



Monthly Newsletter on Psychiatry for Doctors & Medical Students  
Volume 10 Issue 8 February 2020

## FROM THE EDITOR'S DESK...

### PSYCHOLOGICAL DISTANCING

Testing times have befallen us in the past few months... Just a month ago Delhi saw one of the worst communal riots in long volatile history of the nation. The 'Us' and 'Them' narrative was consistent throughout. As if the blow wasn't strong enough, India today stares at the havoc the coronavirus has wreaked all over the world and the possible impending doom. What has inadvertently erupted out of the situation has been *social distancing* and stamping individuals needing quarantine. Those with the infection/suspected cases have become 'Them'.

Why does such discrimination seep in, in testing times? Why do some of us try to take the higher moral ground and belittle the other? Why do we segregate into groups even though as individuals we may have a moderate stand towards an issue?

A phenomenon of 'milling' was highlighted in understanding the so-called *psychological contagion*. It implies that an individual restricts his own free action or opinion due to external influence of the collective opinion of the others in the group. Therefore part of free will and wanting to behave on instincts rather than being coerced by the decision of the group is not a choice anymore.

(Cont'd on Page 2)

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## FROM THE EDITOR'S DESK...



In an individual, the activity in the rostral cingulate zone, an area in the medial prefrontal cortex involved in the processing of conflict, increases when there are two opposing views and at the same time the activity in the nucleus accumbens, an area associated with the expectation of reward decreases. Conforming to others can only happen when the heightened incongruence between activities of these areas reaches a threshold and thereby needs to be resolved. Interestingly, this leads to people then adjusting their behaviours and aligning their opinion with that of the group. This seems to explain how mobs gain momentum in number of individuals joining in or the viewpoints that are expressed more vehemently as time progresses.

It also implies how important it is to educate (and psychoeducate) a neutral and factual standpoint on contentious issues so that any strong and potentially discriminatory viewpoint does not have a snowballing effect, which can cause more harm than good...

**DR. YAMINI. D AND DR. SUHAS CHANDRAN**



*With the IPS – Karnataka Chapter being handed the best branch award on the national stage at the recently concluded ANCIPS 2020 (Kolkata), it wouldn't be more suitable a time to commemorate one of the stalwarts in the field from Karnataka. Below is an excerpt of an interview for the Suvarna Sambrama celebration marking 50 years of institution of the Karnataka branch. She is Dr. Saranya Devanathan, a senior psychiatrist and a role model to many considering her boisterous demeanor that enthuses many academic settings. She talks us through her anecdotal experiences of being an integral part of the organization....*

At the outset, I'd like to say that I take immense pride in understanding that I'm the only woman past president in IPS-KC in the last 5 decades. My president ship was more than 30 years back. But, even before that, I was welcomed into this organization by Dr. K.N. Srinivas. He was my teacher when I was a student in NIMHANS. Looking back, for being a student member, the fees I was charged was minimal. Of course, what followed as the years went by was a gradual up gradation to later becoming a member and a fellow member due to the sheer number of years of dedicated training in the field. IPS-KC has always boasted of nurturing a simple, a close-knit environment. I distinctly remember that the first IPS-KC get together was mostly a family affair and the executive committee meets were at home. We all travelled in a single bus to Bannerghatta National Wildlife sanctuary. We scheduled our meeting there, had a sumptuous lunch meal and returned with the whole family the same day.

Another standout event during my president ship was when all the office bearers had been invited home for a meet up. My parents playing the gracious hosts that they always were came home prepared with snacks and dinner. When I returned, the air was buzzing with the news of the then Prime Minister Mrs. Indira Gandhi's assassination. There was initial disbelief for the news. On further discussion, it was clear that it was no rumour. All feared a morbid atmosphere. I was able to speak to few of the past presidents in time and cancelled the meeting.

We need to work towards linking other dedicated organizations in the field so as to work towards betterment of the whole society. We have worked with home science college, association of social health in India, National law school of India university, Hombe Gowda girls school, Rajajinagar teacher's training college, Hindu seva pradhakshina, medico pastoral association, various counseling centres, Department of women and child welfare, movie makers, newspapers, weekly column writers, etc.

