

EDITORIAL

Community Psychiatry in India is an upcoming branch in the field of psychiatry as well as Community Medicine. The need for this discipline has dawned in a big way recently on account of increasing deviant human behaviour resulting from the exuberant mental stress and strain of rapid industrialization and urbanization.

The earlier concept of psychiatric illnesses and other psychosomatic conditions have changed a great deal over the years. The term lumatic or insane is no more considered a sophisticated terminology for describing a person who is mentally ill. The euphemism which is in vogue nowadays ensures that even those who are mentally sick deserve a place in society and have the fundamental right to live a life of dignity and respect. Psychiatry today is perhaps more concerned with the modern life style resulting in the so called mental wear and tear, rather than exclusive organic lesions causing a pathological mental state. The boundries of psychiatry are no more confined or restricted to marked mental derangement manifesting as Manic Depressive Psychosis, Schizophrenia, Paranoia and other serious mental illnesses, but also envisages situations heralding the onset of an alteration in normal human behaviour. The spectrum of mental illnesses may range from mild infrequent anxiety and simple depression to very serious psychosis. The pendulum can swing either way resulting at times in creating paradoxical situations, so much so that the manifestation of such a disorder can be diagnosed only by a qualified psychiatrist. It will be very much relevant to mention at this juncture that what may appear as a simple case of social withdrawal or decreased performance at school or work, could be due to major psychosis, which later on may turn out to be extremely detrimental for the patient as well as his associates.

*The changing social, economic and cultural pattern, so much prevalent in the country today may be at times responsible for various mental disorders, which earlier did not demand so much of medical attention. Psychiatric consultations are becoming increasingly more frequent in the industrialised countries of the world. It seems that in not too distant future it should become an important component of the **health care delivery system** in nearly all developing countries of the world, including India.*

During yesteryears, there was a social stigma attached to people suffering from mental disorders. Persons once declared insane, were either admitted in lunatic asylums or ostracized. However, when one goes down the memory lane, he will appreciate that graually the awareness created in the modern society has changed the perception of psychiatric

illnesses; and people suffering from such disorders are co-habiting in the same social structure, with absolutely normal individuals. They are being considered similar to patients affected by other physical illnesses for which isolation is not required, and are made to live in the same physical environment as others. Recently, in many parts of the western world, a person who does not consult a psychiatrist once in a while, does not belong to the category of successful and productive members of the elite society. Hence, psychiatric consultations are becoming more or less a "status symbol." This phenomenon is lately being observed in many metropolitan cities of the developing world too. A person who visits the psychiatrist is one who is extremely busy, utilizing his mental faculty with more vigour than others. It is but natural that such a person is more likely to be exposed to multiple mental stress situations and will be needing the advice of the psychiatrist. The affluence of a successful business executive, in turn creates an increasing demand for qualified psychiatrist, who raises his fee, proportionately befitting the opulence of his rich client. That is exactly how and why psychiatric consultations in big cities are becoming a 'status symbol.'

On the other hand, strictly in contrast to the facts mentioned in the preceeding paragraph, millions of chronic mentally sick are living in this country without access to even elementary care, what to talk of specialised psychiatric consultation. Health care facilities are neither adept nor adequate to diagnose and treat such patients. Human rights of most of these patients, both for treatment and for leading a dignified life has been seriously abrogated. The disparities briefly highlighted here have to be meticulously analysed in a wider perspective so that meaningful steps are taken to bring about a positive change in the existing mental health scenario for the benefit of underprivileged and deprived.

Apart from medical measures that have to be adopted to enable the mentally sick person to procure the required care and treatment, certain legislative measures have also been taken into consideration. By virtue of such legislation, the legal domains of such patients are more clearly defined and further elucidated. The mentally sick patient is entitled to certain privileges, which ensure to make his / her life more meaningful and dignified. Mentally deranged persons committing criminal offences are also covered by enactment of certain laws. The stigma of insanity which led to ostracism earlier, should no more act as an impediment for the acceptance of the non-criminal mental patient as a respectable member of the society at large.

The Mental Health Act of 1987 is being violated and certainly not implemented in letter and spirit. This sparked off a controversy in the recently concluded Golden Jubilee Annual National Conference of Indian Psychiatric Society and Regional Meeting of

World Psychiatric Association held at Jaipur. This also recieved a wide television coverage by various international news agencies. Reference to the court verdict related to the act generated a large quantum of heat during the deliberations of this conference. It drew the attention of luminaries attending the conference, especially those who have made a mark and contributed extensively in the field of forensic psychiatry. The implementation of this act has to be viewed in the context of the rights and responsibilities of the mentally deranged persons. This will certainly go a long way in improving the design and the delivery of proper medical care, incorporating the legal aspects as well. In short, the comprehensive health care package provided on the basis of primary health care approach should include all the dimensions of health with equal or at times greater emphasis on mental health.

Professor Asif- uz- Zaman Khan
Chief Editor, IJCH,

(P.S.: *The classification on the basis of major and minor mental illnesses has been advertently avoided in the text of this write-up, because such classifications have been outlined and elucidated in nearly all textbooks of Psychiatry. However, the crux of the problem from the Preventive and Social Medicine point of view needs to be emphasised because it deals with gregarious and community approach targeted towards the required care of the mentally ill patients).*

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