



DISCOVERY HEALTH MEDICAL SCHEME MENTAL HEALTH CLAIMS TRACKER

September 2019
for the period January 2018 - December 2018



INTRODUCTION

Globally, mental health conditions have been receiving greater focus and increased awareness in recent years. In 2017, 13.0% of the global population had a mental health or substance use condition. The South African estimate is 12.8%¹. Across Discovery Health Medical Scheme (DHMS), 12.6% of lives in 2017 claimed for a mental health condition which is on par with the experience in South Africa and globally.

According to the World Health Organization, depression is considered the single largest contributor to global disability (7.5% of all years lived with disability in 2015) and anxiety disorders are ranked 6th (3.4% of all years lived with disability in 2015).¹

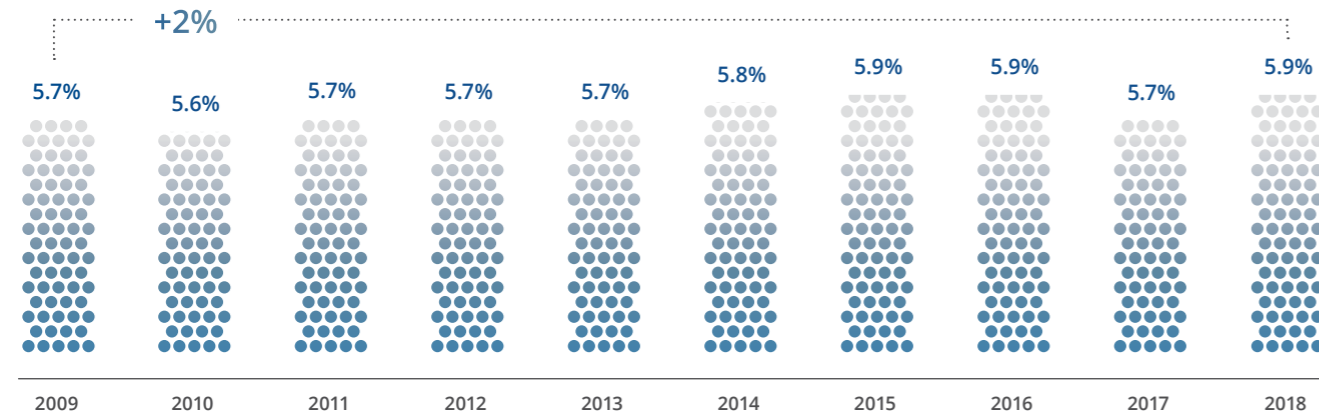
This document highlights the key trends in mental health related claims in the Discovery Health Medical Scheme (DHMS).

A note on incidence vs prevalence

Throughout the document, prevalence is defined as the number of members who have claimed for a mental health condition in the past 12 months. This differs from the term incidence which refers to the number of members that are newly diagnosed with a mental health condition during the year. Since the majority of mental health conditions are episodic in nature, members could be considered in the incidence figures multiple times since 2009 due to new episodes of a mental health condition being diagnosed.

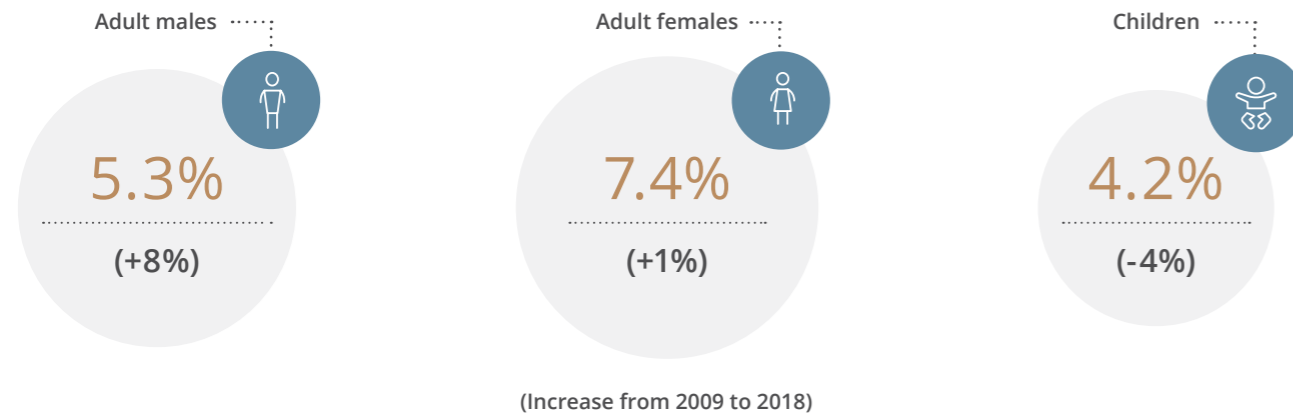
¹ Global Burden of Disease Study, Institute for Health Metrics and Evaluation (IHME) 2017.

Overall incidence



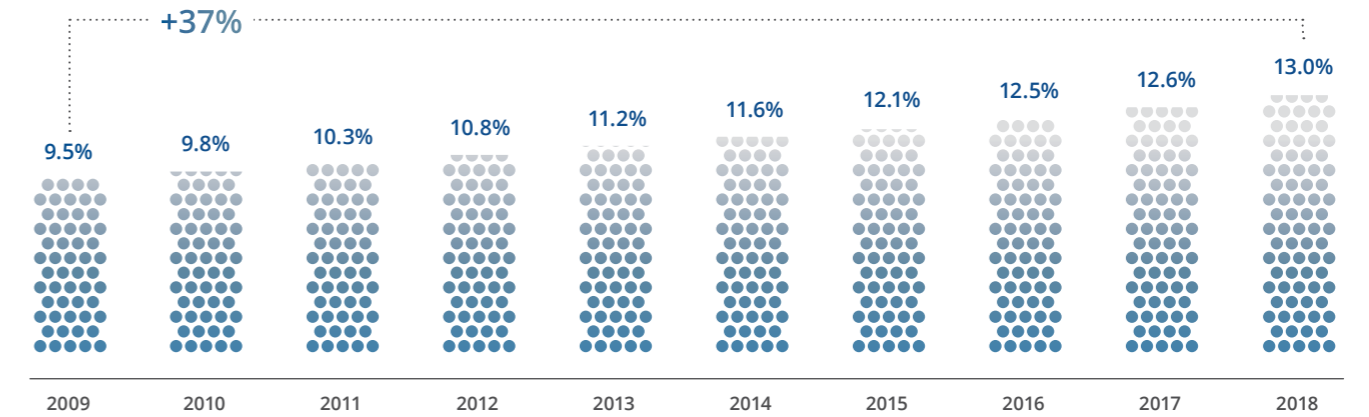
In 2018, 163 536 DHMS members had a new episode of a mental health condition. This equates to 5.9% of the Scheme members. The overall incidence level has increased by 2% from 2009 to 2018.

