ECONOMIST IMPACT

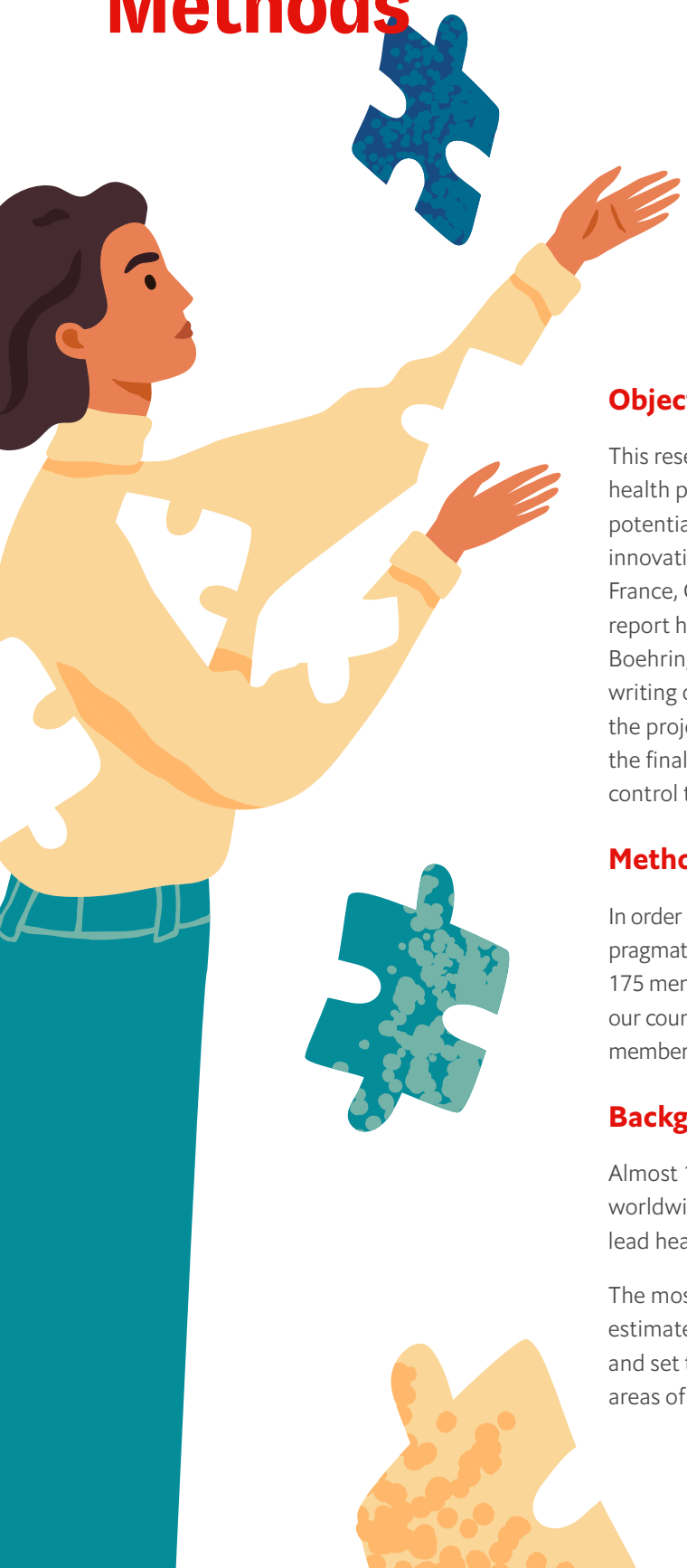
Rethinking mental health care: harnessing new approaches

Research summary

Commissioned by

Boehringer Ingelheim

Methods



Objectives

This research project aimed to explore the current state of mental health policy and practice, then looks to the future to further explore potential innovations (in particular, personalised and precision care) and innovation readiness in each of these countries, in 8 countries (China, France, Germany, Italy, Japan, Spain, the UK and the US. This research and report has been commissioned by Boehringer Ingelheim, meaning that Boehringer Ingelheim initiated the topic and funded the research and writing of the report. Boehringer Ingelheim provided guidance throughout the project including providing input to its development and reviewing the final report, however, Economist Impact retained full editorial control throughout.

Methods

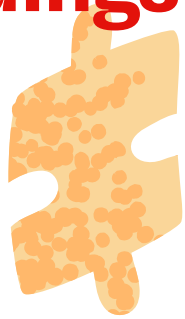
In order to assess this topic in more detail, Economist Impact carried out a pragmatic literature review; interviews with 10 global experts; a survey of 175 mental health professionals, policymakers and patient groups across our countries of interest; the input of a global steering committee with 8 members and 41 in-country experts via interviews and workshops.

