

PUBLIC ATTITUDES

to Investment in Mental Health Services

OCTOBER 2018



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Foreword

The prevalence and impact of mental health difficulties in Ireland is significant and growing. One in ten adults here has a mental health difficulty at any one time, while almost 20% of young people aged 19-24 and 15% of children aged 11-13 years have experienced a diagnosable mental health disorder at some point in their young lives. The number of people disabled by a mental health difficulty is also growing at an alarming rate, with a jump of 28.7% between 2011 and 2016.

Importantly, such difficulties are generally more debilitating than most chronic physical conditions. In Ireland, people with a mental health disability are 9 times more likely to be outside the labour force than the general population, the highest proportion for any group of individuals with a disability.

In the face of this huge need, the Irish mental health system suffers from a severe lack of development, following decades of under investment which has pushed the mental health services to breaking point. While efforts have been made in the past seven years to make up for some of the losses, the old adage of mental health as the ‘Cinderella of the health services’ is clearly evident in the continued low allocation of mental health expenditure as a proportion of the total health budget.

In Budget 2018, funding allocated to mental health as a proportion of the overall health budget was just 6%. This proportion has fallen drastically over the years and represents a reduction of more than half from approximately 13% in the 1980s. It is well below both national and international standards. Sláintecare, the ten-year vision to transform Ireland’s health and social care services recommends that mental health spending increase to 10% of overall health spend. Furthermore, in a report, the Work Research Centre identified that ¹

“a comparative positioning of Ireland internationally suggests that the percentage resource allocation today is...lower than in some of the countries with better developed and better performing mental healthcare systems”. The data available indicates levels of allocation of 10-13% in countries such as Sweden, Netherlands, Germany, France and the UK.”

The cost of mental health difficulties is enormous, with figures suggesting this may amount to as much as 4% or more of GDP in some countries. This would equate to approximately €11.7 billion in the Irish context based on 2017 figures. Although substantial costs accrue to mental healthcare systems, the main economic costs are located in the labour market and social protection systems.

¹ Work Research Centre (2017) A wide-angle international review of evidence and developments in mental health policy and practice. Department of Health: Dublin

Furthermore, the allocation of additional funding to mental health is not simply a cost, it is a good investment. The evidence-based review on refresh of A Vision for Change clearly identifies that ²

“... studies have shown the substantial returns on investment that a broad range of prevention and treatment mental healthcare interventions can yield. This may include better outcomes for the mental health care sector and for the physical healthcare sector, cost-savings arising from prevention, and substantial cost-savings and other contributions across other areas of the public sector, economy and society.”

The research presented in the following report supports the argument for increased expenditure in mental health services. It shows the great value members of the public place on investment in the Irish mental health system and, critically, that the public’s preference for such investment is substantially higher than has generally been understood to date.

In comparing investment in a mental health programme against other legitimate health programmes, members of the public were willing to prioritise and invest more in mental healthcare. Furthermore, participants with no previous experience of mental health difficulties prioritised investment in a mental health programme to the same level as participants generally.

The research also shows that the public believes there is a need for more investment in Irish mental health services and that there is too little focus on mental health.

The findings suggest that Government should substantially boost the priority given to mental health within the wider health system in order to reflect the public’s concerns. Such a re-prioritisation will require attitudinal change and the political will to deliver on aspirations. A shift in the framework for our conversation around mental health is called for, to be seen no longer as a secondary issue at the margins of people’s interest but rather as on a par with our most serious concerns over physical healthcare. The evidence shows that there is public support for greater action on mental health in Ireland. It is time for policymakers to catch up with the wider population’s positive attitudes to mental health, and to give mental health services the long overdue attention they deserve.



Shari McDaid
Executive Director
Mental Health Reform

² Ibid.

Introduction

Mental health is a considerable challenge to public health generally. The World Health Organisation reports that, by 2030, depression will have the greatest global impact relative to other health problems (financial cost, mortality, morbidity etc.). The Healthy Ireland survey reports that almost a tenth of the Irish population has a probable mental health problem at any one time. Among young people, 20% of those aged 19 to 24 have experienced a mental health disorder, as have 15% of children aged between 11 and 13.

While demand on mental health services in Ireland is increasing, these services remain under strain, both financially and capacity wise. Between 2010 and 2016, referral rates to Child and Adolescent Mental Health Services (CAMHS) have increased by 63%. In March 2018, there were 2,691 children and young people waiting to be seen by CAMHS, of which 386 (14%) were waiting more than 12 months to be seen.

Ensuring these services receive sufficient investment to meet future mental health needs is a major challenge, and is an ongoing conversation between a variety of stakeholders.

Including the voice of the Irish public in this conversation is vital. It is the public that use mental health services as well as funding them (through taxation). It follows, then, that researching the views of the public needs to be at the forefront of potentially solving the investment problem.

This research consisted of 1,018 interviews with a representative sample of the adult population of Ireland. It utilised a choice-based conjoint approach to identify the prioritisation of investment in one particular aspect of mental health – children’s ‘out of hours’ mental health services – relative to two other health areas: respite care for children and scoliosis programmes for children.

