

The Importance of Case Studies in Psychiatry for Indian Population for our Future

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ABSTRACT

India is the most populous country in the world. The public health system is one of the best practical innovations in the world. We were able to eradicate polio from our country. Likewise it is high time to carry out case studies in Mental Illness for the betterment of the future generations because the loss of GDP over the Mental illness problems is very huge and eradication of MENTAL ILLNESS can bring India to the top in the Field of illness related to Mental Illness. In this paper the author highlights the basics of mental illness and explains where the vacuum is found in case studies with related to mental illness. Hence it is right time to evolve sound policies with successful models to help the citizens overcome stress and strains related to mental illness. Mental health promotion is different from, but complementary to mental healthcare. It focuses on influencing underlying root causes rather than managing specific conditions. It targets whole groups and communities and is undertaken in a range of settings such as online, the home, schools, workplaces, and neighbourhoods, rather than just through health services. Hence it becomes almost universal starting from nation.

INTRODUCTION

The world has become an international village due to the progress of globalization and the access of knowledge through the internet services. In the case of medicine, after COVID - 19, the medical community and the political leaders of various nations have become much aware of the vacuum that existed between theory and practices of diagnosis and cure. The case studies in various fields of medicine are one of the essential

requirements for the progress of medical science with the wisdom of the past. Hence it is high time that medical specialists in the field of research and development come forward to evolve the best possible methods to register case studies in whatever possible contexts and wherever they carry out research based diagnosis and treatment procedures. In this paper the author discusses the importance of case studies with regard to psychiatry for Indians which may be extrapolated to different populations all over the world.

Definition - Psychiatry

Psychiatry cannot be defined with more accuracy as different schools of thought exists. Every individual psychiatrist has his/her own perception of this branch of medicine. However, one thing that would be acknowledged by most of us would be that it is the source of our daily bread. But would it be justified to recognize it merely as the source of our livelihood?

Let us discuss the meaning of psychiatry with discussion over its definition. The term Psychiatry was first employed by the German anatomist Johann Christian Reil (1759- 1813; Campbell, 2004). Currian and Guttman (1949) defined “Psychiatry as a branch of medicine whose special province is the study, prevention and treatment of all types and degrees of mental ill health, however caused” (Slater and Roth, 2006). ‘Mental ill health’ seems to be a vague term and undermines the importance of behavioural changes in a human, which might not necessarily qualify for being called ‘ill-health’. Slater and Roth describe psychiatry as “a branch of medicine in which psychological phenomena are important as causes, signs and symptoms, or as curative agents” (Slater and Roth, 2006). This definition takes into account only psychological phenomenon, which is retrogressive when considered in light of the conceptual advances in psychiatry made in the last few decades.

According to a recent definition by Campbell, Psychiatry is:

The medical specialty concerned with the study, diagnosis, treatment, and prevention of behaviour disorders (Campbell, 2004, p532).

This definition only considers the behavioural aspects of psychiatry. All psychiatric problems cannot be really expanded and applied to human behaviour as a whole, but in the wake of the current understanding of psychiatry, behavioural disorders should be included in the definition. We might go still further and make a little change in Campbell's definition and say:

Psychiatry is the branch of medicine that deals with the causation, prevention, diagnosis and treatment of mental and behavioural disorders in human beings on real time.

Though critics may argue that this definition does not specify the meaning of mental and behavioural disorders, they must realize that a definition must be precise and easy to understand, besides incorporating core features of the discipline. In my opinion this

definition best defines Psychiatry, in accordance with current knowledge and understanding in the field.

As of now, we do not have the means by which many psychiatric illnesses could be cured completely. While some have short time courses and only minor symptoms, many are chronic conditions that can have a significant impact on patients' quality of life, even life expectancy; and as such, require long-term or life-long treatment. Efficacy of treatment for any given condition is also variable from patient to patient. Some have complete resolution of symptoms while others unfortunately have poor or minimal response to even the strongest of measures. Majority of the patients fall somewhere in between these extremes.

In general, psychiatric treatments have improved significantly over the past several decades, beginning with the advent of modern psychiatric medications. In the past, psychiatric patients were often hospitalized for six months or more, with a significant number of cases involving hospitalization for many years. In recent times, most psychiatric patients are managed as outpatients. If hospitalization is required, the average hospital stay is around three to five weeks, with only a small number of cases involving long-term in-patient care.

Gone are the days when medical students chose psychiatry because they could not make their way to general medicine or surgery! Now most of them want to learn and practice psychiatry out of choice.

