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Editorial

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From this, the third issue of the journal, onwards, we plan to publish in each issue an editorial that will give an introduction to the papers published in that issue. We will also consider a particular subject related to the journal in each. In this issue's editorial we focus on the subject of conflict of interests in studies submitted for publication.

The quality of research aimed at evaluating the economic burden of illnesses and the economic impact of clinical, social, financial and health policy interventions relies on the integration of knowledge from different scientific disciplines. These studies are mainly concerned with the assessment of the disorder (for example diagnosis, symptoms, disabilities), the clinical and social interventions as well as the financial, policy and legislative tools aimed at improving the health and economic status of individuals, groups, and society. The manuscripts that are submitted to the journal are therefore reviewed by two to three researchers from different disciplines: psychiatry, psychology, health economics, public health, sociology, statistics. Reviewers are asked about the strengths and weaknesses of the manuscript, through a number of questions including content and type of manuscript, the proper description and use of methods and measures, and the adequacy of the interdisciplinary approach.

The international relevance of the research is given particular attention: authors are asked to enhance the interdisciplinary and international understanding of the fundamental aims, development and results of the study, enabling the study's replication in different environments and countries. Particular attention is given to the decision making implications of the research, that is decisions that the various participants and representatives of the mental health sector can make on the basis of the published scientific research findings. Reviewers are therefore requested to evaluate whether authors have described adequately the perspective they used in the study.

Conflict of Interests

Editors of all journals that publish information on economic issues in health care are faced with the dilemma of how to view the possibility of bias when the research has been funded by a public or private institution with a political or financial interest in the results. This is a particularly pertinent issue for *The Journal of Mental Health Policy and Economics*. As the journal's main aim is to enable different participants in the mental health sector to access high quality research information in mental health economics it is essential that the journal establish a clear policy on conflict of interest.

In recent years, notable attention has been given by leading scientific journals to the issue of the 'biases' in the design, data reports and claims of research published. In general scientific journals request a disclosure and publication of the source of funding of the research. Reviewers are also requested to disclose any possible conflict of interests.

The New England Journal of Medicine[2] has a position on the conflict of interests: 'We do not even consider review articles or editorials by authors with any financial connections to companies whose products are featured prominently in the article (or their competitors).' In particular, in reference to economic studies: 'In our view, formal cost-effectiveness analyses have some of the features of both original scientific articles and review articles. . .like original articles they will not be excluded from consideration if they are supported by a grant from industry to a no-profit institution, but like review articles they will be excluded from consideration if any of their authors has a personal financial conflict of interest. Simply disclosing such conflicts, as others have suggested authors do, will not suffice.'

Exclusion of submitted manuscripts by authors who have a personal conflict of interests is not consistent with the aims of our Journal, because the evaluation of the perspective that is under economic analysis and its implications for decision making are a fundamental part of the review process of this journal. The reviewers are able to judge the methods of the study and to check the reliability of authors' claims on the implications of the results for decision making. The readers themselves are specialists with experience in mental and addictive disorders.

The policy of exclusion of manuscripts from authors with a personal conflict of interest, and the lack of exclusion of research supported by a grant from industry to a no-profit institution has not, however, avoided the publication of work with possible influences on the research claims. In the debate over calcium-channel antagonists, for instance, Stelfox *et al.* (1998)[5] showed a strong association between authors' published positions on the safety of calcium-channel antagonists and their financial relationships with pharmaceutical companies.

These considerations go beyond claims or positions, that implicitly or explicitly 'suggest' the value of individual intervention, and can be applied to the determination of values for individual specialities and medicine as a whole with regard to society, groups and individuals.

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Goldman (1996)[1] has written on claims on the value of medical specialities: 'I find it hard to argue with the general conclusion that two or three extra years of speciality training and a continuing focus on cardiac disorders result in better use of the myriad cardiac interventions and then better outcomes'. If such claims are not supported by high quality economic research data they are at risk of receiving little social consideration. While every speciality physician (including the psychiatrist) is expected to agree with these claims, without such data other participants in the health care sector (such as administrations, insurance companies, health technology providers, payers, employers, advocacy groups), might consider these claims biased requests for further enhancing the activity, and the financing of the speciality.

The scientific research information on the values and utilities of interventions are expected to be shared by the different participants in the health and mental health sectors. In particular, the studies presented by academic or non academic researchers, no-profit centres, governmental institutions, for-profit organisations like managed care companies, insurance companies and drug companies, will be reviewed on the basis of the quality of the research and the adequate description of the perspective it represents.

The following policy on the conflict of interests has been adopted by *The Journal of Mental Health Economics*:

- Authors are requested to disclose the source of funding of the research (the information is given in the first page of each article).
- Reviewers are requested by editors to avoid reviewing the manuscript if they feel a conflict of interests may be present.
- All the submitted manuscripts, regardless of the source of funding of the research, will be considered for review process.
- The articles are not prioritised: they will be published according to the alphabetical order of the name of the first author.
- As the journal is to serve as a point of reference for all the different participants in the mental health sector, the publisher will not accept advertising that may be in conflict with this aim.

