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Title: **Should public health be a goal of career guidance policy?**

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Abstract

In terms of public policy, career guidance has one foot in the employment domain and the other foot in the education domain. It is used by governments to pursue objectives related to these two areas of public policy, infused to a greater or lesser extent with a concern for social justice. As a result, potential policy goals in other domains have been neglected. This paper sets out to make a case for the promotion of public health and well-being as an appropriate additional category of policy objectives. Some of the implications of a public health conceptualisation of careers and career guidance will be highlighted, together with the problems and limitations of this approach.

Keywords: Public policy; public health; well-being

Introduction

International reviews have been clear in reporting that the goals that governments set for public policy governing career guidance services relate to economic, educational and social equity objectives (Watts, 2008). Robertson (2013a) argued for the public mental health to be an additional focus for career guidance policy.

Poor health leads to economic costs for governments due to increased demand for health and social care. In the working age population, economic impacts are amplified by absenteeism, reduced tax revenues and increased welfare benefit costs for those unable to work. Thus arguments can be made to governments to public health interventions can be economic as well as compassionate.

Theoretical basis

Public health experts stress the importance of the social causation of disease. Work and education among the key determinants of health (alongside other major factors such as diet and housing). The term 'career' captures people's experiences of work and education over the long term. Whilst some health related events are rapid, such as accidents or trauma, for the most part illness emerges over long time scales. Mental health, muscular-skeletal, and cardio-vascular conditions tend to result from chronic exposure to harmful factors. Decent work, that is dignified work in safe conditions providing a sustainable income, will tend to mitigate health problems. Good quality work may provide access to psycho-social factors that promote positive well-being. It is reasonable to see career, an individual's long term relationship to their work, as an important category of factors influencing health outcomes.

Public health interventions can be seen as offering three levels of protection

- i. Prevention of the onset of health conditions (most desirable)
- ii. Shorten the duration and reduce the severity of health conditions, and prevent their re-occurrence,
- iii. Ameliorate the severity of illness experiences and reduce their impact on functioning.

As disease has social causes, then social interventions can contribute to public health. The doctrine of 'health in all policies' implies that the education and employment policy areas represent a potential arena for public health action.

The links between career theory, health and public policy were largely implicit in the 20th century, but are now beginning to be recognised. This is most obviously demonstrated by the 'psychology of working' perspective (e.g. Blustein, 2006), an approach with core assumptions explicitly linking career development to both health and policy.

Research evidence

Health detriments are associated with negative career experiences. This is dramatically illustrated by the substantial literature linking unemployment to increased incidence of mental health conditions. An emerging evidence base, notably from Scandinavia, suggests that there may be long term 'health scarring' effects of youth unemployment that endure long into adulthood (summarised by Robertson, 2018). There is a strong link between health outcomes and socio-economic status. Whilst evidence of the health benefits of career guidance interventions is not conclusive, there is strong rationale for direct quasi-therapeutic effects, and indirect benefits from promoting access to work and learning (Robertson, 2013b).

Conclusions

Links between career counselling, mental health and well-being can be found in the academic literature. However valuable an individual focus may be, this perspective is limited unless the potential benefits are scalable to a societal level. State provision for career education and guidance is part of a wider system addressing issues of employment, unemployment and education. The health impacts of these arrangements should not be neglected. Public policy for should task career services with promoting health and well-being, in parallel to their other goals. This may mean directing services to prevent promote access to decent work, and ameliorate the impacts of unemployment and poor quality opportunities.

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