Unemployment, Social Vulnerability, and Health in Europe

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Introduction

Employment Crisis

The era of full employment seems to be over, at least in Western Europe. Eastern European countries can still claim to be able to fulfill the “human right of work for all”: they even appear to have overemployment when one considers the private activities of many and the overtime of some professional people. In Western Europe, an obvious overproduction of goods makes human labor redundant and pushes an ever-increasing proportion of people out of the labor market (about 10%-25% of the active population in Western Europe are without jobs). Young people trying to enter the labor market are even more affected by this situation than older people; among the particularly vulnerable groups are women, not yet qualified or unqualified blue-collar workers, young university leavers, immigrants, and some other social groups who have always had to be considered the underprivileged of society. Common sense says that unemployment is often detrimental to mental health; there are reports of people who commit suicide after being fired and of unemployed persons who take to crime. On the other hand, the employed man in the street has it that there are “welfare scroungers”. He believes that many unemployed deliberately take advantage of social security benefits that suffice to cover their basic needs. (In many European countries, the unemployed are entitled to at least half of the income they obtained when still employed.) However, several studies indicate that certainly not more than 2% of the unemployed could be classified as scroungers. The overwhelming majority of the unemployed suffer severely; so do many of the overemployed, as well as those who are still employed but fear that they may soon be sacked. Given that, a new vicious circle might emerge: from labor conditions to diseases, from diseases to unemployment, from unemployment to further illness, which in turn reduces the chance of re-employment. Is it not true that the people most affected by this vicious circle of depression are again those who have always had to pay the price of progress and development? Can the individual cost of suffering and the social and economic costs of lost opportunities be justified?
Activities of the World Health Organization

The interest of the European Regional Office of WHO in the influence of economic development on health and social equity in general has to be seen in the context of the Regional Strategy for Health For All by the Year 2000. This strategy became the European health policy when it was adopted by all member states in October 1980. Specific targets have since been set for its implementation, and countries have been busy adapting it to their national and subnational requirements. The three elements of the policy are the promotion of lifestyles conducive to health, the reduction of preventable conditions, and the reorientation of the health care system to cover the whole population with primary and supportive levels of health care. Social equity is one of the most important aims underlying the regional policy.

The planning meeting for the study on economic development and health was held in Copenhagen in November 1980 (Brenner and Schwefel 1983). It had taken as its starting point the macrolevel analysis carried out by Harvey Brenner which had suggested that economic instability, especially as manifested in increased unemployment, led to increased mortality. The meeting proposed that studies should be carried out at different levels of analysis, in order to give a better understanding of the situation. The symposium “Influence of Economic Instability on Health”, held in Munich in September 1981, reviewed a number of these studies in progress and provided methodological guidance for further research (John et al. 1983).

In December 1982, a workshop was held in Leeds called “Health Policy Implications of Unemployment”. The reviews and research reports clearly indicated the presence of marked health hazards caused by unemployment and highlighted a rich menu of policy approaches available to the community (Westcott et al. 1985).

In a seminar “Unemployment and Health – New Approaches in Research and Social Action”, held in Stockholm in 1983, there was a special focus on interventional approaches.

In order to allow researchers to focus on target groups of special concern from the viewpoint of social equity, the European Regional Office of WHO extended the study beyond 1983 and convened two further meetings, namely the workshop “Underlying Processes of Becoming Socially Vulnerable: Special Focus on Youth”, held in Munich in July 1984, and the meeting “Vulnerability Among Long-Term Unemployed – Longitudinal Approaches”, held in Ljubljana in October 1985. The major contributions to these meetings are contained in this volume.

The European Regional Office of WHO, within its program on social equity and health, will continue to stimulate and review research and policy findings, in order to help demonstrate and mitigate the real and significant effects of this major catastrophe. The Institute for Medical Informatics and Health Services Research (GSF/MEDIS), Munich, will continue to produce and to be called upon to help disseminate information in this area.

The WHO study is now part of the wider effort to improve knowledge of health inequalities in different socioeconomic situations; to formulate national multisectorial policies and strategies adapted to the needs and situations of disadvantaged groups; to make health professionals, policy-makers, and other decision-