The complex relationship between economic hardship and recession and mood disorders

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Overview

Summary of findings of studies that examined economic hardship and mood disorders and of studies and evidence reviews of economic recession and mood disorders

Comparison of European countries in relation to:

1. Unemployment and the effect of the recession
2. Depression and its association with economic hardship
3. Pre-post recession change in prevalence of depressed feelings and help-seeking

Summary and considerations
Economic hardship and mood disorders

Economic hardship: lack of income, poverty, financial strain

Mood disorders: Affective disorders, major depressive disorder, depression, psychometric scales, mood-related questions

28 published articles: Meta analyses, reviews, and longitudinal, panel/registry and cross-sectional studies

Europe, America, Asia, Australia, South Africa
Economic hardship and mood disorders

Economic hardship consistently shown to be an independent risk factor for depression

Associated with onset and maintenance of depression

Financial stress, relative poverty and sudden changes in income may be more pertinent than absolute income

Sustained economic hardship particularly impacting but current hardship conveys risk independent of early life factors

Risk effect may diminish with age

Financial strain increases depressive symptoms in partners of job seekers rather than job loss itself
Economic recession and mood disorders

Economic recession: job loss, unemployment, economic crisis

4 US studies of the individual level effect of job loss on mental health, including depression, in older adults

Systematic review and meta analysis of the effect of unemployment on mental health (Paul & Moser, 2009)

WHO documents: Impact of economic crises on mental health
Economic crisis and mental health and well-being (Anderson)
Depression amidst depression. Mental health effects of the ongoing recession (Stuckler, Basu & McDaid)
Unemployment and mental health

Systematic review and meta analysis of 237 cross-sectional and 87 longitudinal studies of the effect of unemployment on mental health (Paul & Moser 2009)

Unemployment causes distress

Psychological problems twice as common (34%) in unemployed compared to employed (16%)

Men and manual workers more distressed by unemployment

Greater negative effects on mental health with longer duration of unemployment

Greater negative effects in countries underdeveloped economically, with poor unemployment protection and greater income inequality
Job loss and mental health

Series of longitudinal studies of older adults in the US

One or two job losses associated with increased levels of depression but not 3 or more job losses

Husband’s job loss may not affect wife’s mental health even if husband experiences negative effects - dependent on finances

Greater increased risk of depression among men laid off than in men unemployed by factory closures – reverse for women

Increased depression associated with job loss compared to never unemployed persists over time
Economic recession and mental health

WHO main document: Impact of economic crises on mental health

The successful recovery of European economies appears to crucially depend on the mental health of the population

All government sectors have to be involved in promoting mental health

The poor will be hardest hit by the economic crisis

Policy choices determine whether the economic recession will significantly affect mental health outcomes
Economic recession and mental health

WHO document: Economic crisis and mental health and well-being (Anderson)

“It might seem obvious that economic recession and unemployment would have a negative impact on health and well-being. But, at first sight, a reading of the literature might suggest otherwise” p2

Increased unemployment reduces alcohol consumption but increases the prevalence of binge drinking

Psychosocial distress increases alcohol use
Economic recession and mental health

WHO document: Depression amidst depression. Mental health effects of the ongoing recession (Stuckler, Basu & McDaid)

“Economic crisis is expected to produce a mental health crisis” p3

“A rise in the rate of mental disorders is a probable, but not an inevitable, consequence of a recession”

Research of macroeconomic fluctuations and mental health has been limited to investigation of suicide because of lack of psychiatric morbidity data such as EU-wide comparable data on the prevalence of major depression.
Economic hardship, job loss and unemployment are independent individual-level risk factors for depression.

Evidence of the effect of economic recession on the prevalence of depression is lacking – primarily suggested by observed changes in suicide rates.
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Comparison of European countries in relation to:

1. Unemployment and the effect of the recession
Economic recession -> unemployment

Examine the level and trend of national unemployment rates in Europe

Source: United Nations International Labour Organization LABORSTA database (http://laborsta.ilo.org/)

Definition: Percentage unemployed of the economically active population aged at least 15 years

Insufficient data from Bosnia and Herzegovina, Montenegro, Serbia and Switzerland
Effect of crisis on unemployment (unaffected countries)
Effect of crisis on unemployment
(least affected countries)
Effect of crisis on unemployment (affected countries)

Percentage unemployed (persons>15 years)

- France
- Finland
- Ukraine
- Russia
- Denmark
- Slovenia
- Norway

Years: 2004 to 2010

Values: 0 to 12
Effect of crisis on unemployment (affected countries)

Percentage unemployed (persons>15 years)

Turkey
Hungary
Portugal
Sweden
Italy
UK
Cyprus

0 2 4 6 8 10 12 14
2004 2005 2006 2007 2008 2009 2010
Effect of crisis on unemployment (affected countries)
Effect of crisis on unemployment
(most affected countries)
Summary

Economic hardship and unemployment are independent individual-level risk factors for depression.

