Author’s response to reviews

Title: What is known about the cost effectiveness of interventions to promote the physical health of people with mental health problems? A systematic review

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Author’s response to reviews: see over
Response to reviewers’ comments

Many thanks to the reviewers for these helpful comments and we have set out below our responses.

1. In response to a reviewer’s comment we have revised the background section of the paper to include two paragraphs highlighting factors other than lifestyle behaviours that impact on the physical health of people with mental health problems. We cite several studies that have shown low rates of treatment and risk monitoring in respect of metabolic syndrome, diabetes mellitus, cardiovascular disease and chronic obstructive pulmonary disorder. We have noted that this in part may be due to a reluctance to make use of services, a lack of awareness of risks to physical health in people with mental health problems, a lack of emphasis on physical health issues by mental health specialists and negative attitudes among health care professionals. We have also noted that additional challenges that may be faced in countries where mental health services have been effectively separated from the rest of the health care systems.

2. In response to the comment on how we determined whether articles were eligible for inclusion, we have clarified the text to indicate that all intervention studies had to provide information on costs of interventions.

3. We welcome the reviewer’s comment that there also needs to be more investment in teaching mental health nurses on how to recognise the potential for prevention or health promotion opportunities. We have now included some text on this topic, acknowledging the role that mental health nurses and other professionals who are in regular contact with people with mental health problems, can have in looking at ways to encourage sustained participation in health promoting activities. We have further added a paragraph emphasising the important role of mental health nurses and suggesting that their training programmes and continuing education could put more emphasis on physical health promotion and positive wellbeing, rather than concentrating only on dealing with mental disorders per se.

4. In response to the comment on the implications of population sub-group analysis we have included some text in the discussion section, not just in respect of issues for economic models, but also for the collection of original data, recognising that the environment in which people live, as well as diagnosis and severity of condition may impact on transition probabilities and potentially also on outcomes.

5. In response to the reviewer’s suggestion we have moved our text on the large number of cost effectiveness studies on smoking cessation for the general population and the importance of addressing the high rates of smoking in people with mental health problems from the results section to the discussion section of the paper.

6. In response to a reviewer’s suggestion we have revised the target population in Tables 1 and 2 to indicate whether study participants are living in the community and receiving intervention through primary care or specialist outpatient care or are alternatively being treated on an inpatient basis.
7. In response to the reviewer’s comments about distinguishing between different mental health problems, the findings of the review reflect the evidence that was available to us. The tables indicate that a number of studies we have identified are on patients with depression/ (unipolar and bipolar) affective and anxiety disorders, in addition to studies of people with other severe mental illness. So there is quite some evidence (in the studies we identified) on the affective spectrum, but we have now noted the lack of diagnostic differentiation in our study limitations section. We have also included additional text in the background section to emphasise that there are adverse impacts to the health of people with depression as well as those with other severe mental health problems. We have also acknowledged in the text there are particularly challenges in helping people with severe mental illness, yet have been surprised to find much less focus on the economic case for action in this population sub-group. We do also note however, that most of the additional study protocol papers focus on severe mental illness, which will increase our knowledge on these issues. In the results section we have been able to distinguish results by type of disorder by revising the text to indicate that all of the exercise and smoking cessation programmes were targeted at people with depression and or anxiety disorders, whilst the substance abuse and infectious disease programmes were targeted at severe mental illness. In our discussion section we also highlight the need to have more studies looking at specific population groups, recognising that interventions needed for those with severe mental illness may pose different challenges from people with depression in primary care.

8. Although one reviewer suggests that we have focused more on the QALY as an outcome, what we have done is to reflect on outcome measures used in the text. The QALY has the advantage that it allows for comparisons between different potential health interventions but only 5 of the 11 studies report such outcomes and we have reported other outcomes as well. We have taken on board the reviewer’s comments on the limitations of relying on the QALY as an outcome measure; noting the importance of changes in risky behaviours for long term health outcomes, even though these may not have been visible or captured in QALY values during the lifetime of the study. We now discuss this point in our results section and also come back to this issue in our discussion section, where we look at how modelling approaches might be used to estimate some of the longer term benefits of behaviour change.

Other revisions

The surname of one of the authors Carolin Losert has now changed to Carolin von Gottberg following marriage and we have revised this in the text

We have attached a PRISMA checklist showing where we have addressed each of the checklist points in the paper. This is referenced as Appendix 1. We have also attached an Appendix 2 which provides the search strategy used for the PubMed/Medline search.