GAMIAN-Europe
Global Alliance of Mental Illness Advocacy Networks

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GAMIAN Regional Seminar Dublin
Impact of financial crisis on mental health

Saturday 1 June 2013

9.30 – 10.45: Keynote speech

Challenges of the Economic Crisis for Mental Health and Mental Health Services: a European Perspective, David McDaid, economist LSE (London School of Economics)
d.mcdaid@lse.ac.uk

Economic crisis is not something new: 13th century in Europe for example.
Current problems: uncertainties -> job, careers, savings -> causes mental health problems.
People become more conservative and fearful: nasty side of nationalism.
One can have problems with their mental health both in economic crisis and economic boom.
In times of prosperity also people get left behind: inequalities in society are also happening then. There will always be transitions in life.

- Challenges for mental health from economic shocks:
  - ➔ Consequences for mental health and also physical health.
  - ➔ People are driving less: reduction in traffic accidents, walk more, cycle more.
  - ➔ People work less and spend more time with their families.
  - ➔ Paper for WHO from 2011: debt and other financial difficulties have a negative impact on mental health & unemployment and poverty contribute to depression and increase suicide risk.
  - ➔ Countries with a better safety net for support: negative effect on mental health is less pregnant.
  - ➔ Southern Europe: stronger sense of community due to strong family bonds and the social networks in this kind of southern countries with a stronger bond of families and local communities.
  - ➔ Report by Christian Wahlbeck, Finland: economic risk factors for mental health, 2009.

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- ➔ Psychological support: help to cope with transition, loss of self confidence when they are out of a job, give people coping skills. For example: UK – primary care system: give easy access to psychological support. So people can get help for mild and moderate depression even support when being unemployed. In UK the program was introduced to save money: economic argument. UK: call or go online – you are called for a psychological assessment – if your problem is more severe they will send you to specialist care.
- ➔ Economic hardship -> increase depression
- ➔ Suicide: it is too easy to say that the economic crisis is so strongly linked to suicide. From the boom to the economic crisis, in Ireland there has not been a very large change in the suicide rates. There are other factors influencing this evolution. There has been very little change in the numbers. Even in times of relative prosperity it is very difficult to change the suicide rates.
- ➔ Number of people admitted into hospital in Ireland during the last 10 years: admission rates have fallen. Even though the crisis has been a negative impact on mental health the figures have not increased drastically.
- ➔ Brendan Kelly: Ireland -> sharp decrease in happiness between 2005 and 2011: 'Taking all things together, how happy would you say you are'?
  Evolution from 8 to almost a 7. Being happy is a protective factor for mental health. The most important contributors to your happiness are the factors of your general income and your health situation.
- ➔ Paper in British Medical Journal in 2012: association of people claming unemployment benefits & suicide rates: the rates follow each other's trends: correlation in the lines of the two data.
- ➔ Causes for depression: environment is a very important factor. Change the environment in a way to prevent depression and support good mental health is a very important thing to do as a prevention measure.
- ➔ Impact of financial debt: good evidence from UK, Finland and Sweden that you live with unmanageable debt is associated with a 4 times greater risk of having depression. Help people to avoid getting into bad debt is helpful to avoid depression. The more debt = the more risk for your mental health. But at the same time, if you live with mental health problems, you are more likely to be poor and have debts. Who you own the money too, makes a great difference to your mental health. Aim: get rid of irresponsible lending. In UK: not for profit companies who help people in debt to get themselves better organised to be able to pay back the loans: debt advice organisations.

- Challenges to the funding of mental health services du to economic cutbacks:
  - ➔ Historically: when economic times are tough: budgets for mental health are cut.

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- ➔ Stigma: mental health is not seen as important or because they are not life threatening?
- ➔ Ireland: 2008: 1 billion – 2012: 7,868.000: cut by 30 %
- ➔ Wales: protection – it cannot go below a certain threshold – Ring fencing: guarantee that you spend a certain sum for mental health.

- Economic shock: what can you do to protect mental health:
  - ➔ Work: protective for mental health.
  - ➔ Psychological support for unemployed people to promote mental health and increase re-employment rates.
  - ➔ Parenting programs: family support programs.
  - ➔ Help children with behavioural problems: reduction of mental health problems when adult.
  - ➔ Control of alcohol price and availability: recession is associated with binge drinking.
  - ➔ Strengthening social capital: create opportunities for communities to meet, exchange, interact.
  - ➔ Multi-level suicide prevention programs: OPSI – FP 7 program in Finland, Hungary. Important to reach students: information and adapt the way we get these messages across (given by peers, use of social media, provide counselling).
  - ➔ Debt relief
  - ➔ Chris Fith and Ryan Davey: guide booklet for financial industries to communicate with people with mental health issues in debt recovery.
  - ➔ Actions for promotion and prevention: 15 different areas for early intervention regarding mental health. This to investigate the potential economic benefits. The study investigated how much money you spend in different sectors for each euro spent in this prevention measure. This was used to justify some investments in mental health. The economic argument played an important role.

