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Unemployment and Mental Health

A quantitative study

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Abstract

Unemployment and Mental Health - A quantitative study
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Purpose: The purpose of this study is to examine how unemployed individuals in different gender groups experience and value their mental health.

Method: The paper explores unemployment in relation to the sense of coherence (SOC) theory by Antonovsky (1996), Jahoda's deprivation model (1982) and Marmot's (2015) discussion on the health gap that exists in society. A survey was used to measure how men and women assess and experience their *good mental well-being* and *mental disorder* during their time of unemployment. The statistical software SPSS was used to analyze the data where a Mann-Whitney U test was conducted.

Results: The result showed no statistically significant difference for *good mental well-being* or *mental disorder* for unemployed men or women. However, the result showed statistically significant differences with *good mental well-being* and *mental disorder* grouped by marital status (single and other), economic stability (yes and no) and for *mental disorder* grouped by age (above 30 and below 30) for both unemployed men and women.

Conclusion: Although only statistically significant differences were found for both men and women, it cannot be ruled out that men and women valued their mental health and well-being differently.

Keywords: unemployment, unemployed, mental health, mental disorder, mental well-being, gender

Word Count: 10 719

Sammanfattning

Arbetslöshet och psykisk hälsa - En kvantitativ studie
Natalie Davidsson

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Syfte: Att undersöka hur arbetslösa kvinnor och män upplever och värderar sin psykiska hälsa.

Metod: Uppsatsen utforskade arbetslöshet i relation till teorin för känsla av sammanhang (KASAM) av Antonovsky (1996), Jahodas deprivationsmodell (1982) och Marmots (2015) diskussion om den hälsoklyfta som finns i samhället. En enkät användes för att mäta hur män och kvinnor värderar och upplever *gott psykiskt välbefinnande* och *psykisk påfrestning* under sin arbetslöshetstid. Datorprogram för statistisk analys SPSS användes för att analysera data där ett Mann-Whitney U test utfördes.

Resultat: Ingen statistiskt säkerställd skillnad påvisades för *gott psykiskt välbefinnande* eller för *psykisk påfrestning* för arbetslösa män eller kvinnor. Resultatet påvisade dock statistiskt signifikanta skillnader för *gott psykiskt välbefinnande* och *psykisk påfrestning* grupperade efter civilstånd (singel och annan), ekonomisk stabilitet (ja och nej) och för *psykisk påfrestning* grupperad efter ålder (över 30 och under 30) för både arbetslösa män och kvinnor.

Slutsats: Även om endast statistiskt signifikanta skillnader hittades för både män och kvinnor, så kan det inte uteslutas att män och kvinnor värderade sin psykiska hälsa och sitt välbefinnande olika.

Sökord: arbetslöshet, arbetslösa, psykisk hälsa, psykisk påfrestning, välbefinnande, kön

Ord: 10719

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1. Introduction

Unemployment is a social issue that exists in our society. It is often a subject that is discussed in social media and in political debates. Serving the unemployed is also a big part of social work. Unemployment is the leading cause of different assistance efforts for example financial aid (Socialstyrelsen, 2019). Unemployment is a topic worth exploring more because it has a great impact on our society as well as on the individual level. There are a lot of benefits with being employed that unemployed people miss out on such as having an income as well as better health and well-being (Wills & Naidoo, 2016, pp. 215, 217).

During 2020 and 2021 the Public Health Agency of Sweden has focused on working with contagious diseases in response to the corona virus and subsequent pandemic and discussed that focus should be on improving the general public health in order to better handle diseases (Folkhälsomyndigheten, 2020). During the COVID-19 pandemic, the mental health of many individuals has likely deteriorated (OECD, 2021; Panchal et al., 2021). Individuals who are both unemployed and perhaps even isolate themselves due to the pandemic will have worse mental health (Folkhälsomyndigheten, 2021). The bi-directional relationship between unemployment and mental health is important to study further in order to better understand this complex relationship and help individuals find employment and improve their mental health (Wilson & David, 2021).

1.1. Definition of Unemployment

It is not that easy to define the terms unemployment and unemployed. The definitions can vary and even SCB (Statistics Sweden) definitions had 2021 a new framework law and made changes to the definition. AKU (Arbetskraftsundersökningar) which is the basis for the labor market statistics that Statistics Sweden takes part in defines the unemployed as follows:

> "This group consists of people who were not employed during the week and who have applied for and been able to take a job. The group of unemployed also includes persons who have been given a job starting within three months, provided that they could have worked during the surveyed week or started within 14 days from the end of the surveyed week." (SCB, 2021)

Within this group full-time students, individuals on vacation or on family leave could be included. However, they are part of a subcategory 'employed but absent all week'. It is unclear if students, while on summer holiday, are included in the definition since they do not have any type of occupation during that time. It is not clear where the boundaries should go and within which groups the workforce is divided. It is also not clear what part-time employees should be classified as.

For this study SCB's definition for unemployment will be used but with a clarification that unemployed individuals are once 'without work', individuals without any occupation *where they perform the production of goods and/or services that provide salary or compensation, excluding self-employed persons.*

1.2. Definition of Mental Health

Health, mental health and well-being as well as mental disorder are complex terms that have been defined in different ways throughout history. Previously focus on health has been the lack of sickness, where it is easier to measure health with the absence of health and the presence of a disease. Now focus is on well-being, both physical, mental and social as well as the absence of illnesses and other issues. In this paper focus will be on mental health. To promote well-being and health is important in society and within the unemployed community (Wilson & David, 2021). A universal definition of mental health from the World Health Organization will be used in this study.

"Mental health is an integral and essential component of health. The WHO constitution states: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." An important implication of this definition is that mental health is more than just the absence of mental disorders or disabilities." (WHO, 2018)

Good health can be a resource just as well as illness and negative mental health can be an obstacle. Different health issues and illnesses can lead to various types of limitations in an individual's life. It can mean a worsened quality of life. On the other hand, good health can be a resource and asset that makes it possible for individuals to handle everyday life: at work and at home (FHI, 2018).

1.3. Central Terms

For this study the Public Health Agency of Sweden terms *Good Mental Well-being* and *Mental Disorder* will be used (Folkhälsomyndigheten, 2021). These terms have been translated from the Swedish terms "gott psykiskt välbefinnande" (*Good Mental Well-being*) and "psykisk ohälsa" (*Mental Disorder* used in the Public Health Agency of Sweden public health reports (Folkhälsomyndigheten, 2021). It is important to note that mental well-being is measured in a positive fashion by the national public health survey so the whole term *good mental well-being* will be used in this report.

1.4. Unemployment, Health and Theoretical Perspectives

Unemployment has been linked to many forms of health. The links between unemployment and health include unemployment and increased psychological or mental disorder, unemployment of different aged individuals and health, and unemployment, gender and health. The length of unemployment can also affect health and the longer an

individual is unemployed, the greater the risk of negative health effects (Janlert, 2012). Unemployed individuals value their own health and well-being lower than those who have a job (Wills & Naidoo, 2016, s. 20). This can be explained by different theories and models in social work. For this study, some central theories and models will be described and used.

The theory sense of coherence (SOC) highlights three dimensions that are important for an individual's health and well-being: comprehensibility, manageability and meaningfulness (Antonovsky, 1996). If an individual feels comprehensibility where there is understanding, manageability where one can handle life events and meaningfulness where there is a sense of value and there is a meaning to getting involved, then often an individual's health is better. Unemployed individuals often lack a sense of coherence, they receive less social support and feel less meaning and participation (Hult et al., 2020). Those who have some type of employment and work, even if they are sick often, have better health than those who are unemployed.

There is also a link between unemployment, economic vulnerability and health inequalities (Marmot, 2015). According to Marmot (2015) emphasis in society should be on reducing the class differences and gaps that exist within and between societies. Those who live in poorer areas often have worse health and worse opportunities than those who live in richer and more prosperous areas. Individuals with a more qualified job also usually have better health than those with a less qualified job. Those who then live in poorer areas have less opportunities for education due to economic or social reasons and will have a lower qualified job and as a result suffer from more mental disorders and sickness. It is an unhealthy cycle.

Jahoda's (1982) described a deprivation model of five different latent functions that work has for individuals. The latent functions are time structure, social contact, collective striving, identity (status) and activity. These five functions have to do with a person's mental health and well-being. Those who are outside the labor market lack or are 'deprived' of these five functions and according to Jahoda (1982) this can affect their mental health. People outside the labor market, which also includes domestic workers, retirees and students, often lack these five important and basic human needs (Paul & Batinic, 2009). Individuals who work have greater access to these functions, which is important for mental health and a feeling of satisfaction within society. This means that as an individual one loses these important social and structural functions that work provides which can negatively affect health.

1.5. Early Research

This section presents both international and Swedish research. There are already a number of studies carried out in relation to health, mental health and it is important to take into account knowledge that already exists through, for example, knowledge overviews (Pope et al., 2007). The Public Health Agency of Sweden (2021) has done

surveys every year where they measure the public's health and present the data. Their survey measures many aspects such as unemployment with different gender groups and the overall mental health but this needs to be constantly updated. The Public Health Agency of Sweden collected data 2021 from 609 unemployed individuals, of which 300 were women and 309 were men. *Good mental well-being* for the population was 86 percent which was higher than for the unemployed at 67 percent. The unemployed individuals reported higher *mental disorder* at 50 percent, than for the total population with 39 percent, shown in figure 1 below. *Good mental well-being* for the unemployed men was reported at 68 percent and women at 66 percent, shown in figure 2 below (Folkhälsomyndigheten, 2021). Unemployed women reported higher *mental disorder* than men (51 % to 49 %), shown in figure 2 below (Folkhälsomyndigheten, 2021).

