

Employment Status and Mental Illness in Federal Psychiatric Hospital, Calabar

Article by Umoh, Edet Okon
BSN to MSN, Texila American University
Email:- edetokonu@gmail.com

Abstract

The purpose of this study was to examine employment status and mental illness among psychiatric patients of Federal Psychiatric Hospital Calabar, Nigeria. The ex-post facto research design was used for the study. The population of this study comprised all the in-patients in the hospital. The sample of this study comprised of 50 patients who were randomly picked from acute wards of the hospital. Four research questions and hypotheses were formulated to guide the study. Instrument titled "employment status and mental illness questionnaire" was used for the study. The validity of the instrument was established using face validation method. The data obtained were analysed using Chi-square test. Each of the hypotheses was tested at 0.05 level of significance. The result of the analysis revealed that the rate of mental illness, recovery and relapse differ significantly between the employed and the unemployed. The result further revealed that societal regards for the employed and the unemployed do significantly differ. Based on this findings, it was concluded that employment status do influence mental illness in Federal Psychiatric Hospital Calabar, Nigeria. It was recommended that Government should create more job opportunities for the unemployed so as to get them occupied, which in turn will help in taking away the time they would have engaged in anti social activities.

Key Words *Employment:* A state of functionality of an employee under agreement with his employer.

Society: A group or large number of humans with common belief and ways of life within a defined locality.

Psychiatry: A scientific study, description, treatment and rehabilitation of the mind.

Introduction

The saying which goes that, an idle man is a devil's workshop; is true. Every body is useful and endowed with potential, but how to find and apply one's potential makes many to go unemployed. Rosen, Rebecca (2014) describes the issue of unemployment to a global economic problem requiring concern. Employment not only satisfy one's economic and financial needs, but enhances emotional relaxation, social completeness and acceptance, boosts self esteem, creates achievement opportunities, spurs up creativity, produces self awareness and worth. This had been the reason why most household are set on edge when either partner is productive or the other dependent; it sparks off disagreement, dissatisfaction, non tolerance, and disparity. The unemployed is always thoughtful, depressed and anxious among others in the society. In most gatherings he has no comment since he'll have nothing to offer. Institute for Work and Health (2009) confirmed that unemployment poses negative impacts on people's mental health.

Joblessness had interrupted people progression in this part of the world from 1950's to 1960's when our then elders elected to find solace at Equatorial Guinea, denying their citizenry and state of origin, only to be alien in another person's country provided they are useful in life. But on return most could no longer have placement and recognition among their age grade, while others died still poor and jobless.

Desire for job with less strain and high pay is the people's wish today, hence prolonging their stay in labour market for undue time. And choice for job made Rosen, Rebecca (2014) to ask "why do people go finding job when jobs are every where"? Some who have employment are not satisfied and contented; they go in search for greener pasture, undergoing trial and errors. Rosen, R. (2014) further put it that those in search for what to do are more prone to mental illness than the employed.

Report from P. Udofia (2015) reveals the practice of paying for employment opportunity, and being turned down due to ethnicity, qualification, or lack of god father. At the end, money paid for the chance is not refundable. Some others who are employed as casual staff never hope of full staffing, they are on probation at the mercy of God. They could be retrenched home anytime their management/contractors deem fit. These casual staff earns from the discretion of their contractors who may collect 25,000 per each staff, but pay them 10,000 per month, and they have no right to object or report. With this all their house hold planning is inclusive and they must work 8 to 12 hours if not, face disciplinary actions from their bosses. This subjects these staff to borrowing, indebtedness, starvation, irritability and depression. Even with such take home pay they can be sacked and replace with another batch of casual worker when ever their employer wishes.

Innocent, N. (2013) discussed how employment opportunities are shared amongst big men in government institutions; through this medium they favour their family members, friends, loyalists, party members and cult groups. These employees have no right to complain of ill treatments and low pay. From here incessant and jumbo taxation, dues deductions, surcharges, contributions are gotten from employees salaries without their consent. This subjects workers to poor take home pay which can not suffice their house rent, transportation, children fees, medical bills, feeding and dressing.

My author, Dr. Sucila, C. (2015), observed that health care providers are basing their focus on client's disabilities, not minding that inabilities proceed from weak points and deficiencies. And whereas if issues that produce good mental state like restoration of rights, justice, provision of jobs, quick intervention to problems, provision of health care, attention to complaint prevails; lots of physical problem we are seeing wouldn't emit.

