

Mental-health research

Mind stretching

Fine words on mental health should be matched with money for research—but not just from the state

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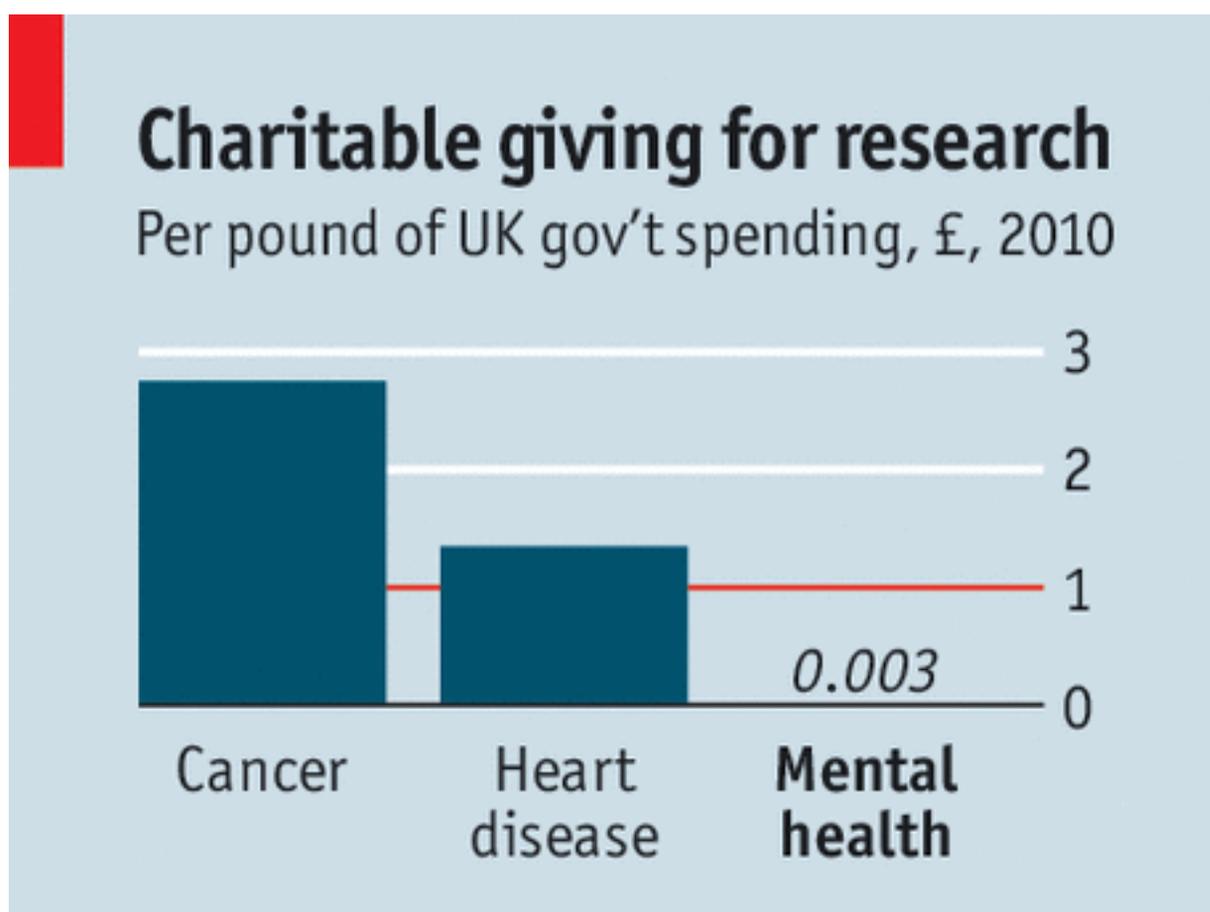
BELATEDLY, Western politicians are waking up to the grave harm caused by mental illness. Justin Trudeau, Canada's incoming prime minister, promises to spend more money on treating it (and on many other things besides). Before Britain's general election in May, every plausible political party pledged to treat the mentally ill more generously. In America

politicians look at a rash of mass shootings by deranged young men and draw the second-most-obvious conclusion: that psychological problems must be dealt with better.

These are fine sentiments. But there is also a hard-nosed case to be made for spending more money on mental health—and particularly on research into mental illness. The problem is widespread, costly and growing. Looking into mental illness produces decent returns, and holds out the hope of a huge distant pay-off to boot.

Shake the collection bucket

Mental ill-health costs as much as 4% of GDP in lost productivity, disability benefits and health-care bills, according to the OECD, a think-tank. Many illnesses afflict the old disproportionately, but mental illness tends to strike the young, undermining productivity. In Sweden three-fifths of



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new disability claims are for mental ill-health. Lives are cut short: seriously mentally ill people die 15-20 years younger than the rest of the population. And the economic burden seems to be growing heavier. A few years ago, the World Economic Forum estimated that in the two decades to 2030 the cumulative cost of mental illness could be \$16 trillion.

Yet spending on research into these conditions is paltry. In most wealthy countries there is a big discrepancy between mental-health research spending and the total cost of mental illness. In Britain (a place with particularly good statistics, thanks to the unitary National Health Service) 5.5% of health-research funding goes to mental disorders, though their share in the country's burden of disease is more than double that. Research spending per cancer patient receiving treatment is over £1,500 (\$2,300) per year; the equivalent for someone suffering from mental illness is less than £10.

Sadly, almost none of the money that goes on mental health research comes out of collection tins. For every pound the British government puts into cancer research, the public chips in £2.75. For every pound the state spends on mental-health research, by contrast, ordinary people scrape together just £0.003, calculates MQ, a charity.

Yet a British study by the Health Economics Research Group and others has suggested that for every pound spent on mental-health research, the economy gained a recurring 37p per year in benefits from increased productivity and reduced health-care bills—about the same as the return to cardiovascular research. Past investigations into early interventions in psychosis have since repaid themselves many times over.

Though the brain is extraordinarily complex, further scientific breakthroughs can be expected. Post-traumatic stress disorder was only defined in 1980; understanding of that condition has jumped forward in the past few years, as have the treatments for it (see [article](http://www.economist.com/news/international/21676772-mental-illness-caused-trauma-may-be-one-first-be-understood-physical) (<http://www.economist.com/news/international/21676772-mental-illness-caused-trauma-may-be-one-first-be-understood-physical>)). Certainly, without more scientific study better treatments will never be found for debilitating disorders such as autism.

Mental illness is often stigmatised. It lacks an effective lobby to match the groups that represent victims of cancer and heart disease. It is not as obviously fatal as many physical illnesses. But it still takes a heavy human and economic toll. That is why it is important that politicians make good on their promises—and that ordinary people dig deep, too.

From the print edition: Leaders