

CEMH

The PSSRU has close links and shares staff with the Centre for the Economics of Mental Health, Institute of Psychiatry, London

Research undertaken at the PSSRU complements topic areas studied at CEMH, particularly those in the Economics of Child Social Care and Mental Health Economics and Policy programmes.

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Mental Health Economics and Policy

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International mental health economics and policy

The increasing recognition globally of the burden of poor mental health has helped raise the profile of international mental health economics and policy. The international mental health group within PSSRU – based at the LSE – is involved in a wide range of activities, all with a focus on capacity building and linking the use of economic evidence to policy making. The members of the group are David McDaid, Claire Curran and Martin Knapp.

One recent stream of activities contributed to the joint WHO/European Commission (EC) Ministerial Conference on Mental Health in Europe held in Helsinki, January 2005. Three policy briefs and a background paper on economics were written prior to the meeting for circulation, and a number of presentations given at the conference. These papers were built on research and reviewing work funded from various sources, including WHO (Geneva), where we took a global perspective on issues related to equity, financing and economic barriers to the development of mental health care. Background papers and reports have also been prepared for the European Commission, including recent support for the development of an EC Green Paper on mental health. Other international research is outlined on page 32.

The growing emphasis on evidence-based practice and policy has naturally raised demands for robust data on the economic implications of mental health problems and their treatment. PSSRU's Mental Health Economics and Policy programme comprises projects that address some of these demands, both in the UK and internationally. Here we summarise some recent activities.

Labour market attainment and behavioural development in childhood

We have examined the degree to which emotional well-being and behavioural development during childhood influences adult labour market status, including earnings, occupational status, employment participation and job stability. Two sources of longitudinal data have been examined: the Cambridge Study of Delinquent Development to age 27 and the 1970 British birth cohort to age 30.

The analyses identified significant associations between childhood behaviour development and adult labour market status (Healey et al., 2003; Healey, 2005). Hyperactivity and antisocial conduct impacted on earnings and unemployment, respectively, and where problematic behaviour persists, the impacts are most negative. The analyses do suggest, surprisingly, that for some employment categories those who had more severe levels of antisocial conduct during late childhood earned significantly more than their peers. Attention deficit problems, however, were associated with unemployment, less involvement in training or educational programmes, lower earnings, and employment in lower status jobs.

There are plans to examine longitudinal relationships within the Cambridge cohort using follow-up data to age 45 and to consider the relationship between childhood behavioural and emotional development and future labour market status within a British birth cohort born in 1946.

Mental health and behavioural problems in childhood: the costs of intervention

Data from a follow-up study of children who were included in the British Child and Adolescent Mental Health Surveys have been used to estimate the costs to the health and education systems arising from emotional and behavioural difficulties in childhood and adolescence. The education system incurs the greatest costs, including special education resource provision and teaching time within a mainstream school environment. Costs associated with contacts with child and adolescent mental health services were relatively small, though greater than those associated with primary care and other children's services.

Multivariate statistical results provide evidence that resources are being targeted on those with greater levels of social and educational impairments.

Cost of relapse in schizophrenia

There are very high personal and financial costs associated with relapse in schizophrenia. One of studies found that, while clinical and quality of life measures did not differ significantly between a sample of schizophrenia patients who had a recent relapse and a control group of patients who had not, the costs for the patients who relapsed were over four times greater (Almond et al., 2004).

Medication adherence

We have explored whether changes in service use and cost patterns are associated with the degree to which people with schizophrenia take the medications that they are prescribed. Analyses of the links between medication non-adherence, side-effects and health service costs found a link between non-adherence and higher costs (Knapp et al., 2004). Further research aims to find out the impact of non-adherence over time. We also aim to consider the impact of changes in treatment patterns on patient satisfaction and the association between antipsychotic use and the onset of diabetes.

Trends and medication choice in antipsychotic prescribing

The introduction of atypical antipsychotics more than ten years ago represented a potentially significant change in the treatment of schizophrenia. But atypical antipsychotics are more expensive than the earlier class of medications, known as typical antipsychotics, although trials tend to show them to be more effective in alleviating symptoms of the illness and to be associated with fewer side-effects (Sartorius et al., 2002, 2003). Primary care data for the UK revealed that the rate of atypical antipsychotic prescribing between 1993 and 1999 had increased ten-fold. Age, recent inpatient stays and frequency of visits to their GP were significant determinants of whether a patient is prescribed a newer atypical antipsychotic as opposed to the older class of drug (King and Knapp, 2005).

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