

In This Issue

THERE IS AN URGENT NEED TO IMPROVE THE CARE provided to persons with severe, persistent, and disabling mental disorders. These persons suffer from conditions that have a profound impact on their lives and the lives of those around them. In spite of the severity of the problems they face, coordinated and comprehensive community-based services for these individuals have developed slowly and unevenly. We need more information about the best way to organize and finance mental health services in order to meet their psychological, social, and economic needs.

In October, 1993, President Clinton introduced his long-awaited plan for health care reform in Congress. Many of the specifics of the plan have yet to be resolved, there is uncertainty about when legislation will be passed, and many details will change as the legislation is developed and refined. Nevertheless, it is inevitable that there will be major changes in the organization and financing of services for persons with severe mental illnesses. Those changes almost certainly will include universal coverage for some services and will result in increased reliance on a variety of organizational arrangements, collectively known as managed care. Thus, more than ever, there is an urgent need to explore the impact of various ways of coordinating and managing services for persons with mental illness.

Developing effective and efficient methods of delivering care to persons with severe mental illness is difficult. Individuals who suffer from schizophrenia, major mood disorders, and other delusional difficulties have a wide array of personal and financial needs, in addition to requiring clinical services. Addressing these needs requires the coordination of a variety of services like insurance coverage, housing, income maintenance, and rehabilitation.

The Robert Wood Johnson Foundation (RWJF) Program on Chronic Mental Illness is one of the most ambitious efforts to date to address these challenges. Following an introduction by Howard H. Goldman that summarizes some of the program's activities and results, this issue of the *Milbank Quarterly* presents six articles that analyze the program's empirical results. In addition, Stephen A. Somers and Marjorie A. Gut-

man describe the foundation's motivation in developing the program, and Miles F. Shore and Martin D. Cohen comment on the complexities involved in evaluating the project. This is a very exciting collection of papers for persons involved in mental health services delivery and evaluation. Some of them describe results that are less than we had hoped for, but all present beneficial results for persons with severe mental illness. As a group, these articles offer a challenge to extend and elaborate this important work.

Mental health services often receive less attention by policy makers than other types of medical services. Thus, it is interesting that the mental health component of President Clinton's proposed plan has received the most attention, in part because of the cost implications of providing mental health services. The ensuing debate has underscored the fact that we know much less than we would like about how best to estimate and predict the costs of providing different types of benefits. The article by Thomas G. McGuire in this issue presents an innovative and important approach to estimating cost under alternative benefit plans.

Developing effective and efficient ways of organizing services for persons with severe mental illness is a formidable challenge. However, health care reform offers one of the most critical opportunities in recent memory to apply what we have learned about how to make the world a better place for persons who suffer from these debilitating illnesses. The articles in this issue exemplify some of the best work in the field.

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