Mental Health:
A Critical Component of Caribbean Health Strategies

Paula Allen
Vice-president, Research and Integrative Solutions, Morneau Shepell
pallen@morneaushepell.com

October 2016

Overview

- The impact of mental health and the economic risk of maintaining the status quo
- Critical social and delivery considerations
- Policy, legislative and other key approaches taken in Canada

MORNEAU SHEPELL

Mental health is a critical health imperative, and an increasingly significant economic imperative.

Mental health has the attention of the World Bank and others given its economic impact

- Depression and anxiety disorders alone cost the global economy **US$1 trillion each year**
- The direct and indirect economic losses due to mental illness **exceed 4% of global GDP**

Illustration:

Per capita GDP of T& T = $17,935 USD

4% of that GDP is $717 USD per person x population of 1,328,000

= over $952 million

Scaling-up treatment of depression and anxiety: a global return on investment analysis The Lancet Psychiatry, April 2016

MORNEAU SHEPELL

The economic relevance is expected to increase as we move toward a more "brain-based" global economy

- Globalization "2.0" leverages technology, data and global variances in perspectives to drive disruptive innovations and the **highest levels of cognitive capacity of the population**

- Between 1990 and 2013, the **number of people suffering from depression and/or anxiety increased by nearly 50%,** from 416 million to 615 million.

- The current global cost of mental disorder is expected to double by 2030.

"This is not just a public health issue — it's a development issue. We need to act now because the lost productivity is something the global economy simply cannot afford."
- Jim Yong Kim, President of the World Bank Group

A report by the World Economic Forum and the Harvard School of Public Health, September 2011

MORNEAU SHEPELL

Investment in mental health currently lags significantly behind the need

- Globally, depression alone is the single largest contributor to years lived with disability.
- Close to 10% of the world's population is affected, and mental disorders account for 30% of the global non-fatal disease burden.
- Governments spend on average 3% of their health budgets on mental health, ranging from less than 1% in low-income countries to 5% in high-income countries.
- The current per person expenditure ranges from a low of $2 per person to a high of $50 per person.

WHO's "Mental Health Atlas 2014" Survey

The projected ROI for an increase in investment is 4 to 1

- **An average increase in spending for depression of $1.50 US per person annually was projected to have a return of 5.3**
  - *The investment ranged from $0.08 to $3.89 depending on the income status of the country, and the ROI ranged from of 4.2 to 5.7*
- **An increase in spending of $0.88 US per person annually for anxiety disorder was projected to have a return of 4.0**
  - *The investment ranged from $0.05 to $2.44, and the ROI ranged from 3.3 to 4.0.*

Scaling-up treatment of depression and anxiety: a global return on investment analysis The Lancet Psychiatry, April 2016
The study modelled costs and benefits of scaled-up treatment, for 36 countries, which account for 80% of the world's population and 80% of the global burden of depression and anxiety disorders

MORNEAU SHEPELL

The spending to achieve the ROI was targeted intervention, based on the level of severity for depression and anxiety disorders

Target group	Intervention			Treatment coverage	
Case type	**Basic psychosocial treatment** *(4 interventions in a year)*	**Intensive psychosocial treatment** *(up to 18 interventions in a year)*	**Medication** *(from 6 months to ongoing)*	**% of individuals in need who get care** *(current)*	% of individuals in need who get care *(target within 15 years)*
Mild	√			5-20%	20-40%
First episode moderate-severe	√		√	5-20%	20-40%
Episodic		√	√	5-20%	20-40%
Maintenance		√	√	2 1/2% – 10%	10-20%

ROI increased with higher levels of treatment coverage

	Country income level	Current to target change in treatment coverage	% reduction in treatment gaps	Economic return on Investment	Economic and health return on investment
Depression	**Low income**	7% to 34%	29%	2.3	4.2
	Low-middle income	14% to 42%	32%	2.6	5.7
	Upper-middle income	21% to 49%	35%	2.6	5.4
	High income	28% to 56%	39%	2.5	5.3
Anxiety	**Low income**	5% to 20%	16%	2.7	3.3
	Low-middle income	10% to 30%	22%	3.0	3.8
	Upper-middle income	15% to 35%	24%	3.0	3.9
	High income	20% to 40%	25%	3.0	4.0

Assumed a linear increase in treatment coverage and a modest 5% annual improvement in ability to work productivity as a result of the treatment

Economic ROI = reduced health costs from reduced emergency and in-patient services, and increased workforce participation (did not include reduced social welfare and law enforcement costs)

Health ROI = reduced prevalence from improved remission rates, and shorter illness duration and improvement in the average level of functioning (did not include the impact on maternal health, co-morbidity/physical health, and impact on caregiver health and productivity

Mental and physical health can not be fully separated; neither in individuals nor health systems.

