to test for significant difference.<sup>13,14,15</sup> When sub groups of the population have been compared, 95% confidence intervals have been applied.<sup>iv</sup> Confidence intervals are indicated by the black error bars on the charts and show the possible range that the responses to a question for a particular sub group could fall into.

### **4. Health, wellbeing and employment**

“Work has an important role in promoting mental wellbeing. It is an important determinant of self-esteem and identity. It can provide a sense of fulfilment and opportunities for social interaction. For most people, work provides their main source of income.”<sup>10</sup>

The survey asked people to choose from a list of options which best described their employment status. The employed included those in full and part-time paid work. Unemployed was defined as those claiming unemployment benefit. Education included those in full-time education. This report aims to explore what underpins wellbeing in employment in more detail. It describes:

<sup>ii</sup> The Index of Multiple Deprivation 2007 combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. This allows responses to be categorised and subsequently analysed according to their level of deprivation.

<sup>iii</sup> For normally distributed variables a t-test is the standard method used to test for statistical significance between the responses of sample groups.

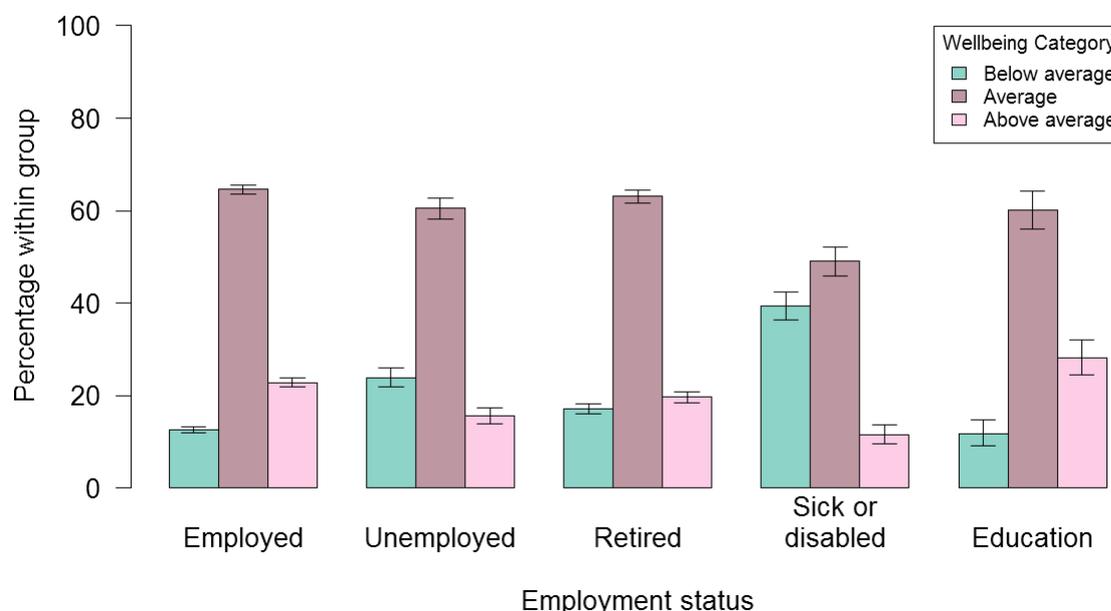
<sup>iv</sup> Confidence intervals indicate the reliability of the survey results. Sample surveys are always subject to some error, but it is possible to be 95% confident that the true result for the particular population segment in question is within the confidence limits calculated. In other words, where one measure is 'significantly' higher or lower than another, we are 95% confident that this is not due to random error or chance.

1. The wellbeing of the employed
2. The wellbeing of the unemployed
3. The wellbeing of those experiencing redundancy

#### 4.1 The wellbeing of the employed

Figure 1 shows the distribution of wellbeing scores by employment status. Those who are employed are statistically more likely to have above average levels of wellbeing than those who are unemployed. Conversely, those who are unemployed are more likely to have lower levels of wellbeing than those employed. Although employment has a positive impact on wellbeing with 23% of those employed having above average levels of wellbeing, around 13% of those in employment and living in the North West have below average levels of wellbeing.

**Figure 1: Wellbeing by employment status. North West, 2009.**



#### 4.2 The health and health behaviours of the employed

The NWMWS included a set of questions from a standard quality of life measure, the Euro Qual 5 Dimensions (EQ-5D).<sup>v</sup> As this focuses on quality of life rather than specific illnesses it allows for comparisons across a range of conditions and is most frequently used to measure health states and the value placed on them. It measures quality of life across five domains: physical mobility, self care, performance of usual activities, pain, discomfort, and anxiety and depression. Together, these provide a quality of life measure. Table 1 shows the responses of those who are employed by the five health domains and for comparison the responses of the unemployed.

<sup>v</sup> For further information see [www.euroqol.org/eq-5d/what-is-eq-5d.html](http://www.euroqol.org/eq-5d/what-is-eq-5d.html)

The majority of those employed have no mobility problems, self care issues or problems with their usual activities. Table 1 shows reporting of self perceived general health and how people see their health across five domains of functioning. The proportion of employed people who report positively on these five domains is high. However, Table 2 shows that significant proportions of the employed have health problems: 14.6% do not describe themselves as being in good health, 16.7% are in moderate or extreme pain or discomfort and 10.6% are moderately or extremely anxious or depressed.

**Table 1: Differences in perceived health between employed and unemployed: good health. North West, 2009.**

Health question	% of employed	% unemployed
How good is your health in general? Very good or good	85.4	68.9
Mobility - no problems*	94.4	87.3
Self care - no problems*	99.2	98.1
Perform usual activities - no problem*	94.5	87.4
Pain or discomfort – none*	83.3	76.6
Anxiety / depression – none*	89.4	79.6

\*based on responses to EQ-5D

**Table 2: Differences in perceived health between employed and unemployed: less than good health. North West, 2009.**

Health question	% of employed	% unemployed
How good is your health in general? Fair, bad or very bad	14.6	31.1
Mobility: some problems walking about or confined to bed*	5.6	12.6
Self care: problems with, or unable to, wash and dress self*	0.8	1.8
Some problems with, or unable to, perform usual activities*	5.5	12.5
Moderate or extreme pain or discomfort*	16.7	23.3
Moderate or extreme anxiety / depression*	10.6	20.4

\* based on responses to EQ-5D

The health behaviours of those who are employed can impact on their health and performance in the workplace. Table 3 shows key health behaviours of the employed and for comparison the unemployed. Over a quarter of those employed are current smokers, 27.4%, while 20.6% have given up smoking. Only 35% meet the recommended physical activity target of 30 minutes of moderate activity five times a week. Over 12% have used cannabis.

There is little difference between the employed and unemployed in hazardous drinking, physical activity levels or ever using cannabis. The unemployed do however, have higher levels of harmful drinking, smoking, recent cannabis use in the last 30 days and lower numbers of ex-smokers.

**Table 3: Differences in health behaviours of the employed and unemployed. North West, 2009**

Health behaviours <sup>vi</sup>	% of employed	% of unemployed
Hazardous drinker	13.6	12.4
Harmful drinker	2.7	5.9
Current smoker	27.4	55.5
Ex-smoker	20.6	10.3
Meet physical activity target	35.0	32.3
Cannabis use - ever used	12.0	14.6
Cannabis use last 30 days	2.1	10.8

**Key messages – the employed**

Significant numbers of the employed population have less than good health, are in pain or discomfort and are anxious or depressed. The majority of those employed do not achieve the recommended physical activity targets and a significant proportion smoke and drink at hazardous levels.

