



Impact of economic crises on mental health



**World Health
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Impact of economic crises on mental health

ABSTRACT

The economic crisis is expected to produce secondary mental health effects that may increase suicide and alcohol death rates. However, the mental health effects of the economic crisis can be offset by social welfare and other policy measures. For example, active labour market programmes aimed at helping people retain or regain jobs counteract the mental health effects of the economic crisis. Family support programmes contribute to counteracting the mental health effects of the crisis. Increasing alcohol prices and restricting alcohol availability reduce the harmful effects on mental health and save lives. Debt relief programmes will help to reduce the mental health effects of the economic crisis and accessible and responsive primary care services support people at risk and prevent mental health effects.

Keywords

MENTAL HEALTH
ECONOMIC RECESSION
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Foreword

It is well known that mental health problems are related to deprivation, poverty, inequality and other social and economic determinants of health. Economic crises are therefore times of high risk to the mental well-being of the population and of the people affected and their families.

The economic crisis that started in 2007 has continued to pose major challenges in the WHO European Region. It has led to significant declines in economic activity, a rise in unemployment, depressed housing markets and an increasing number of people living in poverty. The rise in national debt is forcing governments to implement severe cuts in public spending. Significant risks remain in the world economy, and many countries are facing an era of austerity in health and welfare services.

The focus on social and economic determinants of the forthcoming new European health policy, Health 2020, will acknowledge these new life circumstances. It will stress that health objectives are influenced by a range of social objectives that require action across many sectors. This notion is especially important in times of economic crisis, because policy actions in sectors other than health can amend some of the health effects of the crisis. Targeted investment in public services that are crucial for many people's well-being can ameliorate the social and economic determinants of health and the associated health disparities. The integrated response across policies must include accessible health services, with a focus on primary care response.

This booklet aims to present current knowledge on how economic downturns affect population mental health and outlines some of the benefits of action that could be implemented to reduce the harmful effects on mental health of the current economic crisis. Of particular value is addressing both the benefits of welfare policies and the value of health action. Neither should be considered in isolation, since a lesson from this crisis is the interconnectedness of economic activity and mental health.

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Supplementary material

This guide is accompanied by two reviews of evidence, available on <http://www.euro.who.int/mental-health>:

- Stuckler D, Basu S, McDaid D. *Depression amidst depression. Mental health effects of the ongoing recession*. A background paper prepared for the WHO Regional Office for Europe
- Anderson P. *Economic crisis and mental health and well-being*. A background paper prepared for the WHO Regional Office for Europe.

1. Mental health creates mental capital

There is no health without mental health (1)

Mental health is an indivisible part of public health and significantly affects countries and their human, social and economic capital. Mental health is not merely the absence of mental disorders or symptoms but also a resource supporting overall well-being and productivity.

Positive mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and can contribute to his or her community (2).

Good mental health allows for cognitive and emotional flexibility, which are the basis for social skills and resilience in the face of stress. This mental capital is vitally important for the healthy functioning of families, communities and society.

As with individuals, societies can be more or less resistant to such stressors as economic crises. Economic shocks can destabilize public service budgets and affect education and health care systems. However, available data show that legislation for protecting social welfare can increase the resilience of communities to economic shocks and mitigate the mental health effects of unemployment and the stress-related consequences of economic downturns (3).

Conversely, while economic crises may have mental health effects, mental health problems have increasingly significant economic effects. The economic consequences of mental health problems – mainly in the form of lost productivity – are estimated to average 3–4% of gross national product in European Union (EU) countries (4). Because severe mental disorders often start in adolescence or young adulthood, the loss of productivity can be long-lasting. Mental disorders account for more than one third of the years lived with disability in the WHO European Region (Fig. 1).

