



MONTHLY NEWSLETTER ON PSYCHIATRY FOR DOCTORS & MEDICAL STUDENTS

THE DIGITAL NEWSPAPER



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MINDS Newsletter is the monthly newsletter that started in July 2011. It is the oldest and the only psychiatry e-newsletter for doctors and medical students available in-country.

MINDS provided a common platform to senior teachers, young faculty, postgraduates and undergraduates.

MINDS showcase a wide spectrum of items not only from medical specialities but from people creative fields also. Students are invited to contributes their thoughts creations like crosswords, book review, movie review, poems, paintings and photography.

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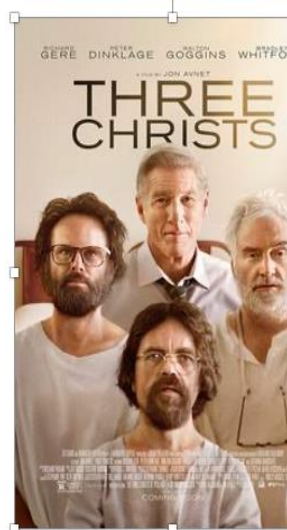
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←
One Flew Over the Cuckoo's Nest is a 1975 American comedy-drama film, directed by Milos Forman, based on a 1962 novel of the same name by Ken Kesey. It is considered one of the influential movies of its time.

→
Three Christs, aka the ***State of Mind***, is a 2017 American drama directed by Jon Avnet and based on Milton Rokeach's book, ***The Three Christs of Ypsilanti***.



Picture Caption: By Dr. Ajay Kumar, Raipur

From the desk of Editor

The motion picture: a gift or forfeit to psychiatry



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The invention of the motion picture is one of the most significant breakthroughs of the early 19th century, which greatly influence people's lives in general. Thomas Edison and William Dickson have developed an illusion of motion pictures resulting in the kinetoscope's invention. I think Edison and Dickson must have never imagined that kinetoscope would have such a great impact on ordinary men's lives. I doubt that Edison and Dickson could have ever imagined that someone watches a high definition movie on their smartphone or a 3D movie on-screen one day.

It may not be wrong to say that motion pictures found their place in every drawing-room influencing our understanding, attitude and behaviour. Soon, the potentiality of movies to impact people's behaviour has been identified. The film becomes an exciting combination of entertainment and education: several movies and documentaries inspired by medicine and psychiatry-related topics.

Apart from awareness of the mental illness, the drawback is that most films, primarily for commercial and

entertainment purposes, lack adequate scientific research and may portray the incorrect perspective of mental illness rather than distort and strengthen the stigmatization of mental illness.

It is interesting to observe how the depiction of mental illness has evolved over a while in the motion picture. "*One flies east, one flies west, and one flies over the cuckoo's nest*" is a nursery rhyme that inspires the title of the 19th-century comedy-drama "*One Flew Over the Cuckoo's Nest*" is one of the greatest hits of the time and had a profound impact on understanding about mental illness in people's minds in general. Assuming it as a benchmark, and considering the "The State of Mind" (aka *Three Christ*) released in 2017, both belong to the plot from the same timeline (the 1950s and 60s), capturing the prevailing treatment methods of the time, showing treatment as punitive, cruel and authoritative; and the use of unmodified (without the use of anaesthesia) electroconvulsive therapy as a deterrent to violence. Parallel to it, Bollywood movies "*15 Park Avenue*" and "*Maine Gandhi Ko Nahi Mara*" both released in 2005, able to portray mental illness more sensibly as compared to "*Judgmental Hai Kya?*" and "*Bhool Bhulaiyaa*" which seem to be stigmatizing mental illness. Notably, movies are also used as teaching material in psychiatry training; hence, many institutes conduct "movie club" as a routine teaching exercise.

The debate on the impact of motion cinema on psychiatry is perpetuating. Occasional realistic, scientifically sound movies can also fetch fame and money, proving that the correct portrayal of mental illness can make a successful movie and help destigmatize mental illness.

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Down The Memory Lane



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Growing up, I always heard family and friends calling me “Chota (Punjabi Word for Junior) Doctor”, even before I knew the meaning of these words. They called me because my father was a registered medical practitioner in a small town in North India and they just assumed I would be a doctor when I grow up. Well, my favorite subjects were Mathematics and Science. Furthermore, I also enjoyed helping others, so it was easy for me to make a career choice to be a “Doctor”.

In medical college, like many medical students, at one point I wanted to be a neurosurgeon or cardiothoracic surgeon, while at other times thought to be orthopedic surgeon. In contrast, I enjoyed psychology and cherished my psychiatry rotation in medical school as well. I was fortunate to have family close by and saw my nephews and nieces growing up. It was fascinating to see how children interact with the environment and how they react to different family members and at times how they control others. I would do some tricks (behavioral interventions, which I was not aware of at that time) to change their difficult/challenging behaviors. This was my intern year, when my sister pointed out about my interactions with kids and how much I seemed to be enjoying those observations and tricks with children and commented “are you thinking about being a child psychiatrist?”. I think that was an “aha” moment for me.

