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Editorial

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We are pleased to inform our readers that *The First Adam Smith Award in Mental Health Policy and Economics Research* was presented during the "Sixth Workshop on Costs and Assessment in Psychiatry - Mental Health Policy and Economics: The Value of Research," held March 28-30, 2003, in Venice, Italy. The winning article was:

- Eric Slade and David Salkever: Symptom Effects on Employment in a Structural Model in Mental Illness and Treatment: Analysis of Patients with Schizophrenia (*J Mental Health Policy Econ* 2001;4:25-34)

In addition, two *Excellence in Mental Health Policy and Economics Research Awards* were presented for the following articles:

- Pierre K. Alexandre and Michael T. French: Labor Supply of Poor Residents in Metropolitan Miami, Florida: The Role of Depression and the Co-morbid Effects of Substance Use (*J Mental Health Policy Econ* 2001;4:161-173) and
- Ernst Berndt, Ashoke Bhattacharjya, David N. Mishol, Almudena Arcelus and Thomas Lasky: An Analysis of the Diffusion of New Antidepressants: Variety, Quality and Marketing Efforts (*J Mental Health Policy Econ* 2002; 5:3-19)

We congratulate the authors of the award-winning articles and thank them for submitting their excellent manuscripts. We are also grateful to the associate editors for participating in the selection process.

We plan to present *The Second Adam Smith Award in Mental Health Policy and Economics Research* during the "Seventh Workshop on Costs and Assessment in Psychiatry," to be held March 18-20, 2005, in Venice, Italy. Detailed information on eligibility requirements and the review process is provided elsewhere in this issue (p. iii) and at www.icmpe.org

The articles in this issue analyze the consistency of clinicians' reports (Lu and Ma), the combination of psychotherapy and pharmacotherapy in the care of depression (Powers *et al*), and the impact of carve-out on the quality of substance abuse treatment (Powers *et al*). The recent book *Drug War Heresies: Learning from other Vices, Times and Places* by MacCoun and Reuter (Cambridge University Press, 2001) is the stimulus for a Commentary article (Solano).

Lu and Ma (p. 141) claim that the successful implementation of managed care relies on the quality of information supplied by clinicians. The study evaluates the consistency of clinicians' reports using two data sets referring to a single sample of 988 alcohol abuse treatment episodes from 1990 to 1995 in the state of Maine. The two data sets analyzed were the administrative data aimed at evaluating clinician performance and the clinical records of treatment episodes. The authors look for evidence of systematic inconsistencies among these two data sets in five categories: admission alcohol use frequency, discharge alcohol use frequency, termination status, admission employment status and discharge employment status. All of these measures are used by the state of Maine to monitor treatment performance. The authors report strong evidence of inconsistency in two measures: admission and discharge alcohol use frequencies. In consideration of the increasing importance of system accountability for health care policy makers, the authors recommend further research to confirm the results found in this analysis and to study physician reporting behavior, which they suspect may be influenced by altruistic or self-interested motives.

Powers *et al* (p.153) examine how pharmacotherapy and psychotherapy are combined by various providers in the treatment of depression, and how the mix of pharmacotherapy/ psychotherapy and type of provider for depression is associated with treatment failure. The study uses medical and pharmacy claims data (1992-1994) for about 700,000 employed persons and their family members who worked in 20 different self-insured Fortune 500 companies in the U.S. The authors retrospectively selected 1,023 individuals prescribed with an antidepressant medication and diagnosed with a depressive disorder by a primary care physician, psychiatrist or non-physician mental health specialist. They report that after adjusting for case-mix, patients initially seeing a psychiatrist underwent almost twice the number of psychotherapy visits but filled no more prescriptions for anti-depressants than the patients of general medical providers or non-physician mental health specialists. These findings suggest that decisions regarding the use of psychotherapy and pharmacotherapy are largely independent. Treatment failure (evaluated by examining whether a person receives any therapy at all or discontinues therapy early, failing to complete an adequate amount according to recommended guidelines) is half as likely in patients seeing a psychiatrist, regardless of any effect of psychotherapy. In the article the authors recognize the limitations of their study.

Shepard *et al* (p. 163) focus on the evaluation of the impact of managed behavioral health care plans adopted in the 1990s by many state Medicaid agencies in the U.S., due to the spiraling costs of substance abuse and mental health treatment. They observe that while research has shown a significant

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impact of managed behavioral health care plans in decreasing spending, their impact on the quality of substance abuse treatment has not been established. The study analyzes the Massachusetts Medicaid Program in the year prior to (1992) and the four years during (1993-1996) a risk-sharing contract with a private, for-profit specialty managed behavioral health care carve-out vendor. The carve-out impact on spending per episode (total amount paid by Medicaid for each episode of care, calculated from the perspective of the state Medicaid authority) and three proxy measures of quality (access to inpatient treatment, 30-day readmission and continuity of care for substance abuse treatment) are evaluated. The authors report a dramatic reduction in the use of hospital-based settings and increased access to 24-hour services, largely due to the more extensive use of freestanding detoxification and acute residential services. They also report improvement in continuity, but an increase in readmission rates at 7 days and 30 days. Per-episode spending decreased by 76% in the first year and remained stable in the following years. The authors conclude that the carve-out had mixed effects on the quality of substance abuse treatment and provide recommendations for further research.

Solano (p. 175) provides a commentary on the MacCoun and Reuter analysis of contemporary U.S. drug policy, according to their recently published book *Drug War Heresies: Learning from other Vices, Times and Places* (Cambridge University Press, 2001).

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