Like physical health strategy, an effective mental health strategy is not just about treatment

A primary objective is to **reduce prevalence** and the resulting impacts through prevention, reduction in illness duration and increased remission rates.

Prevention

Pre-natal health, nutrition, environment and support

Early identification

Awareness, knowledge and reduction of stigma

Adequate care

Availability, integrated access, quality and sustainable delivery

Stigma and segregated care are 2 barriers to overall success.

MORNEAU SHEPELL

Stigma impacts the potential success of all objectives

Social stigma impacts

- the accuracy of reporting, retention of employment, social supports and the behaviour of treatment providers

Self-stigma impacts

- the likelihood that treatment will be sought, accepted and adhered to; and may exacerbate illness and reduce productivity by increasing distress

Stigma by association impacts

- impacts the stress levels, health and productivity of family members and friends, and their influence on treatment

Addressing stigma requires a multi-focal approach

Awareness, facts and policy

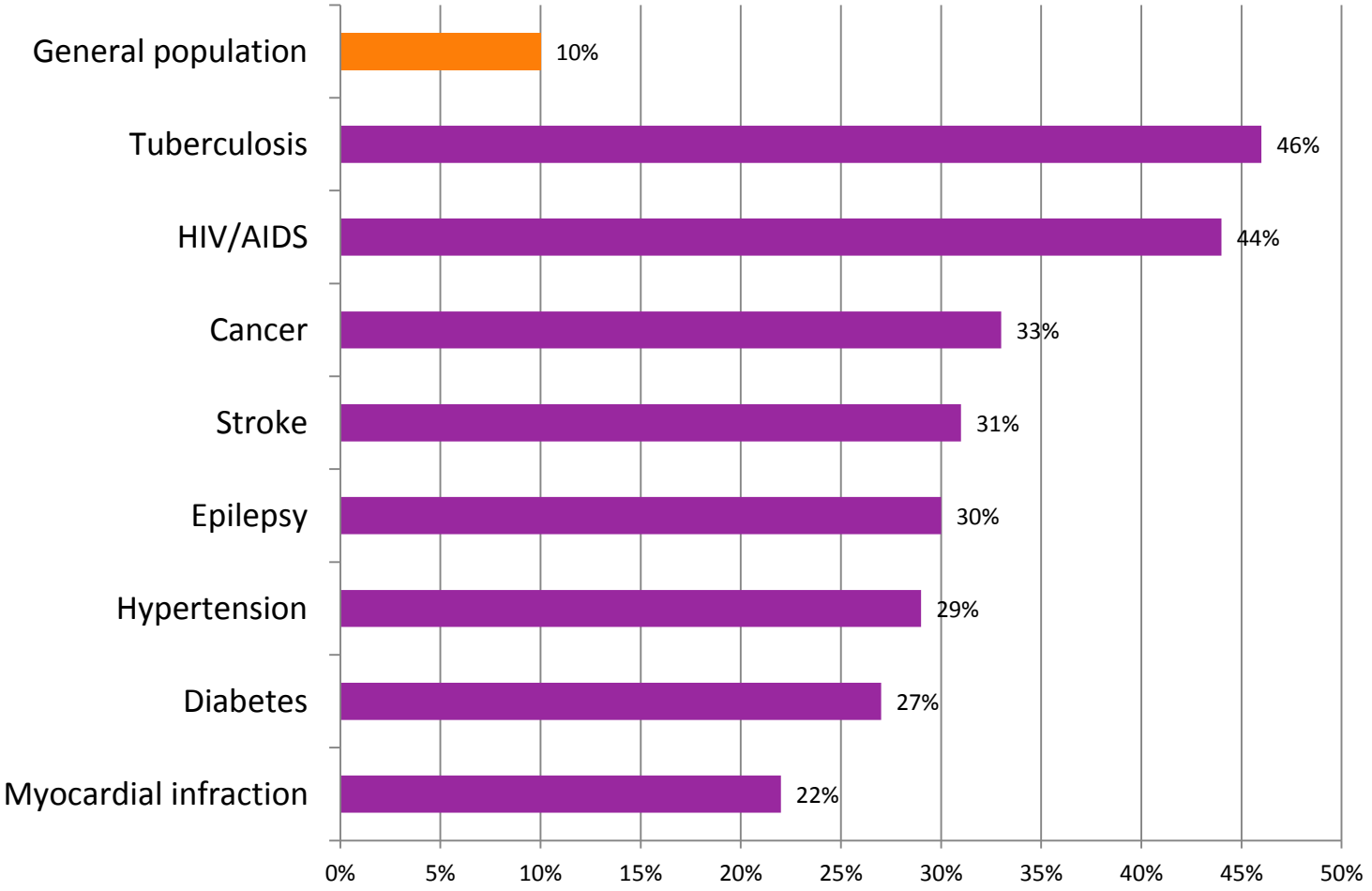
- In schools and among educators and parents
- In workplaces
- Health care providers and facilities
- Public forums, community groups and the legal system

