**Economic crisis impacts upon Greek child health**

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**Abstract**

*This paper focuses on the effects of economic crisis, which is assumed as a stressor or traumatic event, on children’s emotional, physical and developmental well-being. Emphasis is placed on how individual, family and community risk factors and resources might be critical in increasing children’s psychological vulnerability in times of economic crisis. The key issues related to the provision of mental health services in times of increased pressure put upon them are discussed.*

*Key words: economic crisis, mental health, child*

The global economic crisis that started in late 2008 is still ongoing in Greece. The country undergoes the sixth consecutive year of economic recession, with its economy shrinking by 25% between 2008 and 2012, and with a few prospects of recovery. For the general public, the direct effects of the economic crisis are the losses of jobs and income, and pay cuts. Unemployment has more than tripled, as the total number of the employed population is standing at 3.482.345 (March, 2014) and the unemployed were recorded as standing at 1.274.843 while the economically inactive population was registered at 3.393.042 (Roussos, 2014). According to the statistics produced by the Public Employment Service (OAED) the unemployment figure was 1.077.876 in 2013; this year a decline was recorded to 993.118 – down by 84.758 less unemployed (Roussos, 2014). The difference in the labor employment accounts between the official statistics of the Hellenic Statistical Authority (EL.STAT) and the Public Employment Service (Ministry of Labor and Social Solidarity) represents a unique Greek variability among EU member-states worth considering when considering issues of social and institutional convergence among EU States (Tsobanoglou, 2014). But the uniqueness of the Greek labor situation does not stop there. In April 2014 the unemployment insurance benefits administration was to cover only 102.026 unemployed persons. From those receiving such benefits the 89.46 % (91.273 persons) were regular categories of the unemployed, while the 10.54 % (10.753 persons) were seasonal workers engaged in the tourism sector. Seasonality at work is an important situation in the Greek work environment involving also many undocumented workers in the rural communities sector, agriculture and tourism being key employment categories. Regarding the unemployed who seek work the 41.39 % (342.861) are men and the 58.71 % (485.438) are women. In the category under 30 year olds, the total number of the unemployed was standing at 24.86 % (205.904), while in the age category “from 30 to 54” was standing at 62.72 % (519.486 persons). The age category of “55- over” was 12.42 % or 102.909 persons (Roussos, 2014). We see here a dramatically low number unemployed, who do not receive any statutory benefits at all.

Previous research on the consequences of economic crisis and prolonged recession on people’s health has focused primarily on adults, and to a lesser extent on children and adolescents, who are particularly vulnerable to stress. The increase in child morbidity and mortality, child labor, child abuse and neglect, violence against children and women and other forms of abuse, in addition to reduced school attendance, decrease in quality of education, as well as the quality of childcare, are only some of the indicators of negative effects of economic crisis on children’s well-being. For example, the latest available data suggest a 19% increase in the number of low-birthweight babies between 2008 and 2010. 23 Researchers from the Greek National School of Public Health reported a 21% rise in stillbirths between 2008 and 2011, which they attributed to reduced access to prenatal health services for pregnant women (Simou et al, 2013).

Researchers have stressed the close relationship between poverty and poor mental and that the effects of economic crisis may be irreversible for the children’s long-term well-being outcome. For example, children who are underfed (undernourished), leave prematurely school, or are forced to work, or become victims of neglect or abuse, are at increased risk of adverse effects on their cognitive and socio-emotional development, which is associated with worse outcome in adulthood. Among other things, poor mental health in childhood is associated with other health problems in young adulthood (e.g., substance abuse, violence, less educational progress, poor reproductive and sexual life), while higher rates of psychiatric disorders in adulthood are associated with multiple disadvantages during childhood (e.g., loss of parents through break-ups, financial hardship, mental disorder in parent) (Harper, 2005).

In this review, through examining risk factors at different levels, we will try to illustrate how the economic crisis has been affecting children in Greece.

