2 Review of the Literature

2.1 Mental Health

2.2 Insecurity

2.3 Depression

2.4 Feeling of security/insecurity with Mental health and Depression
The review of literature in research provides one with the means of getting to the frontiers in a particular field. **Borge (1964)**

For any worthwhile study in a field of knowledge, a research needs adequate familiarity with related studies only then an effective research for specialized knowledge is possible. The research for reference material is time consuming but very fruitful phase of research program. Survey of related literature serves to show what is already available, solves the problem adequately without further investigation and also avoids the risk of duplicate. It provides comparative data useful for the interpretation of result and contributes to the general scholarship of the investigator.

The importance of the review of the related literature is expressed in the words by **Billy Turney and George Robb** as follows “Identification of a problem, development of a research design and the determination of the size and scope of the problem all depend to a great extent on the case and intensity with which a researcher has examined the literature related to the intended research.”

Keeping in view the above consideration made a comprehensive survey of the related study of past years was studied.

### 2.1 Mental Health

Mental health is the state of mind, which adjusts with the present situation. A person who is mentally unhealthy does not mean that he is mentally ill.
Vogt Yuan (2008) used the National Longitudinal Study of Adolescent Health to test these effects for Black-White differences in adolescent mental health. He found that Black adolescents have more coping resources than White adolescents as indicated by them having greater social support from family, more social ties to neighbours, greater involvement in religious activities, and higher self-esteem. White adolescents are higher on only one coping resource compared to Black adolescents – they receive more social support from friends. These additional coping resources explain why Black adolescents have similar depression and positive well-being to White adolescents and partially explain why they have lower alcohol abuse compared to White adolescents.

Tomas Hemmingsson, David Kriebel, Per Tynelius, Finn Rasmussen and Ingvar Lundberg (2007) revealed in their study that men who would subsequently be successful at smoking cessation reported better mental health and a lower prevalence of childhood mental health indicators at age 18 than persistent heavy smokers.

Cottle, Jeremy (2005) found that psychological abuse is negatively associated with mental health. Such abuse can damage mental health.

However, **Frost and Clayson (2004)** failed to show any relation between stress and unemployment, since stress values of unemployed and employed persons were quite the same. This conflicting result may be attributed to testing and sample variance. The subjects do not like to hit their esteem and ego. Therefore, while responding to the test items, they restore them and defend. It seems that the phenomenon is not so simple; the intervening variables, demographic variables and their interactions call for attention.

**Payne and Hartley (2005)** found psychological strain due to unemployment. The stressful life events cause mental health to deteriorate, and consequently leading to neurotic tendencies which are of stable nature if unemployment continues for a long time. Studies on anxiety and neuroticism had already made it clear that they are results of stress.

**Sandra, (2005)**, reported that employment is important to women both as a source of income and as a defining factor in self-conceptions. Attitudes and social patterns, which deny the legitimacy of women’s employment, persist and ignore the importance that work has come to occupy in the lives of many women. It has often been proposed that women will actually experience less stress than men during unemployment because the work/family interface, which is a major source of stress for workingwomen, is removed. This approach has been used to further devalue the worth of women’s employment, but research does not support this view. Studies that have included unemployed women show no significant difference between unemployed and employed women.
Westman, (et al) (2004) studies focuses on the crossover of state anxiety between spouses in working couples in Israel when one of them faces unemployment. They assessed state anxiety, financial hardship and social support for both spouses at two points in time. Participants were 113 unemployed people who came to the Academics Employment Exchange to apply for the unemployment grant. They and their spouses completed questionnaires at the beginning and end of the 2-month period for which they were entitled to the ‘unemployment grant’. Findings demonstrate that on both occasions, the economic hardship was a positive predictor of anxiety for both the unemployed and their spouses and social support was inversely related to their anxiety. Furthermore, there was a significant bi-directional crossover effect of state anxiety from the unemployed to the spouse and from the spouse to the unemployed at both waves after controlling for all relevant variables. It concluded that prevention programs dealing with the unemployed should take into account the crossover process and incorporate actions for both spouses.

Paul, (2004) Comments on the paper “Relationship between mental health disorders and unemployment status in Australian adults,” by Elizabeth. et al., (published in the journal “Australian & New Zealand Journal of Psychiatry” Comino et al., report that unemployment people have a higher prevalence of anxiety and/or affective disorders than employed people. Comino et al mention a difference between the unemployment rate they calculate from the 1997 National Survey of Mental Health and Wellbeing and other Australian Bureau of Statistics data. A simpler explanation is that ABS employment surveys limit age to 15-64 years due to relevance to the labour market.
Damil (2004) found in the middle aged people that their increased responsibilities, financial strain and commitment to labour market under unemployment caused greater loss of psychological health, because of “life-cycle-squeeze”. This affects is less in the younger and older people because of less family responsibilities. Some other intervener factors may change the pressure.

Murray, et al (2003): The purpose of this study was to assess the impact of unemployment on the mental health of women in the context of massive unemployment. Comparisons were made between the level of mental distress experienced by unemployed and employed women, in two areas of Newfoundland, Canada that were affected by the northern cod moratorium.

Comino K. (2003) examined the detection and management of anxiety and depressive symptoms among unemployed patients attending general practitioners. Unemployed patients were found to have a higher mean general health questionnaire score than employed patients were more likely to report symptoms of anxiety and depression, which required medical treatment during the previous 4 weeks. Unemployed patients identified increased use of services and were less satisfied with the care that they had received.

Taris (2002), Comino et al. (2003), which reported that unemployment, is perceived by an unemployed persons and severe stressful situation. It creates frustration and adjustment problems among them.
Eastes and Wilensky (2003) using Emotional Stress Scale found unemployed persons to have more stressful situation than the employed ones. The story starts with financial stress, which in turn becomes associated to psychological stress, and goes side by side which affects mental health adversely. The unemployed group reportedly felt greater financial strain. Those unemployed persons who had no financial strain also reported emotional strain equal to that of the employed ones. Wilcock and Franke (2003) also reported that financial strain was positively correlated with length of unemployment. Longer the period of unemployment, longer is the economic strain, leading to various other problems of psychological and social natures.

Nicolas, Mario George (2002) micro worries and self-report measures of positive and negative affect general mental health status and life satisfaction.

Mary, (2002) Using longitudinal data, the current study examined the relation between mental health and unemployment. It was assumed that these concepts would mutually influence each other—that is, while the perceived characteristics of the situation of being unemployed affect mental health, mental health may also influence the intention to look for a job, amount and type of job-searching behaviour, and the chances of finding a job. Drawing on longitudinal data from 229 unemployed Dutch youth unemployment situation, job-searching behaviours, and employment status was tested using structural equation modelling and logistic regression analysis. While the expectations were largely supported, there were also several unexpected results, most notably that participants who felt powerless were more likely to be active job seekers, while only mental health
(and not job-seeking behaviour was related to the likelihood of finding a job.

Banks and Jackson (2002) found that unemployment results in minor psychiatric disorder, or it is likely to create increased symptoms.

Warr (1999) reported certain studies using GHQ, which can measure symptoms, like feeling of worry, strain, depression, sleeplessness, loss of concentration etc., indicating that unemployed persons report higher degrees of those symptoms than the employed ones. Continuation of these factors leads to psychiatric disorders. Donovan and Oddy (2002) also reported similarly. He found greater decrease in self-esteem in unemployed females than males. He expressed it as Gurney (1980) a sex-accentuated sensitivity to job-related influences on their development. Warr and Jackson (1983) also reported better self-esteem scores of males than those of females under unemployment, but after employment, both sexes develop their self-esteem. These differences were markedly observed in principal wage earners.

Peter. H. Van, Ness and David B. Larson (2002) found that religious persons reported generally higher levels of well-being. The review also found fairly consistent inverse associations of religiousness with rates of depression and suicide. Religion’s effects on mental health are generally protective in direction but modest in strength.