The first objective is to “do no harm”.

The ultimate objective is to facilitate early identification and support for early and appropriate intervention.

MORNEAU SHEPELL

Co-morbid prevalence of major depression and physical health conditions is clear



WHO, 2003

MORNEAU SHEPELL

Aside from the impact of suicide, the lifespan of people with severe mental illness is shorter than the general population

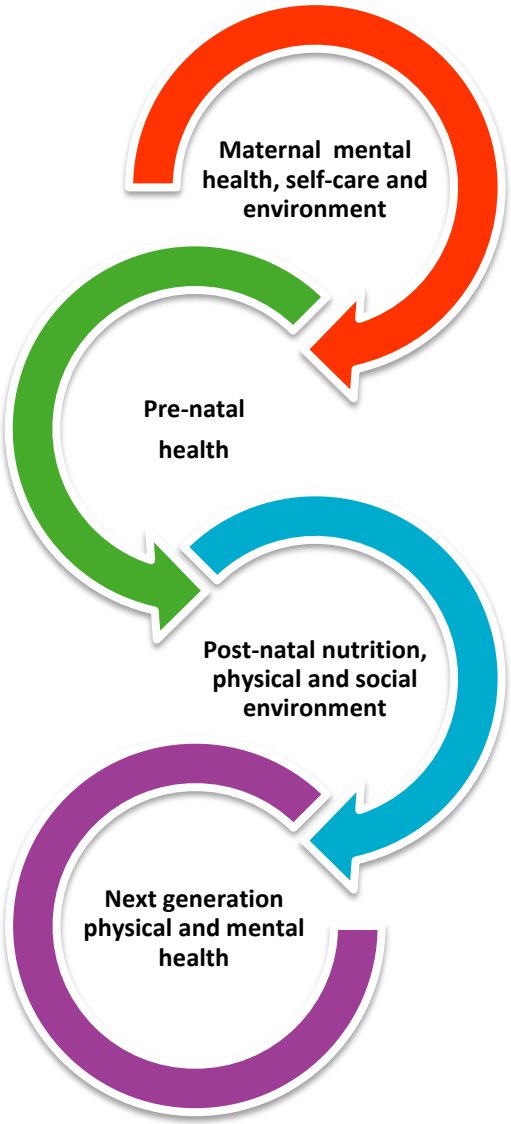
The higher prevalence of physical illness directly related to mental illness and resulting **lifestyle and increased likelihood of less medical care:**

- Nutritional and metabolic diseases
- Cardiovascular diseases
- Viral diseases
- Respiratory tract diseases
- Musculoskeletal diseases
- Pregnancy complications
- Stomatognathic (mouth and jaw) diseases

Physical illness in patients with severe mental disorders. I. Prevalence, impact of medications and disparities in health care, World Psychiatry, 2011

MORNEAU SHEPELL

Mental health risk factors include pre-natal health, and parental mental and physical health, and therefore have multi-generational impact



Up to half of children and adolescents with mental disorder live with a parent with a mental disorder

20% of children with mental disorder have parents with substance-related disorders, verses 4.5% in the general population

Mental disorders are brain-based disorders, which are impacted by several **biological factors** including exposure to toxins, and **prolonged or traumatic environmental stresses**, particularly when there is limited social support

BPtK. 2007 Feb;Volume I/2007:3–4.

