Financing and access to mental health services: evidence and challenges

FRIDAY 9 OCTOBER @ 8:00 AM – 10:00 AM UTC+1 (BST)

Jointly organised by the IHEA Financing for Universal Health Coverage SIG and the Mental Health Economics SIG

Event Registration link: https://www.healtheconomics.org/event/financing-and-access-to-mental-health-services-evidence-and-challenges/

Mental health conditions account for a large and growing share of the global burden of disease, yet mental health services remain among the most persistently underfunded and inequitably provided worldwide. Marking World Mental Health Day, this web-workshop examines how mental health care is financed and the implications this has for access across diverse systems.

Bringing together evidence from Ghana, Indonesia, Australia and the Netherlands, the session looks at how financing arrangements from budget allocation to provider payments shape who receives care, how much they pay, and whose needs go unmet across very different health systems and contexts. Presentations from low-, middle- and high-income settings illustrate a range of methods offering both a comparative view of the challenges and a showcase of how empirical evidence is generated, providing scope for a broader discussion.

Presentations will be followed by a discussion around common challenges and learning on how funding influence equitable access to services.

Presentations

1. Mental health financing in Ghana: an analysis of budget trends, challenges and opportunities

About 13% of Ghanaians are estimated to have a mental disorder, yet more than 90% receive no appropriate treatment. Using documentary analysis of government budgets and expenditure reports alongside interviews with ten national and sub-national stakeholders, this study tracks how mental health funds are allocated and where they actually flow. Budget allocations to mental health fell by 90% between 2020 and 2025, and around 98% of what was allocated went to three main psychiatric facilities, with little evidence of transfers to the regional and district units where most services are delivered. The presentation sets out the barriers stakeholders identified — rising debt servicing, and the absence of contextual data to justify investment — alongside emerging opportunities, including the addition of schizophrenia, depression, anxiety and bipolar disorder to the national health insurance benefit package.

Presenter: Lucy Owusu is a PhD student in the Health Service and Population Research Department at the IoPPN, King's College London, working with the King's Health Economics group. Her doctoral research, part of the NIHR-funded Y-MIND programme, develops context-grounded methods for the economic evaluation of a school-based stepped-care mental health intervention in Ghana, with the aim of informing intersectoral resource allocation between the education and

health sectors. Before her PhD she was a research assistant at the Kumasi Centre for Collaborative Research in Tropical Medicine, working on the data collection, analysis and economic evaluation components of an NIHR-funded project on severely stigmatised neglected tropical diseases of the skin. She brings over eight years of community-based health research and advocacy experience across rural Ghana, and also works as a youth coach and mentor in her community.

2. Underfunded but increasing claims of mental health services in Indonesia

Indonesia established the National Health Insurance Scheme, called JKN (Jaminan Kesehatan Nasional), which began in 2014 and is based on the social health insurance (SHI) principle, scaling up coverage to the entire population with subsidies for the poorest 40%. JKN provides comprehensive health services, defined as medically necessary. So, in principle, all mental health care is covered by JKN. Several studies indicate that the prevalence of any mental health problems ranges from 7% to 15% of the population. The national program of free health screening early in 2026 found that between 1-15% of teenagers ages 10-18 had symptoms of anxiety or depression. An analysis of JKN claim data in 2023 found that only 228 thousand (0,1%) of all 220 million active members had any mental health claim (based on diagnostic codes), 31% of these for anxiety or depression. Schizophrenia and delusional disorders, Organic and mental disorders, and Neurotic and somatoform disorders were most frequent diagnoses. The trend of outpatient and inpatient visits related to mental health increased over time but still suggests severely constrained and underfunded system is closely related to the lack of access to mental health services. Yet, over 12 years of JKN's inception, increasing trust in the JKN has improved access for mental health patients in Indonesia.

Presenter: Hasbullah Thabrany is Chief of Party of the USAID Health Financing Activity in Indonesia, implemented by ThinkWell Global, which works to provide the evidence base for sustainable health financing in Indonesia. He is Chairman of the Indonesian Health Economics Association (InaHEA), which he founded in 2013, and of the National Committee on Tobacco Control. A former professor and dean of the School of Public Health at Universitas Indonesia, he also chaired its Centre for Health Economics and Policy Studies. He was a key figure in Indonesia's health care and social security reform as secretary of the presidential task force on social health insurance reform, founded PAMJAKI in 1998, and has authored a book on the design and achievements of JKN. Since JKN's launch in 2014 he has researched and evaluated its implementation. He holds a medical degree from Universitas Indonesia and MPH and DrPH degrees from UC Berkeley.

3. Equity in access to Australia's Better Access Initiative: patterns of use, unmet need and financial burden

Australia’s Better Access Initiative has subsidised mental health care through Medicare since 2006. This study links the 2020–2022 National Study of Mental Health and Wellbeing to Census, Medicare Benefits Schedule and NDIS data for 6,692 participants, representing 8.39 million Australians, to examine perceived need, service use, waiting times and out-of-pocket costs by disorder type and severity. Use rose steeply with complexity — from 6.7% in the subthreshold group to 66.4% among people with two or three disorders — but so did unmet need, with fully

met need lowest (30.8%) among those with severe impairment. Half of services were bulk-billed. The presentation shows how linked need, use, provider and cost data can reveal where a subsidised system still leaves financial barriers standing.

Presenter: Long Le is a Senior Research Fellow in the Health Economics Division at the School of Public Health and Preventive Medicine, Monash University, and an external scientific writer for the Joanna Briggs Institute, University of Adelaide. He completed his PhD at Deakin University in 2018 on the cost-effectiveness of preventive and treatment interventions for eating disorders, and was an Alfred Deakin Postdoctoral Research Fellow there from 2018 to 2022. He has extensive experience in trial-based economic evaluation and a strong focus on modelling techniques for assessing the cost-effectiveness of interventions for mental disorders. He currently supports the design, conduct and analysis of economic evaluations alongside clinical trials across a range of health conditions.

4. Financing and access to mental health care: Lessons from the Netherlands

The Netherlands offers an interesting European case for examining how mental healthcare financing shapes access and outcomes. This presentation will begin with a brief overview of the Dutch mental healthcare system, including the role of health insurance and patient cost-sharing in financing it. It will then discuss two empirical studies. The first uses a natural experiment at the transition to adulthood to examine how patient cost-sharing affects mental healthcare utilisation and inequalities. The second draws on nationwide linked administrative data to explore income inequalities beyond initial access, examining disease severity at treatment initiation, treatment intensity and mental health outcomes. Together these studies highlight the importance of understanding how services are financed and organized – including the role of compulsory health insurance, public funding and patient cost-sharing – in shaping access to care and patient outcomes.

Presenter: Francisca Vargas Lopes is Assistant Professor of Mental Health Economics at Erasmus School of Health Policy and Management and a Health Policy Researcher at the OECD. She has more than a decade of experience generating evidence to inform health policy and health technology assessment across academic, not-for-profit and corporate settings and in bridging academic research and policymaking. Following a MSc in International Health Policy and Health Economics at LSE she obtained her PhD from Erasmus University Rotterdam, jointly from the Erasmus School of Economics and Public Health at EMC. Her research focuses primarily on mental health, covering a broad range of topics from promotion and prevention to access to care, treatment provision, outcomes and the wider social determinants of mental health. She specialized in the analysis of large and complex datasets and the use of econometric methods to generate causal evidence in observational settings. Her work examines the impact of health and social policies and interventions, including their implications for vulnerable populations and inequalities.

Chair: Dr Bingqing Guo