



# CONCURRENTS

FOR

THURSDAY, NOVEMBER  
20<sup>TH</sup>, 2008





# Mental Health Economics Review

Arto Ohinmaa  
Trish Chatterley  
Philip Jacobs



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## Background

- Mental health economics -- used in a variety of topics:
  - Economic evaluations
  - Financing of Mental Health (MH)
  - Cost of illness
  - Economic burden
  - Co-morbidity related costs
  - Behavioral issues (e.g. addiction models)



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## Aim of the study

- To review abstracts in the field of mental health economics since 1997 and to:
  - Create a generic data base with all references
  - Use the data base to analyze the literature by:
    - Main diagnostic groups
    - Type of economic analysis
    - Type of treatment
    - Other research topics

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## Review methods

- Two searches were made; September 2007 and May 2008
- 11,490 abstracts/references identified from 6 economic and MH literature data bases
- All abstracts were reviewed using criteria:
  - MH the central topic
  - Includes economic data, analysis, or review
  - If uncertain of the extent and quality of economics in the study => abstract included (some unnecessary abstracts)

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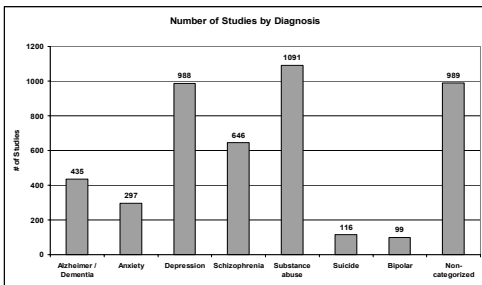
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## Results

Figure 1. Number of studies by the diagnostic categories.



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## Results

### Distribution of studies by the type of economic analysis:

- Cost-effectiveness analysis 1055
- Cost-utility analysis 82 (QALY 81)
- Burden of MH 251
- Cost of illness 42
- Cost benefit analysis 152
- In total 1582 abstracts (40%) were included in these five categories

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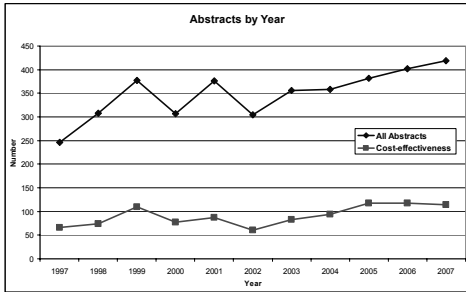
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## Results

Figure 2. Number of abstracts by the year of publication.



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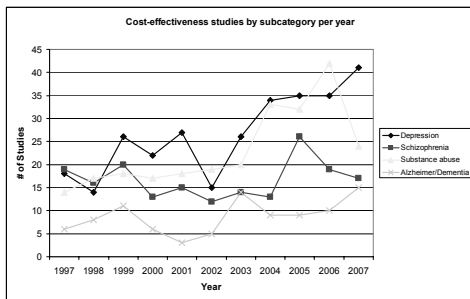
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## Results

Figure 3. Cost-effectiveness studies by year in different mental health categories between 1997 and 2007.



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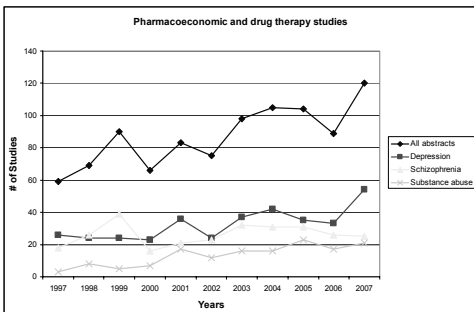
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## Results

Figure 4. Pharmacoeconomic and drug therapy studies by year in different mental health categories between 1997 and 2007.



