

**Mick’s participation in sensory farm visits -**

**benefits and costs avoided**

In September 2013 Claire Morris and Debbie Berrell from College Farm, Long Crendon, delivered a series of farm visits for a MIND support group.

The group came out on sensory visits for three consecutive Fridays, with Claire making a further two visits to meet the group in a community centre. Cooking farm produce was a big part of the farm visits.

Before their first visit, and after their last visit, group members were invited to use ‘widgit’ emotion symbols to record their feelings. Three group members were also asked to discuss how they felt as a result of their visits.

The New Economics Foundation (NEF Consulting) have analysed material contributed from one of the visitors, Mick, and have evidenced the economic implications of his visits, namely the benefits and avoided costs to the State.

The evidence from wellbeing data and a face to face interview with Mick shows that the following can be considered potential benefits and avoided costs to the State:

* Avoided prescription costs
* Avoided medical consultation costs
* Avoided use of community psychiatric nurse services
* Avoided costs to the NHS of physical inactivity

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**Evidence of improvement in subjective wellbeing**

Mick stated that the farm visits had made him feel “more relaxed”, that he had found the experience therapeutic and felt that being outside had also made him feel better. Over the longer term, the support group gave Mick something to look forward to and helped to avoid his mood “darken down”. Mick reported low elements of wellbeing before the visits, feeling angry, depressed, lonely and tired. After the visits Mick reported significantly improved wellbeing outcomes, feeling calm, happy, inspired and motivated.

Research from The New Economics Foundation highlights the strong relationship between subjective wellbeing and psychological health and notes that many of the measurement approaches for both are overlapping[[1]](#footnote-1). In addition, frameworks for wellbeing (such as those used by The New Economics Foundation in the “National Accounts of Well-being”[[2]](#footnote-2)) show self-esteem, optimism, resilience and positive feelings to be key components of personal wellbeing. Data collected via the ‘widgit’ emoticon symbols clearly address these elements of personal wellbeing and therefore provide an excellent indication of improvements in personal wellbeing. By extension, clear improvements in these indicators are also a good barometer for improvements in psychological health.

**Outcomes associated with improvements in subjective wellbeing**

*Avoided medical consultation costs*

Given the strong relationship between subjective wellbeing and physiological health and the clear self-reported improvements in wellbeing following Mick’s involvement in the farm visits, it is assumed that Mick would have been better able to deal with his depression and consequently required **fewer GP consultations**.

Figures from London School of Economics (LSE) Mental Health Policy Group provide an estimate of the average cost to the NHS of GP consultations for depression, anxiety, schizophrenia or bipolar disorders (£1.9 billion per year)[[3]](#footnote-3). When taking into account the numbers suffering from these conditions and the proportion receiving treatment, this is equivalent to £765.32 per person accessing these services per year. This estimate is appropriate for two reasons. Firstly, as an average estimation, assumptions about the frequency and type of service use (and associated costs of these services) before and after the intervention are avoided. Secondly, it is likely to be a conservative estimation. Although Mick’s use of community psychiatric nurse services is accounted for separately, it is likely that Mick may have used other consultation services as well.

*Avoided prescription costs*

Given the strong relationship between subjective wellbeing and psychological health and the clear self-reported improvements in wellbeing following his involvement in the MIND support group’s farm visits, it is assumed that Mick would have required **fewer medical prescriptions and therapies**.

Figures from London School of Economics (LSE) Mental Health Policy Group also provide an estimate of the average cost to the NHS of prescriptions and therapies for depression, anxiety, schizophrenia or bipolar disorders (£1.2 billion per year). When taking into account the numbers suffering from these conditions and the proportion receiving treatment, this is equivalent to £483.36 per person accessing these services per year. As for avoided prescription costs, this estimate is appropriate similar reasons. As an average estimation, assumptions about the frequency and type of service use before and after the intervention are avoided. It is also likely to be a conservative estimation, potentially underestimating or excluding some avoided service use.

*Avoided use of community psychiatric nurse services (CPNs)*

Mick reported being supported by CPNs, many of which he felt “haven’t helped at all”. It is assumed that clear self-reported improvements in wellbeing, and therefore the likelihood that he would be more able to deal with his depression independently, would result in reduced interaction with CPNs (or prevent increased CPN use that may have happened in the absence of the farm visits).

The Personal Social Sciences Research Unit (PSSRU) report collates unit costs of health services. The estimated cost to the NHS of CPN services is £67 per hour[[4]](#footnote-4). It is conservatively assumed that Mick would have received a fortnightly visit of one hour by a CPN, giving a total cost to the NHS of £1,742 per year.

