

Impact of the economic crisis on mental health. Report of a multidisciplinary Seminar held in Sassuolo (Modena), June 17th, 2016

The 2008-2009 financial crisis and consequent austerity measures have considerably limited available resources for health care in general and mental health in particular. At the same time, the crisis itself has increased health care needs and reduced the quality of life of the working population (4). A qualitative study carried out by our research group investigated the consequences of recession on workers' health in the Sassuolo ceramics district in Northern Italy. The research outlined a decrease in workers' general health conditions and in the social capital (i.e., poor relations among peers, lack of reciprocal support); because of the fear of losing their job, workers may often adopt health-hazardous behaviours like waiving sickness benefits (3). At the end of the study, participants agreed that a stronger collaboration between mental health professionals and occupational physicians was advisable to target workers' specific needs, including psycho-social interventions and strategies of advocacy and empowerment.

The opportunity for a more active collaboration between psychiatry and occupational medicine is often overlooked by scientific literature, despite its potentials (2). Few, though notable, experiences include the development of consultation-liaison psychiatry services within occupational medicine units (1). The operative framework of consultation-liaison psychiatry may particularly suit the needs of medically ill workers also presenting psychiatric symptoms or workers with so-called "medical unexplained symptoms" and "functional" disorders, which are highly prevalent in primary care and occupational health medicine settings, and frequently overlap with work-related stress syndromes (5).

As a natural continuation of the research project, a joint seminar was organized and held in June 2016 at the local hospital facility (Sassuolo, Modena), with the title "Impact of the economic crisis on mental health". The aims were to give feedback about the results of the research, to improve further reciprocal knowledge (of people and of practices) and more generally to foster a collaboration between occupational physicians and psychiatrists working in the same area. Thirty-one physicians attended the seminar, including residents and consultants from both specialties, PhD students, and other physicians working in different services of the National Health Service. Three of the five contributions were presented by occupational health physicians. In the first one,

an overview on different aspects of the relationship between work and mental health was offered. The following topics were discussed: consequences of aging of workers; increasing number of workers with disability; "medicalization of unemployment"; incidence of depressive, anxiety and *somatoform* symptoms among both the unemployed and workers, and the subsequent increased prescription of anxiolytic and antidepressant agents. The second contribution concerned work-related risk factors, company prevention policies, work-related distress resulting from the gap between the company's requests and worker's coping abilities. Finally, the third contribution concerned work-related stress, conceived as a specific disorder with somatic symptoms (i.e. sleep disturbances, hypertension, migraine), psychic symptoms (i.e. irritability, emotional lability and nervousness) and behavioural symptoms (increased alcohol and tobacco consumption) to be considered as a cluster, and not only as a simple discomfort. Legislative evolution and recommendations for work-related stress assessment were provided, as well.

Two contributions were presented by psychiatrists. In the first, the results of the qualitative study mentioned above (3) were discussed. In the second, two clinical vignettes were presented as exemplification of the topics of the seminar. The first vignette concerned the story of a man in his forties with negative psychiatric and medical history, referred to the consultant psychiatrist by the emergency room due to self-injury, triggered by a stressful event occurred at workplace. During the consultation, the man described increased workload and work responsibilities in the very last years. After the diagnosis of Adjustment Disorder, he was prescribed with antidepressants, and liaison activity was performed with the general practitioner and with the community mental health centre. The second vignette concerned the story of a woman in her fifties with a history of Dysthymic Disorder and concomitant Somatic Symptom Disorder (formerly known as Somatoform Disorder), who experienced a worsening of her symptoms due to a severe stressful period at work, featured by deep changes in workplace and work task; this prompted to psychiatric referral by the toxicologists that were treating her headache. Differently than the previous case, this woman had very poor social relations, and a positive psychiatric and medical history related to cancer surgery years before

due to an oncological disease. She was given the indication to continue the antidepressant therapy she was currently taking, and the consultant managed to anticipate the psychiatric examination with her psychiatrist at the community mental health centre.

During the discussion session of the clinical vignettes, the participants addressed the following remarks: first, the possibility that in both cases the request of psychiatric referral may be a sort of warning sign of a particularly stressful workplace or work environment; second, the possibility that the problems presented (especially in the first vignette), originated at work, may mask or be determined by a psychiatric disorder, even though a negative history was reported; third, the fact that a psychiatric disorder, with or without somatoform features, may impair the individual's functioning, namely at work; finally, the possibility that a worsening of medical or psychiatric disorders may be due to worsened work conditions.

The seminar was an attempt to move translationally from research toward clinical practice at the complex interface between occupational medicine and psychiatry. It was further strengthened by the participation of Marco Rigatelli, Alberto Modenese (both from the University of Modena and Reggio Emilia) and Davide Ferrari (from the local health agency of Modena). Positive feedback from participants and from local health agencies' representatives encouraged the multidisciplinary group to move further in a process of tightening the relationship between occupational and mental health in all the three areas of research, education and clinical practice.

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