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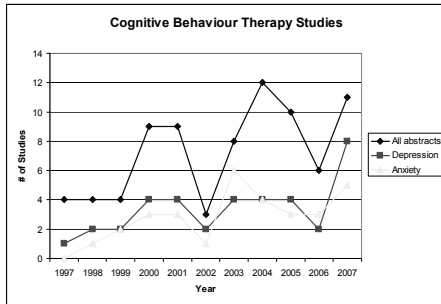
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## Results

**Figure 5.** Cognitive behaviour therapy studies by year in different mental health categories between 1997 and 2007.



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## Results

- Quality of the results:
  - Utilization of Reference Manager is somewhat problematic:
    - Use of economic terminology not accurate
    - Difficult to define if economic methods are used
    - Key words often unreliable

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## Conclusion

- Only about 1/3 of studies found in the search were
  - from mental health area,
  - included economics in it.
- The number of studies has increased by time
- Substance abuse (tobacco, alcohol, drugs, games) the biggest area followed by depression and Schizophrenia
- Small diagnostic areas (suicide, bipolar) too small for proper study

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## Conclusion

- Strength of the study:
  - Search included a wide range of mental health and economic terms/key words
  - All main data bases searched
- Limitations:
  - One reviewer
  - Quality of abstracts and terminology – no possibility to review the articles

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## Conclusion

- Useful to study the changes in the MH economics literature
- Easy to update
- Saves time

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Acknowledgement: We thank AMHB for funding of this study

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**Thank you!**

**Questions?**

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# The economics of mental health

Philip Jacobs  
Arto Ohinmaa  
Institute of Health Economics  
November 18 2008

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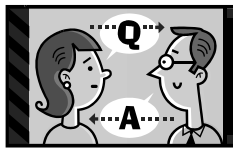
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a.k.a. (alternative title)

- We don't have all the answers.



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## Economics

- Scarce resources...
  - Personal resources
  - Health system resources
- ...in search of unlimited ends...
- ...achieving better outcomes

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## Micro- and macro- views

- Micro view
  - What works and what doesn't?
- Macro view
  - How much should we spend?

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## Unanswered questions

- How much do we spend?
  - By population group
  - By disease type
  - By intervention
- How do we get to there from here (remember, we don't know where here is)?
  - Incentives

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## Micro view

- Economic efficiency analysis
- Where are we, with respect to state of knowledge?
  - Cost - effectiveness
  - Comparison of alternative interventions

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## Macro view

- How much should we spend?

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## Current attempts at an answer

- Kirby report, based on
- Toronto / Peel Report
- Focused on those currently treated
- Inappropriate locations of care
- Inpatient / outpatient focus
- 60/40 → 40/60

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## Current shortfall....

- **\$2.2 billion**



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## But...

- Toronto / Peel Report was sketchy on details of how much we currently spend....



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## And...

- Almost one-half  
Are untreated



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## Therefore...

- It is difficult to know how far we have to go.



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## How much do we spend?



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## Types of cost

- Resources
  - Treatment
  - Caregiving
- Transfer payments
- “Human” costs

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## Cost drivers

- Resource costs (treatment)  
Drive
  - Human costs = 3 x treatment costs
  - Productivity costs = 1.5 x treatment costs
  - Transfer payments = 50% treatment costs
  - Caregiving costs = 50% treatment costs

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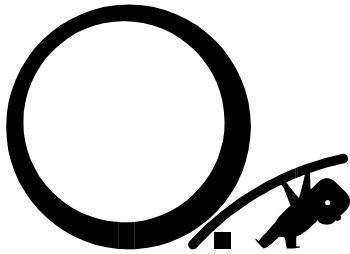
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Proper care can have a big economic impact....



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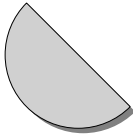
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Currently untreated



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Approaches to the question of “how much should we spend?”

- Benchmark approach
- Behavioral approach
- Budgetary approach
- Cost – benefit approach

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## Current answers

- Budgetary approach
- Toronto / Peel report
- Extrapolation by Kirby report
- Extra needs are \$2.2 million

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## Alternative approaches

- Benchmark approach
- Budgetary approach

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## How much should we spend?

- The question refocused



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- How much should we spend on treatment
- **Which will reduce**
- Human costs, social services, caregiving costs, transfer payments

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### Our preliminary approach...

- There is more than one answer but
- It's more than **\$2.2** billion

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### Future work

- Spending by population, disease, treatment
- Setting of goals
- Identify approaches needed to achieve them

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## **Housing for People with Schizophrenia: Dilemmas of Care and Control**

*Concurrent Session B – 1:45 to 2:45 pm (Salon C)*

Presented By:

Dale Silbernagel, George Benson, Jamal Ali, Laurie Arney, Mark Sunderland, and Michele Misurelli, Members of the Unsung Heroes Peer Support Program, Schizophrenia Society of Alberta, Calgary Chapter

Barbara Schneider, PhD, Associate Professor, Faculty of Communication and Culture, University of Calgary

Abstract

Objective

Homelessness is an ever-present risk among people with psychiatric disabilities. The goal of this research was to investigate barriers to housing stability among people with schizophrenia.

