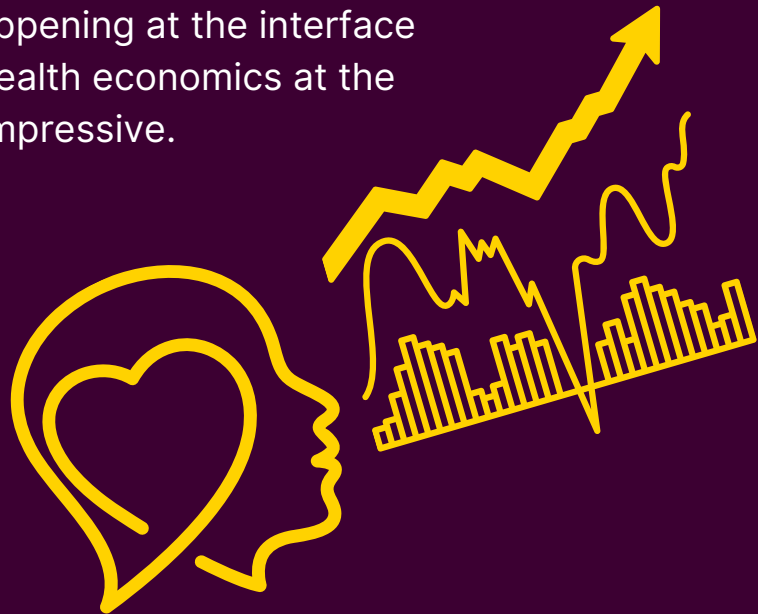


The cross section of work happening at the interface between mental health and health economics at the University of York is hugely impressive.

From advancements in methodology to clear end-user applications of research the diversity and breath of activity is inspiring.

Importantly, a sense of urgency and a practical benefit to societies and decision makers drives this endeavour.



MIND MEETS MONEY

Our researchers in mental health and health economics are ready to tackle the most challenging research questions of the next decade.

Event Summary



On the 18th of May 2023, '**Mind Met Money**' as researchers came together to share ideas and generate new collaborations. The showcasing event was expertly hosted by **Lina Gega** (Director of the Institute for Mental Health Research at York - IMRY) and **Rowena Jacobs** (Deputy Director of the Centre for Health Economics - CHE).

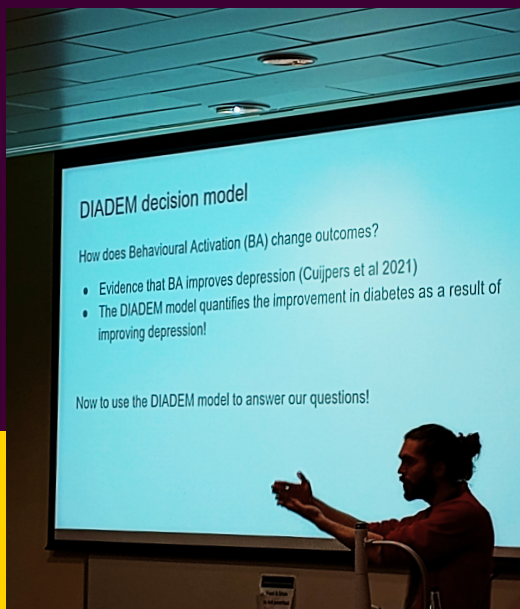
Here is a flavour of the dynamic mix of research happening in this area led by the University of York.

A number crunching 'crystal ball'

We know the future will bring more complex and resource intensive health challenges. Sometimes it is not feasible or timely to test solutions in the real world in real time. But computer-based techniques to simulate the behaviour of individuals can offer a way to explore **mental health interventions** and inform policy change.

Claire de Oliveria (University of Toronto & Honorary at Hull York Medical School) eloquently introduced the use of **microsimulation** in the Keynote Talk describing how it may be used to inform **psychosis**-related health policy.

We re-visited our microsimulation 'crystal ball' in the afternoon too when *Paul Tiffin* (Hull York Medical School) talked about how he is using **TeenSim** to model **adolescent mental health** trajectories in an exciting new UKRI funded project.



