



Wellbeing begins in Our MINDS

MONTHLY NEWSLETTER ON PSYCHIATRY FOR DOCTORS & MEDICAL STUDENTS



FROM THE EDITOR'S DESK

The world Suicide prevention day on September 10th had many talking. With the recent death of a cinema star shrouded in conspiracy, somewhere the tangible aspects of suicide seem hushed up. The anthropology and philosophy of suicide has had varying intonations at an individual level and for the society at large. In the Greek colonies of 600 B.C., individuals could appeal to the senate for commission of suicide. If their reasons were deemed significant, they were given the go ahead! The Berlin Museum possesses the first suicide note of antiquity which is essentially a dialogue of poems between the person and his soul. Albert Camus had declared during the times of WWII that the most important question in philosophy is suicide and when faced with indifference of the universe, it's up to an individual to define what a meaningful life is. (The Myth of Sisyphus, Albert Camus).

As individuals belonging to the medical field, we root for saving lives. On the 10th of September at Bristol, a sculpture was erected of a man with his face buried in his hands and a concerned teddy bear standing beside him. Was the bear the fictional Winnie the Pooh who once said – “The bravest thing I ever did was to ask help?”

There has come a need and time to re-define the concept of suicide, delink it from psychiatric illnesses, emphasise the independent trans-generational heredity of it, highlight the contributory traits leading or deterring it, the culmination of societal factors contributing to it and its preventability.

The editorial team at MINDS will try to de-clutter the talk around suicide in the issues to come. For now, indulge in a poem that highlights the inquisitive existential mind which is thankfully and most usually over-powered by the objective mind.

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The Existential Angst/The Unstrung Kite

Why do I suffer this hopeless life?
With my heart filled but with strife
I commit myself to chains of fantasies
And shackle into thee name of purpose
Are all these but mere fallacies?!
Which I need to put forth, nevertheless
To come into terms with my existence
Which is as null and void as the universe
I was put into this life like an unstrung kite
Where I keep soaring during my plight
I can make people awe and wonder
About my genius or simply wander,
Cherish the universe, but not slumber.

Why unstring me from my blissful rest
And confine me here to live up to my best
Don't you dare advertise this fancy ride
Or counsel me and ask me to abide
Don't you dare give more fancy terms
Like Pleasure, Purpose or Meaning of Life
It's null and void if not for my thoughts
An unstrung kite doesn't have any oughts
The yearning towards liberation and rest
Is tempting me to end it altogether
But I seem to have laboured another day
Deceiving myself with one thing or the other



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DOWN THE MEMORY LANE

Clearing the dilemma of young minds – Why Psychiatry?!!

A constant question that will be asked whenever a young mind even thinks of opting for psychiatry as a branch of his/her specialization is – Of all the branches of medicine, why psychiatry?!! Countless remarks will be passed; a common dialogue even among the ‘educated beings’ – people become psycho when they keep practicing psychiatry!!

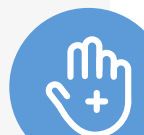
It is extremely disheartening to witness psychiatry, which is one of the specializations of modern medicine, being side-lined and looked down upon. There is no doubt that even a person with a strong will may have a moment of weakness and kill his/her dream of choosing this line of practice. People need to realize that mental health is as important as physical health and a psychiatrist is just another doctor helping to improve mental health of the ones with mental illnesses. I would like to give you some reasons why psychiatry could be a good option as a field of specialization.



The sense of satisfaction you get when a person having no one to share his thoughts and problems with, vents out his feelings and feels better, cannot be penned down. Each patient is different, each problem is different. Your practice would not feel monotonous. Long hours that you spend collecting important history and touching the hidden feelings and thoughts of your patient would result in a very satisfying doctor-patient relationship which will be cherished by both you and your patient.

Psychiatry is a developing branch of medicine when compared to most other branches of medicine. More and more research work is being undertaken and interesting results are being found giving insight into biology of psychiatric illnesses. There is lot of scope if you are into research.

Diagnosis of psychiatric illnesses is challenging and cognitively stimulating. There is no magic test that would reveal the diagnosis. It is extremely important to have good communication skills to elicit the relevant history and establish a good therapeutic alliance.



Community education is also one of the most important steps taken by several institutes given the huge mental health gap that persists. So, if you are a person who likes reaching out to people and spreading awareness, psychiatry is definitely a branch for you.

Psychiatry is not a branch that demands a lot of expensive and sophisticated infrastructure. Setting up a psychiatry clinic would be relatively easier than some of the other branches of medicine. The skills that you learn practicing psychiatry will also help you in understanding people in a better way. It will also improve your communication skills which will help you in your day to day life.

