The Mental Health Foundation

Changing minds, changing lives

Our vision is for a world with good mental health for all.

Our mission is to help people understand, protect and sustain their mental health.

Prevention is at the heart of what we do, because the best way to deal with a crisis is to prevent it from happening in the first place. We inform and influence the development of evidence-based mental health policy at the national and local government level. In tandem, we help people and communities to access information about the steps they can take to reduce their mental health risks and increase their resilience. We want to empower people to take action when problems are at an early stage. This work is informed by our long history of working directly with people living with or at risk of developing mental health problems.

The Mental Health Foundation is a UK charity that relies on public donations and grant funding to deliver and campaign for good mental health for all.

Website mentalhealth.org.uk
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1.1 The Mental Health Foundation is pleased to have the opportunity to respond to the Spending Review 2015. Our contribution is based on over 60 years of experience of research on mental health and learning disabilities, advocating improved mental health for all, and influencing reform in policy and practice.

1.2 We welcome the government commitment to protect spending on the NHS in England by committing to increase NHS funding in by £10 billion in real terms by 2020-21. However, as the evidence below shows that commitment alone might be insufficient to reduce future costs arising from mental ill-health and cover present ones.

2. The economic case to increase investment in mental health

2.1 Effectively supporting people experiencing mental health problems is on target to become one of the greatest public health challenges of our time. This is understood in relation to the increasing demand for public services but the wider impact can also be felt across a whole range of indicators of our success as a society.

2.2 It will not be possible to absorb the rising costs of providing care and support for mental health problems in the long term and the economic case for working to prevent mental health problems has been clearly made now by many.\textsuperscript{i} If we are to rise to this challenge then we will need to act decisively as we have in the past when faced with significant risks to public health.

2.3 Commitments to protect the NHS have failed to reach mental health services; despite mental health problems accounting for 23% of the total burden of disease, mental health receives only 13% of NHS health expenditure.\textsuperscript{ii} Moreover, mental health funding has actually been cut in real terms since 2010.\textsuperscript{iii}

2.4 As a result of low levels of investment, the costs of mental ill-health are staggeringly high for both the English economy and UK businesses. In 2010 (latest data available) it was estimated that mental illness was already costing the English economy £105.2 billion,\textsuperscript{iv} through lost productivity, social benefits and health care.\textsuperscript{v} Meanwhile, the Labour Force Survey reveals that more days are lost due to work-related mental ill health than for any other illness.\textsuperscript{vi} As a result, work-related mental ill health costs UK businesses up to £26 billion every year, through lost working days, staff turnover and lower productivity.\textsuperscript{vii} These costs are only likely to escalate and it is predicted that 2 million more people will have mental health problems by the year 2030.\textsuperscript{viii}

2.5 Moreover, there are many interdependencies between physical and mental health, so any efficiencies in mental health services need to be carefully thought through so that false economies and greater costs elsewhere in the healthcare and social care system are avoided. Indeed, it is estimated that NHS England spends £8-13 billion annually as a result of mental health problems among people with long-term conditions.\textsuperscript{ix}
2.6 We call on the Government to ensure through its budget that mental health services receive the money they need to be equipped to respond to increasing demand and able to tackle unmet need. To achieve this, there is a need to increase investment and rebalance the NHS budget to ensure mental health care for children and adults receives the level of investment needed to improve outcomes.

Box 1. Wider economic benefits of investing in mental health

Good mental health and wellbeing, and not simply the absence of mental illness, have been shown to result in health, social and economic benefits for individuals, communities and populations. Such benefits include:

- better physical health;
- reductions in health-damaging behaviour;
- greater educational achievement;
- improved productivity;
- higher incomes;
- reduced absenteeism;
- less crime;
- more participation in community life;
- improved overall functioning; and
- reduced mortality

2.7 We have further concerns that future budgetary restrictions imposed upon Local Authorities (LAs) will leave them unable to deliver adult social care services. The Local Government Association (LGA) 2014 “State of the adult social care report” evidenced the serious economic problems LAs are facing in the delivery of adult social care services.\textsuperscript{xii} According to the report the injection of an additional £7.2 billion for adult social care since 2010 has not solved the adult social care funding problem. LGA warns that “the short-term looks increasingly difficult, with the scope for further savings being reduced and at the same time real concerns remain about the affordability of the Care Act”. It is also highlighted that many Trusts are operating a deficit, with many senior health and charity figures warning of a £30 billion funding gap in the health budget by the end of the decade (28% of the budget). Whilst, the estimated funding gap for adult social care over the same period is £4.3 billion (29% of the budget). \textsuperscript{xii}
2.8 We second the LGA recommendation that the Spending Review should “put adult social care on a sustainable financial footing” and that more financial resources need to be brought into the health and social care system. We recommend that further research and a public debate should be had to examine budgetary decisions to be made.

