

## Psychiatrist for the society, society (IPS) for the psychiatrist

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Respected Chairperson, members of the IPS-TSB, delegates of TS PSYCON- 2016, doctors of Gandhi Hospitals, Hyderabad, Ladies and Gentlemen. It gives me great pleasure to welcome you all to this II annual conference of IPS-TSB at this historical city and capital of Telangana State.

At the very outset I deem it a great privilege to stand before you to deliver the Presidential address of our branch. I am extremely thankful to you all the members of IPS-TSB for bestowing upon me this responsibility of the office of president. My predecessors have brought the organization to glories heights and I will try my level best to live up to your expectations with all your kind cooperation. I know, it would be a challenging job to take up after our beloved teacher, Guru Dr. P.Raghurami Reddy, as founder president performed with, marvellous standards and dignity. I promise to continue legacy established by with humble surrender to the cause. I hope I can, with the help of my senior's blessings and with best wishes, cooperation of my other colleagues. Especially I hope the best with the guidance of Dr. G Prasad Rao, President IPS National, Dr. Ashok Reddy president, IPS-South zone and Dr. George Reddy our secretary.

I have chosen a Subject with three major components in it **Psychiatrist, Clinical setting and Society.**

### **Dedicate this honour to my Teachers:**

Remembering my teachers who have contributed to my growth and the persons behind my this "Identity".

From Primary School: Sri Janaiah Sir, Sri Narsaiah Sir, Sri Narayana swamy Sir

High School: Sri Rajamouli Sir, Sri Kistaiah Sir

Junior College: Sri Varma Sir, Sri Damodar Reddy Sir

Medical College: Late Dr. Sampath Raja Ram Sir, My teacher, guide & Mentor

After graduation I joined in DPM in IMH, Hyd. and got inspiration from Dr. P. Raghurami Reddy, my Guru & everything. Theory & Subject wise I am thankful to Dr. Ashok Alim Chandan, Dr. S. Sudhakar Anna, and none other than Dr. Niranjana Reddy, for blessing me with the subject of psychiatry. Here I would like to tell you what little I have learnt from Dr. P Raghurami Reddy a great human,

He taught me three things

1. If you are interested in psychiatry and want to fight the stigma carried by the society regarding psychiatry – be an icon or a VVIP in your society, socialize go into the society as an example.
2. Maintain a proper record of the cases and it reflects your interest in your patient. Recording makes you responsible and helps you in improving your skills.
3. Learn to write "Referral letter" to the consultant or family physician who referred the patient. Call them by phone where ever necessary; discuss boldly regarding the diagnosis, prognostic signs, prognosis, management and course of the illness.

Today I have more than 20000 case records with >80% patients in follow up OPD. I dedicate my success to my teachers.

### **Psychiatrist- Mission 99**

I don't know why our society got stuck-up or fixed at age '60'. Most of the individuals in our society are planning for their lives, keeping in mind 60 years as life expectancy. Are they confused or considering retirement as the end of their lives? Is it true? May be, Excuse me for this my bold statement. See this rushed-up, Mechanical monotonous, compromised (with ethics) restless social scenario – are we really part of it or an exception. To address why our life expectancy & Quality Of Life are going down day by day.

All of us know very well that, our profession and clinical practice carries highest stress. Keeping in mind I would like to come up with few life style management techniques or understandings, particularly for the post graduates & junior colleagues - Boundary of self and Balance.

### **Boundary of self**

1. This concept reflects individuality - Identity – Definition, shape & Structure
2. Never allow anything to enter/ cross your boundary
3. Never cross your boundary
4. Never encroach into others boundary
5. I am responsible for " my integrity within"

### **Balance**

1. Mind : Body
2. Profession : Hobby
3. Public Life: Private / Personal Life (Professional Family etc..)

4. Routine : Creative abilities
  5. People around : Conscience (Almighty God)
- Dear friends, so plan for 99 years of Happy and Healthy jubilant life

### Clinical Settings

The role of a psychiatrist got redefined time and again. Here I would like to mention few observations which I also made part of my regular clinical practice. For example, while dealing with psychotic patients, particularly schizophrenics who have no insight; are uncooperative, in denial, and aggressive, having paranoid symptoms mainly towards own family members or care givers. It is important to deal with 1. In fixing the objectives of the treatment and 2. Emphasising regarding role of the Electro Convulsive Therapy (ECT).

