

# The payoff of research in the field of mental health care

## Background



In the past five years (2010-2015), The Netherlands Organization for Health Research and Development (ZonMw) invested substantially in research in the field of mental health care. According to ZonMw, 158 studies were conducted in the field of mental health care. Altogether these studies required an investment of nearly 39 million (€38,867,363) Euros (2015 prices). It is worthwhile to examine whether this investment pays off from an economic point of view.

## Method

The payoff of the mental health research is based on the economic benefits that can be expected when implementing the research results of the evaluated studies. These benefits can be generated when interventions reduce the cost of health care or increase work productivity. We used a similar method as used in an earlier evaluation of the benefits of research in the Netherlands (Soeters ea, 2013a; 2013b), where it was assumed that the evaluated interventions can reach 40% of the intended target group during a period of ten years. Also, it is assumed that it takes six years before the intervention is actually implemented. During this implementation period, no benefits occur. This method was applied to estimate the benefits of five studies funded by ZonMw.



### Case 1: Early intervention for developing psychosis

Yearly, about 2,500 people with an ultra-high risk of developing a first episode of psychosis are being treated in mental health care for something other than their risk of developing psychosis. Offering an intervention to this group aimed at preventing psychosis will half the incidence of psychotic disorders. Moreover, this will lead to a decrease in health care costs. Offering this proactive intervention during ten years to 40% of the intended target group will save about €26 million of health care costs.



### Case 2: Return-to-work after sickness absence for psychological reasons

In the Netherlands, about 80,000 employees are on long-term sickness leave (>7 days) due to psychological reasons. A return-to-work intervention for this target group is expected to increase work productivity at a value of approximately €697 million, assuming utilization of 40% during ten years.



### Case 3: Online help for suicidal thoughts

About 462,000 people experience suicidal thoughts. The accompanying 'suicidal ideation' considerably impacts the quality of their lives, the costs of health care and work productivity. An accessible online self-help intervention can change this. If the intervention is offered to 40% of the target group during ten years, benefits will be generated of approximately €904 million by savings in health care costs and another €680 million by increased work productivity.

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### Case 4: Collaborative care for anxiety disorders

In general medical practice in the Netherlands, there are about 508,000 patients experiencing their first anxiety disorder of which 24,000 are having a first panic disorder or first generalized anxiety disorder. For this group of patients a collaborative stepped-care approach appears to be effective, but also increases health care expenditures. However, the collaborative care approach does lead to overall benefits from a societal point of view due to increased work productivity, thereby offsetting the additional health care expenditures. The benefits to society amount to approximately €41 million, assuming 40% of the intended target group receives the collaborative care approach instead of usual care during ten years.



### Case 5: Schema therapy for personality disorders

About 422,000 patients in specialized mental health care and so-called 'TBS clinics' (forensic services) have a (complementary) personality disorder. We assume that 10% receives treatment for this disorder. Schema therapy is more effective for this group than usual care as recommended in the (old) guideline. Moreover, schema therapy is less costly compared to usual care. If 40% of the usual care would be replaced by schema therapy this will save approximately €10 million per year. According to the earlier mentioned assumptions this will render about €68 million over a period of ten years due to savings of health care expenditures.

## Total costs and benefits

In the last five years ZonMw invested in 158 studies aimed at mental health care, summing up to a cost of about €39 million. Benefits of hypothetical implementation could be calculated for five studies. The results are shown in table 1.

**Table 1: Potential benefits of the five cases per domain (in million Euros)**

	Healthcare	Productivity	Society
Case 1	26		26
Case 2		697	697
Case 3	904	680	1,584
Case 4			41
Case 5	68		68
<b>Total</b>	<b>998</b>	<b>1,377</b>	<b>2,416</b>

The estimated total benefits add up to over €2.4 billion, whereas the return-on-investment amounts to €2,416 million / €39 million = €61. This means that every invested Euro in mental health care research potentially yields a payoff of €61. The net-benefits amount to €2.416 million Euros - €39 million Euros = €2.377 million Euros (2015 prices).

## Conclusion

Even without considering the intrinsic value of research (in generating knowledge) and healthcare (in improving health), it is promising to see (in times of increasingly severe budget constraints in healthcare) that investing in healthcare research additionally yields a potential economic payoff.

