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Introduction

Demographic and socioeconomic changes and mounting pressures on public service budgets mean that long-term care (LTC) is likely to remain at the forefront of the political agenda for the foreseeable future. At a time when many countries are in the midst of reforming their care and support systems, it is crucial that evidence about 'what works' in LTC is shared as widely and effectively as possible. Sharing this knowledge should lead to improved long-term care policies, and ultimately to better lives for the people using services and their families.

The development of evidence-led policy making in the LTC field is being hampered by the lack of specific forums for exchanging evidence about key policy dilemmas and experiences. As a result, LTC policy debates can be inward looking, with relatively little consideration taken of international experiences on issues such as how to fund, commission, provide and regulate LTC services.

At PSSRU, we are developing a series of activities to promote international collaboration among key stakeholders in the long term care area. In particular, we are organising in London, this September, a major conference on evidence-based policy making in long-term care. At this event, we plan to launch an international network on long term care policy.

International Long-term care Policy Network

The ILPN network will be the first of its kind focusing on the interface between academia and policy in LTC, and will

provide a forum for the exchange of research knowledge and the strengthening of links between the research community, decision-makers and long-term care industry. The Network will provide a vehicle for improving the transfer of LTC policy knowledge within and outside the UK, initially through the organisation of the *International Conference on Evidence-based Policy in Long-term Care*.

International Conference on Evidence-based Policy in Long-term Care, 8–11 September 2010

We are hoping the conference will be the largest of its kind to date. It will present the latest international evidence on the key long-term care policy challenges, and will reflect a range of research perspectives and methodologies. Overall, its emphasis will be on evaluative research with a clear impact on LTC policy. Some of the topics covered by the conference will include: the economics of long-term care; service commissioning; regulation; institutional dynamics and politics; workforce and informal carers; and analytical methods in LTC. Abstracts can be submitted up to 30 April 2010. For further details of the conference visit www.lse.ac.uk/ltcconference2010.

We hope that you share our enthusiasm for evidence based policy making, and look forward to seeing you next September in London!

Dr Jose-Luis Fernandez
Deputy Director, Principal Research Fellow
PSSRU

The PSSRU conducts research and analysis on equity and efficiency in health and social care across three branches (LSE, Universities of Kent and Manchester). PSSRU's mission is to conduct high quality research on social and health care to inform and influence policy, practice and theory.

The PSSRU receives funding from a number of organisations but would particularly like to acknowledge the continued support and funding we receive from the Department of Health for our core research and related activities. All opinions expressed in Research Bites are, however, those of PSSRU and not necessarily of our funding bodies.

Economics of Parenting Programmes

Jennifer Beecham, Madeleine Stevens, Ruth Puig-Peiro

Parenting programmes are playing an increasingly important role in children's policy in England. This early intervention is intended to reduce children's behaviour problems and prevent such problems becoming more serious as the children grow up. In turn these improved outcomes may mean reductions in the use of services (particularly youth and criminal justice services) and therefore future savings to the public purse. Implementing the policy, however, can be challenging for the phrase 'parenting programmes' disguises the considerable differences between programmes in their delivery modes (individual or group interventions, for example), the professional leads, the different locations used (a clinic or community centre perhaps) and the families and children served.

Commissioners and providers, therefore, still have insufficient evidence to help them decide which parenting programmes should be made available to their population, what effect these might have and at what cost. To address these issues researchers at the PSSRU are exploring the costs and cost-effectiveness of parenting programmes in collaboration with a team of researchers led by Professor Stephen Scott at the Kings College London Institute of Psychiatry, initially working within the National Academy of Parenting Practitioners (NAPP).

What are the costs of parenting programmes?

Our research programme at the PSSRU addresses this question in

two ways. Over 100 developers of parenting programmes available in the UK took up the opportunity to submit descriptions of their programme and supporting evidence on effectiveness for inclusion on the Commissioners' Toolkit pages of the NAPP website. These programmes range from the well-established, such as Triple P or Incredible Years, through to smaller locally-developed interventions. From these descriptions we have been able to estimate costs for staffing and other key features for 133 programmes. Preliminary analysis suggests the type of practitioner, the number of sessions offered and levels of preparation and supervision are major determinants of cost.

The second approach to estimating parenting programme costs forms part of the economic evaluations undertaken alongside the effectiveness studies led by Professor Scott's research team (see below for examples). One of the early tasks for PSSRU researchers has been to obtain much more detailed information on all the resources that are used to provide the intervention.

Do programmes successfully implemented in the US show similarly positive results in the UK?

One of the evaluations within this research programme uses a randomised controlled trial to explore the effectiveness and cost-effectiveness of the US-developed Functional Family Therapy (FFT). This trial is the first UK-based attempt to evaluate this programme. FFT is being delivered

by individual therapists in the homes of 50 teenagers who are already involved with youth justice services. Work by the Washington State Institute for Public Policy suggests juvenile offending costs can be reduced dramatically in the US. Is FFT effective in England? If it reduces youth offending (compared to usual services) will the savings to the youth justice system be as great as found for the US?

