Economic crisis and mental health – findings from Spain

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Economic crisis, financial crisis, recession, Spain, mental health, mental disorders

Summary
Objective: Recent studies have begun to look at the impact of the economic crisis on mental health. This paper tries to summarize the most important findings with regard to effects of the economic crisis on mental health in Spain on the basis of a comprehensive literature review. Results: Most of the studies agree on the negative consequences on mental health of the Spanish economic crisis. A decrease in self-perceived mental health, an increase of depression and anxiety and an increase in consumption of antidepressant and anxiolytic drugs is observed during the economic crisis. The consequences of the economic crisis differ by sub-groups. Empirical Spanish studies have shown different effects of the recession on mental health depending of individuals' socioeconomic position and educational level. Among immigrants and especially men, unemployed people and low-salary employees, the prevalence of poor mental health was higher after the economic crisis. Higher levels of education act as a protective factor against the deterioration of mental health following the economic crisis. Conclusion: The economic crisis has had negative effects on mental health in Spain, and further studies in this area could help provide useful information with a view to improving the mental health status of the Spanish population.

Zusammenfassung

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Spain’s economy, between 1997 and 2007, was one of the fastest growing in Europe, based mainly on rapid growth in the construction and tourism sectors (1). However, from 2008 to 2016 Spain has been facing a downturn of the economy with disastrous socio-economic consequences: unemployment, reduced household incomes, in sum, a worsening of living conditions. To illustrate this, the unemployment rate increased from 8.6% in 2006 to 25% in 2012. Currently, unemployment is 21%; however, the recent decrease in the national unemployment rate can be attributed to temporary jobs and is limited to the service sector (2). In particular, unemployment in the population younger than 25 years increased from 19.6% in 2005 to 55.5% in 2013. Likewise, confidence in short- and long-term economic opportunities is low, and youth unemployment in Spain is the highest in Europe. Since the beginning of the recession, over half a million Spanish citizens have migrated to other European countries: most of them are young, and many have a university degree (3).

Another disadvantaged population group affected by the crisis were families losing their place of residence. Between 2008 and 2014, the number of foreclosures significantly increased (604,489 foreclosures proceedings up to date), and thousands of families were evicted from their homes (378,693 evictions up to date) (4). 75% of the houses were primary residences (5). Spanish debt grew from 12% of the gross domestic product in 2009 to over 90% in 2013 (6).

Regarding living conditions in the Spanish population, many families have been unmistakably impoverished during this period, and social inequalities are becoming evident. The percentage of the population at risk of poverty stood at 22.1% in 2008, being highest among those younger than 16 years (28.8%). An increase (by 20% between 2005 and 2013) has been reported for children living in households with a high level of poverty, lack of education and academic training. A proportion of 13.7% of Spanish households reported they made ends meet with “great difficulty” in 2008. As a consequence, many pensioners are currently maintaining whole families with no other source of income. Moreover, social support networks in Spanish rural areas could have a damping effect (7). In relation to the educational level, there have been reports that changes in unemployment rates from 2007 to 2013 have had a greater impact on lower-educated groups than on higher-educated ones (8).

As a consequence of the economic crisis, structural changes and budgetary cuts were implemented in Spain from 2010 onwards, together with fiscal stability policies. Spain’s health and social services budgets have been subjected to large cuts since 2011 which has affected social, educational and health care services whereas other European countries such as Sweden, Finland and Iceland have opted for a strengthening of social protection (9). These measures will have an impact on the health of society in the long term and have tended to be more restrictive every year (10). More specifically, in 2012, a new Spanish law limited health coverage only to employees (except for minors below the age of 18 years) when health coverage had always been universal until then, and poor people were later excluded from the public health system (1,11). Also, budget cuts in public education have affected the potential to promote equitable growth, provide education and strengthen early socialization in areas with great economic deprivation (12).

