Editorial

PSYCHIATRY IN THE NEW MILLENNIUM

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"The mind, like a sick body, can be healed and changed by medicine" Lucretius (96-55BC).

Mental health is an integral component of health through which a person realizes his or her own cognitive, affective and relational abilities. With a balanced mental disposition, one is more effective in coping with the stresses of life, can work productively and fruitfully and is better able to make a positive contribution to his or her community. Mental and brain disorders, by affecting mental health, impede or diminish the possibility to reach all or a part of the above. Preventing and treating them clears the road to achieving ones full potential. As mental health is a fundamental building block for human development, we must face the facts that mental health problems are a part of life, that they can arise and that they can be addressed [1].

One in four people will suffer from a mental or neurological disorder sometime in their lifetime. Neuropsychiatric disorders account for nearly one-third of the disability in the world and are present in every region in the world. As reported in the Global burden of disease, five out of the ten most disabling disorders in the world are psychiatric in nature. To highlight this important concern, the WHO had declared the year 2001 as the "Year of Mental Health" with a very apt theme "Stop exclusion-Dare to care". The last three decades also saw the emergence of some participation and responsiveness (although grossly inadequate) of the community to play a role in the care of the mentally ill.

The most important challenge and dilemma faced by the mental health professional, is to eradicate the stigma associated with mental illness and to reach psychiatric services to the needy. The world health report 2001 titled "Mental Health:New Understanding, New Hope" is devoted entirely to psychiatric disorders [2]. It has formulated guidelines to face the challenges in

the new millennium. The report provides ten recommendations that countries could follow to improve mental health. The recommendations can be adapted by every country according to its needs and resources and are as under :

1. Provide treatment in primary care : This will enable the largest number of people easier and faster access to treatment services and improve possibilities for early diagnosis and follow-up. In order to do so, general health personnel in primary care need to be trained in essential skills of mental health care. A small beginning has been made under the auspices of the National Mental Health Programme, wherein psychiatrists are being posted to District Hospitals and some health professionals are being trained at nodal centers.
2. Make psychotropic medicines available : Essential psychotropic medications should be made available at all levels of health care.
3. Give care in the community : Patients should be shifted from mental hospitals to community which ensures better treatment outcomes and quality of life. Psychiatric care facilities should be available in General Hospitals.
4. Educate the public : Public education and awareness campaigns should be a continuous process to reduce stigma, discrimination and barriers to treatment and care, thus closing the gap in the perception between mental and physical health as two distinct and separate issues.
5. Involve communities, families and consumers : Communities, families and consumers should be included in planning the development of mental health programs, policies and services. Consumer groups need to be empowered to emerge as a powerful, vocal and active force for change.
6. Establish national policies, programmes and legis-

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lation : Mental health policies, programmes and legislation are necessary for significant and sustained action. For instance Mental Health Act, 1987 has replaced the draconian Indian Lunacy Act of 1912 thus improving rights and care of mental patients. However, much more is desired of this act, especially to limit or exclude the role and authority of legal personnel in the care of mentally ill.

7. Develop human resources : Most developing countries lack adequate number of psychiatrists to staff mental health services. There are only about 3000 psychiatrists and less than 500 clinical psychologists in India, which is grossly inadequate. Undergraduate medical curricula need to be updated to ensure that students are skilled in treating psychiatric disorders. Sri Lanka recently expanded the duration of training of undergraduates in psychiatry and included it as an examination subject. It is imperative to increase the curricula in psychiatry at the undergraduate level for the meaningful implementation of the National Mental Health Policy.
8. Link with other sectors : War conflicts, disasters, unplanned urbanization and poverty are determinants of mental ill health as well as barriers to treatment. The work of sectors other than health, such as education, labour, welfare, and law greatly affects the quality of life of people with mental disorders. These sectors should be involved in improving the mental health of communities. Non-governmental organisations should also be encouraged to support and participate in local initiatives.
9. Monitor community mental health : Mental health of communities should be monitored by including mental health in general information and reporting systems.
10. Support more research : More research into biological, psychosocial and service provision aspects of mental health is needed in order to increase understanding of the cause, course and outcome of mental disorders.

Sigmund Freud in the second half of the nineteenth century gave a new dimension to the study of mental disorders. It took half a century before the first effective antipsychotic chlorpromazine was used. Rapid strides have been made in the last 50 years in the understanding of the neurobiology of mental disorders, thereby narrowing down the mind brain divide. Research in psychopharmacology has spawned nu-

merous drugs. Clinically, psychiatry has been transformed in recent years by the availability of more potent and specific medications. Conditions long considered refractory are approached routinely with medications. The scope of psychopharmacology has been further expanded by three concomitant developments : the incorporation into psychiatric practice of medications traditionally associated with other specialities (eg. antiepileptics), the legitimization of psychopharmacological agents previously out of favour (notably the psychostimulants), and a renewed interest in polypharmacy, especially the augmentation of antidepressant drugs. The future is likely to see the introduction of new designer drugs, especially those specific to receptor subtypes or particular brain pathways or regions. Cognitive/memory enhancers, anticraving drugs and molecules for impulse control disorders may soon see the light of day. Existing medicines will find broadened applications. The pace may accelerate as advances in computing and molecular biology (especially techniques for identifying receptors) facilitate drug development. These changes may be accompanied by the development of novel biological interventions including transplantation of brain elements, introduction of psychoactive genetic fragments into adult cells, and innovations in the ways medications are delivered to parts of brain [3].

Although the second half of the last century saw dramatic advances in psychopharmacology, the etiology and biology of most mental disorders remain unresolved. The molecular biology revolution is expected to bridge the neuropsychological interface unravelling the biological basis of psychiatric disorders. Today various receptors and neurotransmitters have been identified as mediators of various psychiatric illnesses. Hopefully, more precise cause and mechanisms could be elucidated by molecular studies. The genome project has raised the levels of optimism for effective treatment in the future. Genetic engineering will provide therapeutic means to correct the dysfunctional genes. Identification of causative genes for various psychiatric ailments is not a distant dream.

Diagnostic advances especially neuroimaging techniques like SPECT, PET and fMRI would enhance precision in diagnosis and follow-up. We need to develop more psychodiagnostic tests, which can quantify accurately and prognosticate the course of illness. Evolving specific biological markers for various disorders will facilitate quicker diagnosis and also help in screening populations. Computers and user friendly software will play bigger role in research, education, training and management of patients.

Ethical, legal and forensic issues like consent for treatment, confidentiality and criminal responsibility will remain an area of concern. A more humane approach needs to be adopted to the rights of the mentally ill viz. marriage, consent, property, voting and so on.

New psychiatric tools may revitalize another dream : mental illness prevention. Clinicians are already debating whether to use medication prophylactically in specific high risk situations. As the pathology of psychic trauma is further elucidated, much broader forms of medication based prevention may become possible, such as interrupting the cascade of stress hormones produced in response to important stressors.

With the expansion of knowledge and the ever increasing demand, subspecialties of Psychiatry like Child psychiatry, Adolescent psychiatry, Geriatric psychiatry, Biological psychiatry, Forensic psychiatry and Community psychiatry will find their rightful place.

The Armed Forces have pioneered the practice of psychiatry in India. Due to the unique nature of the stressors and consequences, the Indian Psychiatric Society recognized Military Psychiatry as a separate subspecialty in 1997. There are situations unique to service conditions such as battle, low-intensity conflicts, isolation, separation, uncongenial weather and location leading to sustained stress and fatigue resulting in maladaptive patterns of behaviour [4-5].

Although corrective/therapeutic measures have been instituted from time to time, long-term preventive measures need to be evolved. Psychiatric sequelae of nuclear, biological and chemical warfare can be debilitating and will be a daunting task for the psychiatrist in the new millennium.

Even though service personnel are given the best possible psychiatric care, the families are deprived of inpatient care. With the induction of women in the Armed Forces the need for infrastructure for inpatient management of female psychiatric patients is inescapable. Due to increasing longevity of the Indian population, the older ex-servicemen will also demand our attention.

Psychiatry in the new millennium will be more closely allied with the rest of medicine through the basic sciences and biologically based therapies. Yet it will maintain its distinctive character. It will continue to comprehend tensions between the mind and brain, while continuing theoretical work to minimize that division. Human brilliance and technology have come together to propose solutions we dared not imagine 50 years ago. We have conquered diseases that once seemed insurmountable. The solutions to mental health problems are not difficult to find : many of them are already with us. What we need is to focus on this as basic necessity. Only then will our successes be more meaningful [1].

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