

# NEWSLETTER

INDIAN PSYCHIATRIC SOCIETY  
ASSAM STATE BRANCH

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## From Editor's Desk

### Social and Preventive Psychiatry- An Aspect not to be Ignored



Psychiatric disorders are being a major contributor (25%) to the global burden of diseases (GBD), social and preventive psychiatry assumes an important role

as a subspecialty particularly in LAMIC regions. Since the etiology of psychiatric disorders are not known yet, so the classical model of primary, secondary and tertiary prevention of public health is not possible to follow.

Primary prevention (aim is to decrease the incidence of diseases) in psychiatry has been understood as universal prevention (encouraging healthy life style, positive mental health, regular exercise, stay away from drugs etc.), selective prevention (focus on people at higher risk i.e. positive family history of major psychiatric illness etc.), and indicated prevention (focus on people having minimal but detectable signs and symptoms of mental disorders or positive biomarkers of mental disorders).

Secondary prevention (early diagnosis and treatment) although seems simple and comfortable but it faces a number of barriers like limited resources, stigma, non adherence to treatment and lack of awareness and policy etc.

Tertiary prevention as in public health focuses on rehabilitation and disability prevention is the major lacuna as far as the social and preventive psychiatry is concerned. It is very time consuming and a subject of minimum yield with maximum effort. Psychiatrists are usually reluctant in these areas and usually think that these are a matter of concern only of the policy makers.

Dr. Dipjyoti Bora, MD  
Editor in Chief "Newsletter", IPS-ASB

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## From President's Desk

Continuing Medical Education (CME) refers to a specific form of continuing education (CE) that helps those in the medical field maintain competence and learn about new and developing areas in their field.



IPS, Assam state branch has been organizing this CME since its inception. I'm happy to know that this year 14<sup>th</sup> Mid Term CME is going to be held at North Lakhimpur organised by North Lakhimpur civil hospital in collaboration with AMSA Lakhimpur on 11<sup>th</sup> May 2019. The theme of the CME is 'Addiction- A silent killer in the society'. The rightly choiced topic of the current scenario. I would like to congratulate the organizer for taking the responsibility of organising this academic events in Lakhimpur which also helps liaising psychiatry with other branches of medical sciences and wish for its great success.

With regards

Prof. Dr. Suresh Chakravarty  
President IPS, Assam state branch.



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## From Secretary's Desk

Dear esteemed colleagues

Warm greetings,

It gives me immense pleasure to know that the IPS-ASB is publishing its first biannual newsletter for the year 2019 in the month of May to be released at the society's midterm CME being held at Lakhimpur. It's a matter of great pride for us to have been successfully publishing the newsletter in consecutive years and I would like to convey my congratulations and gratitude to the editorial board for completing this arduous task so well. I also would like to thank all members for their contributions to the newsletter.

The theme for this year's CME on addiction psychiatry is well thought of considering the rising incidence of substance abuse in the state especially among the young people. I am sure the deliberations in the CME will of great help to all attending delegates and help them manage the menace of drug abuse better.

I am very happy to know that the IPS-ASB is having a meet for the first time in Lakhimpur and I convey my sincere best wishes to the organising committee for success of the meet.

Long Live IPS

Long Live IPS, Assam State Branch



Dr Nahid S Islam  
Hony. Gen. Secretary  
IPS, Assam State Branch



### Professor Deepali Dutta Memorial Oration

Professor Deepali Dutta, the doyen of Psychiatry of North East as well as India had left us for her heavenly abode on 11 November 2017. She was the pioneer in establishing India Psychiatric Society (IPS), Assam State Branch as well as Department of Psychiatry, Gauhati Medical College Hospital (GMCH) and served as Head of the Department of Psychiatry, GMCH till her date of promotion as Principal of Silchar Medical College Hospital. She had served as

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# ALCOHOL USE DISORDER - A LEADING HEALTH HAZARD

Dr. Swati Singh<sup>1</sup>, Dr. Dhruvajyoti Bhuyan<sup>2</sup>

Post Graduate Trainee<sup>1</sup> Assistant professor<sup>2</sup> Department of Psychiatry, Assam Medical College and hospital

Alcohol consumption, particularly harmful use of alcohol is a significant risk factor for various health issues and is a major contributor to the global disease burden. According to researches, the use of alcohol for human consumption dates back at least 12,000 years<sup>1</sup>. Repeated drunkenness and associated problems has been noted in almost all civilizations across the world. It was in early 1800s that the increased use of ethanol and enhanced prevalence of drunkenness was first seen as a public health concern. And since then, alcoholism or alcohol use disorder has continued to be a major health issue.

Alcohol is a potent drug that can cause both acute and chronic changes in almost all neurochemical systems. Hence, heavy drinking can produce serious temporary psychological symptoms including anxiety, depression and psychosis<sup>1</sup>. It is the world's third largest risk factor for disease and contributes to 4% of the global burden of disease. Approximately 2.5 million deaths each year is attributed to alcohol use disorders and 9% death in 15 to 29 years is alcohol related (WHO, 2011). Alcohol use is widely prevalent in Indian society with prevalence rates varying from 23% to 74% in males and about 24% to 48% in females in different sections and communities<sup>2</sup>. And the rates are particularly higher in the adolescent age group.

Alcoholism i.e. the continued, excessive and usually uncontrollable use of alcohol has many devastating effects on the person using alcohol including injury or death from road traffic accidents, absentees at work place and reduced productivity, loss of employment, social embarrassment and various health problems such as malnutrition, anemia, chirrrosis, gastritis and gastric ulcers, gastrointestinal bleeds, pancreatitis, peripheral neuropathy, cerebellar degeneration leading to unsteady gait, nystagmus etc. Heavy alcohol intake can also lead to hypertension and increases the risk for myocardial infarction. Alcohol is also notorious in causing sleep impairment. A heavy drinker is likely to wake up after a few hours of sleep and

have difficulty in going back to sleep. It is also associated with sleep fragmentation and disturbing dreams. Black outs or anterograde amnesia can also be seen in such individuals when a person was drinking heavily but remained awake and could not recall anything that has happened in previous 5 to 10 minute<sup>1</sup>. This can be particularly dangerous as the person can perform complex task in this state and might appear normal to other people.