**4.3 Wellbeing of the employed by, age and deprivation**

Some of the components of wellbeing are of particular relevance to employment. Although the questions did not specifically ask about respondents' work situations, it is still worthwhile considering how those who are employed have responded to them. Table 4 shows the proportion of employed people who responded positively to each of the components of WEMWBS. The responses of the unemployed are given for comparison.<sup>vii</sup> Only 58.5% of those employed feel optimistic about the future often or all of the time, 64.4% feel relaxed and 73.6% feel useful, leaving a significant minority who only feel these things sometimes or never. A more detailed breakdown of wellbeing amongst the employed by age and wellbeing level is provided in Figure 2. Those in the 25 to 39 age group are significantly more likely to have above average wellbeing than those in the 18 to 24 age group and the 40 to 54 years age group. Those over 65 have the highest levels of wellbeing, but it is not significantly higher than other age groups. Figure 3 shows those living in the third most deprived quintile are significantly more likely to have below average levels of wellbeing than those in the two lesser deprived quintiles. Those in the most deprived quintile are significantly more likely to have lower levels of wellbeing than those in the least deprived.<sup>viii</sup> Even where people are employed, deprivation appears to be associated with differences in wellbeing at the extremes.

<sup>vi</sup> The hazardous and harmful drinker variable is derived from responses to questions relating to alcohol consumption. Current and ex-smokers is derived on responses to smoking habits. Meeting the physical activity target is derived from responses to how many days a week respondents were physically active for 30 minutes or more. The cannabis ever used variable combines cannabis used in the last 30 days and cannabis ever used question.

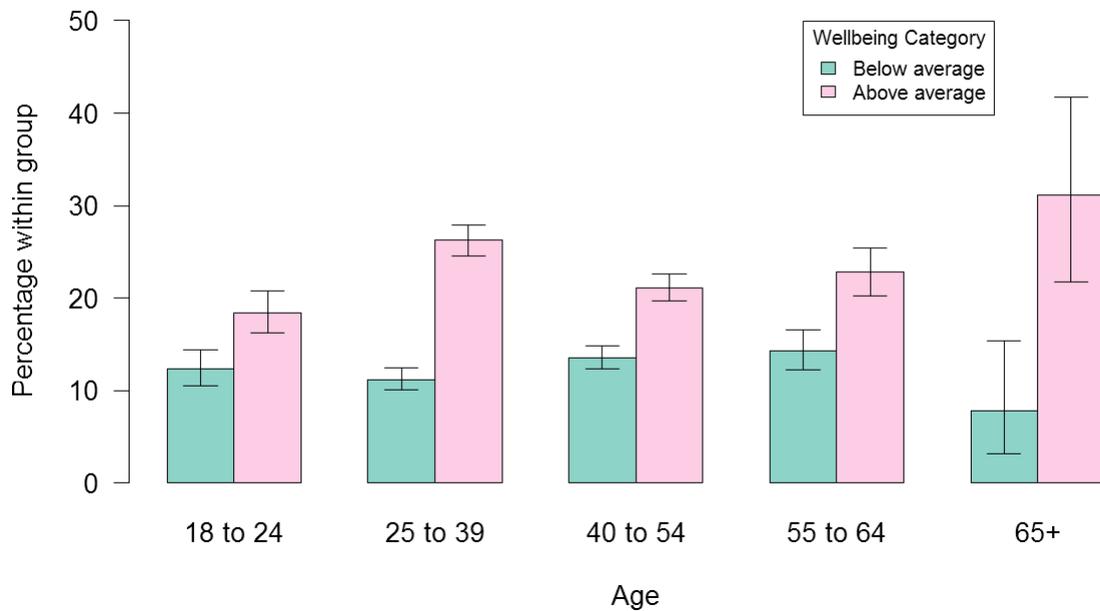
<sup>vii</sup> Unemployed is defined as those who describe themselves as out of work and registered unemployed.

<sup>viii</sup> The third most deprived quintile refers to the ranking of areas according to their score on the Index of Multiple Deprivation 2007.

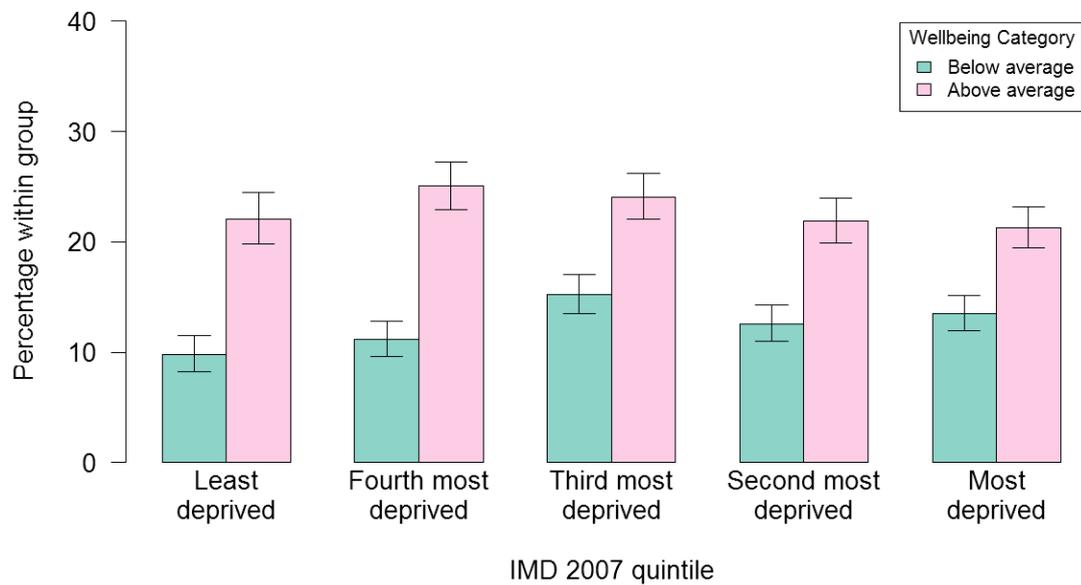
**Table 4: Proportions of employed and unemployed people who responded positively to the wellbeing questions. North West, 2009.**

Wellbeing components (felt often or all the time)	% of employed	% of unemployed
I've been feeling optimistic about the future	58.5	46.1
I've been feeling useful	73.7	54.3
I've been feeling relaxed	64.4	55.2
I've been dealing with problems well	75.6	64.1
I've been thinking clearly	80.5	69.8
I've been feeling close to other people	78.3	64.5
I've been able to make up my own mind on things	85.3	76.7