Today as a functional unit, we have been able to spread our services all across Karnataka and her districts and are trying to reach the needy with awareness campaigns and programmes. I would urge everyone to join IPS – KC, work on group activities that translates into ground work and improving mandatory community services.

**Dr. Saranya Devanathan,  
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## SCHOOL MENTAL HEALTH PROGRAMME IN INDIA: ROLE OF MENTAL HEALTH PROFESSIONALS

Nearly 48 crore children (0-18 years) live in India and they comprise 39% of the country's total population (Census 2011). Recent data suggests that around 26 crore children in the age group 6-18 years are attending schools. As more children survive to school age and with increased emphasis on Sarva Shiksha Abhiyan (SSA) and Right To Education (RTE 2010), the number of children attending school has increased considerably. In 2018, the Ayushman Bharat Programme – a joint initiative of the Ministry of Health and Family Welfare and the Department of Education and Literacy along with the Ministry of Human Resource and Development has published 'Operational Guidelines on School Health Programme and it is interesting that mental health is given some importance at all age levels.

At primary school level, personal safety is addressed, in middle school – bullying, meditation, internet safety and media literacy, prevention of substance abuse, HIV/ AIDS and mental health is promoted and in high school – substance abuse, sexual and reproductive health, violence prevention, meditation and yoga are the components.

While the actual implementation remains to be evaluated and feedback given to the public, it is necessary for all mental health professionals as well as professionals who work with children to be aware of this endeavour.



School is the first place where mental health issues may be detected. Early identification of developmental, emotional, behavioral issues need to be emphasized through sensitization programs for teachers and all other staff in schools too. The requirement of an in-house counsellor has been recommended by the Government of India but this is sadly not yet a reality. Schools that do have a resource room are generally not very popular due to stigma associated with them. Mental health professionals need to reach out to schools to reduce stigma associated with identification and management of mental health issues. Going to a counsellor should not be seen as a sign of weakness but rather a sign of strength and only then, will others be enthused to do the same.



## SCHOOL MENTAL HEALTH PROGRAMME IN INDIA: ROLE OF MENTAL HEALTH PROFESSIONALS

Mental health professionals can and must play a defining role in educating the public – teachers, staff, primary care physicians, post graduates and parents about the common mental health issues including learning issues and why early identification is the key to helping these children be happy and maximise their potential in the school years. The second role they can play is active liaison with schools in their area of practice and keep the channel open not only for referrals but also for consultations and liaison. The third and probably the most important role is to train large numbers of para-professionals to actually deal with sub threshold mental health issues within the school setting itself both with the children and with their families. This will reduce the burden on an already overwhelmed mental health care system and, more importantly, to ensure that more people actually benefit from the input. Clinical experience tells us that 1/50 children needing mental health services actually get them due largely to few professionals available and also the time and logistics of actually getting professional help along with the ever-present stigma.

Schools also are at a vantage point to not only deal with mental health issues after they occur but also promote positive mental health in their children and staff and engage in prevention activities by targeting vulnerable children and families proactively and engage them in dialogues that will benefit them. In this endeavour, emphasis can be on holistic development of the child and not just be restricted to academics and more after school academics. Working with children and their families to encourage after school or even in-school extracurricular activities would be also a requirement for schools to address. Considering that children spend most of their waking hours in school, it is imperative that issues related to their well being is identified and addressed there to enhance the quality of life of our children.

