WORK AND UNEMPLOYMENT AMONG PATIENTS WITH MENTAL DISORDERS

TRABALHO E DESEMPREGO ENTRE PACIENTES COM TRANSTORNOS MENTAIS

TRABAJO Y DESEMPLEO EN PACIENTES CON TRASTORNOS MENTALES

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ABSTRACT

Objective: to identify the prevalence of unemployed among people with mental disorders and to analyze the possible predictors for unemployment in this population. **Method:** quantitative, descriptive study, developed in a mental health clinic. The stratified random sample had 258 participants and the data were collected through the admission forms considering the period from 2012 to 2014. Descriptive, bivariate and logistic regression analyzes were undertaken. The study was approved by the Research Ethics Committee. **Results:** most of the participants were female and had a low level of education. The percentage of unemployed was 37%. The factors associated with unemployment in the studied group were female gender and having schizophrenia, mental retardation and personality disorder. **Conclusion:** the number of unemployed was higher both in relation to the estimate in the Brazilian population and in previous studies. Bearing in mind that work is one of the cornerstones of psychosocial rehabilitation, it is pointed out that the issue of functional capacity needs to be prioritized in mental health care and Nursing care.
Keywords: Mental Disorders; Mental Health; Work; Employment; Unemployment; Rehabilitation; Nursing Care.

RESUMO

Objetivo: identificar a prevalência de desempregados entre pessoas com transtornos mentais e analisar os possíveis preditores para o desemprego nessa população. *Método:* estudo quantitativo, descritivo, desenvolvido em um ambulatório de saúde mental. A amostra aleatória estratificada contou com 258 participantes e os dados foram coletados por meio das fichas de admissão considerando-se o período de 2012 a 2014. Empreenderam-se análises descritivas, bivariadas e de regressão logística. O estudo foi aprovado pelo Comitê de Ética em Pesquisa. *Resultados:* a maioria dos participantes era do gênero feminino e com baixo nível de escolaridade. O percentual de desempregados foi de 37%. Os fatores associados ao desemprego no grupo estudado foram sexo feminino e ter os transtornos esquizofrenia, retardo mental e transtorno de personalidade. *Conclusão:* o número de desempregados foi maior tanto em relação ao estimado na população brasileira quanto aos estudos prévios. Tendo em vista que o trabalho é um dos vértices da reabilitação psicossocial, pontua-se que a questão da capacidade funcional precisa ser priorizada no cuidado de saúde mental e na assistência de Enfermagem.
Palavras-chave: Transtornos Mentais; Saúde Mental; Trabalho; Emprego; Desemprego; Reabilitação; Cuidados de Enfermagem.

RESUMEN

Objetivo: identificar la prevalencia de desempleados entre personas con trastornos mentales y analizar los posibles predictores de desempleo en esta población. *Método:* estudio cuantitativo, descriptivo, desarrollado en una clínica de salud mental. La muestra aleatoria estratificada contó con 258 participantes y los datos se recolectaron a través de los formularios de admisión considerando el período de 2012 a 2014. Se realizaron análisis descriptivos, bivariados y de regresión logística. El estudio fue aprobado por el Comité de Ética en Investigación. *Resultados:* la mayoría de los participantes eran mujeres y tenían un bajo nivel educativo. El porcentaje de desempleados fue del 37%. Los factores asociados al desempleo en el grupo estudiado fueron el sexo femenino y tener esquizofrenia, retraso mental y trastorno de personalidad. *Conclusión:* el número de desempleados fue mayor tanto con relación a la estimación en la población brasileña como en estudios previos. Teniendo en cuenta que el trabajo es uno de los pilares de la rehabilitación psicosocial, se señala que la cuestión de la capacidad funcional debe ser priorizada en la atención de salud mental y de enfermería.
Palabras clave: Trastornos Mentales; Salud Mental; Trabajo; Desempleo; Empleo; Rehabilitación; Atención de Enfermería.

INTRODUCTION

The development of effective actions related to psychosocial rehabilitation runs through the issue of work as a source of income and social value, figuring among one of the main axes for the reintegration of people with mental disorders.[1,2] In this sense, it is extremely important to understand the characteristics of this population group, especially in terms of their functional capacities.[3]

Several studies on mental disorders and work have been developed in Australia, the United Kingdom, Norway, the United States, Sweden and Canada.[3-12] Brazilian researchers have also investigated the theme focusing mainly on workers' mental health,[1,13,14] at work among people with disabilities[15] and on the issue of absenteeism.[16]

Specifically, in relation to the functional capacity of people with mental disorders, a greater number of studies were identified at the international level. Such researches have investigated the break in work or study by patients in the first psychotic episode,[3] the permanence in employment by people at high risk of developing psychosis,[4] the predictors of absence from work by people with depression[5] and the effectiveness of interventions related to work and employment among people with mental disorders.[6]

The issue of unemployment in this population is discussed by most of these international studies, however, among Brazilian publications, only two were identified that presented data on unemployment in this population. One analyzed a small sample (n=16)[17] and the other used the category unemployment as one of the profession options, not specifically providing the percentage of employees and unemployed in the total sample.[18]

Thus, the present investigation aimed to identify the prevalence of unemployed among people with mental disorders assisted at a mental health clinic and to analyze the possible predictors for unemployment in this population.