In sum, the recovery has hitherto been almost insignificant taking into account that employment and quality of life of the Spanish population have suffered a strong decline with a deterioration in general living conditions since the crisis started in 2007 (13). Income inequality in Spain, as measured by the ratio of the top-20% to the bottom-20% of the population in terms of total income, has widened during the crisis, and is one of the highest in the EU, as confirmed by the European Commision in 2017 (14).

Against this background, the article aims to examine the impact of the economic crisis in terms of psychological wellbeing/distress. This work focuses on original studies conducted in Spain that report consequences of the economic crisis with a focus on mental health. The question was whether the general population is affected by the economic crisis in terms of mental health outcomes in order to help design more effective preventive interventions in Spain at the local, regional and national level.

Methodology

A comprehensive literature review was carried out, in December 2016, in the following literature databases: Psychinfo, Pubmed and Scopus to identify all the studies that have explored the impact of the economic crisis on mental health in Spain. For this purpose, the following terms were used for a search in titles and abstracts: “(economic crisis OR financial crisis OR recession) AND (Spain OR span*)” AND (mental health OR mental disorder).” The search was limited to studies published in the last 5 years as we were interested in studies initiated after the beginning of the economic crisis. We selected articles which met one (or two or three) of five selection criteria:

1) original studies on the effects of the economic crisis on mental health status,
2) papers based on population-based samples or health services attendee samples involving residents in Spain,
3) studies reflecting a pre- and post-crisis comparative approach,
4) studies that examined some mental health measurement as outcome over the duration of the economic crisis and 5) papers published in English or Spanish from 2012 to 2016. Studies that included only physical health outcomes or suicide were excluded.

Results

The electronic search process, via the above mentioned research platform, yielded 189 English-language abstracts that were screened for relevance and which justified access to and screening of full texts. After applying the inclusion criteria, 10 studies were considered to be eligible for further analyses. Table 1 shows the characteristics of papers selected in this comprehensive literature review.

As shown in table 1, all the studies were performed in Spain although they were performed in different settings/locations throughout the country. Some of them applied to samples representative of the Spanish population (16–20) while others were carried out in specific autonomous communities such as the Basque Country (21), Catalonia (22), Andalusia (23) or Asturias (24). Concerning the study target populations, studies that included general population samples as their data source were generally official national or regional health surveys (16, 19–21, 23), and others included patients attending primary care centers (17, 22) and mental health services (24). One study used a mixed methods approach using both clinical databases and official health survey data (19), and one study used a specific sample of migrant workers who had lived in Spain for more than one year (15). All studies included two waves of assessment: one period pre-crisis (mostly before 2008) and one post-crisis sampling point (2009–2013). In the majority of studies, the outcome mental health measure was obtained on the basis of standardized questionnaires used in official statistical health surveys such as SF-12 (23) SF-36 (21), GHQ-12 (15, 16) or the Goldberg index (19). The PRIME-MD was used in a primary attendee sample (17). The mental health outcome used in the majority of studies was self-perceived mental health, depression, anxiety or use of anxiolytics and antidepressant drugs as a proxy (22). One paper reported the results of a study of several mental health diagnoses (17), and another study analyzed mental health needs (24). Where determinants or predictors of mental health status are concerned, the variables included were mostly socioeconomic indices: all studies used working (job) status, and most studies used indices of economic status (15, 17–20, 23, 24), residential status (15, 17, 23), working situation (15–24), level of education (16, 18–20, 23), housing repayment difficulties and housing eviction (17), country of birth (15, 16), family burden (15), social class (21) and social support (23).

