



*The Socio-Economic  
Realities of Mental  
Health in Ireland*

Justin Frewen &  
Anna Datta

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## **Authors**

**Justin Frewen** has worked for the UN since 1997 in Asia, the Middle East, Africa and the US. He is a member of the Board of Comhlámh and is completing a PhD in Political Science at NUI Galway.

**Dr Anna Datta** is an NCHD in Psychiatry at Mayo General and is completing an International Masters in Mental Health Policy and Services (World Health Organization/New University of Lisbon).

## **Introduction**

An ever-growing body of research indicates that the failure to adequately tackle mental health issues could have potentially serious economic repercussions. Studies undertaken both internationally and within Ireland have revealed the importance of ensuring states pay attention to the mental health of their populations. At the same time, there has been an increasing awareness that in order to develop an effective approach to mental health, it is simply not enough to concentrate solely on medical solutions.

This paper will, therefore, have two components. Firstly, there will be an evaluation of the economic costs of mental health and how they are incurred. Secondly, there will be analysis of the argument regarding the importance of the social determinants of mental health. Certain of the major social determinants will be highlighted together with the role they have in increasing the overall level of mental health risk to the general population.

The major objective of this Thinkpiece is to highlight the importance negative consequences of neglecting mental health in economic terms and to emphasise the need for an holistic approach to mental health issues. Of critical significance is the need to tackle those negative social determinants, which increase the incidence of mental health problems amongst certain social categories. To ensure a good level of public mental health, appropriate policies and programmes need to be enacted in a range of economic and social spheres in addition to the health sector. Therefore, while an effective, well-resourced and responsive mental health service is crucial and indeed a key social determinant, it is inadequate in itself.

## **Economic Costs of Mental Health**

### **Global Burden of Mental Health Issues**

According to the World Health Organization (WHO), there has been a steady rise in the overall global burden of mental health problems. At the beginning of the 21<sup>st</sup> century it was estimated that mental health issues had an aggregate point prevalence amongst adults of some 10% or an estimated 450 million sufferers. Mental and behavioural health issues accounted for an estimated 12% of disability-adjusted life years (DALYs) lost through disease and injuries in 2000. This figure was calculated to rise to 15% by 2020. Moreover, only a minute percentage of these mental health problems actually received treatment.<sup>1</sup>

Closer to home, studies have revealed that one quarter of all Irish people will experience a mental health problem during their lives. In terms of health-related disability, 20-25% falls under the category of mental health. In one study, Doherty *et al* discovered that 14% of their interviewees had been subject to some form of mental, nervous or emotional difficulty in the previous year alone.<sup>2</sup>

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<sup>1</sup> WHO, 2001.

<sup>2</sup> Tedstone Doherty et al (2007)

A significant number of visits to G.Ps. were accounted for by mental health concerns. An Irish Health Research Board (HRB) study found that close to 10% had attended their GP 4.4 times on average to discuss mental health issues. This rate of 4.4 visits per patient slightly exceeded the 3.9 rate for the 71% of individuals who visited their GP with a physical health problem<sup>3</sup>

It is clear, therefore, that mental health is a significant medical issue in Ireland. As such, it requires an effective mental health policy and programme of action together with the allocation of sufficient resources to minimise the socio-economic consequences of mental health problems. It is with the third of these requirements, the investment of sufficient resources to ensure the effective tackling of mental health issues that we will turn to now.

Although the government appears ready to throw billions of Euros at our ailing banking system - much of which risks disappearing without trace – it appears vehemently, indeed ideologically, opposed to behaving similarly with respect to financing the public sector. Such an approach risks inflicting serious harm on our public services as well as creating significant economic costs for future generations to repair the damage done.

As a consequence, the pressure on the health service and thus by extension the provision of mental health services to reduce costs become ever greater. While for many the provision of an effective and responsive public mental health system should be a priority, there are those who maintain that however noble such aspirations might be there are simply insufficient funds at our disposal to do so.

