Kyser Daniels-Baessler

Danette Glenn-Havlik

Denise Medina

Melissa Winder

ANT355: Medical Anthropology

May 4, 2015

Project Healthviews Research Report

Introduction

The potential impact of unemployment on mental health has been well established in the field of psychology. People are expected to be functioning members of a society wherein the occupation that you hold is often seen as a definition of who you are as a person. When this expectation to be productive is unmet, the mental repercussions are potentially significant and include such issues as incomplete psychosocial development, feelings of helplessness brought on by lack of control, and a failure to obtain nonmonetary benefits of work just to name a few (Diette, 2012).

Our research question, "Is there a statistically significant relationship between one's employment status and their self-rated levels of overall health and mental health?" was reached by considering factors such as the stress of everyday life and how those stresses could be multiplied by a lack of employment. Our main goal was to analyze if the stress of being unemployed might be related to respondents' self-rated physical and mental wellbeing.

Many other factors could contribute to an individual's feelings of health, and we do not seek to establish a causal relationship. Rather, our objective is to explore whether such a

relationship exists for a group of northern Coloradoans, and if so what characterizes that relationship. Considering the innumerable other factors we narrowed our question down to two basic portions. For our independent variable we simply wanted to know if a respondent was employed. Their answer was then combined with our dependent variables in which the respondents self-rated both their physical and mental health. We took all the respondents in both the Salud and General samples as our sample for study.

The notion of healthy bodies, healthy bank accounts, brought up by the PBS documentary "Unnatural Causes: Is Inequality making Us Sick?" was highly influential in the selection of this line of analysis for the group. This idea is simply that the more monetary resources an individual possesses, the greater their chances of living a longer life. The film offers many explanations for this connection, such as racial inequality and social status inequalities, which are extreme in contemporary U.S. society.

One of the themes the documentary explored was that a person's economic and social status also had an effect on their health. The film presents evidence showing that those in the middle to lower classes are more often exposed to health threats stemming from their lack of access to healthy food, healthy communities, and healthy working conditions—if they have jobs at all (Brown, 2002). Additionally, these individuals have less access to the means through which they could exert control over their health and destinies than their upper-class counterparts (Adelman, 2008).

Additionally, the film goes on to explain that the chronic activation of the body's stress response serves to wear down the integrity of organs and increase the risk of disease. In the simplest of terms, if an individual's flight or fight response is continually activated by the stress of their inability to thrive, they can become victims of health emergencies (Adelman, 2008).

Two papers also influenced on our work, “Social Inequality and Health: A Commentary,” by William Dressler, and “Anthropology, Inequality, and Disease: A Review”, by Vinh-Kim Nguyen and Karine Peschard. Both of these papers explored the relationship that exists between the economically disadvantaged and higher rates of disease and mortality.

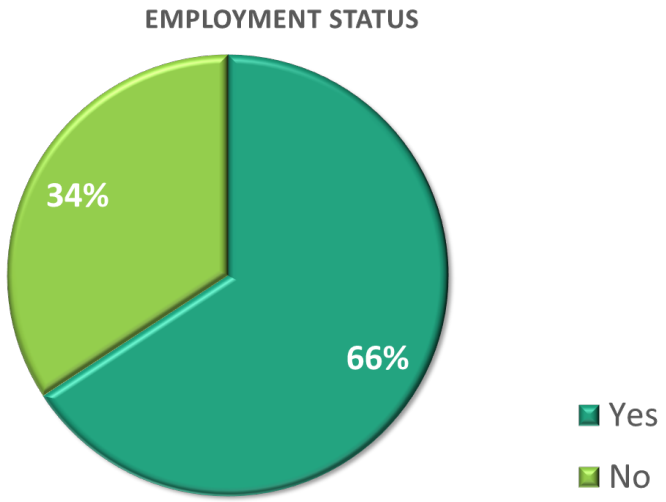
In “Anthropology, Inequality, and Disease,” for example, Nguyen argues that affliction itself must be seen as the embodiment of the social hierarchy. Sickness and disadvantage are therefore forms of violence that can be channeled into different disease rates between populations (Nguyen, & Peschard 2003). In “Social Inequality and Health: A Commentary,” Dressler speaks to the need for a systematic study of structured economic and social inequality and their impact on health. His main question was, “What is it about social inequality that leads to ill health?” He goes on to explain that there exists an inverse gradient in health that can be found in many vastly different communities (Dressler, 2010).