For most of the researchers in psychiatry, it is a passion to practice psychiatry, a vast landscape waiting to be explored, a philosophy, a way to serve society and the needy, a method to decrease the sufferings of the psychologically disturbed, and benefit them in every possible way to lead a normal life any other. It gives us great pleasure to talk to patients, make a diagnosis and treat them in accordance with the scientific knowledge available. Definitely, personal professional advancement is also a consideration, and we need make no bones about it. But that is never at the expense of patient welfare or scientific approach and practices.

Psychiatry is practiced by psychiatrists who are medical doctors specializing in mental illnesses. They are trained in the medical approach to disorders and in the use of medications. Many (but not all) psychiatrists are also trained to conduct psychotherapy. Psychiatrists ideally evaluate patients from a bio-psychosocial perspective before prescribing treatment. Bio-psychosocial theories have evolved from the time of Alfred Russell Wallace, the man who, simultaneously with Darwin, put forward the theory of the evolution of species by natural selection. It has been rightly said:

However great one's contempt for all theoretical thought, nevertheless one cannot bring two natural facts into relation with one another, or understand the connection existing between them, without theoretical thought. The only question is whether one's thinking is correct or not, and contempt of theory is evidently the most certain way to think naturalistically, and therefore incorrectly (Engels, 1878).

Though the concepts have evolved greatly since his time, still the words of Freidrich Engels hold true in the

evaluation of a patient by a psychiatrist, where theoretical knowledge of the subject becomes as important as the application of that knowledge on the psychological condition of the patient. This forms the basis of the biopsychosocial mode proposed by Engel (1982) as appropriate for all of medicine, wherein the psychiatrist evaluates the psychological and social aspects of a person in respect of the available biological knowledge.

Psychology is the scientific study of the mind and behaviour. Psychologists are actively involved in studying and understanding mental processes, brain functions, and behaviour. The field of psychology is considered a "Hub Science" with strong connections to the medical sciences, social sciences, and education (Boyack, Klavans, & Borner, 2005). Psychologists may study how drugs or other chemical agents affect the brain, but generally are not trained to prescribe or administer drugs.

1. Indian Scenario in Psychiatric Medicine

It has been estimated that about 150 million mentally ill people in India are in need of health care services. India has got a poor mental health workforce with only 0.3 psychiatrists per 100,000 populations against the WHO recommendation of 1 psychiatrist per 100,000 populations. WHO estimates that the burden of mental health problems in India is 2443 disability-adjusted life years (DALYs) per 10,000 populations; the age-adjusted suicide rate per 100,000 populations is 21.1. The economic loss due to mental health conditions, between 2012-2030, is estimated at USD 1.03 trillion. Estimates suggest that nearly 15% of the Indian population grapples with some form of mental health issue. This figure encompasses many disorders, including anxiety disorders, depression, bipolar disorder, schizophrenia, substance use disorders, and Neuro-developmental disorders.

Global mental health report says that India is at 61st regarding mental health among the different nations. The Mental Healthcare Act 2017 (MHCA 2017) in India specifically addresses patients' rights and establishes the moral and legal standards for mental health care.

Mental health is a major concern worldwide and India is not far behind in sharing this. If we evaluate developments in the field of mental health, the pace appears to be slow. Dr. Brock Chisholm, the first Director-General of the World Health Organization (WHO), in 1954, had presciently declared that "without mental health there can be no true physical health." More than 60 years later, the scenario has not altered substantially. About 14% of the global burden of disease is attributed to neuropsychiatric disorders. The burden of mental disorders is likely to have been underestimated because of inadequate appreciation of the inter-play between mental illness and other health disorders. There remain considerable issues of priority-setting based on the burden of health problems and of addressing inequalities in relation to determinants and solutions for health problems.

Suicide is the leading cause of death among those aged 15–29 in India. There remains a massive unaddressed need within the population. The treatment gap, as measured by the absolute difference between the prevalence of mental illnesses and the treated proportion, has been found to be 76%–85% in less-developed countries. One of the major reasons attributed to such a wide treatment gap is the problem of inadequate resources. In India,

inadequacy exists in infrastructure as well as in human resources. Despite improvements in various health indicators, India contributes disproportionately to the global burden of disease. Our health indicators compare unfavourably with other middle-income countries and India's regional neighbours. A large proportion of the population ends up impoverished because of high out-of-pocket health-care expenditures and suffers the adverse consequences of the poor quality of care. Task-shifting to non-specialist community health workers has been recommended as an effective strategy for delivery of efficacious treatments in low-resource settings. Given the dire shortage in numbers of psychiatrists, psychologists, psychiatric nurses, and social workers; piggy-backing on primary care systems and employing innovative force-multipliers are future courses of action.

