
**PERCEIVED EFFECTS OF ECONOMIC MELTDOWN ON MENTAL STATUS
AND COPING SYSTEMS AMONG SELECTED RESIDENTS OF RURAL
COMMUNITY IN OSUN STATE**

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ABSTRACT: *Nigerian experienced economic recession between the year 2016 and 2017. This study assessed the perceived effects of economic meltdown on mental status and coping systems among selected residents of rural community at Owode-Ede in Osun State, Nigeria. Three hundred and fifty-nine respondents were selected from the study setting using a multistage sampling technique. A validated self-administered structured questionnaire was used to collect data. The questionnaire was divided into different sections based on the research questions. It's reliability was deemed satisfactory after it was pilot tested. Findings revealed that most of the respondents understand economic meltdown to mean scarcity or unavailability of otherwise available resources (78.3%) which majority blamed on corruption of the government (93.3%). Occasional use of drugs (40.1%), feeling inadequate or inferior (32.0%), feeling sad and down and losing interest in usual activities (29.2%) were reported as common mental health effects of the meltdown on them. Borrowing from families and friends (46.5%), acquisition of new skills (42.6%), reduction in daily menu (41.2%) and operating small scale businesses (37.9%) were the important coping measures adopted by these rural residents. There was a high level of knowledge on the concept of mental health among the respondents. Most of them also demonstrated a good understanding of economic meltdown, the cause of which they blamed on corruption of the government. They claimed that the use of drugs, feeling inadequate or inferior, feeling sad and down and losing interest in their usual activities were the mental health effects of the meltdown on them. The respondents borrow from families and friends, acquire of new skills, reduced daily menu and operate small scale businesses to cope with the economic hardship.*

KEYWORDS: economic meltdown, mental status, coping residents.

INTRODUCTION

Economic meltdown has been experienced by many nations for a long period of time as the aftermath of the Global Financial crisis (GFC). This situation that rendered many people jobless and destroyed their means of livelihood has implication for the mental status of the people (Fernandez et al., 2015; Taylor et al., 2017). Studies within the field of social sciences have revealed that the destruction of individual' earning capacity aggravated by economic meltdown contribute to a lot of adverse psychological health outcomes including stress, anxiety and depression (Viseu et al., 2015). During economic meltdown, jobs become insecure with high rate of unemployment due to slowdown in global growth and consequent deterioration of the labour markets (Frasquilho et al., 2016; Loureiro et al., 2019).

On the national health system, inevitable reduction in public funding may endanger the health system performance thereby adversely affecting the health care delivery (Antunes *et al.*, 2017). Since people's health is affected by the prevailing socio-economic conditions negative changes in these conditions may affect the mental wellbeing of populations. Hence, mental wellbeing is considered as health dimension that is vulnerable during an economic recession (Frasquilho *et al.*, 2016; WHO, 2011). Economic crises may contribute to mental health challenge in two ways. It may either multiply risk factors, such as joblessness, indebtedness and loss of socioeconomic status, or weaken protective factors, such as job security and welfare protection programmes (Caldas de Almeida *et al.*, 2017). European studies showed that these changes in socioeconomic conditions have unfavourable mental health outcomes for the people (Christodoulou & Christodoulou, 2013; Antunes *et al.*, 2017).

The possible adverse consequences of economic meltdown on mental health are likely to be instant and severe compare to those with physical health and may include an increase rate of mental issues including substance use disorders and ultimately, suicidal behaviour (Antunes *et al.*, 2017; Odone *et al.*, 2017). An increase in general help-seeking behaviour for mental health problems in time of economic meltdown has been reported. This is also associated with an increase use of prescription drugs and an increase in hospital admissions for mental disorders (Silva *et al.*, 2020).

The World Health Organization (2011) described mental health as an integral part of public health that noticeably impact on the human, social and economic resources of any nation. Good mental health boosts the cognitive and emotional life of individuals and it is needed for families and society to functioning effectively (WHO, 2011). Even though an economic meltdown can be quantified, mental health issues are not readily quantified. Mental health has five interacting components namely affective wellbeing, competence, autonomy, aspiration and integrated functioning which are mostly affected by job insecurity (Hoe Ng, Agiu & Zaman, 2013).

