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Analiza stroškov in koristi na področju psihoterapije ter zdravstvenega in socialnega varstva

*Cost-benefit analysis in the field of
psychotherapy, health and social care*

POVZETEK

Na področju zdravstvenega in socialnega varstva ter psihoterapije gre predvsem za pomoč nekemu, ki je v stiski, zato je lahko metoda analize stroškov in koristi le eden od kriterijev, ki jih pri odločitvah za izbiro ustreznih programov oz. pomoči uporabljajo financerji. Povrhu je najpomembnejšim programom, kot sta osveščanje in preventiva, zelo težko izračunati tovrstne analize. Kljub temu pa je dejstvo, da je škoda, ki nastaja npr. zaradi alkohola, drog in nasilja, zelo velika. Kot najboljši način zmanjševanja te škode obstajajo različni programi v šolstvu, zdravstvu, socialnem varstvu, policiji in drugod. Možnih programov je seveda veliko več, kot je na voljo strokovnjakov in denarnih sredstev. Zato je smotrno poleg drugih kriterijev presoje uporabiti tudi instrument analize stroškov in koristi (angl. cost-benefit analysis). V Sloveniji v dostopnih gradivih ni veliko študij o uporabi omenjenega instrumenta, zato lahko sklepamo, da je uporaba tega še zelo okrnjena, medtem ko je v publiciranih tujih gradivih objavljenih veliko študij, analiz in primerjav. Iz njih se vidi, v kakšnih programih so sredstva, namenjena za socialno skrbstvo in psihoterapijo, porabljena tako, da imajo uporabniki največje koristi. Posledično se hkrati z dvigom kakovosti življenja (manj kriminalitete, manj odvisnosti idr.) zmanjša škoda, ki jo trpi družba zaradi socialne problematike.

KLJUČNE BESEDE

analiza stroški – koristi, zdravstveno in socialno varstvo, psihoterapija, švicarski prispevek

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ABSTRACT

In the field of health care, social care and psychotherapy a human being in need is a priority, so a cost benefit analysis can only be one of the criteria that funders use to choose an appropriate program or help. The most important programs such as awareness and prevention have difficulties trying to calculate this type of analysis. Nevertheless, the fact is that the damage caused by for example alcohol, drugs, violence, is enormous. The best way to reduce this damage is to use various programs in education, health care, social security, police and more. There are many more possible programs than there are available experts and money. Therefore, it is reasonable to use cost-benefit analysis in addition to other criteria of assessment. There are not a lot of studies on the application in available literature in Slovenia so it can be concluded that the use of this instrument is limited, while there are many published studies, analyzes and comparisons in foreign literature. From them we can see which programs use resources, devoted to social welfare and psychotherapy, in the way that users have the greatest benefit. Consequently, whilst the quality of life (less crime, less dependence etc.) increases, the social damage from social problems reduces.

KEY WORDS

cost-benefit analysis, health and social care, psychotherapy, Swiss contribution

Uvod

V času globalne gospodarske krize, ki ji ni videti konca, je pozornost javnosti in državnih institucij posvečena gospodarskemu okrevanju. Ker se od države pričakuje, da v času krčenja gospodarstva in manjših prilivov omeji lastne izdatke, so socialna področja med prvimi, ki so deležna proračunskih rezov. Za trg dela pomeni gospodarska kriza nižje plače, negotove zaposlitve in malo novih zaposlitev. Nižje plače in porast brezposelnosti na eni strani ter krčenje socialnih programov na drugi strani so veliko ljudi potisnili v revščino ali na njen prag. Priča smo porastu kriminalnih dejanj, brezdomstvu, alkoholizmu, nasilju v družini, težavam v duševnem zdravju. Zaradi teh okoliščin se je povečala potreba po delu na področju socialnega in zdravstvenega varstva. Ker je sredstev vse manj, morajo biti projekti na področju sociale in zdravstva racionalno zastavljeni. Eno takšnih področij je problematika zasvojenosti.

V Sloveniji imamo vrsto javnih služb ter zdravstvenih in socialnovarstvenih programov, ki se ukvarjajo s tovrstno problematiko. Kljub temu veliko uživalcev prepovedanih drog ni vključenih v programe zdravljenja. Poleg tega narašča tudi število zasvojenih, vključenih v različne programe zdravljenja, ki zdravljenje predčasno zaključijo, kot tudi število povratnikov. Nove okoliščine in porast števila uživalcev prepovedanih drog zahtevajo, da se obstoječi programi prilagodijo ali nadomestijo z učinkovitejšimi.

Ker bodo imeli novi programi opravljanja s povečanim številom uživalcev prepovedanih drog in manj finančnih sredstev, je nujno, da se poiščejo rešitve, ki so učinkovite in tudi stroškovno sprejemljive. Ena izmed možnih rešitev je gotovo vključitev psihoterapevtske dejavnosti v sistem javnega zdravstva. S tem bi na področju duševnega zdravja bistveno okrepili zdravljenje duševnih motenj, kot so tesnoba, depresivna motnja in psihotične motnje, ter zdravljenje komorbidnih zdravstvenih motenj na področju telesnega zdravja (Kächele in Pirmoradi,

2009). V zadnjih dveh desetletjih se širi seznam bolezni, pri katerih je prepoznana povezava s stresom in s pomočjo psihoterapije tudi možnost bistvenega izboljšanja ali celo preprečitve telesnih bolezni, kot so npr. kronična bolečina, sindrom kronične utrujenosti, koronarna srčna bolezen, zvišan krvni pritisk, sladkorna bolezen, rak, astma, epilepsija, debelost, peptični ulkus, sindrom iritabilnega kolona, vnetne bolezni črevesa, artritis, priprava na medicinske posege itn. (Fava in Sonino, 2000; Kächele in Pirmoradi, 2009).