Statement of problem

Unemployment is one of the most critical socio-economic problems battling inhabitant of Calabar South Local Government Area in Cross River State of Nigeria. Following reports from our Out Patient Department of Federal Psychiatric Hospital

Calabar, Nigeria, there is increased number of new lunatics roaming the streets of Calabar, and increased psychiatric patients from 2010 till now.

From Acute ward: 1, 2, 3 and 4 of the hospital, there are lots of abandoned patients, lacking prescribed drug in their stock, without provisions, without money to meet drug cost and recommended investigations and without visitation by relatives to avoid knowledge of incurred bills.

It is not an exaggeration to state that unemployment is one of the most critical problems bedevilling mankind. In a developing country like Nigeria, majority of the youths are unemployed, ravaging in abject poverty. As a result most of them have engaged in so many deviant behaviours like drinking alcohol, smoking of cigarettes, Indian hemp, germs, cocaine and other hard drugs, rapping, promiscuity and other activities that have endangered their health and the society—Mudiaga, A. (2012). Aloba, A. A. (2014), relates how jobless young girls indulge in promiscuity. Professing in it they convince parents and woo others at the rural arrears with these mischievous gains like clothes, shoes, and monies; to join them in the town.

Observation made by the researcher has revealed that in recent times there has been upsurge in the rate of lunatics, some of them as a result of lack of finance emanating from the high rate of

joblessness are allowed to roam the streets, others are taken to spiritual houses while a few are taken to the hospitals for treatment.

The government of Cross River State under Governor Donald Duke, in order to curb the menace of lunatics in Calabar streets, ordered all lunatics to be taken to psychiatric hospitals for treatment since majority of them were from families who could not afford their medical bills. Unfortunately majority of these people were not insane, but people who had unsatisfactory job, no place to stay and as such they engaged in many deviant behaviours that were inimical to their health, then; they were mistaken to be insane.

It is on this premise that the researcher believes that unemployment can force someone to over think; and to avoid thought pressure he engages in substance use and other activities that may endanger his mental state. More so, the rate of relapse and recovery may be influenced by employment status of the patients and societal understandings. From this background of study, it prompted the researcher, to examine employment status and mental illness among psychiatric patients of federal hospital Calabar, Nigeria.

Objectives of Study

Specifically, the objectives of the study includes:

1. To compare the rate of mental illness between the employed and unemployed
2. To identify the reasons of wandering among unemployed mentally ill
3. To ascertain the rate of relapse between the employed and unemployed psychiatric patients
4. To assess the societal regards of employed and unemployed psychiatric patient

Research questions

The following research questions were raised to guide the study:

1. To what extent does the rate of mental illness differ between the employed and the unemployed?
2. How does the rate of recovery differ between the employed and the unemployed?
3. To what extent does the rate of relapse differ between the employed and the unemployed patients
4. Do societal regards for the employed and the unemployed differ?

Hypotheses

The following null hypotheses were formulated to direct the study:

1. The rate of mental illness does not significantly differ between the employed and the unemployed.
2. The rate of recovery does not significantly differ between the employed and the unemployed.
3. The rate of relapse does not significantly differ between the employed and the unemployed.
4. Societal regards for the employed and the unemployed does not significantly differ

Significant of study

The ills of joblessness might seem light and personal at the initial stage to an onlooker. But critical stare at it would disclose such a magnified problem like mental disability with its co-morbid components.

This study will help government, institution, employers, society and families to be cautious and humanly in considering appropriate punitive measures like retrenchment, demotion, late payment of remunerations, and retirement on a fellow citizen. When there is infringement,

dissatisfaction and incongruity between employer and employee, the best solution is not to get ride of the staff. How would he cope and survive, is there any alternative for him?

It will also help us create job opportunities, vacancies and incentives to the unemployed and less privileged among us. With this we can consider bettering the state of others by gifts, wages, stipends or salaries no matter how small. This demonstrates acceptance that the other fellow possesses value, worth, regard and deserves life sustenance.

This study will enable us embrace and accept our fellow human being as deserving existence; and avoid rejection, discrimination, condemnation, labelling and out casting the other as irrelevant and useless.

It will also spur other inquisitive researchers to delve into other societal problems impinging us, quest over their operations and measures of finding redress.

