

Making the case for investment in mental health promotion and mental disorder prevention activities in Europe

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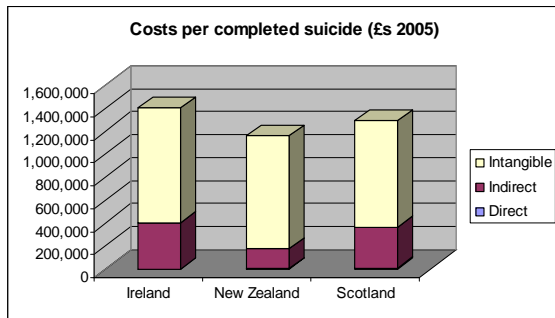
Context

The impacts of poor mental health range far and wide

Impact

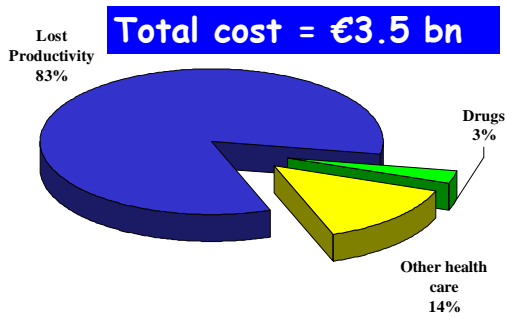
- 132 million (27%) people in EU affected in any one year period (Wittchen et al 2005)
- Costs estimated at 3-4% of GDP
- Social and personal costs high:
 - **Prejudice and discrimination**
 - Less likely to be in **relationship**
 - Great risk of **homelessness**
 - More likely to encounter **criminal justice system**
 - **Involuntary** detention/treatment

Cost of Suicide



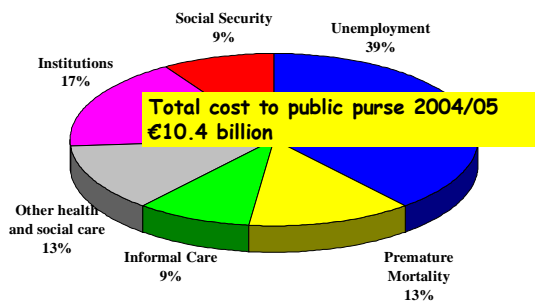
Sources: (Ire) Kennelly et al 2005; (NZ) O'Dea & Tucker 2005
(Sco) McDaid et al 2006

Costs of depression (adults) in Sweden, 2005



Sobocki et al, *European Journal of Psychiatry*, 2007

Costs of schizophrenia in England

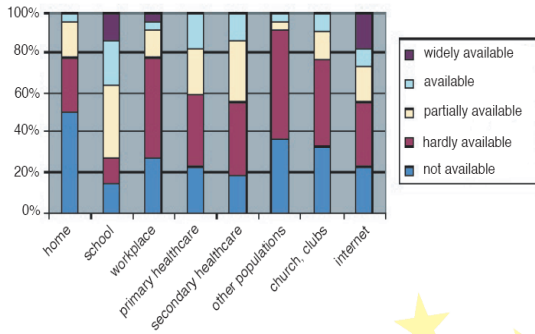


Mangalore & Knapp, *J Mental Health Pol & Econ*, 2007

Mental Health Policy in Europe

- Promoting mental health and preventing mental disorders - Article 152
- Mental health impacts in other sectors
- Lisbon Process - European Competitiveness
- Promoting Social Inclusion
- Commission & MS response to WHO Declaration

Availability of prevention and promotion in mental health in 22 European countries



Source: European Network for Mental Health Promotion and Mental Disorder Prevention, 2006

Objective

- To collate data on what is known about the cost effectiveness of mental health promotion / disorder prevention interventions in Europe (and elsewhere)
- Identify priority areas
- Look at ways in which evidence base might be further strengthened

Methods

Systematic review - health and non health databases

Subsequently augmented by grey literature - consultation with other networks e.g. IMPHA

Bespoke questionnaire for MHEEN network to identify additional and future evaluations

Inclusion Criteria

Specific goal of well-being or avoidance of mh disorders in universal and targeted populations

Plus suicide prevention

Excluded:

Pharmaceutical interventions

Alcohol and substance abuse interventions

Used checklist on economic evaluations (subsequently relaxed)

Economic evaluation - pure simplicity ...

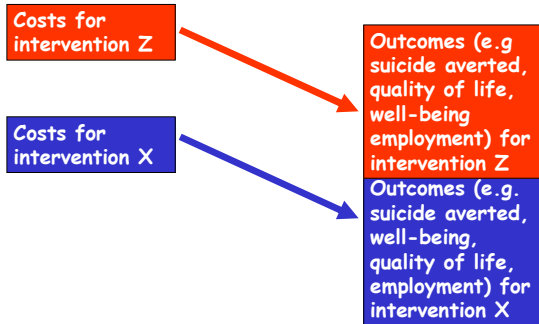
The effectiveness question:

Does this intervention work?

The economic question:

Is it worth it?