Design and Methods

The project is a participatory action research project led by Dr. Barbara Schneider from the University of Calgary. It involved nine people as co-researchers, from the Peer Support Unsung Heroes Program at the Schizophrenia Society of Alberta, Calgary Chapter, all of whom have schizophrenia and have experienced housing instability. They participated in the project by initiating the research, choosing the topic, developing the research question, and now disseminating the results. They conducted interviews and focus groups with others who have schizophrenia and who have experienced housing instability or homelessness. Interview data was analyzed using HyperResearch software for qualitative data analysis.

Results

Research group members identified the main finding arising from the research as the tension between care and control in relationships between people with psychiatric disabilities and their medical and housing service providers. This tension creates dilemmas for people with psychiatric disabilities that they must negotiate in all their interactions with service providers.

Conclusions

Members of the research group take action on housing instability and homelessness among people with schizophrenia by taking part in this presentation and speaking directly to housing and medical service providers about a topic of great concern to them.

Implications for policy and practice

The research group members generated recommendations for policy and practice which they present in this dramatic reading. Objectives are to raise awareness of the consumer perspective on housing and medical services for people with psychiatric disabilities and to work with service providers to begin to generate solutions to problems.



# **WOMEN'S STORIES OF RECOVERY FROM EATING DISORDERS: VIDEO DISSEMINATION**

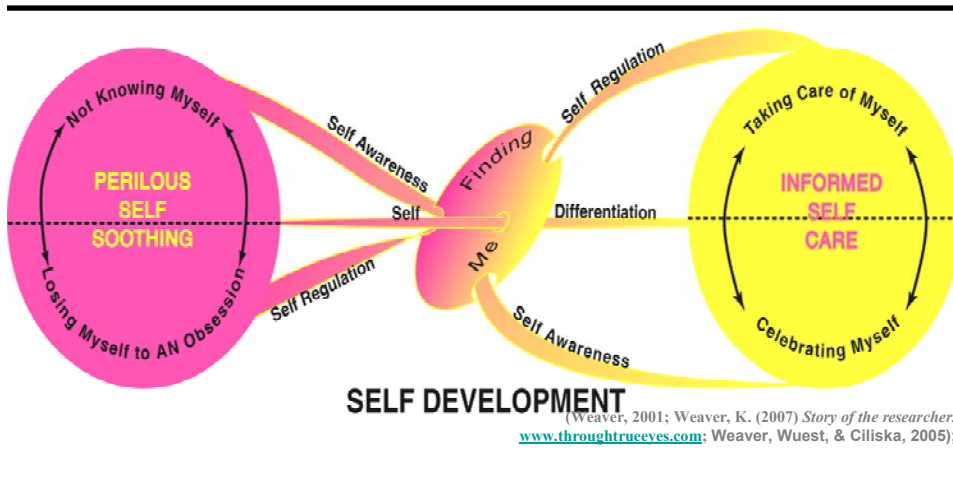
**Kathryn (Kate) Weaver, RN, PhD  
University of New Brunswick**

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## ***THROUGH TRUE EYES* PROJECT**

- Background
- Limitations of traditional dissemination strategies

## THEORETICAL UNDERPININGS



## REPRESENTING THE VOICES

- Early efforts to get the findings to women a into practice . . .

## NOT KNOWING MYSELF

*"I'd always been really, really private about my feelings and would never talk to anybody about anything. Everything was my own problem. If I had a problem, I would because I'd always have this - I'd act like I was always in this constant same mood all the time and people would - if they knew something was bothering me - they would not even expect to get it out of me because I didn't talk... Everyone used to call me the 'Ice Queen'... I would never let anything show."*

SHELTERING 

## LOSING MYSELF

*"It (my hair) was starting to fall out. Like I would brush my hair and it was coming out on the floor. It was really scary. I had really long hair and I thought that it would show when it was thinning out...I walked maybe four or five times a day. I'd go on my mom's treadmill. And my heart - I could feel it just beating really, really fast. But I didn't pay much attention to it because I thought when you exercise, it's supposed to do that."*



