

## Reducing the psychosocial impact of the financial and economic crisis

### Selected Facts and Figures<sup>1</sup>

#### 1. Burden of mental disorders in the EU

- In the EU, as in the rest of world, **mental health problems are some of the most prevalent and some of the most severe health problems.**
  - The WHO estimates that every fourth citizen experiences at least one episode of a mental health problem during life. According to WHO, mental disorders are by far the most important chronic diseases in the European region (Source: Global burden of disease report, WHO 2004).
  - A survey in six EU-Member States (Belgium, France, Germany, Italy, The Netherlands, and Spain) from 2003, found a prevalence of 11.9% during 12 months (See also annex 1; Source: ESEMeD II-project).
- One of the most serious so-called common mental disorders is **depression.**
  - An estimation for the European Brain Council of 2006 suggested that 9% of the EU-population between 18-65 years of age suffer from a depressive disorder. This corresponds to an estimated 20.8 million women and men.
  - Depression is expected to become even more prevalent in future: A WHO study on the global burden of disease of 2008 saw unipolar depressive disorders on rank three of all diseases (after lower respiratory infections and diarrhoeal diseases) in 2004. However, for 2030 it expects them to be on the first position.

2004 Disease or injury	As % of total DALYs	Rank	Rank	As % of total DALYs	2030 Disease or injury
Lower respiratory infections	6.2	1	1	6.2	Unipolar depressive disorders
Diarrhoeal diseases	4.8	2	2	5.5	Ischaemic heart disease
Unipolar depressive disorders	4.3	3	3	4.9	Road traffic accidents
Ischaemic heart disease	4.1	4	4	4.3	Cerebrovascular disease
HIV/AIDS	3.8	5	5	3.8	COPD
Cerebrovascular disease	3.1	6	6	3.2	Lower respiratory infections
Prematurity and low birth weight	2.9	7	7	2.9	Hearing loss, adult onset
Birth asphyxia and birth trauma	2.7	8	8	2.7	Refractive errors
Road traffic accidents	2.7	9	9	2.5	HIV/AIDS
Neonatal infections and other <sup>a</sup>	2.7	10	10	2.3	Diabetes mellitus
COPD	2.0	13	11	1.9	Neonatal infections and other <sup>a</sup>
Refractive errors	1.8	14	12	1.9	Prematurity and low birth weight
Hearing loss, adult onset	1.8	15	15	1.9	Birth asphyxia and birth trauma
Diabetes mellitus	1.3	19	18	1.6	Diarrhoeal diseases

(Source: WHO Global burden of Disease estimates, 2008)

- Mental disorders including depressive disorders are **highly disabling**. They cause major productivity losses to the EU-economy, through reduced productivity at work, work

<sup>1</sup> Further data and information are available in a series of consensus papers (Prevention of Depression and Suicide; Mental health in Youth and Education; Mental health in Workplace Settings; Mental Health in Older People) and a research paper "Countering the stigmatisation and discrimination of people with mental health problems in Europe". All of them are available under:

absenteeism and work disability. In a recent EU Labour Force Survey 2007 ad hoc module on accidents at work and work-related health problems of workers, 21% of workers with a health problem referred to stress, depression or anxiety as their major health problem (to be published). In England, Scotland and Wales, according to figures of the Department of Work and Pensions in 2007 40% of all claims for work disability were due to mental health problems. Rates in other countries are similar. Suicide caused more than 57,000 deaths in the EU in 2006, and it is the second leading cause of death in young people, after accidents.

- In 90% of cases, **suicide** involves a history of mental health problems. Suicide caused at least about 57,700 deaths in the EU in 2006.
  - Eight of the 15 countries with the highest suicide rates in the world are EU-Member States.
- There is a significant unmet need of therapy for mental health problems. A paper for the WHO European Ministerial Conference on Mental Health of 2005 quoted research suggesting that 45.4 % of cases of major depression and 62.3% of generalized anxiety disorders are not treated. (Source: Conference Working Paper Mental health services in Europe: the treatment gap, 2005)

## **2. The impact of the crisis on mental health**

The psychosocial impact of the crisis is a complex interaction, and there is no full consensus on what can be expected. However, it can be said with certainty that the crisis leads to a deterioration of several socio-economic determinants of the mental health and well-being of the EU-population. Some of them are mentioned below.

