



AFRONTAMIENTO PSICOLOGICO EN EL SIGLO XXI

**HELP! I NEED SOMEBODY!
MULTIDISCIPLINARY SUPPORT FOR WORKERS IN THE ECONOMIC CRISIS**

Alessandro De Carlo¹, Paula Benevene¹, Irma Seminara², Marco Nicolussi³

¹ LUMSA, ² PsiopInstitute, ³ Ordine degli Psicologi del Veneto
alessandro.a.decarlo@gmail.com

Fecha de recepción: 12 de febrero de 2012

Fecha de admisión: 15 de marzo de 2012

ABSTRACT

The current economic crisis is causing difficulties to a vast amount of workers in different fields, and many of them now find themselves in need of help. The question is how to effectively support them, especially considering the wide range of conditions, problems, diseases, and fears that they experience in relation to the contingent economic situation. In this perspective, one critical success factor can be identified in the multidisciplinary nature of the intervention. In fact the help cannot be just psychological: there is also the need of legal, economic, social and medical support. The psychologist, in this perspective, has a pivotal role: not only the one of giving psychological aid, but also the one of coordinating the other professionals in order to produce an integrated service that is acceptable, understandable and useful for the workers seeking support. This paper examines the experience of the multidisciplinary help center created in the area of Padova, Italy, for the assistance to workers experiencing difficulties related to the crisis. This center was established in 2010 after a series of suicides that could be related to work, and contributed to help more than 150 workers. Its methodologies, procedures and results are examined and discussed.

Keywords: Crisis, organizational psychology, psychologist, multidisciplinary intervention, support, suicide, precariousness, uncertainty, organizational well-being

INTRODUCTION

The current economic crisis has deep roots and is having a strong impact on many areas of people's lives (Kallis, Martinez-Alier & Norgaard, 2009). In fact, the effects and the changes associated to the contingent situation are wide enough to make it possible to define this crisis as a systemic one (Kotz, 2009). The economic paradigm to which western societies were accustomed, mainly orientated to growth (Schneider, Kallis & Martinez-Alier, 2010), seems to be unsustainable, and this perception goes

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along with the feeling that many other fast changes are occurring in the structure of the society, especially with regard to communication (Jackson, 2008). Furthermore, the extensive coverage of these issues in the media has sensitized the people to the potential consequences of the economic crisis for their everyday lives and well-being (Bates, Kundzewicz, Wu, & Palutikof, 2008), increasing the effects of the contingent difficult situation in terms of awareness, but also of fear, uncertainty and stress.

Indeed, one field particularly affected by the crisis is the working one. People feel the crisis through the changes and the uncertainties related to their work. In fact, this period is characterized by an increase of difficulties and complications both for employers and employees. The first ones experience difficulties especially in terms of markets and investments downsizing (Campello, Graham & Harvey, 2009) as well as credit crunch (Ivashina and Scharfstein 2009). The employees suffer a high degree of precariousness (Clement, Mathieu, Prus, & Uckardesler, 2009), regardless of their type of contract.

Both the categories mentioned above experience a high degree of uncertainty, partially due to the contingent factors and partially due to the generalized negative perception of the current economic and labor situation. In fact, as Clark, Knabe and Rätzl (2010) demonstrated, even workers with an objectively secure job perceive greater uncertainty when the rate of unemployment in their region – including unrelated business fields – is high. Furthermore, considering the difficult situation of the labor market, associated with the economic contingency, the workers do not have the psychological aid associated to employability, namely the perception of the possibility of finding a comparable job to the current one in a short time. In fact, there is agreement that the employability can have the effect of reducing the negative social consequences of subjective uncertainty (Fugate, Kinicki, & Asforth, 2004; Greenhalgh & Rosenblatt 1984). In addition, De Cuyper, De Jong, De Witte, Isaksson, Rigotti, & Schalk (2008) highlighted the existence of a positive relationship between employability and well-being.

The uncertainty experienced by workers has relevant outcomes not only on productivity and organizational efficiency, but also on health and well-being. In fact, a general situation of uncertainty is associated, especially in workers with little previous experience of it, with higher levels of psychosomatic illness, role conflict, and burnout (Hyvonen, Feldt, Salmela-Aro, Kinnunen, & Mälikangas, 2009). Furthermore, the current situation of widespread uncertainty contributes to create a constant feeling of fear that leads to generally worsened life conditions (Van den Bos, Portvliet, Maas, Miedema, & Van den Ham, 2005), although uncertain working conditions do not necessarily lead to precarious living conditions (Paugam, 2000).