Although we did not ask participants their income level so cannot directly explore socioeconomic status, we did ask whether they were employed, how many hours per week they worked, and what their employment was. These factors, we believe, can act as a reasonable proxy for socioeconomic status.

Methods

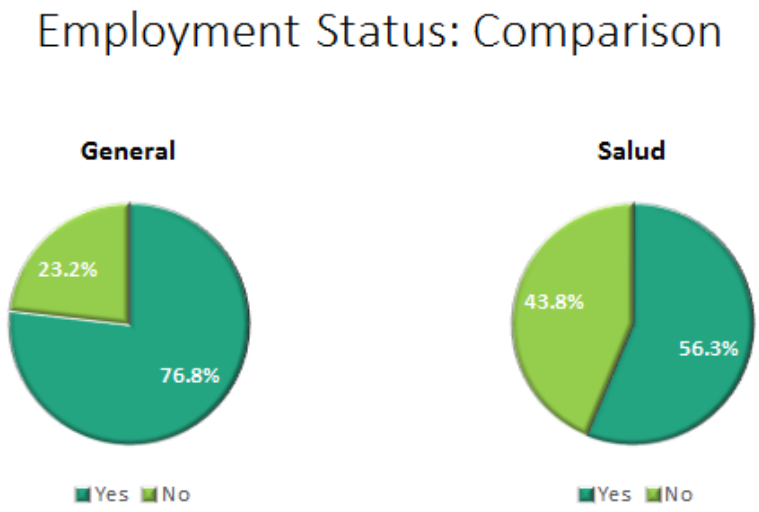
Our research question was in regards to employment status and whether it relates to self-reported levels of mental and physical health. The specific questions that we analyzed through SPSS were looking at the sample overall at first, and then looking at the breakdown between Salud and general surveys with a focus on employment status. Figure 1 shows the difference in employment status among the whole sample.

Figure 1: Overall Sample Employment Status



These results led us to run the employment status cross-tabulation (fig. 2), showing the differences in employment status between Salud patients and general survey participants. We wanted to see exactly how significant the differences between the two groups were, operating on the assumption that there may exist correlation between employment and self-reported levels of mental and physical health.

Figure 2: Employment Status: Comparison



As Figure 2 shows, 43.8% of Salud's patients are unemployed and 23.2% of our general population sample is unemployed. What this translates to is that Salud has a greater portion of unemployed patrons visiting them for healthcare services than the general public, and a Chi-Square test showed this difference to be statistically significant at the .02 level. We theorize this may be because of how participants were selected to participate in the study. For the general population sample, students conducting the surveys mainly interviewed their friends, family and acquaintances on their college campus for the study. It makes sense that these individuals would be more likely to be employed when compared to the population seeking health care at a low-cost clinic.

In order to go into more depth, we looked at the whole sample and their self-reported levels of general health. Figure 3 shows that most interviewees rated their health as either "very good" or "good", indicating as a whole, our respondents consider themselves rather healthy.

