

Temporary employment and antidepressant medication: A register linkage study

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Abstract

Evidence on the association between temporary employment and mental health is mixed. This study examined associations of temporary employment with register-based antidepressant medication by type and length of temporary job contract and socioeconomic position. Antidepressant prescriptions (1998–2002) were linked to register data for 17,071 men and 48,137 women in 10 Finnish municipalities. Repeated measures analyses over time were adjusted for age, socioeconomic position, and calendar year. After adjustments, temporary employment with a job contract more than 6 months was associated with odds ratio (OR) of 1.18 (95% confidence interval CI 1.03–1.37) for antidepressant use in men and 0.99 (0.93–1.06) in women. Among temporary employees with a job contract of 6 months or less the corresponding odds ratio was higher (OR 1.43, 95% CI 1.19–1.73 in men, OR 1.18, 95% CI 1.09–1.28 in women). Long-term unemployed who were in short-term government-subsidised temporary employment had the highest odds of antidepressant use (OR 1.57, 95% CI 1.23–2.02 in men, OR 1.38, 95% CI 1.20–1.59 in women). During the study period, increase in the prevalence of antidepressant medication was more rapid among women in government-subsidised temporary employment than among permanently employed women. Among men, the association between temporary employment and antidepressant use was stronger within lower grade occupations. The results suggest that using antidepressants is more pronounced when temporary employment is unstable.
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1. Introduction

There is consistent evidence that unemployment is associated with mental disorders (Fryer and Payne, 1986; Warr, 1987; Lahelma, 1992; Graetz, 1993; Bartley, 1994; Dooley et al., 1996; Artazcoz et al., 2004). Due to the structure of the labour market, previous studies made a dichotomous distinction between the employed and the unemployed. However, since the late 1980s the labor market has increasingly moved toward a core-periphery structure in which the core

comprises employees with relatively secure permanent jobs, the periphery consists of the “buffer work force” with various kinds of temporary, unstable and insecure work arrangements, while the outermost sector with the highest risk of psychosocial and material disadvantage, is comprised of the unemployed (Benach et al., 2000; Aronsson, 2001).

Although temporary employment may involve many ‘bad jobs’ characteristics (e.g., job insecurity, low wages, low level of unionization, involuntary part-time or seasonal work and jobs that require less skills) (Kalleberg et al., 2000; Benach et al., 2000) only a few studies have examined the association between temporary employment and mental health, with available evidence mostly being based on

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small sample sizes and self-reported symptoms (Virtanen et al., 2003a, 2005a; Artazcoz et al., 2005). Although temporary employment has been associated with psychological symptoms (Martens et al., 1999; Benavides et al., 2000; Aronsson et al., 2002; Virtanen et al., 2005a), numerous null findings have also been reported (Virtanen et al., 2005a). The association between temporary employment and health has also been suggested to arise from the instability of temporary jobs, i.e. highest health risk being for people who are the most tenuously attached to the labour market; whose job periods are short and who are shuttling between employment and unemployment (Aronsson, 2001; Virtanen et al., 2003a, 2005a). However, selection into temporary employment for health reasons may also play a role in explaining the association between temporary employment and health (Virtanen et al., 2002, 2005b).

In general, sample attrition is a major problem in studies of temporary workers. The use of register data largely overcomes this problem. For example, a large register-based study of mortality showed a core-periphery pattern in which an excess risk of death due to external causes (including alcohol related causes and suicide) was found among temporary employees and the unemployed compared to permanent employees (Kivimäki et al., 2003). The high level of co-morbidity between alcohol-use disorders and other mental disorders (Cornelius et al., 2003) indicates that register data are likely to be able to detect similar patterns for correlates of mental health.

The mental health of men (Fryer and Payne, 1986; Warr, 1987; Lahelma, 1992; Graetz, 1993; Artazcoz et al., 2004), especially men in low socioeconomic positions (Artazcoz et al., 2004), has been found to be more affected by the adverse effects of unemployment than that of women and men in high socioeconomic positions. One study has reported the association between temporary employment and self-reported psychological morbidity to be especially pronounced among manual men (Artazcoz et al., 2005). To date, no studies have been published on temporary employment and antidepressant medication. Earlier work on unemployment and use of psychopharmaceutical drugs has examined general practitioners' prescription practices on patient samples and reported more frequent use of anxiolytic (Kisely et al., 2000) and antidepressants (Linden et al., 1999) when the patient was unemployed.

Using a large register linkage study we examined the association between instability of temporary employment as indicated by type and length of job contract, and antidepressant medication. We also examined whether the association varied by gender and socioeconomic position.

2. Materials and methods

2.1. Study population

This study is part of the on-going 10-Town study examining working conditions and health among the entire personnel in the service of 10 Finnish towns (Vah-

tera et al., 2002; Kivimäki et al., 2003). Approval from the ethics committee of the Finnish Institute of Occupational Health was obtained for the study. Since the economic recession in 1990's, new forms of employment, such as temporary jobs and outsourcing, have increased in the public sector. The employees in our study cover a wide range of socioeconomic positions ranging from city mayor, teacher and physician to kitchen assistant, cleaner and construction worker. As in the present cohort, the Finnish municipal workforce is female-dominated.

Our data were based on extracts from two different registers. First, we obtained computer-stored records on job contracts from 1998 to 2002 and sociodemographic factors (age, gender and occupational code) from the employer's registers. Full data on type and length of job contract, demographic factors and socioeconomic position were available for 99.7% of the employees, 17,071 (26%) men and 48,137 (74%) women. Socioeconomic position was based on Statistics Finland's 5-digit occupational codes (Statistics Finland, 1987). We categorised occupational titles into 3 occupational status groups according to the Statistics Finland occupational classification: upper non-manual, lower non-manual, and manual employees. The most frequent occupations in the upper non-manual group were teachers and physicians, in the lower non-manual group were nurses and office workers, and in the manual group were cleaners and kitchen staff.

Second, we obtained records of antidepressant prescriptions for all these participants from the National Prescription Register, managed by the Social Insurance Institution (SII) of Finland. The national sickness insurance scheme covers the entire population, regardless of age or occupational title, and provides reimbursement for all filled prescriptions.

2.2. Type and length of employment

Each participant was exclusively allocated to one of the following three categories each year from 1998 to 2002: (1) permanent employees; (2) temporary employees; (3) temporary subsidised employees (unemployed on government schemes). To examine whether the association between temporary employment and antidepressant use is dependent on the length of temporary job, we further categorized temporary workers in two groups according to the duration of the job contract in the study year: 0–6 months and 7–12 months.

The temporary subsidised employees in this study were all long-term unemployed (>1 year) who obtained a short government-supported subsidised work contract in the service of the towns during the study period. The duration of subsidised employment is usually six months with some variation. The funding of subsidised work contracts for municipalities is a part of the government's program to support and enhance work ability among long-term unemployed men and women in Finland. The aim of the pro-

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