

Impact case study (REF3)

Institution: London School of Economics and Political Science		
Unit of Assessment: 20 – Social Work and Social Policy		
Title of case study: Supporting policy and practice change for better mental health		
Period when the underpinning research was undertaken: 2010-2020		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Martin Knapp	Professor of Health and Social Care Policy	1996 to present
Annette Bauer	Assistant Professorial Research Fellow	2010 to present
Jennifer Beecham	Professorial Research Fellow (now retired)	2007 to 2019
Eva-Maria Bonin	Assistant Professorial Research Fellow	2008 to present
Sara Evans-Lacko	Associate Professorial Research Fellow	2015 to present
Valentina Lemmi	LSE Fellow	2012 to present
David McDaid	Associate Professorial Research Fellow	1998 to present
A-La Park	Assistant Professorial Research Fellow	2007 to present
Period when the claimed impact occurred: 2013-2020		
Is this case study continued from a case study submitted in 2014? No		
1. Summary of the impact (indicative maximum 100 words)		
<p>Mental health problems affect one in four people in the UK and globally. Three-quarters of lifetime mental illness (excluding dementia) starts before people reach their mid-20s, often with adverse consequences for many years thereafter. Research over many years by the Care Policy and Evaluation Centre (CPEC, formerly PSSRU) at LSE, particularly focused on economic aspects of, and responses to, mental illness, has informed national and international policy discussions and fed evidence (sometimes accompanied by toolkits) into local decisions by health and care bodies, as well as into other sectors such as schools, workplaces, and the community and voluntary sector. In turn, this LSE research has contributed to efforts to prevent mental health problems emerging and to improve the lives of people who experience mental illness.</p>		
2. Underpinning research (indicative maximum 500 words)		
<p>Impacts described here are underpinned by a body of research work undertaken by the Care Policy and Evaluation Centre (CPEC; formerly PSSRU) at LSE. CPEC research on mental health and wellbeing includes a prominent economics theme, alongside other perspectives and contributions. The team examine a broad range of economic and other causes and consequences of mental illness, evaluate preventative and ameliorative actions, develop tools to support informed decision-making, and work with a wide range of policy and practice communities to support implementation of the findings. CPEC work spans the life-course.</p> <p>Research on economic consequences of perinatal maternal mental illness, funded by Comic Relief in partnership with the Maternal Mental Health Alliance, estimated a UK cost of GBP8.1 billion, leading to further work commissioned by NHS England (NHSE) on prevention and better treatment. A high proportion of this cost stems from adverse impacts on the cognitive, emotional, and behavioural development of children, often extending over many years into adulthood. The research demonstrated how interventions can help women recover from mental illness or prevent these problems altogether during pregnancy or in the early months following childbirth, generating important health and quality of life gains, as well as large financial benefits for the health, social care, education, employment, and welfare benefits sectors [1] [2].</p> <p>CPEC developed economic evaluation tools and guidance (“Preventonomics”) to help local bodies make early assessments of interventions for parents and children aged 0-3 to improve child outcomes as part of the Big Lottery Fund’s <i>A Better Start</i> initiative, and to help understand costs and potential downstream savings [3]. Subsequently, the Big Lottery Fund commissioned a common outcomes framework for economic analysis for use across localities. An economic evaluation template to analyse value for money and break-even points for interventions was also developed for the HeadStart initiative, working at six sites across England.</p>		

CPEC work in **public mental health**, commissioned by Public Health England (PHE), included the generation of new economic evidence on investing in effective mental illness prevention to support local public health, social care, and NHS decision-making, and also made the case for investments in workplaces, schools, and communities. This research reviewed effectiveness evidence, calculated cost and cost-effectiveness implications, and produced a return-on-investment tool covering eight different interventions and an accompanying guide for commissioners [4].

This study found strong economic arguments for interventions in *schools* (anti-bullying programmes; social and emotional learning), *workplaces* (wellbeing programmes; stress alleviation), *health care settings* (collaborative care approaches in the community; better assessment of individuals presenting at accident and emergency departments), and *communities* (loneliness alleviation for older people; debt and welfare advice). The quality of life and economic case for action is particularly strong for school-based social and emotional learning, and suicide prevention through better liaison between different parts of the NHS. This study built on two earlier CPEC studies commissioned by the Department of Health, one in 2011 which analysed the scale and distribution of costs and pay-offs for 15 preventative and early interventions [5], and the other in 2014 which focused on interventions that promoted recovery for people with psychosis [6].

