Economic crisis and mental health – findings from Greece

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Summary
Background: The direct and indirect effects of the economic crisis in Greece have resulted in inequalities, poverty and unemployment. Public health services, social care and welfare have been both severely curtailed and overstretched by increased demand due to higher private care costs and the refugee crisis. For society’s most vulnerable this is beyond an economic crisis, it is a humanitarian crisis. Method: In this narrative review we report a continued rise in suicides, persistent mental health problems in the population, and continued systemic problems despite some successful reforms and slowing of the economic deterioration. Synergistic effects are identified between pre-existing systemic weaknesses, the effects of the crisis, and the effects of austerity. Outlook: Psychiatrists should promote evidence-based interventions, for example preventing mental illness by supporting vulnerable groups and by reducing inequalities. Evidence-based heurism is advocated for, in the interest of outcome. Psychiatrists also have a political role in tackling stigma towards mental illness, refugees and other vulnerable groups, and in promoting resilience and solidarity.

Zusammenfassung

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As the world is still recovering from the recent global economic crisis sometimes termed “The Great Recession”, in Greece the crisis is very much on-going. Greece was worst hit by the crisis, as chronic maladies of the Greek economy were exposed, the markets profiteered, and successive impositions of austerity programmes contributed to an unprecedented decline in GDP in time of peace, an increasing public debt, a steep rise in unemployment, and a very significant increase in the percentage of population at risk of poverty and social exclusion, among others (1). The crisis has had a profoundly detrimental effect on the mental health of the population, as well as on systems of mental healthcare, and on society as a whole.

Aims

The aim of this paper is to conduct a salient review of the up-to-date published evidence relating to the effects of the economic crisis on mental health in Greece.

Methods

It has been highlighted in the literature that good quality evidence for the health effects of the crisis is scarce. There are many valid reasons for this. Firstly, in a complex phenomenon like this, quality study designs such as RCTs are very difficult to conceive and implement. Similarly, this complexity means that with even the most stringent analyses, assigning causality to association is challenging. Also, heterogeneity of outcomes among studies is an expected methodological hurdle in such a multifaceted issue (2). Therefore studies are often seen as overall fragmented or biased (3), and there are many opinion papers among the studies. This is relating to evidence across Europe (not just Greece) and is not restricted to mental health. The absence of a defined set of outcome indicators between studies makes it possible only to conduct a narrative review of the evidence. Equally, due to the broad scope of the subject our narrative review will report only on some of the salient evidence in the literature.

Results

Mental Health and Suicide

There is no doubt that suicides have increased during the crisis in Greece. The most recent data from the Hellenic Statistical Authority (ELSTAT) (1) informs that the number of suicides has steadily increased from 373 in 2008, to 565 in 2014, and this correlates with the increase seen in both unemployment (from 7.3% in May 2008 to a maximum of 27.9 in July 2013) and a drop of GDP (~25%).

This correlation was emphatically highlighted earlier by Rachiotis and colleagues, who performed a join-point analysis on ELSTAT data to identify discontinuities in suicide trends prior to austerity (2003–2010) and during austerity (2011–2012). The authors reported a 35% rise in suicide rates between 2010 (3.37/100000) and 2012 (4.56/100000). The effect was particularly notable in men of working age, who also suffered a 0.19/100000 increase in suicide rate per additional 1% rise in unemployment (4).

Branas and colleagues used national statistics in a 30-year interrupted time series analysis of suicides from 1983–2012 to conclude that selected austerity-related events correlated with an increase in total suicides. For instance, austerity measures introduced, saw a rise of suicides by 35.7% in June 2011(5). The same observation was corroborated by Kontaxakis and colleagues, who compared the suicide rate recorded between 2001–2007 with that for the period 2008–2011, finding an overall increase in suicide rates, particularly among men aged 30–54 years. Conversely, there was no significant change for women, while suicide rates actually decreased for men aged 60–64 (6). On a similar note, Papaslanis et al reported an annual increase in standardised suicide rates for men of 9.25% for the period 2009–2012, but not for women (7), while Madianos et al. reported an increase in age-adjusted suicide rates by 19% between 2005–2011. These results were corroborated by a later study using collated data from the WHO Mortality Database for years 1968–2009, the press, and another published paper, to conclude that suicide rates increased for men, but not women, in response to unemployment and fiscal austerity (8). Economou et al. reported a rise in suicidal ideation and actual suicide attempts between 2009 and 2011, but a subsequent decline in 2013, suggesting that suicidality is a spectrum of presentations that may constitute an acute response to (economic) hardship (9).