Mental health status after the economic crisis

Global results about mental health status

Most studies agree that the economic crisis in Spain has had serious consequences on the mental health status. Thus, Bacigalupe et al. (21) state that the economic crisis has been accompanied by adverse effects on mental health, and so do Zapata-Mova et al. (20) and Córdoba et al (23). A significant psychotropic drug consumption increase was found in the period following the economic crisis (post 2009) (22). Compared with the pre-crisis period, the surveys revealed a substantial increase in the prevalence of mood disorders, anxiety disorders, somatoform and alcohol-related disorders (17). Zapata-Mova et al. (20), in the majority of Spanish regions, found more cases of depression diagnosed in 2009 and 2011 as compared with 2003. Rajmil et al. (18) found that mental health in children was better in 2012 compared to 2006 (19). Iglésias et al. (24), on the other hand, reported that the variation of socioeconomic indicators observed during the economic crisis in Asturias was not associated with an increase in the demand for care of mental disorders.

Socio-economic determinants of mental health

Some studies have looked at relationships of socioeconomic factors linked to the economic crisis with mental health taking into account interactions effects.

Studies included in this review have reported that mental health has deteriorated after the advent of the economic crisis, especially in the working-age Spanish population (16,17, 20–23) and immigrant population (15). Unemployment, in particular, has an impact on mental health (15–17, 22, 23), and students were found to be more likely to report poor mental health after the beginning of the economic crisis (21). Changes in the prevalence of poor mental health (post- vs. pre-economic crisis) were more marked among men (21, 14), mostly due to unemployment (16) with multiple economic risk factors (17). This finding can be explained by the shock that men suffer with respect to their traditional social role as the main household bread winner, while women find psychological compensation in care-giving family roles which may function as a substitute for employment (21, 16). In the period following the economic crisis, there is likely to have been an increase in the consumption of psychotropic drugs among the unemployed (22). According to previous studies, special attention must be drawn to specific autonomous communities such as Andalusia, the Canary Islands, Asturias and Extremadura where the most serious shortage of job opportunities has been observed (20). Contrary to earlier results, the
Table 1  Characteristics of the articles included in this review.