Background

Almost 1bn people are currently living with a mental health condition worldwide.[1] Having good mental health is paramount for individuals to lead healthy, productive lives and is also the basis for strong economies.[1,2]

The most common mental health conditions cost the global economy an estimated US$1tr each year, with costs mainly driven by lost productivity and set to rise to US$6tr by 2030.[1] Mental health conditions can affect all areas of life, are a leading cause of disability and premature death.[3-5]

Global key findings



This research project aimed to explore the current state of mental health policy and practice, where improvements are needed, key innovation areas (focusing on personalised and precision care) and innovation readiness. The research focuses on: China, France, Germany, Italy, Japan, Spain, the UK and the US. This research project draws upon a scoping literature review, survey of healthcare workers, patient groups and policymakers, a series of expert interviews, a Global Steering Committee and in-country workshops/interviews. The combined findings of these streams of research are presented here.

It starts with changing attitudes to mental health

Stigma and public perception. Stigma—in various forms—is an issue in all of the included countries in this study. It impacts on political commitment to mental health, in terms of individual politicians and policymakers, with public attitudes also affecting the level of pressure from the population to act on mental health. Stigma leads to hesitancy in seeking support and therefore delays in treatment, which can contribute to worse outcomes.

- **What can we do about it?** Policymakers and organisations such as mental health charities can address stigma through campaigns to educate the general public and normalise mental health treatment-seeking. This applies to common mental health conditions (such as anxiety) and should be particularly focused on serious mental health conditions (like schizophrenia) where stigma remains a persistent issue.

Improve training and retention to address workforce challenges

Training and retaining mental health professionals. Experts we consulted in all eight countries included in this research reported a lack of psychiatrists—in terms of insufficient new trainees entering the profession to balance those leaving it. There is also a lack of personnel across other mental health professions, such as mental health nursing and psychology, although this can vary by country. In general, psychiatry has an image problem—it is perceived as a dangerous field of medicine to enter, and its relatively low pay makes it an unattractive specialism to trainee doctors in the included countries.

- **What can we do about it?** Policymakers can take the first steps to address retention issues within the mental health workforce using audits. Such audits can support an

understanding of the distribution and make-up of the workforce to inform strategic workforce planning. Also, understanding workforce satisfaction, why people leave the workforce and where they go could inform targeted initiatives to address retention. The underlying issue of the relatively low pay of mental health specialists is more challenging to address within constricted budgets but should not be ruled out where possible. Changes to medical curricula can address misconceptions among medical trainees about psychiatry being a "dangerous" area to work in.

Ensure initial training keeps pace with clinical practice, creates an innovative mindset and is maintained through ongoing training. Initial mental health training should reflect the latest understanding of neurobiology and neuroscience. It is also critical that practising psychiatrists and other mental health professionals keep up to date with the latest evidence-based research and practice.

- **What can we do about it?** Universities, teaching hospitals and professional societies can ensure that initial training aligns with the latest evidence and practice. To keep existing mental health professionals up to date, professional societies and regulatory bodies can audit the enforcement of training requirements (for example, medical licence renewal), to inform targeted incentives for keeping up to date with evidence and practice.

Change mindsets in the workforce to encourage innovation and collaboration

Improve mental health professionals' awareness of and attitudes towards innovative practices. The uptake of innovative practice is often reliant on an innovative organisational culture or committed individuals. In most of the included countries, there is a noted reluctance among mental health workers (particularly those of an older generation and

Organisations implementing changes in practice need data on the clinical and cost effectiveness of the innovation to make a convincing case for change

those who are generally overworked) to take on new approaches, especially where they do not see a clear clinical, cost or practical benefit, or are not confident owing to their lack of awareness. All of the experts we consulted during this research specified the need for evidence generated within their own population. Implementing innovation must be led by evidence of superiority to current practice, not just excitement about novelty.

- **What can we do about it?** Organisations implementing changes in practice—such as payors and clinical guideline groups—need data on the clinical and cost effectiveness of the innovation to make a convincing case for change. Including data that demonstrate a positive impact on mental health professionals' practice and addresses systemic issues, such as time-saving potential, is most likely to motivate professionals to change the way that they work.

Lack of collaboration across different mental health professions. Different types of mental health professionals (mainly psychiatrists and psychologists) often work in silos, when a more integrated, holistic approach could benefit patients. In the included countries the majority of prescribing of psychiatric medication takes place in general practice, which is also poorly integrated with mental health professionals. The different roles of mental health professionals are not always clear to the general public, leading to uncertainty about where to seek support, which can lead to delayed treatment or care.

