

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



ECNP/EBC Report 2011

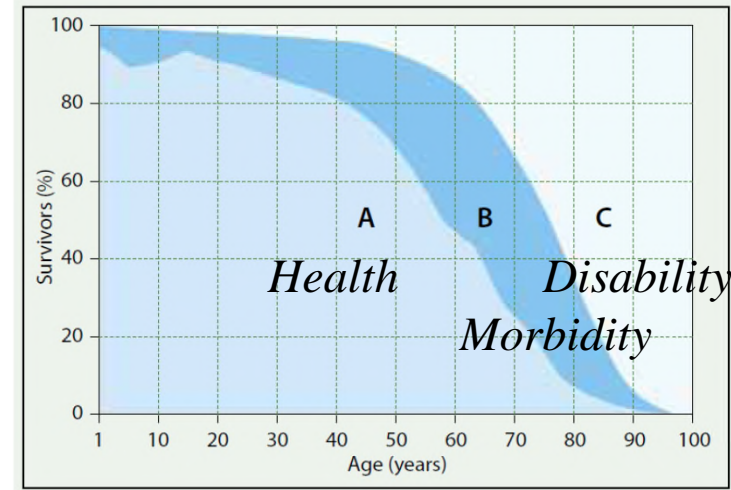
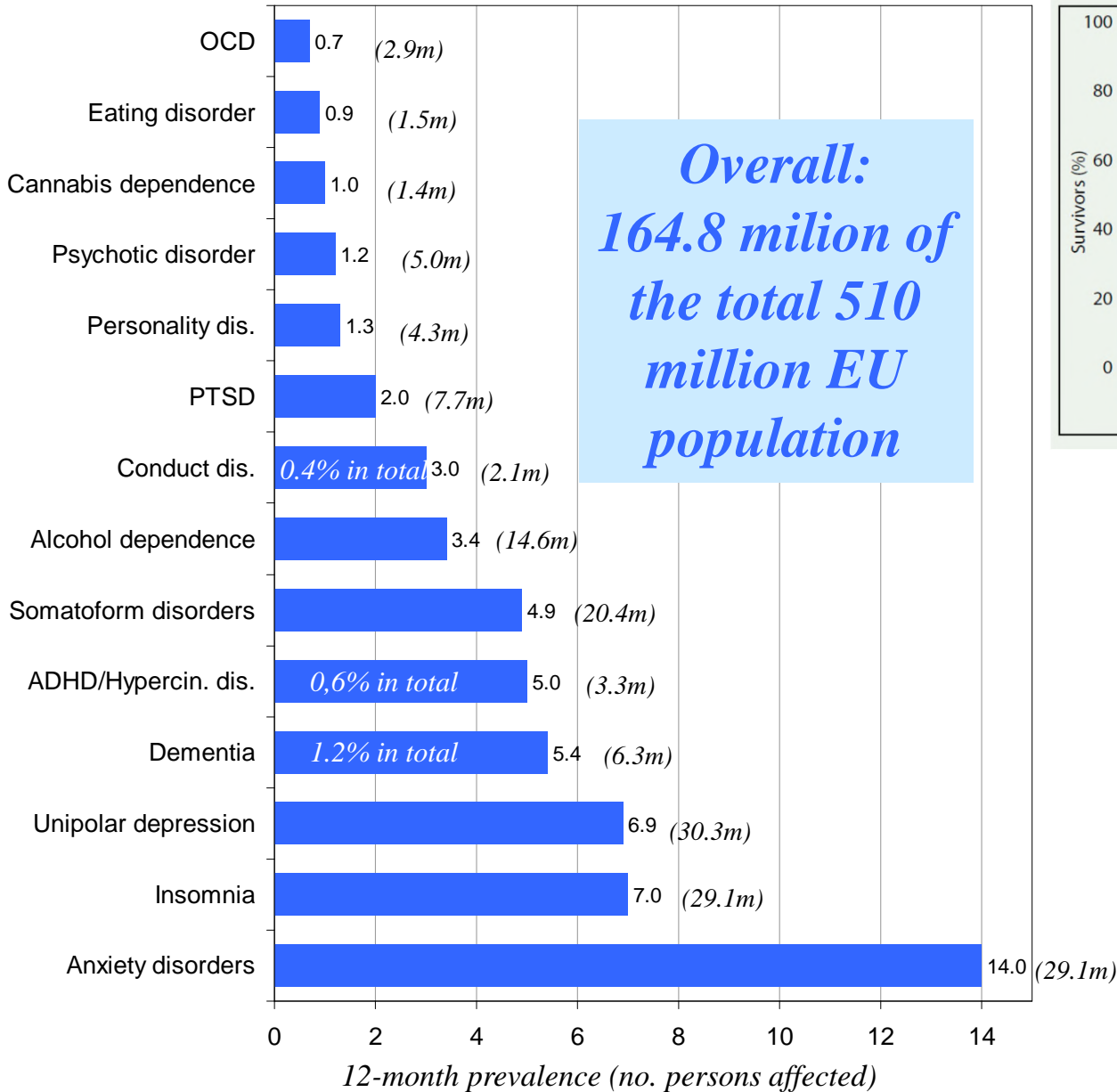
Size and Burden of Mental Disorders and other Disorders of the Brain in Europe 2010