The results of this research provide a strong evidential foundation with regards to the public’s attitudes to investment in mental health services. This is vital in informing and guiding decision-making and spending in the future.

Key Findings

The research findings are presented in this report under five headings: Prioritisation of Investment, Impact of Personal Experience with Mental Health Problems, Reasons for Investment Decision, Increased Focus on Mental Health and Future Health Concerns.

A summary of the key findings is presented below:

- ✳ The public are willing to invest more in mental health programmes for children than in respite care for children or scoliosis programmes for children.
 - ✳ The average spending allocation identified for the mental health programme is €36 out of €100, compared with €34 for the respite care programme and €30 for the scoliosis programme.
 - ✳ When asked to allocate €100 across three programmes, 33% allocated at least €50 to the mental health programme, compared with 10% who allocated the same amount to the respite care and scoliosis programmes.
 - ✳ Those with no previous experience of mental health problems prioritised investment in the mental health programme for children to the same level as participants generally.
 - ✳ 38% of those prioritising the mental health programme over the scoliosis programme, and 35% of those prioritising it over the respite care programme, cited that they felt there was insufficient investment in the mental health programme.
 - ✳ While there is general agreement that all forms of health programmes do not receive sufficient attention from the health service, 84% identified that too little focus was placed on mental health – the highest of six health problems measured.
 - ✳ The research shows high levels of concern of having certain types of mental health problems in the future.
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Note: Mental Health Reform uses the terminology 'mental health difficulty', however the use of the term 'mental health problem' in this report is based on the wording used for survey questions presented to members of the public.

Research Approach

This research aims to uncover and quantify the views of the public on investment in mental health services in a manner that has proved efficient in an earlier survey (NUI Galway & Mental Health Commission, 2008). Using similar methods, a representative sample of the population is asked to allocate a hypothetical amount of investment across three different health programmes – out of hours mental health services for children, respite care for children and scoliosis care for children. Each respondent was presented with summary details of each programme (provided in the Appendix to this report).

The challenge, and benefit, in doing so, is that research participants are faced with a simulation of the decision-making those with budgetary responsibilities are faced with – namely allocating a limited budget across different yet valuable health programmes. This yields public attitudes with regards to mental health not only as a stand-alone issue, but one that is contextualised in reality, and relative to other important and pressing issues. As a result, it provides a contextualised view of the public regarding investment in mental health in Ireland.

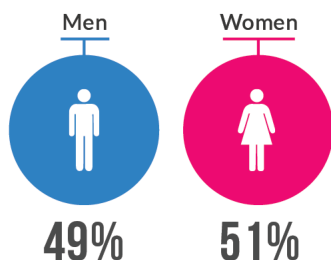
The research was conducted using a sample of 1,018 research participants selected by Ipsos MRBI to be representative of the Irish population, aged 18 and older. In-person interviews were conducted during June and July 2018 in participants' homes. A total of 125 sampling points were selected throughout Ireland with interviewing quotas set by age, gender and social class. No quotas were included in respect of previous experience with mental health issues.

The research was guided by a steering group identified by Mental Health Reform. This group included members with self-experience of mental health difficulties and individuals with research expertise. The research instruments were also tested through a process of cognitive testing undertaken by Ipsos MRBI.

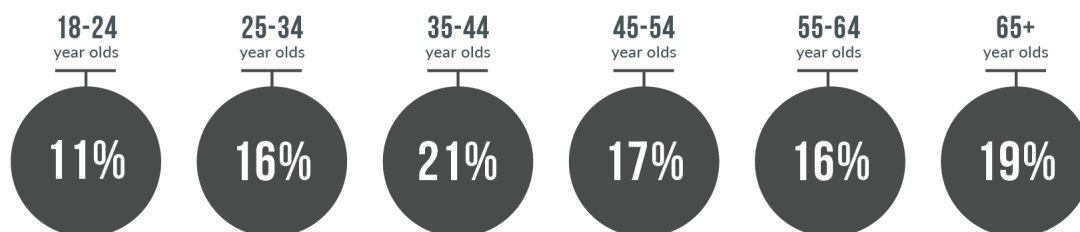
Following data collection, detailed analysis – including identifying the prioritisation of spending – was conducted by Ipsos MRBI, which has prepared this report.