- **What can we do about it?** Professional societies representing the different professions in mental health care can encourage and facilitate greater collaboration through shared conferences, promoting multi-disciplinary teams and creating inter-disciplinary guidelines. For example, mental health service providers can inform the public about the different roles of mental health professionals to enable them to make informed decisions about where to seek support.

Improve access across basic and innovative services

Improve the affordability of and access to mental health services. Long waiting lists, especially in publicly-funded healthcare, create a barrier to accessing mental health services in all of the included countries. Innovative approaches, specifically some pharmacogenetic testing, are generally not covered by insurance and require out-of-pocket expenditure. This creates another barrier to access and means that such approaches are often only used in research settings or as a last resort.

- **What can we do about it?** Innovative practices must go through the necessary, rigorous processes to determine their clinical and cost-effectiveness. Regulators and payors can implement approaches to broaden access to innovative practices—with public- and private-sector innovators—while balancing patient need, safety and public budgets. Providers can explore telehealth and digital services to enhance access to mental health services.

Differences in the accessibility of services and the quality of care provided. In several of the included countries there is geographical variation in the availability of services—for example, people's access to mental health personnel—as well as variation in the quality

of care provided and overall patient outcomes. This is partly driven by either a lack of clinical guidelines or a lack of adherence to them. There are also variations depending on geographical location—primarily between urban and rural populations—creating inequity within countries. Across the included countries there is a lack of adequate mechanisms in place to measure quality and outcomes of care that could help to avoid variations in quality care.

- **What can we do about it?** Clinical guideline groups and professional societies can encourage mental health professionals to follow guidelines and practice based on best available evidence to reduce unwarranted variation in practice. Payors and commissioners can consider incentives to encourage adherence to guidelines or evidence-based best practice, while respecting clinical judgement, personalisation and equity.

Create an enabling environment for innovation

Recognise that personalised care is person-centred care. Often, patient and caregiver voices are not at the centre of decision-making in mental health care. Representatives from these groups bring a unique and valuable perspective that can improve the quality of mental health care.

- **What can we do about it?** Guideline developers and professional societies can emphasise the importance and value of incorporating the perspectives of patients and caregivers during guideline development. Individual mental health professionals can also ensure that they are practising person-centred care by exploring individual patient preferences and goals during consultations.

Facilitate incremental innovation. Although some innovations that are being explored in research are a long way off being routine practice, there are incremental steps towards improving mental health care that can be taken today—for example, using risk stratification and clinical decision support tools to support more personalised care.

- **What can we do about it?** Embracing a stepwise approach can support the implementation of innovation in a way that is less of a shock to professionals and can incorporate elements of innovative practice, rather than waiting until systems are ready to incorporate everything. This approach could be helpful for all stakeholders wanting to explore and implement innovative practice.

Introduce innovative partnerships and collaboration. Experts we consulted during this research reported that in many countries the public sector cannot afford to implement the most cutting-edge, innovative approaches (with the exception of France, where the public sector is considered the seat of innovation). This confines innovation to the private sector, exacerbating the inequalities that broader access issues are already creating.

- **What can we do about it?** Regulators, payors and innovators in the public and private sector can explore models for developing, testing and implementing innovative practice, such as risk-sharing to reduce the risk for each individual stakeholder and reduce hesitancy.

Knowledge sharing between countries. There is a need for communication between mental health professionals within and between countries to understand how things are done elsewhere, improve practice and enable the adoption of innovation in a way that capitalises on others' practical experience.

- **What can we do about it?** National professional societies for mental health professionals can facilitate communication between different types of mental health professionals within the same country and knowledge sharing across countries.

Address the clinical challenges affecting everyday practice

The imperfection of symptom-based diagnosis. Mental health diagnoses are based on the subjective assessment by mental health professionals of clusters of symptoms that are reported by individuals. This can bring about many challenges in accurately diagnosing patients or choosing the best approach to treatment.

- **What can we do about it?** Professional societies and organisations responsible for diagnostic manuals and guidelines can ensure that these keep pace with scientific knowledge as understanding of the biological mechanisms of the brain develops.

Give sufficient time during consultations for truly person-centred care. Time constraints and heavy clinical workloads limit the extent to which general practitioners and mental health professionals can personalise care, especially for those with serious mental health conditions, where longer sessions may be required.

- **What can we do about it?** Individual mental health professionals can ensure that they assess patients—particularly those with serious mental health conditions—as unique individuals to provide them with person-centred care. The underlying cause of short appointment durations is the workforce shortage.

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