The global economic meltdown that started in 2007 has contributed negatively on economies throughout the globe (Viseu *et al.*, 2015). This adverse economic meltdown may vary across countries depending on the health system, economy, policy choices, public assistance and social security (Antunes *et al.*, 2017). Economic meltdown and the global economy have affected nations around the globe in diverse ways. It has be linked with high suicidal rates in European countries with every 1% increase in joblessness associated with a 0.79% increase in suicides at ages below 65 years (Christodoulou & Christodoulou, 2013).

People with low income are projected to be badly hit by the economic crisis (WHO, 2011). The higher the debt incurred by the people the greater their chances of suffering from mental disorders (Christodoulou & Christodoulou, 2013). Nigeria has an estimated population of around 200 million with an economy mostly dependent on oil revenue and little diversification. The country experienced an intense economic meltdown between the second quarter of 2016 and second quarter of 2017. The drastic reduction in the world crude oil price badly weakened the economy resulting in high cost of living, high rate of unemployment and shift towards living below poverty line for many people who were hitherto either on the borderline or slightly above the borderline of poverty line (Afolabi, 2017). Osun state is one of the worst hit as most of the populace became poorer with inability to afford health care services from out-of pocket

expenses. Studies have shown a significant relationship between times of economic difficulties as this and mental ill health (Frasquilho et al., 2016; Martin-Carrasco et al., 2016). These health impacts are likely to be most severe in an already stressed health care delivery system like Nigeria (Kale Maigari & Haruna, 2017).

Coping with the negative impacts of economic meltdown is essential to the wellbeing of the populace. The impact of economic crisis on well-being of the masses is heightened when the people employed unhealthy coping systems (Hoe Ng, Agiu & Zaman, 2013). Some may become so depressed that they see suicide as the only option of relief. The anxiety that accompany job insecurity may also reduce peoples' tolerance for changes to the status quo (Hoe Ng, Agiu & Zaman, 2013). Therefore, this study was designed to assess the perceived effect of economic meltdown on mental status of rural residents Osun state Nigeria, as well as their coping systems. Specifically, the aims to answer the following questions:

- i. What is the level of knowledge of the residents of Owode-Ede community on the concept of mental health?
- ii. How do the residents of Owode-Ede community understand economic meltdown?
- iii. How do they perceive the effects of economic meltdown on their mental health?
- iv. What are the coping strategies adopted by the residents in dealing with economic meltdown?

METHODS

Design

A descriptive cross-sectional study design was used for the study as the researchers were only interested in describing the perceived effect of economic meltdown on mental status of rural residents in Osun state and their coping systems.

Study Population/Setting

Selected residents of Owode-Ede community were used for the study most of which were from the Yoruba ethnic group of Nigeria. The community which is divided into six zones is situated in Ede North Local government area of Osun State

Sample size determination

The number of residents who participated in the study was determined using the Cochrane's

formula which is given as: $n = \frac{Z^2 pq}{d^2}$

Where n = sample size

Z= 95% confidence level = 1.96

p= prevalence/proportion = 50% (prevalence unknown)

q= (1-p) = 0.5

d= margin of error= 0.05

Hence $n = \frac{(1.96)^2 0.5 \times 0.5}{(0.05)^2}$

n= 384

Sampling

Multi-stage sampling technique was used to select the respondents. Four zones were selected through balloting from the six zones. Three neighbourhoods each were randomly selected from the four zones given a total of 12 neighbourhoods. 32 houses were then selected from each neighbourhood and one respondent each was accidentally selected from each house.

Ethical Consideration

The respondents were properly informed about the study and verbal consent was obtained from them before administering the questionnaire. Their information was treated with utmost confidentiality and the respondents were allowed to discontinue their participation from the study at any time if they so wish.

