

COMMENTARY

From Financial Analysis to Policy Development in Mental Health Care: The Need for Broader Conceptual Models and Partnerships

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Abstract

International mental health economics is emerging as a significant field in the increasingly intricate and interactive world in which we live. In line with this, the conceptualisation and gathering of pertinent data for international studies such as WHO's Atlas Project pose considerable methodological challenges. This paper outlines the need for broader conceptual models and partnerships and discusses some promising endeavours.

Introduction

The field of international mental health economics continues to evolve in level of activity and methodological refinement.¹ Such advances depend on developments in a variety of professional fields and settings and in international communication and collaboration.

Building on such developments, the World Health Organization (WHO) launched, a few years ago, a project termed Atlas to inventory resources available for mental health care in a large number of countries.^{2,3} The data collected through the Atlas project is being analyzed in reference to different research questions, including the impact of national budgets and financing on mental health policies and services.⁴

A number of interesting results are emerging from these analyses, including the substantial number of countries found without a specific mental health budget and the often meager national financial allocations to mental healthcare as compared to overall healthcare, particularly in low- and lower-middle income countries. Also noted is the disparity

between the presence of mental health policies and programs, and the levels of mental health allocations, as well as between the sizable neuropsychiatric component of the global burden of disease in a given country,⁵ measured in terms of disability adjusted life years (DALY) and years lost to disability (YLD), and the much proportionally lower allocations to mental health budgets.

Methodological Challenges

One of the limitations of international surveys such as the WHO Atlas project on mental healthcare, as acknowledged by the investigators themselves⁴ is the quality, scope and sources of the data obtained. In this particular case, many of the individuals contacted in the various ministries of health apparently were neither always well-informed nor available to give dedicated attention to this project.

Another limitation of studies illustrated by the above-mentioned project is the use of diagnostic concepts (disorders and disabilities), which although broader than conventional single label diagnoses, were not comprehensive enough to yield adequate situational diagnoses, as would be needed for effective public health policies.

Proposals

In recognition of the complexity of the mental health field and of the world in which we live, more comprehensive diagnostic models, adequate for international assessments, are being increasingly requested. An example of emerging comprehensive diagnostic models is that at the core of the World Psychiatric Association International Guidelines for Diagnostic Assessment (IGDA).⁶ This model encompasses a standardized multi-axial formulation (i) Illnesses of mental and general health types, (ii) Disabilities/Functioning, (iii) Contextual Factors, and (iv) Quality of Life and an Idiographic Personalized Formulation, reflecting in natural

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language narratives the interactive judgment of clinicians, patients and relatives about contextualized clinical problems, patient's assets and positive factors pertinent to clinical care, and expectations for health restoration and promotion.

Another major consideration for upgrading the prospects of mental health service surveys is the engagement of several key informational sources. In the case of the Atlas project outlined above, a major effort to broaden the informational sources is being mounted through a formal collaboration agreement between WHO and the World Psychiatric Association with both its 123 member societies across the world and its Education Coordination Center as design and logistics unit. Even more encompassing and promising would be the engagement of the various stakeholders in the health field. This would be helpful not only for expanding the grounds and validity of the information obtained, but also for enhancing the prospects for effective implementation and fuller outcomes at both clinical and public health levels.

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