Maciej Latalski, Teresa B. Kulik, Anna Pacian, Hanna Skorzynska, Dorota Zolnierczuk-Kieliszek, (2002) According to them the most painful price to pay for social and economic transformations in our country is high level of unemployment,
triggering all kinds of negative consequences. Health consequences that the unemployed as well as their families and the whole society suffer from play an important role in social consequences of unemployment. The aim of the study was to recognize the health problems of jobless people as well as the possibilities and forms of solving these problems. The research was carried out in April 2002 among 200 unemployed people registered in the Regional and District Labour Office in Lublin. The instrument of the research was a survey questionnaire. The results of the research showed that the lack of job and worsening standard of living had a negative influence on the general state of health of the unemployed. Long-lasting unemployment also influenced the deterioration of physical health among the respondents. The most frequent psychosomatic ailments were: headaches, stomach-aches, nausea and vomiting, pains in the chest, lack of appetite, sleep disorders. Unemployment also contributed to the occurrence of mental diseases, diseases of the circulatory and digestive systems.

Karen Ammann Talerico, Lois K. Evans and Neville E. Strumpf (2001) studied that impaired communication is associated with all forms of aggression, depression with physical aggression and disorientation with verbal aggression.

Patton & Wendy (2001), in order to examine the impact that long term unemployment has on the family, 36 females and males attending a program for the unemployed participated in an in-depth semi-structured interview protocol. This work was undertaken for 3 reasons: very little research has focused on the effects on family, even less has focused on these effects on families where the unemployed
individual has been unemployed for 12 months and longer, and what research which has been conducted has produced contrasting findings. Analysis of the qualitative data revealed 8 key themes. In sum, the experience of long-term unemployment contributes to an increased tendency towards marital and family conflict as a result of unemployment related stress. Other concerns raised include conflict with children, withdrawal from family members, distress of family members, and changing roles of the family members.

**Broman, et al (2001)** represented a major upheaval for thousands of workers, for the union that represented those workers, and for the communities affected they called home. This book tells the story of what happened to workers affected by these plant closings. More generally, it deals with the stress of job loss and with possible ways of coping with that stress. This is a study of unemployment and mental health, but it is also a study of coping and survival. One will see both in this book; who lost jobs and why and how people tried to cope with the situation, and importantly, that the resilience of the human spirit kept people going through the hard times. While this book is about loss, it is also a book about how people move on from loss.

**C. D. Mathers, D. J. Schofied, (2001)** from the Australian Institute of Health and Welfare, reviewed recent studies, including Australian research, on the health effects of unemployment and the mechanisms by which unemployment causes adverse health outcomes. The relationship is complex: ill health also causes unemployment, and confounding factors include socioeconomic status and lifestyle. However, longitudinal studies with a range of designs provide
reasonably good evidence that unemployment itself is detrimental to health and has an impact on health outcomes--increasing mortality rates, causing physical and mental ill-health and greater use of health services.

Comino, (2000) says Unemployed patients were found to have a higher mean general health questionnaire score than employed patients were more likely to report symptoms of anxiety and depression, which required medical treatment during the previous 4 weeks. Unemployed patients identified increased use of services and were less satisfied with the care that they had received.

Kokko L. (2000). The factors which predict a person’s long-term unemployment was studied within the framework of an emotional and behavioural regulation model consisting of 2 orthogonal dimensions; behavioural inhibition vs. expression, and low vs. high self-control of emotions. The participants were drawn from the ongoing Jyvaskyla Longitudinal Study of Personality and Social Development, in which the same individuals have been followed up from age 8 to 36. In the present study, data collected at ages 8, 14, 27, and 36 were used. The findings showed that low self-control of emotions, especially aggression, at age 8 directly predicted long-term unemployment in adulthood, whereas behavioural inhibition (passive and anxious behaviour) predicted long-term unemployment indirectly (via poor educational attainment). Long-term unemployment in adulthood was related to an increased level of current psychological distress as measured by the presence of depressive symptoms and anxiety. Thus, the present study confirmed both the hypothesis concerning selection into unemployment and the hypothesis concerning the psychological consequences of unemployment.
Comino and Elizabeth (2000) unemployed patients were found to have a higher mean general health questionnaire score than employed patients were more likely to report symptoms of anxiety and depression which required medical treatment during the previous 4 weeks. Unemployed patients identified increased use of services and were less satisfied with the care that they had received. The results of psychological and sociological unemployment research seem to be clear and unambiguous. All authors of review articles and meta-analyses agree that unemployed people show worse mental health and more signs of psychological distress when compared with employed people (examples for more recent reviews and meta-analyses: Dooley, Fielding, & Levi, 1996; Kasl, Rodriguez, & Lasch, 1998; Lennon, 1999; McKee-Ryan & Kinicki, 2002; Moser & Paul, 2001; Murphy & Athanasou, 1999; Winefield, 1995). This result is true for very different aspects of mental health and well-being, for example, symptoms of depression and hopelessness, symptoms of anxiety, psychosomatic symptoms, self-esteem and feelings of control (Winefield, 1995). It is true for different social groups and different life situations in different countries all over the industrialized world and it is also true for different years and decades of the entire 20th century (Moser & Paul, 2001). Thus, the negative impact of unemployment on mental health seems to be a very robust effect. Regarding the problem of causality, the general consensus is that unemployment not only correlates with but actually causes psychological distress (Murphy & Athanasou, 1999).
Ruta K. Valaitis (2000) found that most youth perceived that using computers and the internet reduced their anxiety concerning communication with adults, increased their control when dealing with adults, raised their perception of their social status, increased participation with in the community, supported reflective thought, increased efficiency and improved their access to resources.

Hilton Davis, Crispin Day and others (2000) have done study on Child and Adolescent Mental Health in which a random sample of 253 parents and young people were interviewed to elicit: (i) the number, type and severity of psychosocial problems in children/young people; and (ii) the number and type of risk factors for mental health in a very deprived inner city locality. The results suggested that high levels of need for mental health services, with, for example, 37% of children having three or more problems, and over 51% having three or more risk factors. From subjective case-by-case analysis, preliminary criteria were derived for judging the level of required service response and the numbers likely to present appropriate to the various tiers of service. Of the 25% of the sample expressing a need for help, 6% were judged to be manageable by community staff (e.g. health visitors) with support from child mental health specialists, 4% by specially trained community staff (e.g. parent advisers), 8% by solo child and adolescent mental health specialists and 7% by generic or specialist child mental health teams.

Winefield and Tiggemann (1999) studied testing both men and women could not find any difference in their locus of control between employed and unemployed persons of both the sexes. Therefore, locus of control was not supposed to be the predisposing factor by them.
Workplace closure results in unselective unemployment. This unique feature has enabled studies of workplace closure to make a significant contribution to knowledge about the effect of unemployment on health. A review of recent longitudinal controlled studies of workplace closure documents their contribution to this knowledge. It also identifies a number of methodological problems and the scarcity of data on white-collar workers and gender differences. Results are presented from a study of the health effects of job insecurity, change and loss among white-collar men and women which was able to address some of the methodological disadvantages of previous studies.

Payne (1998) studies clearly indicated that anxiety decreases significantly if employment is restored or got. Three times tested longitudinal studies undertaken, when many of the subjects were employed by the last testing situation, indicated their stresses were reduced from 9.2 to 7.5 very significantly. However, they forgot their previous strains, which could not be seen of any increase it shows that they constantly remain under strain if unemployment persists, but it ends after job is received. The strain was economic. Neuroticism was found to be the powerful factor for the stress model, i.e., stress leads to make a man neurotic, and who had already a neurotic tendency, is likely to increase it if put under unemployment.

Owen K. Watson N. (1998) the literature review has been carried out to examine current evidence linking mental health and unemployment. The research reviewed in this research covers a wide range of academic disciplines spanning epidemiological medical research to more descriptive papers from social policy and geography,
and while international material is included, the work concentrates on British literature. The research examines published accounts of the relationship between mental health, suicidal behaviour and employment giving special attention to the influence of the variables, age and gender, on the experience of unemployment. All the literature reviewed suggests a link between unemployment and mental health problems. However, the direction of this link, that is whether unemployment is the cause of poor mental health or the result of poor mental health, is not clear. This research will be of interest to a wide range of community health professionals, especially those working in areas affected by unemployment or mental health professionals working with individuals who recently have been made redundant.

