An economic analysis of the resettlement of people with mild learning disabilities and challenging behaviour
Dockrell J E, Gaskell G D, Normand C, Rehman, H

Record Status
This is a critical abstract of an economic evaluation that meets the criteria for inclusion on NHS EED. Each abstract contains a brief summary of the methods, the results and conclusions followed by a detailed critical assessment on the reliability of the study and the conclusions drawn.

Health technology
Placement in a mental impairment evaluation and treatment service (MIETS) to rehabilitate patients with mild learning disabilities and challenging behaviour.

Type of intervention
Rehabilitation.

Economic study type
Cost-effectiveness analysis.

Study population
Young males displaying challenging or dangerous behaviour and on medication who were admitted from hospital or prison.

Setting
MIETS unit within the grounds of a psychiatric hospital. The economic study was carried out in the south of England.

Dates to which data relate

Source of effectiveness data
The evidence was derived from a single study.

Link between effectiveness and cost data
Costing was undertaken retrospectively, on the same patient sample as that used in the effectiveness study.

Study sample
A total of 34 patients were admitted to the study. No sampling occurred. No power calculations were performed. No exclusions to the data set were made. There was no formal control group within the study.

Study design
Case series. Follow-up occurred at three and six months after leaving MIETS.
Analysis of effectiveness
The analysis was based on intention to treat. The primary health outcomes used in the analysis were successful community placement of MIETS clients and reduction in challenging behaviour. The Adaptive Behaviour Scale and the Vineland Adaptive Behaviour Scale were used to assess the efficacy of the treatment.

Effectiveness results
20 out of the 34 clients who received the service moved to the community. Three went to a hospital home. There were reductions in dangerous behaviour, but not complete eradication.

Measure of benefits used in the economic analysis
Successful community placement of MIETS patients and reduction in dangerous behaviour. Personal privacy, autonomy, participation in domestic activities, freedom, access to neighbourhood and use of community facilities were also assessed for different care settings in order to proxy the quality of life.

Direct costs
Costs for MIETS included: wages and salaries for staff, revenue costs and rental equivalent costs for capital. They were derived from actual data (financial accounts and data on staffing). The costs of the community placements were based on an apportionment of running costs and rent. Data were obtained from questionnaire and actual data. Cost for private hospitals, special hospital and prisons were deemed less accurate as the service was provided to a broader client group than that in the analysis. Costs were discounted at a 6% rate of discount. 1989/1990 prices were used. Final total costs were estimated over a hypothetical long term period of placement.

Currency
UK pounds sterling ( ).

Sensitivity analysis
A one way sensitivity analysis was carried out based on the assumption that the costs of community care would fall as less staff input would be required after 5 years in the community setting.

Estimated benefits used in the economic analysis
Successful resettlement (of the 34 clients of MIETS, 20 were discharged to community and 3 to a hospital home) and reduction in challenging behaviour. Quality of life opportunities were higher in community homes, followed by campus homes and hospital homes.

Cost results
The cost of maintaining a client in their existing setting over 11 years was estimated at 35,000 p.a.. The cost of maintaining a client for 13 months in the MIETS and 9 years 11 months in their actual placement was estimated at 43,235 per annum at 1989/90 prices. The cost of maintaining a client for 13 months in the MIETS and 9 years 11 months in their recommended placement was estimated at 62,973 per annum at 1989/90 prices. The discount rate was 6%. The average cost for maintaining a client in the MIETS for 13 months was 80,000 at 1989/90 prices. The move from a hospital home to a campus home cost an additional 9,000 per annum, and from the campus to community cost an additional 28,000 per annum.

Synthesis of costs and benefits
No synthesis was attempted. The results of the sensitivity analysis on costs were the following: expressed in terms of cost per placement option, if the cost of community placement was assumed to have fallen by one third after five years, the cost of maintaining a client for 13 months in a MIETS and 9 years 11 months in their actual placement was
estimated at 41,348 per annum (1989/90 prices) and the cost of maintaining a client for 13 months in a MIETS and 9 years 11 months in their recommended placement was estimated at 55,412 per annum.

Authors' conclusions
Community placement was achieved at approximately 25% additional expenditure from pre MIETS placements. MIETS achieved a better quality of life for clients at greater cost. The additional benefits of community homes, with a closer association with the local community and greater freedom for clients is bought at quite a high cost. There may be cheaper and more effective programmes than MIETS, but no other model was available for detailed comparison.

CRD Commentary
The authors make claims regarding improved quality of life for clients per unit cost without ever directly relating cost to a direct measure of benefit. The type of placement was proxied for quality of life, and no quantitative results were provided. Further detail and results relating outcomes to the sample group would have been helpful and more detailed reporting of the sample characteristics would have been desirable.

Source of funding
The Nuffield Foundation.

Bibliographic details

PubMedID
7792629

Indexing Status
Subject indexing assigned by NLM

MeSH
Adult; Combined Modality Therapy; Community Mental Health Services /economics; Cost-Benefit Analysis; Deinstitutionalization /economics; England; Female; Health Expenditures; Humans; Intellectual Disability /economics /psychology /rehabilitation; Learning Disorders /economics /psychology /rehabilitation; Long-Term Care /economics; Male; Quality of Life; Social Behavior Disorders /economics /psychology /rehabilitation; Social Environment

AccessionNumber
21995005032

Date bibliographic record published
11/04/1996

Date abstract record published
11/04/1996