**At adult individual level**

The psychological and physical health outcomes of job and income loss are not uniform, but vary depending on several cognitive, personality, and social factors. During times of economic crisis and prolonged recession, people experience elevated levels of stress. Economic challenges pose even a greater risk to parental mental and physical health, if job or income loss is defined as a negative, crisis-producing event that may result in impaired ability to regulate emotional reactions leading to loss of self-control, increased consumption of alcohol or drug abuse, increase in psychosomatic symptoms, eating and sleep problems, which all in turn adversely affect psychosocial functioning and parenting ability (Price et al. 2002; Roberts et al. 2010; Vlahov et al. 2002). Thoughts of future uncertainty and unpredictability may cause feelings of enhanced anxiety, anger, frustration, hopelessness or worthlessness.

Research conducted by the University of Ioannina in a representative sample of approximately 5000 adults, aged 18-74 years old, found a significant increase in psychiatric symptomatology among people with lower family income or those facing serious financial difficulties. The individuals that faced moderate to severe financial strain (irrespectively of their actual income) were almost 3 times more likely to suffer serious mental health problems, as compared to those who did not face financial challenges. More specifically, among individuals without financial difficulties, 3% presented serious psychiatric symptomatology and 1% suffered depression, as compared to 22% and 12% respectively among individuals who faced financial hardship. With regards to employment, the prevalence of psychiatric symptoms was lower among those who were in full- or part-time employment, whereas the unemployed presented a double risk of developing serious mental health problems, and were two and half times more likely to express “wishes of death”, ideas of worthlessness and hopelessness for future (Skapinakis, 2011).

Analysis of data extracted from information obtained during the calls made to the Depression Telephone Helpline for Depression operated by the Greek University Mental Health Research Institute, from May 2008 until June 2011, showed a steep increase in number of calls with direct or indirect reference to the economic crisis from the first half of 2010 and onwards. The callers who referred to the economic crisis manifested depressive symptomatology of clinical significance to a greater degree than callers who made no such reference. The latter exhibited increased levels of distress and agitation as well as drug/alcohol misuse. Concomitantly, a higher frequency of depressive symptomatology was ascertained among the unemployed, whereas employed people were found to experience anxiety symptoms to a higher degree (Economou et al., 2012).

A study conducted Economou and collegues (2011) reported a 36% increase between 2009 and 2011 in the number of people attempting suicide in the month before the survey, with a higher likelihood for those experiencing substantial economic distress. The inspection of data from the Hellenic Statistical Authority indicates that deaths by suicide have increased by 45% between 2007 and 2011, albeit from a low initial amount; this increase was initially most pronounced for men, but 2011 data suggest a large increase for women as well (Kentikelenis, et al., 2014).

**At the family level**

Many families respond to economic loss by restructuring their resources (e.g. restructuring their living arrangements to facilitate relatives moving in) and relationships (Elder & Caspi, 1988). Resulting alterations in mutual nurturance place families at high risk for instability. Classic studies of unemployment during the depression provide evidence that job loss produces stressful changes in families. These changes include decline in financial and social status, changes in family roles, and loss of hope for the future (Jahoda, Lazarsfeld, & Zeisel, 1971). The economic depression as a result of “forced” early retirement, redundancy or job dismissal may have negative impact on marital relationship (reduced satisfaction from the spouse, change of family roles and dynamics, frequent arguments, marital discord, etc.), which is much greater if marriage was before weak. When marriages end, whether through divorce, separation, or desertion, the child usually spends some time living in a single-parent household, most often (>90%) headed by his or her mother (Antonopoulou, 2013). Families headed by previously married mothers typically experience downward economic mobility. These events and circumstances have effects on both the child’s development and relationship with the father, who due to job or income loss is unable to pay on a regular basis child maintenance, which often results in increase of conflict between parents.

Data provided by the Hellenic Statistical Authority (EL.STAT) indicate that the divorce rate in Greece has remained relatively stable during the five-year period prior to 2008, however, the figures relating to the period of economic crisis (2009-2013) are as yet are not available. Analysis of data from the Community Mental Health Service of Peristeri (Greater Athens Area) indicates significant increase in number of children referred to the service who come from broken and/or single-parent families, and suffer considerable reduction of financial resources, due to either maternal or paternal job or substantial income cuts. Another phenomenon often observed is that the dramatic decline in family income leads to parental decision to continue leaving together despite the broken marital relationship. The emotional quality of the parent-child relationship is greatly compromised by tension in parental relationship but also stress that parents experience within other relationships, which they transfer to the child.

