

Case study

Tackling mental illness early

An LSE-Enterprise-managed study for the Department of Health, which was undertaken by researchers at LSE's Personal Social Services Research Unit and King's College London, found that Early Intervention in Psychosis (EIP) services in mental health are able to save up to £40 million a year.

By providing an early intervention service approach rather than standard mental health care for one cohort of patients with psychosis, the UK could save £40 million per year in the short term, £33 million in the medium term and £18 million in the long term.

The typical age of onset for psychosis is between 14-35. EIP works effectively with young people and their families particularly across the transition from child to adult services. Apart from improving speed of access and reducing traumatic hospitalisation in crisis, the service aims to reduce disruption in other areas of patients' lives, maintain them in employment, education or training as appropriate, improve access to treatments and work with the whole family to reduce the burden for carers.

Research has previously shown that EIP can lead to a decrease in the frequency and severity of relapses, and faster recovery. It has been shown to have clinical and social benefits. Cost modelling has also indicated substantial cost savings within and beyond the NHS.

However earlier cost modelling studies focused on psychiatric service costs rather than examining the impact on other services and lost employment. This new series of models, funded by the Department of Health and commissioned via LSE Enterprise, additionally considers the cost of lost employment and suicide. In addition, the long-term impact of EIP is explored. EIP provision results in more people being in work than when using standard services and the models suggest that the value of extra production is around £2,000 per service user. This analysis assumes a minimum wage and so is likely to be an underestimate.



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People experiencing psychosis are at high risk of suicide. The lifetime risk is up to ten per cent and risk is greatest early in the illness, with more than half of all suicides occurring within the first five years. This can be reduced when EIP is provided; the number of suicide attempts in areas with EIP teams is one third of that in areas without them. Looking at NHS costs, productivity losses and the reduced quality of life in those who are bereaved, the annual costs due to suicide are estimated to be £460 per person accessing EIP services compared to £1,417 for those accessing standard care services.

This new economic model anticipates that in the short term the effects are on service use and employment, predicting that the savings due to EIP are around £50 million per year. In the long term the model assumes that the savings in service costs do not continue, but those due to employment gains and reduced costs from suicide would continue to provide savings of around £20 million per year at a conservative estimate.



The user perspective

‘All of my life I have lived with people with mental illness. Two brothers and my father suffered from schizophrenia. I grew up with no understanding of their illness and as a family we all suffered. When my son started to hear voices and hallucinate I thought that like my father and brothers his life was over and he would never be an active part of society. Then we were introduced to the early intervention team and all of our lives changed for the better.

‘Ed is a very active member of society, has passed his GCSEs and now has a GNVQ in horticulture. He was Horticulture Student of the Year and is now at college continuing his studies. I feel that a chain was broken in our family that had gone on for many years, and without early intervention we would still be living under that black cloud.’

Jill Hewitt, 2009