Monthly Newsletter on Psychiatry for Doctors & Medical Students
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FROM THE EDITOR'S DESK...

A man's characteristics can be determined by studying the bumps on his head, was what the science of Phrenology claimed in the early 1800's. The compelling need to disprove this absurd pseudoscience over the centuries may infact, have given rise to the concept of cerebral localization. Ideas are the currency of the future. Today, psychiatry as a medical discipline is becoming increasingly important due to the high recognition of the worldwide burden associated with mental disorders. Surprisingly, however, there is a lack of young academicians choosing psychiatry as a career. This means fewer minds and lesser ideas!

The problem that plagues the Indian system is the poor representation of psychiatry for the undergraduate students in the MBBS curriculum. In addition to providing quality teaching, the factors that need to be enhanced to improve student attitudes include forming a close working relationship with the student, seniors (particularly consultants and post graduate residents) offering encouragement, direct patient contact, emphasizing the scientific basis of psychiatry and making sure that students witness patients getting better. Medical students are the future colleagues and potential successors of psychiatrists: the future standing of the profession lies with their effective education.

Dr. SUHAS CHANDRAN and Dr. YAMINI. D

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In my 15 years in Psychiatry, I have trained in the United Kingdom and in Singapore, before returning to practice in my native city in India. I have been fortunate to witness Psychiatry in varied sociocultural contexts. Working in the last remnants of the mental asylum system made me reflect on deinstitutionalization.

The history of institutional psychiatric care is a fascinating one, and the shift to more community-based care in recent decades comes with challenges and rewards. Our culture has a more family-based role in the care of people with severe and enduring mental illnesses. Though this may provide loving and reliable care, it also brings a burden of caregiver stress and exploitation of vulnerable patients. Conversely, the United Kingdom has a socialistic healthcare system, the National Health Service. This is more geared to a cultural system where the individual is supported by government-provided health and social services, with minimal expectations of support from family. This was previously provided by mental asylums such as the infamous Bedlam Hospital; since the 1980s, a gradual shift to community-based resettlement, mental healthcare and social support has occurred. I was fortunate to work for some years in a Rehabilitation service which covered both long-term institutionalized patients as well as others being rehabilitated to live and work independently in the community. I was fascinated by the hospital - an imposing Victorian building which had been built with 20 wards that had previously accommodated up to 1200 patients! However, in the previous decades, so many people had been moved to community placements and outreach care that the numbers had dwindled to around 300, with many wards shut down. The psychiatric nurses- especially the ones who had worked there for decades- would relate tales of paranormal experiences on nights shifts; anyone who has spent time in these asylums will feel that different atmosphere. I also enjoyed talking to the long- term patients, most of whom were elderly and had spent over 40 years living in the hospital!

They actually had fond memories of the old days, where the hospital functioned as its own community; it even had a farm and workshops for the patient's daily activities. They spoke of how the hospital organized grand dances and dinners for Christmas and other special days. I was impressed by how the patients recalled the nurses and the doctors celebrating with them, the boundaries of white coats and nurses' caps laid aside. It seemed that they felt more relaxed and open with their healthcare professionals, compared to modern ward rounds which are almost as tense as job interviews. Most of all, they conveyed that they felt part of a welcoming community- understandable in a time where a "mad" person was a social outcast. Some people seemed to have developed a positive personal identity and a sense of purpose in the asylum; it seems society needs to try to create that same sense of acceptance and positive regard to make deinstitutionalization work.

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GAMBLING DISORDER: WHAT EVERY PSYCHIATRIST NEEDS TO KNOW

DEFINITION: Gambling refers to betting something of value (usually money) on an event whose outcome is unpredictable and determined by chance. Problem gambling refers to gambling that disrupts or damages personal, family or recreational pursuits.

Akin to substance use, gambling too exists on a spectrum of escalating severity (ranging from social or non-problem gambling, through problem gambling, to gambling addiction or gambling disorder). Problem gambling is seen as a less severe form of gambling disorder, where the full set of diagnostic criteria for gambling disorder are not met.

