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Analysis of Mental Health Economics

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ABSTRACT

Over the past few decades, the economics of mental health has drawn more attention, changing from a neglected area to a crucial one for healthcare policy and resource distribution. The economic aspects of mental health, such as resource allocation, intervention cost-effectiveness, and the financial toll that mental health illnesses have on both individuals and societies, are examined in this study. It examines how funding for mental and physical health care differs, emphasising the problems of stigma, geographical imbalances, and a lack of qualified personnel. The research paper assesses the cost-effectiveness of preventive, treatment, and rehabilitation programs using data from international studies. It also looks into how economic assessments, like quality-adjusted life years (QALYs) and cost-benefit analyses, are used to make policy. The study emphasises the value of allocating resources in an equal and evidence-based manner, encouraging openness, accessibility, and effectiveness in the provision of mental health services. This paper seeks to support policy changes that improve the availability and caliber of mental health services globally by addressing economic inefficiencies and arguing for more financing.

Keywords: Mental health, Economics, Healthcare costs, Mental health policy, Mental health services, Health economics, Economic burden, Cost-effectiveness, Mental health financing, Economic evaluation, Depression, Anxiety disorders, Mental illness prevalence, Healthcare utilization, Public health

OBJECTIVES

The objectives of this paper are as under-

- i. Examine Resource Allocation in Mental Health Care
- ii. Impact of Mental Health on Economic Productivity
- iii. Investigate the Economic Impact of Mental Health Policies
- iv. Explore the Economic Challenges of Mental Health Care in Low- and Middle-Income Countries

INTRODUCTION

Emotional well-being is a state of mental prosperity that helps individuals cope with life's pressures, realize their potential, learn effectively, and contribute to society. It is essential for overall well-being, enabling people to make decisions, build relationships, and shape their environments. Psychological health is not merely the absence of disorders but exists on a continuum with varying severity and outcomes. Mental health issues, including disorders and psychosocial disabilities, are widespread, with one in five people experiencing symptoms. Half of mental health issues start before age 14, and 75% before 24. The COVID-19 pandemic worsened conditions, with depression cases rising by 28% and anxiety by 25%, affecting over 600 million people globally.

Over the past few decades, there has been a substantial advancement in the economics of mental health. It is now an area with increasing study and data-driven evaluations, rather than one that was previously ignored. In 1999, there were just 100 economic reports on mental health treatment; by 2019, there were over 4,000. In-depth evaluations of cost-effectiveness and wider economic effects have taken precedence over the cost of sickness (COI). Economic data is being used more and more by governments, pharmaceutical firms, and healthcare professionals to guide clinical judgements, policy choices, and preventative measures. Better data sources, including clinical trials, epidemiological research, and birth cohorts, have improved the precision and applicability of economic assessments of mental health.

Role Of Economics In Mental Health

Human capital, productivity, and labour force participation—all measures of economic development—are significantly impacted by mental health. Issues during infancy and adolescence can impede the development of skills and education, so limiting future career chances, and mental health concerns can result in a significant reduction in production owing to absence. The financial burden comprises not only direct medical expenditures but also indirect costs, such as missed productivity, which significantly affect the economy's overall output.

However, economic growth has a considerable impact on mental health in a number of ways, including social characteristics, socioeconomic situations, and access to care. Although results have been found to improve with stable work, mental health problems have been linked to increases in poverty and income inequality. Economic expansion enhances healthcare and lessens stigma, both of which help community-based mental health initiatives. This connection demonstrates how crises may make mental health issues worse while mental health investments can result in a workforce that is healthier and more productive, which in turn supports economic growth by enhancing productivity, lowering expenses, and improving health. Promoting a healthy populace and a more robust economy requires an understanding of this connection.

Individual well-being influences human resources, worker cooperation, and productivity, all of which have a substantial impact on economic advancement. By impeding education and skill development, disruptions like absenteeism and problems with children or adolescents can reduce productivity and limit future economic potential. The financial burden includes both direct expenditures, like as medical bills, and indirect costs, such as lost productivity, which have an impact on the entire economy. On the other hand, financial progress affects psychological well-being through social factors, financial conditions, and mental access. Stable work further develops outcomes, but more significant poverty and income disparity are linked to broader psychological well-being difficulties. Locally based mental health initiatives are supported by financial development, which improves medical care and lessens stigma. Because well-being is connected to emergencies, investing in it can result in more competent and productive people, which can boost economic development by enhancing well-being at the price of cost reduction and efficiency gains. People must understand this link in order to have a more informed populace and a more stable economy.

Resource Allocation In Mental Health Care

There are four stages to the allocation of mental health resources: figuring out the proportion of overall health spending that goes towards mental health, giving priority to certain disorders, allocating funds for prevention, treatment, and rehabilitation, and establishing the right standard of care for each individual. While some areas, like Oregon, prioritise mental health in their healthcare systems, mental health services are frequently undervalued when compared to physical health. Simplified administrative procedures, workforce innovation, and evidence-based practices are necessary to guarantee fair access. Societies must provide just frameworks for decision-making that allow patients and their families to contest choices about the distribution of resources. These frameworks should include open policies, public accountability, and appeal procedures. International benchmarking, cooperation, and ongoing assessment are necessary for effective governance in order to maximise results and effectively manage expenses.

The distribution of mental health resources is hampered by issues such as a lack of financing, stigma, geographical differences, and a paucity of personnel. Inadequate services are frequently provided since mental health frequently receives less money than physical health, especially in rural regions. Accessibility is hampered by a lack of mental health experts, and stigma further deters people from using services. Increasing financing, launching public awareness campaigns, extending telemedicine to remote places, and providing incentives for experts to work in underserved areas are some of the measures being used to solve these problems. Efficiency and equality may be improved by including mental health into primary healthcare and consistently experimenting with novel approaches. The goal of these actions is to establish a strong mental health system that guarantees equitable access and all-encompassing care for all groups.

Impact Of Mental Health On Economic Productivity

Over 125 million DALYs, or almost 5% of the worldwide burden, were ascribed to mental diseases, according to the 2019 GBD. Mental illnesses were responsible for 12% of all DALYs worldwide (about 321 million DALYs), followed by alcohol and drug use, neurological diseases, chronic pain, suicide, and self-harm. An extra 97 million DALYs, or more than 16% of all DALYs worldwide, were linked to mental diseases using the composite method.

