Centre for the Economics of Mental and Physical Health: 20 years of applying health economics in complex context

by Valentina Iemmi, Derek King and Eva-Maria Bonin

Last week, the Centre for the Economics of Mental and Physical Health (CEMPH; @CEMPH_KCL) at King’s College London celebrated 20 years of research in mental and physical health economics with a one-day conference at the Mary Ward House in London.

The conference was attended by numerous health economists working in academic institutions and research centres, governmental agencies (Department of Health, National Institute for Health and Care Excellence, Social Care Institute for Excellence) and international organisations (World Health Organization).

The morning session was dedicated to the innovative work carried out at CEMPH, from economic evaluations of interventions for offenders with personality disorders (Barbara Barrett) and for people with dementia (Renee Romeo), to the applications of health economics to medical imaging (Tiago Rua Duarte de Oliveira Rua). The call to use health economics earlier in the health technology assessment process to get an indication how effective a new technology would have to be to be considered cost-effective was brought forward by Lily Jin and generated lively discussions among the audience.

John Brazier discussed a recent review comparing quality of life measures for people with mental health difficulties, emphasising that quality of life has positive as well as negative aspects. The QALY (the standard measure recommended by NICE in health technology assessment) does not capture concepts like self-perception, autonomy, hope and hopelessness. Is the way forward to develop a generic preference-based quality of life measure for mental health?

In the afternoon, two parallel sessions focussed on evaluation and international research.

The session on evaluation perspectives featured Jennifer Francis from the Social Care Institute for Excellence (SCIE). In her presentation, she highlighted the aspects of social care that have implications for the methods used in economic evaluation:

- The mix of funding streams and decision makers;
- The range of provider agencies;
- The personalisation agenda;
- The importance of equity; and
- The predominance of unpaid care.

Mark Sculpher, provided a thoughtful critique of multi-criteria decision analysis (MCDS) and its use in making decisions about new medical technologies. MCDS move forward methods for capturing potential consequences of new technologies not adequately captured by narrow health-economic outcomes measures.

In his presentation, Steve Morris described the predominant approaches of resource allocation, clearly setting out the methods involved in each, their limitations, and the funding arrangements to which each approach was most suited. He then discussed the on-going Fundamental Review of Allocations in the NHS.

In the international perspectives session, Daniel Chisholm discussed how WHO-CHOICE (CHOosing Interventions that are Cost Effective) can be used to generate economic evidence for
global mental health. **Silvia Evers** pointed out the main sectors and outcomes to be included in economic evaluations in mental health, while **Luke Vale** discussed different levels of economic evidence synthesis.

Closing the day, the panel discussion chaired by **Sarah Byford** offered food for thought by formulating some key questions facing those practicing health economics in complex contexts:

- What is the impact of NICE on health economics?
- How can and should informal care be included in economic evaluation? And what about productivity (losses)?
- If health-related quality of life or wellbeing alone is not the appropriate outcomes to be used to evaluate complex contexts like mental health, what would be the most adequate outcome?
- Is it possible to design sector-specific outcome measures with thresholds (like the QALY for health care) to facilitate decision-making within each sector?

These are just some of the questions health economists get excited about. Finishing with a round of applause for the contributions to health economics by PSSRU’s **Martin Knapp** and **Jennifer Beecham**, the CEMPH conference brought together people from across the field and provided a forum for stimulating discussion. We are looking forward to another 20 years of cutting edge research from our colleagues at CEMPH.

*The Centre was established by **Martin Knapp** in 1993 as Centre for the Economics of Mental Health (CEMH), at a time when little research on mental health economics was available. Recently, the Centre was renamed to Centre for the Economics of Mental and Physical Health (CEMPH) to reflect the inclusion of all areas of health in its research. The Centre is led by director **Paul McCrone**, and deputy directors **Sarah Byford** and **Anita Patel**.*