Recession blues: Investing in mental health despite no wealth

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The human impact of the global economic downturn that hit in 2008 is only starting to be appreciated now. As people's jobs are lost and their assets plummet, it is clear that the mood of our society is falling equally fast. The relationship between our mental health and this global recession has yet to be addressed in an appropriate manner, or with the degree of compassion it warrants. Throughout this paper, I intend to highlight the importance of investing in mental health, especially in these current times of economic struggle.

It is difficult to dispute the fact that our health is deeply entwined with our wealth. The World Health Organization (WHO) takes a holistic definition of health as one that encompasses "physical, mental and social wellbeing [1]". The WHO further defines mental health in terms of functionality, as "a state of wellbeing enabling individuals to realise their abilities, cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities [2]".

As a society, mental illness is not a condition that we entirely appreciate. This is largely due to the fact that it has been hidden under a veil of stigma and discrimination for a very long time. It is vital that all physicians have a strong grasp on mental health, as the prevalence of mental disorders among sufferers of chronic disease is considerably higher than it is among the general population, highlighting its relevance to all medical practitioners. While the prevalence of depression in the general population varies between 3% and 10%, prevalence rates of depression increase considerably in people with long-standing illness. It is estimated that 27% of diabetics, 33% of patients with cancer, up to 44% of people with HIV/AIDS and 46% of those suffering with tuberculosis have been reported to suffer from depression[2].

It is time to bring the issue of mental health out into the open, as the degree of suffering it imposes on individuals, their families, and society in general is astounding. In most countries, physical health receives most, if not all, of the funding set aside for healthcare expenditures. Globally, neuropsychiatric disorders account for 13% of health problems, yet receive merely 2% of the global health budget2. Action must be undertaken to treat this global depression, as we cannot overcome this recession without our mental health intact.

Several figures need to be highlighted to emphasize the global impact of psychiatric illness. As many as 450 million people suffer from a mental/behavioural disorder[2]. By 2020, unipolar depression alone will be the second largest disease burden globally[3]. One in four families has at least one member with a mental illness[2]. Almost one million people worldwide commit suicide every year and mental illness has been implicated as the leading risk factor[4]. Between 420 and 460 of these deaths from suicide are occurring here in Ireland each year, and suicide prevention experts state that both job losses and the recession may be linked to a 43% increase in the number of suicides recorded in the first 3 months of 2009[5]. According to Fine Gael TD Dan Neville, we spend 10 times more money on road safety measures here in Ireland than on suicide prevention, despite the fact that more people kill themselves annually than die on the roads[5]. With such staggering statistics, it is very difficult to argue against investing in mental health.

