



The Economic and Social Cost of Mental Ill Health to Bristol



Key summary points

- ❖ **The estimated cost of mental ill health in Bristol is £1.37 Billion* a year**
- ❖ Approximately £281 million of which is lost each year by businesses and employers in Bristol due to absenteeism, reduced productivity, and staff turnover caused by mental ill health
- ❖ More is spent by our local health service on the indirect costs of mental health than the direct treatment costs.

Introduction

As many as 1 in 6 adults in England suffer from a common mental health disorder at any given time¹. The economic and social costs associated with mental ill health are substantial and wide ranging. These disorders range in their form and severity, impacting individuals and society in many ways. Due to the nature of the illness, individuals are often unproductive at, or unable to attend work or school. Many sufferers require interventions from both health and social care. Together these generate significant costs to society.

This work aims to estimate the cost mental ill health is presenting to the City of Bristol. This will highlight the extent to which investment from across the city in recognised effective interventions are needed. Not only to help individual sufferers, but to provide significant benefits to our businesses, public sector, and tax payers.

This work will closely follow the techniques and methods used in two other reports; 'Mental Health in the West Midlands Combined Authority² (WMCA)' and 'London: The invisible cost of mental health³'. These reports aimed to quantify the cost of mental ill health

in their local areas. By applying these methods to available Bristol level data this work will produce a similar estimate of the current (2016/17) yearly economic and social cost of mental ill health to our city.

Following the example of the WMCA² report, the costs associated with mental ill health will be captured under three categories;

1. Health and Social Care Costs
2. Employment Costs
3. Human Costs (referring to quality and length of life lost)

Although elements may fall under more than one of these categories, effort has been made to place them under the most appropriate, with attempts to avoid any double counting.

Some of the data needed is not currently available at a local level. In these cases, national data figures have been apportioned to Bristol by population. The office for national statistics publishes population estimates on a yearly basis¹⁸. The current statistics (mid-2016) state that there are 452,200 individuals living in Bristol, 55.26 million in England and 65.1 million in the UK¹⁸. Therefore, the population of Bristol represents approximately 0.81% of the total population of England and 0.68% of the UK. These percentages will be used to apportion national level data to Bristol where local data is not available. However, every attempt was made to locate local level more accurate data.

The prevalence of common mental health conditions is estimated to be approximately 5% greater in Bristol than the national average. Public health data¹⁷ estimate that the prevalence of common mental health conditions in the Bristol CCG footprint to be 20.7%¹⁷. This is above the England average of 15.6%

and South West average of 16.2%¹⁷. It could therefore be accurate to inflate any national figures by 5% to reflect the higher prevalence in Bristol. However, the quality and therefore certainty of this estimate is poor and consequently to provide a conservative estimate of the cost of mental ill health a decision was taken to not inflate any national figures.

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Health and Social Care Costs

This work will begin by capturing the yearly cost of mental ill health to health and social care, including the NHS and local authorities.

NHS costs

The first element to consider when capturing the cost of mental ill health is to look at the direct costs to our local health service (NHS).

In 2013, 211 Clinical Commissioning Groups (CCGs) were created with the role of allocating the NHS budget to the needs of their local areas. Each CCG captures data on their programme spend, this is the allocation of their total budget to different clinical areas. In 2015/2016 a freedom of information request reply stated that the budget allocated for mental health by Bristol CCG was £66.5 million⁴ for that year. This programme budget figure captures all that is spent on secondary care (hospital), specialist commissioned services, emergency department visits, and prescriptions from high street pharmacists, in relation to mental ill health. Increasing this figure in line with inflation to capture the best estimate for 2016/17 produces a yearly cost estimate of **£67.83million**.

The only significant direct source of expenditure to the NHS not captured in this programme budget is the cost of general practitioner (GP) consultations. GP services are currently commissioned by NHS England and not local CCGs. A London School of Economics study⁵ attributed £1.9 billion to GP consultations primarily for mental health across England, for the year 2010/11. Adjusting this figure for inflation produces a 2016/17 approximation of £2.34 billion. Apportioning this figure taking account of the population of Bristol, produces an approximate annual cost of **£18.95 million** for mental ill health related GP consultations in Bristol.

Combining both the CCG programme budget and GP consultations in relation to mental health we arrive at an approximate figure of **£86.78 million** a year of direct costs to the NHS because of mental ill health in Bristol.