Which parenting programme(s) should commissioners choose?

There is, of course, no simple answer to this question, for many parenting programmes are designed to have an impact on a particular facet of behaviour for particular groups of children. However, where two or more programmes are intended for similar children, there is insufficient evidence to help identify which will work best. The *Helping Children Achieve* trial aims to show whether Incredible Years, or a literacy programme, or a combination of both programmes are more effective and more cost-effective than usual support. Within this large RCT (240 children aged 5–6 years), and within the FFT evaluation as well, data on the use of health, social care, education and youth justice services are collected before and after the intervention using an adapted version of the *Client Service Receipt Inventory*. These data allow us to assess the extent to which the intervention changes the pattern of service use and to estimate the costs of child and family support; both tasks are important pre-cursors to a cost-effectiveness analysis.

Are short-term positive impacts of parenting programmes maintained?

The UK evidence base addressing this question is thin. There are few existing cost and cost-effectiveness studies and much of the information on longer-term cost and outcomes comes from modelling studies using data from the US or Australia. Importantly, both the FFT and the HCA trials follow the children and their families for a year after the intervention to assess whether any improvements in behaviour have been maintained, and whether these programmes are cost-effective in the longer-term.


When will evidence from this research become available?

Modelling studies – depending on the quality of the assumptions underpinning them – can be a

useful source of information for policy development. However, detailed research to deliver additional information that commissioners and providers may require takes time to deliver. By the end of 2010, most participants in the two RCTs described above will have received the interventions so the shorter-term cost and cost-effectiveness analyses will be undertaken in 2011. The work on the costs of parenting programmes using the Commissioners' Toolkit data will be available later this year.

Other activities within the Economics of Parenting Programmes research are at the developmental stage. For example,

a parenting intervention has been developed for families who have multiple needs and who have a child at risk of exclusion from primary school for behaviour problems. These families often have very negative attitudes to the large number of services that are trying to support them and within the pilot evaluation we are developing and testing new research tools to obtain and record participants' views of these services.

Taken together, we hope that findings from these research activities will improve the UK evidence base for policy-makers, commissioners, providers and users of parenting programmes. 

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PhD research**Housing services for people with mental health problems in England****Marya Saidi**

Over the past 30 years in North America and Western Europe, there have been major changes in mental healthcare provision. These have included a shift from institutionalised to community care, and the closure of long-term psychiatric hospitals, and have resulted in a significant number of individuals with multiple needs being placed in the community and requiring adequate housing, whether with or without support (Fakhoury and Priebe 2002). A new range and variety of specialist housing services has emerged to satisfy these individuals' residential needs, however there is little consensus over what these housing services are or the philosophy they embrace (Fakhoury et al. 2002).

Research within the field of housing services for people with mental health problems has been scarce and insufficient: reliable evidence to guide policies and service development is missing (Fakhoury et al. 2002). A meta-analysis of previous housing studies conducted by Fakhoury et al. (2002) found that there was a need for large-scale surveys that focus on structure, process, and outcome across a variety of housing schemes to identify key variables affecting outcomes, as well as a need to investigate factors that affect positive outcomes relating to tenants' mental and social health.

Furthermore, no exact and reliable data exist on the number of people with mental health problems within these housing services in the UK, nor on their characteristics, including ethnicity, and needs. Similarly, the paucity of research in this field extends to their movements within the system (how tenants enter and leave housing services) – data on the latter is basic and no detailed research has been conducted on tenants' experiences of moving in and out, nor on their well-being and satisfaction. People with mental health problems are one of the most socially excluded groups in society. Evidently, decreased feelings of well-being and satisfaction will not add to tenants' social inclusion.



Consequently, collecting data about well-being and satisfaction in this case would add to the social inclusion knowledge base

In 2006, I worked at the East London NHS Mental Health trust for a couple of years as a research officer in the field of housing services and mental health. A paper for the Department of Health was produced, focussing on characteristics of tenants, and the structure of the housing service as well as an article relating to the provision and costs of their care (Priebe et al. 2009). The inspiration for my PhD thesis emanated from a need for more detailed overview of housing services and in 2009, I started my PhD at the London School of Economics within the Department of Social Policy, under the supervision of Martin Knapp and Jennifer Beecham.

Mapping movements of tenants is an essential first step to studying outcomes: their possible discharge from an acute hospital to a housing service, or otherwise their referral to the service via other routes (GP, self-referral, etc); how they enter the service (via choice-based letting or waiting list) as well as any differences in experiences depending on their age, gender, ethnicity and severity of mental distress.

At this point in my work, I am in the setting-up stage of my project. Four areas have been selected to sample from. From each area, eight housing services will be selected randomly. Managers of each housing service will be interviewed for about 30 minutes, and will be asked questions concerning the make-up of their service, the characteristics of tenants

as well as their activities. Managers will also carry out the task of randomly selecting up to four tenants from their service to be interviewed. Interviews with tenants will last up to 90 minutes each. I will be asking them questions about their movements in and out of the service, their well-being and satisfaction levels, their health, their frequency of contact with friends and family, as well as their day-to-day activities. Interview questions are partly based on the EQ-5D (The EuroQol group, 1990), the Social Network Guide Measure (Forrester-Jones and Cambridge 1998), the Client Service Receipt Inventory (Beecham and Knapp 2001) as well as the Housing Environment Survey (Wright and Kloos 2007). I aim to begin interviews in Spring, and data collection will last for nine consecutive months.

