The psychological impact of job insecurity or loss

Doctoral thesis abstract

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Correlations between depression and stressful life events are not random; they are related to biological alterations and environmental changes, or both, which makes biological and psychosocial approaches complementary.

This thesis investigates the social-demographic factors which play a part in the onset and endurance of unipolar depression, while also tracking the impact of unemployment on the remission of unipolar depression.

The study sample included patients diagnosed with major depressive disorder, as per the criteria of DSM-5, who presented no other major somatic or mental conditions. Data collection took place between October 2015 and March 2017 in Psychiatry Clinic I, Tirgu Mures. The assessment of social-demographic characteristics was performed based on a questionnaire designed by the members of the research team. The questionnaire contained questions referring to gender, age, social background, professional training, marital status, work relationships, duration of unemployment. In order to measure depression severity and response to treatment, the Hamilton Depression Rating Scale (HAM-D 17) was used at the beginning of the study, after 8 weeks and after 12 weeks of pharmacological treatment.

The final sample consisted of 152 patients, of which 108 were women (71.1%) and 44 men (28.9%); 74 (51.3%) were employed and 78 (48.7%) were unemployed at the time of the assessment. Age distribution was 18.4% in the 18-35 age group, 48% in the 35-50 age group and 33.6% in the 50-65 age group. At the first assessment, 86 of the subjects were outpatients, and 66 had been admitted. Several of them had also attempted suicide (N=35.53%).

Our results show that scores on the depression scale are significantly reduced after 8 weeks and 12 weeks of treatment, compared to the initial level, which proves the efficacy of SSRI treatment in unipolar depression. At the initial testing, patients who were admitted into hospital presented lower Hamilton scores compared to outpatients, and the scores obtained at the 8-week and 12-week mark significantly differ in favour of inpatients (p-0.01, and p-0.05 respectively). The

patients who were initially treated in hospital present a higher efficiency of pharmacological treatment compared to those treated in outpatient conditions. Subjects with a higher education presented lower Hamilton scores at the 12-week assessment compared to subjects with primary or high school education (p-0.05). Higher education positively influenced the efficacy of pharmacological treatment. Duration of unemployment significantly influences the efficacy of the treatment: at the 8 week interval, the higher scores were obtained by subjects who had been unemployed for longer than 2 years (p-0.003). The Hamilton scores of married patients were lower both at the 8-week and the 12-week assessment (p-0.03, and p-0.01 respectively). Age, social background and sex did not significantly influence the Hamilton score at any of the assessments. At the 12-week assessment, 39.2% of the employed subjects had gone into remission, compared to only 12.8% of the unemployed subject, a difference which is statistically significant (p-0.0001).

The degree of remission is dependent on marital status (OR=2.531, CI95%=1.929-6.897) and on employment status (OR=3.584, CI95%=1.526-8.420). Unmarried individuals and the unemployed have a 2.531 times, respectively 3.584 times higher likelihood of not going into remission.

In our study, marital and employment status were relevant predictors of remission, proving a significant impact on the efficiency of therapy. Thus, psychotherapeutic intervention is recommended for unemployed and single individuals.

Taking into account our results, we consider it useful to identify and implement early prevention and treatment strategies for depression, especially in the case of the unemployed, who represent a vulnerable segment of the population. At the same time, support and the encouragement of professional skills during a period of unemployment are important. Prevention strategies should also be applied to individuals who are employed, as they are required not only during difficult periods, but also in times of economic stability.