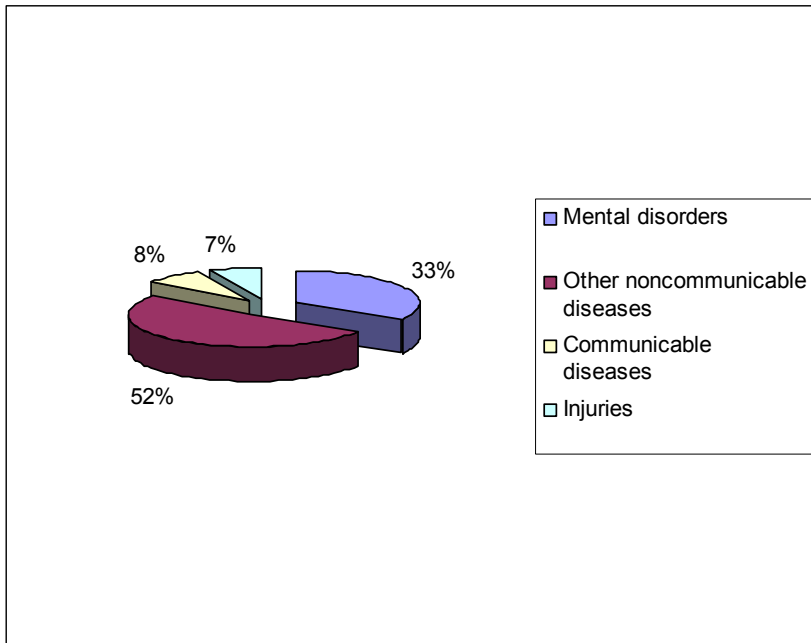
Work changes increase the cognitive and emotional demands of work (5). Absenteeism and withdrawal from the labour market have

increased because of stress, anxiety and depression-related disorders (6). In many European countries, about one third of new disability benefits are attributable to mental health conditions, and this share is increasing (7).

Thus, mental health is an important economic factor. The shift from a manufacturing to a knowledge society emphasizes even more the importance of mental health for sustaining productivity. Good population mental health contributes to economic productivity and prosperity, making it crucial for economic growth (5).

The successful recovery of European economies appears to crucially depend on the mental health of the population. The following sections outline how countries can safeguard and support mental health in times of economic downturn.

Fig. 1. Percentage contribution of underlying health conditions to the number of years lived with disability in the European Region in 2004



Source: *The global burden of disease: 2004 update* (8).

2. How can we contribute to mental health?

Mental health is determined by socioeconomic and environmental factors (2).

An economic crisis affects the factors determining mental health. Protective factors are weakened and risk factors strengthened. (Table 1)

Employment benefits mental health (9). Job security, sense of control of work and social support at work are factors promoting the mental health of employees (10). Stable employment, secure incomes and social capital predict good mental health. Social capital is the quality of social relationships within societies or communities, including community networks, civic engagement, sense of belonging and norms of cooperation and trust (11).

Conversely, poverty, financial problems and social deprivation are major socioeconomic risk factors for mental health problems and disorders (12,13). In most parts of the European Region, alcohol consumption is negatively associated with population mental health. Alcohol consumption plays a considerable role in increasing suicide, especially among men (14,15).

Mental health problems contribute significantly to inequality in health in the European Region. Relatively high frequencies of common mental disorders are associated with poor education, material disadvantage and unemployment (12). Suicide is more common in areas of high socioeconomic deprivation, social fragmentation and unemployment (16–19). Increasing income inequality has been linked to increasing suicide rates (Fig. 2) (20). The greater vulnerability of the disadvantaged people in each community to mental health problems may be explained by such factors as the experience of insecurity and hopelessness, poor education, unemployment, indebtedness, social isolation and poor housing.