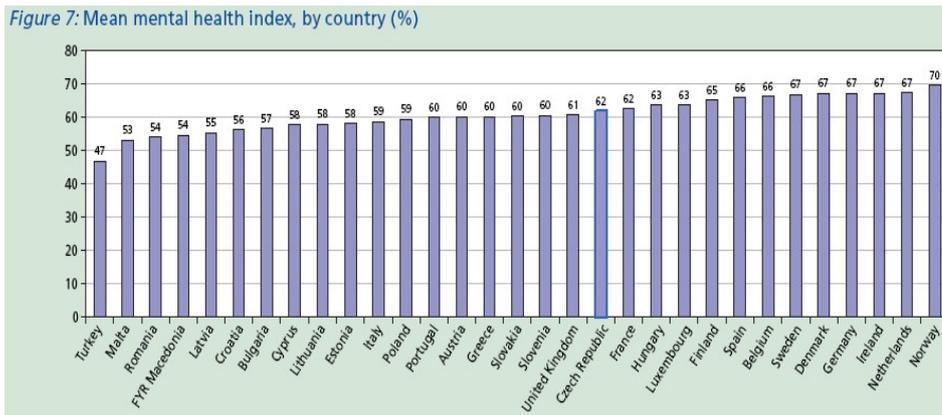
### **- The association between mental health and wealth**

- Recent studies and surveys have emphasised the association between the wealth of countries and the mental health of its population. In general, a higher level of wealth is associated with a higher level of mental health.

The Second European Survey on Quality of Life for the Dublin Foundation for the Improvement of Living and Working Conditions confirmed this observation<sup>2</sup>:

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<sup>2</sup> <http://www.eurofound.europa.eu/pubdocs/2008/52/en/1/EF0852EN.pdf>



- In the fourth quarter of 2008, GDP declined by 1.5% in the Eurozone and 1.6 in the EU27zone. (Source: Eurostat)

### Impact of the Crisis on Risk factors

The financial and economic crisis leads to an increase of certain risk factors for mental health, such as unemployment, debt and

#### - Job insecurity

- A recent "Expert Forecast on emerging psychosocial risks related to occupational health and safety" (2007) for the Bilbao Agency for Health and Safety at Work identified job insecurity, together with new forms of employment, as the leading emerging psychosocial risk for occupational health and safety. The report stated that high job insecurity is connected with somatic ailments and appearance of long-lasting illnesses. It referred to studies which showed that the higher the job insecurity is, the poorer the mental health of employees is. The relationship was also confirmed by longitudinal studies, which unequivocally showed that job insecurity should be treated as the cause of worsening mental health.
- The financial and economic crisis brings with it that millions of employees, but also owner managers and managers, face job insecurity.

#### - Unemployment

- People in unemployment face a greater risk of developing mental health problems. In particular long term unemployment is harmful for mental health. Unemployment also increases the risk of suicide. Studies have shown a two-to-fourfold surplus risk for suicide among the unemployed. (Source: Danuta and Camilla Wasserman (eds.): Oxford Textbook of Suicidology and Suicide Prevention, 2009)
- In the EU, the unemployment rate has been rising progressively over the last year, from a low of 6.7% in March 2008 to 7.9% in February 2009, 1.1 pps higher than a year earlier. The most substantive rises took place in the Baltic States and Ireland. These countries

have comparatively high rates of suicide. (Source: Monthly Monitor "EU employment situation and social outlook April 2009")

- Latvia reported an increase in first time diagnoses of certain psychiatric disorders by 50% and an increase of suicides by 15% in 2008.

#### - **Over-indebtedness**

- Debt is a further major risk factor for mental health and well-being. The reverse is also true. A recent study found that "the more debts people had, the more likely they were to have mental disorders overall, neurosis, psychosis, alcohol dependency and drug dependency." (Source: R. Jenkins et al.: Debt, income and mental disorders in the general population, in: Psychological Medicine, 2008)
- Over-indebtedness affects many people in Europe, and is especially a problem for people living on low income. In 2007, 10% of EU citizens declared that they were in arrears for the payment of their mortgage, rent, or utility bills; and one third declared that they would not be able to face unexpected expenses<sup>3</sup>.
- The current crisis has started worsening the situation. A number of EU countries already report a deterioration of the over-indebtedness situation of households as indicated by the rising numbers of applications for loan arrangements and "non-performing" loans reported by credit institutions. Countries also report increasing cases of debts linked to utility bills or even to daily consumption expenses.

### **3. Observations in Member States**

- In Latvia, a country which is strongly hit by the crisis, the number of first-time diagnoses of certain psychiatric disorders increased by 50% and the number of suicides by 15% during 2008.
- A new study from the UK prognosed for mental illness a growth in significance in terms of sickness absence and costs by 2030 (from 6.4 million to 7 million cases in the working age population). This would not be simply due to increased prevalence, but also due to the shifts occurring in this country. The report expects mental illness to become the most costly disease group for the UK's health system, followed by coronary heart disease and cancer. (Report: H. Vaughan-Jones, Leela Barham: Healthy Work. Challenges and Opportunities to 2030, April 2009)
- A study by the German health insurance Techniker Krankenkasse measured an increase of work absenteeism because of mental disorders by 20% during 2007 and 2008.(Source: website of Techniker Krankenkasse)

