PREVALENCE OF MENTAL AND BEHAVIOURAL DISORDERS IN INDIA: A META-ANALYSIS

Sir,

Estimation of the magnitude of psychiatric and behavioural disorders is essential for planning the implementation of National Mental Health Programme in India. Lack of a comprehensive nationwide data on these problems have led to a long felt need for a metaanalysis on the magnitude of these problems in the subcontinent. The present article by Reddy and Chandrasekhar (1998) has fulfilled this lacunae. Metaanalysis gives the summary of several studies having similarity in terms of selected methodological and analytical criteria (Cook et al., 1995). However, the problem of potential bias in such type of study should be kept in mind before accepting the final results.

The studies selected for the meta-analysis had the inclusion criteria of a house to house survey. In absence of properly selected study population based on scientifically valid sampling techniques as reported in few of the selected studies (Elnagar et al., 1971; Nandi et al., 1975; Nandi et al., 1977; Nandi et al., 1980a; Nandi et
al., 1980b) there is a possibility of selection bias with poor representation of the whole country. Many other studies have selected the population based on convenience due to the availability of existing health care services in the area (Sethi et al., 1967; Sethi et al., 1972; Sachdeva et al., 1986; Premrajan et al., 1993). Few of the studies have targeted on specific population groups like tribals (Nandi et al., 1977; Nandi et al., 1992) or slum (Sen et al., 1984). Sampling techniques for selection of study areas have not been mentioned in few of the studies (Elnagar et al., 1971; Nandi et al., 1975; Nandi et al., 1977; Nandi et al., 1980a; Nandi et al., 1980b). Moreover, seven out of thirteen studies have been reported from only one state, West Bengal. Keeping in view of the variations in the prevalence of psychiatric and behavioural disorders in different geographic regions and cultural groups, generalisability of the results from these studies is often limited.

One of the criteria used for selection of the studies was availability of information on the enquiry of each individual family member separately. However, review of some of these studies shows that the investigators interviewed only head or the housewife or any other responsible family member for data collection (Sethi et al., 1967; Sethi et al., 1972; Mehta et al., 1985; Sachdeva et al., 1986; Shaji et al., 1995). This will lead to responder bias since chances of under reporting symptoms of psychiatric disorders unnoticed by them is very high. Another source of under reporting is the inclusion of studies with reports of priority mental disorders (Sachdeva et al., 1986; Shaji et al., 1995). Another curious finding on the absence of organic psychosis in few studies (Sethi et al., 1967; Elnagar et al., 1971; Nandi et al., 1975; Nandi et al., 1977; Nandi et al., 1980a; Nandi et al., 1980b; Sen et al., 1984; Nandi et al., 1992; Premrajan et al., 1993) could be due to the under reporting or lack of sensitivity in the screening and diagnostic tools used by the workers.

One of the major drawbacks in pooling the data of selected studies lies in the differential use of screening tools and diagnostic tools (Sethi et al., 1967; Elnagar et al., 1971; Sethi et al., 1972; Nandi et al., 1975; Nandi et al., 1977; Nandi et al., 1980a; Nandi et al., 1980b; Sen et al., 1984; Nandi et al., 1992). Rest of the selected studies used the 'Indian Psychiatric Survey Schedule -symptoms in others'. Similarly, the changing diagnostic criteria reported in the studies over the past three decades renders difficulty in comparing the results. Hence, the authors' opinion of doing a meta-analytic study every ten years does not sound reasonable keeping in view the rapid changes in diagnostic criteria. In fact, a large nationwide multicentric study using similar screening and diagnostic tools will provide a reliable information on the magnitude of psychiatric and behavioural problems in our country.

There is a typographic error in omitting figures of sample size in table 2 of the article. Lastly, efforts in calculating mean presenting age of psychiatric disorders from cross-sectional studies does not truly represent the presenting age of the patients. Analysis of age at presentation in a hospital setting would provide us more information regarding the health seeking behaviour of the patients in a better way. However, inclusion of the variable on the age at onset of the illness in the screening questionnaire in future studies will be helpful in understanding the natural history of the illness.

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