Building partly on this work, CPEC prepared a framework report on the economic and wider case for investment in youth mental health for the World Economic Forum and Orygen (a leading NGO in the area), including an illustrative investment case for suicide prevention in Korea [7].

Research for the Campaign to End Loneliness found that for every GBP1 spent in preventing loneliness for older people, there are GBP3 of savings, spread across sectors. CPEC had previously conducted a major evidence review and synthesis to inform development of National Institute for Health and Care Excellence (NICE) guidance on promotion of mental health and independence in older people, particularly highlighting the value of interventions that addressed social isolation and loneliness [8].

3. References to the research (indicative maximum of six references)

- [1] Bauer, A., Knapp, M., and Parsonage, M. (2016). Lifetime costs of perinatal anxiety and depression. *Journal of Affective Disorders*, 192, pp. 83-90. DOI: 10.1016/j.jad.2015.12.005.
- [2] Bauer, A., Parsonage, M., Knapp, M., Lemmi, V., and Adelaja, B. (2014). *Costs of Perinatal Mental Health Problems*. LSE and Centre for Mental Health. Available at: <http://eprints.lse.ac.uk/59885/>
- [3] Beecham, J. and Bonin, E. (2014). 'A Better Start' – How will it pay? Introduction to Preventonomics. Available at: <https://www.pssru.ac.uk/preventonomics/2014/02/03/introducing-preventonomics/>
- [4] McDaid, D., Park, A., and Knapp, M. (2017). *Commissioning Cost-effective Services for Promotion of Mental Health and Wellbeing and Prevention of Mental Ill-health*, Public Health England. Available at: <http://eprints.lse.ac.uk/85951/>
- [5] Knapp, M., McDaid, D., and Parsonage, M. (2011). *Mental Health Promotion and Mental Illness Prevention: The Economic Case*. Department of Health. Available at: <http://eprints.lse.ac.uk/32311/>
- [6] Knapp, M., Andrew, A., McDaid, D., Lemmi, V., McCrone, P., Park, A., Parsonage, M., Boardman, J., and Shepherd, G. (2014). *Investing in Recovery: Making the Business Case for Effective Interventions for People with Schizophrenia and Psychosis*. Rethink, LSE, and Centre for Mental Health. Available at: <http://eprints.lse.ac.uk/56773/>
- [7] McDaid, D., Hamilton, M., King, D., Park, A., Hoffman, M., Silva-Ribeiro, W., Ziebold, C., and Evans-Lacko, S. (2020). *An investment framework to build mental capital in young people*. Orygen and World Economic Forum. Available at: <https://www.orygen.org.au/About/Orygen-Global/Files/Orygen-WEF-investment-framework>
- [8] McDaid, D., Forsman, A., Matosevic, T., Park, A., and Wahlbeck, K. (2015). *Independence and Mental Wellbeing for Older People. Review 1: What are the most effective ways to improve or protect the mental wellbeing and/or independence of older people?* National Institute for Health

and Care Excellence. Available at: <https://www.nice.org.uk/guidance/ng32/documents/older-people-independence-and-mental-wellbeing-evidence-review-12>

4. Details of the impact (indicative maximum 750 words)

CPEC research has had impacts at three levels: national and international policy discussion and practice, and on local practice decisions, including tool development.

National policy

Findings on **long-term costs of perinatal maternal mental illness [2]** have provided an evidence base which has underpinned government decisions to increase public spending in this area. The 2014 report [2] was launched at the Palace of Westminster (October 2014), with two government ministers responding (one also referring to her own experience with postnatal depression) [A], and considerable media attention (e.g. *The Guardian* front page). The work influenced the Chancellor of the Exchequer's decision to allocate GBP75 million in his 2015 Budget to support mothers with perinatal mental illness [B]. In early 2016, the Prime Minister announced additional planned spending of GBP290 million for specialist support for mothers during pregnancy and after birth [C]. The findings continued to be cited in the UK (e.g. ITV News highlighted the cost of not treating perinatal mental illness) and internationally. Local NHS trusts use CPEC cost calculations to understand the impacts of perinatal maternal mental illness in their areas (e.g. NHS Wolverhampton Clinical Commissioning Group). Bauer was asked to join NHSE's Perinatal Clinical Reference Group (CRG) Research Priorities Group, and has since established and led an economics subgroup advising on research to inform intervention spending. The Maternal Mental Health Alliance continues to use the findings from this study in its national campaigning.

