



MH CRISIS IMPACT

REPORT 3

Innovative mental health policies, plans and interventions to manage and prevent the consequences of economic crisis



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“Evaluating and improving the access to mental health services of people affected by the economic crisis in Portugal based on a new understanding of the effects of the crisis on mental health of the population”



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Introduction

The findings of the MH Crisis Impact study confirmed a significant increase in mental distress and mental health problems (anxiety and depression) in the Portuguese population associated with the economic crisis. This increase was especially relevant among those who already belonged to vulnerable groups such as those who were unemployed, who faced a drop in their income and status or who experienced financial deprivation. Moreover, social support and cohesion were found to be important protective factors for the risk of having mental health problems. The findings also revealed several shortcomings in the national health system's response to the growing pressure on the need for mental health care, both in terms of access and provision of minimally adequate treatment. These findings are supported by available evidence (1,2).

Although Portugal is now "growing out" of the economic crisis, the negative consequences for the mental health of the population are far from being solved. It is also important to highlight that this is a cyclical problem and new crises can take place in the future. The former situation should be an opportunity to plan for change and preparedness to manage the consequences of a future economic crisis differently in order to avoid population's unnecessary suffering.

As it has been demonstrated in other circumstances, economic crises can be windows of opportunity to raise awareness of the importance of mental health and to improve nation-wide mental health care. The public discussion on mental health and the mobilization of mental health resources in the aftermath of 2001 September 11th provides the most high-profile example, but other crises had the same effect of creating new interest for mental health and new opportunities for initiatives in this field (3).

For these reasons, the MH Crisis Impact Project included an extensive review of the existing publications to identify the strategies used in other economic crises that proved more effective. Simultaneously, we organized, in November 2016, in collaboration with the Calouste Gulbenkian Foundation and the World Health Organization, a large debate on "Socio-economic crisis and mental health: from research to action", in which some of the most prestigious national and international researchers in the field discussed the strategies that can be adopted to minimize the effects of economic recessions, and drew recommendations to Portugal and to other countries interested in implementing these strategies.

Based on the analysis of the results of the Crisis Impact epidemiological and qualitative studies, as well as on information obtained from both the literature review and the above-mentioned debate, we designed a set of proposals for the development of innovative policies, plans and interventions. These are aimed at reducing inequalities and mental health problems of the populations affected by Portugal's last economic crisis, and at preparing the country to prevent the negative mental health consequences of economic crises that may occur in the future.

This report presents a summary of the main findings from past economic recessions regarding best policies and practices in public mental health, and describes the policy recommendations that resulted from this project.

FINDINGS FROM PAST ECONOMIC RECESSIONS

Available evidence shows that countries may shield their population's exposure and vulnerability to mental health risks during and after a recession by strengthening their policies and reorienting their budgets following evidence-based recommendations (2,4,5). Populations' mental health protection during economic crises can only be achieved by the policies of different sectors, other than only the health sector. For instance, Nordic countries' strong formal social protection, social programmes and social safety nets proved to be fundamental buffers against inequalities in mental health. Several actions have proven to be effective in this area, including measures to improve social protection, reduce income inequalities, and mitigate the impacts of unemployment.

To address the negative consequences of unemployment, active labour market programmes, including special programmes for unemployed young people and families, programmes to promote the employment of people with disabilities, and debt relief programmes should be strengthened (2,4,5). Evidence shows that investment in active labour market programmes such as activation strategies that improve access to training and skills development, certification, job-matching, and career guidance services to job seekers, can help reduce people's vulnerability to mental health risks during economic recessions (6). The same positive trend is found in debt relief programmes aiming at diminishing economic deprivation and financial stress (7); and in investing in family support programmes targeting the well-being of parents and prevention of transmission of poor mental health to their children (6,8,9).

