

HOW MENTAL ILLNESS LOSES OUT IN THE NHS

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MENTAL ILLNESS

- 1. 40% of all ill health.**
- 2. More debilitating than most chronic physical conditions.**
- 3. Raises the costs of physical healthcare by some £10 billion p.a.**
- 4. Cost-effective treatments exist, which pay for themselves in savings on physical healthcare (and also in savings on benefits and lost taxes).**
- 5. Yet under 1/3 of sufferers get treated.**

1. THE BURDEN OF DISEASE

	% of all morbidity	% of all QALYs lost
Mental illness	38	23
Cardiovascular	6	16
Cancer	3	16
Respiratory	11	8
Sense organs	13	7
Diabetes	2	2
Other	27	28
TOTAL	100	100

Source: WHO, 2008.

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For the same reason, mental illness accounts for

40% of all sickness absence

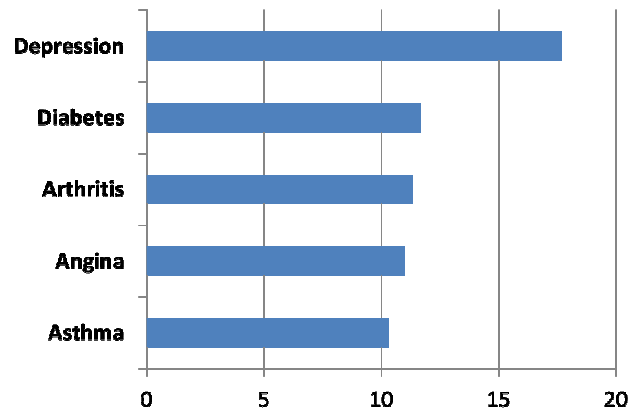
40% of all incapacity benefits

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2. EFFECTS OF MENTAL ILLNESS

(1) Loss in health-related quality of life

(Difference from “No chronic condition”, % points)



Source: Moussavi et al., 2007.

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(2) Effects on age-specific mortality rates (Odds ratios)

	Adjusted for age/sex	“Fully adjusted”
Depression	1.52	1.27
Smoking	1.59	1.42

Source: Mykletun et al., 2009.

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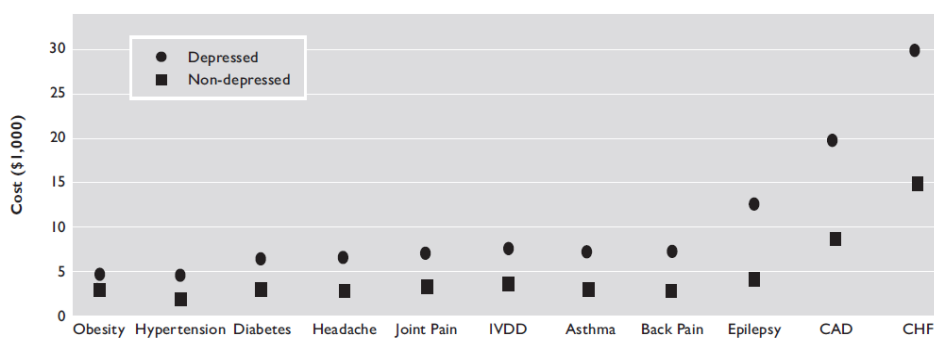
3. EXTRA COSTS OF PHYSICAL HEALTHCARE

- For people with chronic physical illness of given severity, mental illness increases healthcare costs by 45-75% i.e. by at least £10 billion.
- “Medically unexplained symptoms” cost another £3 billion

Sources: Naylor et al., 2012; Katon, 2003; Unutzer et al., 2009; Welch et al., 2009; Bermingham et al., 2010; Hochlehnert et al., 2011; Maslow, 2004; Hutter et al., 2010.

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Annual cost of physical healthcare per patient (Colorado Access claims)



Source: Welch et al., 2009.

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4. COST-EFFECTIVE TREATMENTS EXIST

e.g. Cognitive Behavioural Therapy (CBT)

- **Low cost (£900 for 10 sessions)**
- **Good recovery rates (32% compared with no treatment)**
- **Low number needed to treat (3)**

Source: Layard et al., 2007.

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EFFECT ON COST OF PHYSICAL HEALTHCARE

- **In 26 of 28 U.S. trials savings on physical care exceeded cost of CBT.**
- **For people with COPD, angina and diabetes, CBT-based interventions reduce the net cost.**
- **So CBT expansion likely to have negative cost to the NHS. Treating 15% of the untreated cases could give gross savings of £1/2 billion.**
- **This exceeds the gross cost of £300m.**

Sources: Chiles et al., 1999; Howard et al., 2010; Moore et al., 2007.

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EFFECT ON BENEFITS AND LOST TAXES

In 2006 we forecast that these savings would outweigh the costs of extra CBT. Subsequent evidence supports this claim.

Source: Layard et al., 2007.

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5. GROSS UNDER-TREATMENT

% of people with depression and anxiety in treatment (2007)

Medication only	14
Counselling or therapy (mostly counselling)	10
	24
By 2011 still under 33%	

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Expenditure on depression and anxiety disorders (2011) (£billion, approx)

GP consultations	1.5
Prescriptions	0.8
Secondary care	0.5
Improved Access to Psychological Therapies	0.2
Total	3.0

i.e. 3% of NHS expenditure on 15% of the burden of disease

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IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES (IAPT)

- **Aim : provide NICE-recommended therapies to all who need them.**
- **Method : rigorous 1-year training programme**
: new services, using session-by-session monitoring of patient's progress
- **Now reaching 10% of diagnosable population, with recovery rates above 40%.**

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THE WAY FORWARD FOR IAPT

- **Government has provided commissioners with money to treat 15% of the diagnosable population in 2015.**
- **But the 60 outcomes in the NHS Outcomes Framework include neither access to nor recovery from depression/anxiety. This is totally unacceptable.**
- **2015-2020. Expansion needed to reach 25% of diagnosable population, especially chronic physically ill with mental health problems. Close link to physical care.**
- **By 2020 transform CAMHS into evidence-based service.**
- **Can only happen if Commissioning Board has a single IAPT unit.**

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OTHER CHANGES NEEDED

- **GP training.**
Should include a mental health rotation (ideally in IAPT)
- **Improved recruitment in psychiatry**
- **Above all, commissioners who treat mental illness as at least 1/4 of their business**

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REFERENCES

- Bermingham, S., A. Cohen, J. Hague and M. Parsonage (2010). "The cost of somatisation among the working-age population in England for the year 2008-2009." *Mental Health in Family Medicine* 7: 71-84.
- Chiles, J. A., M. J. Lambert and A. L. Hatch (1999). "The Impact of Psychological Interventions on Medical Cost Offset: A Meta-analytic Review." *Clinical Psychology: Science and Practice* 6(2): 204-220.
- Hochlehnert A, Niehoff D, Wild B, Junger J, Herzog W, Lowe B (2011). 'Psychiatric comorbidity in cardiovascular inpatients: costs, net gain, and length of hospitalization'. *Journal of Psychosomatic Research*, 70(2): 135–9.
- Howard, C., S. Dupont, B. Haselden, J. Lynch and P. Wills (2010). "The effectiveness of a group cognitive-behavioural breathlessness intervention on health status, mood and hospital admissions in elderly patients with chronic obstructive pulmonary disease." *Psychology, Health & Medicine* 15(4): 371-385
- Hutter N, Schnurr A, Baumeister H (2010). 'Healthcare costs in patients with diabetes mellitus and comorbid mental disorders – a systematic review'. *Diabetologia*, vol 53, no 12, pp 2470–9.
- Katon, WJ (2003). 'Clinical and health services relationships between major depression, depressive symptoms, and general medical illness'. *Biological Psychiatry*, 54(3): 216–26.
- Layard, R., D. Clark, M. Knapp and G. Mayraz (2007). "Cost-benefit analysis of psychological therapy." *National Institute Economic Review* 202: 90-98.
- Maslow, K (2004). 'Dementia and serious coexisting medical conditions: a double whammy'. *Nursing Clinics of North America*, vol 39, no 3, pp 561–79.
- Moore, R. K. G., D. G. Groves, J. D. Bridson, A. D. Grayson, H. Wong, A. Leach, R. J. P. Lewin and M. R. Chester (2007). "A Brief Cognitive-Behavioral Intervention Reduces Hospital Admissions in Refractory Angina Patients." *Journal of Pain and Symptom Management* 33(3): 310-316.
- Moussavi, S., S. Chatterji, E. Verdes, A. Tandon, V. Patel and B. Ustun (2007). "Depression, chronic diseases, and decrements in health: results from the World Health Surveys." *The Lancet* 370(9590): 851-858.
- Naylor, C., M. Parsonage, D. McDaid, M. Knapp, M. Fossey and A. Galea (2012). *Long-term conditions and mental health: The cost of co-morbidities*, The King's Fund and Centre for Mental Health.
- Unützer J, Schoenbaum M, Katon WJ, Fa MY, Pincus H, Hogan D, Taylor J (2009). 'Healthcare costs associated with depression in medically ill fee-for-service medicare participants'. *Journal of the American Geriatric Society*, 57(3): 506–10.
- Welch CA, C. D, G. B and B. D (2009). " Depression and costs of health care." *Psychosomatics* 50(4): 392-401.
- World Health Organisation (2008). *Global Burden of Disease: 2004 update*.