

# Editorial

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We are pleased to inform our readers that *The Journal of Mental Health Policy and Economics* has been selected to be indexed by the *Journal of Economic Literature (JEL)* and *EconLit*. Our journal is the first aimed at analyzing the economic aspects of an individual medical specialty to be included in *JEL*. This is a crucial opportunity to disseminate research-based information on (i) the socioeconomic burden of mental and addictive disorders; (ii) the availability of cost-effective care and its financing; and (iii) the preferences of individuals affected by mental and substance abuse disorders with regard to prevention, treatment and rehabilitation. We hope that access to the journal via *JEL* and *EconLit* will encourage economists to pay more attention to the economic aspects of mental and substance abuse disorders and to develop interdisciplinary research efforts with mental health professionals.

The articles in this issue consider the use of quality standards in contracts with managed care organizations for behavioral health care (Hodgkin *et al*), the impact of trends in mental health insurance benefits on out-of-pocket expenditures (McKusick *et al*), the relationships between costs and different forms of mental health service organizations (Schneider *et al*), and the legacy and future challenges of scientific collaboration between clinicians and economists (Wells).

Hodgkin *et al* (p. 61) test the hypothesis that quality standards are more common in contracts with organizations for managed specialty mental health care where the managed behavioral care organization is at full financial risk, since these contracts offer the strongest financial incentives to reduce costs. The authors use a nationally representative survey of managed behavioral health care organizations, conducted in the United States in 1999, to investigate this premise. Although three of the five quality standards contemplated by the study were found to be included in over two thirds of the contracts, there was no support for the hypothesis that contracts entailing full financial risk for behavioral health management would be more likely to include quality standard requirements as a counterweight to potential undertreatment incentives.

McKusick *et al* (p. 71) analyze the impact of mental health insurance benefit provisions on out-of-pocket expenditures. Data on utilization and expenditures were used to simulate what the average person would have paid out-of-pocket under

typical insurance plans in 1987 and 1996. The authors report that the change in insurance coverage is complex, with a trend toward stricter and more prevalent visit, day and dollar limits, but with less cost sharing required of the insured up to the point at which the plan limits are reached. The result is a greater risk of large out-of-pocket payments for high-use individuals, while low-use patients who do not reach their plan limits may actually pay less out-of-pocket due to improved cost-sharing provisions. The authors recommend that further research be addressed to how trends in out-of-pocket spending and insurance benefits have influenced access to care.

Schneider *et al* (p. 79) examine the distribution of costs in different forms of mental health service organizations in the U.K. The study relies on the analysis of service use and costs of 260 patients in four districts in northern England. Two of the mental health service organizations worked closely with the local social services department (“integrated” approach) and two worked independently (“discrete” approach); two saw a broad range of clients (“inclusive” approach) and two focused on people with more severe mental health problems (“targeted” approach). The authors found a close relationship between patients’ severity (“targeted” services) and costs, while “integrated” services were not more costly than “discrete” service approaches. The study is based on a small sample and considered to be an explorative analysis.

Wells (p. 89) describes his perspective on contributions resulting from scientific collaboration between clinicians and economists in mental health services research. The article is presented in the form of a scientific autobiography and describes the author’s experience working with health economists over the past two decades. Differences in the perspectives of the two disciplines, the multilevel characteristics of these partnerships, and their scientific results are some of the organizing principles of the paper, which was presented as the 2002 Carl Taube Lecture at the 11<sup>th</sup> NIMH Biennial Research Conference on the Economics of Mental Health ([www.nimh.nih.gov/events/economics2002.cfm](http://www.nimh.nih.gov/events/economics2002.cfm)). With this publication, we continue the tradition of making the Carl Taube Lecture available to our readers [*J Ment Health Policy Econ* 1999; 2(1): 21-28] so that they can share the senior lecturer’s views and experiences as they pertain to the development of the field of mental health policy and economics.