Chronic alcohol use can also lead to several psychiatric illnesses such as bipolar disorder. About 30 to 40 percent people with alcohol related disorder meet the criteria for major depressive disorder sometimes during their lifetime. 25 to 50 percent of these individuals also meet the criteria for anxiety disorder<sup>1</sup>. Phobia and panic disorders are also quite common in them. Suicide is another significant problem associated with alcohol use disorder. About 10 to 15 percent of people with alcohol related problems commit suicide which is markedly higher than the general population<sup>3</sup>.

It does not only affect the individuals abusing alcohol but also has negative impact on the family resulting in familial disharmony, pain, suffering, separation and can even be a cause for divorce. The impact of alcoholism on the children of such individuals is particularly grave as it can be associated with serious physical as well as psychological issues in them such as guilt, anger, anxiety, mistrust, depression, conduct disorder, personality disorders etc. 40 to 50 percent of children of people using alcohol eventually start abusing alcohol themselves when they are older<sup>2</sup>. Alcohol use during pregnancy can have deleterious effect on the fetus as alcohol can cross the placenta and lead to fetal death or spontaneous abortion. Additional body effects of alcohol use disorder includes testicular atrophy, eye problems like cataract, dental problems, muscle wasting, increased risk of infections (due to decreased production of WBCs, seen in heavy drinkers) etc. Alcohol use is also associated with increased crime rates

as people under the influence of alcohol are more prone to indulge in risk taking behaviors, domestic violence, high risk sexual behavior, impulsive acts etc.

Another serious problem related to alcohol use is health hazards due to the use of adulterated alcohol. Methanol poisoning is a common occurrence that occurs due to mixing of methanol (methyl alcohol) with alcohol (ethanol). Methanol is a toxic form of alcohol which on consumption can cause severe health problems such as blurring of vision, vomiting, abdominal pain, restlessness, delirium, blindness and even death. News of incidences of methanol poisoning is reported frequently from all parts of India and has led to loss of thousands of lives. A recent occurrence was the incidence of sale of illicit liquor containing methyl alcohol, leading to death of approximately 156 people in Golaghat and Jorhat districts of Assam. Such events are extremely unfortunate and can be directly related to the heavy demand of cheap and easily available, usually locally manufactured alcohol.

Thus alcohol use disorders cause multifaceted effects on the lives of individuals who abuse alcohol and can be severely harmful for them as well as their families and society. Hence, it is a matter of utmost importance that the information about the deleterious effects of alcohol is conveyed to every individual and widespread awareness is created among the general masses, particularly the adolescence age group, to decrease the indulgence in harmful alcohol use and to prevent development of dependence in individuals already using it.

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# RECENT DEVELOPMENTS IN NEUROSCIENCES

Dr. Abhilekh Das, Senior Resident, JMCH

◆ Allen Institute for Brain Science released a publicly available tool for researchers to explore the building blocks of the human brain. This open-access service will massively help neuroscientists worldwide to interpret human nerve cell data. This will help accelerate advances in our general understanding of the brain.

◆ It was revealed that low-frequency oscillations in the hippocampus help to synchronize overall activity in the brain. Researchers at the at the University of Hong Kong used optogenetics and resting-state fMRI to show that slow hippocampal activity controls and connects activities in different areas of the brain. This represents a big step towards the lofty goal of understanding functional brain connectivity and the human connectome.

◆ The DeepMind artificial intelligence system AlphaGo Zero not only learned how to play the board game 'Go' all by itself, it also beat the current champion, its predecessor AlphaGo! Using human

brain network algorithms, it demonstrated the power of the intelligence built into our grey matter.

◆ Our reliance on the Internet for vast online resources has been shown to be affecting our thought processes for problem-solving, recall and learning. Research published in the journal Memory, found that 'cognitive offloading' (using external resources instead of brain power), increases cumulatively with internet use. With smartphone and smart glasses technology set to rise rapidly across the global population, this research unearths potentially huge consequences for how human interactions with technology will evolve over time.

◆ According to the common understanding for over a century, each neuron fires when it accumulates a certain amount of incoming electrical signals from other neurons – as a spike or action potential. However, this year scientists at the Department of Physics at Bar-Ilan University showed this view

to be inaccurate. In fact, neurons behave in much more complex ways that compute the combined strength and directionality of incoming signals to generate different spike waveforms. The discovery opens up the possibility that networks of neurons could produce far greater complexities of behaviour than traditionally thought.

◆ Trillions of organisms including bacteria, viruses, funguses and microscopic animals call our body home. Amongst a wealth of new research finding that the microbiome of guts plays a central role in our health, a 2017 study identified gut microbiota that directly influence our mood and behaviour. As there are also links between gut health and psychological disorders, the finding should lead to new ways to treat common problems like anxiety and depression.

◆ For the first time, researchers this year tested the use of the reprogrammed stem cells in the brain of a patient with Parkinson's Disease. In Parkinson's disease, cells that act as

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## স্কিজোফ্রেনিয়া - মোৰ নাম

ডাঃ বিনীতা তালুকদাৰ

জ্যেষ্ঠ আৱাসিক চিকিৎসক, লোকপ্ৰিয় গোপীনাথ বৰদলৈ আঞ্চলিক মানসিক প্ৰতিষ্ঠান, তেজপুৰ

মানুহৰ মনৰ কল্পনা

এটি ক্ষত-বিক্ষত ৰূপ।

মনত ভয়, সন্দেহ,

চকুত নাথাকে টোপনি,

কাণত সন্তাসৰ কিৰিলি

মোৰ বহুতো ৰূপ,

নিষ্ক্ৰীয় হৈ যায় বিবেক

স্তব্ধ হৈ যায় স্মৃতি,

নাথাকে একোৰে জ্ঞান,

সকলো যেন মনৰ কল্পনা

এখন মায়াজাল;

কৰিছে বহুতে বহু গৱেষণা

মই হেনো মস্তিস্কৰ

ভিতৰত ৰাসায়নিক ক্ৰিয়া,

তথাপিহে কৰিব পৰা নাই

মোক নিৰ্মূল,

মই ..... স্কিজোফ্রেনিয়া।

## Professor Deepali Dutta Memorial Oration

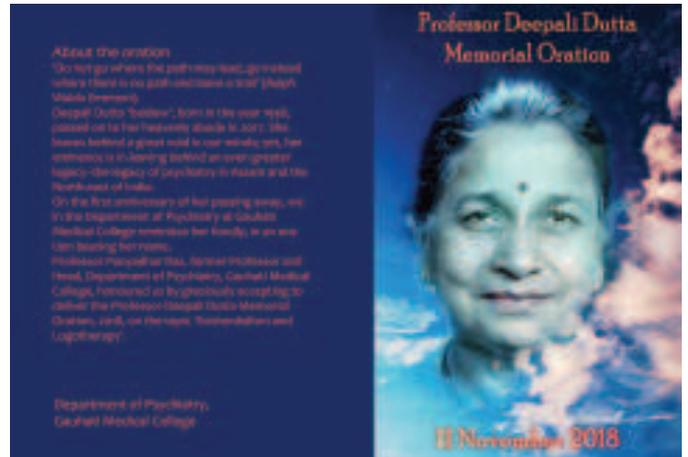
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Principal in all the three Medical Colleges of her time and also served as Director of Medical Education, Assam. She was also active member of IPS and was the President of IPS in 1989-90.