Hans-Ulrich Wittchen on behalf of the study group

Institute of Clinical Psychology und Psychotherapy
Center of Clinical Epidemiology and Longitudinal Studies (CELOS)
Technische Universität Dresden, Germany

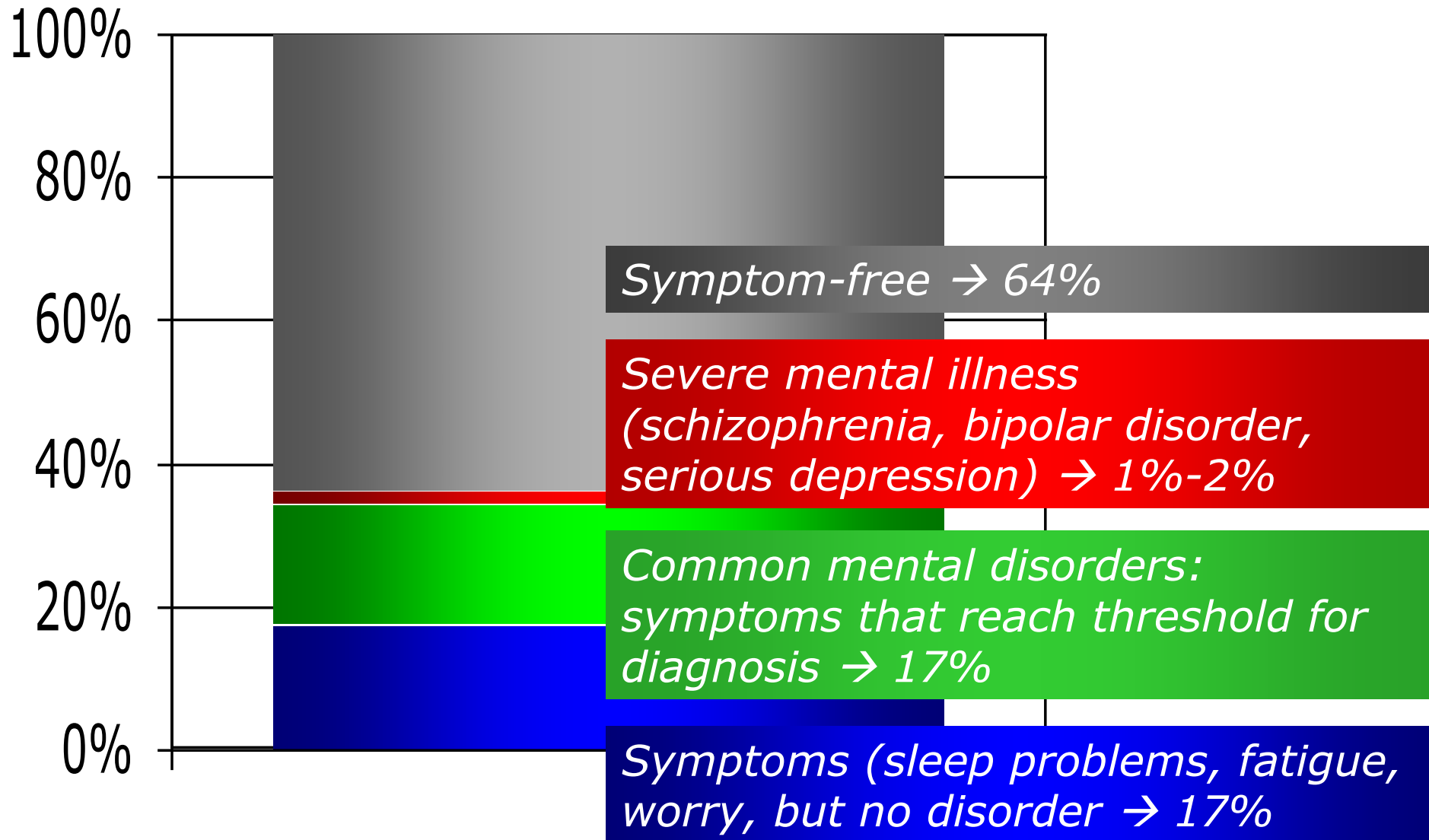
This presentation summarizes and extends the findings reported in European Neuropsychopharmacology, 2011 (September issue)