Profile of Survey Respondents

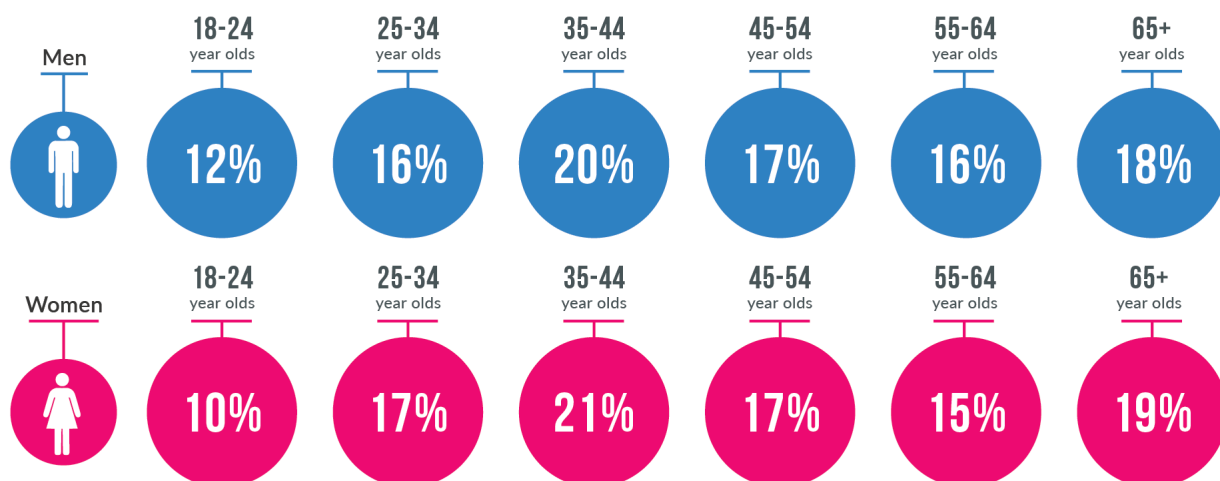
Total by Gender



Age



Age by Gender



Shown above is a profile of survey respondents before applying corrective weights to align it with the general population. Please note, due to rounding, that some totals may not sum to 100%.

Identifying Prioritisation of Investment

A key focus of this research was to understand the level of state investment that the public believe should be made in mental health services. This was a challenging proposition for a number of reasons. The scope of mental health services was very broad, public understanding of the complex decision-making process around health service investment was limited, there was intense competition for increased health spending in a wide variety of different areas, as well as many other reasons.

A comprehensive health-spending prioritisation exercise is far beyond the scope of this project. However, by focussing on one particular type of mental health service and comparing it to other health services, it is possible to gain insights into the public's prioritisation of health spending in a narrower context.

Furthermore, to meet the constraints of the project – and replicate real-world budgetary decisions – it is necessary to focus on one specific programme within mental health services and compare it to comparable programmes in other health areas. In consultation with the research steering group assembled for this project it was decided to focus on a child and adolescent mental health programme and compare it to other health programmes for children.

To facilitate a reliable comparison it was necessary that the scenarios used in the research would be similarly salient in the mind of the research participant as well as being comparable in respect of their relevance to the wider population. Additionally, the scenarios used would need to be comparable in respect of the amount and nature of the expenditure – for example, it may not be reliable to compare an investment in a health programme to capital investment in health infrastructure.

On this basis, it was decided – in consultation with the research steering group – to measure desired spend on one specific type of mental health service ('out of hours' child and adolescent mental health services) against other forms of health spending on child and adolescent services (respite care and scoliosis care).

A choice-based conjoint exercise was used to do this. In doing so, survey participants were presented with each of the three health programmes (outlined in the Appendix) paired with another one of the three health areas (i.e. three pairs in total – A versus B, B versus C, A versus C). They were then asked to identify how they would split a €100 investment across each of these two areas. They had to allocate the full €100 across the two health areas, and could allocate as much or as little as they wished to each one (i.e. they could allocate as little as €0 or as much as €100 in each area). By doing so this identified the extent to which they prioritised spending in one area over another.

Data from each of the three pairwise combinations were combined, and analysed to identify overall prioritisation. By analysing the way respondents gave answers to these paired scenarios it is possible to work out the relative importance of each programme.

This is a commonly used approach when seeking to elicit prioritisation and preferences for allocation of resources or features. It also broadly replicates that used for an earlier study commissioned by the Mental Health Commission in 2008 (The Economics of Mental Health Care in Ireland, 2008).

This study used conjoint Hierarchical Bayes software to estimate the potential investment for each programme at a respondent level. This generates individual regression models so that subgroup analysis can be produced after the top-level analysis has been run.

While the research cannot identify a specific amount that the public believes should be invested in mental health services, it does provide an understanding of the level of spend that should be allocated to it relative to other areas – respite care and scoliosis care. While there are limitations to this approach (in particular that it focuses on one small part of overall health spending and uses a simplified decision process) it still provides reliable insights into the extent to which the public prioritise spending on mental health services. Furthermore it can be extrapolated to wider mental health services, although in doing so it is necessary to consider the limitations of the programmes presented to participants.

