



The Impact of Economic Recessions on Mental Health

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Disclosure

No conflicts of interest to disclose.





Objectives

1. To review current evidence on the impacts of economic recessions on mental health and well-being.
2. To discuss the perceived linkages between recessionary periods and poorer mental health.
3. To review individual resiliency factors, and suggestions for improvements at clinical and system policy levels that may help prevent negative outcomes.

COVID-19 Pandemic and Global Economic Recession



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COVID-19 to Plunge Global Economy into Worst Recession since World War II

Per Capita Incomes to Shrink in All Regions

WASHINGTON, June 8, 2020 — The swift and massive shock of the coronavirus pandemic and shutdown measures to contain it have plunged

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Economic Forecast 2022

- Uneven economic recovery – 5.6% expansion accounted for primarily by advanced economies²
- Slow pace of vaccinations, fast spread of Delta and Omicron
→ Uncertainty about durability of the economic recovery²
- Rapidly rising inflation rates (supply-demand mismatch)³
- Higher commodity prices³
- Subdued employment growth³
- Housing (in)affordability³
- Food insecurity³
- Rising interest rates³
- Climate change³

Two-Part Scoping Review



behavioral sciences

The Impact of Economic Recessions on Depression, Anxiety, and Trauma-Related Disorders and Illness Outcomes—A Scoping Review

Behav. Sci., Volume 11, Issue 9 (September 2021)

- 127 quantitative articles included
- Published in OECD nations (in English) since 2008
- Part 2 - A Qualitative Scoping Review of the Impact of Economic Recessions on Mental Health - Implications for Practice and Policy (*under review*)
- 13 qualitative articles

Mental Health Consequences for...

Adults

Depression

- 0.4%⁵ - 20%⁶ increase (USA, England, Greece, Spain, Portugal, Ireland, EU, Canada) ⁽⁷⁻¹⁴⁾
*(*one study in UK with found decrease in rates of MDD in M & F during/post-recession)¹⁵*

Most at risk:

- M > F⁶
- Economic strain^(6, 16-19)
- Younger adults¹⁸
- Married¹⁸
- Rx Medications¹⁸
- Low income^(6, 20)
- Unemployment^(6, 11-12, 21)
- Sudden decrease in workload = 1.5x RR depressive sx⁸
- Mortgage delinquency/eviction¹²

Mental Health Consequences for... Adults

Anxiety

Studies from USA, Israel,
Spain, Portugal, Canada

Increase prevalence of
anxiety disorders 0%¹³-
8.4%^(12,22)

- F>M¹⁵
- Low/worsening
household income^(10,19)
- Unemployment
^(9,11,12,15)





Mental Health Consequences for... Adults Suicide/Self-Harm

- **General findings – consistent increase in suicide following periods of economic recession**
- **Most at risk:**
 - Middle-aged, white men
 - Unemployment
 - Job insecurity
 - Housing foreclosure
 - Substance Use
 - Mental Disorder
 - Blue collar workers
 - Lower SES

Mental Health Consequences for... Adults

Other

- ➡ ↓ Life Satisfaction²³
- ➡ ↓ optimism (personal, social)²³
- ➡ ↑ alcohol use/dependence; up to 5% increase in EtOH Use D.O. ^(11,21,22,24)
- ➡ Somatoform Disorders (7.3% increase)²⁴

Highest Risk Populations

Depression, anxiety, “poor mental wellbeing”⁽²⁵⁻³⁵⁾

- Men: middle age and approaching retirement
- people with low education
- high levels of unemployment or job insecurity
- low pre-recession socioeconomic status
- pre-existing mental health concerns
- a history of adverse life events
- high levels of self-reliance
- limited social supports or poor social capital
- recent or prolonged unemployment
- financial hardship



Highest Risk Populations

Those who self-harmed/attempted suicide:⁽²⁹⁻³¹⁾

- Extremely self-reliant
- Poorer social capital
- Less willing and able to seek out formal AND informal supports

People who completed suicide during a recession:⁽³⁶⁻⁴⁰⁾

- Less likely to access family physician or mental health supports
- Less likely to be formally diagnosed with mental illness



How does this happen? (27-35,41,42)

- Poorer working conditions, layoffs, benefits/pension cuts, unemployment
- Increased stress re: decreased income levels
- Loss of structure, motivation, and identity
- Internalized unemployment stigma or welfare stigma
- Perceived lack of control
- Shame
- Boredom
- Social withdrawal
- Interpersonal conflict
- Social isolation



What can we do?