Theoretical Framework

Psychologists deduced conceptual link between unemployment and people's mental health in several ways like: poor psychosocial development (Erickson, 1959), sense of desperateness due to anticipated lack of control (Seligman 1975), and non reception of work appreciation (Warr, 1987). In modelling theory of Erickson a nurse regards her patient as a unique being regarding special attention and focus. Modelling and role-modelling also involves nurse's concern over client's needs—Sappington, J. (1996). To be able to fulfil this role she searches to know and understand her patient's perspectives and what surrounds him that influences his life style and personal adjustments. In this context, unemployment and job dissatisfaction have disturb his emotional stability which may use any dimension to manifest in ailments. If the issue of job satisfaction could be well addressed, it would produce patient's absolute recovery and restoration of function from physical, societal, mental to spiritual.

Literature Review

F. M. McKee-Ryan, F. M. et. al (2005) inscribed in "Psychological and physical well-being during unemployment: a meta-analytic study," that there is relationship between unemployment and mental illness ranging from stress, anxiety, admission in psychiatric hospital, and other chronic disorders like hypertension, cardiovascular disease, even untimely death. Due to unhealthy mind they seek for what can produce happiness and ease tension, and that makes them go after alcohol consumption, tobacco and hemp intoxication, drinking of combine wine, and jestings with friends to occupy time with false self morale—Lee, A. J. (1991).

Greenberg, M. (2011) reported that Nigeria is experiencing an unexpected incidence rate of about 10% unemployment, job dissatisfaction and insecurity. This is a country that attaches importance to human productivity, achievements, positive external status, and well doing. Hence marketing of anxiolitics and minor neuroleptics to manage anxiety is degrading. Effect of unemployment counts on families and communities with poor home maintenance and neglect of parental roles. Greenberg, M. further stated that in such instance both parents have to be working hard to raise their earning so as to meet school fares than seek aides from financial institutions to complete children's school programs. The state of poverty, reversed aggression, stress, depression and anxiety could be easily detected in the life of an unemployed and unsatisfied employee.

These effects possess impact on the individual's mental and physical condition producing strain, irritability, easy provocation and poor mental adjustment even on trivial issues—Bartley, M. (1994). Shuo Zhang (2013) also confirmed that condition of unemployment produces high range of grievous impacts on people's physical and mental health. Evidently, there is close reference in aetiology with history of mental illness at the background—Tendon, R. et. al (2008), coupled with socio-economic factors like urbanization, stress and failure impacting on the individual—Cantor-Graae, E., & Selten, P. (2005).

Methodology

Research Design

The study was conducted with the use of ex-post facto research design. This design is considered appropriate since the independent variable cannot be experimentally manipulated in the course of the study.

Population of Studies

The number of in-patients in Federal psychiatric hospital Calabar is the population of study

Sampling and Sampling Technique

The sample of this study comprised of 50 patients who were picked from wards 1, 2, 3 and 4 (acute wards) and out patient department as they came for consultation and check up.

Method of Data Collection

An instrument titled employment status and mental illness questionnaire was used for data collection. The instrument consists of two parts: A and B: part A measuring the demographic data of the patients and part B measuring the variables of the study. It comprised of 20 items developed in a Likert scale format.

Validity

The instrument was validated using face validation method where copies were given to experts to check if the items in the instrument measure the variable they are supposed to measure. Based on the useful suggestions and contributions of the experts, a valid instrument was developed by the researcher.

Reliability of Instruments

In order to establish reliability co-efficient of the instrument, it was administered to 20 psychiatric patients who were drawn from the area of the study but were not included in the main study. The scores obtained from the respondents were subjected to internal consistency technique using Cronbach Alpha Analysis. A reliability estimate of 0.825 was obtained for the instrument. The computation is presented in the appendix.

Method of Data Analysis

Chi-square statistical analysis was used for testing the hypotheses. All the hypotheses formulated were tested at .05 level of significance.

Data Analysis and Results

The results obtained are analysed in the light of the research hypotheses formulated to guide the study

Hypothesis One

The rate of mental illness does not significantly differ between the employed and the unemployed.

Chi-square (X^2) test was used for testing this hypothesis. The result of the analysis is as presented in the table below:

Table 1: Chi-square (X^2) test of the difference of the difference in the rate of mental illness between the employed and the unemployed.