With this background, as a mark of respect to our esteemed late teacher, the Department of Psychiatry, GMCH, Guwahati organised "Professor Deepali Dutta Memorial Oration" on 11 November 2018 on her first death anniversary. Prof. Punyadhar Das delivered the first Professor Deepali Dutta Memorial Oration on "Existentialism and Logotherapy" at the Academic Hall of Gauhati Medical College Hospital, Guwahati on 11 November 2019.

A memoir to commemorate the Oration, edited by Prof. Suresh Chakravarty and Dr. Shyamanta Das, and published by the Department of Psychiatry, GMCH was released during the event. The memoir consists of articles by Prof. Aparajeeta Baruah, Prof. Suresh

Chakravarty, Dr. Mythili Hazarika, and Dr. Shyamanta Das. It starts with Words of



Eamon Dutta, the Psychiatrist son of Prof. Deepali Dutta and About the Orator, Prof. Punyadhar Das. Moreover, the famous Presidential Address of Prof. Deepali Dutta, titled "Where has the golden childhood gone" is reprinted here with due permission from the Editor of the Indian Journal of Psychiatry. The memoir can be accessed from the following URL: [https://globalpsychiatry.files.wordpress.com/2018/11/2018-11-11\\_memoir.pdf](https://globalpsychiatry.files.wordpress.com/2018/11/2018-11-11_memoir.pdf)

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## 18<sup>th</sup> Annual National Conference of Indian Society of Psychiatric Nurses (ISPN) was held at LGBRIMH, Tezpur

The Department of Psychiatric Nursing, LGBRIMH, Tezpur had organized the 18th Annual National Conference of Indian Society of Psychiatric Nurses (ISPN) from 15th to 17th February 2019 at Auditorium of LGBRIMH, on theme "Role of Nurse in Promoting Positive Mental Health", for the first time in North-East India. More than 300 delegates, especially the psychiatric nurses, faculties, and psychiatric nursing students from all over the India had attended the conference. Delegates had come from most of the Government and Private nursing institutes of the country, few of them are NIMHANS, Bengaluru; AIIMS Delhi, AIIMS, Rishikesh, AIIMS, Patna; AIIMS Bhubaneswar, CIP, Ranchi; Govt. College of Nursing, Kolkata; Regional College of Nursing, Guwahati, NEIGRIMHS, Shillong; RIMS, Manipur; Army Institute of Nursing, Guwahati; Mulana Institute of Nursing, Ambala; Khalsa College of Nursing; College of Nursing, Manipal MAHE & Sikkim and many more.

The conference started with a pre-conference workshop on topic "Rewriting our stories: self-care in nursing" at 10.00 AM on 15th February 2019. The inaugural function of the conference was held at 3PM and the meeting was presided by Dr. S.K. Deuri, Director of LGBRIMH. Dr.



BCH; Faculties and students of all the departments, LGBRIMH and many other invited guests. Dr. Arunjyoti Baruah, Organizing Chairperson had welcomed the dignitaries and delegates. The staff of LGBRIMH had sung the inaugural song followed by lighting of the ceremonial lamp by the dignitaries on the dais. Recent issue of the Indian Journal of Psychiatric Nursing (Official publication of ISPN) was released by the Guest of Honour and the Chief Editor of the journal, Dr. Sandhya Gupta. The 'Practice Standards for Psychiatric and Mental Health Nursing' prepared by the Indian Nursing Council was released by the President, ISPN. The brochure of 'Youth Wellness Hub', an initiative of LGBRIMH to bring the mental health care services to young people and their families was also released by the Director, LGBRIMH in the meeting. Life time Achievement award



T. Dileep Kumar, the President of Indian Nursing Council was present as the chief guest and Dr. R.K. Kalita, Principal, Tezpur Medical College & Hospital was the Guest of Honour. The meeting was also graced with the presence of Dr. K. Reddemma, President, ISPN; Dr. G. Radhakrishnan, Secretary, ISPN; ISPN Executives; Dr. M. S. Khanikor, Vice Chancellor, IGTMSU; Resource Persons of the conference; Medical Superintendent, LGBRIMH; Administrative Officers of LGBRIMH; Registrar of Assam Nurses' Midwives and Health Visitors' Council; Registrar Manipur Nursing Council; Nursing Superintendent, TMCH, Medical Superintendent, KCH; Principal & Faculties, School of Nursing, KCH; Principal & Faculties, School of Nursing,

for tireless services and contribution toward the Psychiatric nursing profession was conferred to Dr. K. Reddemma and the Life Fellowship award was conferred to Dr. Arunjyoti Baruah. Vote of Thanks was provided by Dr. Nurnahar Ahmed, Organizing Secretary of the conference.

Total eight scientific posters were displayed on the foyer of auditorium. Total eight scientific plenary sessions and one panel discussion were held. A total of 49 scientific research papers were presented by the delegates in the three days conference.

The exhaustive scientific deliveries and plenary sessions in the three days conference were very much appreciated for their usefulness in the contemporary psychiatric nursing practices. ♦

## CHILDHOOD ALZHEIMER'S

Dr Malleeka Bora

Senior Resident, LGBRIMH, Tezpur

"Childhood Alzheimer's" is a term used for children with dementia-like symptoms. Although called Childhood Alzheimer's, yet the etiology is very different from Alzheimer's seen in adults. Also besides the brain, many other organ-systems are affected in Childhood Alzheimer's. These dementia-like symptoms in children occur in disorders commonly known as Niemann Pick disease type C (NPC) and Sanfilippo Syndrome or Mucopolysaccharidosis type 3 (MPS 3). Both these disorders are basically "Lysosomal Storage disorders" and are genetic and both neurodevelopmental and neurodegenerative. On the other hand, Alzheimer's is a neurodegenerative condition seen in adults. Only thing common between Alzheimer's, NPC and MPS 3 is the progressive deterioration of brain cells over time leading to dementia.