The foundations of good mental health are laid during pregnancy, infancy and childhood. Abstaining from alcohol, substance use and smoking during pregnancy promotes a healthy start in life. Protection from childhood neglect and negative life events promotes mental

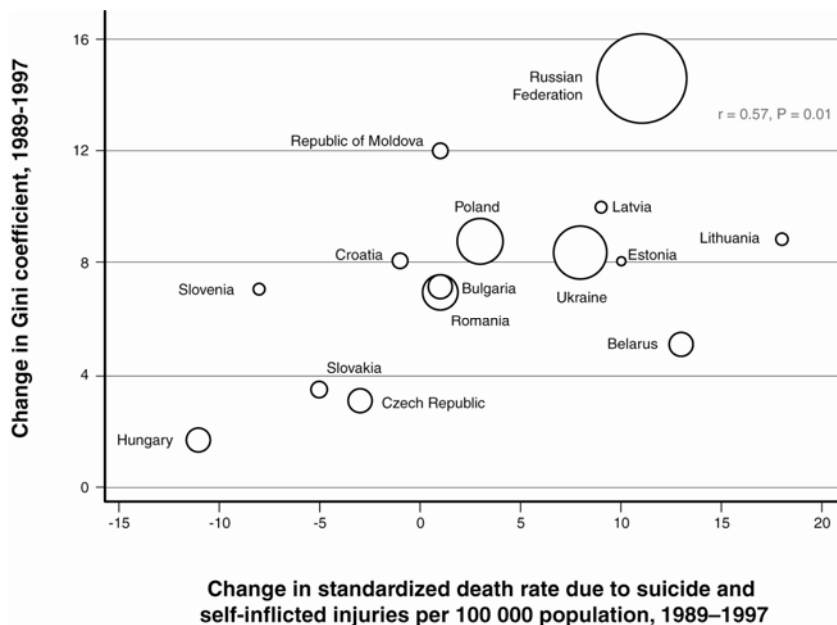
health. Feeling respected, valued and supported, high-quality parenting and a positive relationship with an adult (21) promote positive mental health and resilience. Mental health is promoted by holistic preparation for life in preschools and schools by providing social and emotional learning opportunities (22).

The health sector cannot achieve good mental health alone. The determinants of mental health are often outside the remit of the health system, and all government sectors have to be involved in promoting mental health.

Table 1. Determinants of population mental health

Protective factors	Risk factors
Social capital and welfare protection	Poverty, poor education, deprivation, high debt
Healthy prenatal and childhood environment	Poor prenatal nutrition, abuse, harsh upbringing, poor relationship to parents, intergenerational transmission of mental health problems
Healthy workplace and living	Unemployment, job insecurity, job stress
Healthy lifestyles	Alcohol and/or drug use

Fig. 2. Association between change in suicide rates and income inequality (Gini coefficient) in selected countries in the WHO European Region



The data on standardized death rates from suicide and self-inflicted injuries per 100 000 population are from the WHO European Health for All database. The data on Gini coefficients are from the World Income Inequality Database. The data on Gini coefficients are from 1989 to 1996 for Bulgaria, from 1989 to 1998 for Croatia and from 1988 to 1994 for the Republic of Moldova. The correlation presented in the figure is weighted by population size and adjusted for changes in gross domestic product per capita (purchasing power parity in US dollars).

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3. Who will the crisis hit?

It is the poor that will be hardest hit by the current economic crisis. (23).

The current economic crisis is increasing poverty in the European Region. The economic crisis will hit people with low income – and those made poor through loss of income or housing – the hardest (24). The economic crisis has increased the number of households in high debt, repossession of houses and evictions.

The current economic crisis is probably increasing the social exclusion of vulnerable groups, low-income people and people living near the poverty line in the European Region (23). Such vulnerable groups include children, young people, single-parent families, unemployed people, ethnic minorities, migrants and older people. Economic pressure, through its influence on parental mental health, marital interaction and parenting, affects the mental health of children and adolescents (25–27). The effects of extreme poverty on children include deficits in cognitive, emotional and physical development, and the consequences on health and well-being are lifelong (28).

