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Career guidance, health and well-being

Dr Peter Robertson, Lecturer in Career Guidance, School of Applied Sciences, Edinburgh Napier University.

Career services are uniquely placed to enable people to incorporate healthy employment into their lives. And yet the notion of health is not central to the way we think about careers. We are accustomed to seeing the career development profession as rooted in employment and in education, and at the interface between these two worlds. The world of health seems remote from us, with its own professions and its own government policy; driven by concerns about diet, drugs, and access to medical services. But we have not been listening to public health experts (e.g. Bambra, 2011; Black 2008; Marmot, 2010). They recognise that work and learning are among the key determinants of health and well-being. Work, career and health are deeply connected, and it is time for our profession to begin exploring what this means.

Work, unemployment and health

There are health hazards at work, and they broadly fall into two kinds. They may be sudden events like accidents; or they may be slow and insidious threats which have consequences over years or decades. The latter might include poor posture at a workstation, or shift work which is believed to be associated with cardio-vascular problems. They might also include psycho-social hazards or 'stress'. Conversely, work provides money, which enables us to access many of the things we need for a healthy life: e.g. housing, leisure. Work gives a purpose and a time structure to our lives. It provides absorbing activities, and meaningful social interaction. Work tends to be beneficial to our mental health.

Work has its hazards, but on balance the threat to health from unemployment is greater. Unemployment denies people access to the psycho-social benefits of work, and presents additional financial and social challenges. It is known to be associated with detriments to mental health. Whilst to some extent being unwell increases your chance of unemployment, the bulk of evidence points to unemployment as a key causal factor in poor health.

It would be easy to dismiss the health implications of youth unemployment. The young tend to be healthier than the old, and their experiences of worklessness are often transitory; but this is complacent. Young people are vulnerable to threats to their mental health, and the use of alcohol, cigarettes, illegal drugs and other risky health behaviours. There is emerging evidence from longitudinal studies to suggest that young people can be permanently scarred by experiences of unemployment. This means economic scarring: reduced future income and employment security. But it also means health scarring: youth is a critical time that

shapes both neuro-biology and social identity. Youth unemployment can have a detrimental impact on mental well-being and health behaviours well into middle adulthood.

Vulnerable workers

Not all jobs produce better health outcomes than unemployment. People in work can be exposed to financial stress if their pay is low, their contracts insecure or their hours too few. Some service sector work can be experienced as low status, and may not offer a positive social identity, particularly for those whose qualifications feel mismatched to their work. Zero hour contracts, part-time, fixed-term or seasonal work can suit some people. But for others they represent a stressful existence that is hard to escape from. We do not yet know the long term consequences of precarious employment biographies for health, but there is reason for concern.

Older people are prone to age-related health conditions, which may make an established work role unsustainable. There is reason to believe that continuing to be active and occupied can be positive for health and well-being, helping to maintain functional independence into old age. Older workers may need to navigate career change in order to gain the benefits and avoid the detriments of paid employment, or find healthy alternatives through education and volunteering.

Health inequality and the labour market

Social justice is an important policy objective for careers work. Health experts are acutely aware that good and bad health are not shared out fairly. Health is related to income, and the status of jobs or educational qualifications. There are socio-economic gradients in health outcomes as demonstrated by longevity and morbidity (sickness) data. These inequalities are related to geography. For example, Glasgow is the city with some of the shortest life spans and greatest health inequalities in the UK: this phenomenon is deeply linked to industrial decline. Work may be a central factor to community health.

There are reasons to be optimistic about advances in public health: life spans have generally increased, and smoking reduced. The issues identified above are not new. But we are now at a point in time where changes in the labour market have heightened all the concerns identified in this article. Since the banking crisis of 2007-8, levels of unemployment have been high in Europe. Mass youth unemployment has led to concerns about a 'lost generation'. Public health experts have been particularly vocal about contemporary risks to youth (e.g. Patton *et al.*, 2016).

Those in employment have experienced an intensification of work demands. There has been

a growth in precarious employment, leading to the emergence of a labour force locked into low pay and marginal work. The ageing demographic, and extended lifespans means that many people must work into old age, as society cannot bear the burden of pensions.

Multiple factors may combine to create unhealthy career biographies in socio-economically disadvantaged groups.

The role of careers development

The flip side of this argument is that if career is part of a problem, it can also be part of a solution. Yet as a profession we have tended to retreat from engaging with health. We are coy about talking to service users about the relative health risks of different occupations. We have largely surrendered career support for those with substantive health conditions to other professions. It does not have to be that way. Career development can have a positive impact on well-being, and we deserve credit for the contribution we are already making to population health. Interventions which prevent unemployment and reduce its duration or its re-occurrence will tend to reduce risk of mental health conditions. Helping people find meaningful life roles will tend to promote well-being. Career services are ideally placed to reach key target groups for public health interventions: pupils and students, unemployed adults and young people.

It is time we took health seriously. This means we should begin to:

1. Talk to policy makers about the potential for career development services to contribute to public health. The cost to the public purse of poor health in the working age population through lost productivity, lost taxes, medical costs and sickness benefits is vast. So there are both economic and compassionate reasons for governments to be receptive.
2. Experiment with designing services so as to enhance their preventive and therapeutic properties. This might include:
 - ensuring health factors are included in career information resources
 - extending targeted services to vulnerable workers
 - using career services as a platform for psycho-educational interventions, such as stress management training
 - valuing vocational rehabilitation as an important specialism.
3. Initiate research into the well-being outcomes of career development, so an evidence base can emerge to demonstrate our effectiveness.
4. Incorporate health awareness into the training of practitioners.

References

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