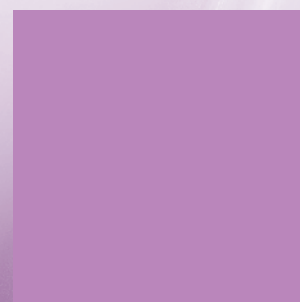
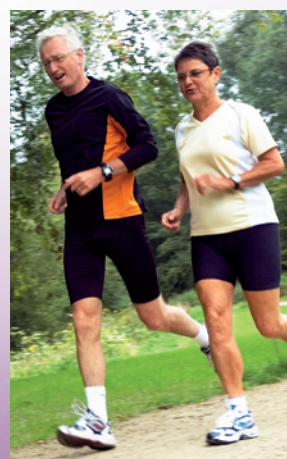
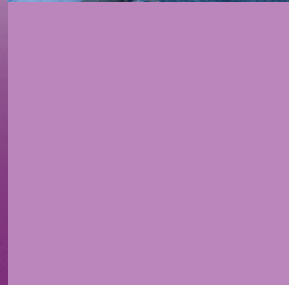


Rhwydwaith Hybu Iechyd Meddwl  
CYMRU GYFAN  
ALL WALES  
Mental Health Promotion Network

# Promoting mental health and preventing mental illness: the economic case for investment in Wales

## EXECUTIVE SUMMARY



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# Executive Summary

This report for the All Wales Mental Health Promotion Network uses economic analysis to develop the case for greater investment in mental health promotion, defined as the prevention of mental illness and the promotion of positive mental health, sometimes referred to as 'wellbeing'. Improving mental health, that is promoting the circumstances, skills and attributes associated with positive mental health, is a worthwhile goal in itself: most people place a high value on a sense of emotional and social wellbeing. In addition, positive mental health also:

- contributes to preventing mental illness
- leads to better outcomes, for example in physical health, health behaviours, educational performance, employability and earnings, crime reduction.

These beneficial outcomes are not just the result of the absence of mental illness. They are due wholly, or in some degree, to aspects of positive mental health, which include subjective wellbeing, resilience, social wellbeing and sense of meaning or purpose. Although there are many gaps in the data, the economic benefits of improving positive mental health may be extensive. For example, subjective well-being increases life expectancy by 7.5 years, provides a similar degree of protection from coronary heart disease to giving up smoking, improves recovery and health outcomes from a range of chronic diseases (e.g. diabetes) and in young people, significantly influences alcohol, tobacco and cannabis use. Positive affect<sup>1</sup> also predicts pro-social behaviour e.g. participation, civic engagement and volunteering. While the best outcomes are generally associated with the absence of mental illness, the presence of positive mental health brings additional benefits, including for people with mental health problems.

The scale of the economic benefits of preventing mental illness is considerable:

- Mental health problems have very high rates of prevalence; they are often of long duration, and have adverse effects on many areas of people's lives, including educational performance, employment, income, personal relationships and social participation;
- No other health condition matches mental ill-health in the combined extent of prevalence, persistence and breadth of impact;
- Mental health problems often begin early in life and cause disability when those affected would normally be at their most productive (unlike most physical illnesses)

The scope for securing benefits by means of treatment, rather than prevention, appears to be distinctly limited.

According to new figures prepared for this report, the overall cost of mental health problems in Wales (2007/08) is estimated at £7.2 billion a year. This includes:

- the costs of health and social care provided for people with mental health problems;
- the costs of output losses in the Welsh economy that result from the adverse effects of mental health problems on people's ability to work;
- a monetary estimate of the less tangible but crucially important human costs of mental health problems, representing their impact on the quality of life.

By way of comparison, the aggregate cost of £7.2 billion is larger than the total amount of public spending in Wales on health and social care for all health conditions combined, which amounted to £6.1 billion in 2007/08.

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<sup>29</sup> A tendency to be cheerful, energetic and to experience positive moods; sometimes referred to as a positive disposition.

The cost of mental health problems is also very large relative to other health conditions, accounting for a larger share of the overall “burden of disease” (as defined and measured by the WHO) than any other problem:

Mental illness (including suicide)	20.0% of total burden
Cardiovascular diseases	16.2%
Cancer	15.6%

Relative to its importance as a health problem, spending on mental health is disproportionately low, accounting for 12.2% of public expenditure on all health and social care in Wales.

