

# Challenges of the Economic Crisis for Mental Health and Mental Health Services: A European Perspective

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# Structure

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- Challenges for mental health from economic shocks
- Challenges for the funding and organisation of mental health services
- Challenges for investment in services to protect mental health during time of economic uncertainty



Economic shocks  
have consequences  
for population  
mental health

# Impact of economic crises on mental health



Previous crises: increases in unemployment and poverty increase the risk of poor mental health

Debt and other financial difficulties have a negative impact on mental health

Unemployment and poverty can contribute to depression and increase suicide risk

# Economic risk factors for mental health

| Determinant                                | Mediated by   | Health Impacts   | Population most at risk  |
|--|---|--|--|
| Rising unemployment                        | Financial strain; loss of: social status; identity; self-esteem, physical and mental activity                 | Psychological distress, alcohol abuse, depression and suicides   | Young aged 15-24<br>Middle-aged & unmarried men/single women   |
| Job insecurity                             | Narrowing of options & choices; loss of control; fear of job loss; financial difficulties; workload increase; | Common mental health problems; job stress  | Low skilled; public sector workers and others in sectors having to reduce personnel                  |
| Households in high debt increase           | Financial strain; worry<br>Housing payment problems; consumer debt  | Poorer mental health. Risk factor for mental disorder; increased occurrence of major depression        | low income workers; those with little experience of coping with hardship; single, females/mothers    |
| Increased poverty                          | Social exclusion; inequality  | Mental health problems; depression and suicide; developmental deficit (emotional, cognitive, physical) | Poor or living near the poverty line; children growing up in extreme poverty: low educational levels |
| Adverse life style changes                 | Increased alcohol intake; binge drinking  | Rise in suicide; alcohol related deaths  | Lower educational group  |
| Families under pressure                    | Strain on parental mental health; marital interaction   | Poor mental health; feelings of helplessness; young – confusion, anger & insecurity                    | Mothers, children & adolescents  |
| Cuts in health systems & social protection | Loss of state support to mitigate against the impact of economic downturn                                     | As above   | As above; families   |

# Unemployment and mental health

Systematic review and meta analysis of 237 cross-sectional and 87 longitudinal studies of the effect of unemployment on mental health  
(Paul & Moser 2009)

Unemployment causes distress

Psychological problems twice as common (34%) in unemployed compared to employed (16%)

Men and manual workers more distressed by unemployment

Greater negative effects on mental health with longer duration of unemployment

Greater negative effects in countries underdeveloped economically, with poor unemployment protection and greater income inequality

# Economic hardship -> depression

Examine the prevalence of depression and the association between economic hardship (income quintile) and depression at national level in Europe

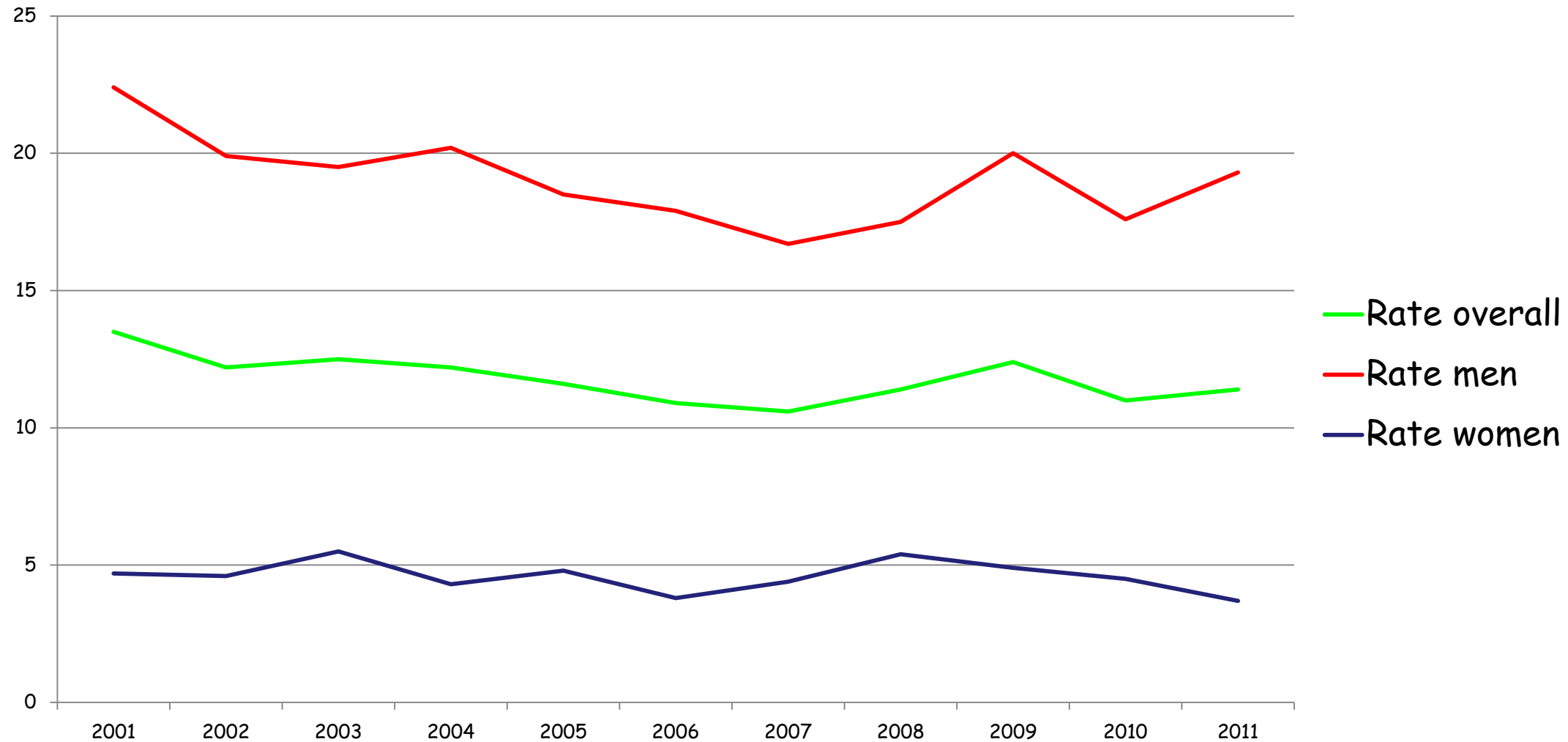
Source: WHO's World Health Survey 2002  
(<http://www.who.int/healthinfo/survey/en/index.html>)

Definition: Receiving a diagnosis of depression in the last 12 months (one-year prevalence among adults 18 years+)