MORNEAU SHEPELL

An integrated view and approach to mental and physical health has several benefits

An integrated approach typically involves mental health screening by the primary care physician, and a care team approach that includes mental health in the care plan

- **Addresses stigma** which is a barrier to help-seeking for services that are exclusively mental health related
- **Increases early intervention**, through early identification and response, which is a major factor in optimum outcomes
- **Enables more holistic assessment and treatment** of concurrent physical and mental health needs
- **Is more efficient** than having fully separate health systems
- Integrating mental health into primary care **has been shown to be cost effective**

Cost-Effectiveness of Collaborative Care for Depression in UK Primary Care: Economic Evaluation of a Randomised Controlled Trial (CADET), 2014

Association of Integrated Team-Based Care with Health Care Quality, Utilization, and Cost," Journal of the American Medical Association, Aug. 23/30, 2016 3

Current developments in Canada.

Canada's mental health strategy has over 100 recommendations including….

- Increase mental health initiatives in schools
- Increase mental health initiatives in workplaces
- A National Standard for Workplace Mental Health addressing work related risk reduction
- Define approaches for high risk groups including veterans and indigenous peoples
- Provide incentives to attract mental health professionals to remote communities
- Create work opportunities for people with mental health issues
- Fight stigma
- Address critical gaps in treatment programs for youth and adult offenders
- Better training for police, court and corrections workers
- Set standards for wait times for mental health services
- Remove financial barriers for children and youth to treatment
- Address barriers to access for medications
- Ensure that people receiving mental health treatment are treated with dignity and respect

MORNEAU SHEPELL

The workplace is leveraged for prevention and early intervention

The federal public service (the country's largest employer) launched a workplace mental health strategy. Requirements of each federal agency include:

- A **workplace environment** that is respectful and does not stigmatize mental health issues, plus evaluation of senior leaders based on their actions in this respect, regarding in their divisions.
- **Capacity building** for managers and employees including training and knowledge and use of resources, such as Employee Assistance Programs (EAP).
- A **measurement** framework for all initiatives and to determine any emerging risks.
- A **continuous improvement** framework, based on research and employee input.

Private employers are also recognizing the economic value of investing in mental health; Common initiatives include:

- A **manager training program and examination** that builds awareness and skills for dealing with employees in distress, relevant legislation etc.,. Upon successful completion, manager receive a Certificate from Queen's University

- Increased use of **Employee Assistance Programs (EAP)** has been correlated with anti-stigma communication and subsequently a reduction in the rate of workplace disability related to mental health

Also..

- Bell Canada's launched the Let Talk **anti-stigma campaign including a 10 year $100 million support research and community organizations** related to mental health, in addition to their strategy for their own workplace

- The Canadian Embassy in London hosted a CEO forum in 2016, **launching CEO developed guidelines for workplace mental health**

MORNEAU SHEPELL

Additionally…..

- A review of the **public mental health delivery system**, including consideration of tele-health and e-health that are used in employer funded EAP, and adapting it to the broader public system to streamline access and remove pressure from psychiatrists.

- **Workplace legislation** regarding workplace harassment, the access of first responder (fire, police etc) employees to disability benefits, and prevention plans requirements of first responder employers for work related post-traumatic stress disorder.

- Research and emerging use of **genetic and blood tests**, electroencephalograms (EEGs) and brain imaging techniques to predict vulnerability and define more effective treatment.

Without genetic testing, only about 40% of prescribed medication is fully effective. The genetic testing addresses individual metabolic difference that determine the best medication type for a particular individual.

Take aways

- The imperative to address mental health and access to mental health treatment
- The need to address stigma
- The value of an integrated approach to heath strategy
- Lessons learned from Canada in workplace models and targeting various groups and key treatment challenges