The work [2] was cited in the coalition government's taskforce on children and young people's mental health and wellbeing in 2015 [D], which drew attention to the finding that the long-term cost was almost GBP10,000 for every single birth in the country. NHS England's 2016 mental health strategy, *Implementing the Mental Health Forward View* [E], modelled its new budget plans on the basis of this CPEC work (which showed "*the gap between current specialist perinatal mental health provision in England and that required to meet NICE guidelines in all areas*" (p. 14)). The *NHS Long Term Plan* (2019) subsequently cited the research to support 10-year plans for developing better maternal mental health care [F], after the research team was invited to discuss CPEC findings with NHSE staff (2016), as well as to carry out cost-benefit analyses of recommended best practice for perinatal mental health, also commissioned by NHSE. The economic impacts estimated in the CPEC study were quoted by NHSE and NICE in *Perinatal Mental Health Care Pathways* [G].

International policy

The **maternal mental illness** study was replicated in the US, Australia, and Canada; discussed with government officials in Australia and Belgium; cited in the French national mental health strategy 2018-23 [H]; recently used (without even adjusting to the French context) by the Alliance Francophone pour la Santé Mentale Périnatale [I] to argue the case for urgent policy action; and translated into Spanish by the Alianza por la Salud Mental Perinatal y de la Familia, CONECTA PERINATAL.

CPEC research on **promotion of mental health and prevention of mental disorders**, first for the Department of Health in 2011 and 2014, and subsequently for PHE in 2017, continues to be used across the UK (see below) and internationally. Knapp was invited to meet senior officials (Secretary-level) in six Australian Government departments to discuss the **public mental health** findings (2016). Subsequently, Knapp and McDaid advised the Australian National Mental Health Commission as they explored the economic case for investment in mental health (2017-19), and also supported a team at Deakin University as they adapted the LSE models to the Australian context. Knapp discussed findings with Australia's Productivity Commission (2019), as acknowledged in their report, in which a number of CPEC studies are cited [J].

The research has influenced debates on mental health policy at a number of supranational organisations. Findings were cited by the World Health Organization at the Global Ministerial Mental Health Summit (2018) [K]. McDaid was invited to join a high-level workshop with the EU

Health Commissioner and his cabinet to discuss prevention (2016). McDaid was also invited by the Finnish Government, as part of their EU Presidency, to give a keynote presentation to the High-Level Public Health Working Committee of the European Council on mental health and wellbeing (2019), and to speak at their EU Presidency event on the Economy of Wellbeing (2019).

The case for investment in youth mental health by McDaid, Evans-Lacko, and Park for the World Economic Forum (WEF) [7] was used as a companion piece to the Global Framework for Youth Mental Health report produced for WEF (May 2020) [L], and led to McDaid being invited by UNICEF to contribute to *The State of the World's Children Report 2020*. The WEF work and CPEC's earlier work for PHE [4] together supported activities in Brazil, led to service-planning discussions by Evans-Lacko and McDaid with the State Secretary of Education in Alagoas and the Secretary of Health from Mato Grosso do Sul, and detailed discussions about service planning and investment with local professionals in Maceio.

Local impacts

Research for the Department of Health in 2011 on **promotion of mental health and prevention of mental disorders**, analysing the scale and distribution of costs and pay-offs of 15 very different interventions [5], and later analyses of recovery-focused support for people experiencing psychoses [6], continue to have applications across the UK. These analyses have informed the 2016 NHS England mental health strategy, specifically its budgeting for enhanced early intervention psychosis services [E]. The programme of work is cited in the 2019 *NHS Long Term Plan* [F], which emphasises early intervention services, improved physical health care, employment support, suicide prevention, and perinatal mental health services – all of which were analysed in these CPEC studies.

The work influenced local commissioning strategies. It was used by PHE to develop mental health and wellbeing joint strategic needs assessments (JSNAs) by local authorities and NHS clinical commissioning groups, and also to help develop their recommended approaches to improving children and young people's mental health and wellbeing [M]. Many local authorities and clinical commissioning groups have used the findings to prompt local recommendations and actions; an example is Warwickshire's public mental health and wellbeing strategy [N]. The research was also cited by NHS Scotland in their *Good Mental Health for All* policy document [O].

Follow-up work was published in 2017 and endorsed by PHE: "*Local authorities, clinical commissioning groups, health and wellbeing boards and their local partners (for example schools, employers, police) can use this set of resources to improve the provision of mental health services*" [P]. The toolkit is one of the resources in the government's *Prevention Concordat for Better Mental Health* [P] and is cited in local strategy and policy documents [Q].

