



POLICY BRIEF 19-08

WORKING GROUP ON YOUTH EMPLOYMENT

INSECURE AND STRESSED: YOUTH STRUGGLE IN EUROPE'S LABOUR MARKETS

KEY POINTS

- INSECURITY AND PRECARIETY AT WORK CAN CHALLENGE MENTAL HEALTH.
- AT EU LEVEL, COORDINATION PROMOTES ACTION ON MENTAL HEALTH.
- EMPLOYMENT AND SOCIAL POLICY SHOULD SUPPORT JOB SECURITY AND DECENT PROSPECTS FOR YOUTH.

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It's a paradox characteristic of our times: European societies experience unprecedented prosperity and affluence, with productivity and employment rising, yet the quality of working life and people's sense of security appear under pressure. Youth, in particular, has always been a time of change and uncertainty, but there is no doubt the competition and job insecurity faced by many entering the job market today are significant. As a result, not only current and future financial security is at risk for young people in Europe, also their personal well-being, often described as mental health, has become a challenge increasingly gaining in urgency. As such, putting mental health on the agenda offers opportunities for both addressing problems in the current system and broadening the long-term aspirations for creating a good society.

The World Health Organization defines mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”.¹ A number of factors contribute to mental health problems. While it is debated whether genetic factors may influence the probability of developing mental disorders, environmental factors such as the degree of social inclusion, the family situation, the employment status and working conditions all play a role in shaping the status of an individual's mental health.² Considering these issues, this brief is going to focus on those factors that affect youth's the mental health across Europe, addressing what the EU has done so far and what should be next on the agenda.

MENTAL HEALTH & THE GENERATION INTERNSHIP

Research has shown how working conditions, including the level of satisfaction with one's job and the level of stress experienced in relation to work, can affect the individual's mental health. For instance, consider the job-demand control theory. According to this theory, poor mental health conditions derive primarily from an imbalance between job demands and workers' decision-making ability and control over their work and skills.³ A good balance between work and personal life, the presence of a supporting social environment with no discrimination and a good social climate are also factors that contribute to good mental health status.⁴

For young people, poor mental health outcomes often stem from the insecurity and precariousness in working life and by the difficult transition from education to the labour market. After the 2008 economic crisis and through the imple-

mentation of austerity policies, European labour markets have become more flexible and, as a result, less secure.⁵ Consequently, for the youth workforce entering the labour market it became particularly challenging to settle down and gain financial autonomy and security. The precariousness and insecurity have had the most extreme effects in those countries that were most affected by austerity policies. For instance, a steep increase in suicides rates amongst young males has been registered in Greece in the aftermath of austerity.⁶ Moreover, it has also become more difficult to transition from education into the labour market. Even though the degree of difficulty varies amongst European countries, such transition has become so problematic that it is quite common for university educated people to go from an internship to another, hoping to be ultimately integrated into the labour market with a more traditional form of work contract. The phenomenon has been named “Generation Internship”.

Being part of the Generation Internship is highly detrimental for young people's mental health. Interns are often expected to work full-time, performing the same tasks as regular employees while being underpaid or not getting paid at all in the hope of transitioning into regular contracts. Stuck in what Hommerich defines a “waiting loop”⁷, young workers are continuously forced to postpone their regular entrance in the labour market and their financial independence. The waiting loop and the need to accept compromises, settling for jobs that may not fulfill prior expectations, lead to a great degree of mental stress as the insecurity of the situation brings self-doubt, inferiority complexes and even depression.

Due to pragmatic reasons, mental health has been a preoccupation of the European Union for quite some time. Research has shown that productivity losses occur even for minor levels of depression and data from 2010 estimate the direct and indirect costs of mental disorders in the EU to be €798 billion.⁸ However, productivity is not the only concern. Statistics have reported that mental health problems account for 25% of claims for disability benefits across European Member States.⁹ Indeed, it has been estimated that unipolar depressive disorder accounts for 13.7% of the disability burden, making it the leading chronic condition in Europe.¹⁰ Overall, it seems that poor mental health conditions experienced by the youth in Europe are tightly linked with experiences of insecurity and precariousness on the labour market.

EU POLICY ON MENTAL HEALTH

In the light of this situation, special initiatives for mental health have been covered ever since 1997 by the European Community's health policy. It is important to note, however, that the European Union's responsiveness to mental health issues has been prompted by the activity of the WHO, whose

recommendations have led to the establishment, in 2005, of the European Union strategy on mental health through the implementation of a framework that would allow cooperation between member states, reinforcing the coherence of the actions in the health and non-health policy sectors at the national and community level and, finally, strengthening the involvement of a broad range of relevant stakeholders.

The EU has continued in this direction through the implementation of the 2008 European Pact for Mental Health and Well-being. In this paper, the European Union recognized the struggles that people that suffer of poor mental health have to go through and called for action in the prevention of depression, suicide and poor mental health outcomes in education and workplace settings. Moreover, special attention was devoted to the condition of older people and in tackling stigma and social exclusion.¹¹

More recently, the EU has implemented a long-term strategy, the European Mental Health Action Plan 2013-2020. This strategy aims at achieving several objectives: the prevention of poor mental health, especially for those people at risk; fostering the respect of citizens that display mental health issues; guaranteeing accessibility to and affordability of mental health services as well as safe treatment of patients and the provision of efficient and inclusive mental health systems through the cooperation with NGOs and private partners and good information and knowledge. Thus, it seems that the EU has been consistently and actively addressing the issues presented by poor mental health conditions, advocating for fair treatment and prevention.

DECENT PROSPECTS AT WORK



The EU has thus far mainly played a coordinative role for mental health, proposing and recommending actions for member states to be more inclusive and responsible in treating mental health conditions. However, in the case of the youth's mental health the lack of specific and targeted action is quite evident. For instance, the European Mental Health Action Plan 2013-2020 that the EU has pledged to implement presents broad objectives and lacks the specificity that is needed to address the systemic issues that cause poor mental health amongst certain groups, such as the youth.

Even more, the broader approach to employment and social policies of the last decades, situated at the national level and promoted by European actors, is not supportive of restoring security and decent job prospects for youth - rather the opposite. As shown before, the literature seems to agree on the fact that the youth is particularly affected by negative mental health outcomes when there is insecurity in relation to the work and difficulties in transitioning from education to the labour market. However, the regime of austerity and flexicurity that seems to play a great part in creating such conditions is not addressed in any of the provisions that concern the prevention of mental health issues on the workplace. Rather, job insecurity and temporality are normalised to justify low levels of employment protection for youth for the purpose of effi-

cient labour markets that produce high levels of employment.

Such a neglect can be explained by two main reasons. Firstly, the working conditions of the youth are accepted as normal, as they seem to be inscribed in the current paradigmatic context whereby the implementation of social provisions is subordinated to economic growth. Secondly, the different and complex dimensions that make up the quality of a job are overlooked by EU indicators, such as the Social Scoreboard of the European Semester, which tend to care more for quantity than for the quality of working conditions. Despite committing to better working conditions, the European Pillar of Social Rights has in that regard not yet induced the shift to more holistic policy objectives many had hoped for. This remains a concrete field for re-orientation. In conclusion, it seems that a serious commitment to the improvement of job quality would be beneficial to addressing the mental health issues of those who are particularly affected by poor job quality, precarity and insecurity.

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