



Wellbeing begins in Our MINDS

Monthly Newsletter on Psychiatry for Doctors & Medical Students

Volume 6

Issue 10

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- ❖ Published from 2011
- ❖ Articles on Psychiatry from over 22 specialties!!
- ❖ Contribution from More than 50 Authors!!
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From the Desk of Editor

Psychological First Aid

October 10th is one of the most important day in mental health calendar for it is observed as world mental health day globally. It is meant for mental health awareness, education and advocacy. It was celebrated first in 1992, at the initiative of the World Federation for Mental Health, a global mental health organization. The event provides the opportunity for all the stakeholders involved in mental health care to plan and implement activities related to mental health awareness and access to services. Along with WHO, this day is being observed every year with a theme reflecting the action policies. This year's theme is "Psychological & Mental Health First Aid for all". Also called as psychological first aid (PFA), carries similarity to well known (physical) first aid during mishaps which is often lifesaving and limits the damage. But, PFA concept is poorly understood globally as mental health distress and crises are viewed differently because of ignorance and stigma towards mental illnesses. Mental health issues and distress are rising in alarming proportions due to various crises happening around the world and people, more than ever are suffering from these. PFA offers a support to those who are in mental trauma as a result of various distressing events involving an individual or many people. This helps the affected people recover and get back to productive life sooner. It is briefly described in invited article. Let us take this opportunity to know and learn more about mental health first aid and join hands in reaching out to those who need it.

- Dr. Gopal Das. C. M

Guest Column: Down The Memory Lane...

'He that fights and runs away, may live to fight another day'

It is quite common for all of us who have chosen psychiatry as a specialty, to have unusual and sometimes unpleasant experiences with our patients. One such experience remains fresh till today! I had been into my DPM course for a year. Being posted in adult psychiatry, and that day being our out-patient follow up, I was busy in one of the cubicles evaluating a patient, with his attendant. Having seen the patient, I stepped out into the corridor to meet the senior resident. As I was walking towards his room, I heard a loud, harsh voice behind me say 'where is Lakshmi Pandit?' I turned around to see a big built man, aged about 50 years or so, and I had never seen him before. He was ill kempt, and his shirt was unbuttoned till almost his waist. The sight of this person, who was obviously a patient, frightened me! I turned and took to my heels, towards the then Child Guidance Clinic Out Patient Department. Dr Shobha was sitting with some Residents and discussing a case. I ran into the room and sat down on a chair with the others. She was surprised, to say the least, and wanted to know what the matter was. I whispered and told her I was being followed by a patient who was looking for me, and that I had no clue who he was. She asked me to sit quietly, and not move. The patient walked down the corridor and returned. He stepped into the room, and Madam asked him what he wanted. I wanted Lakshmi Pandit, he said. She questioned as to why he was looking for her, and he said 'she is my wife'. My heart was pounding with fear! Madam told him that she had no idea where I was. With that, he left the room. He obviously had no idea who I was, and had somehow come across my name. I left the OPD after a while and he was nowhere to be seen. I heaved a sigh of relief and headed back to the adult OPD. I spent the rest of the day in constant fear of the patient returning! This was most definitely one of the most frightening experiences I have ever had after entering the discipline of Psychiatry, and this event probably proved the famous quote by Oliver Goldsmith - 'he that fights and runs away, may live to fight another day'. I always wonder what might have happened had he discovered me that day!

 **Dr. Lakshmi Pandit, Professor, Dept. of Psychiatry, KIMS, Bengaluru**

Psychological First Aid (PFA)

Different kinds of distressing events happen in the world, such as war, natural disasters, accidents, fires and interpersonal violence (for example, sexual violence). Individuals, families or entire communities may be affected. People may lose their homes or loved ones, be separated from family and community, or may witness violence, destruction or death. Psychological first aid (PFA) describes a humane, supportive response to a fellow human being who is suffering and who may need support. PFA involves factors that seem to be most helpful to people's long-term recovery. These include: feeling safe, connected to others, calm and hopeful; having access to social, physical and emotional support; and feeling able to help themselves,

as individuals and communities. PFA is aimed at helping people who have been very recently affected by a crisis event. providing practical care and support, which does not intrude; assessing needs and concerns; helping people to address basic needs (for example, food and water, information); listening to people, but not pressuring them to talk; comforting people and helping them to feel calm; helping people connect to information, services and social supports; protecting people from further harm. Providing PFA responsibly means:

1. Respect safety, dignity and rights.
2. Adapt what you do to take account of the person's culture.
3. be aware of other emergency response measures.
4. Look after yourself.