Limited data from Germany, Luxembourg, Netherlands, Norway, Slovenia and Turkey

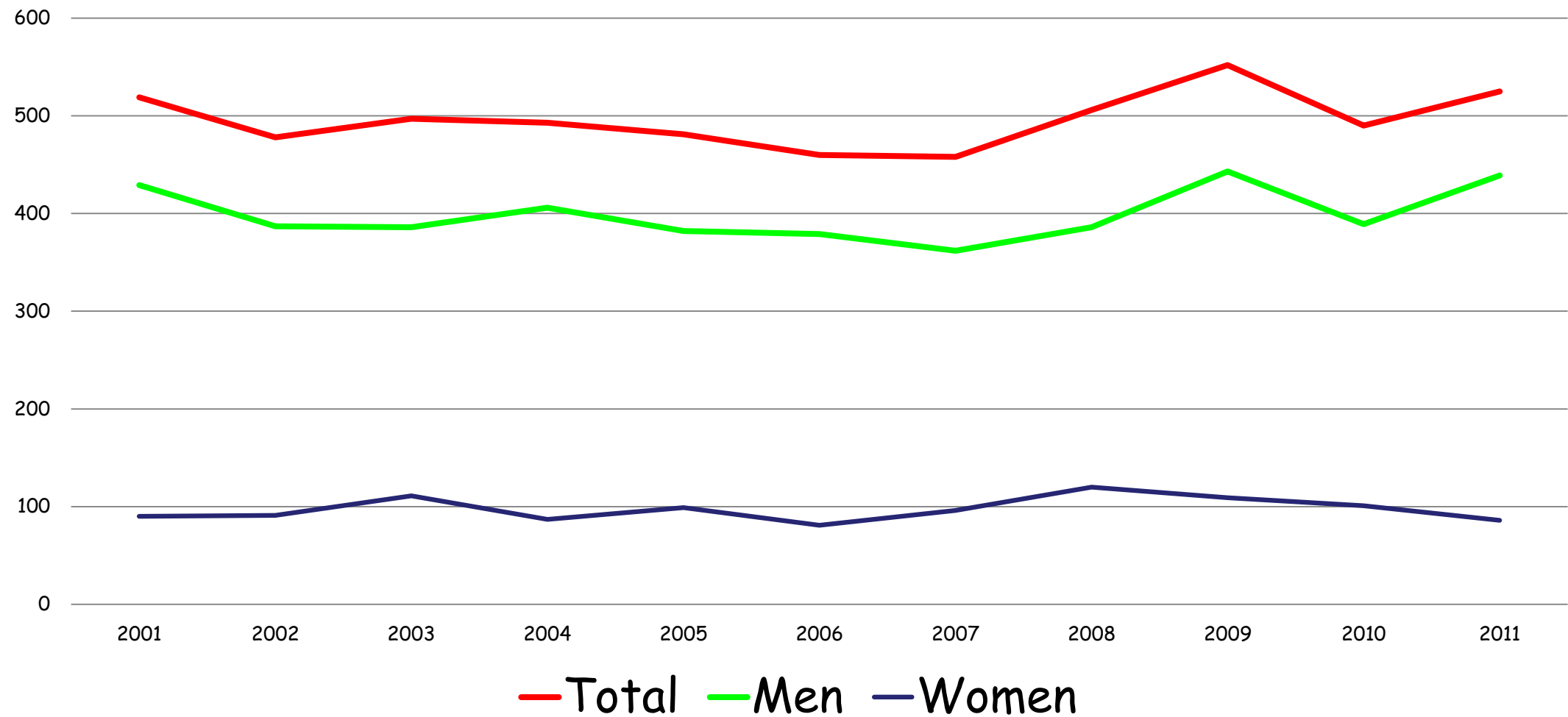
# Suicide trends: Ireland

Ireland: Suicide rate per 100,000 population





# Suicides: Ireland 2001 - 2011



# Inpatient admissions: Ireland

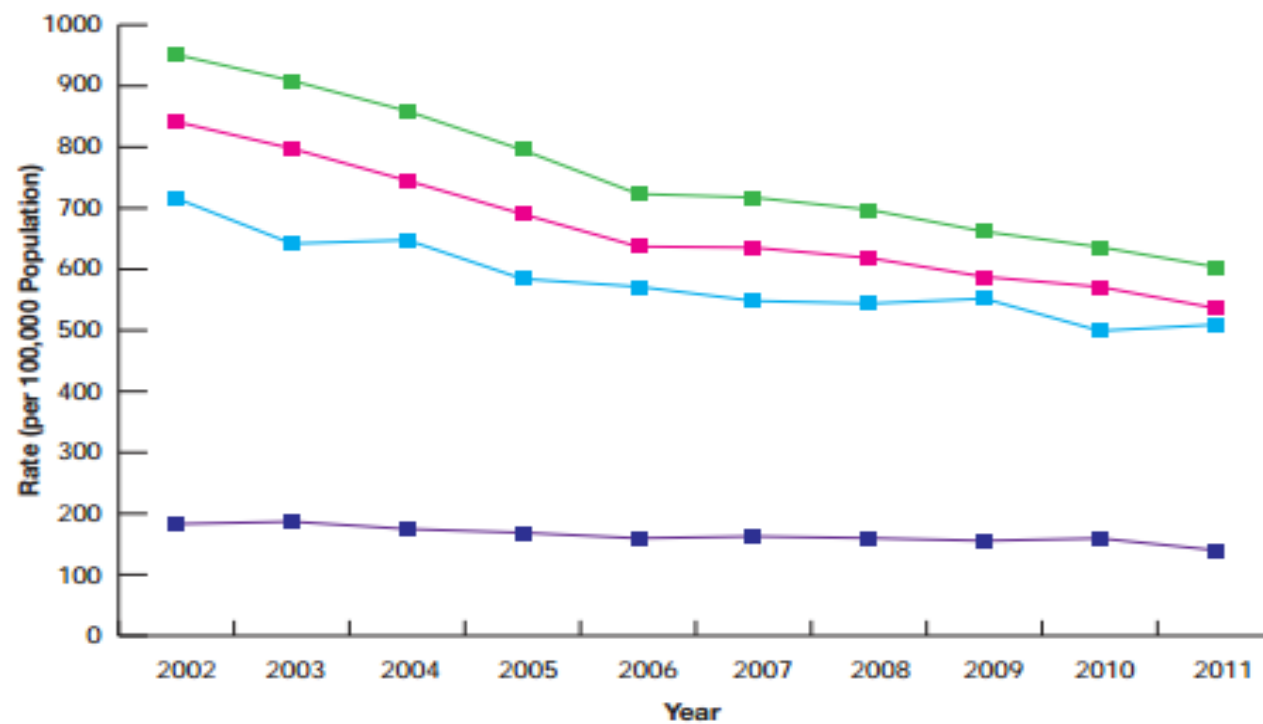
**TABLE 3.2**

**PSYCHIATRIC HOSPITALS AND UNITS SUMMARY STATISTICS, 2002 TO 2011**

|   | 2002   | 2003   | 2004   | 2005   | 2006   | 2007   | 2008   | 2009   | 2010   | 2011   | % Change  |           |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|-----------|
|   |        |        |        |        |        |        |        |        |        |        | 2002-2011 | 2010-2011 |
| <b>Number of In-Patient Admissions</b>                    | 23,677 | 23,031 | 22,279 | 21,253 | 20,288 | 20,769 | 20,752 | 20,195 | 19,619 | 18,992 | -19.8     | -3.2      |
| % Male  | 51.6   | 50.8   | 51.0   | 50.9   | 50.6   | 49.9   | 49.7   | 50.1   | 50.2   | 50.5   | -2.1      | 0.6       |
| % Female  | 48.4   | 49.2   | 49.0   | 49.1   | 49.4   | 50.1   | 50.3   | 49.9   | 49.8   | 49.5   | 2.3       | -0.6      |
| <b>Admission Rate per 100,000 Population by Age Group</b> |        |        |        |        |        |        |        |        |        |        |           |           |
| <25 years   | 182.9  | 186.8  | 174.7  | 168.7  | 159.6  | 162.6  | 159.8  | 155.5  | 159.4  | 140.1  | -23.4     | -12.1     |
| 25-44   | 841.4  | 797.7  | 745.1  | 690.3  | 637.1  | 635.4  | 618.5  | 587.7  | 571.1  | 536.4  | -36.2     | -6.1      |
| 45-64   | 951.2  | 908.8  | 859.0  | 795.3  | 723.3  | 717.5  | 697.5  | 661.6  | 636.4  | 604.0  | -36.5     | -5.1      |
| 65+   | 716.1  | 642.0  | 647.8  | 584.2  | 571.5  | 548.2  | 543.8  | 551.9  | 499.1  | 509.3  | -28.9     | 2.0       |
| <b>Total</b>  | 603.8  | 578.1  | 550.5  | 514.0  | 479.2  | 478.6  | 469.1  | 452.9  | 438.8  | 413.9  | -31.5     | -5.7      |
| <b>Total of In-Patient Census</b>                         | 3,891  | 3,658  | 3,556  | 3,475  | 3,332  | 3,314  | -      | -      | 2,812  | -      | -27.7     | -15.1*    |

**FIGURE 3.7**

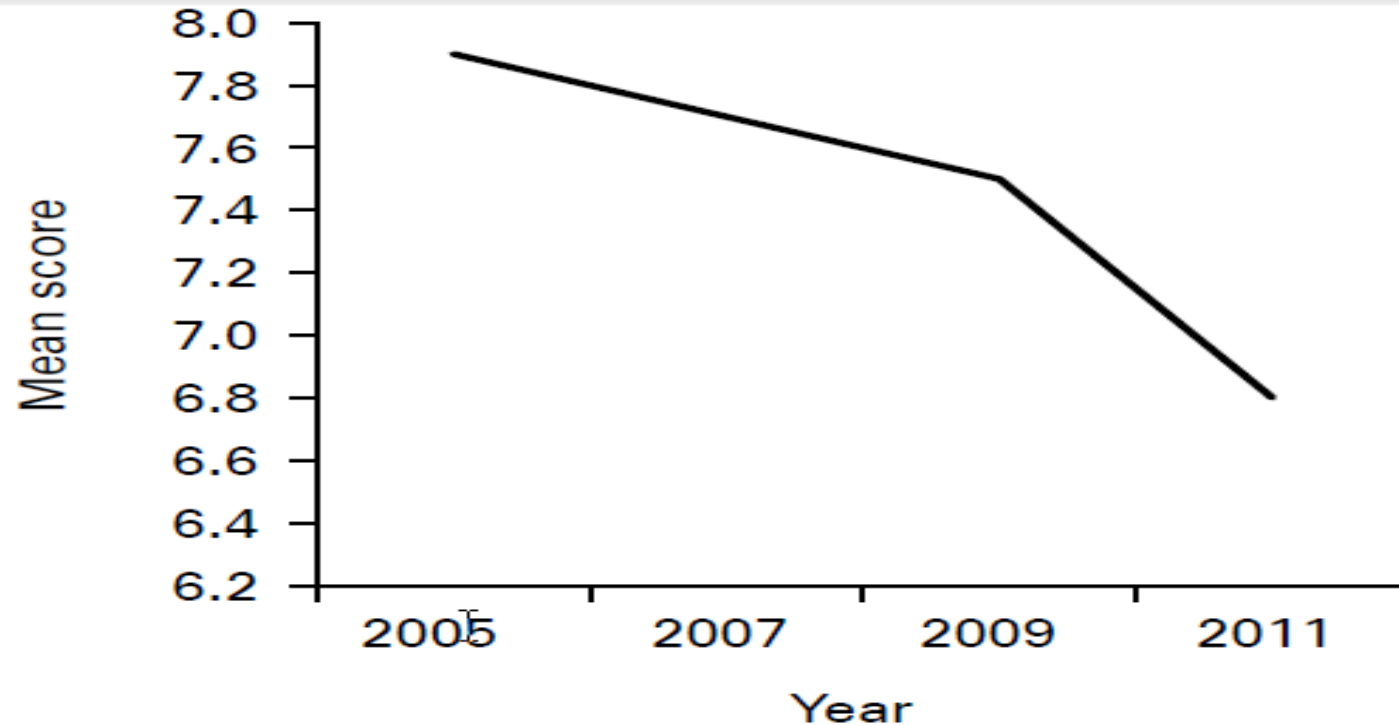
**PSYCHIATRIC HOSPITALS AND UNITS: ADMISSION RATE PER  
100,000 POPULATION BY AGE GROUP, 2002-2011**



Source: Table 3.2.

