Effects of Unemployment on Health and Mental Health Based on Gender

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MSW Clinical Research Paper

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings. This project is neither a Master’s thesis nor a dissertation.

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Abstract

This research looks to explore three research questions: 1) What are the health concerns people believe are related to their unemployment? 2) What are the mental health concerns people believe are related to their unemployment? 3) Finally, do genders experience a difference in unemployment-related health effects and mental health issues? The research took place by an interviewing process. The respondents were found by advertising via informational flyers posted in a southern Minnesota community. Ultimately, three respondents were interviewed. The respondents discussed the financial effects of unemployment reporting that this was a deterrent in their job searching process. Additionally, all respondents had physical health concerns and explored the impact of unemployment on those concerns. The mental health concerns that respondents had varied and affected each differently. The issue of unemployment has many implications in social work practice. On the micro level, social workers are going to be faced with a variety of issues from financial to mental health concerns. On the macro level, additional research was recommended to address the current degree of unemployment.
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**Introduction**

In the current economic climate in the United States many people have either been personally affected or know someone who has been affected by job loss. Unemployment has fluctuated in the United States since 2007 (US Census, 2011). Since then, the amount of people unemployed has begun to increase across the country. In 2007 the unemployment rate was 4.6%. In 2010, the unemployment rate was at 9.6% and rising. Unfortunately, persons who have lost jobs are at a much greater risk of developing depression (Moylan, 2009). Depression is defined in the Diagnostic and Statistical Manual as having five of the following symptoms for a two week period: a depressed mood, diminished interest or pleasure in activities, significant appetite/weight loss or gain, insomnia or hypersomnia, feelings of worthlessness or excessive guilt, diminished ability to think or concentrate or recurrent thoughts of death or suicide. Research has begun to explore the prevalence of depression as a direct result of unemployment (Brooks, 2011).

Researchers state that there are a number of reasons for unemployment (Jacob, 2011). One of the most prevalent reasons today is the economy. In addition to the economy, other reasons for present day unemployment are due to the increase in the population, jobs outsourced to other countries and automation (Jacob, 2011). Despite the many reasons for unemployment the effects that it has on the country, states, community, families and individuals can be devastating and reach beyond immediate financial loss and include depression.

Depression is an illness that can strike regardless of the economy. It can affect a person regardless of race, nationality or religious affiliation. However during hard
economic times there can be an increase in depression. In the United States there is about 3% of the population who suffer from depression; in Europe the rate is about double that. One in every six people will experience depression at some point in their lives. Poverty and social isolation are both associated with an increase in depression (Raphael, 2001).

One aspect of unemployment that is not often addressed is the role employment plays in one’s life. As previously stated, poverty and social isolation can both result in increased depression and both can be a byproduct of unemployment. In a study conducted by Brenner (1979), found that for every 10% increase in the unemployment rate, suicide will also increase by 1.7% and psychiatric hospitalizations which will increase by 4.2%.

Researching the effects of unemployment is an important topic to understand within the social work scope that spans from the micro to macro view. It encompasses lack of resources, mental health symptoms and assessment. For many social workers helping clients navigate the system or referring them to appropriate agencies is imperative. In addition, they may need to advocate on the macro level to guide people towards additional funding for mental health and unemployment resources.

In speaking with people who are currently experiencing this or have a history of unemployment it may be possible to begin to understand how one is affected. The purpose of this research is to explore the role that employment plays in one’s life and the effects that unemployment has in the development of depression.
Literature Review

Current State of Unemployment

Unemployment is a recurring issue, and recently has reached the level of crisis. In the year 2007 unemployment rates began to climb - the Bureau of Labor Statistics show that by the end of 2007 the unemployment rate was 5.0%. By the end of 2008 the unemployment rate went up to 7.3% and continued to climb until it peaked at 10.1% in October of 2009, which is the highest the unemployment rate had been since June of 1983. In the years since, little has improved.

Unemployment continues to be a concern for the American people. In October 2011, the unemployment rate was 9% and had been holding at an average of 9.4% over the last 2 years. Veterans of the United States military are also suffering from unemployment. More than one in five veterans cannot find work (Brunswick, 2011). The subject of unemployment has been discussed at many levels across the country. President Obama has made a point to introduce new legislation to increase jobs in the United States. The American Jobs Act promotes the creation of new jobs and tax credits for employers hiring long term workers. In addition it promotes the employment of veterans and additional help for displaced workers (White, n.d.). Veterans are the cornerstone of this piece of legislation with a proposed tax credit for hiring veterans and wounded veterans (Brunswick, 2011).

Although research has been conducted about the full effects of unemployment in the past, little has been researched about present day unemployment and the effects that it has on families and the individual. This can include not only financial and
physical difficulties but a feeling of loss or mourning from job loss (Moylan, 2009). In addition, it can affect one’s self-esteem and confidence in addition to a switch in traditional roles.

In September of 2011 the unemployment rate in the United States was at 9.1%. At this time, the state and territory with the highest rate of unemployment was Nevada at 13.4%, Puerto Rico at 15.9% (Bureau of Labor Statistics, 2011) and the lowest unemployment rate was in North Dakota at 3.9% (US Census, 2011). The current unemployment rate is a decrease compared to 2010, when it was at 9.6% (Bureau of Labor Statistics, 2011). In addition, the unemployment rate between males and females continues to get further apart. In April of 2009 the unemployment rate for men was 10% versus the unemployment rate for women which were 7.6%. At this time, the unemployment gap of 2.4% was the highest gap in unemployment between the two groups in history (Perry, 2009). Furthermore, differences based on race are very evident. The Bureau of Labor Statistics reports that the overall unemployment rate for the Caucasian population had decreased from 8.1% in October 2010 to 8.0% in 2011. When examining Caucasian men versus women, the statistics show that women have a lower unemployment rate at 7.0% than men African Americans unemployment rate was catastrophically high at 15.1% in October of 2011 only decreasing by .1% compared to a year earlier. Interestingly, African American women continue to have a lower unemployment rates than men at 12.6% in October of 2011 compared to the African American male unemployment rate of 16.2% (Bureau of Labor Statistics, 2011). Additionally, although the Bureau of Labor Statistics (BLS) offered some unemployment rates for the Asian population the
statistics were for only three months in 2010 and little data was available thereafter. However, it is interesting to note the differences in male versus female unemployment rates.