Mental ill health however also produces several indirect costs to the local health service. Two main causes of indirect health care cost were considered by both the west midlands² and London³ reports. These were, treating physical conditions exacerbated by mental ill health, and treating individuals with medically unexplained symptoms (MUS).

Naylor et al. (2012)¹⁰ provides evidence that many health conditions are aggravated by an underlying mental health condition, for example coinciding diabetes and depression. It is estimated that having a simultaneous mental and physical condition increases the costs of treating the physical condition alone by 45-75% per case¹⁰. A number of studies from a wide range of countries and physical diseases were used to generate this estimate, discussed in detail in Naylor et al. (2012)¹⁰. Taking a value of 60% as a midpoint, this represents an added average cost of around £2,400 per year for every individual with these concurrent conditions¹⁰.

There are approximately 4.6 million people with co-existing physical and mental health conditions in England¹⁰. Therefore, if each individual generates an additional £2,400 of treatment costs this is an annual cost of £11 billion across England.

The prevalence of individuals who present at both primary and secondary care with medically unexplained symptoms (MUS) is high. MUS are stated as the most commonly encountered symptoms in primary care¹⁴. MUS have no readily explainable physical cause and are assumed to be attributed to an underlying psychological condition. Birmingham et al. (2010)¹⁴ approximated the annual cost of treating MUS in England to be around £3 billion a year. The west midlands report² updated this figure in line with inflation to £3.25 billion a year for 2014/15. Updating this further to 2016/17 presents a figure of £3.35 billion.

Combining both these indirect costs produces a figure of £14.25 billion a year to the NHS in England. Attributing this to the population of Bristol provides an additional health care cost of **£116.85 Million**. Therefore, this result suggests that Bristol CCG is

currently spending more covering the indirect costs of mental health than is spent directly treating it.

Local authority (City Council)

Individuals suffering from mental ill health often access support from social services and public health. The health and social care information centre (HSCIC), now under NHS Digital, collect data on the amount spent on personal and social services broken down both by local authority and by condition¹⁶. This includes expenditure on both residential and nursing support. This latest figure for mental health in Bristol was £5.12 million for the year 2014/15. Updating this figure to provide an estimate for 2016/17 produces an estimated yearly cost of £5.27 million¹⁶

Using in-house figures, Bristol City Council also budgeted £1.37 million to Public Health interventions and staff working to provide these programmes in 2016/17.

Therefore, the aggregate yearly cost invested by the local authority as a result of mental ill health in Bristol is **£6.64million**.

Social Security

There are three main allowances that are currently available to help support individuals affected by mental ill health, these are disability allowance (DA), employment and support allowance (ESA) and carer's allowance (CA). The department for work and pensions (DWP) collects detailed data on the number of individual's receiving allowances across the country.

The two largest of these benefit expenditures are ESA and DA. The third, carers support allowance, is captured in the estimated cost of informal carers so is not included here to avoid double counting.

DWP data⁹ shows that in 2016,

54% of all employment and support allowance provided in Bristol is to individuals suffering mental ill health or behavioural issues⁹.

This represents 10,540 weekly claimants⁹ (Feb 2017) in Bristol. The average weekly allowance for ESA is not available in this data set. However, is expected to be similar to the allowance given for incapacity benefit which ESA has recently replaced. This figure was £95 per week. Using this and calculating for a full year (52 weeks) produces a cost of approximately £52 million to Bristol for ESA.

Similar data available for disability allowances from the DWP⁹ breaks down claimants into more specific mental and physical conditions. The same list considered in the London: invisible cost of mental health report² is used to capture all mental health claimants. This list included the following conditions; neurological disorders, Parkinson's disease, chronic fatigue syndrome, learning difficulties, psychosis, psychoneurosis, personality disorder, dementia, behavioural disorder, alcohol and drug abuse, hyperkinetic syndromes and other cognitive disorders. In Nov 2016, the data⁹ states that Bristol had 8,350 claimants for these reasons. In Bristol DA has very recently been replaced by personal independence payments (PIP) the standard rate of payment is £55.65 a week. Multiplying this by the claimants generates a total cost of approximately **£24million a year**.

The sum of these two social security benefits represents an approximate annual cost of **£76 million**.

Other public-sector costs

Many other costs fall on the public-sector due to mental ill health. These include spend by schools on children with special educational needs (SEN), criminal justice, and DWP expenditure on employment programmes helping those with mental ill to health find work. The NHS England Mental Health Taskforce estimates that £1.7 Billion is spent in these three areas². Attributing this national figure to Bristol produces a year cost of **£13.94 million**.

