Loka-kalyan and the community of psychiatrists
Prabhakar Korada. Associate Professor of Psychiatry, Mediciti Institute of Medical Sciences, Hyderabad, India.

ABSTRACT
This guest editorial deals with the importance of the social responsibility and the social involvement of the mental health professionals, particularly the psychiatrists, from the point of view of preventive psychiatry.

It questions the wisdom of psychiatrists in focussing too much on the psychopathology of the major psychiatric disorders, at the expense of the lesser ones which the majority of the populations is exposed to; it is critical of such kind of training which the undergraduate students are made to undergo.

The editorial has highlighted the importance of the role of the mental health professionals in such important areas as the implementation of the anti ragging laws, or the filing of the Public Interest Litigations in the courts of law against blatant abuse of the media in the glorification of suicides leading to more deaths of vulnerable youngsters.

The editorial has also pointed out the need for the mental health professionals to come out into the society and make their presence felt so as to avoid the unqualified charlatans from taking advantage of the population, in the name of psychological services.

Introduction
The word loka-kalyan in Sanskrit literally means 'welfare of the world'. For the convenience of our discussion, we may dilute it to a less grandiose expression such as 'social responsibility'.

The question that would arise is, 'what do psychiatrists have to do with loka-kalyan! We have our patients; our research projects, and our classroom/seminar responsibilities. Are we not doing these for the sake of the society! Then why make this a topic at all?'

True, what we do in classrooms/seminars/conferences or in the clinical setting benefits the society in some way or the other. But does our responsibility end with this... the solely clinical work, or, do we have a higher responsibility, other than the purely medical?

Discussion
During the course of study, every medical student is impressed upon about the preventive and social aspects of medicine; why is it that the preventive and social aspects of psychology and psychiatry stand neglected even among qualified psychiatrists? Do psychiatrists have no role to play in the behaviour of the population, or on the factors that may negatively or positively influence such behaviour?

Another question we need to confront truthfully is... Does the responsibility of psychiatrists end with the study and treatment of delusions, hallucinations, thought process, the mood and the cognitive functions or is there anything beyond that? But then, honestly, are we learning anything beyond the just mentioned, during our post graduate training?

When I had suggested the topic of 'thanatology', for presentation, to a qualified clinical psychologist with a doctorate to her credit, she had no idea as to what thanatology meant. Not only was the word strange to her, she had never read the topic. Now, how can we justify in announcing ourselves as behavioural scientists without acquiring the knowledge about the basics of human behaviour... that of normal mourning and the resolution of grief! But that is the reality with many of the mental health professionals, including psychiatrists, who we churn out from the universities and the autonomous institutes, year after year. Ask any such candidate, and he or she would unhesitatingly and proudly rattle out definitions and minute technical details about psychopathology, mostly related to schizophrenia and the bipolar disorders. But these major psychiatric disorders form just a small percentage of the entire subject of psychiatry.

What is the use of such detailed knowledge of psychopathology when a candidate does not know how to deal with the complications of bereavement which is common to every family, or the knowledge to deal with the few genuine doubts of a terminally ill patient or his family, regarding death or the perceived emptiness and confusion associated with death!
There is the possible argument that such cases come under the domain of a family physician and not, usually, under a psychiatrist... Well, then who would train the average family physician who is the backbone of the Nation’s healthcare system, if psychiatrists themselves shy away from the subject!

It is about time that the community of psychiatrists realizes the lacunae that exist in our post graduate education. Our training is skewed. It makes us either ‘schizophrenists’ or ‘bipolarists’ but not the ‘holistic psychiatrists’ that the population badly needs. We cannot justify our claims to behavioural science, for we have, by and large, restricted ourselves to studying the behaviour of a small percentage of the severely ill population, while ignoring the rest who also look forward to our guidance and advice.

And there is still a larger ‘normal’ population that requires our guidance to acquire the skills to protect itself from the negative influences of many social factors.

The present scenario in our society is... An inadequate psychiatrist deals with an ‘inadequate’ population. The rest of the community is exposed to exploitation by the unqualified charlatans, the irresponsible sensation seeking mass media, and the cunning manipulative politician. The latter two frequently engage into an unholy nexus making matters even worse. Most unfortunately, the community of psychiatrists remains a mute spectator. This community is content with conferences, CMEs, clinical research and dinners.

Even in the psychiatric training of the undergraduate students, we unnecessarily waste our precious time in trying to impress upon the young students the detailed technicalities of psychopathology, when the real need of the student is to learn how to deal with the average patient who would approach him with a physical disorder bringing with him his troubled mind too. We do not focus on the psychosomatic conditions, nor the psychology related to real life events, nor the sleep disorders that every other patient complains of, nor the subtle or even overt complaints of sexual dysfunctions. We do not focus on the importance of a healthy lifestyle. The mistakes that we have committed as post graduate students (in focussing too much on schizophrenia and bipolar disorders), we subsequently rub it on to our juniors. We only end up in frightening the undergraduate student. He who is in the process of considering to take-up psychiatry, as a career, gets dissuaded and prefers to opt for another less ‘threatening’ subject.

Thus, the opportunity we get to serve the community through the family physician or through the other specialists is lost. Our excessive focus, on the major disorders, let us down in our responsibility to make available our services to the larger community with less severe but distressing disorders.