Figure 3: Overall Sample Self-Reported General Health Status

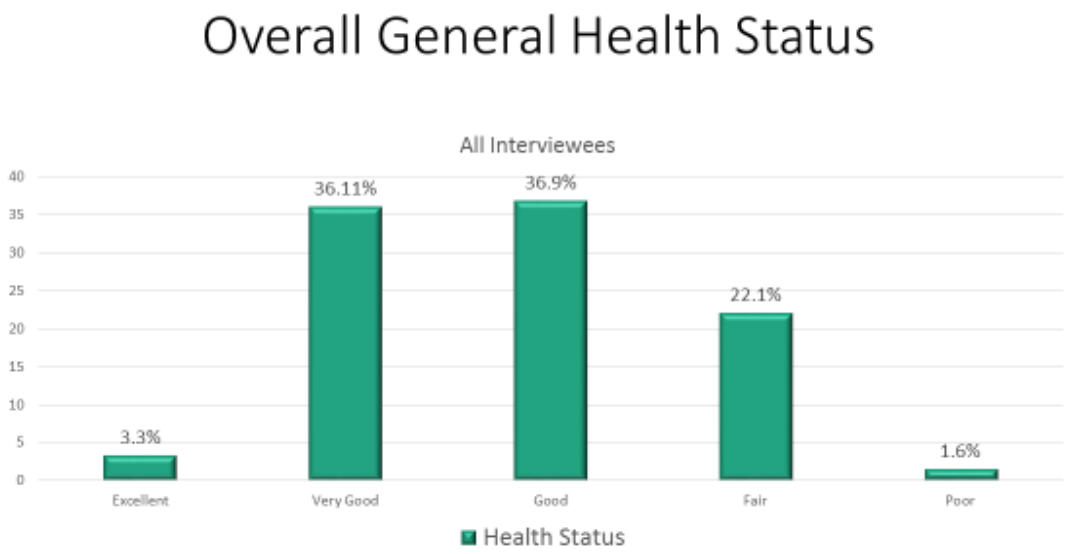
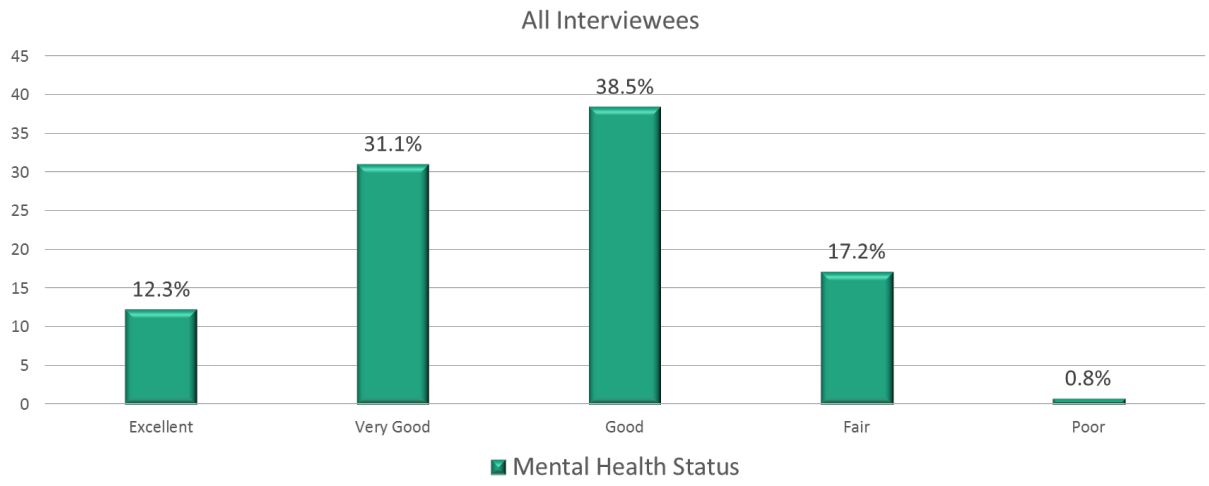


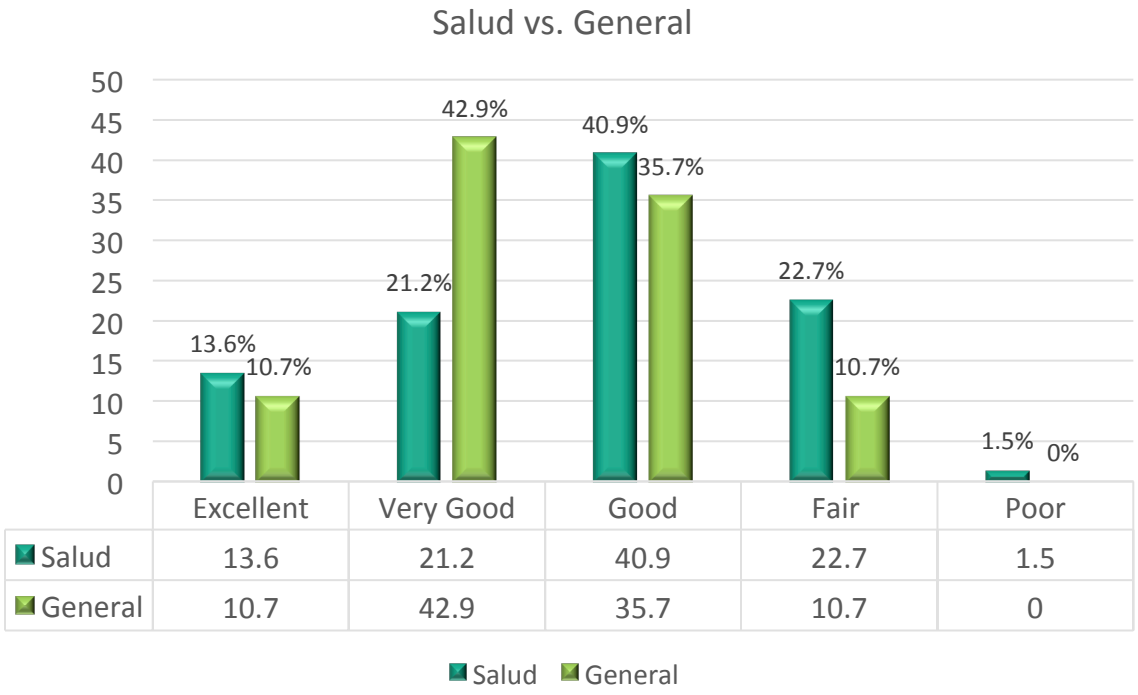
Figure 3 shows both types of interviewees and their self-reported levels of general, physical health status. The next step was to look at the group as whole and analyze their self-reported levels of mental health. This is when we decided to run the frequencies for the responses to the self-reported levels of mental health (fig 4). We found that our sample as a whole tends to describe their mental health as either very good, good or fair, which is in agreement with the general health responses. For the whole sample of interviewees, the responses for general and mental health were positive. Nearly 70% described their mental health as either "good" or "very good." There were outliers to the consensus, as a small percentage of people responded that their mental or physical health was either fair, poor, or excellent.