- <25 years
- 25-44
- 45-64
- 65+

# Decline in Happiness

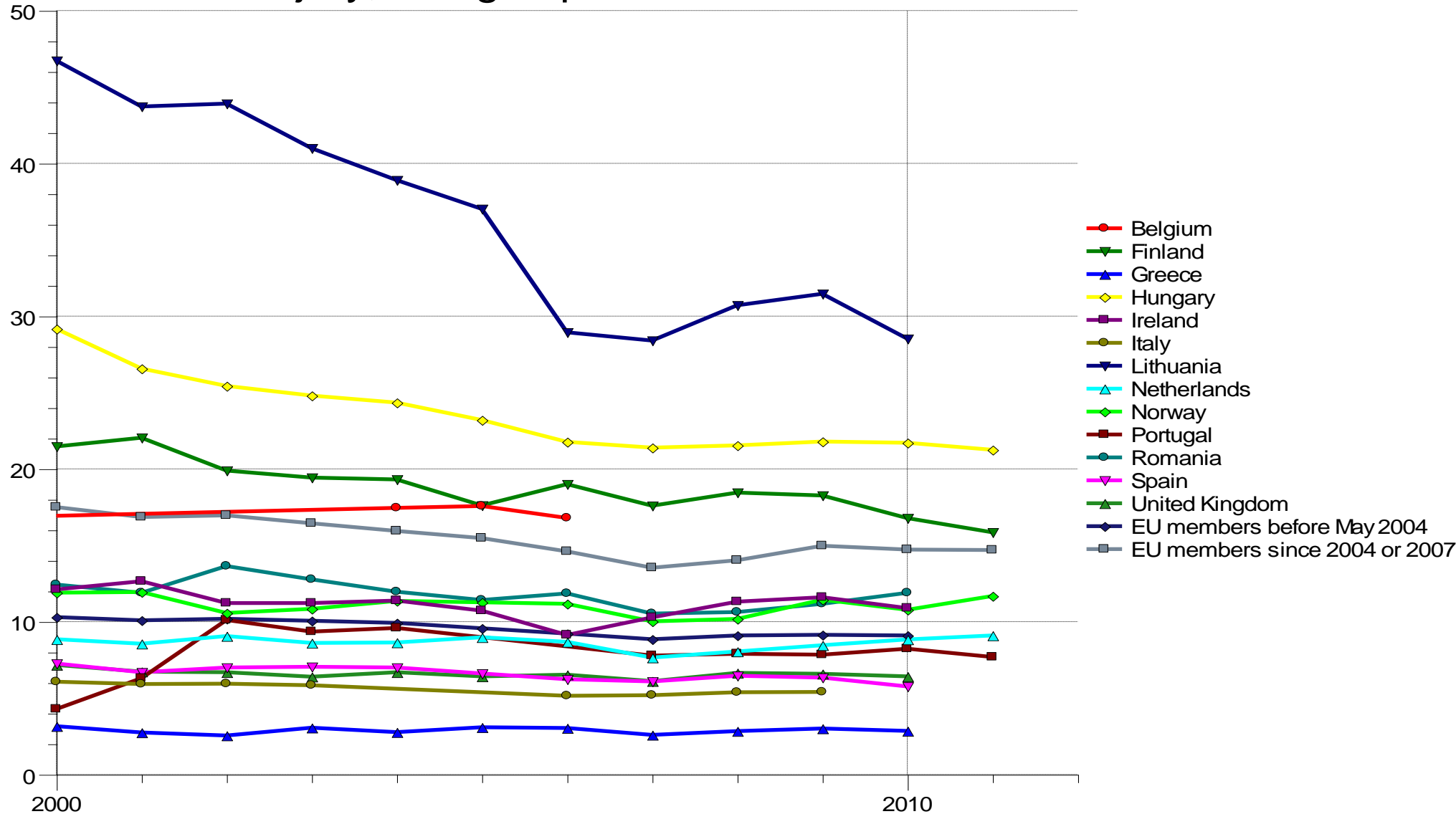


**Fig. 1**

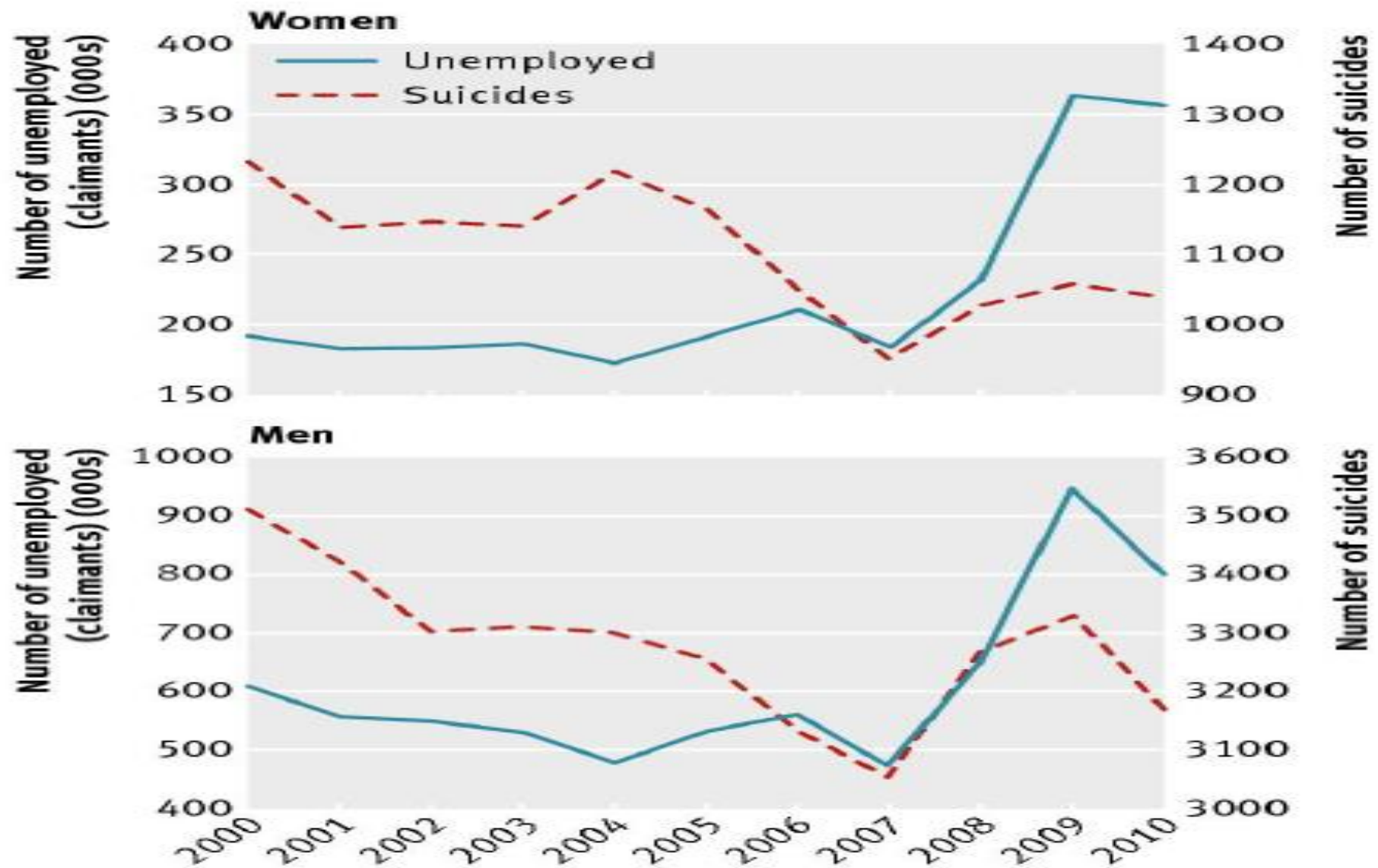
Self-rated happiness in Ireland, 2005–11. Data are derived from the European Social Survey, 2005–11/12 (Jowell & Central Coordinating Team, 2007) (<http://www.europeansocialsurvey.org>). Respondents rated their happiness between 0 (extremely unhappy) and 10 (extremely happy) in response to the question 'Taking all things together, how happy would you say you are?' The figure is based in part on Doherty & Kelly (2013).

# An impact on suicide rates?

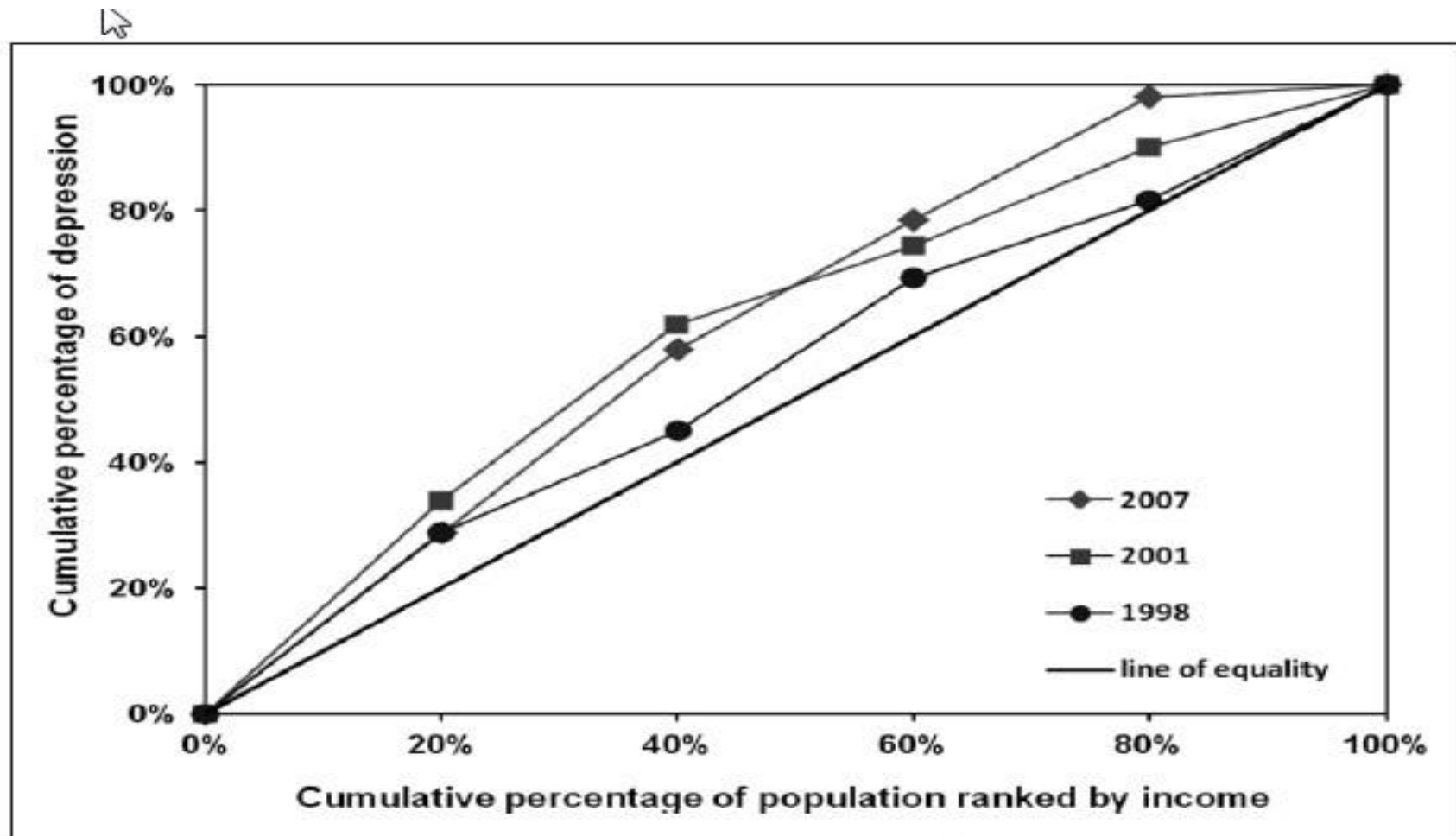
SDR, suicide and self-inflicted injury, all ages per 100000



