

Mental health, work and worklessness: Impact and opportunities

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Overview

- **Impact of mental health**
- **Factors which influence mental health**
- **Relationship between mental health and disorder**
- **Population levels of mental disorder**
- **Impact and costs of mental disorder**
- **Mental health policy development**
- **Effective public mental health interventions including workplace interventions**
- **Economic returns of interventions**
- **Effective public mental health commissioning**
- **Summary**

Defining mental health

- **Fundamental to quality of life, enabling people to experience life as meaningful and to be creative and active citizens... an essential component of social cohesion, **productivity** and peace and stability in the living environment, contributing to social capital and **economic development** in societies (WHO, 2005)**
- **Dynamic state where individuals can **work productively and creatively**, build strong and positive relationships with others, and contribute to their community. fulfilling personal and social goals and achieve a sense of purpose in society (GOSE, 2008)**

Impact of mental health/ wellbeing?

Health benefits of mental wellbeing

Associated with reductions in (Campion et al, 2012):

- **Mental disorder in children and adolescents including persistence**
- **Mental disorder and suicide in adults**
- **Physical illness**
- **Associated health care utilisation**
- **Mortality**

Benefits outside health

- **Improved educational outcomes**
- **Work**
 - **Increased productivity at work (NICE, 2009)**
 - **Improved performance (Mills et al, 2007)**
 - **Fewer missed days off work (Mills et al, 2007)**
 - **Reduced burnout (Lyubomirsky et al, 2005)**
 - **Higher income**
 - **Better handling of managerial jobs**
- **Healthier lifestyle/ reduced risk taking/ substance misuse**
- **Social relationships**
- **Reduced anti-social behaviour, crime and violence**

Factors influencing wellbeing

Factors associated with well-being

- Genetic background, maternal (ante-natal and post-natal) care, early upbringing and early experiences
- age, gender and marital status
- strong social support and networks , relationships
- socio-economic factors including access to resources and inequality
- **employment and other purposeful activity**
- community factors such as levels of trust and participation
- self-esteem, autonomy, values such as altruism
- emotional and social literacy
- physical health

Socio-economic factors

- **Lower household income - lower well-being (NHS IC, 2011)**
- **Higher levels of income and socio-economic status - associated with higher levels of well-being and lower rates of mental illness (Dolan et al, 2008)**

Work

- **Employment as well as autonomy, support, security and control in an individual's job - associated with wellbeing (NHS IC, 2011)**
- **Average ratings do not differ between people who work part time or people who work full time (ONS, 2012)**

Factors associated with poor well-being

- **Unemployment (NHS IC, 2011; ONS, 2012)**
- **Work limiting disability ONS, 2012)**
- **Certain types of employment - semi-routine and routine occupations (such as hairdressing employees, bus drivers and labourers) (ONS, 2012)**
- **Mental ill-health (NHS IC, 2011)**
- **Smoking, harmful alcohol consumption and cannabis use (Deacon et al, 2009)**

Job insecurity

- **Job insecurity is associated with a range of negative mental health and psychosocial outcomes (Benach et al, 2007)**
- **High job insecurity (and low job satisfaction) associated with depression, cardiovascular disease, coronary heart disease and musculoskeletal disorders (Marmot et al, 2010).**
- **Increased job control can reduce the risk of excess stress, even where there is job insecurity (Schreurs et al, 2010)**

Relationship between mental disorder and wellbeing

Mental disorder and wellbeing

- **Mental wellbeing not opposite of mental disorder**
- **Instead distinct but related dimension**
- **Absence of either mental wellbeing or mental disorder does not imply the presence of the other**

Population levels of mental disorder

- **One in two people experience mental illness during their lifetime (Kessler et al, 2005; Andrews et al, 2005)**
- **Each year, 38% of the population experiences at least one mental disorder (Wittchen et al, 2011)**

Level of mental disorder in England

- **10%** of children and young people have a clinically recognised mental disorder (Green et al, 2005)
- **17.6%** of adult population have at least one common mental disorder (McManus et al, 2009)
- **0.4%** had psychosis in previous year
- **6%** alcohol dependent, **3%** dependent on illegal drugs, **21%** dependent on tobacco
- **5.4%** of men and **3.4%** of women have diagnosable personality disorder (Singleton et al, 2001)
- Dementia: **5%** of people aged over 65
20% of those aged over 80

