·◢ *EDITORIAL*

EMERGING ASPECTS OF PSYCHIATRY IN INDIA

The development of organised mental health care is of very recent origin, though mental health has been an important part of both Indian philosophy as well as Indian system of medicine (Wig, 1989). At the time of independence there were less than a dozen mental health professionals and only 10,000 psychiatric beds. In the last 50 years the developments, (i) to train mental health manpower, (ii) to increase services in institutions, (iii) outpatients and (iv) in the community have been very impressive. During this period, the National Mental Health Programme has been formulated in 1982. The Indian Lunacy Act, 1912 has been replaced by Mental Health Act in 1987. In 1995, the Persons with Disabilities Act (PDA) has been passed. This most recent act include mental illness as one of the disabilities. At the community level there is greater awareness and acceptance of mentally ill persons and mental health care.

Mental health is very much in the public domain. During the month of September 1998, the following articles were features in the major english weeklies. Pushy parents (Week, September 20, 1998), death as a way of life (Outlook, September 21, 1998), demons in the mind (Outlook, September 28, 1998), living with schizophrenia (Savvy, September 1998). This is a reflection of earlier articles on burn out (India Today, June 9, 1997), an urban stress-mind materialism (Outlook, October 1996).

The above areas of public interest do not limit themselves to traditional mental illness or the medical model of mental disorders. They represent a wider concern for mental health as well as approaches to mental health.

During the last 50 years mental health activities have moved from care of the mentally ill to include prevention and promotion of mental health. The current editorial considers the following development namely,

1. The recent advances in mental health
2. The innovations in mental health beyond mental illness
3. Implications of the shift from mental illness to mental health for the professionals and general public.

The developments in the 20th century have dramatically changed concepts of mental health care as a result of new knowledge. There has been a shift from mental illness to mental health (Srinivasa Murthy, R., 1993). This change is important to understand in term of the forces shaping it and the directions of change (Desjarlis et al., 1995). The psychiatrist of the 21st century, I predict, will be more often influencing issues of mental health rather than only caring for the mentally ill persons.

The shift from mental illnesses to mental health has occurred as a result of greater understanding of the 'Bio-Psycho-Social' basis of behaviour (Goldberg & Huxley, 1992). As a result of these new insight, mental health has become relevant to all people rather than being a matter of concern to those small proportion of persons with mental disorders.

The topic that illustrates this shift best is the new understanding about stress and health. Today, it is recognised that life events have a significant role in the causation of health problems. In terms of the impact of life events, the factors determining a negative outcome are premorbid personality of the individual (e.g. : genetic upbringing), the perception of the event (meaning given to the event), the availability of coping skills and the social supports. A very interesting finding is the close link with emotional states of mind and the biological changes in the neurotransmitters, hormones and immune responses. In a way the research is bringing us to a point of linking the body and mind in an understandable manner. The studies showing the value of psychological interventions

in persons with terminal cancer, recovery from surgery and illness points to the practical application of the linkage between emotions, health and illness (Golman, 1995).

The growing awareness of 'stress' as a problem and use of stress relieving measures by the general population and by differing practitioners, emphasises the need for the mental health professionals to shift from mental disorders to mental health.

The next set of research comes from studies of Post Traumatic Stress Disorder (PTSD). Recent research is showing that those who develop PTSD following a traumatic experience are having a different type of cortisol response as compared to those who do not develop PTSD. This is true for war veterans as well as victims of rape (Fullerton and Ursano, 1997; Yehuda, 1998).

The other area of emerging importance is in child development. Biological studies are demonstrating the importance of stimulation, good parenting and environmental support during the first 3 years, as being very important to optimum child development.

The issue of suicide also demonstrates the need to move from individual pathology (illness) as focus to the larger issues of mental health like subjective wellbeing, self esteem, coping skills, spirituality and value framework as important factors (UN, 1996). The suicide prevention programmes have to include measures to enhance resiliency of the individuals, families and the community. The increase in the number of farmer's suicide links the suicide behaviour to economic and social change factors (Hindu, October 11,1998).

The mental health aspects of social change also emphasises the need to focus on mental health. Societies experiencing rapid social change experience higher levels of suicide, substance abuse, marital problems and childhood and old age problems (e.g. : Kerala). The price of development seems to be in the area of mental health. To obviate to 'negative' effects of development, mental health promotive measures should be built into the lives of individuals, that of family life and community living.

The developing area of behavioural medicine is an another area. There are *three*

aspects. Firstly, more and more awareness is coming in the public health professionals that a large part of the Disability Adjusted Life Years (DALY's) is dependent on behaviour of individuals (about 34%) (World Bank, 1993). In addition there is growing awareness of the contribution of life styles as an important part of non-communicable diseases. The most important ones are eating habits, activity level, alcohol and tobacco use and stress response. The second level is the role of emotional reactions to physical problems. For example, major depression is part of cancer (20%), post-MI (20-50%), stroke (25-50%). What is significant is that in the post-MI patients, mortality is 7 times more among those with concurrent depression at 4 months and 4 times more likely at 6 months. Mortality hazard risk is higher for post-MI depression as compared to continued smoking, life events or previous history of MI. The third level of relevance is the use of a wide variety of psychosocial interventions like listening, emotional support, relaxation, family support, cognitive therapy, which can be practiced by primary care and non-mental health medical professionals, to help people either by themselves or in combination with medicines and other treatments (Snaith, 1998).

