



## Communications of the European Society for Child and Adolescent Psychiatry

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### The economic crisis in Spain and its impact on the mental health of children and adolescents

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#### Introduction

The international economic crisis that started in 2007 has had deleterious effects in Spain. Spanish debt grew from 12 % of the gross domestic product (GDP) in 2009 to over 90 % of the GDP in 2013. The number of individuals who are unemployed increased from 1,856,000 in 2007 to 6,202,700 in April 2013. This current report represents an unemployment rate of 27.16 % of the total active population and 57.2 % of individuals under the age of 25 [9]. The impact of this economic crisis on Spanish society is global, but children and the elderly are the most vulnerable groups [2].

#### Impact of the economic crisis on society

The main immediate effects of the current economic crisis include unemployment, the impoverishment of the population and emigration [2].

The request for social aid has significantly increased. A report from Caritas (a Spanish Non-governmental organization linked to the Catholic Church) documented an increase in the number of requests for social aid from 900,000 in 2007 up to 1,800,000 in 2010. The most frequent demands were for food, housing, employment, legal advice, and psychological support [15].

The impact of the economic crisis and the impoverishment of the population have had a substantial effect on children. According to UNICEF [18], the number of children who reside in households living in poverty has increased from 23.7 % in 2009 to 26.2 % in 2010. The number of children who live in households with a high level of poverty has risen four percentage points from 2008, reaching 13.7 % in 2010. Chronic poverty affecting children has grown by 53 % from 2007 to 2010, reaching 16.7 %. In the total population, chronic poverty has increased by 22 %, reaching 11 % during these 3 year period. This impoverishment of families with children has paralleled a general decrease in economic support to children and their families [18].

The increase in child poverty will impact other aspects of living, such as food, housing conditions (overcrowding, reduction in energy expenditure), educational expenses, leisure and free time, and activities geared towards educational development. The high rate of early school dropout, more than 28 % in Spain, has joined the growing effects of poverty [18]. The long-term effects of reduced training include reduced employability and the encouragement of future poverty.

An unemployment rate of 57.2 % in young people under the age of 25 is another consequence of the crisis [9]. Consequently, there is an emigration movement of young adults with university qualifications in search of work to other EU countries. The long-term impact may include a loss of overall professional competitiveness of Spanish society. Between January and June 2011, 2,400 Spanish people found employment opportunities in Germany; the demographics mostly included highly qualified men

between 25 and 35 years of age and represented a 49 % increase from the previous year [3].

#### Impact of the economic crisis on health

The Spanish health system has been decentralized to the 17 Autonomous Communities (regional departments). The system offers nearly universal coverage, and its funding originates from general tax revenues. A health department in each community is responsible for key areas, such as healthcare planning, public health and management of health services [4, 11].

In 2010, national and regional governments in Spain proposed major social spending cuts in response to a dramatic rise in debt-related interest rates [4, 11].

The central parliament in Madrid approved a 5–7 % salary reduction for all Spanish civil servants in 2010. Decrees on drug prices were passed in 2010 and 2011, which reduced drug expenditures [4]. In April 2012, more health reform measures were approved by the government, including a reduction in the co-payment for pharmaceuticals and certain health products, a reduction in the overall health budget of €7 billion, and other cost-containment measures [17]. This combination of health reform measures has generated an important reduction in clinical activity, personnel redundancies, salary reductions, delay in payments to providers and a stop for major investments [4].

Another consequence of the economic crisis is the movement toward the privatization of the public healthcare system and a return to past organizational models in several Autonomous Communities. Health professionals, including mental health specialists [16], have expressed their opposition to the transfer of public institutions to private corporations and to a reduction in resources and services.

Economic recession periods in developed, industrial countries are typically related to increases or decreases in mortality. The higher mortality related to medical reasons is due to an increase in cardiovascular pathologies, respiratory infections and chronic liver disease [19]. The decline in mortality is thought to be the result of lower mortality in workplace and traffic-related accidents, as well as increases in leisure time, stress reduction and the ability to devote more time to self-care [1, 2].

To date, the impact of the economic crisis in Spain on citizen health has not been clearly quantified by health indicators [4]. In addition, the data concerning child and adolescent populations are less available.

In our view, some factors perform a protective role against crisis and its health and social consequences. Among these factors, the amount of existing savings, the support of the nuclear and extended family, the social welfare benefits and the informal economy play a critical protective role. The existence of these positive factors may

delay the influence of economic changes in the health of the population [6].