Incidence by demographic category



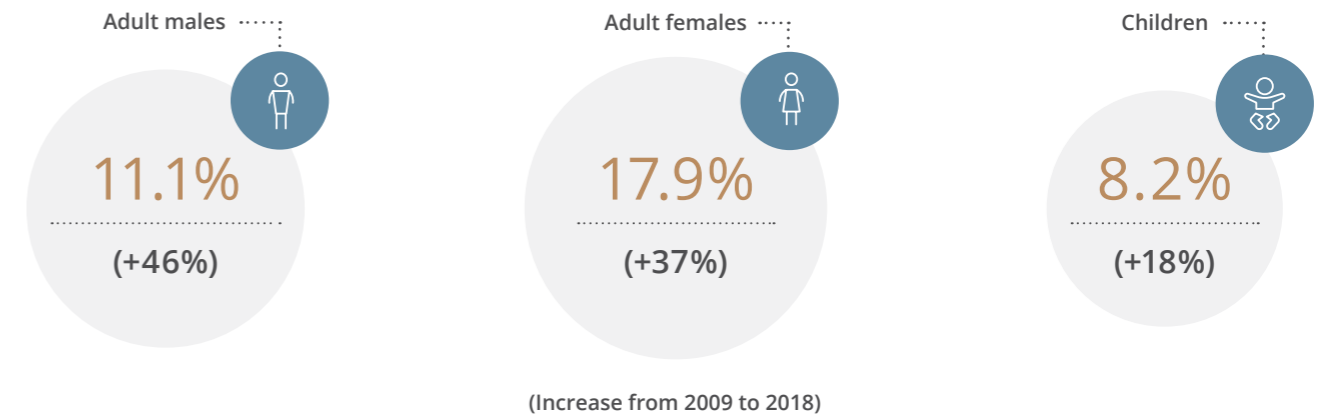
Rates of new diagnoses of mental health conditions are approximately 39% higher in adult females than in adult males, with 7.4% of DHMS adult females and 5.3% of DHMS adult males being diagnosed with a mental health condition in 2018. An increase in incidence of 8% has been seen across adult males, however, adult females have seen a relatively small increase in incidence of 1% since 2009. Children have seen a 4% reduction in their incidence rate since 2009.

Overall prevalence



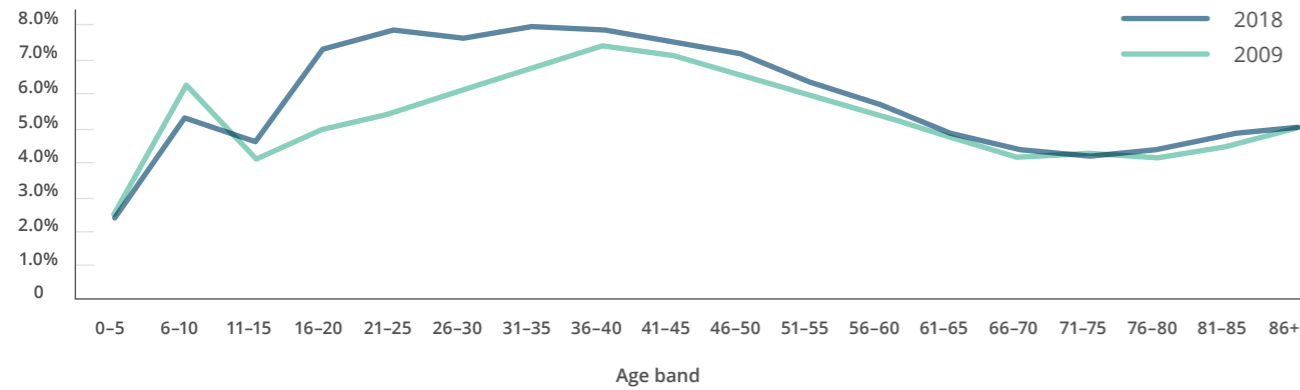
In 2018, 364 746 DHMS members actively received treatment for mental health conditions through the Scheme. This equates to 13.0% of DHMS lives. The overall prevalence has increased by 37% since 2009.

Prevalence by demographic category



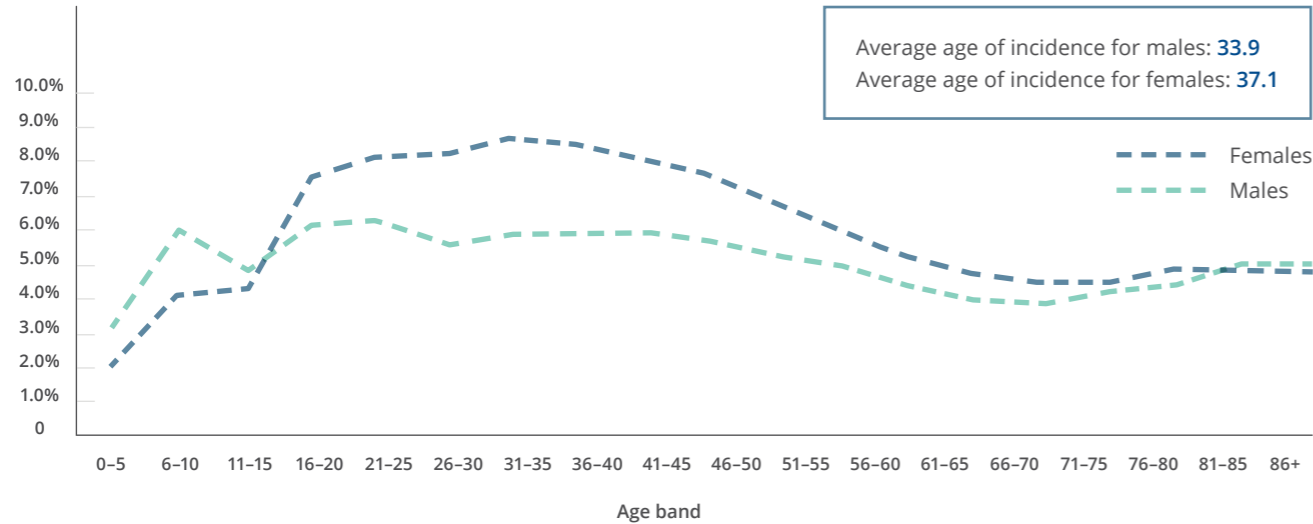
The number of adult males actively receiving treatment is increasing at a higher rate than adult females, however the overall levels for females in 2018 are approximately 61% higher than for adult males. Children have experienced a much lower increase in prevalence of mental health conditions since 2009 than adults.

Incidence by age band



A higher number of mental health condition diagnoses is seen between the ages of 16 and 30. This is different to what was experienced in 2009 where the incidence reached a peak at age 40.