Figure 4: Overall Sample Self-Reported Mental Health Status



Findings

Figure 5: Mental Health Status: Salud vs. General



The *Mental Health Status: Salud vs. General* chart (fig. 5) displays the comparison results for mental health status among Salud patients and the general population. The chart shows that while the Salud participants (turquoise bar) were slightly more likely to rate their

mental health as “excellent” and as “good” than were the general population (green bar), the general population was much more likely to rate their mental health as “very good” compared to the Salud sample. Salud participants more frequently than general participants rate their mental health as fair or poor. These differences were not statistically significant, but when we analyzed the relationship between self-rated mental health and employment status, we did find statistical significance.

Figure 6: Mental Health Status: Employed vs. Unemployed

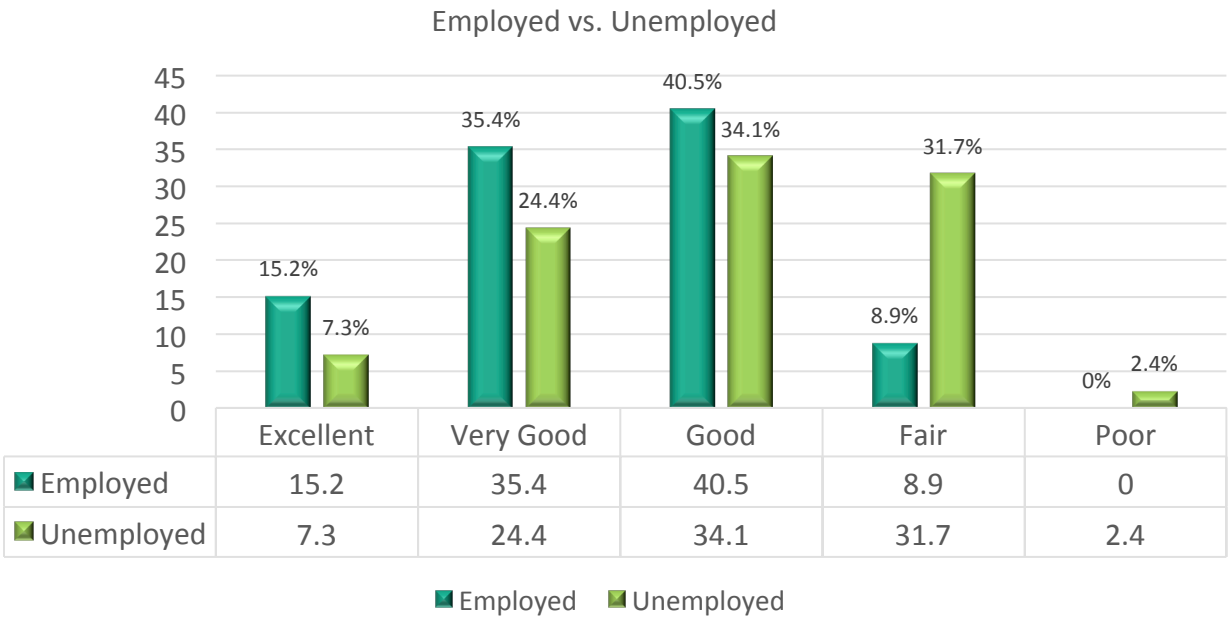


Table 1: Statistical results

Employment status * Mental health status

Crosstab

			Mental health status					
			Excellent	Very good	Good	Fair	Poor	Total
Employment status	Yes	Count	12	28	32	7	0	79
		% within Employment status	15.2%	35.4%	40.5%	8.9%	.0%	100.0%
	No	Count	3	10	14	13	1	41
		% within Employment status	7.3%	24.4%	34.1%	31.7%	2.4%	100.0%
Total		Count	15	38	46	20	1	120
		% within Employment status	12.5%	31.7%	38.3%	16.7%	.8%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	13.045[a]	4	.011
Likelihood Ratio	12.867	4	.012
Linear-by-Linear Association	9.149	1	.002
N of Valid Cases	120		

a. 2 cells (20.0%) have expected count less than 5. The minimum expected count is .34.