**Figure 2: Wellbeing of the employed, by age. North West, 2009.**



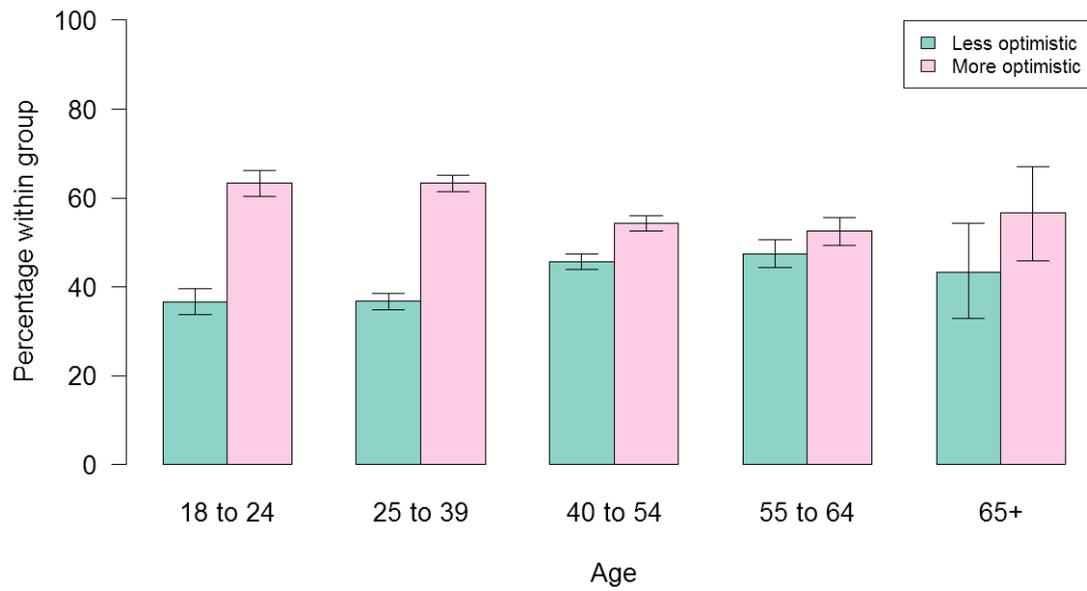
**Figure 3: Wellbeing of the employed, by deprivation quintile (IMD 2007). North West 2009.**



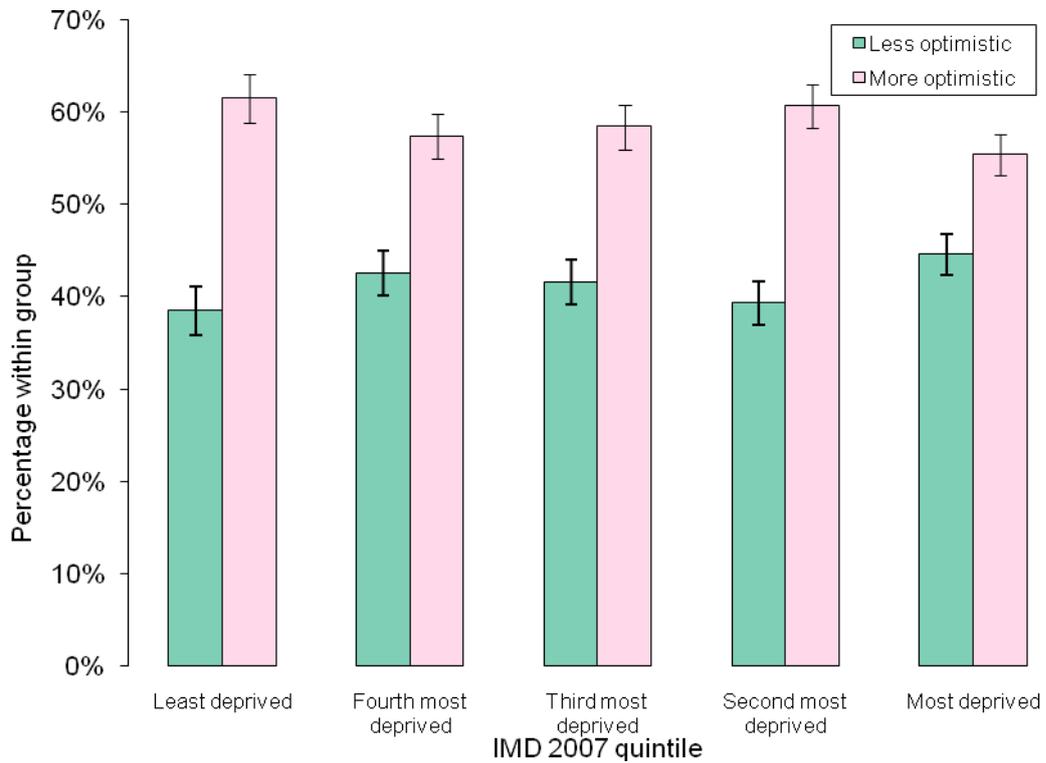
#### 4.3.1 Optimism of the employed

Feeling optimistic is a key part of our overall wellbeing. Being supported with personal and career developments is intrinsic to good work. Figure 4 shows those in employment by their level of optimism. Responses are grouped into those who feel optimistic often or all the time and those who feel optimistic less frequently than this. Those in the middle aged groups (40 to 64 years) tend to be optimistic less of the time than the younger age groups. Over 60% of the younger groups tend to feel optimistic often or all of the time, compared with just over 50% of those in the 40 to 54 years and 55 to 64 years age group. Figure 5 shows levels of optimism by deprivation. Those living the least deprived quintiles of deprivation are significantly more likely to feel less optimistic than those living in the most deprived quintiles, 38.5% and 44.6% respectively.

**Figure 4: Optimism of employed people, by age. North West, 2009.**



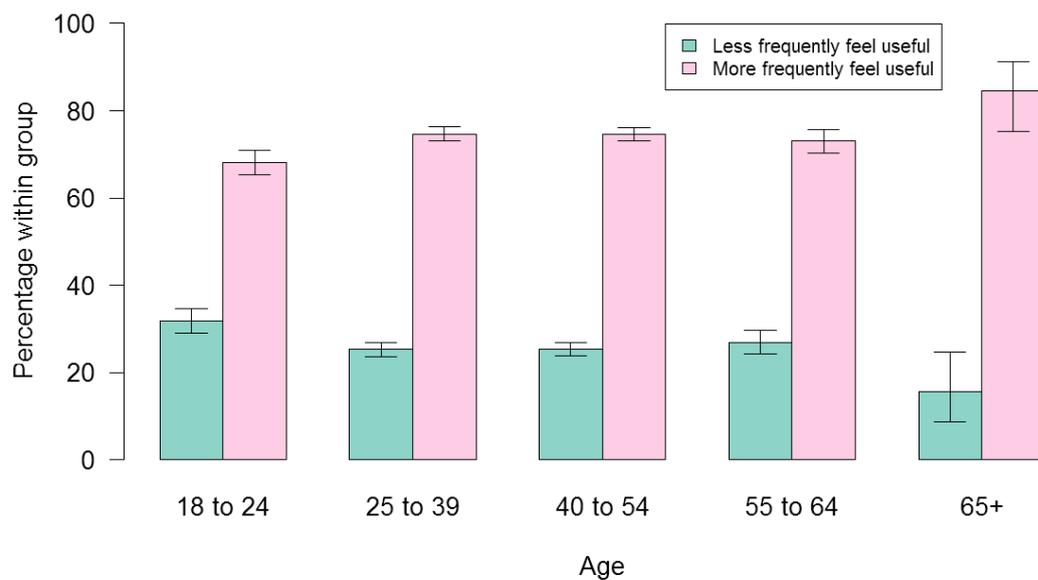
**Figure 5: Optimism of employed people by deprivation (IMD 2007). North West, 2009**