# Unemployment claims and suicide rates in England

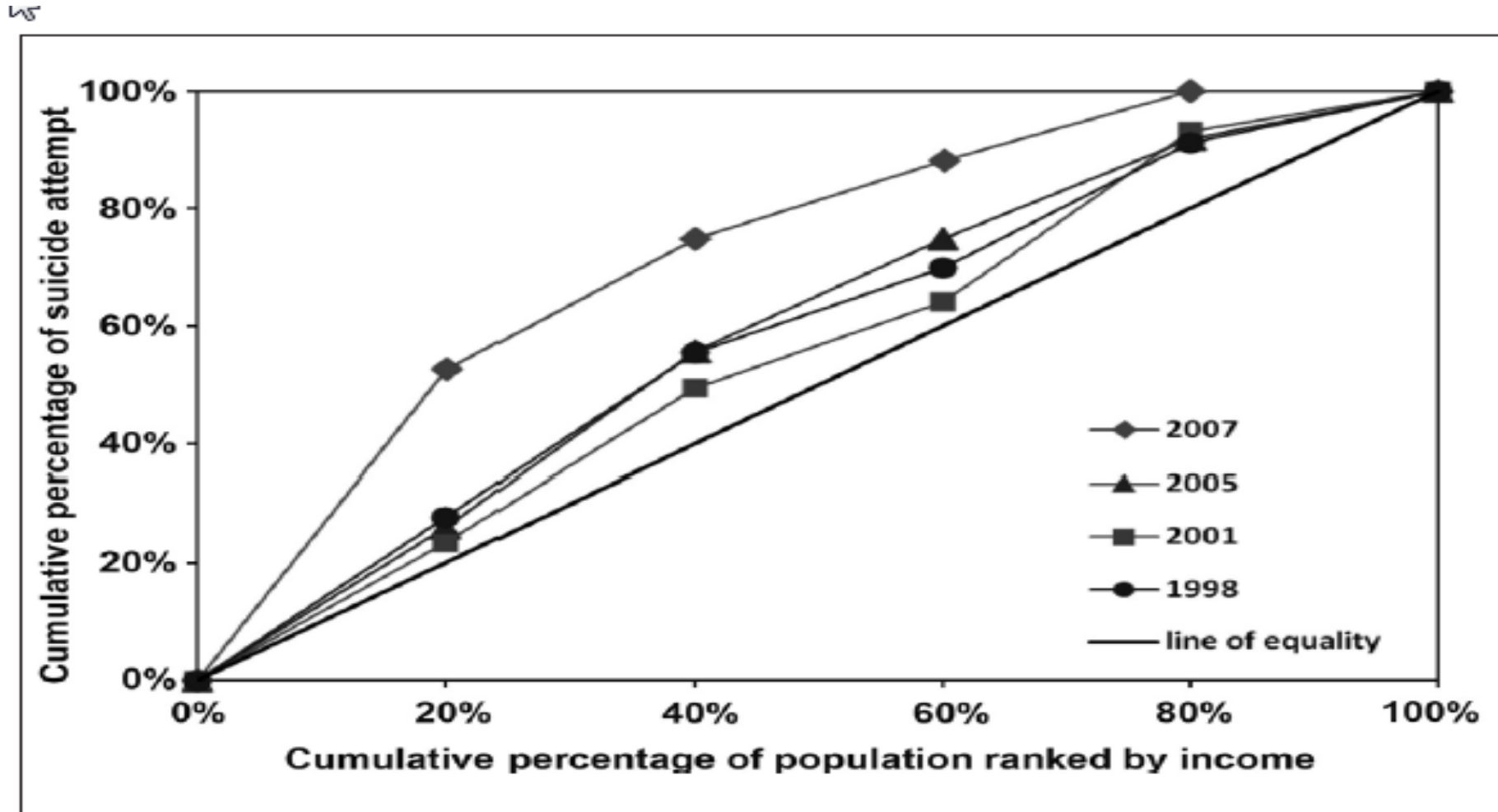


# Income inequalities and mental health: 10 years following economic crisis



**Figure 1** Concentration curves for depression in South Korea from 1998 to 2007

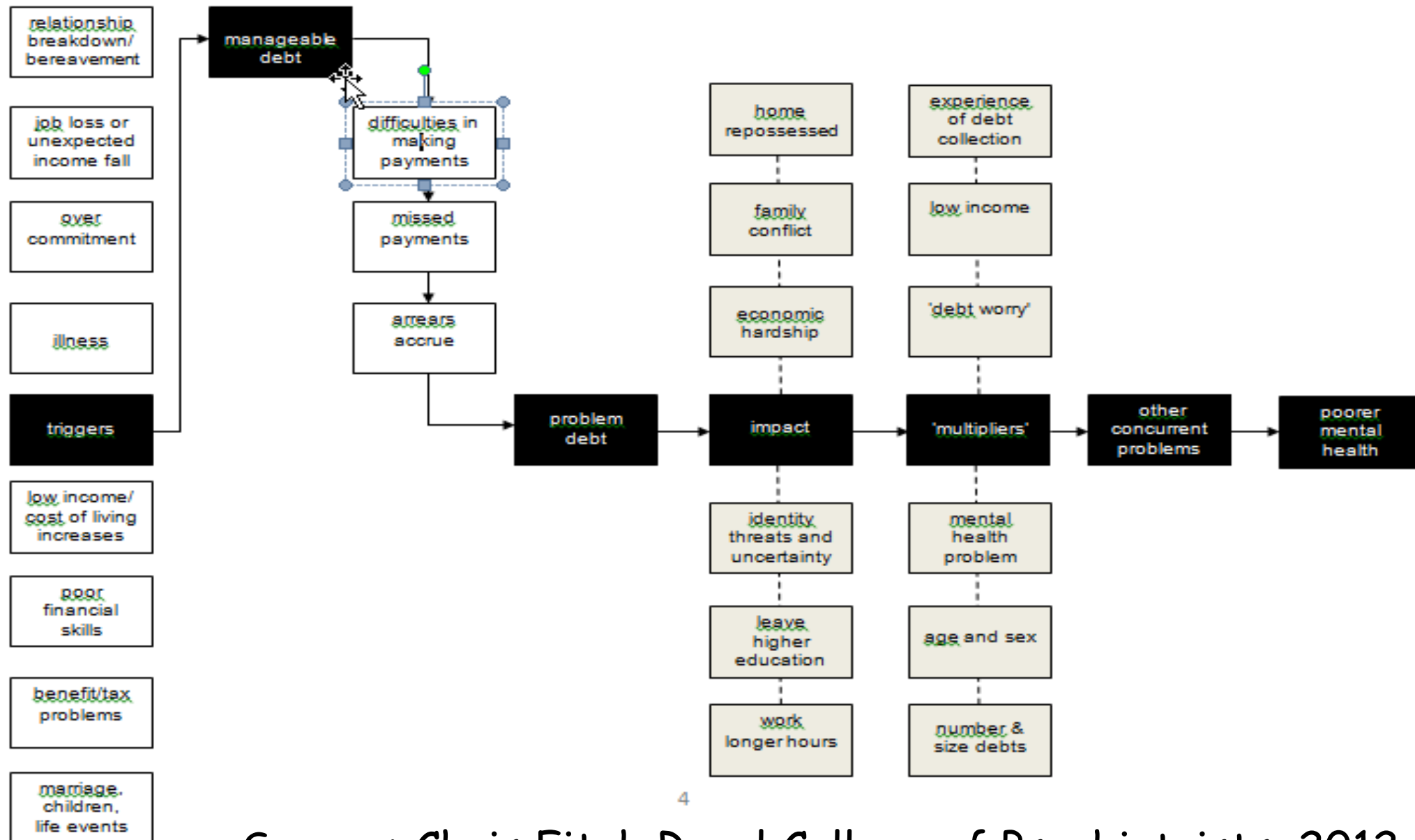
# Income inequalities and mental health: 10 years following economic crisis



**Figure 3** Concentration curves for suicide attempts in South Korea from 1998 to 2007



# Debt and Mental Health: Conceptual Framework



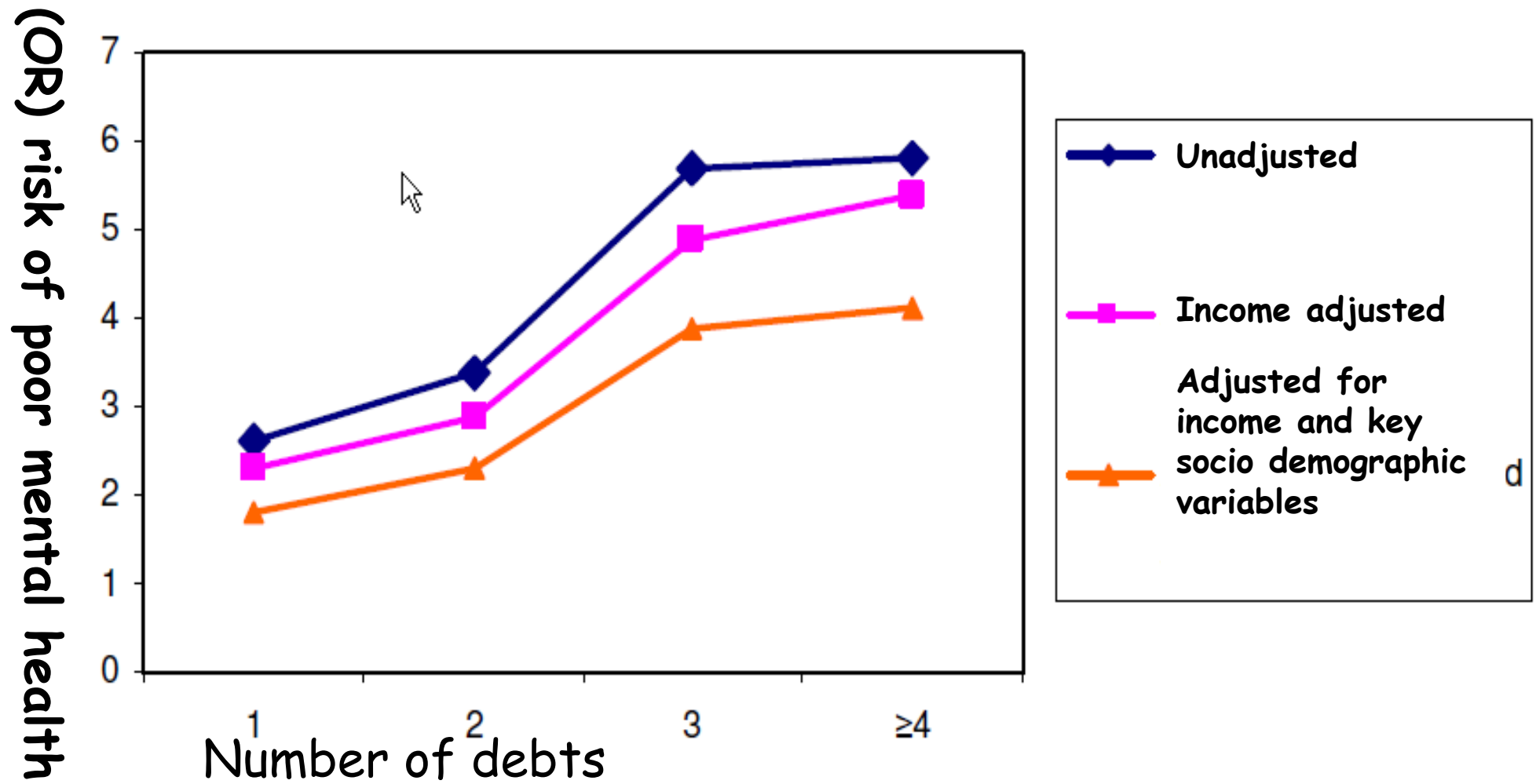
# Debt has an impact on risk of poor mental health