Instruments

A self-administered structured questionnaire was used to collect data from the residents. The questionnaire was divided into four sections and the socio-demographic section; the socio-demographic section consists of 8 items that was used to gather information on the respondents' socio-demographic data. Section A consist of 9 items that deals with the knowledge of the concept of mental health and was measure on three point "yes", "no" and "I don't know" scale. Section B of the questionnaire consists of 8 items that measured the respondents' understanding of economic meltdown and was measured on a 5-point scale ranging from "strongly agree" to "strongly disagree". This was later collapse into two categories of agree and disagree. Section C consist of 7 items that we used to assess the respondents' perceived effects of economic meltdown on their mental status with response ranging from "regularly" to "never". Section D was made up of 11 items that was used to assess the coping measures of the respondents. It was measure with "yes" or "know" responses. Face and content validity of the instrument was ensured through nursing researchers' involvement and preliminary adjustments. The instrument was pilot-tested among 35 residents in a similar community and was deemed reliable. The feedback was also used to refine the items before conducting the main study

Data Analysis

The generated data was analysed using with SPSS version 20. Descriptive statistics was employed and the data was represented with tables and figures.

RESULTS

A total of 384 residents of Owode-Ede community were approached for the study while 359 questionnaires were adequately and properly filled and returned giving a response rate of 93.5%. Our finding shows that more than half of the respondents were 36 years old and above with 89.1% being Yorubas which is the dominant ethnic group in the community. 45.7% of the respondents were Christians while 54.3% were Muslims. The result also shows that majority (72.4%) of the respondents were in a marital union with 57.9% within a monogamous setting while 42.1% were within a polygamous setting. On the number of children in the family, more than 70% of the respondents had more than three children, 28.7% attained senior secondary level of education while 39.0% attained tertiary level of education. The result also shows that 43.7% were self-employed, 21.2% were civil servants, 19.5% were working with private organizations and 15.6% were unemployed.

On the knowledge of the respondents on the concept of mental health, a good number of the respondents demonstrated good knowledge of mental health. As depicted in table 2, 80.5% of the respondents were aware that mental health difficulties can affect their functional and working capacity and 79.9% are aware that mental health is the ability to realize one's abilities and cope with normal stress of life. It can also be observed that 78.8% of the respondents are aware that people with mental health difficulties face environmental, institutional and attitudinal barriers in finding employment or retaining job while 68.5% are aware that their mental status is a product of many factors including individual, social and economic factors.

Table 3 shows the respondents' understanding of economic meltdown. 93.3% are of the opinion that economic meltdown should be blamed on corruption, 88.0% understand economic meltdown to mean a circumstance whereby there is scarcity or unavailability of otherwise available resources. 87.0% are of the opinion that present government should be blame for the economic meltdown while 83.7% think the meltdown is responsible for closures of businesses, loss of job and crash of share prices. Describing the perceived impact of meltdown on their mental health, 40.1% of the respondents occasionally use drugs and sleeping pills when in financial crisis, 32.0% occasionally feel inadequate and inferior while 20.6% always feel inadequate and inferior. 29.2% reported feeling sad and down always while 25.4% of reported occasional feeling down and sad. Table 4 also revealed that 28.7% of the respondents always loose interest in going to shop or their workplace for not making enough money.

Table 1 Respondents' Socio-Demography (n= 359)

Variables	Categories	Frequency	Percentage
Age	20-25	46	12.8
	26-30	46	12.8
	31-35	64	17.9
	36-40	122	33.9
	Over 40 years	81	22.6
Ethnicity	Yoruba	320	89.1
	Igbo	23	6.4
	Hausa	16	4.5
Religion	Christianity	164	45.7
	Islam	195	54.3
Marital Status	Single	45	12.5
	Married	260	72.4
	Divorced	22	6.2
	Widowed	32	8.9
Marriage Setting	Monogamy	208	57.9
	Polygamy	151	42.1
Number of Children	None	40	11.2
	1	25	6.9
	2	30	8.4
	3	129	35.9
	More than 3	135	37.6
Highest Level of Education	Primary	60	16.7
	Junior Secondary	56	15.6
	Senior Secondary	103	28.7
	Tertiary	140	39.0
Occupation	Unemployed	56	15.6
	Self-employed	157	43.7
	Civil Servant	76	21.2
	Private Organization	70	19.5

