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Economic evaluation of liaison psychiatry services

We read with interest the recent review by Twomey and colleagues on improving economic evaluation of mental health services (Twomey *et al.* 2013), and would like to extend their recommendations to incorporate evidence from recent economic analyses of liaison psychiatry services.

Around 30%–65% of medical inpatients have a comorbid mental illness (Gomez, 1987). Despite this, mental illness is under-diagnosed and under-treated in patients with physical illness, leading to increased physical and psychiatric morbidity, unnecessary suffering, and economic burden (Das-Munshi *et al.* 2007; Prince *et al.* 2007; Simon *et al.* 2007; Naylor & Bell, 2010). We now have evidence that modern, well-developed liaison psychiatry services have the potential to produce significant economic benefits. A comprehensive economic study of the Rapid Access Interface Discharge liaison psychiatry service in Birmingham, carried out by the Mental Health Network, NHS Confederation & London School of Economics and Political Science (Parsonage & Fossey, 2011), calculated that such a service could produce savings of £3.5 million per year for a large general hospital, a benefit: cost ratio of greater than 4:1. This has led to a significant and ongoing expansion of liaison psychiatry services across the United Kingdom.

In the Irish context, our analysis of a liaison psychiatry service in Dublin found that improving the accuracy of coding of psychiatric disorders in general hospital inpatients would have the effect of increasing the funding allocation to one acute hospital, based on payment-by-results, by up to €1 million per year (Jordan *et al.* 2012). Given the disproportionate reduction in mental health funding, to its current level of 5% of the overall Irish health budget, compared with physical health, which receives 95% of the health budget, enhanced delivery of mental health services to patients in a general hospital setting will lead to enhanced cost effectiveness, as well as improved patient outcomes. In addition, recognition of these economic implications

also increases awareness of the need to actively incorporate mental health care as part of the patient's overall health journey in the general hospital setting.

Twomey and colleagues point to the dearth of economic evaluations of mental health services in Ireland. We echo their call to action, and in addition to their recommendations, suggest working in tandem with clinicians and managers in physical health services to optimize funding streams with the ultimate aim of improving the quality of life for our patients.

References

- Das-Munshi J, Stewart R, Ismail K, Bebbington P, Jenkins R, Prince MJ (2007). Diabetes, common mental disorders, and disability: findings from the UK National Psychiatric Morbidity Survey. *Psychosomatic Medicine* 69, 543–550.
- Gomez J (1987). *Liaison Psychiatry: Mental Health Problems in the General Hospital*. Croom-Helm: London.
- Jordan I, Barry H, Clancy M, O'Toole D, MacHale S (2012). Financial impact of accurate discharge coding in a liaison psychiatry service. *Journal of Psychosomatic Research* 73, 476–478.
- Naylor C, Bell A (2010). *Mental Health and the Productivity Challenge. Improving Quality and Value for Money*. The Kings Fund: London.
- Parsonage M, Fossey M (2011). *Economic Evaluation of Liaison Psychiatry Service*. Centre for Mental Health: London.
- Prince M, Patel V, Saxena S, Maj M, Maselko J, Phillips MR, Rahman A (2007). No health without mental health. *The Lancet* 370, 859–877.
- Simon GE, Katon WJ, Lin EH, Rutter C, Manning WG, Von Korff M, Ciechanowski P, Ludman EJ, Young BA (2007). Cost-effectiveness of systematic depression treatment among people with diabetes mellitus. *Archives of General Psychiatry* 64, 65–72.
- Twomey C, Byrne M, McHugh P (2013). Show me the money: improving the economic evaluation of mental health services. *Irish Journal of Psychological Medicine* 30, 163–170.

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