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- 2406 British adults
- Looked at 'financial difficulties' (a single measure of different debts) at baseline and 18 months follow-up
- For individuals with depression at baseline, the odds of depression at 18 months were **four times** higher for those with financial difficulty at baseline than no difficulty (95% CI 1.19-14.80).
- For individuals not depressed at baseline, the comparative odds of depression at 18 months were twice as great for those reporting financial difficulties at baseline (95% CI, 1.05-3.98).
- Took account of employment, material standard of living (a 'wealth' measure of income and housing), and baseline psychiatric symptoms.

Skapinakis P, Weich S, Lewis G, Singleton N, Araya R. Socio-economic position and common mental disorders: Longitudinal study in the general population in the UK. *Br J Psychiatry* 2006; **189**: 109-17.

# Risk of poor mental health in people with debt in Great Britain



Jenkins R et al. Debt, income and mental disorder in the general population. *Psychological Medicine*, 2008, 38:1485-1493.

# Risk of debt higher for many common mental health problems

**Table 2** Debt correlates of six common mental disorders

|                                       | Unadjusted OR | 95% CI     | <i>P</i> values | Adjusted OR <sup>a</sup> | 95% CI    | <i>P</i> values |
|---------------------------------------|---------------|------------|-----------------|--------------------------|-----------|-----------------|
| Phobia                                |               |            |                 |                          |           |                 |
| Not in debt                           | 1.00          | –          | –               | 1.00                     | –         | –               |
| In debt                               | 7.23          | 4.81,10.88 | <0.001          | 3.83                     | 2.43–6.05 | <0.001          |
| OCD                                   |               |            |                 |                          |           |                 |
| Not in debt                           | 1.00          | –          | –               | 1.00                     | –         | –               |
| In debt                               | 4.79          | 2.94–7.70  | <0.001          | 2.27                     | 1.32–3.90 | 0.002           |
| Depressive episode                    |               |            |                 |                          |           |                 |
| Not in debt                           | 1.00          | –          | –               | 1.00                     | –         | –               |
| In debt                               | 4.08          | 2.87–5.81  | <0.001          | 2.36                     | 1.59–3.50 | <0.001          |
| Panic disorder                        |               |            |                 |                          |           |                 |
| Not in debt                           | 1.00          | –          | –               | 1.00                     | –         | –               |
| In debt                               | 3.81          | 2.28–6.40  | <0.001          | 3.14                     | 1.79–5.52 | <0.001          |
| Generalized anxiety disorder          |               |            |                 |                          |           |                 |
| Not in debt                           | 1.00          | –          | –               | 1.00                     | –         | –               |
| In debt                               | 3.49          | 2.65–4.60  | <0.001          | 2.51                     | 1.85–3.41 | <0.001          |
| Mixed anxiety and depressive disorder |               |            |                 |                          |           |                 |
| Not in debt                           | 1.00          | –          | –               | 1.00                     | –         | –               |
| In debt                               | 2.61          | 2.10–4.55  | <0.001          | 2.10                     | 1.65–2.66 | <0.001          |

a: Adjusted for age, sex, marital status, employment status and tenure

**Source: Meltzer, Bebbington, Brugha, Farrell & Jenkins 2012**

**European Journal of Public Health (Advance Access)**

# Number of debts and source of debt impacts on mental health

**Table 4** Prevalence of CMD by source of debt, number of debts, source of loan and number of lenders

| Source of debt    | No debt | Housing <sup>a</sup> | Utilities <sup>b</sup> | Shopping <sup>c</sup> | Other debts <sup>d</sup> |
|-------------------|---------|----------------------|------------------------|-----------------------|--------------------------|
| Any CMD (%)       | 13.9    | 41.8                 | 44.1                   | 44.8                  | 40.8                     |
| Base              | 6678    | 342                  | 247                    | 192                   | 285                      |
| Number of debts   | 0       | 1                    | 2                      | 3                     | 4+                       |
| Any CMD (%)       | 13.9    | 32.3                 | 27.0                   | 54.3                  | 54.3                     |
| Base              | 6678    | 279                  | 148                    | 70                    | 127                      |
| Source of loan    | Family  | Friends              | Pawnbroker             | Moneylender           |                          |
| Any CMD (%)       | 34.2    | 44.3                 | 45.3                   | 57.5                  |                          |
| Base              | 491     | 185                  | 75                     | 40                    |                          |
| Number of lenders | 0       | 1                    | 2                      | 3                     |                          |
| Any CMD (%)       | 13.9    | 34.8                 | 42.7                   | 52.2                  |                          |
| Base              | 6678    | 475                  | 124                    | 25                    |                          |

a: Housing debts comprise arrears in rent, mortgage and council tax

b: Utilities debt comprise arrears in gas, electricity and water

c: Shopping debts comprise arrears in hire purchase, credit card and mail order

d: Other debts include arrears in telephone, TV licence, road tax and child maintenance

Source: Meltzer, Bebbington, Brugha, Farrell & Jenkins 2012  
European Journal of Public Health (Advance Access)

# Debt and suicide

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- Finland: Survey of 5,000 people found those who had difficulties in repaying debts 3 times more likely to have suicidal thoughts. [Hintikka et al 1998 Acta Psychiatrica Scandinavica]
- England: Survey of 7000 people: Those in debt twice as likely to think about suicide. Number of debts, source of debt and reason play important role. [Melzer et al 2011, Psychological Medicine]

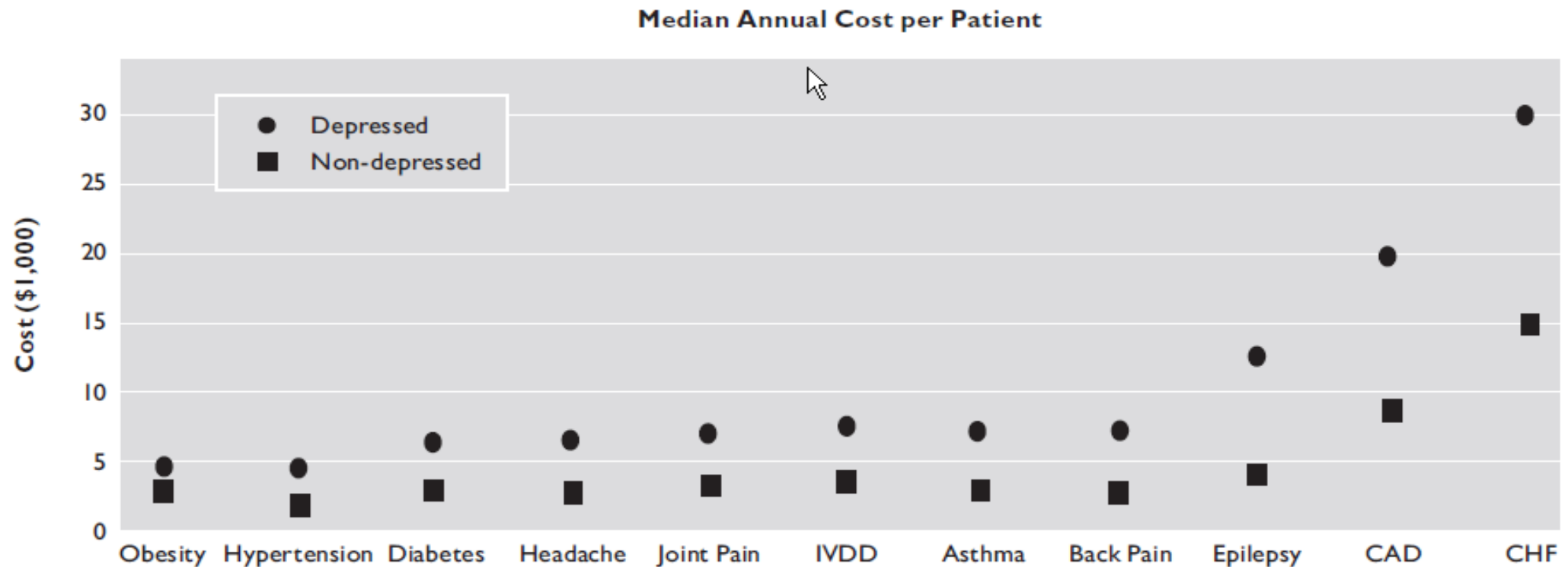
# Economic crises put families at risk

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- Cuts in pre-school support and educational support in schools could have life long consequences for psychological wellbeing
- Economic stress through its influence on parental mental health, marital interaction and parenting, impacts on the mental health of children and adolescents
- In Finland, after severe economic recession in early 1990s, at age 21 25% of those born in 1987 had committed a criminal offence and 20% had received psychiatric care