DIAGNOSIS: 'Gambling disorder' as a distinct entity was added in DSM 5 in the section of addictive disorders, along with substance addictions, and is the only behavioural addiction to have been included. The diagnostic criteria for gambling disorder include the following nine of which at least four need to be met for a diagnosis: need to gamble with increasing amounts of money in order to achieve the desired excitement; restless or irritable when attempting to cut down or stop gambling; has made repeated unsuccessful efforts to control, cut back, or stop gambling; is often preoccupied with gambling; often gambles when feeling distressed; chases one's losses; lies to conceal the extent of gambling; has negatively impacted on a job, relationship or work; and relies on others to provide financial help to relieve desperate financial situations caused by gambling.

ADVERSE CONSEQUENCES: They have higher rates of various psychosomatic symptoms (cardiovascular, musculoskeletal, gastrointestinal), and psychiatric problems such as depression, anxiety, substance misuse and personality disorders. Problem gambling can often result in large debts and even bankruptcy, and some resort to crime to fund their gambling. It can also adversely affect the gambler's interpersonal relationships and can result in neglect of the family, domestic violence and child abuse.

LEGAL FORMS OF GAMBLING IN INDIA: Currently, most forms of gambling are illegal in India except for the State-run lotteries (and that too only 12 States and 5 Union Territories), horse racing, rummy card games and casinos (in only two of the twenty-nine States). However, many Indians gamble illegally. The Public Gambling Act of 1867 remains the only law that regulates gambling in India Gambling at festival fairs is also very popular in India, as they offer a range of legal and illegal gambling opportunities, collectively referred to as 'festival gambling'.

ASSESSMENT

- Detailed assessment of gambling behaviour: Initiation Progression Current frequency (days per week or hours per day)
- Current severity (money spent on gambling proportionate to income)
- Types of games played
- Maintaining factors
- Consequences: financial, interpersonal, vocational, social and legal
- Reasons for consultation, motivation to change and expectations of treatment
- Assessment of suicide risk
- Assessment of psychiatric comorbidity, particularly depression and substance use disorders

Public health prevention strategies to minimize risks of gambling include:

1. Primary prevention measures (aiming to prevent gambling from becoming a problem):
   - Awareness-raising campaigns
   - Social marketing programmes (about various aspects of gambling, its potential for harm, signs and symptoms, how to seek help, etc.).
   - Banning of gambling advertisements and promotions
   - Increasing in-counter-advertising (advertising focusing on gambling - related harm/negative consequences)
   - Limiting the availability of gambling opportunities.

2. Secondary prevention measures (aimed at early diagnosis and treatment):
   - Providing training to staff at gambling venues such as lottery shops (to enable them to recognize problem gamblers)
   - Training non-specialists (primary health care staff, mental health care staff, etc.) in early identification of problem gamblers and training them in providing brief psychological interventions for problem gamblers
   - Training other groups who are likely to come across gamblers (financial/debt advisors, family counsellors, school and college staff, etc.)

3. Tertiary prevention strategies:
   - Provision of a range of appropriate treatments (psychological and pharmacological) for problem gamblers and those affected by someone else's gambling.

TREATMENT

Treatments for gambling addiction can either be pharmacological or psychological (delivered 1:1 or in groups, face to face, online or over the telephone) or both. No medication is licensed for use in this condition although SSRIs, mood stabilizers and naltrexone have all been tried with some success. Psychological treatments (1:1 or in groups) are the mainstay of treating gambling addiction, with cognitive behavior therapy being the most commonly and effectively used (8). Gamblers Anonymous is another popular psychological intervention.

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ANSWERS TO THE CROSSWORD APPEARING ON PAGE 6

ACROSS

5. Depression
8. Chlorpromazine

DOWN

1. Othello
2. Formication
3. Superstition
4. Sigmund Freud
6. Petit mal
7. Heinroth

HISTORY OF PSYCHIATRY/ TRANSCULTURAL PSYCHIATRY

THE SEARCH FOR MEANING

In the times of gloom of World War II and its outcomes, in a world torn apart and looking for meaning, Herman Hesse published his novel – 'Siddhartha'. The author teases pertinent questions about meaning of life, inspired by his own depression and personal loss. How can human discontent be overcome? Does wisdom lie within, or around us?

Siddhartha, despite being a resounding 'success' (and knowing it), feels incomplete – like the nagging feeling of having forgotten something, without knowing what. He has an enlightening encounter with the Buddha himself, where he realises that wisdom and enlightenment cannot be taught, it must be experienced by oneself – that is his ironic epiphany. The book itself takes the stance that it does not hold all the answers. It asks some questions that we all come up with, and may help answer some, based on the reader's perception. The same as life – what we interpret about it is based on perception. And we run into trouble when our perceptions become skewed to pathological degrees for various reasons. Thus, is the price for our consciousness – cognitive biases and distortions. It becomes really easy to get stuck in one's own mind, misinterpreting things to disastrous consequences, from affecting our lives from little ways, to deciding to end life altogether.

As a life of comfort, hedonism and unthinking takes over, he forgets all about his hunger, until his general dissatisfaction at life grows and grows to culminate in an epic existential crisis. At this point, the novel takes a hard turn into dark territory. As a man who can no longer see the light at the end of the tunnel, he gives up hope and attempts to take his own life. He stops himself when he has an epiphany from observing the very river in which he almost drowned himself. He goes on to enlighten himself with the help of a serene fisherman, living a life of non- judgment, patience and simplicity. He learns to trust that the answers will come when they do, and no amount of worrying or wanting will make them come any faster. Siddhartha reminds us that such conditions as dissatisfaction, demoralization and existential crises can befall anyone, regardless of success or social standing. This is a crucial message because often, strong but erroneous connections are made between being well off (or not) and being satisfied and content. Its relatability is also a stark reminder that such conditions can befall anyone, regardless of character and context. The commonality also serves to remind that while such conditions are to be taken extremely seriously, they are simultaneously common enough to invoke a sense of solidarity and community. No one is alone in their struggles, and help is always within reach, whether or not it seems to be.

In a time when science is attempting to understand such multi-faceted issues as depression and suicide, this novel is a reminder that the answer is indeed complex, and that until we unravel the mystery (and surely even after), it is important to be compassionate to those who are vulnerable. Scientist or not, trying to solve human problems require not only a deep understanding of the issue, but also of those suffering from it. Human problems require human solutions, and a good understanding of the human condition requires not only the sciences, but lessons from art and the humanities, which usually do a much better job of describing you.

SHRUTHI SATHEESH KUMAR

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SILENT

I encroach upon you, like an unwelcomed visitor,
Seemingly harmless, as silent as a predator.

Small whisperings of uncertainty,
A Lilliputian masquerading its enormity.

It grows, slowly, so as not to alarm you,
Like a debt piling, it accrues.

Till all you hear is the noise of despair,
If only you could wake up from this nightmare.

With nowhere to run and no place to hide,
A void weakening you, from the inside.

With no one to hear your silent screams,
And no one to stitch your torn seams,

You take matter into your own hands,
There's only so much a human soul can withstand.

And that's when I win,
When you draw a crimson across your skin.

As the noose tightens and your hands go numb,
I'll be in the shadows, waiting for you to succumb.

If only someone would have paid heed,
You wouldn't be lying here, with the silence of a plea