### ***Economic arguments***

In such an environment, the ability to construct solid economic arguments as to why investment in public services is crucial assumes even greater importance.

As Brid O'Connor, CEO of the Mental Health Commission, stated at the launching of *The Economics of Mental Health Care in Ireland* report.

*Resources are not infinite, so choices must be made between alternative uses of the same resource or service... As the report says, 'economic analysis is therefore a crucial aid to decision making on resource allocation and on priority setting'. While decisions on resource allocation are grounded in values, economics is a central tool in the making of these decisions.*<sup>4</sup>

By assessing the economic impact of mental health issues the argument for increased investment in mental health is strengthened. However, in order to ensure a proper evaluation of mental health costs, a simple reductive approach that only considers the costs incurred in delivering health services is clearly insufficient. While a clear and transparent understanding of the costs involved in delivering health services is essential – and indeed there is arguably an urgent need for a more accountable system than currently exists - this does not go far enough. We need to understand not only the healthcare costs involved but also the broader economic effect ill health has on society. We must take into account, at the very least, lost economic productivity.

A 2005 review of the situation in the “wealthier” nations found that “significant economic benefits” could be realised in improving the overall level of health. This could be achieved by an increased availability of labour, greater productivity, higher education, training uptake and

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<sup>3</sup> HSE, 2009

<sup>4</sup> O'Shea, E. & Kennelly, B., 2008

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completion leading to increased skill levels together with greater funding being consequently available for investment in physical and intellectual capital.<sup>5</sup>

The European Commission (EC) strategy - Together for Health - emphasises the significance of good health with respect to economic output and prosperity. Most importantly, it stresses the critical role not only of life expectancy but also the healthy life expectancy one might realistically expect as being the crucial factors in improving overall economic performance.<sup>6</sup>

At the international level, there is a growing body of research, which indicates that mental health issues are a serious economic concern. An International Labour Organization study in 2000 - *Mental Health in the Workplace* – estimated mental health could cost as much as 3 to 4% of the GNP of EU states.<sup>7</sup>

Furthermore, adults with mental health issues frequently suffer from social exclusion. Nowhere is this more pronounced than in their employment prospects. A report in England noted that less than a quarter of people suffering from a mental health difficulty were employed. This was the lowest rate amongst the various main categories of disabled people.<sup>8</sup>

According to Sobocki *et al*, depression cost the EU25 and EFTA up to €118 billion or €253 per person in 2004. Close to two thirds of these costs - some 65% - are a direct result of a loss in productivity whether as a result of early retirement, premature mortality or sick leave. Healthcare costs therefore comprised only a minority of these costs.<sup>9</sup>

The 2008 O'Shea and Kennelly study for the Mental Health Commission revealed that mental health associated issues cost Ireland some €3 billion or just over 2% of GNP. Confirming the findings of Sobocki *et al*, they found that approximately one third of this figure was taken up with the provision of healthcare, social care and other forms of direct care while the remaining two thirds came from lost economic output.<sup>10</sup>

The €2 billion of lost output was composed of lost economic output and the value of non-market work. Lost economic output was comprised of unemployment or an inability to work, reduced working weeks and decreased productivity as well as premature mortality due to suicide. This came to a total of €1,251.6 million. The value of nonmarket work was estimated using a calculation adopted by the Sainsbury report for England that unpaid work was equivalent to 60% of the total value of lost output. This gave a total lost output for non-market work of €751 million.

As O'Shea and Kennelly conclude, despite the absence of precise data on mental health problems in Ireland and lack of dependable information on the consequences of mental health problems on employment, wages earned or hours and so forth, their findings are highly significant for our economy. Although their figures may be subject to potential future correction when more accurate and reliable data becomes available, they merit the serious consideration of our mental health policy makers. Moreover, when compared with estimations regarding the economic loss to the European Union of 3-4% of GNP, predominantly as a result of lost productivity, the figure of 2% might appear if anything relatively conservative.<sup>11</sup>

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<sup>5</sup> Suhrcke, M. *et al*, 2005