Any organization's foundation is its workforce, which propels success, performance, and development. Their abilities, expertise, and commitment have a direct influence on the creativity and sustainability of businesses. According to a study on happiness and performance by Oxford College, contented workers are 13% more productive. Nonetheless, 67% of professionals report moderate to high levels of stress at work, and 35% express negative impacts, indicating that workplace stress is still a significant problem. Support for emotional well-being is crucial because one in three professionals believe their job does not provide it. 81% of companies have increased their mental health initiatives since the pandemic, acknowledging the connection between worker productivity and well-being.

One of the main issues brought on by mental health issues is presenteeism and absenteeism. When workers skip work because of personal leave, sickness, or stress, it adds to the burden and strains the company's finances. Presenteeism, on the other hand, occurs when workers show up but stay disengaged because of stress or burnout, which lowers productivity. Both challenges are further exacerbated by mental health disorders, which affect both organisational effectiveness and individual performance. By addressing psychological well-being, these problems are lessened, assisting staff in staying motivated and productive. This improves overall business performance and creates a better work atmosphere.

Putting money into initiatives that promote emotional well-being has major financial returns. Good mental health treatments save medical expenses, boost output, and enhance employee retention in general. Successful therapies lead to fewer emergency room visits and hospitalisations, which reduces medical costs. Reduced presenteeism and absenteeism also help businesses by increasing worker productivity. Decreased quality of life, disability, and unemployment are long-term effects that can be avoided with early mental health assistance. In the end, putting mental health first not only improves people's well-being but also fortifies institutions and makes society more prosperous and productive.

Economic Impact Of Mental Health Policies

Principles for improving mental health treatment and protecting those with mental illness were established by the United Nations General Assembly (UNGA) in 1991. It cites 25 principles, such as the protection of children, living in the community, the identification of mental illness, medical evaluation, standards of care and treatment, and fundamental freedoms and basic rights. Universal Health Coverage for Mental Health is a specific mental health program that the World Health Organisation (WHO) began in 2019–2023. This program will provide 100 million individuals in 12 priority countries with access to high-quality, cost-effective mental health care.

The 2022–2023 Global Mental Health Advocacy Roadmap: Achieving national and international policy reform and increased funding, integrating mental health into universal health coverage, protecting everyone's right to good physical and mental health, improving monitoring and accountability, and developing and sharing best practices are just a few of the objectives outlined in this road map that are crucial to accelerating progress on mental health.

The process of cost-benefit analysis involves adding up the advantages of each person and comparing them to the overall expenses of a project or program. By giving potential costs and benefits monetary values, the CBA calculates a policy's costs and benefits. For instance, CBA may compare the cost of implementing a program for psychological well-being in the workplace against the anticipated reserve money from lower medical care expenses and increased worker productivity as a result of psychological well-being initiatives. CBA helps leaders determine whether investing in psychological wellness mediations yields a profitable endeavour and is financially supported by calculating the costs and benefits in monetary terms. This is essential for promoting efficient laws and the distribution of funds for mental health services.

Theoretically, improved mental health can lead to several advantages. A person in good mental health is able to manage life's typical stressors, work efficiently and effectively, and contribute to society's economic well-being. Youngsters who have more mental health and wellbeing may perform better academically, which might improve their chances of finding employment in the future. On the other hand, kids who have serious behavioural issues put a lot of strain on the social services, school, and health systems, and their negative effects can last into adulthood. Positive mental health or mental capital allows for cognitive and emotional flexibility, which is the basis for social skills and resilience in the face of stress. Better mental health has been associated with better creativity and innovation. In contrast, workers with recurrent bouts of depression will have higher than average absenteeism rates and may be relatively unproductive when at work.

Effective mediations for psychological well-being encompass a range of practices that integrate support, therapy, and counteraction at different cultural levels. These include integrating emotional well-being into improving transparency and early mediation, implementing community-based initiatives that promote neighbourhood support and reduce stigma, offering psychological well-being education in schools to promote early identification and support for young people, initiating workplace initiatives that emphasise mental health and productivity, and advocating for policy changes that ensure equitable access to psychological well-being services. Successful psychological wellness plans may improve overall mental health and adaptability in networks by addressing these factors thoroughly and collaboratively.

Economic Challenges Of Mental Health Care In Low And Middle-Income Countries

Over 85% of the global population lives in low- and middle-income countries (LMICs), where mental health conditions and substance abuse disorders contribute significantly to the disease burden. In these nations, mental illness accounts for 8.8% of the total disease burden in low-income countries and 16.6% in lower-middle-income nations. For example, Bihar, India, a region plagued by economic hardship, reports higher schizophrenia rates than in wealthier regions like North America. Experts project that by 2030, depression will become the third leading cause of disease burden in low-income countries and the second in middle-income ones. Mental health conditions, including depression, schizophrenia, bipolar disorder, and substance abuse, rank among the top 10 causes of disability in LMICs, making up 19.1% of all health-related disabilities. Individuals from lower socioeconomic backgrounds are eight times more likely to develop schizophrenia than wealthier individuals. However, stigma further marginalizes them—95% of Polish employers, for instance, would not hire someone with schizophrenia. This exclusion intensifies poverty and prevents vulnerable individuals from gaining employment, contributing to the socio-economic decline of poorer nations.

The mental health crisis in LMICs is made worse by a number of socioeconomic and demographic variables. The prevalence of stress and mental disease is raised by poverty, internal migration, fast urbanisation, and changes in lifestyle. Young people, who are prevalent in LMICs, are also more susceptible to mental health issues. Schizophrenia and other mental illnesses are more common in Saudi Arabia, where 47.1% of the population is under 24, and in Pakistan, where 21.5% of the population is between 15 and 24. Emotional discomfort is further exacerbated by man-made and natural calamities, such as famines in Ethiopia, epidemics like Ebola, and earthquakes in Haiti and Nepal. The problem is made worse by these crises, which take vital resources

away from mental health care. Further disregard for their mental health needs is also caused by institutional prejudices and cultural norms, especially those that target women and marginalised groups.