Prioritisation of Investment

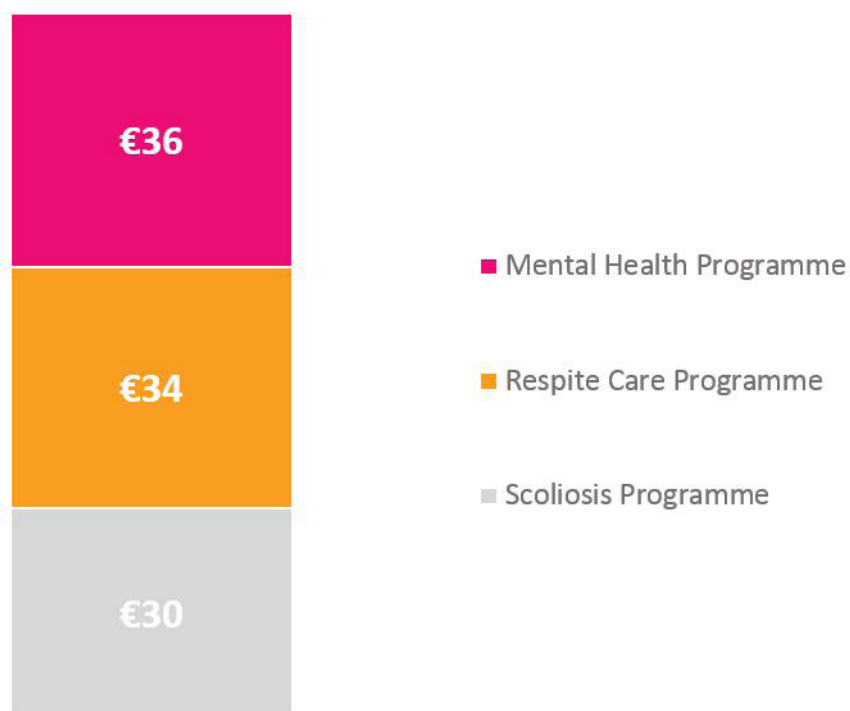
This research finds that the public are willing to invest more in mental health programmes for children than in respite care programmes for children or scoliosis programmes for children.

Participants were asked to allocate €100 across different health programmes. The average spending allocation identified by participants for the mental health programme is €36 out of €100, compared with €34 for the respite programme and €30 for the scoliosis programme. These spending differences are statistically significant indicating that the public desire higher levels of spending on the mental health programme than on the respite or scoliosis programmes.

As would be expected, some differences exist across different groups in the population in respect of the desired allocation of spending across the three areas.

Women prioritise spending on the mental health programme to a greater extent than men (€37 and €35 respectively). Both genders prioritise spending on the mental health programme over the scoliosis programme, although expenditure levels are broadly similar when comparing mental health to the respite care programme (each gender identifies expenditure of €34 out of €100 on that programme).

Figure 1 : Investment Allocation Across Health Programmes (€100)



Examining desired expenditure by age shows that the youngest and oldest age groups prioritise the mental health programme over the other two programmes. The allocation to the mental health programme is €38 for both the 18 to 24 and 55 and older age groups, while it is slightly lower among those aged 25 to 44 (25-34: €34, 35-44: €33). Across all age groups, the allocation to the mental health programme is higher than that to the scoliosis programme, and is also higher than the respite care programme among those aged 18 to 24 as well as those aged 55 and older.

There was no difference in spending allocation across regions or social class groups, with a higher allocation to the mental health programme than to the other two programmes.

Research participants were separately asked to allocate a €100 investment across the three programmes (together rather than in pairs), and these results support the finding that the public are willing to invest more in mental health programmes for children than in respite care programmes for children or scoliosis programmes for children. In responding to this question, participants allocated on average €40 to the mental health programme, while allocating a lower amount to the respite care and scoliosis programmes (€30 and €29 respectively). Both genders and all age, region and social class groups allocated a higher expenditure to the mental health programme.

Furthermore, when choosing between the three programmes, 33% allocated at least €50 of the €100 to the mental health programme, compared with 10% who allocated the same amount to the respite care and scoliosis programmes.

Overall, the research finds that the public indicate that the allocation of spending on the child mental health programme used in this research should be at least as high as, if not higher than, the expenditure on the respite care or scoliosis programmes. It is a view held consistently across various groups in the population indicating that this is a widely held view.

