

Editorial

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The articles in this issue consider a variety of topics: the determinants of psychosocial treatment activity of providers of services to the severely mentally ill (Alexander *et al.*), the demand and provision of economic research for health policy formulation (Knapp), the regional variation and socio-economic correlates of the mental health delivery system (Madianos *et al.*), the factors which affect placement decision making between inpatient care and day hospital care (O'Shea *et al.*), and the impact of mental illness on the labour market performance of family members of affected individuals (Roberts).

Alexander *et al.* (p. 153) analyse the determinants of *level* (number of patient contacts and total hours spent in psychosocial care in a defined period of time) and *intensity* (average time per patient contact) of psychosocial treatment activity among staff who deliver services to the severely mentally ill. The research has been performed in the United States, in veteran administration facilities.

In considering the various, multidisciplinary interventions, aimed at decreasing the symptoms and at enhancing patients' social functioning, the analysis focuses on the influences of *individual provider attributes* (psychiatrists, psychologists, nurses, social workers and occupational rehabilitation providers), the *work characteristics* (among others, the quality of staff members' relationships with patients and among themselves, the level of job rewards and job hazards), and the *treatment setting characteristics* (the unit size, the functional state of the patients and the unit workload) on level and intensity of psychosocial treatment activity.

Level and intensity of psychosocial treatment activity is found to vary systematically by individual attributes of providers, characteristics of the work they perform and attributes of the treatment setting.

The authors claim that these factors are to be considered when providers' behaviour and the context of care is to be modified for balancing efficiently both financial pressures and treatment modalities for the seriously mentally ill.

The perspective article by Knapp (p. 163) summarises the phases of the development of mental health economics research, the way in which economics has been employed and the demand for economic findings to be applied to the decision-making process of the different participants in the mental health sector (clinicians, government and health technology providers).

The author claims that while the number and sophistication of the economic studies in the last few years has increased, a number of imbalances are evident: in particular, research

is performed on some illnesses and treatments while others receive scarce attention; research is performed in some countries while in others it is scarce or absent. Where economic analysis is performed and costs and outcomes are matched, it should be further enhanced by the awareness of an interdisciplinary elaboration of the study design, in order to take into account properly both clinical and economic research needs, and should provide reliable, comprehensive information for health policy formulation.

Madianos *et al.* (p. 169) present data on the regional variation and the socio-economic correlates of the mental health delivery system in Greece. The study compared the geographical distribution of neuropsychiatrists and the mental health delivery system structural components for the years 1984, 1990 and 1996. This period was chosen to cover the financial intervention of the Commission of European Communities, which provided financial support for an extended psychiatric reform programme, initiated in 1984 and ended in 1995. The authors consider the variation in the geographical distribution of neuropsychiatrists, inpatient and outpatients services in the three years of reference, particularly taking into account the changes in the different regions of the country. Significant progress in the decentralisation of mental health and rehabilitation services and a minimisation of the differences in services between the regions have been observed, but many rural or semi-rural areas are still lacking the appropriate delivery of mental health care.

O'Shea *et al.* (p. 177) consider the factors that affect decision-making (between inpatient care and day-hospital) of the placement of mentally ill patients. The retrospective analysis is performed in a catchment area of 39,000 in Ireland. The authors claim that while decision making with regard to placement is not problematic for those with mild or very severe illness, those cases of intermediate severity, on the margin between domiciliary and inpatient care, should be the focus of the policy perspective, in particular in countries where the continuum of care is not a well-established system.

While the severity of symptomatology was not found to influence significantly the location decision making, the analysis shows that two factors are significantly related. The first is whether the person is *accompanied* or not at the time of admission. If a person is accompanied by a relative or a friend on referral, then inpatient care is more likely than if the patient is not accompanied. The second is *domicile* of the person as a proxy for access to day hospital

care. If a person lives far away from the day hospital then inpatient care is more likely than if they live close to the day hospital facility.

Authors suggest that research should analyse the effects on day hospital use of the higher flexibility of day hospital operating hours and of improved transport facilities and the dynamics between subject, accompanying person and provider in placement decision making.

Roberts' (p. 183) analysis is aimed at evaluating comprehensively the impact of mental illness on the labor market performance of family members of the mentally ill, with an extension of past research, frequently focused on the impact on the 'key' member of the family: that is, the one who is considered to take care of the patient to the greatest extent.

Analysing data by gender, males are found to increase their probability of *labour force participation* in the presence of mental illness in the family, when the mental illness is accompanied by a chronic medical illness, and females are found to have no significant impact on their probability of being a member of the labour market when a family member is affected by mental illness. On the other hand, *hours of work* are significantly reduced for both females and males when the mentally ill family member is affected with additional illness (physical and/or mental).

The author suggests that research should consider the impact on both male and female members of the mentally ill patients' family and that health policy formulation should take into account whether financial support should not be limited to the person affected by the mental disorder, but

should also compensate the negative effects on family members. He suggests also considering the family members' burden due to different illnesses: each illness may have a specific impact on the family members.

In a flexible, sensitive health policy, the capacity for developing efficient policy tools for enhancing the efficient allocation of resources needs to rely on the 'map' of the particular impact each illness has on the lives of the affected persons, on their family members, on the health service and other services used, and more broadly on society. In order to appreciate comprehensively the current flow of resources related to each illness, and the consequences of that flow for the different participants in the mental health field, encouragement is expected by society and by public and private organisations to proceed more systematically in research, as in other well established fields in science.

In the first Journal Editorial, in March 1998, we wrote that competitive access to financial resources for mental health research, prevention, care and rehabilitation means that the interested parties rely on reliable, accurate, ready-to-use research data. The Journal and the editors committed themselves to the aims of assisting the participants in the mental health sector to develop and improve over time the scientific base for actively and properly participating in this competitive arena. We got encouraging feed-back from many of our readers and our commitment continues, in the hope that the various participants in the mental health sector will further enhance their commitment to the financing, provision and use of economic research in this field.