

Source: Rosenheck, Robert A., M.D. (1999). Principles and priority setting in mental health services and their implications for the least well off. *Psychiatric Services*, 50(5), 653-658.

Instead of summarizing a recent research finding, this issue of *Data Trends* reports on an article that offers an interesting perspective on a complex and difficult issue that confronts mental health policy makers: given that resources for mental health services are not adequate to meet need, how should decisions be made about resource allocation? The article is selected not only because it addresses an important topic but because it does an interesting job of grounding this discussion in ethical theory.

In this article, Dr. Rosenheck, from Yale University, provides seven principles that “should, and often implicitly do,” shape resource allocation decisions (see box). The principles are not hierarchically ordered and in some instances will compete with one another. They are grounded in the ethical theories of the following philosophers: 1) moral imperativist Immanuel Kant, who argued for the autonomy of persons insofar as no one should be treated as a means to an end; 2) utilitarians Bentham and Mill, whose arguments for achieving the greatest good for the greatest number of people continue to influence current policy regarding cost-effectiveness; 3) social justice theorist John Rawls, who proposed that a just society, in order to be just, must provide a minimum standard of living for its least well-off citizens, and; 4) 1998 Nobel Prize winning philosopher-economist Amartya Sen, who further suggested that a just society must aid and encourage individuals to fulfill their potential.

Rosenheck extends the Kantian principle of autonomy beyond the individual to the involvement of local networks. His “responsibility of consumers” principle makes new use of cost-effectiveness concerns. This utilitarian-based principle may indeed clash with the principle of equity (reflected in the ideas of Rawls and Sen), and thus “It is here that the special obligation to the least well-off...emerges as important regardless of the relative cost and effectiveness of their treatment.” The potential to fulfill one’s capabilities seems to be a primary underlying principle for Rosenheck.

The *industry principle* encourages policymakers to look beyond marketing techniques and to “weigh the value of new treatments carefully and independently against existing treatments.” The final principle asks policymakers to carefully match existing community resources with funding. For example, a community having an active and effective local network of support may require less funding when balanced against a community requiring increased training for its paid health workers. Obviously, Rosenheck’s principles do not make policymaking any easier. But as a “framework of reference for understanding why priorities may legitimately vary and conflict,” they may help to clarify options and encourage “balanced and broad-based decisions” for resource allocation.

Principles Guiding Resource Allocation Decisions

- **Autonomy.** Attending to the needs of each individual patient should be considered to have absolute value.
- **Involvement of local networks.** Local networks of patients, providers, and other relevant stakeholders must have a voice in defining goals and priorities.
- **Maximization of benefit and minimization of cost.** Allocation of resources should maximize aggregate utility, or collective benefit, and minimize cost in terms of dollars expended per unit gain in health. Because all possible services cannot be provided to all patients, services providing the greatest improvement in health at the lowest cost should receive priority.
- **Equity.** Services should be provided fairly so that all people have access to services affording them a minimum standard of living and capability of fulfilling their potential.
- **Responsibility of consumers.** Clients must participate actively in their care and constructively in their programs. Priority should be given to patients who make good use of services that are offered.
- **Industry innovation and marketing.** Private corporations have unique incentives to develop and promote new technologies. Marketing efforts may promote new treatments in ways that inappropriately overshadow methods of care—typically psychosocial treatments—that are not commercially promoted.
- **Technical quality and skills of the local workforce.** Health care systems should be attentive to the best scientific research as well as to local population needs and provider skills.