3. The social and economic case to increase investment in prevention

3.1 The NHS recognises that although future costs of mental ill health are forecast to double in real terms over the next 20 years, some of this cost could be reduced by greater focus on whole population mental health promotion and prevention, alongside early diagnosis and intervention.\textsuperscript{xiii}

3.2 Despite this recognition, \textit{much of the NHS and arm length bodies investment has been on care and treatment}. Indeed, spending on the prevention and promotion of mental health represents less than 0.001\% of the annual NHS mental health budget. \textsuperscript{xiv}

3.3 Although we agree that greater focus on whole population mental health promotion and prevention is needed, the evidence in the paragraphs below strongly suggests that future costs will only be reduced if \textit{selective} – targeting people in groups, demographics or communities with higher prevalence of mental health problems- and \textit{indicated} – targeting people with early detectable signs of mental health stress or distress and for children of parents with a serious mental health problems-\textit{evidence-based solutions are also made available, promoted and widely adopted.}

3.4 \textit{Selective and indicated preventive solutions recognise that mental health problems are not evenly distributed across society, and those socio-economic circumstances, such as being born into poverty or experiencing discrimination, place people at heightened risk of developing a mental health problem.}\textsuperscript{xv} Evidence strongly suggests that a lack of life opportunities and stress are challenging enough to put people’s mental health at risk. This can be compounded by the social stigma attached to having less than others in society and being reliant on social welfare. \textsuperscript{xvi} It is therefore not surprising that people with health conditions and disabilities are not only concentrated in higher numbers within areas of deprivation but are also disproportionately affected by mental health problems. \textsuperscript{xvii}

3.5 \textit{The bi-lineal relationship between our internal world – our emotions and cognitions- and the context in which we live our lives, means that having a mental health problem can be both a consequence and a cause of socio-economic inequalities. Reducing the risk of developing a mental health problem is complex and often requires improvements across a mix of health behaviours alongside social and environmental factors such as poverty or poor housing.}

3.6 Taking an inequality focused public mental health approach –one that also uses selective and indicated preventative solutions- acknowledges that those with least personal resources and the most complex lives are at higher risk of falling behind in relation to mental health both in degree of risk and resilience to adversity but also in relation to access to services.
Box 2. The economic case for investing in mental health promotion and prevention

The economic case for working to prevent mental health problems has been clearly stated. The Department of Health estimated in 2010 the cost of different mental disorders across the life course in England. They found that:

- Depression £7.5 billion per year;
- Anxiety £8.9 billion;
- Schizophrenia £6.7 billion;
- Dementia £17 billion;
- Medically unexplained symptoms are £18 billion.

Other studies have found that:

- Mental illness is already the most common reason for claiming disability benefit and accounts for almost 38% of new claims;
- Mental health problems during childhood and adolescence costs between £11,030 to £59,130 annually per child;
- Failing to prevent and support perinatal mental health has been estimated at £23 billion each year.

4. Life course approach: identifying transitional points to target evidence-based prevention programmes and how all policies affect people’s mental health

4.1 By taking a life course approach it is possible to invest to intervene early and address developmental factors that can increase risk (primary prevention) whilst working to prevent mental health problems developing in adulthood and reducing the impact of these when they do (secondary and tertiary prevention).

4.2 Future investments in this approach will enable agencies across government to identify life stages and transitions where risk is highest or where opportunities to inject funds and intervene successfully are greatest. Currently the delay in identifying children at risk and in providing effective early intervention mean that many young people enter adulthood with untreated conditions; and for others symptoms only develop once they have reached adulthood. Prioritising children and their families is therefore a worthwhile investment, although it will remain important to work to prevent mental health problems across the life-course.
4.3 The life-course approach also shows how people’s mental health is influenced by a number of social and environmental determinants. Highlighting, in turn, that the government commitment to protect spending on the NHS, without thinking about how other budgetary decisions could affect people’s mental health, is unlikely to be sufficient to protect the mental wellbeing of all.

4.4 Mental health (which interacts with physical health in complex and dynamic ways) is affected by all areas of government policy, from welfare to housing to education. Good mental health and well-being also underpin many of our social aspirations, including economic development. Mental (as opposed to physical) health is also unique in the extent to which it is socially constituted and relates to thoughts and feelings – and as such it requires bespoke solutions and treatment options.

4.5 Therefore, to reduce the prevalence and associated social and financial costs of mental health problems, financial resources should be made available to all departments to ensure that mental health is embedded across the public policy spectrum. The mediating role of mental health in improving health and socio-economic outcomes needs to be better understood and entrenched as a central aspect of all health and public service delivery.

