

# FREE GP CARE AND MENTAL HEALTH

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## BACKGROUND

The current national strategy for healthcare reform, *Sláintecare*, commits to the extension of free general practitioner (GP) care to the full population by 2027. The first steps towards universal coverage occurred in 2015, when free GP care was extended to those aged under 6, and 70+, regardless of their income. While free GP care provides financial protection against health expenses, it is not clear whether it also leads to health benefits. In this paper, we use the over 70s policy change to examine the impact of free GP care on mental health. Free GP care may impact mental health in a number of ways: by reducing the stress and anxiety associated with being able to afford medical treatment; by freeing up income to spend on mental health-promoting activities; and by facilitating increased diagnosis and treatment of mental health conditions.

## DATA AND METHODS

Data from The Irish Longitudinal Study on Ageing (TILDA), a nationally-representative survey of the population aged 50+, were used in this study. Statistical methods were used to compare mental health outcomes for those who became eligible for free GP care after 2015 (i.e., those aged 70+), with those who were not eligible (i.e., those aged under 70). The impact of free GP care on multiple dimensions of mental health and wellbeing was tested, including quality of life, life satisfaction, depression, anxiety, worry, and stress.

## RESULTS AND DISCUSSION

The research found no evidence for significant changes in quality of life, life satisfaction, depression and worry for those who became eligible for free GP care as a result of the policy change in 2015. However, stress levels decreased by 6 per

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<sup>1</sup> This Bulletin summarizes the findings from: Ma, Y., Nolan, A., Smith, J., “Free GP care and psychological health: Quasi-experimental evidence from Ireland”, *Journal of Health Economics*, Available online: <https://doi.org/10.1016/j.jhealeco.2020.102351>

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cent among those who became eligible for free GP care (stress levels were measured on a self-reported scale that ranged from 0 to 16). Further analysis showed that this group also experienced a significant reduction in reports of financial stress, suggesting that this was an important factor explaining the reduction in stress associated with the receipt of free GP care.

What do these results imply for future extensions to free GP care under *Sláintecare*? The analysis showed that, with the exception of stress, free GP care for the over 70s was not associated with mental health benefits. However, approximately 70 per cent of the over 70s were entitled to a full medical card (which includes access to free GP care) before the policy change. This meant that the majority of the over 70s were already entitled to a range of free public health services. The proportion holding a medical card among younger cohorts of the population is much lower, and so the benefits of free GP care for those cohorts may be expected to be greater than for the over 70s.

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