This study examined changes in the health status of civil servants whose employment security was threatened. Data were derived from a longitudinal cohort of 10,308 men and women, office staff in 20 British civil service departments. Physiological measurements, self-reported morbidity, and health-related behaviours for 530 members of the department under threat were compared with those of 19 other departments, during the period of uncertainty and during stable employment 5 years earlier. Results showed that from a position of advantage or no difference at baseline, self-reported morbidity and physiological risk factors tended to increase among respondents from the threatened department compared with those from other departments. For both sexes, increases were significant for body mass index (P < .001) and sleeping 9 or more hours (odds ratio (OR) = 1.88; 95% confidence interval (CI) = 1.3, 2.8; P < .01); modest but significant increases were seen in ischemia (OR = 1.45; 95% CI = 1.0, 2.1) and cholesterol concentration (0.08mol/L; 95% CI = 0.01, 0.14).
Among women only, a significant relative increase in blood pressure (P < .01) was recorded. Over the same period, health-related behaviours changed little. This study concluded that threats to employment security have adverse consequences for health status that are unexplained by health selection or health-related behaviours.

**Schaufeli W.B. (1998)** Department of Psychology, Utrecht University, Netherlands has done study on “Youth unemployment and mental health.” In his study, two hypotheses were investigated: (1) the causation hypothesis that assumes that unemployment leads to poor mental health and (2) the selection hypothesis that assumes that poor mental health reduces the likelihood of finding a job. A prospective longitudinal design was used in order to study two Dutch samples: 635 college graduates and 767 school-leavers. The causation hypothesis was confirmed for school-leavers but not for college graduates. In addition, as expected, employment and further education increased levels of mental health among school-leavers. The selection hypothesis, which unfortunately could only be studied in the graduate sample, was not confirmed as far as mental health was concerned. However, it appeared that future employment among graduates was predicted by a positive attitude and an active way of dealing with unemployment. Results are interpreted with reference to the favourable Dutch structural and cultural context that existed at the time the research was conducted. In addition, the role of proactivity is discussed.

**Breslin F C, Mustard C. (1994)** Institute for Work & Health, Toronto, has done study on “Factors influencing the impact of unemployment on mental health among young and older adults in a
longitudinal. This study examined the relationship between unemployment and mental health. It particularly emphasized the potential differences in mental health status between younger workers entering the labour market and older workers with established labour force involvement. With the use of the National Population Health Survey in Canada, over 6000 respondents between 18 and 55 years of age in 1994 were followed up 2 years later. The results suggest that, among the 31- to 55-year-olds, becoming unemployed led to increases in distress and, to some extent, clinical depression at follow-up. This association between unemployment and mental health was not found among younger adults 18 to 30 years of age. Possible explanations for the null finding among young adults, such as decreased likelihood of low household income or increased likelihood of distressed young adults completely withdrawing from the workforce, were not supported. The notion that baseline mental health affects the chances of being unemployed at the time of a 24-month follow-up was partially supported. These findings from a representative sample suggest that both causation and selection processes lead to an association between unemployment and distress among older adults.

Much research has shown that Blacks have similar or better mental health compared to Whites once. Although it has been speculated that Blacks have similar mental health due to their additional coping resources offsetting disadvantages due to race, no research has documented these offsetting effects. (Williams and Harris-Reid 1999; Williams et al. 1997; Kessler et al. 1994; Robins and Regier 1991)
M Bartley Nuffield College, Oxford (1991) conducted research relevant to understanding the psychological, social, and biological pathways by which unemployment may affect health risk; to consider the importance of four specific mechanisms; and to indicate some directions for future research. Studies were chosen to illustrate the development of four major hypotheses regarding the relationship between unemployment and ill health, as well as the present state of knowledge. The review therefore includes some much-cited "classics" drawn from a long time span. Where recent reviews already exist relevant to individual mechanisms, these are referred to. Recent (since 1987) reports were sought by searching the BIDS database. Particular effort was made to locate studies which enabled alternative hypotheses to be evaluated, and to point out where existing evidence is inconsistent or incomplete, indicating the need for further research. Research result showed that to understand the relationship between unemployment and ill health and mortality, four mechanisms need to be considered: the role of relative poverty; social isolation and loss of self esteem; health related behaviour (including that associated with membership of certain types of "subculture"); and the effect that a spell of unemployment has on subsequent employment patterns.

Isaksson K. (1985) Department of Psychology, University of Stockholm, Sweden, have studied the effects of unemployment and the relationship to symptoms of psychological distress in young, male and single clients on welfare in Stockholm in 1985. One hypothesis was that unemployed men would report more symptoms of psychological distress than men who had employment. Another hypothesis concerned the relationship between the social-psychological functions of work
according to the so-called "deprivation theory" of Marie Jahoda and psychological distress as measured by the General Health Questionnaire. Results showed significantly more signs of psychological distress among the unemployed and also more distress among unemployed men with low access to the social-psychological functions of work compared to unemployed men with higher values. Stepwise regression analysis showed that the latent functions had a strong effect on well-being but the effect of employment/unemployment was weaker. This cross-sectional study gave no indications of different reactions in this group of hard-core unemployed men compared to other groups of unemployed in Sweden.

**Campbell et al. (1976)** it was reported that life satisfaction remained considerably different in employed and unemployed men, but it remained same in women. Cohn’s (1978) study also showed one important observation that the unemployment had negative effect on childless women, but not those with children. The childless women are more aspirants and desirous of jobs, but the married women seem to be settled for their way of life, and they get more satisfaction in it.

Happiness is the feeling of joy and contentment from activity or achievement when it is successfully. **Bradburn (1969)** reported that employed men were found happier than the unemployed men, but this was not the case in women. Both unemployment and employed females exhibited similar happiness. The males get more happiness from the paid jobs; perhaps, they are more work oriented and remain interested in earnings, while females have less interest in earnings and jobs. In opposition to the finding, Winefield and Tiggemann (1985)
found that females expressed more happiness than males in all the three types of groups: school going, employed and unemployed.

**Eysenck and Esyenk (1964)** on a study of mental health life events and social support found that 69 percent of the variance accounted only to the cause of health, which indicates that the life events base on mental health of the individual or vice versa. The early studies of unemployed persons located worries, nervousness, disappointments and depression (Rundquist and Sletto, 1986), psychological distress (Israeli, 1995) and mental illness (Eisenberg and Lazarfeld, 2003). The later works also exchanged it by well being (Jahoda, 2004 Maslow, 1995) and affective states (Bradburn and Capority, 1994).

While employed people were usually used as comparison group in the research literature, it is interesting to note that the mental health of unemployed people is also impaired in comparison to other social groups. There exist more than a dozen epidemiological studies from western countries that report prevalence rates of minor psychological disorders or depression not only for employed and unemployed people, but also for students, retirees or home-makers (e.g. Eaton & Kessler, 1981; Ohayon, Priest, Guilleminault, & Caulet, 1999). The median prevalence rates from these studies are as follows: 9% for employed people, 11% for students, 16% for retired people, 18% for home-makers and 23% for unemployed people. Thus, unemployed people are distressed not only in comparison to employed people but also in comparison to other groups of people who are out of employment.
In addition, the relationships between women’s mental distress and a number of variables were explored. Questionnaires were administered to unemployed and employed women three years after the moratorium began. The unemployed women reported significantly poorer mental well-being in the year prior to data collection. At the time of the study, however, both groups of women were experiencing high levels of distress. The moratorium, financial problems and feelings of uncertainty were identified as key stressors for all the women, but especially for those without work. Among the working women, past experiences with unemployment and level of education had significant correlated with their mental well-being.