<table>
<thead>
<tr>
<th>Reference number, First author, year and title</th>
<th>Setting</th>
<th>Type and size of the sample</th>
<th>Period of field work and design</th>
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<tbody>
<tr>
<td>(23) Córdoba-Doña et al. (2016) How are the employed and unemployed affected by the economic crisis in Spain? Educational inequalities, life conditions and mental health in a context of high unemployment</td>
<td>Andalusian Autonomous Community</td>
<td>General population Aged &gt; 16 years-old N= 3210</td>
<td>Cross-sectional study with two waves: 2007 (pre-crisis) and 2011–12 (crisis).</td>
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<td>(18) Rajmil et al. (2015) Understanding the impact of the economic crisis on child health: the case of Spain</td>
<td>Spain</td>
<td>Within each household with children or adolescents (aged 4–15 years), one child was randomly selected for the children’s questionnaire that was administered to a proxy-respondent (mainly mothers). Study sample was n=6383, and n=4595 2006/07 and 2011/12, respectively. The other sample was data from a study on vulnerable families affected by eviction or at risk of eviction.</td>
<td>Cross-sectional, descriptive and exploratory study. Two surveys were conducted in 2006/07 (pre-crisis) and 2011/12 (after the crisis started). Both surveys were a multistage stratified sample.</td>
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<tr>
<td>Data source and assessment</td>
<td>Measurements of mental health status and other variables</td>
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<td>Face to face and telephone interviews</td>
<td>Mental health status (poor mental health): 12-item version of the General Health Questionnaire: GHQ-12. Demographic and socio-economic variables: Sex, country of birth, age, residence status, (documented/undocumented), working situation (employed/unemployed), monthly income (in euros =&lt;1200, 1,201, or higher) and family burden (having someone financially dependent on them in Spain and/or their country of origin, yes/no).</td>
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<td>Basque Health Survey provided by the Basque Institute of Statistics</td>
<td>Mental health status (risk of depression and anxiety): Mental Health Inventory Scale (MHI-5) from SF-36. Socio-economic variables: Working status (employed, unemployed, students, homemakers, retired, others), social class (I-V groups)</td>
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<td>Health Survey of the Basque Country</td>
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<td>Quarterly Economic Accounts</td>
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<td>Labour Force Survey of the Basque Country</td>
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<tr>
<td>Clinical records</td>
<td>Mental health status (anxiolytics and antidepressants drug consumption). Demographics and socio-economic variables: Age, sex, probability of being unemployed (1.5, 2.5, 3.5, 4.5 and 5.5 quintiles)</td>
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<tr>
<td>Spanish National Health Survey</td>
<td>Mental health status (anxious and depressive symptoms): 12-item version of the General Health Questionnaire: GHQ-12. Demographic and socio-economic variables: Social class and level of education, working status, main breadwinner and country of birth.</td>
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<tr>
<td>Andalusian Health Survey</td>
<td>Mental Health Status (poor mental health): Mental Component Summary of the SF-12. Demographic and socio-economic variables: Age, sex, main earner, cohabitation and partner’s working status, working status, educational level, financial strain and social support.</td>
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<tr>
<td>Face to face interview</td>
<td>Mental health status (major and minor depressive disorders, generalised anxiety disorder, panic disorder, dysthymia, multisomatiform disorder, alcohol abuse and alcohol dependence). PRIME-MD Survey and diagnostic interview. Demographic and socio-economic variables: Age, gender, marital status, employment status, family member employed, housing repayment difficulties, housing eviction.</td>
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<tr>
<td>A Psychiatric Case Register of Asturias Autonomous Community</td>
<td>Mental health status (administrative incidence and prevalence mental health). Socio-economic indicators: unemployment, consumer price index and gross domestic product.</td>
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<td>Mixed-method approach.</td>
<td>Mental health status: part of the version of the Strengths and Difficulties Questionnaire (SDQ). Socioeconomic variables: Unemployment rate, rate of young people living in unemployed families, child poverty, family level of education, income inequality.</td>
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<td>Periodic Spanish National Health Interview Survey from the National Institute of Statistics.</td>
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<td>Database of childhood hospitalization from the Minimum Data Set of Hospital Discharge (MDHOD)</td>
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<td>Eurostat, EOCD Economically Active Population Survey</td>
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<td>European Union-Survey of Income and Living conditions (EU-SILC, coming from the same registries)</td>
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<tr>
<td>Spanish National Health Survey (SNHS) from the National Institute of Statistics.</td>
<td>Mental health status: (a: the presence of chronic depression, anxiety or other mental disorders; b: short-term mental health risk). Goldberg Index. Socio-economic variable: Educational level, household income, employees versus long-term unemployed.</td>
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<tr>
<td>Spanish National Health Survey (SNHS), and the European Health Survey in Spain (EHS-S).</td>
<td>Mental health status (Depression). Demographic and socio-economic variables: Education, employment status, type of work, economic status and Gross Domestic Product (GDP).</td>
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increase in unemployment rates during the economic crisis was associated with a clear decrease in both new and prevalent mental health demand in the Autonomous Community of Asturias (24).

A recent study in Andalusia conducted by Córdoba-Dóna et al. (23) showed a differential effect of the economic crisis on mental health according to employment status and educational level. Among the employed, the crisis seems to worsen mental health only in the intermediate educational groups (secondary and complete primary school level), while working people with university studies improved their self-reported mental health during the recession (compared with the pre-crisis period). Among unemployed individuals prevalence rates for poor mental health increased significantly only in secondary studies. As regards the childhood age group, mental health was better in 2012 as compared to 2006, with slightly lower scores among children in families in which all family members were unemployed (18).

Bartoll et al. (16) state that an increase in the prevalence of poor mental health among men, after the economic crisis, was particularly marked among those aged 35–54 years, men with primary and secondary education, or semi-qualified social class members and among bread winners. Also, the increase in post-crisis depression (vs. pre-crisis prevalence) was more conspicuous in the least educated group. Zapata-Moya et al. (20) reveal a greater increase in depression from 2003/2006 to 2011 in the least educated subgroup.