Impact of Personal Experience With Mental Health Problems

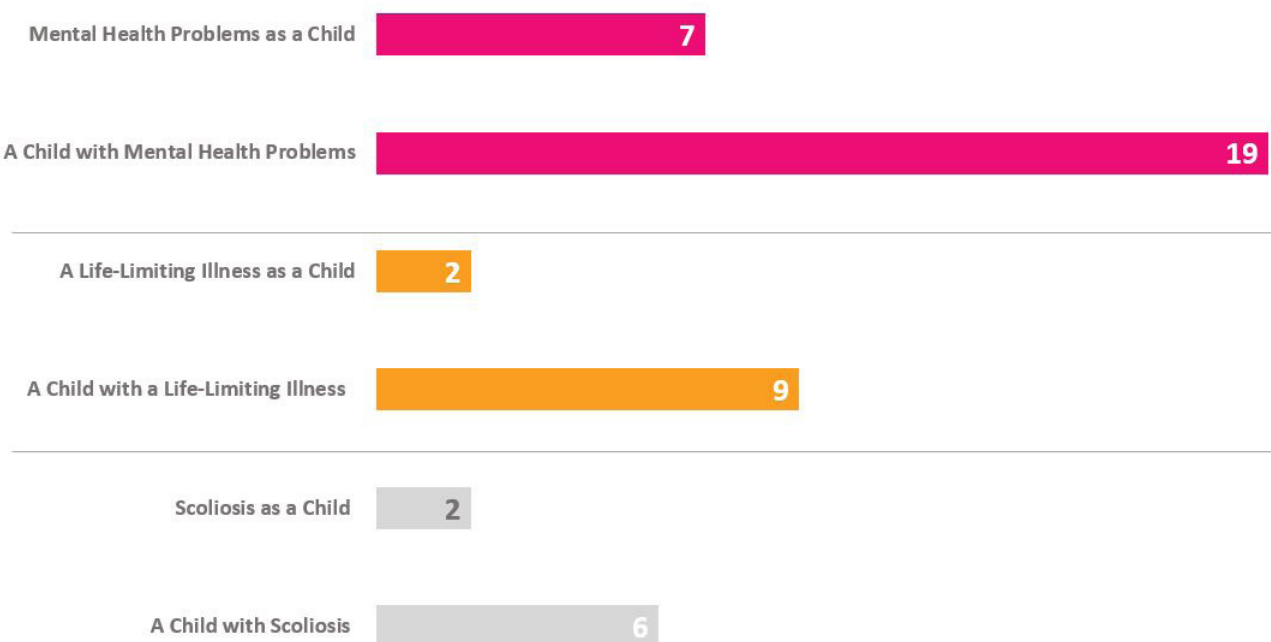
One factor which can lead individuals to prioritise investment is having experience of a particular health difficulty. This may be expected to lead them to desire increased spending in that particular area. It is important then to consider the impact that this personal experience may have on the prioritisation exercise.

The research measured personal experience in two ways – firstly, experience the participant themselves had as a child, and secondly, difficulties experienced by children that they know. It finds that 7% have personal first-hand experience of mental health problems as a child, and 19% have experience of a child with mental health problems. This is higher than for both life-limiting conditions (2% and 9%

respectively), and scoliosis (2% and 6% respectively). This clearly demonstrates that more participants have experience of mental health problems than of life-limiting illnesses (which may lead to respite care) and scoliosis.

To understand the impact that this has on the prioritisation of investment the analysis was run excluding those with personal experience of each problem - either themselves as a child or another child. This analysis found no impact between personal experience of a particular health difficulty and the prioritisation of investment in that programme. Those with no personal experience of a child's mental health problem allocated the investment in the same way as participants generally. This suggests that factors other than personal experience determine the investment decision.

Figure 2: Previous Experience With Health Problems (%)



Reasons for Investment Decision

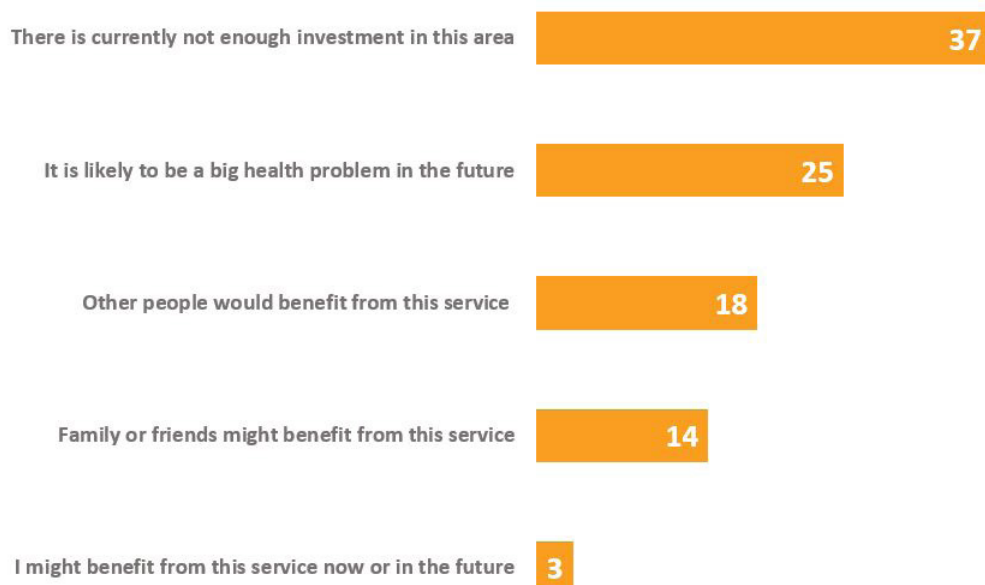
When asked to identify their reasons for prioritising one health programme over another, the most common responses were that there is not currently enough investment in that area (37%), it is likely to be a big health problem in the future (25%) or that family/friends or other people would benefit from the service (14% and 18% respectively).

Those prioritising investment in mental health services also reported that they felt there was insufficient investment in that area. 35% of those prioritising mental health services over scoliosis services, and 38% of those prioritising it over respite care services, cited that they felt there was insufficient investment in mental health services.

