Greek financial crisis and child mental health

During the past few years, the percentage of Greek children living in poverty or social exclusion has been on the rise as a result of the financial crisis. Although several reports showed that depression and suicide rates have increased in adults in Greece, no relevant studies exist in child and adolescent populations. It is well known that poverty is a distal risk factor for children’s mental health and development. The psychological stress associated with poverty has proximal effects, such as harsh parenting, and distal ones, such as children’s antisocial behaviour and other mental health problems. In everyday clinical practice, we encounter an ever-increasing number of families with complicated psychosocial adversities, both in outpatient and inpatient treatment settings. A striking example is that the recorded number of abused or neglected children admitted for child protection to the largest Greek paediatric hospital has risen from 81 cases in 2011 to 170 cases in 2014.

As the need for psychosocial interventions is substantially increasing, child and adolescent mental health services and supportive policies have started to undergo budget cuts. Public funding cuts (almost 50% in 2014 compared with public funding in 2007) led to some services not being fully operational, whereas others are on the verge of being suspended. At the same time, many non-profit child and adolescent mental health community centres, psychosocial rehabilitation units, and highly specialised establishments have closed during the past 3 years. Moreover, many parents have cut back or discontinued their children’s treatment, even for debilitating disorders such as autism, because of their inability to cover the out-of-pocket expenses of the treatment.

Although the effect of the financial crisis on the mental health of young people is still unknown, the financial crisis is expected to produce a child and adolescent mental health crisis. Evidence-based and targeted promotive and preventive interventions should be urgently implemented to strengthen parenting in the most vulnerable families (eg, impoverished families and parents struggling with mental health disorders). Investment in children and support to their families is one of the most important investments Greece could make in these difficult times because it will not only enhance children’s wellbeing and right to a life in dignity but also help our society prepare for an improved future.

We declare no competing interests.

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Management of disease outbreak in Nepal

After reading Buddha Basnyat and colleagues’ letter (June 27, p 2572) on Nepali earthquakes and the risk of an epidemic of hepatitis E, I would like to offer constructive criticism on the management of disease outbreaks in Nepal. During the rainy season in Nepal, the quality of drinking water falls below the bacteriological standard because of contamination with faecal matter leading to outbreaks in infectious diseases. Cholera is endemic in Nepal, with annual outbreaks during the rainy season. The cholera outbreak in Haiti in 2010 has claimed the lives of 9000 people. The likelihood of a similar tragic fate occurring in Nepal cannot be denied. Besides cholera, seasonal outbreaks of gastrointestinal infections (diarrhoea), typhoid, paratyphoid, malaria, influenza, Japanese encephalitis, hepatitis A, and others have prevailed in the country.

With an estimated need of US$5 billion to set Nepal back to its default infrastructure, wasting money on immunisation against each infection seems ridiculous unless it is absolutely necessary. Vaccination of pregnant women against a virus (eg, hepatitis E) might, to some extent, mitigate the problem of high case fatality, but the number of pregnant women in a refugee camp represents just a fraction of all vulnerable people at risk whose households have received water from a contaminated pipeline. Additionally, production of antibodies after vaccination is most effective in individuals with a healthy nutritional status. In refugee camps, a high chance of malnutrition and unsanitary conditions exists, so Nepal should focus on managing the common denominator of the outbreaks, such as poor sanitation and hygiene, by supplying clean drinking water, proper waste management, and salubrious food instead of draining its insufficient funds towards vaccination against each outbreak of infectious disease. This solution would also help restore the economy of the country.

I declare no competing interests.

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