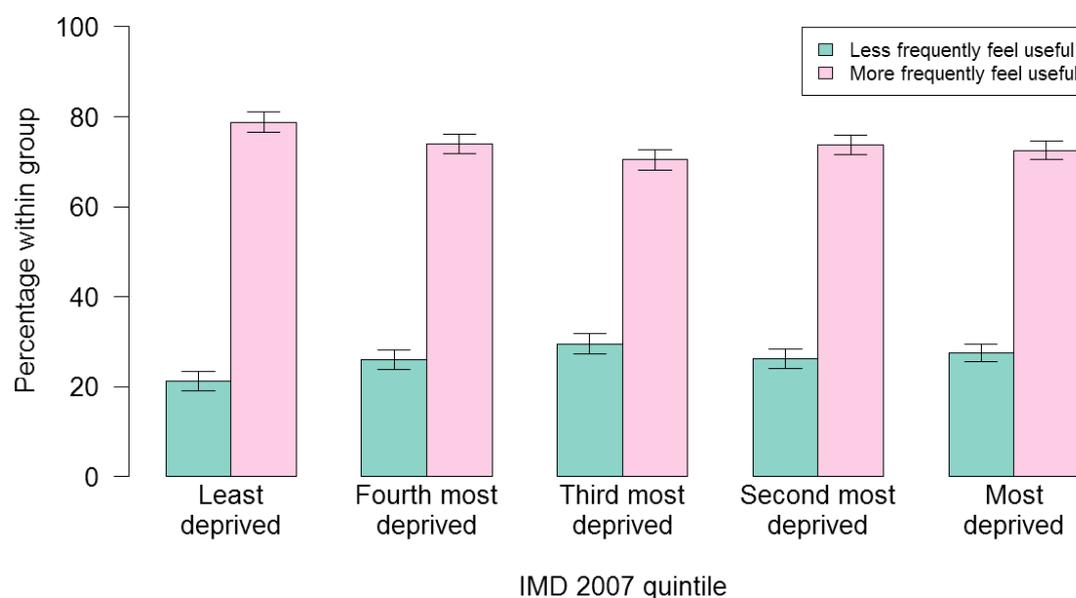
### 4.3.2 Feelings of usefulness of the employed

Being in work gives people a sense of purpose, which is vital for wellbeing. Making a contribution to an organisation and receiving feedback on performance helps to shape feelings of usefulness. Figure 6 shows the breakdown of the employed by age and frequency of feeling useful. Less frequently is defined as those who feel useful some of the time or less, and more frequently is defined as feeling useful often or all of the time. In total, 32% of the youngest workers (18 to 24 years) feel useful some of the time. This is significantly higher than the proportions in the 25 to 39 year, 40 to 54 years age groups and those over 65. Figure 7 shows frequency of feeling useful by deprivation level. Employed people living in the least deprived areas are significantly more likely to feel useful more often than the employed living in the most deprived areas, 78.8% and 72% respectively and significantly less 70.2% of employed people living within the third most deprived areas feel useful often or all of the time. This raises questions as to whether there is an area effect on wellbeing and what the relationship is between the two.

**Figure 6: Feelings of usefulness, by age. North West, 2009.**



**Figure 7: Feelings of usefulness, by deprivation quintile (IMD 2007). North West, 2009.**



### 4.3.3 Summary

The wellbeing of the employed is generally higher than for the unemployed on all components of wellbeing, but particularly on feeling useful. There are differences in levels of optimism, but only just over half of those in work feel optimistic about the future frequently. For middle aged groups in work, optimism about the future appears to dip, although younger people in employment feel useful less frequently than middle aged groups. However, caution needs to be applied here, given that the mental wellbeing survey did not collect detailed information on employment. Both of these points may be worthy of further investigation. For younger people, consideration of the type of work they are doing, the nature of their jobs and the degree of support and training they receive may be an influencing factor for mental wellbeing.

#### Key messages

Nearly 60% of those who are employed feel optimistic often or all the time. Those aged between 18 and 39 years are likely to feel optimistic more frequently than those aged 40 to 64 years. A quarter of employed people feel useful only sometimes and this rises to nearly a third for younger people.

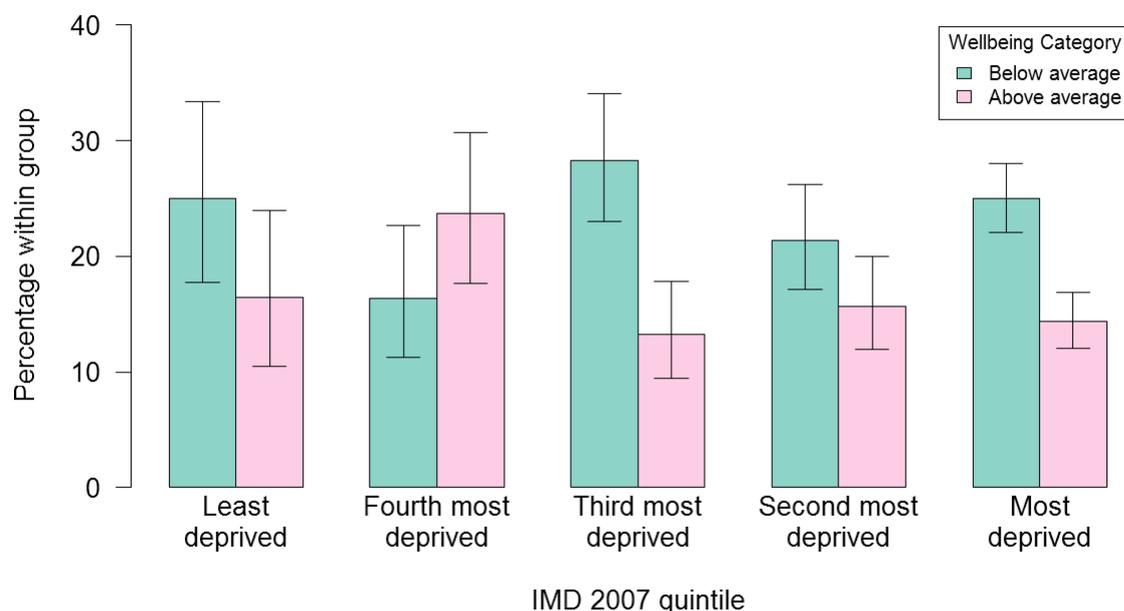
## 5. Health, wellbeing and unemployment

Unemployment can be one of the most challenging of life events, leading to not only a loss of income and material disadvantage, but also a loss of social networks, status and the sense of belonging and achievement that can come from engaging in productive activity. Losing employment can additionally have a significant impact on the family members of an unemployed person, possibly having measurable impact on the mental wellbeing of a much wider circle of people.

The reduction of risk factors, and promotion of protective factors, is important in mitigating the effects of unemployment on wellbeing. Accumulation of negative factors such as inadequate support in obtaining work, protracted periods of unemployment, financial hardship and low job availability can compound the risks of a person's mental wellbeing diminishing following a job loss.<sup>16</sup>

For the purposes of the survey, the unemployed include those people who describe themselves as out of work, registered unemployed and actively seeking work. Those who are unemployed tend to have poorer health as shown in Tables 1 and 2, and score significantly lower on all components of wellbeing compared to the employed (Table 4). Most notably, the frequency with which unemployed people feel useful tends to be significantly lower. There are no significant differences in wellbeing among the unemployed by age, although there are some differences by deprivation. Figure 8 shows those who are unemployed in the third most deprived quintile are significantly more likely to have lower levels of wellbeing (28.3%) than those in the fourth most deprived quintile (16.3%).