### Epidemiology :

NPC starts to affect children 4-7 years old and is estimated to be occurring in 1 in 150,000 live births. MPS 3 presents much later after an initial symptom-free interval. Both the disorders have a life expectancy of less than 20 years.

### Etiology :

Both NPC and MPS 3 involve breakdown of 'lysosome' which is a digestive element in cells helping to process cholesterol and sugar. This in turn leads to accumulation of cholesterol and sugars inside the cells especially the liver, spleen and brain cells thereby depriving the body of important nutrients. Accumulation of these substances lead to an enlarged liver and/or enlarged spleen and in the brain leading to a cognitive decline.

Both the disorders are genetic and depend on recessive genes, so each parent must be a carrier, that is, their offspring will have a 1 in 4 chance of developing the condition.

In NPC, 95% mutations occur in NPC 1 and 5% in NPC 2. Both NPC 1 and NPC 2 genes are located on chromosome 18. In MPS 3, four genes are implicated (MPS 3 A,B,C,D).

### Clinical Features :

NPC presents with the following features- Loss of coordination and balance (gelastic cataplexy) Ataxia, Aphasia, Dysphagia, Dementia, Vertical gaze palsy, Seizures,

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The DEPARTMENT OF PSYCHIATRY, LGBRIMH participated in THE ASSAM SCIENCE FESTIVAL, 2019, claimed to be the northeast india's biggest science festival organised by ASSAM SCIENCE, TECHNOLOGY & ENVIRONMENT COUNCIL (ASTEC) under the aegis of DEPT OF SCIENCE AND TECHNOLOGY, GOVT OF ASSAM at TEZPUR UNIVERSITY during 23-25 March, 2019. The participation was in response to an invitation sent to the institute by the organizing community asking for exhibits showing activities of our organization which has relevance to

## LGBRIMH PARTICIPATED IN ASSAM SCIENCE FESTIVAL, 2019

A good number of MD residents from the dept of psychiatry under the guidance of the consultants participated in the festival wherein a few posters related to advances in psychiatry in relation to newer somatic modalities of treatment, genetics etc were displayed. Also an electroconvulsive therapy machine (not in use) was taken for display with the purpose of reducing the stigma among the masses and to raise awareness that this is not an inhumane modality but is rather based on actual neuroscience. A power point presentation was made on the common myths surrounding mental illness, and the actual science behind it. The mechanism of action of the antipsychotic drugs on the



brain was also discussed in the presentation in a lucid way that the common people understand. For every group of people visiting the stall, the presentation was explained, a few models of the human brain were demonstrated to the inquisitive youngsters and common doubts and beliefs related to mental illness were discussed. Overall it was a huge success as our stall attracted huge gatherings in each of the 3 days, comprising of school students, parents, teachers, journalist, professors from various institutes including the respected vicechancellor of Tezpur University. All seemed convinced and satisfied as was reflected in the feedback register. ♦



modern advances in science, technology

action of the antipsychotic drugs on the

## 28<sup>th</sup> ANNUAL CONFERENCE INDIAN PSYCHIATRIC SOCIETY, ASSAM STATE BRANCH WAS HOSTED BY LGBRIMH, TEZPUR



The 28th Annual Conference, on behalf of IPS ASB, was hosted last year by Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), Tezpur. The conference was a two day program where academicians and practitioners in the field of Psychiatry and Allied branches participated and shared ideas and experiences in the area of mental health.

The inaugural ceremony was graced by Dr Kamala Deka (President IPS ASB), Professor Vinod Kumar Jain (Vice-Chancellor of Tezpur University) and Mr Manoj Kumar Deka (Deputy Commissioner, Sonitpur). Other members on the dais were Dr Rajen Kumar Kalita, (Principal cum Chief Supdt. of Tezpur Medical



College), Dr Nahid S Islam (IPS ASB Secretary), Dr Amal Ch. Baishya (IPS ASB Treasurer), Organizing Chairperson Dr Aparajeeta Baruah and Organizing Secretary Dr Dhruvajyoti Chetia. After the lighting of the lamp and Saraswati bandana, a Scientific Update on Psychopharmacology, Souvenir, IPS ASB Membership Directory and Newsletter were also released. All the dignitaries on the dais highlighted the vital role of mental health professionals in society. President of IPSASB highlighted and stressed the need to focus on the area of elder abuse.



Around 110 delegates, including faculty from Medical colleges, Postgraduate students, and Private practitioners attended the conference. Resource person for the conference was Dr Sanjeev Jain and Dr Vivek Benegal from NIMHANS, Bengaluru, Dr Malay Kr. Ghosal from Kolkata Medical College and Dr Soumitra Ghosh from Assam Medical College.

### SCIENTIFIC SESSIONS

With the theme for this year's conference as "Psychopharmacology: An Ever Unfolding Frontier", latest updates were presented by eminent speakers on various topics. Faculty members, postgraduate students of Psychiatry, allied

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# HUMAN WELFARE SOCIETY



Human Welfare Society (HWS) Head Office situated at Bapuji Path, Nazira is working with a few members to know about humani-tarian works and activity around the districts of Assam among the people of below poverty line, their needs and suffering of mental health problems since 2006.

The organization has rescued and treated more than four hundred patients of Assam since its establishment. During this project we found some cases of mentally ill persons who are hide confidentially by the society as well as by the family concerned. Due to lack of awareness, economic status and some others, such ill persons are neglected ad a result of which they are roaming heather and thither even with gross violence. We devote ourselves to take some cases of such persons their counselling, detection and some of such cases are sending to AMCH, Dibrugarh, JMCH, Jorhat and LGBRIMH, Tezpur. Almost all the classes are released afterwards with good response and we have taken up their primary treatment, guidance and return to their respective family.

Further “ JYOTI “ a female mental rehabilitation centre has been set up at Bortal under Nazira Sub division for below poverty and homeless mental patients and the centre is also known as only one of the female mental rehabilitation of Assam.