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Exchanges amongst participants

1. **Situation in Southern Europe**

Italy, Arete Onlus, Flavio Prata

Important impact of economic crisis since 2008: diminishing industries -> unemployment in the South of Italy. 40% of young people are unemployed in the South. First government used ostrich strategy. Since 2012: sever cuts – reduction – reforms. Northern Italy: richer part has higher suicide rates. Point of view of patient organization: less support from services, more stress on the family. Parents need to help the young unemployed generation. For example: 100% invalidity: 450 euro per month to live. Mental health associations need to get support from other sources. Join services in a network, share resources. For example: Milan (Lombardia): 13 associations are working together (employment, housing, mental health).

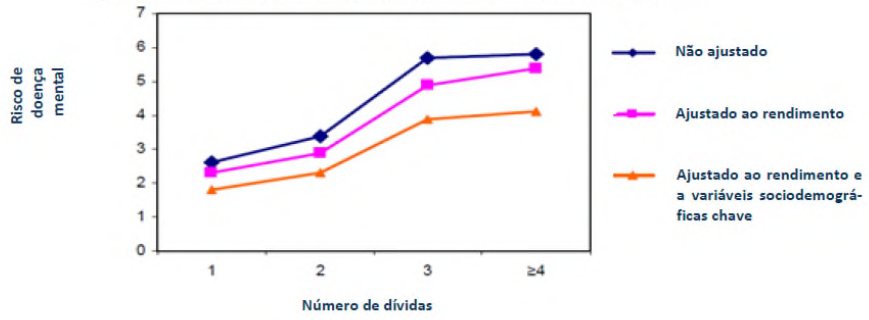
Portugal, ADEB, Pedro Montellano

The Portuguese Observatory on Health Systems believes in the Spring Report 2012 that the crisis exacerbates the problems of mental health and addictions, as well as the prevalence of infectious diseases.

In the Spring Report 2012, entitled "Crisis & Health - A country in distress," the Portuguese Observatory on Health Systems (OPSS) emphasizes that the effects of socio-economic crisis in mental health "are well known," stressing that the main manifestations are the loss of self-esteem, depression, anxiety and risk of suicidal behaviors.

"At these events trigger unemployment and debt have a particularly important role," say the authors of the report, highlighting the risk of mental illness "increases with the increasing indebtedness of the people."

Figura 12 - Relação entre doença mental e endividamento das pessoas



Fonte: Adaptado de Khang; Lynch; Kaplan, 2005.

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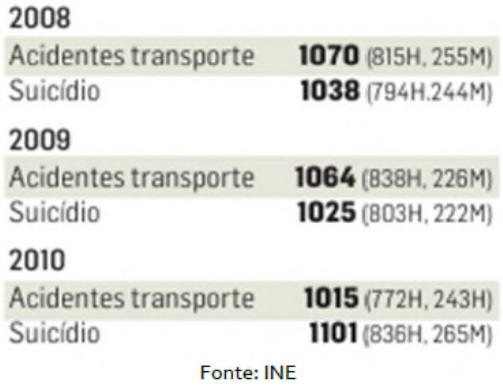
As it is shown in the chart the risk of mental illness increase with the indebtedness of people. The unemployment also increased since 2008.

Anos	Sexo		
	Total	Masculino	Feminino
2008	7,6	6,5	8,8
2009	9,5	8,9	10,2
2010	10,8	9,8	11,9
2011	12,7	12,4	13,1
2012	15,7	15,7	15,6

Referring to Portugal, the observatory mention data from the National Statistics Institute (INE) in 2010, according to which the values of Suicide (1101) were higher than transport accidents (1015).