There have been many reasons cited for the rise in unemployment. In 2007, there was a financial crisis or recession due to the bank crisis and the real estate bubble. The National Bureau of Economic Research (2011) stated that the United States economy entered into a recession in December of 2007 which lasted 18 months until June of 2009. According to the Bureau this was the longest recession since World War II. Interestingly though, unemployment continues to be high and people are still searching for jobs, affecting the real estate market and the automotive industry (New York Times, 2011). Another cause of the rise in unemployment is the war in Iraq and Afghanistan, in addition to outsourcing jobs which have resulted in a dwindled job market in the United States. Regardless of the reasons, the 13 million unemployed Americans have been affected as they struggle not only to find new jobs, but also to adjust to a new life with less (The New York Times, 2011).

**Effects of Unemployment on Financial Well-being of Earners**

Unemployment can have diverse impacts on a person; however one's financial well-being may be most affected. The inability to find a job can affect one's family, especially when it is a single-income household (Bock, 2007). Since the recession, housing has been on the forefront of many people's minds. In 2008, foreclosures increased by 81% and have increased by 225% since 2006. Many banks placed a moratorium on lending, resulting in many unable to buy homes. Although home
prices are lower, for many they may be 'underwater' or owing more on the house then it is worth, causing additional financial stress and worries (Eley, 2009).

Unfortunately, unemployment has lasted longer than it has in the past since the Depression. Prior to the recession, unemployment insurance was exhausted after 26 weeks. By 2010 unemployment insurance had increased so that one could have unemployment insurance for an average of 99 weeks (Mulligan, 2011). However, for many their unemployment outlasts the unemployment insurance's 99 weeks. The Census Bureau (2011) reports that unemployment benefits kept 3.2 million people from dropping to the poverty level last year which is $22,314 for a family of four. In addition, it reports that the number of poor have risen by 46.2% about 1 in every 6 Americans. That is 15.1% which is a 27-year high in the United States. With the increase in poverty, many are taking advantage of programs such as food stamps. In August of 2011, 46 million people received food stamps, which is a historical high (US Census).

Unemployment also affects one’s ability to access health care. In 2011, people lacking health insurance increased to 49.9 million people. For most people who are living through unemployment the ability to continue employer-sponsored health insurance is practically non-existent. COBRA benefits may be offered through some employers however it is temporary and expensive. The United States Department of Labor (2011) states that although COBRA is offered qualified individuals may be required to pay the entire premium for coverage up to 102 percent of the cost to the plan. Health insurance is expensive and without one's employer to contribute, it may not be a possibility. For many married couples, the husband is the
primary insurance holder. As will be discussed further, men have a higher unemployment rate than women. For many, not only is the family losing the higher wage earner but insurance as well.

Furthermore, without insurance, many must utilize the emergency room for basic medical issues such as a cough or cold. Although little research has been conducted about this, the existing research looks at the frequency of visits to the emergency room for non-emergent visits. This behavior drains the system, can add to the overcrowding issues many emergency rooms are experiencing and may result in lower quality of care (Milbritt & Halm, 2009). In the research of Milbritt and Halm (2009) they identify a common characteristic of frequent emergency room users as unemployed or underemployed. In an effort to address this issue, the current administration had enacted a health overhaul law however the main points do not take effect until 2014. Additional research looks at the probability that unmet needs, especially psychiatric needs, are directly related to unemployment (Ahs et al, 2006).

**Effects of Unemployment on Physical Well-being**

When people lose their jobs, they are not only affected financially but their stress can manifest physically as well. These physical manifestations may be mild to severe. One might experience, headache, muscle tension or pain, chest pain, fatigue, change in sex drive, upset stomach or sleep problems (Mayo Clinic, 2011). For many that are experiencing these effects, they are often not taking all the precautions to prevent these effects from happening. They may not be having any physical activity or eating healthfully, which can result in more severe health effects (Mayo Clinic,
Dooley, Fielding and Levi, (1996) suggest that there are physical health concerns that accompany job loss such as increases in cortisol, prolactin, growth hormone, cholesterol and decreased immune reactions. These physical issues can result in illness, which in turn creates a bigger need for health care. For every 1% rise in unemployment, deaths from heart disease, cirrhosis of the liver and stress related disorders increase 1.9% (Brody, 1982). Research conducted by the Harvard School of Public Health examined unemployment and health data. It was found that workers who lost their jobs, through no fault of their own, developed new medical concerns such has increased blood pressure, diabetes or heart disease compared to those who were continually employed (Rabin, 2009). Of those who were laid off, 10% of the participants developed health issues regardless of if they found new employment (Rabin, 2009). Additional research has explored the relationship between unemployment and physical concerns and found that the participants who were experiencing emotional distress were also experiencing physical distress. They suggest that although health care use increased among the unemployed, it may be psychologically driven. In addition, this research discussed the importance of the physician exploring all aspect of the patient’s lives to determine if the patient may be having somatic complaints (Linn, Sandifer & Stein, 1985).

Not only does unemployment affect the person experiencing unemployment, but it can also affect the family unit. Children of an unemployed person have been found to experience digestive problems, irritability and delayed physical and mental development. It has been explored that this may be due to the parent neglecting their parental duties, possibly due to depression (Brody, 1982).
In additional research, a study was conducted of 40 blue collar and 40 white collar men. The research found that the wives of the unemployed were experiencing increased depression, anxiety and other health concerns then did the wives of employed men (Brady, 1982).

