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ACE-MH: Non-Pharmacological Interventions For Psychosis.

Abstract

Purpose: A number of non-pharmacological interventions for psychotic disorders are evaluated in the Assessing Cost Effectiveness - Mental Health (ACE-MH) study. These include two psychosocial interventions (family interventions and vocational rehabilitation) and two models of community-based treatment (early interventions in psychosis and Assertive Community Treatment).

Method: The cost-effectiveness of each of these interventions is assessed using standardised methodology. Effect sizes from systematic reviews (where available) are used to determine benefit in terms of Disability-Adjusted Life Years averted (DALYs). A health sector perspective is used to determine costs. The robustness of results is tested using probabilistic uncertainty analysis.

Results: The DALY as a measure of health benefit is only applicable to the three types of family interventions considered. Each type of family intervention has a cost effectiveness ratio less than \$40,000 per DALY. The literature on vocational rehabilitation does not support any clinical or social changes attributable to the intervention. A type of cost-benefit analysis shows that the cost of the intervention is greater than expected savings (through reduced transfer payments) or accruing income to participants. The intervention is seriously compromised by current legislative disincentives for disability pension recipients to seek full time employment. A similar analysis for Assertive Community Treatment is being currently undertaken. Results of this intervention are forthcoming. The benefit of early intervention in psychosis is difficult to assess, given the lack of high quality effectiveness data regarding this intervention. However preliminary results show that specialist early psychosis care is no more costly than standard care.

Conclusion: Results from these analyses indicate that cost-effective non-pharmacological interventions for psychotic disorders exist. However a number of methodological considerations need to be addressed in future research before this approach to priority setting in mental health care yields more definitive results.

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