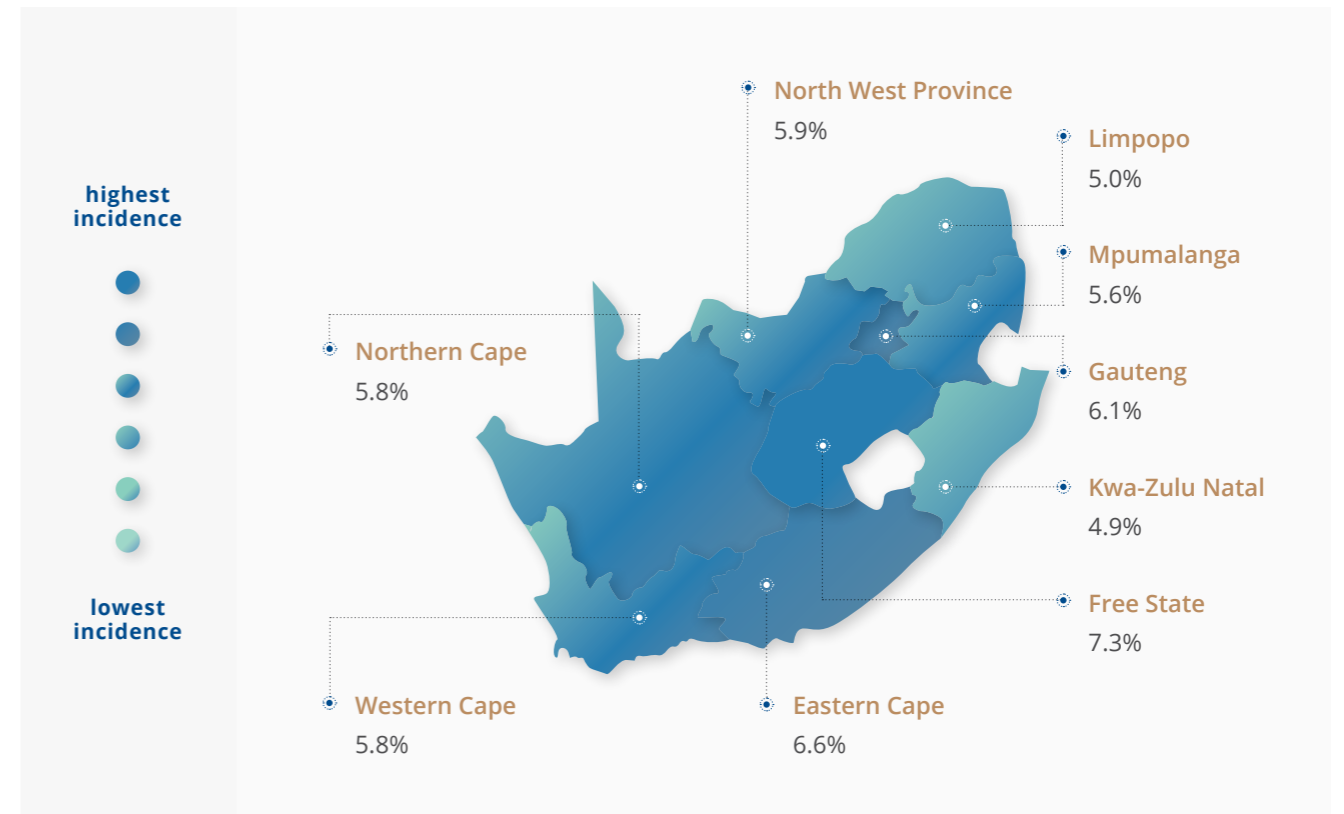
Incidence by gender



New diagnoses of mental health conditions are seen to be higher in females than in males from 16 years of age and older. From the age of 50, the incidence rate of females begins to decrease to a level similar to that of the male population.

The average age of incidence for females is 37.1 years old, 3 years older than the average age of incidence for males.

Incidence by region



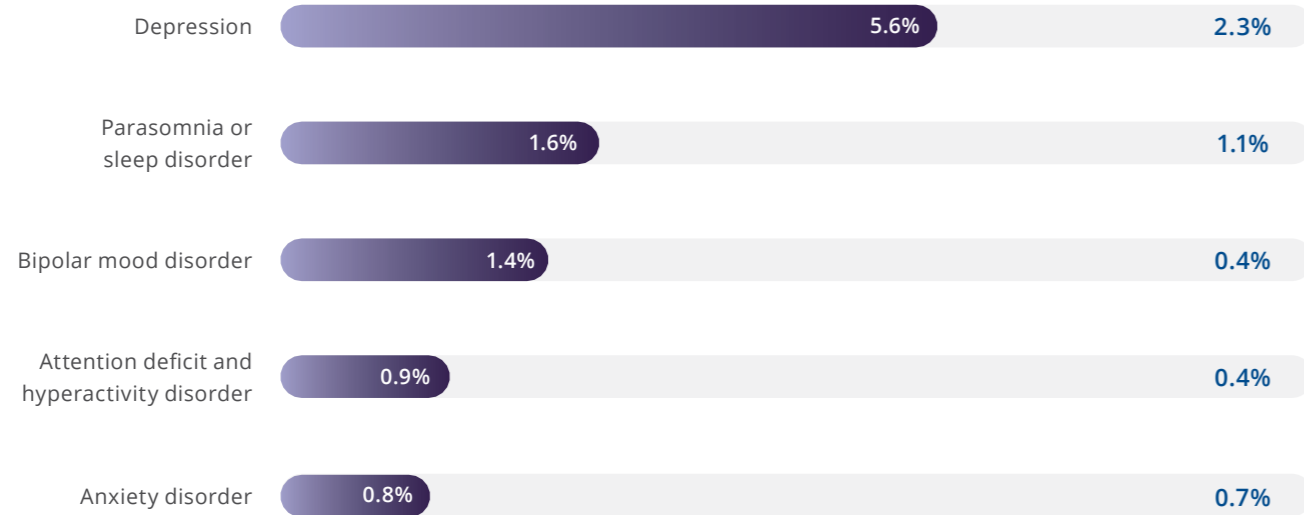
The Free State experienced the highest incidence rate in 2018 with 7.3% of the DHMS lives in that region being diagnosed with a mental health condition. Across the regions, the Free State is seen to have the highest number of psychologists and psychiatrists as a proportion of the DHMS membership size within the region, which could explain the higher levels of diagnoses in that region.

Kwa-Zulu Natal experienced the lowest mental health condition incidence rate in 2018, with 4.9% of the DHMS lives in that region being diagnosed with a mental health condition.



