

Editorial

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The articles in this issue refer to the relationship between mental disorders and unemployment (Catalano pp. 51), the use of willingness to-pay survey techniques in mental health policy formulation (Chisholm and Healey, pp. 55), the assessment of effectiveness in non-experimental settings (Lu pp. 59), the influence of policy changes on the access to mental health services of young poor women (Miranda and Green, pp. 73), and the attitudes of general practitioners (GPs) in recognising and treating mental health problems (Rost pp. 81).

Catalano analyses the risk of unemployment for workers with mental illness when the economy contracts. The author finds no relationship between job loss in the labour market and the likelihood that people with mental illness will be unemployed. However, he underlines that the measures of primary labour market status used may not be adequate when the working activity of people with severe mental disorders is assessed, because this may be more frequently performed in a secondary market (part-time, temporary jobs, etc.) about which the information is very scarce. The evaluation of vocational rehabilitation programmes for people with severe mental disorders should also take into account and explore the influences of the secondary labour market status for their success.

Healey and Chisholm provide an overview of willingness-to-pay survey techniques and a number of examples for their use in informing health policy decisions.

Lu focuses on the assessment of mental health care effectiveness in non-experimental settings. The author, while recognising the role of randomised clinical trials which identify the average population treatment effect from the comparison between the treatment and control group, underlines that these methods cannot provide all the information health policy decision making needs, in particular

the information on the results of treatments in the 'real world'. The need for collecting data from non-experimental settings and the central problem of avoidance, confounding treatment effect with the effect due to other unobserved variables ('selection bias') is analysed by the author, who compares the 'instrumental variable approach' to the conventional models.

Miranda and Green describe the impact of a number of policy changes in the United States (welfare reform, services for immigrants and managed care) on the access to mental health services for young poor women. The barriers to mental health treatment and the lack of mental health services focused on young poor women and their small children are described. The authors underline the need for mental health services research to analyse this particularly vulnerable population. The methodological challenges of this research are discussed.

Rost considers a number of different perspectives aimed at analysing changes in attitudes and behaviours of GPs in recognising and treating mental health problems. These perspectives have different focuses, such as the GPs priority setting of the health demands they receive, their readiness to change previous behaviour patterns, and the interest that different parties may have in this change (i.e., employers, families, third party payers).

This issue has two Commentaries; the first by Goldberg (pp. 85) on the Rost article (this issue) and the second by Norquist (pp. 87) on the Lehman (Vol. 1, No. 4, pp. 199–204) and Essok (Vol. 2, No. 1, pp. 9–12) articles on the future directions of mental health services research.

The review of Shepard (pp. 91) on the book *Cost-effectiveness in Health and Medicine* by Gold *et al.*, concludes this issue.