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Cost of major mental disorders in Delhi, India

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Dear Sir

1. Introduction

Major mental illnesses such as schizophrenia (SZ), bipolar disorder (BPD) and major depression (MDD) result in substantial monetary burden. The main objective of measuring economic burden of illnesses is to allow policy makers to plan for modifications in existing models quoted in WHO report 2006 (Chisholm et al., 2006). It also helps treating clinicians to make choices amongst available effective treatment methods (Insel et al., 2008). Most studies measuring costs of these illnesses calculate direct costs i.e., cost of medication and consultation (Chisholm et al., 2000; Grover et al., 2005a,b; Kalra et al., 2009).

2. Methodology

We conducted a study to assess direct costs, indirect costs and intangible costs of subjects above 18 years of age, diagnosed with SZ, BPD, or MDD as per DSM-IV criteria in a subgroup of patients recruited for a larger study on yoga (89 out of 426). Ethics committee approval and informed consent from subjects were obtained. The study written was conducted between May, 2006 and August, 2009 at the Department of Psychiatry, PGIMER – Dr. Ram Manohar Lohia Hospital (RMLH), New Delhi. This research was undertaken with funds from the Central Council for Research in Yoga and Naturopathy, as part of a larger funded research project on the role of yoga in major mental disorders.

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Disclosure

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The Economic Burden Questionnaire (Sharma et al., 2006), a 16-item questionnaire to compute direct, indirect and intangible costs of mental health care was used. Direct costs included consultation and medication costs for traditional healers, primary care, and specialty care as well as cost of travel. Indirect costs included total time spent by the subject (and caregiver where applicable) in travelling, waiting and consulting the healthcare professional; number of hours spent per week by primary caregiver for subject care and taking care of his/her responsibilities in four areas (child care, help around the house, help outside the house and other help); and intangible costs included job loss in informal caregiving and loan taken for treatment.

3. Results and discussion

The study subgroup was demographically similar to the larger research group in terms of sex, mean age, marital status, living status and mean education, and consisted of SZ ($n = 43$), BPD ($n = 19$), and MDD ($n = 27$). Amongst 89 subjects, 25.8% had visited traditional healers, 23.6% primary care facilities, 50.6% out-patient services, 28.1% inpatient services, and 9% used other health services at some time during the last three months. SZ subjects visited traditional healers the most and those with MDD the least. MDD used primary care the most (29.6%), SZ subjects the least (20.9%) with BPD in between. Stable SZ subjects needed to visit OPD less frequently (39.5% visited OPD in the last three months) whereas 57.9% of BPD and 63% of MDD visited OPD. More subjects visited traditional healers than in a previous similar study in the same department (present – SZ 32.6%; BPD 31.6%, while in Sharma et al., 2006 – SZ 6%; BPD 13%).

Direct cost of illness was found intermediate for SZ (2583.0 ± 5198.6 for 3 months), highest for BPD (3036.5 ± 4523.2) and least for MDD (1624.61 ± 1402.6). Cost of drugs was the major contributor to total cost, ranging from 47 to 57%. In higher income countries the proportion of drug cost is low in spite of higher drug costs. While in lower income countries proportion of drug cost tends to be higher as inpatient services are free (Knapp et al., 2004; De Hert et al., 1998; Tarricone et al., 2000).

As compared to 25.6% of SZ subjects, 26.3% of BPD subjects and 33.3% of MDD were hospitalised. As a result one third of the patient and caregiver time was spent on free inpatient services because these required a caregiver to stay with the subject in hospital. This decreased overall treatment cost in terms of money but increased caregiver time. Overall there was a large variation in time and money spent by subjects in availing different health care facilities. Total time spent on illness was significantly more for female patients.

4. Conclusion

Overall, the findings in the present study reconfirm the findings of Sharma et al. (2006) that BPD is relatively more costly than SZ.

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