In a time characterized by such a series of widespread difficulties, some categories of workers are particularly exposed to economic, social, and psychological risk. In this perspective, self-employed workers and entrepreneurs – who compose the majority and the excellence of the productive texture of the area of Veneto, Italy – are particularly at risk, as their possibility to work is highly influenced by the market and they have not the protections guaranteed by being part of a big company. Furthermore, these workers are now experiencing a shock due to a shift of their perception: they were used to a growing labor market, that was a characteristic of the Veneto region until 2006 (Dell'Aringa & Lucifora, 2009).

The ones among these workers in particular difficulty, can be even considered “new poors”, since the definition of poverty came to be associated with precariousness (Paugam, 2005), even though more traditional concepts such as “social exclusion” or “underclass” are still widely used in the literature in relation to poverty (Kreckel, 2004). This condition, in the contemporary precarious society, is characterized by dynamicity and movements in and out of poverty. In fact, not being able to fulfill primary needs such as nutrition is not a widespread problem nowadays (or at least not as it used to be in human history): poverty nowadays definitely refers to scarcity of money but also to the impossibility of having a project for the future, of raising a family and living in a reasonably safe condition. Indeed, most workers cannot be properly defined poor, at least in the classical meaning



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of the term. Therefore, a concept of society divided not in two segments, but in two thresholds – poverty and prosperity – and with an in-between zone is needed (Hübinger, 1996). To define the situation of workers in this zone, Budowski, Tilmann, Wiebke, & Amacker (2010) used the concept of “precarious prosperity”, in which the term “prosperity” implies a certain degree of financial and economic well-being. This material well-being is however characterized by certain attributes of precariousness, therefore prosperity is “precarious” in terms of security, individual and social perception.

While a situation such as the one outlined above is in theory possible to stand, many workers in the region of Veneto, and especially in the metropolitan area of Padova, are not used to experience uncertainty and difficulties, therefore they are less resilient and able to effectively cope with the crisis. This fact rose to the public attention after a number of suicides related with the crisis that occurred during the first months of 2010. Many of them were committed by self-employed workers or entrepreneurs. Their suicides were consistent with many psychology theories about work conditions and suicide. In fact, job loss or reduction can be a profound shock and it can lead some to develop depressive mental illness and then to commit suicide (WHO, 2010). Similarly, prolonged unemployment can challenge an individual's conception of self-worth, causing stress and psychological disorders (Goldman-Mellor, Saxton, & Catalano, 2010), especially in terms of depressive mental illness (Cavanagh, Carson, Sharpe & Lawrie, 2003). In particular, self-worth is threatened when the diminution of working possibilities is not due to a lowered quality of the performance but by the contraction of the market, which is a variable related to a bigger crisis that one cannot control (Goldman-Mellor, Saxton, & Catalano, 2010). Furthermore, there are many indirect ways in which job difficulties can cause disease, disorders and suicide risk. First of all, the financial stress can be related to depression (Theodossiou, 1998). Economic difficulties can also contribute to create difficult relationships between household members (Bowlus & Seitz 2006), a fact that can have a role in suicidal intentions. All these effects tend to be more severe among senior workers, that perceive to have less options for the future in comparison to younger ones (Goldman-Mellor, Saxton, & Catalano, 2010). Especially among these workers, Sullivan and von Wachter (2009) demonstrated that mortality risk doubles in one year of displacement. Furthermore, many variables associated to disease and even potential suicide are out of the individual dimension: Eriksson, Agerbo, Mortensen and Westergaard-Nielsen (2010) and Gjesfjeld, Greeno, Kim and Anderson (2010) showed how the consequences of being without a job are worsened by the deterioration of social relation and by social stigma: this fact exposes people living in certain cultures and social groups that value work and success to more severe consequences in case of difficulties in their working lives. In order to place those suicides into a broader perspective, it is also relevant to note that Daly and Wilson (2009) showed the relation between generalized unhappiness and suicide. This last study collocates everything said above in a broader dimension of general happiness, meaning of life, perspectives, social interactions and perceptions of workers.