My objective is to establish a picture of how a tenant carries out their day, and if that affects their well-being and satisfaction levels. Ultimately, I would like to compare experiences of tenants by gender, age, ethnicity and level of mental health distress.

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Research proves that prevention is cheaper than cure

Pioneering research from the Personal Social Services Research Unit at LSE and the University of Kent has revealed that investment in preventive social care services more than pays for itself in savings to the NHS. For every additional £1 spent on such services to support older people, hospitals save around £1.20 in spending on emergency beds.

Launching the PSSRU report on January 18th, the Health Secretary, Andy Burnham, said it made a "powerful and persuasive argument for putting prevention first – not first out the door".

Academics evaluated 146 pilot schemes, funded by the Department of Health, known as the Partnership for Older People Projects (POPPs) which were run in 29 English local authority areas from 2006 to 2009. Two-thirds of the schemes were aimed at reducing social isolation and exclusion, or promoting health living among older people, with the remainder directed specifically at avoiding hospital admission or facilitating early discharge.

The projects developed ranged from low-level services, such as lunch-clubs, to more formal preventive initiatives, such as hospital discharge and rapid-response services. Over a quarter of a million people (264,637), average age 75, used one or more of these services during the study.

Researchers found that the scheme could almost halve overnight stays in hospital (47 per cent), cut accident and emergency

attendances by nearly a third (29 per cent) and outpatient appointments by 11 per cent.

Dr Julien Forder one of the report's LSE authors, said: "Our research found that these measures improved quality of life and wellbeing for many older people. The projects were also found to deliver significant cost savings by reducing the use of hospital services. This work showed the potential benefits of better collaborative working between the NHS and social care in investing in prevention and early intervention".

The PSSRU report calculates an 86 per cent probability that the POPPs projects overall were cost-effective, compared with the usual care. The scheme has proved so successful that, of the 146 projects set up, only three per cent have closed.

Mr Burnham described the report as a window into the world of the government's proposed national care service, adding that whatever happens in the general election "we have to reduce spending in the hospital sector and we have to cut emergency admissions, because the figures are just not sustainable".


While arguing that the initiative must stay at local level, the health secretary acknowledged that ministers might have to make national changes too. Already in the pipeline is an adjustment of the NHS tariff-payments system so that hospitals do not continue to have a perverse incentive to pull in patients. Incentives for GPs to become more involved in the schemes could be another.

Key findings from the report were presented to an audience that included Phil Hope, Minister for Care Services, and David Behan, Director General of Social Care, Local Government and Care Partnerships at the Department of Health.

Mr Burnham added: "With more people over 65 than under 18 and increasing pressure on services, we need a new approach to the care and support system that is fair, simple and affordable.

"We are radically overhauling the care and support system. Prevention, early intervention and integration of services are all fundamental principles to that reform and our vision to create a National Care Service.

"This report also provides valuable evidence that change can happen now. If local NHS and social care services work together to invest in prevention and early intervention, we can cut costs and improve older people's quality of life".

Altogether, 522 organisations were involved with projects across the POPP programme, including: health bodies, such as PCTs, secondary care trusts and ambulance trusts; other bodies, such as the fire service, police and housing associations; national and local voluntary organisations; and private sector organisations. Volunteers, including many older people themselves, also made an important contribution, becoming increasingly significant over the period of the project. 

This press release was written by Jo Bale of LSE's Press and Information Office.

A full copy and/or executive summary of the report is available at www.pssru.ac.uk

Service use and cost of mental disorder in older adults with intellectual disability

Strydom A, Romeo R, Perez-Achiaga N, Livingston G, King M, Knapp M, Hassiotis A (2010)
British Journal of Psychiatry, 196, 133–38

Abstract

Background

The cost of caring for people with intellectual disability currently makes up a large proportion of healthcare spending in western Europe, and may rise in line with the increasing numbers of people with intellectual disability now living to old age.

Aims

To report service use and costs of older people with intellectual disability and explore the influence of sociodemographic and illness-related determinants.

Method


We collected data on receipt and costs of accommodation, health and personal care, physical as well as mental illness, dementia, sensory impairment and disability in a representative sample of adults with intellectual disability aged 60 years and older (n = 212).

Results

The average weekly cost in GBP per older person was £790 (£41,080 per year). Accommodation accounted for 74%. Overall costs were highest for those living in congregate settings. Gender, intellectual

disability severity, hearing impairment, physical disorder and mental illness had significant independent relationships with costs. Mental illness was associated with an additional weekly cost of £202.

Conclusions

Older adults with intellectual disability comprise about 0.15–0.25% of the population of England but consume up to 5% of the total personal care budget. Interventions that meet needs and might prove to be cost-effective should be sought. 

