

Funding

Recent figures show that mental health research received 6.5% of total research funding compared with 25% for research of cancer and 15% for neurological diseases

Unlike other common diseases, there is no disease-specific charity in the UK that funds research into mental disorders

9% of the total National Health Service's and social services' spending in Northern Ireland, 11% in Scotland, 12% in England and an estimated 12% in Wales is allocated to mental health services. This is disproportionate to the human and economic costs of mental disorders

Funding of mental health research and services needs to increase. It should more fairly reflect the costs of mental health problems in society and the need for improved knowledge of mental disorders.

The need for a fair deal

Mental disorders cause enormous human suffering for individuals and their families and impose major economic costs for the population. The lack of understanding of mental illnesses and other conditions contributes to the stigma experienced by patients and influences the quality of service provision and availability of effective treatments. It is essential that funding of both research and service provision is increased in line with the funds allocated to improving physical health. This will improve people's overall quality of life and reduce the social costs of mental health problems, including those related to economic inactivity.

While all governments in the UK have increased their spending on mental health in recent years it is still not in proportion to the level of disability or prevalence of mental health disorders. Financial uncertainty and pressures on resources can result in low quality, lack of choice and gaps in service provision. Commissioning of mental health services is variable and local differences and regional variations in funding result in uneven service reform and implementation.

What we are calling for

- ▶ Major increase in research funding to improve understanding of mental disorders and lay the foundations for better treatments and services and reduced stigma.
- ▶ Continued increases in public expenditure on mental health services to reflect the human and economic costs of mental illnesses in society.
- ▶ Development of long-term sustainable funding strategies for mental health service provision at every level (including commissioning and payment by results) to make the delivery of these services realistic.
- ▶ The commissioning practice of mental health services to be fairer, more transparent and based on the best evidence available.

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Examples of what the College will do

- ▶ The College will strive to improve the awareness among professionals, politicians and the public of the need for substantially increased funding for research into mental disorders.
- ▶ We will work with partners to facilitate the establishment of a major research charity that will focus on the understanding of mental disorders.
- ▶ We will work with partners to promote commissioning of mental health services that meet the needs of people with mental disorders.

Knowledge for action: mental health research funding

There are few data sources on levels of mental health research funding. A review of the 2004/5 research portfolios of the largest UK funders of health research indicates that mental health research received 6.5% of total funding (compared with 25% for cancer, 15% for neurological diseases, and 9% for cardiovascular conditions).¹ When considered relative to its influence on an individual's quality of life, mental health is allocated substantially less funding than its impact on overall health should demand.²

Unlike for other common diseases, there is no disease-specific charity in the UK that funds research into mental disorders. In contrast, diseases of comparable health burden have major research charities that fund research centres, professorships, fellowships and major grants. For example, Cancer Research UK provides £315m per year for cancer research and the British Heart Foundation £50.4m per year for research in cardiovascular disease.^{3,4} Thus, although both Medical Research Council and the Wellcome Trust provide grant support for mental illness research, the field cannot reach the level of funding available for research in other common illnesses. If mental illnesses are to benefit from the major scientific advances and improved public profile and understanding, as for example cancer and heart disease did over the last generation, it will

be important to establish a major research charity that will support research to improve understanding of the causes, diagnosis and treatment of mental disorder.

Case for change: human and economic costs

Mental health problems affect people across the life-span. In the UK, around one in ten children and young people aged 5–16 have a clinically recognised mental disorder.⁵ Among older people, the number with mental health problems in the UK will increase by a third over the next 15 years to 4.3 million, or 1 in every 15 people.⁶ Meanwhile, about 11 million people of working age in the UK experience mental health problems and about 5.5 million have a common mental disorder, with anxiety and depression being the most prevalent.^{7,8} Even people with such common mental disorders are four to five times more likely to be permanently unable to work than the rest of the population.⁹ They often live on low incomes, are three times more likely to be receiving benefit payments, frequently are of poorer physical health and overall well-being, and also report social exclusion and discrimination.¹⁰ Severe mental health problems – such as schizophrenia, bipolar disorder or severe depression – affect about 1% of the working-age population.⁸ People with these conditions usually require continuing and sometimes intensive treatment and care, and only an estimated 10% to 20% of this group are in paid employment.^{9,10}