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### ANSWERS TO THE CROSSWORD APPEARING ON PAGE 8

#### ACROSS

2. Briquet's
5. Nihilistic
6. Insight
8. Microsoft
9. Esketamine

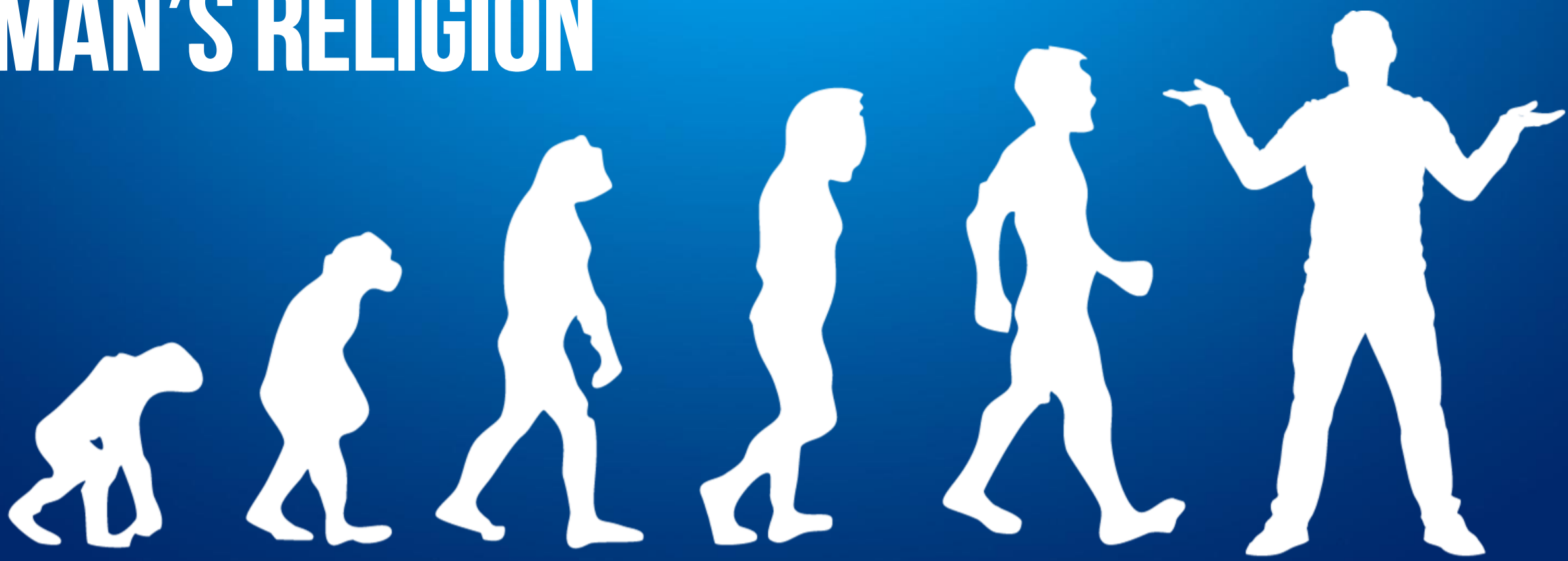
11. Disulfiram
12. QT
13. Anhedonia
14. Sage217

#### DOWN

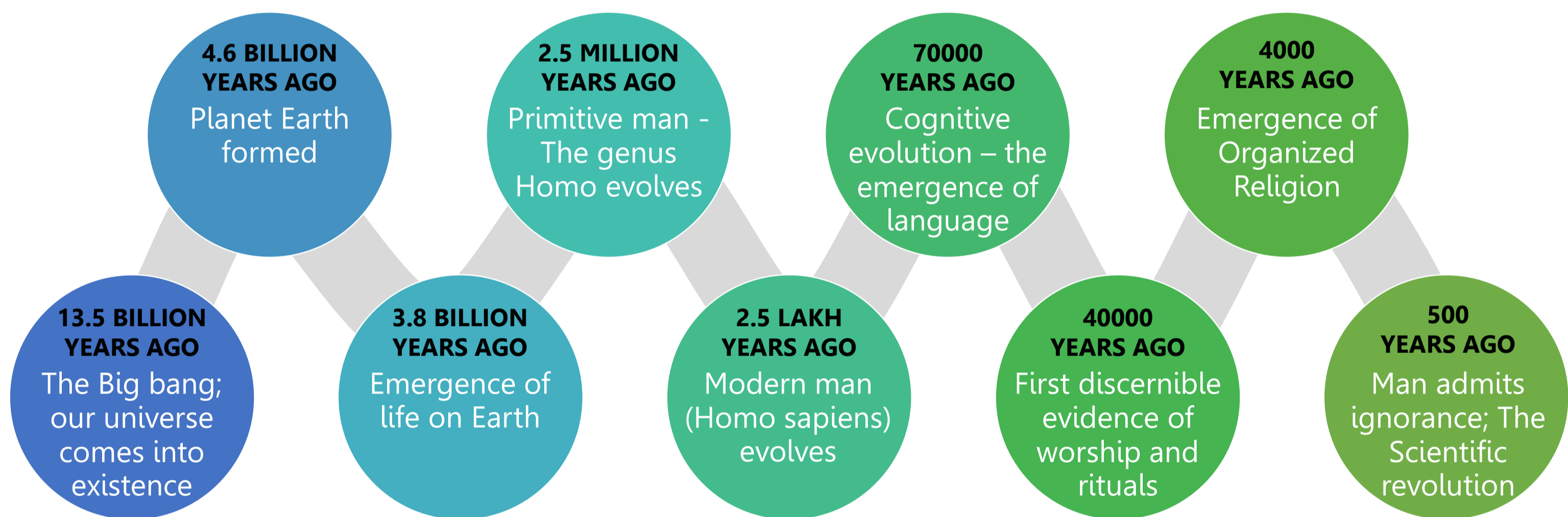
1. Freud
2. Buspirone
3. Flashbacks
4. John Nash
7. Apolipoproteine4
10. Tau