2008/2009 **-2,5%**

2009/2010 **7,4%**

Citing the coordinator of the first national study on mental health (2010), the psychiatrist Caldas de Almeida, the OPSS recalls that the annual prevalence of psychiatric disorders in Portugal at the time was 22.9%, and anxiety disorders and depressive disorders accounted for 16.5% and 7.9%, respectively.
The same study indicated that Portugal was the European country with the highest prevalence of mental illness in the population and approaching dangerously world champion, the United States.
The OPSS also examined the market for anxiolytics and antidepressants outpatient, reimbursed by the National Health Service (NHS) between 2002 and 2011, reporting a 15.3% increase in the consumption of anxiolytics.
"Portugal has the second highest in the OECD statistics on consumption of alcoholic beverages in the population aged 15 and over. Mortality rate associated with alcohol-related diseases has not improved over the last decade," he warns
Chronic Diseases
There is evidence of a relationship between mental distress, especially in situations of prolonged economic crisis, and its physical repercussions, affecting the cardiovascular system and immune system. There may be increases in risk of hypertension, myocardial infarction

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and stroke, diabetes, and infections. This effect is even more marked in the lower social classes.

Romania, LRSM, Raluca Nica

Economic crisis very bad: austerity measures – government employees had to be let go. Many highly educated people have left Romania (brain drain by medical doctors).
Up to 2009 working for the state was a secure job for life -> job insecurity. Romania is third place in high alcohol consumption: in poor areas in eastern part of the country -> emigration to go and work in Ireland, Spain and Portugal. Also increase of suicide rates. Most of this increase comes from a very young group of adolescents, whose parents have left to work abroad: families with only children and grandparents. In 2009 loans were easy to get and many people were in debt. Currently the national bank took measures. Higher debt = higher depression. No parenting programs from the state, but this year such a program has been started by the national mental health association. Romania: unemployment rate: 7,4 %, but there are many other people unemployed. The unemployment benefits stops after 6 months and the people who still not work after that period of time are not taken into account in the statistics. Psychological support is not reimbursed in general. Only if admitted to a hospital, psychotherapy is give free to these patients. Program on primary care doctors: early detection of mental health problems -> specialist care. Program for debt relief program: it is illegal to loan money for very high interest rates. Support programs are very centralized (Romania: mental health care is given by the state). Romania: patient involvement: mental health law: paragraph that patients will be part of the board of the psychiatric hospitals. Some hospitals are more open minded than others: this is a beginning.

Discussion

In the Netherlands: ACT: assertive community teams -> team of 6 or 7 professionals of which one person is an expert by experience (patient). Norway: ACT teams as of 2009.

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12.30 – 13.30: Lunch

Situation in Belgium & The Netherlands

Belgium, Ups & Downs, Luc Van Eycken & Rebecca Müller
See presentation text Ups & Downs

The Netherlands, VMDB, Bert Aben & Paul Daemen
Doing things with and for people that gave me self-confidence to work as expert by experience. Crisis is not so bad in The Netherlands. Medication and services have become more expensive. Some things changed: ministry of healthcare received a lower budget -> organisations for advocacy got less money. VMDB had to suffer a reduction 90.000 euro to 25.000 euro. Members VMDB= 3.000 patients & family. Unemployment rate has risen in The Netherlands. WMO (wet maatschappelijke ondersteuning): not enough money to go around – saving money by giving better and more effective care. The local community gets a sum from the state and they are obliged to spend it well. The communities have to decide by themselves how to spend the resources. Put the responsibility lies with the local community. If they do not come to a solution the central government will intervene.

2. **Situation in Ireland**

Cork Mental Health, Aidan Fahy
Practical services and housing projects. Also projects against stigma: recent pack for employers: information to employees on mental health to fight the stigma. Crisis -> financial consequences across the whole board. There is 40% less funding due to the crisis.

Mental Health Reform, Orla Barry
A national coalition of organisations working for improvement of mental health: 32 organisations (body whys is a member). Unite – Inform – Advocate.
A vision for change: 2006 – 2016: community based service model, recovery, user involvement. Structural and cultural issues that need to change to really improve mental health services. Economic crisis: emigration to work abroad. Increase number of suicides. Ireland: fourth highest rate of youth suicide in Europe. Suicide is the leading cause of death in young men between 15 and 24 years. For people with mental health difficulties it is more difficult to get disability benefits. The wider supports for people are decreasing. Good thing: it is easier to talk about mental health difficulties because so many people are experiencing stress. Ireland: national counselling service in primary care. There is an increased public awareness about mental health. There is a strain, but there are also opportunities.

Dual Diagnosis Ireland, Carol Moore
Addiction & Mental Illness, two problems, one person.

