

Editorial

Massimo Moscarelli, M.D. Agnes Rupp, Ph.D.

The articles in this issue consider the determinants of mental health (Andres), the relationships between alcohol consumption, physical and mental health and functioning, and health care costs (Green *et al.*), the literature on mental health in low and middle income countries (Saxena *et al.*) and the adolescent propensity for depressed mood and help seeking (Sen).

Andres (p. 99) examines the characteristics of individuals that may have an impact on mental health. The study uses data from the first eight waves of the British Household Panel Survey (BHPS), an annually administered survey covering a random sample of about 10,000 individuals in more than 5,000 households in the U.K. that collects information on individual and household demographics, education, health, job-related characteristics and finances. The study focuses on a sample of 2,321 men and 2,901 women who had given full interviews from wave 1 (1991) through wave 8 (1998). The author reports that income and ethnicity do not have a significant impact on self-reported mental health, marital status, age, and job status. While self-reported health has a significant impact on self-reported mental health, the effects of limited education on self-reported mental health are significant only for females. The author stresses the importance of considering characteristics such as unemployment and social cohesion, which may have relevant implications for the mental health status of the population, as well as gender variation in the analysis of these characteristics.

Green *et al.* (p. 107) examined how alcohol consumption, mental and physical health, functioning, diagnosis of alcohol abuse and depression, and demographic characteristics are related to the costs of health care, and whether there are significant gender differences. The setting of the study was a large non-profit Health Maintenance Organization (HMO) in the northwest U.S. The participants were 3,069 males and 2,600 females who responded to mail surveys conducted from 1990 to 1992. The survey was the source of most of the socio-demographic characteristics, of the self-reported health and mental health status, and of the frequency and quantity of alcohol consumption. That data was linked to health plan records containing demographic information, alcohol and depression diagnoses, mental health and chemical dependency benefit levels, details of service use and cost data, in order to answer the question of whether the characteristics identified in year 1 were related to the health care costs in year 2, and whether such relationships differed by gender. The authors report that in light to moderate drinking populations, alcohol use predicted lower health care

costs for both genders, while having a previous alcohol-related diagnosis was related to higher health care costs for both genders. Prior depression had direct effects on increased health care costs, and this relationship was stronger for men than for women. Having a better chemical dependency benefit level predicted lower costs of health care, an unexpected finding according to the authors. This possibly suggests that the benefit model is a proxy for other factors related to socioeconomic status not otherwise included in the model, or that benefit caps may not have significant effects on costs.

Saxena *et al.* (p. 127) considered the published research on mental health and its role in informing services provision and health policy formulation in low and middle income (LAMI) countries. The authors relied on a final eligible group of 1,881 publications from 115 countries after analyzing four databases of indexed scientific journals for the years 2000 and 2001, focusing on subject headings related to mental disorders, mental health services, somatic therapies and psychotherapy. They reported that publications from LAMI countries often did not address research questions in the field of mental health services analysis, mental health economics and public health focusing on mental health, and that research focusing on conditions with a recognized high socioeconomic burden – such as affective disorders, self-inflicted injuries including suicide, and mental retardation – was under-represented. The authors discuss the implications of these preliminary data for an informed mental health policy formulation in LAMI countries.

Sen (p. 133) focused on self-reported depressed mood and self-injury ideation or actually attempted self-injury in adolescents, their help-seeking behavior, and the role of race and gender. The study used data from the 1996 round of Health Behavior in School-Aged Children (HBSC), which surveys a representative sample in the U.S. of more than 9,000 adolescents. Respondents were asked if they had suffered from persistent depressed moods over the past year and whether they had sought help while suffering from depressed mood, and if so, from whom. They were also asked whether they had self-injury ideation or had actually attempted self-injury. The author reported that about 34% of the full sample reported depressed mood, and about 12% reported thoughts of self-injury/death and/or self-injury attempts. The vast majority of respondents who had experienced depressed mood or thoughts of self-injury/death and/or self-injury attempts reported that they did not ask for help at all. The majority of those who reported asking for help seemed to do so from adults. When taking into account

gender and race, self-reported depressed mood was significantly more present in adolescent females than in adolescent males, and adolescent males were less likely than adolescent females to ask for help. All minority groups were more likely to suffer from depressed mood than were non-Hispanic whites, but blacks were at lower risk for self-injury. Blacks and Asians (particularly males) were especially less

prone to not asking for help. The author, carefully taking into account gender and racial variations in the likelihood of seeking help, stresses the need for policies that will increase adolescents' awareness that such problems are widely prevalent, the need to reduce stigma, and the need to encourage more adolescents to seek help.