Unhealthy habits are often developed during times of unemployment and can result in increased medical issues as described above. The research has found an increase in alcohol and tobacco use, as well as decreased exercise, and an unhealthy diet which may result in increased risk of disease or death (Dooley, et. al, 1996).

**Effects of Unemployment on Mental Health**

Unemployment not only increases the likelihood of disease, but it can greatly affect one's mental health, leading to depression and decreased self-esteem. In addition, one can alienate family and friends or feel alienated themselves which can result in lack of support in one's life.

**Depression**

The recent recession has hit many people regardless of race, age or economic class. For many, unemployment may have seemed like something that could not happen to them. Due to the all-encompassing effect of unemployment, such as physical ramifications (Dooley et. al, 1996), financial strain (Bock, 2007), stress, alcohol and substance abuse (Rabin, 2009), it can also affect one’s psychological state. As a result, there is an increase in mental health issues among the unemployed (Brooks, 2011). In a recent national survey, 57% of the unemployed participants
responded that they were either “not very” or “not at all satisfied” with their life as a whole (Bureau of Labor Statistics, 2011).

The Diagnostic and Statistical Manual (2010) defines a depressive episode as having five of the following symptoms present for more than a 2 week period: a depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful); markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others); significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day; insomnia or hypersomnia nearly every day; psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down); fatigue or loss of energy nearly every day; feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick); diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others); recurrent thoughts of death (not just fear of dying); and recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide. As research is observing, many participants fit into this definition (Goldsmith et. al. 1997). The American Psychological Association reports that many mental health professionals are now being called to work with the unemployed who fit this diagnosis (Brooks, 2011).
Having these symptoms not only takes a toll on the unemployed individual but the family as well. The United States Department of Health and Human Services (2007) reports that unemployment increases the psychological toll on families. Unemployment or underemployment can also increase stress and other negative effects of families which can exacerbate one's overall mental health. In addition to an increase in health related habits, research has found an increase in crime, wife battering as well as child abuse (Brody, 1982). In two studies, one conducted by Boston University and a comparison study between the Bureau of Labor and the National Child Abuse and Neglect Data system, found that for every 1% increase in the unemployment rate there is a .50 per 1000 increase in confirmed child maltreatment reports (Reynolds, 2010). In addition, it was reported that the physical and mental health effects can last for decades.

Linn, Sandifer and Stein (1985) examined the Work and Unemployment project which showed that being unemployed resulted in higher levels of psychiatric symptoms. An additional study of unemployed participants, found that mental health disorders were evident among 20%. In addition, the researchers found that for those participants with an already diagnosed mental illness, unemployment can exacerbate the illness (Liwowsky et. al, 2009). For those who are experiencing unemployment, their risk of depression nearly doubles (Brady, 1982). In addition, it was found that for each 1% rise in unemployment, suicides increase 4.1%, homicides 5.7%, however the research discusses that the respondents did not have an increase in anxiety (Brady, 1982). As stated prior, men have higher unemployment then women. However, women have a higher rate of depression (Goleman, 1990). One in four women will
experience depression at some point in one’s life. A factor that may contribute to that ratio is that depression is three times higher among professional women who are often trying to juggle a variety of roles professionally and personally. Research also reports that women may ease into unemployment easier due to the fact that they are more accepting of traditional roles than men (Boushey, 2009). The literature demonstrates that depression is a fairly likely consequence of unemployment.

Research has explored why employment holds such importance to men and women. Jahoda (1981) explained that there are five latent functions that one can achieve only through employment. The research states that these roles are not able to be achieved in their entirety outside of employment. These are time structure, social contact, collective purpose, status and activity. It was found that without these five functions one can have poor psychological well-being, reduced satisfaction in life and low self-esteem (Jahoda, 1981).

Patton and Donohue (1998) found that if the person is able to find meaning in their life through other satisfying activities outside of paid employment, they may still be able to cope well. Research conducted using mixed methods of both a brief quantitative questionnaire and in depth interviews of the 38 participants, found that while all were in employment training and had various durations of unemployment; respondents reported guilt about their prolonged unemployment, financial difficulties and lack of social contact. They also reported loss of confidence, feelings of isolation and a lack of motivation. Brooks (2011) reported that frustration due to lack of work and loss of skills can result in depression. Additionally, while searching for
employment, many find their skills are becoming obsolete which impacted one’s mental health (Brooks, 2011).

However, many respondents reported that they had coping skills such as keeping busy, emotional release and withdrawal. Respondents described withdrawal as focusing on the success and employment of others which they may associate with. Even though participants tried engaging in coping behaviors, which included talking with friends or family, eating, keeping busy, doing things for friends or family, and trying hobbies, they all had short term effects. Although the coping skills helped, eventually, the participants felt their symptoms would return. Interestingly, some participants found positive coping strategies such as improving their house, themselves or the community. For many, this was a more long term and more positive way to cope with unemployment (Patton & Donough, 1998). Brooks (2011) cited additional tactics to prevent depression during unemployment such as setting smaller more manageable goals to work toward and discussing frustrations with family, friends or a professional.

**Self Esteem**

Unemployment can also result in a lack of self-esteem and self-doubt. Rosenberg (1965) defined self-esteem as the “evaluation which the individual makes and customarily maintains with regard to himself or herself: it expresses an attitude of approval or disapproval towards oneself” (p.237). In a study conducted by Waters and Moore (2002) it was found that financial deprivation was a significant contributor towards negative self-esteem. It was argued that financial deprivation led
to perceptions of helplessness and loss of freedom (Frese, 1987). It was also suggested that an income provided a source of control in one’s life while also providing meaningful experiences, roles and social interaction (Fryer, 2010). Research also examined social support as another important tool to maintain self-esteem. However, for the respondents they identified social support as a valued and important piece of their lives but also as a source of difficulty. For some respondents, it was identified that although it was important to have that source of support many felt shame associated with asking or seeking out help (Walters & Moore, 2010).

