PSYCHIATRIC DISABILITY AND EMPLOYMENT II. A FOLLOW-UP OF 95 UNEMPLOYED SUBJECTS

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Since the survey, described in the first part of this paper, was made, the work records of the 95 unemployed subjects have been followed up over 12 months. Nine subjects were discarded (two died, two had retired, one was no longer registered as disabled, and four had left the area), and 86 remained.

At the end of the follow-up period 42 subjects were employed, but as the length of time employed varied considerably, it was thought that a more satisfactory index of unemployment would be the number of weeks for which unemployment or sick benefit had been claimed.

The results of the survey had suggested that a recent onset of a neurosis hindered successful adaptation, and it might therefore be expected that with the passage of time the number of weeks of unemployment and sickness would be less for these subjects than with those with more chronic illnesses; a further hypothesis drawn from the previous results was that subjects with a stable personality would also have better records than others. Table I was drawn up to test these hypotheses, giving the average number of weeks of unemployment and sickness for these two groups during the follow-up period.

TABLE I
AVERAGE RECORD OF UNEMPLOYMENT OR
SICKNESS OF NEUROTIC SUBJECTS

Diagnosis	Number of Cases	Average Number of Weeks Unemployed or Sick
Recent Neurosis ..	10	23.4
Chronic Neurosis (stable personality)	7	28.9
Remainder	69	37.1
Total	86	29.8

As predicted, these two groups of subjects had less time off work than the remainder, but only in those with recent neurosis did the difference reach a statistical level of significance ($t = 2.17$; $P < 0.05 > 0.02$). An examination of the work records for the 12 months before the follow-up period showed no difference between the various diagnostic groups.

A further comparison of the number of weeks off work between the follow-up period and the preceding 12 months demonstrated that all groups had shown a material improvement, except the mental defectives and those suffering from involutional conditions (Table II).

TABLE II
COMPARISON OF RECORDS OF UNEMPLOYMENT OR
SICKNESS OF THE PERIOD 1952-53 WITH THOSE OF 1953-54
IN SUBJECTS WITH MENTAL DEFICIENCY AND
INVOLUTIONAL CONDITIONS

Diagnosis	Number of Cases	Average Number of Weeks Unemployed or Sick	
		1952-53	1953-54
Mental Defect ..	12	49.0	44.8
Involutional Conditions	5	34.0	40.2
Remainder	69	42.4	32.7
Total	86	41.8	39.2

The decrease in time off work for the remainder is statistically significant ($t = 3.79$; $P < 0.001$).

A total of 25 subjects asked permission to attend a clinic which had been specially set up to deal with the problems of the psychiatrically disabled unemployed.

The average age of these 25 subjects was 5 years higher than that of those not attending the clinic,* and more of them had been rated at the time of the Survey as being of poor mental health, but they did not differ from the non-attenders in ratings previously obtained of personality traits. It was hoped that the subjects attending the clinic would show a greater improvement than a control group of non-attenders, equivalent in age, diagnosis, and mental health, and with similar personality ratings, but this was not the case (Table III, opposite). Neither the improvement shown by the two groups nor the differences between them reach a statistical level of significance.

The services performed by the clinic were of four kinds. Five subjects were referred for in-patient treatment; one of these was the only subject with an involutional condition who improved. Psychotherapeutic support was available to all patients.

* All these differences were statistically significant ($P < 0.05$).

TABLE III

COMPARISON OF RECORDS OF UNEMPLOYMENT OR SICKNESS OF THE PERIOD 1952-53 WITH THOSE OF 1953-54 IN PATIENTS ATTENDING CLINIC AND A CONTROL GROUP

Group	Number of Cases	Average Number of Weeks Unemployed or Sick	
		1952-53	1953-54
Attending Clinic ..	25	46.4	42.16
Control	25	40.24	36.76

A few were helped by arranging a more satisfactory way of life; for example, an old man was found a place in an old persons' home. The main work of the clinic, however, lay in the advice offered on the social problems of the patients. One man, an undischarged bankrupt, was enabled to start in business again; another, crippled with many heavy debts, managed after encouragement to satisfy a Court Order. In spite of National Assistance, there were a few who lacked necessary clothing, etc., and they were very grateful for being put in touch with appropriate charities who could help them.

Much was also learned from patients who could not be helped. One man, aged 39, unmarried, was diagnosed as an inadequate psychopath with paranoid trends. After submitting him to several employers without success, out-patient occupational therapy was arranged. This attempt at social rehabilitation proved too much for him, and a paranoid psychosis developed with auditory hallucinations. For him, at the present stage of his illness, as for other "eccentric" members of the community, fuller social participation may be intolerable.

Finally, when patients were successful in regaining employment, this was only done through the closest co-operation with the disablement resettlement officers of the local employment exchanges, following the advice of Harris and Lane (1949).

DISCUSSION

This follow-up study provides further evidence that although the recent onset of a neurotic illness may produce unemployment it can be expected that in time the work record of such men will show a marked improvement.

The increase in employment shown by many of the subjects is an interesting feature. This may reflect the rise in the national figures for employment which occurred over the same period; it may in part be a response to the regulations which govern unemployment insurance, and require a period of 13 weeks' employment before benefits may be claimed. Lewis (1935) found that one-third of his patients

were employed a year later, but the opportunities for employment are now so changed that it would be profitless to pursue the comparison further.

It is noteworthy that three groups of subjects did not share this increase in employment. The steady unemployment of the mental defectives confirms the findings of previous investigators. No doubt for the subjects with involuntional conditions, age and illness were handicaps which together proved insuperable. The patients attending the clinic, however, formed a third group who, by their occupational records, showed themselves to be insensitive to economic pressure. The part played by their greater age need not be discussed further; the outstanding finding is their deterioration in mental health. Their increased time off work was not due to sickness absence rather than unemployment, as the proportion of certified sickness to total time lost (12 per cent.) was less than in those who did not attend the clinic. In this group of men marginally employed, sickness more often brings unemployment than in the employed men seen during the survey who could command a high value on the labour market.

While it would seem that the clinic was attended for the most part by those in gravest difficulties, social or psychiatric, their lack of improvement indicates that more vigorous measures are needed to bring about their rehabilitation. For some of them perhaps, as with the psychopath already quoted, attempts at rehabilitation are ill-advised. What the clinic did provide, and this was suggested in the discussion on rehabilitation in the first section of this paper, was a social service, needed and appreciated by the unemployed who were unprovided for by the Welfare Services of the State.

SUMMARY

(1) Ninety-five unemployed subjects, registered as psychiatrically disabled, were followed up for 12 months. All showed an improvement in their work record compared with that of the previous 12 months, except mental defectives and those suffering from involuntional conditions and those previously rated as of poor mental health. The improvement was most marked in those with a neurosis of recent onset.

(2) Subjects who volunteered to attend a special clinic were more ill than the others, and failed to show improvement during the follow-up period.

(3) It is concluded that sickness is a greater deterrent to employment in those who are marginally employed than in those with good work records, and that measures more vigorous than out-patient treatment are needed to secure their rehabilitation.