Cognitive-behavioural therapy for adolescents with bulimic symptomatology: The acceptability and effectiveness of internet-based delivery

Pretorius N, Arcelus J, Beecham J, Dawson H, Doherty F, Eisler I, Gallagher C, et al (2009)
Behaviour Research and Therapy, 47, 729–36

Abstract

Background

The evidence base for the treatment of adolescents with bulimia nervosa (BN) is limited.

Aims

To assess the feasibility, acceptability, and clinical outcomes of a web-based cognitive-behavioural (CBT) intervention for adolescents with bulimic symptomatology.

Method


101 participants were recruited from eating disorders clinics or from beat, a UK-wide eating disorders charity. The programme consisted of online CBT sessions

(‘Overcoming Bulimia Online’), peer support via message boards, and email support from a clinician. Participants’ bulimic symptomatology and service utilisation were assessed by interview at baseline and at three and six months. Participants’ views of the treatment package were also determined.

Results

There were significant improvements in eating disorder symptoms and service contacts from baseline to three months, which were maintained at six months. Participants’ views of the intervention were positive.

Conclusions

The intervention has the potential for use as a first step in the treatment of adolescents with bulimic symptomatology. 

Gearing up for personalisation: Training activities commissioned in the English pilot Individual Budgets sites 2006–2008


Manthorpe J, Stevens M, Rapaport J, Jacobs S, Challis D, Wilberforce M, Netten A, Knapp M, Glendinning C (2010)
Social Work Education, 29, 3, 319–31

The transformation of social care in England is taking place through changes affording greater choice and control for people using services. Individual budgets were one key element of these changes and were piloted in 13 local authorities in 2006–2008.

This article reports on interviews with training leads in these local authorities that took place in 2008 as part of an independent evaluation of the individual budget

pilots. The aims of the interviews were to explore the role of training as part of the processes of transformation, the use of resources and establishment of training strategies within the local authority.

Participants revealed that the subject of training was acquiring higher profile within their authorities, although uncertainties remain about the extent of local authority responsibilities for training. Within local authorities,

training resources were yet to be determined and models of training were not fully developed. The article concludes that training will remain a central issue when implementing personalised social care services and that models of training for such changes should be shared and evaluated over the long term. 

Overcoming the barriers experienced in conducting a medication trial in adults with aggressive challenging behaviour and intellectual disabilities

Oliver-Africano P, Dickens S, Ahmed Z, Bouras N, Cooray S, Deb S, Knapp M et al. (2010)
Journal of Intellectual Disability, 54, 1, 17–25

Abstract

Background

Aggressive challenging behaviour in people with intellectual disability is frequently treated with antipsychotic drugs, despite a limited evidence base.

Method


A multi-centre randomised controlled trial was undertaken to investigate the efficacy, adverse effects and costs of two commonly prescribed antipsychotic drugs (risperidone and haloperidol) and placebo.

Results

The trial faced significant problems in recruitment. The intent was to

recruit 120 patients over two years in three centres and to use a validated aggression scale (Modified Overt Aggression Scale) score as the primary outcome. Despite doubling the period of recruitment, only 86 patients were ultimately recruited.

Conclusions

Variation in beliefs over the efficacy of drug treatment, difficulties within multidisciplinary teams and perceived ethical concerns over medication trials in this population all contributed to poor recruitment. Where appropriate to the research question cluster randomised trials represent an ethically and logistically feasible alternative to individually randomised trials. 

Making the case for investing in suicide prevention actions in Europe: The OSPI project

Eva Bonin and David McDaid

The European Region has the highest rate of completed suicide in the world; every year, more than 58,000 people die from suicide in the European Union (EU) alone (WHO 2003). There is, however, a large disparity between countries: While the rate for the EU as a whole is ten per 100,000, countries that entered the EU before May 2004 have a rate of 9.1, compared to 13.7 in those that joined in 2004 or 2007. Given that suicides are often disguised as accidents or cause of death recorded as undetermined, the extent of 'hidden' suicides is likely to be large (Chishti et al 2003), and the number of suicide attempts may be ten times that of completed suicides (O'Dea and Tucker 2005). In 2004, self-inflicted injury accounted for 2.3% of the burden of disease in Europe (WHO 2004).

In addition to the emotional suffering caused, the costs of suicide to the economy and society are high (McDaid and Kennelly 2009). They provide an additional motivation for efforts to prevent such tragedies. Economic costs are typically distinguished between direct and indirect costs. In the case of suicide, direct costs include the costs to the health care system and emergency services, police and coroner investigations, funerals and bereavement support. The costs to the health care system are relatively low – funeral costs account for the largest share of total direct costs (Clayton and Barcelo 2000).

There are two types of indirect costs. Suicide means that individuals lose the opportunity to contribute to the economy, whether this is through paid or voluntary work or family responsibilities (lost

output). Given the link between suicidality and depression or disability resulting from a suicide attempt additional costs may arise, such as lower productivity in the workplace, sickness absence, reduced career opportunities, early retirement or need for social welfare benefits. These costs are commonly referred to as productivity losses. But the most fundamental impact of suicide is losing the opportunity to experience life. Family and friends often experience vast and enduring consequences from grief as well as resulting health problems. In addition, a suicide often carries a stigma for the family, especially where suicide is considered a sinful act or where it is illegal. All of these impacts are referred to as 'intangible costs' because they are often hidden and difficult to assess (McDaid and Kennelly 2009).