<sup>6</sup> EC, 2007

<sup>7</sup> Gabriel, P. & Liimatainen, M-R., 2000

<sup>8</sup> Social Exclusion Unit, 2004

<sup>9</sup> Sobocki, P., 2006

<sup>10</sup> O'Shea, E. & Kennelly, B., *ibid*

<sup>11</sup> EC, 2004

Another study by Behan, Kennelly and O'Callaghan calculated that in 2006 alone schizophrenia had an economic cost of €460.6 million. Again, the cost of direct care (€117.5 million) was dwarfed by the indirect costs (€343 million). Lost productivity alone, due to unemployment, absence from work and premature mortality was calculated at €277 million.<sup>12</sup>

These reports agree that the major costs associated with mental health problems are not those allocated to providing mental health services. They are far outweighed by the costs of lost economic output. There is therefore an urgent need for increased investment in mental health not only through the public health service but also in other relevant economic and social sectors. We must invest in social and economic programmes which will, for example, facilitate the incorporation of people with a mental health problem into the workforce. Failure to adopt such an approach risks diminishing our long-term economic potential.

### ***Human and Social Costs***

However, these economic studies fail to take into account the human and social costs that arise from mental health problems. One study which attempted to provide some form of economic weighting for such costs was the policy paper produced by the Sainsbury Centre for Mental Health in the UK – The Economic and Social Costs of Mental Health.<sup>13</sup>

This report looked not only at the health care and lost productivity costs of mental health problems. It also took into account the human costs of mental illness which corresponded to the “adverse effects of mental illness on the health-related quality of life.” Taking 2002-3 as its base period, it estimated that mental health problems had cost the English economy a total of £77.4 billion.

As with the studies noted above, the provision of health care services through the NHS accounted for only a fraction of this total. Expenditure on direct health care support amounted to some £7.9 billion or just over 10% of this total. When the estimated costs of informal care of £3.9 billion were added together with some £0.7 billion in other public sector costs and private expenditure, the figure for healthcare rose to £12.5 billion or 16.1% of total costs. Once again the lost output to the economy was significantly higher, being estimated at £23.1 billion, some 3 times the amount allocated to the NHS for mental health and close to twice that of overall health care costs. These figures confirm those of the studies discussed above.

However, it is the effort to determine an economic evaluation of the human cost of mental health that is of most interest. According to the methodology applied in this report, the economic valuation of the human costs of mental illness is £41.8 billion or 54% of the estimated £77.4 billion total mental health costs in England.

In an Irish context, using O'Shea and Kennelly's calculations, this would mean that the €3 billion they estimated would only be 46% of the total economic costs of mental health issues in Ireland. The human and social costs would be equivalent to over €3.52 billion making a total potential mental health cost of €6.52 billion.

Although these calculations are “experimental”, the Sainsbury report argues that they can be justified on the grounds that it is clearly wrong to “ascribe a zero value to the human costs of mental illness.” Furthermore, this approach enables an evaluation of the consequences of

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<sup>12</sup> Behan, C., et al, 2008

<sup>13</sup> SCMh, 2003

mental health problems of mental health problems on individuals who are not included in the labour market, such as older people and children.

It is clear that in the absence of an accurate and widely agreed calculation methodology for the human costs of mental health problems such figures will be disputed. Indeed, every effort should be made to develop a transparent and broadly accepted methodology in order to fully understand the impact of mental health problems in society. However, in the meantime, they serve as an economic indicator of the serious nature of the human and social costs of mental health problems.

### ***Additional Benefits of Economic Cost Analysis***

Furthermore, in addition to demonstrating the economic rationale for the allocation of adequate resources to mental health, research into the economic costs of mental health provide a number of other important benefits, including the following:

- a) It helps highlight the significance and relative priority of various mental health issues by providing an economic measure of their importance, thus paving the way for a more effective allocation of resources. However, specific interventions would still need to be justified on their own terms.
- b) It could assist decision-makers on how best to allocate the available mental health funding and resources. Increased and well-targeted investment in mental health has the potential to pay for itself many times over. Economic analysis would enable us improve our decisions in this respect.
- c) Such economic assessments will also help us gauge the actual costs of mental health with respect to different social categories thus increasing our awareness of the relative impact on different sectors of the Irish population.