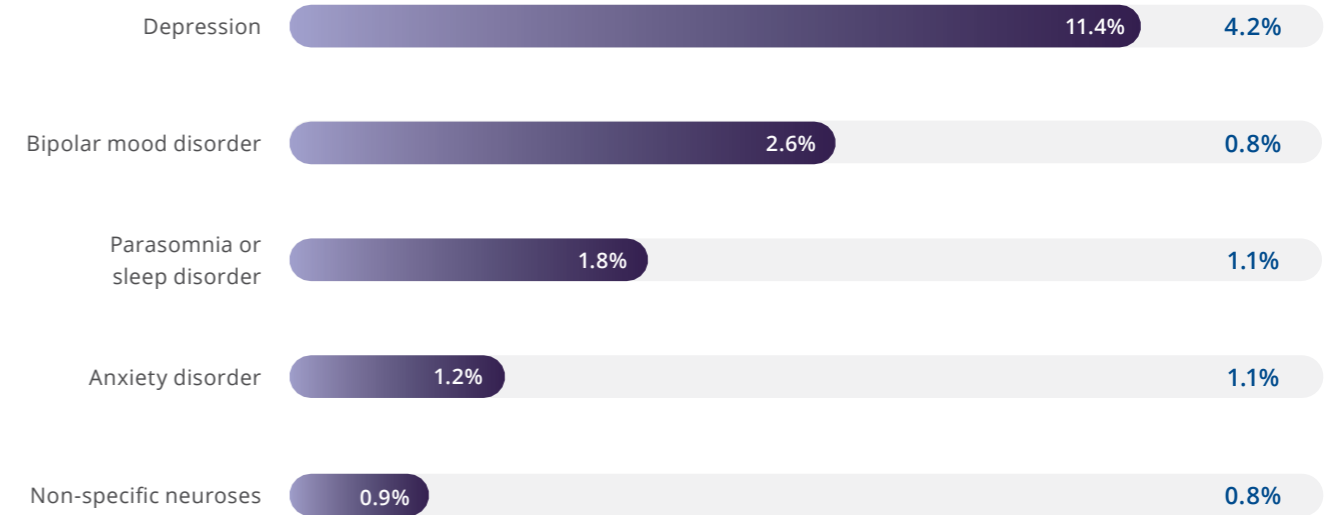
Prevalence Incidence

Top 5 mental health conditions by prevalence – adult males



Prevalence Incidence

Top 5 mental health conditions by prevalence – adult females

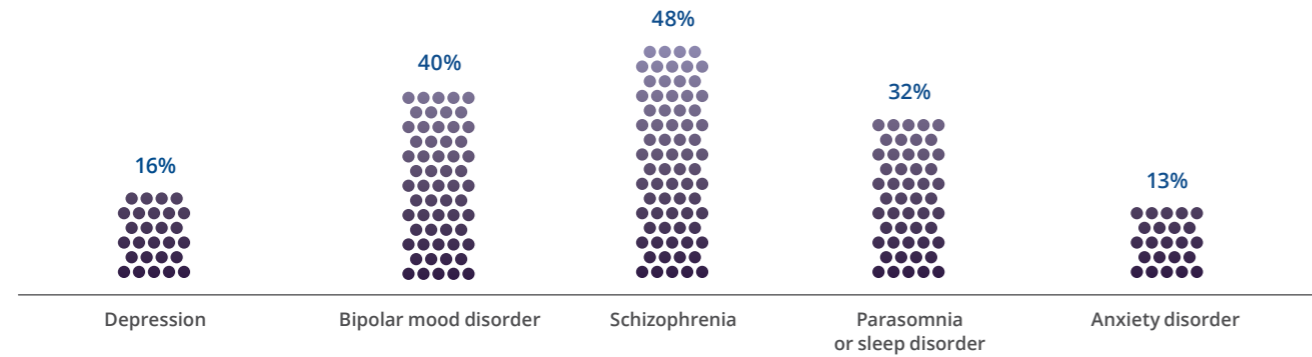


The most prevalent mental health condition in both males and females is depression although the prevalence rate in females is more than double that of males. The second most prevalent mental health condition across males is parasomnia or sleep disorder which differs from the second most prevalent in females of bipolar mood disorder. Depression represents 45% of all mental health conditions among men with parasomnia or sleep disorder only representing 13% of mental health conditions in adult males. Among women, 57% of mental health conditions are attributed to depression and 13% to bipolar mood disorder.

Prevalence refers to the number of adult males or adult females actively claiming for treatment related to mental health conditions as a proportion of the total number of adult males or adult females on the Scheme in 2018.
Incidence refers to the number of adult males or adult females with a new diagnosis of a mental health condition as a proportion of the total number of adult males or adult females on the Scheme in 2018.

Proportion claiming for more than one mental health condition

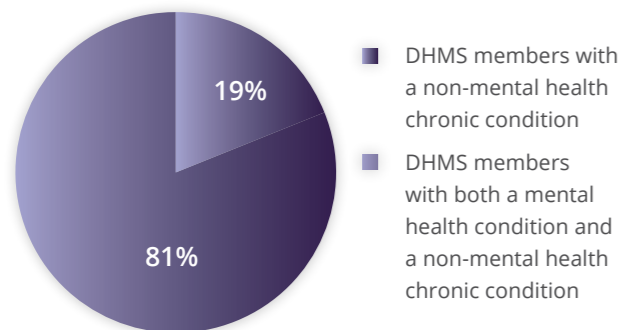
Depression is the most prevalent mental health condition across adult males and females, however only 16% of members who are actively claiming for depression have been diagnosed with another mental health condition. Schizophrenia has a higher proportion of 48% of diagnosed members with another mental health condition.



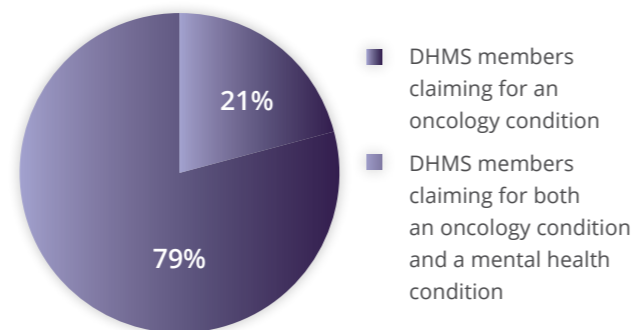
Proportion of members with other illnesses claiming for mental health conditions

The overlap of mental health conditions and other serious conditions within DHMS is slightly higher than the overall prevalence rate of mental health conditions across the Scheme. 19% of members with a non-mental health chronic condition also have a mental health condition. This proportion rises to 25% for members who have multiple, unstable chronic conditions. 21% of members registered for oncology are claiming for a mental health condition.

Chronic members



Oncology members



Mental health condition experience in 2018

| | | | |
|----------------|--|----------------|--|
| 364 746 | Number of members with a mental health condition | R2.6 bn | Total cost to the Scheme |
| R124 m | Total amount paid to private hospitals | R381 m | Total amount paid to facilities for mental health conditions |
| R468 m | Total amount paid to psychiatrists | R441 m | Total amount paid to psychologists |

| | | | |
|----------------|----------------------------------|---------------|--|
| R1.0 bn | Total amount paid for admissions | 20 848 | Number of members admitted |
| 218 425 | Total number of bed days | 11 | Average number of bed days per admission |

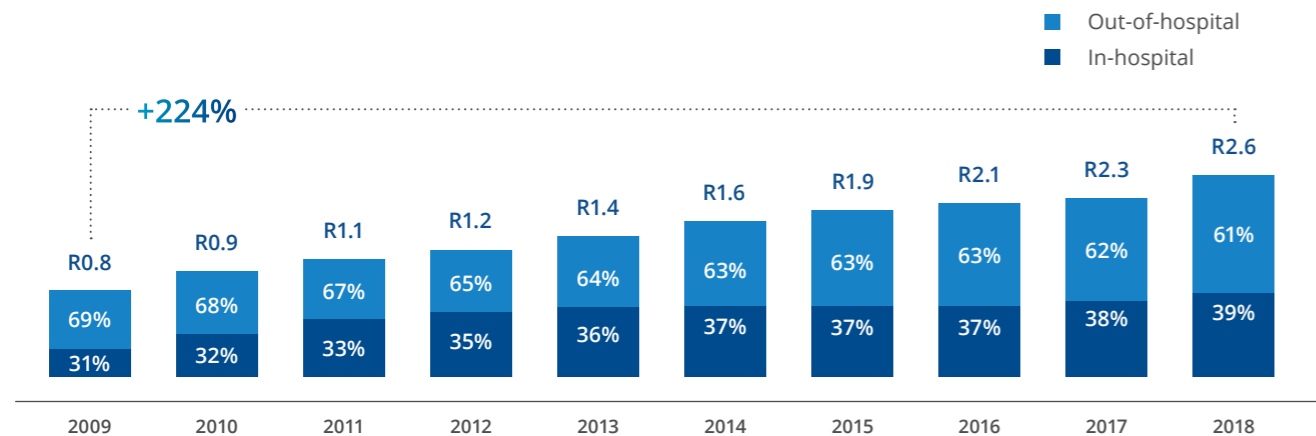
| | | | |
|----------------|---|---------------|---|
| R1.6 bn | Total amount paid for out-of-hospital claims | R4 093 | Average out-of-hospital cost per member per annum |
| 2.6 | Average number of psychiatrist visits per annum | 5.6 | Average number of psychologist visits per annum |
| R1 485 | Average cost per psychiatrist visit | R1 034 | Average cost per psychologist visit |

Note: Total number of bed days refers to the number of days spent in a hospital or facility and excludes days during the admission that the member spent at home. The total and average number of bed days per admission is based on admissions for depression, bipolar mood disorder and schizophrenia.

