

Table 1 Strength of economic evidence on mental health and substance abuse interventions

Disorder	Intervention	Cost-effectiveness (cost per healthy year of life gained)	Affordability (cost per capita)	Feasibility (logistic or other constraints)
Epilepsy	Treat cases with (first-line) antiepileptic drugs	+++	+++	Feasible in primary care
Depression (moderate-severe)	Treat cases with (generic) antidepressant drugs plus brief psychotherapy as required	+++	++	Feasible in primary care
Harmful alcohol use	Restrict access to retail alcohol Enforce bans on alcohol advertising Raise taxes on alcohol	+++	+++	Highly feasible
	Enforce drink-driving laws (breath-testing) Offer counselling to drinkers	++	++	Feasible in primary care
Psychosis	Treat cases with (older) antipsychotic drugs plus psychosocial support	++	+	Feasible in primary care; some referral needed

Cost-effectiveness: +++ = very cost-effective (cost per healthy life year gained < gross domestic product (GDP) per capita); ++ = quite cost-effective (cost per healthy life year gained < 3 times GDP per capita); + = less cost-effective (cost per healthy life year gained > 3 times GDP per capita).

Affordability: +++ = very affordable (implementation cost < US\$ 0.50 per person); ++ = quite affordable (implementation cost = US\$ 0.50–1.00 per person); + = less affordable (implementation cost > US\$ 1.00 per person).