### ***Social Determinants of Mental Health***

#### ***Importance of Social Determinants***

Having considered the significant economic implications of mental health problems, we now need to consider how best to develop an approach that will reduce potential costs in the future. While effective, early and patient-oriented treatment will remain an important element of any mental health policy, it is in prevention that the greatest impact can be made. However, research over the past few decades demonstrates that merely advising the general public of the risks inherent in smoking, physical inactivity and obesity is clearly insufficient. In fact, risk factors tend to vary proportionally according to one's social status<sup>14</sup>

As noted in the Institute of Public Health report - Tackling Health Inequalities:

*Behavioural factors such as cigarette use or poor diet can also be influenced by these social contexts. Research has shown how smoking may be related to coping with strained material circumstances.*<sup>15</sup>

To reduce peoples' motivations for engaging in 'risky' activities to genetic and biological predispositions that render them prone to engaging in such harmful pursuits is fundamentally flawed. As the WHO notes in The Solid Facts:

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<sup>14</sup> Lampert, T., 2010

<sup>15</sup> Farrell, C., et al, 2008

*The new discoveries on the human genome are exciting in the promise they hold for advances in the understanding and treatment of specific diseases. But however important individual genetic susceptibilities to disease may be, the common causes of the ill health that affects populations are environmental: they come and go far more quickly than the slow pace of genetic change because they reflect the changes in the way we live.*<sup>16</sup>

This is not to ignore the role that biological or genetic predispositions can play in health related problems, including those concerning mental health. Rather it is to emphasise that they are generally not the determining factor. This is particularly true when examining the incidence of health problems across the general population.

Therefore, while genetic factors play a role in determining dissimilar health prospects at the level of the individual they fail to adequately explain larger scale variations between social groups. Furthermore, despite their potential importance in helping us understand and treat certain ailments, they fail to explain the rapid changes in the health prospects and healthy life expectancies of various social categories over relatively short timescales. As Clare Farrell et al write:

*Health is not just the outcome of genetic or biological processes but is also influenced by the social and economic conditions in which we live. These influences have become known as the 'social determinants of health'. Inequalities in social conditions give rise to unequal and unjust health outcomes for different social groups.*<sup>17</sup>

### **Health Inequity/Inequality**

This variance in health risks between various social groups is referred to as health inequity or health inequality. Health inequity measures the regular and consistent divergences in the health expectations of differing social groupings as opposed to the random and non-systematic disparities in health status between individuals.

Using 2004 data, Mackenbach et al estimated that health inequalities were responsible for reducing the average life expectancy across the EU25 by 1.84 years or some 11.4 million years in total. Healthy life expectancy was reduced by, on average, 5.14 years or 33 million in total. In total, health inequities resulted in over 700,000 deaths per year and 33 million cases of ill health. Moreover, these social determinant derived health inequalities entail a significant economic cost equivalent to 20% of total health care costs and 15% of social security benefits.<sup>18</sup>

A report released early this year - Fair Society, Healthy Lives – examined the effect of health inequalities post-2010 in England. It calculated that health inequality led to between 1.3 and 2.5 million years being lost annually through premature mortality. A further 2.8 million years were affected by limiting illness or disability. In economic terms the annual costs were considerable with productivity losses estimated at between £31-33 billion, higher welfare payments and lost taxes at £20-32 billion and additional NHS healthcare costs of over £5.5 billion. Most importantly, failure to adopt the corrective policies to tackle health inequality will see these costs continue to rise in relative terms.<sup>19</sup>

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<sup>16</sup> WHO, 2003

<sup>17</sup> Farrell, C. et al, *ibid*

<sup>18</sup> Mackenbach, J. P. Et al, 2007

<sup>19</sup> Marmot Review, 2010

### **Poverty and Economic Insecurity**

The most obvious general social determinant is poverty or economic insecurity. As the WHO Regional Committee for Europe noted:

*Widening disparities in society or economic changes in individuals' life courses seem to be of particular importance here. Whether defined by income, socioeconomic status, living conditions or educational level, poverty is an important determinant of mental disability and is associated with lower life expectancy and increased prevalence of alcohol and drug abuse, depression, suicide, antisocial behaviour and violence.*<sup>20</sup>

The highest rates of admission to psychiatric hospitals are those from the unskilled occupational class, while common mental illnesses are twice as frequent among the lowest income groups as compared to the highest. Furthermore, most admissions to psychiatric hospitals come from the unskilled occupational class with general mental disorders being twice as high amongst the lowest income groups compared to the highest.<sup>21</sup>

The unemployed were one-third more likely to achieve a low overall mental health score than the employed. These figures were confirmed by research in Northern Ireland which revealed unemployment doubled the risk of people exhibiting a potential mental health problem.<sup>22</sup> Similarly, as Balanda and White highlight people who enjoyed a high income were twice as likely to have a very good quality of life and be satisfied with their health. Lower educational levels can also play a role. Balanda and White found that the general health risk of those who had progressed to third-level education were roughly half of those who had no formal qualification.<sup>23</sup>

At the same time, negative social determinants such as poverty, gender inequalities and ethnicity have a detrimental impact on mental health not only in provoking mental health problems but also in terms of access to services and recovery rates.<sup>24</sup>

### **Vicious Circle**

At this point, it is necessary to briefly address the argument that the correlation between higher poverty levels and mental distress might more correctly be attributed to a decrease in the employment prospects and earning power of mental health services users.

UK studies indicate that up to 76% of people with enduring schizophrenia are unemployed. While comparable research has not been undertaken in Ireland, it would appear reasonable to assume a relatively similar level of unemployment here.<sup>25</sup> Research for the Irish Mental Health policy document - A Vision for Change - indicated that 60% of those classified as mentally ill relied on welfare payment or had no income.<sup>26</sup>

There is doubtlessly some truth in the contestation that a certain degree of poverty can be attributed to a deterioration in one's mental health. Mental health service users frequently see their economic position deteriorate due to enforced absences from work, reduced employment capabilities and so forth. This is often referred to as the vicious circle, which is experienced by many mental health service users. As explained by Coyle et al:

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<sup>20</sup> Schizophrenia Ireland, 2005

<sup>21</sup> NESF, 2006

<sup>22</sup> Farrell, C. et al, *ibid*

<sup>23</sup> Balanda, K. & Wilde, J., 2003

<sup>24</sup> MIND, 2002

<sup>25</sup> Social Exclusion Unit, *ibid*

<sup>26</sup> Expert Group Mental Health Policy, *ibid*

*Poverty and mental ill health form a vicious circle: poverty is both a major cause of poor mental health and a potential consequence of it. Widening disparities in society or economic changes in individuals' life courses seem to be of particular importance here. Whether defined by income, socioeconomic status, living conditions or educational level, poverty is an important determinant of mental disability and is associated with lower life expectancy and increased prevalence of alcohol and drug abuse, depression, suicide, antisocial behaviour and violence.<sup>27</sup>*

Certain commentators go further with this argument and claim that in fact the reason there is a higher incidence of people with a mental health problem amongst the lower socio-economic categories is a consequence of their particular mental health issue. However, it is difficult to see how the declining economic prospects of a certain number of people with a mental health issue could account for these higher incidence levels when carried out amongst large-scale population social categories.

For instance, while it makes perfect sense to claim that enduring schizophrenia renders one more vulnerable in terms of social determinants, of greater relevance here would be a study of the population of schizophrenics in order to identify their 'original' social determinants. These might include, for example, their socio-economic background, educational levels, previous income levels, housing and so forth.

Furthermore, research in England has shown that socio-economic factors play a major role in determining the incidence of mental health problems amongst children and young people.<sup>28</sup> It is clear that in this instance there is little possibility of attributing this fact to a decline in their socio-economic status due to their mental health problem.