Evidence of the effect of economic recession on the prevalence of depression is lacking – primarily suggested by observed changes in suicide rates.

Unemployment and the effect of the economic crisis on it differs significantly across Europe.
Overview

Summary of findings of studies that examined economic hardship and mood disorders and of studies and evidence reviews of economic recession and mood disorders.

Comparison of European countries in relation to:

1. Unemployment and the effect of the recession
2. Depression and its association with economic hardship
Economic hardship -> depression

Examine the prevalence of depression and the association between economic hardship (income quintile) and depression at national level in Europe.


Definition: Receiving a diagnosis of depression in the last 12 months (one-year prevalence among adults 18 years+)

Limited data from Germany, Luxembourg, Netherlands, Norway, Slovenia and Turkey.

Chart
Economic hardship and depression (for high (>10%) prevalence countries)
Economic hardship and depression
(for average (6-10%) prevalence countries)

Depression 1-year prevalence (persons>18yrs)

Italy
Estonia
Denmark
Hungary
Austria
Czech
Latvia

Income quintile
Q1 (poorest) Q2 Q3 Q4 Q5 (richest)
Economic hardship and depression (for low (<=5%) prevalence countries)
Summary

Economic hardship and unemployment are independent individual-level risk factors for depression.

Evidence of the effect of economic recession on the prevalence of depression is lacking – primarily suggested by observed changes in suicide rates.

Unemployment and the effect of the economic crisis differs significantly across Europe.

The prevalence of diagnosed depression differs significantly across Europe but its association with economic hardship is relatively consistent.
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Summary of findings of studies that examined economic hardship and mood disorders and of studies and evidence reviews of economic recession and mood disorders

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Economic recession -> depression

Examine mental health and related help-seeking at national level in Europe pre-post economic crisis


Definitions: Mental health in past 4 weeks using items from the Short-Form-12 Health Survey (adults 18 years+), seeking professional help in past 12 months
Feeling depressed and seeking professional help for psychological health problems

In 2010, 34% of EU27 adults felt downhearted or depressed sometimes, most of the time or all of the time in the past 4 weeks.

In 2005/2006, the proportion was 29%.

In 2010, 15% of EU27 adults sought help from a professional in the past 12 months because of a psychological or emotional health problem.

In 2005/2006, the proportion was 13%.

Chart
Summary

Economic hardship and unemployment are independent individual-level risk factors for depression.

Evidence of the effect of economic recession on the prevalence of depression is lacking – primarily suggested by observed changes in suicide rates.

Unemployment and the effect of the economic crisis differs significantly across Europe.

The prevalence of diagnosed depression differs significantly across Europe but its association with economic hardship is relatively consistent.

An increase in the prevalence of depressed feelings and associated help-seeking is apparent in most countries.
Is the change in national unemployment rates associated with the change in depressed feelings and helpseeking?

No correlation between the change in unemployment rate and either the change in the prevalence of depressed feelings ($r = 0.08, p = 0.686$) or the change in helpseeking for psychological and emotional problems ($r = 0.21, p = 0.305$)
Summary

Economic hardship and unemployment are independent individual-level risk factors for depression.

Evidence of the effect of economic recession on the prevalence of depression is lacking – primarily suggested by observed changes in suicide rates.

Unemployment and the effect of the economic crisis differs significantly across Europe.

The prevalence of diagnosed depression differs significantly across Europe but its association with economic hardship is relatively consistent.

An increase in the prevalence of depressed feelings and associated help-seeking is apparent in most countries but this is not simply because of the widespread increases in unemployment.
Considerations

Can we assess and understand the effects of the recession on mood disorders?

Can we quantify the increased demand on primary and mental health services?

Can we detail the policy measures taken and assess their success?

Can we learn and be better informed for the future?