Social gradients of health exist in Europe, and moving down the socioeconomic ladder due to loss of jobs and income affects people's health (29). During recessions, social inequality in health can widen (30,31). The least well-educated people are at greatest risk of ill health after job loss (24).

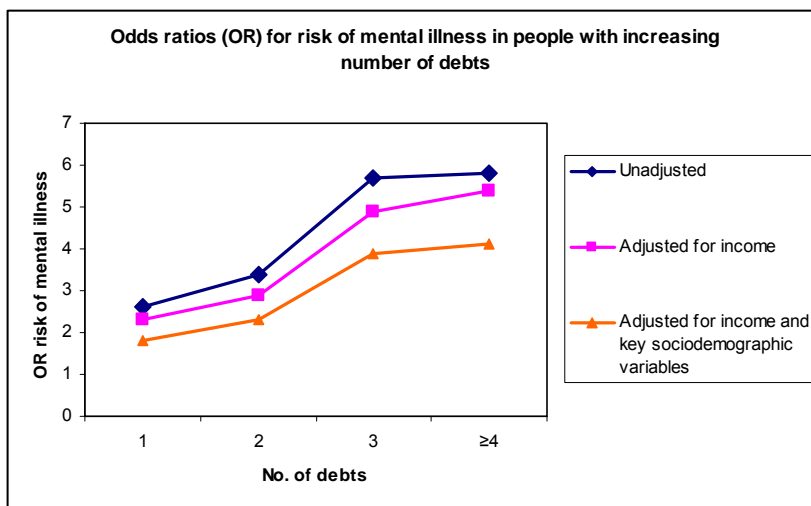
Unsurprisingly, substantial research has revealed that people who experience unemployment, impoverishment and family disruptions have a significantly greater risk of mental health problems, such as depression, alcohol use disorders and suicide, than their unaffected counterparts (32–41). Especially men are at increased risk of mental health problems (42) and death due to suicide (17) or alcohol use (43) during times of economic adversity. Unemployment contributes to depression (32) and suicide (44–46), and young unemployed people have a higher risk of getting mental health problems than young people who remain employed. Evidence indicates that debt, financial difficulties and housing payment problems lead to mental health

problems (47–50). The more debt people have, the more likely they are to have mental disorders overall (Fig. 3) (51).

The crisis will increase mortality linked to mental health problems. In the EU, increases in national unemployment rates are associated with increases in suicide rates (3,52). In the Russian Federation, the societal change after the dissolution of USSR in 1991 and the collapse of the rouble in 1998 have been followed by increases in alcohol-related deaths (53). Likewise, great increases in unemployment have been linked to a 28% rise in deaths from alcohol use in the EU (3).

It can be concluded that the economic crisis is likely to negatively affect health, especially mental health. The next sections outline possible measures to mitigate the mental health effects of the current crisis.

Fig. 3. The more debt people have, the worse their mental health



The data were derived from a nationally representative sample of 8600 people living in the United Kingdom. Key sociodemographic variables used for adjustment were age, ethnicity, marital status, household size, household tenure, education, social class, employment status, urban or rural, and region.

Source: Jenkins et al. (51).

4. How to mitigate the effects of the crisis

Policy choices determine whether the economic recession will significantly affect mental health outcomes. Recent data suggest that active labour market programmes, aimed at helping people retain jobs and quickly regain employment, along with family support measures, restrictions in alcohol availability, debt relief programmes and access to mental health-related services can be effective in preventing or mitigating adverse effects of recession on mental health.