There are serious financial repercussions associated with the stigma associated with mental illness. Due to prejudice, it lowers productivity and restricts job retention, making it difficult for impacted persons to find steady employment. Additionally, stigma postpones mental health treatments, which raises medical expenses and degrades long-term results. Government resources are also strained by the dependence on social assistance programs by those who are unable to work because of mental illness. Stigma at work contributes to low morale, high employee turnover, and higher training and recruitment expenses. It impacts academic achievement and future employability in educational environments, hence sustaining socioeconomic disadvantages.

LMICs give mental health services very little financing, despite the rising prevalence of mental illness. While middle-income countries devote 2.8% of their health resources to mental health, low-income countries only devote 1.5%. High-income nations spend 6.9% in contrast. Funding for mental health services is still low, even when they are included in general health budgets. Patients are further isolated by the fact that mental health treatments in LMICs are sometimes highly institutionalised and located far from population centres. For example, the former Eastern Bloc countries were largely dependent on mental institutions, and institutional resistance made the shift to community-based care challenging.

Political and economic stability plays a vital role in ensuring consistent mental health financing and policy implementation. Stable governments are more likely to enforce mental health legislation, allocate sustainable resources, and attract international donor support. Conversely, political instability disrupts services and deprioritizes mental health initiatives. Increasing mental health funding through dedicated budgets or general health allocations is crucial. However, caution is needed, as creating separate budgets could isolate mental health services further.

Enhancing mental health services requires greater coordination between ministries and service providers. Reducing budget conflicts, promoting inter-ministerial collaboration, and introducing case management systems could optimize resource utilization. In LMICs with fragmented health systems, such as India and parts of Latin America, this coordination is particularly challenging but essential. Encouraging the participation of private practitioners, who play a key role in many LMICs, could expand access to mental health services.

Raising mental health awareness through public campaigns and lobbying efforts is essential for reducing stigma. Cost-of-illness studies highlighting the economic burden of mental illness can promote policy prioritization. Expert consensus methods, such as Delphi exercises, could also influence policymakers. Ultimately, comprehensive strategies—including improved funding, community-based care models, and anti-stigma initiatives—are essential for addressing the mental health crisis in LMICs, leading to better individual outcomes and significant economic benefits.

Global Impact And International Cooperation

The continuous requirements of people with mental health disorders are frequently not met by public primary healthcare services in low- and middle-income countries (LMICs). To close this gap, private practitioners are essential. Public services in LMICs, however, are frequently shielded from market forces, which reduces their ability to respond to patient requirements. Effective lobbying utilising cost-of-illness studies, disability burden data, and anti-stigma campaigns is crucial to advancing mental health as a legislative priority. Policymaking can also be guided by expert input and Delphi exercises.

International organisations have a big impact on LMICs' mental health policy. Through publications like the 2001 World Health Report, the WHO promotes mental health initiatives and establishes international standards and technical guidelines. International efforts have proven to have beneficial economic effects. For example, Finland cut disability payouts by 10% through labour market reintegration programs, while Chile cut its suicide rate by 30% by including mental health into basic care. Because of improved productivity, the UK's Time to Change campaign generated £6.48 for every £1 invested, reducing stigma around mental health by 9.6%. In a same vein, Australia's National Mental Health Strategy decreased absenteeism and yielded a \$2.50 return on investment. The Lancet Commission estimates that scaling up depression and anxiety treatment in countries like India and China could generate \$4.2 trillion in economic benefits over 20 years.

High-income countries, such as the US and Australia, invest more per capita on mental health and have greater results, according to cross-country studies. Higher investment on mental health is associated with lower suicide rates and improved service quality in Scandinavia. LMICs, on the other hand, distribute few resources, which leads to worse results. Targeted legislation, long-term financing, and capacity-building initiatives—like Kenya's mental health training programs—are essential to closing this gap and enhancing mental health treatment globally.

Technological Advances And Mental Health Economics

By improving efficiency and lowering costs, digital health technologies are revolutionising mental health treatment. By reducing the need for in-person appointments, telemedicine and mobile health apps save patients and providers money on overhead and travel. These resources facilitate early intervention, which may save expensive emergency treatment, and increase access to care, especially in rural regions. Compared to traditional approaches, digital treatments offer more economical and broad mental health care by providing scalable assistance at a lower cost per individual. They also improve treatment accuracy and cost-effectiveness by streamlining data management.

33% of respondents said they used telemedicine for mental health care throughout the epidemic, demonstrating its great effectiveness. It reduced hospital visits and related costs by enabling people in rural areas to consult with leading specialists without having to travel. By eliminating the need for in-person appointments, online psychological stabilisation therapy greatly improved accessibility. By facilitating remote regular consultations and medication monitoring, digital treatments also lessen secondary or tertiary issues by reducing the need for in-person clinic visits.

The scalability of digital mental health technologies makes them especially affordable. With features like interactive content and reminders, they improve patient engagement while serving big populations at no extra expense. Through data analytics, digital platforms also optimise treatment programs, cutting down on ineffective medicines and related costs. Additionally, they emphasise early intervention, treating illnesses before they worsen and become expensive.

Programs that are supported by technology, such as online counselling platforms, teletherapy, and smartphone applications, increase accessibility and effectiveness even further. For people in underprivileged locations, these services lower obstacles by combining self-help resources with remote counselling. Virtual therapy and mood tracking allow for ongoing monitoring, which facilitates earlier intervention and more individualised treatment. All things considered, digital tools increase the efficiency, affordability, and accessibility of mental health treatments, increasing patient outcomes while lowering medical expenses.

REVIEW OF LITERATURE

“Mental health: the new frontier for labor economics” Richard Layard, IZA Journal of Labor Policy, Article No. 2, 2013- The conference claims that mental health is the main production factor. It is the biggest impact on life satisfaction, and eight years ago mental health was a stronger explanation factor than the current income. Mental health also affects income and academic performance. But most strikingly, it affects employment and physical health. In developed countries, mental health problems are the leading illness of working age, accounting for 40% of all illnesses in people under 65. They account for more than a third of disability and absenteeism from work in developed countries. It can also cause or exacerbate physical illness: it is estimated that without mental illness, physical healthcare costs associated with chronic conditions would be one-third lower. The good news is that there is an economic effect on treating the most common mental illness (drugs and psychotherapy). However, only a quarter of the suffering people have been treated. But if psychological treatments such as cognitive behavioral therapy were more widely available, they would pay for themselves through benefit savings and lost taxes. The lecture ends with an explanation of how the life cycle model of happiness can be used to create a sound policy. Such policies must include a greater role in the treatment and prevention of mental illness.

