*Myth or Reality?*

# Is Mental Illness Incurable ?

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MENTAL Health is a neglected field in the National Health Services. This is not because of the prejudices or unawareness of the illiterate but is mainly due to the ignorance of the intellectuals (health planners). The mental illness causes immense suffering to the affected individual and his surroundings, although this may not be highly visible. Unlike physical illness, a mental illness is not confined to socially or economically strained individual, but it may cause severe social dysfunction of the entire families.

**Misconceptions**

The common misconceptions regarding mental illness are:

(a) the prevalence of mental illness in our country is low
(b) mental illnesses are not serious conditions
(c) mental health is not related to physical health
(d) aetiology of mental illnesses is unknown
(e) no effective treatment is available
(f) mental illness once acquired is a life-long illness
(g) the only place for mentally sick is mental Hospital or an "Asylum".

**Clarification of Myths**

*(a) Magnitude of Problem:* The prevalence of mental illnesses is not low in our country. The health surveys have revealed that around 15 million people suffer from one or other serious psychiatric illness which requires an active management while about 30 million people suffer from distressing and socially incapacitating emotional disorders (about 45 million *i.e.* about 60-70 mentally sick patients for every 1,000 population). Every year, about 3,50,000 new cases start needing mental health services. The prevalence of drug addiction cases is much more and is continuously increasing.

We have only 900 qualified psychiatrists to treat mentally sick while only one psychiatric bed is available for 40,000 population.

This shows that psychiatric and parapsychiatric services in India are woefully inadequate.

*(b) Severity of Problem:* It is wrong to believe that mental illnesses are not serious. An untreated mentally sick person is not only dangerous to himself (in form of attempting suicide) but also harmful to the society (in form of criminality, antisocial behaviour, delinquency or homicidal tendencies). The mental illnesses cause severe socio-economic dysfunction of entire families.

*(c) Mental Health is not related to Physical Health:* When body and mind are parts of one individual, then how one can ignore the influence of mind on body and vice versa.

When mind starts disturbing the functions of body, then illnesses produced are called psychosomatice illnesses e.g.—Hypertension, peptic ulcer, irritable bowel syndrome, Asthma, obesity etc.

But when body influences the mind excessively, then the illnesses produced are named as Somato-Psychic illnesses, eg, patients with chronic ailments like cancer, arthritis, diabetes developing mental aberrations like anxiety reaction, depression, suicide, drug-abuse atc.

So both body and mind are the two sides of the same coin, influencing each other.

*(d) Cause of Mental Illnesses is Not Known* : The aetiological hypothesis of majority of the mental illnesses have already been proved.

Some illnesses are genetically inherited, eg, Schizophrenia, Mania, Depression while other contributing biochemical factors are the excess or deficiency of certain brain chemicals eg—Schizophrenia due to disturbance in Dopamine (a brain-Chemical), Mania due to excess of neurotransmitters like Nor-epinephrine and Serotonin while depression is due to deficiency of Serotonin and Norepinephrine (brain Chemicals), Opiate (eg—Smack) addiction is due to deficiency of Endorphins in brain. The urbanisation, industrialisation, uprooting of families, increased stress and strain of every day life etc. are important predisposing factors.

*(e) No Effective Treatment is Available* : It is not only a dangerous myth but also a contagious delusion. Like other physical illnesses, mental illnesses are fully curable with drugs and other measures like physical methods, psychotherapy, behaviour modification techniques, family therapy etc.

The commonest psychiatric illness encountered in day to day practice is depression followed by anxiety neurosis, hysteria, Mania, Schizophrenia etc.

The depression and mania are self-limiting illnesses, lasting from six to nine months, may not be reoccurring. The treatment is needed only to control complications. The anxiety neurosis, hysteria etc are fully curable and preventable disorders while if schizophrenia is managed early and correctly, the patient can become socially and occupationally normal within few weeks (earlier than the patients of tuberculosis or Leprosy).

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# Treatment of the Mentally Sick

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*(f) Mental Illness Once Acquired is Life-Long :* It is incorrect to presume that a mental illness, once it occurs, remains for life. Since more than 80 percent of the mental illness are fully curable and preventable, it is wrong to believe in this misconception. Excluding schizophrenia, all other mental illnesses can be easily controlled and prevented through proper psychotherapy, pharmacotherapy, behaviour therapy or family therapy with proper genetic counselling. The average stay of a mentally sick patient in a psychiatric ward of general hospital is between one to four weeks (much less than the stay what is needed for a patient of heart attack, a major surgical operation or a fracture etc.).

*(g) The Only Place for Mentally Sick is an Asylum* : The credit goes to Dr Pinel for starting the humane treatment for mentally ill in 1795 in Paris. Then this social reform was continued by Rush In America and Connolly and Tuke in England.

In India, we owe to Dr G.S. Bose (founder of first psychoanalytic society in India) for doing initial experiments in General Hospital psychiatry in 1933 at R.G. Kar Medical College in Calcutta. This was later on carried out by Dr K.K. Masani, Dr N.N. Gupta, Dr N.N. Wig and Prof. J.S. Neki.

At present, every government hospital has set up a psychiatric Unit to assist 42 mental hospitals in India.

The treatment of mentally sick in a government hospital does not differ from the treatment given for medical surgical or other illnesses. The only difference is that to treat a mentally sick, a kind of team work is required—the psychiatrist is assisted by a psychologist, a social worker, a psychiatric nurse and a rehabilitation therapist.

The mental illnesses are not confined only to the psychiatric ward but a psychiatrist has to attend and treat the mental illnesses associated with *medical problems* like hypertension, Diabetes, Asthma etc; *surgical problems* like operation itself, cancer, fractures, disfigurement etc, *Gynaecological conditions* like pregnancy, abortion, menstrual problems etc, *childhood problems* like school phobia, habit and developmental or conduct disorders and last but not the least *Ear and Eye problems* like blindness, deafness etc.

The treatment provided for mental illnesses in India is not inferior in any respect to what is provided in the Western countries. This can also be inferred from the fact that two of the brilliant Indian psychiatrists, Dr N.N. Wig and Prof. (Dr) J.S. Neki are already working in the capacity of Mental Health Advisers for World Health Organization.

With proper methods of drug treatment, rehabilitation techniques and counselling services for common mental health problems like alcohol and drug abuse, deliquency and genetically inherited mental illnesses, we can avoid the chronicity and disability of more than 80% of cases but the latest spurt in number of drug addicts (especially smack addiction), has started consuming the scarce mental health services available in our country.

If India fails to draw to divert its resources in boosting up the mental health services then it may fail in fulfilling its promise taken at the international conference at Alma Ata i.e. "Health for All by 2,000 A.D." (mind you, W.H.O., defines health as not merely the absence of desease but a state of positive well being-physical, *mental* and social).

## THE FIRST TRIMESTER

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would give the opportunity to the health workers to provide adequate ante-natal care and supervision and protect the mothers who put themselves and their babies at risk unknowingly. Significant reduction in low birth weight, perinatal mortality, neonatal mortality, congenital anomalies and hereditary genetic disorders can be achieved.

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