

A journey from captivity to freedom

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As we know that massive changes are occurring all around us in social, demographic, political, economic and other areas of human life, its effects are bound to occur on human health in general, and mental health in particular. Such a situation is going to demand a larger role of psychiatrists in the society.

Two decades ago, when I joined psychiatry, I hardly knew anything about the specialty, having had only a limited prior exposure to the subject, mainly in the form of a few short notes and multiple choice questions. However, despite a limited exposure, I had never harbored any prejudice against the subject, as was common among medical students in those days. I kept receiving varied opinions about psychiatry from the colleagues and seniors already working in the department. While a few appreciated my choice, others clearly suggested change of specialty. Struggling with this dilemma in mind, I joined Dr. Shiv Gautam's unit as a post graduate trainee. Under his able guidance, I was exposed to psychiatry in a very positive manner and consequently, a lot of interest was generated within me.

Over a period of time, I came across the ground realities and a somewhat different image associated with psychiatry. I also realized that even our colleagues and friends do not adequately respect our specialty, and, many a times they had expressed, in personal conversations, that psychiatry is glamour-less

specialty dealing only with lunatics and psychotics. These comments almost compelled me to think about my own sanity. During three years of postgraduate training, I discovered that psychiatry is held captive with a lot of prejudices surrounding it and definitely needs freedom. I had always held the hope that a day would come when my friends and colleagues would respect my specialty and recognize its need and importance. I was also confident of a time in future when people would feel solace after meeting a psychiatrist. I attribute my positive approach to be the result of my training under a very energetic, enthusiastic and positive-minded teacher.

Today, in the capacity of President of Indian Psychiatric Society, North Zone, I would like to discuss a few important factors which are still keeping our specialty a captive and the factors which can bring the liberation.

FACTORS RESPONSIBLE FOR THE CAPTIVITY OF PSYCHIATRY

Stigma and mental illness

The stigma attached to mental illness is pervasive. Stigmatization does not stop at the person who has a mental illness, and spreads to the family and persist across generations. Mental illnesses are considered to be untreatable and psychiatric treatment methods are often seen as inefficient and dangerous.

Stigma is a major obstacle towards

provision of adequate and appropriate mental health care. In early part of twentieth century, when treatment for psychiatric disorders was limited to restrain in an asylum, a lot of myths and misconceptions were attached to these disorders. The anti-psychiatry movements in the west further lead to enhancement of stigma towards psychiatry. These myths, false interpretations, belief models and stigma that plague psychiatric illnesses are particularly important barriers to psychiatric care and have played a role in its captivity.

Illiteracy

Even after sixty years of independence, India is still lagging behind in literacy and to be more specific, the education of people. People tend to believe in various myths and superstitions often as a result of illiteracy. Mental illnesses are still considered to be the result of bad *karma*, sins and divine intervention. Patients hold a variety of non-medical belief models, which influence patterns of health seeking and treatment accorded. Hence, illiteracy or lack of education is one of the key factors which is keeping psychiatry in a captive stage.

Psychiatry in medical curriculum

Psychiatry is grossly neglected in undergraduate medical curriculum. Medical students hardly study psychiatry and rarely attend psychiatric postings. Reason is clear; psychiatry is not an important subject in the examination process. As a result, the medical students fail to acquire desired knowledge of the subject and many a times, their knowledge is not more than that of a layman. Difficult jargons and symptomatology as well as deeply rooted theoretical treatment of the subject further contributes to their disinterest in psychiatry.

Attitude of other medical professionals

Surprisingly, most of the medical fraternity

have multiple misconceptions and a negative attitude regarding psychiatric illnesses. Many physicians do not understand what kind of change a psychiatrist can bring in their patients. They refer the patients only when it becomes burden on them or when they fail to find any pathology on all possible investigations. Reasons could be poor training in psychiatry, poor liaisoning with the mental health professionals, lack of availability of psychiatrists, doubts on the competence of psychiatrists, financial gains etc. Many a times, they do not know which illnesses need psychiatric intervention.

