PRESIDENTIAL ADDRESS

TELANGANA: COMPREHENSIVE MENTAL HEALTH SERVICES DEVELOPMENT: HOSPITAL & COMMUNITY SERVICES: PSYCHOSOCIAL DIMENSIONS

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The Chairman of the session Dr. Prabhakar Korada; Dr. Y. Sridhar Raju, chairman of the Organizing committee of The Inaugural and the First Annual conference of IPS-Telangana State Branch (IPS-TSB) the members of the Organizing committee, the revered life fellows, fellows and members of IPS-TSB; this occasion of the 1st presidency of IPS-TSB is unique, memorable and delightful. It is a great honour you have all bestowed on me by electing unanimously as 1st President of IPS-TSB. For the year 2015, I hope and pray that I will prove worthy of your choice and promise to work for betterment and progress of this wonderful fraternity to the best to ability and to the cause of mental health services for this young and great Telangana. Let us all commit ourselves for developing, organizing and delivering Mental Health Services for all sections of the population of the new state of Telangana. Let us, as citizens, of Telangana, pledge for its revival of cosmopolitan outlook as proud part of India; overall development as a healthy prosperous state and increase of human development index of all sections of the state.

The people of Telangana struggled successfully for the formation of a new and smaller state for wielding own political authority and better self governance. They are hoping and looking forward for achieving coverage of quality and adequate services in general, including in Mental Health Services and Mental Health Education. In this context our response should match people's expectations which is challenging and needs social sensitivity, empathy and continued commitment on our part. In planning Mental Health services one naturally needs to be sensitive to psychosocial perspectives of the community, for planning and delivery of various Mental Health services. According to WHO mental health component of health is essential for Health and that "without Mental Health there is no Health"[1]

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The new state has its own historical – socioculture milieu built over a long time, particularly in the last 100 yrs. It has been exposed to Nizam rule with a perception of inequity, social neglect of major sections particularly the downtrodden, especially poorer sections, scheduled castes and tribes.

In 1930`s and 40`s communist movement took up their cause and was popular until the liberation of the people by the Indian state in 1948 and later formation of Hyderabad state.

The Hyderabad state had a cosmopolitan outlook with Marathi, Kannada, Urdu and Telugu speaking populations living harmoniously. Within a few years, on 1st November 1956 Telugu speaking parts of Hyderabad state were merged with the Andhra state to form Andhra Pradesh, with the formation of linguistic states. During the formation of A.P. many sections of Telangana opposed. Safeguards were given in writing with assurance of division again if outcome is not satisfactory. Later in the A.P. state, Telangana perception was that safeguards were ignored, violated and rendered ineffective resulting in the backwardness of Telangana region. We, as a Nation, achieved independence politically but not freedom from social prejudice, unawareness of sociopolitical problems and self-centeredness of divided groups of Indians.

In organizing mental health services in a community, the psychiatrists have two broad approaches:

1. The clinical psychiatric services in which, generally psychiatrists feel responsible for effectively treating Out-patients and In-patients, who attend psychiatrist centers. They may take up oft public mental health awareness programs.
2. The public health and community mental health services approach, wherein psychiatrists feel responsible for controlling the psychiatric morbidity in the community by organizing various strategies, including curative, preventive and promotive services.

The first one is a medical/clinical approach and the second one is people-oriented organization of

comprehensive, public health and community mental health approach. Both are essential & interlinked. The true meaning of the word 'clinical' is actually' objectivity'. This awareness will motivate Psychiatrists for comprehensive public health-community mental health approach as well.

It is known that many patients with mental disorders in the community for various reasons, all over the world, do not seek treatment. The 2010 Health Styles Survey showed that 68% of responders said patients would improve with treatment; 65% held that treatment can help them to become normal. 24% had one psychiatric illness & 42% had more than one condition. Most prevalent conditions were Depression and Anxiety amounting to 80%. Only 17% with one condition 46% with multiple conditions consulted Psychiatrist.[2]

Similarly studies in various countries, developed nations too, have found similar situation. It shows that, though most of the public believed that psychiatric treatment helps, majority of the people did not seek treatment. WHO reported that 76% to 85% of people with severe mental disorders receive no treatment among lower income groups, in higher income groups it is 35--50 %.[3]

Do Psychiatrists see it with contempt, or as experts they study, understand and develop strategies to improve the situation. Humane approach apart, as a practical professional strategy also, should psychiatrist share the smaller number of cases seeking treatment, often competitively; or can they wisely take up community mental health services also, devoting some time away from clinical work, periodically. This will cause improvement in awareness about mental disorders & their treatability. The likely result is unforeseen benefits to the patients by way of relieving suffering, improvement in work and realizing the potential abilities that are promoted by treatment, medical and social. This is likely to motivate many more number of patients seeking treatment, increasing the workload of psychiatrists. It is both taking up a wider social outlook and a bi-product is a profitable and more satisfying and respectable role in the community.

