

ESN
Mental Health Working Group
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Building the economic case for investment in mental health and monitoring of outcomes of particular actions

Veneto Region
Andrea Angelozzi

Veneto Region: economic model to finance mental health

- General planning is uniform in different Local Health Areas.
 - ❖ It defines:
 - Facilities
 - Services
 - Staff
 - Budget required
- Specific plannings for specific areas are financed
 - ❖ By Veneto Region: specific new projects
 - ❖ By Municipalities: Local area planning (every 5 years)

Resources

- **Resources:**
 - ❖ Veneto Region fixes a capitation budget for clinical needs in every LHA (in LHA 9 = € 1.348)
 - ❖ The 5% of it should be used for mental health
 - ❖ Municipalities fix funds for social needs linked to mental health (usually 1/10 of Regional Budget)
- **Few Regions in Italy have defined the amount of budget (Veneto, Campania ...)**
- **No Local Health Area in Veneto has reached the budget fixed by Region: the mean is 3.2%**
 - Lack of attention for mental health
 - Low impact on political image

Economic Budget DSM 9 - Treviso

	Year 2009		
	Total	Out services	Hospital services
Buying Assets	1.276.012	1.230.012	46.000
Staff	9.449.987	7.475.855	1.974.132
Administration	297.702	289.117	8.584
Non sanitary Services	1.599.544	1.413.441,43	186.102
Costs for Medical acts not paid by SSN	164.752	104.066	60.685
Other Sanitary Costs	32.185	32.027	158
Buying Services	8.426.790	6.689.884	1.736.906
OVERALL PSYCHIATRIC COSTS	21.246.975	17.234.405	4.012.569
Admissions to private hospitals	578.735		578.735
Admissions to Non Psychiatric Units (2008)	409.707		409.707
Admissions to Units in other LHA (2008)	685.897		685.897
Admissions to Units in other Regions (2008)	62.565		62.565
OVERALL PSYCHIATRIC COSTS	21.246.975	17.234.405	4.012.569
Indirect costs (General Administration of LHA)	1.102.954	739.895	363.059
OVERALL COSTS	22.349.929	17.974.301	4.375.628
Financial Resources of Az.Ulss 9	552.650.811	283.210.811	239.118.000
	4,04%	6,35%	1,83%

Others Models of economic management in mental health

■ Variable budget:

- Assessment of needs
- Planning services
- Different needs = different budgets
- Monitoring processes and outputs

■ Limits

- Needs depend on
 - models
 - what we can offer
- Which outputs? (symptoms, QoL, satisfaction ...)
- The “Three E” model: Evidence, Ethics, Experience

Size and Costs in mental health

- **SIZE of Mental Diseases:**
 - 27% (equals 82.7 million) of the adult EU population, 18–65 of age, is or has been affected by at least one mental disorder in the past 12 months
- **Costs of mental diseases:**
 - € 300 - 1000 billion in Europe (disability, clinical costs, lost workdays)
 - It is 3-4% of the Gross Domestic Product

Benefits of improving mental health

- **Ethical Benefits:** promotion of human rights
- **Other Health Benefits:**
 - ❖ untreated mental conditions lead to higher morbidity rate (other diseases) and to higher (twofold!) mortality rate than the general population
- **Economic Benefits:**
 - ❖ Costs in mental diseases are:
 - Direct Costs
 - treatment and rehabilitation costs
 - Indirect Costs (2 - 6 times the direct costs)
 - lost productivity due to disability or death
 - costs for families

Conclusions

- There are different models in economic managing mental health
- In Italy management is
 - Same facilities in various LHAs
 - Different economic resources
 - Lack in evaluating local needs and outputs
- A better management can improve
 - the treatment of mental diseases
 - their outcomes
 - the benefits