Row * Column Crosstabulation

			Column				Total
			SA	A	D	SD	
Row	Item 1	Count	5	5	30	10	50
		Expected Count	19.8	11.4	12.6	6.2	50.0
	Item 2	Count	30	10	5	5	50
		Expected Count	19.8	11.4	12.6	6.2	50.0
	Item 3	Count	5	8	22	15	50
		Expected Count	19.8	11.4	12.6	6.2	50.0
	Item 4	Count	25	22	3	0	50
		Expected Count	19.8	11.4	12.6	6.2	50.0
	Item 5	Count	34	12	3	1	50
		Expected Count	19.8	11.4	12.6	6.2	50.0
Total	Count		99	57	63	31	250
	Expected Count		99.0	57.0	63.0	31.0	250.0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	129.463 ^a	12	.000
Likelihood Ratio	139.836	12	.000
Linear-by-Linear Association	42.233	1	.000
N of Valid Cases	250		

The result in the table above shows that the calculated Chi-square(X^2) value of 129.463 is greater than the critical Chi-square(X^2) value of 21.03 at .05 alpha level with 12 degrees of freedom. With this result the null hypothesis that the rate of mental illness does not significantly differ between the employed and the unemployed was rejected. This implies that the rate of mental illness does significantly differ between the employed and the unemployed. This result could be due to the fact that most unemployed youths are idle and as such associate themselves with bad friends who are drug addicts. As a result most of them form this habit until they get mentally derailed.

Hypothesis Two

The rate of recovery does not significantly differ between the employed and the unemployed.

Chi-square (X^2) test was used for testing this hypothesis. The result of the analysis is as presented in the table below:

Table 2: Chi-square (X^2) test of the difference of the difference in the rate of recovery between the employed and the unemployed.

Row * Column Cross tabulation

			Column				Total
			SA	A	D	SD	
Row	Item 1	Count	18	14	16	2	50
		Expected Count	28.2	13.6	6.8	1.4	50.0
	Item 2	Count	42	8	0	0	50
		Expected Count	28.2	13.6	6.8	1.4	50.0
	Item 3	Count	16	14	16	4	50
		Expected Count	28.2	13.6	6.8	1.4	50.0
	Item 4	Count	29	20	1	0	50
		Expected Count	28.2	13.6	6.8	1.4	50.0
	Item 5	Count	36	12	1	1	50
		Expected Count	28.2	13.6	6.8	1.4	50.0
Total	Count		141	68	34	7	250
	Expected Count		141.0	68.0	34.0	7.0	250.0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	73.018 ^a	12	.000
Likelihood Ratio	80.171	12	.000
Linear-by-Linear Association	9.274	1	.002
N of Valid Cases	250		

The result in the table above shows that the calculated Chi-square(X^2) value of 73.018 is greater than the critical Chi-square(X^2) value of 21.03 at .05 alpha level with 12 degrees of freedom. With this result the null hypothesis that the rate of recovery does not significantly differ between the employed and the unemployed was rejected. This implies that the rate of recovery does significantly differ between the employed and the unemployed. This result could be due to the fact that most employed patients because of their jobs can adjust psychological which can lead to their quick recovery unlike the unemployed whose mental state can be worsened due to a lot of thoughts and worry about their lives.

Hypothesis Three

The rate of relapse does not significantly differ between the employed and the unemployed.

Chi-square (X^2) test was used for testing this hypothesis. The result of the analysis is as presented in the table below:

Table 3: Chi-square (X^2) test of the difference in the rate of relapse between the employed and the unemployed.

			Column				Total
			SA	A	D	SD	
Row	Item 1	Count	10	24	14	2	50
		Expected Count	9.0	15.6	15.2	10.2	50.0
	Item 2	Count	5	8	22	15	50
		Expected Count	9.0	15.6	15.2	10.2	50.0
Item	3	Count	7	14	16	13	50
		Expected Count	9.0	15.6	15.2	10.2	50.0
Item 4		Count	9	10	19	12	50
		Expected Count	9.0	15.6	15.2	10.2	50.0
Item 5		Count	14	22	5	9	50
		Expected Count	9.0	15.6	15.2	10.2	50.0
Total		Count	45	78	76	51	250
		Expected Count	45.0	78.0	76.0	51.0	250.0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	39.189 ^a	12	.000
Likelihood Ratio	44.252	12	.000
Linear-by-Linear Association	.237	1	.626
N of Valid Cases	250		

The result in the table above shows that the calculated Chi-square(X^2) value of 39.198 is greater than the critical Chi-square(X^2) value of 21.03 at .05 alpha level with 12 degrees of freedom. With this result the null hypothesis that the rate of relapse does not significantly differ between the employed and the unemployed was rejected. This implies that the rate of relapse does significantly differ between the employed and the unemployed. This result could be due to the fact that most unemployed patients because of lack of money to be attending checkups and buying drugs could suffer relapse faster most especially if they are from non supportive or poor family whereas the employed can afford these checkups in spite of their family background.

