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Editorial

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The articles in this issue consider the different trends in inpatient psychiatric care and medical care in the U.S. (Bao and Sturn), the determinants of health care treatment episodes for substance abusers (Goodman *et al*), the efficiency of psychiatric outpatient clinics for children in Norway (Halsteinli *et al*) and the impact of depressive complaints on functioning and medical care consumption in the Netherlands (Koopmans and Lamers).

Bao and Sturm (p. 55) focus on inpatient care in U.S. community hospitals from 1988 to 1997 with the aim of contrasting trends in psychiatric and medical inpatient care during the decade. They also investigate the relevance of diagnosis, age and primary payer in explaining the trends of inpatient care for mental health and substance abuse. The study relies on the National Inpatient Sample (NIS) of the Health Care Cost and Utilization Project (HCUP), conducted by the U.S. Agency for Health Care Research and Quality (AHRQ). The NIS is designed to approximate a 20 percent sample of U.S. community hospitals. These hospitals are identified as non-federal, short term (average length of stay less than 30 days), general, and other specialty hospitals, excluding hospital units of institutions. The authors study two major indicators of inpatient care utilization: the number of discharges in a year per 1,000 population and the average length of stay. The comparison of trends of hospital utilization for patients affected by mental and addictive disorders (MHSA) in comparison to all medical care shows a more rapid decline in the length of stay for MHSA. As for discharges, population-adjusted total inpatient discharges declined while population-adjusted MHSA discharges increased. This increase was particularly relevant for affective and psychotic disorders. The results are analyzed and discussed taking into account the impact during the decade of the growth of specialized managed behavioral organizations, the shift during the early 1990s from long-term institutions to community hospitals, and the introduction of new psychotropic medications. The authors stress the importance of developing micro-level longitudinal research on the interaction among managed behavioral care, nature of the disease and evolution of practice patterns. They suggest making international comparisons of length-of-stay and discharge patterns for affective disorders, in order to determine whether they are specific to the current U.S. health care system or represent a more general, international trend.

Goodman *et al* (p.65) address the length and timing of treatment episodes in a sample of insured clients with at least one alcohol or drug treatment diagnosis over a three-year period. The authors, reporting that the definition of episode is frequently arbitrary and difficult to implement, focus on treatment episodes that can be defined with specific beginning and ending treatment events. The study uses insurance claim data and analyzes the determinants of episode length. The authors report that a number of variables explain treatment episode duration. Treatment episodes vary in length by individual and employer characteristics, and by coinsurance rate, insurance deductible, diagnosis type, and treatment location (inpatient or outpatient). Later treatment episode lengths may depend on the treatments that occurred in the previous episodes.

Halsteinli *et al* (p. 79) consider the outpatient mental health services for children in Norway, which represent 95 percent of all psychiatric care for children and youths. The authors report that while it is generally believed that 5 percent of the population under 18 years is in need of specialist psychiatric care, these services were delivered to only 2.1 percent of the Norwegian population under 18. This gap invites the study of three main issues: is an increase in productivity of 50 percent a realistic goal; are there economies of scale in the sector; and to what extent can differences in productivity be explained by differences in staff-mix and patient-mix? Data on input (staff time) and output (direct and indirect interventions on patients) were collected from the total population of all 49 Norwegian outpatient mental health services over a three year period (1996-1998). The authors rate the average efficiency of outpatient mental health services for children at around 70 percent and productivity at around 65 percent. The authors suggest that the potential to enhance efficiency that these data seem to indicate may be limited by missing information: the data may not capture the time spent by personnel in other facilities, the number of therapists for patients, or the substantial amount of time spent by personnel in training. Scale efficiency analysis indicates that the highest productivity is achieved by small clinics, possibly due to fewer consultations and to a less bureaucratic system. The authors also discuss the importance of introducing health and disability outcome measures for evaluating the efficiency and the value of these services for mentally ill children.

Koopmans and Lamers (p. 91) explore the associations of depressive complaints with functioning and health care utilization and compare this with the association of chronic medical conditions with the same parameters. The study was performed on a community sample of Dutch adults. Only active conditions and depressive complaints for which treatment was taking place were selected. Health status and disabilities were evaluated by self report, and health service

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use was evaluated by self-report as well as by data from a claims database. The database also provided information on psychoactive medication. Forty percent of the sample had one or more of 21 chronic conditions, and five percent had depressive complaints for which treatment had been sought. The authors report that depressive complaints are more connected to fatigue, subjective health and days in bed than are any of the chronic medical conditions (except back problems). As for health care utilization, depressive complaints are most strongly linked to the number of GP consultations; the association with specialist consultations was weaker than for heart disease but comparable to other chronic medical conditions such as back problems. The authors conclude that since the patients were already in treatment for depressive complaints, these data on health and service use may indicate that the treatment was inadequate. They also stress the importance of further research on the management and treatment of patients with depressive complaints in general health care settings, which should focus on those who satisfy the diagnostic criteria as well as those with sub-threshold conditions.

Cartwright (p. 101) reviews the mental health chapter of the "Handbook of Health Economics," edited by Culyer and Newhouse.

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