Ignoring mental illness is pure discrimination; Anxiety and depression cost the UK billions, so modern therapies would pay for themselves

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Mental illness is the great hidden problem in our society. But cost-effective treatments exist. The tragedy is that so many people cannot get them, and less than a third of those who need help are in any form of treatment.

This is shocking discrimination. If your leg is broken you automatically get treated, but if your spirit is broken you do not. To highlight what is happening, our report, published today by the London School of Economics, sets out some astonishing facts.

First, nearly half of all illness under 65 is mental illness - it is nearly as much as heart disease, lung disease, diabetes and all the rest put together. This is because six million people are mentally ill and their problems are severe: depression is 50 per cent more debilitating, for example, than angina, asthma, arthritis or diabetes. Mental illness is responsible for nearly half of all absence from work, and for nearly half of all those on disability benefits.

Second, we have good cures. Modern evidence-based psychological therapy leads to good, well-measured rates of recovery within four months. For people with crippling anxiety, often housebound, recovery rates average 50 per cent and are mostly permanent. For people with depression the rate after therapy (or medication) is again 50 per cent but there is always the risk of relapse, although therapy also greatly reduces that risk.

Third, these therapies cost little - around £750 to change a life. And, equally important, they save a lot of money in reduced healthcare costs and welfare benefits. Mentally ill people use a lot more physical healthcare than other people do. When psychological therapy is provided in controlled trials, there are such great savings on physical healthcare costs that they fully repay the cost of the therapy. If only local commissioners would realise how much they could save through psychological therapy.

On top of this, the therapy helps many more people to work, and the extra taxes they pay, plus the savings on disability benefit, again exceed the cost of the therapy. Providing more psychological therapy would clearly have no net cost: it is a no-brainer.

That is why in 2008 the Government began the roll-out of its excellent programme for Improving Access to Psychological Therapy (IAPT), intended to be completed nationwide by 2014. But in the past year many local commissioners have stopped expanding the scheme and some have even cut it. They should all discharge their responsibilities to complete the roll-out of IAPT by 2014.

But even that will provide treatment for only an extra 15 per cent of those needing it. It will not cover the millions of people with chronic physical illness made worse by mental illness. So as I write, the NHS should be considering a further wave of additional psychological therapy beyond 2014, focused especially on these people.

Mental illness is a central worry of one in three families. As repeated surveys show, it accounts for more of the misery in our society than physical illness does. Yet one health secretary told me that, after his first three weeks in the department, he had not heard the words "mental health" or "mental
illness”. And even now the 50 key outcomes by which the Government measures NHS performance include no health outcomes for depression or anxiety disorders. This is truly amazing for conditions that account for nearly half of all illness under 65.

Things have got to improve faster. We cannot accept a situation where it is easier to cut psychological support than physical healthcare. This year half of all child mental health services had their budgets cut - some by 25 per cent or more. Given the huge unmet need in this area, this should not be allowed.

But that requires a quite new public attitude. Mentally ill people and their families are naturally less strident than physical healthcare lobbyists, which is partly why the present situation exists. But none of us should accept this. If everyone who read this article wrote to their GP or primary care trust to insist on something better that would be a wonderful start.

The medical profession also has to change. GPs spend a quarter of their time on mental illness but most do no mental health placement in their training. They should do.

Mental illness is central to so many of our social problems. Ever since Beveridge, we have tackled these problems as if they are mainly external to the individual. But many of our problems are within us. Until we give more care to our troubled souls we shall struggle to build a better society.

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