**Evidence of improvement in physical health**

There is some evidence to suggest that Mick will have seen a small improvement in physical health. His involvement in the Friday farm visits provides regular exercise (walking and outdoor activities), as does his involvement in other similar groups on Thursdays and Saturdays. It is likely that the farm visits (and indeed the MIND support group as a whole) play a part in maintaining and encouraging a healthy lifestyle through regular exercise.

**Outcomes associated with improvements in physical health**

*Avoided costs of physical inactivity*

We assume that the farm visits help Mick maintain a healthy lifestyle.

A report from The Ramblers details the physical and mental health benefits of walking[[5]](#footnote-5). The costs to the NHS in England of physical inactivity are estimated to be between £1 billion and £1.8 billion a year. Assuming costs of £1.4 billion and looking at the proportion of those in England that do not meet physical activity recommendations (a massive 66%), the avoided cost to the NHS can be considered to be £48 per year. Whilst this is negligible over a year, the costs over a lifetime are significant and therefore the role eco-therapy plays in encouraging healthy lifestyles should be taken into account when considering benefits to the State.

**Attribution – to what extent can the farm visits take credit for these outcomes?**

Attribution is an assessment of how much the outcome was caused by the contribution of other organisations or people. Attribution is calculated as the proportion of the outcome that is attributable to the intervention (in this case the MIND support group’s farm visits).

There is insufficient evidence to accurately estimate the extent to which we can attribute some of the above cost savings to the MIND support group’s farm visits. However, individuals were asked the extent to which the farm visits could take credit for changes in wellbeing (as measured using ‘widget’ emoticon symbols). Whilst this relates to individual outcomes rather than economic outcomes for the state, it nevertheless provides a rough guide on whether it is correct for the intervention (i.e. the farm visits) to take credit for some of the economic benefits and avoided costs[[6]](#footnote-6).

When interviewed after the final farm visit, the group recorded (on average) that the farm visits could take 70% of the credit for changes in how they felt. There is therefore evidence to suggest that a reasonable proportion of the economic benefits detailed in this case study will have been obtained as a direct result of attending the MIND support group farm visits.

**Summary**

Table 1 summarises the economic benefits to the state from the improvements (or stabilisation) Mick has experienced.

*Table 1: Economic benefits of Mick’s involvement in the MIND support group*

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| **Economic Benefits** | **Value (£)** |
| Avoided prescription costs | £765.32 |
| Avoided medical consultation costs | £483.36 |
| Avoided use of community psychiatric nurse services | £1,742.00 |
| Avoided costs to the NHS of physical inactivity | £48.00 |
| **Total** | **£3038.68** |

The cashable economic benefits attributable to the MIND support group are estimated to be £3038.68 per year. The vast majority of this is as a result of improved or stabilised personal wellbeing and the reduction in interaction with state services a result of this. The estimates are also likely to be conservative, as reductions in other more specialist NHS services may have occurred. It is also worth noting that there was insufficient information to make a sensible judgement on outcomes associated with state benefits or changes in Mick’s employment situation. It is likely that, particularly in the longer term, the farm visits will have contributed to such benefits and/or avoided costs.

Finally, it is also worth noting that the longer term impact of the group has not been estimated (due to the natural limitations of the data available); costs savings are only presented over the period of one year. However, it is clear some of these savings are likely to continue for several years, in particular those related to physical inactivity. The above estimates can therefore be considered an underestimation of the true value of the programme of farm visits. Nevertheless, the figures clearly highlight that, in addition to enhancing individuals lives, there are clear economic benefits of farm and wildlife visits offered by the ‘Let Nature Feed Your Senses’ project.

1. New Economic Foundation (2002), "Wellbeing evidence for policy: A review" [↑](#footnote-ref-1)
2. New Economic Foundation (2002), "National Accounts of Well-being: bringing real wealth onto the balance sheet" [↑](#footnote-ref-2)
3. The Centre for Economic Performance’s Mental Health Policy Group (2013), “How mental illness loses out in the NHS”, London School of Economics report [↑](#footnote-ref-3)
4. PSSRU (2012), “Unit Costs of Health and Social Care 2012”, Personal Social Services Research Unit, University of Kent [↑](#footnote-ref-4)
5. http://www.ramblers.org.uk/~/media/Files/What%20we%20do/factsandfigures-1-benefits-0510.pdf [↑](#footnote-ref-5)
6. Attribution wellbeing outcomes may not be reflective of attribution economic outcomes (such as reduced service use). An individual may experience significant improvements in wellbeing from an intervention but not necessarily reduce their use of state services. However, when the latter is not known the former can provide a rough indicator on whether an intervention can take any credit for other outcomes. [↑](#footnote-ref-6)