***“Recessions will continue to hurt
but need not cause self-harm.”⁴³***

Individual Resources

- Optimistic perspective⁽³²⁾
- Lifelong approach to budgeting⁽³²⁾
- Aversion to credit⁽³²⁾
- Knowledge of free debt advice organizations and how to access them⁽²⁹⁾
- Activities, structure, and affiliation provide meaning, hope and purpose⁽³⁵⁾





Access to Services^(29-33,35,41,42,)

Issues	Solutions!
Complex network of social services (employment programs, unemployment benefits, debt management, etc.)	Ensure resources to provide up to date information on how to access and what services provided. Public education campaigns!
Users prioritize accessing social services over mental health	Cross-training for service providers to recognize who would benefit from referral to mental healthcare or social services.
Literacy problems or limited language skills	Social supports for assisting with form filling, job applications, translation of dense, confusing communications from banks/creditors/etc.
Long wait times	Increase funding in anticipation of increased service needs.
Lack of provider knowledge and inability to refer between social and healthcare services	Cross-agency awareness of concerns, ability to make referrals, and consider centralized intake!

Clinical Practice^(27-35,41,42,44)



- Low level of suspicion for exploring mental health concerns
- Presenting concerns may appear unrelated!
- Highly vulnerable populations include:
 - pre-existing mental health concerns
 - a history of adverse life events
 - high levels of self-reliance
 - limited social supports or poor social capital
 - recent or prolonged unemployment
 - financial hardship
 - social isolation



Policy Implications

Participant suggestions:(28-30,41,44)

- Educational initiatives
- Focus on retention and improving working conditions to reduce burnout amongst HCPs
- Optimizing resource use, evidence-based care, decrease wastage.
- Increase accountability and involve HCPs in policy decisions.
- Decrease austerity measures (e.g. user co-payments and privatization of healthcare)
- Invest in funding primary care and mental health resources to support the system during times of strain, such as economic recession.



Policy Implications

Low-cost, evidence-based suggestions:^(4,45-69)

- Bibliotherapy
- Internet-Delivered Cognitive Behavioural Therapy
- supportive text messaging
- Public awareness campaigns
- Public health surveillance of disease and states of health

What can we do?

Social capital – sense of community embeddedness, which is in part reflected by group membership, civic participation, and perceptions of trust, cohesion, and engagement.”⁷⁰

- correlated with less stress, better physical health, fewer sx of anxiety/depression in times of financial strain⁷⁰
- Specific offerings such as assistance with meals, paying bills, pooling resources, socializing, helping one another, and providing emotional support^(29,32-34)
- Having a valued ‘fall back’ social role, like parenting or volunteering, was found to be protective against the identity disruption of job loss^(33,34)

What can we do?

Research Opportunities!

- ▶ Paucity of research on the impacts of economic recessions on **children, adolescents, & older adult** populations, and limited qualitative research (how and why)
- ▶ **Analysis of how some countries** have successfully **uncoupled** unemployment rates, economic shocks and worsening mental health
- ▶ Assessment of **interventions** to inform policy recommendations (individual/organizational/societal) on primary and secondary prevention



Take Home Points

1. Economic recessions have significant impacts on mental health, particularly in societies with limited social safety nets. These include:

- Depression
- Anxiety
- Suicide
- Self-harm
- Substance Use



Take Home Points

2. Some of the main mediators of this include:

- ▶ Job insecurity
- ▶ Financial strain
- ▶ Limited resources
- ▶ High self-reliance
- ▶ Poor social capital
- ▶ Pre-existing mental health concerns



Take Home Points

3. **Clinicians** can:

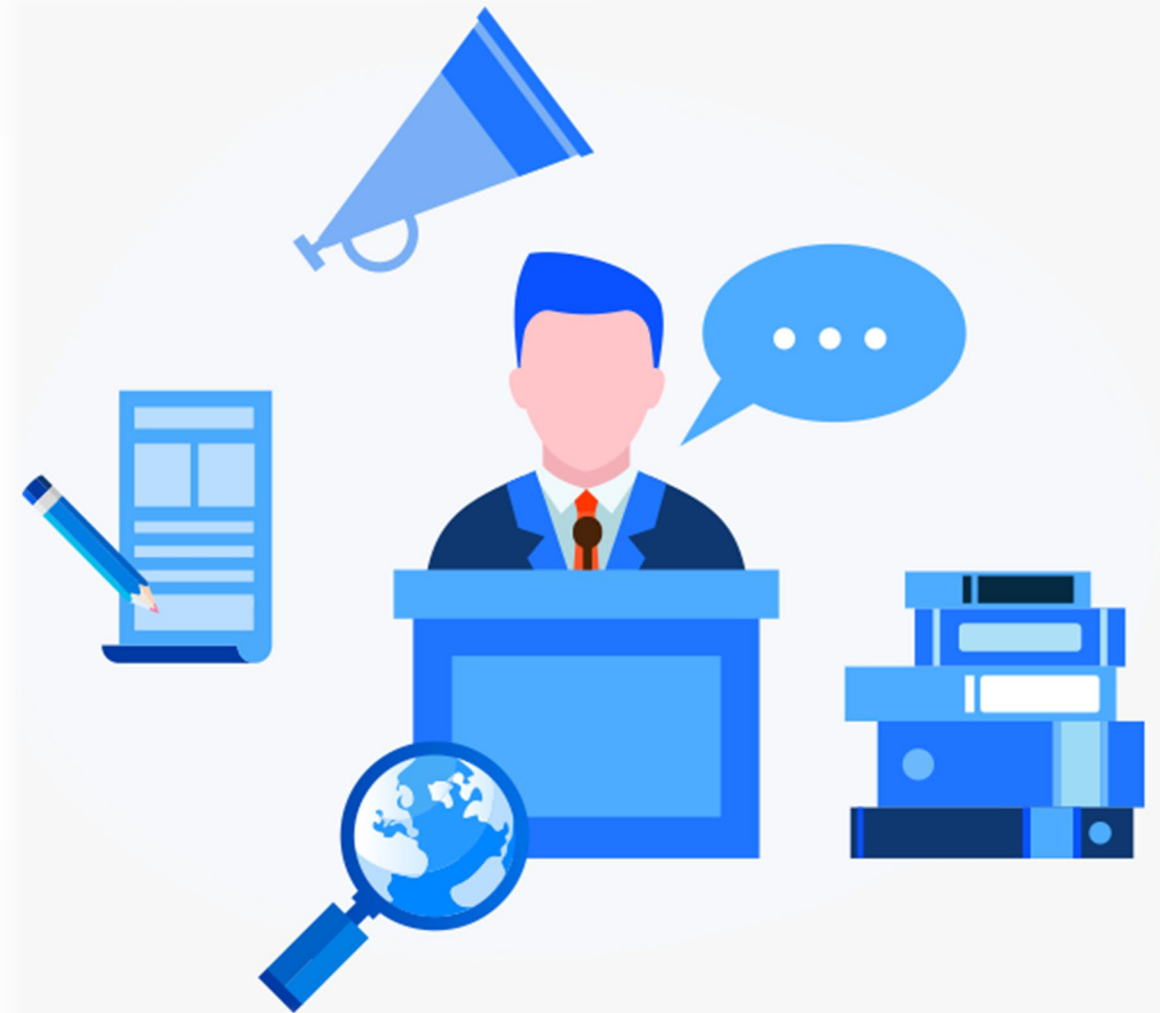
- Recognize those at high risk
- Screen carefully
- Help connect people with both mental health and social services as needed
- Advocate for increased social supports and programs to reduce population burden and increase secondary prevention



Take Home Points

3. **Policy makers** can:

- Decrease barriers to accessing social and health services (public education, clear intake and referral pathways, invest to reduce wait times)
- Support low-cost interventions: bibliotherapy, internet-based CBT, text support services
- Boost social capital by decreasing stigma and increasing public awareness



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Questions?

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