Dear WHO Secretariat,

Re: WHO: EB146 and WHA73: Development of a menu of policy options and cost-effective interventions to promote mental health and well-being - WEB-BASED CONSULTATION.

I am grateful to WHO for this important initiative that may have huge implications globally. The WHO Discussion paper called “Draft menu of cost-effective interventions for mental health” is a very important and challenging initial step, and opening a consultation is a great opportunity to collect input from many different perspectives.

My comments are from the perspective of a mental health professional and academic with clinical and research duties working in a European Country. I’m Head of a WHO Collaborating Centre and I’m also directing the activities of Cochrane Global Mental Health, a Cochrane entity that aims at producing systematic reviews relevant to mental health in LMICs.

My comments are the following.

WHO-CHOICE

a) I would recommend to add to the list of methodological aspects reported as bullet points how the evidence used for the models was selected. I believe this is a key aspect as depending on the evidence that is used different cost-effectiveness estimates are likely to be calculated. Were the cost-effectiveness models developed on clinical data extracted from meta-analyses of systematic reviews? If yes, how these systematic reviews were searched and selected? If not, why, and which kind of evidence was used?

b) Another aspect that might be clarified is whether the models for LMICs used evidence collected in LMICs. Despite the general idea of absence of evidence generated in LMICs, there are a number of systematic reviews of experimental studies assessing the efficacy of psychosocial interventions on a variety of mental health outcomes in different population groups. This WHO initiative might be a great opportunity to give visibility to this large amount of evidence, and using evidence generated in LMICs would allow to calculate estimates that are truly applicable to LMICs.

List of interventions

a) It is not that clear how this list was developed. Were existing WHO tools used to make this list, for example the WHO list of Essential Medicines for selecting the medicines listed, and for selecting other interventions tools such as the mhGAP intervention guide and the recommendations reported in the WHO evidence resource centre?
Table 1

a) It would be important to follow a PICO (population, intervention, comparison, outcome) approach to develop Table 1 (so a column for each PICO component), so that readers can have a clearer and more transparent picture of the process followed, and of the evidence base.

b) In the column called “Health impact assessed” it would be useful to report the relative risk reduction estimate, together with its 95% confidence interval, for each outcome analysed (symptoms, functioning, quality of life, mortality, etc).

c) I would add another column to report the source evidence, for example references to systematic reviews used to extract relative risks (it may be the case that different systematic reviews were used for different outcomes of the same PIC (population, intervention, comparison).

d) Psychosis: it would be important to develop a PICO differentiating acute-phase interventions from long-term maintenance interventions

e) Bipolar disorder: it would be extremely important to develop a PICO differentiating interventions for the acute phase from interventions for the maintenance phase

f) Anxiety disorders: here it would be important to clarify if the focus is generalised anxiety disorder only, or whether different anxiety disorders were mixed together, which would make little sense clinically

g) Depression: it would be important to develop a PICO differentiating acute-phase interventions from long-term maintenance interventions

Thank you for offering the opportunity of commenting, it is highly appreciated.

Warm regards,

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