One example of a common mental health problem for which there is robust evidence of effective interventions is conduct disorder in childhood. According to estimates presented in this report:

- **Preventing conduct disorders** in those children who are the most disturbed would save around £150,000 per case in lifetime costs;
- **Promoting positive mental health** in those children with some conduct problems (but not a clinically diagnosable disorder) would yield benefits over the lifetime of around £75,000 per case.

For Wales, the total value of prevention in a one-year cohort (33,000 births) would be **£247.5 million**, with the total value of promoting positive mental health amounting to **£1,113.75 million**.

In comparison, the costs of intervention are very low, ranging from £1,350 to £6,000 per child for pre-school parenting programmes. Substantial investment in these programmes is therefore justified even if their effectiveness is limited, given the size of potential benefits relative to cost. A range of evidence suggests that success rates at the level required can be achieved in real life settings.

For this reason, the report recommends investment in pre-school interventions such as support for parents as the top priority in

the provisional list of ‘best buys’ in promoting mental health, as follows:

- Supporting parents and early years: **parenting skills training/pre-school education/home learning environment;**
- Supporting lifelong learning: **health promoting schools and continuing education;**
- Improving working lives: **employment/workplace;**
- Positive steps for mental health: **lifestyle (diet, exercise, sensible drinking) and social support;**
- Supporting communities: **environmental improvements.**

Although the evidence is incomplete in some cases, these areas of intervention appear to offer the most favourable balance of effectiveness, scale of potential benefit and likely cost of implementation. They demonstrate that all sectors have a role to play in improving mental health and the need for interventions that involve individuals and communities, but also those that address structural barriers to mental health and wellbeing.

Although there is now a much greater policy focus on positive mental health and well-being, there is still a great deal to do in Wales. There is a need for more consistent definition and measurement of mental health, to untangle the many different influences on mental well-being and to improve data on both the effectiveness and cost-effectiveness of interventions. New measures validated for use in the UK, for example the Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS), will be of considerable value in providing a more complete picture of the mental health of the population. Nevertheless, even on the basis of existing data, the evidence summarised in this report demonstrates a very strong case for greater investment, not only in the prevention of mental illness but also in the promotion of positive mental health.

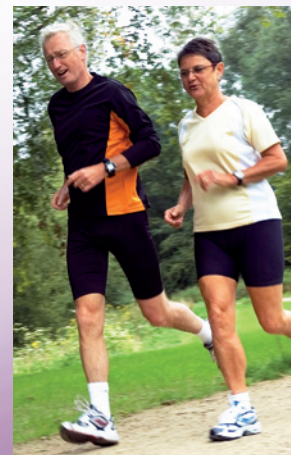
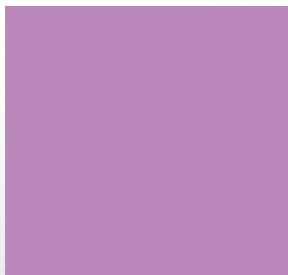
The full report can be downloaded from the All Wales Mental Health Promotion Network Website [www.publicmentalhealth.org](http://www.publicmentalhealth.org).



Rhwydwaith Hybu Iechyd Meddwl  
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Mental Health Promotion Network

# Hybu iechyd meddwl ac atal salwch meddwl: yr achos economaidd dros fuddsoddi yng Nghymru

## CRYNODEB GWEITHREDOL



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HYDREF 2009

# Crynodeb Gweithredol

Mae'r adroddiad hwn ar gyfer Rhwydwaith Hybu Iechyd Meddwl Cymru Gyfan yn defnyddio dadansoddiad economaidd i ddatblygu'r achos dros ragor o fuddsoddiad mewn hybu iechyd meddwl, sydd wedi'i ddiffinio fel atal salwch meddwl a hybu iechyd meddwl cadarnhaol, y cyfeirir ato weithiau fel 'lles'. Mae gwella iechyd meddwl, hynny yw hybu'r amgylchiadau, y sgiliau a'r nodweddion a gysylltir gyda iechyd meddwl cadarnhaol, yn nod gwerth chweil ynddo'i hun: mae'r rhan fwyaf o bobl yn gosod gwerth uchel ar synnwyr o les emosiynol a chymdeithasol. Mae iechyd meddwl cadarnhaol hefyd yn:

- cyfrannu at atal salwch meddwl
- arwain at well canlyniadau, er enghraifft mewn iechyd corfforol, ymddygiadau iechyd, perfformiad addysgol, cyflogadwyaeth ac enillion, gostwng trosedd.