Hypothesis Four

Society regards for the employed and the unemployed does not significantly differ. Chi-square (X^2) test was used for testing this hypothesis. The result of the analysis is as presented in the table below:

Table 4: Chi-square (X²) test of the difference in society regards for the employed and the unemployed patients.

			Column				Total
			SA	A	D	SD	
Row	Item 1	Count	10	24	7	9	50
		Expected Count	7.2	11.2	18.8	12.8	50.0
	Item 2	Count	2	1	32	15	50
		Expected Count	7.2	11.2	18.8	12.8	50.0
	Item 3	Count	7	14	16	13	50
		Expected Count	7.2	11.2	18.8	12.8	50.0
	Item 4	Count	9	10	19	12	50
		Expected Count	7.2	11.2	18.8	12.8	50.0
	Item 5	Count	8	7	20	15	50
		Expected Count	7.2	11.2	18.8	12.8	50.0
Total		Count	36	56	94	64	250
		Expected Count	36.0	56.0	94.0	64.0	250.0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	50.818 ^a	12	.000
Likelihood Ratio	55.863	12	.000
Linear-by-Linear Association	1.577	1	.209
N of Valid Cases	250		

The result in the table above shows that the calculated Chi-square(X²) value of 50.818 is greater than the critical Chi-square(X²) value of 21.03 at .05 alpha level with 12 degrees of freedom. With this result the null hypothesis that society regards for the employed and the unemployed does not significantly differ was rejected. This implies that society regards for the employed and the unemployed do significantly differ. This result could be due to the fact that most people view the mentally ill patients as nuisance in the society and as such they stigmatized them. However, since most of the employed patients can contribute positively to the society, the people therefore wish them speedy recovery so that they may continue to contribute to the growth of the society.

Summary of the Results

The findings of the study are summarised below:

1. The rate of mental illness does significantly differ between the employed and the unemployed.
2. The rate of recovery does significantly differ between the employed and the unemployed.
3. The rate of relapse does significantly differ between the employed and the unemployed.
4. Society regards for the employed and the unemployed do significantly differ

Discussion of Findings

The result of the first research hypothesis revealed that the rate of mental illness does significantly differ between the employed and the unemployed. This result could be due to the

fact that most unemployed youths are idle and as such associate themselves with bad friends who are drug addicts. As a result most of them form this habit until they get mentally derailed. The finding is supported by Institute for Work and Health (2009), who confirmed that unemployment poses negative impacts on people's mental health. The finding is also supported by Rosen, R. (2014) who asserted that those in search for what to do are more prone to mental illness than the employed.

The result of the second research hypothesis revealed that the rate of recovery does significantly differ between the employed and the unemployed. This result could be due to the fact that most employed patients because of their jobs can adjust psychological which can lead to their quick recovery unlike the unemployed whose mental state can be worsened due to a lot of thoughts and worry about their lives. The finding of the study is supported by Rosen, Rebecca (2014), who stated that employment not only satisfy one's economic and financial needs, but enhances emotional relaxation, social completeness and acceptance, boosts self esteem, creates achievement opportunities, spurs up creativity, produces self awareness and worth. The unemployed is always thoughtful, depressed and anxious among others in the society. The finding is further supported by Sappington, J. (1996), who stated that if the issue of job satisfaction could be well addressed, it would produce patient's absolute recovery and restoration of function from physical, societal, mental to spiritual. This goes to say that an employed lunatic can recover faster than an unemployed lunatic.

The result of the third research hypothesis revealed that the rate of recovery does significantly differ between the employed and the unemployed. This result could be due to the fact that most unemployed patients because of lack of money to be attending checkups and buying drugs could suffer relapse faster most especially if they are from non supportive or poor family whereas the employed can afford these checkups in spite of their family background.

The result of the fourth hypothesis revealed that society regards for the employed and the unemployed do significantly differ. This result could be due to the fact that most people view the mentally ill patients as nuisance in the society and as such they stigmatized them. However, since most of the employed patients can contribute positively to the society, the people therefore wish them speedy recovery so that they may continue to contribute to the growth of the society.

Conclusion

Based on the findings of the study, it was concluded that employment status do influence mental illness in Federal Psychiatric Hospital Calabar, Nigeria.