Key life stages of investment:

4.6 Perinatal Mental Health and Children & Young People

- More support for parents and young children is needed, to secure a better start in life. Perinatal mental health. During pregnancy and the first year, women are at risk of developing a range of mental health problems, including anxiety, depression and postnatal psychotic disorders – perinatal mental health problems. Over one in ten mothers will be affected by a mental illness during pregnancy or after the birth of their baby, which means that each year in the UK more than 70,000 families will experience the impact of these illnesses.\textsuperscript{xxii}

  Early years. There is increasing evidence of the importance of infants receiving early sensitive care as a foundation for optimal development. Infants’ brains develop rapidly in response to early interactions and evidence from disciplines such as neuroscience, psychology, biology and psychoanalysis indicates that early caregiving relationships have long-term influences on the way individuals regulate their emotions and behaviour, and make relationships.\textsuperscript{xxiii} Evidence shows that the sensitivity of care directly affects the developing neuronal pathways, with significant consequences in terms of the infant’s developing sense of self, capacity for regulation and engagement with the environment.

- More investment is needed in whole school approaches to support the mental health of school age children & young people, funding should also be available so they can access the support they need during key transitions. Developing a mental health problem early in life can hamper a child’s ability to fulfil their potential (See box 3). Transitions are now recognised as central to children’s wellbeing and experience of childhood. Children experience several key transition points, including moving between
different learning centres and changes within their social groups. Some experience very specific transitions in their families such as: living in unsafe home environments (characterised by domestic violence, neglect, physical and / or sexual abuse); caring responsibilities; bereavement; separation of parents; parental unemployment; moving house or homelessness; developing a disability; pre-migration trauma and difficult immigration procedures including Home Office removal and detention.

Additionally, young people between the age of 16 and 18 are going through a period of physiological change, and are making important transitions in their education. On top of this, if they have developed a mental health problem at this age they will also be moving from Child and Adolescent Services (CAMHS) to Adult Services (AMHS).

- **Greater investment is needed on supporting the mental health and wellbeing of children deprived of their liberty.** The prevalence of mental health conditions and learning disabilities among young offenders is far higher than that of the general population. Nearly a third of all young offenders aged 13-18 have at least one mental health condition, and over a quarter have a learning disability. The links between mental health, learning disabilities and offending behaviour are clear, yet many children slip through the criminal justice system unrecognised. Children who are in touch with the criminal justice system face risks to their mental health at different stages: a) Prior to, children may have developed mental health problems as a result of socio-economic challenges, or indirectly from engaging in risky behaviours; b) In custody, where their needs go unmet, their mental health problems can worsen significantly and they are at heightened risk of developing high levels of depression and anxiety, as well as tendencies towards self-harm and suicidal feelings; c) After release they are likely to face extremely difficult circumstances such as being out of school, poverty and lack of accommodation, all of which increase their risk of developing or enduring mental health conditions.

**Box 3. The mental health and wellbeing of children at heightened risk**

A wealth of evidence shows that supporting children’s mental wellbeing is a key determinant of life chances. A child’s mental health and wellbeing is a central mediating factor that influences their cognitive development and ability to learn, physical and social health outcomes; and can determine mental health status across adult life.

Once a child has developed a problem they are: less likely to do well in school and in the labour market; more likely to be in contact with the criminal justice system; and have a shorter life expectancy. Evidence strongly suggests that, excluding dementia, over half of adult mental health problems start by the age of 14 and a staggering 75% by 18.
Staggeringly low levels of investment in Children and Adolescents Mental Health Services (CAMHS) indicate that the wellbeing of children is at great risk; Only 6% of the mental health budget is spent on CAMHS, and many local CAMHS budgets have reduced in recent years. This lack of investment is not just morally wrong, but it is also likely to result in high social and economic costs to society; it has been estimated that late intervention currently costs public services £17bn a year.

In particular, we would like to draw your attention to the Child Health Outcome profiles, which were published by Public Health England in June 2015. The mental health component of these are based on admissions to hospital for self-harm, and compares 2010/11 data to 2013/14 data for each local authority area. In the SW 13/15 local authorities have higher levels of admission to hospital than the national average. 6/15 local areas had higher rates of admission in 2013/14 than in 2010/11. Although it is hard to establish a causal link between budgetary restrictions and raised admissions for self-harm, data does suggest that less financial resources could be having a negative effect on young lives in the South West.

Moreover, the Children Commissioners noted in their submission to the UN Committee on the Rights of the Child, that “austerity measures have reduced provision of a range of services that protect and fulfill children’s rights including health and child and adolescent mental health services; education; early years; preventive and early intervention services; and youth services.”

We second the Children Commissioners recommendations, and believe that the state should invest prevention and in child and adolescent mental health services to meet the needs of children in need of such support, with particular attention to those at greatest risk, including disabled children, children deprived of parental care, children affected by trauma, abuse and neglect, those living in poverty and those in conflict with the law.