Our service is not confined in our state only. We also provide our service where humanity is gone. An assumes woman who has suffering from mental illness and also under treatment at mental hospital of Calicut of Kerela for two years was released by our organization. The woman has now improved and she has been shattered in “ JYOTI “. All the



facility regarding loading, fooding and medical care are being provided to them. Our aim is to bring them back to the main stream of our society. Moreover awareness camp, counselling and free medical camp are also projected so far.

We feel free to declare here that these works are carried on with our member’s contribution only. Some dedicated persons of the society are giving moral support to work. We are going to do a yeoman’s service for a section of people which has so far been neglected by the society for which we are receiving appreciation our views and objectives that would come into reality by our dedications and selfless efforts.



## “A study on attitude towards self and Dogmatism among Elderly”

**Dr. Anand Kumar Pal**

Assistant professor & HoD of social work Department  
Bosco Institute, Jorhat, Assam  
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### Introduction

Ageing is an important part of all human societies reflecting the biological changes that occur, but also reflecting cultural and societal conventions. The ageing is an integral part of human life. It is the evening of life. It is unavoidable, undesirable, unwelcome problem –ridden phase of life. However, it is really interesting to note that everybody wants to live a long life, but not to be old. It is ironical that however undesirable the old age, it is bound to come in life. A man is compelled to go through the pains and pleasures of this age like the other phases of life before making an exit from this mortal world. Ageing of population, a product of demographic transition is an issue of major concern. Globally, one out of every ten persons was aged 60 or more in the year 2000. By 2020, the ratio will likely to be about one in eight. It has been projected that by 2050, the number of the elderly will exceed number of younger persons for the first time in modern history. India is the second most populous country in the world, accounting for 17 per cent of the world’s population. In India, the population of the elderly is growing rapidly due to improved life expectancy, public health programme, medical advancement, health services and improved lifestyle.

Elderly or old age consists of ages nearing or surpassing the average life span of human beings. The boundary of old age cannot be defined exactly because it does not have the same meaning in all societies. People can be considered old because of certain changes in their activities or social roles. Government of India adopted ‘National policy on older person’ in January, 1999. The policy defines ‘senior citizens’ or ‘elderly’ as a person who is of age 60 years or above. The elderly population (aged 60 years or above) account for 7.4% of total population in 2001. For males it was marginally lower at 7.1% while for females it was 7.8% the sex ratio among elderly people was high as 1028 in 1951 but subsequently dropped to about 938 in 1971 and finally reached 972 in 2001(Central Statistics Office , Ministry of statistics & programme Implementation, government of India., 2011).

### Review of literature

Out of every 10 elderly couples in India, more than 6 are forced by their children to leave their homes. With no place to go and all hopes lost, the elderly have to resort to old age homes, which do not guarantee first class treatment. In India unlike USA, parents do not leave their children on their own after they turn 18(of course there are exceptions), but children find it hard to accept the fact that there are times when parents want to feel the love that they once shared with them. There are times when parents just want to relax and want their

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## Recent developments in Neurosciences

neurotransmitters can die off, which becomes the cause of tremors and motor-skill problems. Researchers at Kyoto University transplanted stem cells directly into the patient's brain. The cells came from an anonymous donor's skin, and a total of 2.4 million of the cells were implanted into 12 sites in the brain. The trial is on-going, but the results are promising to date. The hope is that they will restore enough lost neurons to relieve the associated symptoms of the disease.

◆ Experimental research led by neuroscientist Joel Voss at Northwestern University found that tACS (Transcranial Alternating Current Stimulation), applied at low currents, moderately improved the episodic memory of healthy adults. Pre and post neuropsychological tests were used along with fMRI scans, which revealed that the cortical-hippocampal network is involved with improved recollection. The study represents a key step in understanding the various benefits that 'brain zapping' can have on cognitive functions. However, this field of research is still in its early stages, as much is still to be understood in terms of the mechanics of how electrical activity is being changed at a neural level.

◆ Potential new drugs for Alzheimer's have all ended up in its notorious graveyard of dreams. Despite best efforts, drugs that target two proteins that build up in Alzheimer's disease—beta-amyloid and mutant tau—have consistently failed human drug trials. In October 2018, several studies presented some of the strongest evidence yet that herpes simplex virus type I (HSV1)—the annoying virus responsible for cold sores—may be a potential trigger. Scientists have known since the 1990s that HSV1 confers a large risk for Alzheimer's in people who carry a specific variant of a gene called APOE4. The new theory suggests that repeated activation of the virus in adulthood in the brain could cause cumulative damage, particularly in the elderly with declined immune function. If the theory holds water, it means that anti-viral drugs may be a new avenue of treatment.

◆ Researchers at Hiroshima University have identified a new type of depression. The findings may help explain why some people are resistant to current treatments for depressive disorders. The

study reports on how a specific protein, RGS8, plays a role in depressive behaviours. The team found that RGS8 mice not only had less depressed behaviour than those without extra RGS8, but they also had longer cilia. These findings led Saito's group to think that RGS8 is a promising candidate toward the development of new antidepressant drugs, which is a focus for future experiments.

◆ A study published in the Journal of Neuroscience back in September reported the controversial psychotherapy technique, Eye Movement Desensitization and Reprocessing (EMDR), may be a useful tool in suppressing traumatic memories. Researchers reported EMDR helped suppress fear related amygdala activities during the recall of traumatic events and memories. They suggest EMDR has the potential to re-code the emotional content of a traumatic memory. The reduced amygdala activity is thought to be a consequence of less available resources since they are dedicated to making eye movements.

◆ Researchers have reported that children who habitually go barefoot have significant difference in motor skills between the ages of 6 and 10 than those who tend to prefer wearing shoes. The study found those who are habitually barefoot have better balancing and jumping skills, and show improved sprinting motor performance during childhood. While the beneficial effects of going barefoot are reduced as we age, the study demonstrates the importance of barefoot exercise during child motor development.

◆ Newly FDA approved drugs in psychiatry includes – 1. **Esketamine nasal spray**; For the treatment of treatment-resistant depression in adults, Approved March 2019 and 2. **Brexanolone** for the treatment of postpartum depression, Approved March 2019.

◆ Teenagers with attention deficit hyperactivity disorder (ADHD) may benefit from more sleep to help them focus, plan and control their emotions. Increased sleep may significantly [and positively] impact academic, social and emotional functioning in adolescents with ADHD, and sleep may be an important future target for future intervention," the researchers wrote.