# Impacts on chronic disease management

FIGURE 1. Annual Per-Patient Cost With and Without Depression

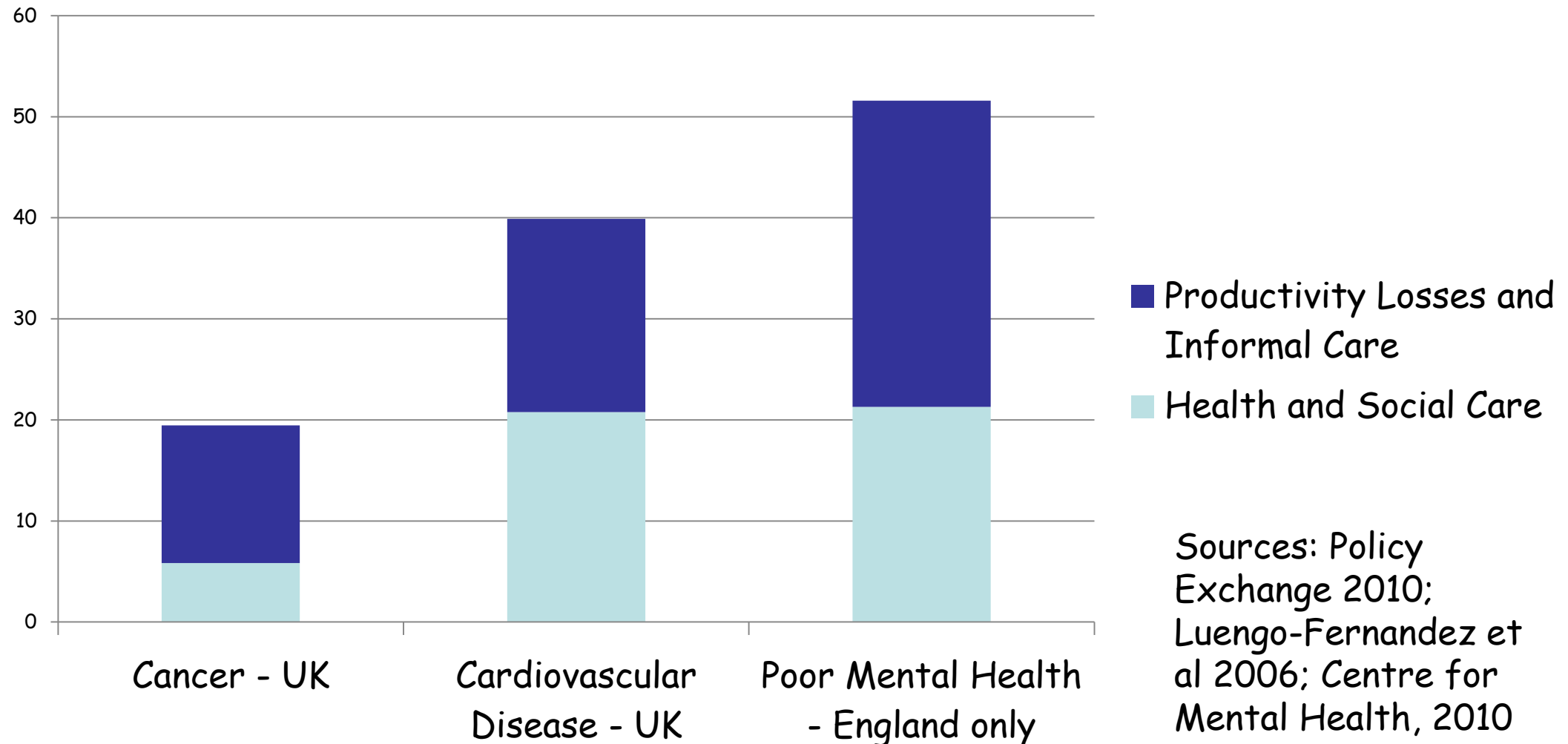


Costs of antidepressant prescriptions and mental health treatment are excluded. CHF: congestive heart failure; CAD: coronary artery disease; IVDD: intervertebral disc disease.

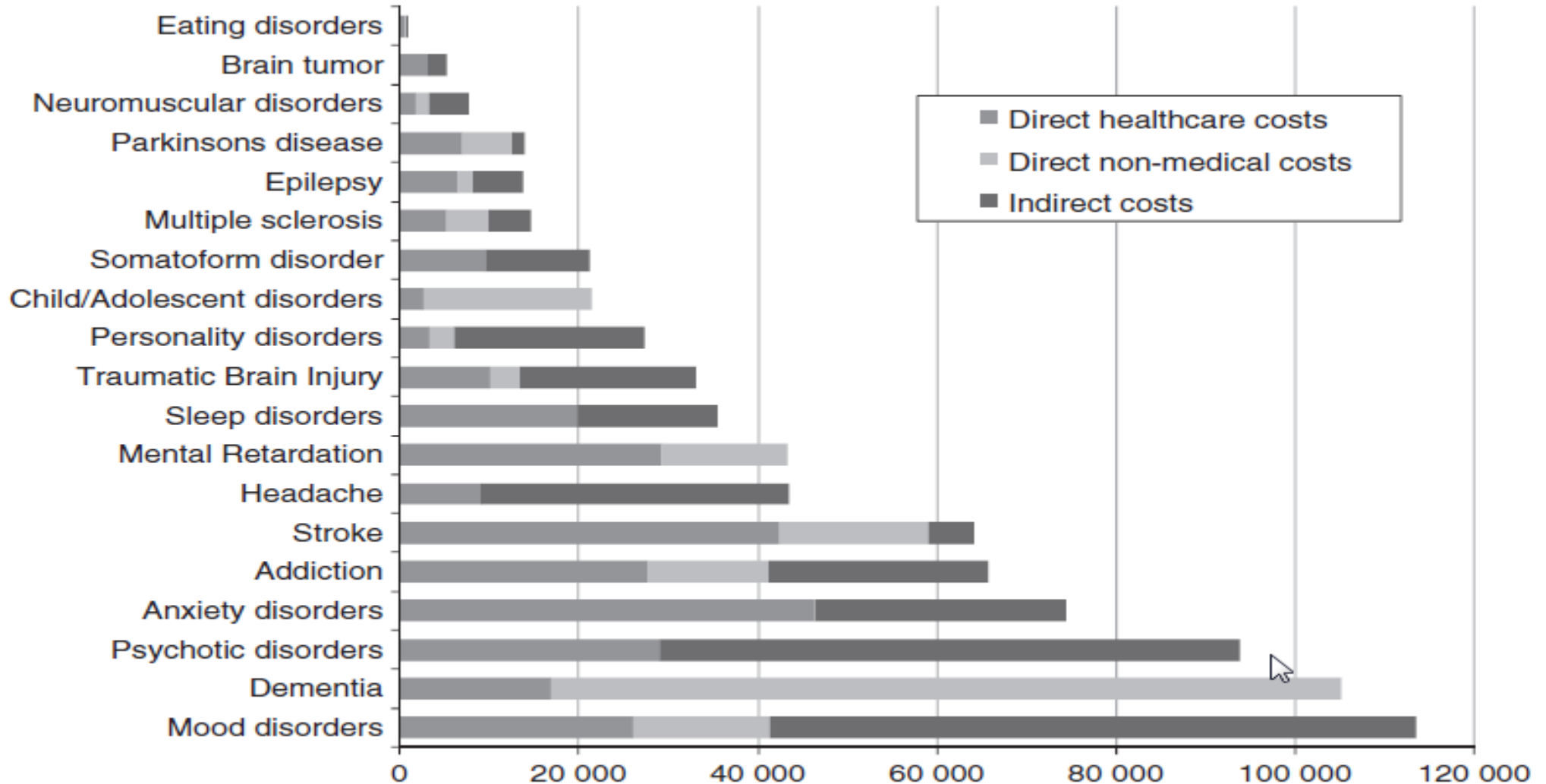


# A major impact on the economy

Costs of selected health problems, 2010 £ billions



# Total economic costs of poor mental health



**Figure 3** Total cost by disorder and type of cost (€PPP million, 2010), all disorders.



Challenges to the  
funding of mental  
health services due  
to economic  
cutbacks

# Budgets under pressure



## Mental health fund cut to offset HSE deficit

MARTIN WALL and PAUL CULLEN

MORE THAN €50 million allocated by the Government to develop mental health and primary care services this year is to be used to offset the deficit in the Health Service Executive.

As tension continues between the Coalition parties over cuts in services, the Department of Health said last night that "unspent service development money is to be used on a once-off basis to fund services that are experiencing an overrun due to increased demand".

The planned investment programmes affected by the move are being spearheaded by Labour Party Ministers of State Kathleen Lynch and Róisín Shortall.

Under the original plans €25 million was to be invested in mental

### Related

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Planned cuts far deeper than measures revealed last week | 06/09/2012

### In this section »

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Motorbike crash survivor Mark Rohan wins gold back in saddle

- Mental health budgets under great pressure
- Perception that mental health not as important as physical health?
- Historically mental health & health promotion vulnerable
- 55% cut in Greece
- Cuts in Spain impact on support for carers and community services

