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Editorial

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The articles in this issue adress the coordination and planning of mental health service provision in Germany (Bramesfeld *et al.*), the relationships between quality of care and costs (Dickey & Normand), out-of-pocket expenditure for the care of depression in Pakistan (Gadit) and the capacity of the mental health sector to meet extended service demands due to disasters (Siegel *et al*.).

Bramesfeld *et al.* (p. 3) analyze the coordination and planning of medical and social services for mental health care when a hospital-oriented system is reformed into a more decentralized, community-based system. In Germany, over the past 25 years of mental health reform, structures for the coordination and planning of mental health service provision have been established at and between the local, *Länder* and federal level. The authors examine the coordination and planning structure by (i) analyzing legislation and policy documents explicitly referring to mental health, in particular documents that deal with the coordination and planning of mental health service provision; (ii) conducting guided interviews with officers of the 16 *Länder* governments and of the federal ministry of health and social security; (iii) having results verified by the interviewed experts. The authors report that multi-professional boards and posts for coordinating and planning mental health services are widely implemented at the local, *Länder* and federal levels in Germany, which can be regarded in itself as a success. However, coordination efforts appear to be restricted to the traditional interfaces, which they seem unable to overcome, due to the variety of financing bodies and means of reimbursement combined with an under-representation of certain parties on the coordination boards. The sickness fund (financing of inpatient and outpatient medical care and rehabilitation) and pension fund (financing of medical and vocational rehabilitation) are under-represented at the *Länder* level, so these boards are mainly restricted to governing social services in mental health care. The authors conclude that the sophisticated coordination needed by a community-oriented approach requires the establishment and evaluation of incentives that will encourage coordination across traditional interfaces.

Dickey & Normand (p. 15) formulate a conceptual model for analyzing the nature of the relationship between quality of care (as measured by evidence-based guidelines) and costs of care. They investigate whether care that meets evidence-based standards results in higher or lower expenditures. The analysis includes patients selected from a prospective observational study (starting from a visit to one of eight psychiatric emergency screening teams in Massachusetts), who were treated for schizophrenia on an outpatient basis and had no psychiatric inpatient episodes during the six months of the study. In order to categorize quality of care, the authors focus on two recommendations for the determination of quality of care in schizophrenia. They define *Better Care* as adherence to recommendations on medication treatment doses, and on provision of treatment for substance abuse if that problem was noted in the record. They define *Poorer Care* if antipsychotic medication was above the recommended doses and if substance abuse treatment was not treated when noted as a problem in the record. Psychiatric and other medical expenditures during the six-month period of the study were calculated for the individuals in the *Better Care* ($N = 40$) and *Poorer Care* ($N = 51$) groups. Health status was assessed through patient interviews and data on medication side-effects was collected from the medical records. The authors report that compared with care that did not meet recommendations, care that met evidence-based standards was less expensive and attained the same clinical benefits.

Gadit (p. 23) estimates the health care expenditure incurred by patients treated for depression at four psychiatric clinics in Karachi, Pakistan. The services provided by these clinics are paid for entirely by the patients, out-of-pocket. A questionnaire was designed to assess expenditures for consultation, medications, transportation and hospitalization. The questionnaire was administered to a sample of adult patients (children under age 18 and adults over age 70 were excluded) attending four private psychiatric clinics during a 10-month period. Every fourth patient visiting the clinics was selected for the study sample. The author reports that the monthly expense of 85% of these subjects was between Rs. 2,436 and 4,814 (US $ 42 to 83). This can be considered a sizable economic burden on individuals, given that per capita annual income in Pakistan is around US$ 430. The author emphasizes that only a small segment of the population is privileged enough to afford the high out-of-pocket cost of mental health treatment caused by limited health insurance and public sector financing. He concludes that sustained financing through prepayment systems (i.e. general taxation and social insurance) is a critical factor to be explored for the realization of an affordable and equitable mental health system.

Siegel *et al.* (p. 29) estimate the additional capacity that the mental health sector needs in order to meet extended mental health service demands caused by disasters. The authors analyze New York State data to (i) determine the distribution of *clinical services delivery rates* (CSR) among programs

(average number of services provided by current employed staff); (ii) evaluate the *extended capacity* (the additional service units that could be produced if currently employed staff delivered more units of service); and (iii) estimate the *shortfall* (the difference between needed services and extended capacity) using data from studies on the demand for and utilization of mental health services post-September 11th. The authors' estimates suggest that in order to reduce or eliminate the shortfall there is a need for additional funding and trained staff, ready to deploy mental health services in response to disaster situations.