There is a widely shared but mistaken idea that all mental health interventions....can only be delivered by highly sophisticated staff. Research in recent years has demonstrated the feasibility of psychopharmacological and psychosocial interventions in non-specialized health-care settings (WHO 2010).[3]

About three decades back the British journal of psychiatry Editorial had stated that the duty of a contemporary consultant psychiatrist is not so much clinical but organization of mental health services. If a psychiatrist do not take up, others- nonmedical mental health professionals & NGO'S are likely to take up the wider role and reduce the importance of psychiatrists.
The organization of mental health services in the new state needs to develop centers of excellence, clinical services & Research, both Biological & Psychosocial. Also, there seems to be a need to develop community mental health services and application of preventive and promotive approaches to mental health. While planning mental health services in the new state there is a need for awareness of various psycho-social-cultural aspects of the community. W H O also has been emphasizing recently about the social determinants of psychiatric morbidity.[1]

According to the government of India the Telangana state is predominantly backward. It has declared that among the various districts of erstwhile united AP. nine districts out of 10 of Telangana, except Hyderabad, are recorded as backward and in the rest of Andhra region 4 districts as backward.[4]

BHANAMATHI. The social backwardness results in higher psychiatric morbidity, less number of patients getting effective treatment and marginalization of the poorer sections in the state. Probably because of the various psychosocial factors, Bhanamathi, a collective Hysterical disorder is almost exclusive to Telangana districts (and contiguous regions of erstwhile Hyderabad state till 1956). Cases of violence and killing of persons suspected of conducting Banamathi/ black magic are reported often.

Around the end of 1978 Govt of A.P. asked me to manage a crisis of a Bhanamathi affected village, Nalgonda Dist, about 100 KM from Hyderabad. I presented the study in the Second Pacific Congress of Psychiatry held in Manila, Philippines, as " A case of collective Hysteria in an Indian Village: A study of Psychosocial Dynamics" in 1980.

Such issues call for community approach to patients suffering and not availing treatment, because of the ignorance of underlying causes of the disorder. Bhanamathi, a case of collective Hysteria is a response to rumor & perceived belief in Black magic. It is a belief of rumors by a large section of people, generally by socioeconomically backward groups/people, against the richer sections or by individual cases during financial conflicts. The accused dominant persons are perceived to have conducted Black Magic of Bhanamathi, to control backward people so that they continue to serve them.

I have visited many villages affected by Bhanamathi to study it. By interviewing, without putting the victims on defense, one can find out causative- precipitating & background factors. The logic of seemingly causative factors brought out will relieve stress. The belief seems

to stem out of predisposing past factors, when some sections had a vested interest in dominating the poorer sections of people.

Such a study of psychosocial dimensions throws light into some frustrations, expectations & unconscious defenses resulting in other mental disorders like Depression, Anxiety and paranoid disorders. Social interpersonal factors and personality predisposing factors articulate into an evolution/pathogenesis of the psychiatric disorders.

A purely clinical medical approach is a partial answer to most cases. The perspective of Psychiatry is a product of cross fertilization of two broad elements still not well understood: medical and psychological. People belonging to either Biological or psychosocial approach alone are prematurely coming to a conclusion. It is said, a Genius is one who can keep different or conflicting factors in mind comfortably without taking a stand till the truth is finally found.

A Biologically oriented psychiatrist, may know some causative factors of the illness but the art of motivating the patient/family to accept medicines, is psychosocial. Similarly there are psychosocially oriented persons treating, unaware of the underlying subtle psychotic or organic element, which needs psychopharmacological treatment.

Harmful use of/dependence on Alcohol: A common mental health disorder, it sustains poverty and family tensions. Alcohol dependence is generally treated on inpatient basis. The Alcoholics hesitate to come for consultation because of various doubts on families or hospital system. Awareness exercises and Outpatient deaddiction should be far more used than inpatient mode particularly in initial and moderate cases and prevent severe addictions.

When Govt. of A.P. introduced alcohol prohibition, Institute of Mental Health (IMH), Hyderabad, made a format of Detoxification Medication, along with the need for Detoxification and got it distributed to all Primary Health Centers (PHC) in the state. Later followed up with a talk to all PHC doctors in each District of AP.

One method of motivating Alcoholics is to allow initially telephone interaction with the alcoholics, to assure about the treatment aspects, building confidence. Sometimes I give an advice of medicines to the family; if the patient can voluntarily take, for a few days and see it has no uncomfortable effects. Subsequently he is likely to come for consultation and continue treatment.