# TRANSCULTURAL PSYCHIATRY

## MAN'S RELIGION



### THE UNIVERSAL TIME LINE



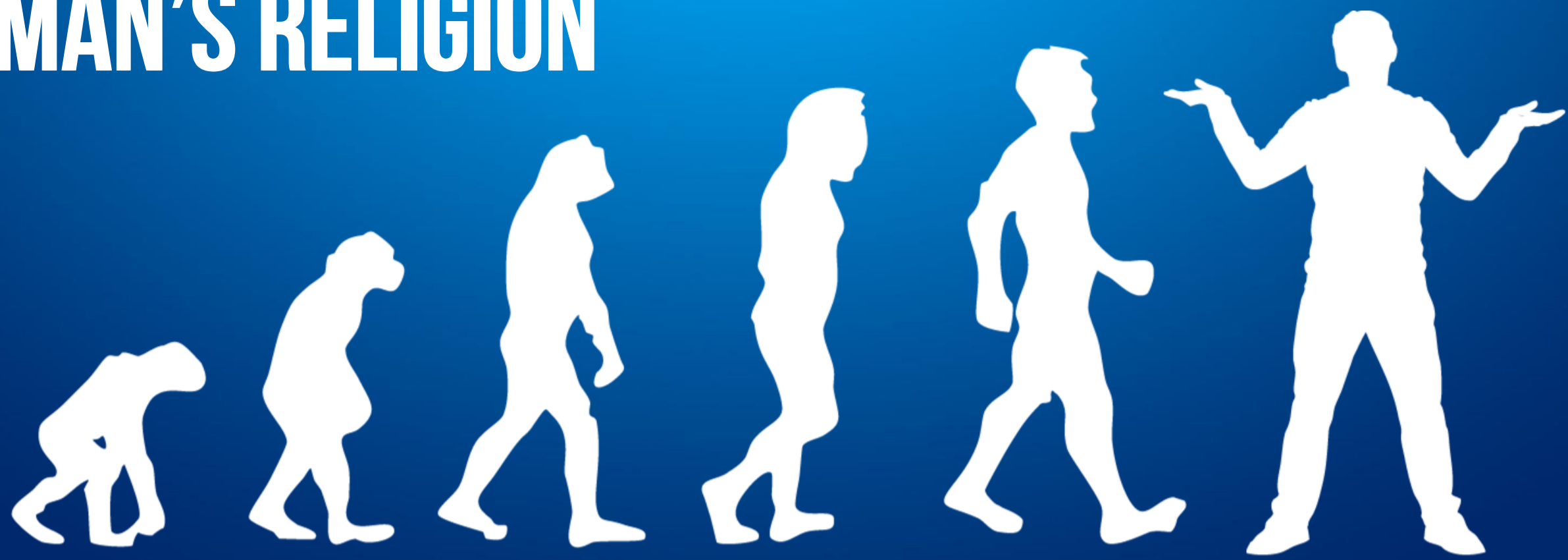
One thing that is clear from the above is that religion is a relatively new construct in human life. Man has remained “irreligious” through a large period of his existence. What then prompted the evolution of religious belief systems 4000 years ago? What explains the ubiquity of religious thought across all human societies?

