

The

ECONOMIC CASE *for* GOOD MENTAL HEALTH

Why prevention and treatment matter

About Us

The Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists. We work to secure the best outcomes for people with mental illness, intellectual disabilities and neurodevelopmental disorders by promoting excellent mental health services, supporting the prevention of mental illness, training outstanding psychiatrists, promoting quality and research, setting standards and being the voice of our members and the profession.

Psychiatrists are medically qualified doctors whose first two years of postgraduate training include working in general medicine or surgery. They then undertake at least six further years of training in the mental and physical manifestations of psychological and behavioural disorders. Psychiatrists treat and help

people to manage or recover from a range of mental health conditions, including substance use disorders and severe and enduring mental illnesses.

Psychiatrists are at the heart of mental health services. Consultant psychiatrists are often the leaders of the multidisciplinary team, supervising doctors in training and other mental health staff. Key to psychiatry is holistic practice, considering all aspects of patients' lives – the role of biological, psychological, social and environmental factors in the development of their illness and presentation of their symptoms – and an ability to understand the risks and benefits of treatments that might be available. It takes a unique skillset to synthesise this information in a way that can make an important difference to people's lives.

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Introduction

Mental ill-health is impacting the prosperity of the UK, and this is mirrored in countries around the world. Globally, the economic cost of mental ill-health – due in large part to associated loss of workforce and reduced productivity – is estimated to be US \$5 trillion. Recent analysis estimates the annual overall cost in England alone to be £300 billion.

Unlike physical disorders, which primarily affect middle-aged and older adults, mental disorders arise in youth, with half of mental illnesses starting before the age of 14 and three quarters before the age of 24. This means that once a young person has survived the infectious diseases of childhood, the most likely condition they will suffer from will be a mental illness – mental illnesses are directly impacting working age adults.

Failing to prevent mental ill-health in its early stages drastically lowers the productivity of the nation by reducing the number of young people able to live fulfilling lives, reach their potential and contribute meaningfully to society. We are failing! In recent years, there has been a 20% increase in the number of people who are disabled as a result of anxiety and depression, reflecting an inability to access effective treatment in a timely fashion.

Mental ill-health is as much an economic issue as it is a health concern.

Not only is poor mental health taking people out of the workplace, in England, compared to the general population, those living with a severe mental illness die some 15-20 years earlier than their peers. Two in three of these deaths for people with severe mental illnesses can be prevented.



Mental ill-health costs the nation **£300 billion every year** as nearly 1 in 4 people in England are now living with a common mental disorder, like anxiety or depression.



Half of mental illnesses start before the age of 14 and three quarters before the age of 24, **directly impacting working-age adults.**



The number of people who are disabled due to anxiety and depression has **increased by 20%** in recent years.



These conditions are preventable and treatable – 50% of people with more severe or complex illnesses respond to treatment within six months.



Interventions work: funding parenting programmes brings a **return on investment of £4.57 for every £1 spent.**

What is mental illness?

To effectively tackle the economic crisis – which is in large part due to increased mental illness – we need to clearly define what mental illness is, and what it isn't. A mental illness is a diagnosable problem of the mind which impacts a person's mood, thinking and behaviour. While we all have our own mental health to look after, not everyone has a mental illness.

Mental illnesses are influenced by our genetics, life experiences, and aspects of our day-to-day lives. In assessing, diagnosing and treating, psychiatrists consider these biological, psychological, and social factors that make up a person. Given, in recent years, we have seen an increase in life stressors that precipitate mental illness – financial, housing and food insecurity, loneliness – it is unsurprising that there has been an increase in the rates of anxiety and depression in the general population (more than one in five adults in England now live with a common mental health condition).

In particular, the development of mental illness in women, as well as their access to and experiences of care, are influenced by a unique range of biological, socio-economic, environmental, cultural, geo-political and systemic factors that will affect each woman differently. For example, suicide in women is influenced by a unique set of bio-psycho-social factors such as age, experiencing domestic abuse and post-partum year. There is an economic cost of failing to invest in understanding and addressing the causes for poor health and mental health outcomes for women. For every additional £1 of public investment in obstetrics and gynaecology services per woman in England, there is an estimated return on investment of £11.

Many of us will encounter challenges with our mental health, and it's normal to feel anxious in response to stressful or unexpected situations. For many people these feelings will dissipate with support from family and friends.

For a problem to reach the threshold of a formal diagnosis, a combination of symptoms must be present which moderately or severely impact a person's daily life. It is important to distinguish mental illness – and in particular severe and enduring mental illnesses, which can include substance use disorders, severe depression, eating disorders, psychosis, post-traumatic stress disorder,

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Funding parenting programmes brings a return on investment of £4.57 for every £1 spent.

schizophrenia and bipolar disorder – from mental health and wellbeing, to ensure people get the care they need and are treated with dignity and respect.

