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MINDS

Wellbeing begins in our MINDS

Monthly Newsletter on Psychiatry for Doctors & Medical Students

Volume 5 *Issue 8* *August 2015*

Dear readers,

On 27th July 2015 we have lost our great teacher and visionary leader, who has given us 'wings of fire' and 'ignited our minds'. His work, guidance, quotes, and books will always remain true source of inspiration for all of us. I am sharing his exclusive contribution for MINDS newsletter which was earlier published by Dr M. Kishor in September 2011.

Naresh Nebhinani

Eleven Point Oath for Teachers

1. First and foremost, I will love teaching. Teaching will be my soul.
2. I realize that I am responsible for shaping not just students but ignited youths who are the most powerful resource under the earth, on the earth and above the earth. I will be fully committed for the great mission of teaching.
3. I will consider myself to be a great teacher for I can lift the average to the best performance by way of my special teaching.
4. My actions with students will be with kindness & affection like a mother, sister, father, brother.
5. I will organize & conduct my life, in such a way that my life itself is a message for my students.
6. I will encourage my students to ask questions and develop the spirit of enquiry, so that they blossom into creative enlightened citizens.
7. I will treat all the students equally and will not support any differentiation on account of religion, community or language.
8. I will continuously build the capacities in teaching to impart quality education to my students.
9. I will celebrate the success of my students, with great élan.
10. I realize by being a teacher, I am making an important contribution to all the national development initiatives.
11. I will constantly Endeavour to fill my mind, with great thoughts and spread the nobility in thinking and action.

Greetings and best wishes, Kalam

Guest Column: Down The Memory Lane… 'Experiential learning'

It was not very long after that I joined the department where I am working now. A young man who had been in my follow up for the last 3-4 months waited patiently for his turn. When I handed over the prescription he hesitantly told me that his wallet had been stolen on the way and he did not have any money. I collected some samples of prescribed medicines but he needed to buy more. As I did not have a smaller currency note so I gave him a Rs. 500 note. He assured me that he would be back soon with the change. I finished my outdoor and was ready to go. But this man did not return. When my colleagues came to know of this, it was labeled as foolishness. Weeks passed by and this incident not only left me feeling foolish but also stopped me from helping the needy.

On a busy OPD day I was greeted by someone very cordially by an unknown lady. She pushed a 500 rupee note in my hand saying that her husband had sent her to return this money as he had a job now and could not get time off work. She told me that her husband did not return that day as after purchasing the medicines he was left with money barely enough to return home. I felt ashamed that I trusted others sentiments but not my own instincts to be kind. How many more people I would have helped? I felt so small. At last my trust in basic human nature of goodness was restored.

Dr. Sujata Sethi, Senior Professor, Dept. of Psychiatry, Postgraduate Institute of Medical Sciences, Rohtak, Haryana. Email: reachsujatasethi@gmail.com

Reducing mental health gap: Reaching out to the unreached

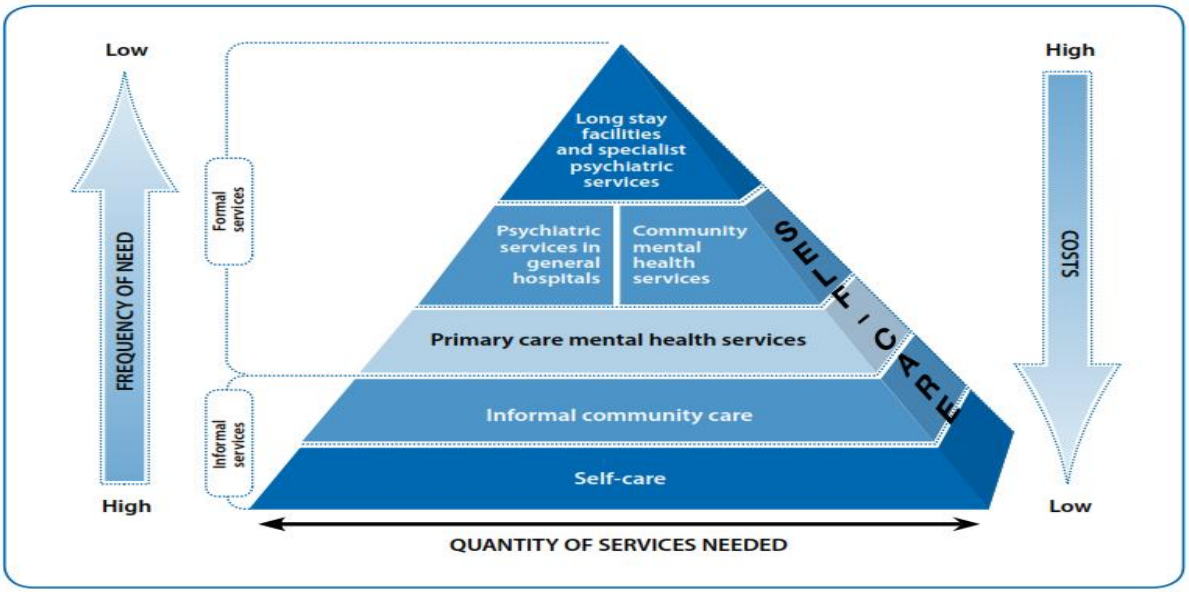
World health organization (WHO) estimates that 12% of global burden of disease is accounted by mental and behavioral disorders. A WHO survey showed that 76%–85% in lower and middle income countries (LAMICs) had received no treatment in the previous 12 months. The three main reasons for this mental health gap (mhGAP) are scarcity of resources, inequitable distributionand inefficient utilization of available resources.