PFA action principles

<p>Look <i>Eyes: giving the person your undivided attention.</i></p> <ul style="list-style-type: none"> • Check for safety. • Check for people with obvious urgent basic needs. • Check for people with serious distress reactions. 	<p>Listen <i>Ear: truly hearing their concerns.</i></p> <ul style="list-style-type: none"> • Approach people who may need support. • Ask about people's needs and concerns. • Listen to people, and help them to feel calm 	<p>Link <i>Heart: caring and showing respect.</i></p> <ul style="list-style-type: none"> • Help people address basic needs and access services. • Help people cope with problems. • Give information. • Connect people with loved ones and social support.
<p>Safety <i>Avoid putting people at further risk of harm as a result of your actions. Make sure, to the best of your ability, that the adults and children you help are safe and protect them from physical or psychological harm.</i></p>	<p>Rights <i>Making sure people can access help fairly and without discrimination. To Help people to claim their rights and access available support. Action should be only in the best interest of any person encountered.</i> <i>Working through an organization or community group is more effective than working on own, that may put individual at risk, have a negative effect on coordination efforts, success is unlikely in linking affected people with the resources and support they need.</i></p>	<p>Coping <i>Everyone has natural ways of coping. Encouraging people to use their own positive coping strategies, while avoiding negative strategies. This will help them feel stronger and regain a sense of control.</i> <i>Helping people to help themselves and to regain control of their situation.</i></p>
<p>Dignity <i>Treat people with respect and according to their cultural and Social norms.</i></p>		

When delivering PFA,

<p>Look after yourself</p> <p>It is important to pay extra attention to <i>your own wellbeing</i> and be sure that you are physically and emotionally able to help others. Take care of yourself so that you can best care for others.</p> <p>You can offer PFA wherever it is safe enough for you to do so. Ideally, try to provide PFA where you can have some <i>privacy</i> to talk with the person when appropriate.</p> <p>Be honest and trustworthy. Respect people's right to make their own decisions. Be aware of and <i>set aside your own biases and prejudices</i>.</p> <p>Make it clear to people that even if they refuse help now they can still access help in the future.</p> <p>Respect privacy and keep the person's story <i>confidential</i>, if this is appropriate. Behave appropriately by considering the person's culture, age and gender.</p>	<p>Being calm and showing understanding</p> <p>It can help people in distress feel more safe and secure, understood, respected and cared for appropriately.</p> <p>To communicate well, be aware of both your words and body language, such as facial expressions, eye contact, gestures, and the way you sit or stand in relation to the other person. Each culture has its own particular ways of behaving that are appropriate and respectful. Speak and behave in ways that take into account the person's culture, age, gender, customs and religion.</p>
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Role of Psychiatry in Otorhinolaryngology


Symptom is a deviation from normal functioning which is noticed by a patient and is often perceived as herald of a disease. A symptom is subjective, observed by the patient and cannot be measured objectively. On the other hand, sign is directly observable and is amenable to measurement by others. A combination of symptoms and signs help in making a diagnosis.

Otolaryngology is a field where patient commonly presents with physical symptom of pain or soreness for the various commonly associated acute infections or malignancies in head and neck. We usually tend to associate the severity of pain with a more sinister or advanced stage of the disease. But it has often been found that the severity of symptom is not solely dependent on the severity of the disease but is also dependent on the persona of the patient. The same stage/severity of a disease may produce different manifestations on different patient.

Mind plays a very important role in manifestation and handling of a disease condition. This is where understanding a persons' mind plays a very important role especially in comprehensive treatment of malignancies. In the event of a diagnosis of a malignancy, a patient often needs constant psychiatric evaluation. Right from the moment of diagnosis till formulation of treatment plan and even during the course of treatment the patient often needs psychological support and at times psychiatric treatment.

The acceptance of malignancy is a huge mental shock for the patient who often feels bewildered and lost. Both the patient and the family are needs of understanding and support. Breaking the bad news, understanding and acceptance of diagnosis as well as expectations from treatment are the areas the primary clinician needs to work on for better patient satisfaction.

The expertise of a psychiatrist provides a lot of help in difficult situations. The treatment given for head and neck malignancies often leads to difficulties in swallowing, speaking and disfigurement of the face which is unbearable at times. The care and support provided by a psychiatrist the difficult periods in diagnosis and treatment often become smooth and bearable for the patients. Patients have ease of understanding the disease and has better acceptance of the diagnosis which helps in treatment adherence as well as tolerance. Many a times this means early returns to daily routine. Thus there is a need to set up facilities of counselling of patients diagnosed with malignant and terminally ill diseases.