Unemployment can not only affect one’s self esteem but can result in what Leon and Matthews (2010) call success-fearers. This is described as the inability to move forward in the re-employment realm due to unconscious self-sabotaging behavior. This can often take form in performance achievement oriented competition, such as a job interview. So an interviewee may not have a positive interview due to this behavior. Matthews asserted that this is a direct result of poor self-esteem. Canavan (1989) suggested that one may want to avoid failing by using success as a motive to move away from failure, but not close enough to success. When this process occurs, one avoids success and can become anxious, unable to concentrate and may self-sabotage. A study conducted by Wood, Heimpel, Newby-Clark and Ross (2005) examined the reactions of people with high and low self-esteem. The research found that participants with low self-esteem had a variety of physical symptoms of anxiety. They also found that the respondent with low self-esteem were anxious after success and focused on the negative aspects of the
success. Elliot and Thrash (2002) also found that those with low self-esteem had a higher fear of failure and therefore developed strategies of self-worth protection such as self-handicapping and withdrawal of effort to avoid the shame that comes with failure.

**Effects of Gender on the Experience of Unemployment**

Gender also plays a part in how one is affected by unemployment. Since the recession the role of the primary income has often shifted to the woman in the family (Boushey, 2009). The effect that unemployment has had for many married couples has been drastic, as men are experiencing three out of every 4 jobs lost. In 2009 5.4% of families had a working wife with the husband unemployed compared to just 2.4% two years prior. In addition, most working husbands were less likely to have an unemployed wife (Boushey, 2009). In a study conducted by Waters and Moore (2002) they found that men, more than women, were impacted by financial deprivation associated with unemployment. The research suggested that it is what the money symbolizes for men that results in the lowered self-esteem.

Waters and Moore (2002) suggested that role identity is a major contributor to lowered self-esteem. In addition, if one is able to find a non-employment related role, one’s overall self-esteem may not be as affected. Often times the non-employment related role may revolve around the household and more nurturing roles. As a result, many of these roles are considered domestic and more women are apt to adopt these into their lifestyle during unemployment (Fryer, 2010). As a result, self-esteem may be lower in men than women. Finally, while social support can often maintain one’s
self esteem during periods of unemployment, research has shown that women are more apt to access their support and therefore again, have higher self-esteem.

**Research Question**

In an attempt to gain a better understanding of how unemployment affects individuals in the current unemployment situation, this study will focus on three research questions: 1) What are the health concerns people believe are related to their unemployment? 2) What are the mental health concerns people believe are related to their unemployment? 3) Finally, do genders experience a difference in unemployment-related health effects and mental health issues?

**Conceptual Framework**

**Systems Theory**

Systems theory is used in social work to examine the client’s interaction with systems in the environment. It is a “highly abstract model–as well suited for explicating and applying functional concepts such as generalizable developmental stages and role allocations within any particular family” (Greene & Blundo, 2008, p. #128). It considers how the family system affects the individual and the family functioning throughout life. The theory states that people are in continual transaction within their environment and that environment is always changing. Systems are interrelated and each subsystem impacts other parts of the whole system. The system is examined on the micro, mezzo, and macro levels. The system tends to lean towards equilibrium. Equilibrium is a balance within the system. However, when disequilibrium does occur, strengthening one part of the system can impact the whole
system. This theory enables to the clinician to carefully examine with the client, the environment. In addition, together the clinician and client can examine how the client interacts in the environment and how the environment affects the client. In enabling the patient to better understand the environment that’s affecting them, it allows the client to build better coping skills to cope with the environment, in addition to skills to work with and even alter the environment.

For the unemployed individual, this theory can be used in a variety of ways. For instance, one’s environment is likely different while unemployed. Instead of working, one is now at home and has other obligations. These obligations may be family, job searching, or other family responsibilities. In addition, how one responds to the system and how it impacts them, is imperative to understand in order to have a more thoughtful intervention plan.

**Role Theory**

Mortenson (1952) discussed social theory and social structure in which role theory is engrained. Role theory explicates people’s roles and how they are acting in these roles due to social needs. These social roles are a set of rights, duties, expectations, norms and behaviors that a person has to fulfill. This theory is based on the thought that people behave in a predictable way according to these social roles which are guided by social norms. There are different social roles including cultural roles, social differentiation, situation-specific roles, bio-sociological roles and gender roles. Role theory looks at how people identify and act in their day-to-day lives according to their roles in society.
The social roles that one has are a part of one’s everyday life. For the most part, individuals have a variety of roles that one can manage in a day. These roles guide behavior. Role theory argues that in order to change behavior it is necessary to change roles because roles result in certain behaviors according to specific social norms. A conflict that can occur is when an individual is expected to simultaneously act out multiple roles that have contradictory expectations.

In the case of those who experienced unemployment, one’s main role that guided one through life is no longer there. Many struggle with physical, emotional and financial issues that again, may change one’s role in life. Now instead of working Monday through Friday, one may be at home taking care of the family and home for instance. Role theory is an important aspect of understanding how one copes and lives through unemployment.

It is the framework of systems theory and role theory that drives the current research. During unemployment, an individual’s system has changed. The individual is no longer working. Although one may be job searching, it is how the individual reacts to this change and how the system and the family reacts to this, that will be explored in this research. In addition, exploring the role that the individual had and how a different member of the family system may now to be taking over, such as a wife as the primary income. That role and how the individual reacts to this change is going to also be explored.
Methods

Research Design

This study is a qualitative study using an interview format. The purpose of this study was to better understand the effects that unemployment has on one’s mental health and physical health. Therefore, a qualitative interview approach was used to gain a full understanding of the participants’ experience.

Sample

Unemployed people in a small southern Minnesota town are the sample for this study. To be eligible the participants were at least 18 years of age and were currently unemployed. In addition, the period of unemployment was at least six months. The participants were both men and women since the basis of this study was to explore the physical and mental health differences on both. The study used a convenience sampling based on flyers that were distributed throughout a community in southern Minnesota.