Total cost (in R'billions)

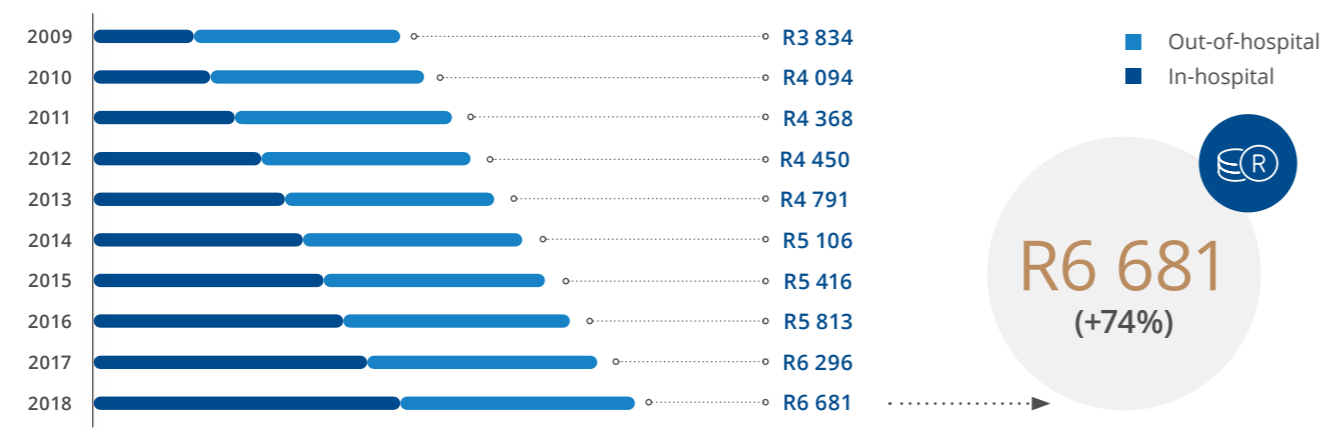
The total cost paid by the Scheme for the treatment of mental health conditions has increased by 224% from 2009 to 2018, with total claims of R2.6 billion in 2018. The increase is made up of a combination of factors including an increased prevalence of mental health conditions, an increase in the cost of treatment for mental health conditions as well as an increase in the absolute number of DHMS members.

The proportion of this cost that is spent on out-of-hospital treatment has decreased over time, with 61% of the total cost spent on out-of-hospital treatment in 2018.



Average cost per member claiming for a mental health condition (including in-hospital and out-of-hospital claims)

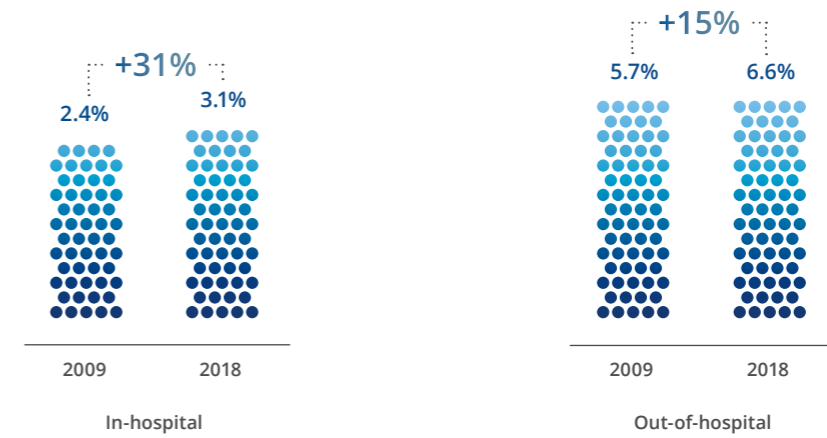
The average cost per member for treatment of mental health conditions has increased by 74% since 2009 to R6 681 per actively claiming member for 2018.



All figures as at 31 December 2018.

Mental health conditions as a proportion of all claims

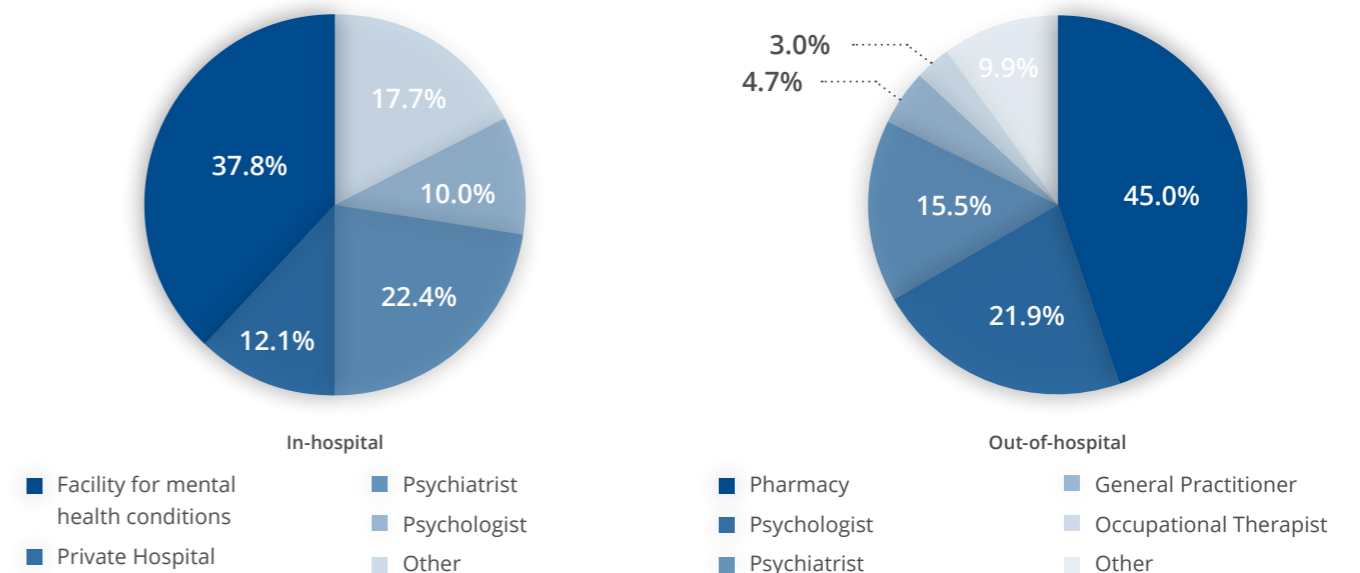
Overall, the cost of treating mental health conditions accounts for 4.5% of all DHMS claims in 2018. 6.6% of the total out-of-hospital Scheme spend is attributable to mental health condition treatment which has increased by 15% since 2009. In-hospital treatment has increased at a faster pace of 31% since 2009.



Cost by provider

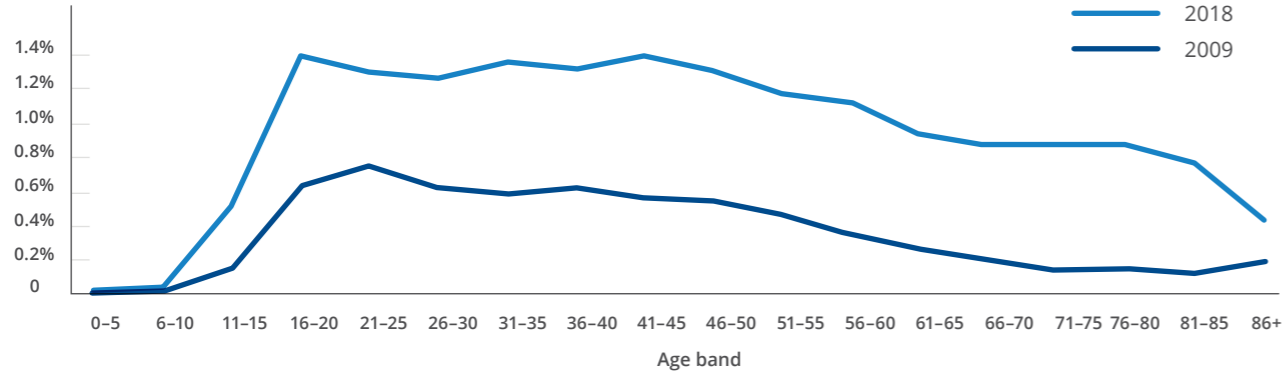
The majority of in-hospital costs (just below 50%) are for mental health condition facilities or private hospitals. Psychiatrists account for 22.4% of the in-hospital cost with psychologists accounting for 10.0% of in-hospital costs.

