

## **Need of the Hour : Psychosocial interventions**

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Prior to independence, the mental health services in India were limited to lunatic asylums or mental hospitals which mainly aimed at keeping the mentally ill subjects in detention and custody with scant regard for the care and treatment of these people as patients. Over the last six decades after independence, we have been able to humanize the treatment process in psychiatry from closed wards to treatment of psychiatrically ill subjects in open wards and general hospital psychiatry units. The proliferations of providing outpatient services through out the country through general hospitals, private practitioners and even from mental hospitals have taken place. During the same period, we have also been fortunate to witness a significant change in pharmacological treatment of various psychiatric disorders through out the world, with more and more psychopharmacological agents which are relatively safer than their older cousins appearing in the market.

Over the years, the Western models of psychiatric treatment have not only emphasized on pharmacological treatment but also on use of psychotherapy and psychosocial interventions in the management of psychiatrically ill subjects.

Although, we have been able to borrow the pharmacological agents from the West, thanks to the globalization, we have not been able to reproduce the psychotherapeutic and psychosocial interventions to a large extent. In the hands of many psychiatrists, the treatment of psychiatrically ill subjects has been of more or less a medical model of prescription of psychotropic agents.

There are two other unfortunate things which have happened over the years. Firstly, in contrast

to West, where the concept of family is quite different from ours, we have not been able to utilise such an important human resource for management of our patients. In fact, because of the tolerant and accepting nature of the family and the society as a whole, complete rehabilitation of mentally ill subjects has never been a priority. Secondly, the ignorance of our rich heritage of treatment methods like use of yoga, spirituality etc in management of psychiatrically ill subjects is quite evident in our psychiatric practice. Probably we are waiting for the Western researchers to use these in their patients, demonstrate to us their efficacy in randomised controlled trials and patent the same before we start understanding the importance of incorporating these measures in the management of our psychiatrically ill subjects! Indubitably, spirituality has become more visible in health care in the West with increasing realisation that spiritual factors are an integral part of health and well being as also of healing and cure. Since independence other developments which have increased the role of psychosocial interventions are increase in literacy rates,<sup>1</sup> frequent occurrence of natural and unnatural disasters and better understanding of the role of psychological factors in chronic medical illnesses.<sup>2</sup> Because of increase in literacy rates, reduction in stigma and increase in awareness about mental illnesses and wider availability of information to general public through internet and other medium of mass communication, now more literate population is coming to the psychiatrist, who is prepared to undergo psychological treatments for minor psychological ailments and also in understanding their abnormal personality structure. Because of frequent occurrence of various natural (cyclones,

floods, tsunami, earthquakes etc) and unnatural disasters (terrorism), mental health professionals are called for psychotherapeutic and psychosocial interventions. With advancement in understanding of various medical illnesses, the role of psychological factors in the aetiology and prognosis has also been better understood and studies have also shown that psychosocial interventions can have important impact on the prognosis of the mental disorder and quality of life of persons suffering from physical illnesses<sup>2</sup>.

Hence, there is an urgent need to prioritise use, research and training in the area of psychosocial interventions as this will also reduce disability associated with mental illnesses and improve the outcome. However, some will argue that in a country like India, where there are only about 3000 psychiatrist and about another 1000 other mental health professional, it is not possible to devote the amount to time which is required to carryout comprehensive psychosocial interventions.

Then the question arises as to how to go about achieving it?

The answer is to improve training of psychiatrists such that they utilise psychosocial interventions to the optimum level. It is also important to train other mental health professionals like nurses and social workers. Also, it is imperative to carry out more research in this area with a view to develop indigenous models which suit our socio-cultural ethos and values. These interventions should be such that these consume less time. Infrastructure for providing rehabilitation facilities to mentally ill subjects should be developed and focus should be on to optimally utilize the services of various non-governmental agencies which are already active in providing rehabilitation facilities to people with mental illnesses.

For training, it is important to recognise that we have two different classes; those who are

already trained in psychiatry and are into the profession and trainee psychiatrists. For those who are already into the profession, they can liaise with various institutes in the country where some expertise is available or should make attempts to undergo short term fellowships programmes to receive training in these interventions. The Indian Psychiatric Society can also contribute in a big way by organizing regular "Continuing Medical Education" programmes or courses in which faculty from outside and within country can be invited and some kind of credit points/certificates can be given to those attending such programmes. For the trainee psychiatrists there is need for developing well-defined curricula and syllabi for a three-year MD degree in psychiatry. Irrespective of the institute in which they are trained, all residents pursuing psychiatry postgraduate course should receive training in carrying out psychotherapeutic and psychosocial interventions. The centres which do not have trained faculty for the above, should liaise with the centres which have competent faculty to train. Further, the training should be based on utilisation of modern, inexpensive and efficient tools and techniques of medical and psychiatric education, such as case vignette videotapes, teleconferencing and telepsychiatry. The training programme should focus on both patient-centred and family centred approaches and should provide a broad-based theoretical foundation with the objective of teaching generic and specific skills. The training besides imparting skills should also focus on increasing the awareness of mental health professional about the various governmental schemes and facilities available for mentally ill subjects.

Besides training psychiatrists, greater emphasis on the training of non-medical professionals, such as clinical psychologists, rehabilitation psychologists, psychiatric social workers, psychiatric nurses and occupational therapists, is required so that we have a larger

base of manpower to provide these interventions to larger population.

Another important aspect is development of indigenous models or modifying the existing Western model to suit our socio-cultural requirements. In a country like India, where family is a big support for the patients the need to develop of psychosocial interventions which focuses on the family is self evident. Further, keeping in mind the patient and family perspective with magico-religious-spiritual beliefs, there is need to develop short term brief psychotherapeutic interventions, group interventions and spiritual therapies to productively and beneficially utilise these constructs and values. Further, the Indian Psychiatric Society as an organization can liaise with Rehabilitation Council of India in developing appropriate rehabilitation programmes for mentally ill subjects.

The area which requires encouragement is

systemic research evaluation of psychotherapeutic and psychosocial interventions to establish effectiveness of such procedures in Indian population.

Further, there is need to stress to the governmental agencies about the need for establishment of various rehabilitation facilities like half way homes and sheltered homes for rehabilitation of mentally ill subjects.

Psychosocial interventions in the Indian context are neglected and have the status of *Cinderella*, let us hope that our training programmes in psychiatry will enrich these manoeuvres so as to make these beautiful and useful.

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