Maybe the starkest demonstration of what adequate mental health investment could achieve is the number of lives that could be spared with adequately funded mental health systems. For example, nearly 200,000 deaths could be avoided in the three mental health conditions of depression, psychosis and epilepsy alone.

The complexity, challenges and scale of the world’s mental health crisis are huge. But investment can make a real difference and prioritising mental health is essential. Behind every number and statistic is a real person: the voice of the individual should not be lost. People with mental disorders must be central to decision making about their own care and support. They are best placed to determine which outcomes are most important to them. A functioning and adequately resourced rights-based mental health support system, through the community, public services or workplace, not only brings social and economic returns but would transform people’s lives in ways that cannot be quantified.
THE RETURN ON THE ECONOMY

Investment in mental health is increasingly an essential priority for societies. In terms of the breadth of the potential economic impact, no other area of health matches it. Poor mental health limits people’s opportunity to work and earn an income. This fall in productivity reduces consumption and results in significant output losses for the economy. Over time, poor mental health also carries significant costs for our national health systems, which are facing challenges from growing, diversifying and ageing populations, rising prevalence of chronic illnesses, and the use of expensive technologies. Poor mental health also has broader economic costs to society.

Despite this high burden and associated costs, globally, mental health remains severely underfunded, receiving a fraction of the funding allocated to other areas of health. This is especially true in LMICs, where both the quantity and quality of treatment is inadequate, disproportionately affecting some of the world’s most vulnerable people. Funding for mental health typically accounts for between 1 and 4 per cent of a country’s health spending, with funding often fragmented rather than focused on coherent systemic change or universal service provision. This results in a large imbalance between the need for, and the quantity and availability of, effective mental health services. But this is not just a health sector issue, and any meaningful change will require stakeholders to work collaboratively across sectors (for example, education, employment and the judicial system) to solve what is a major inter-sectoral and broader development challenge.

With depression predicted to become the leading cause of poor health in HICs by 2030, increased attention needs to be paid to the promotion of mental health and wellbeing and to prevention and early intervention in related conditions. Growing evidence shows mental health can deliver an overwhelmingly positive return on investment (ROI) for both businesses and the wider economy. When people are physically and mentally healthy, they can work and live productive lives, allowing employers to make more profit and whole economies to develop for the benefit of all.

Former President of the World Bank, Jim Yong Kim, went as far as to argue this is not just a compelling case but something the global economy cannot afford to not do.

THE COST OF POOR MENTAL HEALTH

The economic burden of poor mental health is substantial and increasing. But it remains widely overlooked compared with other, higher profile health agendas. It is estimated that up to 20 per cent of the world’s working population has some form of mental health condition at any given time. Health performance and economic performance are interlinked. Poverty adversely affects life expectancy, mainly through infant malnourishment and death. Tackling health conditions, such as early death, disease and disability, depends not just on standards of living, but on the performance of the health systems and economies they depend on. In turn, a healthy workforce is essential for maintaining economic competitiveness. Mental health disorders can, therefore, have a profound impact on the economy.

Countries with weak physical and mental health systems find it harder to achieve sustained growth. Evidence confirms that a 10 per cent improvement in life expectancy at birth can lead to a rise in economic growth of 0.3 to 0.4 per cent a year. Whilst countries have invested heavily in physical health in order to reduce morbidity and mortality — including improvements in sanitation and immunisation coverage — investment in mental health has remained extremely low. Poor mental health costs the world economy approximately US$2.5 trillion per year in reduced economic productivity and physical ill health. This cost is projected to rise to US$6 trillion by 2030 alongside increased social costs. LMICs are expected to bear 35 per cent of this cost. As a result, the global increase in mental illness will account for more than half the economic burden of disease over the next two decades, higher than cancer, diabetes and chronic respiratory disease combined.

Behind every economic statistic are people with their own stories. Cecilia in Ghana started experiencing challenges to her mental health in 2016. Three months after she got married. She didn’t understand what was happening. She would walk long distances without knowing where she was going. People would go out to find her and bring her home. She kept waking up with bruises on her body, with no idea how she got them. She said...

I felt like the whole world was coming down on me and I thought, ‘I don’t even want to live anymore.’ I tried taking my life.

Cecilia went to an herbalist and was on medication for two months. She felt calmer initially, but she had a relapse a few weeks later. Her husband realised her situation was much more serious than they had thought. He took her to the hospital, where she was diagnosed with acute psychosis. She was given new medication that stabilised her and was able to return to work as a teacher.