Indeed, the fact that a mental illness might worsen the social and economic position of a person with a mental health problem would appear to strengthen the argument that an approach to tackling mental health questions requires an approach across a range of sectors and not just specifically through the public health service. As O'Shea and Kennelly argue:

*While it is true that people with mental health problems are drawn from every section of society, and stigma and exclusion affect people in all social groups, being poor is both a cause and consequence of mental health difficulties. Policy interventions that address the causes and consequences of poverty are likely to impact positively on mental health problems within economically disadvantaged communities and are a pre-requisite for any new investment programme in mental health in the country.<sup>29</sup>*

### **Policy Implications**

These findings have significant implications. The systematic nature of social determinants and the consequent health inequalities provide an opportunity to develop policies and programs to minimise their negative impact. In order to successfully tackle mental health issues, their social determinants must be addressed.

However, acknowledging the critical role of social determinants requires the development of a holistic and coordinated programme of action to tackle health risks; one that not only involves the delivery of appropriate public health sector programmes but is also devised and implemented in cooperation with the relevant social and economic sectors. To develop a more

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<sup>27</sup> Schizophrenia Ireland, *ibid*

<sup>28</sup> Wicks, S., et al 2005

<sup>29</sup> O'Shea, E. & Kennelly, B., *ibid*

holistic approach will therefore entail progressing beyond simply diagnosing the immediate causes of particular diseases and placing a greater emphasis on 'upstream factors' such as the socio-economic background and environment of mental health service users.

As Keleher and Armstrong argue:

*Mental health promotion requires action to influence determinants of mental health and address inequities through the implementation of effective multi-level interventions across a wide number of sectors, policies, programs, settings and environments.*<sup>30</sup>

It is in the area of policy that the emphasis on social determinants will have the greatest impact in terms of overall public mental health service delivery. Whereas health policy has generally been regarded as an effort to provide guidelines on how the health sector might best provide medical care at an optimal cost, it now needs to be understood that good health is an issue that involves a panoply of social and economic sectors and actors.

In the same way as mental health ailments incur economic costs that extend beyond those involved in care provision, therefore, the prevention of mental health problems requires the reduction of mental health inequalities. Mental health should not be regarded as solely the responsibility of the health care system.

Indeed, the 2006 policy document for mental health in Ireland – A Vision for Change – discusses the issue of social determinants and notes the elevated incidence of mental health problems amongst people living in economically straitened circumstances.<sup>31</sup> In this respect, A Vision for Change advocates for a multi-sectoral approach in addressing mental health concerns. In addition to tackling the biological and psychological elements of mental health problems, it is also important to examine their social issues determinants. Unfortunately, this element of A Vision for Change has received scant attention since its introduction.

Of course, the structure and operation of the mental health system is itself fundamental to achieving greater health equity. Furthermore good medical care is obviously critical in ensuring that effective and quality treatment is received by those in need of assistance. Indeed, the availability of good quality medical care for all citizens is itself one of the social determinants of health.

However, more is needed. To improve the health status of the population as a whole, it is essential that the social and economic status of the poorest sections of our population is improved. As J. Fraser Mustard, the Founder President of the Canadian Institute for Research, writes

*If we want to produce health—and I deliberately use an economic term—we have to work on reducing poverty and socio-economic inequality. The levelling out of such inequality and the uneven distribution of wealth is an important factor if we want to continue to improve health and make wise economic choices in our investments.*<sup>32</sup>

Furthermore, as the WHO publication - The Solid Facts: The Social Determinants of Mental Health - warns:

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<sup>30</sup> Keleher, H. & Armstrong, R., 2006

<sup>31</sup> Expert Group Mental Health Policy, 2006

<sup>32</sup> Mustard, J. F., 2008

*Poor social and economic circumstances affect health throughout life. People further down the social ladder usually run at least twice the risk of serious illness and premature death as those near the top. Nor are the effects confined to the poor: the social gradient in health runs right across society, so that even among middle-class office workers, lower ranking staff suffer much more disease and earlier death than higher ranking staff.<sup>33</sup>*

### **Conclusion**

The concept of a just society entails, by default, a belief that an essential public good such as health should be available on an equitable basis to everyone. Indeed, there is surely a moral responsibility upon all of us to demand that a relatively wealthy nation such as ours, economic recession notwithstanding, allocates sufficient funding to guarantee the provision of an effective public mental health system.

