Centre for Mental Health

Realising a better future

Mental Health Promotion and Mental Illness Prevention: the Economic Case

This report summarises the findings of a programme of work on the economic case for mental health promotion, prevention and early intervention. The work was commissioned by the Department of Health and undertaken by researchers at the Personal Social Services Research Unit (PSSRU) at the London School of Economics and Political Science, the Centre for the Economics of Mental Health at the Institute of Psychiatry, King's College London, and the independent charity, Centre for Mental Health.

Mental ill health is the largest single cause of disability in the UK, accounting for almost 23% of the overall burden of disease compared to about 16% each for cancer and cardiovascular disease. The economic and social costs of mental health problems in England are currently estimated at around £105 billion a year. Without intervention, mental ill health can damage educational attainment, employability and a range of other outcomes.

Mental health conditions tend to affect people early in the life course, with 50% of cases occurring by age 14. Yet most current public spending on mental health is focused on the results of problems, on crisis intervention and expensive longer-term care and support rather than on prevention and early intervention.

The report identifies and analyses the costs and economic pay-offs of a range of interventions in the area of mental health promotion and mental illness prevention, and early intervention. It models fifteen different areas across the life course, including parenting programmes for children with early onset conduct disorder, workplace screening for depression, debt management and the befriending of older adults.

The interventions examined and modelled are not necessarily the only ones for which there may be an economic case. They are, however, all interventions which the available evidence shows to be effective in improving mental health and well-being and is sufficient to support the development of economic models.

The results of the analysis suggest a number of general conclusions:

- **Value for money**: even using conservative assumptions, many interventions are outstandingly good value for money, with some generating pay-offs of £10 or more for every £1 invested.

- **Self-financing**: a number of interventions are self-financing in public expenditure terms, and in some cases even from the narrow perspective of the NHS alone. However, the scope for quick wins in the NHS, in the sense of very short payback periods, is relatively limited.

- **Range of impacts**: many interventions have a broad range of pay-offs, both within the public sector and in society more widely (for example, through better educational performance, improved employment or earnings and reduced crime).

- **Timescales**: in some case the pay-offs are spread over many years. Most obviously this is the case for programmes dealing with childhood mental health problems, which in the absence of intervention have a strong tendency to persist throughout childhood and adolescence into adult life. However, the overall scale of economic pay-offs from these interventions is generally such that their costs are fully recovered within a relatively short of period of time.

- **Low cost**: many interventions are very low cost. A small shift in the balance of expenditure from treatment to promotion and prevention should generate significant efficiency gains.

- **Range of interventions**: the interventions included in the analysis cover a wide range, from the prevention of childhood conduct problems to early intervention for psychosis, practical measures to reduce the number of suicides and well-being programmes in workplaces. Many of these interventions are an NHS responsibility, but the analysis also highlights opportunities for the health service to work closely in partnerships with other organisations and in jointly funded programmes.

- **Programme design and implementation**: in many cases the modelling of economic impacts reveals the importance of key elements of programme design and implementation such as targeting, take-up and drop-out. One consequence is that for some interventions the most cost-effective action may be to increase take-up among high-risk groups or to improve completion rates, rather than to broaden coverage of the intervention.

- **Evidence-based**: finally, it should be emphasised again that each of the modelled interventions is already evidence-based, in the sense of having shown by published research to be effective in improving mental health. The economic analyses summarised in the report show that, *over and above these gains in health and quality of life*, the interventions also generate very significant economic benefits including savings in public expenditure.

The full report, Mental Health Promotion and Mental Illness Prevention: the economic case, is available to download free from www.centreformentalhealth.org.uk

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