

Summary

Mental ill health is a serious health problem among children and young people and societal measures are urgently needed. Most of the resources invested by society in children and young people are implemented in the form of general measures. Maternity and child healthcare, pre-school activities, schools, school healthcare, childcare for school children and youth guidance centres are all examples of generally available facilities. Other societal measures (e.g. social services work and child and youth psychiatry) are only aimed at children and young people who are mistreated in some way or who need special support. These are referred to as selective measures.

Despite the mental health of children and young people and favourable conditions during childhood and adolescence being high priority areas, society's resources are limited. Consequently, it is important to use available resources as efficiently as possible, i.e. we should put money into measures that have the best possible effect in relation to their cost. The purpose of this report is to describe the importance of maintaining an intersectoral and long-term perspective when priority is to be allocated to measures that affect the mental health of children and young people at different levels within municipalities, county councils and central government.

Children's and young people's mental health is affected by individual characteristics and by factors in the environment in which they grow up. General, high-quality measures can probably prevent and reduce mental ill health in children and young people. Since their content, organisation and resources are important to how children feel, they probably have an impact on the amount of the selective action some children and young people may require both during their childhood and adolescence as well as later on in life. There is probably a connection between the cut-backs in pre-school activities, school-age childcare and schools during the 1990s and the simultaneous increase in the number of visits to child and youth psychiatry clinics. This may, however, be a sign that co-operation between schools and the child and youth psychiatry services has not functioned satisfactorily in terms of providing preventive support to children in accordance with their individual needs and based on various competencies.

The review of international literature carried out as part of this report indicates there is a certain amount of research pointing to the importance

of factors such as support to parents and teacher-child ratios in pre-schools and schools. Research also indicates that special pedagogic initiatives and the professional skills of teachers are important to the school performance and mental health of children and young people. It should be emphasised that this does not mean we know for certain that other measures have no effect.

There is a serious lack of Swedish research into the effects of general measures aimed at children and young people. The shortage of relevant studies makes it difficult to evaluate the socio-economic consequences of different measures. Considering how important these general measures are to the environment in which children and young people grow up, it is essential for us to gain more knowledge as to their effect on children's mental health. To achieve this, we have to make efforts on the local level to document and follow up initiatives aimed at children and young people, as well as intensify research. This is an important method development tool and a platform upon which to develop tried and tested methods that can be disseminated, discussed and compared with other results.

The report introduces a socio-economic model whereby the costs of general measures are considered in the light of the effects they have on the mental health of children and young people and the socio-economic benefits they may generate as a result. The model is based on a prioritisation approach, which takes into account not only the costs incurred by the authority responsible for a specific measure but also how costs are affected in other sectors of society and in the long term.

To conduct a socio-economic analysis within this area, we must know what different conceivable measures cost and the effects they have on the mental health of children and young people. We also need to know how this affects social costs for other measures in both the short and long term. The report contains examples of the costs for different kinds of general measures aimed at children and young people. These costs are then compared both with the costs of different selective measures for children and young people, and with examples of costs incurred by society for mental ill health in adults. The calculations presented should be seen as examples of an analytical method. They are not primarily intended as a basis for comparison or choice between different conceivable measures.

The costs to society can rise to relatively high levels within a relatively short space of time unless mental problems are prevented and countered early on. The costs of foster family care for two years amount to just under SEK 800,000 and of residential care for a total of twelve months to about SEK 1.1 million. Costs may rise even higher if these

measures prove insufficient. The report also provides examples of what the costs of mental ill health can amount to, should it persist throughout a person's adult life. If a person develops a psychosocial occupational disability, social costs may amount to around SEK 2 million during a thirty-year period. Furthermore, the costs for mental disorders can also be high, about SEK 7–9 million for the example chosen. For a single drug abuser, the costs to society may amount to about SEK 12–15 million over a thirty-year period, depending on how we discount the costs.