Although important policies to cope with the impact of the economic recession lie outside the health sector, the response of the health system is critical. During economic recessions, at a time when people rely more heavily on health services, there is an increased pressure to reduce public expenditure on health. Thus, it is fundamental to ensure the responsiveness and effectiveness of the mental health system during and after such periods (10,11). In spite of financial constraints, universal coverage of mental health services and equitable access to good quality mental health care are core values that must be ensured to restrain social inequalities in health (4). Mental health care reforms that better meet the needs of the population should be implemented, and models of care that are closer to the populations and that facilitate the early identification of mental health problems and the implementation of integrated interventions are particularly useful. The latter is a crucial approach to tackle the mental health problems that more often worsen in periods of economic instability, such as suicidal behaviour and heavy drinking (4). Creating or deepening a network of community-based mental health services, promoting the integration of mental health in primary care, and strengthening the coordination with social care are important aspects of the restructuring of mental health care that will improve access to mental health care, emphasize illness prevention and health promotion, and reduce stigma (2,4).

POLICY RECOMMENDATIONS

After more than five years of a total lack of definition of the national mental health policy objectives in Portugal, and of an almost total lack of plans and measures to respond to the mental health needs of people affected by the economic crisis, there are now signs of the intention of the Portuguese Government to carry out until 2020 an update and extension of the national mental health plan.

For this reason, there is now a real opportunity to start a new phase of the national mental health policy, and to include in the new policies to be implemented, innovative strategies having in mind the consequences of the economic crisis that affected Portugal in the last few years on the mental health of populations. It is also legitimate to consider that the lessons learned through the research developed within the MH Crisis Impact Project may be an important contribution for the innovative and evidence-based strategies the country needs right now.

Bearing this in mind, we elaborated a set of policy recommendations that are presented below:

1. Generate the political commitment that is necessary to effectively give mental health the importance it really deserves in Portugal

Over the last decades, many efforts were made to give mental health the importance it deserves. Multiple innovative policies, legislation, plans and strategies aimed at reforming mental health care and implementing integrated strategies, including prevention of mental disorders and promotion of mental health, were approved. The level of their implementation was invariably far from what was expected. The main reasons for this inability to implement plans as long as needed to achieve solid results were associated to resistances to change, insufficient critical mass, and above all to the lack of sustained political support.

To meet the new mental health challenges revealed by the economic crisis in Portugal, mental health should be considered one of the priorities in the public health agenda. The relative neglect of mental health in the last few years should be replaced by seeing the economic crisis as an opportunity to produce innovation in mental health policy and to improve the implementation of mental health reforms that are needed.

To attain this goal, concerted actions must be taken to generate a stronger and deeper commitment from influential decision makers. This commitment should start with public statements of support to mental health by the highest-level policy makers, and this should be followed by a clear institutional commitment and adequate financial support to achieve the expressed intent.

These actions should include initiatives to build political commitment of the main policy makers at the national and regional levels. **At the national level, the first goal should be to obtain a joint public commitment of the President of the Republic and the Prime Minister in favour of a national engagement in giving mental health the importance it deserves.** This commitment should be followed by initiatives to build consensus among relevant stakeholders – practitioners, users and family members, health sectors and other related areas, political parties and civil society, together with other interested organizations – on a set of policy objectives that could really make a difference in the response to mental health problems of the population.

At the regional level, efforts should be made to promote the engagement of regional government entities, municipalities, and NGOs in joint initiatives addressing the health, social, economic, and education aspects of mental health.

These efforts should be accompanied by a continuous and systematic work aiming at gathering information and data demonstrating why policy makers and other stakeholders should make a commitment to improve mental health, and at disseminating the interventions that proved to be more effective in the prevention and treatment of mental disorders and the promotion of mental health.

The findings of the MH Crisis Impact Project showed clearly the magnitude and specific characteristics of the mental health problems in Portugal, and of the significant under-treatment resulting from our mental health system insufficiencies.

Our studies' findings, showing the substantial increase of the prevalence of mental distress and mental health problems in Portugal from 2008 to 2016, especially among those who already belonged to vulnerable groups, together with the shortcomings of the national health system's response to the new mental health needs of the population, should be widely disseminated.

This dissemination should take into consideration the need of highlighting the intersectoral interventions that better respond to the mental health problems of the most vulnerable groups (e.g. unemployed and socially excluded people, children, and the elderly).

Other important actions to ensure sustainability of these efforts should include investing in the training of mental health leaders and other relevant representatives involved in mental health policies and service delivery.