Projekt: Uvajanje inovativnih sistemskih rešitev na področju sociale

V okviru prijavljenega projekta UISR: *Uvajanje inovativnih sistemskih rešitev na področju sociale* (http://zdt.si/svicarski_projekt/), financiranega v okviru Švicarskega prispevka (http://www.svrk.gov.si/si/delovna_podrocja/mednarodni_financi_mehanizmi/svicarski_prispevek/), so bili ekonomski vidiki projektov na področju dela z ljudmi eno izmed izpostavljenih področij. S partnerji projekta z različnih področij (šolstva, zdravstva, nevladnih organizacij, CSD, policije, sodstva, družinske terapije, psihoterapije idr.) smo prepoznali, da se trenutno v Sloveniji premalo pozornosti posveča vprašanju, kateri programi so globalno učinkoviti za rešitev nekega problema (kot npr. aktualno najstniško prekomerno popivanje [angl. *overdrinking*]), ne glede na posamezne službe, ministrstva, resorje.

Ob našem obisku partnerja projekta ContactNetz v Švici, v Bernu, so nam jasno pokazali, da se npr. nekoga, ki je bil obsojen (ali npr. nekoga, ki je zasvojen in obsojen za male tatvine), dolgoročno bolj kot dati v zapor, izplača podpreti, mu omogočiti možnost dostojanstvenega bivanja, prilagojene zaposlitve (s podporo psihoterapevtov) in dodatnih aktivnosti (družinske, individualne, skupinske terapije, učenje računalniške pismenosti, izobraževanja itn.) ter ga po končanem procesu podpreti pri reintegraciji. Ali če se npr. v neki družini uredi problem nasilja ali zasvojenosti (ob sodelovanju vseh, ki delajo z ljudmi – policije, sodstva, šolstva, nevladnih organizacij, zdravstva itd. ...), to pomeni za celo družino napredek, za državo in/ali občino pa v prihodnjih desetih, dvajsetih letih nekaj sto tisoč švicarskih frankov prihranka. Pokazali so nam tudi, da je področje psihoterapije, družinske terapije del celotnega procesa, za katerega so uporabljali tudi analize stroški – koristi (angl. *cost-benefit*).

Pričujoči prispevek je tako nastal z namenom, da ob pregledu obstoječe domače in tuje literature poiščemo primerne študije primerov dobre prakse uporabe instrumenta analiz stroški – koristi predvsem na področju socialnega varstva, pa tudi na področju sodstva, psihoterapije, policije, šolstva in zdravstva.

O instrumentu stroški – koristi

Večina programov dela z ljudmi je financirana s strani javnih sredstev oz. sredstev, pridobljenih s strani davkoplačevalcev (ministrstva, občine) ali različnih fundacij (EU-sredstva, javne ali zasebne fundacije), pri čemer sta zahtevana tako smotrna poraba sredstev kot tudi doseganje zastavljenih ciljev. Financerji želijo poleg ocene in kasnejšega poročila pričakovanih stroškov tudi oceno predvidenih koristi projekta – tako kvalitativnih kot tudi, če je to mogoče, finančnih, izraženih v denarni enoti. Instrumenta, ki smo ju zasledili v tuji in domači strokovni ter znanstveni literaturi in se v povezavi s tem največkrat navajata, sta *analiza stroškov – koristi* [angl. *cost-benefit analysis*] ter *analiza stroški – učinkovitost* [angl. *cost-effectiveness analysis*]. Oba instrumenta sta bila uporabljena tako pri evalvaciji obstoječih programov kot pri oblikovanju novih.

Za ocenjevalce ali snovalce programov sta računanje in podajanje natančnih stroškov ter njihova povezava z učinkovitostjo oz. celotno koristjo lahko težavni, hkrati pa tudi bistveno pomagajo pri odločanju (Kee, 2004). Snovalci programov in ocenjevalci so pri tem postavljeni pred izziv, da poiščejo rešitve, ki so stroškovno nezahtevne oziroma imajo ugodno razmerje med stroški in koristmi. Pri tem so potrebne tako analize stroškov in koristi [angl. *cost-benefit*] kot tudi analize učinkovitosti [angl. *cost-effectiveness*]. Pri izbiri programov, v katere bodo vladne institucije investirale denarna sredstva, je namreč analiza stroškov in koristi eden od pomembnih kriterijev, ki dolgoročno upravičujejo njegovo izbiro (Aos, Phipps, Barnoski in Lieb, 2001).

$$\text{RAZMERJE STROŠKI – KORISTI} = \frac{\text{vse koristi (v denarju)}}{\text{vsi stroški (v denarju)}}$$

Analizo stroškov in koristi Cellini in Kee (2010) v prispevku opišeta kot primerjavo stroškov nekega programa v denarni vrednosti in vseh oz. večine koristi nekega programa. Izražena je kot razmerje med vsemi prepoznanimi koristmi in vsemi stroški nekega programa – oboje izraženo v denarni enoti.

V povezavi s tem srečamo tudi razširjeno definicijo: »Je razmerje med ekonomsko vrednostjo donosnosti v družbi in začetno vladno investicijo [angl. *economic rate of return*]«.

NETO KORISTI = VSE KORISTI – VSI STROŠKI (VSE V DENARNI ENOTI)

Neto koristi so izražene v denarni enoti in so razlika med vsemi koristmi in vsemi nastalimi stroški [angl. *nett benefit = all benefit – all costs*].

Analiza stroški – učinkovitost

Analiza stroški – učinkovitost [angl. *cost-effectiveness*] je postopek, ki povezuje stroške programa z njegovimi ključnimi rezultati oz. koristmi. Najosnovnejša metoda za predstavitev razmerja med stroški in učinkovitostjo je primerjava dveh intervencij s podobnimi rezultati, ki kažeta primerjavo stroškov izvedbe intervencije. Če je ena cenejša in ima iste rezultate kot dražja, lahko zaključimo, da bo imela prednost tista, ki je cenejša.

Te analize so uporabne kadarkoli pred, po ali med izvedbo programa in pomagajo nosilcem odločanja pri ocenjevanju učinkovitosti programa (Cellini in Kee, 2010). Na vprašanje, ali je določen program ekonomsko učinkovitejši, lahko v nekaterih primerih odgovorimo na podlagi opazovanja določenih kriterijev, kot je npr. število povratnikov ali kasnejših ponovitev pri zasvojenosti, kriminalu, nasilju itn. Če je nek program za rešitev iste problematike učinkovitejši in cenejši od drugih, je za pričakovati, da bo imel prednost pred drugimi, dražjimi. Takšen enostaven zaključek pa ni mogoč, če je učinkovitejši program hkrati tudi dražji. V takšnem primeru je treba določiti vrednost za vsako enoto učinkovitosti (McDougall, Cohen, Swaray in Perry, 2003).

