

Extreme poverty and mental health problems

1. The economic crisis and its consequences

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- The crisis should not cause an increase in the most serious mental disorders (schizophrenia, bipolar disorder, major depression), but **it can cause the appearance of other mental health problems such as depression or anxiety** that also require attention, both primary and specialised care.
- These types of disorder **seriously affect the sufferers' daily life**, worsen other aspects of health and are one of the **main causes of sick leave** in developed countries.
- It is evident (and is shown by different studies³) that **situations such as prolonged unemployment, eviction, frustrated immigration projects**, or simply risk of dismissal, **harm people's mental well-being**, giving more possibility to the appearance of some mental health problems.
- The consumption of anxiolytics in Spain has grown in recent years. According to the report by the Spanish Agency for Medicines and Health Products (AEMPS)⁴, the figures for consumption of anxiolytics stand at 57.95% per 1,000 inhabitants, higher than the European average.
- According to the survey by the Organisation of Consumers and Users (OCU) **4 out of 10 Spaniards** have at some point resorted to medication to treat anxiety, for women it is half.

¹ Gomez-Beneyto, Manuel (coord.); [et al.] "Mental Health Strategy in the National Health System." Madrid: Ministerio de Sanidad y Consumo; 2009. 2007.

² Gomez-Beneyto, Manuel (coord.); [et al.] "Mental Health Strategy in the National Health System." Madrid: Ministerio de Sanidad y Consumo; 2009. 2007.

³ For example: "[Underemployment and depression: longitudinal relationships](#)". University of California. 2000.

[Factors Influencing the Impact of Unemployment on Mental Health among Young and Older Adults in a Longitudinal, Population-Based Study](#)" Institute of Work and Health. Toronto. 2003.

⁴ Ministry of Health, Social Services and Equality, Spanish Agency for Medicines and Health Products (AEMPS). "[Use of anxiolytic and hypnotic drugs in Spain during the period 2000-2012](#)". Madrid: Ministry of Health, Social Services and Equality, Spanish Agency for Medicines and Health Products (AEMPS), 2014

- The most dramatic face of the economic crisis is reflected in the **population increase at risk of social exclusion** (homeless, destitute families, immigrants). These people face a double problem:
 - They experience a serious personal situation, which can cause mental disorders.
 - As a result of their exclusion these people will have **more difficulties in accessing resources** of social and health care.

2. Deficit in socio-health care

- On the other hand, **budget cuts have affected mental health services**, breaking the continuity of care, and **eliminating key initiatives for social integration** of people with mental health problems (employment, leisure programs, etc.).
- Furthermore, **the implementation of aid from the Personal Autonomy Law** (the so-called Dependency Law), has **stalled**, with a strong impact on people with mental disorders and their families as a whole.
- It is very worrying that **budget cuts are affecting public services** in mental health care, increasing the costs of programs and medications, all of which is necessary for a group which often has very limited income.
- People with mental disorders are people like any other: they study, work, have family, children, friends, exercise their rights and obligations as citizens. **A mental disorder does not have to be an impediment to getting a job.**
- However, the low employment insertion of this group is one of the main **barriers to their social integration**, due in large part to the social prejudices that many employers and public administrations still maintain.
- According to the statistical study “The employment of people with disabilities in Spain. 2016”, by the National Statistics Institute, **the employment rate of people with mental disorders is 14.3%⁵** this being the **lowest for all disabilities**. It is also about **disability with the lowest activity rate of all (27.7%)**

3. The homeless and mental health

- In Spain, it is estimated that there are more than **30,000 homeless**. Studies indicate that at least one third of this population has some type of mental disorder.
- There is disparity of data and outdated data regarding the incidence of mental health problems amongst the homeless. Thus, according to different studies, the percentages of homeless people who have problems with **mental health** range between 21% and 59%, although mostly they tend to be around 50%.⁶

⁵ [The employment of people with disabilities in Spain](#). National Institute of Statistics (NIS). Last data published in December 2017.

⁶ Muñoz López, Manuel. "[Characteristics of the homeless in Spain: 30 years of empirical studies](#)" Notebooks of Community Psychiatry. 2003, Vol.3, No. 2, pp. 100-116

- The case of homeless people with mental health disorders presents one of the most radical cases of **violation of social rights**. At present, there are hardly any specific resources for mental health care for this group.
- Resources for the homeless should **include psychological programs** of rehabilitation, and not only cover basic needs (accommodation, food, and clothing).
- The different public administrations must **secure the social rights** and health rights of these people, avoiding their extreme exclusion, and not hide in that it is an impossible problem to solve.
- With the appropriate supports, and comprehensive treatment these people can recover their social skills, and **fully reintegrate into society**.
- Suicidal behavior constitutes a **serious public health problem** in any country due to the large number of people affected each year.

4. Devastating consequences: suicide

- Worldwide **nearly one million people commit suicide each year, 800,000** according to WHO, which implies a "global" mortality rate of 16 per 100,000, or **one death every 40 seconds**⁷. 78% of all suicides occur in low and middle income countries⁸. Only 60 Member States have good quality civil registry data that can be used directly to estimate suicide rates⁹.
- According to the WHO, there are indications that, for each adult who committed suicide, possibly more than 20 others attempted suicide.
- Suicide **It is the biggest public health problem in Europe**. It is estimated that the average prevalence rate is approximately 11.93 per 100.000¹⁰.
- In 2017 **suicide was, again, the main external cause of mortality in Spain**. In 2017, 3,679 people (2,718 men and 961 women) died, 3.1% more than in 2016.
- The suicide rate stood at 7.9 per 100,000 people (11.9 in men and 4.05 in women).¹¹ These figures show a **much higher number of deaths than those killed in traffic accidents** (1,943 people).

⁷ "Preventing suicide suicide A global imperative global imperative" Luxembourg: World Health Organization, 2014.

⁸ [WHO Descriptive Note](#) on International Suicide Prevention Day. January 31, 2018

⁹ Ibid.

¹⁰ [Suicide rates, age-standardized Data by WHO region](#). (World Health Organization, 2017).

¹¹ **Death rate due to suicide in 2017. National Statistics Institute., December 2018.**
<https://www.ine.es/jaxi/Datos.htm?path=/t15/p417/a2017/I0/&file=05008.px>