Psychiatric Bulletin (1993), **17**, 480

Expert opinion

Pound foolish: a review

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Earlier this year a senior Department of Health official asked me if I had seen an article in the *Health Services Journal* about child psychiatry (Light & Bailey, 1993). Shortly afterwards a consultant colleague asked me about the same article, having been told about it by her manager, and one of my own managers mentioned it to me and asked for my thoughts. Now the *Psychiatric Bulletin* wants 500 words on this same article. If nothing else, Professor Light and Dr Bailey have stimulated debate.

Traditionally, child mental health service contracts have been on a block basis, i.e. £x for providing the service, and with no triggers to stimulate more payment if more work is done than originally expected. However, there is evidence that only about 10% of children with psychiatric disorder are in contact with services (Rutter *et al*, 1970). The budget needed to treat the other 90% is far in excess of the historic funding of most services. The difference in Hounslow is that from now on the exact costs will be known for each individual child who is referred, raising the possibility of writing cost and volume or even cost per case contracts with purchasers.

Professor Light and Dr Bailey have calculated these costs by applying existing epidemiological research to the local population, estimating that 14,300 out of 71,500 children in the district need to be seen and generating a list of how many children were likely to have each of a long list of particular disorders. In addition, they suggest that a further 1,875 depressed mothers of pre-school children should be seen. Finally, they identify typical combinations of staff and treatments for each disorder and cost these to produce a price for each problem.

There are flaws in their arguments. Their costs look very low and do not, perhaps, take into account all overheads. There is insufficient evidence that the treatment packages they recommend, and cost, are effective for the particular disorders for which they are prescribed. Nevertheless, there is growing evidence of the efficacy of child psychiatric treatments for many conditions (Kurtz, 1992), and to pick on this aspect of their paper is to miss their two most important messages.

First, that child and adolescent psychiatrists, far from feeling threatened by the health service reforms, should be taking advantage of them. Rather than being alarmed by the internal market, we should be out in the market place shouting our wares. Compared with many treatments in the NHS ours are cheap. While the cost of seeing all these extra cases would be high, the authors rightly argue that the long-term costs to health, education, social services and the courts of not seeing them is even higher. In the current climate of purchasing for health gain, child mental health services are a prime example of the kind of service that can provide long-term benefits in exchange for relatively cheap early intervention. To use the language of the marketing men, we have a Unique Selling Proposition.

Second, they argue that as child mental health services are equally useful to education departments, social services and the courts they are therefore a prime candidate for joint commissioning by local and health authority. Rather than piece meal or *ad hoc* joint funding arrangements whereby education provide premises or social services a psychiatric social worker, the key agencies should get together and contract to provide an agreed level of funding for an agreed amount of service.

Light & Bailey have performed a valuable service by getting child mental health discussed in a positive way by NHS managers. Their methods suggest a way for providers to negotiate more secure funding and to start providing a more complete service for children and adolescents.

References

KURTZ, Z. (1992) *With Health in Mind. Mental health care for children and young people*. London: Action for Sick Children.

LIGHT, D. & BAILEY, V. (1993) Pound foolish. *Health Services Journal*, 11 February 1993, 16–18.

RUTTER, M., TIZARD, J. & WHITMORE, K. (1970) *Education, Health and Behaviour*. London: Longman.