# WHO MENU OF COST-EFFECTIVE INTERVENTIONS FOR MENTAL HEALTH

World Health Organization

# WHO MENU OF COST-EFFECTIVE INTERVENTIONS FOR MENTAL HEALTH

World Health Organization

**WHO menu of cost-effective interventions for mental health**

ISBN 978-92-4-003108-1 (electronic version)
ISBN 978-92-4-003109-8 (print version)



Design and Layout by **Guillaume TIRAVY**

## Contents

## Introduction

In 2019, the Seventy-second World Health Assembly requested the WHO Director-General to prepare a menu of policy options and cost-effective interventions for mental health. In 2020 the Seventy-third World Health Assembly noted the completion of the request. The process and results of this work are described in this brief document.

The menu of cost-effective interventions for mental health is a list of interventions for which information on cost-effectiveness is available for use by Member States when selecting interventions, as appropriate for their national context. It is not exhaustive; the menu is a preliminary list of population- and individual-level interventions based on current evidence (see Table 1).

## Development of the menu

The menu was developed using the WHO-CHOICE methodology *(1)* to prepare and update, as appropriate, WHO estimates of the cost-effectiveness of a range of mental health interventions, in line with the development of Appendix 3 to the global action plan for the prevention and control of noncommunicable diseases 2013–2020 *(2)*.

WHO-CHOICE is a programme that helps countries to identify priorities based on health impact and cost-effectiveness. It can be applied to a wide range of strategies relevant to policies affecting health outcomes. All options are compared to a common comparator, a null scenario in which the impacts of currently implemented interventions are removed, thereby enabling comparison of interventions across geographical areas and aspects of health *(1)*.

Since 2001, WHO has used the WHO-CHOICE method to estimate the cost-effectiveness of a range of health interventions *(3)*. With respect to mental health, this work has focused primarily on assessing individual-level interventions for clinical management of psychosis, bipolar disorder and depression, with results published and disseminated through peer-reviewed academic journals *(4)*. As part of the preparations of the menu of cost-effective interventions, key data parameters used to analyse the interventions were updated and new cost-effectiveness estimates were generated at the level of country groupings at higher and lower levels of national income (see Table 2).

In 2019, to expand the menu of options beyond clinical management, WHO conducted economic analyses of three population-level interventions: (a) regulatory bans on the use of highly hazardous pesticides in order to reduce cases of suicide *(5)*, (b) universal school-based socio-emotional learning programmes to improve mental health and prevent suicide in adolescents; and (c) indicated, school-based socio-emotional learning programmes to improve mental health and prevent suicide in adolescents.

The menu has been compiled from the results of economic analyses, which are available on the WHO website *(6)*. These analyses assess cost-effectiveness ratios, health impact and the economic costs of implementation. The results translate into a set of parameters for consideration by Member States. Global analyses should, however, be accompanied by local contextualized analyses; other WHO tools, such as the OneHealth Tool, are available to help individual countries to estimate the costs and health impacts of specific interventions in their national context.[1]

## Scope

The list of cost-effective interventions is intended to provide information and guidance on the relative costs and health impacts of a preliminary set of evidence-based interventions, and to serve as a basis for developing and broadening the menu. Identifying a list of core interventions with cost-effectiveness information that are sufficiently comprehensive to meet the needs of Member

1 ***OneHealth tool:*** https://www.who.int/tools/onehealth

States is inherently challenging. The absence of an intervention from the menu does not necessarily mean that it is not cost-effective but rather that there were methodological or capacity reasons for not completing a WHO-CHOICE analysis.

As mentioned above, the menu as currently proposed consists largely of individual-level clinical management interventions for adults. This is because most of the available mental health analyses based on WHO-CHOICE have been for those types of intervention that have been most amenable to cost-effectiveness analysis. Over time, the menu will need to be expanded to include recovery interventions, clinical interventions for a wider range of conditions across the life course, interventions for comorbidities, and a broader list of public mental health interventions, including interventions that address deinstitutionalization and known determinants of mental health.

## The importance of non-financial considerations

Although cost-effectiveness analysis provides pertinent information, it has limitations and should not be used as the sole basis for decision-making and resource allocation. Beyond cost-effectiveness and affordability, full consideration should be given to: human rights and health equity; balance of potential benefits and harm of interventions; values and preferences related to interventions and their outcomes; and implementation capacity, acceptability and the need to implement a combination of population-wide and individual-level interventions.

Progressive expansion of service coverage is a key aspect of universal health coverage. Scaling up interventions for mental health conditions should proceed through community-based mental health and social care services. As recommended in the Comprehensive mental health action plan 2013–2030, the locus of care should be systematically shifted away from long-stay mental hospitals with increasing coverage of evidence-based interventions (including use of stepped care principles, as appropriate) and deployment of a network of linked community-based mental health services, including short-stay inpatient care and outpatient care in general hospitals, primary care facilities, community mental health centres and day care centres, support for people with mental health conditions living with their families, and supported housing.

Mental health services must adhere to human rights principles, which include the respect of individual preferences, based on communication of potential benefits and harms of any proposed care, including any potential short- and long-term adverse effects of psychotropic treatment.