There is a need to train more mental health professionals and ensure their equitable distribution within the country to cater to the needy in the Government setup. Existing mental health professionals and services are concentrated in big cities and institutions. As mental health services are unavailable in primary health care, many patients travel long distances to cities to consult psychiatrists. Expenses incurred in travelling, consulting psychiatrists and purchasing medications are barriers in accessing mental health services.

WHO states that majority of mental health care can be managed by self or informal community mental health services or primary health care. Such settings score over specialized mental hospitals in terms of cost and accessibility to the population. We need to replicate success of our neighboring countries in providing mental health services at general hospitals (Nepal) and community (Sri Lanka).

One of the important barriers in providing mental health services in primary health care is competence of MBBS doctors in diagnosing and treating mental disorders. Concerted efforts are needed to improve the quality of psychiatry training in undergraduate medical curriculum to handle this issue. Administration needs to ensure continuous availability of essential psychotropic medications at PHC. In addition, referral systems need to be in place for managing more complicated cases which cannot be managed at PHC.

Experience in implementation of National Mental Health Program (NMHP) has important lessons for future. Experts have pointed out that efficient leadership, creating awareness among users, coordination among various stakeholders, continuous monitoring at ground level and early trouble shooting are required for successfully delivering services.



We need to focus resources to widen the base of 'WHO Service Organization Pyramid for an Optimal Mix of Services for Mental Health' (WHO 2007) in a systematic and planned manner (as shown in above figure). It is the right of every Indian citizen to have affordable, accessible and quality mental health care.

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Consultation Liaison Psychiatry

Focus: 'ENT'

Role of Psychiatrists in Tinnitus

Tinnitus is an aberrant perception of sound without any external stimulus. Often underlying cause remains elusive and thus functional tinnitus is more common than organic one. Chronic tinnitus is so disturbing that it affects psyche of affected individual and impinges on the quality of life to varying degrees. Patients may complain of impairment in lifestyle, emotional difficulties, sleep deprivation, hindrance to work and social life and a general decrease in health status (Simpson & Davies, 1999). Some of the psychological disorders associated with tinnitus are anxiety, depressive disorders, hysteria, insomnia, anger, fear, despair, somatoform disorders (DSM-IV Axis I) and exhibit personality disorders (DSM-IV Axis II). Conversely, cognitive characteristics such as attention, processing speed, dysfunctional belief and catastrophic thoughts mediate or moderate the loudness of tinnitus.

Essentially, management of tinnitus is multidimensional. It requires not only assessment of underlying etiological factor and magnitude of structural damage but also psychological assessment of patients. Perceptual, emotional, and behavioral parameters are required because pharmacotherapy alone has produced unsatisfactory results in chronic tinnitus. Oto-psychiatric treatment ultimately aims at helping patients direct their attention away from the tinnitus and putting negative cognitive processes under control.

Cognitive behavioral therapy (CBT) focuses on sensory, perceptual and psychological factors together for amelioration of distress thus improving quality of life by restructuring thought patterns and habituation.

Other form of therapies like Tinnitus Retraining Therapy (TRT) consisting of educational counseling and sound therapy is also used to treat this symptom. However, efficacy of this form of treatment remains to be proved by RCTs. Biofeedback, masking and relaxation therapies aim to teach the patients to focus on adapting to the tinnitus to improve quality of life but do not eliminate tinnitus completely.