Objectives of the treatment are broadly

1. Bringing back the insight and making patient understand the disease process.
2. Controlling the disorder
3. Tailoring the continuation & maintenance treatment for prevention.
  - Making the patient understand the disorder is as important as making family members or caregivers understand the disorder.
  - Never think that, patients family members who are uneducated, illiterate rural folk cannot understand the disorder & may need little extra care & explanation.
  - Explaining the patient's family regarding the chances of the post psychotic depression and increased suicidal behaviour during this period is very important.

### Role of the ECT

Though we call it as an "Alternative treatment", can we consider ECT as a prime treatment while dealing with Aggressive, uncooperative patients without insight into their disorder? Now a days it has become fashion or style to criticise ECT publicly as unethical/ old fashioned. I personally heard few psychiatrists saying so. As a private practitioner with Inpatient hospital setup with 20years of experience I can confidently say that, ECT is the treatment of choice for Aggressive uncooperative patients with lack of insight.

1. To make patient understand the disease process eg: Delusions, hallucinations.
2. To make patient realize the havoc his disorder has created in his life, family, professional & interpersonal relations.
3. To make patient understand what he has lost during his disordered period. Also we have to save patient from "Blame game" as generally patients blame delusional community for their failures.

4. For preparing the patient to face the reality situations prevailing at the time of discharge from hospital.
5. Surely, dear psychiatrists, please consider admission to go with ECT procedures, instead of OP basis.

### Society – Mission Manochaithanya

Also I would like to propose few programs along with the calendar year events and I request senior members of the society to bless and each member to show readiness to participate actively. As part of our social responsibility I would request all the members to take up community mental health services. I humbly request all of you to share your views and give suggestions to shape activities in a meaningful way and contribute as our share in making our Telangana "Chaithanya Telangana". I propose following programs

1. "Waada waadala Manasika vyadhula Avagahana Sadassulu" – awareness programmes in all villages, towns and cities
2. "Manasika vydyulatho Mukhamukhi" Two Hours Monthly interactive programme. IPS-TSB will take the responsibility to provide a team of senior psychiatrists to join the local psychiatrist to go with this programme.

It is like an open forum (or) dialogue with the people in creating awareness and helping them in going with uncooperative patients, Alcoholics etc...

3. "**Anti-witchcraft Act**" **Regional Laws (India):** some of the states in India have already implemented the act. We should also urge the government to implement this act in our state.

State	Act
Bihar Jharkhand (1999)	The Prevention of witch Practices Act of 1999
Chattisgarh (2005)	Tonahi Pradatna Nivaran Act
Odisha (Dec. 2013)	Odisha Prevention of witch- Hunting Bill
Maharashtra (2013)	Anti-Superstition & Blac Magic Act
Rajasthan (2015)	Anti-witch hunting prevention act

1. Bringing awareness among people regarding "Yoga-Meditation" –regarding positive health. Here with I seek help from "National Committee – IPS on Yoga & Meditation". Thanks to Dr. P. Kishan sir, for accepting to design & implement programs in this direction.
2. On this Occasion, I request our senior IPS members to form a special committee to frame recommendations for discussing with the state government and state mental health authority towards the implementation of WHO recommendations and protecting the human rights

of psychiatrically ill in our “Bangaru Telangana” towards reducing the “State Mental health” morbidity.

- To develop OPDS & In patients facilities at every district civil Hospitals
  - To develop clinical psychology, community psychology, psychiatric nursing services at district hospitals
  - Training course for “Community psychiatry volunteers”
  - Awareness campaign through skits and various stage performances - “Aata – Paata – Baata”
3. Working towards the “Goal” in bringing awareness to each and every village particularly regarding “Banamathi” etc. by collaborating with different NGO’s. Conducting meetings with leaders of different organizations – district level, mandal level
  4. “Community Based alcohol de-addiction programme” – helping them with minimum /low doses of drugs in view of uncooperative patients those with denial or lack of insight.
  5. To encourage upcoming psychiatrists to use assessment scales in clinical settings particularly private psychiatric clinics.

6. To encourage Research & Development in psychiatry
7. Encouraging local district branches in their formation & operation

### Conclusion

Thanking my dear psychiatrists of IPS-TSB for electing me as president, I once again promise you that, “My this year’s priority will be my services to IPS-TSB “psychiatrist for the society and society (IPS) for the psychiatrist”.

Seek your help in my proposed MISSION 99 and Liaisoning with the state government regarding “psychiatric awareness programmes” and taking up innovative programs.

Let us make ourselves strengthened with CME’s, R&D and community participation.

Thank you very much chairperson and my dear psychiatrists.

Long live IPS-TS.