



The Economic Benefits of Ecominds

A case study approach

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1. Introduction and research

The Ecominds scheme

Ecominds has funded 130 environmental projects in England since 2009 - helping over 12,000 people to look after their mental health.

Thanks to support from the Big Lottery Fund since 2009, Mind's Ecominds scheme has funded 130 environmental projects in England that help people living with mental health problems get involved in green activities to improve their confidence, self-esteem, physical and mental health.

Projects range from horticultural and agricultural schemes, through to walking groups and regeneration projects in local parks. They all encourage those attending to enjoy and benefit from nature and green spaces.

Over 12,000 people have used Ecominds to help them look after their mental health. The scheme is now coming to an end and will finish in autumn 2013.

Objectives of the research

This research investigates and evidences the economic implications of five Ecominds projects.

The objectives of this research are to investigate and evidence the economic implications of five Ecominds projects using a case study approach.

Helping people with mental health problems to get involved in green activities has a number of impacts and benefits. These range from increased well-being experienced by beneficiaries to cashable state savings through avoided costs accruing to the public sector and taxpayers. Indeed, direct financial costs of mental illness prevalence in the UK have been estimated to be £41.8 billion per annum while the broader indirect economic losses could represent as much as £77 billion per annum. Equally, it has been estimated that 13.8% of the NHS budget is spent on addressing the nation's mental health¹.

Creating effective schemes that can treat and prevent mental health problems in innovative ways can therefore generate substantial savings and create broader positive financial and economic outcomes along with social and well-being ones. Ecominds is not necessarily designed to replace more traditional mental health treatments (e.g. medication) but rather to complement these with ecotherapy schemes.

Whilst acknowledging that the primary objective of Ecominds is to enhance people's confidence, self-esteem, overall well-being and resilience, this research focuses on providing an estimation of the economic benefits only. This is done by analysing five individual case studies that illustrate a change in mental health and by quantifying the potential cashable benefits generated by improving the mental health of these five beneficiaries, using a range of assumptions.

For privacy reasons this report refers to some case study subjects using names that are not their own.

2. Growing Well and Joanne

Growing Well is a certified organic farm based just south of Kendal

Joanne's story creates over £12k of potential economic benefits in one year.

Joanne was in her early twenties when she was referred to Growing Well's Ecominds project in 2010. She was overweight and unfit, rurally isolated and inactive. She slept during the day and spent the night times in her room playing on the computer. She was being treated by the Early Intervention in Psychosis team with weekly appointments from her Community Psychiatric Nurse, having recently been discharged from a lengthy stay in hospital. She had become unwell in another part of the country and had moved to the area to be cared for by her family and had no friends in this area. She had become unwell in her late teens and had never held a job.

She began to participate in Growing Well's farm-based activities for one day a week. She started to work in small teams with other participants, building up her confidence to work collaboratively and to socialise with people. As she learned the horticultural tasks she found that she really enjoyed growing plants and working in a farming environment. In her monthly one-to-one meetings with the Growing Well staff she began to think about the future for the first time, and expressed an interest in being involved with the project more often. Over the course of a year she built up her stamina and capacity such that she was involved in activities four days a week.

She learned to drive a tractor, passing her Level 2 tractor driving qualification, and chose to enrol on the Level 1 certificate in horticulture, which she attained. Having never been employed before, she aspired to find work and, in particular, to enter farming as a career. Her health significantly improved. She lost weight, becoming fitter than she had ever been, and she was discharged from mental health services.

Growing Well staff began to signpost her to jobs in the local area and to educational opportunities. She undertook some temporary paid-work with Growing Well as a horticultural assistant, working independently from staff. Growing Well staff identified a horticultural apprentice opportunity that was on offer. They supported Joanne to complete her CV and take part in interview practice sessions. They spoke to the organisation offering the apprenticeships to identify the skills Joanne would require on application and then coached her to support this skill acquisition.

Joanne applied for the apprenticeship and was taken onto the programme. Because she was a new entrant to farming she was required to gain more commercial experience. Growing Well supported her to identify a work-placement and to solve the transport issues required to attend. Two years after beginning her placement with Growing Well she began her apprenticeship and a year later has moved house, is in paid employment and has passed her driving test.

Joanne has now fully recovered from the mental health episode which initially led to her hospitalisation and is no longer receiving support from mental health services or financial support from Jobcentre Plus.