Tudi če dva različna programa za isti rezultat uporabita različne rešitve, bomo težko prišli do odločitve. Nenavaden, a hkrati nazoren prikaz tega je primer iz ameriške prakse, ko se avtorji (McDougall in dr., 2003) v poročilu sprašujejo, ali bi bilo na področju kriminala stroškovno učinkoviteje investirati sredstva v enega izmed uveljavljenih psihoterapevtskih programov, ki

je znan kot učinkovit pri zmanjševanju kriminalnega povratništva, ali pa bi raje sredstva vložili v izboljšanje cestne razsvetljave, da bi preprečili večje število žrtev. Avtorji pri tem poudarjajo, da je pri odločitvah med takšnima alternativama zato nujna preciznost pri evalvaciji stroškov in koristi (McDougall in dr., 2003), hkrati pa pri uporabi teh instrumentov ne smemo mimo kvalitativnih učinkov nekega programa (Istinič, 2002).

V nadaljevanju izvajanja projekta UISR v okviru Švicarskega prispevka se je oblikovala delovna skupina. Postavila si je vprašanje: »Ali lahko z obstoječimi viri, financiranjem dosežemo dolgoročno večji učinek (kvalitativno in finančno) z izbiro in izvajanjem ustreznih programov na področju socialnega varstva v Sloveniji?«

Da bi si lahko odgovorili na zastavljeno vprašanje, je bil opravljen pregled strokovne in znanstvene literature v povezavi z odprto problematiko. V tujih znanstvenih publikacijah je objavljenih že precej obširnih študij s primeri dobrih praks, ki vključujejo analizo stroški – koristi (Aos in dr., 2001; Berg, Smit, Vos in Baal, 2011; Kee, 2004; McDougall in dr., 2003; Schulberg, Raue in Rollman, 2002; Zarkin, Cowell, Hicks, Mills, Belenko, Dunlap in dr., 2012). Kljub navidezni enostavnosti so analize tipa stroški – koristi v praksi pogosto zahtevne in na področju zdravstvenega in socialnega varstva v preteklosti v Sloveniji niso bile pogoste ali pa jih nismo uspeli zaslediti. Za samo analizo je namreč v nekaterih primerih potreben daljši čas delovanja programa, da se pokažejo, prepoznajo in opišejo njegove koristi.

Primeri dobrih praks

Neustrezna pomoč oziroma dostop do duševnega zdravja je bil vedno temačen problem v ozadju narodne zavesti. O tiho preteči situaciji je leta 1963 spregovoril John F. Kennedy: »Morilo je narodovo zavest, vendar samo kot problem, ki ga je neprijetno omeniti, lahko preložiti in ki nujno potrebuje rešitev« (Bendat, 2014).

Od tedaj je v ZDA napredek pri krepitvi duševnega zdravja prehodil pot od razvoja psihofarmakologije, deinstitucionalizacije ter v zadnjih 15 letih do povečane potrebe po zdravljenju duševnih motenj (Bendat, 2014). Med različnimi oblikami psihiatričnih zdravljenj, ki so empirično podprte, je psihoterapija stroškovno učinkovita in sestavina ključnega pomena. Posledično rešuje stroške oskrbe določene skupine pacientov (Lazar, 2010).

Številne raziskave (Berg in dr., 2011; Fava in Sonino, 2000; Hunsley, 2003) so pokazale, kako učinkovite so psihološke oz. psihoterapevtske intervencije na širšem področju zdravstvenih težav otrok in odraslih. Izsledki teh raziskav kažejo, da so psihološke oz. psihoterapevtske intervencije stroškovno učinkovitejše kot zdravljenje z zdravili. John Hunsley (2003) navaja primer kognitivno-vedenjske obravnave za zdravljenje panične motnje in depresije, ki stane približno tretjino manj kot farmakološko zdravljenje. Anne Dezetter s soavtorji (2013) je ugotovila, da bi država na vsak evro, vložen v psihoterapevtsko oskrbo bolnikov z depresivnimi motnjami, prihranila 1,95 evra. Pri tesnoba motnjah bi bil prihranek nekoliko manjši, a bi še vedno znašal 1,14 evra.

Vse več je študij, ki potrjujejo, da je psihoterapija stroškovno učinkovita oblika zdravljenja (Chiles, Lambert in Hatch, 1999; Myhr in KristaPayne, 2006) in da je vključitev psihoterapije v javni zdravstveni sistem učinkovit način nižanja stroškov zdravstvenega varstva (Dezetter in dr., 2013). V študiji, ki so jo opravili v sodelovanju s Centre's Wellbeing Programme v Lon-

donu, so pri upoštevanju vseh posrednih in neposrednih stroškov psihoterapije ugotovili, da se z upoštevanjem koristi terapije investicija v psihoterapijo povrne v dveh letih, pri čemer so bile obravnavane osebe z depresijo, fobijami, obsesivno-kompulzivnimi motnjami, paničnimi motnjami, generaliziranimi tesnobostrnimi motnjami in posttravmatskimi stresnimi motnjami (Layard, Clark, Knapp in Mayraz, 2007).

Programi, ki temeljijo na stroškovni učinkovitosti, so se izkazali kot izjemno koristni tudi na področju zapornih kazni. Zdravljenje kot alternativa prestajanju zaporne kazni že prinaša uspehe v ameriški državi Maryland. Slednja ima kot alternativo zaporu dva programa, ki vključujeta zdravstvene centre, vsakodnevno javljanje, intenzivno supervizijo, hišni zapor in sankcije. Država ugotavlja, da so uspeli z vsemi programi na posameznika letno zmanjšati stroške alternativnih sankcij z 20.000 dolarjev na 4.000 dolarjev (Ashira, Lozowski, Powell, Sivillo in Traeger, 2001). Pri tem je smiselno upoštevati tudi to, da se v teh programih v veliki meri obravnava tudi problematika zasvojenosti. Swisher, Scherer in Yin (2004) tako navajajo, da je v primeru zdravljenja zasvojenosti poleg pričakovanih stroškov zdravljenja zasvojenosti z drogami ter boleznimi, ki so povezane z uživanjem drog, treba upoštevati tudi stroške, kot so materialna škoda zaradi kaznivih dejanj (ropi, vlomi, tatvine, goljufiga ipd.), stroški kazenskega postopka in s kaznivim dejanjem povezani stroški stigmatizacije, izgubljene plače in davki zaradi poškodb in prezgodnjih smrti. Ti se v primeru uspešnega zdravljenja zasvojenosti od drog močno zmanjšajo in predstavljajo dolgoročni prihranek.

