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Foreword

NORMAN SARTORIUS

Reduction of cost for health care and a more effective use of resources could speed up the provision of services to the many who at present do not have access to appropriate treatment. It might liberate funds and personnel necessary to start or strengthen programmes of prevention and rehabilitation; and allow administrators to use the money saved as a result for projects aiming to improve the services which are now in operation, but do not reach desirable standards of quality.

While there is general agreement about the desirability of a more rational use of resources, there is little certainty that the methods necessary for an economic analysis of mental health programmes (or health programmes in general) are sufficiently well developed to be recommended for general application. There is no consensus about specific indicators which should be used to evaluate outcome of health care interventions. Work that has been done so far concentrates on the evaluation (and economic analysis) of investment into health care, and on the assessment of the process of providing care. Analyses of the value of positive outcomes of health care interventions are rare, and there is no serious attempt to cost the impact of providing health care to those who need it on the welfare of society as a whole.

Many physicians and others employed in health services fear economic analyses, because these have often been undertaken as a pretext for the reduction of resources decided upon before an analysis. Undue emphasis on cost and the handling of health care as if health were a commodity similar to, say, sugar or cotton can also contribute to trends of dehumanisation of health care. Decisions based exclusively or mainly on economic considerations can lead to short-term financial gains, while causing long-term losses in quality of life of health staff and patients.

It is now appropriate to seek ways in which the necessity to consider economic aspects of health care can be satisfied in harmony with responses to other needs of health programmes, such as the need to render health care meaningful and attractive to health staff; to provide health and other social services which patients and their families will perceive as useful; and to base health care interventions on the best of modern science and technology.

Such a search – which obviously has a pragmatic and an ideological motivation – can begin with a systematic examination of economic issues arising in the context of programmes dealing with disorders of major public health importance. Mood disorders and anxiety have this status because of their frequency, ubiquity, potentially disastrous consequences, and availability of effective treatments; they were therefore selected for an examination which should be seen as a paradigm rather than as a definitive answer to the economic questions arising in the treatment of depression and anxiety.

The contributors to this supplement met during a workshop on economic aspects of psychiatric treatment programmes, held in Venice, Italy in October 1992, at which their papers were presented. It is probable (and highly desirable) that their collaboration will continue, and that their joint effort will facilitate progress in a challenging, difficult but very important line of research and service organisation. It is also hoped that this volume will stimulate others to take an active part in investigations dealing with the multitude of issues involving both medicine and economics, and thus further expand the networks of expertise and collaboration in this field.

Professor Norman Sartorius, Department of Psychiatry IUP6, University of Geneva, Boulevard de la Cluse 51, CH-1205 Geneva, Switzerland

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