  As the review policy and process of this new interdisciplinary journal develops, we will periodically inform our readers about refinements and changes.

A Letters to the Editors section, as Kassirer (1997)[3] suggests, is 'the best place to air disagreement about published articles', will provide good feed-back for editors, reviewers, authors and readers, and the possibility for the different participants in the mental health sector to debate in a common language the different informed perspectives on financing research, care and rehabilitation. From the next issue the Journal will contain a 'Letters to the Editors' section and we encourage our readers to express their views in this forum.

Papers in this Issue

This issue's papers focus on the potential impact of health insurance parity for mental and addictive disorders in the United States and on the economic analysis of alternative antidepressant drugs.

In the US the health insurance system for people under 65 is dominated by private insurance plans, mostly provided by employers to employees and other dependents. Health plans offered by employers typically provide more limited coverage for mental health and substance abuse treatment than for general medical and surgical services. Some of the states and the federal government have begun to require health plans to implement parity: namely that mental health and/or substance abuse be covered in the same way as other medical care.

In 1996, US Congress passed the Mental Health Parity bill effective 1 January, 1998. This law requires that health plans provide the same annual and lifetime limits for mental health benefits as they do for other health care benefits. This partial mental health parity act does not affect service limits, such as limits on outpatient visits, or cost sharing, such as deductibles. Nor does it apply to substance abuse benefits. States have mandated parity, as well. By September 1997, 12 states had passed laws that, to various degrees, require parity in mental health and/or substance abuse benefits. Others have enacted legislation conforming to federal mandate.[4]

Zuvekas *et al*. (p. 135) simulate scenarios of out of pocket spending for episodes of mental health treatment under current private insurance coverage provisions in US and under reform policy of full mental health parity. The results show that as of 1995 most people were at risk for high out of pocket costs in the event of a serious mental illness and the extent of coverage varied widely across the population. The introduction of parity would enable most people to receive more generous coverage, but the limitation in the medical and mental health coverage still do not fully protect against catastrophic expenses of severe mental illness.

Freiman (p. 119) explores the selection effects related to the coinsurance rate faced by a family for ambulatory mental health services. The author recommends caution in making estimates of the effects of broad-based changes in insurance coverage for ambulatory mental health care, such as mandating parity in mental health benefits.

It is also underlined that in the market for employer-based health insurance, the freedom of employees to select among individual plans (and coinsurance level) is limited by employment opportunities, and when considering the effects of coinsurance rate on the use of services it is needed to control for both the supply side (the offer of the employer) and the demand side (having a family member who may need mental health care).

Sturm *et al.* (p. 129) analyse the expected costs of implementing parity benefits for mental health and substance abuse under managed care. The study describes the experience of the state of Ohio with unlimited addictive and mental disorders benefits for its state employees. The experiment

shows that the managed care process was able to control and reduce the costs in contrast with the perception of the difficulty of controlling costs under unlimited benefits. However, the lack of information on the quality of care, on the appropriateness in matching treatments to patients and on the health outcomes results of the patients makes these studies (either under "parity" or unlimited benefits) limited in scope.

The article by Croghan *et al*. (p. 109) addresses the cost-effectiveness of antidepressant drug treatments. In particular, the study analyses the economic burden of depression, the role of premature discontinuation of drug treatment in recurrence and relapse of depression, and the cost/effectiveness of alternative antidepressant choices in preventing relapses and reducing costs. In this sample of poor and disabled people with depression, while premature discontinuation of antidepressant medication is the strongest predictor of relapse and recurrence, the choice of antidepressant was not an independent predictor of relapse or recurrence, and health care expenditures are not altered by preventing relapse and recurrence.

We expect that this issue, as well as the previous ones, will stimulate readers to participate actively in debate on the published articles. We welcome your comments.

References

1. Goldman I. The value of cardiology. *New Engl J Med* 1996; **335**: 1918–1919.
2. Kassirer JP, Angell M. The journal policy on cost-effectiveness analysis. *New Engl J Med* 1994; **331**: 669–670.
3. Kassirer JP, Angell M. Controversial journal editorials. *New Engl J Med* 1997; **337**: 1460–1461.
4. Sing M, Hill S, Smolkin S, Heiser N. *The Costs and Effects of Parity for Mental Health and Substance Abuse Insurance Benefits*. DHHS Publication No. SMA 98-3205, 1998.
5. Stelfox HT, Chua G, O'Rourke K, Detsky AS. The conflict of interest in the debate over calcium-channel antagonists. *New Engl J Med* 1998; **328**: 101–106.