Level of sub-threshold mental disorder

- **18%** of 5-16 year olds have sub-threshold conduct disorder (Colman et al, 2009)
- **17%** of adults experience sub-threshold common mental disorder (McManus et al, 2009)
- **5%** of adults have sub-threshold psychosis (van Os et al, 2009)
- **24%** hazardous drinkers (McManus et al, 2009)
- Results in significant burden and also increases the risk of threshold disorder

Numbers of adults with mental disorder in company of 1000 people

- **176** with at least one common mental disorder
- **4** with psychosis in previous year
- **60** alcohol dependent, **240** drink at hazardous levels
- **30** drug dependent
- **210** dependent on tobacco
- **54** of men and **34** of women have diagnosable personality disorder

Local variation of levels of mental disorder and well-being

- **Local measures of mental disorder and wellbeing informs about numbers requiring intervention**

Inequality underlies mental disorder and poor wellbeing

- **Inequality - key factor underlying many other risk factors**
- **Mental disorder then further increases inequality**
- **Higher risk groups benefit more from intervention to both prevent and treat mental disorder**

Certain groups at much higher risk of mental disorder and low wellbeing

Higher risk groups

- **Children with learning disability** - **6.5** fold increased risk of mental disorder
- **Looked after children** - **5** fold increased risk of mental disorder
- **BME groups** - **3** fold increased risk of psychosis (Kirkbride et al, 2008)
- **Lesbian, gay and bisexual people** (Chakraborty et al, 2011)
- **Prisoners**
- **Unemployed**

Recession as a risk factor

- **Economic recession increases numbers exposed to risk factors for mental disorder including unemployment, poverty, psychosocially hostile work environments, debt and financial strain**
- **Particularly higher risk groups**
- **Economic downturns and associated unemployment associated with**
 - **increased mental disorder (Anderson et al, 2011; McDaid et al, 2010)**
 - **Increased suicide rates (HM Government, 2011)**

Impact of mental disorder

Impact of mental disorder

WHO (2008) figures for UK (total DALYs)

- Mental disorder **22.8%**
- Cardiovascular disease **16.2%**
- Cancer **15.9%**

No other health condition matches mental ill-health in the combined extent of prevalence, persistence and breadth of impact

Mental disorder starts early

- **Key reason for size of burden**
- **50%** of lifetime mental illness (excluding dementia) starts by age 14 (Kim-Cohen et al. 2003; Kessler et al, 2005)
- **75%** by mid twenties (Kessler et al, 2007)

Wide impact of mental disorder

Impact of mental disorder in childhood and adolescence

During childhood and adolescence

- **health outcomes, self-harm and suicide**
- **educational outcomes**
- **social skills outcomes**
- **health risk behaviour - smoking, alcohol and drug misuse**
- **antisocial behaviour and offending**
- **teenage parenthood**

Impacts of emotional and conduct disorder in children and young people (Green 2005)

Risk Behaviour	Emotional Disorder	Conduct Disorder	No Disorder
Smoke Regularly (age 11- 16)	19%	30%	5%
Drink at least twice a week (age 11- 16)	5%	12%	3%
Ever Used Hard Drugs (age 11- 16)	6%	12%	1%
Have ever self harmed (self report)	21%	19%	4%
Have no friends	6%	8%	1%
Have ever been excluded from school	12%	34%	4%

Increased risk of poor adult outcomes

Poor mental health in childhood and adolescence also associated with poor adult health outcomes:

- **higher rates of adult mental disorder**
- **suicide**
- **unemployment and lower earnings**
- **marital problems**
- **crime and violence**
- **outcomes are worse for conduct disorder compared with emotional disorder**

Impacts of poor mental health in adulthood

- **Poor physical health**
- **Reduced life expectancy**
- **Suicide and self harm**
- **Health risk behaviour including poor diet, less exercise, more smoking, drug and alcohol misuse**
- **Unemployment**
- **Poor housing**
- **Stigma and discrimination**

Impact of mental disorder on health risk behaviour

Mental disorder increases health risk behaviour

- Smoking as an example
- Largest single preventable cause of death as well as long term conditions
- **42%** of adult tobacco consumption in England is by those with mental disorder (McManus et al, 2010)