This however is likely to underestimate the spend in these areas, especially in relation to schools. Snell et al. (2013)¹⁹ highlights that spend on SEN is likely to be less than half what schools actually spend on mental ill health related issues, with the majority going on employing front line staff. This cost also does not

capture the impact untreated mental ill health will have on children's future earning potential, health, and criminal activity.

Informal carers

Informal caring is another significant health care cost resulting from mental ill health in this city. This cost is not captured in a country's gross domestic product (GDP) since individuals are not usually salaried for their support, except though any carer's allowance they may receive. However, it is important to consider. Informal caring can prevent individuals from obtaining other paid work as well as reducing the productivity of those fitting caring responsibilities around their work. It is observed that 1 in 5 carers give up their job and 1 in every 10 have required medical treatment themselves due to their caring responsibilities⁷. Therefore, informal caring is having a significant detrimental impact on the local economy.

In Bristol, there are 40,100 carers according to the 2011 census⁷ (which is currently the most up to date). Of these, 9000 provided over 50 hours of care⁷ a week well over full time working hours. Results from the 'survey of cares in households 2009/10' showed that 13% of informal carers responsibilities are for friends and family suffering mental ill health¹³. This therefore would represent 5,213 carers in Bristol. The same survey estimated that the average number of hours provided by informal carers is 32 hours a week¹³. This is slightly less than full time; however informal carers are unlikely to have holidays from their caring responsibilities. Taking account of this, the average informal carer is likely to work the approximate equivalent hours of a full-time worker. A common way to value this time is to either use the cost of a replacement carer or the cost of the forgone wage of the carer. In this case the more conservative value of the average wage of a career is used. This is approximately £22,189 per year in Bristol. Therefore, using this as a proxy for the economic value of an informal carer the total cost can be calculated at approximately **£115.7 million** per year to Bristol. Research has suggested that there could be a further 7,600 young carers⁷. This would represent 988 as a result of mental ill health, whom it is very difficult to estimate a financial cost. However, these children are significantly impacted, reducing their ability to be

productive in school, progress to higher education and move on to successful future employment.

Total

Consequently, the total cost of providing health and social care as a result of mental ill health in Bristol is the sum of NHS costs, social care cost, informal carers, and other public-sector organisations costs, aggregated to approximately **£340 million a year**.

Social security payments must be omitted from this total to avoid double counting with the cost of unemployment in the next section of this report. Social security provides income to individuals who unable to work. Therefore, the full loss of income as a result of unemployment is not born by the individual; some is transferred to the tax payer through these social security benefits. Consequently, including both the output loss and the benefit payments would be over estimating the true cost incurred.

Employment Costs

It is considered that at any one time 1 in 5 employees will be experiencing some form of mental ill health⁸. Beyond the impact to the individuals themselves, this also results in substantial costs to employers through absenteeism, reduced productivity and staff turnover.

Absence from work

To capture absence from work there is a very useful survey and report produced by the Chartered Institute of Personnel and Development (CIPD)¹¹. This report captures the level, and reasons for the absence of 3.8million employees from 1,091 organisations across the UK.

The survey observed that on average in 2016, 6.3 days were lost per worker, per year due to any form of ill health¹¹. The survey¹¹ also stated that stress was most commonly reported as one of the top 5 reasons for long term sick leave by employers, above any other.

The centre for mental health estimates that around 40% of all sick leave is as direct result of mental ill health⁸. This 40% figure is similar to an ONS labour force survey³ that attributed 38% of long term sickness absence to depression, anxiety or stress. Capturing other forms of mental ill health is likely to

take this figure to at least to 40%. Therefore, taking 40% of the average number of days lost to ill health represents 2.52 days a year which are lost per working individual due to mental ill health. In Bristol, there were 246,600 economically active working age individuals in 2016⁶. Therefore, this is equivalent to 621,432 (246,600* 2.52) working days lost each year across Bristol. To quantify this impact, it is common to use the average daily wage of a worker in that area.

Nomis data from the DWP estimates the median weekly wage of an individual in Bristol to be £526.80¹² for 2016. This is the equivalent of £27,469 a year. Applying the same methodology as the 'London: Invisible cost of mental health report'³ a fulltime worker will work 233 days a year. This value was calculated using the following rational; there are 261 work days per year, subtracting 8 public holidays and statutory leave of 20 days per year for a full-time worker³. Therefore, the average daily wage received for a full day's work in Bristol is £117.89, (£27,469 divided by 233). Adding 'on-cost' such as pension's contributions of 25%, as was proposed in the London report³, makes a daily wage of £147.36. This is £150.31 inflating to 2017 prices. However, an adjustment has to be made to this figure to take account of the fact that sickness absence for mental health is more prevalent in lower paid workers. Therefore reducing this daily wage figure by 10% produced a more appropriate figure of £135.34.