4.7 Adults of working age

- Greater investment is needed on reducing discrimination and stigma in the workplace and on implementing bespoke voluntary programmes to support people to access and retain in work that is good for their mental health. At the same time, better investment in supporting employers is needed, so they feel more confident about employing a more diverse workforce. A wealth of evidence suggests that being in appropriate work is generally good for people’s physical and mental health as ‘No Health without Mental Health’ recognises “the workplace provides an important opportunity for people to build resilience, develop social networks and develop their own social capital.” However, employment in the wrong conditions can actually have a potentially negative effect on people’s wellbeing. Moreover, if people
with mental health problems enter into employment that it is not appropriate for their needs, this can result in poorer mental health outcomes. xliii

- **More resources should be aimed at providing people a decent standard of living and help people move out of poverty.** In times of austerity the mental health of the population is put under strain, with numerous studies showing that unemployment, significant reduction in income and high levels of debt, can lead to ‘lower levels of well-being and resilience, greater mental health needs and alcohol misuse, higher suicide rates, greater social isolation and worsened physical health.’ xlv Not surprisingly, the Royal College of Psychiatry found that people who are unemployed consult their GPs more often than the general population xlv and are between four and ten times more likely to develop anxiety and depression. xlvi

- **Greater investment is needed on supporting the mental health and wellbeing of adults deprived of ones liberty.** Evidence, although slightly dated, strongly suggest that people who are in touch with the criminal justice system, are more likely to have a common mental health problem than the general population. xlvii Evidence also suggests that they are also more likely to be living with psychosis, neurosis, personality disorder, alcohol misuse and drug dependence. xlviii In 2009, the Bradley Review – a review of people with mental health problems or learning disabilities in the criminal justice system- noted “there is a growing consensus that custody can exacerbate mental ill health, heighten vulnerability and increase the risk of self-harm and suicide”. xlix Unsurprisingly, 2014 saw the highest number of self-inflicted deaths in English and Welsh prisons ever recorded, with 141 inmates taking their own lives, including 14 young adults aged between 18 and 24. There has also been a 9% increase in the incidents of self-harm between 2012 and 2014. l

### 4.8 Later life

**More resources addressed at ending isolation and ensuring we better understand the causes of dementia are needed.**

- **Older people can experience social isolation and loneliness.** This increases their risk of depression, other mental health problems and poor wellbeing. The prevalence of loneliness among older people has been estimated at between 5% and 16% in the UK. Loneliness is also associated with cognitive decline in older adults.

- **There has been growing concern about the prevalence of depression in older people;** depression affects one in five older people living in the community and two in five living in a care home. li Depression has been linked to dementia and it is estimated that up to 40% of people with dementia may have a co-morbid depression. lii Depression can compound isolation and speed up cognitive decline.
• The most common form of dementia is Alzheimer’s Disease, which affects around two thirds of people with dementia. Age is the greatest risk factor for dementia but it is also linked with diabetes, hypertension, smoking and learning disabilities (e.g. Down’s syndrome). The Alzheimer’s Society estimates that there are 850,000 people living with dementia across the UK of which 40,000 are young people.iii Currently the causes of dementia remain under researched, however to prevent dementia those causes and contributing factors must be understood.

5. **Conclusion**

5.1 We call upon the government to ensure that budgetary decisions fully recognise that good mental health is not only an asset in itself, but it also enables people to stay in work, look after our families, pursue our other interests, and participate fully in society.

5.2 We encourage the government to recognise in this budget that financial decisions in different areas –from housing, to education, to welfare- can affect (positively or negatively) people’s wellbeing and to act accordingly to protect the mental health and wellbeing of all.

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iii Although official data is not available, Community Care findings from Freedom of Information Requests -obtained from 43 of England’s 56 NHS mental health trusts- strongly suggests that funding to provide mental health services has actually fallen by more than 8% in real terms between 2014/2015, compared to 2010-2011. Community Care (2015). Mental health trust funding down 8% from 2010 despite coalition’s drive for parity of esteem. Available at: http://www.communitycare.co.uk/2015/03/20/mental-health-trust-funding-8-since-2010-despite-coalitions-drive-parity-esteem/

iv The figure includes the costs of health and social care for people with mental health problems, lost output in the economy, for example from sickness absence and unemployment, and the human costs of reduced quality of life


Rely on the construction of the social brain? Journal of the Canadian Academy of Child and Adolescent Psychiatry. 2007;16(2):57


Mental Health Foundation: Starting Today, The Future of Mental Health Services (2013)


The Spirit Level: Why Equality is Better for Everyone Wilkinson and Pickett


Mental Health Foundation (2007), Fundamental Facts