The proportion reporting that they felt mental health would be a big health problem in the future was 30% (among those prioritising it over respite care), and 27% (among those prioritising it over scoliosis). The proportions prioritising the mental health programme over other programmes due to likely future benefits for themselves or others was similar to the proportions prioritising other programmes over the mental health programme.

This indicates that the motivations for the investment decisions are based on perceptions of the adequacy of current funding, rather than any personal benefit that may arise through increased investment.

Figure 3: Reasons for Prioritising Investment in One Area (%)



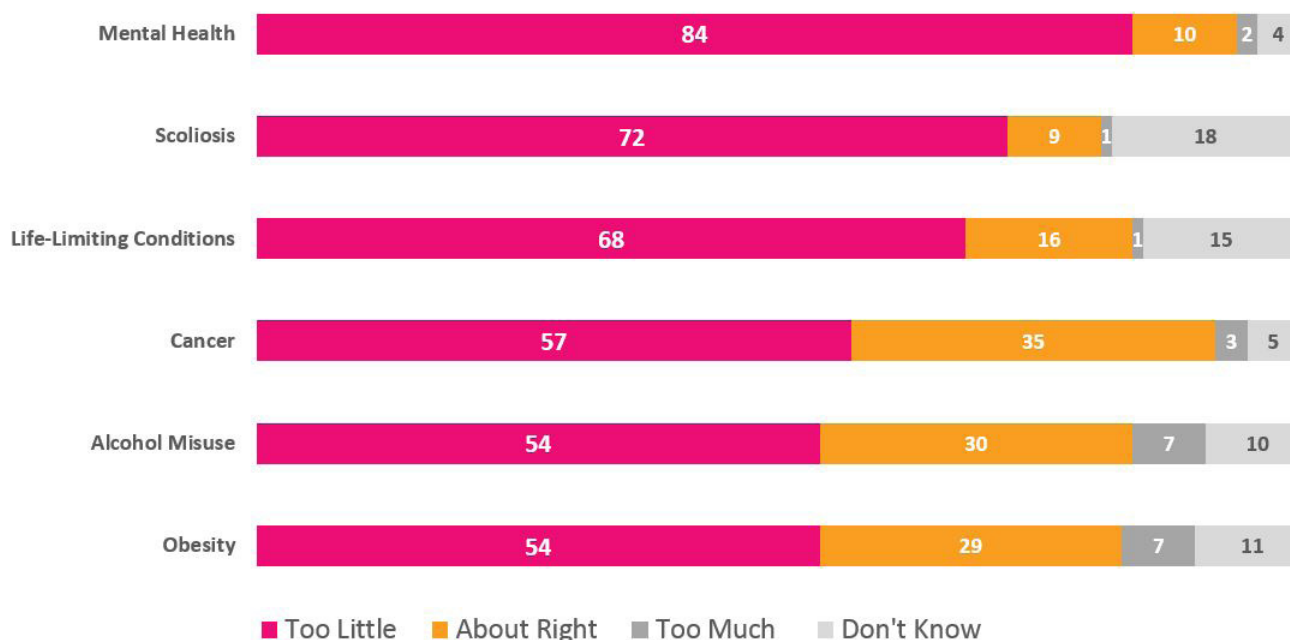
Increased Focus on Mental Health

Further evidence to suggest that the public perceive that mental health should receive further investment is demonstrated through another question in the survey. This question asked participants whether the focus placed by the health service on certain health problems was too much, too little or about right. Participants were presented with six different health issues – mental health, obesity, alcohol misuse, cancer, scoliosis and life-limiting conditions.

The majority in each case identified that too little focus was placed on each health problem, however it is the differences between each problem that is of most interest.

84% identified that too little focus was placed on mental health – the highest of the six health problems measured. A further 10% indicated that the focus placed on mental health was about right, and 2% identified that it was too much. 4% indicated that they did not know.

Figure 4: Rating Of Current Focus Placed On Certain Health Conditions By The Health Service (%)



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A lower proportion – but still a sizeable majority – identified that too little focus was being placed on scoliosis and life-limiting conditions (72% and 68% respectively), with many of the remainder identifying that the focus was about right (9% and 16% respectively).

In contrast, while the majority still identified that too little focus was placed on cancer, obesity and alcohol misuse, the proportions doing so (57%, 54% and 54% respectively) was lower than that for mental health.

All gender and age groups were broadly consistent with each other in their views. In all cases a higher proportion identified that too little focus was being placed on mental health than any of the other health problems. Similarly, in all cases the proportion identifying that too little focus is placed on scoliosis and life-limiting conditions was higher than the proportion identifying that too little focus is placed on cancer, obesity and alcohol misuse.