This critical situation, characterized not only by suicides but also by feelings of uncertainty, difficulty and generalized unhappiness that grew and become widespread in certain groups of people and workers – and that could be captured by many public and private organizations present in the territory such as trade unions, chambers of commerce, and public offices – led the public administrations, in cooperation with several private institutes to make an effort to find a solution, which came to reality in the form of a support service for the self-employed workers and the entrepreneurs and which is the scope of this paper.

While the first idea was based only on providing psychological help, the scientific committee created for giving an answer to this need proposed to create a service aimed at creating a wider support system, based on a multidisciplinary approach. Actually, this type of approach was identified as the critical success factor for the service itself. In fact, many reasons for difficulty, disease, unhappiness, uncertainty and even suicide cannot be considered only domain of psychology: their solu-



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tion needs the intervention of different professionals, among whom social workers, lawyers, economists, and management experts.

The integration of different competences is important in two ways. The first one is the efficiency of the team itself. In fact, some important group dynamics are cohesion, leadership, distribution of responsibilities, authority, participation in problem solving and decision making, and empowerment through participation in meetings and professional growth (Bales, 1968). These factors can be achieved through a good demarcation of the different job descriptions, performance standards, and competency-based training (Favell, Favell, Riddle & Risley, 1984). In intervention groups, there is also a need of leaders: personal skills and professional competencies for role modeling and supervision are the most important aspects of leadership in such an environment (Austin & Peters, 1994). This integration of different competences and leadership aspects is the key for assembling a full array of individualized services and providing them to the large number of clients/users of the support service.

The multidisciplinary focus is also relevant in order to effectively intervene on the complexity of the individual problems that could come to the attention of the service, not only on one or two single aspects of them. In fact, as stated above, the diseases, difficulties and even the suicides are generated, maintained and increased by complex interactions between economic, social, legal, medical and psychological factors. In a constructivist perspective, the help given to these workers in need must be oriented to allow everyone of them to construct a positive identity (Perrone, 2010): this can be surely facilitated by a psychological intervention, but it must be supported by other forms of help that allow the person to create the physical and social condition to gain and maintain such an identity.

METHOD

Aim and Objectives

The aim of the project examined in this paper is to identify a standard for multidisciplinary intervention in times of economic and social crisis. This goal is pursued through the examination of the multidisciplinary support service instituted in 2010 by the Chamber of Commerce of Padova, the City of Padova and the Province of Padova with the cooperation of the main Trade Unions, Industrial Associations, Consumer Associations and Private Foundations whose aim was of helping every person, and in particular self-employed workers and entrepreneurs that would contact it. The critical success factors of this service were identified as follows: ease of access, low cost, widespread diffusion, network functioning, focus on prevention, multidisciplinary approach and measurability in terms of effectiveness and efficacy.

The multidisciplinary support service was widely advertised (it had also international recognition in Holland, Germany and France as a pioneering initiative). Its main instrument for receiving the requests of intervention was a telephone number free of charge (in Italian called "numero verde", namely "green number"). While the first contact was allowed to everybody, the multidisciplinary team intervention was focused giving support to self-employed workers and entrepreneurs of the area of Padova. The other people seeking help through the green number (belonging to other categories and/or living in other geographical areas) were addressed to the most indicated public support service in their area. Therefore, the final objective of the service was to give the most appropriate form of help to its target and to follow the workers seeking help until the critical phase of their problem/disease was solved. In relation to the goal of the multidimensional support service, the objective of this paper is to show how a multidisciplinary intervention can effectively help workers experiencing difficulties. The examination of the procedures of intervention can provide a potential example for those who are seeking an idea and a potential solution for helping people in a situation that seems to be too big to be tackled without segmenting it into smaller areas of expertise. The paper also aims to show



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and examine some results obtained by the support service, which can be a starting point for a reflection on how to improve the practices and the interventions in order to be able to help more efficiently the workers experiencing difficulties and diseases caused by work-related problems.