An emerging area of special importance is the subject of mental health of women (Raghavan et al., 1995). There is growing recognition that the stresses imposed on women affect their physical, emotional, and mental wellbeing. Major changes are occurring in the women's roles and identities in the context of the individual, family, work and community level life. A wide range of studies have found that women are disproportionately affected by mental health problems and their vulnerability is closely associated with marital status, work and roles in society. There is also recognition that the physiological response to stress by women is qualitatively different along the adrenal medullary pathway. Women respond with lower levels of epinephrine than do men. However, the subjective reports of women's perceptions of stress arousal tend to be greater in terms of emotional discomfort and lack of confidence than the actual levels of circulating epinephrine would suggest. This finding could

indicate that women respond with greater emotional arousal to smaller amounts of hormonal activation than men do or that they have a lower tolerance threshold for experience of physical arousal (WHO, 1993). The rapid changes in women's lives is likely to place mental health of women at greater risk. There is an urgent need to develop strategies to cope with stress and promote mental health in women.

Can anything done towards mental health ?

Mental health professionals in India have used a wide variety of opportunities to advance the cause of mental health in the community. Some of the important ones are : (i) School mental health programmes (Kapur, 1997); (ii) college mental health programmes; (iii) care for the disaster population, and (iv) development of counselling supportive services for persons with HIV infection.

All of these have utilised provision of services in non-institutional settings as well as utilising the community resources. In all of these groups essential professionals are not dealing with the traditional illnesses, but people who require mental health care.

One of the very important areas where health professional in India have done extremely well is in regard to public mental health education. A large number of professionals have written books, pamphlets and other educational materials in local languages using the available print, radio and TV media to share essentials of mental health. These have been a very important contribution from India. Among these initiatives, one of the most important one is the 'Mind-Watch programme' on the Doordarshan. This consisted of more than two dozen episodes shown both in the main television as well as on the second channel covering a wide variety of mental health issues. The popularity of this programme speaks both for the need as well as the scope for sharing of mental health information. The leadership provided by Dr. Avdesh Sharma to work with the media has been very creditable.

India, throughout its history, has given pride of place to mental health (Wig, 1989). The goals of individuals at all stages of life have included promotion of mental health. India has a large pool of spiritual knowledge. In addition, the whole world is rediscovering the value of yoga, meditation, spirituality as important components of health (Snaith, 1998). Focus on mental health and establishing greater credibility to these cultural resources would be not only important to Indians but also to the whole world. Specifically, Indian professionals need to understand the traditions, beliefs, practices and methods of responding to the life stages, crisis situations existing in each and every community. As a result, it should be possible to promote health practices and change practices that are not mental health promoting.

An important need in this area of mental health is the development of concepts and measures of mental health. Already there are efforts to develop tools relevant to this area such as subjective wellbeing and quality of life (WHO, 1985; WHO, 1996). A greater effort is needed to emphasise on mental health measures. We have succeeded in mental illness measurement tools and similar efforts need to be made in the areas of mental health.

All over the world, there is a strong shift from the psychological to biological measures to alter/control behaviour. A recent Newsweek (May, 1997) predicted that in the next 20 years, nearly a third of the population would be taking mood-altering medicines. It can be expected that, unless mental health professionals move from mental disorders to mental health, there is a danger of medicines taking over the total area of mental health.

One hundred years back, psychiatry initiated the process of bringing focus on the individual and psychological aspects of all illnesses. This led to the rich developments in the form of psychoanalysis, psychotherapy, behaviour therapy, group therapy, family therapy, rehabilitation. This addition to the medical model was the uniqe contribution of psychiatry to medicine. During the last hundred years there have been important biological advances in understanding of mental disorders and their treatment. There is a temptation to switch to considering mental health issues as only illnesses that need chemical correction. However, even in the area of treatment of mental disorder. The role of psychological and social factors have been found to be significant

even in acute phase (McGorry, 1998). In a way the nature-nurture controversy is reaching a point of healthy demise. It would be unfortunate if the psychiatrists were to focus only on chemical interventions when general medicine is adopting the time honoured techniques of psychiatry.

Recently, Kalam and Rajan (1998) presented the India 2020- a vision for the new millennium. This is a fascinating book. This book is the outcome of a series of task forces on *Technology vision 2020*. The report presents a fascinating futuristic scenario about the ways technology can take India to become a developed country. However, the major missing part of the vision is the role of human behaviour, importance of individual level values and need for strengthening social institutions. Can we build an India without human values and social institutions ?

Implications : The implications for the psychiatrists, of the shift from mental illness to mental health are as follows : (i) Psychiatrists and other mental health professionals should be advocates of mental health; (ii) Studies should focus on the issues of social change, development and mental health; (iii) Efforts in this area should be essentially multi disciplinary. The key disciplines are law, architecture, sociology, anthropology, economics, industry, education, welfare, religion and philosophy; (iv) mental health interventions should be aimed at the general populations and social institutions, in addition to individuals; (v) mental health professionals should become active partners in social policy development, and (vi) professional training, both undergraduate and postgraduate, should expose the trainees to skills and methods of promoting mental health along with care of the mentally ill persons.

This is the challenge of the 21st century and an opportunity for mental health professionals.

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