◆ Advanced paternal age increases the risk in offspring of early-onset schizophrenia, a severe form of the disorder, according to a study in Biological Psychiatry, published by Elsevier. The association between paternal age and risk in children remained after accounting for the contributions of the fathers' and mothers' genetic predispositions for schizophrenia, indicating that advanced paternal age itself contributes to risk.

◆ Early life trauma may affect the structure of the brain in a way that makes clinical depression more likely to be severe and recurrent, according to a two-year observational study of 110 patients published in The Lancet Psychiatry journal. This is the first study that directly establishes a link between maltreatment experiences, brain structural alterations and clinical course of depression. It is also the first to shed light on the physical changes to the brain that might be involved. So-called "limbic scars" have been identified in patients before, but they have taken a different form to the alterations seen in the new research.

◆ A specially designed computer program can help diagnose post-traumatic stress disorder (PTSD) in veterans by analysing their voices, a new study finds. Published online April 22 in the journal Depression and Anxiety, the study found that an artificial intelligence tool can distinguish — with 89 percent accuracy — between the voices of those with or without PTSD.

◆ More than a quarter of children with autism spectrum disorder are also diagnosed with disruptive behaviour disorders. For the first time, Yale researchers have identified a possible biological cause: a key mechanism that regulates emotion functions differently in the brains of the children who exhibit disruptive behaviour. The study appears in Biological Psychiatry: Cognitive Neuroscience and Neuroimaging. The first of its kind, the Yale study used fMRI scans conducted during an emotion perception task to compare the brain activity of autistic children who do and do not exhibit disruptive behaviour. While in the scanner, the children were asked to view pictures of human faces that displayed calm or fearful expressions. During the task, the

(Cont. Page 12)

## “A study on attitude towards self and Dogmatism among Elderly”

(Cont. From Page 6)

children to reciprocate their care. Every parents wants to see their child grow and be successful but no parent wants their child to treat them like an unnecessary load on their responsibilities.

There are 81 million older people in India. According to an estimate, nearly 40% of senior citizens living with their families are reportedly facing abuse of one kind or another, but only 1 in 6 cases actually becomes known. Although the President has given her assent to the maintenance and welfare of parents and senior citizens act, which punishes children who abandon parents with a prison term of three months or a fine, situation is grim for elderly people in India.(Tewari, 2009)

Out of every 10 elderly couples in India, more than 6 are forced by their children to leave their homes. With no place to go and all hopes lost, the elderly have to resort to old age homes, which do not guarantee first class treatment. In India unlike USA, parents do not leave their children on their own after they turn 18(of course there are exceptions), but children find it hard to accept the fact that there are times when parents want to feel the love that they once shared with them. There are times when parents just want to relax and want their children to reciprocate their care. Every parents wants to see their child grow and be successful but no parent wants their child to treat them like an unnecessary load on their responsibilities.

Various studies reveal that elderly face lot of problems like economic insecurity, isolation, neglect, abuse, fear, boredom, lowered self-esteem, loss of control, loneliness. These problems leads to depression and lower self-image. Most of the time it is difficult for the elderly to adapt with the new generation couples as they become more dogmatic and so they are abandonment by their children. This study attempts to study the level of attitude towards self and the dogmatic attitude of the elderly.

### Methodology

The study is conducted in the Golaghat town of Assam. The study attempts to describe the attitude towards self and dogmatic attitude of the elderly. The elderly respondents are the individual men and women above the age of 60. Purposeful and snowball sampling has been used to reach the respondents. The sample size is n= 70. For data, collection Attitude Towards Self (ATS) author by Carver, C. S. (2013) and Dogmatic Attitude Measurement (DAM) scale has been used in this research. The ATS consisted of 10 items and DAM consisted of 20 items. The data was analyzed using SPSS 21.

### Findings

The total sample population for the study is 70. The sample population was distributed in three groups. Early old age (below 64), middle old age (65 to 71) and late old age (72 and above). 47.1 per cent of the sample respondents were of middle old age, followed by 31.4 percent were in the age group of early

old age and 21.4 per cent were in the age group of 72 and above. The middle old age respondents dominate the responses.

In the study majority of the sample, respondents that is 75.7 per cent were male and 24.3 per cent were females. a good number of respondents who participate in the study have attained high school qualification i.e. 34.3, followed by graduate i.e. 32.9 percentage and higher secondary i.e. 22.9 percentage. This study is dominated by the opinion of the educated respondents. Majority 87.1 per cent were from Hindu religion, followed by 8.6 per cent were Muslims and 4.3 per cent were Christians. Regarding the marital status of the sample respondent's majority 84.3 per cent were married, 15.7 per cent were widow.

The present occupation of the respondents, was found that majority of the respondents are pensioners that is 52.9 percentage, 18.6 per cent were retired with no occupation, followed by 14.3 per cent had some business of their own.10 per cent were homemakers, 2.9 per cent were in private job, and 1.4 per cent were advocate. Majority of the respondents that is 51.4 per cent have moderate income (up to Rs17000) followed by 22.9 percentage having high income (above Rs17000). A small proportion 25.7 per cent of respondents who do not have any income.

Attitude towards self was designed to measure three potential self-regulatory vulnerabilities to depression. One of them is holding of overly high standards, the second is the tendency to be self-worth. Very consistently, only generalization has uniquely related to depression. In many researches, it is also found that generalization is a prospective predictor of depression in interaction with adverse events, generalisation relates to depression but not mania.

**Table 1**

#### High standards

High standards	Frequency	Percent
High standards	44	62.9
Very high standards	26	37.1
Total	70	100.0

The table 1 displays the standards of the elderly. It can be seen that majority that is 62.9 per cent had high standards and 37.1 per cent had very high standards. Setting high standards leads to dissatisfaction, for those who set high standards there is a risk of getting dissatisfied.

**Table 2**

#### Self -criticism

Self-criticism	Frequency	Percent
acceptable self-criticism	43	61.4
high self-criticism	27	38.6
Total	70	100.0

The table 2 displays the self- criticism of the elderly sample respondents. From the above table it can be seen that majority that is 61.4 per cent had accepted level of self-criticism, whereas

38.6 per cent had high level of self-criticism. High level of self-criticism

**Table 3**  
Generalization

Generalization	Frequency	Percent
Accepted Generalization	11	15.7
Risky Generalization	59	84.3
Total	70	100.0

The table 3 displays about the generalization of the sample elderly respondents. From the table it can be seen that majority of the respondents that is 84.3 per cent had Risky Generalization and only 15.7 per cent had accepted generalization. Generalization increases the rigidity in the attitude and is a prospective predictor of depression.

