

~~shades, are psychiatry patients. The pathway to psychiatry is via faith healing and neurology. Many of the psychiatry patients consult neurologist and get investigations done. If these are included the cost will increase much.~~ The state must constitute SMHA (State Mental Health Authority), and MHRB (Mental Health Review Board) at district level (three districts can be combined) to implement the act, MHCA 2017. Thus, Telangana with 33 districts, requires one SMHA and at least 11 MHRBs. The establishment incurs capital expenditure and recurrent expenditure in their functioning- salaries, transport, office accommodation, electricity, staff welfare benefits, etc., apart from their existence purpose duties like documentation, inspection, etc., and all of them require money. In addition, the state must maintain big controlling offices for medical education, health services, etc., with staff and consequently their expenditure. The recurrent expenditure can be expected to be 15 crore annum, which will be ever increasing. In this computation, capital expenditure interest was not ~~considered~~ considered.

National Mental Health Survey, 2016 revealed a huge treatment gap of 95%, (Patients remain untreated despite availability of effective treatment) with only 5 out of 100 individuals with common mental disorders receiving any treatment over the past year²³

This aspect was not given emphasis in this study.

Cost-of-illness studies have often been criticised for overestimating disease-specific costs²⁴. This may be true of the present exercise.

The major contributor, work related can be reduced or minimized by creating congenial and stress-free environment, aptitude suitable and work. Establishment of low-cost day care centres by Govt., will reduce substantial amounts of attendant related costs. Early detection and initiation and continuation of treatment will reduce chronicity and

consequential financial costs. The only way to reduce this colossal amount and misery, is by strict implementation of MHC act that may bring all-round relief.

The estimate arrived at confirms the general belief that the psychiatric illnesses are costly and take a heavy financial toll. The present study quantifies it. The per capita burden of psychiatric illnesses is heavy. This burden is to be borne by the patient, caregivers, society, and government. In the present study, a mixed method of computation used suits the societal purpose. The problem with this kind of an analysis is, individual is taken as a productive machine and not consider other aspect and dimensions of human being outside the workforce²¹. One should be conscious of the fact that the estimates vary, sometimes drastically, by the data used, method and purpose of the computation. As mentioned by Darrel and Ruth²⁵, this is a conceptual paper, which goes ahead in a theoretical fashion with welfare (or normative) economics, not positive or empirical economics in mind.

~~In the present atmosphere of competitive freebies by the respective governments and mounting debts, the financial implication for the states is grave.~~ With mounting inflation, reality being different from official rosy statistics, for the patient, family, and society, the implications are still worse. The costs are always north bound. Unemployment and gross under-employment throw the patient, family, and caregivers, at the mercy of government for providing free, subsidised psychiatric services. The government most often keeps a blind eye towards health, more so mental health, promises but does not deliver. Insurance is almost non-existent though law mandates it. Euphoria of insurance cover for mental illnesses, Mental health care act, Increased visibility of articles on mental health, and Other periodic public activities, should not hinder administration to increase spending on mental health. Pelzman effect should not operate to hinder other efforts to take precautionary measures. On the flip side, the cost should be weighed against employment

of Psychiatrists, psychologists, and allied persons, pharma companies that produce psychotropics and their staff and the supply chain that leads to the consumer, service providers like Nurses, 24 hrs helpers, and their supply organizations, rehab centres, etc., rentals paid by psychiatry hospitals, nursing homes, clinics, taxes as they come under commercial establishments and must pay higher taxes, money changing under the table to get permits, and other routine works to succeed, staff of these establishments, etc. Intellectuals of the society should ponder over the cost issue of psychiatric disorders and give suggestions to the planners to bring down the cost.

Conclusions

There is an urgent need for reducing the major contributor (work related) by creating congenial and stress-free environment, suitable and aptitude complaisance work and by strict implementation of MHC act that may bring down costs. Improvement in service to the needy can be possible if realistic and pragmatic planning of what is achievable within a time-frame period, and with discussion among stake holders, and fixing responsibility on individuals.

Strengths of the study

This is the first prevalence-based cost computation study of psychiatric disorders in a state of India.

Limitations

Some of the estimates basing on assumptions may not be realistic and stand to critical scrutiny. But in a study of this nature, many assumptions are

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Table 1: Details of cost computation arrived at for distinct items.

	ITEM	COST IN CRORES
1	DIRECT:	
1.1	Consultations / Psychiatrists Earnings	<u>45.236.8</u>
1.2	Drugs	<u>16.016.0</u>
1.3	Inpatients	<u>98.386.2</u>
1.4	Investigations	<u>969.6850.4</u>
1.5	Procedures	<u>81.1283.5</u>
1.6	Psychologist consultation	<u>96.985.0</u>
1.7	Rehabilitation + Deaddiction	<u>1163.41,020.4</u>
1.8	Travel	<u>601.3527.4</u>
	TOTAL DIRECT	<u>3071.92,905.7</u>
2	INDIRECT:	
2.1	Attendant	<u>5522.84,843.8</u>

2.2	Disability benefits	<u>103.090.3</u>
2.3	Faith healing	<u>2327.02,040.9</u>
2.4	Loss of Taxes on Earnings	<u>599.7526.0</u>
2.5	Patients in conflict with law	<u>5.54.8</u>
2.6	PGs training	<u>158.4109.4</u>
2.7	Administrative	<u>16.016.0</u>
2.8	Substance abuse	<u>1098.3963.3</u>
2.9	Suicide and Attempted Suicide	<u>81.176.5</u>
2.10	Lost income/wages	<u>58548.851,350.2</u>
2.11	Lost productivity	<u>77383.367869</u>
	TOTAL INDIRECT	<u>137891.1127890.2</u>

	TOTAL COST	140963.0130796
		€R

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