

MHEEN – Brussels – Dec 2007

The Mental Health Economics European Network

Welcome and Introduction

**MHEEN is supported by the European
Commission, Directorate General for Health
and Consumer Protection**

Structure

MHEEN @ Brussels 13 Dec 07

- Economics and MHEEN
- Financing and spending
- Investing in mental health promotion
- Balance of care
- Employment patterns
- European Service Mapping Schedule
- The situation in Hungary
- Mental health policy: the Commission's perspective

Relevance

Demands for economics

Micro-level issues

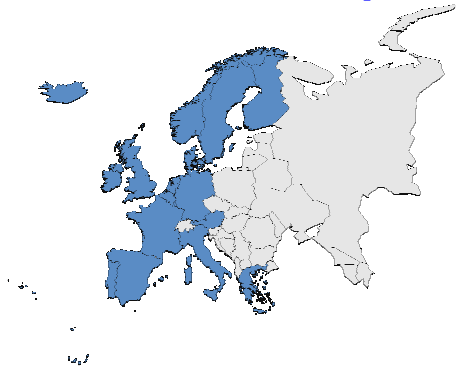
- Service use & costs
- Cost-offset
- Cost-effectiveness

Macro-level issues

- Financing & access to care
- Equity / fairness
- Coordination across domains
- Incentives to change

AIMS

MHEEN countries - phase I



MHEEN

1. To prepare a simple framework to identify and collect economics data relevant to MH systems of EU Member States
2. To make comparisons between Member States; ... and so assist the development of MH systems
3. To use the Network to 'educate' decision makers re MH economics issues

ACTIVITIES - I

MHEEN - I

- Financing of MH in health and social care systems
- Expenditure on MH
- Unit costs of some key services
- Employment
- Economic evaluation (summary position – review)

Phase I outputs

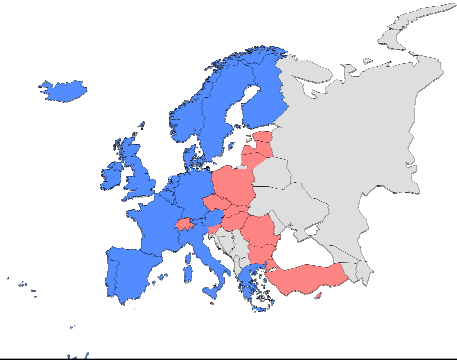
Journal of Mental Health, April 2007

Whole issue devoted to MHEEN-I, with papers on:

- Financing
 - Health & social care interfaces
 - Employment
- Country comparisons - employment
 - Economic evaluation

PLUS numerous chapters, presentations, reports to government departments etc

MHEEN countries – phase II



ACTIVITIES - II

MHEEN II

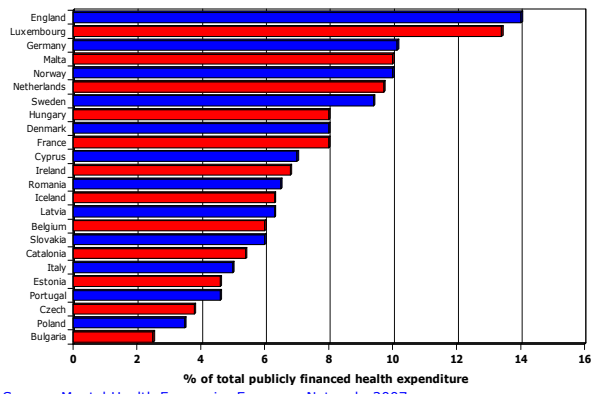
1. Barriers and incentives to improving MH care. Particular focus:
 - Balance of care
 - Employment
2. MH promotion – cost-effectiveness of strategies
3. Financing and funding of MH – comparison
4. Develop ESMS tool for assessing MH service utilisation and costs in small catchment areas
5. Training and capacity building

Financing

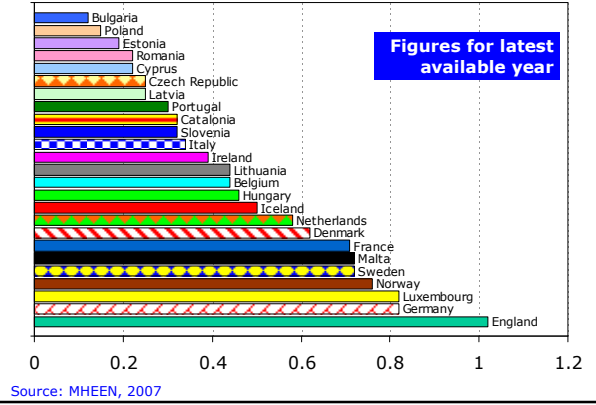
Levels of expenditure

- Range: 2% to 13% of total publicly financed health spending ... but boundary problems ...

Mental health % of total public spend on health



MH expenditure as % of GDP



Financing

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Methods of funding

- ❑ Very similar – tax/social insurance dominate - respecting solidarity, universality, equity
- ❑ But not always equitable – e.g. high out-of-pocket payments in Portugal; differential access by income and ethnicity in GB
- ❑ Growth of voluntary (private) health insurance – esp in Eastern Europe

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Allocation of resources

- ❑ Pooled funds mainly distributed on basis of historical allocation & political pressure
- ❑ DRG systems developing, but challenging?

Briefings

MHEEN Outputs → Policy briefings

- ❑ Seminar proceedings, London, Sept 07
- ❑ Balance of care – economic barriers and opportunities to change the pattern of treatment and support
- ❑ Promoting better mental health – is it cost-effective? What economic incentives?
- ❑ Employment and mental health – tackling inactivity, absenteeism and presenteeism
- ❑ Economic evaluation and its contributions to MH policy and practice
- ❑ ESMS – development and extension
- ❑ Financing and funding
