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Editorial

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The articles in this issue consider the impact of depression and co-morbid substance abuse on employment and labor supply (Alexandre and French), the role of drug abuse treatment as a tool for reducing crime (Jofre-Bonet and Sindelair), the needs of mentally ill persons and their families in South Africa (Modiba *et al*) and the relationships between mental disorder, individual socioeconomic status and socio-economic environment (Roan Gresenz *et al*).

Alexandre and French (p. 161) analyze the impact of depressive disorders on the workforce in the U.S. (about one affected individual out of every 20 employees), a condition frequently related to co-morbid disorders such as illicit drug and alcohol use. The study examines the relationship between depression and employment, estimates the effects of depression on weeks worked per year for the employed, and evaluates the co-morbid effects of substance use. The authors used a set of survey data collected in 1996-1997 in crime-ridden, low-income neighborhoods in Miami-Dade County, Florida. The probability of employment was found to be reduced by depression, and depressed individuals with jobs worked fewer weeks per year than the non-depressed sample. Co-morbid substance use contributed to the negative effect of depression on employment and annual weeks worked, suggesting the need to control for co-morbid substance use when calculating the impact of depression in order to avoid overestimation. The authors conclude that the relationship between depression and employment suggests that the expansion of mental health services targeted at detecting and treating depression may yield economic benefits by promoting employment and enhancing the labor supply.

Jofre-Bonet and Sindelar (p. 175) look at possible alternatives to the current policy of using imprisonment as a tool for fighting crime. The authors report that 35% of all jail inmates in the U.S. in 1996 were under the influence of drugs at the time of their offense. These data suggest the need to analyze policies other than imprisonment in order to verify their impact on crime. The study of drug treatment as a possible tool for reducing crime should demonstrate the extent to which a treatment-induced change in drug use diminishes crime, and whether changes in drug use are causally related to changes in crime. This study uses a multisite dataset of 3,052 inner-city drug users entering treatment, and analyzes the changes in drug use and crime pre- and post-treatment. The results show that treatment reduces drug use and that reduced drug use has a significant impact on crime. While the study subjects are not a random sample of all drug users, the authors consider them representative of inner-city drug addicts seeking treatment, which may be a target group for crime reduction via treatment. The study points out that the current public policy emphasizes the criminal justice system, and incarceration in particular, as a means of combating crime, but given the huge and growing expense of the criminal justice system, drug treatment might be a cost-effective alternative to prison.

Modiba *et al* (p. 189) explore the needs of outpatient service users and their families in order to inform the process of providing mental health services in community environments in South Africa. A national mental health committee, established in 1995 to review mental health services, reported inhumane care and violation of patients' rights in chronic psychiatric institutions. De-institutionalization of mental health care services was made a priority of the national policy agenda, along with decentralization and the provision of community mental health services. The study was conducted in three clinics situated in three different communities in the Morotele district, West Province, South Africa. Information on the needs of outpatient users and their families was collected on the basis of clinical record reviews, interviews with patients and family members, and interviews with caregivers and community key informants (such as traditional healers, civic leaders, etc). On the basis of the findings from the interviews, the authors recommend (i) improving the knowledge of service providers, users, and their caregivers about mental disorders (i.e. the recognition of mental disorders was inadequate), (ii) fostering social support programs for service users and caregivers (the impact of the illnesses on employment was severe and there was a strong need for subsidies for economic survival), (iii) enhancing access and information on available services and developing partnerships with community stakeholders (i.e. traditional healers) for proper referral to mental health services, and (iv) protecting the rights of users and their families in the community, including through self-advocacy (due to the considerable social and self-perceived stigma, isolation, and experiences of community discrimination and exploitation reported by both users and key informants). The authors urge caution against rapid and widespread de-institutionalization, especially when this process is associated with underdeveloped and under-financed mental health services in the community and when inadequate socio-economic support is available to the mentally ill and their families.

Roan Gresenz *et al* (p.197), after acknowledging the complexity of the interactions among biological,

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psychological and sociocultural factors and their relevance in determining the onset of mental disorders, claim that individual socioeconomic status has a well-documented role in determining vulnerability to mental disorder. The authors report that a number of recent studies have expanded the focus from individual socioeconomic status to the socioeconomic environments in which individuals live. The "income inequality hypothesis" assumes that more egalitarian communities or societies have better health outcomes than less equal communities. Some of its proponents also claim that, in developed countries at least, income inequality is a stronger determinant of health than individual or family income. The study merged data from HealthCare for Communities (a cross-sectional survey using nationally representative, individual-level data) with supplemental information and analyzed the roles of individual socioeconomic status and socioeconomic environment in the U.S. The authors pay special attention to both the level and dispersion of community income and their interactions with individual income. The results, while confirming the strong association between individual income and mental health, did not show any evidence that higher levels of income inequality are associated with poor mental health outcomes. The authors comment that these results do not support the notion that policies aimed at diminishing income inequality are an important tool for improving mental health outcomes in individuals.

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