**Figure 8: Unemployed by level of wellbeing and deprivation quintile (IMD 2007). North West, 2009.**



Those living the middle levels of deprivation are more likely to have lower wellbeing than those in the most deprived areas, whether employed or unemployed. Relative levels of deprivation and the social norms within the geographical area and community an individual lives within can impact on wellbeing. Clarke (2006) has shown using the British Household Panel Survey that the wellbeing of the unemployed is higher in high unemployment areas than in areas with low unemployment.<sup>17</sup> This suggests there may be a need to not just consider the impact of unemployment on wellbeing in the most disadvantaged areas, where

it may be more common, but also on those living in the less deprived areas. Although unemployment has a negative effect on life satisfaction, the effect improves with the duration of unemployment. Possible reasons put forward for this include the habituation effect of unemployment (that is people learn how to live while unemployed). Also, it is those whose wellbeing is less affected by unemployment who remain unemployed.<sup>18</sup>

The length of time that people spend being unemployed and whether their peers are also unemployed are factors that can impact on wellbeing. Understanding social group and area effects on this is important. Cluster analysis of the NWMWS data identifies those living in the more disadvantaged areas with more financial insecurity tend to have lower levels of wellbeing.<sup>ix,19</sup> However, social norms here may be protective factors that mitigate against a fall in the level of people's wellbeing; that is many people are in the same situation. This may not be the case for those unemployed in the less disadvantaged areas.

## **5.1 Health behaviours of the unemployed**

Table 3 shows differences in health behaviours between the employed and unemployed. Although there is little difference between the employed and unemployed in terms of hazardous drinking, the unemployed are more likely to drink at harmful levels. The unemployed are more likely to smoke than not and are much less likely to have given up smoking. The unemployed are also more likely to have used cannabis. There is little difference in physical activity levels between the employed and unemployed yet only 32% are undertaking recommended levels of five 30 minute sessions a week.

### **Key messages**

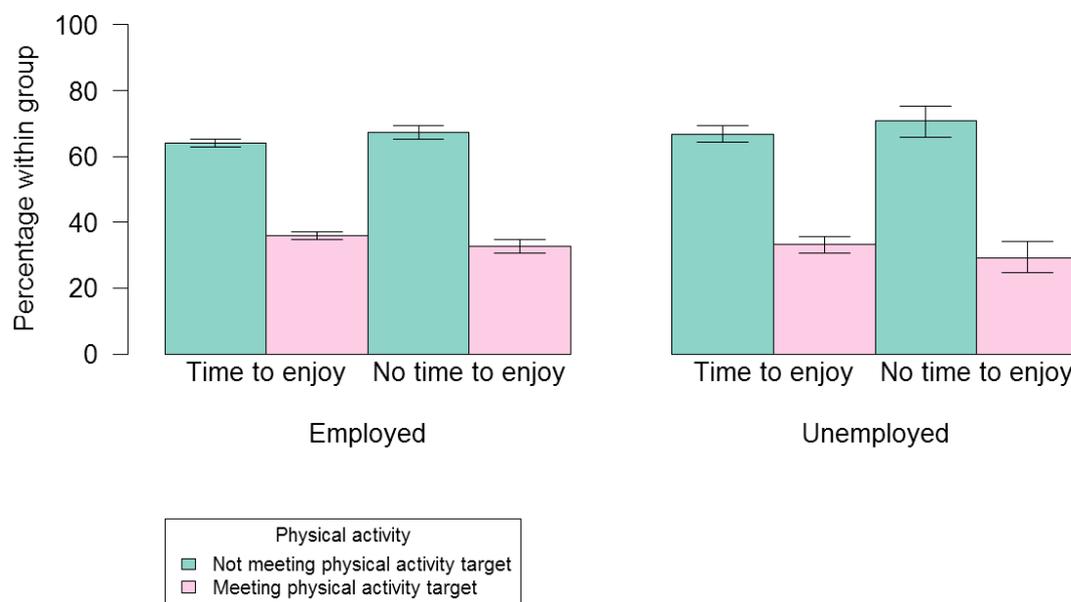
The unemployed are more likely to score lower on all aspects of wellbeing than the employed, especially on feeling useful. They are also much more likely to smoke and less likely to have given up smoking than the employed.

### **5.1.1 Wellbeing, physical activity and time to do enjoyable things by employment status**

An analysis of factors that influence wellbeing indicated that there was an association with physical activity and having time to do enjoyable things. Both of these are shown together in Figure 9. Interestingly however, there are no significant differences in the proportions of employed and unemployed who are meeting the physical activity target of 30 minutes of moderate exercise five times a week and there is also no difference between the employed and unemployed in terms of having enough time to do enjoyable things. Time to do enjoyable things whether actual or perceived, does not appear to be a factor in determining how physically active people are, despite this often being put forward as a barrier to being active.

<sup>ix</sup> Cluster analysis involves grouping respondents in the dataset who are similar in some sense. A more detailed technical explanation is provided in the report by Jarman et al (2011).<sup>23</sup>

**Figure 9: Proportion of those meeting or not meeting the physical activity target and having time to do enjoyable things, by employment status North West, 2009.**



**Key messages**

The majority of both the employed and unemployed do not meet the recommended physical activity target, yet time does not appear to be a determining factor in this.

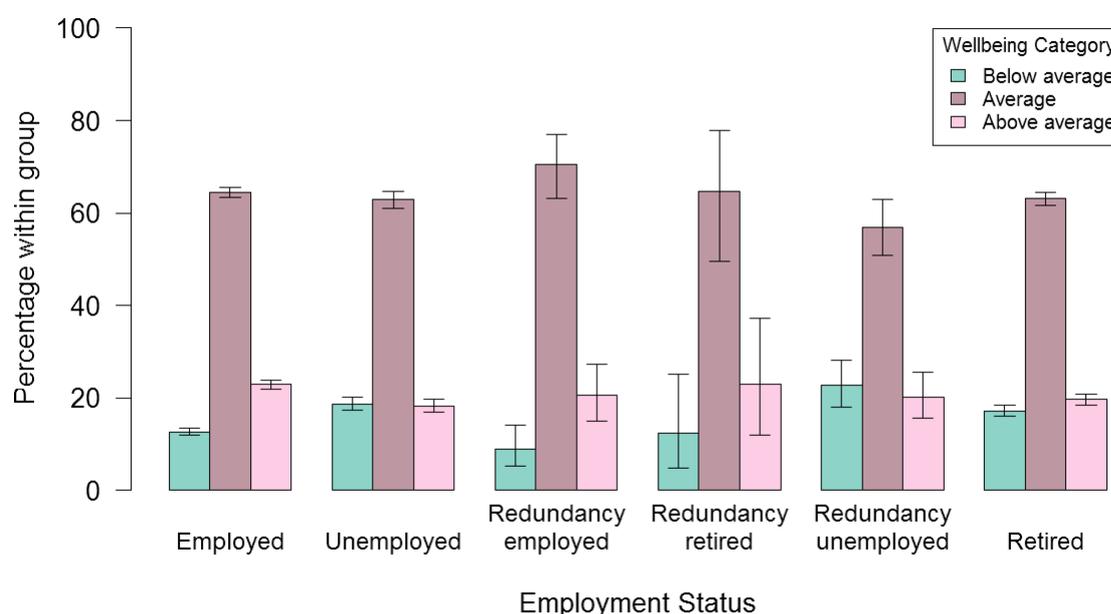
**6. Wellbeing and redundancy**

The survey included a question relating to life events that have been experienced in the last 12 months. Redundancy was one of the events included. As the survey also included employment status, it has been possible to compare those who have been made redundant and found a new job and those who have remained unemployed. Comparisons have been made on the basis of wellbeing and also on some of the factors that may support people’s resilience in adverse situations, such as membership of groups, social contact and employment of others in the household.

