

# Editorial

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The articles in this issue consider the estimation of mental health expenditures in the Czech Republic (Dlouhy), the impact of relative income deprivation on mental disorders (Eibner *et al.*), the cost-effectiveness of a parenting program for children with severe behavioral problems (Muntz *et al.*), and the relationship between alcohol consumption and domestic violence against mothers and the impact of higher liquor taxes and more stringent alcohol regulation on domestic abuse (Sabia).

Dlouhy (p. 159) describes the mental health financing and delivery system in the Czech republic, and estimates the expenditures for mental disorders in 2001. In the Czech Republic the health system is financed mainly through a mandatory insurance system that collects premiums and buys healthcare services from providers. The health insurance market is dominated by the General Insurance Fund, with an enrollment of 69.5% of the population, while eight other insurance funds enroll the rest of the population. The data used for this study come from the Institute of Health Information and Statistics of the Czech Republic and from the General Insurance Fund. Mental health expenditures are defined as the outlay for services for patients with primary diagnoses of mental and behavioral disorders (ICDX, Chapter V). The author calculates that mental health expenditures amount to 3.54% of general health expenditures and 0.26% of GDP. The breakdown of mental health expenditures shows that psychiatric hospitals account for 35.64%, psychiatric wards in general hospitals for 9.62%, specialized outpatient services for 17.43%, and prescription drugs and medical aid for 33.23%. According to the author, although international comparisons must be made with caution, these data should raise awareness in the government and in general society as to the adequacy of the public financing of services for mental disorders.

Eibner *et al.* (p. 167) investigate the association between *relative* deprivation and anxiety and depressive disorders. Relative deprivation is defined as the perception of income deprivation relative to a reference person or group, and differs from low income because individuals with average or even high income might be *relatively* deprived if they are lagging behind their peers. The primary data source is the national household survey component of HealthCare for Communities, developed to track the effects of the changing healthcare system on individuals at risk for alcohol abuse, drug abuse and mental illness. The measurement of relative deprivation requires detailed information on the income distribution of individuals in the same geographic area (and in some cases of age-, education- or sex-specific groups of

individuals within a given area), which was taken in this study from the 5% Public Use Micro Data Sample of the 2000 Census (PUMS). The empirical results show that relative deprivation is associated with an increased likelihood of probable depression and anxiety or panic disorders. While stressing the methodological limitations of the study, the authors suggest that efforts to eradicate socio-demographic disparities should take into account psychological perceptions and self-esteem in addition to absolute measures of material resources.

Muntz *et al.* (p. 177) report that child conduct disorders (affecting up to 10% of children in the United Kingdom) are the most common reason for referral to children's mental health services in the U.K. This pilot study investigates the cost-effectiveness of an intensive-practice parenting program for children with severe behavioral problems as compared to a standard treatment. In both groups, parents were given advice on how to respond to their child's behavior and to encourage more acceptable behavior by providing reinforcing consequences for appropriate conduct. In addition to this, the intensive-practice parents were trained in accurate observation, problem solving, learning by doing and teaching behavior management principles. The participants in the projects were children aged 2 to 10 years with conduct problems drawn from new referrals to a Child and Adolescent Mental Health Service (CAMHS) unit over a period of two months. Twenty-two families were randomly assigned to the intensive treatment and 19 to the standard treatment. The authors report that both groups exhibited improved behaviors as measured by the Eyberg Child Behavior Inventory (ECBI) at six months, while only the intensive-practice parenting program showed sustained improvement at the four-year follow-up. As for the cost-effectiveness of intensive treatment, the authors explain that a larger sample and a longer follow-up period are needed to draw more conclusive results.

Sabia (p. 191) examines the correlation between men's alcohol consumption and domestic violence against new mothers, and tests whether higher liquor taxes and more stringent alcohol control regulations are associated with a lower incidence of domestic abuse. The primary source of data is the Fragile Families and Child Wellbeing Study. In the survey, parents were interviewed immediately after the birth of a child and again 12 months later. Two waves of data (1999-2000 and 2000-2001) and a stratified random sample of all U.S. cities with a population of 200,000 or more were used in the analysis. The data include information on child health and development, the father-mother relationship

(including abuse measures and attitudes toward marriage), health behavior (including alcohol consumption) and socio-economic characteristics. The author reports a positive association between men's alcohol consumption and domestic violence against new mothers, and little evidence that higher liquor taxes or more stringent alcohol regulations will significantly reduce domestic violence. He speculates that domestic violence against new mothers is likely to be

driven by unobservable characteristics of the father that are responsible for both alcohol consumption and violence. The author recommends that policies aimed at reducing domestic violence by indirect means (i.e. higher liquor taxes or more stringent alcohol regulations) be compared with policies based on more direct forms of action, such as increased criminal penalties for harming new mothers.