However, despite the cogency of such arguments, they are frequently insufficient in themselves to mobilise and harness the requisite political will to ensure the essential reforms and measures are enacted. One of the characteristics of our political system is the presence of an ever-increasing number of interest groups and lobbyists all with competing demands as to how the state's resources should optimally be allocated. During a recession, such as the one we are now experiencing, these demands become ever more frantic. It is therefore imperative to try and construct a sound economic case as to why it is imperative mental health receives adequate resources. Should we fail to do so, we risk even greater expenditure on health care treatment as well as increased lost economic output in the future.

Taking a determinants approach to mental health promotion will require action across the width and breadth of our society and economy. It is crucial that the mental health policies that are developed in the future do not concentrate solely on the health sector itself. Instead there will be a need for "coherent action" across the range of identified social determinants of most importance. As Dr. Margaret Chan, the director-general of the WHO explains,

*Health inequity really is a matter of life and death... health systems will not naturally gravitate towards equity. Unprecedented leadership is needed that compels all actors, including those beyond the health sector, to examine their impact on health.<sup>34</sup>*

Furthermore, in addition to providing healthcare to service users, the mental health sector will need to extend its role to one where it both advocates and provides assistance to other key economic and social sectors so they can play their part in working towards better public mental health.

As Amnesty argue, from a human rights perspective:

*As well as granting an entitlement to a system of mental health care, the State must protect other rights, such as housing, employment and education. These other rights are sometimes described as the underlying determinants of health because enjoying these rights can contribute to enjoying the right to health.<sup>35</sup>*

Individual and un-coordinated actions that tackle one or other element of these social determinants will not be sufficient. It is imperative that coherent and holistic policies and programmes of action are developed to respond to the unequal distribution of negative social

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<sup>33</sup> WHO, 2003

<sup>34</sup> WHO, 2008a

<sup>35</sup> Amnesty, 2009

determinants amongst the various socio-economic categories. Of primary importance will be the drawing-up and implementation of inter-departmental policies and plans of action to eradicate structural inequality and endemic poverty.

Tackling the social determinants that contribute to mental health problems will also bring benefits in a wider range of areas. As noted in *The Solid Facts*:

*... by tackling some of the material and social injustices, policy will not only improve health and well-being, but may also reduce a range of other social problems that flourish alongside ill health and are rooted in some of the same socioeconomic processes.*<sup>36</sup>

Furthermore, there appears to be a distinct willingness on the part of the Irish population to invest in such policies. As the TASC publication - *The Solidarity Factor* – notes, there is a general readiness on the part of the Irish public for a redistribution of resources to address the issue of inequality, which lies at the heart of so many mental health problems.<sup>37</sup> Such an approach is imperative if we wish to reduce negative social determinants such as absolute and relative poverty. Should we not do so, the result will be highly negative for the mental health prospects of large sections of our population and greatly obstruct any efforts being made to introduce truly responsive and effective mental health policies.

Finally, as noted in the WHO report - *Closing the gap in a generation: Health equity through action on the social determinants of health* - addressing the crucial social determinants that impact upon mental health will require a long-term agenda. Moreover it will entail a radical overhaul of our current approach to social policies, economic structures and systems as well as political action.<sup>38</sup> Failure to do so will not only lead to many Irish citizens suffering from mental health problems that could potentially have been avoided but also result in a substantial drain on our economic resources.

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<sup>36</sup> WHO, 2003

<sup>37</sup> TASC, 2009

<sup>38</sup> WHO, 2008b

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Justin Frewen

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