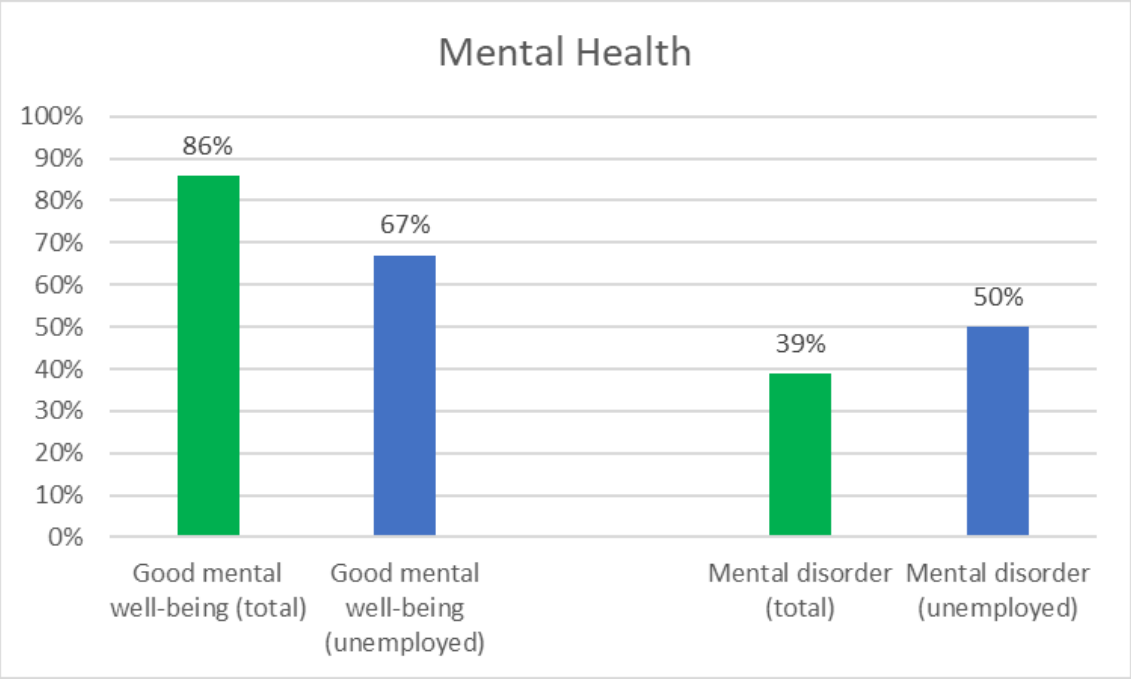

Figure 1. Reported Mental Health for individuals regardless of occupation compared to the unemployed (Folkhälsomyndigheten, 2021)

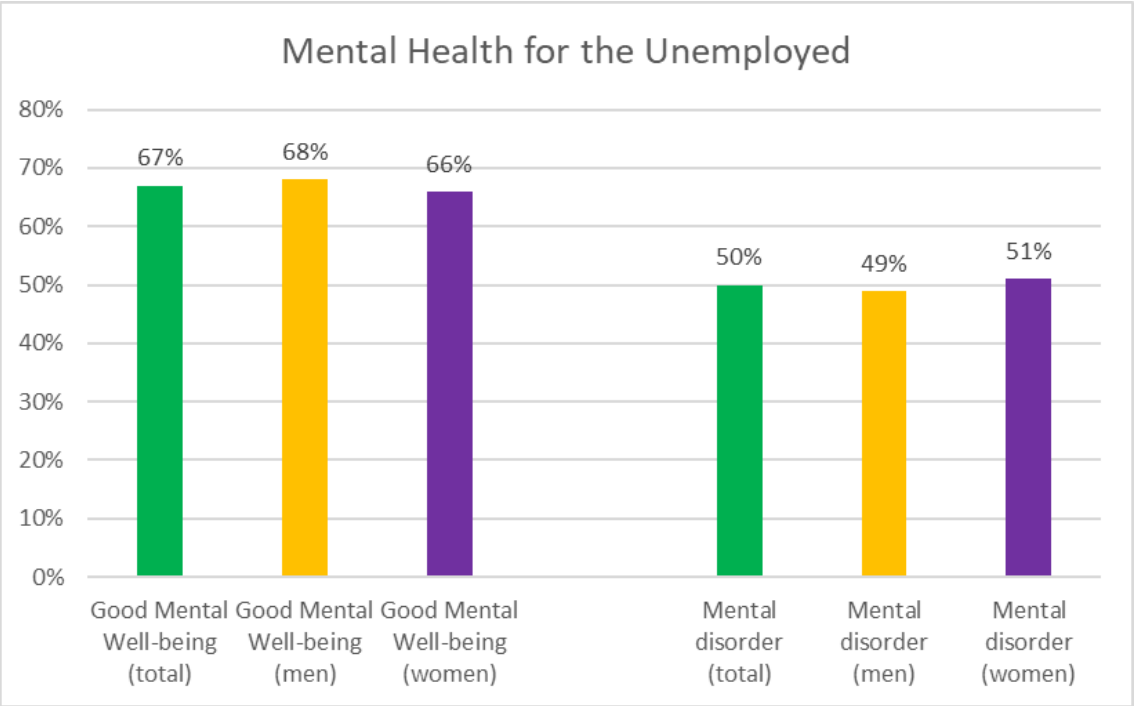

Figure 2. Reported Mental Health for the unemployed men and women (Folkhälsomyndigheten, 2021)

Research studies that have previously been conducted on unemployment, unemployed individuals and mental health uses different methods (cross-sectional surveys, interviews, internet-based surveys, literature reviews and questionnaires), which gives a broad picture but also has its strengths and weaknesses. When it comes to the subject of unemployment and health, the focus is on a few different aspects such as meaningfulness, life satisfaction, work ethic, mental illness, mental health and well-being. Previous research has examined male and female unemployment, long-term unemployment and youth unemployment in relation to health and mental health (e.g., Graetz, 1993; Hammarström, 1994; Paul & Moser, 2009). Previous research has also focused on mental health in relation to unemployment (McKee-Ryan et al., 2005). One study has also examined more societal perspectives on unemployment and well-being in relation to the recession in Sweden in 2008 (Hiswåls et al., 2017). These are aspects that will be discussed further below. Additionally, these perspectives are important to keep in mind today due to increased unemployment due to the pandemic. An article matrix can be found in Appendix V, giving an overview of the articles found from the literature search.

1.5.1. Unemployment and Meaningfulness/Life Satisfaction

Hult, Pietilä and Saaranen (2020) studied self-reported meaningfulness, health, work ability and quality of life and linked this to the salutogenic model by Antonovsky. Unemployment has a negative effect on an individual's quality of life and life satisfaction. Their study was conducted on 30.598 unemployed Finnish individuals between the age of 20 to 65. Internet-based surveys and mailed questionnaires were distributed about health, well-being, work capacity and lifestyle. What Hult et al. (2020)

found was that perceived meaningfulness has an effect on life satisfaction. Good health and working ability have a significant effect on life quality. It was also found that women feel more meaningfulness and a higher quality of life than men. The conclusion was that the salutogenic model by Antonovsky was suitable to use in exploring quality of life in relation to unemployment. Unemployed individuals should also be encouraged to engage in activities that could lead to employment or improve their quality of life.

One study by Calvo, Mair and Sarkisian (2015) examined the effect of unemployment on life satisfaction. The study was based on Jahoda's (1982) deprivation model where unemployment is a stressful life event that can 'deprive' people of the unintended benefits of employment such as activity, collective purpose, social contact, status and time structure. Cross-sectional surveys were conducted in 95 countries where linear models were used to test how unemployment affects life satisfaction via addictive, contextual, individual, multiplicative effects. The results showed that multiplicative effects on both an individual and contextual level that unemployed individuals feel less life satisfaction. Feeling of life satisfaction for the unemployed is lower than for students, homemakers, retirees and the employed. The conclusion was that society and political motions should be brought forward with the aim to deal with negative consequences of unemployment via individual and contextual aspects (Calvo et al., 2015).

1.5.2. Unemployment and Well-being

A qualitative study conducted in Sweden studied experiences of well-being and unemployment during the economic recession after job loss (Hiswåls et al., 2017). The study was carried out during the recession in 2008. 16 men and women participated in interviews. The study was qualitative and it is not possible to generalize to a larger population due to few participants, however, this was not the purpose of the study. What Hiswåls et al. (2017) found was that individuals experienced work as the basis for belonging, that unemployment affects one's social life and consumption patterns. Feelings of isolation, hopelessness and loss of self-esteem had an effect on physical well-being. Longer unemployment periods also increased negative feelings and emotions. The study did not find any clear gender differences when it came to experiencing mental well-being. However, it is discussed that subjective well-being is usually greater for men than for women (Hiswåls et al., 2017). The conclusion drawn by Hiswåls et al. (2017) for the study is that unemployed individuals need social support and take part in activities to have structure in their everyday life and a feeling of meaning. This decreases the feeling of anxiety, worry, stress, uncertainty and the loss of value which can lead to more isolation and bad self-esteem.

Sage (2019) addressed unemployment in relation to society and the view on work ethic. The study drew on the theoretical latent deprivation model by Jahoda (1982) that discussed that employment produces beneficial psychosocial latent functions: activity, collective purpose, social contact, status and time structure. Different societies value work differently and gender roles can play a part in how unemployment affects women

and men where unemployment has been found to be more harmful for Swedish women. The study examined unemployment, well-being and work ethic in relation to social policy and social welfare. Previous research has shown that social policy proposals (in public welfare) can alleviate the harmful effects of unemployment. However, this article examined how these policies disregard work ethic. Work ethic has been associated with well-being among the unemployed. Sage (2019) did a cross-national long-running survey with collected secondary data from a 2008 European Values Study (EVS). The result showed an association between unemployed individuals with a weak work ethic and higher life satisfaction. Individuals with a high work ethic are associated with lower life satisfaction. The conclusion by Sage (2019) is that work ethic and attitudes toward work are factors that society should consider to improve the general welfare. This is to reduce the harmful effects of unemployment (Sage, 2019).

Roex and Rözer (2018) also took a societal perspective on short-term and long-term unemployment in relation to well-being where the focus is on social norms. The study was based on the social norm theory of unemployment, which stated that the health and well-being of the unemployed is lower in countries with strong social norms for work due to the negative stigma that comes with unemployment. It is a social norm in most countries that people are expected to work. Roex and Rözer (2018) conducted a quantitative study on secondary data from the combined World Study (WVS) and European Values Study (EVS). A multilevel analysis was done that showed that well-being is lower in countries that have strong social norms for work for unemployed men compared to women. This is also the case for long-term unemployment. This means that social norms and attitudes to work are more important for the well-being of men rather than for women.

Another study highlighted the importance of normalizing unemployment and the perception of unemployment in favor of perceived well-being (Pignault & Houssemand, 2017). Pignault and Houssemand (2017) pointed out that there is a shift in the attitude to unemployment that might be beneficial to individuals' health. They used questionnaires and 938 unemployed individuals participated in the study. The result for the study was that unemployment as a mental concept has been normalized among job seekers and its correlation with perceived well-being. The normalization did not differ between genders. As unemployment becomes more and more normalized, this can help the unemployed to manage their unemployment. In societies with more tolerant attitudes and norms to unemployment, well-being will be better for the unemployed.

Another study took a societal perspective into account when examining the effect of unemployment on health and well-being. Voßemer, Gebel, Täht, Unt, Högberg and Strandh (2018) studied how labor market policies as well as employment protection legislation affect the experience of insecure jobs and unemployment. There are many different types of insecure employment such as seasonal employment and temporary work that have emerged more and more in recent years. Research has shown that unemployment and insecure employment have a negative effect on an individual's

health and well-being. How unemployment and insecure employment affect the individual seems to depend on how the welfare system works (such as financial aid), but there is not much research on how labor market policy and its principles can play a moderating role in the effect (Voßemer et al., 2018). Voßemer et al. (2018) conducted a cross-national comparative study of around 89,000 individuals in 26 countries. They collected data from the European Social Survey. The result was that labor market legislations and policies are important in forming the experience of unemployment. For employees in insecure jobs this was however of less importance. It is important to examine the labor market principles and legislation on employment protection to see how they can affect the health and well-being of the unemployed. It seems that higher financial assistance for the unemployed is a buffer for negative effects of unemployment on well-being.

1.5.3. Unemployment and Mental Health

Zhang and Bhavsar (2013) studied the relationship between unemployment as a risk factor for mental illness. The study discussed the social reasons for diseases and factors such as unemployment that can increase the risk of mental illness (Marmot et al., 1978). The theoretical basis is Jahoda's (1982) deprivation theory, which specified that unemployment causes mental distress via the loss of five latent functions (activity, collective purpose, social contact, status and time structure). A literature review was conducted with 10 articles that focused on determining causality, effect size, and moderating factors in the relationship between long term unemployment and mental illness. The result showed that overall unemployment preceded mental illness, but the exact effect size was unclear. It was also discussed that for women unemployment has a lower impact possibility due to stereotypes and gender roles. The conclusion of the study was that focus should be on collaboration with social sciences and psychiatry, since a lot of biases exist when it comes to unemployment to broaden the perspective and analytical possibilities on unemployment and health.

A systematic literature review examined unemployment and mental health in Nordic countries among young adults (Reneflot & Evensen, 2014). 24 cross-sectional studies, longitudinal studies and time-series studies were included in the literature review. From the cross-sectional studies it was found that unemployed individuals experience more mental health problems and that no longer being unemployed was associated with increased well-being, especially for women. It was discussed that women often report their mental health declining more than for men. The longitudinal studies showed that unemployment increases the risk of attempted suicide and psychological distress. The time-series studies found that psychological distress vary with the labour market and no link was found between unemployment and suicide. Reneflot and Evensen (2014) drew the conclusion that unemployment is associated with decreased mental well-being especially for women and young adults.

Due to increased unemployment, it is important that the unemployed individuals take part in other activities to counteract negative mental health, such as volunteer work

(Kamerāde & Bennett, 2018). This is especially important in countries where there is not enough financial aid for the unemployed. Kamerāde and Bennett (2018) examined "cross-national differences in well-being and mental health between the unemployed who participate in voluntary work and those who do not…". They examined data quantitatively from the European Quality of Life Survey on the unemployed in 29 European countries. The result was that unemployed individuals in countries with generous financial aid have higher well-being and mental health. This means that financial aid and great unemployment benefits can serve as a buffer for mental health and general well-being. Kamerāde and Bennett (2018) concluded that what is important for counteracting the negative health effects of the unemployed are better and higher unemployment benefits and financial aid.

1.5.4. Summary

The earlier research selected via a literature search found that there are both individual and contextual factors that affect unemployed individuals and their mental health. How the society is built, with the rules and regulations are in place about unemployment can affect individuals perspective of unemployment which in turn can affect their (mental) health (Kamerāde & Bennett, 2018; Pignault & Houssemand, 2017; Reneflot & Evensen, 2014; Roex & Rözer, 2018; Sage, 2019; Voßemer et al., 2018). The perception individuals have of their unemployment can affect one's mental health, it's important to normalize unemployment and see it as a natural part of life (Pignault & Houssemand, 2017). Some studies (Calvo et al., 2015; Sage, 2019; Zhang & Bhavsar, 2013) used Jahoda's (1982) deprivation model as a theoretical base for their studies. Exploring unemployment and its connection with life satisfaction and mental illness. Zhang and Bhavsar (2013) discussed the importance that Marmot (1978, 2015) brought to light about social factors (and not just psychological and biological) that can increase the risk for mental disorders. Hult, Pietilä and Saaranen (2020) used the sense of coherence (SOC) theory by Antonovsky (1996) as a basis for their study, highlighting the importance of an individual's health in relation to feeling comprehensibility, manageability and meaningfulness, which are aspects that can be felt through employment. Unemployed individuals need social support. Economic recession will affect the rate of unemployment and in turn increase unemployed individuals' mental disorder and wellbeing (Hiswåls et al., 2017). There are also gender differences when it comes to unemployment and mental disorders.

Not much research was found that focused specifically on the gender perspective when it comes to unemployed men's and women's perception of mental health. Some studies (Reneflot & Evensen, 2014; Sage, 2019) mentioned that unemployed women have worse mental health. A few studies (Hult et al., 2020; Roex & Rözer, 2018; Zhang & Bhavsar, 2013) discussed that men have worse mental health in relation to their unemployment. Some studies (Pignault & Houssemand, 2017; Hiswåls et al., 2017) discussed no difference between gender.

This study will focus on unemployment for women and men and perceived mental health during the COVID-19 pandemic. Not many Swedish studies were found that used a quantitative method and keeping in mind the statistics from the Public Health Agency of Sweden it would be interesting to compare a smaller sample with this data.

2. Purpose and Research Questions

The purpose of this study is to examine how unemployed individuals in different gender groups experience and value their mental health during the COVID-19 pandemic.

- How do men and women experience their mental health during their time of unemployment?
- How do the respondents assess the influence of their unemployment on their mental health and well-being?

3. Method

This section presents the quantitative method used in this study, the collection of data via an internet-based survey, the sample population of unemployed men and women, the statistical analysis: Mann-Whitney U test conducted in SPSS and research ethical considerations.

An internet-based survey was used to examine the purpose and the research questions. The quantitative method has its strengths and weaknesses that will be discussed in the method discussion (Grinnell & Unrau, 2018; Patton, 2002). An inductive reasoning approach will be used where theories will be applied after the collection of data. The post positivism philosophy will be used for this study. This philosophy fits into the quantitative method but also shows consideration to qualitative subjective views (Bryman, 2012). The focus in this study will be on collecting quantitative data but with some options for participants to write out their answers (open-ended responses). Focus is on understanding, reasoning, prediction, and explanations.

3.1. Literature Search

To explore earlier research within this field a literature search was conducted. This was done in a systematic fashion based on key words derived from the purpose and research questions. The final search string used was health AND (experience or perception or attitude or views or feelings or opinion) AND (unemployment or unemployed) AND (wellbeing or well-being or well being). The database used for the literature search was from the University of Gävle's subject guide for social work, SocIndex. SocIndex is a database in sociology where social work is included. The inclusion criteria were articles in English, peer reviewed, accessible in full text, from 2013 to 2021 and about unemployment. A selection was done on the articles found from the abstract, title and

keywords/subject used to make sure they are relevant for the purpose of this study. This information can be found in Appendix II.

3.2. Population

A convenience sample was used for this study (Bryman, 2012). The survey was posted in a Swedish Facebook group for the unemployed (job seekers). The group admin was contacted and gave permission to post the request and link to the survey in the group (see Appendix III). The participants were informed about the study (Appendix IV). The sample is unrepresented since the participants in the study are part of only one online Facebook group and the results cannot be generalized to the target population of all unemployed individuals. This survey is carried out within the framework for a master's thesis, a suitable goal was to collect around 80 responses. Other individuals might be part of this Facebook group (that are not unemployed) a question in the survey was asked about their occupation (see Appendix I). Those that do not fall into the definition of the unemployed or incomplete surveys were excluded.

3.3. Data Collect

The internet survey was created with Google Forms where the answers are collected anonymously and cannot be traced back to a specific individual. The different sections of the survey that make up the variables are mental health and well-being, economic conditions, employment status, background (age, gender, education, relationship status, housing situation). These were based on the Public Health Agency of Sweden questions for the national public health survey (Folkhälsomyndigheten, 2021). Four open-ended questions were also included in the survey. They were about what it is like being unemployed, if they feel that their health has been affected by unemployment, if the COVID-19 pandemic has affected their unemployment and length of unemployment. The open-ended questions gave the respondents a chance to explain and elaborate their answers related to being unemployed and their health (see Appendix I). Health, mental health and well-being are three sections of the questionnaire that consist of 14 questions that are measured on an ordinary scale (for survey, see Appendix I). The first question measured perceived general health. Question two was measuring perceived *good mental well-being* and is divided into seven questions. Question three was measuring perceived *mental disorder* and was divided into six questions. Question two and three were divided into several questions measuring the same thing and each set of questions was combined separately to get the average score, to increase reliability of the measurement. The survey was tested before it was sent out (pilot survey) to increase reliability (Bryman, 2012).

3.4. Data Processing and Analysis

The quantitative data collected from the survey was analyzed using IBM SPSS Statistics 27. Data from the Google Forum was entered into SPSS. Descriptive and inferential

statistics were derived from the data. The descriptive data were derived to be able to describe and show the data via chart and graphs. Inferential statistics were derived to analyze the data and help make conclusions. To focus on the purpose and the research questions, the variables *good mental well-being* and *mental disorder* were compared with the variable unemployment for different genders. The dependent variables that were measured were *good mental well-being* and *mental disorder* in relation to the independent variable *gender* for the unemployed. The variables under background (apart from gender) such as age, economic conditions, education, housing, city and relationship status were collected for descriptive statistics (see Appendix I). Gender (male/female/other) and all the other background variables are nominal variables. The dependent variables *good mental well-being* and *mental disorder* were set to an ordinal variable. A non-parametric two independent samples t-test: Mann-Whitney U test was used to analyze the data (Bryman, 2012). The data set met all the requirements and assumptions for using a Mann-Whitney U test: the dependent variable is ordinal or continuous, the independent variable has two categories, independent groups, there is independence of observation for the group, there is an equally variance in the data set and the variables were not normal distribution (Lund Research Ltd., 2018). The level of significance was set to $p < 0.05$.

The focus was to see if there is any statistically significant difference between the independent variable unemployed men and women and the dependent variables (*good mental well-being* and *mental disorder*) and to produce descriptive statistics.

3.5. Ethical Considerations

The purpose of this study was to examine how unemployed individuals in different gender groups experience and value their mental health. Sensitive and personal information was collected regarding health and well-being. A survey was used to collect the informants' values of health, mainly mental health. 14 questions in the survey concerned health/mental health and well-being. Personal information about the informants was collected about gender, age, marital status, financial circumstances and living situation.

As the study includes the collection of sensitive personal information, in this case questions related to mental health and well-being, and since the survey was posted on an online social platform the Forskningsetiska rådet at the University of Gävle was contacted to ensure that good research ethics have been applied. The study was approved by the Forskningsetiska rådet at the University of Gävle on 2022-03-22.

It is important to protect the individuals that participate in the study from potential harm (Vetenskapsrådet, 2017). The Swedish Research Council has brought forward guidelines when it comes to ethical considerations that were taken into consideration for this study. Informed consent entails informing participants of the study, its purpose and that participation was voluntary and anonymous. The participants consented to participate in the study and were allowed to terminate their participation at any time. They were able to answer questions with “do not want to answer” or “other”. The data

was stored anonymously and securely on the researcher's password protected computer in compliance with the confidentiality requirements. The answers are reported at a group level, which makes identification difficult. When the study has been submitted and approved, all data will be deleted in compliance with University of Gävle's guidelines.

5. Result

The result section presents the result from the analysis via IBM SPSS Statistics 27 and the open-ended questions collected from the survey. The result examines the purpose and answers the research questions: *How do men and women experience their mental health during their time of unemployment?* and *How do the respondents assess the influence of their unemployment on their mental health and well-being?*.

When it comes to the quantitative results the analysis will mostly be presented and discussed based on tables and figures produced from SPSS. Descriptive data presented includes age, gender, education, housing, city, length of unemployment, economic conditions and living situation. Since the dependent variables are ordinal and the independent variable have two categories (men and women) a non-parametric two independent samples t-test (Mann-Whitney U test) was used to see if there is a statistically significant difference between unemployment for men and women and the dependent variables (*good mental well-being* and *mental disorder).* Mean and standard deviation is presented for the data. The significance level is set to $p < 0.05$. Previous research is discussed with data from the Public Health Agency of Sweden.

5.1. Descriptive Data

The survey was posted on social media sites concerning unemployment between March 22 to April 5. Only those individuals that fit into the definition of unemployed were included in the study; the others were excluded. 82 people answered, out of these 70 were unemployed and fit into the definition of unemployed. 38.6% were men (n = 27), 61.4% were women (n = 43) and no other gender were reported by the respondents (Figure 3).

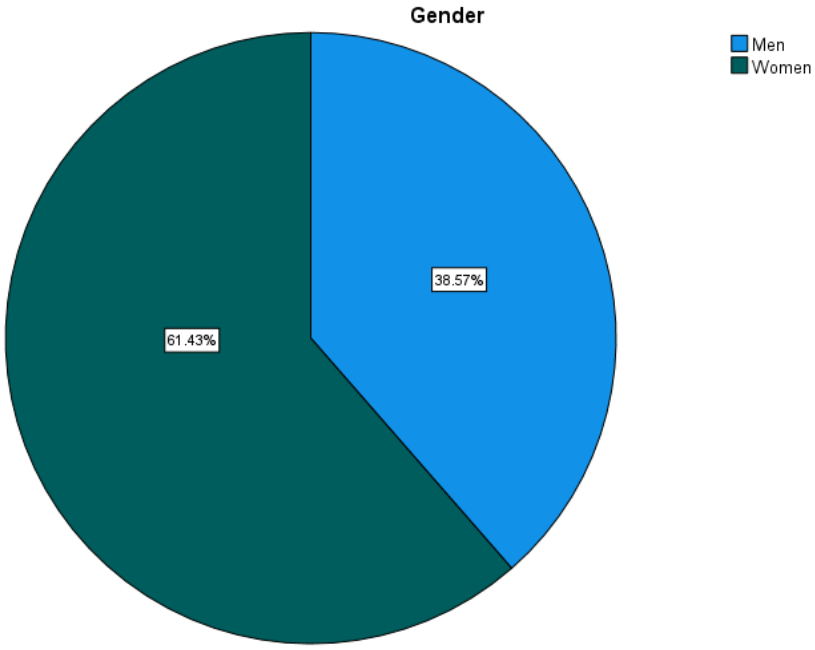

Figure 3. Distribution of men and women in the study.

When it comes to age 50.0%, 35 individuals were between 20 and 29 years old, 6 were 18-19, 20 were 30-39, 5 were 40-49, 4 were 50-59 and no one over 60 answered the survey (Figure 4). The majority also had a degree from a college or university 55.7%, 39 individuals, 14 had some university studies (no degree), 5 had post-secondary education (not college or university), 10 had high school or equivalent and 2 had primary school or equivalent. 31 lived in a large city (44.3%), 34 in a smaller town (48. 6%) and 5 in the countryside (7.1%). 26 lived with their parents, 22 rented their home, 17 owned their home, 3 did not want to answer and 2 answered ‘other’ housing situations. 50.0% were single, 35 individuals, 13 were married, 20 were in a domestic relationship, 1 widow and 1 divorced. The average length of unemployment was 4.79 months.

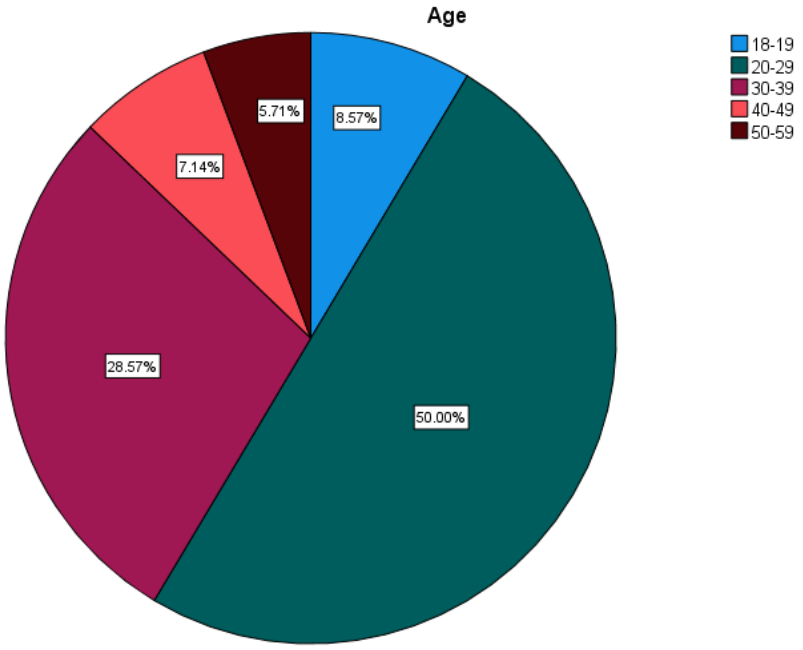

Figure 4. Age distribution in the study

When it comes to the economic conditions 46 individuals, a majority (65.7%), answered yes to the question: *Would you or your household be able to pay an unexpected expense of SEK 13,000 within a month without borrowing or asking for help?* Out of these 46 individuals there were 26 men and 30 women. That means that 24 (34.3%) individuals reported not having a SEK 13,000 buffer. Out of these 24 individuals, 11 were men and 13 women. A majority of the respondents (61.4%) answered no to the question: *During the last 12 months, have you had difficulty managing your current expenses for food, rent, bills, etc.?* Meaning that the majority, 43 individuals (29 women, 14 men), did not report having any financial difficulties. However, this means that 38.6% which is 27 individuals (13 men and 14 women) of the 70 unemployed men and women that participated in this study completely lack a financial buffer.

5.2. Good Mental Well-being and Mental Disorder

The second question in the survey (see Appendix I) was divided into seven parts measuring perceived *good mental well-being.* Question two was formulated in a positive fashion with questions such as "I have a positive view of the future" and "I feel calm", where the scale was 1 to 5 with 1 representing 'Never' and 5 'Always'. These seven questions were combined to measure the perceived overall *good mental well-being*. Where a higher score represents a higher perceived *good mental well-being*.

Question three was formulated in a negative fashion measuring *mental disorder* (see Appendix I) with questions such as "During the last month, how often have you felt without hope?" and "During the last month, how often have you felt so depressed that nothing could cheer you up?", where the scale was 1 to 5, with 1 representing 'Never' and 5 'All the time'. A higher score represents higher *mental disorder*.

Good mental well-being for both unemployed men and women reported an average of 3.64 with a standard deviation of 0.80. *Mental disorder* for both men and women were reported an average of 2.82 with a standard deviation of 1.01, shown in table 1 below. This means that unemployed men and women collectively reported higher *good mental well-being* than *mental disorde*r. This corresponds to the Public Health Agency of Sweden where *good mental well-being* was reported higher, 67 percent, than *mental disorder*, 50 percent, for the unemployed shown in figure 1 above.

Table 1. Descriptive statics for *Good mental* well-being and *Mental disorder*

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum
GoodMentalWellbeing	70	3.6388	.79956	2.00	5.00
MentalDisorder	70	2.8214	1.01054	1.00	4.83

Difference between how Men and Women Value their Mental Health

Women (M = 3.70, SD = 0.80) reported higher *good mental well-being* than men (M = 3.53, SD = 0.80) shown in table 2 below. Figure 5 below, shows a visual representation of *good mental well-being* for men and women. This does not correspond to the Public Health Agency of Sweden where men (68 %) reported higher *good mental well-being* than women (66 %) (figure 2).

Women reported lower *mental disorder*, (M = 2.70, SD = 0.95) than men (M = 3.01, SD = 1.09), shown in table 2 below. Figure 6 below, shows a visual representation of *mental disorder* for men and women. This does not correspond to the Public Health Agency of Sweden where women (51 %) reported higher *mental disorder* than men (49 %) (figure 2).

Table 2. Descriptive statics for *Good mental well-being* and *Mental disorder* for men and women

Descriptives

		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
GoodMentalWellbeing	man	27	3.534	.80383	.15470	3.2164	3.8524	2.00	5.00
	woman	43	3.704	.79929	.12189	3.4583	3.9503	2.00	5.00
	Total	70	3.639	.79956	.09557	3.4481	3.8294	2.00	5.00
MentalDisorder	man	27	3.012	1.09283	.21032	2.5800	3.4447	1.33	4.83
	woman	43	2.702	.94879	.14469	2.4096	2.9935	1.00	4.67
	Total	70	2.821	1.01054	.12078	2.5805	3.0624	1.00	4.83

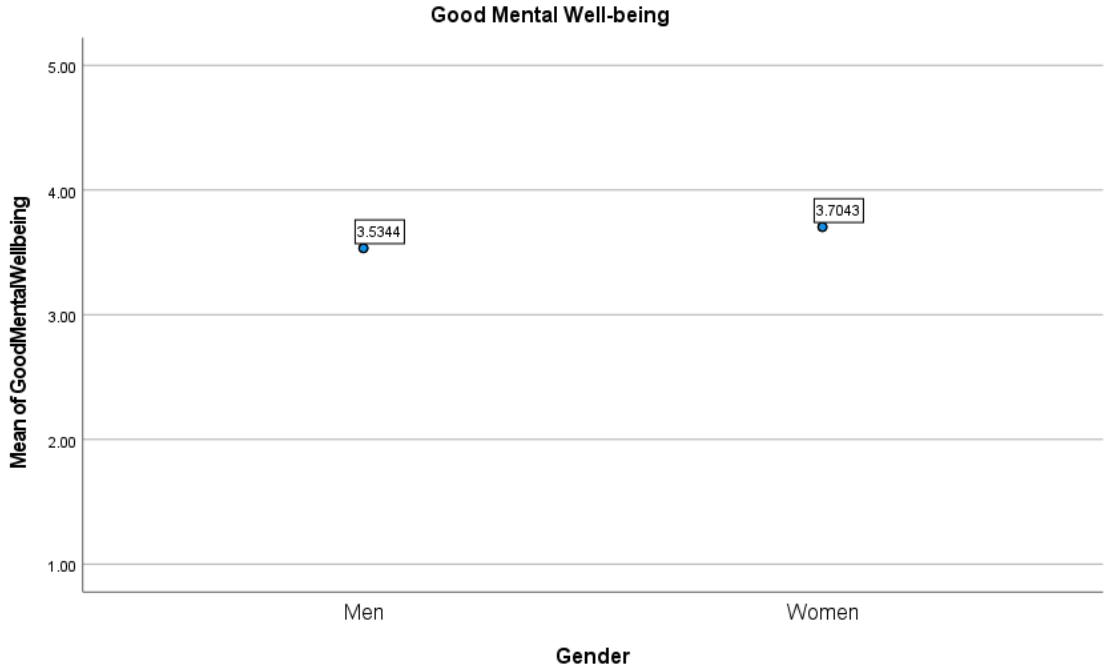

Figure 5. Mean reported for *Good mental well-being* for men and women

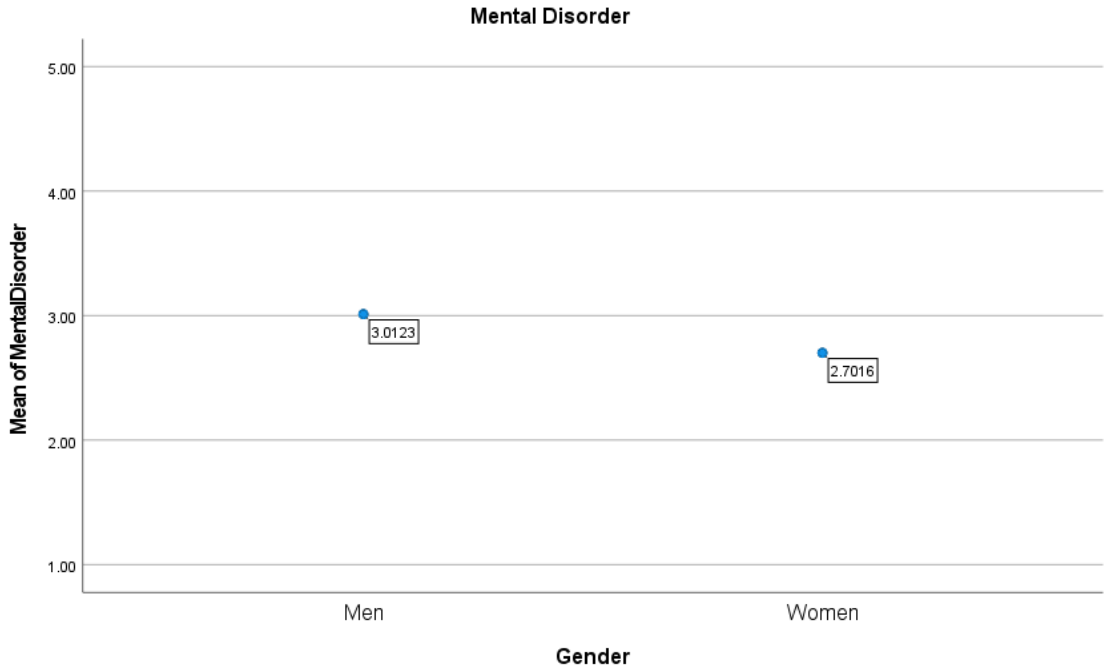

Figure 6. Mean reported for *Mental disorder* for men and women.

Difference in Mental Health for Gender

The Mann-Whitney U test conducted on the data from the surveys with the main dependent variables: *good mental well-being* and *mental disorder* showed that there is no statistically significant difference for *good mental well-being* for men and women ($z = -0.83$, $p = 0.41$). The result also showed no statistically significant difference for *mental disorder* for men and women ($z = -1.20$, $p = 0.23$). Shown in table 3 below.

Table 3. Mann-Whitney U Test with *Good mental well-being* and *Mental disorder* grouped by Gender

Test Statistics[a]

	GoodMentalWellbeing	MentalDisorder
Mann-Whitney U	512.000	481.000
Wilcoxon W	890.000	1427.000
Z	-.828	-1.202
Asymp. Sig. (2-tailed)	.408	.229

a. Grouping Variable: Gender

Difference in Mental Health for Different Age Groups

41 of the participants were below the age of 30 (18-29-year-olds) and 29 were above the age of 30 (30–59-year-olds), shown in table 4 below. The results showed that there is no statistically significant difference for *good mental well-being* for the unemployed below 30 and above 30 (z = -1.09, p = 0.28). Which means that there is no statistically significant difference reported between unemployed individuals below or above 30 when it comes to *good mental well-being*. The result showed a statistically significant difference for *mental disorder* for the unemployed below 30 and above 30 (z = -2.05, p = 0.04). Meaning, those below 30 reported a significantly higher *mental disorder* than those below 30. Shown in table 5 below.

Table 4. Distribution of Age groups, above 30 and below 30

Ranks

	AgeAboveBelow30	N	Mean Rank	Sum of Ranks
GoodMentalWellbeing	Below30	41	33.28	1364.50
	Above30	29	38.64	1120.50
	Total	70		
MentalDisorder	Below30	41	39.70	1627.50
	Above30	29	29.57	857.50
	Total	70		

Table 5. Mann-Whitney U Test with *Good mental well-being* and *Mental disorder* grouped by Age (Above 30 and Below 30)

Test Statistics[a]

	GoodMentalWellbeing	MentalDisorder
Mann-Whitney U	503.500	422.500
Wilcoxon W	1364.500	857.500
Z	-1.087	-2.054
Asymp. Sig. (2-tailed)	.277	.040

a. Grouping Variable: AgeAboveBelow30

Difference in Mental Health for Marital Status

35 of the participants were single and 35 were others which included married, domestic partnership, widow or divorced, shown in table 6 below. The results showed that there is a statistically significant difference for *good mental well-being* for the marital status for the unemployed (z = -2.31, p = 0.02). Meaning that singles reported a statistically significant higher *good mental well-being* than others. The result showed a statistically significant difference for *mental disorder* for marital status for the unemployed (z = -2.98, p = 0.003). Meaning that singles also reported a statistically significant higher *mental disorder*. Shown in table 7 below.

Table 6. Distribution of marital status, singles and other

Ranks

	SingleOther	N	Mean Rank	Sum of Ranks
GoodMentalWellbeing	Single	35	29.90	1046.50
	Other	35	41.10	1438.50
	Total	70		
MentalDisorder	Single	35	42.74	1496.00
	Other	35	28.26	989.00
	Total	70		

Table 7. Mann-Whitney U Test with *Good mental well-being* and *Mental disorder* grouped by marital status (singles and other)

Test Statistics[a]

	GoodMentalWellbeing	MentalDisorder
Mann-Whitney U	416.500	359.000
Wilcoxon W	1046.500	989.000
Z	-2.306	-2.982
Asymp. Sig. (2-tailed)	.021	.003

a. Grouping Variable: SingleOther

Difference in Mental Health Related to Economic Stability

46 of the participants reported yes to having economic stability and 24 reported no to having economic stability, shown in table 8 below. The results showed that there is a statistically significant difference for *good mental well-being* for the unemployed with economic stability (z = -2.37, p = 0.02). Meaning that those with economic stability reported a statistically significant difference with a higher *good mental well-being* than those who answered no. The result showed a statistically significant difference for *mental disorder* for the unemployed with economic stability (z = -3.18, p = 0.001). Meaning that individuals with economic stability reported a higher statistically significant difference than those who answered no. Those with economic stability both reported better *good mental well-being* as well as higher *mental disorder*. Shown in table 9 below. No statistically significant results were found for economic difficulty, which was also measured in this study.

Table 8. Distribution of economic stability (yes or no)

Ranks

	EconomicStability	N	Mean Rank	Sum of Ranks
GoodMentalWellbeing	yes	46	39.66	1824.50
	no	24	27.52	660.50
	Total	70		
MentalDisorder	yes	46	29.92	1376.50
	no	24	46.19	1108.50
	Total	70		

Table 9. Mann-Whitney U Test with *Good mental well-being* and *Mental disorder* grouped by economic stability (yes or no)

Test Statistics[a]

	GoodMentalWellbeing	MentalDisorder
Mann-Whitney U	360.500	295.500
Wilcoxon W	660.500	1376.500
Z	-2.374	-3.179
Asymp. Sig. (2-tailed)	.018	.001

a. Grouping Variable: EconomicStability

Difference in Mental Health Related to Education Level

39 of the participants reported that they had a degree from a university or college and 31 reported other educational levels (primary school, high school, post-secondary, some university (no degree)), shown in table 10 below. The results showed that there was no statistically significant difference for *good mental well-being* for the educational level for the unemployed (z = -1.56, p = 0.12). The result showed no statistically significant difference for *mental disorder* for the unemployed for the educational level (z = -0.64, p = 0.52). There was no statistically significant difference for those with a degree for

good mental well-being or for *mental disorder* compared to those without a degree (lower education level). Shown in table 11 below.

Table 10. Distribution of educational level (with a university or college degree and others without)

Ranks

	DegreeOther	N	Mean Rank	Sum of Ranks
GoodMentalWellbeing	Degree	39	38.88	1516.50
	Other	31	31.24	968.50
	Total	70		
MentalDisorder	Degree	39	34.12	1330.50
	Other	31	37.24	1154.50
	Total	70		

Table 11. Mann-Whitney U Test with *Good mental well-being* and *Mental disorder* grouped by educational level (with a university or college degree and others without)

Test Statistics[a]

	GoodMentalWellbeing	MentalDisorder
Mann-Whitney U	472.500	550.500
Wilcoxon W	968.500	1330.500
Z	-1.563	-.639
Asymp. Sig. (2-tailed)	.118	.523

a. Grouping Variable: DegreeOther

5.8. Open-ended responses

The participants were given the opportunity to give written responses to the questions *What is it like to be unemployed?, Do you feel that your health and well-being have been affected by being unemployed?* and *Has the COVID-19 pandemic affected your employment? If so, how?*. These questions were used as complementary to the main results from the statistical analysis. A few answers were included to give a more nuanced look on how the participants assess the influence of their unemployment on their mental health and well-being. The quotes used for the result were translated from Swedish to English.

Feelings of Restlessness

For the first question: *What is it like to be unemployed?*, some participants described it as boring or a feeling of restlessness. They also explained their unemployment as being difficult. The idea of restlessness and convenience was also conveyed. All these emotions are negative and play into the individuals not having anything to do since they are unemployed. They have endless free time which they find boring and depressing.

With too much free time the participants shared that they feel restless and it seems that they do not know what to do. This can cause them worry and stress. Many of these negative emotions can connect to the idea of lower mental health and well-being for these unemployed individuals.

Here are a few but not all responses,

> "Boring, depressing, difficult" [female participant]
>
> "Stressful, worrying, boring" [female participant]
>
> "Restlessness, as well as a dangerous convenience of living at home" [male participant]

Boredom Leading to Hopelessness and Anxiety

As mentioned above the participants feel boredom and restlessness as unemployed individuals. Some participants even linked these negative emotions of boredom to feeling stressed or even hopelessness. Being unemployed seems to bring out many negative emotions that can make the individuals feel even worse about their circumstances. Anxiety and emptiness are also something that was mentioned, where the participants are anxious about their unemployed circumstance and do not know what the future will hold. With the COVID-19 pandemic in mind, some participants shared that they feel hopeless and uncertain about finding employment. Others found it more stressful when it came to their economic vulnerability, where they were uncertain about how they were going to pay for different expenditures such as bills, food and gas.

Here are some voices,

> "Boring and extremely stressful - don't know if I'll be able to eat that week, struggling to pay rent and keep the lights on, can't go anywhere because I have no money for gas." [female participant]
>
> "Boring. It can feel a bit hopeless because of COVID, if I want to pursue a career within my field of study." [female participant]
>
> "It makes me feel like I'm never going to accomplish anything and I'm very anxious about my future. I also often feel bored and empty" [male participant]

Stressful Situation

Stress was another concept that emerged from the open-ended responses. Some participants mentioned stress or that it is stressful to be unemployed. These feelings of stress conveyed by the participants were sometimes accompanied with feelings of worthlessness or worry. Participants reported feeling worried, depressed and even tired about being unemployed which also resulted in reported feelings of stress. There was also worry connected to money about being unable to pay for expenditures connected to feeling stressful.

Here are some responses from the participants,

"I feel worthless, lost, like no purpose. that made me stressed, depressed, and tired." [male participant]

"Stressful and constantly worried about affording things" [female participant]

"Stressful over money for bills." [male participant]

Frustration

Frustration was another concept that the participants gave as responses to their unemployment. Feeling frustrated and unable to do anything in their everyday life was also expressed by some participants. Being frustrated was also linked to feelings of stress and some type of hopelessness over their circumstance. Not having a job seemed to produce feelings of frustration and discouragement from not being able to do what one wants to do during the day because of the lack of income or from being unable to buy something extra for oneself or go out and eat, again because of the lack of income from being unemployed.

Two female participants expressed frustration,

"It is frustrating not to have anything to do during the day and not to have income" [female participant]

"Frustrating and no money to buy anything extra. Can be stressful to try to find a new job." [female participant]

Health and Well-being affected by being unemployed

For the second question: *Do you feel that your health and well-being have been affected by being unemployed?* 25 out of 70 participants explicitly stated yes (9 men and 16 women). That means that 35.7% of the participants reported worse health and well-being from being unemployed. Concepts such as not being able to do what one likes and having limited freedom and independence because of not having an income were expressed as affecting their health and well-being. Some participants also explicitly mentioned that their mental health was affected by being unemployed and that this also affected their physical health.

Here are some voices,

"Yes, of course. I don't have the means to do anything that I like." [female participant]

"Yes, because there is limited freedom and independence due to no income" [female participant]

"When I don't have a job to distract me, it's difficult for me to take care of my mental health which often means I'm unable to take care of my physical health." [male participant]

Health and Well-being Not affected by being unemployed

8 individuals answered no to the second question: *Do you feel that your health and well-being have been affected by being unemployed?* (6 men and 2 women), with simple

responses such as “No, not really.” or “no”. Some responses expressed feeling less depressed because their previous job was difficult or stressful. Working in a demanding environment can be stressful and being at home decreased the feeling of stress.

One participant expressed it as such,

> “No, I feel less depressed. My previous job was really shitty” [female participant]

The COVID-19 pandemic affect on employment

For the third question: *Has the COVID-19 pandemic affected your employment? If so, how?* 24 answered no (9 men and 15 women), with answers such as “No, not quite” and “Not really”. Some participants expressed that the COVID-19 pandemic did affect their employment. Some shared that there were less opportunities and that they lost their job because of the COVID-19 pandemic. Being unwell or immunocompromised also decreases the opportunities for some to be able to work. The concept of time, such as it taking longer to be hired or feelings of it not being a good time for companies to hire or expand was also expressed. Online or virtual interviews are also seen as something during the COVID-19 pandemic that affected employment.

Here are some answers,

> “Yes, there are less opportunities or it takes a lot longer to be taken on by places” [female participant]

> "Yes, I lost my previous job as a result of the pandemic. I was unemployed due to being immunocompromised. I was able to upskill during the pandemic to a field that would allow for remote work” [male participant]

> “Yes, I think so. I feel that companies may not find this the best time to expand and take chances on hiring people with no real experience.” [female participant]

> “Yes. All interviews are virtual.” [female participant]

6. Discussion

6.1. Result Discussion

Unemployment is a social issue that can lead to worsened health. Even though some studies have explored the connection between unemployment and health, and mental health, it is still important to explore this connection further, especially now during the COVID-19 pandemic. The purpose of this study was to examine how unemployed individuals in different gender groups experience and value their mental health during the COVID-19 pandemic. Exploring how men and women assess and perceive their mental health and well-being at the time of their unemployment.

The results show a small difference in how men and women value their *mental well-being* and *mental disorder*. However, no statistical significance was found between men or women for *good mental well-being* or for *mental disorder*. This might be because of the data set not being normally distributed. Even if only a smaller sample size was used in this study, it is interesting to note that the findings did not correspond to the Public Health Agency of Sweden results. The Public Health Agency of Sweden found that men on average rated their *good mental well-being* higher than women and men reported lower *mental disorder* than women. However, there is only a 2 percent difference between men and women from the Public Health Agency of Sweden results for both measurements. It is important to note that the difference in rating between the total population and the unemployed is much larger, where the unemployed on average reported lower *good mental well-being* and higher *mental disorder* (Folkhälsomyndigheten, 2021).

The sense of coherence (SOC) theory by Antonovsky explores the fact that comprehensibility, manageability and meaningfulness are important to an individual's health and well-being. It has been discussed that unemployed individuals feel less SOC, life satisfaction and also quality of life (Calvo et al., 2015; Hult et al., 2020). According to the results from this study one cannot draw any conclusions to this notion since employed individuals were not compared to unemployed, however it can be discussed that women rate their mental health and well-being higher than men (however, there were no statistically significant difference). Generally, women have been found to have slightly less SOC than men (Eriksson, & Lindström, 2005). Hult et al., (2020) on the other hand discussed that women have a higher SOC in their lives which results in better health and higher quality of life which is consistent with the result from this study.

Working provides different latent functions that Jahoda's (1982) described in the deprivation model. These are time structure, social contact, collective striving, identity (status) and activity. Unemployed individuals have less access to these functions which can result in worse mental health (Jahoda, 1982). Calvo, Mair and Sarkisian (2015) and Sage (2019) discussed that unemployment is a stressful life event that deprives individuals of the latent functions. The results from this study could be discussed in relation to Jahoda's (1982) model, that unemployed individuals, men, perceive their mental health and well-being lower because they are deprived of these basic latent functions.

Some of the other factors that were measured in this study, such as age, economic stability/difficulty, marital status, place of living and length of unemployment can be factors that can explain the result of the study. When it comes to the length of unemployment it has been discussed that the longer an individual is unemployed, the greater the risk of negative health effects (Hiswåls et al., 2017; Janlert, 2012). The average length of unemployment were 4.79 months for the total sample population, however women reported more time unemployment than men. This means that women

should have reported on average worse health than men, but this was not that case in this study. Roex and Rözer (2018) discussed that social norms and attitudes to work associated with gender can explain the results, where men report lower well-being than women in countries with strong social norms for work. Men might associate their well-being and health with employment (Roex & Rözer, 2018). The result corresponds to Zhang and Bhavsar (2013) findings, however they measured mental illness rather than mental disorder where unemployed women experience less mental illness, possibly due to stereotypes or gender roles. Reneflot and Evensen (2014) found that unemployment is associated with decreased mental well-being especially for women, which does not correspond with the result of this study.

According to Pignault and Houssemand (2017) the perceived well-being should be affected less regardless of gender since unemployment has become more normalized. This means that it is important in society to normalize unemployment and make sure, regardless of gender, that unemployed individuals receive the help and support they need (Kamerāde & Bennett, 2018; Pignault & Houssemand, 2017; Sage, 2019; Voßemer et al., 2018).

Age could also be a factor that can affect unemployed individuals' health. The descriptive statistics revealed individuals from 18 to 59 years old participated in this study. A majority of the individuals were between 18-29 years old. This could have affected the results. The majority of the participants were also women. Perhaps, women between 18-29 years old overall have better mental well-being and lower mental disorder than men. If older individuals would have answered the survey maybe it would have presented other results. It is also possible that age could be a protective factor for mental disorder (VicHealth, 2020). This might be why regardless of gender the unemployed individuals in this study did not rate their mental well-being that low. A Mann-Whitney U test was conducted on participants above 30 and below 30 years old. This revealed no statistically significant result for *good mental well-being*, but it did reveal a statistically significant result for *mental disorder*. Meaning that there is a difference between unemployed individuals above and below 30 years old for how they rate *mental disorder*. Those below 30 reported higher *mental disorder* than those above 30.

Marmot (2015) discusses the link between many social factors such as education, employment/income, quality of living districts, health care and other community/social aspects that influence one's well-being and health and some of these factors were measured in this study. Mann-Whitney U tests were conducted on the marital status, economic stability/difficulty and educational level of the participants. It has been discussed that being married, living with economic stability and having a higher educational level can serve as protective factors for mental disorders (Marmot, 2015; VicHealth, 2020). For marital status since half of the participants were single a Mann-Whitney U test was conducted by dividing the results into singles and others, others included being married, in a domestic partnership, widow or divorced. The Mann-

Whitney U tests revealed statistically significant results for marital status (single, other) for both *good mental well-being* and *mental disorder*. This means that there is a difference in how singles and others rate their *good mental well-being and mental disorder*. Singles rate both their *good mental well-being* as well as *mental disorder* higher. The test also revealed statistically significant results for economic stability (yes or no) for both *good mental well-being* and *mental disorder*. Those that answered that they did have economic stability responded higher for *good mental well-being* as well as for *mental disorder*. They reported overall better *good mental well-being* but worse *mental disorder*. There were also no noteworthy differences based on gender when it came to economic stability or difficulty. There is a link between economic aspects and health (Marmot, 2015). In this study, those that have economic stability both reported higher *good mental well-being* and higher *mental disorder*. This does correspond with the notion that having economic stability results in better health, however the results also showed that they reported higher *mental disorder*. This could be because they might feel that they have an overall *good mental well-being* but worse *mental disorder*. The open-ended responses revealed some insights. Some voices from the study expressed frustration and it being stressful when it comes to not having an income "It is frustrating not to have anything to do during the day and not to have income" and "Frustrating and no money to buy anything extra. Can be stressful to try to find a new job.". Someone else also expressed the limitation with not having an income "... there is limited freedom and independence due to no income". This limitation when it comes to income and the loss of economic stability that comes with being employed could result in lower mental well-being and health. However, due to this limited material not much can be concluded but we do see some reporting higher *mental disorder* from the data and expressing frustration with not having an income which indicates that further research is needed.

A majority of the participants reported having a degree from a college or university. However, the Mann-Whitney U test conducted on individuals with or without a degree from a university or college revealed no statistically significant result for either *good mental well-being* or *mental disorder*. This means that there is no difference in how those with or without a degree rate their mental health. Some of these results are surprising since being married or in a stable relationship, having economic security and a degree (higher education) should serve as a buffet for mental illness (VicHealth, 2020). For this study there is not much data to support those conclusions, however the majority of the participants were highly educated which could have affected the results. It is important to note that it is often a combination of many factors that can result in mental disorder.

The open-ended questions showed some insights describing what it is like being unemployed and how individuals experience their mental health and well-being during the COVID-19 pandemic. Since only a few excerpts of a few voices were used in this study the results were not analyzed any further using a qualitative research method. The quotes were also translated from Swedish to English trying to translate the quotes as

they were. Many strong emotions were conveyed such as feeling worthless, stressed, depressed, frustrated and also restless and bored. Some of these emotions can be linked to mental well-being and mental disorder, such as feeling stressed or depressed. It is interesting to note that for the first question: *What is it like to be unemployed?*, individuals only gave negative answers. For the second question: *Do you feel that your health and well-being have been affected by being unemployed?* and the third question: *Has the COVID-19 pandemic affected your employment? If so, how?* individuals gave both positive and negative answers. Some reported that the COVID-19 pandemic did have an effect on their chances of employment. Sharing that the COVID-19 pandemic mostly brought up less opportunities, resulted in virtual interviews and that it was difficult to get hired.

6.2. Method Discussion

There are both advantages and disadvantages to using a quantitative method. A quantitative method strives to collect numeric data to be analyzed and explored via statistics. In this case to examine how unemployed individuals in different gender groups experience and value their mental health. A shortcoming with this method is that no depth will be researched with the data, which could be achieved via for example in depth interviews (Pope et al., 2007). With a quantitative method, the purpose is not to gain deep insights but to generate and produce knowledge. This can however make the collected data superficial and static (Bryman, 2012). The goal is to produce numerical data often from a larger population to then be able to generalize the results. In this case, however, a convenience sample population was used making it difficult to generalize it to a larger population. This sample was compared with the Public Health Agency's statistics to still be able to gain some interesting insight with this small sample. It is not possible to discuss causal relationships but only correlation. To increase the reliability and validity of the study the procedure and analysis process were clearly explained (Grinnell & Unrau, 2018; Patton, 2002).

Sampling Bias and Oversampling

A limitation of this study was that a small convenience sample was used. This makes it unwise to generalize the results to a larger population. The results can only represent the participants that participated. The descriptive statistics revealed that women and individuals under 30, were overrepresented in the sample. 43 women compared to 27 men. Half of the study population was between the ages of 20-29. The majority were also educated where they had a degree from a college or university. This could be because more educated women and younger individuals use Facebook or that these individuals are more prone to answer online surveys. This could of course have impacted the result of the study. Maybe if women, educated and younger individuals were not oversampled in this study a more substantial difference between how men and women rate their mental health might have been found.

The distribution of data

No statistically significant result was found for how men and women value their mental health. This might be because of the sample collected. The data collected were ordinal data and it did not have a normal distribution resulting in the Mann-Whitney U test being used (Lund Research Ltd., 2018). Using this method still revealed some statically significant results however as stated not for men and women. That means that maybe if the data were normal distribution a statistically significant difference might have been found for men and women.

6.2.1. Reliability and Validity

To strengthen the study's reliability the background, purpose, population, data collection method, analysis and results are clearly presented (Patton, 2002). External reliability in this study can be questioned since there is a bias in the sampling method, however the survey can be used again (Bryman, 2012). It is difficult to generalize the result to a larger population since a convenience sample was used affecting the external validity. The answers collected via the survey might be subjective and only represent the type of individuals that would join and be a part of Facebook groups. To increase the reliability the survey was tested beforehand. The internal reliability, where there is agreement within the research team, will not be a problem for this study since only one researcher is analyzing the data. Another limitation of the study is with the internal validity, since only one researcher is analyzing the data and mistakes can be made with the calculations. To minimize this issue, the data will be analyzed twice.

By conducting an online survey, the researcher avoids bias and other stereotypes that might be applied on the participants via interviews. However, prejudices can happen when it comes to interpretation about previous research. Prejudice will always be part of studies, as it is in this study and it can come from both the participants and the researcher but it is important that it is noticed and does not distort the interpretation of the material or the result (Alvesson & Sköldberg, 2018, p. 139). To limit prejudice, the researcher tried to have an open attitude especially regarding the open-ended responses and consider different interpretations and critically reflect on each step in the analysis process (Alvesson & Sköldberg, 2018, p. 371).

6.2.2. Future Research

Further research could be done with more unemployed participants and different types of age groups. It would also be of interest to explore several health-related aspects separately, such as how unemployment affects mental or physical health and link to specific theories or compare to other groups such as students or retirees. Other relevant aspects regarding the unemployed, such as attitudes and behavior, which can affect health and the possibility of finding work may be interesting to investigate for further research.

6.3. Conclusion

Being unemployed can affect the mental health and well-being for both men and women. The study showed that a large minority is affected negatively by unemployment. However, there was no statistically significant difference from the Mann-Whitney U tests for *good mental well-being* or *mental disorder* for unemployed men and women. Additionally, the statistical test revealed that there is a statistically significant difference for *good mental well-being* and *mental disorder* grouped by marital status (single and other), economic stability (yes and no) and for *mental disorder* grouped by age (above 30 and below 30) for both unemployed men and women. More research needs to be made with a better representative sample to be able to draw further conclusions. Further research could be used to examine gender differences between unemployed and employed individuals.

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Appendix I Enkät om arbetslöshet och hälsa

Allmän Hälsa

1. Hälsotillstånd.

	Mycket bra	Bra	Någorlunda	Dåligt	Mycket dåligt
1. Hur bedömer du ditt allmänna hälsotillstånd?					

Upplevd hälsa och välbefinnande

2. Ange här hur väl påståendena nedan stämmer överens med hur du upplevt din situation.

	Alltid	Oftast	Ibland	Sällan	Aldrig
a) Jag har haft en positiv syn på framtiden					
b) Jag har känt att jag har varit till nytta					
c) Jag har känt mig lugn					
d) Jag har hanterat problem på ett bra sätt					
e) Jag har tänkt på ett klart sätt					
f) Jag har känt mig nära andra människor					
g) Jag har själv kunnat bestämma mig om saker och ting					

3. Följande frågor handlar om hur du känt dig under de senaste 30 dagarna.
För varje fråga, vänligen markera det som bäst beskriver hur ofta du hade denna känsla.
Under den senaste månaden, hur ofta har du känt dig…

	Ingen del av tiden	Liten del av tiden	Viss del av tiden	Mesta delen av tiden	Hela tiden
a) …orolig?					
b) …utan hopp?					
c) …rastlös?					
d) …så pass nedstämd att inget kunnat muntra upp dig?					
e) …som att allt varit ansträngande?					
f) …värdelös?					

