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Further Reading: Henry E, Cullinan J (2021). Mental health spillovers from serious family illness: Doubly robust estimation using EQ-5D-5L population normative data. *Social Science & Medicine*, 279, 113996. <https://doi.org/10.1016/j.socscimed.2021.113996>

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Mental Health Spillovers from Serious Family Illness

People are interconnected and ill-health is rarely experienced in isolation. For example, the physical and mental strain of ‘caring for’ an ill or disabled relative has been suggested to ‘spillover’, imposing a health- and quality of life-related burden on the caregiver. In addition, the illness experience of an individual is also thought to exert a psychic or emotional toll on both caregiving and non-caregiving family members, as a result of ‘caring about’ the person. While there has been extensive research on health spillovers related to informal caregiving, there is comparatively little evidence on how ill-health may impact upon non-caregiving family members. This study uses nationally representative survey data from a sample of adults resident in Ireland to estimate the relationship between serious family illness and five distinct dimensions of health, independent of caring responsibilities and a range of other factors.

Key Findings

Overall the research finds that experience of serious family illness is independently related to adverse anxiety/depression outcomes for family members, with similar results not evident for the four other health dimensions considered. In particular, it is estimated that respondents who indicated experience of serious family illness were 12.2 percentage points (ppts) less likely to report not being anxious or depressed, 6.6 ppts more likely to report being slightly anxious or depressed, and 5.6 ppts more likely to report being moderately, severely or extremely anxious or depressed. Further analysis revealed considerable variation in the relationship by sex and by income. In particular, the evidence is consistent with larger mental health spillovers for females than for males, as well as for low- and medium-income households relative to high-income households. The latter suggests that such spillovers may be substantially worse for those with fewer resources.

Policy Implications

These findings imply that the evaluation of disease burden, or the effectiveness of interventions aimed at ameliorating such diseases, may be incomplete without consideration of the full spectrum of effects on the individual and those around them. Specifically, if the findings observed in this analysis were to reflect a causal relationship, they would suggest that serious family illness increases anxiety/depression experience among non-caregiving family members. This is relevant in many contexts, including the increasing morbidity within aging populations, as well as the current coronavirus pandemic, as it suggests the provision of mental health services and supports may not be sufficient unless the increased demand related to spillovers is accounted for. Furthermore, the finding that spillovers may be moderated by household resources has important equity implications. For example, poorer households, which tend to have poorer health outcomes on average, may be more impacted by health spillovers than richer households, potentially leading to further adverse economic outcomes, and propagating a ‘vicious cycle’. Given that the Health Information and Quality Authority (HIQA) recommends for inclusion of “all health benefits accruing to individuals” in health economic evaluations conducted in Ireland, the relevance of the spillover estimates generated in this research is brought into even sharper focus.