3. **Situation in UK**

Rethink Mental Illness, Jackie Wilson
www.rethink.org
Austerity measures are still important and the cuts are not at an end yet. There are cuts in welfare benefits, legal aid and services. Increasing demand on charities but reduced funding. At the political level and in the attitude of the general public, there is a negative atmosphere

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regarding people claiming illness benefits. Increase in suicides. Anti-stigma campaign: time to change. The government has now committed that there is a parity of esteem for physical health services and mental health services. IAPT: Improving Access to Psychological Therapies (low level – general public). For severe mental illness there are still long waiting lists for psychological therapies. Social care budget has been cut by 20%. Funding cuts have led to reduction by 20% of the mental health services. Recession: looking for ways to be more efficient. Deliver more effective services that actually make a real difference to people. All the charities have seen an increase of demands of people who need help.

Hafal - Wales, Richard Jackson & Peter Martin

Hafal = Equal in Welsh

Primary legislation in Wales: service must work together and all aspects of the individual need to be taken into account in the treatment offer. After 5 years the legislation is there and now it must be seen if these changes are beneficial to the users. UK: gives a budget -> Welsh government can decide how to spend it. Ring fencing = mental health services. Currently: services are focused on resolving crisis. Now there is more attention to prevention and avoiding relapse: better for service, society and it is also cost effective -> good reason for governments. Hafal = non-profit mental health organisation and we provide services that reach 1200 people. There are increasing differences in social services in UK and Wales. Welsh government = socialist – not a market view of delivering services and no competition. Focus on collaboration: finding ways of authorities and organisations to work together based on reasons of efficiency and cost saving. One of the best ways to tackle stigma is to send out people that have coped with mental illness to get to give speeches to other groups within society. Hafal is training and supporting people to give these kind of presentation.

4. Situation in Scandinavia

Finland, Hilkka Karkkainen

Hilkka is presenting the response from big patient organisation, Finnish Central Association of Mental Health. In Finland there was a very bad recession in the 1990's: bad cuts in services for children and young people and families. The consequence is now that a very high number of children are taken out of their families and they grow up in group homes -> a lost generation. Unemployment in young people: 25%, whereas the unemployment rate in the general population is only 10%. Lessons were learned from this crisis. Government is now taking extra measures to support municipalities that are especially hard hit by unemployment. Economic crisis: it is harder to get funding. Profit of gambling (Finnish slot machines association) is used to promote social projects of health and social associations. Mental health Barometer 2011: 8/10 out of professionals thought that there were long waiting lists for the psychiatric services – the year before (2010) it was 3/10.

Norwegian Bipolar Association, Marthe Lokken

= Norwegian Ups & Downs, established in august 2010, focus on bipolar disorder. The economic crisis is not an issue: oil money -> free health care, high salary etc. But at the same time 30.000 people are on waiting lists to get mental health treatment in a country of only 5 millions of inhabitants. There are no services to support patients in rehabilitation. Stigma against mental health is very strong. The government is shutting down the mental health hospitals and want to get everybody to the local health care centres (short stays in DPS centres where patients are used as 'training material' for psychiatrists). At this moment Norway is very rich. They have a great fund of ready money, but at the same time the

government is cutting the budget on mental health. There are currently very few beds for mental health problems in Norway.

5. Situation in Lithuania

Club 13 & Co, Ausra Mikulskiene
Crisis: 2008 – 2011. Unemployment: 17%, 300% decrease of available income, high rate of emigration. Increase in need of economic and illness benefits. Strict anti-alcohol regulations and decrease in alcohol consumption (taxes, no TV ads). Lithuania: more people die by suicide than in car accidents.

Paul Arteel concludes that this was a day of positive exchanges and good practices.

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GENERAL CONCLUSIONS & RECOMMENDATIONS

1. Economic crisis in general has a negative effect on mental and physical health of the population: insecurity, hopelessness, depression -> increase of suicides (relative for every country).

2. Problem of unemployment: young people with high unemployment rates.

3. No or low investments in families and children will have a bad effect in the future on this generation, once adults.

4. General cuts in services -> cuts in budget for mental health.

5. Associations and organisations receive less funding and have to find new and creative way to get enough funding.

6. Importance of economic argument: invest in services and in mental health programs for the general public and this will lead to savings in all kinds of state budgets in the long run.

7. Psychotherapy in primary care is important, but there is a risk of having less attention or money for direct services (beds, hospitals) for people with serious diagnosis as not all problems can be solved by low level direct primary care.