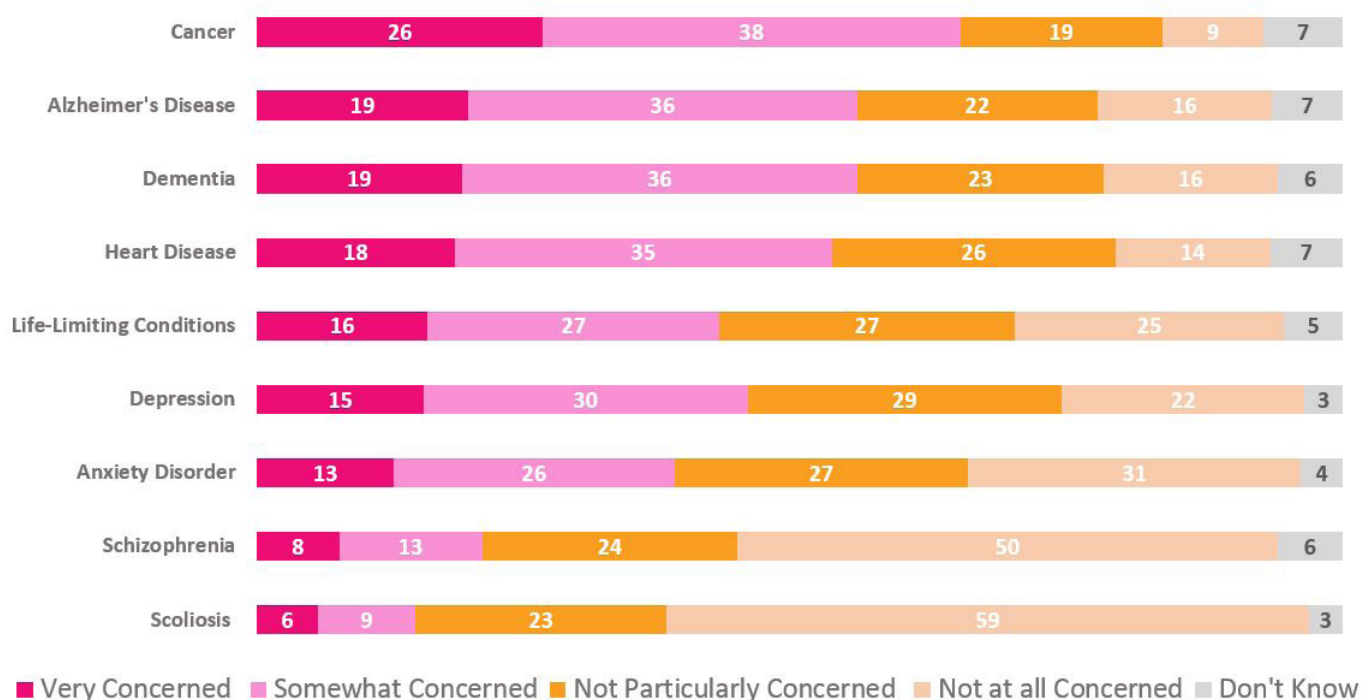
This provides further understanding on the reasons the public have for prioritising spending on mental health. While there is a general agreement that all forms of health problems do not receive sufficient attention from the health service, it is significantly higher for mental health. This in turn may be creating desire for increased investment in mental health services.

Future Health Concerns

It is not unusual to be concerned about future health and the impact that negative health could have on our lives. This research sought to compare the extent to which the public are concerned about having certain types of health conditions in the future, and to understand the extent to which this impacts on perceptions of investment in different health problems.

The survey asked participants the extent to which they were concerned about the likelihood of them having each of nine different health conditions in the future. The health conditions measured in this respect were dementia, Alzheimer's, cancer, heart disease, depression, schizophrenia, anxiety disorder, life-limiting illness and scoliosis.

Figure 5: Concern About Likelihood Of Developing Health Condition In The Future (%)



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The general public are most concerned about having cancer in the future, with 26% very concerned about this and 65% being at least somewhat concerned about it. This is hardly surprising given that in some cases it is impossible to control the risk of acquiring this illness, as well as the potential threat to life that it poses.

High levels of concern also exist in relation to having dementia, Alzheimer's or heart disease in the future (55%, 55% and 53% respectively).

Large proportions are also at least somewhat concerned about having depression or anxiety disorder in the future (45% and 38% respectively), and 21% are concerned about schizophrenia in this way.

While these levels of concern are not aligned with the incidence levels of these health problems among the population generally, they illustrate the heightened levels of concern about future health risks. Importantly, for the purposes of this research they demonstrate the relative differences in concerns about having mental health problems and other types of health problems.

The research shows high levels of concern of having certain types of mental health problems in the future. Concern about having depression or anxiety disorder are only slightly behind the levels of concern about having heart disease (the most common cause of death in Ireland).

Younger people are more concerned than those who are older about having depression and anxiety disorder. 47% of those aged under 35 are concerned about having depression in the future, and 42% are concerned about having anxiety disorder. In contrast, lower levels of concern are evident among those aged 55 and older (40% and 34% respectively).

Concerns differ amongst women and men in relation to some health conditions. Most notably, women are more likely than men to be at least somewhat concerned about the likelihood of having anxiety in the future; 43% and 34% respectively.

Such heightened levels of concern around the personal likelihood of suffering from poor mental health in the future indicate the important role of information, screening and treatment services. These services are necessary to ensure people can maintain a healthy life and effectively manage problems if they arise in the future.