As with all other aspects of human behaviour, religion must have a psycho-sociological basis. It starts with religious belief being subject to natural selection and evolution. Religious behaviour often involves significant costs – economic costs, the importance and value ascribed to celibacy in almost all religions is in contravention to the “laws of nature”; dangerous rituals threaten survival of those practising it and most importantly, the expending of time that could be used otherwise in the pursuit of activities that would enhance survival and/or quality of life. This would suggest that natural selection should act against religious behaviour unless its persistence has significant advantages. There are two schools of thought on the mechanisms that drove the evolution of the religious mind:

The first one posits religion as an adaptation to ecological stressors. This is based on “Social solidarity theories”, which view religion as having evolved to enhance cooperation and cohesion within and between groups. Group membership provides benefits of an individual's chances for survival and reproduction. The “Costly-signaling theory” suggests that such rituals might serve as public and hard-to-fake signals that an individual's commitment to the group is sincere.



## MAN'S RELIGION



A second school of thought propounded by Dr Richard Dawkins in his book, *The Selfish Gene* (1976) revolved around entities called "cultural memes". A meme is an idea, behavior, or style within a culture intended towards conveying information about a particular phenomenon or theme and spreads by means of imitation from person to person. He suggests that cultural memes function like genes in that they are subject to natural selection. This model implies that religion through evolution was borne out of problems associated with survival and reproduction like fear, ignorance and an attempt at maintaining control over human behaviour and societal order. Religion was probably a strong "meme" that was positively selected by nature across the world and down the generations.

In *The God Delusion* (2006) Dawkins further argues that because religious truths cannot be questioned, their very nature encourages religions to spread like "mind viruses". Individuals who were unable to question their beliefs are more biologically fit than who did. Thus, sacred scriptures or oral traditions created a behavioural pattern that elevated biological fitness for believing individuals. Individuals who were capable of challenging such beliefs, even if the beliefs were enormously improbable, became rarer in the population.