Mental Disorders by prevalence (and estimated number of persons affected in millions)



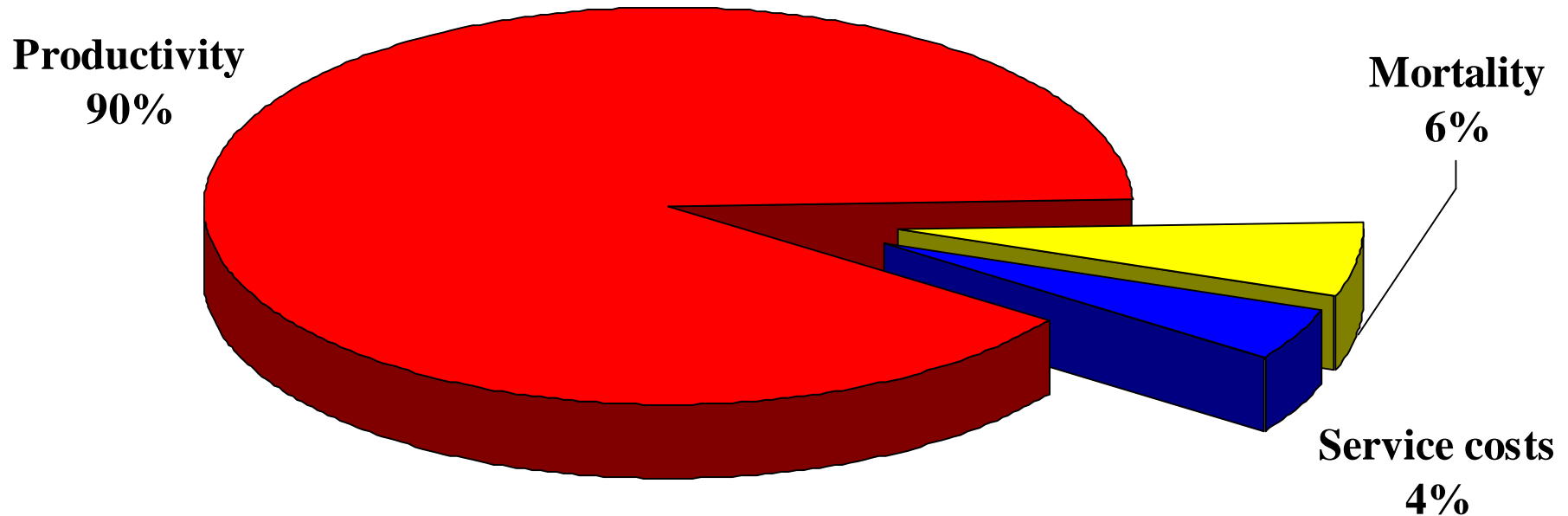
*Note:
For many disorders, the 12-month prevalence refers to different ages ranges (like dementias to subjects aged 60+). Thus the estimated number of persons refers to different reference populations*