45.0% of out-of-hospital mental health condition costs are spent on medications at a pharmacy. 21.9% and 15.5% are spent on psychologists and psychiatrists respectively. Other key providers include 3.0% spent on occupational therapists.



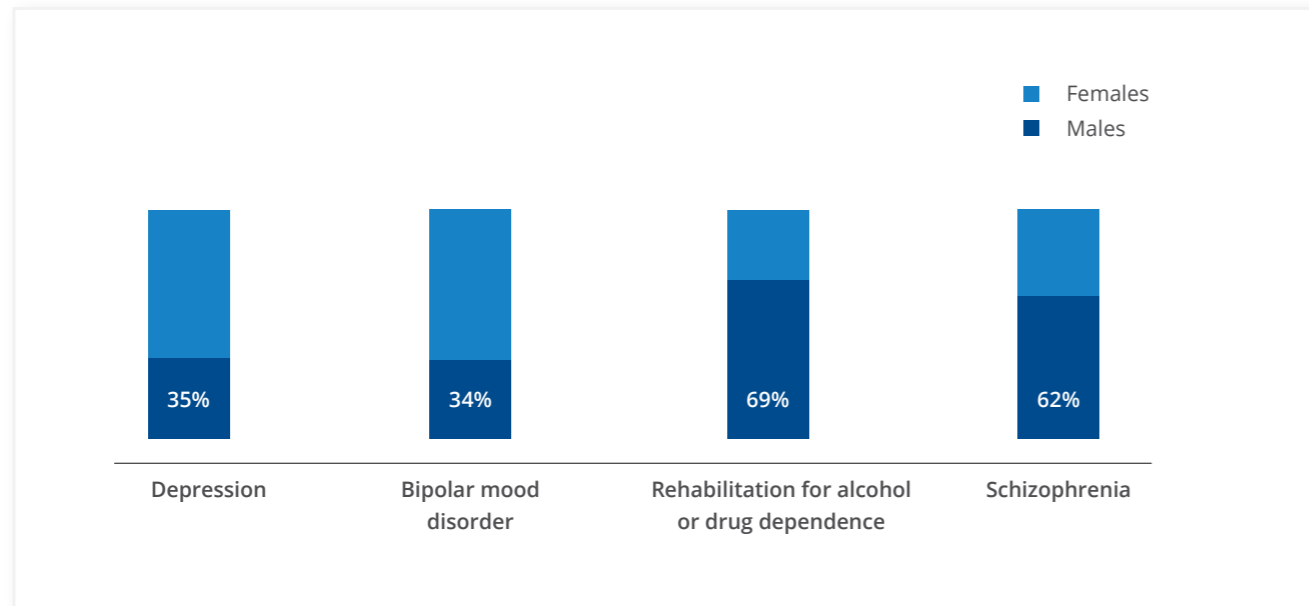
Proportion of members admitted for a mental health condition by age

The mental health condition admission rate in 2018 peaked at ages 16-20 which is younger than in 2009 which peaked at ages 21-25.



Proportion of admissions by type

The majority of DHMS members being admitted for rehabilitation for alcohol or drug dependence and schizophrenia in 2018 were males with 69% and 62% of the admissions respectively. This differs from admissions for depression and bipolar mood disorder, where female members account for the majority of admissions.



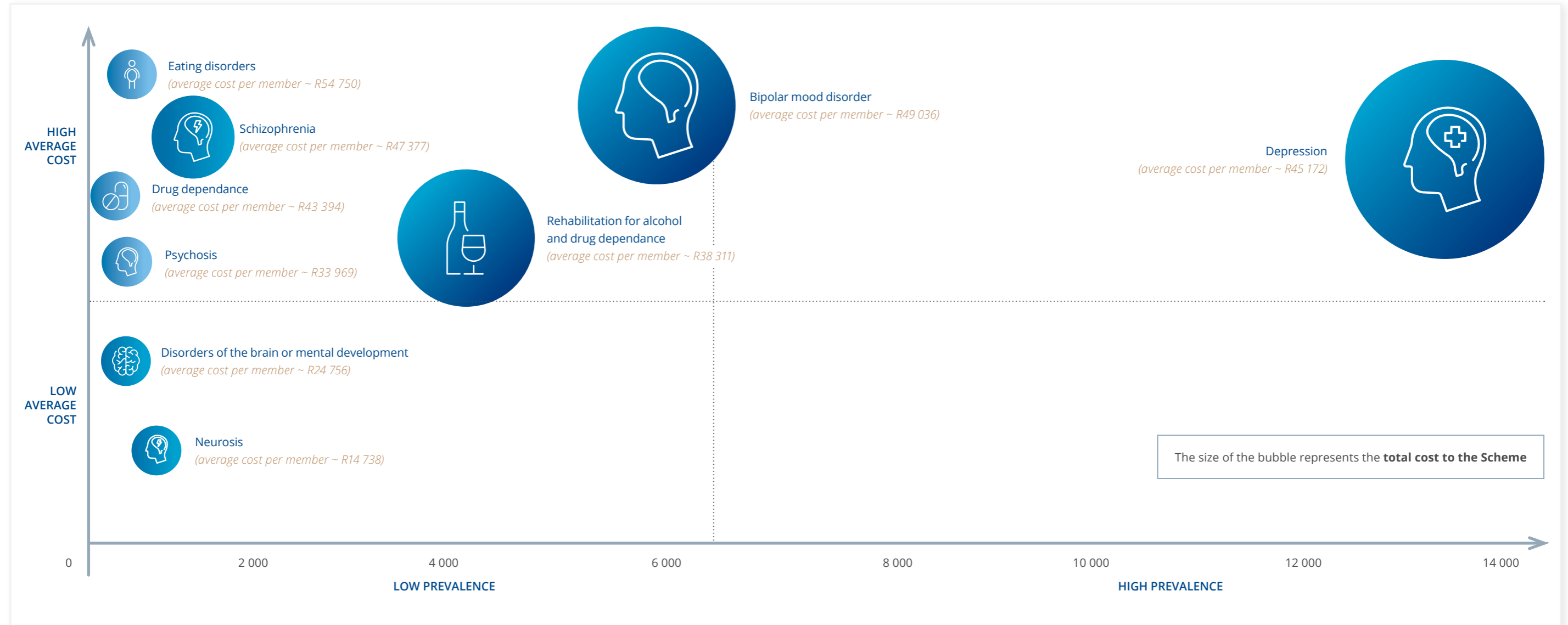
Top 10 most costly members with mental health condition admissions

The information below illustrates the total 2018 in-hospital mental health condition costs relating to members with mental health conditions.