## FINDING ME

*I went to a treatment centre in a different province ... It was a whole new world for me ... I could take the mask off and try to be me, whoever that was ... They, these two friends that were my age group would say, you know, 'You've got to get rid of that. That's not you.' And whether it was certain jewelry or certain clothes, I don't know what, but they decided it wasn't me ... And there were instructors as well. No, not instructors, but the nurse, occupational therapist, even the physio. I had ... so much fun in gym class. It was the first time I realized that I was actually having fun ... And oh, oh, I was playing badminton. I was always an athlete in high school, always as a kid. I thought, 'Oh, my God. I'm having fun here. Is this supposed to be allowed?' ... You know, when I talk about my sports and that's part of who I was. And still part of who I am. So all these things keep coming out of me. It was interesting finding me with their help.*



## TAKING CARE OF MYSELF

*I'm learning how to take care of me. And that's never been done. I've never done that. And that comes along with meeting my own needs, identifying what my needs are, and having the courage and strength to go ahead and meet them.*



*To try to do it, I can only do what I can do. And the thing is, if I don't meet it, not to be really hard on myself. I'm very, very hard on myself. I've been hard on myself for years. And I am learning not to be so. So, self-care, self nurturing. I'm learning that. Some people call it selfish. I used to. But I don't anymore. I call it self care."*

## CELEBRATING MYSELF

*I never thought I'd ever love myself...  
I always considered myself the ugly  
duckling...*

*Recovery means looking in the mirror  
again and at first not recognizing  
myself. 'I'm healthy!' I was, 'Oh, I'm  
beautiful!'*

*Everything was new. I'm like, 'Oh my  
gosh, this bottle is green!' I was  
discovering new things all at the same  
time and noticing things I hadn't  
noticed before. It was just great!*



## PROCESS OF CONDUCTING VIDEO DISSEMINATION

- Partnership between PI and film company
- Advantages of video dissemination
- Video focus group and individual interviews
- Data analysis
- Emancipatory process
- Ethics
  - Issues of representation
  - Reactivity
  - Informed consent
  - confidentiality
  - Participant autonomy
  - Equality of air-time
  - Intellectual property & commercial profit

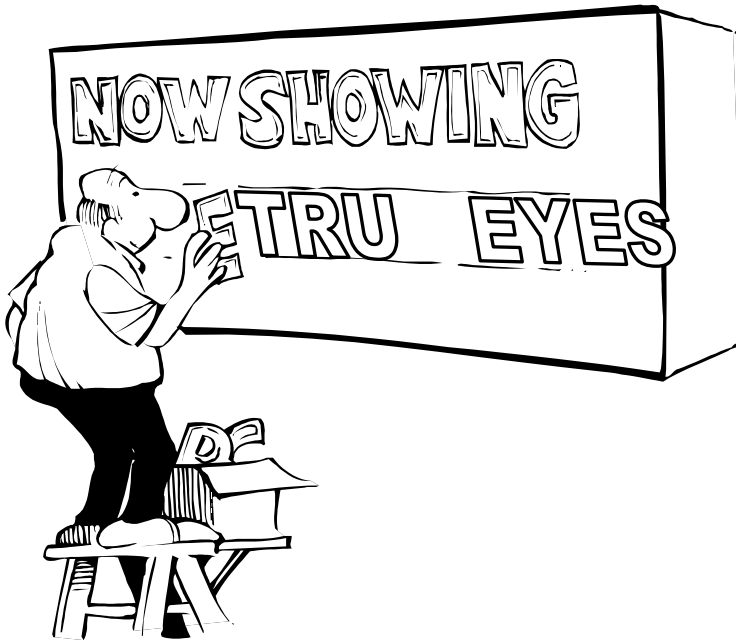
## LESSONS LEARNED

- Steep learning curve
  - Allow extra time
  - Stay involved
  - Critical self-reflection

\*participants

\*film director

\*researcher



## ACKNOWLEDGEMENTS

- The women and families who shared their experiences, insight and patience.
  
- **Financial support**
  - The Cutler Scholarship: NB Mental Health
  - NB Nurses Foundation
  - NANB/Monnex Scholarship
  - Killam Scholarship
  - MacPhedran doctoral fellowship
  - CIHR pre and postdoctoral fellowships
  - AHFMR postdoctoral fellowship
  - Killam Trust for Small Research
  - UNB Special Projects Dissemination Funding