Surprisingly, there are few studies of the economic costs of suicide that attempt to include all types of costs (Kilian et al. 2007). In New Zealand costs were estimated at £1.2m per suicide (O'Dea and Tucker 2005), while in Ireland, the corresponding figure was some £1.4m (Kennelly et al, 2005). In Scotland, the average cost was £1.3m per completed suicide (Platt et al. 2006). Direct costs account for just a tiny fraction of total costs – only £8.5k in Scotland. Intangible costs on the other hand on average contribute more than 70% to total costs.

The three-year OSPI (Optimising Suicide Prevention Interventions) project is funded by the European Commission under the 7th Framework Programme and brings together researchers and practitioners from at least ten European

countries. It aims to provide health policy makers, stakeholders and the European Commission with an evidence-based and efficient concept for suicide prevention with corresponding materials and instruments for multifaceted intervention, as well as guidelines to support the implementation process.

It is based on an existing four-level intervention developed by the European Alliance Against Depression (see Hegerl et al. 2009). Following a further review of existing evidence on best practice, a fifth level has been added to the intervention (Box 1). OSPI is currently being implemented in regions in four countries: Hungary, Portugal, Ireland and Germany, each representing a different health policy model within diverse social and cultural contexts. Certain core elements will be implemented across the four sites and additional elements can be added in response to local needs and capabilities. Outcomes will be compared between the intervention region and a control region in each country. The evaluation will test the efficiency of each level of the intervention as well as the prevention programme as a whole, the practicability of the materials and instruments developed, and identify any shortcomings and potential for improvement. This analysis will result in an optimised intervention concept for dissemination and practice transfer across Europe.

As part of the project the PSSRU team is undertaking an economic evaluation in partnership with research and implementation

**Box 1: OSPI-Intervention: aims and target groups**

Level 1:	Training for professionals
Aim:	Improve recognition of depression and suicidality
Target groups:	Training sessions and informational videos for medical and mental health professionals, social workers
Level 2:	Public health interventions
Aim:	Raise awareness of depressive symptoms and treatment options
Target groups:	Flyers, posters, cinema spots, press involvement
Level 3:	Community facilitators
Aim:	Raise awareness of depression and suicidality
Target groups:	Training sessions for multipliers such as priests, pharmacists, youth workers, undertakers, taxi drivers
Level 4:	High risk groups
Aim:	Offers for high risk groups and support of self-help activities and relatives
Target groups:	Persons after suicide attempt, bereaved relatives, information material (emergency cards & helpline numbers), signposting at suicide "hotspots"
Level 5:	Access to means
Aim:	Restricting access to lethal means such as overdoses of lethal medication, safety measures (railings at bridges)
Target groups:	Local councils

teams across the four sites. In order to complete the economic evaluation, and thus estimate the additional cost per suicide averted, we are focused on three principal tasks. Firstly we are estimating the costs of suicide and non-fatal suicidal acts in the four countries implementing the intervention. A bespoke questionnaire is being developed to collect information on the typical resource use for suicidal acts, from both public purse and societal perspectives. The cost per suicide will allow us to estimate the potential savings to society if OSPI leads to a reduction in the number of suicidal acts.

We are also estimating the cost associated with the implementation of the OSPI intervention in each of the four intervention regions. In addition to money spent, this includes other resources such as overheads, donations and, most importantly,

volunteer time. We are looking at some of the wider costs and consequences of the intervention, for instance the extent to which the intervention may reduce costs to the health system.

In calculating costs per suicide averted, sensitivity analysis will be used to test how varying assumptions on costs, effectiveness and fidelity of implementation impact on the likelihood that the intervention will be cost-effective. Since the full effects of the intervention will not be revealed within the study period, we will use decision analytical modelling to estimate longer term costs and benefits of implementing OSPI.

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Consumer costs of care for mental health services in Wakiso District, Uganda

Florence Baingana

Uganda, like most other low-income countries, has a tax-based system for financing health care: services are supposed to be free to all. However, remuneration of health staff is very low and quality of care is very poor, with frequent drug shortages. As a result, those who can afford to do so will often seek care with private providers or they make an under-the-table payment to public providers in order to get faster access to care and better quality.

In Uganda, 60% of the health care budget is paid for out-of-pocket. This amount is the formal payments made to private providers or to private wings of public services. It also includes purchases of drugs made in pharmacies or drug shops, but does not include the informal under-the-table payments, or payments made to traditional healers.

Various studies carried out in Uganda have found the burden of depression and other mental disorders to be quite high, ranging from 8 to 50% in one study (Kinyanda 2004). Such high numbers are due to HIV and AIDS, conflicts in the northern part of the country, and severe poverty, especially in the conflict-affected districts. In relation to mental health, up to 80% of patients and/or their relatives first seek care with traditional healers, compared to about 4% for surgical patients (Baingana 1990). A study in Nigeria found that traditional mental health care was three times more expensive than the 'western' systems of care (Makanjuola 2003).