- R235 272** Bipolar mood disorder, alcohol or drug dependence rehabilitation
 Age 47 | Coastal Saver
- R227 492** Bipolar mood disorder, alcohol or drug dependence rehabilitation
 Age 43 | Classic Delta Saver
- R214 970** Depression, bipolar mood disorder, alcohol or drug dependence rehabilitation
 Age 63 | Classic Comprehensive
- R202 436** Depression, alcohol or drug dependence rehabilitation
 Age 33 | Coastal Saver
- R197 227** Depression, alcohol or drug dependence rehabilitation
 Age 25 | Essential Saver
- R195 239** Depression, alcohol or drug dependence rehabilitation
 Age 49 | Classic Saver
- R192 186** Bipolar mood disorder, alcohol or drug dependence rehabilitation
 Age 39 | Coastal Core
- R187 468** Bipolar mood disorder, alcohol or drug dependence rehabilitation
 Age 25 | Classic Saver
- R186 042** Bipolar mood disorder, alcohol or drug dependence rehabilitation
 Age 31 | Classic Comprehensive
- R 184 315** Depression, alcohol or drug dependence rehabilitation
 Age 33 | Essential Core

Admissions for mental health conditions

The graph below illustrates the mental health condition admission types which are most costly to the Scheme in terms of average cost and prevalence of the mental health condition. The most costly mental health condition admission types are depression and bipolar mood disorder. These conditions have both the highest prevalence and the highest cost to the Scheme overall.





Depression

189 109 | Number of members with depression

73 098 | Number of members newly diagnosed with depression

R1.3 bn | Total cost to the Scheme

R6 461 | Average cost per member per annum

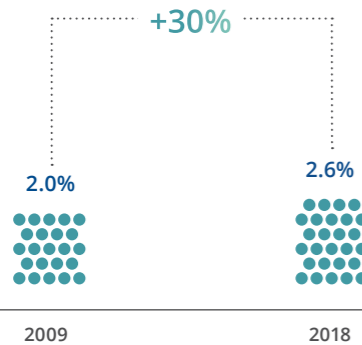
2.6 | Average number of psychiatrist visits per member per annum

5.6 | Average number of psychologist visits per member per annum

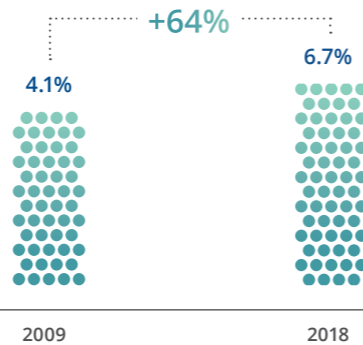
R1 485 | Average cost per psychiatrist visit

R1 034 | Average cost per psychologist visit

Incidence



Prevalence

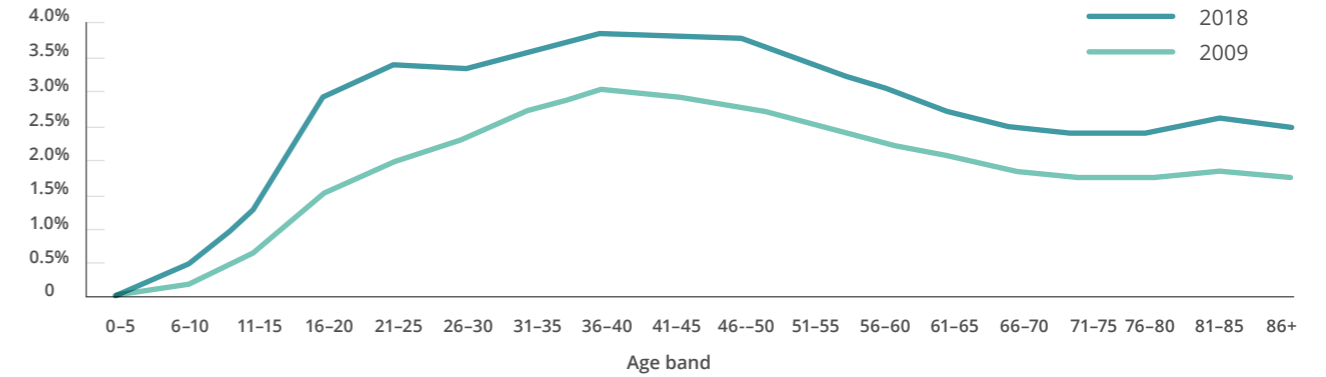


Depression has the highest prevalence across the mental health conditions for the Scheme and globally. According to the World Health Organization, 4.4% of the world's population were suffering from depression in 2015. In South Africa, this is slightly higher with 4.6% of the population dealing with depressive disorders. Across DHMS, the prevalence of depression is even higher with 6.0% in 2015 which has now increased to 6.7% in 2018¹.

In 2018, DHMS had 189 109 members actively claiming for depression which cost the Scheme a total of R1.3 billion. On average, members being treated for depression visit a psychiatrist 2.6 times per year and a psychologist 5.6 times per year. The prevalence of depression has increased by 64% to 6.7% in 2018 while the incidence has increased by 30%.

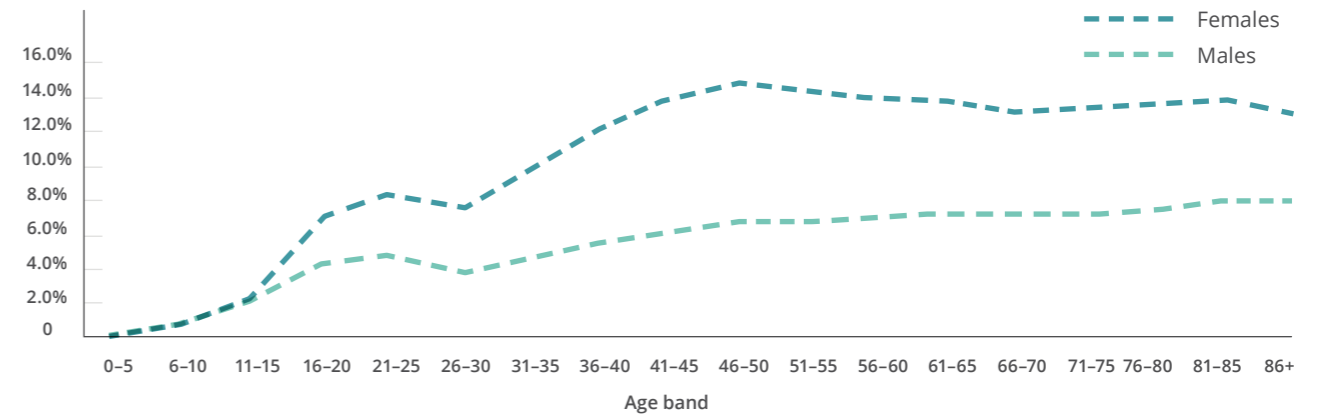
¹ 'Depression and Other Common Mental Disorders – Global Health Estimates', World Health Organization

Incidence by age band



Incidence of depression starts to increase significantly from the ages of 16 – 20 with the largest increase in incidence from 2009 seen amongst members aged 16 – 30.

Prevalence by gender



Females experience a significantly higher prevalence of depression than males. In particular, this large difference is seen in females older than 26.