Aos s soavtorji (2001) v obširni študiji, v kateri so z analizo stroški – koristi primerjali predhodno opravljene raziskave na več kot 400 različnih programih za zmanjševanje kriminala, izvedenih od leta 1975 do leta 2000 v ZDA in Kanadi, poroča o prepoznanih programih, ki ne zmanjšujejo kazenskih kršitev ali imajo celo negativen učinek, ter do programih, ki imajo velik pozitiven vpliv na zmanjševanje kaznivih dejanj. Študija je bila pripravljena na zahtevo zvezne države Washington z namenom, da se evalvira stroške in koristi politike kazenskega pravosodja za mlade in odrasle, različnih preventivnih programov in drugih aktivnosti za zmanjšanje predvsem rizičnega vedenja pri mladih. Analize znotraj študije temeljijo na osnovi primerjalne ekonomije, izhajajo iz skupnega metodološkega pristopa, kar omogoča neposredno ekonomsko primerjavo različnih vrst programov s ciljem, da bi prišlo do ocene, ali so koristi programa večje od njegovih stroškov. Pristop v študiji je podoben finančni analizi stopnje donosnosti vzajemnih skladov, obveznic, delnic, nepremičnin ali drugih naložb. Pri vseh naložbah je skupno vprašanje: »Kolikšna je stopnja donosnosti naložbe?« Pri navedeni študiji je bilo zastavljeno podobno vprašanje: »Pri katerih politikah in programih za zmanjševanje stopnje kriminala so se pokazali boljši rezultati?«

Drugi namen te študije je bil, da bi pridobljene informacije kasneje koristile nosilcem odločanja pri dodeljevanju javnih sredstev različnim, konkurenčnim programom. Kajti glede na to, da je bilo v zadnjih treh desetletjih veliko raziskav o tem, kaj deluje in kaj ne, in če se pri tem upošteva še ekonomijo teh možnosti, se lahko te podatke uporabi za izboljšanje dodeljevanja javnih sredstev. Pridobljene ocene so tako lahko v pomoč pri usmerjanju javnih sredstev v ekonomsko uspešne programe ter v pomoč pri odvzemanju sredstev ekonomsko neuspešnim programom. Pri tem navajajo, da se lahko ob takem delovanju in odločanju celo ob odsotnosti novih virov financiranja zmanjšata stopnja kriminala in poraba sredstev na državni ravni.

Postopek v študiji vključuje raziskave učinkovitosti programov oz. kaj deluje in kaj ne pri zmanjševanju stopnje kriminala [angl. research-based evidence], nato pa je dodan še učinek neodvisne primerjalne ekonomije na davkoplačevalce. Pri učinkovitosti programov so upošte-

vali predvsem študije, ki so vključevale primerjalne ali kontrolne skupine. Veliko programov za mlade in odrasle je bilo izvedenih v sklopu pravosodnih sistemov, kjer je bil cilj zmanjšati ponovitev kriminalnih dejanj, nekateri preventivni programi pa so imeli na prvem mestu nalogo, da zmanjšajo možnosti, da bi mlada oseba storila kaznivo dejanje.

Pri tem so analizirali naslednje programe:

- preventivne programe za zgodnje otroštvo (*Early Childhood Programs*),
- programe za otroke in mlade mladostnike (*Middle Childhood and Adolescent [Non-Juvenile Offender] Programs*),
- programe za mladoletne prestopnike oz. storilce kaznivih dejanj (*Juvenile Offender Programs*),
- programe za odrasle storilce kaznivih dejanj (*Adult Offender Program*).

Kot kažejo različne raziskave znotraj študije, ima uporaba različnih tehnik, intervencij, programov različne finančne učinke. V tabeli 1 je prikazanih nekaj izbranih primerov iz te študije:

Tabela 1: Primeri programov za zmanjševanje kriminalitete iz študije v ZDA (Aos in dr., 2001)

Program	Strošek programa na osebo	Koristi davkoplačevalcev	Koristi davkoplačevalcev in žrtev kriminala	Razmerje med koristmi davkoplačevalcev in žrtev kriminala ter stroški programa na osebo
Multisistemska terapija*	4.743 \$	31.661 \$	131.918 \$	27,8
Terapevtska komunizem zapora**	2.013 \$	4.110 \$	15.836 \$	7,9
Trening regulacije agresivnosti***	738 \$	8.287 \$	33.143 \$	44,9
Funkcionalna družinska terapija****	2.161 \$	14.146 \$	59.067 \$	27,3
Programi »zastraševanja«*****	51 \$	-6.572 \$	-24.631 \$	-482,9

* Multi-Systemic Therapy

** Non-Prison TC (bivanje v obstoječi stanovanjski skupnosti)

*** Aggression Replacement Training

**** Functional Family Therapy

***** Scared Straight Type Programs; pri tem programu mladoletne storilce peljejo v zapor k odraslim, ki jim povedo, kakšno bo njihovo življenje v prihodnosti, če bodo nadaljevali s prestopništvom

Kot vidimo, je razmerje med vložkom v program in dolgoročnimi koristmi lahko zelo veliko. To pomeni, da za npr. *Trening regulacije agresivnosti* država za vloženi 1 dolar v ta program dolgoročno privarčuje 44,9 dolarjev. Ker gre za reševanje ene problematike z uporabo različnih programov, je lahko analiza stroški – koristi uporaben kazalnik, kajti za enako vloženo vsoto denarja je pri ustrezno izbranih programih finančni učinek boljši.