The problem with evidence

Evidence generated from research is used to underpin many policy decisions. However, during the morning we learnt evidence isn't always easy to obtain and it doesn't always point to the solutions we want or expect.

When it comes to treating **anxiety disorders** *Pedro Saramago Goncalves* (CHE) explained how his part in the Costs and Outcomes of Digital Interventions (**CODI**) Project indicated that at the moment the assumption that **digital interventions** could save time and money compared to other treatments wasn't necessarily supported by the evidence when you compare it to medication or group therapy.

It turns out **ecotherapy** and other **nature-based interventions** are difficult to assess for cost-effectiveness. This makes it hard to provide the standard information that is required for commissioning decisions.

Sebastian Hinde (CHE) explained that, in order to separate the wood from the trees, we need more research to really evidence the potential cost-effectiveness that is anticipated for ecotherapy for people with mild to moderate **common mental health problems**.



Facing the hard reality

For many the world is fast becoming a more challenging place to live. The effects of the Climate Crisis as well as civil conflict are devastating for many.

Rodrigo Moreno Serra (CHE) explained how his research investigating the consequences of **civil conflict** on mental health and related inequalities has shown that the overall risk of people developing mental health disorders does not improve in general after peace is restored. There are a number of potential reasons for this and Rodrigo continues to investigate these in the case of the protracted conflict and peace process in Colombia in the highly conflict-affected Meta province.

Laura Bojke (CHE) provided a somber reminder of how much the consequences of the **Climate Crisis** have the potential to both directly and indirectly increase the prevalence of mental health illnesses and exacerbate existing mental illness. Our challenge is to develop both efficient and equitable responses.

Wei Song (CHE) was able to give exact details of the extent to which **physical health shocks** also have a serious impact on mental health status and service utilisation from his PhD. Wei is analyzing survey data and hospital administrative data to understand more.

Crucially, our perception of the world around us and **our relative social standing** within it also has an impact on our mental health.

Adrián Villaseñor (CHE) continues to investigate the complex interplay between social standing, economic inequality and mental health to support policy makers develop policies to improve population health.

Good intentions, unintended consequences

Often mental health interventions don't work perfectly in reality, or mental ill-health can be an unintended consequence of another intervention or policy decision. This means the cost-effectiveness of that intervention is compromised. We heard some great examples of this over the course of the event.

Maria Ana Matias (CHE) highlighted her work to quantify and better understand **non-adherence** to psychotropic medications among people with **serious mental illness**. This work will inform policymakers about the magnitude of the problem and the risk factors for non-adherence.

When it comes to the impact of the UK Universal Credit **welfare reform** on mental health *Emma Tominey (Economics & Related Studies)* explained that for some groups any positive welfare effects are dominated by a deterioration of an individual's mental health.

Poor mental health has a critical impact on the labour market. *Nigel Rice (Economics & Related Studies)* highlighted the consequences of poor mental health on labour supply.



Helping health systems, help you

As resources are scarcer than ever, and health systems are under constant pressure from an increasing burden of disease, we look to health economics as a discipline to help make smart decisions about resource allocation.

Globally, University of York health economists are supporting this decision making. This was exemplified by the work *David Glynn (CHE)* presented on how health economics is informing a trial of a cost-effective psychological therapy intervention called **behavioural activation** to help people with both **depression** and **diabetes** in Pakistan and Bangladesh. David's work has not only informed the design of the trial informing the number of sessions to be included in the treatment - helping ensure the intervention being tested would be cost effective to implement if proven to be effective - but his model will help researchers assess the long-term cost-effectiveness of the treatment long after the trial is over.

Back in the UK context, *Ana Duarte (CHE)* explained how her research continues to add to the weight of evidence that **collaborative care** treatment models are cost-effective for the treatment of **depression** in people **with cancer**.

Thank you to all the researchers who took part in the event and shared their research expertise with us all. We hope learning from each other leads to future collaborative work in this area.

MIND MEETS MONEY

As *Matthias Ruth (Pro-Vice-Chancellor for Research)* reflected in his summing up we all benefit from the research excellence happening at the interface between mental health and health economics. The investment, leadership and learning generated spills over into other areas of research activity.

Contact us

To find out more about mental health research at the University of York please get in touch with the team at the Institute of Mental Health Research at York.
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