In the days of Alcohol Prohibition in A.P., alcoholics were not willing to visit IMH Hyd, IMH welcomed the family members alone and discussed in detail, to take initiatives for treatment.

A few years back I had a group meeting with wives of about 35 Alcoholics in a slum in this place, Warangal, with the help of Dr Y. Sridhar Raju. I planned awareness about deaddiction. They related, very articulatively, various problems they faced from alcoholics, particularly almost daily physical abuse. Authorities encourage drinking through many outlets, police disregard the complaint of women pointing about illegal sales at wrong places and times. It is as if the whole system is working against them. It is representative of common societal practice widely prevalent.

Family members can be motivated to try Out Patient de-addiction treatment. Many families are not aware that detoxification medicines can prevent withdrawal symptoms and the relative safety of abstinence, when medicines are used. Some Alcoholics have severe behaviour disturbances with use. Informing them about role of pathological intoxication, and individual variation in tolerance to Alcohol use is helpful.

Tobacco: Another condition of psychosocial and Health Importance is Tobacco Smoking and Chewing, amenable to treatment. Awareness and deaddiction services are to be organized for them. Zwar (Australia) reported that for Smoking Cessation treatment proactive telephone counselling, along with Pharmacotherapy (NRT, Bupropion, Varenicline) was found useful.

Further for health professionals a guide was provided as resource material for educating and reminding smokers. Phone based assessment could help agencies in implementation of Evidence based practices.[5] A similar method can be planned for other substance use disorders also.

I feel, in practice we need not insist on the patient always accompanying the informant for follow up. We can contact the patient easily on phone. It can help economizes, save time for work and oft avoid absenteeism from job/work, avoid long travel, particularly in the case of women.

Awareness program of Osmania medical college:

As Principal of Osmania medical college, 1n 1997, on the occasion of 50 years of Independence, we conducted an Awareness program. A group of teachers and medical and Dental students moved in Vans slowly from the college, Koti, to Institute of Mental Health, Erragadda, about 12 KM. Throughout, students in Mike, explained to people around, about ill effects of Smoking, Ghutka, tobacco chewing and Drunken Driving.

Scheduled Tribes have certain drugs of abuse. There is a need to study the drug abusers and conduct research to identify the harmful chemicals and organize special services where ever needed.

Family Contact Approach: In IMH we read press reports about two incidents. In two cases, husbands had killed wives and children in Hyderabad; first case was in Kukatpally and Second one, two weeks later, in Asifnagar area. We conducted psychological autopsy and established diagnosis of Delusional Disorder.

In IMH, Hyderabad, then we volunteered to see family members of such patients unwilling to visit the hospital, including Alcoholic and drug addicts, without the patients accompanying; interview them & explain to them about the nature of the illness, and general treatment methods. It can motivate the attendants, who may mobilize the help, to bring the patient to the hospital. The method was termed "Family Contact Approach".

Suicides among Youth/ students: It is a mental health disorder of public health importance with marked increase in the age group from 13 to 19 yrs, during the last 4 decades.

WHO Report 2010 noted that "75% of the world's suicides happen in low and middle income countries."[3] India has one of the world's highest rates of suicide among young aged 15 to 19 years. A study reported in Lancet by Patel V, et al noted that Suicide rates in India are highest in 15-19 age group.[6]

Mukunth V reported the following. "Youth suicides account for about a third of all suicides in the country". Experts say that they are "a result of traditionalist middle income residents transforming into an unceasingly globalised landscape." "The rates are higher in the better-off southern states." A common cause is "the pressure from parents" to do well in the class xii examination among "the age group 16 -18". When they fail to succeed well, "suicide becomes a way out". In 2012 alone 2,471 suicides were attributed to "failure in examination."[7]

Thiagarajan reports that a myth among parents is" that only high scorers are blessed with high paid jobs. But the fact is that the guys with good practical knowledge will be paid more." Colleges and Teachers should inform them.[8] D. Wasserman et al. stated that global suicide rates among young people aged 15-19 have increased over the last few decades, while suicide rates have been reported as stable or falling.[9]

Laxmi Vijaykumar in a Guest Editorial [10] made following relevant observations: "suicide cannot be prevented is commonly held." - "for the overwhelming majority who engage in suicidal behaviour, there is probably an appropriate alternative resolution of the precipitating problems." - "The primary aim of these NGOs is to provide support to suicidal individuals by befriending them." -"There is an urgent need to develop a national plan..." - "The time is ripe for mental health professionals to adopt proactive and leadership roles in suicide prevention." WHO (SUPRE-MISS), an intervention study, has revealed that it is possible to reduce suicide mortality through brief, low-cost interventions in developing countries."[11]

The gender bias is among a leading cause of suicides among young women, according to two psychiatrists; Rajiv Radhakrishnan of the Yale University School of Medicine and Chittaranjan Andrade of NIMHANS, Bangaluru.[12] Independent decision making, wanting to postpone marriage and premarital sex clash with traditional parenting styles.