Physicians also believe that psychiatric disorders are psychological; they arise out of nowhere and can be managed poorly with pharmacotherapy only. Hence, they not only lack the sufficient knowledge regarding psychiatric disorders, and long term consequences of mismanagement, but also rely excessively on ill informed pharmacotherapy wanting quick results. Hardly anyone of them is capable of maintaining the follow up that is required for the psychiatric patients. As a result, the patients are either over-diagnosed or under-diagnosed; they often receive antipsychotics in place of antidepressants or vice-versa, they are never encouraged to change their behavior and/or environment

Out of ignorance, they sometimes advice the chronic schizophrenic and depressive patients to discontinue the treatment in order to avoid dependence on drugs. Such advices grossly affect the quality of life of patients and puts them in a position of disadvantage.

Administrative prejudice

Administrators and policy makers are often ignorant and have a callous attitude towards mental health. They show a negative and uncooperative attitude when it comes to the

allocation of budget to mental health or the creation of new facilities or resources in mental health, because psychiatry does not provide early tangible returns. These administrative attitudes keep mental health in a disadvantageous and captive stage.

Mental Health Act (MHA), 1987

MHA, on the one hand, protects the rights of psychiatric patients and on the other, is also a major source of stigma. The act requires the hospitals to get a license from state mental health authority to ensure that psychiatric patients are given adequate care by limiting number of beds, availability of a psychiatrist round the clock, adherence to the prescribed number of nursing staff etc. The extensive paperwork and legalities precludes the establishment of psychiatric indoor services in general hospital. Do we have any doubt that psychiatrists wishing to start an inpatient service are not willing to provide best care to their patients? Do you feel that we lack the commitment towards our patients? Probably, the government does feel that!

Why there is no legal act for regulating the intensive care unit (ICU) functions in a hospital, even when it relates to the matter of life and death? Why does the government not make sure that ICU is run by a qualified person in Emergency medicine with adequate staff? The laws are outdated and vague with expression of futility towards mental illnesses and their treatment.

Role of media

Media acts as double-edged sword in creating awareness for mental health as well as promoting stigma. Many times, media picturizes the mental hospitals, psychiatric patients, and even their doctors in most uncomplimentary ways, which degrades the field of psychiatry.

It took us centuries to eradicate the concept

of *bhoot-vidyas* and ward off the stigma. But it can take only one negative print story or few shots of popular movie or a daily soap to reinforce the same in subconscious of people. The media largely serves to sensationalize the reports on mental illnesses and suicide.

Image of psychiatrists

The existing image of psychiatrists is an important cause of captivity of our specialty. Psychiatrists are seen in a negative light not only by the community, but even by others among the medical fraternity. I state an example of my fellow psychiatrist, whose engagement with his doctor classmate was called off after he opted for psychiatry.

The attitude of psychiatrists themselves, the inability to formulate clear-cut guidelines and not shifting the focus from negative to positive health has made the image worse. At times, the negative attitudes held by some psychiatrists may also have a devastating effect on the patients, more than anything else.

STEPS TO LIBERATE PSYCHIATRY

Change is essence of life and the field of mental health has undergone a substantial evolution during the last few decades. A series of changes, both planned and unplanned, at different levels have occurred. National Mental Health Programme and community based treatment of mental disorders are two such changes. Continuous development and higher literacy is changing the attitude towards mental health. Untiring efforts of mental health professionals in the form of public mental health educational programmes, continuous medical education program, mental health camps, school mental health education program etc. are taking psychiatry towards freedom. It is pleasantly surprising that more people have started coming to professionals to consult for their mental health

problems, which was unthinkable a few decades ago. I discuss a few factors which are helping us in the march towards freedom.

Public mental health education movement

I have seen many of my senior and junior colleagues taking public mental health education as a challenge and making it a movement. Though few call it a publicity stunt but the fact is that, without education, the public image of mental health cannot be enhanced. Distribution of mental health pamphlets, free consultation camps, radio and television talks, print media articles, live interactions, helplines, suicide prevention cells etc are few efforts which have brought positive results and encouraged the patients to approach mental health professionals. But such efforts by isolated individuals are insufficient. It is a need of the hour that government takes up this matter aggressively and deliver the message to masses at village level, as in the case of AIDS prevention program.