Target and access to the service

As stated above, the access to the service was free and not subject to the membership of any specific category. At the end of the first phase of the life of the service, the one examined in this paper, the support center received more than 500 contacts, with a relevant peak of contacts in the first week, during which there were more than 25 contacts per day. Among these people seeking help, 156 self-employed workers and entrepreneurs living in the area of Padova were taken in charge by the service. In 138 cases, the person seeking help was Italian, in 18 foreigner and regularly resident in Padova.

Instruments and Procedure

The main instrument on which the service was based was the telephone number that could be called at any time free of charge. This possibility was widely advertised through different channels: the press, the internet, the local televisions and the information given by the main stakeholders of the service, which were also the widest public and private organizations in the area, in constant contact with workers and citizens.

At the first contact, the telephone operators – who were psychologists belonging to the Italian Psychology Order, therefore fully entitled to act also in case of severe cases – followed a protocol specifically designed for the support service. The task in this moment was to fill a form with the data of the caller, his/her type of work or employment, personal data and, in case, the type of help requested. The psychologists were given the mandate to pay particular attention to psychosocial disease signals, as at the time the possibility of suicidal acts was perceived as very high. In case of perceived psychological risk, the psychologists were entitled to give a first psychological aid. The operators had to send every day the forms with the requests of support to a central board, coordinated by a psychologist who was also in charge of the whole service. This board's task was to evaluate every single case, paying special attention to signals of psychosocial disease, and to assign a specific consultancy program to every person taken in charge by the service. The consultants at disposal of the board were expert in the legal, financial, administrative, and psychological field. The participation of the labor organizations and professional associations ensured the possibility to summon experts of specific fields in case of need. After this step (unless the problem was very specific and clear to the operator), a first evaluation and orientation encounter was planned and realized. These encounters, managed by a psychologist, lasted 50 minutes and had the goal of assessing the general situation and of addressing the person toward the further specifically programmed encounters. These persons were followed for the time needed to stabilize their overall life and working situation, for some it took a few weeks, for others a longer period, even months. Regular contacts with a psychologist were implemented. At the end of every encounter, the consultant filled a report about the person, stating the solution of his/her problem or addressing him/her to other consultants or to other encounters for the same subject. The psychologist in charge of the service, had the role of declaring a case concluded.

Criteria and methods of evaluation of the service

The criteria for evaluating the service were stated at the beginning of its functioning, in order to be able to have the possibility to draw conclusions and to obtain valuable data.

The first evaluation step was aimed at identifying the demographic and work-related data of the people contacting the service. Such an action was conducted not only for addressing the people seeking help to the most effective consultancy, but also for assessing the effects of the communication aimed at spreading the awareness of the service among the population.



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The second moment of evaluation of the service was conducted through periodical staff meetings. In these meetings, the different members of the staff, exponents of different professions, were giving their expert judgment about the advancement of every case. Their method of evaluation of the case was based on examining the original requests of the person, the needs emerged during the administration of the service and the assessment of the overall current situation, with particular focus on improvements, critical points and eventual psychosocial risks. If all of them agreed that one case could be considered solved, the third moment of evaluation would occur.

The third moment of evaluation consisted in the last meeting with a person whose case was considered solved by the professionals. In such a meeting, the psychologist was focusing the conversation on exploring the feelings of the person and his/her perception of having received enough help to prosecute the actions started during the support period alone. In this interview, the psychologist was asking questions about the satisfaction for the help received and for the current situation, about the person's future perspectives and about his/her ability to implement a correct analysis of the reality. The psychologist was also focusing on perceiving any sign of psychosocial disease/risk that would make him decide that the person was not ready yet for being discharged.

After the service, the workers that contacted the service were monitored periodically, especially in relation to their eventual contacts with health services or with the judicial system.

OUTCOMES

The first outcome of the analysis of the service is to highlight how wide was the range of interventions that proved to be necessary for helping the workers acceding to the service. The type of help that was needed turned to be in 84 cases legal, in 108 cases fiscal, in 142 cases financial and in 11 cases related to specific business issues (in these cases, experts of the specific fields were called). Psychological consultancy was given in 140 cases, and 31 workers were helped in accessing to the public employment centers in order to be reinserted in the labor market. The self-employed workers and entrepreneurs who contacted the service belonged to the areas of craftsmanship (58%), commerce (40%) and agriculture (2%).

