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Editorial

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We are pleased to inform you that the *Journal of Mental Health Policy and Economics* has been selected to be indexed by *Index Medicus* and MEDLINE. We would like to thank the Editorial Board, the reviewers, the authors and our readers whose scholarly interest has enabled the international success of the *Journal.*

We consider this recognition of particular importance: it introduces to medicine a new economic research publication strategy focusing on the features of individual medical specialties. This research, inherently multidisciplinary, is aimed at exploring the economic aspects of different medical disorders and the way their care is financed. The analysis of behavior and preferences of individuals and population groups affected by various illnesses is also within the scope of this interdisciplinary inquiry. Understanding the complexity of financing health and mental health care is essential for decision making related to the prevention, treatment and rehabilitation of specific illnesses as well as efficient and equitable global health policy formulation. More sophisticated decision-making kits based on the evidence of multidisciplinary scientific research can help policy makers at regional, state and local levels improve health and economic well-being while evaluating the health needs, demands and values of the population. Four years have passed since the *Journal's* inauguration in 1998. We hope that with the enthusiastic support of our readers, authors, reviewers and Editorial Board, we can further enhance the *Journal's* quality and intellectual influence on the development of health and mental health care financing.

The articles in this issue address the determinants of service use and the cost of deliberate self-poisoning in children and adolescents (Byford et al), the relationship between formal and informal care for persons with severe mental illness and substance use disorders (Clark et al), strategies for enhancing effective mental health care provision at the primary care level in Nigeria (Omigbodun), and the burden of out-of-pocket expenditures for those who use mental health services (Ringel & Sturm).

Byford et al (p.113) explore the factors influencing resource use and the cost of deliberate self-poisoning in children and adolescents, assuming that knowledge of these factors would make it easier to predict which young people are likely to be intensive service users and to assess the appropriateness of such use. The study, performed in the U.K., focuses on a group of 149 individuals aged 16 years or under diagnosed with deliberate self-poisoning. The authors studied the associations between baseline characteristics and both total statutory costs and total National Health Service costs during a six-month period. The baseline variables found to be significantly associated with more expensive packages included a definite intention to die, the existence of current problems, being in foster care, poor parental well-being and not having a diagnosis of conduct disorder. The authors, stressing the explorative value of their study, recommend that further research be aimed at analyzing certain high-risk sub-groups who may be poor attenders and prone to dropping out, such as those with a conduct disorder.

Clark et al (p. 123) observe that individuals with severe mental disorders often get extensive informal care from family members and friends as well as substantial amounts of formal treatment by paid professionals. Both sources of care are well documented, but very little is known about how one affects the other. The study analyzes formal and informal care in 193 subjects affected by severe mental disorders and comorbid addictive disorders, measured at study entry and every six months for three years. Hours of informal care, based on interviews with informal caregivers, were compared with the total treatment costs within each six-month period, based on combined data from management information systems, Medicaid claims, hospital records, and self-reports. The authors analyzed patterns of complementarity (an increase in informal care is associated with an increase in formal care) and of substitution (an increase in informal care is associated with a decrease in formal care) over short and long periods, in reference to schizophrenia and bipolar disorder. They found a significant and strong relationship between care given by family and friends and that supplied by formal treatment providers. Further exploration is recommend of the various models of interplay between formal and informal care, in order to identify the health and economic consequences of different patterns of informal care on the affected individuals, their relatives, the paid mental health care and assistance providers, and society as a whole.

Omigbodun (p. 133) reviews the existing model and the impact of mental health training for primary health care (PHC) in Nigeria. Following WHO recommendations, in 1989 Nigeria's Federal Ministry of Health added mental health to the components of PHC. The study analyzes current training methods and their effect on the provision of mental health services in PHC in two local government areas, one rural and one urban. The author discusses two models for integrating mental health into PHC: enhancement, which refers to the training of PHC personnel to carry out mental health care independently, and linkage, which occurs when mental health

professionals leave their hospital bases to provide mental health care in PHC settings. The results of the analysis performed in the two local areas show that, when the enhancement model is adopted, virtually no mental health services are being provided at the PHC levels, and this allocation of resources for training is far from being efficient. The author proposes a mixed enhancement/linkage model to improve access to and provision of effective mental health care in PHC settings and discusses its implications.

Ringel & Sturm (p. 141) examine the burden of out-of-pocket expenditures for mental health services in the U.S., where they claim mental health benefits have traditionally been much less generous than benefits for physical health care, with separate deductibles, higher co-payments or coinsurance, and a narrower range of covered services. The study uses the 1998 HealthCare for Communities (HCC) household survey, the latest national survey currently available in the U.S., to evaluate several measures including total out-of-pocket expenditures, their percentage of total treatment costs and their percentage of family income. The authors report that out-of-pocket expenses amount to an estimated 24% of total mental health expenditures in comparison with the smaller burden of out-of-pocket expenditures in general health care (20%). Out-of-pocket expenditures as a share of family income is under 10% for most of the groups considered. The authors analyze these data in the framework of the changes introduced by parity legislation and the growth of managed care.