Using these figures, the cost of absenteeism due to mental ill health is approximately **£84.104 million** per year in Bristol. (621,432* £135.34)

Productivity

Additionally, to taking time off work, lost productivity while in work is a significant cost to employers as a result of mental ill health. This is often referred to as 'presenteeism', denoting an individual that turns up to work but is unproductive while they are there.

Individuals with mental health often wish to avoid the stigma sometimes associated with it. This results in individuals regularly turning up to work when they are too ill to do so. This again is a difficult element to capture but clearly produces significant costs to employers. In contrast to absenteeism, presenteeism

is more prevalent in individuals above the average wage, since they can often be more concerned about being off work.

Evidence from the mental health at work report⁸ suggests that around twice as much working time is lost due to presenteeism compared to absenteeism. This is a very crude measurement yet it gives us some idea of the scale of the problem. The full details and references used to calculate this multiplier are available in the report⁸. Calculating this cost produces a figure (£84.104 * 2) **£168.21 million** a year from productivity losses due to mental ill health.

Staff turnover

The mental health at work report quotes that approximately 5% of staff turnover is attributed to mental ill health⁸. Further evidence compiled in the report⁸, suggests that on average replacing one staff member costs around £14,402⁸, through recruitment, training and administration.

As stated earlier, there are 246,600 economically active individuals working in Bristol⁶. The national annual rate of turnover for an average employer is 16.4%. Therefore, an estimate of the number of jobs changes in Bristol is 40,442 per year. If 5% of these are due to mental health this represents 2,022 jobs. This produces a cost to employers in Bristol of **£29.12 million** per year.

A medium size company in Bristol employing 150 individuals at an average daily wage of £150 (including on-costs), is on average incurring additional costs of approximately £187,814 a year due to mental ill health.*

*£56,700 (sick days off) + £113,400 (reduced productivity) + £17,714 (staff turnover).

Employers Total

The aggregate cost that falls on employers in Bristol is the sum of the costs of absenteeism, reduced productivity and staff turnover, equalling the large total of approximately **£281.4 million** per year.

Poorly treated mental ill health is currently directly costing Bristol businesses and other employers the total of approximately £281,435,000 a year.

The mental health at work report⁸ concludes that mental health costs approximately £1,300 per worker. Given there are 246,600 economically active individuals in Bristol this would be a cost estimate of £320m. This therefore might suggest that, if anything, the £281 million figure may be an underestimate.

Unemployment

Another element of costs incurred is by individuals who are unable to work due to their mental health conditions. According to department for work and pensions data 15,100 individuals of working age, are unemployed due to long-term sickness in Bristol. Using the local DWP data again that showed 52% of ESA was given for long term mental ill health we can assume 52% of the long-term sick, are unemployed because of their mental ill health. (*You must be out of work to receive ESA support*)

This represents 7,852 individuals. The average yearly wage in Bristol is £27,469¹² as above. Therefore, approximately **£215.7 million** of productivity is lost to the Bristol economy had these individuals been able to work. A large percentage of these individuals may be able to return to employment given good work place interventions to promote and support good mental health.

Premature Death

Detail of the cost of suicide is included in the human cost section of this report below. However the loss of economic output is included in this section.

The lost output element of premature death due to mental health is £565,777 per individual¹⁵. Inflated to 2017 prices this is £695,906. Multiplied by the estimated number of suicides in Bristol a year this is approximately **£43 million** in lost output due to mental ill health related suicides each year.

Total

The total cost to employment is therefore calculated by adding employer's costs to unemployment costs which is approximately **£497.1 Million per year**.

In this total the output losses as a result of premature death due to mental ill health are not included. This element is captured in the WHO's estimate of human loss as a result of mental ill health explained in the next section of the report. However, it is of interest to present a calculation of this cost in this section.

Human Costs

This human element of cost is the hardest to quantify. Trying to estimate the cost to the individual sufferers of mental ill health is difficult. This cost is not financial and is therefore not included in nations GDP.

However, the personal cost to the individuals who experience these conditions daily is vast! Attempts to quantify the cost of ill health have their limitations yet an approximation will provide a clear reminder of the extent that individuals suffer with mental ill health within our city, and could not be excluded from this total cost figure we are estimating.

