

MINDS NEWSLETTER

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Wellbeing begins in our MINDS

Monthly Newsletter on Psychiatry for Doctors & Medical Students

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Dignity in mental health

Many of the people with mental health conditions around the world are deprived of their human rights. The dignity of many people with mental health conditions is not respected as many are subjected to physical, sexual and emotional abuse and neglect in hospitals as well as in community, denied access to general and mental health care, often deprived of access to education and employment opportunities, and prevented from participating fully in society. The theme for this year's World Mental Health Day, observed on 10th October, is "Dignity in mental health". This year, WHO will be raising awareness of what can be done to ensure that people with mental health conditions can continue to live with dignity, through training of health professionals, public information campaigns, human rights oriented policy and programs, destigmatizing psychiatry, psychiatrist, and psychiatric care and improving mental health literacy.

Naresh Nebhinani

Guest Column: Down The Memory Lane

Common sense approach for sexual problems

It is said that sexual problems are time consuming and difficult to treat. It may be one of the reasons why many doctors hesitate to enquire or decide to treat people's sexual concerns. However, it is absolute truth that a proper history, examination and treatment is called for in each of these cases. All the patients may not need intensive therapy and a bit of common sense approach will solve the problem.

I recollect vividly a middle aged male married malayalee, running a petty shop in Mandy reported to me with erectile dysfunction and premature ejaculation. When went into the details, his problem was simple but interesting. He would close the shop by evening 7:00 pm and would go straight to his girlfriend's house and would invariably experience premature ejaculation and the consequent disappointment. Then he will go home for dinner and usually fails with wife while performing. I could make out that his was more a problem of rhythm and scheduling. I suggested rescheduling his time table – would go home straight after closing the shop to wife and would visit his girlfriend in the morning before he opens the shop. It worked wonders and he could manage both!

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Mental Health Literacy in India

“Mental Health Literacy” (MHL) refers to knowledge and beliefs about mental disorders which aid their recognition, management or prevention. MHL has components (Jorm et al, 1997) like the ability to recognize specific disorders; knowing how to seek mental health information; knowledge of risk factors and causes, knowledge of self-treatments, and of professional help available and attitudes that promote recognition and appropriate help-seeking. Thus MHL can have enduring effects on various facets of mental health such as stigma of psychiatric disorders.

Stigma is combination of lack of knowledge (ignorance), negative attitudes (prejudice) and discriminative behavior (discrimination). Many Indian studies have shown that negative attitudes towards mental illness are widespread. Stigma leads to social exclusion, noncompliance to effective treatment and acts as an obstacle to recovery. Stigma is universal and involves not only lay persons but also various health professionals.

The belief that mental illness is incurable or self-inflicted can also be damaging, leading to patients not being referred for appropriate mental health care, leading to underuse of available mental health services. There is also a neglect of psychiatry as a discipline at the undergraduate level.

Interventions to improve Mental Health Literacy

Psychiatric stigma needs to be addressed by protest, contact and education

Activities to improve MHL can be considered in terms of:

Scope – universal (i.e. targeting the whole population or groups), or selective (i.e. to particular subgroups);
Mode of delivery – e.g. mass media, brochures, oral presentations by experts and/or community leaders etc. and
Setting – e.g. whole communities, hospitals, schools etc.

Educational interventions: Lectures/ seminars/ workshops conducted by experts

Mental Health Awareness Training Sessions (one or two days): These training sessions can be given to medical students, psychology students, nursing personnel, health workers, primary health care doctors and teachers

Social contact: Individuals affected by mental illness share their personal stories/experiences. Such contact can be the most important factor in reducing stigma & increasing awareness

Filmed social contact: By showing mental health related movies and DVDs. This is cost effective and potential to reach larger audiences

By changing medical students' curriculum and training in psychiatry

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Consultation Liaison Psychiatry

Focus: 'Genetics'

Genetic counseling: Relevance in Psychiatry

Genetic counseling was first defined by Sheldon Reed in 1947 and is as old as genetics itself. Once limited to rare mendelian disorders, genetic counseling is playing an ever increasing role in predicting, diagnosing, and managing various human disorders related to genes or chromosomes including psychiatric conditions. It has been observed that optimal potential of genetic counseling services may not be realized because of lack of availability and lack of knowledge regarding its special role in patient and family care.

Many attempts have been made to define genetic counseling by experts, and it is largely considered to be an educational process. It is the process of helping people understand and adapt to the medical, psychological and familial implications of genetic contributions to disease. This process integrates the interpretation of family and medical histories to assess the chance of disease occurrence or recurrence; education about inheritance, testing, management, prevention, resources and research; and counseling to promote informed choices and adaptation to the risk or condition.