“Economic barriers to better mental health practice and policy” Martin Knapp, Michelle Funk, Claire Curran, Martin Prince, Margaret Grigg, David McDaid; Health Policy and Planning, Volume 21, Issue 3; 2006- Many countries have significantly underdeveloped mental health systems, and mental health problems not only have a significant impact on quality of life but also lead to additional economic burdens and increased poverty, especially in low- and middle-income countries. This article discusses the economic barriers to improving access, effectiveness, and equity of mental health care in low- and middle-income countries. Six groups of barriers have been identified: information barriers, insufficient resources, resource allocation, resource inadequacy, lack of resource flexibility, and resource allocation over time. Overcoming these barriers will be a major task, although there is no shortage of proposals for action. The document discusses the widening of the basis of evidence, the improvement of literacy in mental health, the fight against stigma, the improvement of financing mechanisms, the prioritization and the protection of budgets of the budgets of Mental health care, the development of mental health promotion through the development of resilience, from the exploration of routes to improved actions, from the experimentation of new arrangements to buy the purchase and provide services, improve coordination between agencies and macro and micro-level professionals, the creation of alliances between the public and private sectors, and the training and mobilization of primary care services to improve the identification and processing of mental health problems. Potential economic obstacles to improving mental health must be provided when policies and practices are being developed. A highly bureaucratic system may provide little incentive for individual decision-makers to improve the allocation of resources or the efficiency with which resources are used. Actual or potential relationships between agencies and other parts of the mental health system can be a major barrier to progress and need to be clarified. It is also necessary to ensure equity in access to services and their financing, which highlights the need for preventive measures. Problems related to the insufficient allocation of resources and their inflexible use need to be addressed urgently.

“Does Health Economics Capture the Value of Mental Health?” James Lathe, Richard Silverwood, Alun D. Hughes, and Praveetha Patalay; SSRN, 2023- The Healthcare Economy has reported on the decisions of medical regulations and state organizations, but has been paying attention to mental health. Economic estimates need to determine the benefits and costs related to their value, and this article on health policy examines whether these (and negative) processes affect the value of mental health. We conclude that, given current social value judgments, such as the exclusion of inter-individual outcomes and inter-sectoral costs, the value of improving mental health is likely diminished relative to other types of health. Therefore, economic evaluations cannot provide a level playing field for mental health. Evidence-based decision-making such as health technology assessments may have systematically prioritized other forms of health, and secondary research may underestimate the absolute value of improvements in mental health. Recognition of these processes and collaboration between stakeholders is essential to achieving equity in mental and physical health and ultimately improving the mental health of the population.

“The Economics of Child Mental Health” Janet Currie, Journal of Human Resources, Volume 59, Issue S, 1548-8004, 2024- This volume provides a sample of the rapidly growing literature on the economics of children's mental health. The questions addressed in these studies address central issues in economics, including how the incentives facing agents can distort measurement, the relationship between income and health, the key factors underlying known intergenerational correlations in economic status, the role of schooling in human capital development, and the assessment of programs aimed at improving human capital development. Given the growing knowledge about the prevalence and serious impact of childhood mental health problems, and the growing importance of non-cognitive attributes, including mental health, this area of research is likely to remain fertile for years to come.

“Mental health outcomes in times of economic recession: a systematic literature review” Diana Frasquilho, Margarida Gaspar Matos, Ferdinand Salonna, Diogo Guerreiro, Cláudia C. Storti, Tânia Gaspar and José M. Caldas-de-Almeida; BMC Public Health, Article No. 115, 2015- There is growing qualitative evidence showing that economic downturns can harm people's mental health. This seems to be particularly true for psychological health, common mental disorders, substance use disorders, and suicidal behavior, although the mediating pathways are still unclear. There are groups of particularly vulnerable people as a result of the recession. It is a problem with unemployed people, debt, or financial difficulties, people with mental health, and children's families. It is well known that mental disorders and the use of mental active substances have contributed to the global burden of illnesses in countries with high income and is a fundamental problem of public health. Economic downturns can exacerbate mental health and suicide risk factors, so it is a shared responsibility to take steps to reduce these unbearable costs as much as possible. In times of economic constraint, countries may want to consider balancing their resources. Structural reforms and the implementation of affordable, cost-effective interventions to ensure health and well-being can help increase economic productivity and create desirable public assets.

“Economics and mental health: the current scenario” Martin Knapp and Gloria Wong; World Psychiatry, 19(1):3-14, 2020- Economy and mental health are closely linked: with accumulating evidence that mental illness has a significant impact on the economy, coupled with growing awareness of the impact of economic conditions on mental health, governments, and other public policyholders are increasingly turning to economic data when making decisions. Here we consider how economic evaluations (including cost-effectiveness analysis, cost-effectiveness analyses, and related methods) can provide evidence to inform the development of mental health policy strategies and identify impacts on treatment and care that have implications for service providers and funding agencies. We provide an update and discussion of economic data relevant to mental health, using a life span perspective and analyzing costs and outcomes to shed light on a range of pressing issues. While the mental health economy has grown rapidly over the past 30 years, significant gaps in knowledge remain. Clearer data exist in the area of identifying and treating perinatal depression across the lifespan. Reducing the risk of mental health problems in children and adolescents. Expanding treatment for psychosis, particularly psychotherapy, early intervention, and community employment support. Cognitive stimulation and multicomponent interventions for dementia caregivers. This discussion examines the key challenges that arise when trying to take research findings and translate them into policy or practice recommendations and then into actual implementation in terms of improving treatment and care.

