

## Economics in mental health: Should investment be made?

Amin A. Muhammad Gadit

Discipline of Psychiatry, Memorial University of Newfoundland, Canada.

According to W.H.O.,<sup>1</sup> depression is the leading cause of disability worldwide. One in 4 people will be affected by a mental disorder at some point in their lives. Every 40 seconds someone commits suicide, 4 out of 5 people with mental disorders in developing countries don't receive treatment and 50% of all mental disorders begin before the age of 14. The other facts mentioned are:<sup>2</sup> spending on mental health is less than two US dollars per person, per year and less than 25 cents in low income countries, on average, there is one psychiatrist or less to serve 200,000 people, only 36% of people living in low income countries are covered by mental health legislation whereas coverage in this respect is 92% for high income countries, 63% of psychiatric beds are located in mental hospitals and 67% of mental health spending is directed towards these institutions. It was also noted that there was a modest decrease in mental hospital beds from 2005-2011 at the global level. The World Federation of Mental Health (WFMH)<sup>3</sup> has adopted the theme for this year as "The Great Push: Investing in Mental Health" with major focus and global call for investment in mental health. The WFMH makes arguments on the basis that: burden of mental health is huge and the costs to society are enormous, it is essential for economic development, without mental health interventions, costs of care and treatment increase, inaction related to mental health generates additional current and future costs with the bottom line issue as 'not investing in mental health is very expensive'. The document further states that in countries where cost studies have been done, mental health problems account for 2.5 to 3.5% of the Gross National Product. It quotes the cost for U.S. \$148 billion and for Canada \$ 14.4 billion. Accordingly, low and middle income countries currently allocate less than 2% or even 1% of the health budget allocated to mental health. It breaks up the spending like: low income countries (0.5%), lower middle income countries (1.9%), upper middle income countries (2.4%) and high income countries (5.1%). This document indicates that there are cost effective methods available to address the mental health issues which are worth exploring. The Irish report<sup>4</sup> quoting from Mental Health Commission describes the human cost of mental illness in Ireland. It identifies that there was an increase in prescriptions for antidepressant medications up to 19.3% between the years 2007-2008. There was also an increase of 10% prescription rates for benzodiazepines. The report also

points out the components of economic adversity such as unemployment, debt and poverty with significant impact on mental health. The report recommended the College of Psychiatry of Ireland and the Commission should work on this issue in order to address the problem effectively.

Pakistan became an independent country in 1947, yet it is on the list of one of the developing countries. Mental Health is though a recognized priority but the allocation is 0.4% of the total health budget. Mostly, the sources of mental health financing is by out-of-pocket expenditure, tax based, social and private insurance.<sup>5</sup> Except for the out-of-pocket expenditure, tax based, social and private insurance are seemingly not very viable options. In a study<sup>6</sup> conducted in Pakistan, 85% of the n=200 subjects enrolled were spending over Rs. 3,133 per month as general expenses on health, 65% of the subjects were earning below Rs. 5000 per month. Hence, it was transpired that cost factor was a major deterrent towards seeking mental health treatment. It has been eight years since the publication of this study. The scenario in terms of economy has changed drastically and it would be safe to assume that in the present day, the expenses have escalated and scenario is gloomier than before. The aforementioned study made some suggestion like: accountability for existing mental health resources while planning and budgeting, information systems for monitoring expenditures and services, shifting of funds from institutions to community care and better integration of mental health and primary care and arrangement of special funding in order to ensure that the new services are firmly established before existing ones are closed. Another study<sup>7</sup> indicated that majority of people were seeking treatment by alternate practitioners rather than psychiatrists because of the cost implications. Currently, a number of low cost or free philanthropic clinics are being run in the country which is a boon for a vast majority of people in a way but whether they meet the standards for quality of care is a big question. The public sector hospitals provide substandard care in many instances. The private sector hospitals can be expensive and may pose huge economic burden. Investment by the government though meager is for institutions and is not meant towards community care. It is a fact that only a small percentage of people avail hospital services in comparison to community services. Investment in development of community

psychiatry is the way to move forward towards advancement in providing services and maximum health benefits.

Should we review the situation?

### References

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