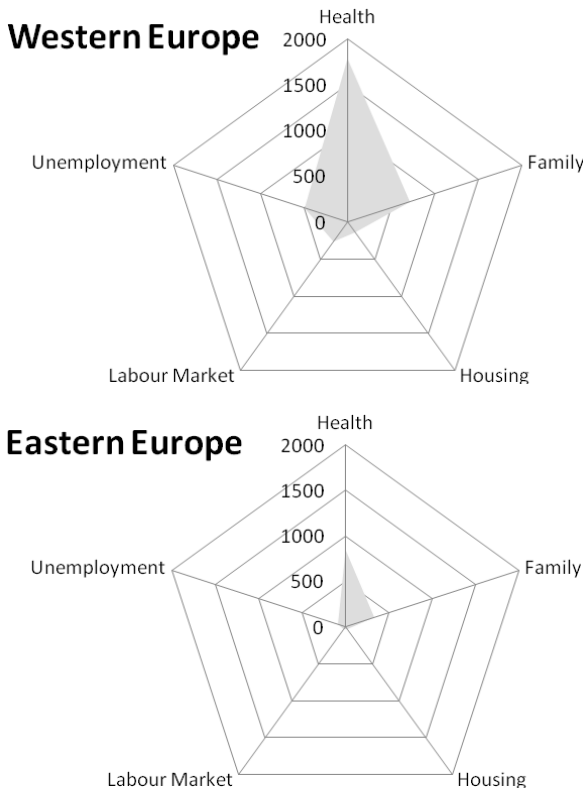
Fig 4. Framework linking economic crisis and mental health outcomes



Economic downturns result in smaller changes in the mental health of the population in countries with strong social safety nets (Fig. 4) (54). European data indicate that inequality in health does not necessarily widen during a recession in countries with good formal social protection. In Finland and Sweden, during a period of deep economic recession and a large increase in unemployment, inequality in health remained broadly unchanged and suicide rates diminished, possibly because social benefits and services broadly remained and buffered against the structural pressures towards widening inequality in health (55–57). The European findings are echoed by findings in the United

States of America linking increased suicide rates with reductions in state welfare spending (58). Data from EU countries indicate that unemployment does not increase suicide if spending on welfare programmes is above US\$ 190 per person per year (3). Welfare spending is well below this threshold in many countries in the eastern part of the European Region (Fig. 5), indicating that the mental health gap between the eastern and western parts of the European Region will rise as a result of the economic downturn.

Fig. 5. Quantity and distribution of social welfare spending (purchasing power parity per person in US dollars) in OECD countries in eastern and western Europe, 2003



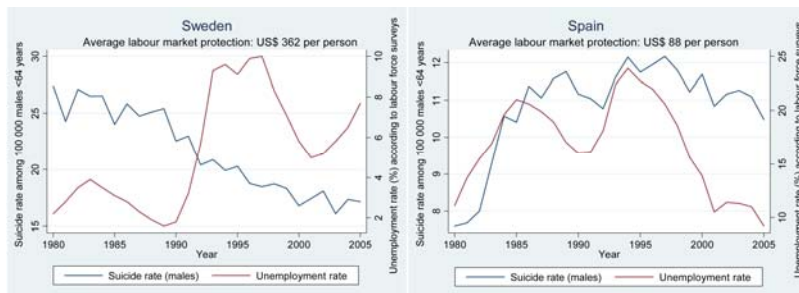
Eastern Europe: Czech Republic, Hungary, Poland and Slovakia. Western Europe: OECD countries in the EU except Czech Republic, Estonia, Hungary, Poland, Slovakia and Slovenia.

Source: Stuckler et al. (3). Licence for reproduction kindly granted by Elsevier Limited, licence number 2563630419149.

The collated data indicate that social protection responses are crucial in mitigating mental health in the economic crisis. Governments need to target social protection interventions to address priority needs among the most vulnerable people, providing high coverage among the people with the lowest income and providing support for families at risk.

An example is the suicide rates in Sweden and Spain from 1980 to 2005. In the early 1990s, Sweden underwent a severe bank crisis, resulting in a very rapid rise in unemployment, but suicide rates were unaffected, falling steadily over this period. This contrasts with the situation in Spain, with multiple banking crises in the 1970s and 1980s. As unemployment rates rose, suicide rates increased; when unemployment fell, suicide rates fell too (Fig. 6). Although there are many differences between Sweden and Spain, one argument is that a major differentiating factor was the extent to which resources were budgeted for social protection, such as family support, unemployment benefits and health care services.