“Mental Health Measurement and Value of Economic Evaluation” Dabra Watson, Health Economics and Outcome Research, ISSN - 2471-268X, Volume 8, Issue 4, 2022 - The resources needed to implement mental health interventions vary widely and are determined by treatment sites, treatment providers, and format. When analyzing the costs of a particular mental illness or evaluating treatment strategies, it is essential to establish the most relevant perspective. The cost of the five important categories affected by mental health is distinguished, studying the current problem, and measuring and evaluating resources such as data sources and resource use tools. Economics and mental health are closely related. Apart from mounting proof of the enormous economic costs of mental illness, and growing acknowledgment of the influence that economic circumstances can have on mental health, governments and other budget holders are increasingly relying on economic data to inform their decisions. In this section, we discuss how economic evaluation might provide evidence for the formulation of mental health policy strategies, as well as highlight specific treatment or care-level outcomes that are relevant to service providers and funding authorities. From a lifespan, we present and consider the economic evidence related to mental health, evaluate costs and results, and examine some current concerns. The economic evaluation of health has been established as an approach to support the determination and payers in effective distribution decisions between intervening or competing programs. Instead of prescribing and prescribing concrete conclusions, he is trying to provide economic evidence for the basics of conversation. In addition to efficiency, serious illness, patient preferences, and justice, these negotiations should take into account "industry costs." In the context of choosing reimbursement options, the economic evaluation of health care has become of vital importance and has made significant progress in recent years.

“Economic Stress and Occupational Health” Robert Sinclair, Baylor Graham and Tahira Probst; Annual Review of Organizational Psychology and Organizational Behavior, Volume 11, 2024- Economic sources of stress are one of the most common and most important adults in professional life. However, although the link between economic stress and health is well known, certain forms of economic stress have received disproportionate attention than what they need in organizational psychology and organizational behavior scholarships. This review focuses on five key areas of economic stress: economic stress, economic poverty, unemployment, underemployment, and job insecurity. We review each area of literature with a focus on its antecedents, theoretical mechanisms, and consequences. We then highlight an emerging body of research examining financial stress as a multilevel phenomenon and present a framework for financial stress interventions that discusses first, second, and tertiary interventions at the individual, organizational, and community levels. Finally, we identify several key directions for future research on financial stress.

RESEARCH METHODOLOGY

Statistical tools adopted:

The collected data was processed, analysed and presented using diagrammatic representations.

Sampling technique:

This research paper used a questionnaire consisting of 10 simple basic questions on the subject of Mental Health Economics.

Hypothesis:

The hypothesis proposed here is as mentioned below:

H0- Mental health issues do not have any negative impacts on the economy

H1- Mental health issues have a significant negative impacts on the economy

DATA TYPES AND SOURCES

Primary data

Information gathered straight from the source for a particular research project is referred to as primary data. It is unique and first-hand, collected using techniques such as focus groups, experiments, questionnaires, interviews, and observations. Because primary data is immediately applicable and especially customised to the study purpose, it has the benefit of being relevant. Additionally, it provides current insights and is up to date. The procedure of gathering data is under the researchers' supervision, guaranteeing its depth and correctness. However, because it frequently calls for substantial resources, gathering primary data may be expensive and time-consuming. The data may have a restricted scope since it is gathered for a specific reason and may not be generalizable, and there is also a danger of bias if the collecting procedure is not done correctly.

Secondary data

It alludes to material that has previously been gathered and disseminated by others, including statistics databases, government publications, and scholarly research. It has the benefit of being affordable and widely accessible, which saves time and money. It enables researchers to do analysis on larger populations or over longer time periods and access a variety of data. However, the data might not be entirely pertinent or suited to particular needs because it was not gathered especially for the present study project. Furthermore, researchers have little control over the accuracy or quality of the initial data gathering procedure, and secondary data may be out-of-date or missing important features. This may result in biases or gaps that the researcher is powerless to address.

Population:

It refers to maximum number of people possessing knowledge on Mental Health Economics.

Sampling frame:

It refers to random list of diverse people from the selected area who are from different professions.

Sample size:

For the effective study sample size of 140 people was selected.

Study area:

Entire City of Kanpur was considered for the purpose of research. Kanpur being industrial and commercial hub of northern India, the citizens of Kanpur are expected to have knowledge about the Economics of Mental Health.

LIMITATIONS

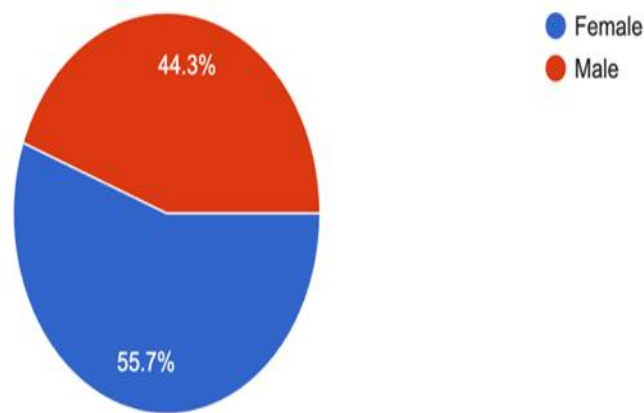
After collecting data from 140 people on mental health economics through my survey, I faced several challenges that became quite clear as I analysed the responses. One of the main issues was that the sample didn't fully represent the diversity of perspectives I had hoped for, which made me question how well the findings would generalise to a larger population. I also noticed a lot of variation in how participants answered sensitive questions about mental health. Some responses seemed overly cautious, likely because people were uncomfortable discussing such personal matters. Misinterpretation of economic terms was another challenge; despite my efforts to simplify the language, several respondents seemed confused about certain financial concepts, which impacted the accuracy of their answers.

DATA ANALYSIS AND PRESENTATION

WE TOOK THE SURVEY: QUESTIONNAIRE METHOD AND RESULTS WERE AS FOLLOWS: WE GOT 140 RESPONSES TO THE COMPULSORY QUESTIONS ASKED BELOW:

What is your gender?