**Table 4**

Attitude towards self

Attitude towards self	Frequency	Percent
negative self-attitude	27	38.6
positive self-attitude	43	61.4
Total	70	100.0

Table 4 displays about the attitude towards self of the sample respondents. From the table it can be seen that majority that is 61.4 per cent had positive attitude towards self, followed by 38.6 per cent had negative self-attitude towards oneself.

**Table 5**

Dogmatic attitude

Dogmatic Attitude	Distribution of respondents	
	Frequency	Per cent
Low Dogmatic	41	58.6
High Dogmatic	29	41.4
Total	70	100.0

Table 5 displays about the Dogmatic attitude of the respondents. From the table it can be seen that majority of the respondents that is 58.6 per cent have low dogmatic attitude, followed by 41.4 per cent have high dogmatic attitude.

Victor Manual, et.al (2018) in a study “influence of the self-perception of old age on the effect of a healthy aging program”, found that self-perception of old age influences the health of the community dwelling older people (Victor, Elia, Regulo, & María de la Luz, 2018 May). Among the sample respondents it was observed that majority had positive self-perception which implies that majority had good psychological health.

Dogmatism has negative effects on wellbeing. The higher level of dogmatism leads to low level of happiness; it also has negative relationship with sense of humour (Maryam & Mohammad, 2017 Mar;). However, it is developed from adolescent and slowly becomes more rigid in old age. In the present study it was noticed majority were low dogmatic and a small proportion were highly dogmatic which indicates that most of the sample old age respondents were happy with their life.

## Conclusion

Attitude towards self plays a vital role in having active participation in the community living and after superannuation, this become a major concern, as there is a risk of loneliness and social alienation. Highly dogmatism creates adjustment problem leading to unhappiness. The old age people living in the Golaghat town display a quite happy life with having positive self-image of oneself and lowly dogmatic.

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**Painting by Dr. Juhi Gupta**

# PARTICIPATIONS OF NON-GOVERNMENT ORGANIZATIONS IN MENTAL HEALTH IN INDIA

Miss Barnali Handique (MSW) Founder Director of "puhor Foundation" Jorhat

## Introduction

Mental health refers to our cognitive, behavioural, and emotional wellbeing – it is all about how we think, feel and behave. The term 'mental health' is sometimes used to mean an absence of a mental disorder.

Mental health can affect daily life, relationship, and even physical health. Mental health also includes a person's ability to enjoy life-to attain a balance between life activities and efforts to achieve psychological resilience.(Ahuja, 2002)

According to the WHO(World Health Organization)' mental health is

"a state of well- being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community "

## Risk factors

We all have the potential to develop mental health problems, no matter how old we are, whether we are male or female, rich or poor, or which ethnic group we belong to.

We don't talk about much about mental health as we talk about other disease, but you'll be shocked to know that 300 million people worldwide are suffering from depression. Depression and bad mental health have been ignored as a serious issue since ages. But depression can also lead to death if it gets worst. When it comes to comes to countries, India is the most depressed county in the world, according to WHO, followed by china and US are the most affected countries by anxiety, schizophrenia and bipolar disorder.(Chavan , 2012)

A study reported in WHO, conducted for the NCMH (National Care Of Medical Health), states that at least 6.5 percent of Indian population suffers from some form of serious mental disorder, with no discernible rural-urban differences. Though there are an extreme shortage of mental health workers like psychologist, psychiatrists, and doctors.

In India, WHO estimates that the burden of mental health problems is the tune of 2,443 DALYs per 100,000 population is 21.1. It is estimated that, inIndia, the economic loss, due to mental health conditions, between 2012-2030, is 1.03 trillions of 2010 dollars. Mental health workforce in India (per 100,000 population) include psychiatrists (0.3), nurses (0.12) , psychologist (0.07) and social workers ( 0.07).(India is the most depressed country in the world. Mental health day 2018)

While the government or public services are the key providers of care for these populations, and therefore need strengthening, the NGO movement in the country has seen a steady upswing in the last two decades to fill the large gaps. NGOs are driven by a passion towards a certain cause and back it up with commitment and drive. While the reach of their work cannot parallel that of government agencies, the quality of care and their efforts in reaching out to the various stakeholders, particularly those who are discriminated against such as persons with mental disorders, gives them a distinct advantage.

## Activities and programs of Mental Health Non-government organizations.

We have grouped the activities of the MHNGOs in the following broad categories for the sake of discussion; however, there are obvious overlaps between some of these activities. (Thara, Patel , R.Vikram ;)

### Treatment: Care and rehabilitation

It was natural for many MHNGOs to identify treatment and rehabilitation as their priorities, based on the felt and largely unmet needs of the populations they wished to serve. Models of care and rehabilitation have been developed, many of which are replicable in diverse settings. While most state-run organizations focus on medical treatment, psycho-social rehabilitation (PSR) is sadly a neglected though major aspect of MHNGO programs. The absence of trained staff to carry out PSR activities has, however, kept it away from mainstream psychiatric services. Hence, many NGOs have taken it upon themselves to develop modules of PSR in both urban and rural areas. The programs include a spectrum of activities such as individual and group counselling, vocational rehabilitation and livelihood skills training, cognitive retraining, family support and counselling, self-help groups, recreation and leisure activities. The range of care facilities depends on the conditions which are the focus and the resources of individual NGOs. Out-patient clinics, in-patient care, day care programs and long term residential care form the spectrum of services provided by MHNGOs, especially the ones dealing with chronic psychotic conditions. Within this spectrum of services, a range of treatments including drug and psychological treatments are offered. Many persons require long-term care to minimize the disability associated with some mental disorders such as schizophrenia and dementia. Typically, about a third of patients with schizophrenia will show signs of long-term disability associated with a variety of factors such as chronic symptoms, stigma and the side effects of medication. Most MHNGOs working in this area have comprehensive services focusing both on the control of symptoms of the acute phase of the illness, as well as rehabilitation to ensure optimal functioning in the longer-term. Providing vocational training in skilled professions such as carpentry and printing, social skills training and family therapy are some examples of the kind of activities undertaken. MHNGOs provide linkages with potential employment by sensitizing employers to the needs of those suffering from chronic mental disorders.