Greece’s austerity measures, because of reduced family incomes and unemployment of parents, have affected child health. The proportion of children at risk of poverty has increased from 28·2% in 2007 to 30·4% in 2011 and a growing number receive inadequate nutrition (UNICEF, 2013).

Poverty and social disadvantage are closely related to child’s cognitive deficits and poor school performance (Maughn, 1994). Children whose families have experienced job or income loss have more mental health problems (Werner & Smith, 1982) and are more depressed, lonely and emotionally sensitive. They are less sociable and more distrustful (Buss & Redburn, 1983), are more likely to feel excluded by peers, have lower self-esteem and reduced ability to cope with stress, and are more likely to exhibit disruptive behavior disorders, which are more severe in children who grow up in families with permanent financial stress; the effects are more pronounced in boys than in girls, and in children rather than in adolescents. Most studies have shown that the effects of poverty on children's mental health is indirect – poverty is a main source of parental stress that impacts on parent’s emotional availability and their parenting ability in recognizing and meeting child’s developmental and emotional needs, and indirect - through increasing risk of applying inconsistent and punitive discipline strategies by parents.

**At the school level**

The school life is one more important aspect of children’s and adolescent’s social world. Children’s emotional difficulties often manifest themselves through behavior problems that are easily perceived by the school (e.g., truancy, expulsion from school, poor attendance, and decline in school performance).

Schools are faced with many challenges, which increase in times of economic crisis. The impact of austerity measures in Greece has been severe on schools, which are being constantly undermined and devalued, both at a material level, with the lack of necessary funding and its consequences on school operation, and through the disparagement of school teachers (Anagnostopoulos & Soumaki, 2013).

Recent changes in Greek educational system (e.g. New Lyceum) have brought about greater stress in adolescents; school exams that already rank high in the list of young people’s fear of failure, have caused higher levels of psychological distress. The number of adolescents, who seek psychological help, in order to be able to cope with exams anxiety, has increased significantly in the last year. Similarly, the number of hospital admissions because of suicide attempts or due to persistent and severe non-organic somatic symptoms (abdominal pain, recurrent severe headaches, conversion symptoms, etc.) has markedly increased. Recently a letter sent by the Regional Director for Education of Attica, Administrative and Economic Support Directorate (26/05/2014) to the School Principals of the Region requests the registration of the number of the undernourished students in all public schools, to be sent by the 29/05/2014. The Ministry of Education is currently delivering to 406 schools nationwide (222 in Attica) a program for healthy diet, sponsored by the Niarchos Foundation. The Greek Orthodox Church with its NGO “Mission” has said that it sends parcels to 2000 students. The Ministry of Agriculture sends to 1.500 schools, in Athens and in Thessalonica, fruits and fruit salads for pupils. The Regional Education Authority refused to give information collected from the school system defining them as “classified“ information. On the other hand, the Primary School Directorship in North Attica Area declared that in 129 elementary schools, a total of 110 pupils were considered as malnourished, with most in New Erithrea, Marousi, Melissia. These suburbs are very middle class and this is a unique situation as in the center of Athens, the western suburbs and Pireus are certainly working class with much higher poverty rates. At the national level there are over 640 school applications to enter a program of school meals from which the 165 are in Attica (Tziantzi, 2014). It is clear from this that the whole issue of child poverty and welfare provision is still not embedded in the system of public policy as evidenced by current situation in the school system.

**At the neighborhood level**

The deterioration of the neighborhood environments in urbanized areas (e.g. Athens), increases parental anxiety with regards to child’s safety, leading to his/her over-protection and reducing the opportunities of socialization, which may result in developing emotional and behavioral difficulties. Young children often grow up “closed” in the apartments watching television or playing electronic games. In adolescence, the neighborhood effects are mediated through social interactions with delinquent peers and greater exposure to violence. Schools in socially deprived areas are facing additional problems due to a larger number of students presenting with deviant behaviors, increased number of bullying incidents, and lack of psychological supportive services within school.