However, Cecilia experienced another relapse at school. The school was not aware of her mental health diagnosis and when they found out, she was asked to leave her job of five years. She did not receive the month’s salary she was owed. When she was at home, she had another relapse. She was admitted to hospital and diagnosed as bipolar.

This time, she was part of a self-help group and received support to start a business. Through the group, she got in touch with BasicNeeds-Ghana, United for Global Mental Health and Time to Change Global, which have helped Cecilia feel confident talking about her mental health.

As well as the psychological and often physically debilitating nature of severe mental health conditions, the inability to work can put huge stress on the individual and have wider economic impacts. In Cecilia’s case, investment in her mental health has enabled her to support her family and contribute to her local economy.

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HEALTHCARE COSTS

The healthcare costs of treating people with mental health conditions are a major challenge for healthcare systems around the world. WHO estimates 25 per cent of patients using a health service globally suffer from at least one mental health disorder, despite most being undiagnosed.1 The close correlation between mental and physical health is a key reason for the high healthcare costs of mental health disorders.2,3 As an example, a UK-based study found the costs of treating people with mental health problems were higher than the costs of treating people with physical health problems.4 Mental illness is one of the most costly conditions in the United States, accounting for a significant proportion of the total health expenditure.5

In LMICs, mental health disorders increase healthcare spending when accounting for out-of-pocket spending.6-9 This is due to the increased challenges of self-managing care. Across LMICs, mental health disorders bring with them heightened stress, social exclusion, and illness trap.10 People living with mental illness experience widespread stigma and discrimination, suffer from mental health conditions has risen.7,8

Mental disorders, such as depression and anxiety, and substance use disorders add up to an enormous global disease burden that leads to premature mortality, physical ill health and poor quality of life. People with mental disorders have higher exposure to, and prevalence of, key risk factors such as unhealthy diets, smoking, insufficient physical activity and harmful use of alcohol. While the cost of treating mental health disorders is considerable, the healthcare costs of mental health disorders are expected to increase.

People with CMDs do not face higher rates of long-term unemployment but will often lose their job again quickly. In countries with high levels of unemployment, those with CMDs can find themselves driven out of labour markets. The same reasons for CMDs can contribute to mental and physical health conditions.11-13 Companies have not always been prepared to deal with this largely ‘invisible’ and often-ignored challenge. Despite their enormous social burden, mental disorders continue to be in the shadows because of stigma and prejudice. Fear someone may lose their job or social standing, or because health and social support components are not always part of the equation. Based on a study of the world’s 36 largest countries, it is estimated 12 billion productive days are lost each year due to depression and anxiety, at a cost of US$212 billion.14

WORK-RELATED COSTS

The Organisation for Economic Co-operation and Development (OECD) reported in 2012 ‘unemployment itself is very detrimental to mental health’. It also noted, ‘people with mental disorders who find a job see significant improvements in mental health. This is line with clinical findings according to which employment is an important element in recovery, improving also non-occupational outcomes’. The highest rates of unemployment of people with mental disorders lead to a significant cost to society. 

The OECD noted the employment rate of people with chronic mental health disorders (CMDs) is around 60 to 70 per cent, or 15 to 20 percentage points lower than for people with no mental disorders. There is a high proportion of long-term unemployment (as a percentage of total unemployment) for people with CMDs, leading to a high risk of them being discouraged to find work or withdrawing from the labour market.15

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75 Delay stayed in work, get an education and contribute to their family and community.12

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The UK’s ONS Labour Force Survey reported an increase of 2.5 per cent in the total days lost to mental health conditions between 2009 and 2016.80 The World Mental Health Survey found individuals experience 4 to 15 more days out of role per year as a result of depression and 8 to 24 days because of generalised anxiety.81 Absence from work can have even greater implications in LMICs, where the unanticipated costs of illness and reduced ability to work can affect entire households, particularly when the productivity of the main household income earner is reduced. 82The income of households affected by mental health disorders is consistently lower than households without them.83 In these cases, mental health disorders can perpetuate a cycle of poverty, recognised as the medical poverty trap.84