Table 2 Knowledge of the Residents on Mental Health (n= 359)

Variables	Yes (%)	No (%)	Unsure (%)
Mental health is ability to realize one's ability and cope with normal stress of life	287 (79.9)	60 (16.7)	12 (3.3)
Mental health is not just the mere absence of mental disorders	180 (50.1)	123 (34.3)	56 (15.6)
Mental health is unstable and can swing on a continuum	204 (56.8)	113 (31.5)	42 (11.7)
Mental status depend on many factors such as individual, social and economic	246 (68.5)	72 (20.1)	41 (11.4)
Mental health difficulties can affect an individual's functional and working capacity in numerous ways	289 (80.5)	37 (10.3)	33 (9.2)
Mental health difficulties can lead to disability	235 (65.5)	99 (27.6)	25 (6.9)
People with mental health difficulties face with environmental, institutional and attitudinal barriers in finding employment or retaining jobs	283 (78.8)	66 (18.4)	10 (2.8)
Mental health difficulties include depression, mania, schizophrenia and substance use disorder	231 (64.4)	69 (19.2)	59 (16.4)
People with mental health difficulties should be isolated from other people	149 (41.5)	190 (52.9)	20 (5.6)

In figure 1, it can be observed that 46.5% of the respondents adopted borrowing from families and friends as a ways of coping while 42.6% acquired new skills or learn a new trade in coping with the meltdown. Furthermore, 41.2% reduced the number of menu they are taking per day and 37.9% started operating small scale businesses. Obtaining loans from banks and cooperative societies as well as changing lifestyles and setting priorities were adopted by 36.8% of the respondents respectively.

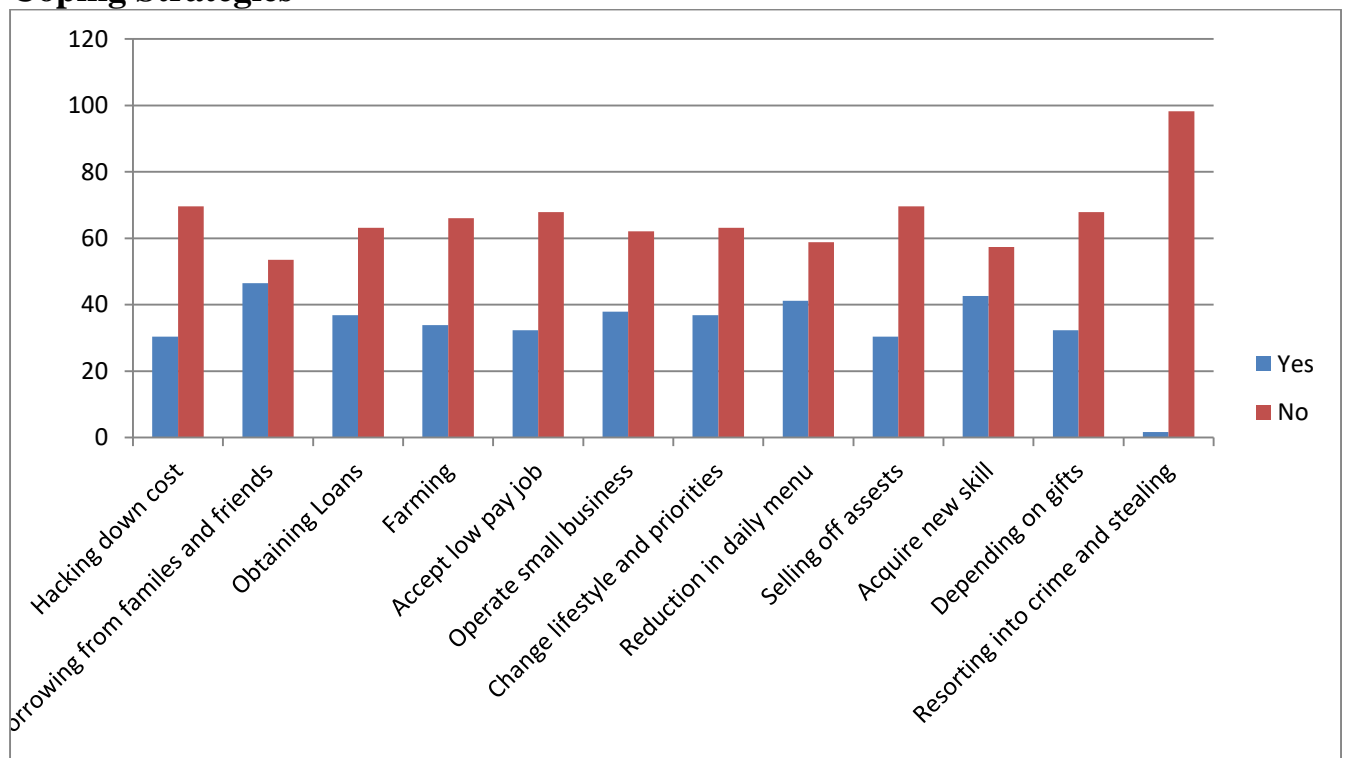
Table 3, Respondents' Understanding of Meltdown

