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Serious Mental Illness Linked to \$193 Billion Loss Each Year in the U.S. *AJP Analysis Reveals Economic Impact Surpassing Federal Stimulus Package*

ARLINGTON, Va. (May 7, 2008) - A nationwide survey conducted in 2001–2003 showed that annual earned income for people with serious mental illness was on average \$16,306 less per person than for other respondents. When multiplied by the estimated number of people with serious mental disorders in the United States, this amount totals \$193.2 billion per year, more than the value of the federal government’s 2008 economic stimulus package.

This analysis of data from the National Comorbidity Survey Replication (NCS-R) will be reported online on May 7, 2008, by *The American Journal of Psychiatry (AJP)*, the official journal of the American Psychiatric Association. Ronald C. Kessler, Ph.D., and colleagues at the Harvard Medical School, University of Michigan, and National Institute of Mental Health present their findings in “Individual and Societal Effects of Mental Disorders on Earnings in the United States: Results From the National Comorbidity Survey Replication.” The article will appear in the June 2008 print edition of *AJP*.

Only one-fourth of the lost earnings was due to unemployment among those with several mental illnesses. Most of the difference was accounted for by lower earnings among employed people. Greater earnings loss was seen for men (\$26,435) than for women (\$9,302).

“These results add to the growing evidence that the indirect costs of mental illness are enormous,” said lead author Ronald Kessler, Ph.D., who is a professor in the Department of Health Care Policy at Harvard Medical School. “They also suggest that expanded treatment could have very high value not only from the perspective of patients but also from the perspectives of employers and society at large.”

The National Comorbidity Survey Replication was a nationally representative survey of U.S. households. Approximately 5,000 respondents between the ages of 18 and 64 were asked how much they had earned in the preceding year. The data were adjusted to control for demographic characteristics known to influence earnings: age, sex, race/ethnicity, geographic region, and urbanicity. Fringe benefits were estimated as an additional 42% of earnings, based on the U.S. average in 2005.

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Serious mental illness was assessed for the 12 months preceding the interview and was defined as psychosis, bipolar disorder, seriously impairing major depression or panic disorder, serious suicide attempt, impulse control disorder with repeated serious violence, or other mental disorder resulting in 30 days or more of missed role performance. Other 12-month psychiatric disorders and lifetime disorders were not associated with reduced earnings.

An editorial by Thomas R. Insel, M.D., Director of the National Institute of Mental Health, will also appear in the June issue of *AJP*. He notes, "While the \$193.2 billion figure seems enormous, it is important to recognize that the NCS-R yields a conservative sample for estimating economic impact. NCS-R as a door-to-door survey did not assess people hospitalized in institutions, incarcerated in prisons and jails, or those who are homeless."

These economic findings help quantify the societal burden of mental illness. They are just one component of this burden, however, which also includes lost productivity in the workplace, for instance. Also, they do not establish causality. The association between mental illness and lost earnings may be due to the effect of mental illness on earnings, but low earnings may also contribute to mental illness.

"The study documents more precisely than any previous work the economic and societal impact of serious mental illness," said *AJP* Editor-in-Chief Robert Freedman, M.D. " It ascribes an economic value to the personal devastation of mental illness on the individual."

Online publication of the Kessler article on May 7 is scheduled to coincide with the launch in the Americas of the Lancet Global Mental Health Series. A press conference describing this initiative on mental health services in developing countries will be held May 7 at 9:30 a.m. at the Pan American Health Organization/World Health Organization headquarters at 525 23rd St., N.W., in Washington, D.C. Dr. Freedman will be one of the participants and will discuss the Kessler article.

The National Comorbidity Survey Replication was supported by the National Institute of Mental Health, National Institute on Drug Abuse, Substance Abuse and Mental Health Services Administration, Robert Wood Johnson Foundation, and John W. Alden Trust. Additional disclosures by the individual authors are given in the article itself.

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