The analysis of the NWMWS sought to compare wellbeing between those with different employment status and in particular those who had experienced a change in their status. Survey respondents were classified as employed, not employed, redundancy-employed, redundancy-retired, redundancy-unemployed or retired, indicating whether someone has been made redundant and subsequently what has happened to them. This allows for comparison between those who have not suffered redundancy within the year prior to the NWMWS interview, those who have been made redundant and become employed again and those who have been made redundant and remained unemployed.

In total, there were 515 people within the survey (approximately 3%) who had been made redundant. Of those, 186 had since obtained employment, 48 had retired and 281 remained unemployed. The mean wellbeing scores of these groups are presented in Figure 10. Those who remain unemployed 12 months after redundancy are more likely to have a below average level of wellbeing compared with those who regain employment. This difference is statistically significant. The chart also shows there is little difference in the mental wellbeing of respondents who experienced redundancy, but found a job within 12 months and those who had continued employment.

**Figure 10: Wellbeing by change in employment status in the last 12 months. North West, 2009.**



**Key messages**

Gaining employment after redundancy (within 12 months) reduces the effect of unemployment on wellbeing.

**6.1 Household employment status and wellbeing**

There is strong evidence to suggest that the overall employment status of the household is of importance in maintaining the wellbeing of someone who has been made redundant.<sup>x</sup> Table 8 exemplifies this by showing the mean difference in wellbeing scores between those who are unemployed by their household employment status compared to their individual employment status. This shows that there is a difference in wellbeing between those who

<sup>x</sup> Household employment status is defined by the status of all members of the household the survey respondent lives in. Where at least one person is in employment the household is defined as employed. Where all members of the household are unemployed then it is defined as unemployed.

have been made redundant and are still unemployed but have a member of their household employed (score 28.04), and those who have been made redundant and are still unemployed and do not have member of their household employed (score 26.58). This difference was tested and was found to be significant.<sup>xi</sup>

**Table 5: Comparison of mean wellbeing scores by employment status of individuals and household. North West, 2009.**

Household employment status	Individual employment status	Mean wellbeing score	Sample size
Employed	Employed	28.33	7,871
Employed	unemployed	28.03	2,011
Unemployed	unemployed	26.01	1,155
Employed	Redundancy-employed	28.49	179
Employed	Redundancy-unemployed	28.04	146
Unemployed	Redundancy-unemployed	26.58	145

The importance of living in a household where another person is working when unemployed has been highlighted as important to mental wellbeing. A complementary piece of analysis *North West Mental Wellbeing Survey: What influences wellbeing?* has shown that relationships, and in particular relationships that can provide financial support, are important to wellbeing.<sup>5</sup> Financial security is seen as a strong influencing factor, and this is of course connected to employment.

### Key messages

Those made redundant who live in households where someone is still in employment are likely to have higher mental wellbeing than those living in homes where nobody works.

## 7. Factors that impact on wellbeing and resilience

Many interrelated factors can impact on the ability of an individual and a household to adapt to unemployment. The NWMWS was not exhaustive in capturing data on this and the number of respondents who have experienced unemployment in the sample is small. The survey did collect some data on factors that impact on resilience, such as social networks and connections, that are discussed in the wider literature, and where possible these variables have been analysed in relation to all the respondents in the survey rather than just those experiencing unemployment.

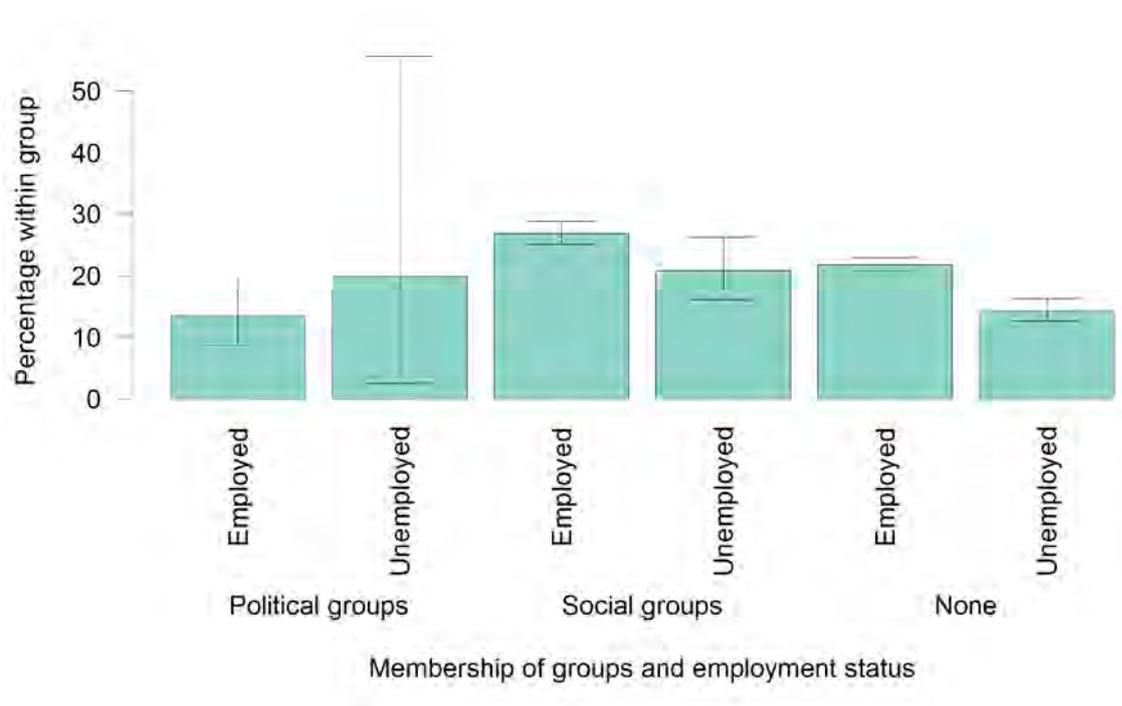
### 7.1 Membership of social or political groups

Respondents were asked if they were a member of a group (identified using a predefined list or adding their own). In total, 5,236 respondents (30%) were members of groups. Those with higher levels of wellbeing were more likely to be members of a group. Of those with above

<sup>xi</sup> P-values for multiple Wilcoxon signed rank tests on employment history segmented by household economic type (employed, unemployed).

average mental wellbeing, 32.8% said they participated, whereas 20.4 % of those with below average mental wellbeing participated. Organisations were grouped into those that were socially orientated and those that were politically orientated. Socially orientated groups include those related to hobbies, religion, age, parent or tenant associations, evening classes, sports and social groups. Political groups include political parties, trade unions and environmental groups. Figure 11 shows wellbeing by employment status and by membership of social, political or no groups (neither).