## Annex 1

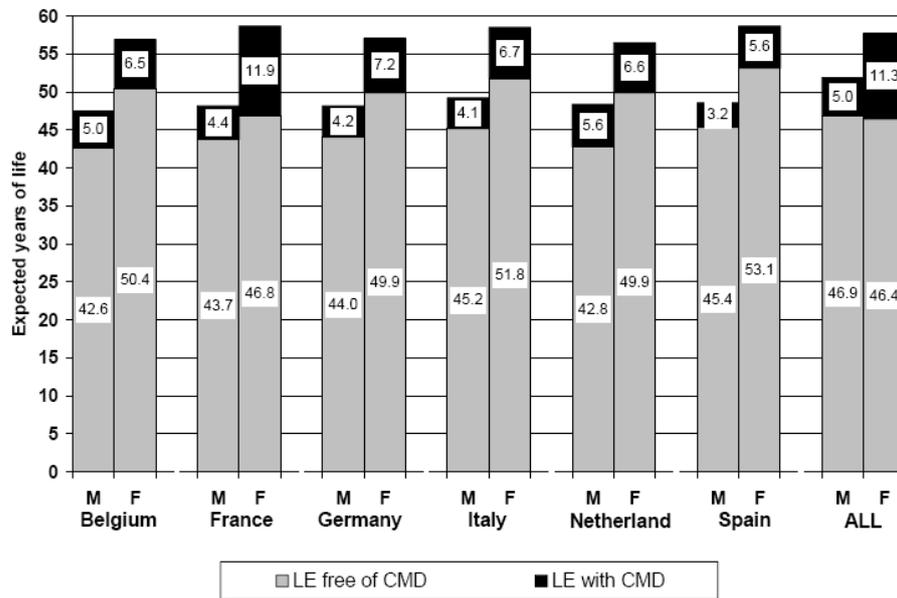
### Prevalence of mental disorders in six EU-countries

	<b>Lifetime Total N</b>	<b>(%)</b>	<b>Male N</b>	<b>(%)</b>	<b>Female N</b>	<b>(%)</b>	<b>12 month Total N</b>	<b>(%)</b>	<b>Male N</b>	<b>(%)</b>	<b>Female N</b>	<b>(%)</b>
Any Mental Disorder	4149	<b>25.9</b>	1446	22.2	2703	29.4	1852	<b>11.9</b>	552	8.2	1300	15.4
Any Mood Disorder	3236	<b>14.7</b>	993	10.1	2243	19.0	990	<b>4.5</b>	287	3.1	703	5.9
Any Anxiety Disorder	2037	<b>14.7</b>	626	10.6	1411	18.5	1236	<b>8.9</b>	333	5.3	903	12.3
Any Alcohol Disorder	524	<b>4.9</b>	416	8.5	108	1.5	88	<b>0.7</b>	60	1.2	28	0.3
Major Depression	2987	<b>13.4</b>	924	9.4	2063	17.1	905	<b>4.1</b>	258	2.8	647	5.3
Dysthymia	958	<b>4.4</b>	266	2.9	692	5.8	283	<b>1.2</b>	82	0.9	201	1.5
Generalised Anxiety Disorders	556	<b>2.8</b>	166	2.3	390	3.4	196	<b>0.9</b>	51	0.6	145	1.3
Social Phobia	386	<b>2.8</b>	136	2.0	250	3.5	228	<b>1.6</b>	77	1.1	151	2.1
Specific Phobia	945	<b>8.3</b>	268	5.8	677	10.7	679	<b>5.8</b>	165	3.3	514	8.0
Posttraumatic Stress Disorders	442	<b>2.6</b>	91	1.1	351	4.0	214	<b>1.1</b>	48	0.5	166	1.8
Agoraphobia	176	<b>1.2</b>	48	0.7	128	1.6	110	<b>0.7</b>	29	0.4	81	1.0
Agoraphobia without panic	120	<b>0.8</b>	34	0.5	86	1.1	72	<b>0.4</b>	18	0.2	54	0.6
Panic Disorder	388	<b>1.8</b>	124	1.3	264	2.2	174	<b>0.8</b>	59	0.5	115	1.0
Alcohol Abuse	381	<b>3.8</b>	312	6.7	69	1.1	55	<b>0.5</b>	41	0.9	14	0.1
Alcohol Dependence	143	<b>1.1</b>	104	1.9	39	0.5	33	<b>0.2</b>	19	0.4	14	0.1

(From: Alonso J, Lépine JP; ESEMeD/MHEDEA 2000 Scientific Committee. **Overview of key data from the European Study of the Epidemiology of Mental Disorders (ESEMeD)**. J Clin Psychiatry. 2007;68 Suppl 2:3-9.)

## Annex 2

Figure 2. Proportion of life expectancy (%) with and without common mental disorders (CMD) at age 25 by gender and country



Source: ESEMeD project (2008)