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Example 1: Economic Crises and Mental Health Planning in Europe

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The Great Depression that hit the economies of most countries in the world since 2008 has had a particular impact in Europe. Among his most notable consequences are rising unemployment, debt, housing instability, impoverishment, and increased social inequalities. All these factors have a negative impact on the mental health of the population, and in fact, numerous studies confirm increased rates of depression, anxiety, stress, addictive behaviours, suicide, and deterioration of family relationships in many European countries. Coinciding with these events, austerity policies have led to a limitation of social and health resources available to a population affected by the crisis, just when these resources were most needed. However, History has taught us that times of crisis are also times of opportunities. The Great Depression and its aftermath may represent an opportunity to change the way healthcare planning on mental health is performed as well as the implementation and management of psychiatric services. It is timely to address long-postponed issues such as the coordination of health and social services, the culmination of the transition from hospital-based care to community care, the provision of psychiatric care in the context of Primary Care, the evaluation of services from the perspective of cost-effectiveness, the training of psychiatrists to meet the needs of a population that not only wants or needs a purely psychopharmacological care, or the fight against stigma. These elements will be addressed in this presentation, taking into account the availability of data to support an evidence-based mental health planning across Europe.