Second important need is to educate masses regarding the common mental health problems, which every person faces in his day to day living. Education about causes and management of relationship problems, adjustment problems, teenager and adolescent, problems, addiction problems etc are few steps which can reduce the stigma attached to psychiatry. In a way, there is a need to educate the people who seek healing as well as those who heal.

Integration of psychiatry in medical curriculum

Until and unless psychiatry becomes a separate subject in medical curriculum, its growth as a medical specialty will continue to be limited. Among medical graduates, less than 1 % opt for psychiatry. Rest 99% who look after health services of our country are inadequately trained to deal with the mental health problems.

Not only the quality of training, but the quantity of trained persons is also substantially below the mark. It is high time for Indian psychiatric society to pressurize the Government and Medical Council of India to include psychiatry as a separate subject. Similarly, the training of General Duty Medical Officers in mental health should be mandatory. National Mental Health Programme policy makers can make this provision with help of Ministry of Health, Government of India.

Strengthening of the consultation-liaison psychiatry

Scientific research shows that one-third of all somatic symptoms are medically unexplained. Mental health problems in chronic medically ill, surgically operated patients and various out-patient departments are very high and consultation-liaison services. In personal conversations, many non-psychiatrist specialists have expressed the following reasons for not calling psychiatrists:

“They just see patients and prescribe medicine, which we can easily do”

“Patient don't accept the diagnosis because of stigma”

“They give less information about illness, as if something mysterious has occurred”

“We fear losing and annoying our patients by sending them to a mad man's doctor”

“They talk about psychological underpinnings of illnesses but treat the patients with drugs. Can any psychological problem be solved with a pill?”

Though, many of above complaints are baseless, but it is need of the time that through our behavior and body language should create an environment, which can develop a cordiality between a psychiatrist and other doctors. Information provision should be clear, scientific and based on presence of symptoms. Similarly

our treatment guidelines should be scientific and should incorporate proper psychoeducation.

Development of super-specialties

We must understand that a general psychiatrist (that we all are) is not able to provide best care to all kinds of psychiatric patients. A patient with substance abuse needs quite different type of care compared to a psychotic patient! Similarly, a general psychiatrist cannot deal with the childhood psychiatric disorders to provide the best possible level of care. Similarly, sexual disorders, anxiety disorders, neuropsychiatric disorders, consultation liaison psychiatry, sleep disorders, rehabilitation psychiatry, psychotherapeutic work require special training and constant updating.

Moreover, I sometimes feel we are so happy dealing with schizophrenia and mania that we do not think of expanding our specialty. Keep a hand on your heart and tell the truth, how many of us try to establish the pathological diagnosis of dementia? How many of us try to look for the underlying diagnosis of sleep disorders? How many of us are working with our patient to rehabilitate them? How many of us ever think of learning disorders besides mental retardation? How many of us diagnose pervasive developmental disorder, schizoid or schizotypal personality disorders but not the childhood schizophrenia?

My friends, it is the time that we should wake up and try to develop super-specialties in psychiatry so that we can be recognized as the true care providers, not as the doctors for the mad persons.

Quality services by psychiatrists

In this journey of captivity to freedom, the thing which can affect the most is providing quality services to our patients. When I joined psychiatry, I heard that psychiatry is a branch

with four disorders and four drugs. But we all know that this specialty have a long list of disorders and over a hundred pharmacological agents.

By providing adequate time for doctor-patient communication, by maintaining strict confidentiality of our patients, by protecting patient's rights at every cost, by adequate and appropriate use of pharmacological and non-pharmacological treatment, by educating family members, by providing rehabilitative services, we can bring a paradigm shift in quality of psychiatric services and psychiatry can achieve a new and enhanced reputation.