Among immigrants from poorer countries living in Spain, subgroups of men who were unemployed, had low salaries ($1200 Euros) and reported family burden, showed an increase in the prevalence of poor mental health from 2008 to 2001 (15, 25).

Results suggest that the consequences of the economic crisis are not the same for everybody. Empirical studies in general population samples have shown differential effects of the recession on mental health depending on individuals’ socioeconomic position and educational level (15–17, 20–23). Qualifiers such as being male, of working age, unemployed, with multiple economic risk and immigrant status were related to poorer mental health after the advent of the economic crisis in Spain. Also, the most vulnerable people may be those in countries facing the largest cuts to public budgets and increasing unemployment (27). Both job loss and fear of job loss have adverse effects on mental health, and such effects have been noted especially in Spain and in other southern European countries such as Portugal and Greece (11, 28).

Unemployment has a significant negative impact on mental health (27) that is accentuated by the economic crisis and particularly high among the long-term unemployed. The impact of economic crises on mental health is attributable not only to unemployment, it extends far beyond actual job loss (e.g., anticipation of unemployment, insecurity among family members, insecurity in the broader social network) and is often linked with precarious current working conditions in the advent of job loss (17, 29).

The level of education in the working-age population appears to have a buffering effect. Authors report that only people with higher educational attainment feel secure in times of crisis, as lower-educated individuals are more strongly affected by job insecurity (16, 18, 20). Córdoba et al. (23) reported an interaction effect between effects of the economic crisis and educational level, and education was independently associated with poor mental health. Educational inequalities in poor mental health emerged in the course of the economic recession among employed people while a reverse pattern of decreasing educational inequalities was seen among the unemployed.

One of the limitations of this paper is that we have not reported findings regarding rates of suicide and parasuicide. Although work has been published on this subject recently (and with controversial results) this body of research requires an analysis in its own right (30, 31). Another limitation is that the majority of the studies included reports on preliminary evidence regarding the effects of
the economic crisis on mental health, often assuming a connection between mental health outcomes and the economic crisis on the basis of pre-/post-crisis comparisons. However, the exact (longer-term) impact of the economic crisis on mental health remains yet to be seen through future research. Systematic reviews including meta-analyses on the impact of the economic crisis should be performed in the near future to establish the precise extent of the effects in order to confirm the findings of the studies presented here.

The Spanish economic crisis has been accompanied by changes in the organization of both health care and mental health care. Future research should aim to better define the population at risk in order to implement policy measures at the local, regional and national levels. In order to stimulate research in this area, some ideas for future studies can be mentioned. While major changes in the prevalence of psychopathological states have been described for depression and anxiety, more studies are needed to investigate other mental health conditions exploring clinical aspects that could lead to secondary prevention programs on mental health. As Spain is a country divided in 17 Autonomous Communities with different mental health service systems, local, regional and national health inequalities should be studied and described.

According to the World Health Organization, health outcomes are socially determined to a great extent (32). A recent study in some European countries concludes that socioeconomic circumstances should be targeted by politics by putting in action both local and global health strategies and health risk surveillance in order to reduce mortality. Low socioeconomic status has an effect on health that is comparable to that of other major risk factors. As we think that these conclusions can also be applied to mental health and as socioeconomic circumstances are modifiable factors, local and government policies should design plans and strategies in order to address the subsequent scale of consequences of socioeconomic inequalities. Government policy can modify the consequences of economic downturns for a nation’s mental health. Programmes that provide higher education to the entire population appear to act as a protection factor.

Despite the limitations mentioned above, with some degree of caution, this review justifies the conclusion that there is a wide range of negative consequences on mental health resulting from unemployment, poverty and inequality in Spain due to the recent and ongoing economic crisis.

Conflict of interest
The authors declare, that there is no conflict of interest.

References

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