The *Mental Health Status: Employed vs. Unemployed* chart (Table 1) describes the self-reported mental health status among the whole sample of employed and unemployed persons interviewed for Project HealthViews. The turquoise represents those who are employed, while the green represents those who are unemployed.

Upon examination of the results from a Chi-Square test, we have found that there is a statistically significant relationship (at the .01 level) between employment status and self-rated mental health (fig. 8) for the whole sample. What this translates to is: people who are employed are more likely to report that their mental health is excellent, very good, and good, whereas unemployed people are more likely to report their mental health as fair and poor. This does not mean that unemployment leads to lower self-rated levels of mental health, but employment status could be a contributing factor to lower self-rated mental health status. We are uncertain if there

are factors other than unemployment, such as depression or low self-esteem, which may contribute to a mental health rating of "fair" or "poor."

An example of unemployment contributing to a lower self-rated level of mental health was discovered during interviews held at a Salud clinic. During an interview at a Salud clinic in March 2015, a gentleman, seeming to be in his late forties, stated to the interviewer that his mental health was poor. Upon further questioning, it was revealed that this gentleman is currently unemployed and is unable to keep a job or "stay away from the bottle." He was visiting Salud to receive therapy.

Discussion/Conclusions

Through this research, we discovered that there is a statistically significant difference between employment status among general interviewees and Salud interviewees and there is also a statistically significant difference in self-reported mental health status between those who are employed and those who are unemployed.

The difference between employment statuses in the two groups of participants has more to do with how the study was conducted and the two populations themselves. Friends, families, and acquaintances of the students conducting the surveys as well as people on their college campus made up the majority of the "general population" group for this study. These people may be more likely to be employed than if each student was required to survey random participants they do not know in a public setting. Our recommendation for future steps of this project is to do just this as well as expand the sample sizes of both groups if possible.

We anticipate that the findings regarding the difference in mental health between those who are employed and those who are unemployed will be of interest to Salud Family Health

Centers. Salud is currently offering behavioral health services including: screening patients for stressors and mental health conditions, providing immediate support and/or referrals if necessary, individual, group, and family therapy, shared Medical Appointments, and psychological testing. We know Salud realizes the impact and importance of their patients' mental health, so the idea that employment status may affect their mental health negatively might be of concern for them.

Our recommendation for Salud is to seek out a professional that they could work in conjunction with or possibly refer unemployed patients who are able, eligible, and wish to be employed to in order to help them find jobs. They may even consider resources that would help these individuals acquire training in order to be eligible for a job of particular interest to them. This could be included in the behavioral services that they are currently offering. Also, perhaps some extra emphasis should be placed on whether or not these individuals feel that their unemployment affects their physical and/or mental health in both future surveys for this project and when screening patients for stressors.

The significance of these findings relates to inequality in the way that some people are disadvantaged when it comes to obtaining employment. This could mean that they are subsequently also at a disadvantage in regards to mental health. It may be worth further research to look into how socioeconomic status affects mental health in order to investigate the idea that the socioeconomic status of patients at Salud may be the reason that this was found to be a trend in our study.

References

Adelman, L. (Producer). (2008). *Unatural Causes: Is Inequality Making Us Sick?* [Motion picture]. United States: California NewsReel.

Brown, G. D. (2002). The Global Threats to Workers' Health and Safety on the Job. *Social Justice*, *29*(3).

Dressler, W. W. (2010). Social Inequality and Health: A Commentary. *Medical Anthropology Quarterly*, *24*(4), 549-554. http://dx.doi.org/10.1111/j.1548-1387.2010.01122.x

Goldsmith, A., & Diette, T. (2012, September). Exploring the link between unemployment and mental health outcomes. Retrieved from http://www.apa.org/pi/ses/resources/indicator/2012/04/unemployment.aspx

Nguyen, V.-K., & Peschard, K. (2003). Anthropology, Inequality, and Disease: A Review. *Annual Review of Anthropology*, *32*, 447-474.