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Sunday 2 June 2013

9.30 – 10.00: Keynote speech
Mental Health and Work, Inge Neyens, LUCAS (Research Centre for Care research and Consultancy), University Leuven – Belgium

Impact of work on wellbeing
Work is beneficial for patients: higher self esteem, less psychiatric symptoms, less social problems, better quality of life. Patients are more motivated to work than the general population. People who do work: less expenses for care. Recover: focus on competencies and not on the limitations.
Supported employment
IPS: individual placement and support: 7 principles:
1. Focus on regular paid employment
2. Only inclusion criterion: motivation to work
3. Searching quickly for a job & coaching
4. The preference of the client is central: type of work, programme
5. Individualised: long term support for client and employer (also at work – to keep the job)
6. Integration of job coaches in mental health care teams
7. Advice and support as regards of the financial part – benefits and the consequence of working again.

IPS in US: success rate – 2/3 of people in the programme work more than 20h a week. With IPS after 2 years the double of the people are still at work, find job as regular employee.

Research Eqolise group: IPS is more effective in Europe. IPS is increasing the chances of getting back to work. Work has a positive impact on relapse. IPS: indirect consequence is less relapse.

Perspectives & Recommendations

Stimulate evidence based practice in both mental health care and vocational rehabilitation.
Disseminate knowledge / Focus on regular work /

1. Stimulate regular employment; break through the culture of disability payments.
   Compool
2. Implementation of new practice requires
   new competences for VR counsellors / strong leadership of counsellors / change of mind of family: open to the idea that the person can work and support him in this / vision of Recovery: focus on strength and competences of the person in question.
3. Systematic collaboration with researchers
   Good data / policy: scientific base to make decisions/ evaluation and monitoring of the policy (outcome effects).

10.00 – 10.30: Keynote speech
Presentation of first results of GAMIAN questionnaire on mental health and work, Rebecca Müller & Paul Arteel.

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Until now, 385 responses have been received; the ultimate aim it to obtain a total of 1.000 responses. The survey questionnaire was translated into 21 languages. The results up to now:

- 52% of respondents had to stay at home between 10 and 99 days due to mental health problems.
- 17% were absent up to 9 days and another 17% never were absent.
- For 62% of respondents not being able to work is a more or less permanent situation.
- 23% of respondents are happy with this situation and accept that they might not work again.
- For 45% of respondents their symptoms make it impossible to go back to work.
- 40% of respondents are unhappy with this situation and would like to get back to work.
- 17% of respondents are convinced that their former employer does not want them back.
- 24% of respondents are afraid to have a relapse if they return to their former job.
- 32% of respondents did not tell their employer about their mental illness, fearing discrimination.
- 21% of respondents decided to inform their employer about their mental health problems.
- Over 50 % believe that better training of the HR department and professional support would have supported them to stay in employment.
- 55% of respondents feel that a change in attitude of the management is needed.
- 58% of respondents feel that attitude change of their colleagues would have been helpful

These preliminary findings results clearly underline the need to fight stigma and the need to increase understanding of mental health issues with decision makers, managers and the general public.
Other priorities relate to the need for effective treatments to ensure sufficient symptom reduction. life. As a good quality of life includes work, there is a need for effective programs for people with mental health problems to find work and keep their job. The privacy of patients ought to be respected; people should not be forced to disclose their mental health problems.

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FINAL REMARKS: views & appreciation – round table:

Paul Arteel thanks everybody for all the participation and asks the views of everybody regarding the regional seminar: please give your view and appreciation.
VMDB: Bert = positive evaluation of situation and location. Nice people. Satisfied with the content. Documents as preparation could be sent to the participants: standard CV of each participants to be shared. Paul = meeting of different ways to cope – exchange – interesting to see how the other countries experience it – inspiring. Make the group picture.
Norway: Fynn = interesting – happy to be here – meeting everybody – network: he makes website and she is offering his services to help with the GAMIAN website.
Romania – Raluca = good key note speakers – interesting exchanges – see the positive and hopeful things.
Italy – Flavio = interesting discussions and good information. What are the tendencies – where are going towards -> suggestion to repeat it or keep the attention for it.
Ireland: Paul – Board of Mental Health Reform Ireland – meeting has give a feeling for what is happening outside of Ireland – hope: in Ireland it is not as bad as we thought. Key note speakers were very good. Interest in programs for employment: sense of purpose. He has gotten a sense of being able to do something about it in Ireland. Nam tag needed.
UK - Rethink: Jackie – fantastic meeting – bigger common family across Europe and at different stages of evolution. Interesting key note speech of David and Inge.
Wales: Peter: very positive – great key note speech of David **-> task to do or a problem to solve – how to use all this experience.**
Cork: Margaret – beneficial – interesting and useful presentation. -> task orientated – something to come out of it.
David & Inge: be task orientated & **use the creativity present around the table.**

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