An additional productivity cost results from presenteeism, which occurs when those suffering from poor mental health attend work but operate at reduced productivity.85 Approximately 12 per cent of employees in Japan and the USA report not telling their employer about a mental health disorder due to fear of losing their job, particularly in the context of an uncertain economic climate.86 Evidence is increasingly showing the costs of presenteeism far outweigh those of absenteeism, with estimates varying between 1987 and 1088 times the cost of absence from work. It is estimated that presenteeism costs the UK economy between £27 billion and £29 billion per year.89

The economic cost is even greater in Brazil, where presenteeism due to depression is estimated to cost the economy US$63 billion annually, or 3.4 per cent of GDP. In South Africa, the cost of presenteeism due to depression is estimated to be US$14.8 billion, significantly higher than the estimated cost of absenteeism of US$2.2 billion, which together are equivalent to 4.6 per cent of GDP.90

A third productivity cost arises from the turnover of staff due to mental health-related reasons. Studies of people’s reasons for leaving work in HICs have found that mental health accounts for between 5 and 7 per cent91 of staff turnover within businesses, costing £8.6bn alone within the UK.92 Motivations cited include the need for a better work-life balance and workplace stress. Due to the high costs associated with replacing staff, which is estimated to be the equivalent of a year’s salary,93 70 per cent of employers report staff turnover as harming business performance.94

Country-level analyses have shown the resulting economic cost of mental health issues to national and global economies. One global analysis of 26 LMICs found the total productivity losses to be US$461 billion per year, while the cost in ten HICs amounts to US$464 billion.95 In Jamaica, between 2015 and 2030, lost economic output is predicted to be US$2.8 billion.96

In Canada, mental health disorders are conservatively estimated to cost the Canadian economy US$550 billion each year,97 the equivalent of 2.5 per cent98 of the country’s GDP. Productivity losses due to mental health can also be exacerbated by other factors, such as exposure to war, violence and natural disasters.

In Lebanon, in addition to 1.5 million Syrian refugees, an estimated 70 per cent of the Lebanese population has been exposed to one or more war event, increasing the likely prevalence of mental health disorders and consequential productivity losses.99 It is estimated that mental health disorders cost the Lebanese economy 9.4 million working days each year, resulting in an annual loss in economic output of US$354 million.

THE RETURN ON THE INDIVIDUAL: THE CASE FOR MENTAL HEALTH INVESTMENT

**LOST OPPORTUNITY COSTS**

Slowly but surely, companies are taking responsibility on pressing global issues. This is not just altruism. They see it as a way to ensure their long-term sustainability and access new growth opportunities, remain competitive and mitigate the costs and risks of an interconnected, rapidly changing world.

A significant proportion of the economic burden of poor mental health is borne by employers.104 There is increasing recognition of these costs and the wider impact of mental health on businesses. Conversely, there is also the acknowledgement of the impact that workplaces can have on an individual’s mental wellbeing.105 Considering this, there is a strong case for businesses to promote mental health and wellbeing and implement policies and programmes to help tackle this global crisis.

**IMPACT OF THE WORKPLACE ON MENTAL HEALTH**

Leading companies no longer see investments in their people as peripheral. These investments have become a core element of business strategies that seek to create long-term stakeholder value and mitigate risks. While the underlying causes of poor mental health are complex, changes to the work environment can be a poor work environment can either exacerbate a pre-existing condition or cause someone’s mental health to deteriorate.

Globally, workplace stress is one of the most reported work-related health problems. Defined as a physical and emotional response, it can occur if the capacities, resources or needs of an individual do not match what is expected of them. The most vulnerable people include those starting jobs and those in the early stages of their career.

Research has shown workers in specific professions, such as doctors and nurses, are particularly at risk of workplace-related mental health issues. This is the case across both HICs and LMICs, with one study in Norway showing a high prevalence of attempted suicide among ambulance personnel106 and another in the conflict-affected setting of Yemen showing high levels of burnout among doctors.107 For these high-risk professionals, the work environment can have a significant impact on their mental wellbeing and ability to be productive.

Conversely, workplaces can be a place of stigma towards those with mental health. Health workers themselves can be a source of stigma without the necessary training on mental ill health and how to address it. Moreover, despite employment being beneficial for people with Major Depressive Disorder (MDD), a study of 35 middle and high-income countries found that 62.5% of the research participants (all of whom had a MDD) had anticipated and/or experienced discrimination in the work setting. Almost 60% of respondents had stopped themselves from applying for work, education or training because of anticipated discrimination.108 Loss of employment has also been associated with a reduction in mental wellbeing.109 People who lose their job are twice as likely to display depressive symptoms as those who remain in employment.110 The recent global economic downturn has been linked with an increase in the rate of suicide.111 Both employment status and the quality of employment can affect people’s mental wellbeing, with wide-ranging effects for businesses and whole economies.