In recent years, there have been growing concerns that mental illness is being 'overdiagnosed.' The fact is, there are growing numbers of people who are experiencing mental ill-health. It can be years before people with severe mental illnesses receive diagnoses, often presenting with behaviours that are unlikely to lead to an 'overdiagnosis.' Long waits for diagnoses and treatment are making people more ill; the longer symptoms are left untreated, the worse they can become. What may have been treatable through Talking Therapies can become something more chronic and life-threatening when left without support, requiring more intensive interventions.

Importantly, the reality of a person's mental illness must be acknowledged once they have received a diagnosis from a psychiatrist, other mental health professional or their GP.

Mental illnesses are treatable and can be prevented. People with mental illnesses can live well but also recover. Even for those with severe and enduring mental illnesses, high-quality treatment that is safe, timely and therapeutic can reduce the duration of episodes and minimise relapses.

What can we do about it?

Just as there is societal emphasis on staying physically well, we should not be waiting for people to become mentally unwell or reach crisis point before intervening. We can ensure our children and young people live healthy and fulfilling lives, and provide treatment to all those in society who are currently unwell.

Anxiety and depression are eminently treatable conditions. For many, self-help and counselling will help them to recover, especially if provided in a timely manner. For a range of conditions, medication, as part of a comprehensive, individualised biopsychosocial approach, saves and improves lives. For those with more severe illnesses, over 50% of people respond to treatment with a combination of medication, talking therapy, lifestyle and social changes within 6 months.

Just as the determinants of mental illness are not exclusively found in health, neither are the solutions. Well-established models suggest that clinical care accounts for 20% of health outcomes while social and economic factors, and physical environments make up 50%. There is a need for prevention at all stages – primary, secondary and tertiary. Focusing on primary prevention will help to reduce the prevalence of mental illnesses; secondary prevention can reduce relapse and improve life outcomes; tertiary prevention will help reduce the disability associated with mental illness.

There is a need to stimulate further investment in evidence-based mental health treatments – having a better understanding of ‘what works’ through the use of relevant outcome measures, such as return to work or time, will help policy-makers understand the best use of public funds.

The return on investing in good mental health and wellbeing is wider than simply a reduction in demand for mental health services. Improving wellbeing, supporting recovery, and preventing the onset of mental ill-health also reduces demand for physical health services, improves productivity and strengthens the economy.

For effective return on investment in the nation's mental health, we recommend funding¹:

Proportionate resourcing and support for mental health services according to the disease burden.

Mental illness represents more than 20% of England's disease burden but is expected to receive less than 9% of health funding this year. The upcoming Autumn Budget and Spending Review must allocate more equitably to mental health services in the coming years to ensure share of spending reflects population need. This prioritisation should be reflected in the plans to implement the 10 Year Health Plan.

Public mental health interventions to detect symptoms of burgeoning mental health conditions in young people.

Such interventions have been shown to bring a return on investment in Australia and the Philippines. This could be done through things like mental health support teams in schools or early support hubs, but it is vital that these have the capability and resource to do what is needed. Investment in parenting programmes bring a return on investment of £4.57 for every £1 spent.

The expansion of community-based interventions, akin to Talking Therapies, to provide support for a wider range of conditions.

Research shows the positive impact, and savings, that local community-based support involving psychotherapy, a psychodynamic therapeutic community day programme, and high support accommodation can have. This approach can improve outcomes, reduce the number of hospital admissions and reduced emergency service attendance.

Tools and resources to support everyone who is referred to mental health services to 'wait well.'

This would help people while they are waiting for treatment and includes things like evidence-based digital interventions.

Programmes for people who are mentally unwell to be supported into work.

It is vital that people are only supported into work that suits them and better enables their recovery. If people are supported in a way that meets their needs, the likelihood of them presenting to hospitals in crisis is reduced. This in turn not only keeps costs for the NHS down but makes people more likely to be able to find meaningful fulltime work in the future.

1 - Work is underway at the RCPsych to develop specific recommendations that if implemented will secure improvements in women's health. We anticipate the priority areas of focus will include addressing gender-based violence, a trauma-informed preventative approach being embedded across all mental health services for women and targeted sexual and reproductive health interventions for women most at risk.

Notes

Notes

How do we get

EFFECTIVE RETURN ON INVESTMENT

in the nation's mental health?



Allocate 20% of health funding to mental health services, in line with the mental illness disease burden.



Invest in detecting the early signs in young people before they develop into an illness.



Expand interventions offered in the community to support a wider range of conditions.



Develop tools and resources to help everyone who is referred to mental health services to 'wait well.'



Fund programmes that support people into suitable work that better enables their recovery.