# Changes in Planned Mental Health Expenditure Ireland 2008 - 2011

**TABLE 6.2**

## HSE NON-CAPITAL VOTED EXPENDITURE, 2008 to 2011

|   | 2008<br>(€'000s)  | 2009<br>(€'000s)  | 2010<br>(€'000s)  | 2011<br>(€'000s)  | % Change     |             |
|---|-------------------|-------------------|-------------------|-------------------|--------------|-------------|
|   |                   |                   |                   |                   | 2008-2011    | 2010-2011   |
| Primary, Community and Continuing Care              |                   |                   |                   |                   |              |             |
| Care of Older People                                | 1,739,128         | 1,738,659         | 1,683,637         | 1,433,000         | -            | -           |
| Children and Families                               | 653,477           | 641,951           | 633,064           | 547,000           | -            | -           |
| Care for Persons with Disabilities                  | 1,548,718         | 1,520,003         | 1,454,537         | 1,576,000         | -            | -           |
| Mental Health                                       | 1,043,816         | 1,006,682         | 963,324           | 712,000           | -            | -           |
| Primary Care & Community Health*                    | 3,758,772         | 4,126,705         | 3,811,438         | 2,835,000         | -            | -           |
| Multi Care Group Services^                          | -                 | -                 | -                 | 486,000           | -            | -           |
| Palliative Care & Chronic Illness^                  | -                 | -                 | -                 | 81,000            | -            | -           |
| Social Inclusion^                                   | -                 | -                 | -                 | 119,000           | -            | -           |
| Other^  | -                 | -                 | -                 | 79,000            | -            | -           |
| <b>Primary, Community and Continuing Care Total</b> | <b>8,743,911</b>  | <b>9,034,000</b>  | <b>8,546,000</b>  | <b>7,868,000</b>  | <b>-10.0</b> | <b>-7.9</b> |
| National Hospitals Office                           | 5,272,179         | 5,475,000         | 5,428,000         | 4,207,000         | -            | -           |
| Long Term Charges Repayment Scheme                  | 236,000           | 80,000            | 20,000            | 10,500            | -            | -           |
| Corporate#  | -                 | -                 | -                 | 429,000           | -            | -           |
| Statutory Pensions#                                 | -                 | -                 | -                 | 606,000           | -            | -           |
| Other   | 100,552           | 109,354           | 171,470           | 448,493           | -            | -           |
| <b>HSE Gross Non-Capital Vote Total</b>             | <b>14,352,642</b> | <b>14,698,354</b> | <b>14,165,470</b> | <b>13,568,993</b> | <b>-5.5</b>  | <b>-4.2</b> |
| Total Appropriations-in-Aid                         | 2,250,688         | 3,236,270         | 3,544,140         | 1,439,848         | -36.0        | -59.4       |
| <b>HSE Net Non-Capital Vote Total</b>               | <b>12,101,954</b> | <b>11,462,084</b> | <b>10,621,330</b> | <b>12,129,145</b> | <b>0.2</b>   | <b>14.2</b> |

**Figure 4: Total Real Investment in Adult Mental Health services 2001/02 to 2011/12 (at 2011/12 pay and price levels)**

### Real Term Investment in £'Billions

| Year  | Reported Investment | Estimated Unreported Investment | Total Investment | Annual Increase | % Increase |
|---|---------------------|---------------------------------|------------------|-----------------|------------|
| 2001/02                                     | 4.002               | 0.160                           | 4.162            |                 |            |
| 2002/03                                     | 4.348               | 0.274                           | 4.622            | 0.460           | 11.1%      |
| 2003/04                                     | 4.773               | 0.040                           | 4.814            | 0.191           | 4.1%       |
| 2004/05                                     | 5.309               | 0.055                           | 5.364            | 0.550           | 11.4%      |
| 2005/06                                     | 5.442               | 0.262                           | 5.703            | 0.339           | 6.3%       |
| 2006/07                                     | 5.618               | 0.194                           | 5.812            | 0.108           | 1.9%       |
| 2007/08                                     | 6.066               | 0.019                           | 6.085            | 0.274           | 4.7%       |
| 2008/09                                     | 6.249               | 0.046                           | 6.295            | 0.210           | 3.4%       |
| 2009/10                                     | 6.298               | 0.338                           | 6.636            | 0.341           | 5.4%       |
| 2010/11                                     | 5.780               | 0.914                           | 6.694            | 0.058           | 0.9%       |
| 2011/12                                     | 5.717               | 0.912                           | 6.629            | -0.066          | -1.0%      |
| Increase in the 10 years 2001/02 to 2011/12 |                     |                                 | 2.467            |                 | 59.3%      |

National Survey of Investment in Mental Health Services in England;  
Mental Health Strategies 2012



Challenges for  
investing in services  
to protect mental  
health during an  
economic crisis



## Actions to alleviate the mental health impact of the economic crisis

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## Opportunity for actions within mental health care systems and also for health promotion/public health strategies

**Key words:** Mental health, economic crisis, suicide prevention, social policy

(World Psychiatry 2012;11:139-145)



# Risks to mental health can be mitigated

- Improved responsiveness of health services to changes in social, employment and income status of the population and early recognition of mental health problems, suicidal ideas and heavy drinking will help reduce human toll of recession.
- Not just about protecting spending on mental health services ; restructuring as well
- More focus on primary care to increase access to services and shift the focus to prevention and early detection of mental health problems

# Active Labour Markets

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- Actions to help people to find employment: include labour market training, special programmes for young people in transition from school to work; programmes to provide or promote employment for people with disabilities.
- Psychological support for unemployed people to promote mental health and increase re-employment rates.
- Psychological support for people who lose their jobs as part of redundancy package that employers must provide
- Each \$100 per capita on active labour market programmes reduces by 0.4% the impact of a 1% rise in unemployment on suicide (Stuckler et al 2009)

# Family and Parenting Support Programmes

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- Family support programmes - help with costs of raising children, as well as maternity/paternity and parental leave
- Critical at time when parental mental health may be under pressure
- Investment in measures to support the well-being of parents and their children can be protective of mental health, with long-term economic gains outweighing short-term costs (McDaid & Park 2011)
- Each \$100 per capita on family support programmes reduces by 0.2% the impact of a 1% rise in unemployment on suicide (Stuckler et al 2009)

# Control of alcohol price and availability

- Recessions can be associated with more binge drinking in some countries
- Controls on alcohol price and availability e.g. minimum price per unit of alcohol; taxes
- Restrictions on advertising
- Brief interventions in primary care

## Scottish ministers win court battle over minimum alcohol pricing

Whisky industry loses first round of legal fight against minimum pricing law in landmark case watched closely by other EU states

Severin Carrell and Denis Campbell

The Guardian, Friday 3 May 2013 17.39 BST

 [Jump to comments \(165\)](#)



The Scottish government wants to set a minimum price for alcohol at 50p a unit to help it tackle alcohol abuse across the country. Photograph: Jeff J Mitchell/Getty

# Strengthening social capital

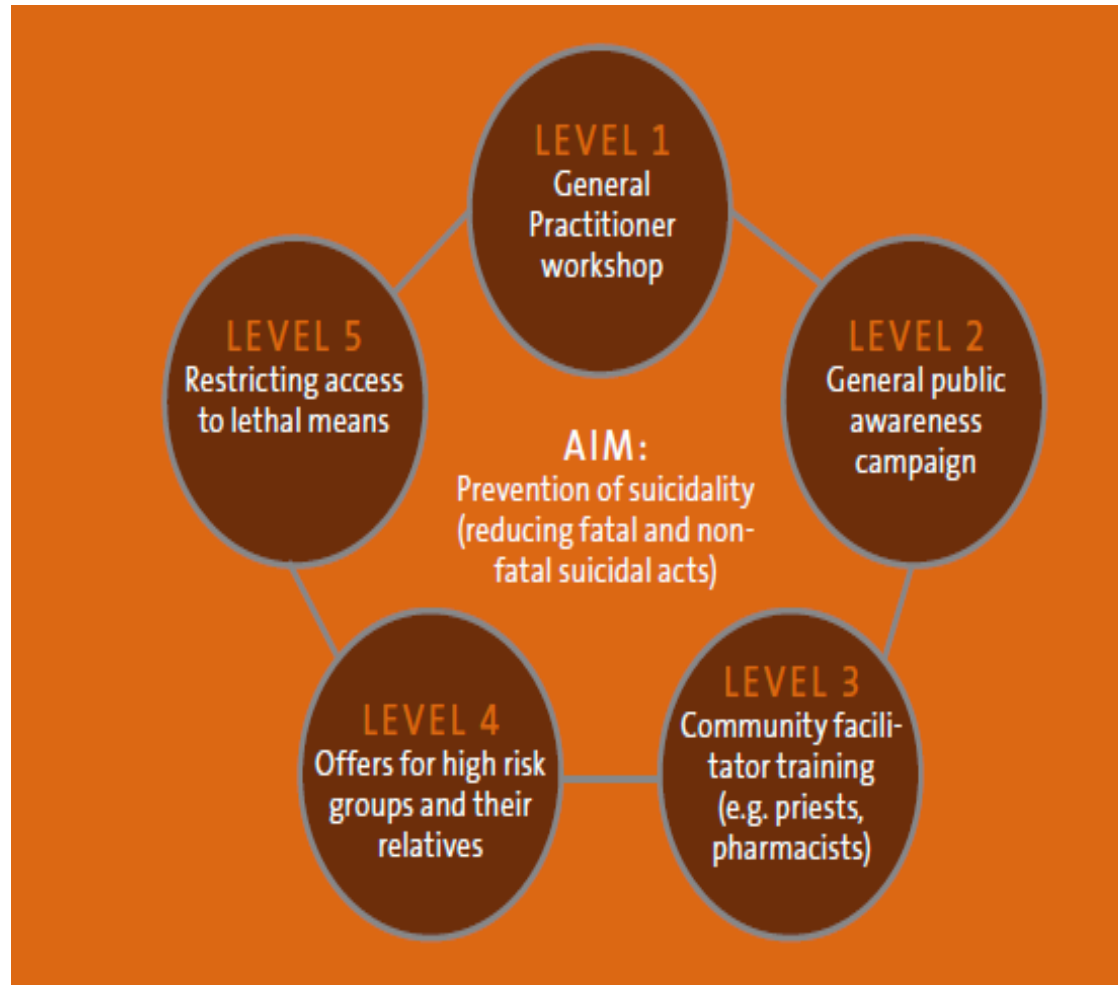
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- Social capital can be defined in different ways, but in general terms covers the resources available to individuals and society provided by social relationships or social networks.
- Social networks, as represented by trade unions, religious congregations and sport clubs, seem to constitute a safety net against the adverse effect of rapid macroeconomic changes (Stuckler et al 2009)
- Participation in group activities and greater levels of perceived helpfulness within communities have been associated with better levels of mental health (Han et al 2013)



# Multi-level suicide prevention programmes

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Example: OSPI - Optimising Suicide Prevention Implementation Programme

Focused on approach developed by Nuremberg Alliance Against Depression

Awareness raising on depression and risk of suicide, coupled with support; responsible media coverage of suicide

Plus fifth level on liaising with local authorities to restrict access to means where feasible;

# Debt relief

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- Help to manage debts can improve mental health
- In Sweden people in high debt granted some debt relief had better mental health (Enforcement Authority of Sweden, 2009)
- Access to debt management services in England associated with improved general health and optimism and reduced anxiety. (Williams & Sansom 2007)
- Access to microcredit; not for profit debt support agencies
- Scope for looking at reform of bankruptcy laws

The Royal College of Psychiatrists and the Money Advice Trust

## Debt collection and mental health: ten steps to improve recovery



A briefing for creditors and debt collection agencies based  
on a national survey of 1270 frontline collections staff

