

PREVENTION IN ACTION

Calming Anxiety, Depression Over Economic Crisis

PERSPECTIVE

Everyone can do four basic things to minimize the possibility of depression and anxiety when anything bad happens. First is to prepare for the possibility for being in a crisis. Second, take a break from the stress—not a permanent one, as denial is not productive—but a short one to regroup and to “calm down.” This is essential to mobilizing energy to deal with the crisis, guiding our decision making, and subsequently moving into action in order to come out of the crisis not only intact but stronger.

The final two tasks include changing the situation causing our crisis by using active mastery and keeping from catastrophizing the situation and simply accepting it and moving on.

To overcome the feeling of powerlessness that many are experiencing because of real or perceived economy-related hardships, it's also important to engage in activities that are recommended for mental health recovery after mass trauma: engage in self-efficacy, work with others toward collective efficacy, maintain connections with others, try to ensure personal safety, and cultivate hope.

A good and seasoned clinician should be able to differentiate between clinical depression and transient situational distress. For the latter, the clinician should engage in brief, supportive psychotherapy that aims to strengthen and encourage active or passive coping.

Situational distress occasionally leads to a more clinical depression, possibly warranting medication, but it is important to understand the distinction. The best way to encourage behavior change in a crisis is to build a social/emotional infrastructure that not only treats problems of distress, but also prevents them.

Among the core elements of this infrastructure are a social fabric encompassing all people, a sense of connectedness with others, the fostering of a sense of mastery, the development of social and emotional skills to enable coping with difficult situations, and the provision of prosocial models of behavior that can be retrieved in times of crisis as ports in a storm.

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BY CARL C. BELL, M.D.

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The grim economic picture that has dominated the news over the last year—the stock market plunges, bank failures, mortgage foreclosures, and job losses—has had a dramatic impact on our nation's psyche.

Earlier this year, the results of a Gallup-Healthways poll assessing the nation's mood showed a significant drop in emotional well-being between February 2008 and February 2009, correlating with economic indicators. The ongoing daily survey of more than 355,000 people showed that the Emotional Health subindex—a measure that gauges individuals' emotional status by weighing negative factors such as depression, anxiety, stress, and worry, against self-reported positive feelings—plummeted on days when there was bad news from the financial sector.

The state of the economy and concern over personal finances were the top stressors named by U.S. residents responding to an online survey conducted by the American Psychological Association (APA). Specifically, about 80% of the nearly 2,000 people who responded to the 2008 Stress in America survey reported in September 2008 that the economy was a significant source of stress—up from 66% just 4 months earlier—and 81% reported money-related anxieties, up from 75% in April.

“When asked about the recent financial crisis, almost half (46%) of Americans say that they are increasingly stressed about their ability to provide for their family's basic needs,” an executive summary of the survey results said.

The prominence of financial woes on the stress spectrum is notable, according to Katherine Nordal, Ph.D., the APA's executive director for professional practice. Although money worries often emerge as a source of stress, historically, they have not been the top stressors, she said. “Most people are driven to counseling because of relationship problems with marriage and children, depression, and anxiety. But what we're seeing today is that the economy and finances are viewed as significantly more stressful, by more than 8 out of 10 Americans.”

The increased stress associated with financial concerns is exacting an emotional and physical toll, Dr. Nordal said. Irritability, anxiety, anger, fatigue, depression, muscle tension, sadness, and lack of motivation were among the stress-related consequences most commonly reported in the APA survey, Dr. Nordal noted. Many of the respondents reported a greater reliance on unhealthy behaviors for dealing with stress, including smoking, and drinking alcohol, she said.

For more and more people, the addition or exacerbation of finance-related stress might prove life threatening, said Richard McKeon, Ph.D., suicide prevention public health adviser with the Substance Abuse Mental Health Services Association (SAMHSA). Between January 2008 and January 2009,

the number of calls to SAMHSA's National Suicide Prevention Lifeline increased 36%, from 402,167 to 545,851, with “a significant increase in the number of people who are giving economic reasons for calling,” he said.