#### Impact of the economic crisis on mental health

Poverty, unemployment and mental health share a strong link. First, poverty itself is associated with psychological distress. Second, certain economic stressors, such as unemployment, generate poverty; these stressors often precede mental health difficulties, such as anxiety and depression. Thus, poverty is an important risk factor for mental illness. Finally, people with a serious and/or chronic mental disorder (e.g., schizophrenia) experience high levels of unemployment. Many of these individuals are dependent on welfare coverage and are therefore at risk for poverty [12].

Few studies have analyzed the impact of the economic crisis on mental health in Spain. A survey of primary care centers indicated that, compared with the pre-crisis period of 2006, the 2010 survey revealed significant increases in the proportion of patients with mood (19.4 percentage points increase in major depression and 10.8 percentage points increase in dysthymia), anxiety (8.4 percentage points increase in generalized anxiety disorder), somatoform (7.3 percentage points increase) and alcohol-related disorders (4.6 percentage points increase in alcohol dependence). Approximately one-third of the overall risk of major depression could be attributed to the combined risks of individual unemployment, family unemployment and mortgage payment difficulties [5].

In general, there is an association between a rise in unemployment and an increase in suicide rates [1, 10, 20]. Nevertheless, the available data in Spain show a reduction in the suicide rate between 2007 and 2010. This reduction is in contrast to the increasing suicide rate reported from other European countries, which may be related to the financial crisis [17]. The rate of suicide in Spain in 2009 was 6.3 per 100,000 and has been slightly reduced in successive years. The number of deaths by suicide remains stable: 3,421 in 2008, 3,145 in 2010 and 3,180 in 2011 [8].

Economic adversity or poverty is strongly associated with mental health problems in childhood. An important survey performed in Ireland (over 12,000 participants between the ages of 5 and 16 years) indicated that 16 % of children from families with a weekly household income of under £100 had mental health problems; this was compared to 5 % of children from families with a weekly household income of more than £600. This study also found that children in Local Authority Care and refugee and asylum seeker children were at high risk of mental health problems [12].

Risk for depression, substance use, early sexual activity and criminal activity during adolescence are clearly increased by chronic exposure to poverty. The awareness

of financial difficulties within the family negatively impacts an adolescent's mental health. Specifically, this awareness is associated with depression in adolescent girls and drinking to the point of intoxication in boys. A sense of helplessness and feelings of shame and inferiority are also associated with the awareness of familial economic difficulties in adolescents [12].

Currently, there are insufficient data on the consequences of the economic crisis in Spain on children and adolescents. We know, however, that child poverty is increasing at an alarming rate, with the risk of generating deficits in cognitive, emotional and physical development in minors, and lifelong consequences on health and well-being [20].

To conclude, the impact of the economic crisis on three areas of critical importance to the mental health of children and adolescents includes the following: education, professional training and research.

Education in Spain has suffered cuts to its funding. The latest data published (2010) demonstrate an overall decrease in funding by 0.7 % compared to 2009. The cost associated with non-university education decreased by 2.4 %, while the cost of college education increased by 0.8 %. In terms of the 2010 GDP, funding for education amounted to 5.03 % [13].

Spain is one of the few EU countries that have not yet officially recognized the specialty of Child and Adolescent Psychiatry. Progress has been made in recent years with the endorsement of Child and Adolescent Psychiatry by the Ministry of Health [14] as a fundamental component in the development of psychiatric care to minors. However, the legal and administrative steps required are still pending. Significant spending cuts have facilitated the current impasse and have slowed the implementation of this specialty.

Mental and neurological diseases receive the most number of research grant projects and funding from the Instituto de Salud Carlos III (ISCIII), one of the key funders of health research in Spain. The number of people engaged in research and development (R and D) activities in Spain decreased by 3.1 % in 2011 over the previous year. Overall spending for public and private R and D decreased by 2.8 % in 2011 compared to 2010. That expenditure represented 1.33 % of the GDP. Government spending has decreased by 33.9 % since 2009. The total public budget for R&D and Innovation in respect to the GDP has gone from 0.92 % in 2009 to 0.60 % in 2012. This change represents a return to the budget level of 1985, when the current science and technology system was implemented in Spain [7].

In the absence of data on the effect of the economic crisis on general mental health and, in particular, on child and adolescent health, as well as the existence of data that

differentiate Spain from other countries (i.e., suicide), it is difficult to assess what the future holds. With some degree of caution, national experts predict a wide range of negative consequences resulting from unemployment, poverty, inequality and changes in the organization of health and mental health care [6].

## Conclusions

The economic crisis has affected the Spanish society with great intensity. Increases in unemployment, poverty and inequality have paralleled the growth of debt and major cuts in social services, health, education and research. The data on the effects of this crisis on the health of the Spanish population are inadequate, particularly in the field of child and adolescent mental health. The available data indicate that there are no immediate health effects, although it is assumed that the combination of multiple factors will generate negative effects in the intermediate and long-term future.

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