November, 2010



Money  
Advice  
Trust

Working with the financial industry:

Developing written guidance for  
creditors on dealing with customers  
with mental health needs

Providing frontline staff with basic  
training

Chris Fitch and Ryan Davey  
Royal College of Psychiatrists  
[www.rcpsych.ac.uk/recovery](http://www.rcpsych.ac.uk/recovery)





Important to make  
an economic case  
for investment in  
services to support  
mental health

# Important to make economic case

Policymakers interested in cost impact as well as effectiveness

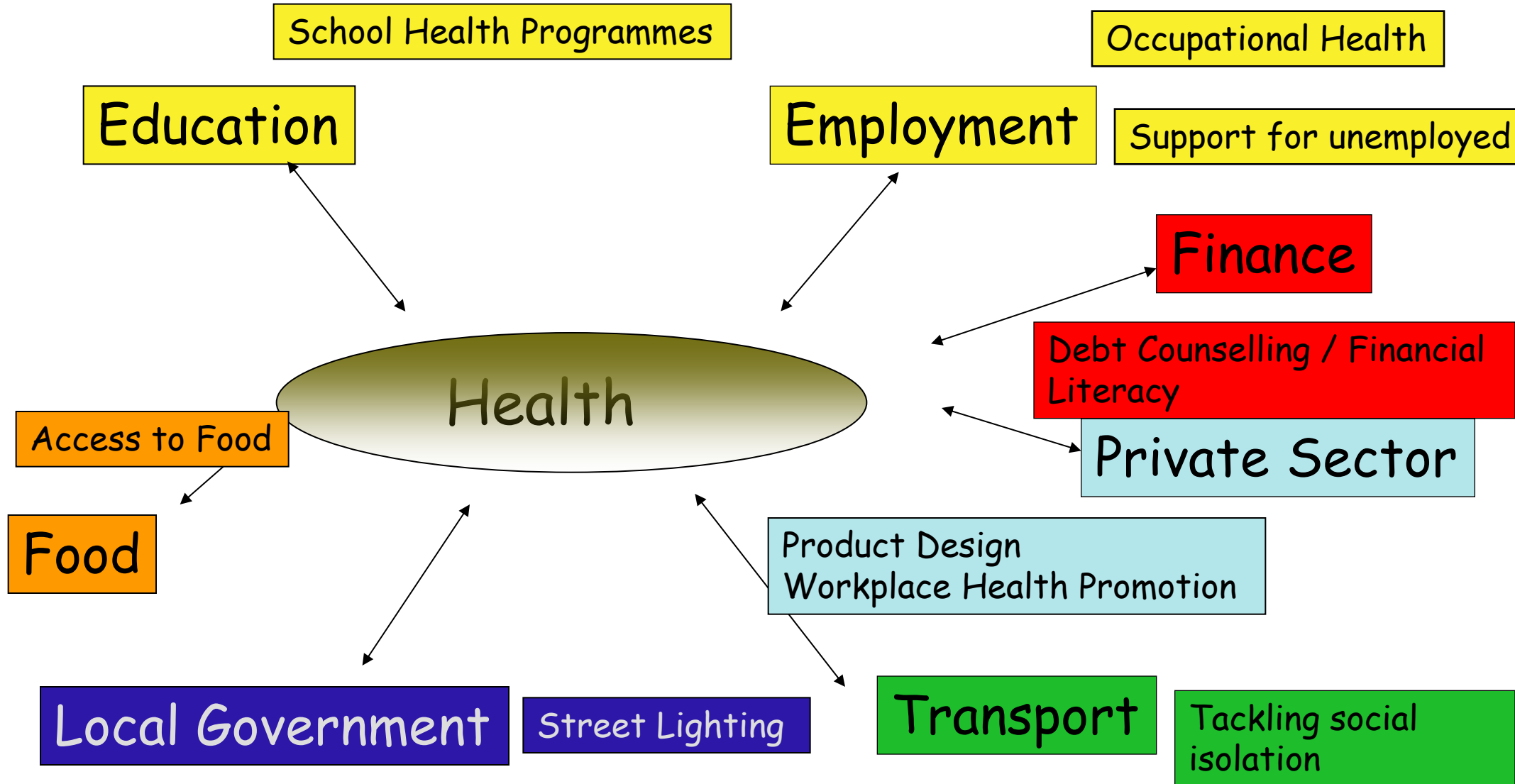
Do improvements in outcomes justify investment?

But can be improved outcomes for greater investment

Make case across sectors: impacts fall on many sectors, not just health / social welfare

# Health/ non-Health Sector Interfaces

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# **Mental health promotion and mental illness prevention: The economic case**

**Martin Knapp, David McDaid and  
Michael Parsonage (editors)**

Personal Social Services Research Unit,  
London School of Economics and Political Science

April 2011

Report published by the Department of Health, London

Review of 15 potential actions for  
promotion and prevention

Calculation of return on investment if  
implemented at England level

Review of effectiveness literature

Local cost data attached

Decision analytical models constructed

1 year, 5 year and 10 year time  
frames where feasible

# Net Return on Investment

|   | NHS  | Other public sector | Non-public sector | Total |
|---|------|---------------------|-------------------|-------|
| <b>Early identification and intervention as soon as mental disorder arises</b>  |      |                     |                   |       |
| Early intervention for conduct disorder   | 1.08 | 1.78                | 5.03              | 7.89  |
| Health visitor interventions to reduce postnatal depression                     | 0.40 | –                   | 0.40              | 0.80  |
| Early intervention for depression in diabetes                                   | 0.19 | 0                   | 0.14              | 0.33  |
| Early intervention for medically unexplained symptoms <sup>b</sup>              | 1.01 | 0                   | 0.74              | 1.75  |
| Early diagnosis and treatment of depression at work                             | 0.51 | –                   | 4.52              | 5.03  |
| Early detection of psychosis  | 2.62 | 0.79                | 6.85              | 10.27 |
| Early intervention in psychosis   | 9.68 | 0.27                | 8.02              | 17.97 |
| Screening for alcohol misuse  | 2.24 | 0.93                | 8.57              | 11.75 |
| Suicide training courses provided to all GPs                                    | 0.08 | 0.05                | 43.86             | 43.99 |
| Suicide prevention through bridge safety barriers                               | 1.75 | 1.31                | 51.39             | 54.45 |
| <b>Promotion of mental health and prevention of mental disorder</b>             |      |                     |                   |       |
| Prevention of conduct disorder through social and emotional learning programmes | 9.42 | 17.02               | 57.29             | 83.73 |
| School-based interventions to reduce bullying                                   | 0    | 0                   | 14.35             | 14.35 |
| Workplace health promotion programmes   | –    | –                   | 9.69              | 9.69  |
| <b>Addressing social determinants and consequences of mental disorder</b>       |      |                     |                   |       |
| Debt advice services  | 0.34 | 0.58                | 2.63              | 3.55  |
| Befriending for older adults  | 0.44 | –                   | –                 | 0.44  |



Is there an economic  
case for investing in  
measures to  
tackle/prevent  
unmanageable debt?

# Debt advice and counselling services

## Target

General population without mental health problems who at risk of unmanageable debt

## Inter- vention

Debt advice services, provided on face to face, telephone or internet basis

## Outcome evidence

Unmanageable debt increased risk of developing depression/anxiety disorders by 33% in gen pop (Skapinakis et al 2006). 56% of face to face service alleviate unmanageable debt (Williams & Sansom 2007). 47% for telephone (Pleasance & Balmer 2007).

## Economic pay-offs

Avoidance of costs to health and social care services; legal system; productivity losses; local economy

## Findings

Telephone/ web cost saving from public purse perspective in most scenarios; face to face most cost effective if 30% of costs recouped from creditors; face to face cost saving if productivity losses averted



# Debt counselling services can play a role

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- Supporting not-for-profit debt advice services may be prudent in time of economic crisis

|                            | Year 1<br>(£) | Year 2<br>(£) | Year 3<br>(£) | Year 4<br>(£) | Year 5<br>(£) |
|----------------------------|---------------|---------------|---------------|---------------|---------------|
| Health and social services | 151,512       | -13,209       | -13,017       | -12,829       | -12,643       |
| Legal costs                | -87,908       | -             | -             | -             | -             |
| Productivity               | -7,827        | -100,128      | -98,677       | -97,426       | -95,837       |
| Net Cost- Benefit          | 55,777        | -113,336      | -111,694      | -110,075      | -108,480      |

Knapp, McDaid, Evans-Lacko, Fitch, King, 2011

# Modelling long term cost effectiveness of suicide prevention in England



Centre for  
Mental Health

Institute of  
Psychiatry  
at The Royal  
Free

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Included model of the cost effectiveness of implementation of training primary care physicians, followed up by services for those identified at risk across England.

Over 10 years 700 suicides could be avoided /delayed

Repeat self harm events also averted

From health service perspective cost per life saved over 10 years: £29,235

From health service perspective cost per quality adjusted years of life saved: £2,924, respectively.

Cost saving if productivity losses averted included

**McDaid, Park, Bonin, 2011**

# Net costs/payoffs for suicide prevention following suicide awareness training, compared with no intervention in England (2009 prices)

|                               | After 1 year<br>(£m) | After 5 years<br>(£m) | After 10 years<br>(£m) |
|-------------------------------|----------------------|-----------------------|------------------------|
| Health                        |                      |                       |                        |
| – Suicide awareness training  | 8.1                  | 8.1                   | 8.1                    |
| – Suicide prevention measures | 1.8                  | 7.2                   | 12.5                   |
| – Emergency Treatment         | -0.4                 | -0.9                  | -1.0                   |
| Police/coroner costs          | -0.3                 | -0.5                  | -0.6                   |
| <b>Total public services</b>  | <b>9.2</b>           | <b>14.0</b>           | <b>19.0</b>            |
| Funerals                      | -0.5                 | -0.9                  | -1.2                   |
| Productivity losses           | -186.2               | -340.2                | -416.8                 |
| Intangible costs              | -390.3               | -713.0                | -873.6                 |
| <b>Total</b>                  | <b>-567.8</b>        | <b>-1,040.1</b>       | <b>-1,272.6</b>        |

# To Sum Up

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- Many potential challenges for mental health from economic shocks; much knowledge on risk factors in different contexts
- There are challenges for the funding and organisation of mental health services - but also opportunities for reform
- There is evidence on the effectiveness and cost effectiveness of investment in services to protect mental health during times of economic uncertainty