There is a 'formidable' (Feather, 1990) scientific literature on the affective and behavioural squeal of employment and unemployment. Following on from the early classic studies and reviews by Jahoda, Lazarsfeld & Zeisel (1933), Bakke (1933) and Eisenberg & Lazarsfeld (1938), at least four major reviews of the topic appeared in the mid-1980s (Fryer & Payne, 1986; Hartley & Fryer, 1984; O'Brien, 1986; Wart, 1987). While these reviewers identified a large number of studies whose results indicated significantly more 'psychological distress' (Warr, 1987) for the unemployed, the reviewers were uneven in their opinions about the extent to which any claimed mental health-unemployment relationship had been reliably established. Thus, while Fryer and Payne concluded that 'in all cases the (cross-sectional) evidence suggests that groups of unemployed have higher mean levels of experienced strain and negative feelings than comparable employed people'.
Considerable theoretical debate has focused on the relationships between the development of mental health problems among youth and the role played by environmental stressors such as acute traumatic events, chronic strain and adversity, accumulation of stressful life events, and daily challenges (Chalk R, Phillips DA, 1997). The most notable factors known to have a profound impact on youth mental health include exposure to neighbourhood violence (Kliewer W, 1997); parental chronic illness (Worsham NL, Compas BE, Sydney EY, 1997), and poverty and economic hardship (Garmezy N, 1983); as well as parental unemployment, which may add further stress in the form of increased parental alcohol intake, home violence, and child abuse (Chalk R, Phillips DA, 1996).

Much evidence shows that several of these stressors may vary according to where individuals live. That is, the economy and social environment of the communities where youth live may be associated with the degree to which parents are able to find jobs, rely on the necessary networks of social support to cope with challenging times, and provide their children with opportunities for healthy development (Shonkoff JP, Phillips DA: 2001). Since the extent to which these stressors are present may differ between rural versus urban communities, we explore whether exposure to urban or rural environments places youth and young adults at greater risk for poor mental health outcomes.

Research shows that youth and young adults often struggle with mental health problems such as depression, anxiety, and stress-related conditions. A recent World Health Report estimated that 10%-20% of youth worldwide experience one or more mental health disorders
(WHO: 2001). Several studies have also reported that youth who experience mental health disorders are at greater risk of developing psychopathological conditions later in life (Campbell SB; 1995). These results suggest that in addition to increasing the well-being of children and youth, the ability of researchers and clinicians to identify mental health problems early in life may help prevent adult psychopathology.

One of the issues that have stimulated much research on the impact of community-level influences on mental health is whether people living in urban environments are at greater or lesser risk than people living in rural environments. The question may have been motivated by the social construct of the rural idyll - a notion that has been consistently influential since the 1960s (Atkin C; 2003) - that is, the underlying discourse that rural areas promote a peaceful and harmonious lifestyle, whereas cities are generally associated with chaos, noise, stress, and challenging living conditions typical of large metropolitan areas (McGee R, Stanton W, Feehan M; 1991). Accordingly, one common expectation is that exposure to peaceful rural environments should positively impact people's mental health.

Several studies have investigated whether or not the features of rural communities that tend to evoke images of tranquillity - such as beautiful landscapes, privacy from neighbours, and harmony with nature - actually minimize mental health disorders (Offord DR, Boyle MH, Szatmari P, Rae-Grant NI, Links PS, Cadman DT, Byles JA, Crawford JW, Blum HM, Byrne C, Thomas H, Woodward ;1987). Interestingly, older studies tend to report that urban youth are at higher risk for mental health problems, while more recent studies seem to suggest the opposite. For example, it has been reported that mental
health disorders among adolescents from rural communities are increasing to the point of equalling or exceeding those of urban youth (Ruiz BS, Stevens SJ, McKnight K, Godley SH, Shane P; 2005), especially with respect to drug and alcohol use and abuse (Atav S, Spencer GA; 2002). Similarly, Gordon and Caltabiano; 1996) have shown rural-urban differences with regard to self-esteem of adolescents (with rural youth scoring lower than their urban counterparts) and engagement with deviant leisure behaviours such as drug and alcohol use (with rural youth being more likely to engage in such behaviours than urban youth). Despite some results indicating differences in the mental health of youth from rural and urban communities, many other studies have not detected significant differences (Mullick MSI, Goodman R; 2005).

The contradictory results may be partly attributable to the fact that what constitutes "rurality" versus "urbanity" is rarely explicit in studies (Atkin C; 2003). In addition, most studies are cross-sectional, focus on a limited number of mental health conditions, or rely on self-report measures. These problems reflect the practical difficulty of considering communities as complex entities and, also, of dealing with the dynamic time component involved in the development of mental health outcomes.

While approaches to health policy tend to treat rural areas as uniform entities, mental health differences between rural areas may be as pronounced as those observed between urban and rural communities. There are an array of different and specific dimensions of rurality and urbanity that health researchers need to consider to better understand what community aspects may be associated with
mental health outcomes (Philo C, Parr H, Burns N; 2003). For example, resource-dependent rural communities can be extremely different from one another, because farming, mining, and forestry are each affected differently by shifts in the market economy and availability of resources. Such shifts may also be partially responsible for individual trends in migration, which in turn represent an important element of the community social fabric. At the same time, the influences of rurality cannot be studied without controlling for individual-level characteristics that contribute to the socioeconomic profile of an entire community.

In addition to rurality or urbanity, one important but mostly neglected aspect that can also significantly impact mental health outcomes is the individual history of migration from one place to another, especially when the place of origin differs significantly from the place of arrival. In North American societies, a significant proportion of the population migrate at least once in a lifetime, and many people change community of residence multiple times. Some migrate from urban to rural communities (or vice versa), while others migrate within urban communities or within rural communities only. For instance, census reports for 2006 indicate that approximately 14% of the Canadian population had migrated in the previous year, and 19% had migrated within the previous 5 years (Connell HM, Irvine L, Rodney J: 1982).

The mobility of populations has been of interest to researchers attempting to uncover the impact of migration patterns on adolescent mental health. Studies have suggested that adolescents who change residence show higher rates of mental disorders. For example, McGee
and colleagues (1984) found that adolescents who had frequent changes of residence were more likely to have higher rates of mental health diagnoses and higher levels of help-seeking, as well as lower levels of social competence. These lower levels of social competence are thought to be related to difficulties in forming relationships with peers (Webb SD; 1984).

A study conducted by Mullick and Goodman (1977) on 5-10 year olds in Bangladesh found that migrating from rural to urban communities had a negative impact on mental health. Dudley and associates (1985) found that youth who migrate from urban to rural areas were more likely to commit suicide than youth migrating from rural to urban areas. Thus, there is a body of evidence that suggests that an individual's mental health can be influenced by migration.

2.2 Insecurity

Winefield and Tiggeman (1985) found that females expressed more self-directed hostility than males due to unemployment. After two years of unemployment the females showed greater decline in anger with society, perhaps, their interest is turned from professional t social. It seems an emotional and ideal out-burst in the beginning to increase their hostility which not getting a restitution for some time automatically subsides when they find the toughness of reality intense. It is still not easy to generalize anything yet because Houston and Kelly (1989) indicated that employed women develop professional hostility not familial.
Cottle R.B. (2001). The author examines long-term unemployment as a traumatic event that creates in those who experience it conditions resembling symptoms of loss and post-trauma. Through the words of men who have experienced long-term unemployment, he demonstrates that work is crucial to the formation of a man’s identity, and that without work; many men often find no purpose for living. The in-depth studies the author reveal why some men abandon their families or, in some instances, are driven to commit murder or suicide in the face of lingering unemployment. These often heart wrenching stories encourage readers to consider the implications of long term unemployment for the men who experience it, the families who endure it, and the society that tolerates it.

Kasl (2001) pointed out that the stressful event of unemployment is cursing, but how much it compounds with other variables is not very clear. The clinical studies are not so many to study this phenomenon. The psychopathological contents of measures designed to assess the current level of environment stress and used to predict the current level of psychological strain have been presented in "Daily Hassles Scale" by Delongies et al. (1999).