Protection of Human Subjects

This research study was approved by the Institutional Review Board from the University of St. Thomas prior to data collection. The researcher distributed flyers with information about the study and contact information for the researchers throughout many local businesses. Interested persons were then contacted by the researcher, they study was explained, at which point the time and location will be determined.
The Consent Form (see Appendix A) was another way to protect the respondents: on the consent forms the study’s purpose and procedures were fully explained. In addition, the consent form informs the participants that their participation was fully voluntary and that they may choose not to answer or skip questions. The interviews were taped for later transcription and was kept in a password-protected computer to ensure confidentiality, (this was also included on the consent form). Additionally, in the write up, all identifying information was changed or deleted and the tapes will be destroyed no later than July 1, 2012.

Data Collection Instrument and Process

Prior to conducting interviews, this researcher conducted a full literature review to gain a better understanding of the experience and effects one may go through when experiencing unemployment. From this information the interview questions were formulated (see Appendix B). The questions consisted of both descriptive demographic questions and additional qualitative questions that addressed the participants’ experience with unemployment and explored the differences based on gender. In addition the questions also addressed aspects of health, psychology and role changes. Although there were structured questions, this researcher allowed for follow up and clarifying questions to gain additional understanding of the participants’ experience. The interviews were all taped via computer and later transcribed.

To gain access to the participants, this researcher distributed information flyers throughout business in southern Minnesota, following approval of the study.
Interested people were able to contact the researcher via email or phone. Once the participant contacted the researcher for an appointment, a time and date were arranged in a reserved closed room in the local library. Additionally, the research will use a snowballing technique and a $5 gift card was offered for being interviewed.

**Data Analysis**

The interviews were transcribed to enable the researcher to analyze the data. After transcription the researcher identified themes within the literature. Then analyzed the transcribed data from the interview, codes were identified throughout the interviews. This process was conducted numerous times to ensure reliability across codes. Once there were three like codes, this can then be considered a theme.

**Strength and Limitations**

A limitation of this study was that the sampling is a small sample from southern Minnesota and therefore isn’t able to be generalized throughout the greater population.

A strength of this study was the rich information which comes from the qualitative aspect of this study. Also, unemployment is an issue that is being addressed across the nation. It is a topic that has affected many people. Additionally, the topic is strongly rooted in theory.

**Findings**

This study focused on exploring three research questions: 1) What are the health concerns people believe are related to their unemployment? 2) What are the
mental health concerns people believe are related to their unemployment? 3) Finally, do genders experience a difference in unemployment-related health effects and mental health issues? These questions were answered through interviews with three individuals. The research was at first slated to be conducted with a support group however the facilitator of the group was unwilling to comply with the independent review board’s requirements.

Instead, this researcher posted 20 flyers throughout the community. The community is a rural south eastern part of Minnesota. The research posted flyers in grocery stores, coffee shops, schools, libraries, restaurants and small businesses. Each flyer had 12 rip off sections with the researcher’s information. Interestingly, out of the 240 rip off information slips 210 were actually ripped off by the public. However, only 32 people contacted the researcher to participate. Ultimately, only three people actually followed through to participate in the study. During this study two women and one man were interviewed. The first woman was a 45 year old woman who had been laid off a year and a half ago from a factory position. She had suffered from a broken ankle which eventually influenced her position at the factory and resulted in the layoff situation. Another woman was 51 years old and also laid off from her factory position due to downsizing. The last participant was a 58 year old male. He had worked as a truck driver many years ago until health concerns rendered him unable to drive. He was able to take odd jobs occasionally, however remains unemployed except for “scrapping” (the practice of collecting scrap metal for money) around the area.
Effects of Unemployment on Financial Well Being of Earners

The most explored theme that respondents identified with was the financial effects that unemployment played in their lives. Respondents discussed various aspects of not having the same steady income, which they previously enjoyed. These aspects were then categorized into subthemes. The first subtheme was basic living expenses.

*We had to tighten our belts - we need a furnace bad but we couldn’t afford it, so for that last two years we froze our butts off.*

Another respondent discussed his basic living concerns. He currently lives alone. He reported:

*Every day I get up and try to make money but I never know if that will be enough at the end of the month.*

Another subtheme was regarding the struggle of transportation to and from work and to look for work. One respondent stated:

*I want to work, however I can’t afford the gas to get to work. Thank goodness my husband can fix my car because we could never afford to have it professionally fixed.*

The inability to afford reliable transportation or public transportation was a concern for all respondents. One respondent said:

*I had to bike 14 miles one way to get to work. The ride there wasn’t too bad, but after working a 12 hour day and having to bike back home, that was what killed me.*

The last subtheme of loss of benefits related to paid work was identified. One
respondent discussed that theory.

    I’m no longer eligible for unemployment there is just no money there. When it first ran out I didn’t know what I was going to do. I was trying to find a job, but I’m not 20 years old anymore.

Healthcare was another financial aspect that respondents discussed. One respondent said:

    My insurance is covered by my husband who has a good paying job, I don’t know what I would do without it.

Another respondent explained:

    My health insurance is covered, if it wasn’t I would be really sick or worse.

When asked about financial issues related to unemployment, participants emphasized the inability to afford gas for job seeking. Additionally, respondents discussed the difficulty they faced when their unemployment benefits ran out.

**Effects of Unemployment on Physical Well-Being**

Another theme discussed throughout the interviews was the effects that unemployment had on physical well-being of the respondents. Interestingly, respondents reported considerable physical concerns; however the concerns appeared to be from major illness or injury from pre unemployment. When discussing if the unemployment exacerbated any physical ailments one respondent explained:

    I don’t know - I think my back pain may have got worse, but it could have been from breaking my ankle.

Another respondent reported:

    I don’t think anything has got worser, it just hasn’t got any better.
Respondents were concerned however, that the physical issues they had interfered with their ability to find gainful employment. One respondent reported:

*If someone hired me I’d have to miss work one day a week to get blood work done and who would hire someone who can only work four days a week?, Not me!*

Another respondent discussed a very similar idea:

*I broke my ankle while at work. It still hurts me today and I don’t know if I could go back to factory work. I would like to work in an office setting but who wants to hire me?*

The respondents did not identify any health concerns that became worse after they were laid off. However, they did appear to realize that the health concerns were a barrier to finding future employment.