Two Basic Needs: (A) Costs and Outcomes; (B) 2+ Alternatives



Results

Remarkably despite profound impact of poor mental health, evidence supporting the economic case for prevention/ promotion limited

Limited scope for meta-analysis of studies

What is available suggests may be highly cost effective

Huge potential to use economic evidence to help strengthen the case even further for investment in promotion/ prevention

Promotion/Prevention are effective



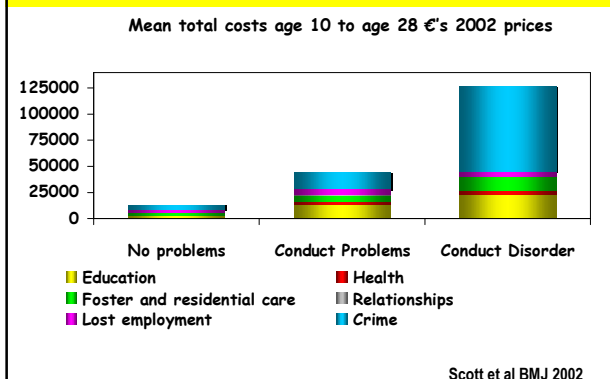
Results of initial review

Characteristics	N =14
Evaluation Type*	
Cost-effectiveness analysis	5
Cost-utility analysis	2
Cost-benefit analysis	6
Other (cost-consequence analysis)	3
Country	
USA	7
Europe	7
Source Effectiveness Data	
(Pragmatic) RCT	6
Prospective observational trial	4
Secondary analysis of RCT (selective)	2
Secondary analysis of RCTs (systematic review)	2
Time horizon	
Up to 1 yr	6
1 to 10 yrs	3
Long-time/life-time perspective	5
Type of illness/risk factor addressed	
Depression/suicide	9
Overall risk factors	5

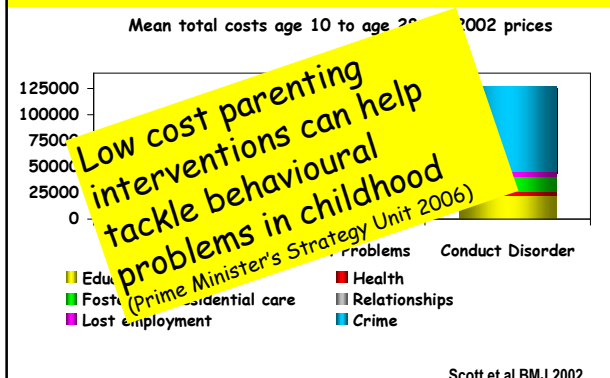
* Multiple answers possible

Source: Zechmister, Kilian, McDavid 2007

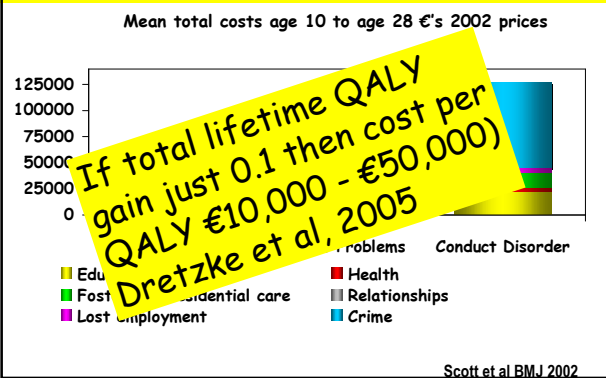
Early Years Interventions can be effective and cost effective



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Early Childhood Interventions

- Aos et al. (2004)
 - Long-term net benefit for 38 out of 61 programmes
 - Highest net benefit for juvenile offender programmes
- Pre-school programmes: favourable long-term net benefits (Karoly et al 2005)
- Perry Pre-School Programme 8:1 benefit cost ratio at age 27

Suicide Prevention

- National universal strategies in Scotland & England
- Targeted strategies (universities/ ethnic minorities) in US
- CBT for deliberate self harm
- Suicide awareness training course

Suicide Prevention

- National universal strategy Scotland & England
- Targeted approach and indicate potentially highly cost effective (and often low cost)
- Considerate self harm
- Suicide awareness training course

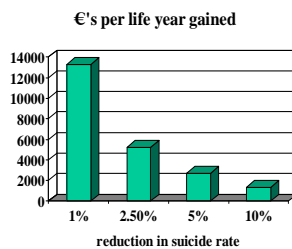
Most use modelling based approach and indicate potentially highly cost effective (and often low cost)

Educational intervention for front-line professionals

Risk assessment and management of suicidal individuals (STORM)

Included information on knowledge acquisition

Health and social services perspective



Appleby et al, *Psychological Medicine* 2000

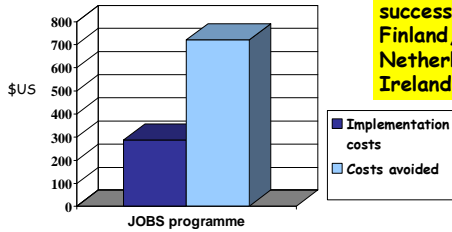
Promoting the well-being of older people

- RCT of participation in regular 2 year physical exercise programme in Sheffield
- Physical & mental health (SF-36)
- Small but significant reduction in overall health decline
- €17,172 (€4,739 - €32, 533) per QALY gained

Source: Munro et al, *Journal of Epidemiology and Community Health*, 2004

Training to help long term unemployed return to work

- Short training courses - mental health promotion
- Reduce depressive disorders (39%-25%)
- Help facilitate employment



Implemented successfully in Finland, Netherlands & Ireland

Source: Vinokur et al., Journal of Applied Psychology 1991

What do we know?

- Growing economic evidence base
- Particularly for early years interventions
- Still US dominated
- Modelling and retrospective analysis
- Potential many C/E interventions
- Context, transferability and implementation
- Budgets and incentives across sectors

What can be done at EU level?

- Much responsibility for action rests with Member States
- Multi-sectoral response by EU-DGs
- Exchange/augment information on what works, in what context and at what cost
- Facilitate co-operation between Member States and others (including employers)