Van-Der-Merwe Etal (2003), the primary objective of their study was to evaluate the efficiency of the coping mechanisms of 82 unemployed African men with dependents. Results revealed significant relationships between perceived stress and stressful life events, as well as between perceived stress and four groups of coping mechanisms, the strongest relationships being reported for stressful life events, psychological coping resources, and family resources. Only four of the fifteen identified coping mechanisms could reduce the
relationship between stressful life events and perceived stress these were an internal locus of control, extended family social support, mastery and health within family, and the utilization of community resources.

**Berth H, Forster P, Braehler E. (2003)** in Germany have worked on “Unemployment, job insecurity and life satisfaction.” Based on research about the psychosocial aspects of experiencing unemployment, the present study analyses the effects of actual unemployment and the impact of being at risk of becoming unemployed and the influence of perceived job insecurity on life satisfaction. In the 17th wave of the Saxon Longitudinal Study (Sachsische Langsschnittstudie) in 2003, 419 people (193 male, 226 female, mean age 30.05 years) were examined with a life satisfaction questionnaire. This questionnaire addresses eight areas of life satisfaction: friends, leisure time, health, income, job, housing, family, partnership. Result showed that two-thirds of the participants have had experiences with unemployment so far. People who had been unemployed several times were significantly more dissatisfied with their income, housing, profession and health. Still, considering people employed at the time of survey, the subjective job insecurity and the perceived risk of becoming unemployed had noticeably negative effects on life satisfaction. This could be also shown for areas which are not directly connected to occupation, such as friends and family life. The study emphasizes the known results regarding the connection between unemployment and (poor) life satisfaction. Evidence was provided that even the anticipated loss of the workplace causes a decrease in life satisfaction, affecting many areas of subjective evaluation.
Berth H, Forster P, Brahler E. (2001) Medizinische Psychology, University Sklinikum. This study concerns the effect of unemployment and job insecurity in a large sample of young adults because little is known about this special age group. 420 persons (46.8% males, 52.2% females, mean age 29 years) were polled in the 16\textsuperscript{th} wave of the Sachsische Langsschnittstudie in 2002. This longitudinal study accompanies an East German sample since 1987 i.e. some time before German reunification. We used standardized psychological questionnaires to assess the state of health (SCL-9, HADS, GBB, SWE). Results showed that 120 (29\%) persons were repeatedly unemployed, 143 (34\%) once, and only 157 (37\%) had never been unemployed. The period of unemployment lasted 1 to 76 months. According to the experience with unemployment we found differences in subgroups: persons having more experience with unemployment report on higher global distress, more anxiety and depression, feel less efficacious and are in a subjectively poorer state of health. Nearly one-third of the participants think they have an insecure job. Persons who perceive an insecure job feel significantly greater anxiety, depression, body complaints, mental distress and feel less efficacious. Thus this study concludes that unemployment is a big social problem for young and well-qualified persons. The experience of unemployment decreases the identification with the current social system and has a strong negative influence on the state of health. Specific offers of medical and psychosocial support are required. Even the feeling of job insecurity has explicitly negative effects on health. Further longitudinal research is necessary.
Elizabeth, et al., (2003) compared the prevalence of anxiety and affective disorders among employed and unemployed patients and compared the type of treatment received between the two groups for these disorders. A secondary analysis of Survey of mental Health and Well being of Adults cross-sectional study was undertaken. Unemployed adults were more likely to have symptoms of anxiety. Unemployed participants with symptoms were less likely to have seen a general practitioner for treatment but when they did they received similar care to employed participants.

Sverke M, Hellgren J, Naswall K. (2001) Department of Psychology, Stockholm University, Sweden. In this study, Meta-analytic techniques were used to estimate how job insecurity relates to its postulated outcomes. Consistent with the conceptual framework, the results indicate that job insecurity has detrimental consequences for employees' job attitudes, organizational attitudes, health, and, to some extent, their behavioural relationship with the organization. Moderator analyses suggest that these relationships may be underestimated in studies relying on single-item measures of job insecurity and that the behavioural consequences of insecurity are more detrimental among manual, as compared with no manual, workers. Recommendations made for future research include utilization of multidimensional measures, consideration of a broader spectrum of outcomes and moderators, and use of longitudinal designs.

Jahoda (2004) included its many dimensions more related to both positive and negative affects that show respectively high and low degree of well-being. It includes inter-related affective, cognitive and behavioural processes. Low well being includes anxiety, depression,
low morale, lack of self-confidence, low sense of personal autonomy, inability to cope with the problems of lives, dissatisfaction with self and the environment – social and physical. Low well being is identical with ill-health, but it can occur in persons who are not really in ill-health. High psychological well being is the absence of those factors or their sufficiently low degrees. It is the striving for growth of life and self-actualization.

**Jahoda (1982)** opined that the lack of work not only causes economic hardship, but it also demolishes people’s habitual organization of time. Without work, he become idle, sleeps more, become irregular in routines, develops carelessness, untidiness and un-cleanness etc. Workless man loses enthusiasm of life and passes time as a passive entity, a burden and unproductive for the society. Thus, the work provides positive dimensions of life in society while work lessens provide all negative dimensions of hopelessness.

Thus, it can be summarized as follows that various studies clearly show that unemployment reduces self-concept or personality structure i.e. it is injurious for development of individual’s personality and development of self-actualization. The unemployed youth suffer a loss of self-respect, self-confidence and develop passivity apathy and guilt feeling (Lawlis, 1991; Oddy, 1992).

**J E Ferrie, M J Shipley, M G Marmot, P Martikainen, S A Stansfeld, G D Smith (1998)** Department of Epidemiology and Public Health, University College London have worked on Job insecurity in white-collar workers: toward an explanation of associations with health. They described 2 studies that examined changes in
psychosocial work characteristics (job strain model) and health-related behaviours as potential explanations of the job insecurity-health relationship in a longitudinal cohort of white-collar British civil servants. Job insecurity arising from anticipation of change was associated with a modest increase in self-reported morbidity, whereas chronic job insecurity was associated with some adverse physiological changes. Anticipation of change and chronic job insecurity were associated with adverse changes in other psychosocial work characteristics, but few changes were significant and consistent across both exposure groups. Changes in health-related behaviours associated with either exposure were slight. Apart from a minor role for social support at work in both sexes and a modest role for job demands in women, adverse changes in these factors explain little of the job insecurity-health relationship.

Kivimaki M, Elovainio M, Kokko K, Pulkkinen L, Kortteinen M, Tuomikoski H.(1959) Department of Psychology, Finnish Institute of Occupational Health, Topeliuksenkatu have done study on Hostility, unemployment and health status: testing three theoretical models. This study examined three theoretical models of hostility, health and life context. According to the psychosocial vulnerability hypothesis, there is an interaction between hostility and adverse conditions. The increased health risk in hostile individuals is assumed to stem from their lower ability to benefit from existing psychosocial resources. The second hypothesis, called here the social context model, considers adverse conditions as an antecedent of both hostility and health problems. The third model states that hostility is a predictor of being selected to adverse conditions involving risk to
health (the selection hypothesis). The results from a survey of a population-based random sample (2153 non-institutionalized citizens aged 18-64 years) in Finland, showed that hostile men had a high prevalence of non-optimal health, irrespective of employment status. In non-hostile men, employment was associated with better health than unemployment. This association between hostility and unemployment was not found in women. Corresponding findings were obtained from a 1959-born cohort of 311 individuals followed up for 27 years. The combination of high hostility at school age and unemployment in adulthood had an additive effect on poor health in adult men but not in adult women. Hostility in childhood was not significantly associated with unemployment in adulthood. Thus, this study supported the psychosocial vulnerability model in men.

Hammarstrom A, Janlert U. (1998) Department of Family Medicine, Umeá University, Sweden, have studied one thousand and sixty young people were followed for 5 years from the last term of compulsory school. Unemployment correlated positively with changes in nervous complaints and depressive symptoms, even after controlling for initial psychological health and background factors. There were no pronounced gender differences. Qualitative methods were used to study mediating factors between unemployment and mental health, including lack of self-confidence, self-blame, stress, isolation, lack of control and resignation.