In tudi obratno – na primeru programov »zastraševanja« je finančni učinek negativen. Namreč, v študijah je bilo ugotovljeno, da mladoletni prestopniki, ki so bili vključeni v program, pogosteje ponovijo kriminalno dejanje kot tisti iz kontrolne skupine. Cena na osebo takega programa je 51 dolarjev, pri čemer so stroški oz. negativne koristi, ki nato nastanejo zaradi ponovitve kriminalnih dejanj, ocenjene na 24.631 dolarjev.

Pri študiji je treba upoštevati omejitve, da so razmerja podana le za koristi programov, ki se vežejo na področje zmanjševanja kriminalitete. Veliko programov ima poleg navedenega hkrati še več ostalih učinkov, kot npr. zmanjševanje najstniških nosečnosti, zasvojenosti, izostajanje v šoli, ki pa niso upoštevani v izračunih.

Diagram vpeljave analize stroški – koristi na področje družinske terapije

Diagram postopkov pred vpeljavo analize stroškov in koristi v terapijah:

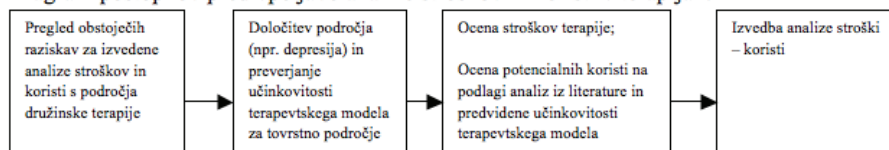
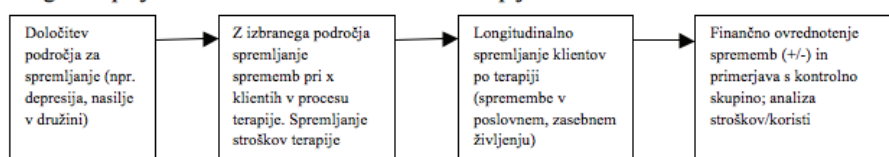


Diagram vpeljave analize stroškov in koristi v terapijah:



Zaključek

Številne omenjene raziskave prikazujejo učinkovitost psihoterapije kot način zdravljenja različnih duševnih bolezni in s tem kažejo na to, da bi morali psihoterapijo umestiti kot eno izmed možnosti zdravljenja v javnem zdravstvenem sistemu (Kächele in Pirmoradi, 2009). A veliko evropskih držav, na primer Francija, Italija, Španija, Grčija, še vedno ignorira rezultate teh raziskav. Ob tem se moramo vprašati, zakaj je psihoterapija le del osebne izbire posameznika in zakaj se na področju sistema in zakonodaje nič ne spreminja? (Kächele in Pirmoradi, 2009). Vprašati se moramo, zakaj dokazi o učinkovitosti, vidni iz študij, ne zadoščajo? In zakaj v Sloveniji še vedno ni dovolj posluha za ureditev zakonodaje o psihoterapevtski dejavnosti, kljub že predlaganemu osnutku zakona, ki bi urejal področje psihoterapije in s tem omogočal psihoterapevtom, da se primere dobrih praks v tujini uvede tudi v Sloveniji (Možina in Bohak, 2008)?

Na zastavljeno vprašanje: »Ali lahko z obstoječimi viri, financiranjem dosežemo dolgoročno večji učinek (kvalitativno in finančno) z izbiro in izvajanjem ustreznih programov na področju socialnega varstva?« smo glede na primere dobrih praks zaključili, da je kriterij stroškovne učinkovitosti programov in upoštevanje njegovih dolgoročnih koristi (poleg kvalitativnih tudi finančnih) eden izmed pomembnejših instrumentov, ki omogoča, da se v prihodnosti stroški zmanjšajo.

Kot se je pokazalo na primeru analiz programov za zmanjševanje kriminalitete, so pri ustrezni izbiri programov razmerja med stroški in koristmi lahko zelo velika – tudi do 40, kar pomeni za vloženi 1 evro davkoplačevalskega denarja prihranek 40 evrov v prihodnosti. Pri programih, ki so imeli zelo ugodna razmerja med stroški in koristmi, je bilo v sodelovanje vključenih več različnih institucij (npr. sodstvo – policija – psihoterapevtske ustanove – centri za socialno delo – šole – zdravstveni domovi). Že če se prestopnika, ki je zasvojen z drogo, usmeri v proces zdravljenja (npr. komunjo), ne pa v zapor, je to hkrati cenejša izbira, ki tudi dolgoročno prinaša večje

koristi (manj povratništva, večja možnost ozdravitve zasvojenosti).

Za različne duševne motnje (depresije, fobije, tesnobnostne motnje, posttravmatske stresne motnje ...) se je pokazalo, da se vloženi denar v terapevtske programe povrne v roku dveh let, po pretečenih štirih letih pa se programi lahko financirajo iz prihrankov javnih sredstev, ki so nastali iz predhodne investicije v te programe (Layard in dr., 2007).

To pomeni, da je z ustrezno izbiro programov, ki imajo ugodno razmerje med stroški in koristmi, možen napredek kljub enaki količini sredstev. Ugodna razmerja med stroški programa in kasnejšimi koristmi namreč pomenijo, da bo v prihodnosti na voljo več sredstev za podobne programe oz. sredstva ne bodo porabljena za zmanjševanje kasnejše škode in odpravo njenih posledic (Layard in dr., 2007).

Kriterij stroški/koristi je le eden izmed pogledov v okviru zdravstvenega in socialnega varstva, je pa prisoten, in kot vidimo iz navedenih primerov, ga ni za zanemariti. Nekatera področja v zdravstvenem in socialnem varstvu so morda v deficitu, in z analizo stroški – koristi bi morda prepoznali področja, kjer bi z minimalnim vložkom dobili velik učinek.

Za konec si lahko postavimo vprašanje: »Kolikšni bi bili prihranki ustreznih intervencij na področju socialnega varstva, zdravstva in šolstva, če bi financerji zavestno, torej glede na zdajšnje poznavanje predvidenih prihrankov kot posledice teh investicij, vlagali v preventivo?«

Kot kažejo objavljeni izračuni, so najučinkovitejša rešitev celostni programi z vključitvijo družine in okolja. Če želimo zmanjšati današnjo veliko socialno škodo, je treba aktivirati več terapevtskega, sistemskega, svetovalnega in preventivnega dela.