Prevalence of mental health problems – working age population (UK)

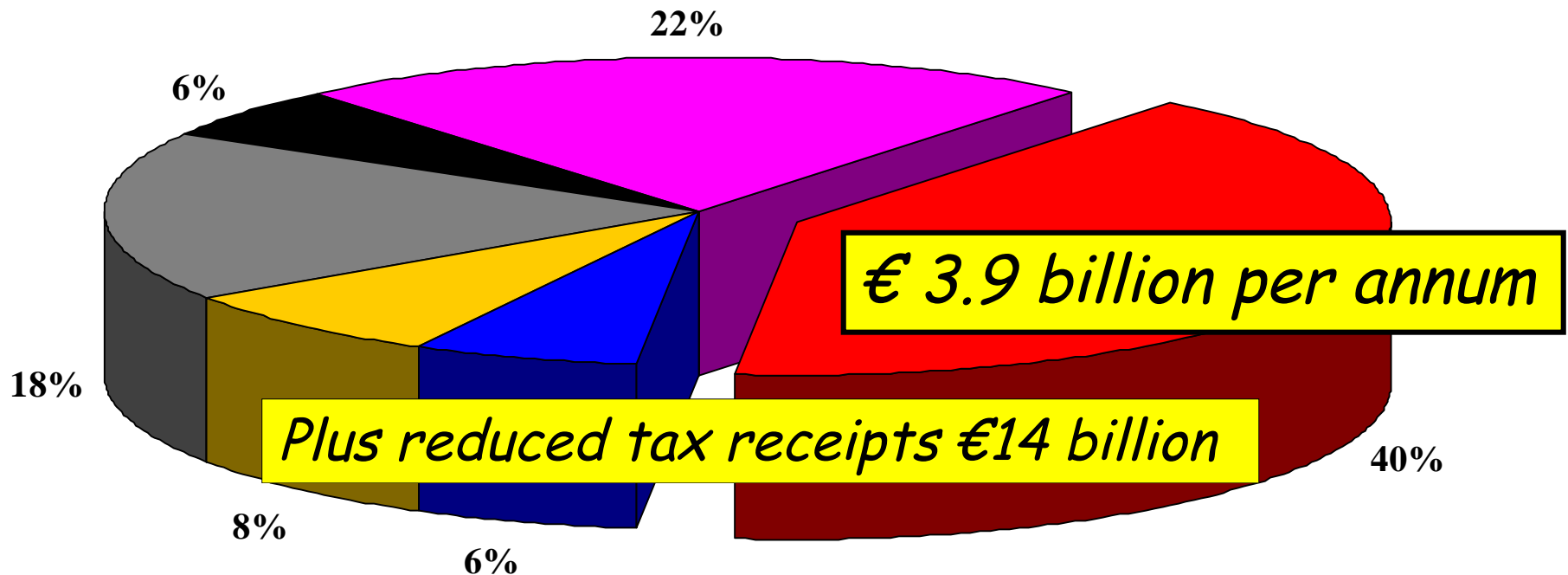


Depression – costs for adults in England, 2000 - continued

Total cost = £9 bn



GB - disability benefits, 2007



■ Other

■ Nervous System

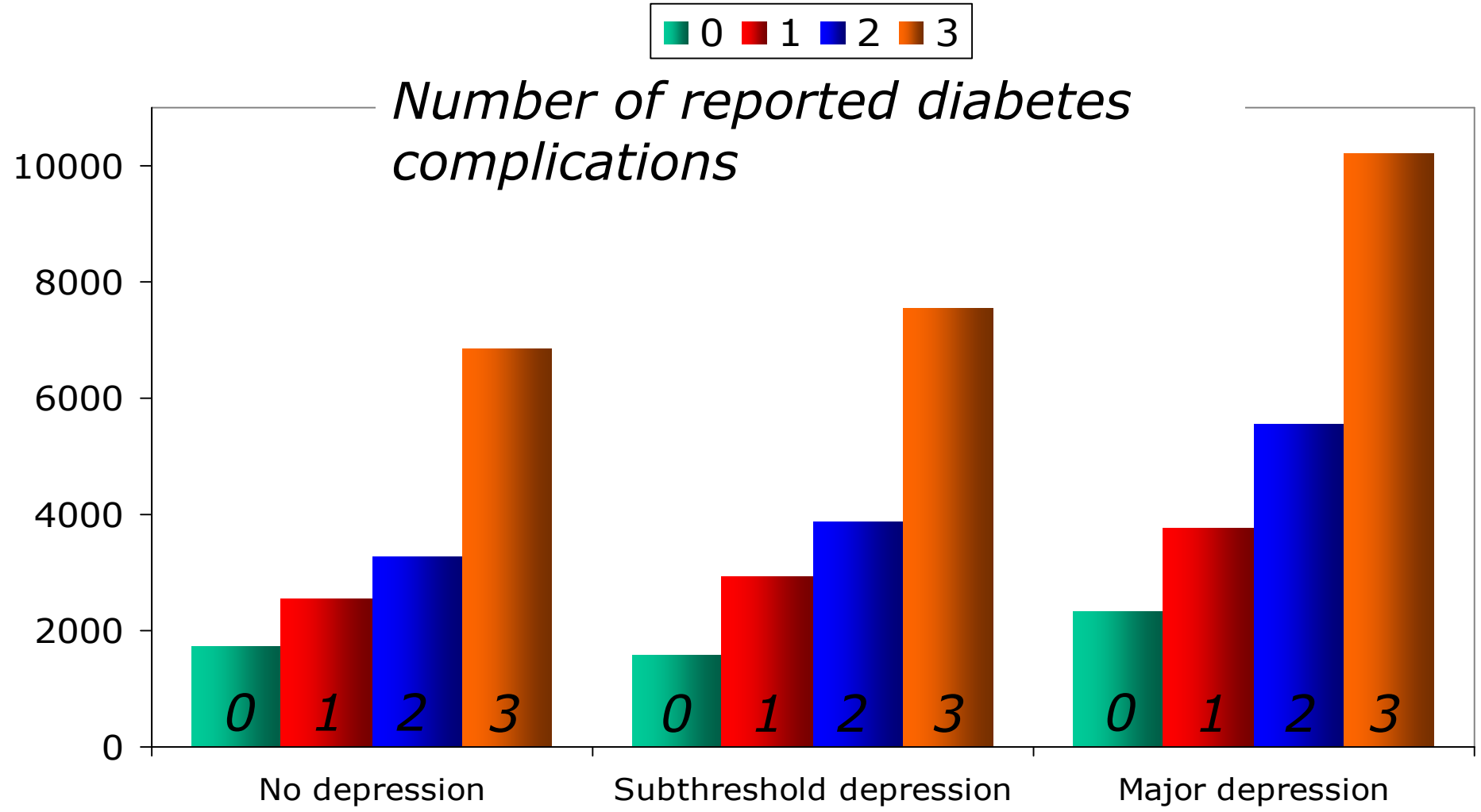
■ Musculoskeletal System

■ Mental and Behavioural Disorders

■ Circulatory and Respiratory System

■ Injury, Poisoning, External Causes

Costs of health service use by diabetes patients, by depression severity



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

Report to be published by the Department of Health, London



***New economic
evidence on mental
health promotion
and mental illness
prevention
April 2011***

***Check report for
full details***

Economic pay-offs per £1 investment	NHS	Other public sector	Non-public sector	Total
Early identification and intervention as soon as mental disorder arises				
Early intervention for conduct disorder	1.08	1.78	5.03	7.89
Health visitor interventions to reduce postnatal depression	0.40	-	0.40	0.80
Early intervention for depression in diabetes	0.19	0	0.14	0.33
Early intervention for medically unexplained symptoms	1.01	0	0.74	1.75
Early diagnosis and treatment of depression at work	0.51	-	4.52	5.03
Early detection of psychosis	2.62	0.79	6.85	10.27
Early intervention in psychosis	9.68	0.27	8.02	17.97
Screening for alcohol misuse	2.24	0.93	8.57	11.75
Suicide training courses provided to all GPs	0.08	0.05	43.86	43.99
Suicide prevention through bridge safety barriers	1.75	1.31	51.39	54.45
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