**Figure 11: Percentage of respondents with above average wellbeing scores by employment status and membership of groups. North West, 2009.**



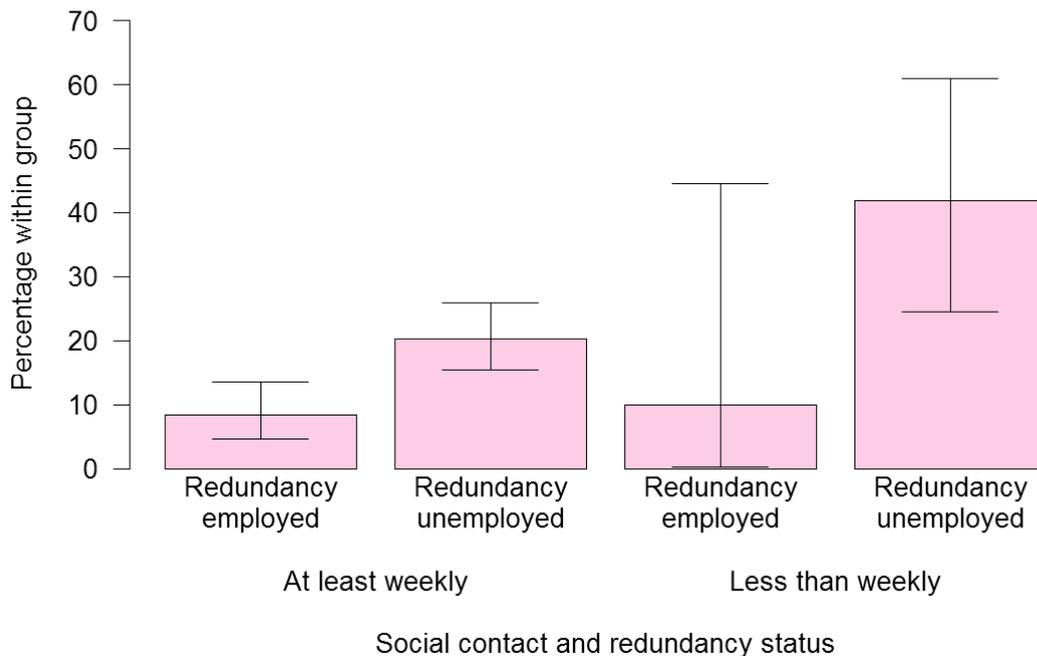
There are differences in membership of social groups between those who are unemployed and those who are employed. Those who are employed with high wellbeing are more likely to be members of social groups than those who are unemployed, but the difference is not significant. Those who are members of political groups regardless of employment status, tend to be more likely to have lower than average levels of wellbeing than those who are members of social groups regardless of employment status, (not shown on the chart).

## 7.2 Frequency of contact with others

The survey asked people how frequently respondents met with other people outside their immediate household. The survey found that 66% of those with above average wellbeing met people on most days compared with 43% of those with below average wellbeing. For the purposes of this report, responses to this question have been grouped into 'at least weekly' or 'less than weekly'. Figure 12 below shows frequency of contact of those people who have been made redundant in the last 12 months. It compares those who have returned to work in the last 12 months with those who remain unemployed. It shows that those who have been made redundant in the last 12 months, who have below average mental

wellbeing and who have not regained employment are less likely to see people outside their household on at least a weekly basis than those who have returned to work. The difference is not significant. This may be due, however to the small sample size.

**Figure 12: Percentage of people with below average wellbeing by redundancy status and social contact. North West, 2009.**



The survey data have shown that there are differences in the social contact and possibly ‘social connectedness’ of those who had been made redundant and found work again in the 12 months prior to the survey and those who were still unemployed. We do not know, however, how the importance of social contact plays into this difference and this raises a number of questions:

- Do those who get back into work quickly have wider and deeper social networks that help maintain wellbeing and motivation?
- Is there something particular to this group that enables them to ‘be and stay connected’?
- Do these networks help with job searches?
- Perhaps more importantly, what can we learn from these groups to develop policies for supporting unemployed people to maintain and develop their social contacts?

There is evidence to suggest that there is a link between social relationships and mental health, morbidity and mortality.<sup>20</sup> The importance of social networks in gaining employment has long been documented.<sup>21</sup> A study of social networks by Calvo-Armengol and Jackson suggests that the probability of finding a job diminishes as the length of time spent unemployed increases.<sup>22</sup> The survey data seems to concur with this, suggesting the importance of ensuring social contacts are maintained and expanded. It has also shown that there are differences between the propensity of people to be members of social

organisations according to their employment status which again contributes to social contact that may help with job searches, but may also serve to promote wellbeing.

## **8. Conclusions and recommendations**

The data in the NWMWS relates to individuals and includes some household level data. Mental wellbeing by employment status does not differ significantly across levels of deprivation. There are significant differences in health and wellbeing between those who are employed and those who are unemployed. There are also differences between the two on some health behaviours such as smoking, harmful drinking and cannabis use. There are still significant numbers of employed people who are in poor health and who have poor health behaviours, for example, over a quarter of the employed smoke. However, those who are employed are much more likely to have given up smoking than those who are unemployed. There are significant proportions of employed (65%) and unemployed (68%) people who are not meeting the physical activity target and who are drinking at a level hazardous to their health (14% and 12% respectively). Clearly employment is a significant factor that contributes to people's wellbeing. Unemployment can have a significant negative effect as indicated by the differences in the WEMWBS component scores between the employed and unemployed. The longer unemployment goes on, the more difficult it is for a person to re-enter the labour market. Social contacts become lost, and people adjust to their new situation. For respondents to the NWMWS who have lost employment as recently as 12 months prior to the survey, the impact is still being felt. Yet for those who get back into work within 12 months the effect on wellbeing is low.

Analysis of the factors that influence wellbeing from the NWMWS has shown that a sufficiency of income and worries about money are significant factors. This increases for those who are unemployed.<sup>5</sup> There is a clear message here that time spent in unemployment needs to be short, and support needs to be provided to people in households where nobody is employed. There is also a need to enable people to manage the impact financial security can have on wellbeing. This may not just be the case for those who are unemployed, but also for those who are in work but have little job security and are unable to make provision for spells of unemployment.

### **8.1. Wellbeing at work**

The analysis of the NWMWS has shown that employment is good for mental wellbeing. However, there are significant numbers of employed people within the North West who have low wellbeing. This has potential to impact negatively on their work as well as their health. It is recommended that programmes to support healthier workplaces would be valuable in addressing this and that such programmes need to have a holistic approach to wellbeing, for example, addressing factors that impact on wellbeing including physical health, social networks and participation in decision making and also take into account the inequalities faced by people and communities.

### **8.2. Health at work**

In terms of physical health, the employed have better health than the unemployed. However, there are still significant numbers of employed people who are in poor health, (experience pain or anxiety) and have poor health behaviours, particularly in relation to raising physical

activity levels and encouraging sensible alcohol consumption. Over a quarter of the employed still smoke.

### **8.3. Unemployment and deprivation**

Unemployment impacts negatively on wellbeing and the time spent unemployed needs to be short to avoid sustained impact. Given the importance of peer influence there is a need to not just consider the impact of unemployment on wellbeing in the most disadvantaged areas, where it may be more common, but also on those living in the less deprived areas. Social norms within an area can act as both a protective factor and a risk when unemployment is experienced. This may depend upon the extent to which others are unemployed. For those in less deprived areas there may be less people with a common experience of unemployment to share.

### **8.4. Social networks**

Methods of maintaining social networks for those who become unemployed and allowing them to stay connected to the labour market are important. The workplace is a source of social networks with colleagues. Employees with good social networks and social support will have higher levels of wellbeing.

### **8.5. Financial support**

Access to financial support and debt management advice to relieve anxiety related to money is also important for those who become unemployed or who face financial difficulties whilst in employment or business.

### **8.6. Household employment**

There is a beneficial impact on the wellbeing of the unemployed from living in a household where at least one person works. Working with households or whole families of working age where no one is employed is therefore important.

### **8.7. Relationships**

Satisfaction with relationships is important for wellbeing and support for people to maintain positive personal relationships, particularly in stressful financial situations or during changes in employment status, would be beneficial.