Nid yw'r canlyniadau manteisiol hyn yn ganlyniad i absenoldeb salwch meddwl yn unig. Maent yn deillio yn gyfan gwbl, neu i ryw raddau, o agweddau o iechyd meddwl cadarnhaol sydd yn cynnwys lles goddrychol, gwydnwch, lles cymdeithasol a synnwyr o ystyr neu bwrpas. Er bod llawer o fylchau yn y data, gall manteision economaidd gwella iechyd meddwl cadarnhaol fod yn eang. Er enghraifft, mae lles goddrychol yn cynyddu disgwyliad oes o 7.5 blynedd, yn darparu gradd gyffelyb o amddiffyniad rhag afiechyd coronaidd y galon pan fo rhywun yn rhoi'r gorau i ysmegu, yn gwella adferiad a chanlyniadau iechyd o amrediad o afiechydon cronig (e.e. diabetes) ac ymysg pobl ifanc, mae'n dylanwadu'n sylweddol ar y defnydd o alcohol, tybaco a chanabis. Mae effaith cadarnhaol<sup>1</sup> hefyd yn rhagweld ymddygiad cymdeithasol e.e. cyfranogiad, ymgysylltiad dinesig a gwirfoddoli. Tra bod y canlyniadau gorau fel rheol yn gysylltiedig gydag absenoldeb salwch meddwl, daw presenoldeb iechyd meddwl cadarnhaol â manteision ychwanegol yn cynnwys manteision i bobl â phroblemau iechyd meddwl.

Mae graddfa manteision economaidd atal salwch meddwl yn sylweddol:

- Mae problemau iechyd meddwl yn gyffredin; maent yn aml yn para'n hir ac maent yn cael effaith niweidiol ar sawl maes o fywyd person yn cynnwys perfformiad addysgol, cyflogaeth, incwm, cysylltiadau personol a chyfranogiad cymdeithasol;
- Nid oes yr un cyflwr meddygol arall yn debyg i salwch meddwl o ran graddfa cyffredinoldeb, parhad a lled yr effaith;
- Yn aml mae problemau iechyd meddwl yn cychwyn yn gynnar mewn bywyd ac yn achosi anabledd pan fyddai'r rhai sy'n cael eu heffeithio ar eu mwyaf cynhyrchiol (yn wahanol i'r rhan fwyaf o salwch corfforol)

Mae'r cyfle i gael manteision trwy gyfrwng triniaeth yn hytrach nag atal yn ymddangos yn gyfyngedig iawn.

Yn ôl ffigurau newydd a baratowyd ar gyfer yr adroddiad hwn amcangyfrifir bod cost cyffredinol problemau iechyd meddwl yng Nghymru (2007/08) yn £7.2 biliwn y flwyddyn. Mae hyn yn cynnwys:

- Costau gofal iechyd a chymdeithasol a ddarperir i bobl â phroblemau iechyd meddwl;
- Costau colledion allbwn yn economi Cymru oherwydd effeithiau niweidiol problemau iechyd meddwl ar allu pobl i weithio;
- Amcangyfrif ariannol o gostau dynol llai cyffyrddadwy ond holl bwysig problemau iechyd meddwl, yn cynrychioli eu heffaith ar ansawdd bywyd.

I gymharu, mae'r gost agregiad o £7.2 biliwn yn fwy na chyfanswm gwariant cyhoeddus yng Nghymru ar ofal iechyd a chymdeithasol ar gyfer yr holl gyflyrau iechyd gyda'i gilydd, oedd yn £6.1 biliwn yn 2007/08.

<sup>29</sup> Tueddiad i fod yn llon, yn egniol ac i brofi tymer gadarnhaol; cyfeirir ato weithiau fel natur gadarnhaol.

Mae cost problemau iechyd meddwl hefyd yn berthynol iawn i gyflyrau iechyd eraill, gan gyfrif am gyfran mwy o'r 'baich afiechyd' cyffredinol (fel y'i mesurir gan Gorff Iechyd y Byd) nag unrhyw broblem arall:

Salwch meddwl (yn cynnwys hunan laddiad)	20.0% o gyfanswm y baich
Afiechydon cardiofasgwlaidd	16.2%
Canser	15.6%

Yn berthynol i'w bwysigrwydd fel problem iechyd mae gwariant ar iechyd meddwl yn anghyfartal o isel gan gyfrif am 12.2% o wariant cyhoeddus ar yr holl ofal iechyd a chymdeithasol yng Nghymru.