2. Update mental health plan and legislation

The national mental health plan 2007-2016 was a comprehensive plan, totally aligned with the WHO Global Mental Health Plan approved in 2013. Its first years of implementation made possible important advances in the mental health system of the country. Unfortunately, in 2011 the implementation of the plan was interrupted, and a lot of work will be required if the Government wants to relaunch the plan and ensure its full implementation until 2020.

Based on the results from the EU Crisis Impact Project, and taking into consideration the mental health policy developments that occurred in Portugal and in Europe since 2011, several aspects should be specially emphasised in the plan update.

The new evidence of the role and implications of social determinants of mental health and mental ill health should be seriously considered. Much more attention should be dedicated to the areas of prevention and health promotion, and to the need to contemplate cross-sector programmes addressing the needs of groups specially affected by economic problems and social exclusion. The new evidence on the effectiveness of preventive interventions in the workplace and schools should also lead to vigorous efforts in these areas.

On the mental health care side, **the implications of the latest studies on the effectiveness of collaborative care models for common mental disorders cannot be ignored. The same applies to the knowledge recently acquired about the key and irreplaceable role of the community mental health teams in the provision of easy-accessible, integrated and effective care for the severe mental disorders. The demonstration of the complete failure of the governance and financing models currently adopted in Portugal should also be seriously taken into consideration.**

Twenty years after the passing of the current mental health law, it is time to initiate a process of its revision and updating, taking into account the principles of recovery and human rights defended by WHO and other international organizations, as well as the recommendations of the Convention on the Rights of Persons with Disabilities (CRPD). This is particularly important as Portugal was one of the main promoters of the United Nations Resolution on mental health and human rights, approved in 2016. This UN Resolution, the recent report of the Special Rapporteur on Mental Health and Human Rights and the Gulbenkian Global Mental Health Platform/WHO document published on this topic in 2015 could be an important basis for the debate that will have to take place in this field.

3. Comprehensive strategies aiming at improving social protection, decreasing income inequalities, and mitigating the impacts of unemployment

As described in the section dedicated to the findings from past economic recessions, there is now robust evidence of policies and interventions that can effectively protect population's exposure and vulnerability to mental health risks associated with these crises. Some of those measures were, at least partially, taken in Portugal in the last few years, and certainly helped to mitigate the mental health problems of people affected by the crisis. Important improvements in the Portuguese economic situation were already registered, and the negative effects of the crisis on mental health may have been attenuated for some people. However, the truth is that there was never a systematic policy to address the mental health implications of the crisis (in fact, there was no mental health policy of any kind since 2011), and, as proved by our study, the impact of the crisis continues to seriously affect a significant part of the population. On the other hand, experience shows that new crises may occur in the future and the country should be prepared to prevent the impact they may have on the mental health of the population.

Based on these assumptions, the new mental health plan should give a particular attention to collaboration with entities responsible for:

- Measures against poverty and social exclusion
- Protection of employment and support for people unemployed or at risk of losing their jobs
- Programmes to reduce housing problems
- Measures to promote social integration and community belonging
- Family support programmes that may address the effects of the crisis on children.

The MH Crisis Impact studies show that several groups of the Portuguese population continue to suffer from mental health problems associated with the crisis.

One of these groups is the population that saw a significant decrease of their income and still has many problems related to poverty and social exclusion. Only the continuity and strengthening of measures to improve social protection and reduce income inequalities, a very serious problem in Portugal, can respond to the needs of this first group.

The people who lost their job, and either did not find a new stable one, or had to accept a precarious and low paid job, or had to retire earlier, are part of another important group. To address the consequences of unemployment, active labour market programmes, including special programmes for young people, programmes to promote employment for people with disabilities, as well as debt relief programmes, should be strengthened.

Community involvement and social support proved to have an important protective role during economic recessions. To take full advantage of this positive contribution, several measures should be taken. The municipalities (*Câmaras Municipais*), the charities (*i.e. Misericórdias*) and other local entities are important partners in mental health strategies aimed at providing social support and strengthening the community networks in which people live. Training programmes should be offered to the above-mentioned entities to strengthen their capacity in the management of mental health problems of vulnerable populations. Collaborative programmes should be promoted by all local mental health services to facilitate the development of these strategies.

