"Socioeconomic Crisis and its impact on Mental Health in Greece"

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The global financial crisis has been the most severe economic contraction since the Great Depression, with roughly all developed countries experiencing deep recessions since its outset in 2008.

While it started off in the American continent, its tremors were more strongly felt in Europe and more specifically in the Mediterranean countries.

The international recession along with local unrelenting spending led the Greek economy, after many consecutive years of growth, to go into reverse.

“Greek Economic Crisis”
Lack of democracy
Moral values in crisis
Social protection gradient
Economical, political, social uncertainty
Feeling of precariousness
Urban suffering
Moving populations
Poverty

What sets the challenges?
2.5 million Greek people are living below the poverty line; while additional 3.8 million are at great risk of crossing it shortly (source: Greek Hellenic Parliament).

A survey by the Hellenic Confederation of Professionals, Craftsmen and Merchants (GSEVEE) highlighted substantial income loss for 93.1% of households during the last three years with subsequent reductions in expenses for basic goods and food. Two out of 5 people consume low quality food on a daily basis.

Evidence showing that 30.4% of children is at risk of poverty in 2011 (European Commission, 2013) and a growing number of them receives inadequate
Unemployment: a Greek conundrum

As a corollary of the implemented measures that have disrupted and dismantled the labor market in Greece, in combination with contractions regarding domestic demand and purchasing power, the number of employed individuals was reduced by 20% the time period 2010–2013 (i.e. 930,000 people) with unemployment rates reaching as high as 27.8% (1,342,299 people the first trimester of 2014).

It is anticipated that by 2020 the rate of unemployment will drop to 22%–23% (i.e. 1,150,000 individuals), with negative implications for a country like Greece, where the number of unemployed people will be greater than 1,000,000 for a decade.
Net income while out of work in percentage of net income in work, OECD 2011

<table>
<thead>
<tr>
<th>Initial phase of unemployment</th>
<th>Long-term unemployment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greece</td>
<td>45</td>
</tr>
<tr>
<td>OECD 33</td>
<td>68.9</td>
</tr>
<tr>
<td>e.g. Portugal</td>
<td>76</td>
</tr>
</tbody>
</table>
Unemployed (in thousands) aged 15 and over by duration of unemployment time, for the years 2001–2015

- Average annual unemployment rate of over 12 months
- Average annual number of long-term unemployed

Data for the years 2001 to 2015 is presented in the chart.
## The Countries With The Most Unemployed Graduates

% of graduates unemployed in selected OECD countries in 2013

<table>
<thead>
<tr>
<th>Country</th>
<th>Unemployment Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greece</td>
<td>19.4%</td>
</tr>
<tr>
<td>Spain</td>
<td>14.9%</td>
</tr>
<tr>
<td>Turkey</td>
<td>7.7%</td>
</tr>
<tr>
<td>Italy</td>
<td>7.0%</td>
</tr>
<tr>
<td>Ireland</td>
<td>6.7%</td>
</tr>
<tr>
<td>France</td>
<td>5.3%</td>
</tr>
<tr>
<td>Canada</td>
<td>4.8%</td>
</tr>
<tr>
<td>United States</td>
<td>4.1%</td>
</tr>
<tr>
<td>Japan</td>
<td>3.2%</td>
</tr>
<tr>
<td>South Korea</td>
<td>2.9%</td>
</tr>
<tr>
<td>Germany</td>
<td>2.4%</td>
</tr>
<tr>
<td>Norway</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

*Aged 25-64
Source: OECD
Recent reviews (Kentikelenis et al. 2014; Simou & Koutsogeorgou, 2014) on the health effects of the crisis in Greece have suggested:

Ø an increasing incidence of HIV/AIDS infections and tuberculosis among injected drug users,
Ø the re-emergence of malaria,
Ø high mortality burden of pandemic influenza A (H1N1) and
Ø a major outbreak of West Nile Virus (WNV), among others

Most of these outbreaks have been attributed to environmental triggers; however, the preventive public health measures that would have contained them from spreading have been curtailed.
Use of health services and access to care

