

MENTAL HEALTH POLICY AND EMPLOYMENT

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WHY MENTAL HEALTH MATTERS

1. KEY ELEMENT IN WELL-BEING

**Happiness = - 0.28 (Malaise 10 years earlier)
+ 0.08 (Current income)
+ controls**

2. ECONOMIC COST OF MENTAL ILLNESS

**Inactivity
Absenteeism
Lowered productivity**



“ Researchers say I’m not happier for being richer, but do you know how much researchers make?”

OUTLINE

- **Scale and cost of mental illness**
- **Treatability and cost-benefit analysis of treatment**
- **Provision of treatment (UK experience)**
 - **people out of work**
 - **people in work**
- **Prevention**
 - **schools and teacher training**
 - **Resiliency programmes**

SCALE OF PROBLEM IN THE UK

	% of adults
Psychosis	0.5
Depression and/or anxiety	16
Primarily depression	8
Primarily anxiety	8
eg phobia	
obsessive compulsive disorder	
panic	
post-traumatic stress	

Only ¼ of them are in treatment

Source: Psychiatric Morbidity Survey

IMPACT ON INACTIVITY AND BENEFIT RECEIPT (16-64, %, UK)

	% who are inactive	% who are on benefit
No mental disorder	23	8
Depression	45	42
Phobia	61	54
Obsessive-compulsive	52	42
Panic disorder	45	35
General anxiety	36	24
Post-traumatic stress	45	42

Of total population of working age, 4% are on incapacity benefits by virtue of mental illness (half the total). Of these under half are in treatment of any sort.

ECONOMIC COST OF DEPRESSION AND ANXIETY DISORDERS

Reduced GDP	£11 b. per year
Cost to Exchequer in benefits + lost taxes	£7 b. per year
Monthly cost per person on benefit	£750 per month
Total cost of course of treatment (10 sessions av.)	£750
Implies that if treatment were more widely available, it would be self-funded if average person treated worked one extra month	

EFFECTIVENESS OF CBT

Recovery rate within 4 months (above natural recovery)

= 50%

**The % of those treated who work over next 24 months, compared
with control group**

= 4%

i.e. 1 month extra work per person treated

See Layard et al, National Institute Economic Review, 2007

PROVISION OF TREATMENT

Of total mentally ill

Only 25% treated

Under 10% receive evidence-based psychological therapy

New government initiative

Improved Access to Psychological Therapy (IAPT)

40 therapists per population of ¼ million in a hub-and-spoke team treating people in and out of work as referred. (Also, 5 employment support workers)

Method: train 1,500 therapists a year, placing them only in approved IAPT services.

Results: begun Sept 2008. On track. Outcomes as in trials.

GETTING TREATMENT TO THOSE WHO NEED IT

People out of work

Job Centre should diagnose before awarding incapacity benefit and refer all mentally ill people.

People in work

Employers need charter for mental health and policy for handling absence. Encourage referral.

Family doctors should only provide Sick Notes on basis of a treatment plan ('Fit Note')

Within 6 weeks of going sick a 'Fit for Work' worker should discuss their position (Black Report)

PREVENTION

School ethos of respect

Teaching of life skills using evidence-based programmes

Penn Resiliency Programme