**IMPACT OF MENTAL HEALTH ON THE WORKPLACE**

Mental health is one of the key issues facing businesses today. With a large proportion of adults in employment, the workplace represents an opportunity to address mental health issues. By developing and implementing workplace interventions, businesses can support people to improve their mental health. Such interventions can yield substantial benefits for employers and employees alike.112 A sound return on investment113 Beyond managing mental health conditions, research has consistently shown promoting good mental health in the workplace brings economic benefits for individuals, businesses and the economy.114 The workplace can be a space for issues to be identified and addressed, and, where required, for people to be linked to a formal healthcare system for treatment.
Leading companies are not only prioritising their employees’ mental health but also using their public platform to encourage others to follow. Initiatives such as the Time To Change Employers Pledge and The Mental Health at Work Commitment are supported by global giants such as PepsiCo., Lloyds Banking Group, and Unilever. These progressive companies are working closely with civil society and in some cases public health systems to combat mental health stigma in the workplace and show leadership.

However, these companies are not simply altruistic; they are successful businesses, and recognise the connection between good mental health, productivity, and company performance.12 One private-sector study showed companies that do not manage employee wellbeing effectively are four times less likely to retain staff over a year.12 A positive work environment can also reduce the likelihood of interpersonal conflicts, reducing staff complaints.

A systematic review of workplace mental health interventions shows that ROI ranges from over 4:1 to 11:1, with an average of 5.2:1.18 The highest ROIs are attained through broad, organisation-wide initiatives, focused on culture and awareness raising.119, 120, 121 In the UK, the Department of Health and Social Care has demonstrated promoting mental health in a company with 1,000 employees could reduce annual productivity losses by 30 per cent. Similarly, British Telecom reported implementing a company-wide mental wellbeing strategy resulted in a 30 per cent reduction in mental health-related absence.122

In Canada, one review analysing companies that had implemented mental health initiatives found the median yearly ROI was CA$1.62, and companies whose programmes had been in place for three or more years had a median yearly ROI of CA$2.18.123 This data demonstrates achieving a positive ROI for a company can take three or more years. However, organisations investing in workplace mental health programmes are mitigating the rising costs of inaction.124 Research consistently shows the earlier interventions can be made the more significant the potential benefits are likely to be. Alleviating workplace stress and actively improving wellbeing reduces absenteeism, presenteeism, and staff turnover, and contributes to an overall increase in productivity. Meanwhile, businesses that fail to promote mental wellbeing not only incur immediate productivity losses but are likely to see greater and more costly mental health-related issues long term.18

**Broadly, there are two focus levels for workplace mental health interventions:**

- The first targets the organisational level - promoting awareness and management capabilities.
- The second focuses on the individual level - providing support through, for example, flexible working arrangements and psychological counselling.176

The WHO suggests that interventions should take a 3-pronged approach:

- Protect mental health by reducing work-related risk factors.
- Promote mental health by developing the positive aspects of work and the strengths of employees.
- Address mental health problems regardless of cause.177

**Graeme’s Story**

Whilst ‘tone from the top’ is critical to ensuring a positive mental health culture within a company, employees at all levels of organisations are driving internal change and companies that support this are seeing the positive results. This was the case for Graeme in the UK. When Graeme was 13 years old, he was climbing a tree when a branch gave way. He fell and broke his back. He spent ten months in hospital, and it was years before he had full movement again. He was told he would need a walking stick by age 40, which led to his depression.

For a long time, Graeme felt the pressure of depression controlled his life. He experienced two mental breakdowns. One was particularly traumatic. He collapsed in a supermarket and couldn’t move. This led to him spending two months at home, unable to step outside, let alone work. Fortunately, Graeme overcame his mental ill health and today works and leads a fulfilling life. He uses his experience to teach mindfulness, which he arranged to get 20 on-site mental health first-aiders. Through this, he has been able to make a difference to the lives of others, the achievement he is most proud of.
He said...

HSBC has empowered me to take the mindfulness course that helped me to help others. Companies stepping up to help people when they face a mental health challenge can mean the world to someone. When you get to a point where you feel like ‘maybe this is too much for me’, programmes are in place to help you get through that.