One result related to the outcome of the service is that there have not been suicides among entrepreneurs and self-employed workers after the beginning of the activity of the service. Furthermore, the people that contacted the service were followed after the conclusion of the intervention on them. No one of the workers whose case was declared solved had health issues related to work or judicial problems.

During the first four month of activity – the first phase of the service, aimed at dealing with a particularly severe social situation and object of observation in this paper – 50% of the cases taken in charge by the support service were declared concluded positively. For drawing such a conclusion, as stated above, two steps had to be passed: the expert judgment of a visible improvement of the situation in the areas of intervention and the last interview with a psychologist in which the people showed awareness of their new condition and of their possibility to prosecute the actions started during the service. Therefore, in this 50% of cases, there was a substantial agreement between the professionals and the person that acceded to the service.

Considering the vast typologies of people with different kinds of problems that contacted the service and the nature of the service itself, based on a multidisciplinary protocol as well as on the specific skills of the single professionals involved, the description of some cases taken in charge by the service seems to be the way to gain the most rich and valuable information, in a qualitative perspective.

Case 1: B. B. was experiencing a high degree of sufferance due to the loss of every material good, including his house. This situation led him to a depressive state and to difficult family rela-



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tions. Severe conflicts with his parents arise constantly. B.'s everyday life was also made difficult by frequent panic attacks. Along with a psychological support administered in order to help him to reframe his system of values, B. received social and career consultancy. This last one had particularly good outcomes, as it allowed B. to rethink about his professional possibilities and his development. Now B. is studying in a University in a different region, with the intent of getting a degree and changing his professional scope.

Case 2: F. F. was an entrepreneur in financial troubles because of the contraction of the market and especially because one of his biggest customers recently failed. He adds an anxious personality to the high stress related with his employees threatening him and claiming their payments (that he could not pay). Furthermore he could not accept his situation, that he considered a "failure", and experienced a high degree of difficulty in communicating with his family, especially about work topic. F. received along with a psychological and relational support, a financial consultancy that allowed him to obtain a line of credit for paying his debts and have a small amount of money for prosecuting his activity.

Case 3: C. C. was a self-employed worker experiencing difficulties partly because of the market situation and partially because of his health situation. He had past experiences of working failures, that he would attribute to his partners' dishonesty. His family situation was critical, as he was divorcing and his parents health was critical. His financial situation was difficult as well, as he had debts and a pending legal argument. The psychological support was fundamental for C., who approached the service asking for somebody to help him to "regulate his life". The psychologist started with him consultancy that soon turned into a still-lasting psychotherapy. The first area of intervention was C.'s habit of drinking alcohol after working. The legal consultant also followed C., helping him to obtain a reduction of his debts (some debtors were asking higher amounts than they deserved) and also a dilation of the payments. The last type of consultancy that C. received was a career focused one. Given the difficult situation of the market in which C. was expert and his difficulty in running a private business, the consultancy focused on C.'s possibility to think himself as an employee rather than a self-employed worker. Now C. is paying his debts and he is looking for a new job with more perspectives, as he is considering also employed positions.

Case 4: S. S. suffered a diminution in her shop incomes, potentially due to the opening of a big shopping center nearby. She was mostly concerned about the future of her two kids, feeling unsure about her possibility to maintain them and to allow them to study. The psychological consultancy was focused on the family relations and on the importance of a constant and attentive support, that she always gave to her kids. The support service opted for calling a marketing expert that followed her in the implementation of specific target segmentation actions, which helped her business to gain more customers and revenue.

Case 5: A. A. owned a small shop. Her business was not performing well, supposedly because of a bad position within the city. She lived with her mother, with whom she was having frequent contrasts. She was also about to lose her house, as she could not afford to pay the rent. A. experienced a high degree of psychological sufferance, also associated with physical difficult conditions. Considering her situation, the first concern of the professionals of the service was to put her in contact with the social services, in order to help her obtaining a minimum amount of money for staying in her current house, at least for a while. The financial consultancy then prosecuted helping her to study and consider the possibility of changing the location of her shop. The psychological consultancy was also given to A., in this case in association to a psychiatric and a medical one, given her physical conditions. Her situation is still monitored by the consultants, as many financial processes were slowed down because of the complete lack of fiscal and financial documentation of A. She is currently followed by a physician in charge of recovering her physical condition.

