

We must work on our attitude to mental health

*Signing off hundreds of thousands of young people as long-term sick risks
damaging them and the British economy*

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There's a phrase which has become practically a slogan for a generation yet is threatening the wellbeing of the British economy: "This is bad for my mental health."

Not my generation. I'm 47, the beneficiary of a northern upbringing, a Calvinist work ethic and two decades in the newspaper industry. When I hear or read someone in their twenties declaring that something, especially work, is "bad for my mental health", my first, thoughtless reaction is: "Stop whining and get on with it."

Some employers and managers of my vintage have similar instincts, and I suspect some no-nonsense Times readers do too. People my age and older often give little thought to whether work makes us happy or sad: we do it because we have to. End of story. First some facts that put this issue in a slightly different light. Britain's mental health problem isn't just a personal or social issue, it's an economic one. Last week the Office for Budget Responsibility warned that our poor health is a long-term risk to prosperity. A growing and productive workforce has historically been a driver of growth, but illness is taking more people out of the labour market. More than in comparable countries too: our rate of health-related economic inactivity hasn't fallen back after the pandemic in the way it has elsewhere.

Mental health conditions are a major factor. Just over 2 million people aged 16-64 are not working because they're ill. Official Labour Force Survey data suggests that in the middle of last year there were 716,000 people economically inactive because of mental health and neurological conditions, including depression, nerves, anxiety and autistic spectrum disorders. That's up from 540,000 in 2019. Last year, 18.5 million working days were lost because of mental health problems, up from 16 million in 2012.

In the debate about economic inactivity, much attention has been paid to older people, who are the most numerous non-workers. But the story of mental health and inactivity is more about the young. Last summer, 522,000 people aged 16-34 were inactive for medical reasons – 196,000 of them for reasons of mental health. Another 100,000 said they couldn't work because of autism. The number of younger people unable to work because of those conditions rose by 38 per cent from 2019 to 2022.

Covid can't be the whole story. Mental health-related inactivity among older workers grew far less quickly in the same period. And the number of people aged 35-64 unable to work because of depression and anxiety actually fell between 2019 and 2022.

While we've been debating older workers quitting early to play golf, we've overlooked a mental health disaster falling mainly on the young, just as their careers should be getting started. That points not just to numerous personal tragedies but also to a long-term macroeconomic risk. Our growth and productivity rates are dismal. An economy that loses hundreds of thousands of younger workers to mental health problems will struggle to do better in future.

Government officials and big employers are starting to worry about this. Recently, I've heard the economics of losing, or not hiring, young people due to mental health discussed in the Treasury and company boardrooms.

Where does this all come from? Maybe there's an element of fashion: some of the data is self-reported, meaning anyone can be recorded as having a mental health problem if they say so. But harder data such as NHS referral numbers also shows a sharp upward trend among the young. Are mobile phones and social media to blame? Perhaps, but countries with low uptake of smartphones also report youth mental health problems. "Woke" universities cossetting young minds and making them fragile? Yet multiple studies show young people who are not in education, employment or training are especially prone to mental health problems.

Despite my curmudgeonly instincts, I don't think this is about an unusual frailty among a snowflake generation; today's younger people are probably about as likely as earlier cohorts to suffer mental health problems, but much more likely to say so. That is largely positive, though neither our public services nor our culture have yet adjusted to it fully.

NHS provision for mental health conditions is neither funded nor structured adequately to meet the growing needs of the population, in part because the economic case for meeting those needs has not yet been understood widely enough. Absent an implausibly large surge in clinical capacity and recruitment, the NHS will have to be more creative, perhaps by expanding its current trials of artificial intelligence to identify and support mental health patients.

Employment policy can improve too. On Thursday the Department for Work and Pensions started consulting on how to help employers offer better occupational health services. The outcome should be generous tax breaks to make it cheaper and easier for small and medium firms to emulate the best practices of big corporates, who provide welfare counselling and therapy to help staff stay in work or return from sickness.

Social instincts like mine don't help much but are still commonplace in the circles that determine our national priorities. Politics and the media too often rely on workers who thrive on long hours and high pressure and dare not admit to stress or anxiety. But neither is it helpful to accept implicitly that "mental health" is a universal reason not to work. That would also fail young sufferers who might never get off the economic runway.

Psychologists such as Dr Lucy Foulkes of Oxford University worry that schools and employers intent on being understanding of mental difficulties risk setting those conditions in stone, "as though the young person's anxiety will unquestioningly be there – and should be accommodated – for ever, rather than being treated".

However we feel about it, "mental health" is here to stay, part of the new normal. A bit of intellectual scepticism about its new prevalence is natural and could be useful, especially if it puts more emphasis on recovery and ensures the journey to inactivity isn't a one-way street. But as a society we still need to take mental health more seriously. It'll be a difficult balance to strike but our economic future depends in part on getting it right.

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