

Editorial

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This fourth issue completes the first volume of the journal. After three successful issues we have had good feedback on the journal and as a result are adding some new features. These are: a section on current publicly and privately financed research grants in the field of mental health policy and economics, book reviews and commentaries by leading researchers on published articles. The names of referees from different disciplines, who reviewed the manuscripts submitted to the Journal during the first year, are also published in this fourth issue and will be published in the last issue of future years.

Research Grants

The Journal plans to inform those who finance, provide and use research in mental health policy and economics. It will provide information on the public and private research funds and on the research groups working in the different countries. We encourage public and private organizations, interested in sharing the information on their grants, to send a list of their currently supported research grants to the Editorial office. The format of the research grants is published in this issue.

Book Reviews

The Journal will publish both book reviews and lists of new book titles considered of relevance for those interested in mental health policy and economics.

Commentaries

Commentaries are aimed at providing readers a critical view on relevant issues developed either for individual articles or groups of articles on the same topic. The Commentary in this issue is written by Darrel Regier, and focuses on mental health insurance 'parity'.

Original Articles

The first original article by Frank and McGuire (pp. 153–159) focuses on the meanings of the term 'parity' when different systems of cost-containment are introduced in health care. The authors indicate that managed care controls health care utilization not by relying on what the consumer would demand at various out-of-pocket prices specified in an insurance benefit design, but by influencing providers'

decisions to supply care in a way that, being subjected to a budget, is expected to maximize consumer welfare. The authors apply two different approaches to analyse this issue.

The article by Lehman (pp. 199–204) analyses the relationship between the available efficacy-based research data on the interventions for schizophrenia and the 'usual' care delivered for schizophrenia. Using treatment recommendations and the results of a large survey of usual care for schizophrenia, they found that conformance for nearly all the recommendations was modest, and the rates of conformance were lower for the psychosocial treatment recommendations than for the pharmacological recommendations. The author underlines that these empirical findings can be determined by the interaction of low access to any form of psychotherapy, family psychoeducation and vocational rehabilitation and of the clinicians' difficulty in extending their competence to new psychosocial interventions. The study was conducted in collaboration with the National Alliance for Mentally Ill (NAMI), a consumer group.

The article by Glied *et al.* (pp. 173–187) analyses the findings from numerous studies that have shown that having private insurance has no effect on the child outpatient mental health service use in the US. Data from the Cooperative Agreement for Methodological Research for Multi-Site Surveys of Mental Disorders in Child and Adolescent Populations (MECA) Study were used for exploring different potential explanations for the lack of the effect of private insurance on services use. Authors report that children with private health insurance have fewer observable mental health problems. This may be consistent with limits imposed under private insurance that may discourage families who anticipate a need for child mental health from purchasing such insurance. The availability of publicly-funded, school and office-based services, may also provide substitutes for private services.

The article by Hogan (pp. 189–198) describes the different roles in financing mental health care by public and private organizations and the possible conflicts over authority and financial integration in the state of Ohio in implementing community mental health reform. He underlines that the availability of private and public systems leads to the phenomena that people with a serious and persistent mental illness are likely to lose their private coverage and turn to the public sector, to use it as a 'safety net'. He suggests that further research should analyse the possibility to use funds now spent in Ohio's public system to purchase private health insurance coverage for inpatient and outpatient

services, while maintaining supportive services as a residual 'safety net'.

The article by French (pp. 161–172) analyses the relationship between mental illness and labor market performance. Workers who report symptoms of emotional/psychological problems have higher absenteeism and lower earnings than otherwise similar co-workers. Authors underline that most employer-based programs and policies are designed to

dissuade the use of alcohol and illicit drugs by workers rather than addressing other employee behavioral problems as well.

We sincerely hope that the new features of the Journal in addition to the original articles will provide useful information for the readers in building a bridge between mental health economics research and clinical psychiatric practice.