The economic impact of initiatives to reduce stigma: demonstration of a modelling approach

McCrone P, Knapp M, Henri M, McDaid D

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.

CRD summary
The objectives were to present methods to evaluate the cost-effectiveness and the economic outcomes of an anti-stigma campaign, for people with mental health problems. The authors concluded that it was very difficult to estimate the impact of anti-stigma campaigns and better data were needed. They advised that their model should be tested further. The authors appropriately emphasised the limited data and the related simplicity of their model.

Type of economic evaluation
Cost-effectiveness analysis

Study objective
The objectives were to present methods to evaluate the cost-effectiveness and the economic outcomes of an anti-stigma campaign, for people with mental health problems.

Interventions
An anti-stigma campaign related to mental health problems was compared with no campaign.

Location/setting
Scotland, UK/community.

Methods
Analytical approach:
Two analyses were conducted. The first calculated the cost of the campaign per person whose attitude was changed. The second calculated the economic outcomes of the campaign by subtracting the average treatment cost (from increased service use due to less stigma) from the average gain in productivity (due to less stigma and more treatment). The authors did not state the study perspective. The time horizon was one year.

Effectiveness data:
The change in a person's attitude was from two surveys in Scotland; one in 2002 and one in 2006 (the campaign was launched in 2001). The differences in the probability of accessing health services, and in the probability of employers hiring individuals with depression, were from the same surveys, assuming that these model parameters were proxies for the secrecy of people with mental health problems.

Monetary benefit and utility valuations:
Not relevant.

Measure of benefit:
There was no summary measure of health benefit. The authors reported the changes in people's attitudes to people with mental health problems.

Cost data:
For the analysis of changing people's attitude to people with mental health problems, only the costs of the campaign were included. For assessing the economic outcomes of the campaign, the costs of health services for people with mental health problems and the productivity gains for people with mental health problems were included. The costs of the campaign were from the See Me campaign in Scotland. The depression treatment costs were in 2007 to 2008 UK pounds sterling (£) and they were from a King's Fund report. The average salary from National Statistics (2007) was
used to calculate productivity costs.

Analysis of uncertainty:
One-way sensitivity analyses were carried out on selected parameters, such as the difference in probability of accessing health services, to estimate the impact of them on the model results. The impact of a range of changes in attitudes was tested.

Results
Assuming a 10% change in attitudes due to the campaign, the incremental cost-effectiveness of the anti-stigma campaign was £35 per one less person who felt that people with mental health problems were dangerous and £186 per one less person who felt the public needed protection from people with mental health problems.

An economic gain (productivity gain minus treatment cost) of £421 per person was estimated as a result of the See Me campaign. The results were robust to the sensitivity analyses performed.

Authors’ conclusions
The authors concluded that it was very difficult to estimate the impact of anti-stigma campaigns and better data were needed. They advised that their model should be tested further.

CRD commentary
Interventions:
The relevance and reporting of the intervention were adequate.

Effectiveness/benefits:
There was no indication that the authors did a systematic review of the literature to identify the clinical evidence. The sources of clinical data were relevant to the location. There was no estimate of uncertainty around the clinical effectiveness data, so the authors undertook sensitivity analyses using ranges of data. There was no specific measure of health benefit, but it was indicated to a degree by the productivity gains.

Costs:
The authors did not present a full cost-effectiveness analysis, as the costs of the intervention were not combined with its cost and benefit outcomes. Net benefit was used to refer to the productivity gain less the increased cost of health care services due to a successful campaign, but this could mislead readers as net benefit usually refers to the sum of the benefits minus the costs of the intervention, which the authors did not include. Given that no health benefits were included, the net benefit should be the productivity gain minus the increased cost due to a successful campaign and minus the cost of the intervention. The authors briefly referred to this in their discussion.

Analysis and results:
The results were adequately reported. The authors stressed that there was a lack of data available, and that many assumptions had to be made. The ranges in the sensitivity analyses seemed limited. For example, there might have been less than a 10% change in attitudes.

Concluding remarks:
The authors appropriately emphasised the limited data and the related simplicity of their model.

Funding
Funding received from RETHINK, a UK charity.

Bibliographic details

PubMedID
Original Paper URL
http://www.psychiatry.univr.it/page_eps/EPS_19_2010.html

Indexing Status
Subject indexing assigned by NLM

MeSH
Cost-Benefit Analysis; Education /economics; Humans; Models, Economic; Models, Theoretical; Public Opinion; Stereotyping

AccessionNumber
22010001996

Date bibliographic record published
05/01/2011

Date abstract record published
31/08/2011