Outcomes

We consider that the potential benefits and avoided costs of the intervention to the State and broader public sector are the following:

- Avoided prescription costs
- Avoided medical consultation costs
- Avoided use of community psychiatric nurse services
- Avoided benefits payments as a consequence of moving into employment
- Avoided Disability Living Allowance costs
- Increased tax receipt to the Exchequer as a consequence of moving into employment
- Increased National Insurance contributions as a consequence of moving into employment

Economic benefits

Avoided prescription costs

Drawing on figures published by The London School of Economics (LSE) Mental Health Policy Group, we have estimated that for the total number of people with mental health issues accessing health services (4.64 million British adults per annum)² the total NHS costs of medication prescriptions and therapies are of £1.2 billion per annum³. This is equivalent to **£258.27** per person using these services per year. Although this figure is an average estimation, this study is the most robust estimate that has been produced so far. It avoids an assumption about the specific services the beneficiary would have accessed in the absence of the intervention, and the unit costs of these services. It is also likely to be a conservative estimate, given that the beneficiary in question might have used above average medication prescriptions and therapies (e.g. inpatient rather than outpatient therapies)⁴. However, in the absence of more robust information it is sensible to use a conservative estimate in order to avoid over-claiming.

Avoided medical consultation costs

The LSE Mental Health Policy Group has also estimated that for the total number of people with mental health problems accessing health services (4.64 million British adults per annum), the total NHS costs of various forms of consultation (predominantly primary healthcare access) is of £1.9 billion per year⁵. This is equivalent to **£408.92** per person accessing services per year. The rationale for selecting this figure is the same as for avoided medication costs.

Avoided use of community psychiatric nurse services

Joanne was being supported by a community psychiatric nurse (CPN). It is likely that she would have continued using the CPN had the intervention not taken place. The Personal Social Sciences Research Unit (PSSRU) report, collating unit costs of health services, estimates that the cost to the NHS of CPN services is £67 per hour⁶. We assume that the CPN would have visited Joanne twice per week, for an hour each time. This is synonymous of a total cost of **£6,968** per year. We make the conservative assumption that, given Joanne's condition, she would have used this service for at least one more year.

Avoided benefits payments as a consequence of moving into employment

The beneficiary in question managed to gain employment as a consequence of Ecomind's support. This generates savings to the State by avoiding Jobseeker's Allowance payments. Joanne is in her early twenties and benefits for persons below 25 years old are of a minimum of £56.80 per week, or **£2,953.60** per annum⁷.

Avoided Disability Living Allowance costs

Moving into employment also induces avoided Disability Living Allowance costs, which is a second saving to the State. Minimum Disability Living Allowance is of £21 per week, i.e. **£1,092** per year⁸. This is a conservative figure given that it is the strict minimum that can be paid.

Increased tax receipt to the Exchequer as a consequence of moving into employment

Moving into employment implies an additional tax contribution to the Exchequer. We assume that Joanne earns the legal minimum wage – which is a conservative assumption. Hourly minimum wage in the UK for 2013 is £6.31 per hour. Assuming 37.5 working hours per week, this is equivalent to an income of £12,304.50 per year. For a gross income of £12,304.50 the tax intake is estimated at **£572.90** per annum⁹.

National Insurance contributions as a consequence of moving into employment

Finally, moving into employment leads to National Insurance (NI) contributions. For a gross income of £12,304.50 (as calculated above) the NI contribution is estimated to be of **£545.94** per annum¹⁰. This is also a cashable benefit accruing the State.

Summary

Table 1 (see page 8) presents a summary of the economic benefits from the improvements that Joanne has experienced. The cashable benefits are twofold: direct avoided costs to the NHS, estimated to be of a total of **£7,635.19** per annum and indirect avoided costs and benefits generated to the Exchequer, estimated to be **£5,164.44**. The total cashable economic benefits are estimated to be **£12,799.63** on a per year basis.

Due to a lack of evidence of economic benefits in the long term, we estimate that these benefits are generated for one year only. We consider this is under-claiming the benefits generated since, for example, the employment benefits can be considered to be ongoing across a number of years. Nonetheless, we do not have robust evidence about the duration of the benefits and it is difficult to tell whether Joanne would have found employment as a result of improvements from accessing NHS services. We thus consider that, in this context, it is prudent to under-estimate rather than bear the risk of over-claiming.

Table 1: Summary of annual economic benefits from Joanne and Growing Well

Benefits	Value (£)
Avoided prescription costs	258.27
Avoided medical consultation costs	408.92
Avoided community psychiatric nurse costs	6,968.00
Avoided Jobseeker's Allowance	2,953.60
Avoided Disability Living Allowance	1,092.00
Increased tax contribution	572.90
Increased NI contribution	545.94
TOTAL	12,799.63