Un enghraifft o broblem iechyd meddwl cyffredin lle nad oes tystiolaeth gadarn o ymyriadau effeithiol yw anhwylder ymddygiad mewn plentynod. Yn ôl yr amcangyfrifon a gyflwynir yn yr adroddiad hwn:

- Byddai **atal anhwylderau ymddygiad** yn y plant hynny sydd fwyaf trwblus yn arbed tua £150,000 yr achos mewn costau gydol oes;
- Byddai **hybu iechyd meddwl cadarnhaol** yn y plant hynny gyda rhai problemau ymddygiad (ond nid y rhai ag anhwylder clinigol y gellir ei ddiagnosisio) yn creu manteision dros gyfnod bywyd o tua £75,000 yr achos.

I Gymru byddai cyfanswm gwerth atal mewn grŵp un blwyddyn (33,000 o enedigaethau) yn **£247.5 miliwn**, a chyfanswm gwerth hybu iechyd meddwl cadarnhaol yn **£1,113.75 miliwn**.

Mewn cymhariaeth, mae costau ymyriadau yn isel iawn, yn amrywio o £1,350 i £6,000 y plentyn ar gyfer rhaglenni rhianta cyn oedran ysgol. Mae modd cyfiawnhau buddsoddiad sylweddol yn y rhaglenni hyn felly hyd yn oed os yw eu heffeithlonrwydd yn gyfyngedig o dderbyn maint manteision potensial yn berthynol i gost. Awgryma amrediad o dystiolaeth y gellir cyflawni cyfraddau llwyddiant ar y lefel angenrheidiol mewn lleoliadau bywyd go iawn.

Am y rheswm hynny mae'r adroddiad yn argymhell buddsoddi mewn ymyriadau cyn oedran ysgol fel cefnogaeth i rieni fel y prif flaenoriaeth yn y rhestr dros dro o 'fargeinion gorau' mewn hybu iechyd meddwl, fel â ganlyn:

- Cefnogi rhieni a blynyddoedd cynnar: **hyfforddiant sgiliau rhianta/addysg cyn oedran ysgol/amgylchedd dysgu gartref;**
- Cefnogi dysgu gydol oes: **ysgolion hybu iechyd ac addysg barhaus;**
- Gwella bywydau gwaith: **cyflogaeth/gweithlu;**
- Camau cadarnhaol ar gyfer iechyd meddwl: **ffordd o fyw (diet, ymarfer, yfed synhwyrol) a chefnogaeth gymdeithasol;**
- Cefnogi cymunedau: **gwelliannau amgylcheddol.**

Er nad yw'r dystiolaeth yn gyflawn mewn rhai achosion, mae'r meysydd hyn o ymyriadau fel pe baent yn cynnig y cydbwysedd mwyaf ffafriol o effeithlonrwydd, graddfa budd potensial a chost tebygol gweithredu. Maent yn dangos bod gan pob sector ran i'w chwarae mewn gwella iechyd meddwl a'r angen am ymyriadau sydd yn cynnwys unigolion a chymunedau, ond hefyd y rhai sydd yn delio â rhwystrau strwythurol i iechyd a lles meddyliol.

Er bod mwy o ffocws polisi nawr ar iechyd meddwl cadarnhaol a lles mae cryn dipyn eto i'w wneud yng Nghymru. Mae angen diffiniad a mesur mwy cyson o iechyd meddwl, datod y nifer o wahanol ddylanwadau ar les meddyliol a gwella data ar effeithlonrwydd a chost effeithlonrwydd ymyriadau. Bydd mesurau newydd a ddilyswyd ar gyfer eu defnyddio yn y DU, er enghraifft Graddfa Lles Meddyliol Warwick a Chaeredin (WEMWBS) o werth mawr wrth ddarparu darlun mwy cyflawn o iechyd meddwl y boblogaeth. Ond, hyd yn oed ar sail y data sydd ar gael, mae'r dystiolaeth a grynhoir yn yr adroddiad hwn yn dangos achos cryf dros ragor o fuddsoddi, nid yn unig mewn atal salwch meddwl ond hefyd mewn hybu iechyd meddwl cadarnhaol.