**At the level of mental health services provision**

In Greece, in accordance with the Law 2716/1999, the development of administrative territorial sectors is the basic principle of organization of psychiatric care, aiming at the future development of mental health services due to its shortage and great inequalities between regions. This development (territorial sectors) of child and adolescent mental health services (CAMHS) has been officially established since 2002, and today there are geographically defined 12 sectors (catchment areas) in Attica, 3 in Thessaloniki and one in each Region, mainly. It needs, however, to be borne in mind that absolute numbers or epidemiological prevalence data concerning single diagnoses – to a greater extent than in adults – is an oversimplification. Defining the need for service development and delivery depends not only on service demand but on defining children’s mental health needs through acquiring knowledge of the socio-demographic characteristics and changing family and social factors within the given geographical area. For example, the 5-9% of children and adolescents, aged 5-18 years, suffers from severe emotional disorders. This figure however increases among children living in poverty. It has been calculated that roughly 20-25% of child and adolescent population require psychosocial intervention, when a broader spectrum of child problems is taken into consideration, and this percentage is increased further in conditions of extended prolonged economic depression.

Unfortunately, in Greece investing in child and adolescent mental health has never been a priority, as compared to adult mental health and even more to somatic health. This was confirmed by the evaluation of the National Plan of Action “Psychargos” for the decade before the economic crisis (2000-2009). With respect to meeting children’s mental health needs, the Group of European evaluators concluded that the development of psychiatric services for children has followed a different course compared to that for adults, as only 30 % of the planned community CAMHS, 5.5% of the planned specialized services for children with autistic spectrum disorders, 48% of day centers for young people with autism, 6% and 14,5% of long- and short-term stay facilities respectively, have actually been materialized. Furthermore, the report stressed that the distribution of child psychiatric services is uneven, as more services are situated in the Attica Prefecture (to which the city of Athens belongs), whereas other areas in the country are lagging significantly behind both in number and in type of services provided. In some prefectures, there are no child psychiatric services (Thornicroft, Craig, & Power, 2010).

In Greece public and non-profit mental health service providers have scaled back operations, shut down, or reduced staff; plans for development of child psychiatric services, which has been in place within the framework of the psychiatric reform since 2000, have been effectively cancelled or abandoned; funding for mental health decreased by 20% between 2010 and 2011, and by a further 55% between 2011 and 2012 (Anagnostopoulos & Soumaki, 2013). Austerity measures have constrained the capacity of mental health services to cope with the 120% increase in use in the past 3 years (Anagnostopoulos & Soumaki, 2013). Indicatively, in CAMHS of Peristeri (West Attica catchment area, with 200,000 people under the age 18), the number of referrals has doubled in the first trimester of 2014, as compared to the first trimester in 2013. At the same time, the demand for supportive work within the community (due to the collapse of social services) and schools (due to insufficient psychological services) has also increased. As a matter of fact, the child mental health services are now called upon to substitute and assume the work of others, even the supervision of parent-child contact. Furthermore, an increasing number of patients seek care within the public system. A recent survey in a representative sample of both public and private child psychiatric institutions in Athens, Piraeus, and Thessaloniki compared data from 2007 and 2011 (two years before and two years after the implementation of austerity measures). Findings revealed a 39.8 % increase in new cases in public outpatient services for children and 25.5 % for adolescents, while percentages have dropped by a total of 35.4 % in the private sector between the years 2007 and 2011 (Anagnostopoulos & Soumaki, 2012). As a result, both the waiting list and waiting time are now longer. In CAMHS of Peristeri, the waiting time has tripled and is now longer than 2-3 months, while the waiting time for assessment of learning difficulties exceeds 1 year. Reduction by 40% in salaries and substantial cuts in funding operating costs, as well as the intensifying the professional requirements has caused a drop in morale and work burnout. The accumulation of all the above factors has contributed to progressive in the quality of service provision (Christodoulou et al, 2012). The increased waiting list, caused also by the increased case complexity, leaves very little room for psychotherapeutic interventions. Nowadays, throughout public CAMHS, the diagnostic model seems to prevail over the psychotherapeutic model, for the benefit of private sector, which provides therapy to those, for whom the public sector fails to meet therapeutic needs, except those of pharmacotherapy. It is clear, therefore, that the most affected by crisis, with the devastating social consequences, are the economically weaker families, as well as, those without social health-insurance coverage (which is linked to employment status), who are unable to cover the cost of their child’s therapy. Indicatively, the mean cost of therapeutic intervention program for a preschool child with autistic spectrum disorder is approximately 800 Euros monthly; the social security fund covers only the sum of 450 Euros, leaving the parent to pay at least 350 Euros for his/her child’s therapy.

