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Editorial

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It is with great sorrow that we inform our readers of the death of Richard Wyatt, M.D., Associate Editor of our Journal. His lifelong research focused on the course and roots of schizophrenia and his commitment to the understanding and management of psychoses led him to conduct research on the economic aspects of mental health care. His publications in this area include the estimation of the economic burden of schizophrenia[1] and manic-depressive illness,[2] the economic impact of lithium for the treatment of manic-depressive illness[3] and the analysis of medical research as an investment.[4] These studies have contributed to health policy discussions aimed at reducing the burden of disease. We will miss our colleague's bright intelligence, technical expertise and enthusiastic support for mental health economics research.

The articles in this issue consider the spread of new antidepressants in the U.S. over the past decade (Berndt *et al.*), the various statistical models used to handle the skewed distribution of costs of service use in the care of schizophrenia (Kilian *et al.*), the evaluation of the costs and effectiveness of substance abuse treatment for homeless individuals (Schumacher *et al.*), and the impact of the primary care treatment of depression on employment and workplace conflict (Smith *et al.*).

Berndt *et al.* (p. 3) analyze the market from 1989 to 1997, the decade following the introduction of the first selective serotonine reuptake inhibitor (SSRI). The authors investigate the relative importance of (i) quality, in terms of the effectiveness and side effects of drugs; (ii) variety, in terms of the number of available molecules enabling physicians to tailor the use of drugs to groups and individuals; and (iii) marketing efforts, in terms of new scientific information accompanying changes in quality and product variety. By surveying approximately 300 physicians (psychiatrists, internists and general/family practitioners), they collected data on physicians' changing perceptions of how antidepressants perform in clinical practice. The authors report that since the introduction of new antidepressants, physicians have perceived only a modest increase in the average effectiveness of SSRIs with respect to amitryptiline. They conclude that much of the growth in the market for new antidepressants is attributed to (i) improvements in side effects; (ii) increased product variety; and (iii) marketing efforts that explain these developments.

Kilian *et al.* (p. 21) focus on the analysis of statistical models aimed at explaining the variation in mental health service use and resource consumption and enabling the forecasting of costs for populations or time periods. They compare the pros and cons of three different models ("linear OLS model," "power transformed OLS model" and "generalized linear model") to estimate regression-based cost functions, applying these model data from a sample of 254 patients diagnosed with schizophrenia. The authors find that the different methods used to estimate cost function provide similar but not identical results: each method showed that annual service costs are significantly influenced by psychiatric symptoms, but the considerable effects of employment status and partnership were found using the "generalized linear model" only. The authors stress that the choice of the model should be based on a careful examination of the data characteristics, and that in studies based on regression models of health service cost data the process of model selection should be made fully evident to the reader.

Schumacher *et al.* (p. 33) analyze the costs incurred in the treatment of homeless persons with substance abuse disorders, primarily of crack cocaine. The cost analysis relies on the data of two randomized controlled studies comparing four drug addiction interventions, conducted in the 1990s. Homeless 1 was a demonstration project designed to develop an innovative approach to treat homeless persons with substance abuse disorders and compare this new treatment to existing care. The Homeless 2 study was designed to focus on the role of abstinent contingent housing and work in determining the effectiveness of enhanced treatment. Comparison of treatment costs revealed that for both the Homeless 1 and Homeless 2 studies, the experimental treatments were approximately twice as costly as the controls; this was primarily due to the expenses incurred from the housing and work programs. The greatest abstinence rate was found earlier on (up to six months), while abstinence rates at 12 months failed to differentiate between treatment groups. The authors suggest that further research be undertaken to measure the social benefits of reducing the number of homeless individuals with addictive disorders.

Smith *et al.* (p. 43) analyze the treatment in primary care of employees affected by depression and the impact of recovery from depression on subsequent employment and workplace conflict. The study enrolled 262 employed patients from 12 primary care practices located across the United States; 219 employed patients were followed for one year. The practices were grouped into six pairs and within each pair, one practice was randomized to "enhanced care" status while the other practice delivered its usual care to study participants. The "enhanced care" relied on training provided to physicians and nurse care managers based on the Agency of Healthcare

Research and Quality's (AHRQ) depression treatment guidelines. Two outcome measures, subsequent employment and workplace conflict, were constructed. Subsequent employment criteria were differentiated for full-time and part-time employees. Workplace conflict was measured on the basis of "arguments" or other difficulties with people at work. The "enhanced care" intervention is reported to significantly improve employment outcomes and reduce workplace conflict in depressed employed individuals during a one-year period. As the authors suggest, this may result in reduced turnover costs for employers, retained earnings for workers, a decrease in unemployment expenditure and higher tax revenues for the government. They emphasize the need for formal cost-benefit studies to explore whether the economic benefits to the various stakeholders equal or exceed the higher cost of disseminating such primary care treatment models.

References

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