I was fortunate to secure MD psychiatry at reputed Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh. My family was very supportive of my decision. However, there were some unsolicited suggestions/advice from acquaintances about my plan to continue psychiatry when I also secured an orthopedic surgery residency position through the All-India entrance

exam. I sat back and put thoughts together and asked myself “what I would like to do 30 years from now and I would be as excited as I am today in the morning when I will be ready to go to work?”. My self-reflection further reinforced my decision to continue to work in the field of mental health. I am grateful that I had great mentors, teachers and friends at PGIMER, who helped me to grow professional and personally. Wished to stay in academia in India, but did not get a senior residency position because of government policies. At that time, there was no formal training (DM program) for child psychiatry in India, so I started looking for options around the world to follow my dream.

My academic career in the United States of America started with General Psychiatry Residency training from the Penn State College of Medicine in Hershey, PA followed by Child & Adolescent Psychiatry Fellowship training. I was also interested in clinical research; I intentionally elected to do a Master of Science (MS) program in Public Health Science along with my psychiatry training to develop the analytic skills necessary to conduct research. I am fortunate to have great mentors and collaborators, which helped me exponentially in establishing my career and was able to secure research funding, published more than 60 research papers in reputed journals and involvement in advocacy in the last 7 years.

There were many times in my career when I had to make some difficult decisions like “what post-graduation specialty I should go for” or “how to pursue my dream: to be a child and adolescent psychiatrist.” My parents’ advice – “do what is your passion in life, stay persistent and do your best and do not worry about the outcome”, was tremendously helpful to me in making decisions. Another thing which supports me in my career is collaboration with others either in the same institute or internationally to continue to grow professionally; as the proverb tells us, “If you want to go fast, go alone. If you want to go far, go together”.

One last but most important thing which I cannot emphasize enough is balance between personal and professional life. I always felt more productive in my clinical and scholarly work, when I spent time with family and friends and engaged in outdoor activities. I have a passion for adventurous activities with an adrenaline rush. I have already enjoyed thrilling activities like skydiving, snorkeling in the middle of the Atlantic Ocean, Jet skiing, swimming with dolphins, Edge Walk on the CN tower at Toronto, rock climbing, etc. I have some more in my bucket list in the coming time including expedition to Mount Everest and bungee jumping.

Invited Articles

COVID-19 and its impact on psychiatry training.



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Co-founder, General secretary Indian association of
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Junior and senior residency from NIMHANS, Bangalore
Winner of Best Outgoing student best Psychotherapy
award, NIMHANS

Received Young investigator award, World federation of
biological Psychiatry

Early career researcher award, Schizophrenia
International research society

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Clinical exposure is quintessential for any resident/trainee to learn, precautionary measures such as lockdown and travel restrictions have significantly reduced the number of people accessing mental health care in the hospitals. During the peak of the pandemic many outpatient departments were closed, and many hospitals restricted the admissions. This resulted in a lack of clinical exposure, which is pivotal for learning history taking, mental state examinations, other forms of clinical and diagnostic interviews. This is concerning as it may have an impact on the quality of the training. In addition, the majority of the training institutions redeployed psychiatry trainees for the medical management of COVID-19 patient care in general hospital settings. In many institutions, sub speciality postings and external postings were canceled and thus resulting in a lack of diversified exposure to a wide range of psychiatry cases.

The COVID-19 pandemic has impacted several aspects of personal and professional life. The psychiatry trainees are also no exception.

Academic programs such as seminars, case conferences, and journal clubs were conducted online as per the institutional policies and guidelines. However, research studies done in this regard indicate students were in more favor of in-person academics than virtual academic programs. Continuing medical education programs, conferences were also conducted online owing to several rules imposed by the government.

Psychiatry trainees continue to face several hurdles in completing a mandatory thesis dissertation. Most often submissions were delayed due to recruitment difficulties for their studies, this has also had an impact on research activities. Most universities postponed the entrance and exit exams and the uncertainties related to exams can adversely impact the trainees causing undue stress.

Even though COVID-19 adversely affected several aspects of training, it has opened new avenues such as telepsychiatry, where students can learn through online mode by virtual examination, attending the academic programs online. In the current scenario where new variants of COVID-19 are spreading across several countries of the world and no one knows when the pandemic is going to end. Staff and trainees should be flexible and adapt to the pandemic situation and make sure there should be no compromise in the quality of psychiatry training. Departments should set up trainee-friendly guidelines for continued training and also care should be taken to avoid burnout among the trainees.

Under Graduate

The "minimalistic" mindset



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Rudiments of the title: When you use the word '*minimalistic*', you imply keeping things as simple as possible. I've read somewhere that minimalism is not about having less; it's about making room for what matters more. "*Minimalistic mindset*" is not just a phrase. It's one of the most difficult states of mind to maintain.

Why minimalistic?