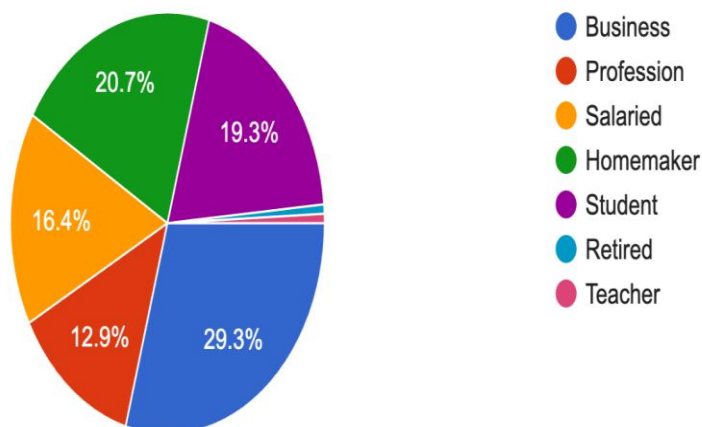
140 responses



We can observe that 44.3 percent of the respondents are men, on the other hand, 55.7 percent of them are women.

What is your Profession ?

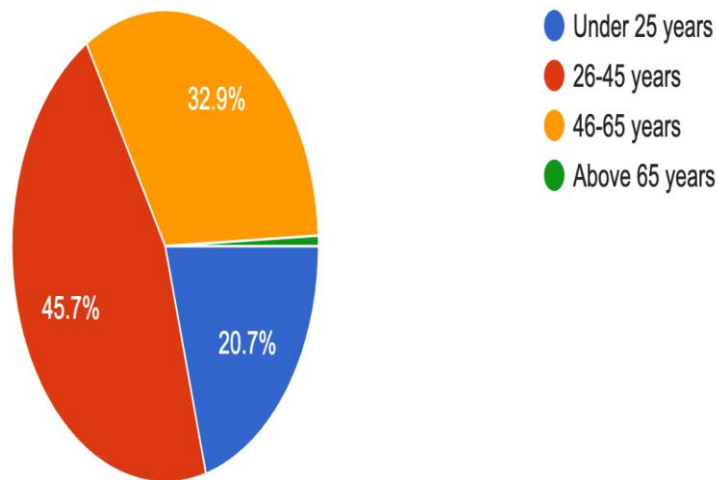
140 responses



The above graph shows the various proportions of the respondents' professions.

What is your age?

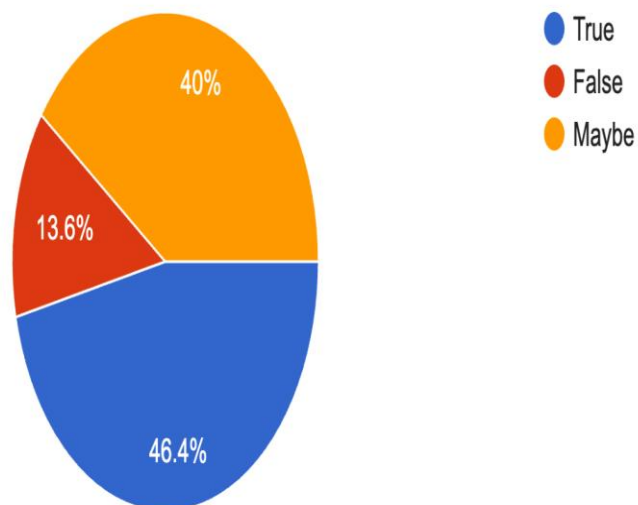
140 responses



The above graph represents the age of the respondents. As high as 45.7 percent (64 respondents) of the respondents are in the age group between 26-45 years. 32.9 percent (46 respondents) of the respondents are between the ages of 46 to 65 years. 20.7 percent (29 respondents) of them are under 25 years old. Lastly, 0.7 percent (1 respondent) of them are above 65 years.

Mental health resources are allocated at macro-levels and micro-levels in society.

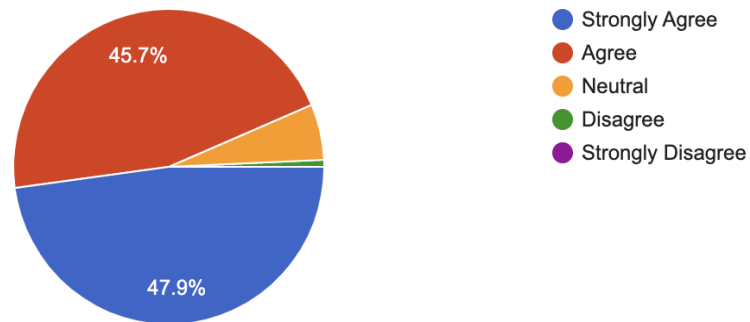
140 responses



Although majority of the respondents believe that mental health resources are allocated at both the levels but still there remains ambiguity amongst lots of them.

Inefficient resource allocation can lead to long wait times for mental health care so a unified approach to resource allocation is needed to address the current divide between health and social care in mental health.

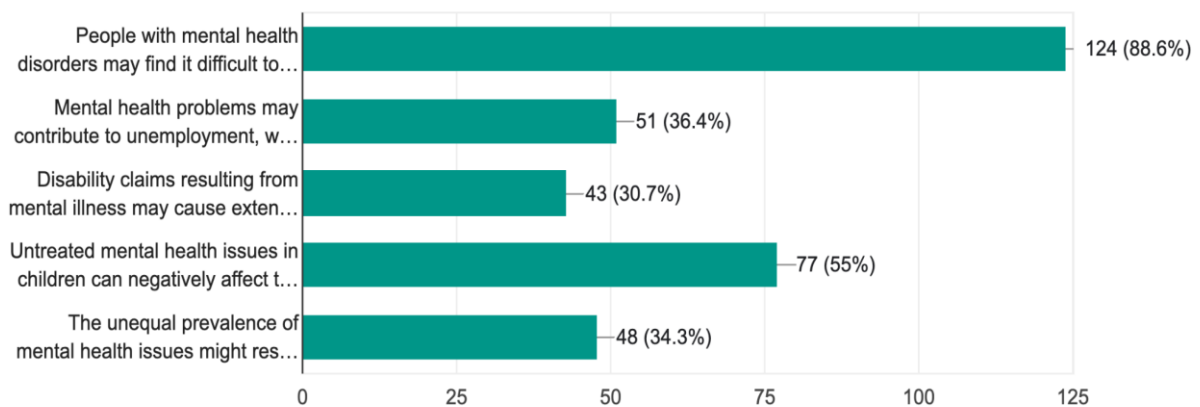
140 responses



The above data represents the need for a unified approach for resource allocation so that the wait time for the mental health care can be minimised.

