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Editorial

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The articles in this issue consider the cost of counseling in drug treatment settings (Alemi *et al*), the policy of parity in financing mental health services and the future reform for the delivery of services for mental disorders (Goldman), mental health treatment in primary care in Hungary (Zambori *et al*), and the establishment of a community-based and patient-oriented mental health care policy and the current financing mechanisms in Austria (Zechmeister *et al*).

Alemi *et al* (p. 103) explore the impact of reimbursement for counseling in a residential drug treatment setting in order to determine whether equal reimbursement for short- and long-stay patients may encourage providers to avoid difficult-to-treat, short-stay patients. The unit costs of short- and long-stay patients were evaluated in a small sample of substance abusing pregnant women and mothers at a residential treatment program. The authors found that the cost of one hour of counseling for long-stay patients was two thirds less than the cost for short-stay patients, and found this to be a possible incentive for avoiding difficult cases and concentrating on long-stay patients. They observe that the use of different rates could prevent these consequences if the length of stay were predicted by instruments measuring severity of illness and difficulty of treatment.

Goldman (p.109) provides a historical review of the four cycles of mental health care reform in the U.S. during the last two centuries and presents his views of their aims and results, based on the 2000 Carl Taube Lecture, from the theoretical perspectives of static efficiency (the delivery and financing of services) and dynamic efficiency (the advances in treatment technology). According to the author, the implementation of a broad vision of mental health insurance parity coupled with services that are effective at promoting recovery from severe mental illness may be a prelude to a fifth cycle of reform in mental health services in the U.S.

Zambori *et al* (p. 115) estimate the changes in health service utilization and lost workdays due to psychiatric treatment for anxiety and mood disorders. The study was conducted in 12 general practices in Budapest, Hungary. Two groups aged 18-64 with a diagnosis of anxiety and/or mood disorder were treated for one year. In the first group, the study participants were treated by psychiatrists, while the second (control) group was followed "as-usual" by general practitioners. The authors recorded health care utilization for the previous 12 months, including number of visits, specialist consultations, days spent in hospital, sick days and prescribed medications. They found that among primary care patients diagnosed with anxiety or affective disorders, psychiatric treatment led to higher direct costs due to an increase in psychiatric drugs and to lower indirect costs due to a decrease in absenteeism. The authors discuss the limitations of this explorative study.

Zechmeister *et al* (p. 121) examine the system of financing mental health care and social services in Lower Austria to assess its consistency with a policy aimed at providing community-based and patient-oriented mental health care. Relying on the principal-agent theory, the authors consider the incentives and disincentives that the financing mechanisms have on payers, providers and users. They claim that the current financing system encourages hospital-centered and supply-oriented mental health care and hinders implementation of the stated policy. They recommend further research to identify alternative financing mechanisms that will enable its proper implementation.

This issue introduces the translation of abstracts into Chinese. We hope this will foster the world-wide dissemination of knowledge and encourage dialogue in the field of mental health policy and economics.