Fig. 6. Unemployment rate and suicide rates per 100 000 males in Sweden and Spain, 1980–2005



Source: Stuckler et al. (3).

Current research suggests that the mental health effects of economic crises depend on action in five key areas:

1. active labour market programmes
2. family support programmes
3. control of alcohol prices and availability

4. primary care for the people at high risk of mental health problems
5. debt relief programmes.

4.1 Active labour market programmes

Active labour market programmes that keep and reintegrate workers in jobs reduce the mental health effects of recessions. The average association observed in EU countries for a 1% rise in the unemployment rate is a 0.8% rise in the suicide rate. In EU countries, each additional US\$ 100 per person spent on active labour market programmes per year reduced the effect of a 1% rise in unemployment rate on the suicide rate by 0.4 percentage points (3). Active labour market programmes aim at improving the prospects of finding gainful employment and include public employment services, labour market training, special programmes for youth in transition from school to work and labour market programmes to provide or promote employment for unemployed people and people with disabilities.

Active labour market programmes include resilience-building mental health promotion programmes for unemployed people. European studies indicate that such programmes, which provide group psychological support for unemployed people, promote mental health and increase re-employment rates (59–61). Cost-effectiveness evaluations of such interventions have reported savings for public-sector providers of social welfare benefits and employers alike through increased rates of employment, higher earnings and fewer job changes (60,62,63).

4.2 Family support programmes

Women and children feel the effects of an economic crisis. Families with low income are especially hurt by cuts in health and education budgets. Family strain may lead to increases in family violence and child neglect.

In EU countries, each US\$ 100 per person spent on family support programmes reduced the effect of unemployment on the suicide rate by 0.2 percentage points (3). Family support includes support for the costs of children and other dependants as well as support for maternity and parental leave.

4.3 Control of alcohol prices and availability

The most effective and cost-effective policies include controls on the price and availability of alcohol (64). Policy action to increase the price of alcohol reduces consumption and the associated harm across the whole population (65,66). Alcohol policy, and especially policy that increases the price of alcohol, reduces deaths from alcohol use disorders.

4.4 Primary care for the people at high risk of mental health problems

Improved responsiveness of health services to changes in people's social, employment and income status and early recognition of mental health problems, suicidal ideas and heavy drinking will reduce the human toll of the recession. Meeting the mental health challenges of the economic crisis requires not only protecting spending on mental health services but also restructuring services to meet the needs of the population. Well-developed community-based mental health services are linked to reductions in suicide (67). The primary care approach increases access to mental health care and shifts the focus to preventing mental health problems and detecting them early. The current economic crisis may create urgency and strengthen the courage to eliminate the fundamental problems in hospital-dominated health care delivery and reduce inequality in health.

Responsive health services modify their services to accommodate the population needs originating from the economic crisis. Providing psychological support in health services can modify the effects of unemployment and indebtedness. Good mental coping skills are beneficial in times of hardship. Promoting problem-solving skills may protect against depression and suicidal behaviour. Heavy drinkers will benefit from the delivery of brief interventions in primary care.

4.5. Debt relief programmes

National debt relief legislation and debt relief programmes will help to reduce the mental health effects of the economic crisis. Debt relief programmes help people who are suffering from the stress of excessive debt (68). Debt advice helps individuals to improve their financial situation and may also improve their mental health (69).

5. How to maintain mental health systems in the economic crisis

Mental health problems, binge drinking (35,70), suicide and (in many countries) alcohol-related deaths tend to increase during economic downturns, creating a need for governments to upgrade mental health action.

Many countries in the European Region are facing pressure from the international financial community to reduce health and welfare budgets. Despite increased need, mental health is a vulnerable target of these cuts, as it usually lacks a strong advocacy base to oppose them, unlike physical illnesses.