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Introduction

In times of global economic crisis, which seems not to end any time soon, the public and national institutions pay attention to economic recovery. Because a country is expected to limit its own expenses in times of smaller income, social fields are amongst the first to experience budget cuts. For labour market, economic crisis means lower salaries, uncertain employments and few new employments. Lower salaries and unemployment increase on one side and social programmes cuts on the other, have pushed many people into poverty or poverty threshold. We are witnessing an increase of criminal acts, homelessness, alcoholism, domestic violence and mental health issues. Due to these circumstances there is an even bigger need for social and health care work. Because of constant decrease of funds, the social and health care projects have to be rationalized. One of such fields is addictions.

In Slovenia we have a number of public services and health and social care programmes, which address such problematics. In spite of that, many illegal drug users are not attending rehabilitation programmes. Also increasing is the number of addicts who attend various rehabilitation programmes and quit before the end as well as those who relapse. New circumstances and the rise of the number of illegal drug users demand that the existing programmes be adapted or replaced by more efficient ones.

Because new programmes will have to deal with a larger number of illegal drug users and lesser funds, it is imperative that effective and also cost acceptable solutions are found. One of them is definitely including psychotherapeutic activity into the public health system. It would greatly improve the treatment of mental disorders, such as anxiety disorders, depressive disorder, psychotic disorders and the treatment of comorbid health disorders also in the field of physical health (Kächele and Pirmoradi, 2009). In the last two decades there has been an expansion in the list of diseases where the connection to stress has been recognised and with the help of psychotherapy also a possibility of substantial improvement or even prevention of physical diseases such as chronic pain, chronic fatigue syndrome, coronary heart disease, high blood pressure, diabetes, cancer, asthma, epilepsy, obesity, peptic ulcer, irritable bowel syndrome, inflammatory bowel disease, arthritis, preparation for medical procedures, etc. (Fava and Sonino, 2000; Kächele and Pirmoradi, 2009).

Project: Implementing Inovative System Solutions in social areas

Within this project (http://zdt.si/svicarski_projekt/), financed within the Swiss contribution (http://www.svrk.gov.si/si/delovna_podrocja/mednarodni_financni_mehanizmi/svicarski_prispevek/), one of the emphasised fields were the economic aspects of the projects concerning working with people. With the help of project partners from different areas (education, health, non-government organisations, social work, police, judiciary, family therapy, psychotherapy, etc.) we have established, that in Slovenia there is currently not enough attention paid to which programmes are globally efficient for solving a certain problem (e.g. teenage overdrinking) regardless of individual services, ministries, departments. During our visit in Bern, Switzerland, at project partner Contact Netz, they have shown us that for someone who was convicted (or is addicted and convicted of petty theft) rather than imprisoning him/her, it is better in long term to support them, enable them dignified living, adjusted employment (with the help of psychotherapists) and additional activities (family, individual, group therapies, learning computer literacy, education, etc.) and after the process help them reintegrate. Or if a certain family solves violence

ce or addiction problem (with the help of everyone that works with people – police, judiciary, school, non-government organisations, health, etc.), that means progress for the whole family and a couple of hundred thousand Swiss francs saved for the city or country in the next ten or twenty years. They have also shown us that psychotherapy, family therapy is a part of a whole process for which cost-benefit analysis was used.

This article has therefore been written to find, overviewing the existing national and foreign literature, appropriate studies of examples of good practice in using instrument cost-benefit analysis particularly in the field of social care, and also judiciary, psychotherapy, police, education and health.

About cost-benefit instrument

Most programmes that focus on people are financed from public funds or funds from tax payers (ministries, municipalities) or from different foundations (EU funds, private or public foundations) which demands reasonable spending as well as reaching goals. Besides the estimation and the expected cost report the financers also want an estimation of project benefits – quality as well as, if possible, financial. The two instruments we have encountered the most in foreign and domestic expert and science literature are cost-benefit analysis and cost-effectiveness analysis. Both were used for evaluating existing programmes as well as forming new ones.

For programme evaluators or designers, calculating and reporting exact costs and connecting these costs to effectiveness or whole benefits can be difficult, but it also helps a great deal with making decisions (Kee, 2004). Programme designers and evaluators are thus facing a challenge to find solutions which are not cost demanding or have a good cost-benefit ratio. They need cost-benefit as well as cost-effectiveness analyses. In selecting programmes in which government institutions will invest funds, the cost-benefit analysis is one of the important criteria that in the long term justify the selection of a certain programme (Aos, Phipps, Barnoski, and Lieb, 2001).

$\text{COST-BENEFIT RATE} = \text{all benefits (money)} / \text{all costs (money)}$

The cost-benefit rate is by Cellini and Kee (2010) described as a comparison of programme costs in financial value of all or the majority of programme benefits. It is defined as the rate between all identified benefits and all costs of a certain programme – both in currency unit.

In connection with this, there is also the expanded definition: "It is the rate between economic value of profitability in society and the initial government investment, or *economic rate of return*".

NETT BENEFITS = ALL BENEFITS – ALL COSTS (ALL IN CURRENCY UNIT)

Nett benefits are shown in currency unit and are the difference between all benefits and all costs.

Cost-effectiveness analysis

Cost-effectiveness analysis is a procedure which connects programme costs with its main results or benefits. The most basic method to present the ratio between costs and effectiveness is comparison of two interventions with similar results that show comparison of costs of intervention realisation. If one is cheaper and has the same results as the expensive one, we can conclude,

that the cheaper one will be given priority.

These analyses are useful anytime before, during or after the programme and help the decision makers with evaluating the programme effectiveness (Cellini and Kee, 2010). If we ask ourselves, whether or not a certain programme is economically more effective, in some cases the answer can be based on observing certain criteria, such as the number of returnees or the number of later recurrences with addictions, crime, violence, etc. If a certain programme is more effective and cheaper than the others, at solving the same problematics, it is expected to have advantage before others, more expensive ones. However, the same simple conclusion is not possible, if the most effective programme is at the same time more expensive. In such cases we have to determine value for each unit of effectiveness (McDougall, Cohen, Swaray, and Perry, 2003).