Bipolar mood disorder

43 758 | Number of members with bipolar mood disorder

R637 m | Total cost to the Scheme

3.0 | Average number of psychiatrist visits per member per annum

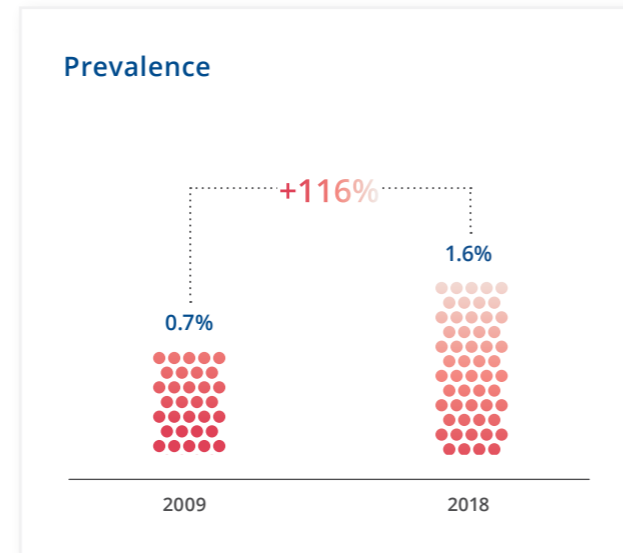
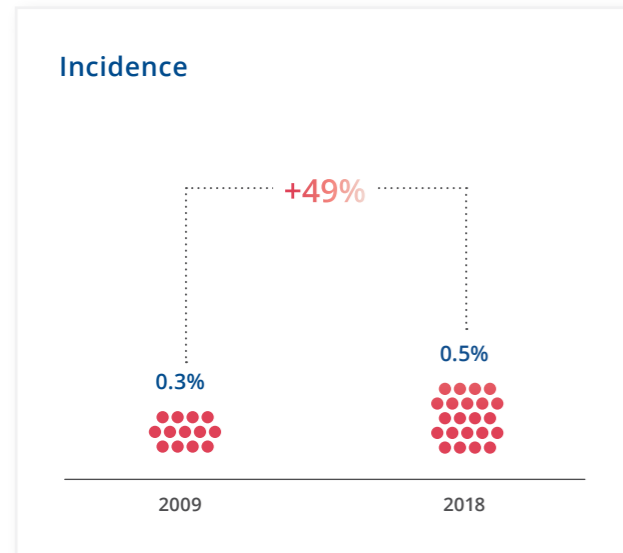
R1 419 | Average cost per psychiatrist visit

13 730 | Number of members newly diagnosed with bipolar mood disorder

R13 762 | Average cost per member per annum

5.4 | Average number of psychologist visits per member per annum

R1 046 | Average cost per psychologist visit

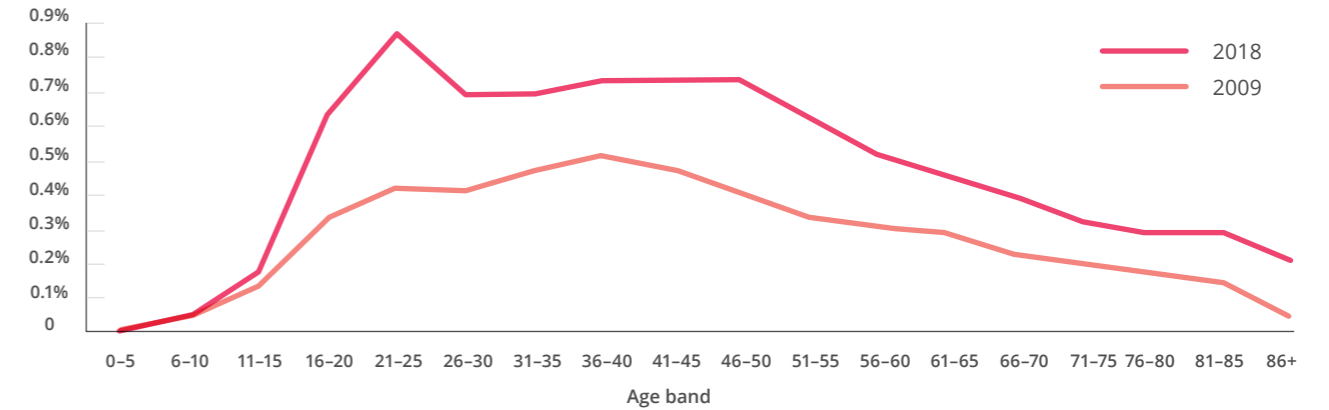


In 2018, DHMS had 43,758 members actively claiming for bipolar mood disorder which cost the Scheme a total of R637 million.

On average, members being treated for bipolar mood disorder visit a psychiatrist 3.0 times per year and a psychologist 5.4 times per year.

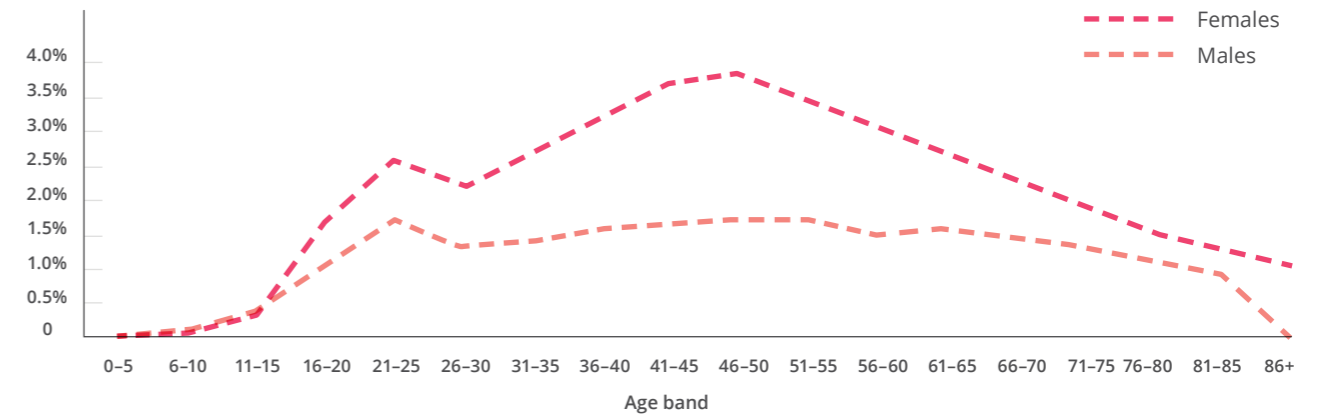
The prevalence of bipolar mood disorder has increased by 116% to 1.6% in 2018 while the incidence has increased by 49%.

Incidence by age band



Incidence of bipolar mood disorder starts to increase significantly from the ages of 11 – 15 with the largest increase in incidence from 2009 seen amongst members aged 11 – 30.

Prevalence by gender



Females experience a significantly higher prevalence of bipolar mood disorder than males. In particular, this large difference is seen in females older than 26.

IN SUMMARY

In 2018, 163 536 Discovery Health Medical Scheme (DHMS) members were newly diagnosed with a mental health condition and 354 746 DHMS members were actively claiming for a mental health condition. This equates to 5.9% of members having new mental health condition diagnoses, and 13.0% of members actively claiming for a mental health condition.

The incidence of mental health conditions increased slightly since 2009 by 2%, however the overall prevalence has increased by 37% since 2009.

A higher prevalence of mental health conditions is seen in adult females above the age of 16 when compared with adult males.

Within DHMS, depression had the highest prevalence for both males and females in 2018, however the second most prevalent mental health condition is parasomnia or sleep disorder for adult males and bipolar mood disorder for adult females.

The total cost paid by the Scheme for mental health conditions has increased by 224% from 2009 to 2018, with a total of R2.6 billion in 2018. The increase is made up of a combination of factors including an increased prevalence of mental health conditions, an increase in the cost of treatment for mental health conditions as well as an increase in the absolute number of DHMS members.





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