The economic recession affected directly those who lost their job and those who have seen their life conditions deteriorate; however, it may have also indirectly affected those who strongly depend on them materially and emotionally, such as children and young people. Investing in family support programmes may thus help to reduce the risks of transmission of poor mental health between parents and their children and ultimately decrease the risk for low development outcomes with long-term consequences throughout young people's life course.

4. Ensuring access to integrated mental health care to all populations

As repeatedly stressed by World Health Organization and the European Union in the last 5 years, all countries should have a mental health system that integrates and coordinates holistic prevention, promotion, rehabilitation, care and support. This system should be able to respond to the needs of mental and physical health care and to facilitate the recovery of people of all ages with mental disorders within and through the general health system and social services (including promotion of the right to work, housing and education). These responses should be given through user-centred services and recovery plans, where appropriate, with the input of family members and professionals.

The National Mental Health Plan 2007-2016 (13) included measures addressing most of these issues, in the context of a profound reform of mental health services. It included, in particular, very detailed programmes to improve the access to integrated and community-based mental care across the country. Several important advances took place in the implementation of the Plan, especially in the transition from psychiatric hospital care to general hospital care, in the improvement of children and adolescents mental health services, in the preparation of the bases of the National Network of Continuing Mental Health Care (Rede Nacional de Cuidados Continuados de Saúde Mental) and the launching of the first services of this network, and in the development of a proposal for a new financing model of mental health services. The interruption of the political support to the Plan, however, severely limited the implementation of a significant part of the actions included in the Plan.

These limitations were particularly severe in the creation of community-based services. The development and strengthening of psychiatric units in general hospitals took place in a significant manner across the country, ensuring a transition of most of inpatient treatment and some outpatient consultations from the old psychiatric hospitals to modern general hospitals. However, the development of the community mental health teams and the psychosocial rehabilitation facilities/programmes (*Cuidados Continuados*) considered key elements to the mental health system proposed in the Plan, were very far from what was initially planned.

As all the evaluations of the Plan, particularly the one made by the EU Joint Action on Mental Health and Well-being, showed that, despite all the progress, the development of integrated services in the community and the dissemination of a culture of respect for human rights and recovery of people with mental illness remain clearly insufficient in Portugal.

With a few exceptions, most of our services, including those based in general hospitals, continue to concentrate most of their resources on in-hospital activities and to have little activity in the community, favouring long-overdue care models.

The community mental health teams - multidisciplinary community-based teams - developing most of their work outside the hospital, which should be the cornerstone of the local mental health services, continue to exist only in a limited number of mental health departments.

Collaborative programmes with primary care, integrated programmes for the seriously ill, mental health centres, and home-based intervention programmes continue to have a very modest expression, compared to the reality of other European countries, and are far from minimally acceptable objectives.

Community psychosocial rehabilitation programmes also remain manifestly inadequate and the suspension of the development of the National Network of Continuing Mental Health Care in 2011 significantly compromised the process of deinstitutionalization, since it became impossible to create many of the structures planned for the community, with all the risks of transinstitutionalization that these situations always entail.

For all these reasons, any attempt to start over and update the national mental health plan should put a very special focus on the implementation of the measures already proposed by the National Mental Health Plan. These measures should improve the access to integrated and community-based mental care across the country, whose implementation was interrupted in the last few years, as they are more needed than ever.

It would be especially important to ensure that all mental departments will have community mental health teams, as these are indispensable to ensure integrated care to people with severe mental disorders, to establish adequate collaboration with primary care centres in the provision of care to common mental disorders, and to develop prevention and promotion programmes in collaboration with primary care and different community stakeholders.

Ensuring an implementation of the National Network of Continuing Mental Health Care, in accordance with the recovery principles and the human rights approach that were the basis of this programme, and are key to ensure adequate social care and psychosocial rehabilitation of people with severe mental disorders, should be a major concern of the Government and of all those interested in mental health. In this regard, strict measures should be taken to make completely impossible the use of the mechanisms of this programme to support any kind of institutional-based care, even when hidden behind attractive new denominations.

