The mental health profiles differ between gender-specific occupational groups

In this study we constructed the mental health profiles for the main occupational groups in the Finnish working age population, separately for men and women. Antidepressant use, long-term sickness absence due to depression, and suicides were used to define these profiles. The highest risks of the three mental health outcomes were also examined by occupational group.

Data included a random sample of 414,357 Finnish working age men and women in the six largest occupational groups in 2004. Women's largest occupational groups were teachers (high-skilled: with university degree), health care professionals, service professionals (including sales workers), office workers, care worker/caterers, and other service workers (including cleaning). Men's largest occupational groups were technical special professionals (high-skilled), technical professionals, service professionals, building and mining professions, mechanics and repairmen, and traffic operators. We used health register data to define the first antidepressant purchase (i.e., use), the first long-term sickness absence spell for depression, and suicide during a 10-year follow-up.

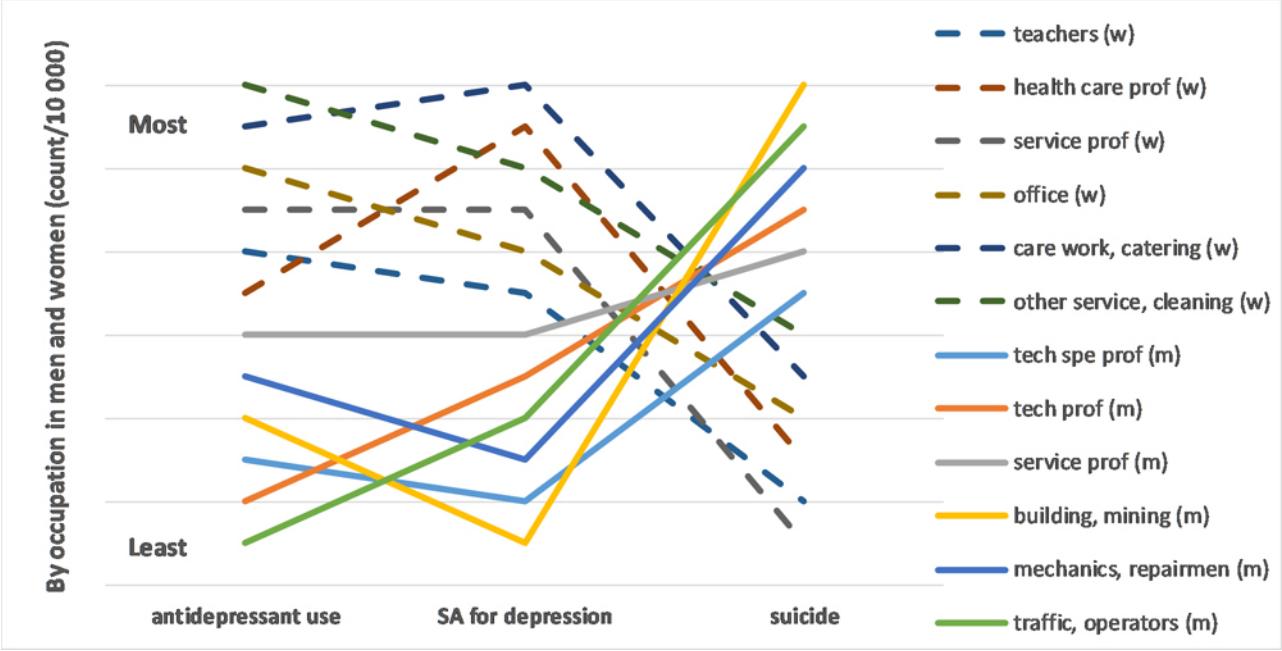

Fig. 1. Profiles of mental ill-health for the largest occupational groups among men (m, solid lines) and women (w, dashed lines).

We observed different mental health profiles for the largest occupational groups for men and women. In all six occupational groups for women, the prevalences of antidepressant use and

sickness absence for depression were higher than in the men's occupational groups (Fig. 1). Suicides, were more common in all men's occupational groups compared to women. The gender differences may partly be explained by traditional gender-role orientations in the society such as characteristics associated with masculinity and femininity. Masculinity, for example, can be demonstrated by health-related behaviours including denial of weakness or vulnerability and dismissal of any need for help. These behaviours are in line with our findings for sickness absence due to depression as well as for antidepressant use that were ranked lower in the men's than in the women's occupational groups. In contrast, women's higher tendency for help-seeking can contribute to the observed higher levels of antidepressant use and more sickness absence spells.

Between occupational groups among men, the risk of antidepressant use was the lowest in low-skilled workers in building and mining professions, mechanics and repairmen, and traffic operators when compared to high-skilled technical special professionals. However, the risk of suicide was 2 times higher in the low-skilled groups when compared to high-skilled professionals. Above mentioned characteristics of masculinitymay be more common among the low vs. high-skilled occupations, and contribute to this finding for men. Avoidance of health care has been suggested to be a form of social action through which men from lower socioeconomic groups maintain their status. Among women, the risks of antidepressant use and sickness absence due to depression were somewhat higher in the low-skilled occupational groups (e.g. care workers/caterers) when compared to high-skilled teachers. No clear pattern for suicide risk was observed, possibly partly due to low numbers of suicides among women in these data.

Overall, these findings suggest that occupational status and gender together are underlying factors explaining distinctive mental health profiles in the working population. The higher suicide rates among men than women also suggest that in terms of mental health service use men are not able to obtain timely treatment. In addition, within the male population in particular, there seem to be different behavioural patterns related to mental health among those in the lower vs. high-skilled occupations.

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