Quality of life

The world health organisation (WHO), produce a global burden of disease study. They found that 2.618 million disability adjusted life years (DALYs) are lost in the U.K because of mental health problems (WHO, 2016)². DALYs are a composite measure of health, taking account of both the severity of illness and length of life/time with the illness.

In the West Midlands mental health report², a cost of £30,000 was used to value one DALY. One DALY represents a full year of perfect health. The £30,000 was chosen for a couple of reasons. Firstly, that it is approximately the average yearly wage in the UK and therefore what an individual who was unable to work due to ill health could earn given a year of perfect health. Secondly, the national institute of health and care excellence (NICE) who are the national decision making body for the NHS consider interventions that cost below £20,000-£30,000 per QALY to be value for money. DALYs and QALYs are conceptually almost identical measures of health. Therefore using £30,000

the aggregate cost of DALYs lost due to mental ill health is **£78.5 Billion** in the UK. Apportioned to the Bristol population this represents **£533.8 million** per year

Premature Deaths

It can never be certain whether mental ill health was a factor in individual suicide cases. However, it is very likely that it is a key factor in the majority of suicide cases. The department for transport (D for T) have attempted to estimate the cost of premature death in terms of three categories like those used in this report. These are lost economic output, human costs and ambulance and hospital costs. The elements of each of these will be included in the relevant sections although only discussed here.

The D for T estimated that each premature death caused by a road side accident produces on average the following impacts; £568,477 in lost output, £1.084 million in human loss and £980 in medical/ ambulance costs¹⁵. These figures were estimated in 2010. The centre for mental health (CMH), believe this is a good estimate for suicide as road traffic fatalities have a very similar average age. Therefore, a similar number of potential life years will be lost. This figure for lost output is calculated using the present value of expected lost earning and non-wage payments such as national insurance. The human costs are calculated using the value society is willing to pay for a small reduction in the risk of death. Full details are available in the D of T report¹⁵.

Therefore, updating the cost of human loss element in line with inflation produces a figure of **£1,330,000**.

Bristol level data show that there were approximately 62 deaths due to suicide in 2016. Therefore, the total estimated human cost of suicide is **£82.46m**

Total

The aggregate human cost of mental ill health therefore is approximately **£533.8million** a year in the city of Bristol. Again the human cost of premature death is not included in the total figure as this is captured in the WHO burden of illness estimate.

Total Costs for 2016/17

Category	Cost in 000's	
Health Care	£339,885	
Employment	£497,121	
		Total 000's
Human	£533,800	£ 1,370,807

Combining the costs across the three areas produces a vast figure of approximately **£1.37 Billion***. This is the estimated total economic and social cost incurred as a result of mental ill health in Bristol.

This result clearly demonstrates that mental ill health is a considerable issue, generating a substantial cost to Bristol on a yearly basis.

Mental ill health is costing approximately £1.37 Billion every year to the city of Bristol. This cost is borne by employers and business, tax payers and the individual suffers and their friends and family.*

If employers, schools, and individuals take steps alongside health and social care to provide investment into effective interventions that reduce the development and exacerbation of mental ill health, this would not only improve the city as a place to live but have a dramatic impact on its economic success and stability.

*£1 billion in this work is measured using the short scale meaning that £1 Billion = £1,000 million (£1,000,000,000) which is now common place, rather than 1 Billion denoting £1 million, million (£1,000,000,000,000).



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Appendix One

Break down of cost.

Health Care Cost	Value £000 per year
Bristol CCG programme budget spend on mental health	£ 67,830.00
GP consultation	£ 18,954.00
Indirect health care costs for co-morbidities and MUS	£ 116,850.00
Social Care (Including residential) and public health primary reason mental ill health	£ 6,640.00
Employment and Support Allowance and Disability Allowance	£ -
Schools Spend on SEN pupils	£ 13,940.00
Criminal Justice	Included in the figure above.
Adult informal carers	£ 115,671.26
Total	£ 339,885.26

Employment	Value £000 per year
Sickness absence	£ 84,104.61
Reduced work productivity	£ 168,209.21
Staff turnover	£ 29,120.84
Unemployed due to mental ill health	£ 215,686.53
Suicide	£ -
Total	£ 497,121.25

Human costs	Value £000 per year
Ill health	£ 533,800.00
Suicide	£ -
Total	£ 533,800.00

Total	value £000 per year
Cost of mental ill health to Bristol	£ 1,370,806.51