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Buying Beauty: On Prices and Returns in the Art Market.

Publicly available costs data for child and adolescent psychiatric inpatient services do not allow links to be made with patients' needs and outcomes. Without this information commissioners may reduce the role of inpatient services on the basis of budgetary impacts alone. This study estimates the support costs before, during and after an inpatient admission and explores the associations between costs, needs and outcomes. A detailed prospective cohort study of eight child and adolescent units was undertaken in which participants were assessed at referral, admission, decision to discharge and 1 year later. Mean admission costs were £24,120, although the range was wide. Associations were found between costs and patients' global impairment, age and exclusion status. Support costs after admission were similar to pre-admission costs, but there was some evidence to suggest that services were better targeted. Moves in England to develop national tariffs for inpatient psychiatric episodes should be based on the likely cost of the episode of treatment rather than costs per day, and good commissioning requires more information on the predictors of such costs.