Furthermore, a large number specialized services and psychosocial rehabilitation units, run by NGO’s within the framework of the program "Psychargos" with the financial support of the European Union that covered the large gaps that existed and continue to exist in the public sector, have suspended their operation. It needs to be stressed that these units provided psychiatric care to the most vulnerable population (e.g. children with autistic-spectrum disorder or severe learning difficulty), who’s mental health and care impacts substantially on their psychological development, and the balanced functioning of their families.

In periods of economic crisis and extended recession it has been observed that, while the demands for mental health services increase, because of the reduction in health and social services expenditure, their provision is progressively decreases. This may result in a vicious circle that maintains and deteriorates further mental health problems (Triantafyllou & Angeletopoulou, 2011). The shrinking of child psychiatric and psychological services may create in the near future more psychosocial problems that will be passed onto the broader society (and next generation), with even more unpleasant consequences. This means that children and young people will find themselves without access to psychological help that could potentially aid their psychosocial development and functioning, and not deprive them from the probability of successful integration into society. Moreover their families, who are already in a difficult financial situation due to the crisis, will find themselves powerless to cope at home with highly disturbed children, whose mental state or behavior deteriorates, will result in the deadlock leading to despair, search for alternative solutions, and secondarily in development by other members of the family of psycho-social problems.

 There is some emerging evidence that increased number of children is abandoned in paediatric hospitals, as well as, that increased number of parents seek child’s admission to institutions because they cannot meet their basic needs, i.e. food, housing, clothing, etc., which heightens the risk of Greece regressing back to institutional care. As an example, the Child Protection Center of Attica "Mitera" (formerly "Mitera Infants Centre") has recently re-opened the Newborns-Babies Unit, with an 8 bed capacity; with the aim of reducing to a minimum the time spent by babies in maternity hospitals or hospital obstetric clinics.

Data provided by "SOS Children's villages” indicate an extreme increase in demand for support; five years ago, the Organization helped 47 households, while today provides support to 9,000. Another example is the action of the non-profit organization the "Ark of the World", aiming at providing care to children (clothing, play, medical and dental care, remedial teaching, foreign language learning, etc.) who live in conditions of neglect and abandonment, most from single-parent families. The objective of this effort is to prevent the institutionalization of children, and support their stay in the mother's care, who receives monthly financial aid to cover the rent and bills, while trying to find a job.

**Epilogue**

The economic crisis in Greece has aggravated due to the faulty social safety net the situation of children in the country. Many private initiatives came to fill in the void but the missing poverty eradication supports are much in evidence. It is also clear that

Poverty at present is not systematically being considered as part of a social policy for workers. We demonstrated that unemployment insurance is not universal and only a small percent of the unemployed are being on the receiving end of a benefit system. Differing accounts for unemployment figures between state agencies (EL.STAT and OAED) indicate a weak capacity and understanding to tackle a very worrisome social situation whereby the very concept of social governance is being put into question. Families and children in such a situation seem to suffer from lack or lower quality services within the public sector; a huge bulk of psychological and psychiatric care can be obtained in the private sector but only by for those who can afford it. Those in prolonged unemployment and poverty are sliding in the shadow and lose their faith in democracy as the system of social integration in place, employment, schooling, seems to be contacting dramatically to extreme levels. The weak reporting and registration seems to be a strong characteristic of the situation. If it is not registered, it is not accountable and it does not exist as calculable issue.

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