It is understood that this study will contribute to expand the body of evidence related to unemployment in this population, providing broader discussions about the functional capacity of patients as an important issue related to mental health care.

METHOD

Study type and location

This is a quantitative, descriptive study carried out in a public mental health clinic in a city in the countryside of São Paulo. This location was selected due to its type of service, which certainly expands the possibilities of exercising paid activity by the user.

Study population

The population of the present study was the 482 patients admitted from January 2012 to December 2014, a period in which the referred clinic systematically used the admission form that addressed the issue of work.

Sample definition

The sampling plan adopted was stratified random sampling with proportional allocation by strata, in which each stratum was formed by the year in which the patient was seen.

The formula for calculating the sample size is given by:

$$n = \frac{z_{\alpha/2}^2 N(1-P)}{\varepsilon^2 P(N-1) + z_{\alpha/2}^2(1-P)} \qquad (1)$$

In which P represents the prevalence of the event of interest, $z_{\alpha/2}$ represents the level of significance adopted and ε is the relative error of sampling.

If the sample size calculated by the expression given in (1) is greater than 10% of the population, the following finite correction procedure is adopted:

$$n = \frac{z_{\alpha/2}^2 N(1-P)}{\varepsilon^2 P(N-1) + z_{\alpha/2}^2(1-P)} \qquad (2)$$

Where N is the total size of the study population and n is the value obtained in (1).

The prevalence of 41% of those who performed paid work was obtained from a pilot study carried out with a previous analysis of 20 admission forms. The sample was allocated proportionally among the H strata, according to the formula:

$$n_h = n\frac{N_h}{N}$$

Where N is the total patient population (N=482) and N_h is the total for each stratum H.

The population and the stratified sample for the years 2012, 2013 and 2014 consisted, respectively, of 196, 159, 127 and 105, 85, 68.

Adopting the 10% error-relative parameters, 5% significance level, 41% prevalence in each stratum and the

total population, the required sample size was 258. The program adopted for the sample calculation was R version 3.1.2, which can be obtained free of charge from www.r-project.org.br.

Data collection

Data were collected using a guiding script, containing items related to sociodemographic aspects (age, gender, marital status and education), information about work (profession, performance of paid activity, unemployment, retirement or sick leave) and clinical aspects (reason for the first consultation, main symptoms referred, psychiatric diagnosis and medication in use). Such a script was previously tested in the pilot study, in which the necessary adjustments were carried out.

The admission forms for new cases were used as the data source, and the inclusion criteria were the forms with at least 90% of the information filled in, and the records of patients in situations of treatment abandonment were excluded (without assistance at that service health care for one year from the moment of admission). The selection of medical records was random through manual drawing and data were collected using the guiding script tested in the pilot study.

Data analysis

The data were analyzed using the Statiscal Program of Social Science (SPSS) software, version 23. Descriptive, bivariate analyzes (chi-square test and Fisher's exact test) and logistic regression were performed.

Through the established strategy of associations between the dimensions studied (sociodemographic characteristics and clinical aspects), three explanatory models of binary logistic regression were elaborated, introducing the variables in the form of blocks, remaining in the subsequent model only those that had statistical significance in the previous model. In the end, a regression model was arrived at with only the variables of greatest statistical significance, based on the method for introducing the variables "backward stepwise", significance level $p<0.05$, confidence interval (CI) of 95 % and with calculation of the adjusted odds ratios.

Ethical aspects

All ethical aspects of the guidelines and standards proposed by Resolution 466/2012 of the National Health Council were considered. This study was submitted to the Research Ethics Committee of the *Escola de Enfermagem de Ribeirão Preto* at the *Universidade de São Paulo* - EERP/USP and approved according to the CAAE 56724016.0.0000.5393 protocol.

RESULTS

Most of the participants were female, between 40 and 59 years old and had a low level of education (only 22.1% completed high school). The complaints most reported by users were insomnia (49.6%), discouragement (43%), sadness (39.1%) and easy crying (37.2%). Regarding the main diagnosis, 57% of the participants had some mood disorder, 24% some anxiety disorder and 19% other disorders (schizophrenia, mental retardation or personality disorder). Most participants used antidepressants (83.7%) and anxiolytics/hypnotics (55.4%).