Mental disorder increases risk of physical illness

Depression associated with

- **2 fold increased risk of coronary heart disease**
- **50% increased mortality from all disease (Mykletun et al, 2009)**

Schizophrenia associated with:

- **20.5 year reduced life expectancy for men and 16.4 year reduced life expectancy for women (Brown et al, 2010)**
- **Increased mortality from all disease (Saha et al, 2007)**

Economic impact of mental disorder

Economic impact of mental disorder

- To economy: **£105.2 billion** annual cost of mental illness in England (CMH, 2010)
- To NHS: **£11.9 billion** or 11.1% of annual budget spent on mental health services in 2009/10 (DH, 2012)
- To UK employers: **£28.3 billion** annually (NICE, 2009)
- To UK organisation with 1000 employees: **£835,355** annually (NICE, 2009)
- Unemployment due to mental disorder **£31 billion** (based on McCrone et al, 2008)

Proportion of England population receiving any intervention by disorder

National proportion with mental disorder receiving any intervention (Green et al, 2005; McManus et al, 2009)

- **28%** of parents of children with conduct disorder
- **24%** of adults with common mental disorder
- **28%** of adults screening positive for PTSD
- **81%** of adults with probable psychosis received some form of treatment compared to 85% in 2000.
- **65%** of adults with 'psychotic disorder' in past year
- **14%** of adults dependent on alcohol
- **14%** of adults dependent on cannabis only
- **36%** of adults dependent on other drugs
- **Less than 10%** of older people with depression receive adequate treatment

Proportion of the people in a company with mental disorder who receive any treatment

- **42/ 176** with common mental disorder
- **3/4** with psychosis in previous year
- **8/60** alcohol dependent
- **11/30** drug dependent
- **8/210** dependent on tobacco

Mental health policy development

No health without mental health

- **Cross Government mental health strategy published February 2012**
- **Twin track approach which**
 - **improves treatment of those with mental illness**
 - **promotes wellbeing of the population**
- **Strategy to ‘transform the mental health and well-being of the nation’**
- **Aim for mental health to be ‘everyone’s business’ – all of Government, employers, education, third sector**

Effective public mental health interventions

Effective interventions can be commissioned

A range of effective interventions exist outlined in:

- **Cross Government public mental health strategy ‘Confident Communities, Brighter Futures’ (HMG, 2010)**
- **Royal College of Psychiatrists position statement on public mental health (RCPsych, 2010)**
- **Cross Government mental health strategy ‘No health without mental health’ (HMG, 2011)**
- **Joint Commissioning Panel guidance**

Public mental health interventions

- **Early intervention**
- **Prevention**
- **Promotion**

Early intervention

- **Early recognition of mental disorder through:**
 - **improved detection including at work and treatment**
 - **improved population mental health literacy to facilitate prompt help seeking**
- **Early promotion of physical health and prevention of health risk behaviour and associated physical illness in those developing a mental disorder**
- **Promotion of recovery through early provision of activities such as supported employment**

Prevention interventions

Prevention of

- **mental disorder and dementia**
- **stress in workplace (A)**
- **health risk behaviours including smoking, alcohol and drug misuse**
- **inequality**
- **discrimination and stigma**
- **suicide**
- **violence and abuse**

Mental health promotion interventions

- Starting well
- Developing well
- Living well
- **Working well**
- Ageing well
- Caring well
- Engaging well

Interventions from a range of service providers

Include:

- **Primary and secondary care**
- **Social care service providers**
- **Public Health service providers**
- **Local authorities**
- **Third sector social inclusion providers**
- **Education providers**
- **Employers**
- **Criminal justice services**

Work place interventions

- **Work-based mental health promotion**
- **Work based stress reduction**
- **Early intervention for mental illness at work**
- **Supported employment for those recovering from mental illness**

Work-based mental health promotion

- NICE (2009) recommends taking a **strategic and coordinated approach** to promoting employees' mental wellbeing

Effects of work-based mental health promotion

- reduced sickness absence, increased work ability and increased wellbeing (Kuoppala et al, 2008)
- reduced symptoms of depression and anxiety (Martin et al, 2009)

