

Research impact: making a difference

Improving the provision of mental health services in the UK

Work by the Personal Social Services Research Unit influenced government policy in England and spending on mental health treatment and prevention

What was the problem?

Mental health problems affect more than one in six UK adults. For the individuals and their families this can involve enormous personal distress, while for the state – as well as those individuals – it can have significant economic consequences.

Mental health policies and practice in the UK have been influenced by the costs of treatment and care, lost or disrupted employment and disproportionately low investment in mental health research.

In order to design those policies and services best able to respond to mental health requirements, health and social care policymakers have an ongoing need for accurate forecasts of the numbers of people who currently require mental health support as well as those likely to need this kind of support in the future.

What did we do?

LSE's Personal Social Services Research Unit (PSSRU), led by Professor of Social Policy Martin Knapp and assisted by research colleagues David McDaid, Raphael Wittenberg and Adelina Comas-Herrera, generated empirical evidence for the future development of mental health policy, building on two decades of research in the Unit.

The PSSRU team examined care patterns for people with dementia and found unacceptably wide variations across the UK. *Dementia UK* (2007 Knapp et al) was commissioned by the Alzheimer's Society to provide a detailed picture of the present and future number of dementia sufferers with the associated cost and care implications. The projections were used as a basis for exploring different policy scenarios and for modelling the costs of plans that had been recommended by the External Reference Group for England's *National Dementia Strategy*.

In partnership with LSE's Centre for Economic Performance, PSSRU also evaluated the economic impact of widening access to psychological therapies for common mental disorders and demonstrated the overwhelming economic case for improving access to evidence-based therapies, particularly cognitive behavioural therapy.

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The PSSRU team also examined the economic case for investing in the promotion of mental health and the prevention of mental disorder. They analysed the costs and benefits of fifteen effective and proven mental health interventions for the Department of Health. More specifically the team created economic models to examine which interventions were cost-effective and affordable. Interventions examined included parenting programmes that address persistent child antisocial behaviour, early detection of psychosis and early diagnosis of common mental disorder in the workplace.

The evidence demonstrated that each of the programmes analysed generated economic benefits for the NHS, other parts of government, employers and the wider society. A parallel study by PSSRU, commissioned by the Department of Health on community capacity-building initiatives, found that community navigators (outreach workers) and befriending schemes for people with mental health needs also increased employment and generated economic benefits.

What happened?

Dementia UK received substantial media coverage, including being the lead story on BBC TV and radio on launch day in February 2007. The National Audit Office heavily cited *Dementia UK*'s evidence on cost projections, regional care variations and the case for improving service quality, which prompted the Government to develop its 2009 National Dementia Strategy for England, and then fed into its 2010 regulatory impact assessment. *Dementia UK* continued to be widely influential, including in relation to the National Audit Office's 2010 follow-up report, the 2010 Public Health White Paper and the 2011 Mental Health Strategy.

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Prime Minister David Cameron's *Challenge on Dementia* (2012) built directly on the 2009 National Dementia Strategy, and he quoted from the *Dementia UK* publication at its launch. A 2012 progress report on the *Prime Minister's Challenge* twice cited the *Dementia UK* report. The All Party Parliamentary Group on Dementia commissioned PSSRU to prepare a review of the evidence on cost-effective dementia care (which also cited *Dementia UK*).

PSSRU's modelling of the economic consequences of psychological therapies for common mental disorders influenced the Labour Party's decision to make access to therapy a commitment in its General Election manifesto in 2005. The Government's *Improving Access to Psychological Therapies* (IAPT) programme began with ten pilot sites in 2006 and grew to 32 by 2008. PSSRU's 2011 report on mental health prevention was cited in a

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Coalition Government document that supported the extension of IAPT over a further four years.

PSSRU's work on costs and economic benefits from fifteen separate interventions provided key evidence for the Government's 2011 mental health strategy for England, which was intended to promote mental health and prevent mental disorder. The Department of Health impact assessment (2011) used nine of the LSE's 15 economic models, and in another Department of Health document 26 out of 99 citations referred to the Unit's research.

PSSRU's work on the economic case for mental health promotion was cited in guidance for general practitioners published by the NHS Confederation and by the Joint Commissioning Panel for Mental Health. The 2011 research was also cited in the *Mental Health Strategy for Scotland 2012-2015*.

The Coalition Government's suicide prevention strategy for England cited PSSRU's finding that suicide prevention education for general practitioners has the potential to be cost-effective, and this finding was also highlighted in a World Health Organization report justifying investment in mental health.

PSSRU was also invited to present its work on mental health in times of economic crisis to the European Parliamentary Committee on Public Health and to draft a report for an EU conference on the *Promotion of Mental Health and Wellbeing in Workplaces*.

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