It would be reasonable to say that there is socio-economic potential in investing in preventive measures within general activities aimed at children and young people, not least considering the expense involved in any future selective measures that may be required. However, we know too little to be able to say with any certainty that a certain measure will result in future economic gain. To gain a general picture, however, we can calculate the number of children that may benefit from a certain measure paid for by the money saved when a single case of psychosocial occupational disability, mental illness or substance abuse is prevented. Simply by preventing one case of substance abuse during adult life, we can provide supportive education aimed at improving parents' skills and the way they treat their children for approx. 3,400 or 6,900 sets of parents, depending on how we discount the costs. This type of education has shown itself to be effective with regard to preventing out-turned mental problems in children and young people. It does not seem unreasonable to suppose that by means of such a widespread educational measure, we could prevent at least one child from becoming a substance abuser. This is indeed what is required for the measure to be socio-economically profitable in the long term.

Socio-economic analyses need to be supplemented by a description of the distributional effects of these measures. These can be of two types: some describe the kinds of children that benefit from such measures (are these children the most important to reach?), and others describe where in our society various costs and savings arise. Different sectors of society and principals can incur higher and lower costs respectively as a consequence of the measure concerned. It is important to be aware of this as it can influence the incentives of the responsible authorities to carry out various measures.

The report illustrates this by calculating the costs to society for a person suffering from a psychosocial occupational disability for 30 years and then establishing that these costs are about as high as those involved in reducing the size of secondary school classes for 80 children for one year. If we assume the preventive measure may result in the prevention of one case of psychosocial occupational disability, society

makes neither a loss nor a profit in the long term. However, the picture differs from one authority to the next. The municipality foots the bill (just over SEK 1 million) for the implementation of the measure. These costs are balanced to a certain extent by the municipality's costs for psychosocial occupational disability being reduced in the future. Nevertheless, the municipality sustains a net cost of approximately SEK 650,000. For the other authorities affected by psychosocial occupational disability, such as the social insurance office, such measures provide a net profit. In this example, and from a strictly economic perspective, reduced class-size means a loss for the municipality but a substantial profit for other authorities.

Efficient co-operation between different activities and authorities may well be an essential prerequisite, not only for obtaining a good result from measures, but in order for the measures to be taken at all. Co-operation is important both regarding measures aimed at children who already have problems and regarding the drafting of early general measures aimed at preventing mental ill health.

The lack of both knowledge and a cross-sectoral perspective affects regional prioritisation work. Decision-makers frequently have to balance an immediate and certain cost for a particular measure against an uncertain gain sometime in the future – a gain, which furthermore might benefit another authority. A long-term perspective and co-operation between different authorities is therefore of great importance, not only in order to attain a good result, but also to use society's resources as efficiently as possible.

The conclusions drawn by this report can be summarised as follows:

- General societal measures aimed at children and young people such as child health care, pre-schools, school-age child care and schools make up a significant part of the environment in which people grow up and comprise most of the resources allocated by society to children and young people. They are therefore important to mental health.
- Prioritisation within this area should be based on knowledge of the effects of these measures on the mental health of children and young people and the socio-economic consequences. Savings in one sector may lead to increased costs in another. Priorities must therefore be allocated on a cross-sectoral basis.
- It is important, both from the individual and socio-economic perspective, that measures taken to prevent mental ill health are implemented at an early stage. Examples in this report show that

significant long-term human suffering and major social costs arise unless mental illness is prevented. Priorities need to be allocated in a long-term perspective.

- More knowledge is needed as to the effects of various measures on the mental health of children and young people. There is a major shortage of Swedish studies on the effects of general measures. Research therefore needs to be intensified in this area. Local politicians and civil servants play an important role here both in evaluating measures taken and applying the knowledge thus gained to practical prioritisation work.
- Knowledge about and use of socio-economic analyses as a basis for prioritisation needs to be increased.
- To make more efficient use of society's resources, it is important for the authorities involved to cooperate when planning and implementing measures. Political control is needed to establish well-functioning co-operation. All stakeholders need to invest time and resources in this area in order to achieve good results for the children and young people concerned.
- It is important to pay attention to the mental health of children and young people and continuously monitor developments in this respect.