Recommendation

The following recommendations were made:

1. That Government should create more job opportunities for the unemployed so as to get them occupied which in turn will help in taking away the time they would have engaged in anti social activities.
2. Government should enforce legislation to punish deviant youths; this will discourage most of them from substance use.
3. Private organisation should create skill acquisition programmes to equip our youths with skills for functional living.
4. Policy makers should reformulate educational policies that incorporate skill acquisition to encourage functional living of school leavers.
5. Functional skill acquisition training should be carried out in all psychiatric hospitals to equip patients with skills with which they can generate income after discharge.

References

- [1.] A. J. Lee, I. K. Crombie, W. C. S. Smith, and H. D. Tunstall-Pedoe, "Cigarette smoking and employment status," *Social Science and Medicine*, vol. 33, no. 11, pp. 1309–1312, 1991. View at Publisher View at Google Scholar View at Scopus
- [2.] Cantor-Graae, E., & Selten, J. P. (2005). Schizophrenia and migration: A meta-analysis and review. *American Journal of Psychiatry*, 162, 12- 24.
- [3.] C. E. Ross and J. Mirowsky, "Does employment affect health?" *Journal of Health and Social Behavior*, vol. 36, no. 3, pp. 230–243, 1995. View at Google Scholar
- [4.] D. Dooley, R. Catalano, and R. Hough, "Unemployment and alcohol disorder in 1910 and 1990: drift versus social causation," *Journal of Occupational and Organizational Psychology*, vol. 65, pp. 277–290, 1992. View at Google Scholar
- [5.] Erickson, H.C., Tomlin, E.M., & Swain, M.A. Modeling and role-modeling: A theory and paradigm for nursing. Prentice Hall, 1983.
- [6.] F. M. McKee-Ryan, Z. Song, C. R. Wanberg, and A. J. Kinicki, "Psychological and physical well-being during unemployment: a meta-analytic study," *Journal of Applied Psychology*, vol. 90, no. 1, pp. 53–76, 2005. View at Publisher View at Google Scholar View at PubMed View at Scopus <http://www.theatlantic.com/business/archive/2014/06/the-mental-health-consequences-of-unemployment/372449/> 9 Jun 2014 The Mental-Health Consequences of Unemployment. Those who have been looking for work for half a year or more are more than three times.
- [7.] J. A. Dean and K. Wilson, "Education? It is irrelevant to my job now. It makes me very depressed": exploring the health impacts of under/unemployment among highly skilled recent immigrants in Canada," *Ethnicity and Health*, vol. 14, no. 2, pp. 185–204, 2009. View at Publisher View at Google Scholar View at PubMed View at Scopus
- [8.] J. P. Grayson, "Health, physical activity level, and employment status in Canada," *International Journal of Health Services*, vol. 23, no. 4, pp. 743–761, 1993. View at Google Scholar View at Scopus
- [9.] K. I. Paul, E. Geithner, and K. Moser, "Latent deprivation among people who are employed, unemployed, or out of the labor force," *Journal of Psychology*, vol. 143, no. 5, pp. 477–491, 2009. View at Publisher · View at Google Scholar View at PubMed View at Scopus
- [10.] L. Cai and G. Kalb, "Health status and labour force participation: evidence from Australia," *Health Economics*, vol. 15, no. 3, pp. 241–261, 2006. View at Publisher View at Google Scholar View at PubMed
- [11.] M. Marmot and R. Wilkinson, *Social Determinants of Health*, Oxford University Press, London, UK, 2nd edition, 2006.
- [12.] Sappington J, Kelley JH. Modeling and role-modeling theory: a case study of holistic care. *J Holist Nurs*. 1996 Jun;14(2):130-41.
- [13.] Shuo Zhang & Vishal Bhavsar: unemployment as a risk for mental illness: combining social and psychiatric literature. Email: shuo.s.zhang@kcl.ac.uk, vishal.2.bhavsar@kcl.ac.uk (2013).
- [14.] S. H. Wilson and G. M. Walker, "Unemployment and health: a review," *Public Health*, vol. 107, no. 3, pp. 153–162, 1993. View at Google Scholar · View at Scopus
- [15.] Tandon, R., Keshavan, B. S., & Nasrallah, H. A. (2008). Schizophrenia. "Just the Facts" What we know in 2008. 2. Epidemiology and etiology. *Schizophrenia Research*, 102, 1-18. doi:10.1016/j.schres.2008.04.011