- Mental health system: Fragmented, uncoordinated, low capacity, low accountability (Maudsley & Prooptiki for MoH, 2011, 2013)
- 55% cut of mental health budget since 2009
- 1 out of 3 Greek patients is forced to differentiate his therapy, taking less and less dosage of medicine to make it last longer due to financial strain
- 60% of the chronic patients face restricted access to health services or long waiting list
- The chronic patients have reduced by 30% their visits to PHC Services for 2011 – 2013
- The chronic patients have reduced by 50% their expenses for Primary Health care for 2011 – 2013
- 50% increased hospitalization due to major depression due to financial crisis
Greek Economic Crisis: Mental Health Effects
University Mental Health Research Institute (UMHRI) designed and implemented a series of repeated nationwide cross-sectional surveys on the prevalence of major depression and suicidality in years 2008, 2009, 2011 and 2013.

Sampling frame: National phone-number databank.

Random sample of telephone numbers

High response rates

Comparable and Representative samples

Major Depression and Suicidality

Structured Clinical Interview (SCID-I) – First, Spitzer, & Gibbon 1996

Financial Strain

Index of Personal Economic Distress – Madianos Economou, Alexiou, & Stefanis, 2011
The impact of the economic crisis in Greece: epidemiological perspective and community implications.

Main Findings I

- in 2008, when the crisis had not begun in Greece, one-month prevalence of major depression was 3.3% (Madianos et al. 2011)

- 6.8% in 2009, 8.2% in 2011 and 12.3% in 2013 (Madianos et al. 2011; Economou, Madianos, Peppou, Patelakis, & Stefanis, 2013b; Economou, Peppou & Souliotis, 2015)

- one-month prevalence of suicidality had increased during the time period 2008–2011; however it declined thereafter

- figures for suicidal ideation were found to be 2.4% in 2008, 5.2% in 2009, 6.7% in 2011 and 2.6% in 2013

- while for suicidal attempt, they were 0.6% in 2008, 1.1% in 2009, 1.5% in 2011 and 0.9% in 2013 (Economou, Angelopoulos, Peppou, Patelakis, & Stefanis, 2013b)
Main Findings II

- Risk factors for major depression, throughout the 5-year period of the recession in Greece.
- The only variable that has consistently constituted a risk factor for major depression in all four surveys is financial distress.
- A strong influence of unemployment on major depression has emerged in the 2013 survey solely.
- There are suicidality symptoms related to the presence of major depression and symptoms independent of the disorder and pertinent to the socio-economic turmoil in the country (Social Suffering, Stylianidis, 2011).
- In sharp contrast to the findings pertaining to major depression, the prevalence of generalized anxiety disorder (GAD) was found to be impervious to the influence of the financial crisis.
### Absolute number of suicides

<table>
<thead>
<tr>
<th>Year</th>
<th></th>
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<tbody>
<tr>
<td>2007</td>
<td>328</td>
</tr>
<tr>
<td>2011</td>
<td>477</td>
</tr>
<tr>
<td>2012</td>
<td>508</td>
</tr>
</tbody>
</table>

**Greece become first at increase rate**

Suicide rate has risen 11% between 1990 and 2011

36% between 2007 and 2012
Greece comes in 28th out of 30 in the Mental Health Integration Index, never reaching higher than 24th place in any given category.

This reflects a slow, uneven process of reform often driven by the European Union rather than domestic demand.

Greece has closed most of its psychiatric hospitals, and was set to shut the remainder this year, but has been largely unsuccessful in creating effective replacement services in general hospitals or the community.
MENTAL HEALTH AND INTEGRATION
PROVISION FOR SUPPORTING PEOPLE WITH MENTAL ILLNESS:
A COMPARISON OF 30 EUROPEAN COUNTRIES
The Economist Intelligence Unit. 2014