**Effects of Unemployment on Mental Health**

This theme was a difficult theme for the respondents to address. All respondents discussed their current mental health. One respondent when asked about her current mental health paused for about two minutes when thinking of how to discuss this topic. Eventually she said:

*I’ve had my doctor talk to me. I’m broke - I feel worthless at times, although I have a great support system, I still can’t help but have a down day where, jeez, I wish I could get up and go.....go to a job and be a part of society. My doctor offered me pills. I said no.*

Employment appears to provide a sense of worth and structure that the respondent finds important. Another respondent was much more open about his struggle with his mental health.
Oh yeah, I had to start seeing a psychiatrist. I’ve always struggled here and there but when I wasn’t working, it got to be too much. I was reserved [about seeing a psychiatrist] but once we got to know each other, it wasn’t so bad.

Although, this respondent has ongoing mental health issues, it is apparent that not having work exacerbates his mental health.

The literature discussed the importance of people finding other desirable activities for people to do outside of unemployment to assist them in maintaining their mental health. One respondent, who has been unemployed for almost two years reported:

I have a big family - the kids are very supportive and great, which helps. I also enjoy the time keeping busy by knitting, sewing and gardening. But I still miss some of that extra stuff ...

Another respondent also discussed ways to keep himself busy:

I need to do something or else I would go crazy, so I collect scrap. It keeps me busy, active and it helps me make some money. But it’s still a tough business in this area!

All of the respondents described the importance of having activities and hobbies which emulate paid work through structure and the accomplishment of tasks. One respondent reported ‘scrapping’ daily and the other discussed alternative hobbies.

One respondent reported:

I miss work, I miss the sense of belonging, the sense of contributing to society - kinship.
Although the respondents identified work as a way to make a living they also discussed additional benefits from work. These benefits included employment as a place to gain identity and importance through a group.

**Effects of Unemployment on Self Esteem**

The theme of diminished self-esteem emerged in the interviews and referred to feelings of self-doubt and disapproval towards oneself due to unemployment. In addition to self-doubt and diminished self-esteem, participants also discussed a lowered level of confidence. One respondent stated:

*I’m a little more scared because I’m unemployed and I’m older. I don’t have the confidence that I did before. A 20-year old can leap around like a gazelle, because of my age and injury I can’t jump around.*

The respondents described themselves as having difficulty with all aspects of technology and due to an extended period of unemployment resulting in a decrease in confidence and self-esteem. Another participant discussed his lack of motivation and self-confidence as a barrier:

*I’m computer illiterate. It’s all unfamiliar to me. I just put myself down. I say, you lost everything, you know? And I don’t feel motivated.*

This same respondent, though, was able to recognize that although he may have periods of negativity and lowered motivation that it was unhealthy and though he clearly does question his motivation also stated:

*I have to try to stay motivated, if I’m not, I won’t survive.*

Both respondents reported struggles with motivation and self-confidence since
being out of work. The concerns of younger people had the advantage both physically and technologically were barriers to their confidence and motivation.

**The Effects of Gender on the Experience of Unemployment**

Gender played an interesting role during the interviews. The female participants were able to discuss their feelings more openly and reflectively than the male participant.

*...family and kids are very supportive...*

*My husband always says, “Babe, I’m on your side.”*

*I enjoy the time to knit, sew and garden...*

*I’m a little more scared...*

*I’m lucky because I try to not get myself to down, there is always someone worse than me.*

*...I feel worthless...*

As one can see, the female participants were able to vocalize their coping skills, support system and emotions surrounding their unemployment and how it affected them.

The male participant was open in discussing his struggles with his mental health, however, had difficulty identifying coping skills and had difficulty discussing any support system. He stated:

*I have no one here to talk to, my family live far away*

When asking about his support system he reported:

*No one, I have no one.*

Interestingly, when talking casually after the interview, the male participant
discussed the importance of his church to him and the importance of talking to his family.

Of both genders, it appears the female participants had a greater support system and a greater set of coping skills and had an awareness and gratitude for both. They appeared to have a greater support system and good coping skills. On the other hand, the male respondent did not appear as open in talking and was unable to identify his supports.

Overall, the respondents, while only three participated, were able to speak to the main issues surrounding the struggles of unemployment. Financially, they all struggled with unemployment benefits, transportation and basic living needs. All the respondents had physical health concerns prior to their employment. And while they did not feel the physical health deteriorated, they reported it as a barrier to unemployment. Again, all the respondents discussed their mental health, reporting that while some sought out increased services, others did not but had a good support system to fall back on. Finally, the gender differences were explored. The respondents reported greater supports and insight by the women.

Discussion

This study focused on exploring three research questions: 1) What are the health concerns people believe are related to their unemployment? 2) What are the mental health concerns people believe are related to their unemployment? 3) Finally, do genders experience a difference in unemployment-related health effects and mental health issues?

In reviewing the findings, it is clear that the effects of unemployment can be
devastating. Not only has one lost their job and may be grieving that loss, but now is faced with physical and mental health concerns and financial stressors due to the loss of the job.

The literature supported much of what the respondents had reported. Respondents discussed the effects that unemployed had on their financial well-being. Three subthemes were identified. Basic living expenses were one subtheme. Many discussed how basic needs were unable to be met, also the struggle to have transportation to work and to look for work. Lastly, the loss of benefits such as unemployment insurance greatly impacted the some of the respondents.

Interestingly, the literature did not explore these three subthemes individually. Bock (2007) explained that overall unemployment and specifically, the financial strain has an impact on not only the unemployed person, but their families as well. Milligan (2011) addressed the lack of benefits for many reporting that unemployment insurance had increased to 99 weeks however for many the length of the unemployment extends further then the benefits, as was the case among our respondents.