Mental health has worsened during the crisis in Greece, and continues to worsen. Unemployment is confirmed as a strong association to poor mental health, in accordance with the international literature. In a robust study, Dryadakis used data from the Longitudinal Labor Market Study (LLMS) to conclude that the detrimental effect of unemployment on mental health was exacerbated during periods of higher unemployment (10).

Based on the comparison of two telephone surveys conducted in 2008 and 2011, the odds of having major depression in Greece were 2.6 times higher in 2011 compared to 2008, with economic hardship being a significant association. The same authors followed up with a third survey in 2013, concluding on another increase on the 1-month prevalence of depression, but a drop in suicidality (11–13).
Mental health services

Mental health services are an important aspect of the investigation of the effect of the crisis on mental health, given that they (particularly the public sector) are the main pillar of support for the very people who suffer the most from the effects of the crisis. There is an irony in that austerity measures and cuts result in the weakening of public health care systems, exactly when the latter are expected to deal with the effects of an economic crisis. For example, during the first years of the crisis, governmental funding for mental health services was severely restricted, resulting in bed occupancies over 120%, mental health professionals’ wages reduced by up to 40%, and research funding falling sharply, among others. Hyphantis (14) has suggested that there is an important acute-on-chronic effect, and other authors (15–17) have highlighted the risks associated with the systemic effects of the crisis, and the need for investment in mental health services and the continued psychiatric reform (18). Karanikolos and colleagues point out the especially detrimental synergistic effect of austerity coupled with weak social protection (19), while on exploration of the European Union Statistics on Income and Living Conditions dataset (EU-SILC), they suggest that provision of, and access to, services has been compromised, resulting in a rise in unmet needs for the most vulnerable population groups, potentially widening the health inequality gap (20). This was corroborated in a methodologically robust study by Zavras and colleagues, who used multiple regression analysis on the same dataset (EU-SILC), and showed that unmet healthcare needs increased during the crisis due to financial reasons, which are most likely reduced access to health services. The authors suggest that those who lost access are likely unemployed, uninsured and low-income individuals (21), i.e. exactly the same individuals who are at risk of worse mental health and suicide.

Discussion

The crisis is on-going

Evidence from Greece suggests that the economic crisis is not only on-going, but its effects continue to worsen the mental health of the population. The conjuncture of this major financial disaster and the concurrent refugee crisis is very worrying, as the already impoverished systems of mental and social care are not coping under the pressure of austerity and demand. Suicide rates continue to rise, suggesting an on-going – and possibly also a lag – effect of the crisis. From a mental health promotion/mental illness prevention perspective, despite a historically relatively high psychological resilience and low suicide rates, Greece now faces hard austerity and adverse psychosocial circumstances that work against the system of mental healthcare and the population’s mental capital and resilience, brewing a more profound humanitarian crisis. The need for further research exactly on those vital concepts (resilience, social capital, social networks) has been strongly advocated (22). From an evidence-based perspective, investment in medium- to long-term preventive interventions would possibly help to alleviate the rising detrimental indices of poor mental health and prevent a possible lag effect and even a transgenerational transmission of the effects of the crisis (16, 23, 24).

The ethical case for heurism

The effects of economic crises on mental health are macrophenomena that may require a naturalistic approach in order to be studied. This approach has well known methodological drawbacks, including the challenging assignment of causality to associations, a point that has been highlighted in the case of the mental health effects of the financial crisis in Greece (25, 26). But should implementation of measures always wait until absolute scientific correctness is achieved? This is the question at the basis of the rationale for the early termination of clinical trials in favour of treatment when a very clear benefit is seen. In the case of mental health and the economic crisis, cautious acceptance of “soft” evidence has to be considered, because it may be the only possibly available evidence within the effective timeframe of potential interventions. This application of heurism is especially important in the timing of preventive interventions (27), and is in line with the correct and pragmatic application of Evidence Based Medicine in the real world. For example, in the case of suicides: If we strongly suspect causality in the association of suicide with a certain crisis parameter (e.g. unemployment), how long should we wait before acting? Would it not be unethical not to attempt to prevent suicides by tackling a possible cause (e.g. by supporting the labour market or protecting employment)?

