Estimating the costs of additional training for primary health care workers
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Introduction
This paper summarises some cost estimation work undertaken within a four-year study monitoring the implementation and effects of a programme of additional training for primary health care workers (PHCWs) that aimed to promote the psychological and social adaptation of children and families. The study took place in five European countries: the UK (where the PHCWs were health visitors), Cyprus, Finland, Greece and the Federal Republic of Yugoslavia (FRY). PHCWs received an intensive training programme intended to enable them to relate to families, to assess family need on the basis of factors known to influence child mental health, and to support those in need. The aim of the intervention was to facilitate early identification of those children at risk of psychological and social problems, and to prevent the onset of such problems. This short paper describes the cost implications of providing the PHCWs with the additional training and support needed to implement the intervention.

Methodology
A template was designed to process data from each country and to calculate costs (see box 1). Information was taken from the progress reports given at team meetings. These reports usually supplied details of the numbers and professional background of trainers and trainees, the length of the course, and arrangements for providing ongoing supervision of the trainees. Contacts in each country were asked to confirm the details and to provide extra information about time spent on activities such as informal meetings and administration.

Challenges
Arrangements for the provision of ongoing supervision varied from country to country. In some cases arrangements changed over time so costs reflect instances where sessions became less frequent as the PHCWs required less support. To maintain consistency, arrangements for ongoing supervision and support have been assumed to continue for the same length of time in each of the countries as in the UK (two years and four months).

All PHCWs who were trained were assumed to have continued in employment and received ongoing supervision, although at the Finland site, one person left after a year. This would make little difference to overall costs. In Greece,
However, two course participants did not complete the training course. These courses were designed for 12 people, but the resources were used to support only ten. Costs were calculated using both sets of assumptions.

When estimating the unit costs of staff time in the UK, it was possible to include overhead costs, such as the cost of office space, heat, light, equipment and stationery, as these data are publicly available (see, for example, Netten and Curtis, 2000). For the other countries, no realistic estimates could be made for these items. These differences in the scope of cost estimations means that the UK data are not directly comparable. Of course, even if these data were available direct comparisons would need to be made with caution, given the influence on costs of the social, economic, political, historical and cultural structures peculiar to each country.

The costs of training

With due regard to the cautionary notes above, local costs were converted to pounds sterling using ‘purchasing power parities’ (PPPs). This would give an idea of the comparative costs of running the training course in each country. PPPs are the rates of currency conversion that eliminate the difference in price level between countries (OECD, 1996). Thus, when the conversion is made using PPPs, it reflects only the differences in the volume of goods and services purchased (Chisholm, 2000).

In Table 1, the total costs of running the course and providing continuing supervision in four countries are presented in £sterling PPPs. No PPP rate was available for the FRY. Although the same training model was used in each country, the costs associated with the course varied a good deal. Importantly, the number of staff hours absorbed by course activities were different in each country: 1,980 hours in the UK; 2,417 hours in Cyprus; 1,519 hours in Greece; and 2,773 hours in Finland. An hourly cost per trainee was estimated, which is perhaps the most useful way of comparing data across countries: £22 in the UK; £17 in Cyprus; £10 in Finland; and £7 in Greece.

Summary

Despite several challenges, it was possible to estimate the cost of providing the additional training to PHCWs in each country. Not only does this provide valuable information for anyone planning to run such a course in future, but these data will also be used to establish the relative cost-effectiveness of the intervention. These analyses are underway for the UK data (Hallam et al., 2003) and will be completed for the other countries by 2004.

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Current projects in International Mental Health

The Mental Health Economics European Network (MHEEN)
This EC-funded network is led by the LSE and NGO Mental Health Europe with partners in the 15 EU countries plus Iceland and Norway. It aims to improve understanding and dissemination of mental health economic information to support decision and policy making and enable cross-national comparative analysis of mental health care systems through extensive data gathering of primary economic dimensions relevant to mental health systems. This will lead to a network for learning about economic issues in mental health and how they are being addressed in EU Member States and beyond.

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Post-traumatic Stress in the Balkans — the STOP Project
This is an EC-funded project, led by Professor Stefan Priebe from Queen Mary’s College, focuses on posttraumatic stress among people from Bosnia, Croatia and Serbia. The objectives are (i) to understand why most people suffering from post-traumatic stress do not seek treatment, (ii) to establish the extent to which research results gained in populations who took refuge outside the war area apply to those who stayed in the Balkans, (iii) to benchmark what outcomes are to be expected for patients in specialised centres, (iv) to identify treatments that are associated with better outcomes, and (v) to establish how the costs of individual care packages are linked to outcome. Results are expected in 2006.

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Economic evaluations of mental health interventions in developing countries
Economic evaluations are needed to help decision-makers identify cost-effective models of mental health care in developing countries. A systematic search of bibliographic databases and reference lists in published papers identified micro-economic evaluations for developing countries. From more than 300 abstracts, 59 were selected; most are from sub-Saharan Africa, Latin America and South Asia. Cost-effectiveness analyses were most common but the majority of studies focused on community-based management rather than prevention, diagnosis or treatment. When assessed against a standard checklist, the quality of the studies was found to be poor. The base for decision-making is therefore weak and the argument for more evaluative studies is strong.

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