The decision is also hard to make when two different programmes use different solutions for the same result. Unusual and at the same time very clear demonstration of that comes from American practice, when the authors (McDougall et al., 2003) ask themselves in the report, whether it would be more effective to invest into one of the well established psychotherapeutical programmes, that is known for its effectiveness at reducing criminal recidivism, or to invest the funds into improving the street lightning, to prevent a larger number of victims. The authors emphasise, that with decisions like these it is necessary to precisely evaluate costs and benefits (McDougall et al., 2003) but at the same time, when using these instruments, we can not overlook the quality effects of a certain programme (Istinič, 2002).

As the project within the Swiss contribution continued, a working group was formed. They asked themselves the question: *»Can we, with existing resources and financing, achieve a better long-term effect (quality and financially) with choosing and executing appropriate programmes in social care field in Slovenia?«*

To answer that question, a review of expert and science literature regarding the problematics was done. Foreign science publications have published a number of extensive studies with examples of good practice, which include cost-benefit analysis. We can name some foreign authors as an example: Aos et al., 2001; Berg, Smit, Vos, and Baal, 2011; Kee, 2004; McDougall et al., 2003; Schulberg, Raue, and Rollman, 2002; Zarkin et al., 2012.

In spite of apparent simplicity, cost-benefit analyses are often complex and were not frequent in the past in the field of health and social care in Slovenia, or we just did not find them, because the analysis itself needs a long running programme to identify and describe its benefits.

Examples of good practice

Inadequate help or mental health access has always been a dark problem in the background of the national consciousness. John F. Kennedy spoke of this silent threat in 1963: "It was burdening the nation's consciousness, but only as a problem that is unpleasant to mention, easy to postpone and urgently needs a solution." (Bendat, 2014)

Since then, the progress of mental health strengthening in the USA has travelled the path from developing psychopharmacology, deinstitutionalisation and in the last 15 years to increased need for treatment of mental disorders (Bendat, 2014). Among different types of psychiatric treatments, which are supported empirically, the psychotherapy is cost-efficient and of key

importance. Consequently, it covers costs of treating a specific group of patients (Lazar, 2010).

Numerous researches (Berg et al., 2011; Fava and Sonino, 2000; Hunsley, 2003) have shown, how effective the psychological or psychotherapeutical interventions are in the vast field of health problems of children and adults. Results of these researches show that the psychological or psychotherapeutical interventions are more cost-efficient than drug treatment. John Hunsly (2003) mentions an example of cognitive-behavioural treatment for treating panic disorder and depression that costs approximately one third less than pharmacological treatment. Anne Dezetter and co-authors (2013) have established that a country would save €1.95 on each euro invested in psychotherapeutical treatment of patients with depressive disorders. With anxiety disorders savings would be lower, but still €1.14.

There are more and more studies that confirm psychotherapy is a cost-efficient treatment (Chiles, Lambert, and Hatch, 1999; Myhr and KristaPayne, 2006) and that including psychotherapy in public health system is an efficient way of lowering health care costs (Dezetter et al., 2013). In a study, conducted in cooperation with Centre's Wellbeing Programme in London, it was found, taking into account all indirect and direct costs of psychotherapy, that, considering the therapy benefits, the investment in psychotherapy returns in two years; the study included people suffering from depression, phobias, obsessive-compulsive disorders, panic disorders, generalized anxiety disorders and post-traumatic stress disorders (Layard, Clark, Knapp, and Mayraz, 2007).

Programmes based on cost-efficiency have proved to be extremely beneficial also in the field of incarceration. Treatment as an alternative to serving prison sentence has already proved successful in the state of Maryland where there are two programmes as an alternative to imprisonment; the programmes include health centres, daily reporting, intensive supervision, house arrest and sanctions. The state estimates they have lowered the costs of alternative sanctions with all programmes on a yearly basis from \$20,000 to \$4,000 per individual (Ashira, Lozowski, Powell, Sivillo, and Traeger, 2001). We should bear in mind also the fact that these programmes deal with the issue of addictions. Swisher, Scherer and Yin (2004) state that in the case of addiction treatment, in addition to the expected costs of the addiction treatment and the diseases connected to drug abuse, we should also take into account costs such as material damage caused by criminal offenses (robberies, burglaries, thefts, fraud etc.), costs of criminal proceedings and crime-related costs of stigmatization, income loss, and injuries- and premature death-related taxes; premature death occurs much rarely in case of successful rehabilitation, which leads to long-term savings.

Aos and co-authors (2001) in an extensive study, where transitionally carried out researches were compared with cost-benefit analysis in over 400 different programmes for crime reduction implemented in the years from 1975 to 2000 in the USA and Canada, report about the programmes that do not reduce the number of criminal offenses or might even have a negative effect, and about those programmes that have greatly positive influence on reducing the number of criminal acts. The study was conducted on commission of Washington State with the purpose of evaluating costs and benefits of criminal justice system for young people and adults, various prevention programmes and other activities for reducing young people's risky behavior. Analyses within the study are based on the grounds of comparative economy, they stem from common methodological approach, which enables indirect economic comparison of different kinds of programmes with the objective to get an assessment whether the programme benefits are greater than its costs. The approach in the study is similar to financial analysis of profitability rate of mutual funds,

bonds, shares, real-estates or other investments. All investments have one question in common: “What is the investment profitability rate?”. The study raised a similar question in a similar way: Which policies and programmes for reducing crime rate have shown better results?

Another purpose of the above mentioned study was that information obtained would later be useful to decision makers in the process of allocating public funds to different, competing programmes. For, considering the fact that in recent three decades there have been many researches done as to what works and what does not, and taking into account also the economy of these possibilities, we can use this information to improve the allocation of public funds. Obtained assessments can thus be helpful in directing public resources in economically viable programmes and also in taking the funds from economically unsuccessful programmes. At this point, it is also stated that by doing so, even without new sources of funding, we can decrease crime rate and spending at national level.

The study procedure includes programme efficiency researches or in other words what works and what does not in reducing crime rate (*research-based evidence*), and then the effect of independent comparative economy on taxpayers is added. With programme effectiveness they took into account especially studies that included comparative or control groups. Many programmes for youth and adults were carried out within the judicial systems where the objective was to reduce recurrence of crime, some of the prevention programmes’ aim, however, was to lower the chances for a young person to commit a criminal offense.