As shown in Figure 1, 59.7% (n=154) of inactive people were identified and, of these, the majority were unemployed.
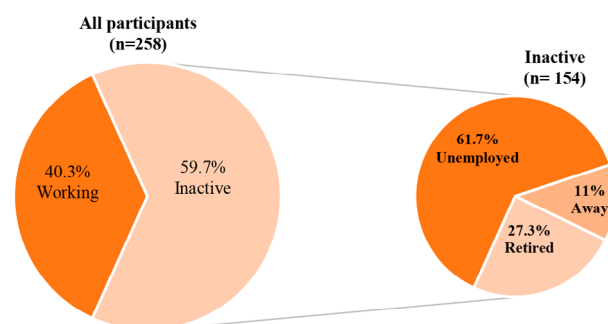
Figure 1 - Percentage of workers and inactive people in the studied sample. Ribeirão Preto, SP, Brazil, 2016 (n=258)

The most declared occupations were those related to commerce (salespeople and counter clerk) and general services (day laborers, cleaners and domestic servants). Among the unemployed, only 35.8% declared any profession whose modalities are commerce and sales (n=11), general and surveillance services (n=8), aesthetics, sewing or cooking (n = 8), reception (n=4) and health and education (n=3).

The unemployed had a lower average age than the patients who exercised paid activity (50.4 and 54.3, p=0.0038, respectively) and were mostly female. Sex was one of the sociodemographic characteristics associated with unemployment (Table 1).

Table 1 - Unemployed sociodemographic characteristics. *Ribeirão Preto*, SP, Brazil, 2016 (n=95)

Sociodemographic characteristics	n(%)	p
Age		
20 to 39 years	21(22.1)	
40 to 59 years	47(49.5)	
60 years or more	27(28.4)	
Total	**95(100.0)**	
Education		0.108*
Incomplete elementary school	22(8.5)	
Complete elementary school	9(3.5)	
Incomplete high school	7(2.7)	
Complete high school	15(5.8)	
Higher education	6(2.3)	
Total	**63(100)**	
Sex		0.000*
Female	80(84.2)	
Male	15(15.8)	
Total	**95(100)**	

*chi-square test.

As it can be seen in Table 2, being female and having other disorders (schizophrenia, personality disorder or mental retardation) increased the chances of the patient being unemployed almost three times.

DISCUSSION

The sample profile was mostly female, with low education and chronological age between 40 and 59 years. The prevalence of paid workers was 40.3% and unemployed 37%.

The indicator that measures the share of the employed population (performing paid work) in Brazil, in 2017, was estimated at 53.1% and the vacant rate (unemployed) at 13.7%[19]. Thus, in this study, the prevalence of paid workers was lower than that of the Brazilian population, according to the Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística* - IBGE),[19] and the prevalence of unemployed was higher than that described by that body.

The issue of paid work has taken on an important role in discussions on promoting mental health and psychosocial rehabilitation. Previous studies have highlighted the impact of severe psychiatric symptoms on the social functioning of patients, especially in relation to self-care, skills for independent living and the ability to engage in study and work activities, corroborating this research.

In addition, the high prevalence of unemployment among people with mental disorders has been the subject of several international studies.[3-6,9] In Australia, 23.1% of unemployment was identified among patients with severe disorders[4] and in Finland, among depressed individuals, this percentage was 15%.[5] In the present study, this value was 37%, a rate higher than that of previous studies.

Some factors were identified as predictors for unemployment, such as school dropout, long period without treatment, poor cognitive performance, more childhood trauma, substance use, more serious negative symptoms, worse social and occupational functioning.[3-6,9] In the current research, the factors associated with unemployment were being female and having schizophrenia, personality disorder or mental retardation.

A phenomenological study on work and mental disorders carried out in the United Kingdom revealed that among patients paid work was considered a thing of the past and with little prospect of taking part in their future lives. Such individuals reported extremely negative experiences about previous work, including mentioning them as a cause for triggering their mental health problems. Despite this, paid work remained a priority for them, who mainly emphasized its benefits in terms of social connectivity, belonging and reflecting the high social value of such activity in our society.[2] These data

Table 2 - Factors associated with unemployment among users of a mental health clinic. *Ribeirão Preto*, SP, Brazil, 2016 (n = 258)

Independent variables	p value	*Odds Ratio*	Confidence interval (95%)	
			Lower limit	**Higher limit**
Age	0.142	1.014	0.995	1.034
Sex	0.001	3.119	1.599	6.084
Mood	0.183	0.661	0.360	1.216
Anxiety Disorders	0.750	1.107	0.592	2.069
Other Disorders	0.009	2.502	1.251	5.003

reflect the importance of social support at work and programs integrated psychosocial practices with a focus on retaining these individuals in their activities.[1,2,4]

Higher levels of education were associated with more and better work opportunities, improved well-being and increased access to health services.[20] In Brazil, only 49% of adults between 25 and 64 years have completed high school.[21] And in the present study, both in the total sample of patients with mental disorders (n=258) and in the subgroup of the unemployed (n=95), the percentage of individuals who completed high school was much lower, i.e., 22%.

