

MHEEN – LSE – Sept 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 @ LSE 27 Sep 07

- Why is economics relevant?
- Aims and maps
- Financing and spending
- Investing in MH promotion
- Balance of care
- Employment goals
- Challenges in Turkey
- Future directions of MH policy in Europe

Relevance

Demands for economics

Micro-level

- Costs
- Cost-offsets
- Cost-effectiveness

Macro-level

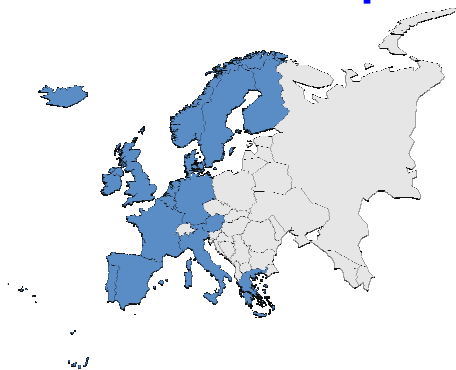
- Financing & access
- Equity & distribution
- Cross-`sector' working
- Incentives to change

AIMS

MHEEN

1. Prepare simple framework to identify and collect economics data relevant to MH systems of EU Member States
2. Make comparisons between Member States; thereby assist development of MH systems
3. Use the Network to 'educate' decision makers re MH economics issues

MHEEN countries - phase I



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

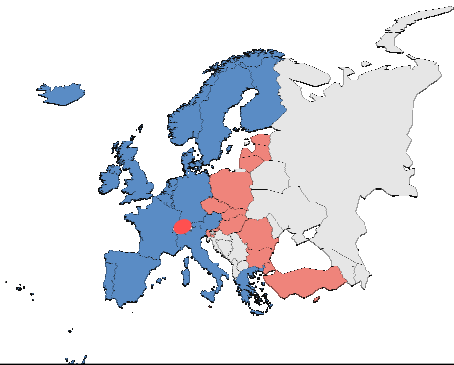
Journal of Mental Health, April 2007

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 govt departments etc

MHEEN countries – phase II



ACTIVITIES - II

MHEEN II

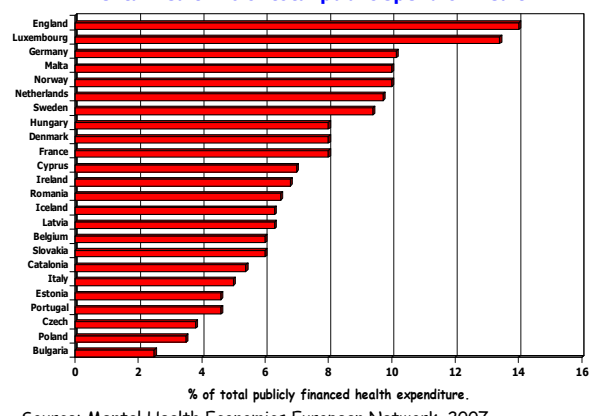
1. Barriers and incentives to improving MH care. Particular focus:
 - Balance of care
 - Employment
2. MH promotion – cost-effectiveness of strategies
3. Financing and funding of MH – comparison
4. Develop ESMS tool for assessing MH service utilisation and costs in small catchment areas
5. Training and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

Financing

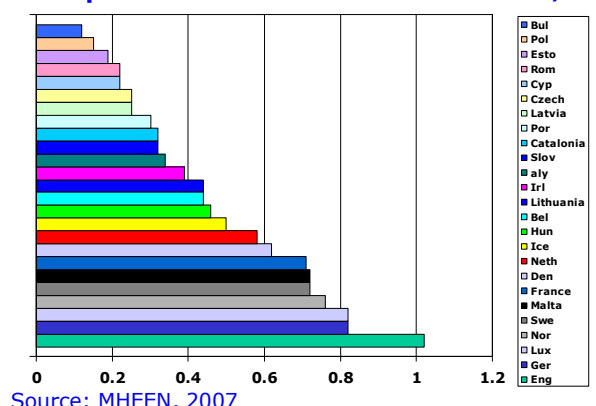
Levels of expenditure

□ 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 latest available year



Financing

Levels of expenditure

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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?

Schedule

- ❑ **Mental health promotion** – David McDaid
- ❑ Quick questions
- ❑ **Balance of care** – Helena Medeiros
- ❑ **Employment** – David McDaid
- ❑ Quick questions
- ❑ **The case of Turkey** – Mehtap Tatar
- ❑ **Future issues for MH in Europe** – general discussion
