Is it possible to reduce cost of psychiatric care?

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With or without treatment psychiatric illness is a costly affair and an economic burden for all. Treatment is costly when treated and an economic burden when not treated. The precise or even approximate quantum of psychiatric illness is difficult to arrive at as various surveys showed wide differences. There seems to be a consensus that Depression affects five times more likely than schizophrenia and bipolar disorder and one in ten suffers from depression. With an ever increasing life- expectancy, there is an increase in geriatric population with attendant various physical illnesses and increasing psychiatric disorders in this segment. Compared to developed countries, in psychiatrists per million population is grossly less in India. All most all the psychiatrists are in metros and urban areas and negligible or no available in rural areas in-spite of rapid expansion of psychiatric education in the country. The problem is not confined to psychiatry alone as there is a general complaint of doctors not serving in rural areas in-spite of various carrot / stick rules. These have a financial implication on Psychiatric illness

The cost of psychiatric care (psycare) is ever increasing. Psycare involves the following costs:

- Patient and attendants travelling long distances from their usual place of residence to meet the psychiatrist and back
- Consultation charges and gratification charges to lower staff,
- Drug costs
- Investigations (fortunately not much in comparison with other branches)
- Cross consultations in some cases
- Treatment procedures
- Treatment cost of co-morbidities
- In-patient's charges in some cases
- Loss of time, wages, under-productivity
- Loss of time, wages, to the accompanying person
- Care givers costs
- Cost incurred in faith healing in a large no. of cases

Is it possible to reduce the cost?

Various studies gave different components as the major contributor for the cost-travel, drugs, lost man days, care giver's burden, etc. The solutions suggested to reduce the cost and economic burden include treatment nearby to reduce travel expenses, training primary care physician, reducing the follow-up consultations in stable state, minimising drug costs, starting day care, skill development, rehabilitation, community support, early detection, adequate and effective treatment, relapse prevention, public education, increased production of psychiatrists, etc.[1,2]

Theoretically the cost could be reduced broadly by increasing services, reducing distances, and reducing drug prices.

Increasing services means increased production of psychiatrists. At the last count there were 462 medical colleges in India with an intake of 63835. The newest state in the union- Telangana has a total of 23 medical colleges 7 in govt. and 16 in private sector. There were a total of 620 PG seats in psychiatry (MD 485 and DPM 135) all over India with Telangana state having 24 MD and 6 DPM seats. Out of 30 PG seats 14 seats were created after 2013. Government sector accounted for only 11 seats.[3] It is interesting to note both the government colleges- with longest MBBS course are oldest in the state and are at the extreme ends of the PG level-first and last to start PG course. The trend line is northwards. Diplomat of National Board candidates- variable in number, were an additional lot. Thirunavukarasu M and Thirunavukarasu P estimated the national deficit of psychiatrists at 77% taking 6.5% as serious mental illness of the population and suggested short and long-term strategies.[4] One recent study found the stigma toward psychiatry is on the decline at least among medical professionals, and more interns are interested in taking up psychiatry as a future specialty.[5] It may be of interest to note that only 12 general practitioners joined the psychiatry courses offered by Indian Medical Association in Telangana, in 2015-16.[6] There seems to be some inhibition in highlighting about shortcomings in the practical aspect of PG psychiatry teaching.

It is all very well to compute statistics and demanding increased production of qualified psychiatrists. There are various issues involved in this. All concerned, including MCI, administrators, our own professional associations, etc., talk about sanctity of the profession, need to serve the rural poor, strict implementation of rules, etc. Sadly reality is otherwise. In spite of the random selector inspectors' surprised inspection the farce of mercenary faculty and patients continues. In spite of judgements, thundering by administration, highest bidder gets the seat. What has all this got to do with reducing the cost of psychiatric illness? One can find the connection if one looks at the going price for a seat in PG. A person who invests 1+ crore for entry into MD and many lakh rupees in the three years for maintenance, naturally have to recoup

with interest what was invested. Add to this the fact that the candidate has not seen many cases in that period or seen but not taught about them due to wanting faculty, the picture does not look reassuring. With such a picture there is scope for mal practice. Under these circumstances the cost of Psy-care will be top-heavy. Consultation will be high the patient has to be admitted. Fortunately ICU culture has not entered as of now but it will not be far off. We have ICU for medicine, surgery, cardiology, paediatrics, neurology, etc., and why not psychiatry? The daily cost is anywhere from 20,000/- to 1 lakh. Then the cost will steeply go north wise.

The optimum way to reduce the cost is not by increasing the number of psychiatrists, but to strengthen family physician set-up. Family physician (FP) knowing the family dynamics is best suited to play the role of a psychiatrist. Make psychiatry a full-fledged undergraduate subject by increasing the hours of teaching, full bed-side teaching and making it an exam subject. This will equip the future FP to confidentially and correctly deal with psychiatry cases. The above needs a thorough overhaul of medical curricula and increase of number of years of MBBS.

The practice of directly consulting specialists and super-specialists for each and every ailment is to be discouraged. The clamour for doing speciality and super-speciality courses should be thoroughly discouraged by drastically reducing the intake and tightening the output.

The dearth of staff in medical college was there from the start of the modern medical colleges- earlier pre-clinical, now clinical, for different reasons. So, increasing the production is not a viable solution. Instead it will be a recipe for third rate services.

The natural corollary of this is distance cannot be reduced. Producing larger number of psychiatrists and posting them nearer to the patients' place may take the services nearer, but only on paper and not in reality. It will be another farce of PHC set-up.

Then one is left with the option of reducing drug prices. Drug costs can be minimised by conducting less conferences and CMEs. The generous contribution for these academic activities by pharmaceuticals is not altruistic it will be added to the drugs cost with interest. Further not patronizing new drugs- promoted as the ultimate and cure for all ills by companies backed by researcher colleagues, can to some extent encourage pharma companies to again market earlier cheaper drugs which were almost looked down as untouchables.

One has to look things in a realistic manner. Earlier psychiatry training used to be one year more than other branches. There is more glamour and clamour for neurology than psychiatry all round. A large number of patients of neurologists are psychiatry patients. Probably the share of psychiatric drugs prescription by neurologists is much more than that of psychiatrist. Some of those entrants to psychiatry might have entered not due to interest and love for psychiatry but out of compulsion to do PG and did not get a seat of their first love. So combining neurology with psychiatry and producing MD Neuro Sciences can increase the pool of doctors, reduce stigma, cuts cost.

It looks as if there is no chance of cost of Psycare coming down as all the solutions suggested are utopian.

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