Supported by a Wellcome Trust Fund grant, I will carry out a study

on consumer-side costs of care in Wakiso District, Uganda, beginning in about September 2010.

The research question will be "What are the consumer-side costs of care, including incentives and disincentives, for mental health services in Wakiso District, Uganda?"

Specific objectives will be:

1. To describe the policies relevant to mental health care services in Uganda
2. To examine knowledge, preferences and practices in relation to health seeking and for mental health care
3. To assess the extent and nature of consumer-side costs of mental health services, both at the allopathic and the traditional healing sites.

This will be a cross-sectional study that will use both qualitative and quantitative techniques. The qualitative study will investigate knowledge, practices, and preferences in relation to mental health services. Data will be collected on perspectives and behaviours of the patients and their carers/families, on service use and costs of mental health services, and why and how individuals make decisions about providers. The qualitative study will inform the selection of the traditional healing sites as well as the design of the quantitative questionnaire. Respondents will also include opinion leaders, traditional healers, religious leaders, health workers, district officials and Ministry of Health officials.

The quantitative study will be on adults, aged 18 years and above, who consult at an allopathic hospital that provides mental health care services, as well as at selected traditional healing sites, all within Wakiso District. Selection of the sites will be purposive.

Study variables will be a psychiatric diagnosis (the instruments used will be the CIDI and the Hopkins Symptom Checklist), socio-economic status of households, days out of role, patient costs, both formal and informal, and consumer decision trees and financing flow.

In the context of low-income countries and in relation to mental disorders, it is important to first establish how much is being paid, both at the traditional healing sites as well as at allopathic health care services. It is also important to establish equity issues: what impacts these costs have on the different socioeconomic groups as well as on the vulnerable. Future steps would be to establish effectiveness of allopathic and traditional healing services in order to target resources to the most effective service, thus saving consumers valuable and scarce resources. Further studies could be on access issues: are patients with mental disorders not accessing either one of the systems of care due to financial constraints?

As Uganda discusses a policy relating to traditional healers, the results of this study are likely to be important in determining some of the policy decisions. Results will also be important for the Mental

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Looking for the answers in health and social care

LSE Health and Social Care, a research centre within the LSE's department of social policy, has won a Queen's Anniversary Prize for applying research to the advancement of global health and social care policy. "The centre works to bridge the gap between research and policy," explains Professor Alistair McGuire, head of the department of social policy. A key part of its work involves identifying best practice across the European Union and discovering how it stems from local policies. The centre is currently involved in developing the EU's mental health strategy. Its work has also fuelled debate about contentious healthcare reforms in the United States.

Times,
(Queens
Anniversary Prizes
2010),

18 February 2010,
pages 2 & 3

For further press releases and updated information visit PSSRU Press Releases.

Continued from previous page


Health Unit in the Ministry of Health, which is focusing on strengthening community-level provision of mental health care as well as community mobilisation in order to improve attendance at 'western' mental health care services. This is part of the second African Development Bank Support to the Health Sector Strategic Plan Project.

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Congratulations to...

Professor Jennifer Beecham



has recently been promoted from Principal Research Fellow to Professorial Research Fellow.

Prior to joining PSSRU at LSE in 2007, Jeni was based at the Centre for the Economics of Mental Health, Institute of Psychiatry where she was Assistant Director. She also works half-time at the PSSRU at the University of Kent where she was appointed to a personal chair in 2007. She has more than 20 years experience in research, much of which includes an economic component. Her research has covered a wide range of issues in community care, in particular evaluating services for adults with needs related to mental health and intellectual disabilities. In the last 10 years or so, Dr Beecham has also worked on a number of studies of eating disorder services, as well as studies of mental health, education and social care services for children and young people.

Dr Jose-Luis Fernandez



has recently been promoted from Senior Research Fellow to Principal Research Fellow.

Jose-Luis is an economist by training and is currently analysing the impact on equity and efficiency of alternative funding arrangements for long-term care. He was part of the Wanless Social Care Review team, which analysed future funding requirements for social care for older people in England, and was subsequently seconded to the UK Treasury to contribute to its review of social care funding systems. Jose-Luis is also examining variability in local provision of social care services in England, its causes and its consequences for local equity and efficiency. He has carried out extensive microeconomic analysis of equity and efficiency in the allocation of social and health services, in particular concentrating on the development of methodologies for the estimation of the impact of services on users' welfare. As part of this strand of analysis, José-Luis collaborated in the evaluation of the national Individual Budgets pilots.

Dr Julien Forder



has recently been promoted from Senior Research Fellow to Principal Research Fellow.

Julien Forder is also Professor of the Economics of Social Policy and Deputy Director of PSSRU at the University of Kent, and a Senior Associate of the King's Fund. Previously Julien was seconded to the King's Fund as project lead for the Wanless Social Care Review. Before that, Julien had been seconded to the Strategy Unit in the Department of Health, providing advice to Ministers on social care and related areas of health policy. He is an economist and has conducted research in social care for over 15 years.