Evidence from past economic crises predicts what is likely to happen in the current economic downturn. Despite increased pressure on mental health services (71), government expenditure on health will be squeezed and will probably fall in real terms, contributing to worse health outcomes. Household income to pay for health services will drop. Insurance protection will decline. People will switch from the services that require out-of-pocket spending to less costly services: in some countries this means switching from the private to the public health care sector. In countries without comprehensive services funded by taxes or health insurance, the people who need mental health services the most may have less access to them because of the costs involved. Overall, the health effects of the economic downturn will be less pronounced in countries with better social safety nets (72).

Tackle the stigma of mental illness

One reason for the apparent low funding priority given to and neglect of mental illness is the high level of stigma associated with mental health problems (73). Countering this stigma and discrimination remains one of the most critical challenges for improving mental health in Europe because this stigma may influence the willingness of public policy-makers to invest in mental health. Past public surveys in some countries have indicated that mental health can be given low priority in terms of safeguarding services in the face of budget cuts (74,75). Although general population anti-stigma campaigns have shown only modest effects, targeted approaches seem more effective (76).

Build the case for investing in mental health

Demonstrating that investing in mental health has economic benefits may help in persuading governments to invest in mental health. Investing in mental health action, both inside and outside the health care sector, provides resources and opportunities to reduce the risk of social exclusion and promote social integration. It is crucial to take a broader economic perspective than that of the health system alone and to communicate that investment in mental health generates savings in other sectors (77). Despite the availability of cost-effective interventions that can mitigate or prevent much of the effects of poor mental health, the priority it receives in most health care systems has been remarkably low so far (78–80).

Continue mental health reforms

Due to financial constraints, governments will inevitably have to review their welfare services. It is important that any changes imposed support the mental health agenda for the European Region of deinstitutionalization and strengthening primary health care. Increasing the efficiency of services can go hand in hand with developing modern mental health services. Sound financial incentives are needed to support the provision of high-quality community care and to use existing resources optimally. Linking funding to accreditation systems and assessment of provider performance will support the development of services.

Ensure universalism in mental health services

In times of economic hardship, access to basic social safety networks is increasingly important. Universal coverage of mental health services is a cornerstone in reducing the effects of the crisis and is likely to restrain social inequality in health (81).

6. Conclusions

The effects of the present economic crisis on mental health present an opportunity to strengthen policies that would not only mitigate the impact of the recession on deaths and injuries arising from suicidal acts and alcohol use disorders but also reduce the health and economic burden presented by impaired mental health and alcohol use disorders in any economic cycle. There are powerful public health arguments for social protection, active labour market programmes, family support, debt relief and effective alcohol policy, and the present economic downturn strengthens these arguments.

Governments could consider reorienting budgets to protect populations now and in the future by budgeting for measures that keep people employed, helping those who lose their jobs and their families to overcome the negative effects of unemployment and enabling unemployed people to regain work quickly.

Governments could consider strengthening their alcohol policies, in particular by raising the price of alcohol or introducing a minimum price. Such a policy would have a particular effect on reducing the harm of risky and heavy episodic patterns of drinking.

Mental health service provision needs to be strengthened by continued efforts to develop universal mental health care, supported by sound financial incentives for good quality community care.

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Abstract

The economic crisis is expected to produce secondary mental health effects that may increase suicide and alcohol death rates. However, the mental health effects of the economic crisis can be offset by social welfare and other policy measures. For example, active labour market programmes aimed at helping people retain or regain jobs counteract the mental health effects of the economic crisis. Family support programmes contribute to counteracting the mental health effects of the crisis. Increasing alcohol prices and restricting alcohol availability reduce the harmful effects on mental health and save lives. Debt relief programmes will help to reduce the mental health effects of the economic crisis and accessible and responsive primary care services support people at risk and prevent mental health effects.

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