RETURN ON INVESTMENT FOR MENTAL HEALTH

The Lancet Commission on Investing in Health developed an investment framework to bring about dramatic health gains by 2035. The commission demonstrated the cost-effectiveness of mental health and wellbeing interventions and that these can and should take account of the economic value of employees being able to work productively as well as the intrinsic value of improved health. This approach attributes two thirds of the derived value of investing in health to the instrumental components, including the economic and labour force benefits, and one third to the intrinsic benefits of being healthy. This approach attributed a value of 0.5 times per person income.127

This approach was adopted in a global ROI study of 36 countries, grouped by income level, which set out the financial value of the economic and health benefits of scaling up the treatment of depression and anxiety.128 The study found a linear increase in treatment coverage between 2016 and 2030 could generate an estimated US$230 billion in productivity gains and US$310 billion in the value of extra healthy life years. While the ROI for all income groups is overwhelmingly positive, the value of these health returns would be US$13.5 million per annum. In terms of productivity, a modest 5 per cent increase in making people able to work through treatment could add US$1.7 million to the Lebanese economy, delivering a total of US$6.62 in financial value for every US$1 spent. As in other countries, there is a strong public health and business case for investing in mental health services in Lebanon.

A third study in Lebanon has analysed the potential returns of scaling up investment in mental health services. The ongoing conflict in neighbouring Syria has had a profound effect on Lebanon’s people and economy, exposing the fragility of Lebanon’s healthcare system. As in all war-affected countries, exposure to conflict can significantly increase an individual’s risk of developing a mental health disorder. WHO estimates that of those who have experienced conflict in the past ten years, 1 in 11 people (9 per cent) will have a moderate or severe mental health disorder, increasing the likely prevalence of mental health disorders in Lebanon.

The ROI study shows even a small annual investment of US$2 million per year over four years could restore more than 13,000 healthy life years and avert over 20,000 mental health cases. The value of these health returns would be US$13.5 million per annum. In terms of productivity, a modest 5 per cent increase in making people able to work through treatment could add US$1.7 million to the Lebanese economy, delivering a total of US$6.62 in financial value for every US$1 spent. As in other countries, there is a strong public health and business case for investing in mental health services in Lebanon.

The studies to date show mental health is not just a health issue. It is also a development issue and, increasingly, an economic issue. Significant losses are incurred as a result of poor mental health and wellbeing globally. ROI studies have demonstrated the potential gains from addressing mental ill health. There are clear rationale and a strong investment case for governments and businesses to promote mental wellbeing. However, along with increased funding, there is a need for evidence-based policies and services, developed in line with human rights frameworks and respecting cultural contexts. This would help both the public and private sector understand the impact of mental wellbeing and support people to realise their right to physical and mental health.
CHAPTER TWO


CHAPTER THREE: THE RETURN FOR SOCIETY
- Poor mental health costs the world economy approximately US$2.5 trillion per year in reduced economic productivity and physical ill health.

- This cost is projected to rise to US$6 trillion by 2030 alongside increased social costs. Lower-middle income countries are expected to bear 35% of this cost. As a result of this global increase, mental illness will account for more than half the economic burden of disease over the next two decades, higher than cancer, diabetes and chronic respiratory disease combined.

- In 2015, the total global societal cost of dementia was estimated to be US$818 billion, equivalent to 1.1% of global gross domestic product (GDP). The total cost as a proportion of GDP varied from 0.2% in LMICs to 1.4% in HICs. It is estimated the total global cost of dementia will double by 2030 to $2 trillion.

Productivity costs

- Based on a study of the world’s 36 largest countries, it is estimated 12 billion productive days are lost each year due to depression and anxiety, at a cost of US$925 billion.

- Work-related mental ill health is responsible for more lost days than any other work-related illness, costing both employer and employee. While the overall average workplace absence per employee has declined over the past decade, total absence due to mental health conditions has risen.

Mental health in the workplace

- Based on a study of the world’s 36 largest countries, it is estimated 12 billion productive days are lost each year due to depression and anxiety, at a cost of US$925 billion.

Workplace mental health interventions have an average return on investment of 4.2:1.

Mental health in the workplace

- The financial value of the economic and health benefits of scaling up the treatment of depression and anxiety up to 2030 could generate US$230 billion in productivity gains and US$310 billion in the value of extra healthy life years.