Many people in India believe that mental illness is caused by supernatural or spiritual factors and seek help from traditional healers rather than mental health professionals.

2. Ground Realities

In this section though the references may not be sufficient yet the reader can go through the daily newspapers from India to know these facts better. The author has been associated with this field as a subject as well as a little source for others who had these problems of mental-illness for the past thirty years.

- Lower secondary students resorting to aggressive behaviour in schools and committing suicide.
- Higher secondary students committing suicide just because they have failed in high level competitive examination mostly because of the non-researched policies of the Governments towards education.
- The psychological stress to which parents and their wards are put due to the immature Competitive Examinations with wrong policies even from the elite educational stalwarts.
- IITs are known as the amalgamation of intelligent creamy layer of the Indian students after their Higher Secondary Course. Even in these institutions suicidal attempts have been reported.
- Our soldiers are the people who guarantee that all Indian will live tomorrow. Even in this institution we can see some reports where soldiers need immediate medical care for their psychiatric problems.
- Farmers are the back bone for all the Indians to provide adequate food grains for lively hood sustainability. Even with them due to heavy debt burdens due the absence of monsoon rains reports reveal that suicides are growing and also the mental-illness of farmers are on the rise.
- Dowry related crimes and suicides
- Early age marriages of girl children that leads to emotional disturbances that results depression and other types of mental sicknesses ultimately leading to death.
- Suicidal attempts due to over debts of small to large amounts.
- Suicidal attempts due to unknown reasons in the elites in the cinema industry.
- Rare cases of suicides have been reported in the high level business executives.

- The field of Information Technology Sector which has helped many students get more jobs with good salaries has failed to train their employees in Adjustment Mechanisms which has led to more cases of depression
- The field of Software has created more job opportunities for more skilled and semi- skilled personnel but has failed to create a climate of leisure and recreation which has also led to many cases of depression.
- One overwhelming and painful state of affairs is the increasing cases of Divorce Applications in Family Courts in India.
- The caste related suppression in Roman Catholic Seminaries has led to depression in many scholastics.
- The caste related suppression in Roman Catholic churches has led to depression in many priests.
- **The unregulated market of fast and junk foods may lead to obesity, impotency and depression in the long run which have to be researched from now onwards because these market goes unnoticed because of the charm and profit in it.**
- The market of illicit liquor in many states especially in Tamil Nadu has led to deaths in the consumer and depression in the families of the victims.
- The widows of men alcoholics, due to open market liquor, have displaced many families as depression corners and children as school dropouts.
- Poverty related depressions in the poor, vulnerable, downtrodden, minorities, women, and children have contributed the worst in the declining of our GDP for which very few case studies have been reported.
- The partiality of the media in not providing the truth in this field of medicine.

The list is not limited to what the author has mentioned but is exhaustive which can be complemented by the specialist in the various fields of public health.

The above mentioned realities include all the levels of the Indian population. Hence there is a urgent need to improve Mental Health deliverables in all the levels of populations so that no one is left behind. The author suggests a model for achieving relatively a large level of success in mental health of Indian Citizens that can be tried as some other models and can adopt it with modifications for the common good.

3. The Journey Ahead

A country becomes self-reliant if the citizens can work to their fullest potential without much stress and stains. **This is only possible only if there is a sound mind in a sound body.** In the final touches of the paper the author wants to give some suggestions to the agencies who work in the fields of mental health for effective deliverance.

The ministry of health has to take this field of medicine as priority as it is going to decide the future GDP of our country.

The various ministries should co-operate with the Ministry of Health in achieving the target put forth by the ministry of health.

The various ministries should create a Health Department where PSYCHIATRIC ILLNESS PREVENTIONS form a part of their ministry.

People may argue if this will not be a replication of the same. It may look like replication but it gives a check in multiple terms to ascertain whether the different ministries had co-operated with the ministry of health.

Every primary health centre should have a separate division for MENTAL HEALTH.

The government can strengthen the FAMILIES OF THE MENTALLY ILL PATIENTS to form associations to share the routine of their beneficiaries so that any wrong procedures can be corrected immediately without going to the psychiatrist immediately. The government can form a CLUSTER OF FAMILIES OF MENTAL HEALTH STEWARDS in every district headquarters.

Practicing Psychiatrists in common can employ a Psychologist for every patient so the case studies can become a part of the clinics and this can be published in Journals so the case studies in Psychiatric illness can be known to all the specialists in the field all over the world.

CONCLUSION

Mental health promotion mainly focuses on guiding people to acquire the knowledge and skills they need to promote and protect their own mental wellbeing, while simultaneously working to create positive changes in our shared social environments that promote our collective mental wellbeing from time to time.

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