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Mental illness and unemployment-related mortality

Caroline Kamau-Mitchell and Barbara Lopes

Rory O'Connor and colleagues' framework helpfully highlights the importance of preventing structural inequalities if we want to reduce premature mortality rates among people with mental illness.¹ Unemployment is a major cause of structural inequalities, leading to financial insecurity, loneliness, and lower social support, and workers with mental illness often face workplace discrimination and stigma. We welcome O'Connor and colleagues' inclusion of employment within their framework because, sadly, in 2016, 44% of people with mental disorders reported not get employment-related advice from NHS community psychiatric treatment services,² and our analysis of 2021 data from 17 322 patients in the Care Quality Commission's survey found that this percentage has risen to 46.2% (unpublished). We believe that psychiatrists have an important role to play in encouraging patients to resume employment as part of the recovery process and advising them about adjustments to request of their employer, because some psychiatric medication impairs workers' cognitive ability and increases accident risks.³ For example, research shows that workers who take selective serotonin reuptake inhibitors (SSRIs) make more errors, have worse semantic processing, slower reaction times, worse memory, and 12.71 times more risk of work-related traffic accidents (if at low risk of such accidents) compared with workers who are not taking SSRIs.³

Workers who take SSRIs, benzodiazepines, or tricyclic antidepressants also have more cognitive failures at work than those not taking these medications, depending on the extent of their mental health problems and other risk factors.³ Such medication side-effects can make people with mental illness hesitant about returning to work, especially if they operate machinery or drive vehicles, therefore we urge psychiatrists to prescribe alternative medication when possible (eg, serotonin-norepinephrine reuptake inhibitors, which have fewer adverse effects on cognitive functioning), or to

encourage patients to take jobs with lower accident risks. Employment improves patients' recovery by helping them feel less lonely and providing social support and financial security,⁴ and is beneficial even in cases of severe mental disorders such as postpartum psychosis.⁵ Unemployment also carries the risk of premature mortality from poverty because of the risk of poor diet and housing quality, therefore we encourage psychiatrists to refer unemployed patients to supported employment or individual placement and support programmes⁴ to help patients' recovery and quality of life. We also urge psychiatrists to have more discussions with patients about stigma, discrimination, and structural inequalities in the workplace, because some face a penalty for disclosing their mental illness to employers or work colleagues. Psychiatrists can apply O'Connor and colleagues' "Gone too Soon" framework¹ in their work with patients, thus playing a role in saving patients from the premature mortality that is associated with unemployment-related structural inequalities.

Conflicts of interest: None.

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