POLICIES AND STRATEGIES TO ALLEVIATE THE MENTAL HEALTH IMPACT OF ECONOMIC CRISIS

Dan Chisholm

Department of Mental Health and Substance Abuse
World Health Organization, Geneva
The financial and economic crisis experienced in Europe and elsewhere has played out in quite different ways: some countries have not been affected badly at all, others terribly, while equally affected countries (e.g. unemployment) have seen varied outcomes (e.g. suicide, social inequality).

Similarly, within national populations, many people unaffected; in fact, in many countries measured levels of mental health and well-being (ESS) have actually improved in the last 10 years at the aggregate level. Hidden within these aggregate data, however, lie badly affected vulnerable groups.

Accordingly, a context-specific, targeted and considered set of policy responses is required, that seeks to balance the books while protecting those most affected or at risk of longer-term adverse consequences.
Public policy responses to economic crises

**FISCAL POLICY**
- **Impact:** ↓ Govt revenues & public spending (incl. health & welfare)
- **Response:** Protect spending on health *(by articulating strongest possible case / argument, e.g. suicide, equity, UHC, etc.)*

**SOCIAL POLICY**
- **Impact:** ↑ unemployment; ↓ social protection; ↑ income inequality
- **Response:** Protect persons who are unemployed / vulnerable *(via skills training, income support, workplace / community schemes, etc.)*

**HEALTH POLICY**
- **Impact:** ↑ suicides, psychosocial disability; ↓ service availability
- **Response:** Protect services / service users *(by responding to new needs and realities, and better demonstrating output & value)*
Fiscal policy

Reasons NOT to cut back on mental health / social care spending:

- The rise in unemployment and debt that follows economic recession leads to more suicides, mental health problems, social exclusion, need for services and people without (employer-based) insurance.

- Vulnerable population groups stand to suffer most, thereby increasing (rather than reducing) social and health inequalities.

- Cutting funds in the short-term only exacerbates problems and therefore needs for support in the future (e.g. long-term unemployed)

- Mental health promotion and protection enhances / restores well-being, resilience and social / workplace functioning (return on investment)
Multiplier effects of mental health promotion

(WHO 2013. The case for investing in public health)
Public health interventions to address the economic crisis

(WHO 2013. Oslo conference on health systems and the economic crisis)

Public health can be part of the solution:
Investment in prevention reduces health costs and lowers welfare benefits
Promoting health and well-being enhances resilience, employment and social outcomes

What works

Disease prevention: Vaccination and screening

Determinants:
- Green Space
- Employment
- Environment
- Housing
- Transport

Behaviours:
- Physical Activity
- Healthy Nutrition
- Tobacco Control
- Mental Health
- Violence Prevention
- Limit Alcohol

World Health Organization
Social policy

Social policy measures that can help to mitigate the effects of a downturn:

- Income support and employment services for the unemployed, including skills / re-skilling training programmes

- Workplace measures / initiatives, including wellness at work / stress management programmes; also job sharing, flexible hours.

- Family and community support programmes, especially for households with low-income or recent unemployment.
Health policy

- Make mental health services more effective and responsive:
  - Implementation of an integrated, community-based service model, including active pursuit of a suicide prevention strategy
  - Specification of defined roles for delivery of different service elements (specialist care, general health care, community outreach etc.)
  - Closer collaboration with other sectors (social care, social security, education, employment, housing, etc.)

- Make mental health services more accountable, through better monitoring, evaluation and data collection / reporting.
Health financing policy

- **Breadth**: maintain or even extend coverage (e.g. to unemployed); universal / national insurance is the way to go (N.B. effects of crisis on SHI / employer-based insurance)

- **Depth**: restrictions are hard to implement but may be necessary (low value services to be targeted)

- **Height**: increased user charges / means testing is tempting but should be resisted on equity grounds (unfair financing, higher OOP)

**Source**: World Health Report, 2010
1. **GOVERNANCE**: Adverse impacts tend to be concentrated on specific groups including the unemployed and the poor; a targeted, selective & considered approach is needed (rather than blind panic or indiscriminate cuts).

2. **FINANCING**: Entitlement to publicly-funded services works best if it is based on residence (rather than income or employment).

3. **SERVICES**: Need to be fit for purpose (integrated, community-based); in many countries they are not and need to reform.

4. **INFORMATION**: Evidence is very important (e.g. unemployment & suicide); information systems are generally weak, however, and that makes it hard to demonstrate the value of MH services, which makes it vulnerable to cuts.