The following programmes were analysed:

- Early Childhood Programmes
- Middle Childhood and Adolescent (Non-Juvenile Offender) Programmes
- Juvenile Offender Programmes
- Adult Offender Programms

As shown in various researches within the study, the use of different techniques, interventions and programmes leads to different financial effects. Tabel 1 shows some of the selected examples from this study:

Table 1: Examples of programmes for crime reduction from a study in the USA (Aos et al., 2001)

Programme	Programme costs per person	Taxpayers benefits	Benefits of taxpayers and crime victims	Benefits of taxpayers and crime victims ratio and programme costs per person
Multi-Systemic Therapy	\$4,743	\$31,661	\$131,918	27,8
Non-Prison Therapeutic commune	\$2,013	\$4,110	\$15,836	7,9
Aggression Replacement Training	\$738	\$8,287	\$33,143	44,9
Functional Family Therapy	\$2,161	\$14,146	\$59,067	27,3
Scared Straight Type Programmes*	\$51	-\$6,572	-\$24,631	-482,9

* Juvenile offenders are taken in prison where adult offenders are kept and they tell the young ones what their future lives can look like if their delinquency continues.

As we can see, the ratio between programme investment and long term benefits can be very high. For example, this means that for Aggression Replacement Training the state for every invested dollar into this programme in the long term saves \$44,9. Since it is about solving one problem with the use of different programmes, the cost-benefit analysis can prove to be a useful indicator because for the same amount of invested funds the financial effect is greater in appropriately selected programmes.

And vice versa – in the case of Scared Straight Type Programmes the financial effect is negative. The studies have concluded that juvenile delinquents who were included into the programme tend to repeat the offense more often than the ones from control group. The price per person in such a programme is \$51, where the costs or negative benefits which occur later due to reoffense are estimated to \$24,631.

We also have to consider the limitation that ratios are given only for benefits of programmes related to the field of reducing criminality. Many programmes have, besides previously mentioned, a lot more effects, such as fewer teenage pregnancies, addictions, skipping school, but those are not considered in the calculations.

Diagram of implementing cost-benefit analysis in the field of family therapy

Diagram of procedures before implementing cost-benefit analysis in therapies:

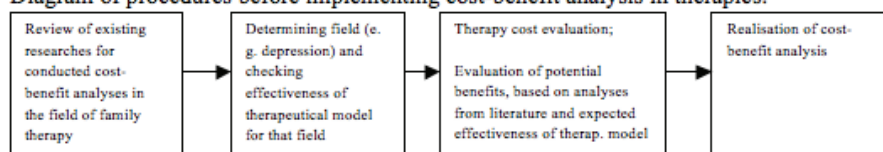
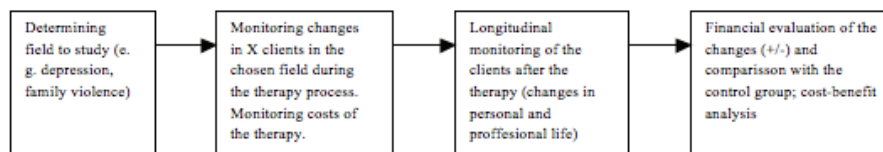


Diagram of implementing cost-benefit analysis in therapies:



Conclusion

Numerous mentioned researches show effectiveness of psychotherapy as a way of treating different mental disorders and thus clearly let us know that psychotherapy should be implemented as one of the possibilities of treatment in public health care systemu (Kächele and Pirmoradi, 2009). But many European countries like France, Italy, Spain, and Greece still ignore the results of these researches. We should all ask ourselves why psychotherapy is only a part of personal choice of an individual and why nothing is changing in the system and in the field of legislation (Kächele and Pirmoradi, 2009). We have to ask ourselves why the results about effectiveness,

seen in the studies, are not sufficient. And why there is still not enough attention for legislation regulation in the field of psychotherapy in Slovenia, in spite of already suggested draft law, that would regulate the field of psychotherapy and thus enable psychotherapists to implement examples of good practice from abroad in Slovenia as well (Možina and Bohak, 2008).

Regarding the question *“Can we, with existing resources and financing, achieve a better long-term effect (quality and financially) with choosing and executing appropriate programmes in social care fields?”*, we have concluded, based on examples of good practice, that the criterion of cost effectiveness of the programmes and consideration of its long term benefits (quality as well as financial), is one of the most important instruments, that enables cost reduction in the future.

As seen in the case of the analyses of the programmes for reducing criminality, an appropriate choice of programmes can lead to very high cost-benefit ratios – up to 40, which means that every euro of taxpayers money invested means €40 saved in the future. Programmes with a good cost benefit ratio had many different institutions included (e. g. judiciary, police, psychotherapy institutions, social care centres, schools, health centres). Even by directing a drug addict into rehabilitation procedure (e. g. drug commune) instead of imprisonment, it is cheaper and at the same time brings bigger long term benefits (less returnees, better chances for recovery).

In case of different mental disorders (depressions, phobias, anxiety disorders, post-traumatic stress disorders ...) it was shown that the money invested in therapy programmes returns in two years and after four years the programmes can be funded by the public savings, that resulted from previous investment in these programmes (Layard et al., 2007).

It means that with appropriate choice of programmes, which have a good cost-benefit ratio, progress can be achieved in spite of the same amount of funds. Good cost-benefit ratios mean, that in the future there will be more funds available for similar programmes or that the funds will not be spent for damage control and elimination of its consequences (Layard et al., 2007).

Cost-benefit criterion is only one of the aspects within the health and social care, but it is present and, as we can see from the examples, it is not negligible. Some fields of health and social care might be in deficit and with the cost-benefit analysis we could recognise the fields, where substantial effect could be achieved with minimal investment.

At the end we can ask ourselves this question: “What would the savings of adequate interventions in the field of social care, health care and education be, if the financers consciously, based on current knowledge about estimated savings as a result of these investments, invest into prevention?”

As published calculations show, the most effective answer is holistic programmes, which include the family and environment. If we want to minimise the big current social damage, we have to activate more therapeutic, systematic, counseling and prevention work.