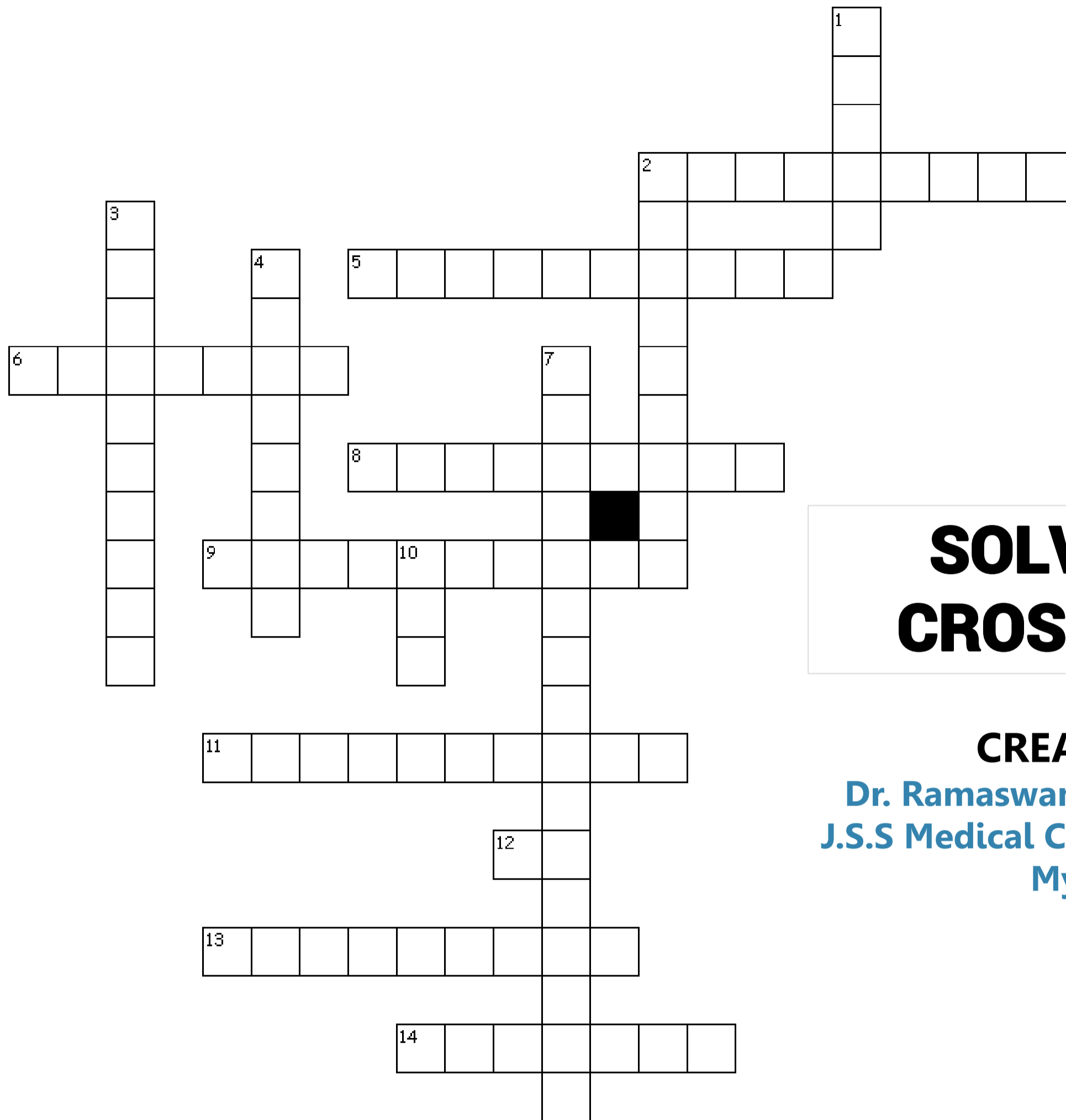
In summary, did religion change the ancient human society and spur the evolution of the modern world? If yes, how? Did religion contribute to the rise of human intellect? Or did human intellect rise despite religion? Is religious dogma hindering the further rise of human intellect and evolution of human society? Or, will society crumble and degenerate into lawlessness and "survival of the fittest" when rational thought takes root in a critical mass of humans who reject religious dogma? What then is the nature of a future human society that is probably bereft of religion, considering the slow, but continued rise of atheism, irreligiosity and rational thought throughout much of the world? This is indeed worth pondering over.

**Dr. Ashwin Bharadwaj K**

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***A reluctant Homo Sapien in pursuit of knowledge and power to better human society***

# THE UNDERGRADUATE SECTION



## SOLVE THE CROSSWORD

### CREATED BY

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### ACROSS

2. Chronic multiple somatic symptoms for which there is no physical cause
5. 'My head is missing', 'I have no body' are examples of this type of delusion
6. Patient's own understanding of their symptoms
8. one of the first companies in India to employ psychiatrists during COVID-19 pandemic
9. used for treatment resistant depression
11. Used in the management of alcohol dependence
12. This ECG component gets prolonged as an adverse effect of anti psychotic drugs
13. Loss of interest in activities, that previously brought pleasure

14. investigational GABA-receptor modulator currently under research for treatment of depression

### DOWN

1. Founder of psychoanalysis
2. 2nd line anxiolytic, SSRI
3. Recurrent intrusive memories of trauma that had previously been experienced
4. Name of the character who suffers from schizophrenia in "A Beautiful Mind"
7. Inheritance of one of the alleles of this protein increases risk to develop Alzheimer's
10. Protein seen in HPE of fronto-temporal dementia

ANSWERS TO THE CROSSWORD ARE ON PAGE 5

Your suggestions are important to us, kindly send them to: [editormind@gmail.com](mailto:editormind@gmail.com)

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