The study also explored the physical effects that unemployment had on one’s self. The respondents reported that they did not feel that any physical ailments/disease developed while unemployed. However, all the respondents had major ailments prior to the unemployment. They all identified that while the ailments did not improve or worsen, it is a barrier to employment. This is interesting because while Dooley, Fielding and Levi (1999) suggest physical health concerns accompany job loss; this was unsupported in the current study. Again, Brody (1982) discusses
that for every 1% in unemployment death and disease increase by 1%. This was also unsupported by the respondents.

Respondents discussed the mental health effects that unemployment takes. All respondents reported feelings of depression and discussed the services they were offered or received. A recent survey conducted by the Bureau of Labor Statistics (2011) reported that 57% of unemployed are “not very” or “not at all” satisfied with their lives. The research also reported loss of energy and feelings of worthlessness. This study is similar to the findings among the respondents.

Additionally, the literature discusses Jahoda’s (1981) five latent functions one can achieve through work. These are time structure, social contact, collective purpose, status and activity. For instance, Jahoda (1981) discussed that if one is able to achieve a collective purpose and activity outside of work, such as gardening or volunteer work, one may be able to cope in a healthier way with the unemployment. Patton and Donohue (1998) reported similar findings reporting that if one is able to find satisfying activities outside of work it may help one cope. Similarly, the respondents reported the same findings. Gardening, family and odd jobs were cited as ways to keep busy, which promoted better physical and mental health.

Respondents also discussed feelings of diminished self-esteem. All respondents were over 45 years old and discussed a lower self-esteem due to younger people with more technological experience applying for the same job as they are. While the respondents focused mostly on age and experience as the reason for a lowered self-esteem. Walters and Moore (2002), Frese (1987) and Fryer (2010) discussed financial strain, Walters and Moore (2002) reported lack of social support
and Leon and Matthews (2010) Elliott and Thrash (2004) discussed a fear of failing as all contributors to a reduction in self-esteem. Interestingly, the literature did not discuss age and lack of experience a reason for lower self-esteem.

Lastly, the study examined the differences that gender played on the physical health, mental health and financial effects has on one’s self. While the study had only three respondents, two women and one man, some differences would be concluded. The woman discussed family and alternative activities as a great coping skills and support. While the man had difficulty identifying social support and focused on his mental health mostly. Similarly, Fryer (2010) discussed that women are more apt to access support which may result in higher self-esteem. It appears this piece of literature supports the findings.

**Implications for Social Work Practice, Policy, and Research**

Although jobs continue to be added to the economy and some are reporting that the economy has improved (Wagner and Singer, 2011), the effects of unemployment are still felt today in the United States. Therefore the implications to the social work profession must be explored.

In terms of practice, as evidenced by the research respondents, they are in need of continual support and resources. Financially, people are struggling and assistance in the form of heating, transportation and benefits are needed. Although respondents felt their physical health was unaffected by unemployment, they all had illnesses. For many, assistance with access to health care is a huge resource that is needed. One’s mental health has been defined as an area needed continued care from doctors; case managers and awareness from the community to be able help those in
need. Additionally, the profession will be working with the possible trauma from the troubled economy for years to come.

As a profession, social workers have a responsibility towards using the needs of the public to create policy and continue to research the subject. Additional public policy may be needed to continue to have funding for programs that can help families and individuals who are struggling during and after the economic difficulty. Future research is needed to address unemployment in rural areas. Most research does not identify the area in which it took place. Rural areas may have different financial, mental health, physical health and gender needs than urban areas. Additionally, it should be noted that there may reason for the small number of respondents. The reasons may include a feeling of self-sufficiency or independence from people who live in rural areas. Also, there may be a stigma associated with asking for help. Thus, additional research focused on rural areas is recommended.

**Strengths and Limitations**

As with any study there are strengths and limitations to this study. Some limitations were the small sample size of three. The researcher had originally made arrangements with an unemployment group through an agency; however the agency was unable to agree to the IRB requirements, and therefore was unable to be used. As a back-up plan, this researcher advertised in a community in rural south eastern Minnesota. Interestingly, people didn’t respond and despite the fact that the researcher received upwards of 30 inquiries via phone asking for more information, most did not follow through. Although this research called people back and left messages, there was little follow through despite the compensation for those who did
participate. This may have been due to a variety of aspects; however it may be due to the limitation of the area geographically. The area is a rural part of southern Minnesota. This is a limitation due to concerns of anonymity, transportation issues and even communication issues (i.e. cellular phones). Another limitation of this study was that those who were under-employed were not interviewed. This researcher, in talking with perspective respondents, wonders if the subject of unemployment created a level of embarrassment to potential participants.

A strength of the study is the rich information that was received from interviewing the respondents and meeting with them in person. The researcher was able to not only see the frustration, anger and disappointment in the respondents but also the drive, goals and hope that they expressed.

**Conclusion**

In conclusion, unemployment affects people differently. It can affect one’s mental health, physical health and can cause extensive stress in one’s life. Future research continues to be needed to identify supportive aspects in one’s life that may help to lessen the effects of unemployment.
References


Rabin, R. Unemployment may be hazardous to your health. Retrieved from http://www.nytimes.com


Appendix A

CONSENT FORM

Please read this form and ask any questions you may have before agreeing to participate in the study.
Please keep a copy of this form for your records.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>The Physical and Mental Health Effects of Unemployment Based on Gender</th>
<th>IRB Tracking Number</th>
<th>284743-1</th>
</tr>
</thead>
</table>

General Information Statement about the study:
This study looks to examine the effects of unemployment. First, this study will address the mental effects and how this can manifest with the participant. Additionally, this study will examine the physical manifestation as well. Lastly, this research will examine the effects of unemployment based on gender.

You are invited to participate in this research.
You were selected as a possible participant for this study because:
You are currently unemployed and have been unemployed for at least six months.