The role of psychiatrists

In the above dilemma, the psychiatrist’s roles as scholar, leader and communicator come to the forefront. Advocating for the mental well-being and the protection of patients and the public is our professional responsibility. In the case of the crisis, it would involve alerting relevant stakeholders with evidence-based arguments, including politicians who may be oblivious to the damage caused by austerity programmes. Political intervention is, therefore, outside the clinical role, but well within the professional
role of psychiatrists, if patients are affected. In this context, initiatives like the 2013 Athens Declaration on the Mental Health Consequences of Crises and Disasters (28), are paramount to articulate a clear direction. However, communication has to be in their language (29), stressing that the evidence-based financial case for supporting mental health is part of the solution to the crisis (16). Psychiatrists also have the professional duty to educate other healthcare professionals against stigma and discrimination towards mental illness (30), as well as monitor and help other healthcare professionals’ mental health, including with burnout.

**Synergy can be detrimental**

An interesting pattern of synergy is emerging in a lot of the evidence regarding the on-going crisis in Greece. For instance, the effects of austerity seem to be multiplied by weak social protection (19). Another example of synergy is public service budget cuts, and a rise of attendances to public healthcare services (e.g. 24% in 2010). This was effected by a concurrent 25–30% drop in private admissions due to cost, and greater strain due to refugee health needs (31). The result was a much greater number of vulnerable people not having access than would be expected by the crisis’ effect on one of these parameters in isolation. The same example is seen on many fronts, for instance Child and Adolescent services have struggled following a simultaneous 40% reduction in healthcare workers’ salaries and an escalated number of new referrals to services (23).

Yet another example is the synergistic effect of the refugee crisis and the economic crisis. Exacerbating the economic crisis, the recent refugee crisis in conjunction with the EU Dublin Regulations has seen Greece offering refuge to a vast number of people fleeing war zones, who are not easily allowed to continue their journey to the rest of Europe. The Greek people are proud to offer their hospitality to refugees, however the refugee crisis has had a synergistic detrimental effect with the economic crisis, both for individuals’ health (locals and refugees alike) and the health system as a whole (32–34). Nevertheless, despite popular depiction, there are very positive aspects to Greece’s hospitality to refugees, which ultimately offset the detrimental synergistic effects.

There are many more other examples of detrimental synergy, which may partly explain why the effects of the crisis are so hard to overcome.

**Equality is imperative**

Inequality is a strong determinant of mental health, even outside the context of a crisis. Countries with high income inequality tend to have more mental illness (35). It has been argued that in Greece, the health equality gap has been widened by the undue pressures by austerity on health and welfare sectors, which affect preferentially those who are least privileged. Data from the European Union Statistics on Income and Living Conditions suggest that higher costs of healthcare has resulted in the near doubling (from 7% in 2008 to 13.9% in 2013) of the number of people on lower incomes having unmet health needs. The access to care gap between the rich and the poor increased almost ten-fold (20). This is obviously a situation that requires both political will and perseverance to overcome. Highlighting to decision makers that the evidence suggests that inequalities are detrimental to mental health should prompt governments to keep income and social inequalities low, by subsidizing debt relief programmes, providing access to family support programmes and by tackling unemployment, among others. As a bonus, such political intervention would have an effect on the whole society, not just those with mental illness. This direction of political travel is advocated by the World Health Organisation (16, 36, 37).

**Conclusion**

The on-going economic crisis has affected the Greek population’s mental health and has also had a significant systemic effect on mental health services. But beyond the destruction of the crisis and of austerity, Greece is in a good position to reflect on its own structural weaknesses that have been revealed through the crisis. Even more importantly, it has the opportunity to reflect on its own attitudes and develop better mentalities. For mental health professionals in particular, it may be argued that reflecting on their role and attitudes in response to the crisis is an act of professionalism.

Greece is demonstrating remarkable resilience. For example, despite the devastating crisis, it serves as an example of ethos, currently offering refuge and solidarity to a vastly disproportionate number of refugees for its size. In the author’s view, it has been such acts of ethos that have built Greece’s collective mental capital and resilience, and as such they are – covertly – part of the solution to the crisis, and not a problem. Similarly, solidarity and support to other vulnerable groups (e.g. the elderly, the mentally ill, the poor and unemployed) can serve to enhance collective resilience further, and should be advocated for as part of the solution to the crisis. Finally, considering solidarity as an investment on resilience could also be part of the solution in international efforts to resolve the crisis (38).

**Conflict of interest**

The author declares no conflict of interest.
References


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