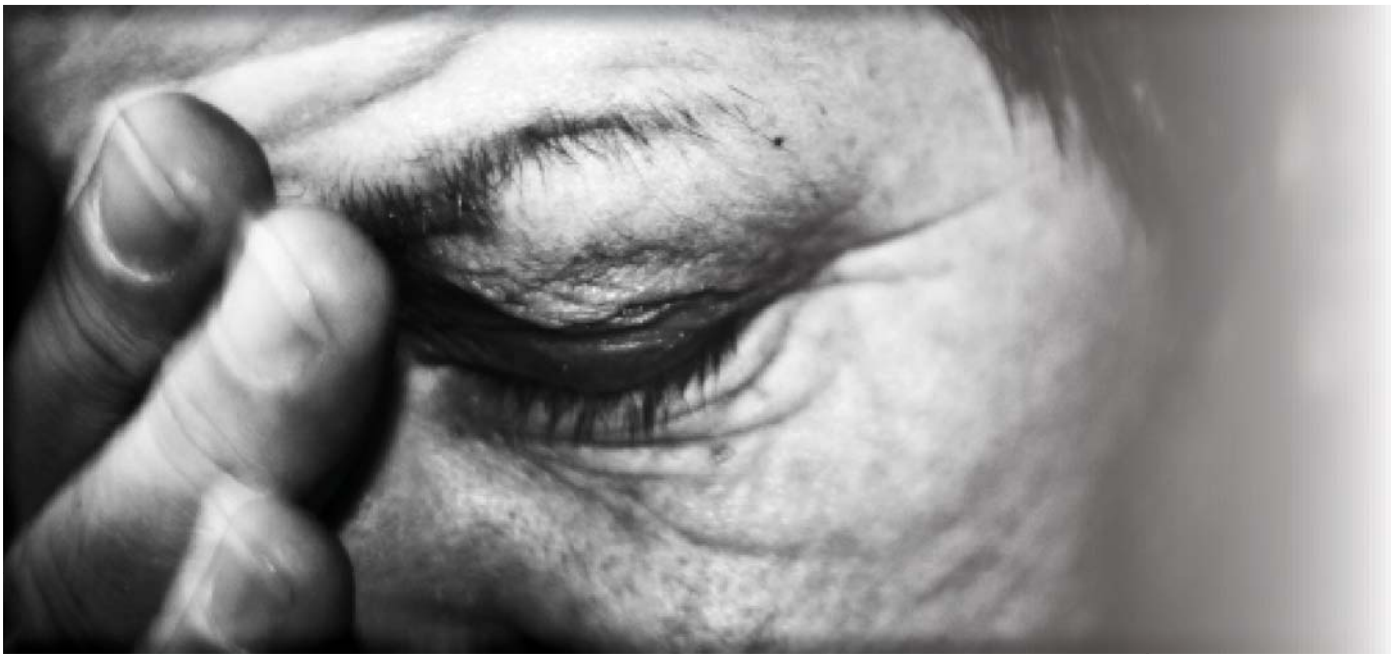
Mental health is closely related to physical and social health[1]. As previously mentioned, the prevalence rates of depression are consistently higher in people affected by chronic disease[2]. Furthermore, patients with depression, anxiety and substance use disorders, who also suffer from other co-morbidities, often exhibit poor compliance with medications[6]. Depressed patients are, in fact, three times less likely to comply with their medical regime than non-depressed patients[5]. Therefore, treating co-morbid depression could potentially increase adherence to interventions for physical illnesses, ultimately lessening the total disease burden on our already taxed health system and on the individuals themselves. In addition, depression has been indicated as a risk factor for heart disease[7]. Di-Matteo et al investigated the onset of heart disease in depressed males between the years 1993 and 2005. This study revealed that men with depression in 1992 were twice as likely to develop heart disease in the ensuing years, as compared to men with no history of depression[6]. This suggests that treating underlying depression might decrease the incidence of heart disease.

A specific example of the human cost of mental illness, and a huge factor in favour of investment in mental health, is the link between postnatal depression and Sudden Infant Death Syndrome (SIDS). In New Zealand,

a 3-year, multicentre, case-control study has demonstrated this association. Mitchell et al found that infants of mothers with either a self-reported use of medication for psychiatric disorders, a history of hospital admission for psychiatric illness or a family history of postnatal depression had a significantly increased risk of SIDS than infants of mothers without these conditions. All mothers of infants born in the study areas over a 1 year period were eligible to complete a questionnaire measuring maternal depression when the infant was 4 weeks of age. In the study, 33 infants subsequently died from SIDS as compared to 174 controls. 15 (45.5%) of the mothers of SIDS cases were depressed compared with 28 (16.1%) of the mothers of control infants. From this evidence, it was concluded that postnatal depression is a risk factor for SIDS[8]. This would suggest that targeted and effective treatment of postnatal depression could potentially cause a reduction in child mortality attributed to SIDS.

It is a well known fact that people with psychiatric illnesses have an increased incidence of engaging in risky activities ranging from substance abuse to shoplifting and sexual promiscuity[9]. At a more global level, those with mental disorders are at increased danger of being infected with HIV due to their poor understanding of risk factors and general vulnerability[10]. A study conducted in Nigeria analyzed the knowledge, attitudes, and risk behaviours of both schizophrenic and diabetic patients in regards to HIV/AIDS. This study revealed that schizophrenic patients had more misconceptions about HIV/AIDS, as well as an increased likelihood of engaging in high-risk behaviours. During the 12 months preceding the study, 34.3% of the sexually-active schizophrenic patients did not use condoms during sexual intercourse with sexual partners to whom they were not married, compared with 19.5% of the diabetic patients[11]. These reckless behaviours are also a feature of bipolar disorder and bulimia nervosa[9], suggesting that investing in the management of all these conditions could lead to a global reduction in sexually transmitted infections and particularly HIV/AIDS.