Low levels of education constitute a risk factor for unemployment among patients with mental disorders, as well emphasized by previous studies[3,5], which was not statistically significant in the present study. In addition, the percentage of individuals who complete high school in Brazil is much lower than in developed countries and even some underdeveloped countries, and this may make it impossible to compare this factor.

The professions declared by the participants corresponded to the most prevalent in the general population.[19] Among the unemployed, sales, aesthetics, sewing, food preparation, general services and surveillance were the most mentioned occupations. It is noteworthy that, in addition to being considered occupations of less social prestige and with milder demands in relation to schooling, they are also activities not directly linked to work in industries and subject to precarious ties and/or underemployment conditions.[22] Such characteristics emphasize the character of vulnerability to which such patients are possibly submitted.

The age of the participants was statistically lower among unemployed patients than among employees, however, in the regression model, age was not statistically significant, corroborating a previous study.[4] Already the female gender and the diagnosis of disorders such as schizophrenia, mental retardation and personality disorder were predictors of unemployment in the studied group. These findings reinforce some results of previous studies that identified that among patients with more severe disorders, unemployment rates and social and occupational poverty rates were higher.[3-6,9]

Regarding gender, sex was one of the predictors of unemployment in the sample studied. It is noteworthy that, in Brazil, the insertion of women in the labor market is marked by precariousness and informality[23] and women from metropolitan regions represent more than half of the unemployed population in the country.[24] In this sense, the sample of the present study highlights some conditions of vulnerability typical of most Brazilian women, namely mood disorders, unemployment and, when employed, less prestigious activities. These results raise the reflection on the need to consider gender inequalities in care planning, primarily in mental health services.

In summary, the present research found that the users of that mental health service who are inserted in the world of work are mostly middle-aged men with common mental disorders (depression and anxiety). That is, having more serious disorders, being younger and a woman were striking characteristics among the unemployed. This intersection of vulnerabilities highlights the precarious living and working conditions of this portion of the population and reaffirms the power of paid work with social value as an important pillar of psychosocial rehabilitation, as it enables the expansion of users' contractual power and reduces stigma and prejudice.[25] Thus, the results show the numerous challenges for the effective social reintegration of these individuals. Additionally, the condition of women in contemporary society, culturally marked by numerous social and health inequities, makes up such an intersection, while mental disorders further reduce their possibilities of work and occupation, contributing to the maintenance and aggravation of the processes of exclusion. arising from gender inequality.[26]

The main limitation of the study is the only source of data used (secondary) and, therefore, resulted in several data lost due to lack of registration. Despite this, the analyzes were undertaken in order to control such bias, and the results and discussions obtained contribute to more reflection on the work axis among individuals with mental disorders being treated in extra-hospital services. Furthermore, this research contributes in an important way to increase the body of specific evidence related to unemployment in this population, which has been little evaluated at the national level.

In the implications for the practice of Nursing, it is understood that nurses, as members of the multidisciplinary teams of mental health services, play an important role both in the systematization of Nursing care and in the development of individual therapeutic projects and services.

Thus, considering that work is one of the cornerstones of psychosocial rehabilitation and that actions such as the creation of cooperatives, associations and income generation workshops have already been implemented in several services of the mental health care network with promising results for the promotion of users' autonomy, citizenship and emancipation,[27] health professionals should consider such actions in the development of therapeutic projects and in the management of

the units. Thus, this investigation provides a relevant set of elements that can be discussed in these teams, aiming at proposals for more resolutive actions in terms of patients' social reintegration.

CONCLUSION

The prevalence of 37% of the unemployed was identified among patients seen at a mental health clinic during the period studied, being, in descriptive terms, more than twice those registered in the country and also higher than the values described in international studies.

The female gender and having disorders such as schizophrenia, mental retardation and personality disorder were risk factors for unemployment in the population studied. Schooling, despite being described as a predictor of unemployment among such individuals, was not identified here and it is understood that the number of records lost on this information may have interfered with this result. It is noteworthy that patients who were unemployed reported occupations considered to be of less social prestige and less educational requirement.

Thus, the social and occupational vulnerability of most people with intense and persistent mental disorders is reiterated and the importance of social support at work as well as comprehensive and contextualized care projects to the inequalities of the Brazilian scenario.

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