



## GUIDES AND PUBLICATION

### Implications for Employment and Well-being

Ultimately, employment is a key to economic, social and psychological well-being, community reintegration, family financial stability, and more. Therefore, employment practices, collaboration with businesses and industries, and more are critically important to the post-service life course of veterans leaving service. Public policy that supports integrated services, one-stop information gathering, referral and access to services, and other initiatives to streamline reintegration into civilian society will play an important role. Communities, including the civilian population, civic organizations, businesses and industries, healthcare, educational institutions, public officials, and others have significant roles to play in the reintegration of veterans.

A review of relevant research illustrates strong associations between poor health outcomes and unemployment, with over 40 articles related to the topic.<sup>1</sup> One study explored the relationship between unemployment and mental health, and found the most significant predictor of mental health during unemployment was engagement in activity and perception of being occupied.<sup>2</sup> Another recent study discussed the interactions between gender, family role, and social class, and found that “The financial strain of unemployment can cause poor mental health, and studies have reported the beneficial effects of unemployment compensation in such contexts.

However, unemployment can also be associated with poor mental health as a result of the absence of nonfinancial benefits provided by one’s job, such as social status, self-esteem, physical and mental activity, and use of one’s skills.”<sup>3</sup> The study found that unemployment impacted the mental health of women less than men, in part due to family care responsibility, which kept them engaged in activity.

Additionally, the study found that receiving benefits during unemployment was correlated with better mental health outcomes. Voluntary or involuntary job loss, particularly followed by periods of unemployment, also negatively impacts health. Among health conditions which are linked to job loss were hypertension, heart disease, and arthritis.<sup>4</sup> Additional negative health outcomes attributed to unemployment included depression, substance abuse, and even suicide.<sup>5</sup>





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However, there are mitigating measures, including benefits, access to healthcare, community engagement, productive use of time, family responsibilities and more. A recent study found: “The unemployed receiving unemployment compensation or benefits from other entitlement programs did not report significantly higher depression relative to the employed.”<sup>6</sup> Finally, people who have impaired health will also have longer periods of unemployment,<sup>7</sup> making access to health care a critical component of unemployment policy. There are many similar studies focused on the relationship between health and employment.

During periods of unemployment, it may be particularly important to mental health for the community to remain engaged with veterans, specifically with veteran men or others who are not productively engaged. Education and training programs may have a significant role to play, as may faith-based organizations, volunteer service opportunities, and others which impact their self-perception. Community coalitions can and should address the needs of veterans with a wide range of services, activities, and opportunities for productive engagement in order to reduce negative mental health impacts, which might in turn otherwise prolong periods of unemployment. Additional support for these activities comes from hiring managers who report that they would like to see unemployed job applicants who have been engaged in training or education, temporary or contract work, or volunteering.<sup>8</sup> These activities all support health outcomes and have additional networking effects, improved skills, and civilian reintegration components. Additional concerns may include access to health care during periods of transition or unemployment. Those family members who previously had health access to military service providers may no longer have such access. Regardless of access, with a transition likely comes finding and engaging with a new healthcare provider, even with immediate employment. When mental health is also involved, it may be both more difficult to find a provider, and to gain access to appointments. During transitions from military to VA healthcare, there may be delays in accessing care or in transferring records. Stigma may also play a role, both in forming a new patient/provider relationship and trusting the provider with mental health information, and in evaluating the risk of disclosure of a mental health diagnosis while seeking employment. Many veterans have shared anecdotally that they fear disclosure of a mental health diagnosis to healthcare providers because they believe employers will have access to such records, as supervisors and commanders were perceived to during military service.





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Another public policy component related to health and wellness outcomes for veterans is fiscally motivated and relates to the impact of unemployment on state Medicaid budgets. During heightened unemployment more people turn to Medicaid and to State Children's Health Insurance Programs (SCHIP), so states will often cut access to programs and services, including healthcare through Medicaid and SCHIP, and post-secondary education,<sup>9</sup> causing unemployed veterans to have less access to programs and services. This may in turn create further calls on public benefits and budget implications.

### Citations:

<sup>1</sup> Jin, R., Shah, C., & Svoboda, T. (1995). The impact of unemployment on health: A review of the evidence. *Canadian Medical Association Journal*, 153(5), 529-540. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1487417/pdf/cmaj00077-0027.pdf>.

<sup>2</sup> Hepworth, S. (1980). Moderating factors of the psychological impact of unemployment. *Journal of Occupational Psychology*, 53(2), 139-145. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/j.2044-8325.1980.tb00018.x/abstract>.

<sup>3</sup> Artazcoz, L., Benach, J., Borrell, C., & Cortes, I. (2004). Unemployment and mental health: Understanding the interactions among gender, family roles, and social class. *Journal of Research and Practice*, 94(1), 82-88. Retrieved from <http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.94.1.82>.

<sup>4</sup> Strully, K. (2009). Job loss and health in the U.S. labor market. *US National Library of Medicine National Institute of Health*, 46(2), 221-246. doi: PMC2831278. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2831278/>.

<sup>5</sup> Dooley, D., Fielding, J., & Levi, L. (1996). *Health and unemployment*. University of California. Retrieved from <http://www.annualreviews.org/doi/pdf/10.1146/annurev.pu.17.050196.002313>.

<sup>6</sup> Rodriguez, E., Lasch, K., & Mead, J. (1997). The potential role of unemployment benefits in shaping the mental health impact of unemployment. *International Journal of Health Services: planning, administration, evaluation*, 27(4), 601-23. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/9399109>.





## GUIDES AND PUBLICATION

<sup>7</sup> Stewart, J. (2001). The impact of health status on the duration of unemployment spells and the implications for studies of the impact of unemployment on health status. *Journal of Health Economics*, 20(5), 781-796. Retrieved from:

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<sup>8</sup> Rasmussen, B. (2012, April 4). What Employers Want from the Long-Term Unemployed. Retrieved from [http://blogs.hbr.org/cs/2012/04/what\\_employers\\_want\\_from\\_the\\_l.html](http://blogs.hbr.org/cs/2012/04/what_employers_want_from_the_l.html).

<sup>9</sup> Dorn, S., Garrett, B., Holahan, J., & Williams, A. (2008). *Medicaid, SCHIP and economic downturn: Policy challenges and policy responses*. (pp. 1-9). Washington, D.C.: Kaiser Commission on Medicaid and the Uninsured. Retrieved from <http://www.kff.org/medicaid/upload/7770ES.pdf>.



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700 University Avenue, Suite 303  
Syracuse, New York 13244