Variables	Agreed (%)	Disagree (%)
Economic meltdown refers to severe economic recession	281 (78.3)	78 (21.7)
It is responsible for scarcity or unavailability of otherwise available resources	316 (88.0)	43 (12.0)
It is responsible for closure of businesses, loss of jobs and crashes of share prices	300 (83.7)	59 (16.3)
Present government to be blamed for the present meltdown	312 (87.0)	47 (13.0)
Corruption to be blamed for the meltdown	335 (93.3)	24 (6.7)
Globalization and foreign investors to be blamed	264 (73.5)	95 (26.5)
My economic situation is worse than a year or two ago	262 (72.9)	97 (27.1)
Meltdown is responsible for increase crime rate	262 (72.9)	97 (27.1)

Table 4, Perceived Effects of Economic Meltdown on Mental Health

Variables	Always (%)	Occasionally (%)	Rarely (%)	Never (%)
Feeling sad or down	105 (29.2)	91 (25.4)	107 (29.8)	56 (15.6)
Feeling inadequate and inferior	74 (20.6)	115 (32.0)	85 (23.7)	85 (23.7)
Feeling resentful and angry a good deal of time	37 (10.3)	76 (21.2)	110 (30.6)	136 (37.9)
Loss of interest in going to shop and workplace for not making enough money/sales	103 (28.7)	66 (18.4)	41 (11.4)	149 (41.5)
Consider self-better off dead instead of being broke	0 (0)	0 (0)	4 (1.1)	355 (98.9)
Consider taking alcohol when broke	0 (0)	23 (6.4)	95 (26.5)	241 (67.1)
Use drugs and sleeping pills when in financial crisis	47 (13.0)	144 (40.1)	54 (15.1)	114 (31.8)

Coping Strategies



DISCUSSION

Three hundred and fifty-nine respondents filled and returned the questionnaires completely. Almost three-quarter of the respondents were in a marital union with majority having more than three children. Marriage in a Nigerian context involves financial commitment and obligations. Individuals in marital union is expected to fulfil certain financial obligations such

as paying rent, paying school fees and provision of food, cloth and shelter. These commitments are further expanded with the presence of children and the higher the number of children, the greater the financial obligations. These obligations can be difficult to fulfil in times of financial crisis (Viseu et al., 2015) and becomes aggravated for low income earners (WHO, 2011). Evidence that many of the respondents are low income earners can be inferred from the fact that close to half the respondents are involve with petty trades and small businesses with another one out of every five each either unemployed or working as a civil servant. This suggests that this group of people may be worse hit by the economic meltdown (Odone et al., 2017).