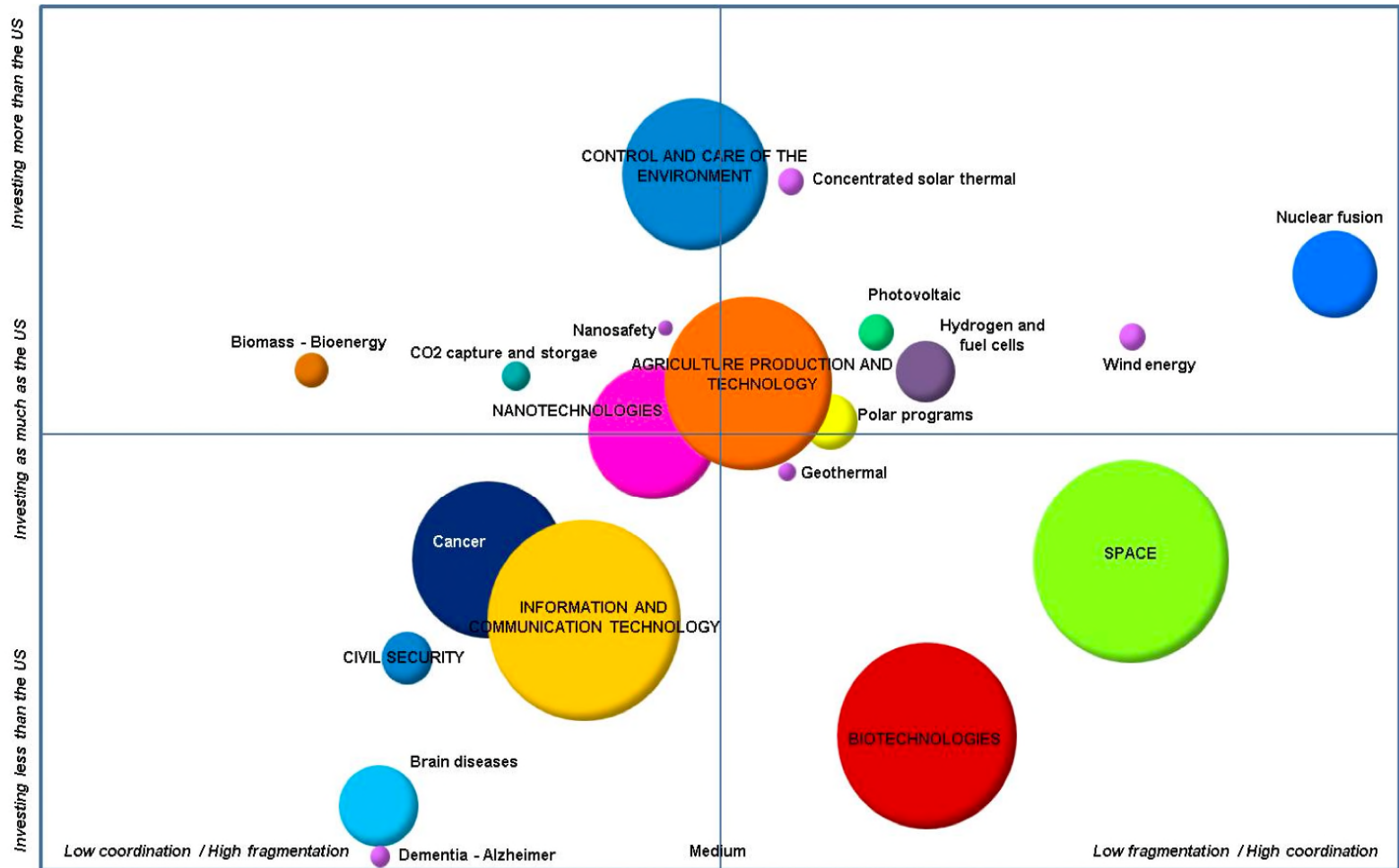
A four point plan

- *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.