LET'S MAKE MENTAL HEALTH A NATIONAL PRIORITY:
New short film from the Centre for Economic Performance

In a short online film launched today, Professor Richard Layard of the Centre for Economic Performance (CEP) explains why treating mental illness should be high on the public agenda, especially as proven psychological therapies effectively cost nothing.

The film is available to view here: https://www.youtube.com/watch?v=CuXsv3Z69T4

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 their recent book, 'Thrive: The Power of Evidence-Based Psychological Therapies', Professor Layard and psychology professor David M Clark 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.

They call on the three main political parties to commit themselves to raising dramatically the coverage of Improving Access to Psychological Therapies (IAPT), the service that provides psychological therapies for depression and anxiety disorders.

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 like cognitive behavioural therapy (CBT). The evidence is that half of all patients treated will recover: their misery will go. But 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 mild to severe cases. So the therapy costs the government nothing if the patients treated work on average one month more than they otherwise would: they do.

The NHS IAPT service, advocated by Professor Layard and his colleagues in CEP's Mental Health Policy Group and launched in 2008, 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.

Professor Layard explains:

'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 get 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.'

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Notes:
The film ‘Let's Make Mental Health A National Priority’ was produced by Econ Films* and can be viewed at: https://www.youtube.com/watch?v=CuXsv3Z69T4

For more information please contact:
Professor Richard Layard, email: r.layard@lse.ac.uk or Harriet Ogborn, email: H.Ogborn@lse.ac.uk

* Econ Films are a production company specialising in films about economics for any audience.