

## in brief...

# Policy for better mental health

Treating mental illness should be a top national priority, especially as proven psychological therapies effectively cost nothing. **Richard Layard** explains how CEP research has led to a new deal for mental health – but much remains to be done.

As the general election approaches, the issue of Britain's national priorities becomes ever more critical. What are the most important factors affecting wellbeing in our society? And what low-cost ways do we have of improving wellbeing at a time when 'all the money's gone'?

In our recent book, David Clark and I argue that mental health is crucial for wellbeing and that modern evidence-based ways of treating mental health problems have no net cost to the Exchequer. It is a fundamental mistake to think that our life satisfaction depends only on our current external circumstances. CEP research shows that previous

mental health explains much more of the misery in our society than is explained by poverty or unemployment.

The most common problems are depression and chronic anxiety disorders – and these can now be effectively treated by modern psychological therapies such as cognitive behavioural therapy (CBT). The evidence is that

## Mental illness has much greater economic costs than physical illness



# Evidence-based ways of treating mental health problems have no net cost to the Exchequer

half of all patients treated will recover: their misery will go. In addition, many will be able to work who could not otherwise do so.

If someone is on sickness benefit rather than working, it costs the government £650 a month. This is the same as the cost of therapy, averaged over the range of treatment for mild to severe cases. So providing therapy costs the government nothing if the patients treated work on average one month more than they otherwise would: they do.

This is the argument that the CEP's Mental Health Policy Group put to the government in its *Depression Report* in 2006. In response to this lobbying, in 2008, the government launched a completely new service to provide psychological therapies for depression and anxiety disorders – Improving Access to Psychological Therapies (IAPT).

The IAPT service is now treating over 400,000 people a year – a major organisational triumph, based on a national training programme, rigorous outcome monitoring and a progressive roll-out of new services across the country.

But the task is only half done. There are seven million adults suffering from depression and anxiety disorders and we should be treating at least a million a year. So we need another doubling of the programme over the next parliament. But today's NHS is much more decentralised than in 2008. What happens is largely up to local commissioners. Savings on disability benefits are of no interest to them. But that is where a different form of savings becomes relevant – the savings on physical healthcare.

Worldwide evidence reveals a striking fact: mental health affects physical health and the use of physical healthcare facilities. Suppose we take two people with the same type and degree of physical illness, but A also has depression or an anxiety disorder. Then A will need 50% more *physical* healthcare than B – partly because of the physiological effects of mental illness, partly because of unhealthy habits and partly due to extra levels of anxiety.

In Britain, this costs an extra £2,000 a year per patient. So if we treat a physically ill person for their mental illness, we can expect to save up to £1,000 a year on physical healthcare (due to the 50% recovery rate). This compares with the one-off cost of £650 for the psychological therapy. This is a powerful argument to put to commissioners and we are doing our best to make sure they hear it.

So there are two arguments here. The first is natural justice. People with mental health problems should have the same access to therapies recommended by the National Institute for Health and Care Excellence (NICE) as people who are physically ill: at present, they do not. That is the greatest health inequality in our society. It ought to be remedied even if it would cost money.

But second, it would cost nothing: whereas most physical illness is a problem of old age, most mental illness is a problem of working age. Indeed, up to the age of 45, there is more mental illness than physical illness in rich societies. So mental illness has much greater economic costs than physical illness. And, by the same token, treating mental illness relieves those costs and in net terms costs nothing. We should go for it.

This column discusses the central messages of *Thrive: The Power of Evidence-Based Psychological Therapies* by Richard Layard and David M. Clark (Penguin, 2014).

Professor Lord **Richard Layard** is director of CEP's research programme on wellbeing. **David M. Clark** is professor of psychology at Oxford University.

The 2006 report by the CEP's Mental Health Policy Group – *The Depression Report: A New Deal for Depression and Anxiety Disorders* – is available here: [http://cep.lse.ac.uk/textonly/research/mentalhealth/depression\\_report\\_layard2.pdf](http://cep.lse.ac.uk/textonly/research/mentalhealth/depression_report_layard2.pdf)