Interventions which promote wellbeing

- **Training and support (Dewe & Kompier, 2008)**
- **Promoting mental health literacy (Couser, 2008)**
- **Encouraging active and healthy lives (Kuoppala et al, 2008)**
- **Strong leadership and management style can help promote good working environment (Kelloway & Barling, 2010)**
- **Strengthening role of managers to promote wellbeing of employees (NICE, 2009)**
- **Workplace support for mothers (Abdulwadud & Snow, 2007)**

Flexible working

Providing opportunities for flexible working can:

- **enhance sense of job control and promote job engagement and satisfaction (NICE, 2009)**
- **improve work–life balance (Joyce et al, 2010).**
- **can have a positive effect on health outcomes (Joyce et al 2010).**

Interventions to reduce stress at work

- **Workplace stress management programmes can reduce both work-related stress and associated sickness absence (Richardson & Rothstein, 2008)**
- **Exercise programmes effective in reducing stress and promoting wellbeing (Mutrie et al, 2002).**
- **Prevention of bullying and violence at work can prevent associated stress and ill-health**
- **Identification and support in the workplace for victims of domestic violence**

Economic returns of interventions

Economics of interventions

- **Highlighted in various sections of mental health strategy (HM Government, 2011)**
- **DH (2011) paper ‘Mental health promotion and mental illness prevention: The economic case’ by Knapp et al**

Economic impacts of workforce mental health promotion

- Promoting mental health of employees can result in economic benefits for the organization from increased commitment and job satisfaction, improved staff retention, productivity and performance, and reduced staff absenteeism (NICE, 2009)
- Work based mental health promotion results in total returns of **£10** for each £ invested **by year 1** (DH, 2011)
- Applying this to 5000 workforce, upfront costs of mental health promotion would be **£400,000** which would result in net savings of **£3,477,220** by the end of the first year.

Early provision of effective treatment as soon as problems emerge (DH, 2011)

- **Early diagnosis and treatment of depression at work** results in **£5** for every spent (savings year 1)
- **Screening and brief interventions in primary care for alcohol misuse** results in savings of **£12** for each £ spent with savings in year 1

Targeted workplace support for those recovering from severe mental illness

- **Employment support** for those recovering from mental illness: Individual Placement Support for people with severe mental illness results in annual savings of **£6,000** per client (Burns et al, 2009)

Savings from improved mental health

- **Significant proportion accrue in areas outside health**
- **Associated improved economic productivity**
- **Effective evidence based interventions exist with both short term as well as life course impacts**
- **Economic cost of not providing interventions**

Public mental health commissioning

- **Involves appropriate level of interventions to meet local population needs for:**
 - **wellbeing promotion**
 - **stress reduction**
 - **mental disorder prevention**
 - **early intervention for mental disorder**
- **Joined up and collaborative working between different service providers**
- **Results in significant improvements in NHS, public health and social care outcomes**
- **Effective targeting of groups at higher risk of different mental disorder to prevent widening of inequality**

Summary

- **Good mental health has a range of impacts including enabling workforce to function effectively**
- **Mental disorder also has a range of impacts on a population including productivity of the workforce**
- **Mental disorder is associated with unemployment while unemployment increases risk of mental disorder**
- **Intelligence about levels of mental health and disorder enables strategic planning to promote mental health, prevent mental disorder and treat as soon as it arises**

Summary

Good evidence for a range of interventions to:

- **Improve mental health, physical health, resilience, life expectancy, healthy lifestyles, economic productivity, social functioning and quality of life**
- **Reduce burden of mental ill-health particularly in higher risk groups**
- **Reduce economic costs of mental ill-health and realise economic benefits of improved mental health**
- **Reduce inequalities**
- **Reduce health risk behaviour, crime, violence**

Summary

- **Sustained, systematic and coordinated commissioning in partnership with range of different organisations and service providers is achievable**
- **Requires**
 - **both universal interventions, applied to the entire population**
 - **targeted interventions for those at higher risk**

Summary

- **Appropriate investment which leads to significant personal, social and economic savings result from such investment across a range of area**
- **Significant costs arise from lack of such investment**

Public mental health documents

- **RCPsych (2010) position statement on public mental health**
- **Mental health strategy**
 - **Number of associated documents detailing public mental health evidence**
 - **Economics document highlights economic returns of early intervention, prevention of mental illness and promotion of mental health (Knapp et al, 2011)**
- **EPA guidance on prevention of mental disorder (Campion et al, 2012)**

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