Worldwide, those suffering from mental illnesses are often the victims of discrimination[2]. In India, individuals with mental health conditions are often ostracized from their communities due to the extreme stigma associated with these conditions. A shocking example of human rights violations was the fire in an asylum in Erwadi, India, in August 2001. 25 people were charred to death when a devastating fire broke out that morning. There were 46 inhabitants with mental disorders and 40 of them had been chained to their beds. As part of their "treatment" in this asylum, people with mental disorders were often caned, whipped and beaten up in the hope of "driving away the evil[2]". Although this is an extreme example, all over the world people with mental disorders face employment and educational barriers as a result of their illness[2]. Investing in treatment that minimizes the symptoms that isolate mental health patients can improve their quality of life and increase their chances of being accepted by society.



There are many convincing reasons in favour of investing in mental health

but what is important to consider is: Does it work? Has investing in mental health proven to be successful? Does it decrease the global burden that mental disorders cause? The following are excellent examples of how investing in mental health has shown to improve the wellbeing of individuals affected by mental disorders, decrease economic and social burden and ultimately save lives.

Inpatient treatment of children and adolescents with serious mental health disorders has been associated with a substantial and sustained improvement in their health[12]. In the UK, 150 participants were recruited across 8 different hospital units. The children were admitted for varying durations and they were followed a year after their discharge. Their outcome was measured by clinicians according to the Childhood Global Assessment Scale (CGAS). A clinically significant 12-point improvement in CGAS following a mean 16.6 week admission was shown, and this improvement was sustained at 1-year follow-up. This improvement was seen across all diagnoses. In comparison, during the mean 16.4 week pre-admission period there was a 3.7-point improvement[7]. These results provide a strong indication of the positive impact of admission and treatment for complex mental health problems in young people.

Another reason in favour of early intervention in these illnesses is the fact that childhood mental disorders have also been shown to be responsible for huge costs in adult life. One study found that adults who had conduct disorder as children generated long-term expenses for a range of state agencies that were significantly higher than the costs incurred by a control group of adults. The most noticeable costs were those faced by the criminal justice system. These costs were 18 times greater than the costs for the control group[13]. By detecting and treating antisocial behaviour in its early stages in childhood, we could save on these costs in the future.

A final example of how effective investment can be was seen in a study carried out by Brown et al in the United States. This study determined the effectiveness of a 10-session cognitive therapy intervention designed to prevent repeat suicide attempts in adults who had recently attempted suicide. 120 adults were recruited and followed up for 18 months post-attempt. From baseline to the 18 month assessment, 24.1% of the cognitive therapy group compared to 41.6% of the group who did not receive therapy made at least one subsequent suicide attempt. Participants in the cognitive therapy group had a significantly lower reattempt rate and were 50% less likely to reattempt suicide than participants in the usual care group. The severity of self-reported depression was also significantly lower for the cognitive therapy group than for the usual care group[14]. This provides clear support of investing in cognitive therapy for suicide prevention. This evidence further highlights the success of early intervention and adequate investment, so why is it that we are not implementing these cost-effective and life-improving ideas?

Is it due to a lack of awareness? Insufficient funds? Stigma? There are many possible reasons for this. One may be that we are not acknowledging the extent of the problem globally. If we do not discuss mental illness openly, we cannot appreciate its impact on society, let alone the benefits gained from adequate investment. Another, and perhaps more pressing reason is the associated cost. Treating mental disorders has proven to be very expensive. A study carried out in the United States revealed that Alzheimer's Disease ($25,000/pt/yr) and Schizophrenia ($15,000/pt/yr) are the two most costly diseases to treat, their average cost per patient being higher than cancer ($13,000) and stroke ($11,000)[15]. In Ireland, the treatment of schizophrenia alone cost €460.6 million in 2006[16].

This expense obviously presents a barrier to investment in these times of economic struggle. There is no denying that financial resources are limited and they must be allocated according to need. If we change our strategies now and invest early in the treatment and prevention of mental illness, we can ultimately decrease the net cost to society. Moreover, we can also provide hope of a longer and more fulfilling life for individuals struggling with their mental health, thereby facilitating long-term economic gain for society as a whole.

Investment in mental health is needed now more than ever due to these "recession blues." People must be at their fittest mentally to cope with the demands and difficulties currently prevailing. Neglecting an individual's mental health will affect their ability to rebuild their life, search for employment, and overcome financial strain. This will ultimately prolong the recession because, as I addressed in the beginning, it is difficult to work towards lifting the economy if our mental health is not intact.

In these times of economic difficulty, when many other sources of wealth are rapidly dissolving, shouldn't we fight harder than ever to care for our greatest source of non-monetary wealth – our health?

I certainly wouldn't like to be the one to take that away from anyone.
Would you?

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