 **Dr. Saurav Sarkar, Assistant Professor, Department of Otorhinolaryngology, AIIMS Bhubaneswar**

REFRAME -Let Awareness Reframe Assumptions: Myths & Facts about 'Mental Retardation'

- Mentally retarded children have no or less feelings and emotions.*
- ✓ *Mentally retarded children have the same range of feelings and emotions as others.*
- Cerebral Palsy means brain damage, therefore the children is mentally retarded.*
- ✓ *In some children the damage can extend to the intellectual part of the brain. In other cases intelligence is normal even though performance may be hampered.*
- No cause for mental retardation is known and it cannot be prevented.*
- ✓ *Mental retardation can be caused by any condition which impairs development of the brain before or during birth or in early childhood. Well known causes are rubella during pregnancy, toxoplasmosis, and chromosomal abnormalities like Down's syndrome etc. Proper antenatal and postnatal care, avoidance of drugs, alcohol during pregnancy etc. are some prevention strategies that can be adopted.*
- Adults with intellectual disability can pose sexual danger to others because they are sexually promiscuous and therefore should not be taught about sex.*
- ✓ *Adults with intellectual disability tend to be sexually inhibited. Sex education opportunities should be provided to them.*
- Persons who are severely and profoundly mentally retarded must be locked away in institutions for their own and society's safety.*
- ✓ *Systematic training efforts have proven that most people with severe and profound mental retardation can learn to at least care for their basic needs. Many can perform useful work with support and can otherwise adapt to normal patterns of life.*

UG n PG

**AN EXCLUSIVE SECTION FOR
UNDERGRADUATES AND
POSTGRADUATES**

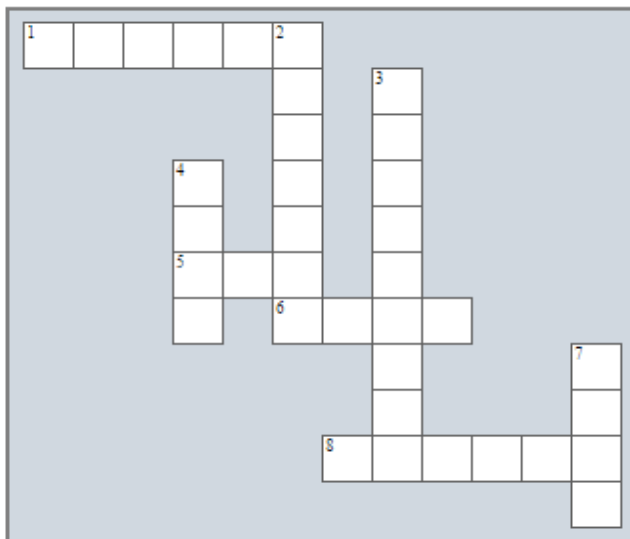
UG n PG

1. What is the commonest inherited cause of mental retardation (Intellectual disability)?
a. Down's syndrome b. Fragile X syndrome c. Phenylketonuria d. Hypothyroidism
2. Which of the following are clinical features of bulimia nervosa?
a. Parotid gland enlargement b. Hypochloremic metabolic alkalosis
c. Calluses on dorsum of hand d. All of the above
3. Which of the following is false about Rett syndrome?
a. More common in boys b. Deceleration of head growth
c. Stereotypical hand movements d. Loss of motor, language skills
4. Which of the following sedating antidepressant drugs is associated with priapism?
a. Paroxetine b. Duloxetine c. Clomipramine d. Trazodone
5. A 45 year old woman brings her 5 year old stepson, whom she resents because she never wanted children because of an unhappy childhood. During the visit, she tells the physician that she adores the child and describes her elaborate plans for his birthday. Which of the defense mechanisms explains the woman's behaviour?
a. Displacement b. Projection c. Reaction formation d. Splitting

Note: You can now request for any explanations to MINDS QUIZ answers by just an email to editormind@gmail.com

Can You Cross the Crosswords!!!

Compiled by Ms. Namrata Das, Final MBBS, AIIMS, Bhubaneswar (Odisha)



Across

1. This gland secretes melatonin (6)
5. Pathological aggregation of this protein is seen in neurofibrillary tangles of Alzheimer's disease (3)
6. Sustained and pervasive emotional tone (4)
8. Known as father of child psychiatry (6)

Down

2. A Mood stabilizer (7)
3. Feeling of unpleasantness or discomfort (9)
4. This frequency in EEG attenuates after eye closure (4)
7. Various symptoms experienced before a seizure or a migraine (4)



QR Code for MINDS website

- ACROSS**
1. Pineal
 5. Tau
 6. Mood
 8. Kanner
- DOWN**
2. Lithium
 3. Dysphoria
 4. Beta
 7. Aura

CROSS WORDS

- MINDS QUIZ**
1. b
 2. d
 3. a
 4. d
 5. c

ANSWERS

MINDS Newsletter was launched in July 2011 as a Monthly Newsletter on Psychiatry for doctors & medical students for creating awareness and continued medical education. You can receive a free e-copy of MINDS by an e-mail request to editormind@gmail.com, or by just SMS MINDS <email ID> to Editor: +91 9535383539/ Asst Editor: +91 9438884222 or join our

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