

EDITORIAL

DISABILITY BENEFITS FOR PSYCHIATRICALY ILL

It is welcome that we now have the "Persons with Disabilities Act, 1995". It lists the various types of disabilities and the benefits which a disabled person is entitled to. In case of disabilities due to conditions like blindness, low vision, leprosy, hearing impairment, locomotor disability and mental retardation it delineates what should be the extent of disability for a person to come into the purview of this act. For example, for blindness it mentions visual acuity not exceeding 6/60 in the better eye with correction or limitation of field of vision subtending an angle of 20 degree or worse or an IQ of 49 or less for a case of mental retardation. On the other hand for mental illness it does not clearly delineate what should be the criteria for disability. A person who has lost one leg rightly gets the benefit of his disability although he is in a better position to take care of himself as compared to one suffering from chronic schizophrenia. Similarly, the agony which a patient of chronic refractory obsessive compulsive disorder undergoes is not less than of a person with hearing impairment or low vision. In spite of this, mentally ill frequently do not get what they rightly deserve. In its heart and mind every society probably recognizes the disability faced by mentally ill and the burden their families bear, more so for chronic mentally ill. The basic question is, do they receive their dues?

One of the foremost reason for this impasse is our incapacity to objectively quantify the disability due to mental illness. I would therefore like to emphasize *objective quantification* because it is likely that there will be false claims to obtain benefits, keeping in view the nature of mental illness. The evaluator should hence be well equipped and trained to screen out such cases otherwise the aim of the law would be defeated.

There is another aspect to this quantification

of disability. Such quantification is of much interest to developing nations like ours where mortality and morbidity are high and resources are limited. Comparison between disability and burden due to mental illness with disability and burden due to different physical illness should be made as it would then be possible to set priorities in health care. It would also enable the developing countries to invest wisely in their health systems.

World over the concept of objective quantification of burden and disability is now gaining momentum. Murray & Lopez (1996a) worked in this area and came up with interesting findings. According to them mental disorders account for a quarter of world's disability and 9% of the total burden, half of the ten leading causes of disability worldwide were mental disorders. Figures for developed nations revealed 42% of the disability and 22% of the total burden of disease were due to mental disorders. These figures are clearly quite high than the proportions of health budget allocated towards prevention and treatment of mental disorders. Recently Andrews et al. (1998) have tried to formulate a procedure to assess disability due to an illness. They used the concept of disability adjusted life years (DALY). DALY adds for each disorder life years lost due to living in a disabled state. They have been successful to some extent to assign disability values to major mental illnesses. Here it is important to note that whereas this method would be of use in arguing for a greater proportion of health budget i.e. in accordance with relative burden and disability, it is of little help when employed for assessing disability in a given case and deciding whether a person is disabled enough by the virtue of his mental illness to be provided the benefits of law. In such cases institutions like army, paramilitary forces, railways etc. where

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workers are boarded out on basis of disability due to mental disorders could help set standards. Retrospective and prospective studies of such cases can help to establish what kind of disability makes a person unfit for duty. This disability can then be thought of as causing sufficient impairment in patients functioning so as to make him eligible for the disability benefits.

With development in various fields of medicine, better control of infectious diseases and management of chronic illnesses, in future the proportional burden and disability due to mental illnesses will increase. Therefore, there is an urgent need to work in this area and formulate methods of assessing burden and disability so that psychiatric patients can benefit both from health system and the law.

The urgency for quantification of disability due to various chronic mental disorders can be gauged from the fact that the policy makers are planning to remove the category of these patients from the disability act, with a plea that there is

absence of objective assessment of irreversible disability due to psychiatric disorders.

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