Ekonomiska förhållanden

4. Skulle du eller ditt hushåll inom en månad klara av att betala en oväntad utgift på 13 000 kronor utan att låna eller be om hjälp?

Ja	Nej

5. Har det under de senaste 12 månaderna hänt att du haft svårigheter att klara de löpande utgifterna för mat, hyra, räkningar m.m.?

Ja, vid ett tillfälle	Ja, vid flera tillfällen	Nej

Arbete och sysselsättning

6. Vilken är din nuvarande sysselsättning?

Arbetar som anställd. Ange % av heltid.	
Egen företagare	
Tjänstledig eller föräldraledig	
Studerar, praktiserar	
Arbetsmarknadsåtgärd	
Arbetslös	

Ålderspensionär	
Sjuk- eller aktivitetsersättning (förtids-, sjukpensionerad)	
Långtidssjukskriven (mer än 3 månader)	
Sköter eget hushåll	
Annat, skriv här:	

Bakgrund

7. Hur gammal är du?

18–19	
20–29	
30–39	
40–49	
50–59	
60–69	
70-	

8. Hur definierar du din könsidentitet?

Kvinna	
Man	
Annat	

9. Vilken är din högsta avslutade utbildning?

Grundskola eller motsvarande	
Gymnasieskola eller motsvarande	
Eftergymnasial utbildning, ej högskola/universitet	
Studier vid högskolan/universitet	
Examen från högskolan/universitet	

10. Var bor du?

Landsbygd	

Mindre stad/tätort	
Större stad	

11. Vilken är din nuvarande bostadssituation?

Jag äger min bostad	
Jag hyr min bostad	
Jag bor hos mina föräldrar/släkt	
Vill ej svara	

12. Vad är ditt civilstånd?

Gift	
Sambo	
Singel	
Skild	
Änka	
Annat	

Arbetslöshet och hälsa

13. a) Hur är det att vara arbetslös?
Svar: _____

13. b) Känner du att din hälsa och ditt välmående har påverkats av att vara arbetslös?
Svar: _____

13. c) Har COVID-19 pandemin påverkat din anställning? I så fall hur?
Svar: _____

13. d) Hur länge har du varit/var du arbetslös?
Svar: _____

Appendix II Literature Search

To investigate previously relevant research, a literature search was carried out using the University of Gävle's subject guide for social work database SocIndex. The inclusion criteria for the articles are that they must be in English or Swedish, be peer reviewed, available in full text, from 2013 to 2021 and examine the unemployed. Keywords used were ‘health’ and ‘unemployment or unemployed’ and ‘wellbeing or well-being or well being’ and ‘experience or perception or attitude or views or feelings or opinion’. A narrower search was made with the keyword ‘mental health’, but this did not reveal enough results. A selection was made based on the abstract, title and keywords/topic of the articles to see if they are relevant to this study.

Table 1: Keywords

Population	Exposure (Independent variable)	Outcome (Dependent variable)
‘unemployment or unemployed’	‘experience or perception or attitude or views or feelings or opinion’	‘wellbeing or well-being or well being’ ‘health’

Search string
health AND (experience or perception or attitude or views or feelings or opinion) AND (unemployment or unemployed) AND (wellbeing or well-being or well being)
Database
SocINDEX

Inclusion criteria
● Swedish and English ● Peer-reviewed ● Scientific articles ● Available in full text ● Articles about the unemployed ● Articles from 2013 to 2021

Appendix III Intresseförfrågan

Hej!
Jag heter Natalie Davidsson och genomför just nu en undersökning om arbetslöshet och hälsa inom min masterutbildning i socialt arbete vid Högskolan i Gävle.

Syftet med studien är att undersöka hur arbetslösa upplever och värderar sin hälsa.

Min masteruppsats inom socialt arbete kommer att vara färdig i juni 2022.

Om ni har frågor eller funderingar om studien är ni välkomna att kontakta mig: Natalie Davidsson. davidsson.natalie.gavle@gmail.com eller min handledare:
Sven Trygged. sven.trygged@hig.se

Appendix IV Informerat samtycke

HÖGSKOLAN I GÄVLE

Akademin för hälsa och arbetsliv
Avdelningen för socialt arbete och kriminologi

Vill Du delta i en studie om arbetslöshet och psykisk hälsa?

Denna studie vänder sig till dig som har erfarenhet av arbetslöshet under pandemin. Det är känt att arbetslöshet kan ha betydelse för hälsan, men det finns det finns väldigt lite forskning om hur arbetslösa upplever sin psykiska hälsa under COVID-19 pandemin. Syftet med studien är därför att *undersöka hur arbetslösa upplever och värderar sin psykiska hälsa.* Detta görs med hjälp av en enkät.

Enkäten finns tillgänglig på nätet via en Facebookgrupp och riktar sig till arbetslösa. Enkäten kommer att läggas upp *22 mars, 2022* och en påminnelse en vecka efter *29 mars, 2022*.

Studien är ett examensarbete på avancerad nivå och är en del av utbildningen Masterprogrammet i socialt arbete vid Högskolan i Gävle. Studien kommer att genomföras med enkät under perioden *22 mars, 2022 till 5 april 2022.* Enkäten tar ca 5 minuter att fylla i och berör din erfarenhet/uppfattning om arbetslöshet och psykisk hälsa.

Svaren Du lämnar i enkäten kan inte kopplas till dig. Insamlat material kommer att behandlas konfidentiellt och ingen obehörig har tillgång till svaren.

Ingen enskild individ kan identifieras genom studien. Resultatet kommer att presenteras i form av en muntlig presentation till andra studerande samt i form av ett examensarbete. När examensarbetet är färdigt och godkänt kommer det att finnas i en databas vid Högskolan i Gävle. Enkätsvaren kommer att förstöras när examensarbetet är godkänt. Du kommer ha möjlighet att ta del av examensarbetet genom att få en kopia av arbetet.

Deltagandet är frivilligt och Du kan när som helst när Du fyller i enkäten avbryta din medverkan utan närmare motivering. Genom att besvara enkäten samtycker Du till att delta och är 18 år eller äldre.

Ansvarig för studien är *Natalie Davidsson.* Har Du frågor om studien är Du välkommen att höra av dig.

Om Du är missnöjd med hur dina personuppgifter behandlas vänder Du dig i första hand till högskolans dataskyddsombud som nås på registrator@hig.se. Om Du fortfarande inte är nöjd har Du rätt att ge in klagomål till Integritetsskyddsmyndigheten, som är tillsyningsmyndighet.

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Appendix V Article Matrix

Author, year, country	Design, aim	Sample / Population	Intervention (Independent variable)	Dependent variable	Result
Calvo, Mair and Sarkisian (2015), USA	Cross-sectional surveys (95 countries). "... unemployment shapes life satisfaction via individual, contextual, additive, or multiplicative effects."	Studies and articles from 95 countries	Unemployment	Life satisfaction	Interaction between individual- and country-level unemployment. Unemployed individuals are less satisfied.
Hiswåls, Marttila, Mälstam and Macassa (2017), Sweden.	Interviews. "This study aimed to provide an understanding of the experiences of unemployment and perceptions of well-being among persons who involuntary lost their work during the recent economic recession in Gävle Municipality."	16 men and women	Individuals who have been involuntarily unemployed.	Experiences of unemployment and perceptions of well-being	Loss of work affect social life and consumption patterns (due to changes in financial situation). Expressed feelings of isolation, loss of self-esteem, and feelings of hopelessness, (which affected physical well-being). Longer unemployment increased negative emotions.
Hult, Pietilä and Saaranen (2020). Finland.	Nationwide Finnish Regional Health and Well-Being Study. (questionnaire) "... explored meaningfulness, health and work ability as predictors of quality of life among unemployed adults."	30,598 individuals	Unemployed or laid-off persons	Self-reported meaningfulness, health, work ability and quality of life.	The most substantial effect on the quality of life is perceived meaningfulness.
Kamerāde and Bennett (2018). Canada.	Quantitative study (on secondary data from 29 countries). "... examines cross-national differences in well-being and mental health between unemployed people who engage in voluntary work and those who do not…"	Surveys and data from 29 european countries	Unemployed respondents	Well-being and mental health	Unemployed people in countries with generous unemployment financial aid (regardless of voluntary activity) have higher levels of mental health and well-being.
Pignault and Houssemand (2017). France and Luxemburg	Qualitative and quantitative methods - questionnaires, "The connection between [changes in the way people view unemployment,] and experiences with unemployment and health."	938 unemployed people	Unemployed individuals	Normalized unemployment and the perception of well-being	Unemployment as a psychological concept has been normalized among job seekers and its correlation to perceived well-being.
Reneflot and Evensen (2014). Sweden and Norway	Literature review (cross-sectional, longitudinal and time-series studies). "... the relationship between unemployment and mental health among young adults."	24 studies with young adults	Unemployment	Psychological distress, mental health	The unemployed experience more mental health problems (than the non-unemployed) and increases the risk of psychological distress as well as suicide attempts.
Roex and Rözer (2018). Germany	Quantitative study (on secondary data). "Do people think the unemployed should take any job they are offered, or should they have a right to refuse?"	2 sets of datasets	Net of own norms and measures of the social norm to work	Well-being	Well-being for unemployed men is lower in countries that have strong social norms for work

Sage (2019). UK	Quantitative study (on secondary data). "Unemployed people demonstrating a weaker commitment to the work ethic will have significantly higher subjective well-being than those who demonstrate a stronger commitment."	Data from one cross-national long-running survey	Unemployed people	Unemployment, well-being and work ethic in relation to social policy and social welfare.	There is an association between unemployed people (with weak work ethic) and higher life satisfaction (than those with strong work ethic).
Voßemer, Gebel, Täht, Unt, Högberg and Strandh (2018). Germany	Cross-national comparative study. "...how passive and active labor market policies (PLMP, ALMP) as well as employment protection legislation (EPL) shape the experience of unemployment and insecure jobs."	Surveys with a total of 89,000 individuals in 26 countries	Unemployed	The experience of unemployment and insecure employment.	Labor market policies and legislation are important in forming the experience of unemployment. They are however less relevant for workers in insecure jobs.
Zhang and Bhavsar (2013). UK	Literature review. "... to clarify the relationship between unemployment and mental illness specifically, in terms of establishing causality, effect size and moderating factors."	10 articles	Unemployment	Mental illness	The exact effect size is unclear but it seems that overall unemployment preceded that of mental illness.