Image building of psychiatrists

Public tends to have a 'narrow' view of psychiatrists, associating us chiefly with our expertise in madness. In reality, psychiatrist can promote coping and wellness in addition to diagnosing and treating "madness". In this era of stressful world, a lot of people find that their stress levels have increased, psychiatrists can help people assess how they are coping with current stresses and develop new skills and strategies. We, as a psychiatrists, can do much more to prevent problems by helping people to cope and build their resilience.

Educating policy makers

The poor knowledge about mental health in our administrators and policy makers is another hindrance to growth of mental health. Most of them are carrying same prejudices as the general public. It is essential to have sensitive, educated politicians, administrators, and policy makers for growth of our specialty. We need to educate them that mental health is important aspect of life and there is no health without mental health.

In recent past, a number of judicial decisions in higher courts have paid good

dividend to mental health, but that is not enough, we need to be more proactive and see that justice is meted out to psychiatry. It has been observed in many states and cities that a number of mental health programs could be initiated once the local administrators were convinced. Such programs include helplines for students, regular free camps for geriatric population, counseling facilities in colleges etc. I think it is time to highlight this issue to all those training institutes, which give training to state and central government administrative and judicial officers.

Change the Mental Health Act

Requirement of a license from the mental health authority to start a mental health facility not only separates us from other specialties, but also keep us at disadvantage. Such provisions need to be abolished and moreover, if the policy makers are so sensitized to the well being of psychiatric patients, why they do not enforce any policy to prevent the mismanagement of psychiatric patients by other medical health professionals who are not able to understand the needs of psychiatric patients? A non-psychiatrist can prescribe the psychotropic medicines about which he has minimal knowledge, he can admit the patient in the indoor ward with an alternative diagnosis but a psychiatrist cannot!

There are enough evidences where anti-psychotics are prescribed instead of antidepressants because of lack of knowledge! Why the orders for discharge of mentally ill from hospital need approval from courts? Why is no action taken against those who violate human rights of the mentally ill? Why is attempted suicide still criminalized? Hence, the laws should be modified if the policy-makers really wish to benefit the psychiatric patients

Use media

It is our responsibility to create more

awareness in the media about mental illness. The role and efforts of many psychiatrists in this regard increased the sensitivity of the society towards issues of mental health and more people are approaching psychiatrists for their problems.

I urge all members to leave the media-shy attitude and come out more willingly with a positive attitude, dispel the myths about psychiatry and do all that you can to enhance the image of psychiatry. However, we should not turn a blind eye to the sensationalization of mental illnesses. In response, we can formulate a guide for good reporting of mental illnesses and ask our journalist friends to follow it. We should use every opportunity to bring awareness for mental illnesses through the media.

Develop leadership

For liberation of psychiatry, every psychiatrist needs to be a leader. His persistent efforts as a leader are necessary for growth of specialty. We need a lot of passion, interest and enthusiasm. We cannot restrict our work to our clinic and need to be agents of change. Every patient that we heal should be a messenger to the society to convey that modern psychiatry is effective and productive.

Making Psychiatry a household name

It is the time when we should tell our patients that we are providing them the best care. We are not just prescribing the pill to treat underlying biological pathologies, but also providing non-pharmacological therapies. We have to provide best level of care by inter-mixing the pharmacological and non-pharmacological the therapies. We should not only work for the cure, but also for the prevention of illness. People must know that Psychiatry is not everybody's cup of tea and the way to achieve this is by self-improvement and striving for quality.

Be a ray of hope

Individualism of modern era targets a number of aspects of human life, most importantly the mental health. The mental health professionals can be ray of hope and effectively use 'vaccine of hope' for the infection of frustration in epidemic proportions among millions of our people. We can provide necessary care and support to the developmental activities and thus, raise the quality of life of our population.

TOWARDS MORE RATIONAL AND RESPONSIBLE PATIENT CARE

Psychiatry has yet to find freedom and dignity in the midst of other disciplines of medical science. Now let me turn to say to all members that our task is great, our difficulties are considerable, but it is encouraging that all our members are enthusiastic. We know how to live with difficulties and we also know how to solve our problems. Let us aspire that psychiatry acquires its rightful place in India and in near future earns its deserved prestige and freedom in all quarters and fields. Our efforts can definitely make the difference.

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