Study is being conducted by: Kelly Holland
Research Advisor (if applicable): Dr. Jessica Toft
Department Affiliation: University of St. Thomas School of Social Work

Background Information
The purpose of the study is:
To examine the health and mental health effects of unemployment today. Past research has shown that men and women are affected differently in some aspects, so the research will also be examining how each experiences unemployment and how they may cope with unemployment.

Procedures
If you agree to be in the study, you will be asked to do the following:
*State specifically what the subjects will be doing, including if they will be performing any tasks. Include any information about assignment to study groups, length of time for participation, frequency of procedures, audio taping, etc.*
As a participant in the study you will be asked to meet with the research for approximately 45-60 minutes at a private room reserved at the local library. The meeting will be audio
taped and the participant will only be asked to participate once. As a participant you will be asked a series of questions (about 10) and will discuss the questions with the researcher.

<table>
<thead>
<tr>
<th><strong>Risks and Benefits of being in the study</strong></th>
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<tbody>
<tr>
<td><strong>The risks involved for participating in the study are:</strong></td>
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<td>Being unemployed may be stressful, so questions about this situation may cause some uncomfortable feelings.</td>
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<th><strong>The direct benefits you will receive from participating in the study are:</strong></th>
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<tr>
<td>None - however participants will be offered a $5 gift certificate.</td>
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<th><strong>Compensation</strong></th>
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<td><strong>Details of compensation (if and when disbursement will occur and conditions of compensation) include:</strong></td>
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<td><strong>Note:</strong> In the event that this research activity results in an injury, treatment will be available, including first aid, emergency treatment and follow-up care as needed. Payment for any such treatment must be provided by you or your third party payer if any (such as health insurance, Medicare, etc.).</td>
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| Compensation will be offered in the form of a $5 gift certificate to Kwik Trip. |

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<th><strong>Confidentiality</strong></th>
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<tr>
<td><strong>The records of this study will be kept confidential. In any sort of report published, information will not be provided that will make it possible to identify you in any way. The types of records, who will have access to records and when they will be destroyed as a result of this study include:</strong></td>
</tr>
</tbody>
</table>

| All records will be in the form of audiotapes, computer files and papers. The information collected will be kept in a password protected home computer. Consent forms and paper copies of transcripts will be kept in a locked box in a locked room. All written and electronic records will be destroyed on or before July 1, 2012. |

<table>
<thead>
<tr>
<th><strong>Voluntary Nature of the Study</strong></th>
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<tr>
<td>Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with any cooperating agencies or institutions or the University of St. Thomas. If you decide to participate, you are free to withdraw at any time up to and until the date\time specified in the study. You are also free to skip any questions that may be asked unless there is an exception(s) to this rule listed below with its rationale for the exception(s).</td>
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| Should you decide to withdraw, data collected about you will be used in the study |

| **Contacts and Questions** |
You may contact any of the resources listed below with questions or concerns about the study.

<table>
<thead>
<tr>
<th>Role</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Researcher name</td>
<td>Kelly Holland</td>
</tr>
<tr>
<td>Researcher email</td>
<td><a href="mailto:holl6570@stthomas.edu">holl6570@stthomas.edu</a></td>
</tr>
<tr>
<td>Researcher phone</td>
<td></td>
</tr>
<tr>
<td>Research Advisor name</td>
<td>Jessica Toft</td>
</tr>
<tr>
<td>Research Advisor email</td>
<td><a href="mailto:jetoft@stthomas.edu">jetoft@stthomas.edu</a></td>
</tr>
<tr>
<td>Research Advisor phone</td>
<td>651-962-5803</td>
</tr>
<tr>
<td>UST IRB Office</td>
<td>651.962.5341</td>
</tr>
</tbody>
</table>

**Statement of Consent**

I have read the above information. My questions have been answered to my satisfaction and I am at least 18 years old. I consent to participate in the study. By checking the electronic signature box, I am stating that I understand what is being asked of me and I give my full consent to participate in the study.

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<th>Role</th>
<th>Signature and Date</th>
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<tr>
<td>Signature of Study Participant</td>
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<td>Electronic signature</td>
<td>Date</td>
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<td>Print Name of Study Participant</td>
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<th>Role</th>
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<td>Signature of Parent or Guardian (if applicable)</td>
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<td>Electronic Signature</td>
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<td>Print Name of Parent or Guardian (if applicable)</td>
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<th>Role</th>
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<tr>
<td>Signature of Researcher</td>
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<tr>
<td>Electronic signature*</td>
<td>Date</td>
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<tr>
<td>Print Name of Researcher</td>
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</table>

*Electronic signatures certify that:

- The signatory agrees that he or she is aware of the policies on research involving participants of the University of St. Thomas and will safeguard the rights, dignity and privacy of all participants.
- The information provided in this form is true and accurate.
- The principal investigator will seek and obtain prior approval from the UST IRB office for any substantive modification in the proposal, including but not limited to changes in cooperating investigators/agencies as well as changes in procedures.
- Unexpected or otherwise significant adverse events in the course of this study which may affect the risks and benefits to participation will be reported in writing to the UST IRB office and to the subjects.
- The research will not be initiated and subjects cannot be recruited until final approval is granted.
Appendix B

Effects of Unemployment on Health and Mental Health Based on Gender

Interview Questions

M/F

Age

How long have you been unemployed?

Please explain to me your unemployment (length, profession, etc). What was your last job? Is this your first time being unemployed.

Please tell me about your education.

Please tell me about your family. [Number of children, etc., ages, living with them or not.

Tell me about the benefits from work other than financial? Do you feel you can meet this outside of work?

Do you feel you're financially stressed? How does this affect you? Your family?

How do you cope with unemployment?

What do you feel is your biggest support. [Probe for people, activities and things]

Have you ever dealt with mental health concerns? Has it gotten worse since unemployment?

Have you sought help for this since you've been unemployed? Has unemployment made it difficult to access the help you need.

Have you had any health concerns prior to unemployment?

Since unemployment please discuss any new physical issues and any which have gotten worse?