Financial crisis, austerity and health in Europe

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Executive summary

The Lancet Series on Europe provides a comprehensive examination of some of the most important issues affecting the health of people in Europe today. Seven Series papers, led by Professor Martin McKee of the London School of Hygiene & Tropical Medicine, cover a diverse range of subjects, from how the financial crisis is affecting health in Europe, to whether children’s health services are keeping pace with the changing landscape of child health. In recent years, the 53 countries that make up WHO’s European Region have undergone turbulent political changes that have left an indelible mark on the health of their populations, including a striking east-west divide.
Where are we now?

Source: OECD
Where are we now?

Unemployment (%), selected countries

- 0.0
- 5.0
- 10.0
- 15.0
- 20.0
- 25.0
- 2000
- 2001
- 2002
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008
- 2009
- 2010
- 2011
- 2012

- Eurozone
- Germany
- Ireland
- Greece
- Spain
- Portugal
- United Kingdom
- United States

European Observatory on Health Systems and Policies
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Effects of recession

- Good for health?
  Mortality increases during economic growth (Ruhm, Tapia Granados), high income countries, up to mid1990s.

- Bad for health?
  Association of unemployment with adverse health outcomes in individual-level studies (Scandinavia, US, Canada, EU).
1% rise in unemployment ➔ increase in suicides and homicides, decrease in RTAs

3% rise in unemployment ➔ increase in alcohol-related deaths
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Unemployment, suicide rates and ALMP spending in Spain and Sweden

Stuckler et al (2009)
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Response on bmj.com
“Programmes must... be designed to prevent further negative social problems, or financial risk. The programmes must clearly benefit the people of the country. There should be no partiality among citizens, whether employed or unemployed.”
Monique J Grant-Coke, nursing program coordinator and assistant professor, Jamaica
To submit a rapid response, go to any article on bmj.com and select “Respond to this article”

Budget crises, health, and social welfare programmes
Governments may feel they are protecting health by safeguarding healthcare budgets, yet David Stuckler, Sanjay Basu, and Martin McKee argue that social welfare spending is as important, if not more so, for population health

$100 per capita per year increase in social welfare spending was associated with a 1.19% drop in all-cause mortality
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Banking crises and mortality during the Great Depression: evidence from US urban populations, 1929–1937

David Stuckler,1,2 Christopher Meissner,3 Price Fishback,4 Sanjay Basu,5 Martin McKee6

- Increase in suicides, decrease in RTAs;
- Changes in other causes unrelated to bank suspensions

Trends in All-Cause Crude Death Rates
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Collapse of the Soviet Union 1990s

- 5-7 years loss of life expectancy in males and 2-3 years in females

- Change in death rate associated with privatization pace and level of social cohesion

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How much do we know?
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Increase in suicides (changes in historical trends)

Change in suicide rate in the EU12 and EU15

Adapted from Stuckler et al (2011)
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- 846 (95% CI 818-877) for men
- 155 (95% CI 121-189) for women
- 10% increase in number of unemployed = 1.4% increase in male suicides

US (Reeves et al 2012):
- 4750 (95% CI 2570-6920) excess suicides (2008-2010);
- 1% rise in unemployment → 1% increase in suicides

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Italy (De Vogli):
- 290 (95% CI 112-468) excess suicides and attempted suicides due to economic reasons (2008-2010)
- 1st grassroots movement on MH responding to “suicides by economic crisis”

Spain (Lopez Bernal et al, 2013):
- 21 excess suicide a month, or 680 per year (2008-2010)
- 8% increase above the underlying trend (OR 95% CI 1.01-1.16)
- 30% increase in suicide helpline calls in 2012 (El Pais)

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Greece:

- 45% rise in suicides from 2007 to 2011, (Kentikelenis et al, 2013)

For males and females, the number of suicides from 2006 to 2011 is shown in the two diagrams. The diagrams indicate a significant rise in the number of suicides across all age groups, with a particularly notable increase among those aged 25-64. The data suggest a worsening trend from 2007 onwards.
Mental health has deteriorated:

- England:
  - deterioration in mental health in men between 2008-2010; could not be explained by employment status (Health Survey for England)
  - 220,000 excess mental health problems per year associated with unemployment levels; regional divide (British Household Panel Survey)
• Spain (Gili et al, 2012):
  
  – Increase in disorders: 19% in major depression, 8% in anxiety, 7% in somatoform and 5% in alcohol-related disorders.

  – Risk of major depression: OR 1.7 for unemployed family member; OR 2.1 for mortgage repayment difficulties, OR 3.0 for evictions
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- Greece: 2.5 times increase in major depression between 2008 and 2011 (Economou et al, 2012)

- 29% increase in suicidal ideation and 36% increase in attempted suicide between 2009 and 2011 (Economou et al, 2013)

- 120% increase in MH service use over 3 years (Anagnostopoulos & Soumaki, 2013)

- State funding for mental health decreased by 20% in 2011 and by further 55% in 2012.
High-burden epidemics in Greece in the era of economic crisis. Early signs of a public health tragedy

S. BONOVAS, G. NIKOLOPOULOS
Hellenic Centre for Disease Control and Prevention, Athens, Greece
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Infectious diseases- increase in HIV

Instances of HIV infections by transmission category

- IDUs
- Unknown
- Heterosexuals
- Homosexuals

<table>
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<td>2012</td>
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<td>206</td>
<td>522</td>
</tr>
</tbody>
</table>
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Unmet medical need (%) (EU-SILC)

% reporting unmet need

- Slovenia
- Netherlands
- Austria
- Spain
- Luxembourg
- Denmark
- Malta
- Czech Republic
- United Kingdom
- Portugal
- Sweden
- Belgium
- Norway
- Germany
- Ireland
- Slovakia
- France
- Hungary
- Lithuania
- EU-27
- Iceland
- Cyprus
- Finland
- Italy
- Estonia
- Greece
- Poland
- Bulgaria
- Romania
- Latvia

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Unmet need in Greece compared to 2007:

- 2009: OR = 1.15*
- 2011: OR = 1.47*

Main reasons: cost, waiting lists, and distance

*P<0.05
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Is there an alternative?
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Some good news:

- Reduction in road traffic deaths
- Improvements in lifestyle (smoking and alcohol consumption), but...
  
  ... increase in binge drinking
  
  ... increase in smoking among unemployed
Key messages

• Austerity measures are visible and had severe impact on health, particularly mental health
• Social safety nets (formal and informal) can mitigate the impact on health
• Austerity measures, eg cost-cutting or increase in user charges, can exacerbate the impact by reducing access to and quality of care
• Differing policy responses to similar shocks create different health outcomes – potential for future research on policy impact and resilience
Thank you!

Monitoring the impact of crisis on health

www.hfcm.eu

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