In the majority of families presenting for psychiatric genetic counseling, there is no clear pattern of familial transmission. Therefore, mental health professionals need to rely on genetic epidemiological literature to provide empirical risks for specific psychiatric conditions. However, with unprecedented advance in molecular medicine, many genetic defects have been identified using exome sequencing, microarray analysis and next generation sequencing. Whether the abnormality detected through this testing is of significance or not requires a lot of bio-informatics tools for accurate interpretation of the findings. Algorithmic approach for chromosomal micro array (CMA) is now being considered as first line approach for mental disorders and dysmorphism.

Further, genetic counseling is an integral part of genetic testing. No genetic tests should be performed without counseling the patient. It may be highly challenging to offer genetic counseling to patients with mental illnesses. There is much bigger role of care giver to understand the role of genetics in their family member. In fact, psychological make-up of care giver will determine the optimal impact of genetic counseling.

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REFRAME -Let Awareness Reframe Assumption: Myths & Facts about "Obsessive compulsive disorder"

- All neat freaks have OCD
- ✓ Although cleanliness is a sign of OCD but it can be present in otherwise healthy persons. In OCD the patient indulges in cleanliness due to unrelenting anxiety.
- Stress causes OCD
- ✓ Although stress can exacerbate OCD symptoms, stress alone does not cause it
- OCD behavior is caused by troubled childhood
- ✓ OCD is caused by combination of biological, psychological and social factors
- OCD is an expression of subconscious conflicts
- ✓ Many psychoanalysis would consider OCD as an expression of subconscious conflicts, but this has never been proven. Attempting to interpret the unconscious meaning in this disorder is also not clinically useful.

Compiled by Swapnil Tripathi, final year, MBBS student, AIIMS, Jodhpur, Rajasthan

UG n PG

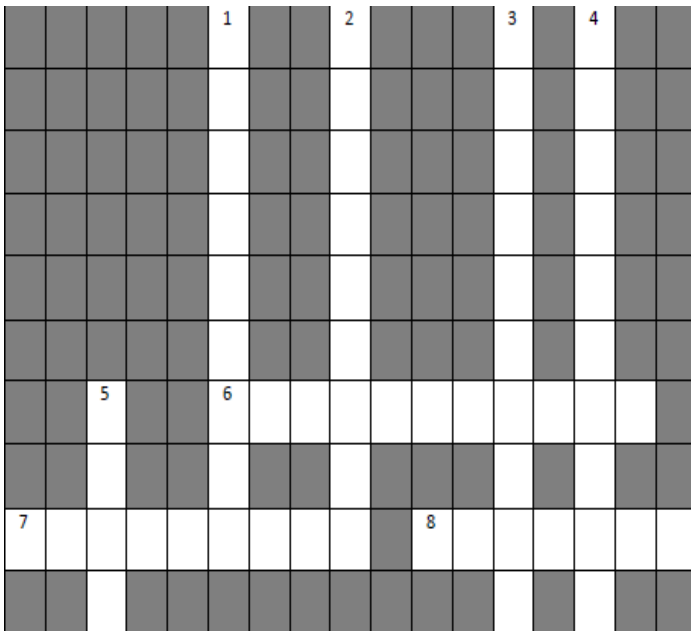
**AN EXCLUSIVE SECTION FOR
UNDERGRADUATES AND
POSTGRADUATES**

UG n PG

MINDS QUIZ

1. Xenophobia is fear of
 - a) Heights
 - b) Animals
 - c) Darkness
 - d) People from other countries
2. Visual analogue scale is most widely used to measure the intensity of
 - a) Anesthesia
 - b) Pain
 - c) Relaxation
 - d) Sedation
3. All are Cluster B personality disorders except
 - a) Borderline
 - b) Anxious
 - c) Narcissistic
 - d) Antisocial
4. When previous information interferes new learning it's called
 - a) Retrograde inhibition
 - b) Proactive inhibition
 - c) Simple inhibition
 - d) Complex inhibition
5. Which of the following is a mature defense mechanism
 - a) Suppression
 - b) Humor
 - c) Anticipation
 - d) All of them

Compiled by Rajat, final year, MBBS student, AIIMS, Jodhpur, Rajasthan



Across

6. A defense mechanism in which negative energies are put or diverted into personally and socially acceptable activities
7. Intense urge to set fire
8. A syndrome in which person believes that he has turned into monster

Down

1. Severe motor restlessness
2. Repetition of heard words
3. Preferred drug for trichotillomania
4. Fear of high places
5. Culture bound syndrome in Asia where male has belief that penis is shrinking

Compiled by Rajat, final year, MBBS student, AIIMS, Jodhpur, Rajasthan

ANSWERS

MINDS QUIZ

1. d
2. b
3. b
4. b
5. d

CROSS WORDS

ACROSS

- 6 Sublimation
- 7 Pyromania
- 8 Windigo

DOWN

- 1 Akathisia
- 2 Pallialia
- 3 Fluoxetine
- 4 Acrophobia
- 5 koro

Quick Response Code for the Website



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