Mental health issues can have a significant impact on the economy which includes:

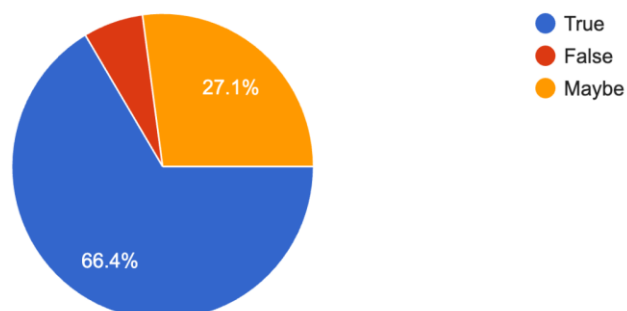
140 responses



The above bar graph confirms the relative impacts of mental health issues which the respondents are familiar with.

Unemployment, low income, poverty, debt and poor housing are socioeconomic factors responsible for poor mental health.

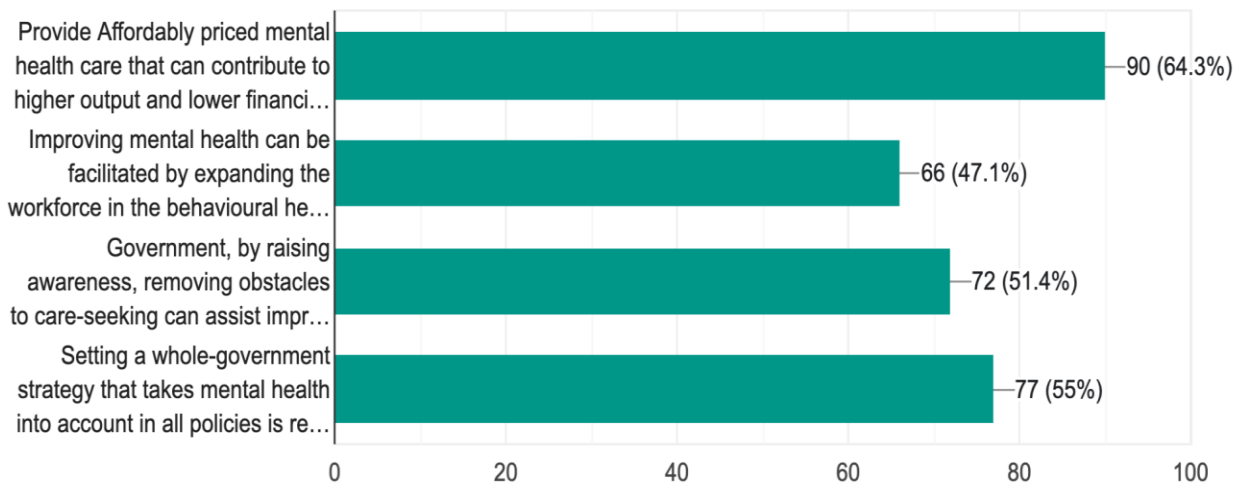
140 responses



It is very evident from the above that respondents are aware about the fact that unemployment, low income, poverty, debt and poor housing are socioeconomic factors responsible for poor mental health.

Some ways Government can improve Mental health and reduce its economic impact include:

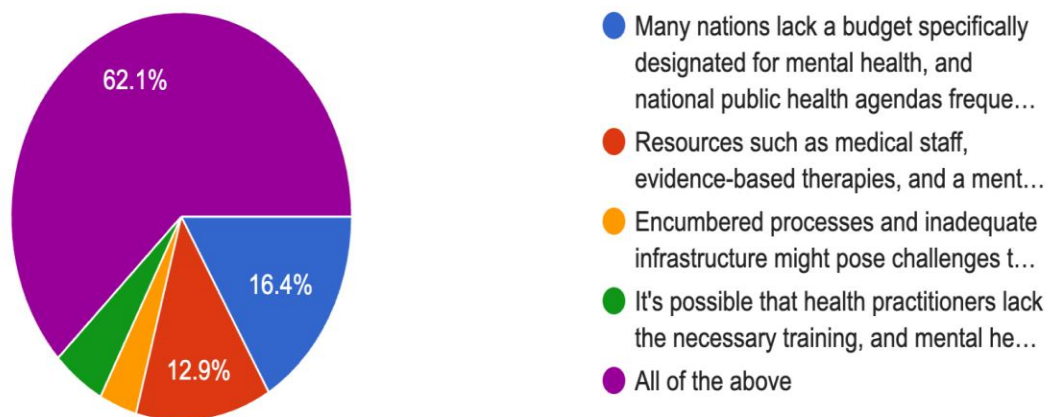
140 responses



The above bar graph represents what the respondents think about the measures that the government can take to improve mental health and reduce its economic impact. The first and the highest bar indicates that 64.3 percent (90 respondents) firmly believe that the government should provide Affordably priced mental health care that can contribute to higher output and lower financial losses. The second bar shows that 47.1 percent (66 respondents) agree that improving mental health can be facilitated by expanding the workforce in the behavioral health field by the government. The third bar depicts that 51.4 percent (72 respondents) comply with the measure that the Government, by raising awareness, and removing obstacles to care-seeking can assist improve mental health. Lastly, the fourth bar represents as high as 55 percent (77 respondents) in favor of setting a whole-government strategy that takes mental health into account in all policies is required.