The service itself was considered a success, as the practices for evaluating the cases and the efficacy of the intervention proved that its multidisciplinary approach had a stable effect on the work-

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ers that asked and received help. One more success factor of the service was the satisfaction with the intervention by the recipients of the service, which was coincident to the satisfaction of the professionals involved in the service in 50% of the cases, a relevant amount given the severity of the cases that were taken in charge by the service.

DISCUSSION AND CONCLUSION

The presentation of the support service established in the area of Padova in order to help workers in difficult situations because of the economic crisis and the observation of its numbers, procedures and critical success factors, along with the presentation of some relevant cases that were handled by it, arouses a series of considerations.

The analysis of the type of workers seeking help and of the interventions, conducted through the data obtained at the first moments of contact, show the need of creating a service that is based on listening and only then proposing tailored interventions for every single case. In fact, the people contacting the service, as it can be seen reading the reports of the cases shown above, were not always able to formulate specific questions and to understand the steps necessary to improve their situation. Their first necessity is therefore to have the possibility to narrate their stories. The fact of having psychologists answering at the phone and conducting a first evaluation and orientation meeting, in this perspective, was a critical success factor of the service. This is particularly relevant as one of the dimensions that often emerged in the first moments was a generalized lack of reference points that leads the people to experience a feeling of loneliness. The possibility to seek and to express their discomfort is the first step for those people in order to emerge from the feeling of loneliness and despair.

The stories presented show a very wide scope of reasons of disease, pain, fear, stress and even despair that led people to seek help and to contact the support service. In this perspective, the multidisciplinary approach really proved to be a valuable answer to such a complex contingent situation. In fact, a sole psychological support could not solve many of those people's problems, as they were real and with tangible implications. On the other side, a sole technical solution would have been less effective, lacking the facilitation of the psychological support that allowed the people in charge of the service to think about change and new possibilities. In this perspective, a procedure such as the one implemented during the interventions on the single cases proved to be particularly effective: the solution of the cases had to be accepted by the different professionals involved, in a multidisciplinary perspective, and also confirmed by the recipient of the service. In fact, multidisciplinary intervention cannot be detached from the individual needs, as it was stated above.

The experience of the support service highlighted a series of necessary competences of the operators. Some transversal competences required to the operators are helpfulness, ability to listen, ability to see the problem in its complexity and to understand its different reasons and possibilities of solution. Some other relevant competences are more specifically psychological. First of all, the operator must be able to understand the legitimacy of the help requests, freeing the ones that accede to the service from the feeling of a "loss of dignity". The professional dimension of listening contributes to the construction of a narrative framework that allows people to increase their level of awareness of the need to have a space in which to express discomfort. One more relevant competence is the ability to offer the opportunity to give a new meaning to painful experiences by allowing people to construct possible alternatives and look forward to new solutions.

The service now is radically changed. After the end of the acute perception of the crisis situation and with the cessation of suicides, the service became a territorial support network. Now it is possible to seek help in any public administration of the Province of Padova as well as in many other public and private institutions. Nevertheless, the expertise gained during intensive first period of the



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service, characterized by the establishment of its procedures and evaluation methods, as well as its results, allows the managers of the service to contact the right professional teams to take care of the people that still now look for help.

The experience of the support center is a success story, and it can be seen as a moment of hope for those who want to help the others in need and the society as well as for those who found support in a difficult moment of their lives. Nevertheless it must not be a point of arrival, instead it must be a step in a long way toward the creation of a more efficient and stable support net. In this perspective it is already possible to imagine some improvements. A first one could be the stable and organized access to an even wider range of professionals and disciplines, in order to be able to define the problems of the single individual in an even better way. A second possibility of improvement could be obtained through taking in charge a wider range of workers. In fact, while entrepreneurs and self-employed workers are the core of the economic texture and the ones more at risk in a crisis situation, it is also true that employees and other types of workers can experience uncertainty and organizational disease, and could benefit from a multidisciplinary support service. One last possibility of improvement is related to a wider and deeper information. Increasing and stabilizing the awareness of the existence of such a service could give a deep and solid perception of constant support by the institutions and the society, that could lead to an overall higher degree of satisfaction, security and, at the end, happiness.

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