The knowledge of the subject of psychiatry among the older generation of medical professionals is woefully inadequate. During their undergraduate training most of them did not even have an opportunity to interact with the psychiatry faculty! They are not sensitized to the requirements and the realities of the management of psychiatric disorders. As a result some medical professionals go to the extent of telling their patients not to follow the prescription of the psychiatrists. This makes it all the more difficult for mental health professionals to give instructions to their patients. It complicates the matter for both the patients as well as the treating psychiatrists.

It is only since the past few years, after the two week psychiatry posting having been made compulsory for the house surgeons that, the medical profession is learning to look at psychiatry and the psychiatrists, more objectively. It has taken them so long to begin to realize that psychiatrists treat not just the ‘mad’. But the same realization is yet to sink deep into the psyche of the postgraduate students and the faculty members of psychiatry.

When we move further on to the social setting, the community of psychiatrists, has for some reason displayed gross complacence which in my humble opinion is not excusable.

Take for example the student suicides in Andhra Pradesh (AP). According to political parties, and even one Hon’ble Judge, in the High Court of AP, 600 deaths have taken place in the State, claimed to be suicides, purportedly for a political cause; and the victims were mostly young students.\[1\]

The mass media went out of its way to create hype and capitalize on the deaths. Every time a student is reported to have committed suicide, the mass media gave him the status of a VVIP, by allotting front page coverage, which is usually reserved for National and International figures. The television channels went to the extent of romanticizing the final movements of the victim’s life, and his suicide note. There was no ethical or moral restraint on the reporting. As a result, a depressed victim of suicide is suddenly elevated to the status of a celebrity. This acted as a powerful suggestion to the young (and as yet immature) individuals, suffering from depression or adjustment disorders, to imitate the same behaviour and achieve ‘martyrdom’. Politicians of all parties feasted on this opportunity to publicity; and many more youngsters succumbed to their designs. Potential Abraham Lincolns were nipped in the bud; the Nation lost many a talented soul, albeit temporarily depressed and directionless.

A qualified psychiatrist from our state appealed to the Chief Justice of the High Court of AP to put an end to this practice of glorification of suicides by the media and the politicians.\[2,3\] The Hon’ble High Court of AP
responded by admitting his letter as a Public Interest Litigation. The case WP 13188 of 2010 is yet to come up for final hearing. [3]

But, as usual, the community of mental health professionals' is comfortably silent.

Take again, the anti ragging law. The Hon'ble Supreme Court of India in its order in the Civil Appeal No. 887 of 2009, University of Kerala Vs Council, Principals' Colleges, Kerala and Ors, in section 1 clearly mentioned...[4]

'Keeping in mind the recent incidents of ragging which have surfaced, and which have been dealt with by this Court, it becomes necessary that the following recommendations made by the Raghavan committee be implemented immediately, namely: [5]

Recommendation No. 5.14: "We also recommend that every institution should engage or seek the assistance of professional counsellors at the time of admissions to counsel 'freshers' in order to prepare them for the life ahead, particularly for adjusting to the life in hostels...

Recommendation No. 5.16: "We recommend that on the arrival of senior students after the first week or after the second week as the case may be, further orientation programmes must be scheduled as follows (i) joint sensitization programme and counseling of both 'freshers' and senior by a professional counsellor;....'

A committee be appointed comprising one or more eminent psychiatrists/psychologists/mental health specialists, a documentary maker and educationalists from various fields, to (i) ascertain the psychological impact of ragging on students; (ii) to ascertain reasons and circumstances under which senior students resort to ragging; (iii) assess and quantify the impact of ragging and indiscipline on the standard of education in an institution and relate it to the existing procedures used by MCI (Medical Council of India), UGC (University Grants Commission), and other regulatory bodies to assess the suitability of an institution for recognition; and (iv) recommend urgent and mandatory mental health measures to be implemented in, and practiced by school, colleges, and all educational and vocational institutions....'

Although knowing fully well that failure to comply with the order attracts penal action, most institutes have done precious little about it. And we, as psychiatrists who should be more concerned about the matter have not taken any significant action to sensitize the Governments or the educational institutes to implement the Supreme Court order in right earnest.

While the community of psychiatrists' failed in its duty to the population in a clinical way, it has also failed it in a social way. Its failure clearly reflects in the number of charlatans who are openly and fearlessly practicing as mental health professionals. In this, we have committed a grave mistake by remaining silent. As a result, people are confused; and they believe the unqualified to be genuine professionals. Some of these unqualified persons even give interviews and examine patients, online, before millions of viewers.

That apart, some popular newspapers engage the services of film celebrities to write counselling columns. When a teenage reader had related to one such celebrity counsellor, her anguish about the loss of her 'chastity', the celebrity advised her not to worry but to get an artificial hymen surgically implanted. Such blatant unethical and professionally wrong advice on a sensitive topic of value systems becomes possible only when we as a professional body find comfort in our deep slumber.

Conclusions

The community of Indian psychiatrists' should commit itself and perform its duties to the citizens of our Nation. Both central as well as peripheral branches, of all professional bodies related to mental health in India should break their silence on the matter. We should initiate legal action against charlatans and imposters, and the television channels and newspapers that project them. We should further take concrete steps in educating the masses about genuine mental health professionals and how to approach them.

It is only when we commit ourselves to loka-kalyan through our individual and collective efforts, and work towards achieving the goal, can we claim the status of belonging to a noble profession. Until then we are just another group of technocrats eking out our livelihood at the expense of the sufferings of the people at large.

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References


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