

COSTS, EFFECTS AND RETURN ON INVESTMENT OF SCALING UP MENTAL HEALTH SERVICES IN LOW AND MIDDLE INCOME COUNTRIES

Most low-income and middle-income countries **spend less than US\$2 per year per person on the treatment and prevention of mental disorders** compared with an average of more than \$50 in high-income countries.



A **substantial gap** exists between the need for treatment and its availability. This large treatment gap affects not just the health and wellbeing of people with mental disorders and their families, but also **has inevitable consequences for employers and governments** as a result of diminished productivity at work, reduced rates of labour participation, foregone tax receipts, and increased health and other welfare expenditures.

Estimation of the human, physical and financial capital needed to develop or scale-up prioritised interventions is a task that can usefully be undertaken in order to demonstrate the existing funding gap and to indicate how it could be bridged over time.

OBJECTIVES

- ✦ To develop, test and apply **a fully integrated health systems resource planning and health impact tool** for mental, neurological and substance use (MNS) disorders.
- ✦ To apply this tool to national and global investment cases for a scaled-up response to the public health and economic burden of depression and anxiety disorders.
- ✦ To generate **new understanding and insights into the current extent of financial protection and service provision in a range of LMIC**, as well as future resource needs and mechanisms for moving closer towards the goal of universal health coverage for MNS disorders.

METHODOLOGY

Development, adaptation and application of **OneHealth**, a software tool that has been developed by international costing experts from WHO and other UN agencies to strengthen health system analysis, costing and financing scenarios at the country level.

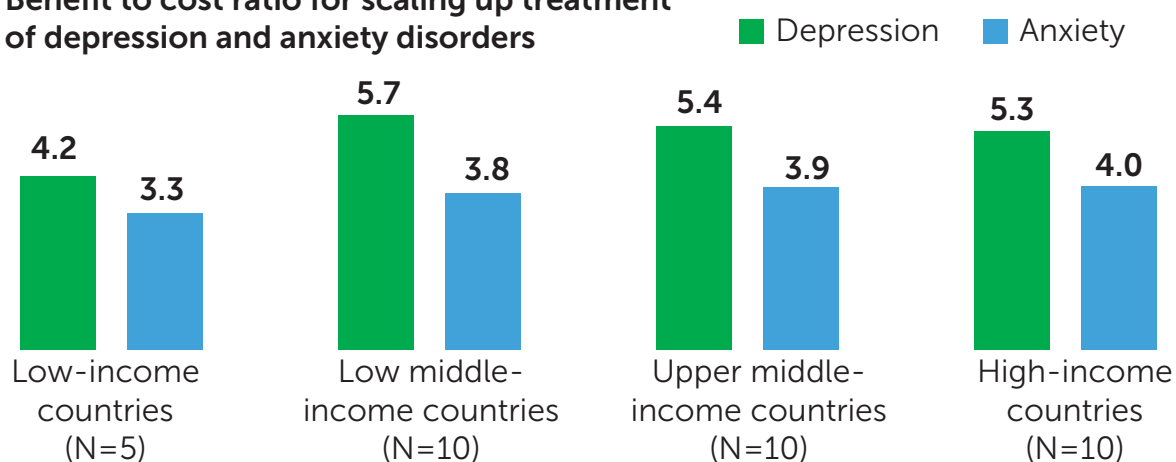
The research team used the mental health module of the OneHealth tool to calculate treatment costs and health outcomes conditions in each of the six Emerald countries, as well as at a more global level of analysis.

FINDINGS



- ✦ **Resource needs for scaling-up mental health services** to reach desired coverage goals are substantial compared to the current allocation of resources but are not large in absolute terms. In the three low-income countries of the Emerald study (Ethiopia, Nepal and Uganda), for example, the projected cost of delivering key interventions for psychosis, depression and epilepsy at target levels of coverage falls **below US\$ 0.50** per head of population.
- ✦ **At the global level** (including middle- and high-income countries), the cost of scaling up treatment for depression and anxiety disorders is estimated at **US\$2.50 per year per head of population**, but this leads to huge gains in restored health and productivity (US\$4 for ever US\$1 invested; see graph).

Benefit to cost ratio for scaling up treatment of depression and anxiety disorders



CONCLUSIONS

- ✦ OneHealth tool can be used to generate **contextualised estimates of the resource needs, costs and health impacts of scaled-up mental health service delivery**.
- ✦ Information about the costs and health impacts of scale-up **provides important evidence** that can be brought to bear in dialogue with health planners and policymakers at the national level, particularly in the context of increased policy attention to the rising burden of non-communicable diseases.
- ✦ Governments need to assure themselves that **investment in the mental health of their populations** represents a sound and equitable investment of society's resources that leads to clear and definable health, economic, and social benefits.

REFERENCES

1. Chisholm D., Sweeny K., Sheehan P., Rasmussen B., Smit F., Cuijpers P., Saxena S. (2016) Scaling-up treatment of depression and anxiety: a global return on investment analysis. *Lancet Psychiatry*. 3(5), 415-424.
2. Chisholm D., Heslin M., Docrat S., Nanda S., Shidhaye R., Upadhaya N., Jordans M., Abdulmalik J., Olayiwola S., Gureje O., Kizza D., Mugisha J., Kigozi F., Hanlon C., Adugna M., Sanders R., Pretorius C., Thornicroft G., Lund C. (2016) Scaling-up services for psychosis, depression and epilepsy in sub-Saharan Africa and South Asia: development and application of a mental health systems planning tool (OneHealth). *Epidemiology and Psychiatric Sciences*. 1-11.