The **Preventonomics** tools are being utilised by the five sites (Blackpool, Bradford, Lambeth, Nottingham, Southend) involved in the *Better Start* initiative. The *Cost Calculator* is available publicly and is increasingly adopted by third-sector organisations (such as NSPCC, National Children's Bureau, Bradford Trident, and UK Active). Impact on services and support continues, but the initiative is already demonstrating local impact, with tools and resources embedded into local systems to enable local authorities to link information on service costs with impacts on children and young people to inform decisions on service provision [R].

Research for NICE on the effectiveness of interventions to promote the mental wellbeing and independence of older people fed into NICE guidance [S], with all of the detailed evidence statements developed by McDaid and Park.

CPEC work on the economic case for tackling **loneliness** led to requests for McDaid to attend meetings at the Cabinet Office, to join an expert group with the Chief Scientific Adviser, and to advise the Office for National Statistics on measurement of loneliness, as well as widespread media coverage (BBC, *The Independent*, *The Guardian*, *Time Magazine*, *El Mundo*). Publication of final findings has been delayed by Covid-19 [T]. Earlier work on the economic benefits for mental health from alleviating loneliness (produced as part of [5]) was cited in the final report of the Jo Cox Commission on Loneliness [U]. The evidence review for NICE led by McDaid and Park was key to NICE guidance that recommended tailored group-based social activities to address loneliness [S].

In conclusion

Overall, CPEC research has made significant contributions to efforts to prevent mental health problems, and to improve the lives of individuals who experience them, at local, national, and international levels.

5. Sources to corroborate the impact (indicative maximum of 10 references)

[A] “Failure to fully address mental health problems in pregnancy and following childbirth costs over £8 billion, report finds”, [Maternal Mental Health Alliance](#), 19 October 2014.

[B] “George Osborne’s Autumn Statement in full”, [Financial Times](#), 25 November 2015. “Gaps in mental health care for new mothers cost UK £8bn a year – study”, [The Guardian](#), 20 October 2014.

[C] [Prime Minister's speech on life chances](#), 11 January 2016.

[D] [Future in Mind. Promoting, protecting and improving our children and young people’s mental health and wellbeing](#), Department of Health and NHS England, 2015.

[E] [Implementing the Five Year Forward View for Mental Health](#), NHS England, 2016.

[F] *The NHS Long Term Plan*, NHS England, 2019. See Chapter 3, p. 68.

[G] [The Perinatal Mental Health Care Pathways](#), NHS England, NHS Improvement, and NICE, 2018.

[H] [Programme pluriannuel Psychiatrie et santé mentale 2018-2023](#), Haute Autorité de Santé, 13 June 2018. In French.

[I] “Estimer le coût des maladies pspérinatales”, Alliance Francophone pour la Santé Mentale Périnatale. Available (in French) at: <https://arip-app.herokuapp.com/>

[J] [Mental Health](#), Australian Productivity Commission, October 2019.

[K] [2018 Global Ministerial Mental Health Summit: Report and Declaration on Achieving Equality for Mental Health in the 21st Century](#), Department of Health and Social Care, 19 July 2019.

[L] [A Global Framework for Youth Mental Health: Investing in Future Mental Capital for Individuals, Communities and Economies](#), World Economic Forum, May 2020.

[M] [Universal approaches to improving children and young people’s mental health and wellbeing: Report of the findings of a Special Interest Group](#), Public Health England, October 2019.

[N] [Warwickshire Public Mental Health and Wellbeing Strategy 2014-16](#), Warwickshire County Council, May 2014.

[O] [Good mental health for all](#), NHS Health Scotland, 2016.

[P] [Mental health services: cost-effective commissioning](#), Public Health England, 30 August 2017; [Prevention Concordat for Better Mental Health](#) (policy paper), Public Health England, 2017 (updated 4 December 2020).

[Q] [2018/19 Mental Health Joint Strategic Needs Assessment](#), Swindon Borough Council Public Health; and [Mental Health and Wellbeing Strategy 2019-2023](#), Nottingham City.

[R] [The Southend Approach: Evaluation Framework. Evaluating in an Integrated Context to create Evidence and Impact](#), A Better Start Southend, 2018. See also, paper for [Southend Health and Wellbeing Board](#) (p. 26), February 2017. [Developing LEAP’s Shared Measurement Approach](#), Lambeth Early Action Partnership Demonstrating Impact Group, July 2019.

[S] [Older people: independence and mental wellbeing](#), NICE guideline [NG32], 17 December 2015. See also: [The committee's discussion](#).

[T] The economic case for tackling loneliness: evaluation of Reconnections, a personalised support and community response intervention. Publication by Social Finance has been delayed by Covid-19.

[U] [Combatting loneliness one conversation at a time. A call to action](#), Jo Cox Commission on Loneliness, 2017.