Jeolson L, Wahlquist L. (2001) Research Centre, Nacka-Vaerdmoe Psychiatric Sector, Nacka Hospital, Sweden, worked on the psychological meaning of job insecurity and job loss. Some results from a longitudinal intensive study of 26 shipyard workers during a
period of two years. Unemployment was found to comprise a process consisting of a series of psychological crisis due to loss of important factors contributing to identity. The anticipatory phase was found to be a very burdening phase of unemployment due to the prolonged uncertainty. Despite good economic compensation, depressive reactions were noticed. Other psychological reactions were irrational job seeking behaviour. The attitudes towards work were investigated. The central concepts of meaning of work were found to be unconscious and mediated early during childhood and to change very slowly. The shipyard workers tried to maintain an old working identity but especially the old, single men had difficulties to stand firm to it. Some of them intensifies alternative to work, like fishing, hunting and other activities and, in a way, continue to work. The single, older unemployed men were found to be a risk group. Loss, human capital job feature, and work condition job feature as distinct job insecurity constructs.

Blau G, Tatum DS, McCoy K, Dobria L, Ward-Cook K. (2002) Human Resource Administration Department, Temple University, Philadelphia, Pennsylvania. The projected growth of new technologies, increasing use of automation, and continued consolidation of health-related services suggest that continued study of job insecurity is needed for health care professionals. Using a sample of 178 medical technologists over a 5-year period, this study's findings extend earlier work by Blau and Sharp (2000) and suggest that job loss insecurity, human capital job feature insecurity, and work condition job feature insecurity are related but distinct types of job insecurity. A seven-item measure of job loss insecurity, a four-item
measure of human capital job feature insecurity, and a four-item measure of work condition job feature insecurity were analyzed. Confirmatory factor analysis using a more heterogeneous sample of 447 working adults supported this three-factor structure. Using correlation and path analysis, different significant relationships of antecedent variables and subsequent organizational withdrawal cognitions to these three types of job insecurity were found.

Hammarstrom A, Janlert U, Theorell T. (1981) Department of Social Medicine, Karolinska Institute, Luleå, Sweden. A prospective study was started in 1981, including all 1083 pupils in the last year of compulsory school in a municipality in the northern part of Sweden. All pupils were followed up after 2 years. They were investigated with a comprehensive self-administered questionnaire as well as studies of records and interviews with teachers and school nurses. The total non-participation rate in the study was less than 1%. The main results of the study are the following: unemployment leads to increased psychosomatic and psychological symptoms, decreased social activities in clubs, increased abuse of alcohol and narcotics and increased utilization of health care services. The effects of unemployment are somewhat different among girls and among boys. Girls are more exposed to unemployment and unemployment leads to more negative effects among them. Hidden unemployment has the same effects as unemployment but the effects are less pronounced.

Peggy McDonough (1994) in his research he found that as employers respond to new job insecurity affects a growing number of workers. It appears to harm mental health, but less is known about its effects on physical health and health behaviours and the mechanisms
through which it may act. The prevailing individual-centered conceptualization of job insecurity as the perception of a threat to job continuity precludes systematic investigation of the social patterning of its health effects. Analysis of data from a 1994 Canadian national probability sample of adults determined that high levels of job insecurity lowered self-rated health and increased distress and the use of medications, but had no impact on heavy drinking. The findings support one possible mechanism of action whereby job insecurity reduces feelings of control over one’s environment and opportunities for positive self-evaluation; these psychological experiences, in turn, have deleterious health consequences. There is little evidence of social patterning of this relationship by gender, education, household income, age, marital status, and social support at work.

Sidney W. A. Dekker; Wilmar B. Schaufeli Utrecht University, The Netherlands (1998) have done study on the effects of job insecurity on psychological health and withdrawal. Study of job insecurity conducted during drastic organizational change in one of Australia's large public transport organizations. In a redundant group (n = 32) and a control group (n = 63), effects of job insecurity and the availability of coping resources on psychological health and withdrawal were examined longitudinally by means of self-report questionnaires. Results indicate that job insecurity is associated with a deterioration of psychological health (i.e. leading to psychological distress and burnout), as well as job and organizational withdrawal. Contrary to expectations, however, neither support from colleagues nor management nor unions seemed to protect job incumbents from the negative effects of job insecurity. Apparently, these three sources of
potential support do not have a stress-buffering effect. It was concluded that in order to combat the adverse effects of job insecurity on psychological health and morale, the job stressor itself has to be dealt with, instead of trying to render it less harmful by providing support that is more social.

David W. Brown, Lina S. Balluz, Earl S. Ford, Wayne H. Giles, Tara W. Strine, David G. Moriarty, Janet B. Croft, Ali H. Mokdad (2001) have showed that unemployment has been associated with poor psychological well-being. Using data from the 2001 Behavioural Risk Factor Surveillance System, we examined relationships between unemployment and frequent mental distress (FMD), defined as 14 or more mentally unhealthy days during the previous 30 days, among 98,267 men and women aged 25-64 years. The age-standardized prevalence of FMD was 6.6% (standard error, 0.14) among employed adults, 14.0% (2.00) among adults unemployed >1 year, and 15.5% (1.18) among those unemployed <1 year. After adjustment, the relative odds of FMD were 2.09 (95% confidence interval (CI) = 1.75-2.50) for adults unemployed <1 year and 1.88 (95% CI = 1.31-2.71) for adults unemployed >1 year compared with employed adults. Similar patterns were observed across gender, race/ethnicity, education, income, and area unemployment groups. Unemployed persons are a population in need of public health intervention to reduce the burden of mental distress. Public health officials should work with government officials to incorporate the health consequences of unemployment into economic policymaking.
The early studies of Israeli (1935), and Roudquist and Sletto (1936) found higher degree of depression in unemployed persons than the employed ones. Later studies also confirmed this finding conducted in different countries (Radloff, 1975; Frese, 1979;)

Tiggeman and Winefield, 1980; (Donovan and Oddy, 1982). Most of the studies account for the financial difficulties due to unemployment that disturbs the mind of the persons putting him into an area of affairs "what to do?" This state of indecision makes a man depressed (Cobb and Kasl, 1977). Some other researches also criticized the dysfunction due to unemployment (Brenner, 1973; Kasl, 1979). They posit that unemployment should not be regarded as the major life event.

Warr and Jackson (2003) using both positive and negative feelings separately, observed that employed and unemployed persons differed significantly on-negative feeling and not on positive feeling. The negative feeling of unemployed persons significantly increased. It was argued that unemployed people uncouple their positive and negative self-occupations in a way, which is not necessary for those in employment. Positive self-conception may be psychologically fundamental in the face of moderate adversity, such as unemployment, whereas negative feeling may in general be more responsive to environmental stress.

Gurney (1980) found greater decrease in self-esteem in unemployed females than males. He expressed it as a sex-accentuated sensitivity to job-related influences on their development.
Warr and Jackson (1983) also reported better self-esteem scores of males than those of females under unemployment, but after employment, both sexes develop their self-esteem. These differences were markedly observed in principal wage earners.

Happiness is the feeling of joy and contentment from activity or achievement when it is successfully. Bradburn (1969) reported that employed men were found more happy than the unemployed men, but this was not the case in women. Both unemployment and employed females exhibited similar happiness. The males get more happiness from the paid jobs; perhaps, they are more work oriented and remain interested in earnings, while females have less interest in earnings and jobs. In opposition to the finding Winefield and Teggeman (1985) found that females expressed more happiness than males in all the three types of groups: school going, employed and unemployed.

Elovainio, (2001) demonstrated an association between high levels of hostility, low socioeconomic status and adverse health outcomes. According to the psychosocial vulnerability model, the health of hostile individuals is at greater risk than that of non-hostile individuals, partly because the former are unable to cope with psychosocial stress situations. It is also possible that psychosocial stress situations, in themselves, are predictors of hostile reaction patterns as inefficient coping strategies. We tested these two models using hierarchical regression analysis and structural equation modelling and treating unemployment as an indicator of serious psychosocial risk. The random sample consisted of 4,000 inhabitants of Finland from 18 to 64 years of age. The hypothesized vulnerability model of hostility in the relationship between unemployment, lack of
social support and health outcomes was supported, although the level of vulnerability differed between the sexes. No mediating effects were found.