The effect of poor mental health on the general population can be measured in human and economic cost. The World Health Organization estimates that mental health problems account for 13% of all lost years of healthy life globally and as much as 23% in high-income countries.^{11,12} Mental health conditions are only second to HIV/AIDS in terms of making an individual the object of discrimination.¹³ Monetary estimates of the adverse effects of mental illness on people's quality of life range through £41.8 billion in England,¹⁴ £4.6 billion in Scotland¹⁵ and £1.6 billion in Northern Ireland.¹⁶

The economic costs of mental disorder related to people's ability to work have ranged through £789 million in Northern Ireland,¹⁶ £2.3 billion in Scotland¹⁵ and £23.1 billion in England.¹⁴ These account for non-employment (unemployment and economic inactivity), sickness absence, unpaid work and premature mortality. Around 60% of people who have a common mental disorder are working, compared with 70% of people who do not have a common mental disorder.¹⁰ Only 10% of people with a psychotic disorder are working full-time and about 20% part-time.¹⁰

Resources for change: expenditure on mental health

Despite recent improvements, governments do not spend enough of the total NHS and social services budgets on mental health given the extent of the burden of mental illnesses. Only 9% of total spending in Northern Ireland,¹⁶ 11% in Scotland¹⁵ and 12% in England¹⁴ is allocated to mental health services. We were unable to obtain comprehensive data on funding for mental health in Wales, though a figure of 12% has been estimated.¹⁷

In England, since 2003, geographical inequalities have emerged in NHS spending on mental health services, with considerable differences between the south and the north of the country.¹⁸ Inequalities are also reported across England in the funding of prison in-reach services, where the same specialist community mental health services provided to the general population are also offered to prisoners.¹⁹ In London and in the North-East, Yorkshire and Humber, the NHS spends more than twice as much per prisoner than it does in the East Midlands and the South-West. These differences cannot be explained by needs or costs that vary across the

CASE STUDY

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Since the publication of the National Service Framework for Mental Health & Older People, older people with mental illness have been excluded from service developments and investments. Cuts in services are occurring at a time of unprecedented rise in the number of older people. They not only have not received investment commensurate with increasing numbers but are instead seeing their services reduced.

The ageing population presents one of the most pressing challenges to the health and social care economies of the world. Having been a leader in developing specialist services for older people, the UK is now going backwards along a disastrous path that will relegate older people to the inferior care they received three decades ago when the speciality of old age psychiatry had to develop to address that neglect. This is age discrimination reborn and the injustice experienced by older people is unfortunately set to grow.

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country, but rather represent a 'postcode lottery' in mental healthcare.¹⁹ Meanwhile, mental health services for older people often receive unequal and unfair funding and may frequently be more vulnerable to financial cuts than other services.⁶

Need for vision: long-term strategy

The development of long-term policies for mental health is welcomed. However, from the outset, such policies need to be based on a realistic estimation of the future costs of delivering health and social care services for people with mental disorders. For instance, a recent analysis of financial assumptions underpinning the 10-year National Service Framework for Mental Health in England found a shortfall in mental health services funding of approximately 20% and indicated that to fully deliver the National Service Framework in 2010/2011 a 38% increase in the number of staff was required.²⁰ Similarly, the King's Fund estimates of the cost of providing mental healthcare in England up to 2026 indicate that current service costs are set to rise 111% (from £22.5 billion in 2007 to £47.5 billion in 2026, taking into account real pay and price increases).²¹ This increase is primarily due to the estimated rise in the number of people with dementia in England and the accompanying increase in service costs. Further work is needed in England to assess the implications of these estimated costs and find ways of addressing the problems thus incurred, while similar estimates and projections are called for in Scotland, Wales and Northern Ireland.

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