Of course, one would definitely face stigma given the grim situation where even among the educated, psychiatry is often considered a taboo. However, the situation is changing slowly and people are taking steps towards accepting psychiatry. The impact of on-going pandemic on mental health has also made some people realize the importance of mental health.

Psychiatry needs some of the enthusiastic, energetic young minds to venture into it and develop it further. I hope I have helped at least some of the young minds reading this article to clear their dilemma and encourage them to take up psychiatry



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ANSWERS TO THE CROSSWORD ON PAGE 9

Across

2. Sodium bicarbonate
8. Haloperidol
9. Phentolamine
10. Methyphenidate
11. Chlorpromazine
12. Naltrexone
13. Milnacipran
14. Selegiline

Down

1. Dantrolene
3. Clozapine
4. Valproate
5. Varenicline
6. Lithium
7. SSRI
8. Hyperprolactinemia



INVITED ARTICLE

Dealing with screen time and children: Challenges amid COVID-19 pandemic

We are amidst a major health crisis of the century in the form of COVID-19 pandemic. The mitigation measures like lockdown and social distancing to flatten the curve of novel coronavirus transmission further enhance our dependency on digital media. One of the major concerns during the pandemic is increased screen time of the children i.e. excessive use of mobile, TV, computer, laptop or tablets which potentially can lead to adverse psychological consequences. Majority of school classes swiftly adopted online mode to continue study which is otherwise good but several factors like restricted movements, no outdoor game and curtailment of other means of entertainment prompt excessive misuse of digital media.

Excessive use of social media, internet gaming, pornography and cyberbullying among school going children has increased after lockdown. Adverse psychological consequences like altered sleep pattern, headache, altered eating pattern, irritability and aggression has also reportedly increased among school going children.

Guideline for screen time:



The World Health Organisation (WHO) proposed daily screen time guidelines for children in April, 2019 allowing only one-hour daily screen time for children of age 1 to 5 years, prohibiting all forms of screen exposure for infants. However, no specific limits to older children have been outlined.

Some of the warning signs of harmful screen time/harmful digital media use include:

- Child sacrifices sleep hours
- Loses track of time while online/on device
- Irritable or angry when interrupted
- Lies about amount of time spent online or "sneaks" online when no one is around
- Prefer mobile/laptop over being with friends
- Disobeys time limits that have been set for internet usage
- Loses interest in other activities and seem to be preoccupied with getting back online



Physical and psychological consequences of screen time :

Excessive screen exposure takes toll on the nascent mind of the children with slow, long-lasting physical as well as psychological consequences. Decreasing outdoor movements and excessive use of screen can lead to myopia in children. Altered eating habits and sleep cycle results in increased body weight, poor growth, poor immunity and increased susceptibility to common infections. Moreover, the psychological consequences are subtle and difficult to notice by parents. Excessive watching of televisions can possibly affect creativity, reduce explorative nature of children, resulting in a limited repertoire of interests. Increased mood symptoms like irritability and aggression are quite common. Parents often report increased demand by children to use mobile or TV; arguments and defying nature and declining academic performance of children. Increased screen exposure has also been associated with depression, anxiety and even suicide among young adults and adolescence. Moreover, children with attention deficit hyperkinetic disorder have shown to have proneness for internet addiction.

Do's and Don'ts by parent

Parents must identify the problem in the early phase and subject it to early correction. As we are the role models of our children, develop a culture of minimal use of screen devices at home. Limiting screen exposure and engaging children in various constructive activities is the only solution of the problem. Children should be provided with various alternatives. These could include indoor games and activities like painting, singing, dancing, board games, carrom and dumb charade, etc. Encouraging children to involve in indoor physical activities like yoga, exercise can account for quality time investment that can improve social bonding.

Conclusion

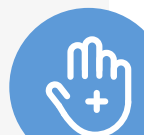
We are part of a rapidly changing world demanding new norms, habits and behaviour. We are on the verge of setting a newer definition of normalcy but must be wary of the world that we shall provide to the future generations.

Tips to cut down screen time:

- Set reasonable rules for use of all types of screen device at home
- Build a culture of communication and interactions at home
- Encourage constructive activities by child
- Engage child in household chores
- Use parental monitoring software/ keep a check on internet log
- Seek professional help when needed.



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Transcultural Psychiatry

ROBOTS – A new addition to the special education family!

In everyday life of a typically developing child, technology is involved in many ways, they have access to the technology that is as trivial as battery operated cars to complex robotic systems. However, the disability sectors are innovation starved.