Conclusions

This research identifies that – when compared to two other health programmes – the public prioritise investment in mental health. The public are more likely to have experience of children with mental health issues than scoliosis or life-limiting conditions. Notwithstanding this, the research found that those with no experience of children with mental health issues are equally likely to prioritise investment in this area.

Instead the public's investment decision is based around perceptions of underfunding of mental health services and that too little focus is being placed on mental health generally.

As the comparison is limited to very specific health programmes (namely children's health programmes) it is necessary to be cautious when extrapolating this to wider investment in healthcare services. However, the research clearly identifies that future mental health problems are a concern for the general public, with levels of concern at similar levels to heart disease (the most common cause of death in Ireland). Combined with perceptions of underfunding in the area of mental health services, this suggests that demand exists among the public for increased public investment in mental health services in its widest sense. Decisions on future healthcare spending will need to consider this public appetite.

Appendix

Each of the programmes below were presented to participants in pairs. To avoid any impact of ordering bias, the sequencing of the pairs were changed for each participant.

Programme 1: Respite Care Programme

There are an estimated 4,000 children living with life-limiting illnesses in Ireland.

- ✘ A life-limiting condition in a child is defined as “any condition from which there is no reasonable hope of cure and from which the child or young adult will die”.
- ✘ The service would provide respite care for children with life limiting conditions. The price covers a year’s service provision.
- ✘ Respite care is “the provision by appropriately trained individuals of care for children with life-limiting conditions for a specified period of time, thus providing temporary relief to the usual caregiver”.

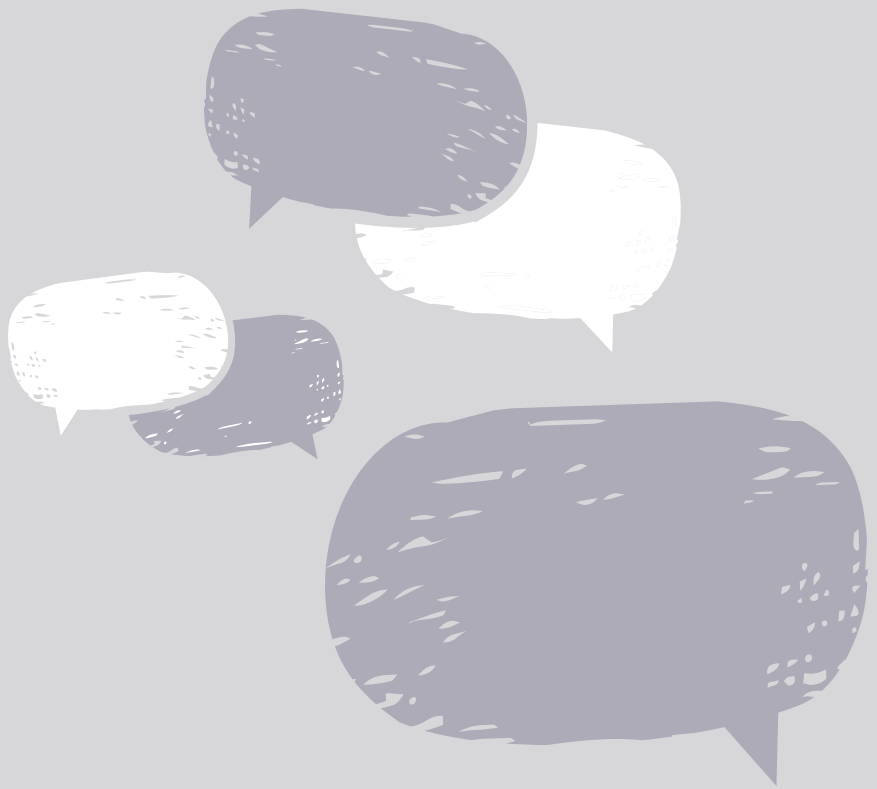
Programme 2: Mental Health Programme

- ✘ There are almost 2,500 children waiting to be seen by child and adolescent mental health services (CAMHS) in Ireland.
- ✘ The long waiting times for children to access services can allow their mental health problem to worsen and can lead to crisis situations requiring them to visit Emergency Departments to access necessary services.
- ✘ This programme would mean that children who are suicidal would not have to go to Emergency Departments to access care, they could go directly to child and adolescent mental health services.
- ✘ The programme would extend the opening hours of child and adolescent mental health services from Monday to Friday, 9am - 5pm, to seven days a week to address urgent need.

Programme 3: Scoliosis Programme

- ✘ Scoliosis is a medical condition in which a person’s spine has a sideways curve. There are an estimated 10,000 children living with scoliosis in Ireland.
 - ✘ There are a number of treatments available for children, including surgery and spinal fusion, and approximately 400 people are awaiting surgery treatment.
 - ✘ This programme would mean that no child needing surgery would be waiting for more than four months for spinal fusion or other spinal procedures.
 - ✘ Surgery would be provided by the public hospital sector, as well as private providers nationally and abroad.
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Notes



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