### **8.8. Optimism and feeling useful**

Having a sense of hope for the future is important for those who are out of work and also for those who face job insecurity in the future. An improving labour market and support to take advantage of opportunities within it as the structure of the economy changes may help here. A significant number of people do not feel useful at work, particularly the young, and steps to address this would include valuing people within workplaces and ensuring they feel respected for the contribution they make.

## 9. References

- <sup>1</sup> Deacon L, Carlin H, Spalding J, Giles S, Stansfield J, Hughes S, Perkins C and Bellis MA (2010). *North West Mental Wellbeing Survey 2009* [Online]. Available at: [www.nwph.info/nwpho/Publications/Forms/DispFormbf8b.html?ID=208](http://www.nwph.info/nwpho/Publications/Forms/DispFormbf8b.html?ID=208) [Accessed 9-3-2011].
- <sup>2</sup> Mason J, Harrison R, Deacon L, Perkins C and Bellis MA (2009). Tackling Health Related Worklessness [Online]. Available at: [www.nwph.info/nwpho/Publications/Synthesis8A\\_Worklessness.pdf](http://www.nwph.info/nwpho/Publications/Synthesis8A_Worklessness.pdf) [Accessed 9-2-2011].
- <sup>3</sup> Department of Health (2004). Choosing Health: Making Healthier Choices Easier [Online]. Available at: [http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4094550](http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550) [Accessed 9-3-2011].
- <sup>4</sup> Mason J, Perkins C and Bellis MA (2010). Creating Healthier Workplaces [Online]. Available at: [www.nwph.info/nwpho/Publications/synthesis8b2010.pdf](http://www.nwph.info/nwpho/Publications/synthesis8b2010.pdf) [Accessed 9-3-2011].
- <sup>5</sup> Carlin H, Jarman I, Chambers S, Lisboa P, Knuckey S, Perkins C and Bellis MA (2011). *North West Mental Wellbeing Survey: What influences wellbeing?* Liverpool: North West Public Health Observatory, Liverpool John Moores University.
- <sup>6</sup> British Chambers of Commerce (2010). Economic Forecast September 2010 [Online]. Available at: [www.britishchambers.org.uk](http://www.britishchambers.org.uk) [Accessed 1-3-11].
- <sup>7</sup> Health and Safety Executive (2007). Self-reported work-related illness and workplace injuries in 2005/06: Results from the Labour Force Survey [Online]. Available at: [www.hse.gov.uk/statistics/lfs/lfs0506.pdf](http://www.hse.gov.uk/statistics/lfs/lfs0506.pdf) [Accessed 9-3-2011].
- <sup>8</sup> Marmot M, Siegrist J and Theorell T (2005). *Health and psychosocial environment at work*. In: *Marmot M and Wilkinson RG (editors) Social Determinants of Health*. Oxford: Oxford University Press.
- <sup>9</sup> Fair Society, Healthy Lives, The Marmot Review, Strategic Review of Health Inequalities in England post -2010, February 2010. University College, London [Online]. Available at: [www.marmotreview.org/AssetLibrary/pdfs/Reports/FairSocietyHealthyLives.pdf](http://www.marmotreview.org/AssetLibrary/pdfs/Reports/FairSocietyHealthyLives.pdf) [Accessed 20-4-11].
- <sup>10</sup> National Institute for Health and Clinical Excellence (2009). Promoting mental wellbeing through productive and healthy working conditions: guidance for employers [Online]. Available at: <http://guidance.nice.org.uk/PH22/Guidance/pdf/English> [Accessed 11-2-2011].
- <sup>11</sup> Dewe P and Kompier M (2008). Foresight Mental Capital and Wellbeing Project. Wellbeing and work: future challenges [Online]. Available at: [www.bis.gov.uk/foresight/our-work/projects/published-projects/mental-capital-and-wellbeing](http://www.bis.gov.uk/foresight/our-work/projects/published-projects/mental-capital-and-wellbeing) [Accessed 22-3-2011].
- <sup>12</sup> Rutter M (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*, 57(3):316-331.
- <sup>13</sup> Bender R and Lange S (2001). Adjusting for multiple testing-when and how? *Journal of clinical epidemiology*, 54(4):343-349.
- <sup>14</sup> Benjamini Y and Hochberg Y (1995). Controlling the False Discovery Rate: A Practical and Powerful Approach to Multiple Testing. *Journal of the Royal Statistical Society. Series B (Methodological)*, 57(1):289-300.
- <sup>15</sup> Bland JM and Altman DG (1995). Multiple significance tests: the Bonferroni method. *British Medical Journal*, 310(6973):p170.
- <sup>16</sup> Moorhouse A and Caltabiano ML (2007). Resilience and Unemployment: Exploring Risk and Protective Influences for the Outcome Variables of Depression and Assertive Job Searching. *Journal of Employment Counseling*, 44(3):p115.
- <sup>17</sup> Clark AE (2003). Unemployment as a Social Norm: Psychological Evidence from Panel Data, *Journal of Labour Economics*, 21, 323-351.
- <sup>18</sup> Clark A (2006). A note on unhappiness and unemployment duration. *Applied Economics Quarterly* (formerly: Konjunkturpolitik), 52 (4):291-308.

<sup>19</sup> Carlin H, Jarman I, Chambers S, Knuckey S, Perkins C and Bellis MA (2011). *North West Mental Wellbeing Survey: Profiles of wellbeing*. Liverpool: North West Public Health Observatory, Liverpool John Moores University.

<sup>20</sup> Holt-Lunstaad J, Smith TB and Layton B (2010). Social Relationships and Mortality Risk: A Meta-analytic Review, *PLoS Medicine*, Vol 7, Issue 7.

<sup>21</sup> Rees A (1966). Information Networks in Labor Markets. *The American Economic Review*, 56 (1/2):559-566.

<sup>22</sup> Armengol A and Jackson MO (2004). The Effects of Social Networks on Employment and Inequality. *The American Economic Review*, 94(3):426-454.

<sup>23</sup> Jarman IH, Etchells TAE, Lisboa PJG, Beynon CM and Martin-Guerrero JD (2011). *Clustering Categorical Data: A Stability Analysis Framework*. Accepted for IEEE Symposium Series on Computational Intelligence (SSCI), 11<sup>th</sup> – 15<sup>th</sup> April 2011. France: Paris

## **Acknowledgements**

The authors would like to thank all those who have assisted with the production of this report, in particular Jude Stansfield, Senior Public Health Advisor for Mental Health and Wellbeing at the Department for Health for advice and direction; Lynn Deacon, Ian Jarman, Jennifer Mason, Alyson Jones and Craig Timpson of the North West Public Health Observatory; Karen Hughes and Helen Lowey of Liverpool John Moores University, for input into the report, including contributions towards analysis and proofreading and Lee Tisdall of the Centre for Public Health, Liverpool John Moores University for design.

**Helen Carlin, Simon Chambers, Steve Knuckey, Clare Perkins  
and Mark A. Bellis**

**North West Public Health Observatory**

Centre for Public Health  
Research Directorate  
Faculty of Health and Applied Social Sciences  
Henry Cotton Building  
15-21 Webster Street  
Liverpool  
L3 2ET

t: +44(0)151 231 4535

f: +44(0)151 231 4552

e: [nwpho-contact@ljamu.ac.uk](mailto:nwpho-contact@ljamu.ac.uk)

[www.nwpho.org.uk](http://www.nwpho.org.uk)

[www.cph.org.uk](http://www.cph.org.uk)

May 2011

ISBN: 978-1-908029-20-1 (PDF version)



A report commissioned by:

