MINDS

Wellbeing begins in Our MINDS

Monthly Newsletter on Psychiatry for Doctors & Medical Students

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GUEST EDITORIAL

DOMESTIC VIOLENCE DURING LOCKDOWN AMID COVID -19 PANDEMIC

"COVID-19" and "LOCKDOWN" are probably the two most ruffling words that humanity has seen and heard in the last few months. The impact is very disturbing and continue to disrupt almost all spheres of life creating a sense of paranoia across the globe. While people are confined to home fighting a deadly virus another hideous one seems to have become more virulent than any time before- a sharp rise in cases of 'Domestic Violence'.

Domestic violence can be described as "power misused by one adult in a relationship to control another" at home, family or within domestic premises. Although commonly it refers to intimate partner violence it could be child abuse, elderly abuse or abuse by any other member of the family through physical, verbal, sexual and psychological means. Women and Transgenders are the usual victims but one should not ignore the fact that men also could be victimized in a case of domestic violence. During the lockdown period, it has been observed that the reports of domestic violence against women has significantly increased (20%-30%) throughout the world. Recent data shows that the number of complaints received by National Commission for women in this regard has almost doubled during this lockdown period. This steep rise leaves us few important questions to ponder.

(Cont'd on Page 2)

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AN INITIATIVE SUPPORTED BY THE MINDS UNITED FOR HEALTH SCIENCES AND HUMANITY TRUST

GUEST EDITORIAL

This lockdown period supposedly should have given us more quality time to spend with family and improve interpersonal relationships but did it really help so? Why cases of domestic violence have become rampant during the lockdown period? What could be the possible ways to handle this serious menace or the what is the way forward?

Staying home is considered to be the safest option available during this lockdown period. In most of the cases it may be a blessing in disguise providing more quality time for self and family. But for few it might be a nightmare especially in homes where interpersonal relationships are already problematic. Surprisingly fresh cases of domestic violence have been reported in few places in spite of having no history of such incidences before the lockdown. Intriguingly the reasons are multifactorial. Lockdown limits movement of people from home putting the victims at more risk in the hands of perpetrators. Women, in particular homemakers are now more under the influence of dominant family members who may restrict their needs and interest. In the absence of a domestic help burden of the house hold chores fall on the shoulder of women as in most cases help is not available from the male members of the family due to patriarchal attitude. Stress related to Covid-19 infection and lockdown, unemployment, financial difficulties may increase the frustration levels of the dominant member resulting in physical and mental abuse of other weak and dependent family members. Substance abuse, personality problems and other existing mental health issues could aggravate in current scenario. With lack of legal help, social and family support due to restricted movement, no surprise that cases of domestic violence are going unchecked.

Dependence, shame, guilt, stigma, lack of awareness and above all cultural acceptance makes women in India more vulnerable to fall prey to acts of domestic violence. Similarly, children and elderly individuals may be at the receiving end due to their physical weakness, financial constraints, food, shelter and health needs. In this juncture it will be imprudent to ignore the plight of male members also during lockdown. Many reports of physical and emotional abuse, harassment, critical comments hurting the sentiments of male members goes unnoticed in spite of serious consequences. At the least they get attention only in terms of humorous memes on social media platforms.

The physical and psychological impact of domestic violence is enormous irrespective of age and gender. Although "The Protection of Women from Domestic Violence Act 2005 is already in place sensitization and awareness of this rapidly emerging problem should be done through primary and secondary health care workers, media, local community leaders and NGO concerned with domestic violence. Government should consider the risk of domestic violence in case of extended lockdown and frame appropriate preventive measures to curb this menace. Help lines for complaints, protective measures, legal aid, counselling and for addressing other relevant issues should be available for individuals at risk 24/7.

As the saying goes "Vinasha Kale Viparita Buddhi" the current crisis could put our reasoning and judgemental capacity at risk in many ways and domestic violence can be viewed as one of its kind. Hope we retain our emotional intelligence. Anything to change, change has to begin from self. A simple respectful attitude towards our fellow family members could be a small step in bringing a massive change in fight against domestic violence and wish it begins right now.

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OF CLOSED DOORS AND 'OPENED' MINDS

This is definitely not the kind of writing I've done in a long time. But it was a good opportunity for me to apply the brakes and look back, rather fondly, at my journey so far and my companions in it. The journey will continue, for "I have miles to go before I sleep". For now, I'd like to pen down some early experiences that helped shape this journey.

My entry into NIMHANS was rather fortuitous. Like most medical students, my prior exposure to psychiatry was for 15 days during internship and understandably, inadequate. The first couple of days were spent observing the ones observing the patients (and being observed in return!) and shadowing the seniors during their ward work. I did feel intimidated in the "closed wards", which were unlike the other wards or any ward that I had seen before. The concept of keeping patients behind locked doors was new to me. On the fifth day, my unit decided that I had observed enough to operate independently and allotted a sizable number of patients in the closed ward. As I stood outside the closed ward during the twilight hours that day, my mind was filled with trepidation and uncertainty. What haven I gotten myself into? Will I be safe? A hundred other thoughts raced through my mind as the security guard let me into the ward.

The next fifteen minutes or so were spent in poring over the files and avoiding eye contact with the patients. Then a floridly manic patient decided to strike up a conversation with me and very soon a lot of others joined in. For the next half hour or so, I was witness to an entertainment programme, where each patient tried to out do the other to entertain me. Some sang, some recited poems, some danced and some were just interested in having a conversation. Not all were manic, some were just being nice. The staff nurse on duty remarked that since I was new here, the patients are trying to make me feel comfortable and went about her work. I found myself gradually relaxing as the evening progressed. The staff nurse put an end to the interaction to dispense medications. As I continued reading the patients files and doing MSE for the rest of the evening, I was more relaxed and felt comfortable. And it was sometime during that evening, that I probably made the decision that Psychiatry is what I want to do for the rest of my life.

Ever since, the closed ward has been like a library of mental illness for me. I've seen text book descriptions of different psychiatric disorders and different aspects of clinical care and treatment there. I've learnt a lot of psychiatry there, and continue to. I've listened to stories that evoke sadness and horror; sometimes angst and anger and on rare occasions, hope. I've also heard stories with happy endings, though they are far fewer.

But on that day, a group of persons with mental illness, housed in a closed ward, taught a young psychiatry trainee his first lessons in empathy. Some of them have passed away and some of them are still there; but each one of them are firmly etched in my memory. The closed ward 'opened' my mind to psychiatry.

A mind once opened, never closes!

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UNWRAPPING THE RAPPORT

Healthcare in the current scenario has had a paradigm shift from problem centric approach to a more comprehensive patient centric approach. In context with this approach, owing to the boom in technology in aiding tele-services in consultation, how has the concept of rapport evolved? This article is an attempt to explore this.

What is rapport?

Various authors, clinicians and therapists have given their own definition and understanding of rapport. In the clinical setting it can be defined as a harmonious responsiveness of the clinician and the patient towards one another. It is an active bidirectional empathic relationship between the two and it forms the foundation of the therapeutic alliance which the clinician and the patient are going to share.

All these terms might sound abstract to the reader and at times we wonder how to replicate them in our history taking, assessment or management. Developing a good rapport requires good amount of time and skill. It is an art altogether which gets better the more one interacts with patients.

What constitutes a good rapport and how to build it?

A good rapport is one that aids at getting adequate history, helps in good management and also ensures compliance of the patient in further follow up visits or to the treatment advised. It begins with the clinician being both presentable and present. A patient who has taken his effort in visiting the hospital would first want his problems to be acknowledged, which will reassure him that the clinician is in the same page as him. Patient listening, calm, pleasant and a quiet environment, professional etiquette will aid in establishing a good rapport.

INVITED ARTICLE

Listed below are some of the important points to remember in building rapport:

MAINTAIN	Client comfort
	Confidentiality & trust Enthusiasm
	A collaborative relationship Interest in client concerns Objectivity
	Attentiveness
	Eye contact
	An open posture
AVOID	Passing judgement
	Jargon and technical language
	An authoritarian demeanor
	Interruptions
BE	Open minded
	Flexible
	Reassuring when required
	Confident
	Empowering
	Engaging with caregivers
	Respectful of client's wishes
USE	Open-ended questions
	Clear rationales for procedures, treatments and decisions

Why is it important?

A good rapport forms the root of the therapeutic alliance between doctor and patient. It further extends into transference and counter transference. Getting proper and adequate history aiding in diagnosis and management, good recovery and compliance to treatment are also the results of a good rapport.

However, various factors may limit establishing a good rapport which include personality characteristics of the doctor or the patient, professional confidence, current mood of the doctor or the patient, time of the day, number of patients waiting, limitations of the environment. But, some of these limitations can be overcome with practice of the skill of rapport establishment.

Conclusion

Rapport will always remain an inseparable and integral part of healthcare and is irreplaceable no matter how advanced technology gets in aiding management. The contribution a good rapport has towards patient care is very significant and invaluable. Along with acquirement of other professional skills, learning how to establish a good rapport during learning years will always give an edge.

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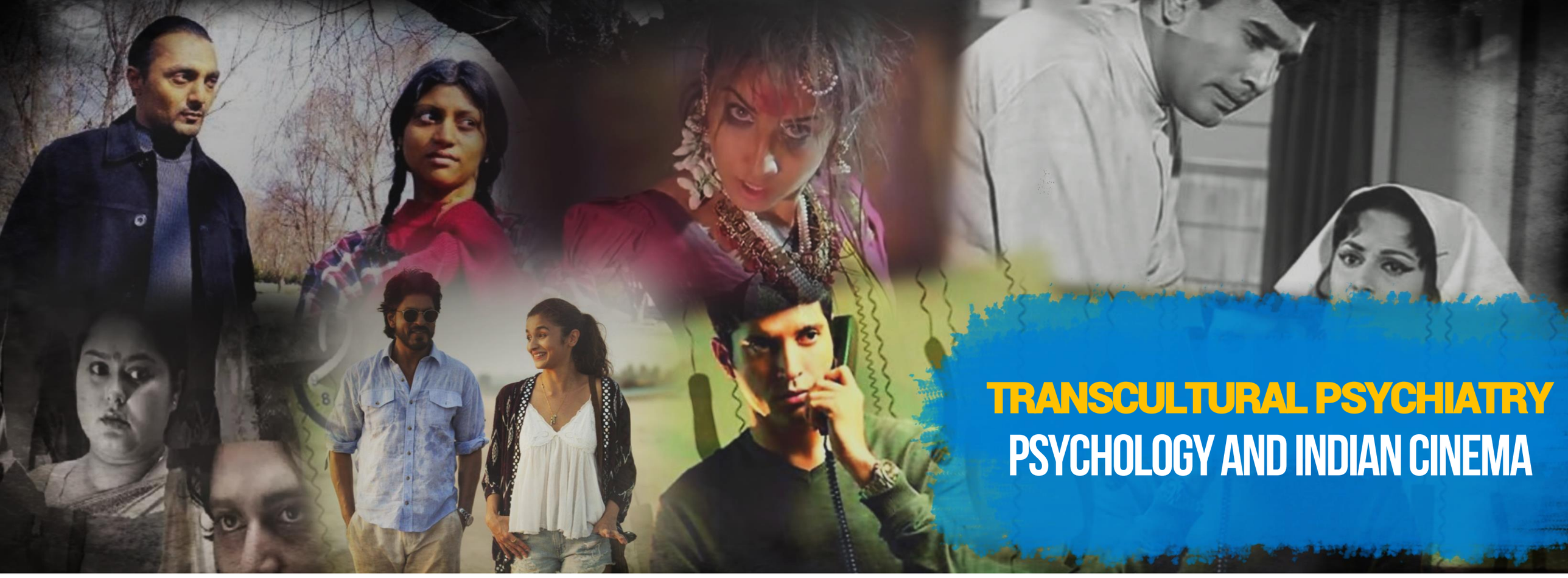
ANSWERS TO THE CROSSWORD APPEARING ON PAGE 8

ACROSS
5. Cataplexy
7. DSM5
10. Vanderbilt
11. Emptysella
12. Narcolepsy

DOWN
1. Schizophrenia
2. Munchausen
3. LornaBreen
4. Clozapine
6. ECT
8. Beck
9. Varnecline



TRANSCULTURAL PSYCHIATRY
PSYCHOLOGY AND INDIAN CINEMA

Cinema, a visual art of story–telling, with its dramatic imagery, mirrors the contemporary society and its aspirations. Movies awaken the sense of empathy, helping us to feel responsible and also desensitise us from the social taboos.

Mental illness in Indian cinema:

Indian cinema, in comparison to Hollywood, is perhaps less enlightened. As Dr D. Bhugra (2009) points out, there are fewer Bollywood films that look at mental illness in a serious sympathetic way. The portrayal of mentally ill people is stereotypically projected as violent, unpredictable, and dangerous and leaves room for misinterpretations. Twisting of facts in the name of creative liberty is disheartening. Movies like Judgemental Hai Kya (2019), a clear example of an insensitive portrayal of mental illness, strengthened audiences' beliefs in taboos surrounding the issue.

Films about developmental disorders or learning disabilities are understood as mental illnesses, by an already confused audience. Be it Barfi, a film based on autism or My name is Khan, on Asperger's syndrome. Even Tare Zameen Par, laurelled for a brilliant portrayal of dyslexia- a learning disability, couldn't break the illness shackles.

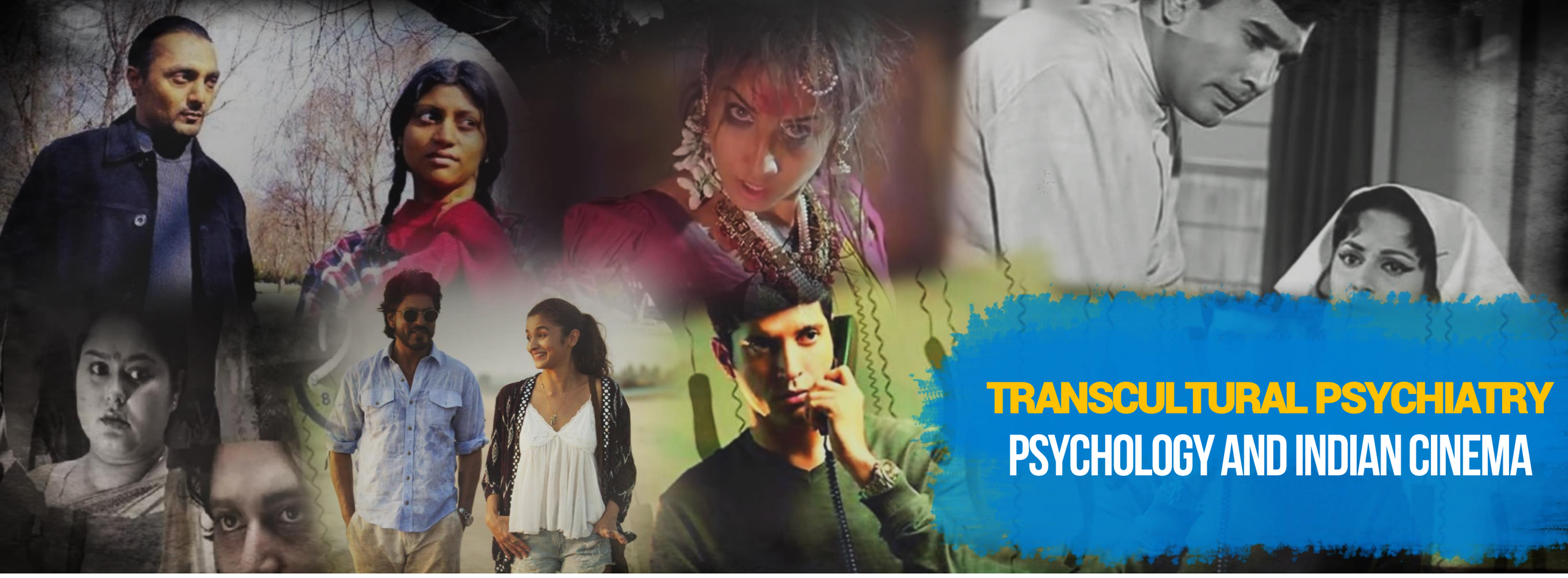
Here are few Indian movies which have done a commendable job...

Khamoshi (1969)

Way ahead of time, the Cult classic Khamoshi, was one of the first Indian films that acquainted the audience with this sensitive subject. It is a twisted tale of a nurse, who succumbs to her inner conflicts and loses her mental balance while treating a mentally unsound patient. The film addresses the tint of counter-transference and decompensation in way that was not prevalent at that point in time.

15 Park Avenue (2005)

The storyline revolves around a young woman with schizophrenia, about how it develops, and the challenges that a serious illness poses to family dynamics. We see no romanticising of mental illness or pandering in the plot line or a cathartic happy ending, as such. Instead, it shows the caregivers' struggles. The characters do what they can, to manage their daily lives to the best of their abilities.



Bhool Bhulaiyaa (2007)

Despite being extremely problematic from the treatment point of view, one thing that can be appreciated in this film is the character of the psychiatrist explaining Dissociative Identity Disorder and the need to differentiate real disorders from superstitions and religious beliefs.

Karthik calling Karthik (2010)

This psychological thriller tells the tale of a person suffering from schizophrenia. The protagonist is so much engrossed within his firm false belief and misperceptions that give a thrilling feel to the movie. His love interest refuses to succumb to the stereotyped fear of being around schizophrenics and stands strong beside him throughout showing the need of love and belongingness in the battle against the disorder.

Icche (2011)

The film revolves around the relationship between an obsessive mother and her son. She is rigid and perfectionist when it comes to her son. Her insecurities jeopardize her relationship with her son. Her world begins and ends thinking about and controlling his life and career. So, right from tucking his T-shirt to deciding what he should aspire to be, she confuses her own “sacrifices” for her son’s betterment and ends up trespassing into his life. As a result, she unknowingly starts drifting from her son, who revolts to have a life of his own, with her being devastated by her own deeds.

Dear Zindagi (2016)

This movie showcases psychotherapy at its fulcrum. Therapy is something that many Indians of all ages are fearful of participating in with the abundant misinformation attached to it. Therapy is rarely strolls down a beach. However, the point of focus here is of an accomplished young, independent, functional woman who seems ‘normal’, but seeks out help, when needed. No heroic character pops up to save damsel-in distress. Therapy is a normalised aspect of self-care and the protagonist empowers a system of support and care that are very important for everyone struggling with mental health issues. The film also addresses the conflict in parent-child relationship and complications that may arise in a patient-therapist relationship.

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SOLVE THE CROSSWORD

CREATED BY
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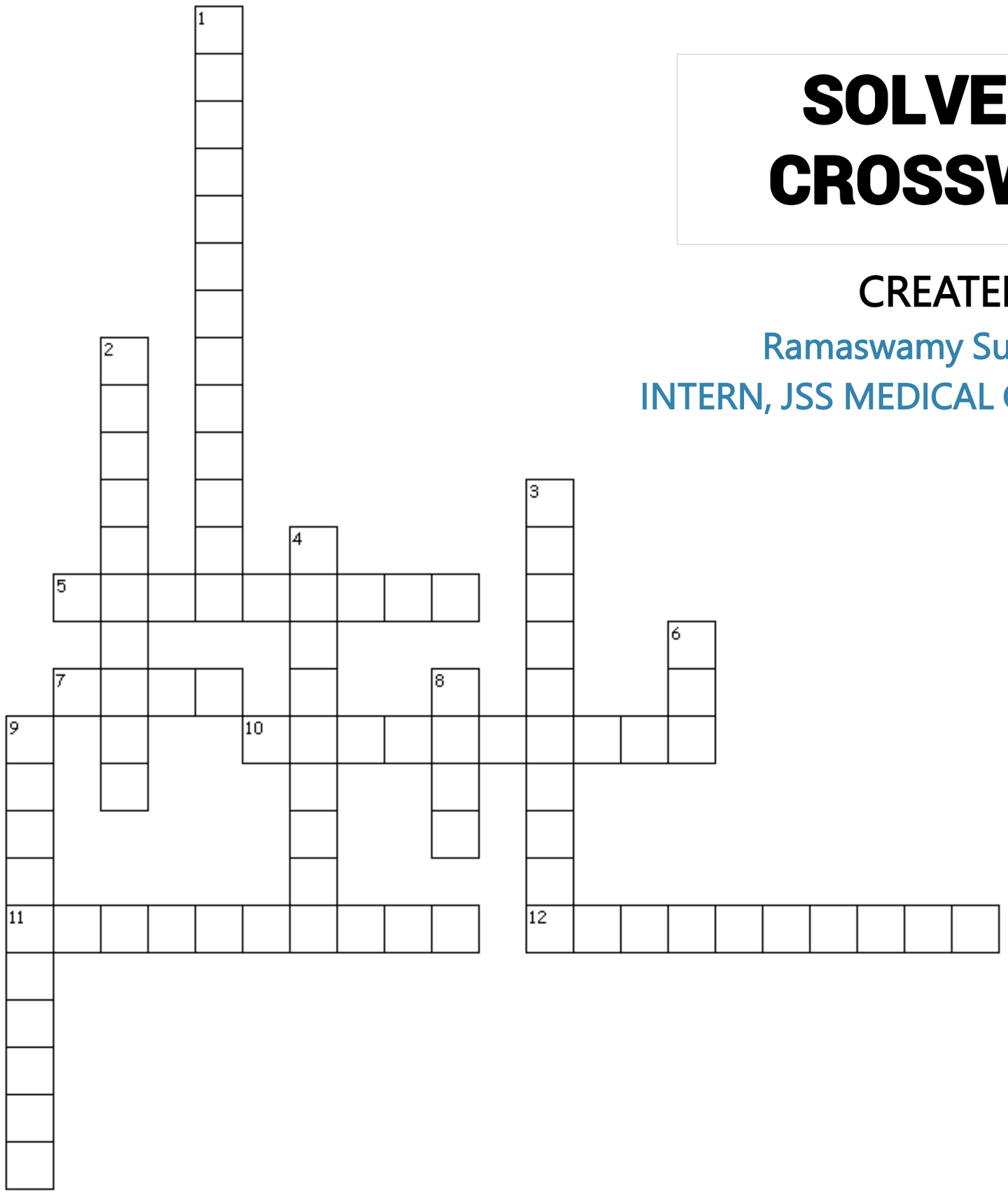

ACROSS

5. Sudden self limited episodes of loss of muscle tone when patient is awake, triggered by laughter or other strong emotions

7. Latest classification of Mental Disorders

10. Commonly used scale to diagnose ADHD

11. Syndrome characterized by sinking pituitary that can present with neuropsychiatric symptoms

12. Excessive daytime sleepiness

DOWN

1. Disease portrayed in the Hindi movie "Karthik calling Karthik"

2. Syndrome where patient presents to the doctor with dramatic symptoms of a medical emergency which are fabricated

3. New York ER doctor who succumbed to depression during COVID 19 pandemic

4. Guidelines for this antipsychotic drug was changed in United states of America due to COVID 19 pandemic

6. Severe depression with high suicidal risk is treated with

8. Scale widely used to screen for depression

9. Used for smoking cessation. Is a partial agonist of alpha4Beta2 Acetylcholine receptor

ANSWERS TO THE CROSSWORD ARE ON PAGE 5

Your suggestions are important to us, kindly send them to: editormind@gmail.com

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