**Frees M., Mohr G. (1977)** in study of prolonged unemployment and depression in older workers. It was shown that prolonged unemployment leads to depression, reduce hope, and financial problems, although none of these factors leads to prolonged unemployment. Being employed leads to a reduction of depression and financial problems. Problems associated with the daily hassles of unemployment, such as financial problems and disappointed hope play a role in the development of depression with prolonged unemployment.

**Giorgio Grossi (2001)** investigated association between copying and symptoms of emotional distress within a sample of 166 unemployed men and women (mean age 40+10 years, range 22 to 63 years, 52% males). All variables measured with a questionnaire comprising socio-demographic background, length of unemployment, financial strain, copying style and emotional distress. It was found that emotional distress was positively related to financial strain and more common among younger subjects, divorced subjects and those with foreign background, but less frequent among subject who had been unemployed for more than three years. The results confirm that coping style has importance for the mental health of the unemployed.

**Eysenck and Esyenk (1964)** on a study of mental health life events and social support found that 69 percent of the variance accounted only to the cause of health, which indicates that the life events base on mental health of the individual or vice versa. The early studies of unemployed persons located worries, nervousness, disappointments and depression (Rundquist and Sletto, 1986),
psychological distress (Israeli, 1995) and mental illness (Eisenberg and Lazarfeld, 2003). The later works also exchanged it by well being (Jahoda, 2004 Maslow, 1995) and affective states (Bradburn and Capority, 1994).

Kokko,-Katja (2000), explained that those factors which predict a person’s long-term unemployment were studied within the framework of an emotional and behavioural regulation model consisting of 2 orthogonal dimensions: behavioural inhibition vs. expression, and low vs. high self-control of emotions. The participants were drawn from the ongoing. Longitudinal Study of Personality and Social Development, in which the same individuals have been followed up from age 8. The findings showed that low self-control of emotions, especially aggression, at age 8 directly predicted long-term unemployment in adulthood, whereas behavioural inhibition predicted long-term unemployment indirectly (via poor educational attainment). Long-term unemployment in adulthood was related to an increased level of current psychological distress as measured by the presence of depressive symptoms and anxiety. Thus, the present study confirmed both the hypothesis concerning selection into unemployment, and both the hypothesis concerning selection into unemployment, and the hypothesis concerning the psychological consequences of unemployment.

Claussen B. (2002) worked on clinical follow up of unemployment. In his study two year follow up of routine health examinations, three sociomedical evaluations were set up. The first was the direct conclusion of the check-up, based on sickness and possibilities of treatment. The second dealt with work identity, and the
last was a diagnostic set of main unemployment problem. A representative sample aged 16 to 63 who had been registered with labour market authorities for more than 12 weeks were taken. Results showed that 21% if the unemployed needed further treatment. 7% were classified as “discouraged”, being on their way out of the labour market, while the majority of the study group was healthy job seekers.

**Platt S, Micciolo R, Tansella M. MRC (1988)** Medical Sociology Unit, Glasgow, Scotland have worked on “Suicide and Unemployment in Italy during the period 1977-1987, taking in to account variations by gender and region. The first objective of the study was to provide descriptive longitudinal and cross-sectional aggregate-level analyses and also trends in individual –level and population risks for suicide in relation to unemployment. Second objective was to use the Italian data to help discriminate between rival interpretations of the unemployment –suicide link, i.e. the operational of health sectional or causal (susceptibility) mechanisms. Evidence for an association between suicide and unemployment among women was not convincing. The annual rate of female unemployment was negatively correlated with the female suicide rate, unrelated, and unrelated to the suicide rate among the unemployed, the relative risk or population attributable risk. Individual –level analyses for each year confirmed that unemployed women were more likely to commit suicide than their employed counterparts, although the overall relative risk was low and conference intervals for six of the eleven annual risk ratios included unity. Among men, the unemployment rate was positively correlated over time with the suicide rate.
2.3 Depression

Renee D. Goodwin, PhD, MPH (2006) examined the association, among youths between coping behaviour when angry and depression. Data were drawn from the Health Behaviour in School-Aged Children in the United States survey (n=9938). Factor analyses and multivariate logistic regression analyses were used to determine the association between self-reported coping behaviour when angry and depression. Gender-specific models were run. Results revealed that factor analysis of 11 coping behaviours indicated a 4-factor solution: substance use, physical activity, emotional coping behaviour, and aggressive behaviour. Substance use, emotional coping, and aggressive behaviour coping were associated with increased likelihood of depression, whereas physical activity was associated with decreased likelihood of depression. Male youths were more likely to engage in physical activity and were less likely to feel depressed.

Jennifer A Cleland, Amanda J Lee and Susan Hall (2007) revealed the associations of depression and anxiety with demographic, health-related quality of life and clinical characteristics of COPD patients seen in UK primary care. Cross-sectional population-based postal survey of COPD patients comprising the EQ-5D visual analogue scale (EQ-5DVAS), the COPD symptom control questionnaire, the Hospital Anxiety and Depression Scale, the Medical Research Council dyspnea index. Demographic and Spirometric data were collected from general practice records. Results revealed that a total of 170 (57%) patients consented to take part. Data are reported on 110 of these patients for whom up-to-date spirometry was available. Approximately one in five participants reported ‘caseness’ for depression (20.8%) and
one in three reported anxiety (32.7%). Age and high levels of symptoms were independent predictors of anxiety and depression, as was the EQ-5DVAS of depression.

Two studies tested for gender differences in rates of depression among undergraduates using three conceptualizations of depression (mood, syndrome, disorder). The first sample consisted of 325 non-referred undergraduate students, who completed pencil-and-paper measures of depressed mood, depressive syndrome and a depressive disorder analogue. The second sample consisted of 894 undergraduate students seeking counselling services, who participated in clinical intake interviews assessing depressed mood and depressive disorder. Results of analyses provide no evidence of gender differences in rates of depressed mood in either samples or of depressive syndrome in the non-referred sample. However, in both samples, gender differences in rates of depressive disorder were found, with male students more likely than female students to be depressed. Kathryn Grant, Patricia Marsh, Gina Syniar, Megan Williams, Elisa Addlesperger, Mi Hyon Kinzler and Shaun Cowman (2002)

Witnessed over the past 20 years are major advances in knowledge regarding depression in children and adolescents. Although additional research is needed, clinicians can now turn to treatment strategies with demonstrated efficacy. In this regard Asarnow J.R., Jaycox L.H., Tompson M.C.(2001) reviewed the literature on psychosocial interventions for depression in youth and offer a working model to guide the treatment of depressed youth. We begin with a brief overview of the model, followed by a review of the treatment efficacy and prevention literatures. We offer some caveats that impact the
ability to move from this treatment literature to the real world of clinical practice. We conclude by considering how extant research can inform treatment decisions and highlight critical questions that need to be addressed through future research.

Although the gender gap in depression among adults is well established, the age at which this phenomenon appears during adolescence is less clear. To address this, Terrance, J. Wade John Cairney and David J. Pevalin (2001) presented a cross-national examination of the emergence of the gender gap in depression during adolescence using national longitudinal panel data from Canada, Great Britain, and the United States. The two-wave, 1994–1996 Canadian National Population Health Survey uses a diagnostic measure across a 24-month interval, providing 12-month prevalence rates of major depressive disorder. The British Youth Panel measures depressive symptomatology across five annual waves beginning in 1995. The two-wave, 1995–1996 National Longitudinal Study of Adolescent Health uses a measure of depressive symptomatology across a 12-month interval. Results revealed that Females have significantly higher rates of depression for each sample overall. When samples are decomposed by age, the gender gap in depression consistently emerges by age 14 across all three national samples, irrespective of the measure used or whether categorical cut offs or untransformed scale scores are used to assess depressive symptomatology. Overall they concluded that there is a consistent pattern in the onset of the gender gap in depression at age 14 across all three countries and measures. This consistency provides important etiologic clues concerning underlying causes of depression
and identifies at what age diagnosis, treatment, and intervention strategies should be directed.