Challenges faced by the government in providing mental health care, includes:

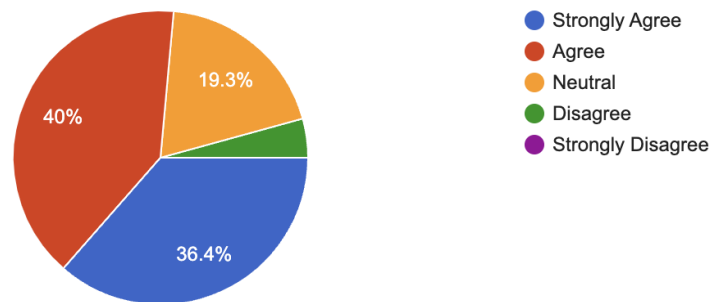
140 responses



The above representation of data depicts the challenges faced by the government in providing mental health care. It can be inferred that 16.4 percent (23 respondents) agree that many nations lack a budget specifically designated for mental health, and national public health agendas frequently place little emphasis on mental health. Next we can observe that 12.9 percent (18 respondents) believe that resources such as medical staff, evidence-based therapies, and a mental health information system are frequently lacking. Thereafter it can be inferred that 3.6 percent (5 respondents) think that encumbered processes and inadequate infrastructure might pose challenges to the delivery of mental health services. Then, we can observe that 5 percent (7 respondents) agree that it is possible that health practitioners lack the necessary training, and mental health leaders lack public health expertise. Lastly, as high as 62.1 percent (87 respondents) strongly agree with all four statements mentioned above.

The negative economic effects of not treating mental disease are far more on the economy than the costs of treatment and policy, meaning that the indirect costs of mental disorders are far larger than the direct costs.

140 responses



Majority of the respondents agree with the fact that the negative economic effects of not treating mental diseases are far more on the economy than the costs of treatment and policy, meaning that the indirect costs of mental disorders are far larger than the direct costs.

CONCLUSION

Individual well-being and overall economic output are both greatly impacted by mental health issues, according to the economic study of mental health. Mental health diseases including depression and schizophrenia are among the leading causes of disability in low- and middle-income countries (LMICs), where they significantly contribute to the illness burden. Untreated mental illness has significant financial repercussions, such as greater healthcare bills, absenteeism, and lost productivity. Additionally, stigma and prejudice worsen poverty cycles and lower national economic output by limiting work prospects for those with mental illness.

The study emphasises that a significant obstacle to providing quality care is still the underfunding of mental health services, particularly in LMICs. LMICs spend as low as 1.5% of their health budgets on mental health, compared to 6.9% in high-income nations, which results in worse outcomes and less access to care. Long-term policy implementation is hampered by political and economic instability, which further erodes the infrastructure supporting mental health. On the other hand, nations with stable governments, like Finland and Australia, have shown that spending money on mental health has a major positive economic impact. An estimated \$4 is returned for every \$1 spent on mental health interventions in the form of increased productivity and lower medical expenses.

Promising ways to lower costs and increase access are presented by the quick uptake of digital health technology, such as telemedicine and mental health applications. These resources increase early intervention, cut down on overhead costs, and lessen the need for expensive emergency treatment. Case studies from the UK, Kenya, and Chile show how incorporating digital treatments into mental health systems may result in considerable returns on investment, decreased suicide rates, and fewer disability pensions.

REFERENCES

- [1] <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
- [2] <https://economictimes.indiatimes.com/>
- [3] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6953559/>
- [4] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5398308/>
- [5] <https://academic.oup.com/heapol/article/21/3/157/654792#11304708>
- [6] <https://www.rwjf.org/en/insights/blog/2023/02/how-does-our-political-system-influence-mental-health.html>
- [7] <https://www.scopus.com/record/display.uri?eid=2-s2.0-85083231067&origin=inward&txGid=67a55a28aa07e8f1a01da2e9b40133d5>
- [8] <https://www.who.int/publications/i/item/9789241506021>
- [9] https://health.ec.europa.eu/non-communicable-diseases/mental-health_en

[10] <https://timesofindia.indiatimes.com/blogs/voices/telemedicine-a-boon-for-mental-health-awareness/>

[11] <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-016-2720-y#Sec24>

[12] <https://www.researchgate.net/publication/338521453> Economics and mental health the current scenario

[13] <https://www.iomcworld.org/open-access/mental-health-measurement-and-value-for-economic-evaluation-91945.html>

[14] https://www.annualreviews.org/content/journals/10.1146/annurev-orgpsych-091922-020639#html_fulltext

APPENDIX

Questionnaire

- 1) What is your gender? *
 - Female
 - Male
 - Other

- 2) What is your Profession? *
 - Business
 - Profession
 - Salaried
 - Homemaker
 - Student
 - Retired
 - Other

- 3) What is your age? *
 - Under 25 years
 - 26-45 years
 - 46-65 years
 - Above 65 years

- 4) Mental health resources are allocated at macro-levels and micro-levels in society. *
 - True
 - False
 - Maybe

- 5) Inefficient resource allocation can lead to long wait times for mental health care so a unified approach to resource allocation is needed to address the current divide between health and social care in mental health. *
 - Strongly Agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree

- 6) Mental health issues can have a significant impact on the economy which includes: *
 - People with mental health disorders may find it difficult to work efficiently, avoid the workplace, or perform inadequately there.

- Mental health problems may contribute to unemployment, which may lead to a decrease in tax income.
 - Disability claims resulting from mental illness may cause extended periods of decreased production and increased insurance expenses.
 - Untreated mental health issues in children can negatively affect their academic performance.
 - The unequal prevalence of mental health issues might result in needless medical expenses.
- 7) Unemployment, low income, poverty, debt and poor housing are socioeconomic factors responsible for poor mental health. *
- True
 - False
 - Maybe
- 8) Some ways Government can improve Mental health and reduce its economic impact include: *
- Provide Affordably priced mental health care that can contribute to higher output and lower financial losses.
 - Improving mental health can be facilitated by expanding the workforce in the behavioral health field by the government.
 - Government, by raising awareness, removing obstacles to care-seeking can assist improve mental health.
 - Setting a whole-government strategy that takes mental health into account in all policies is required.
- 9) Challenges faced by the government in providing mental health care, includes: *
- Many nations lack a budget specifically designated for mental health, and national public health agendas frequently place little emphasis on mental health.
 - Resources such as medical staff, evidence-based therapies, and a mental health information system are frequently lacking.
 - Encumbered processes and inadequate infrastructure might pose challenges to the delivery of mental health services.
 - It's possible that health practitioners lack the necessary training, and mental health leaders lack public health expertise.
 - All of the above
- 10) The negative economic effects of not treating mental disease are far more on the economy than the costs of treatment and policy, meaning that the indirect costs of mental disorders are far larger than the direct costs. *
- Strongly Agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree