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## Promoting Mental Health: the economic case

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# Intersectoral actions to promote mental health & wellbeing

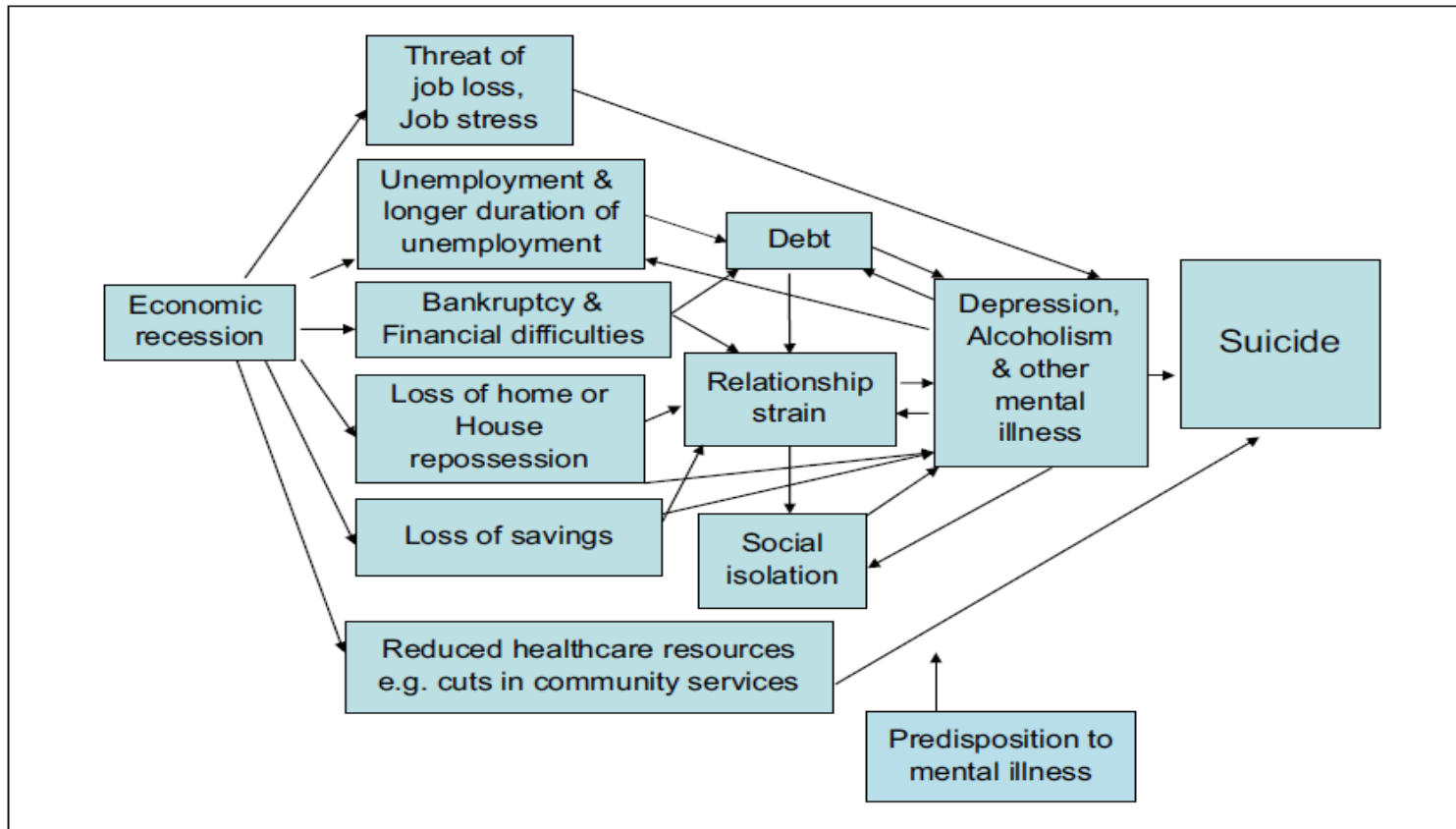
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# Overview

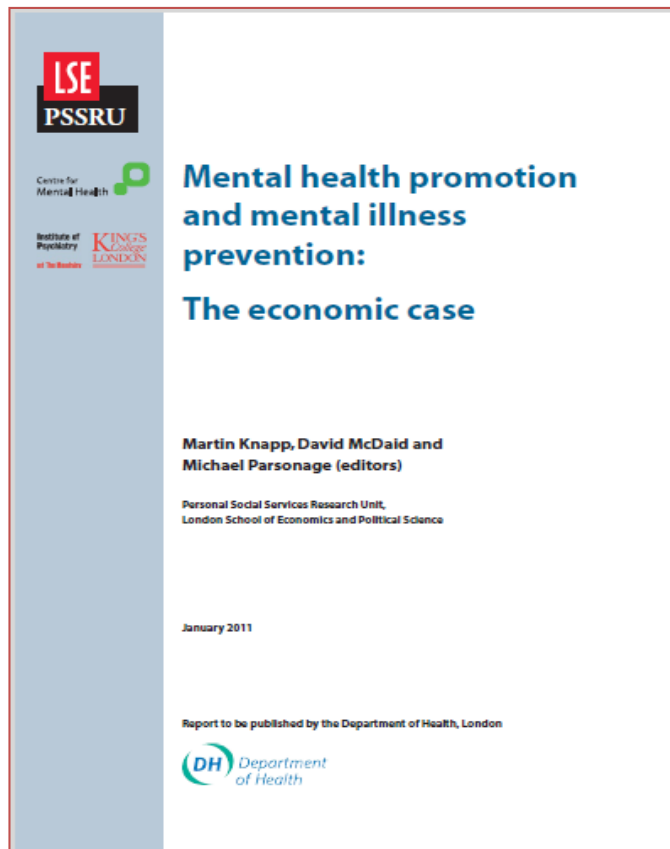
- A. Importance of an intersectoral approach for mental health and wellbeing?
- B. Two examples: tackling debt and loneliness
- C. Challenge of making intersectoral actions happen

# Many actions beyond health system: e.g. recession & suicide



Haw, Hawton, Gunnell & Platt; Int J Social Psychiatry 2015 61(1):73-81

# Making an economic case: intersectoral impacts



15 simple models, each built on solid evidence of effectiveness.

- Yes, there is an economic case for investment in interventions to promote health & prevent illness
- Those investments need to be made by the NHS, local authorities, schools, employers ...
- Pay-offs may accrue to a different sector / budget than where the investment is made ...
- ... and may take years to accrue. **LSE PSSRU**

## Further work on the economic case

- PSSRU commissioned by Public Health England to model economic case for mental health promotion / disease prevention
- Eight interventions being modelled
- Production of tool for use by local authorities /CCGs
- Available April 2017

## Our approach

**Aim** Rapid reviews for evidence on costs effectiveness & systematic reviews / meta analysis on effects

Look at **evidence-based** mental health interventions (incl. non-NHS) – must have well-established outcomes

- Multiple time period **modelling**

As far as the evidence base allows:

- Include **promotion and primary prevention**
- Look at **wide range** of economic impacts **within and beyond health sector**
- Estimate impacts over long **time periods**
- If in doubt, adopt **conservative perspective**

## Debt and mental health

Estimated that 16.1% of UK adults (8.25 million people) were over-indebted – regularly missing monthly payments in at least three of the last six months or finding meeting commitments a heavy burden. (Money Advice Service 2016).

Unmanageable debt associated with increased risk of common mental health problems, relative risk between 1.33 to 3 times greater compared to general population (Richardson et al 2013)

Analysis of coroner records of 300 people who died by suicide in England in 2010 and 2011 revealed “4% of suicides entirely related to the recession, employment or financial-related difficulties and a further 9% where such difficulties contributed a lot to the suicide” Coope 2015.



## Debt and welfare advice services

### Target

General population without mental health problems at risk of unmanageable debt or welfare problems

### Intervention

Debt advice services, provided on face to face, telephone or internet basis; including GP practice training to increase referral to debt advice services

### Funder

Complex: Subsidies from finance industry (Fair Share), Debt Advice Levy, Creditors, Local Authorities & CCGs

### Outcome evidence

Trial based and observational evidence on value of debt and welfare advice services.

### Economic pay-offs

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

## Debt and mental health: Return on Investment

Hypothetical 100,000 Adult Population

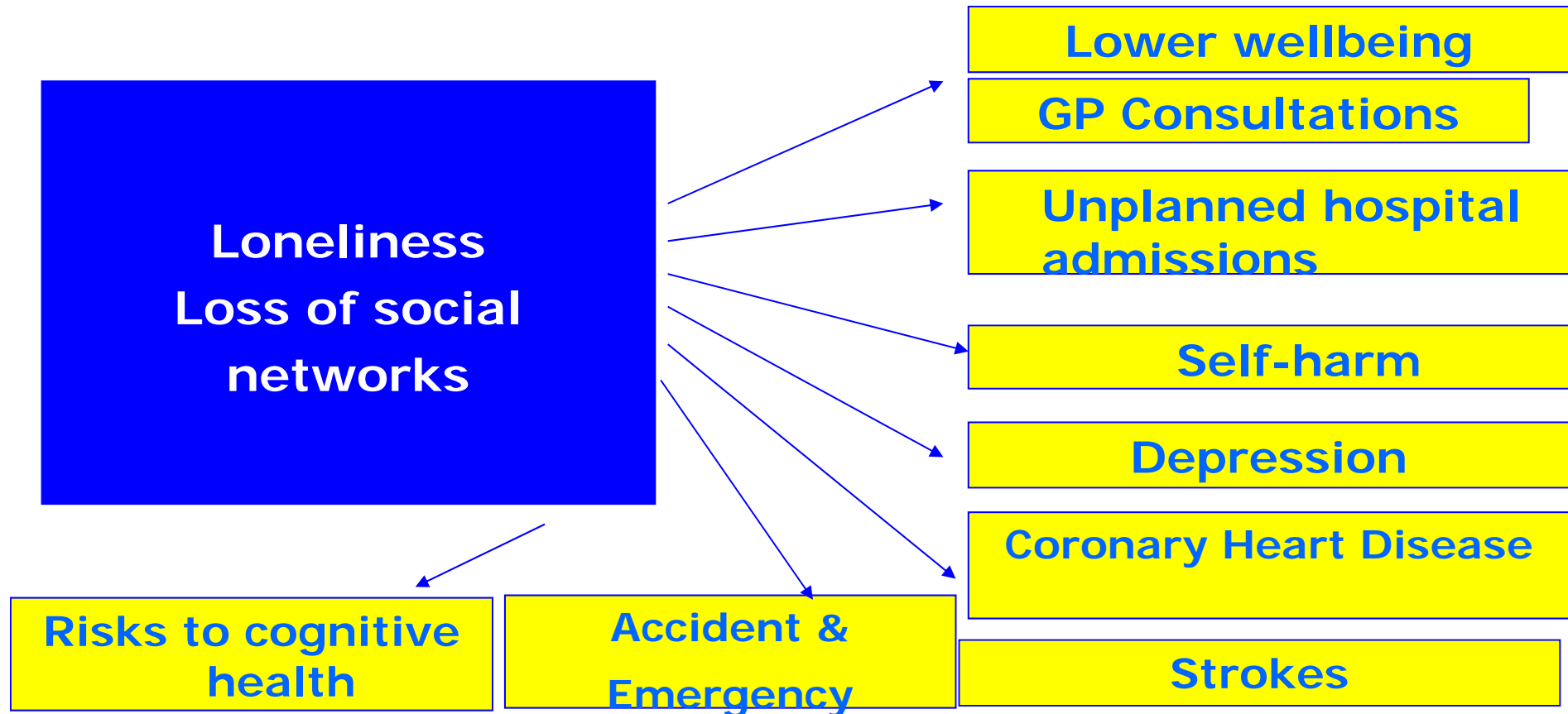
Costs of delivering service, including GP awareness training **£0.5 million (14% of cost to NHS or LA)**

Costs averted: **£1.19 million over 5 years**; 9% of costs averted to NHS, 31% costs to legal sector; 60% reduced stress /depression re workforce participation and avoided suicidal behaviour

Positive ROI: **£2.38 for every £1 invested**

Take Home: **High likelihood of being cost effective** from health system or LA perspective; very cost effective looking at wider impacts

## Loneliness associated with poor health & wellbeing



## Loneliness and Mental Health

Increased rate of **depression** in people who are highly lonely is **three times greater than for people who are not lonely** (Steptoe et al., 2013)

Increased risks of premature mortality and poor physical health, such as coronary heart disease and stroke (Heffner et al., 2011 Cene et al., 2012 Valtorta et al., 2016).

A recent meta-analysis of 19 studies also suggests that the **risk of developing dementia** with high levels of loneliness is 1.58 that for those who are not lonely (Kuiper et al., 2015)

## Volunteering / activities to address social isolation and loneliness

### Target

All community dwelling older adults

### Intervention /

Signposting service to social activities provided in public locations, then participation in social activities and / or volunteering

### Funder

Local Authorities could support cost of signposting and initial participation in activities.

### Outcome evidence

Impacts on likelihood of being lonely – reduction in risk of depression and poor mental health through avoidance of severe levels of loneliness

### Economic pay-offs

Impacts on use of primary and secondary health services, avoidance of self-harm, value of volunteering

## Loneliness and mental health: Return on Investment

Hypothetical 100,000 Adult Population

Costs of delivering signposting service and group activities **£0.175 million (assumed all LA costs)**

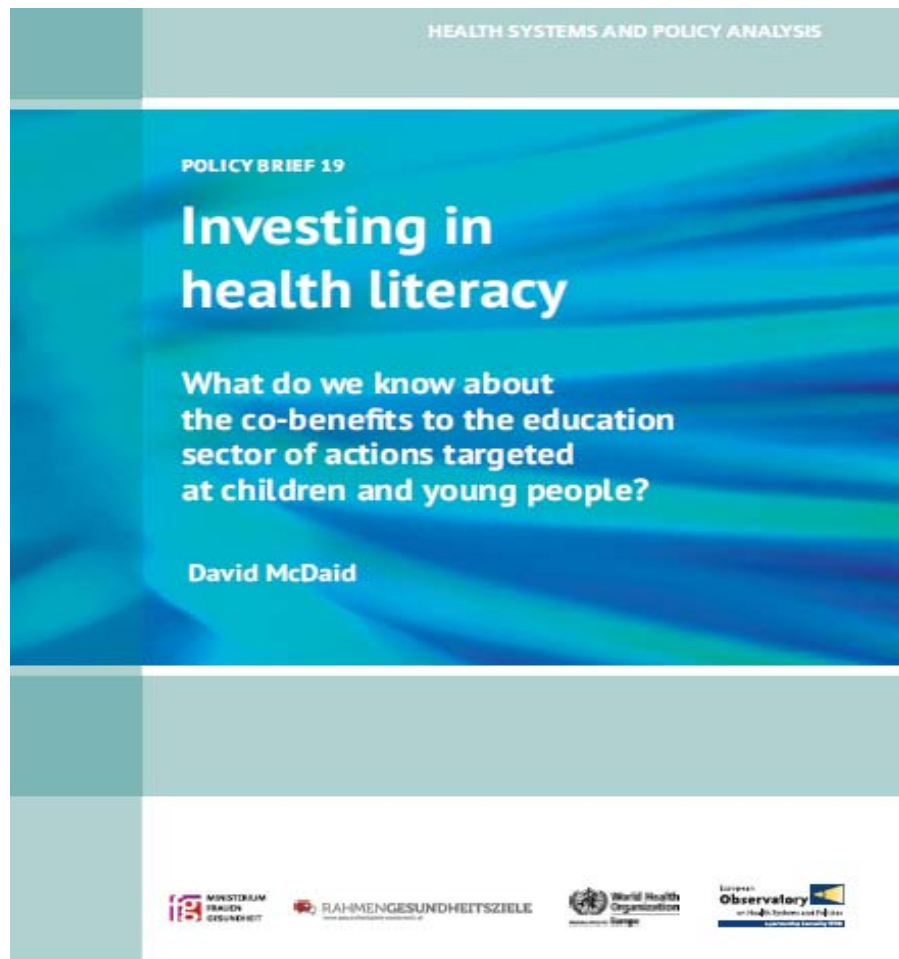
Costs averted: **£0.17 million just to CCGs for depression over 5 years;**

Positive ROI: **£1.26 for every £1 invested – including benefits of additional volunteering and some physical health benefits**

Take Home: **Intervention likely to be cost saving** – but conservative analysis presented as potential benefits re dementia not included. Wider benefits from social participation to consider.

# Challenge of facilitating intersectoral implementation

## Make sector-specific outcome and economic arguments



**Make sector specific outcome and economic arguments:** Also helpful not only to demonstrate that health can be improved by actions in different sectors, but that there are also benefits to those sectors of thinking about health issues. Can help facilitate cross sectoral action.

[http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0006/315852/Policy-Brief-19-Investing-health-literacy.pdf](http://www.euro.who.int/__data/assets/pdf_file/0006/315852/Policy-Brief-19-Investing-health-literacy.pdf)



## Example: Domestic Violence as a Public Health Issue

In Kent, an Independent Domestic Violence Advisors (IDVA) Service is funded through support not only from the county council's public health department but also by the Fire and Rescue, probation and police services. Early action to support domestic violence victims has benefits for mental health and self-harm prevention, but there are also wider positive resource impacts for health and other sectors.

In developing this jointly funded service the council were able to cite economic modelling work commissioned by NICE estimating that for every 100 clients that IDVAs work with, they will avoid £0.9 million in costs to the criminal justice system, £0.3 million to the health system, as well as lost employment costs of £0.4 million (Mallender et al., 2013). These avoided costs more than outweigh the costs of the service.

McDaid et al 2017, *Commissioning Cost Effective Prevention Services for Mental Health and Wellbeing*, Public Health England

# Financing mechanisms to support intersectoral actions

## Evidence-informed policy-making

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### Publications

[▶ European Advisory Committee on Health Research \(EACHR\)](#)[▶ Health Evidence Network \(HEN\)](#)[Evidence-informed Policy Network \(EVIPNet\)](#)[Research policy](#)[Contact us](#)

## Evidence on financing and budgeting mechanisms to support intersectoral actions between health, education, social welfare and labour sectors (2016)

### Download

[English \(PDF, 464.0 KB\)](#)

By David McDaid and A-La Park  
Health Evidence Network synthesis report 48  
2016, x + 49 pages  
ISBN 978 92 890 5192 7

Intersectoral collaboration between the health and the social welfare, education or labour sectors can help to influence the social determinants of health. Funding such collaboration can be difficult as these sectors may be subject to very different regulatory structures, incentives and goals. This review found 51 documents on the use of various financial mechanisms to facilitate intersectoral collaboration for health promotion, involving at least two of these



## To sum up

- Possible to demonstrate short and long term payoffs from investment in mental health promotion / disorder prevention
- Recognise many need to be delivered outside of health system
- Consider what more can be done to strengthen arguments on econ benefits to these sectors / support intersectoral funding



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POLITICAL SCIENCE

**PSSRU**

Personal Social Services Research Unit

# Respondents

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**Discussion / Questions?**

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<http://www.lse.ac.uk/LSEHealthAndSocialCare/home.aspx> & <http://www.pssru.ac.uk/index-kent-lse.php>

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