

Public is less willing to pay to avoid mental illness than general medical illnesses

March 30 2012, By Eve Herold and Erin Connor

People are less willing to pay to avoid mental illness than medical illness, even though they recognize that severe mental illnesses can dramatically lower quality of life, according to new research published in the April issue of *Psychiatric Services*, a journal of the American Psychiatric Association.

Researchers provided a nationally [representative sample](#) of 710 adults with descriptions of two mental illnesses (depression and [schizophrenia](#)) and three general medical illnesses (diabetes, below-the-knee amputation, and partial blindness). Participants were asked their willingness to pay to avoid each illness: “Suppose a pill existed that would allow you to permanently and completely avoid ever having [health condition]. . . . Please estimate the maximum dollar amount you would be willing and able to pay monthly for this treatment?” Participants were only asked to make decisions for themselves, not for others or the public. Respondents were also asked to rate the “burdensomeness” of each condition.

The researchers found that even though respondents rated the two mental illnesses as relatively more burdensome than the other conditions, the amount they were willing to pay to avoid them was 40% lower. Depression received a higher burden value than diabetes or amputation and a value nearly equal to partial blindness. Despite this rating, depression received the lowest willingness-to-pay value. Even when researchers eliminated responses of those who had experienced any of the health conditions, none of the findings were substantially altered.

While the study had a number of limitations, it did demonstrate that people were willing to pay significantly less to avoid mental illnesses than they were to avoid other medical illnesses and that this was not the result of minimizing the burden and impact of mental illness. The results suggest, according to the authors, led by Dylan M. Smith, Ph.D., with Stony Brook University, that efforts to “eliminate the gap between mental health conditions and general health conditions will likely require targeting specific beliefs that people have about mental illnesses and the value of treatments for mental illness.” The authors conclude that “public attitudes likely influence how much payers for health care are willing to spend to treat [mental illness](#) and how likely federal agencies are to invest in research.”

Provided by American Psychiatric Association

Citation: Public is less willing to pay to avoid mental illness than general medical illness (2012, March 30) retrieved 25 April 2024 from <https://medicalxpress.com/news/2012-03-mental-illness-medical-illness.html>

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