Every child with disability has a small world around them. It mostly involves the mother/parents, immediate family, therapists/special educator, etc. striving every minute to enable the child in every way possible. The robots are the newest addition to that family enabling the child to not only reach heights but also bring out their innate abilities.

The basic impairments categorized for children with Autism Spectrum Disorder (ASD) are social interaction, communication, behavioural. On contrary to the popular belief that psychomotor skills are as important as the triad of impairments; several studies showed that enhancement of psychomotor skills improved social impairments as well in children with ASD. More importantly psychomotor skills are directly related to Daily Life Skills (DLS) which help the children lead a more independent life.

Numerous robots have been developed explicitly for interaction with children as a part of research in the field of embodied interaction. Social robots, designed to administer nonverbal interactions with children are used in rehabilitation and therapy to develop skills like imitation, facial expression, turn passing, adaptation to changes, and social interactions. A few examples of interactive robots used are Nao, Keepon, Kismet, CHARLIE, etc. The basic activity of all these robots is imitation, but individually they have different additional features.

Robots are not to replace, but to assist therapists, as there will always be a need for a human touch. Various researchers have studied the positive effect that robotic devices have on children with ASD and thus opening an avenue to develop intervention strategies and innovative methods for promoting the motor development for them.

A study done by Dr. Ramya S Moorthy to bridge the gap of robots for psychomotor skills gave birth to Nimaya Robotics Pvt. Ltd. developing a series of mechatronics and robotic devices to enhance psychomotor skills of children with Autism and other multiple disabilities. The 5 years of research behind the products emphasized the importance of robot-mediated intervention.

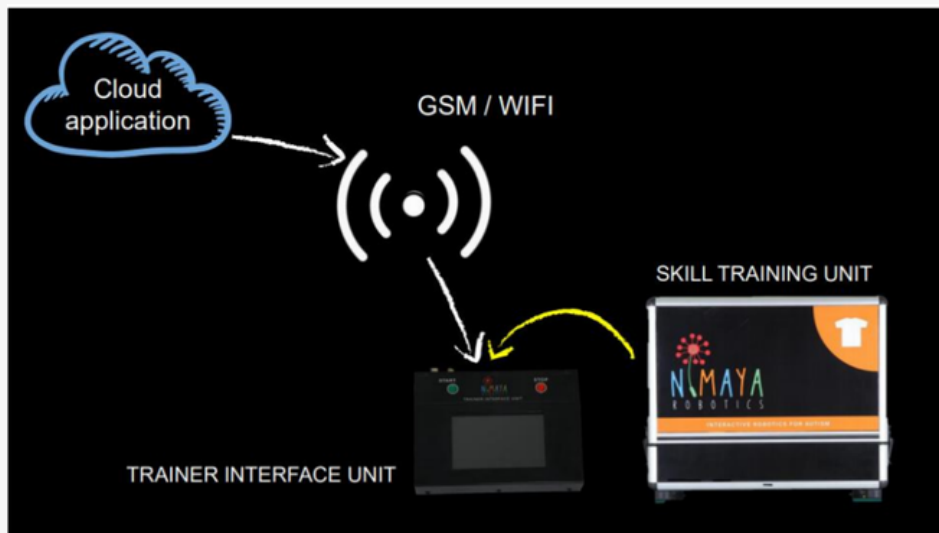
The devices are designed based on a unique concept called “active learning” and coupled with the specialized training methodology, accelerates the rate of learning by more than 60%.



Robotic interventions have proven to be very effective here is why:

1. Children with ASD are attracted towards robot and robot-like features
2. Robots help the children break the barrier for communication and make them feel more comfortable
3. They do not react to children's moods and meltdowns, it does not have the capability to judge or bully, it cannot make the children feel the pressure or the anxiety and will act exactly as the child wants it to act, without any personal feelings.
4. Robots are very convenient since they are consistent and create a sense of calmness for children with ASD, who despise change in anything
5. The children have increased levels of motivation and engagement to the tasks when robots are involved
6. Helps children learn to use vision and speech processing, including interpretation of gestures and recognition of speech.
7. Children improve their motor skills, by performing tasks without any social complication

Here the training is done skill based, then slowly building it to the activity rather than teaching activity as a whole thus making the process easier. This robot-based training system augments the conventional training process with two major unique functions. One is the activity interface and the other is the audio-visual feedback. The architecture is depicted in the figure.



More than 30 psychomotor skills, daily life activity and cognitive skills are addressed across the currently available 6 devices, with room for more. These are gamified, IoT based cloud monitoring system, with individual tracking data base and parameter-based measurements. Early intervention being the key, these systems can be used for children as young as one and half years and above.