After retirement, I started, in 1999 a free voluntary telephone helpline Suicide Prevention programmed for students. A Telugu daily EENADU gave a press release, on the day, X class results were published, informing that students, if suicidal or depressive features are noticed, they or those interested in them, can consult on telephone with me for 3 days. Later year another Psychiatrist joined me. Third year a professor of psychiatry from each medical college joined this effort in their respective towns in AP. Many students were counselled about stress, competition & parental attitudes.

I may have been sensitized to community psychiatric approach probably because of humble origin from a rural agricultural family and of working in Telangana area for about 30 years and also having organized and conducted some community mental health activates both as superintendent of Institute of mental health for 18 years; and later, after retirement, some activities in areas of farmers suicides, and Bhanamathi in Telangana.

Social determinants of mental disorders: WHO (2013): Determinants of mental health and mental disorders include not only individual attributes, but also social, economic, and environmental factors such as, living standards, working conditions, and community social supports. Exposure to adversity at a young age is an established preventable risk factor for mental disorders. (WHO 2013).[1]

Responding to the challenge of shortage of services in various countries, the Comprehensive Mental Health Action Plan 2013–2020(MHAP) has been developed by WHO. It is based on a Life-course approach to achieve equity through universal health coverage and preventive steps. Suicide prevention is an integral part of the plan,

which includes the goal of reducing the rate of Suicides to 10% by 2020.[1]

Tyrer. P (UK) feels that excellence in mental health requires a judicious balance of community and hospital services; when well integrated; bed use will decline to a steady level. The initiative to reduce psychiatric bed use is best established in Assertive Community Treatment.[13]

IMH, Hyderabad: 1978 Sept when I started working as Superintendent IM H, Hyderabad it was a closed wards system. Some of community mental health and other services in the Institute of Mental Health I initiated were:

1. Rural Community Mental Health (CMH) Center (1980) at Shankerpally PHC 40 KM away, started even before National Mental Health Program was conceived. IMH is the first and the only state govt institution to conduct regularly such a centre in India.
2. Urban CMH centers (1984) in 3 areas in Hyderabad. We selected institutions that used to oft refer cases but could not have regular follow up.
3. District CMH center, at Sanga Reddy Head Quarters Hospital, Sanga Reddy (1985).
4. Other significant services initiated: 1. Family wards. 2. A 24 hrs OP stays care facility. Patients and Families who reach hospital used to stay overnight under trees 3. Deaddiction ward.

In Eight five yr. plan, IMH, Hyderabad, got 37 posts sanctioned. The number was equal to the total number of posts sanctioned for all hospitals put together in A.P. The Finance committee bureaucrats got convinced on showing the number of rural patients served already, by IMH, by Community services, an extra service, without one extra post created.

After retirement- Farmers Suicides:

1. In 1999: A Study of Farmers suicide, in a village, Mahbubnagar District, where 5 cases of farmer's suicides were reported. 2008.
2. A study of 11 farmer's suicides in 11 villages of Nizamabad district.

For both the studies I went with a team of psychiatrists.

Apart from IMH, Hyderabad, in Telangana, there is a need for 2 or 3 regional 50--10 bedded Psychiatric hospitals to cover three districts each. There is a need to develop training centers for Psychiatric Nursing, Psychiatric social workers. Each Psychiatric centre needs to posts of Psy Nursing, Psy social worker and Clinical Psychologist.

Holistically it might be a good idea for every psychiatrist to take up community Mental Health work, periodically. Non participation in Community work, partly can be due to an over looked aspect during Undergraduate medical training and Postgraduate psychiatric studies; and the recent increased role of private /corporate hospitals, and neglect of public hospital funding. A psychiatrist with comprehensive outlook is likely to have better insight into Biopsychosocial dynamics of patients and Empathy.

With every advancement in knowledge, we feel near final discovery, but generally illusory. We don't have one ideal/optimum antipsychotic or antidepressants or antianxiety drug. The pharmacological agents are generally only better than placebo and there are no long term studies or enough number of cases for trial studies.. They don't have a complete explanation of the mechanism of action. It is true that the drugs have made a revolutionary change in treatment of mental disorders. This does not exclude the essential role of psychosocial therapies. A judicious combination is needed.

Community Mental Health work component can sensitize the psychiatrists, for own and community benefits. My humble opinion is that both clinical and community approaches are to be understood at depth and employed in a complementary manner. This is the best way we contribute to the development of our new backward state of Telangana.

Thank you all.

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