<table>
<thead>
<tr>
<th></th>
<th>Greece</th>
<th>Position (30)</th>
<th>First place</th>
<th>Last</th>
<th>Austria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>38</td>
<td>28</td>
<td>Germany 85.6</td>
<td>Bulgaria 25</td>
<td>57.9 (19)</td>
</tr>
<tr>
<td>ENVIRONMENT</td>
<td>46.4</td>
<td>26</td>
<td>Germany 100</td>
<td>Cyprus 28.3</td>
<td>55 (22)</td>
</tr>
<tr>
<td>ACCESS</td>
<td>24.8</td>
<td>27</td>
<td>Germany 86.5</td>
<td>Romania 11</td>
<td>71 (10)</td>
</tr>
<tr>
<td>OPPORTUNITIES</td>
<td>33.3</td>
<td>24</td>
<td>France 100</td>
<td>Slovakia 11.1</td>
<td>66.7 (12)</td>
</tr>
<tr>
<td>GOVERNANCE</td>
<td>45.4</td>
<td>25</td>
<td>UK 87.5</td>
<td>Bulgaria 25.7</td>
<td>42.2 (29)</td>
</tr>
</tbody>
</table>
A Study of Involuntary Hospitalization in Athens (Stylianidis et al, 2016)

(M.A.N.A 2011–2016)
Involuntary Hospitalizations

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>57.40%</td>
</tr>
<tr>
<td>2012</td>
<td>56.60%</td>
</tr>
<tr>
<td>2013</td>
<td>63.50%</td>
</tr>
<tr>
<td>2014</td>
<td>74.50%</td>
</tr>
<tr>
<td>2015</td>
<td></td>
</tr>
</tbody>
</table>
Mental health care in Athens: are compulsory admissions one–way road in Greece?

Stelios Stylianidis\textsuperscript{a,b}, Lily Evangelia Peppou\textsuperscript{b}, Nektarios Drakonakis\textsuperscript{c}, Athanasios Douzenis\textsuperscript{d}, Aimilia Panagou\textsuperscript{e}, Kyriaki Tsikou\textsuperscript{b}, Amalia Pantazi\textsuperscript{b}, Yannis Rizavas\textsuperscript{e}, Benedetto Saraceno\textsuperscript{f}

Abstract

Involuntary hospitalization has long been a contentious issue worldwide. In Greece, the frequency of compulsory admissions is assumed to be alarmingly high; however, no study has systematically investigated this issue. In line with this, the present study aims to estimate the frequency of compulsory admissions in a psychiatric hospital and to explore its underpinnings. All individuals who were admitted to the Psychiatric Hospital of Attica during June–October 2011 were included into the study. Information about their socio–demographic and clinical characteristics as well as their previous contact with mental health services was obtained from interviewing the patient and his/her physician. Furthermore, information about the initiation of the process of compulsory admission as well as patient’s referral upon discharge were retrieved from patients’ administrative record. Out of the 946 admissions 57.4% were involuntary. A diagnosis of unipolar depression, high social support and previous contact with community mental health services were found to yield a protective effect against involuntary hospitalization. Moreover, 69.8% of civil detentions were instigated by close relatives and 30.2% ex officio. These two groups differed in patients’ social support levels and in medication discontinuation being the reason for initiation of the process. Lastly, only 13.8% of patients were referred to community mental health services at discharge. Our findings suggest that civil detentions are deeply entrenched in clinical routine in Greece. Moreover, poor coordination among services and relatives’ burden seem to contribute substantially to the elevated rates.

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Solidarity and Innovative Actions
Lessons from Europe

- Obtaining better data in all areas of medical and service provision and outcomes
- Backing up mental health policies with appropriate funding
- Finishing the now decades-old task of deinstitutionalisation
- Focusing on the hard task of providing integrated, community-based services
- Including integrated employment services provision

Economist Intelligence Unit, 2014
Active participation of patients and their families in decision making.

Adaptation of the legal framework to bring it into line to the new realities of the crisis and the pressures on the health system.

Creating venues for training and empowerment of users.

Promoting self-help groups. (www.cizensagainstdepression.gr)


Change through targeted educational interventions of the culture of biomedical–paternalistic model to mental health professionals.

Home treatment – ACT

Social Cooperatives
Thank you for your attention!