Tinnitus should be understood as a neuropsychiatric or somatoform disorder syndrome. The treatment of tinnitus overlaps with that of the associated neuropsychiatric disorders (benzodiazepines, antidepressant, antipsychotics, and mood stabilizers). Present evidence at best supports the view that tinnitus is a neuropsychiatric disorder requiring help of a psychiatrist for its overall management.

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REFRAME -Let Awareness Reframe Assumption: **Myths & Facts about "Mental illness"**

- ☒ Mental illness isn't real illness.
- ✓ Mental illnesses are real disorders which cause distress. They are more than normal ups & downs of day to day life.
- ☒ People with mental illness lack intelligence.
- ✓ Generally level of intelligence among patients with mental illness likely parallels the patterns seen in any healthy population. Though patients with certain mental illnesses are cognitively challenged.
- ☒ Mental disorders will never affect me.
- ✓ Everyone is vulnerable for mental health disorders.
- ☒ Stress causes mental illness.
- ✓ This is partially true. Stress is one of the triggering factors but there are several biological, psychological and social factors that do contribute to mental illness.

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. Emotions are controlled by

a) Limbic system b) Frontal lobe c) Temporal lobe d) Occipital lobe

2. Formed visual hallucinations are seen in lesions of

a) Temporal lobe b) Occipital lobe c) Frontal lobe d) Dentate nucleus

3. Delusion of infidelity of part of sexual partner is known as

a) Couvade syndrome b) Othello syndrome c) Ekbom'syndrome d) None of these

4. Stimulation of which of the nerve leads to elevated mood

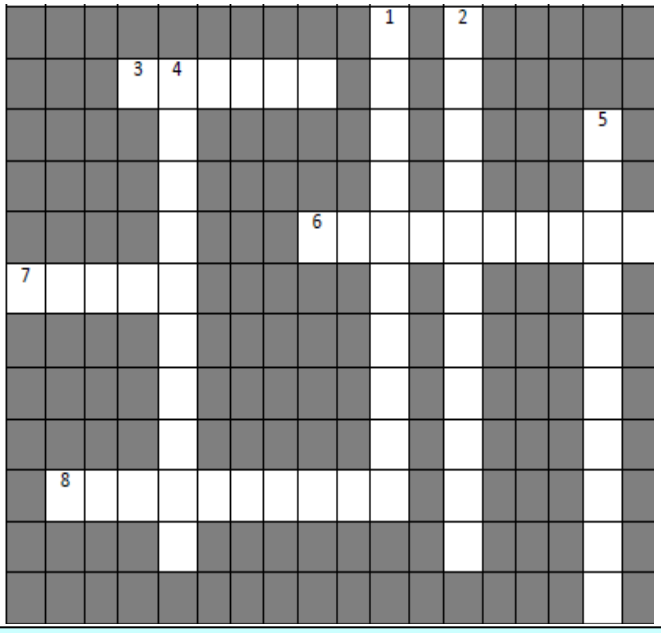
a) Trochlear b) Vagus c) Trigeminal d) Optic

5. The site of lesion in korsakoff's psychosis is

a) Thalamus b) Cerebellum c) Mammillary body d) Hippocampus

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

Can you cross the crosswords!!!



Across

3. Hallucination seen in case of organic brain lesion
6. Excessive daytime sleep
7. Appreciating the amusing nature of an anxiety or adverse situation
8. Hallucination that occur while going to sleep.

Down

1. Person with melodramatic behavior designed to attract attention.
2. Persistent instability of mood, involving numerous periods of mild depression & mild elation for at least 2 years
4. Antidepressant given in case of bedwetting
5. Drug used to abstain alcohol use in patients

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

Quick Response Code for the Website

ANSWERS:

MINDS QUIZ

1. a
2. a
3. b
4. b
5. c

CROSS WORDS

ACROSS

3. Visual
6. Narcolepsy
7. Humor
8. Hypnagogic

DOWN

1. Histrionic
2. Cyclothimia
4. Imipramine
5. Disulfiram

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 to Editor: +91 8003996882/ Asst. Editor: +91 9786022145, or join us **www.facebook.com/minds.newsletter**.

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Enjoy a new way of learning!!!!

Your suggestions are important to us, kindly mail them to editormind@gmail.com & Please pass on the newsletter