Mental illness in the 21st Century – an Increasing Challenge for Europe

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The challenges

- Mental disorders are common
- Some of them, notably depression, are extremely costly both to the individual and society
- Many patients do not receive treatment
Size and Burden of Mental Disorders and other Disorders of the Brain in Europe 2010

Hans-Ulrich Wittchen on behalf of the study group

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This presentation summarizes and extends the findings reported in European Neuropsychopharmacology, 2011 (September issue)
Overall: 164.8 million of the total 510 million EU population

Note:
For many disorders, the 12-month prevalence refers to different ages ranges (like dementias to subjects aged 60+). Thus the estimated number of persons refers to different reference populations.
Prevalence of mental health problems – working age population (UK)

Symptom-free → 64%

Severe mental illness (schizophrenia, bipolar disorder, serious depression) → 1%-2%

Common mental disorders: symptoms that reach threshold for diagnosis → 17%

Symptoms (sleep problems, fatigue, worry, but no disorder → 17%
Depression – costs for adults in England, 2000 - continued

Total cost = £9 bn

Productivity 90%

Mortality 6%

Service costs 4%

Thomas & Morris Brit J Psychiatry 2003
GB - disability benefits, 2007

€ 3.9 billion per annum

Plus reduced tax receipts €14 billion

Department of Work and Pensions, 2007
Costs of health service use by diabetes patients, by depression severity

Number of reported diabetes complications

Simon et al, Gen Hosp Psychiatry, 2005
What to do?

• Prevention and health promotion
• Better access to treatment
  – Even if diagnosed, often not treated
• Better treatment
  – Research
  – Development
Mental health promotion and mental illness prevention:
The economic case

Martin Knapp, David McDaid and Michael Parsonage (editors)
Personal Social Services Research Unit,
London School of Economics and Political Science

January 2011

Check report for full details

## Economic pay-offs per £1 investment

<table>
<thead>
<tr>
<th>Early identification and intervention as soon as mental disorder arises</th>
<th>NHS</th>
<th>Other public sector</th>
<th>Non-public sector</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Early intervention for conduct disorder</td>
<td>1.08</td>
<td>1.78</td>
<td>5.03</td>
<td>7.89</td>
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<tr>
<td>Health visitor interventions to reduce postnatal depression</td>
<td>0.40</td>
<td>-</td>
<td>0.40</td>
<td>0.80</td>
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<tr>
<td>Early intervention for depression in diabetes</td>
<td>0.19</td>
<td>0</td>
<td>0.14</td>
<td>0.33</td>
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<td>Early intervention for medically unexplained symptoms</td>
<td>1.01</td>
<td>0</td>
<td>0.74</td>
<td>1.75</td>
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<tr>
<td>Early diagnosis and treatment of depression at work</td>
<td>0.51</td>
<td>-</td>
<td>4.52</td>
<td>5.03</td>
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<tr>
<td>Early detection of psychosis</td>
<td>2.62</td>
<td>0.79</td>
<td>6.85</td>
<td>10.27</td>
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<tr>
<td>Early intervention in psychosis</td>
<td>9.68</td>
<td>0.27</td>
<td>8.02</td>
<td>17.97</td>
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<td>Screening for alcohol misuse</td>
<td>2.24</td>
<td>0.93</td>
<td>8.57</td>
<td>11.75</td>
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<tr>
<td>Suicide training courses provided to all GPs</td>
<td>0.08</td>
<td>0.05</td>
<td>43.86</td>
<td>43.99</td>
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<tr>
<td>Suicide prevention through bridge safety barriers</td>
<td>1.75</td>
<td>1.31</td>
<td>51.39</td>
<td>54.45</td>
</tr>
</tbody>
</table>

### Promotion of mental health and prevention of mental disorder

| Prevention of conduct disorder through social and emotional learning programmes | 9.42 | 17.02 | 57.29 | 83.73 |
| School-based interventions to reduce bullying | 0 | 0 | 14.35 | 14.35 |
| Workplace health promotion programmes | - | - | 9.69 | 9.69 |

### Addressing social determinants and consequences of mental disorder

| Debt advice services | 0.34 | 0.58 | 2.63 | 3.55 |
| Befriending for older adults | 0.44 | - | - | 0.44 |
Better treatment

• Brain science
  – Make connections to clinical problems
• Withdrawal of big pharma from neuroscience
• Priority setting within the science budget at national and european level
A four point plan

- Increase investment
- Increase research
- More rational regulations
- Empower patients

David Nutt and Guy Goodwin
European Neuropsychopharmacology (2011) 21, 495–499
European research spend

Conclusions

• Mental disorders are common and disabling, affecting adults of working age
• The costs are largely indirect – not services, drugs
• Can we improve the delivery of effective treatments
• *How will we get innovation in prevention and treatment?*
The Landmark discoveries

• 1947 Lithium
  – Cade but developed by Schou etc
• 1952 Chlorpromazine
  – Delay and Denniker
• 1958 Imipramine
  – Kuhn
• 1970 Clozapine
• 1970 Zimelidine
The Landmark discoveries

- Clinical trials
- Meta-analysis of RCTs
- Effective psychological treatments
- Social psychiatry
Recommendations from the meeting

Work on ways to increase investment.

Enhance research.
- Hosting a network for psychopharmacology research: ‘the medicine chest’.
- Developing ‘open-source’ databases for compounds that companies are no longer working to develop. This might include an ‘eBay-like’ option for other companies to bid for unwanted compounds.
- Set up and/or recognise special centres of excellence in central nervous system (CNS) experimental research and brain imaging where sophisticated early phase trials can be conducted, experience accumulated, new researchers trained and skilled employment positions provided.
- Work with US colleagues on initiatives in the same arena, such as the new National Institute of Health (NIH) translational medicine institute.
- Create access to clinical trial databases to allow individual patient data meta-analyses to answer critical questions relevant to patient selection and trial design.

Review the regulatory process

Empower patients: work with patient organisations, particularly in relation to stigma, trial outcome measures and funding sources.