AARUSHI RAINA

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Your suggestions are important to us, kindly send them to
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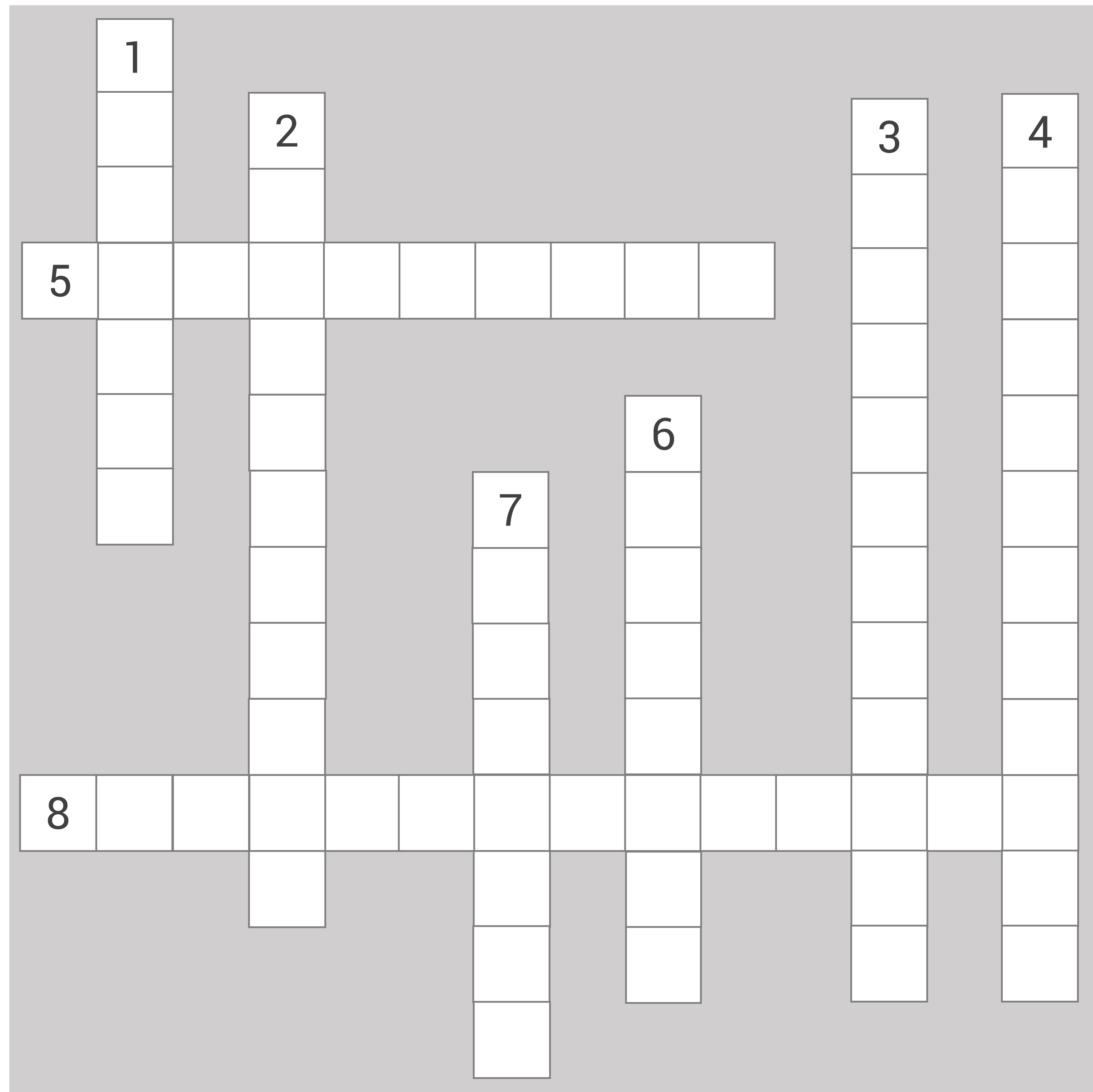
Can you cross the crosswords!!!



ACROSS:

5. Learned helplessness is typically seen in (10)
8. First neuroleptic to be introduced (14)

DOWN:

1. Delusions concerning infidelity of one's spouse is ....syndrome(7)
2. Tactile hallucinations of insects crawling under the skin (11)
3. A false belief, unexplained by reality, shared by a number of people (12)
4. Concept of superego was given by ..(12)
6. In EEG 3 per sec 'spike and dome' waves seen in ... epilepsy (8)
7. Term 'psychosomatic' was coined by ..(8)

ANSWERS TO THE CROSSWORD ARE ON PAGE 4