Queen's Anniversary Prize for Higher and Further Education 2009 awarded to LSE Health and Social Care

Fiona Scorer

LSE Health and Social Care (of which PSSRU is a part) has been honoured with a Queen's Anniversary Award for 'applying research to the advancement of global health and social care policy'. LSEHSC is a leading academic research centre, highly respected as an innovative and influential leader in the field of health and social care policy research, with an established national and international reputation.

In particular, the PSSRU, directed by Professor Martin Knapp, has been recognised for achievement in adult social care research and the impact on well-being of the nation. The Royal Anniversary Trust commented on PSSRU's "groundbreaking research on the shaping of new models for care management in the community which have underpinned legislation".

Presentation of the award

During a Ceremony at Buckingham Palace on 19 February this year, Her Majesty The Queen and His Royal Highness Prince Philip, the Duke of Edinburgh, officially presented the London School of Economics and Political Science with the prestigious Queen's Anniversary Prize Medal and Certificate for Higher and Further Education 2009. The Director of LSE, Howard Davies, and co-director of LSE Health and Social Care, Professor Elias

Mossialos, collected the award. A Reception followed in the Picture Gallery, where invited guests from LSE Health and Social Care together with other prizewinning institutions were introduced to the Queen, Duke of Edinburgh and Princess Royal, and had the opportunity to discuss their work.

The evening before the Presentation Ceremony a number of specially invited guests, including leading figures in education, business and public life from the UK and elsewhere, academics from LSE Health and Social Care, LSE's Pro-Director, Professor Sarah Worthington, and Chairman, Mr Peter Sutherland, were invited to a Celebratory Banquet held at Guildhall in the City of London. The event honoured the achievement of the prize winners in a truly national celebration hosted by Sir Robin Gill CVO, Chairman, and Trustees of the Royal Anniversary Trust.

Guests included Julie Jones, chief executive of the Social Care Institute of Excellence who said: 'Congratulations to you and your fantastic colleagues on the award. It was a privilege to attend the Guildhall banquet as your guest.'

Martin Knapp said: 'Receiving this highly prestigious award provides additional recognition of the excellent research that is taking place within PSSRU and LSE Health. It also reflects the excellent reputation of the centre and acknowledges the unrivalled contribution to the economics of social care'. ■



The Queen's Anniversary Prizes for Higher and Further Education were established in 1994 by the Royal Anniversary Trust in commemoration of the 40th anniversary of the Queen's reign in order to recognise and promote world-class achievement and excellence in UK universities and colleges. The Prizes are part of the National Honours System; are awarded biannually and managed independent of Government by the Trust.

NIHR School for Social Care Research – Annual Conference

Tuesday 30 March 2010

10.15am – 4.15pm

London School of Economics
and Political Science

The NIHR School for Social Care Research is pleased to announce that its first annual conference. The event will focus on

- Background and future of the NIHR School for Social Care Research
- Key themes for adult social care practice research in England
- Current and future priorities for adult social care research in England.

The conference programme is available online at
www.lse.ac.uk/collections/NIHRSSCR/Events/Annual%20Conference%202010/SSCR_Conference_Programme.pdf

The conference is open to all. The registration fee is £50 per delegate (£25 for students and concessions).

To register for the conference please complete and return the registration form [www.lse.ac.uk/collections/NIHRSSCR/Events/Annual_Conference_2010/Registration_Form_Annual_Conference.doc] with a cheque or purchase order.

For more information email
sscr@lse.ac.uk

The School for Social Care Research is a partnership between the three branches of PSSRU, the Social Care Workforce Research Unit at King's College London, the Social Policy Research Unit at the University of York, and the Tizard Centre at the University of Kent, and is part of the National Institute for Health Research (NIHR).

Supporting the use of research evidence in social care management and policymaking: Lessons from the health sector

Monday 12 April

10.30am – 12.00pm

U8, Tower 1, London School of
Economics and Political Science

Speaker: Dr John Lavis

This seminar forms part of the HEIF 4 Funding Knowledge Transfer in Social Care Research Project. This seminar will address the following questions:

- what do we know about supporting research use by managers and policymakers?
- what are the challenges that efforts to support research use are striving to overcome?
- what are some of the innovative strategies that are being developed and evaluated in the health sector?

John N Lavis, MD PhD, is the Director of the McMaster Health Forum (www.mcmasterhealthforum.org), Canada Research Chair in Knowledge Transfer and Exchange, a Professor (in both the Department of Clinical Epidemiology and Biostatistics and the Department of Political Science), and a Member of the Centre for Health Economics and Policy Analysis at McMaster University. His principal research interests include knowledge transfer and exchange in public policymaking environments and the politics of health systems.

For more information, contact
Anji Mehta or Dan Kearns at PSSRU
by email pssru@lse.ac.uk,
phone 020 7955 6238 or
visit the PSSRU website
www.lse.ac.uk/collections/PSSRU

This event is free and open to all but registration in advance is required by email to pssru@lse.ac.uk. Entry is on a first come, first served basis.