In order to improve the access to and the quality of care to common mental disorders, **incentives should be given to**

promote collaborative care models between specialized mental health services and primary care centres. This collaboration should focus not only on the treatment of common mental disorders, but also on programmes to prevent and respond to mental health problems of vulnerable groups.

The advances already registered in the development of children and adolescent mental health care should be continued and strengthened.

Other areas in which further efforts should also be made include: 1) the development of mechanisms to improve the quality of services and protection of the human rights of people with mental illness; 2) the correction of the asymmetric distribution of resources allocated to mental health across the country; and 3) the increase of the participation of non-medical human resources in community services.

5. Improve governance of mental health system

What is at stake in overcoming the neglect to which mental health has been voted in the past, and in completing the mental health reforms that are needed to respond to the needs of the population, is not simply to scale up existing health services. It is also to transform health systems by implementing evidence-based approaches for integrated care for mental disorders and other chronic health problems associated with social and economic factors (13). For this reason, strengthening the leadership and governance of the mental health systems was recognized as one of the main priorities in the WHO Global Mental Health Action Plan.

In line with this recommendation, the need to introduce profound changes in the leadership, administration and financing of mental health services in Portugal has been repeatedly considered as a mental health policy priority in the last decades.

Regarding the leadership issue, the National Mental Health Plan (13), for instance, considered in page 134 that:

"It is important to ensure, in the first place, the existence of an entity that assumes the responsibility of the implementation of the plan. It does not matter so much the name given to this entity, but that it has the necessary technical capacity and the necessary decision-making power that are required to conduct a reform that includes important structural changes. We therefore consider that the establishment of a unit within the Ministry of Health, to coordinate the implementation of the mental health plan at the national level is a fundamental measure. This unit (...) should have the necessary means to implement the plan, based on a national mental health budget. On the other hand, each Regional Health Administration must have a unit or team with the necessary technical competences to coordinate the actions at regional level."

When referring to administration and financing issues, the National Mental Health Plan stated (pages 119-120) that:

"Mental health services in Portugal have a system of management and financing that is profoundly dysfunctional and constrains the development of community care. The DPSM (Departments of Psychiatry and Mental Health, responsible for the direction and development of Local Mental Health Services), not only do not have any kind of autonomy, decision-making and participation capacity, but in most cases they do not have either a previously defined and contracted budget. As the experience of 15 years shows, with this management system it is totally impossible for the DPSM to carry out the functions assigned to them.

The introduction of profound changes in the system of management and operation of mental health services is thus an absolute priority at the present moment.

The establishment of a national budget for mental health is a fundamental measure for the implementation of the reforms that are proposed in this plan. Without this instrument, it will be very difficult to promote significant changes in a system with the characteristics and the history of the mental health system.

The establishment of a financing model based on the principles of contractualization is another priority, and it is necessary to ensure that the DPSM have a specific budget for their functioning. This new financing model should take into consideration the specificities of mental health care. It is not possible to maintain a model centered only on the production lines of inpatient admissions, consultations and emergencies that prevail in general hospitals and which are far from reflecting the activities actually developed by mental health services.

As established by law, DPSM should become Centers of Responsibility. Finally, the Plan considers that it is necessary to develop and evaluate further new forms of services management, which allow greater participation and accountability of groups of professionals and non-governmental organizations".

Regarding financing of services, the financing model that is currently in place has proved to be completely inadequate for the development of comprehensive community based care services, since instead of giving incentives to the creation of care in the community, it systematically rewards the growth of hospital activities".

If there is something we really learned through the analysis of the economic recession effects on mental health, it is that these measures, ten years after the approval of the Plan, are more necessary than ever before.

The good news is that several recent developments may facilitate now the adoption of the measures proposed by the Plan on governance and financing, which unfortunately were not implemented so far. The best example of these developments is the recent decision of the Ministry of Health to go ahead with the implementation of Centres of Responsibility in Portugal, which could therefore be progressively adopted by all DPSM. Another important example is the innovative financing model of mental health services developed by another EEA Grants project, led by the National School of Public Health, a model that seems to respond to most of the existing challenges in this area.

We hope that it will be now possible to generate the political support that is needed for the implementation of these measures, which are a necessary condition for carrying out a serious mental health reform.

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