Also, the Suicide Prevention Resource Center (SPRC), a health and human development project of the Massachusetts-based Education Development Center, recently conducted a literature review of the relevant research from the past 20 years, and identified a strong relationship between unemployment, the economy, and suicide. A common chain of adversity emerged, with job loss frequently serving as the catalyst for subsequent anxiety and depression and, with the associated financial strain, a loss of personal control—all factors that could lead to suicide attempts in vulnerable people, the SPRC report showed.

In fact, the emotions that many people are experiencing tied to their economic struggles “parallel the loss and grief felt as a result of more ‘typical’ disasters,” according to A. Kathryn Power, M.Ed., director of SAMHSA's Center for Mental Health Services. Both types of situations can result in high levels of stress, depression, feelings of helplessness, and suicidal ideation, she said in a keynote address at the U.S. Department of Health and Human Services All-Hazards Disaster Behavioral Health: Optimizing Psychological Health and Resiliency in Difficult Economic Times conference held in April of this year.

Job loss, in particular, triggers a “cascade of stressors,” said Richard H. Price, Ph.D., in which the associated financial strain and loss of personal control lead to anxiety, depression, impaired functioning, poor health, and relationship conflicts across all demographic and socioeconomic buffers. In a 2002 paper published in the *Journal of Occupational Health Psychology*, Dr. Price and his colleagues in the Department of Psychology and Institute for Social Research at the University of Michigan, Ann Arbor, reported the results of a 2-year longitudinal study of 756 people who experienced involuntary job loss and had been unemployed for at least 3 months with no chance of being recalled to their former position.

The chain of negative life events stemming from the financial strain of lost income was associated with increased rates of depression, impaired emotional functioning, and self-reports of poor health, which in turn affected job search efforts and chance of reemployment, according to the investigators. The adverse effects were mediated by individuals' perception of reduced personal control, they wrote, noting that certain protective factors, including a second impact or strong social support, had a buffering effect.

The investigators also determined that the psychological effects of job loss were not short-lived. At 6-month

and 2-year follow-up, when 60% and 71% of the study participants, respectively, had been re-employed, the depression and perceived loss of personal control remained evident, they wrote (*J. Occup. Health Psychol.* 2002;7:302-12).

Many of these negative effects are preventable through interventions that empower people in the face of adversity, according to Dr. Price, who, along with his colleagues, developed such an intervention in the early 1980s that is still being used. Called the JOBS program, the intervention teaches trainers—often teachers, social workers, or others who themselves have been unemployed—to help participants develop the necessary practical skills and self-confidence they will need in order to get new jobs. In 5-day workshops, participants learn job-search strategies, practice interviewing skills, and engage in role-play and problem-solving activities aimed at helping them cope.

Randomized trials conducted in the United States and Finland have shown that people who complete the program find new jobs faster than those who do not, are reemployed in higher paying positions; and experience fewer job-loss related negative mental health consequences (*J. Health Soc. Behav.* 1992; 33:158-67; *Am. J. Community Psychol.* 1995;23:39-74; *J. Occup. Health Psychol.* 2002;7:5-19).

The positive impact of the intervention remained evident 2 years after participation, an analysis of the long-term effects of the program show. By using data from the initial randomized field experiment conducted in 1995, the Michigan investigators determined that, 2 years post intervention, program participants had “significantly higher levels of reemployment and monthly income, lower levels of depressive symptoms, lower likelihood of experiencing a major depressive episode in the last year, and better role and emotional functioning compared with the control group.”

Job-search motivation and sense of mastery at baseline “had both direct and interactive effects on reemployment and mental health outcomes, respectively,” they wrote, noting that participants who initially had lower levels of job-search motivation and mastery benefited the most (*J. Occup. Health Psychol.* 2000;5:32-47).

Empowering those struggling emotionally during the economic crisis is also the goal of a new Web-based guide developed by SAMHSA called “Getting Through Tough Economic Times” (www.samhsa.gov/economy). It covers the possible health risks associated with financial stress and tools for managing the stress, warning signs of physical and mental health problems, suicide warning signs, coping skills, and help resources. ■

By Diana Mahoney, Share your thoughts and suggestions at cpnews@elsevier.com.