**STC Jung (2001)** examined Clinical depression and severe marital maladjustment in an unemployed sample. The sample consisted of 221 male and female unemployed people, aged 18 and above, who came to Christian Family Service Centre, a Hong Kong nongovernmental organization, for services for the unemployed from June 1, 1998, to April 26, 1999. The GB-STAT for Windows15 statistical program was used for data entry and analysis. Cut off scores for the different levels of depression and for severe marital maladjustment were entered into the program. Percentages of subjects within each level (mild, moderate, severe and extreme) of depression, and percentage with severe marital maladjustment were calculated. Around 30 percent of the subjects scored within various levels of clinical depression, and almost 25 percent of those previously or currently married suffered from broken marriages or from severe marital maladjustment. In this study the two major hypotheses were supported. A high percentage of samples suffered from clinical depression (30%) and severe marital maladjustment (25%).

**Mindaugas Stankunas, Ramune Kalediene, Skirmante Starkuviene and Violeta Kapustinskiene (2006)** Duration of unemployment and depression: a cross-sectional survey in Lithuania. The aim of their study was to evaluate the associations between unemployment duration and depression in Lithuania. The data was collected in a cross-sectional study in 2005. There were 429 filled-in questionnaires received (53.6% response rate) from unemployed persons registered with the Kaunas Labour Market Office. The severity
of depression symptoms was evaluated using the Beck Depression Inventory (BDI). Logistic regression was used to estimate the risk factors for occurrence of depression. Sex, age, place of residence, marital status, education, income and practiced religion were the independent variables. Long-term unemployment was defined as lasting duration of 12 months or more. The results showed that long term unemployed persons had more episodes of a depressive mood in the past 12 months in comparison with the group of the short-term unemployed. In addition, the BDI score mean was higher among the long-term unemployed compared with the short-term unemployed (10.1 ± 8.8 and 14.2 ± 9.5 respectively, p < 0.001). It was estimated that the duration of unemployment and BDI score had a positive correlation (r = 0.1968, p < 0.001). Among the short-term unemployed, the risk of depression increased significantly when the person was female, had an older age and had experienced more episodes of unemployment. Among the long-term unemployed, an older age was the risk factor for development of depression. The results indicated that depression is a severe problem in the unemployed population. Depression is more elevated among the long-term unemployed.

Stefania Maggi, Aleck Ostry, Kristy Callaghan, Ruth Hershler, Lisa Chen, Amedeo D'Angiulli and Clyde Hertzman (2010) examined whether permanent settlement and within-province migration patterns may be linked to mental health diagnoses among adolescents (15 to 19 years old), young adults (20 to 30 years old), and adults (30 years old and older) who grew up in rural or urban communities or migrated between types of community (N = 8,502). They conducted a nested case-control study of the impact of
rural compared to urban residence and rural-urban provincial migration patterns on diagnosis of mental health. Conditional logistic regression models were run with the following International Classification of Diseases, 9th Revision (ICD-9) mental health diagnoses as the outcomes: neurotic disorders, personality disorder, acute reaction to stress, adjustment reaction, depression, alcohol dependence, and nondependent drug abuse. Analyses were conducted controlling for paternal mental health and sociodemographic characteristics. Results revealed that mental health diagnoses were selectively associated with stability and migration patterns. Specifically, adolescents and young adults who were born in and grew up in the same rural community were at lower risk of being diagnosed with acute reaction to stress (OR = 0.740) and depression (OR = 0.881) compared to their matched controls who were not born in and did not grow up in the same rural community. Furthermore, adolescents and young adults migrating between rural communities were at lower risk of being diagnosed with adjustment reaction (OR = 0.571) than those not migrating between rural communities. No differences were found for diagnoses of neurotic disorders, personality disorder, alcohol dependence, and nondependent drug abuse.

**Stefania Maggi, Aleck Ostry, Kristy Callaghan, Ruth Hershler, Lisa Chen, Amedeo D'Angiulli and Clyde Hertzman (2010)** provides some compelling evidence of the protective role of rural environments in the development of some mental health conditions (i.e., depression, adjustment reaction, and acute reaction to stress) but not others (e.g., nondependent drug abuse).
2.4 Feeling of Security/Insecurity with Mental Health and Depression

Antonio Chirumbolo and Alessandra Areni (2010) investigated the moderating effect of the need for closure in the relationship between job insecurity, job performance and mental health. The need for closure refers to a motivated need for certainty, intolerance of ambiguity and preference for predictability. It was argued that the need for closure may function as a psychological moderator in dealing with job insecurity. Participants comprised 287 workers, who were administered a self-reported questionnaire. Results confirmed the negative relationship between job insecurity, performance and mental health. The need for closure was positively related to job performance and unrelated to mental health. More interestingly, the need for closure exhibited multifaceted patterns of interactions with the different components of job insecurity. Higher need for closure revealed a buffering effect in conditions of higher quantitative job insecurity. In this case, individuals high (vs. low) in the need for closure reported better job performance and mental health. Conversely, when qualitative job insecurity was higher, individuals high (vs. low) in the need for closure reported an impaired job performance and mental health.

The present finding get indirect support from the empirical study of Berth H, Forster P, Brahler E.(2001) Medizinische Psychologie, Universitätsklinikum. Their study was concerned to the effect of unemployment and job insecurity in a large sample of young adults in relation to their health. They used standardized psychological
questionnaires to assess the state of health (SCL-9, HADS, GBB, SWE). Results showed that 120 (29%) persons were repeatedly unemployed, 143 (34%) once, and only 157 (37%) had never been unemployed. The period of unemployment lasted 1 to 76 months. According to the experience with unemployment they found differences in subgroups: persons having more experience with unemployment report on higher global distress, more anxiety and depression, feel less efficacious and are in a subjectively poorer state of health. Nearly one-third of the participants think they have an insecure job. Persons who perceive an insecure job feel significantly greater anxiety, depression, body complaints, mental distress and feel less efficacious. Thus this study concludes that unemployment is a big social problem for young and well-qualified persons. The experience of unemployment decreases the identification with the current social system and has a strong negative influence on the state of health. Specific offers of medical and psychosocial support are required. Even the feeling of job insecurity has explicitly negative effects on health. Further longitudinal research is necessary.

In another study of Elizabeth, et al., (2003) in which they compared the prevalence of anxiety and affective disorders among employed and unemployed patients and compared the type of treatment received between the two groups for these disorders. A secondary analysis of Survey of mental Health and Well being of Adults cross-sectional study was undertaken. Unemployed adults were more likely to have symptoms of anxiety Unemployed participants with symptoms were less likely to have seen a general practitioner for treatment but when they did they received similar care to employed participants.
Further, it was studied by Jennifer Warner and Brunilda Nazario, M(2003) that working under difficult job conditions can take its toll on workers' mental and physical health. Jennifer Warner studied the impact of the fear of job loss on health and the findings suggest that job insecurity can have potent health effects, both alone and in combination with other types of job stress. "The results of this study raise concerns about the adverse health effects in people who might be experiencing both high job strain and high job insecurity," in this regard Rennie M. D'Souza of the National Centre for Epidemiology and Population Health at The Australian National University, and colleagues write. "As the labour market becomes more globalized and competitive, employees are more likely to encounter these two work conditions simultaneously."

When Jennifer Warner and Brunilda Nazario looked at how these types of job stress (job loss and insecurity) related to workers' mental and physical health, they found job strain and insecure employment had a major impact. They found passive and high-strain jobs were linked to depression, anxiety, and lower self-reported health. Even after adjusting for other factors such as gender, marital status, education, employment status, and major life events, the negative association between job strain and mental health remained significant. Overall they revealed that job insecurity was strongly associated with all four mental and physical health measures, regardless of the other risk factors. The effect was most pronounced on depression and self-reported health. For example, workers with high job insecurity were four times as likely to suffer from depression.