2010 LSE Health and Social Care Annual Lecture: Trust, Transparency and Care

Monday 17 May 2010
6pm

The lecture will be given by Sir Christopher Kelly on the challenges facing health and social care post election.

New Theatre, London School of
Economics and Political Science

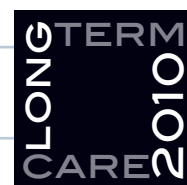
The lecture will be followed by a reception.

For more information, contact
Anji Mehta or Dan Kearns at PSSRU
by email pssru@lse.ac.uk or
phone 020 7955 6238

Further details are available on the LSE Health and Social Care website
www2.lse.ac.uk/LSEHealthAndSocialCare/Home.aspx

This event is free and open to all but registration in advance is required by email to pssru@lse.ac.uk. Entry is on a first-come, first-served basis.

International Conference on Evidence-Based Policy in Long-Term Care



8th to 11th September 2010

PSSRU is pleased to be hosting the first International Conference on Evidence-based policy in long-term care.

Deadline for abstract submission:
30 April 2010

Early bird registration ends:
30 May 2010

Deadline for registration:
1 July 2010

The conference aims to provide a forum for exchanging the latest international evidence on key Long Term Care policy topics such as how to organise, deliver, fund and regulate services. The emphasis is therefore on evaluative research with clear impact on policy.

Further details on the conference and submission of abstracts available online at www.lse.ac.uk/ltcconference2010.

Some recent presentations

Julien Forder – *The costs and benefits of social care funding in England* at the Counsel and Care 5th National Conference in London in January.

Martin Knapp – *Building community capacity: economic arguments?* for the Department of Health in Manchester in February.

Martin Knapp – *Ageism in mental health and social care services: the research base* in Llandrindod in February.

Martin Knapp – *Early intervention: Is it worth it?* at a conference hosted by Place2Be in London in February.

Martin Knapp – *The economic consequences of depression and diabetes when co-morbid* at the European Congress of Psychiatry in Munich in March.

Juliette Malley – *Putting People First Survey: Scope and Methods* at the Social Services Research Group Conference in Birmingham in November.

Paul Niblett, Juliette Malley, Louise Bell and Sue Whetton – *How national user surveys are done, with what results, from national and local perspectives* at the Social Services Research Group Conference in Birmingham in November.

**Study on Social Services of General Interest in Europe**

The LSE team is Jose-Luis Fernandez, David McDaid and Tihana Matosevic

Funded by the European Commission, and led by Bernard Brunhes International, this project aims to contribute to the monitoring of social services across the EU and to the EU dialogue on social services. The project is focusing on four social service sectors - long-term care, employment services, childcare and social housing. It will map an overview of the basic characteristics of organisation and financing as well as the types of service providers in 22 countries and provide a description and analysis of the scope and effectiveness of quality frameworks/tools for these social services in each of these four social services in 15 countries.

The project will make inputs to the 2010 Biennial Report and feed the Commission's on-going work aiming at providing guidance on the application of Community rules to social services of general interest. ■

Economic Evaluation of Early Intervention (EI) Services

Martin Knapp and A-La Park, working jointly with Paul McCrone (Institute of Psychiatry, King's College London)

Funded by the Department of Health, and building on earlier studies, this project is modelling the impact of early intervention services on:

- vocational outcomes, such as education/employment/training status
- the costs of crime
- child and adolescent placements ■

Mental Health Promotion and Prevention

Martin Knapp (LSE) and Michael Parsonage (Sainsbury Centre for Mental Health)

Martin Knapp and Michael Parsonage are leading a programme of work funded by the DH which is looking at the economic case for preventing mental health problems and promoting mental wellbeing. The ultimate aim is to develop a simple toolkit for prevention and promotion, and – in a parallel piece of work – the business case for investing in violence prevention. The work is due to be completed in the next two months. ■

Building Community Capacity to Put People First Project

With support from the DH, PSSRU is exploring whether there is an economic case for investing in 'social capital' to help prevent or delay the emergence of social care needs, and to provide support for people with those needs. ■

Speech, Language and Communication Needs (SLCN) Cost-Effectiveness Research Programme

Jennifer Beecham is working with colleagues from the Centre for Educational Development Appraisal and Research (University of Warwick), the Institute of Education London, Queen Margaret University, Edinburgh and the University of West of England on the Speech, Language and Communication Needs (SLCN) Cost-Effectiveness Research Programme funded by the Department of Children, Schools and Families. The Programme aims to improve the evidence base available to commissioners and policymakers in developing services for children and young people with SLCN. Jeni is developing methods for estimating unit costs, a (suite of) 'resource use' data collection schedules and a review of the literature for economic-related information, feeding into a Working Paper describing the different types of economic evaluation/studies. ■

Acknowledgements

This issue of Research Bites has been edited by PSSRU LSE Communications Group (Tihana Matosevic, Martin Knapp, David McDaid, Juliette Malley and Anji Mehta).

The editors acknowledge all members of PSSRU LSE who have contributed to this issue.

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