When you recollect your previous 24 hours, you will be amused at the clutter of thoughts you've had, emotions you've perceived and your reactions likewise. The fact that our brain functions like this throughout our lives is indeed intriguing. We often analyze and process this information. It utilizes our time and effort, both of which are valuable. The formation of this clutter might be inevitable but dealing with

It quickly and efficiently is up to us. Once sold with, you retain your peace of mind.

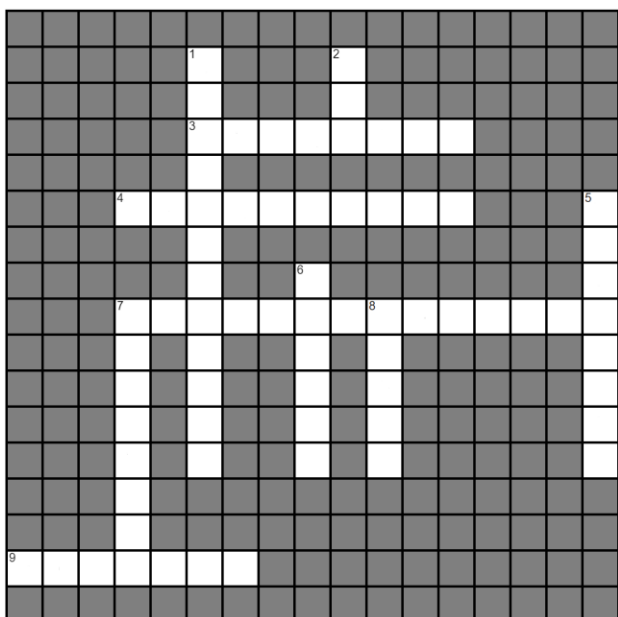
How do we get there?

The minimalistic mindset is a more minor yet significant part of a detox. We all need one from time to time! It starts with a positive outlook towards things. Positivity is contagious; spread it! When we worry less about things beyond our control, we free ourselves of anxiety and fear. Communicate your thoughts out. The minimalistic mind doesn't suppress opinions. You don't want them to take up much time and space in your head! Take time off with yourself. It might just be a brief walk, hearing a soothing song or watching a sunset. It gives you time to let things sink in, sort out stuff and simplify whatever's tangled.

The final perspective.

The rise in cases of depression and anxiety is alarming and mentally draining. "We shouldn't be this kind of tired for our age." I often compare achieving a minimalistic mindset to those initial baby steps. They are crucial in maintaining a healthy mindset. The goal is to never give up trying to achieve this. Once we simplify our thoughts, we see the world clearly.

Can you cross the crosswords!!



Across

3. When looking at one's beloved, this part of the brain that is responsible for fear conspicuously shows decreased activation. This could explain the safe and happy feeling in one's beloved's arms. Name this almond-shaped part of the brain.

4. This theory of love was given by Dr Robert Sternberg, an American psychometrician and psychologist, and is one of 3 theories that feature the same number of parameters in their definitions. What theory is this, named after a simple geometrical shape, which mentions intimacy, commitment, passion and others?

7. Erotomania is a relatively uncommon paranoid condition marked by delusions that another person loves them. This condition is also known by the name of the psychiatrist who described a patient who was obsessed with the British monarch George V. Name the psychiatrist.

9. This syndrome is the name given to a delusion of infidelity, named after the Shakespearean character infamous for the same. Name it.

Down

1. Dr Gary Chapman is an anthropologist, author and radio talk show host who is most known for his book on the Five Love Languages. In this book, he describes the 5 usual ways

that romantic partners express and experience love. In 2006, a study revealed that these could possibly have psychometric importance. The 5 love languages are words of affirmation, gift giving, acts of service, physical touch and one more. Name the last one.

2. Obsessive love disorder is characterised by an overwhelmingly obsessive possessive and protective desire towards a person, sometimes marked by the inability to accept failure or rejection. The famous Netflix series 'You' is said to be an exaggerated depiction of the same disorder. Which personality disorder is it most commonly associated with, in its 3 letter abbreviation?

5. This hormone is responsible for a feeling of bonding and attachment in relationships, and plays a vital role in the relationship between mother and child, as well as between romantic partners. Name the hormone/neurotransmitter.

6. The Attachment Theory of Love by Dr John Bowlby, psychiatrist and psychoanalyst, describes 4 types of relationships that form between two people based on the characteristics of the bonds between them. These are: Anxious-preoccupied style, Dismissive-avoidant style, fearful-avoidant style, and the first, ideal type describing good conflict resolution skills, flexibility in thinking and other ideal characteristics. Name this attachment type.

7. Name the neurotransmitter responsible for sexual arousal and romantic feelings, which is relevant in the reward pathway of the brain.

8. The Greeks described 7 different types of love. They are Eros: Love of the body; Philia: Affectionate love; Storge: Love of the Child; Ludus: Playful Love; Pragma: Long-lasting Love; Philautia: Love of the Self and ____: Selfless Love. Fill in the blank.

ANSWERS

Across

3. Amygdala
4. Triangular
7. De_Clerambault
9. Othello

Down

1. Quality Time
2. BPD
5. Oxytocin
6. Secure
7. Dopamine
8. Agape