The study revealed that majority of the residents are knowledgeable concerning the concept of mental health. more than three quarter can identify the correct definition of mental health and recognized that mental health difficulties can affect their ability to work and function to their full capacity. Majority were also able to relate with the fact that people with mental health difficulties may have challenge facing environmental, institutional and attitudinal barriers in finding employment or retaining job. This high level of awareness is consistent with the finding of Agofure et al. (2018) where most of the participants in their qualitative study could define mental health but in contrast to the report of a review by Tibebe & Tesfay (2015) where they reported low level of mental literacy in developing countries.

On the respondents' understanding of economic meltdown, it is not surprising that almost all the respondents were of the opinion that economic meltdown should be blamed on corruption. This is a common perception of an average Nigerian as supported by the Transparency International (2020) who ranked the country as the fourth most corrupt country in West Africa and 146 out of 180 in the world in the year 2019. Well over three-quarter of the respondents understand economic meltdown to mean a circumstance whereby there is scarcity or unavailability of otherwise available resources. They also believe that the meltdown is responsible for closures of businesses, loss of job and crash of share prices. This understanding might have stem from the respondents' personal experiences with their resources. Furthermore, information about recession is ubiquitous and can be gotten from different sources such as the media outfits, family members and friends (Ifabiyi & Banjoko, 2018).

In this study, the perceived impact of meltdown on the mental health of the respondents includes taking drugs and sleeping pills occasionally. This is consistent with findings from other studies where increase use of drugs has been found to be associated with economic hardship (Antunes *et al.*, 2017; Fernandez et al., 2015; Taylor et al., 2017). Feeling inadequate and inferior is another important impact identified by the respondents. Economic downturn is capable of rubbing people off their ego as they may not be able to perform their financial roles due to reduced earning capacity (Viseu et al., 2015). Feeling down and sad and loss of interest in usual activities are some of the possible pointers to depression, which may be associated with economic adversity. These symptoms were present in some of the study respondents, a finding that is in line with other studies that have established a relationship between economic difficulties and mental ill health (Frasquilho et al., 2016; Martin-Carrasco et al., 2016; Viseu et al., 2015).

In terms of coping strategies employed, borrowing from families and friends was mostly practiced by the respondents. This is a common practice in Nigeria for broke families even

when there is no recession. This also supports the observation of Caldas de Almeida et al. (2017) that indebtedness and loss of socioeconomic status increases with economic meltdown. Many of the respondents also indicated acquisition of new skills or learning a new trade as a way of coping with the meltdown. This probably corroborated the submission that jobs become insecure with high rate of unemployment during economic meltdown (Frasquilho et al., 2016; Loureiro et al., 2019) hence, the need to look for alternative stream of income. We also found that reduction in the number of menu taking per day was considered by many of the respondents in addition to changing lifestyles and setting priorities all in a bit to cope with the pressure imposed by the economic hardship.

Implication for Nursing Practice

One of the most basic roles of nurses is the promotion of health and prevention of illnesses. Nurses should manage patients holistically considering the physical, social and psychological aspects of every patient. Professional nurses should lend their voice to strive for equity and equality in the distribution of resources to minimize the impact of economic meltdown on the populace. Prompt recognition of mental health problems and timely intervention is essential to prevent total breakdown and facilitate recovery and restoration of individuals.

CONCLUSION

This study was conducted among rural residents of Owode-Ede in Osun State and findings revealed a high level of knowledge on the concept of mental health among the respondents. Most of them understand economic meltdown to mean scarcity or unavailability of otherwise available resources which they blamed on corruption of the government. Occasional use of drugs, feeling inadequate or inferior, feeling sad and down and losing interest in usual activities were reported as major effects of the meltdown on them. Borrowing from families and friends, acquisition of new skills, reduction in daily menu and operating small scale businesses were the important coping measures adopted by these rural residents. It was recommended that government should provide permanent solution to corruption problem, banks and other lending organizations should be considerate with their interest rate and individuals should find an adaptive ways of coping with the difficult times.

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