This pedagogical approach of robot-based intervention holds good for the statement “Everyone is good at something, finding the right way to enable it is what makes the difference”.



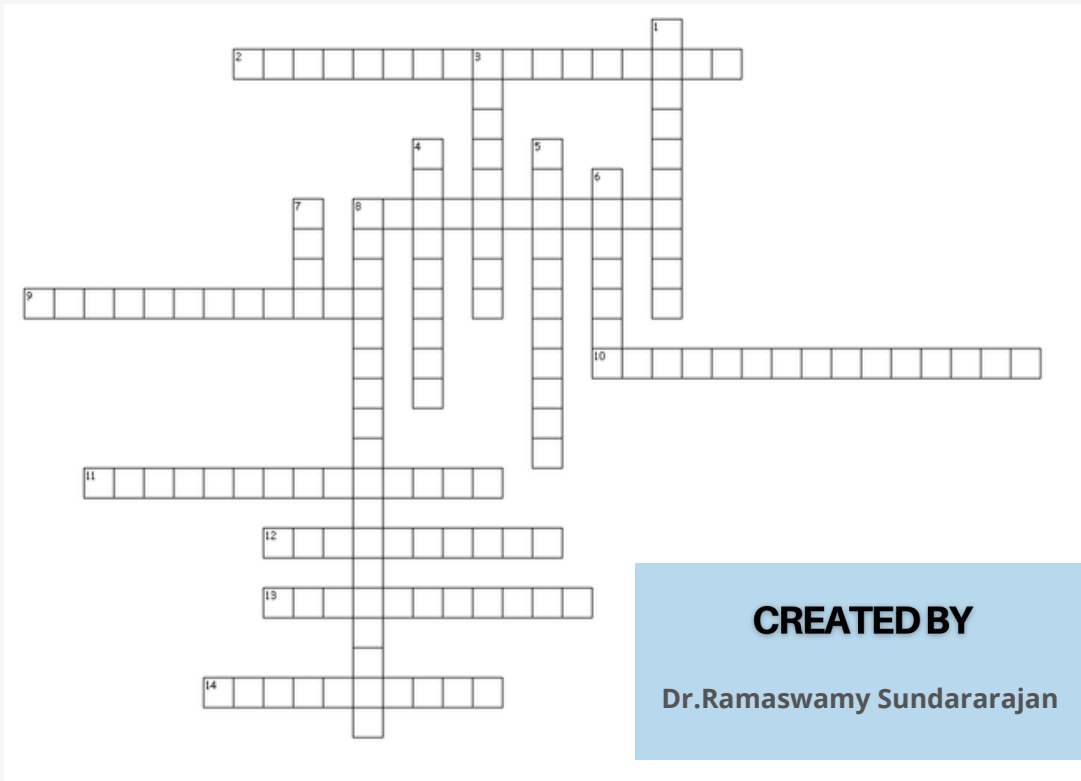
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(Nimaya Robotics is the worldwide pioneer in the use of robotics for psychomotor & cognitive skills training for Autism Spectrum Disorder and other multiple disabilities using ergonomics, sensory integration, suitable colours, audio-visual stimulation, and gamification of the learning process). Dr. Ramya is currently involved in developing robots for calibrating a next generation handheld printer and a Gripper which simulates a hand for testing the doors of SUV/MUV. She has a Bachelors in Electrical and Electronics Engineering



THE UNDERGRADUATE SECTION



CREATED BY
Dr.Ramaswamy Sundararajan

CROSSWORD

Across

- 2. to treat toxicity by TCAs and prevent arrhythmia
- 8. antipsychotic with high potency for extrapyramidal side effects
- 9. used to treat hypertensive crisis in patients taking MAO inhibitors upon consumption of cheese
- 10. preferred drug for the treatment of ADHD
- 11. corneal deposits are a common side effect of this antipsychotic drug
- 12. preferred long acting opioid antagonist used after opium detoxification
- 13. SNRI indicated in fibromyalgia
- 14. MAO inhibitor also used to treat Parkinson's disease

Down

- 1. commonly used muscle relaxant in case of neuroleptic malignant syndrome
- 3. prescribing this drug requires complete blood count on follow up
- 4. commonly used mood stabilizer with least side effects used in bipolar disorder
- 5. ach receptor agonist that helps reduce nicotine cravings
- 6. contraindicated in pregnant mothers due to causing Ebstein anomaly in newborns
- 7. class of drugs commonly associated with antidepressant discontinuation syndrome
- 8. most common side effect of risperidone

