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Future of psychiatry: Challenges and opportunities

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Most of us equate health as a state of physical well being but remain ignorant of social, spiritual and psychological aspects of health. Using the disability adjusted life year (DALY) as the basic statistic, the *World Development Report* concludes that mental health problems accounted for 13.46% of the global burden of disease in 2001, projected to be 14.14% by 2020 [1]. Depression, alcohol use disorders & suicide rank in the top 20 causes of DALYs due to all diseases of all ages [2]. In India it is estimated that 10 million are suffering from severe mental illness & 10 times that number have mild mental disorders [3]. Therefore subjective and objective burden related to caring for people with mental disorder is substantial. Even then mental health is not a priority as mental health policy exists in only 62% of the WHO countries [1]. In developed countries, tax based payment constitutes 63%, out of pocket payment accounts for 30-38% of mental health services whereas in developing countries patients and their family members has to bear all the cost for treatment of mental illness [2]. Mental health resources are centralized in and near big cities. 80% of the rural population has no access to mental health services [2, 3]. Moreover there are 42 mental hospitals with 20000 beds and another 2000-3000 beds are available in psychiatric unit of institutions/ general hospitals [3]. There are 4000 psychiatrist and 2000 psychiatrist nurses whereas UK has 110 psychiatrist per million, 24.8 nurse /100000 population [2, 3]. 69% of low income countries have less than 1 psychologist per 100000 populations [2].

Majority of people hold beliefs that mental illness is caused by evil spirits, witchcraft, bad stars and bad deeds [4]. People regard mental illness, mental retardation and dementia as similar illness; beliefs such as mentally ill person are dangerous and untreatable, not capable of performing useful social role. These beliefs are reinforced by media. Ignorance, stigma, fear, misconception and wrong attitudes regarding mental illness, their cause and treatment leads people to seek the help of faith healers instead of psychiatrists causing delay in treatment [4, 5]. National mental health program emphasized involvement of all health care personnel in providing mental health care but primary care physician lacks skills to identify people with mental illness in the community. There is a need to include psychiatry as independent subject in undergraduate medical courses to sensitize medical graduates about mental health [5, 6].

It is conceptualized that discovery of neural circuits, neurotransmitters and its genes that control cognition, emotion and behavior will uncover causes of mental disorder but there is an emerging new challenges and opportunities in 21st century. These are the diseases of modern society such as stress, suicide, homelessness, natural and manmade disasters, and terrorism including violence against child, women, elderly and minority.

Stress is a part and parcel in contemporary society. People are overwhelmed by variety of stressors ranging from physical, psychological, financial, social, and marital. This not only creates a sense of apprehension and insecurity of the environment but also makes a person vulnerable to psychiatric disorders.

An estimated 804 000 suicide deaths occurred worldwide in 2012, representing an annual global age-standardized suicide rate of 11.4 per 100 000 population [7].In India completed suicide was 1, 34,799 at the rates of 11/ 100000 population in 2013 [8]. There is a growing concern about the increased suicide rates among adolescents [7]. Approximately 50% of people who completed suicide saw a primary care provider during the month before their deaths, and over 30% saw a mental health provider in the year preceding the suicide [9]. Physicians should remain vigilant about the risk of suicide especially in vulnerable groups of population such as chronically ill, substance / alcohol abusers.

In 2004, national health survey (NHS) recorded the current prevalence of alcohol & substance use at 21.4% & 3.7% respectively [10]. The lifetime intravenous drug use (IDU) was found to be 0.1% (NHS 2004). The prevalence of HIV infection in IDU users is 9.19%. Furthermore, people living with HIV are vulnerable to alcohol/ substance use and psychiatric manifestations.

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With the advancement in medical science and improvement in basic sanitation, water supply and nutrition, the life expectancy has increased enormously from 42 years in 1947 to 65years today. An elderly person constitutes 7.5% of the population and the number is expected to increase to 137 million by 2021 [11]. Homelessness is another important issue and many of the elderly spends there end days in old age homes [12]. Studies have shown that rates of depression, dementia, somatization, anxiety disorders and insomnia are higher than the rates in general population. In addition, these diseases are under-recognized & undertreated [12].

Finally, population explosion, poverty, discrimination in access to mental health services, adoption of nuclear family and chronic course of psychiatric illness creates major hurdles in the treatment of mentally ill person. Effective management of mental illness demands re-integration of patients back into community through employment opportunities, housing, provision of insurance facilities, and protection of legal rights are also important dimensions that needs to be addressed so that mentally ill person can live and participate meaningfully in the community.

References

1. World Bank. World development Report: investing in health. Oxford university press, New York, 1993.
2. World Health organization. The world Health Report 2001: new understanding, new hope. World Health organization, Geneva, 2001.
3. Rabindranath CP. Providing mental health care to all. 63th ANCIPS souvenir 2011; 86-9.
4. Thornicroft G, Brohan E, Kassam A. Public attitudes and the challenge of stigma. In: Michael GG, Andreason NC, Lopez JJ, Geddes JR, editors. New Oxford textbook of Psychiatry. New York: Oxford University Press; 2009.p 5-7.
5. Stigma about mental illness: dispelling the Myths and learning the facts. Accessed on 25/04/2011 from www.Lambservent. Hubpages.com/ hub/ truth about mental illness
6. Reddy R. Undergraduate psychiatry education: Indian J Psychiatry. 2007 Jul-Sep; 49(3): 157–8.
7. Global epidemiology of suicide and suicide attempts. Preventing suicide. A global imperative: World health Organization; 2014.p14-25.
8. Suicides in India. Available from URL: http://ncrb.nic.in/adsi2013/suicides%202013.pdf
9. Corwin MA, Cook PF, Wainberg ML. HIV and suicide: Risk assessment and intervention. April 2007.
10. Rakish Lall. Substance use disorder: Manual for physician.oct 2005 NDDTC New Delhi; p12-23.
11. Math S. Indian psychiatric epidemiological studies: Indian J Psychiatry 2010; 52:95-103.
12. Henderson S, Laura F. the ageing population and the epidemiology of mental disorders among the elderly. In In: Michael GG, Andreason NC, Lopez JJ, Geddes JR, editors. New Oxford textbook of Psychiatry. New York: Oxford University Press; 2009.p 1517-22.