### Community programs and prevention.

Although the National Mental Health Program was initiated in 1983 to ensure minimum standards of mental health care by integration with existing primary healthcare services, this still remains a utopian dream in almost all parts of the country. A major reason for this is the almost complete biomedical emphasis of the program with an outpatient clinic where medicines are doled out in a health centre being the principal and, indeed in most places, the only form of care which is provided. On the other hand, NGOs have initiated a number of

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## PARTICIPATIONS OF NON-GOVERNMENT ORGANIZATIONS IN MENTAL HEALTH IN INDIA

community-based mental health programs emphasizing on services in a variety of community, including home-based, settings and offer a range of PSR activities. These programs range from primary prevention activities such as suicide prevention to provision of treatment in community clinics, increasing awareness and providing community based rehabilitation (CBR). Secondary prevention focuses on minimizing the handicaps associated with an existing mental disorder. Examples of such programs include CBR programs for child and adult mental disabilities and school programs to help children with hyperactivity and dyslexia stay in school. CBR is an essential ingredient of community care programs. SCARF, as part of vocational support activities, has distributed livestock, cows and helped expansion of petty shops in rural areas to help persons with schizophrenia. This is not just a means of livelihood, but has also improved their functioning and involvement in many ways. NGOs like SNEHA (Chennai) provided a range of community based counselling and mental health interventions in the aftermath of this disaster. Homelessness and the destitute mentally ill have also received growing attention in the last decade or so. NGOs such as Banyan and Anbagam in Chennai, Ashadeep in Guwahati, Samarpan in Indore, Serendip Guardians in Nagaland Dimapur and a few others.

### Research and training

This has changed so much in recent years that today MHNGOs are at the forefront of ground-breaking health research in India. Major research programs in health areas as diverse as infectious diseases to nutrition are now conducted under the aegis of NGOs. MHNGOs are no exception to this trend. The SCARF studies on schizophrenia are the most widely-cited research on the subject from any developing countries. All three published studies of dementia in the community in India are from work done by MHNGOs (REF). Sangath's studies on the treatment of depression are amongst the largest such studies from India. Sangath's Manas project is the largest trial for a mental health treatment from any developing country. Ashagram's community program for schizophrenia has generated the first scientific evidence of the use of the CBR approach for rehabilitation of a mental disorder. The experience of CBR in Ashagram has led to the initiation of the first randomized controlled trial of this approach in three sites in India. These are just some examples of innovative, action-oriented research emanating from MHNGOs.

Many MHNGOs actively invest in the development of skills of their staff and of other stakeholder groups. Participation in workshops, conferences and seminars, and formal training in courses such as rehabilitation are often offered as opportunities for career development. Most of the MHNGOs provide opportunities for training other professionals and health workers in specific areas of mental health, such as counselling skills. Many colleges, for example, send their students to MHNGOs for field placements. Workshops with health workers, teachers and other key groups are a standard feature of the activities of many MHNGOs.

### Advocacy and building awareness

Advocating for the needs of under-served and underprivileged sections of the population has been the *raison d'être* for most MHNGOs. At present, there is very low awareness of the considerable advances in our knowledge of the causes

and treatment of mental disorders in India. This low awareness, coupled with the enormous stigma attached to mental illness, means that the needs and rights of mentally ill persons are largely ignored. MHNGOs have made raising awareness in different sectors of the community, such as health workers, teachers and lay persons, a priority area. Documentation and dissemination of relevant facts and research, and lobbying policy makers for changes in the law are vital instruments for improving mental healthcare. Many MHNGOs adopt methods to enhance the effectiveness of care through empowerment of affected persons and their families. Support groups are widely used as a way to ensure that persons recovering from substance abuse can remain sober. The globally recognized organization, Alcoholics Anonymous, is an example of the kind of support group philosophy which becomes the core to the process of treatment of alcohol dependence. Support groups are also evident in the residential and day care facilities geared to those with severe mental disorders. Some MHNGOs run support groups not for those directly affected by a particular disorder, but for their families. Thus, families of elders with Alzheimer's disease, adults with schizophrenia and children with autism, meet regularly to discuss common problems, support each other and provide practical solutions to everyday difficulties. Advocacy led by such user and family NGOs may have particularly important impact on government policies.

### Limitations and Strengths of non-government organization.

Why is it that the MHNGO movement has continued to survive despite the lack of resources and other barriers? This is probably because MHNGOs have some inherent and intrinsic advantages. We can consider the advantages of MHNGOs under three broad categories: Working in Partnership, Innovations in Practice and Transparency in Administration.

**Working in partnerships:** One of the great strengths of MHNGOs is their ability to strike up collaborations and partnerships with other agencies or individuals with ease; unlike the public health sector where layers of permissions stifle the scope for collaboration and unlike the private health sector where collaborations may be perceived as a threat to the practice. Most MHNGO activities are provided by multidisciplinary teams of doctors, therapists, health workers, other professionals and volunteers. Partnerships are built not only between medical and non-medical professionals, but also between professionals and families. The close collaboration between academics, clinicians, social workers, rehabilitation workers, remedial teachers, clinical and educational psychologists are a distinct feature which marks MHNGOs as being a very different breed of animal from traditional psychiatric clinics in hospitals or private psychiatry.

**Innovations in practice:** MHNGOs are, typically, closer to the community they serve and hence in a better position to be more sensitive to changing needs and perceptions. Further, MHNGO services may be attached with much less stigma than formal psychiatric services, and may thus attract a much wider range of clients. Clinical support, involving diagnosis and treatment of specific mental disorders, is the key to many MHNGO activities..

**Transparency in administration:** The activities of MHNGOs are driven not by profit but by the desire to achieve

(Cont.)

## Participations of non-government organizations in mental health in India

a basic quality of care for all clients, irrespective of their ability to pay. They are governed by a relative flexible set of regulations. Employment and promotional avenues can be based on merit as opposed to the traditional governmental holy grail of seniority. Because they are dependent on external funding, MHNGOs are constantly kept on their toes in achieving program objectives and ensuring fiscal accountability.

**Sustainability:** A key problem facing most MHNGOs is the source of their funding, which is largely project-based. The periodic fund raising required to augment resources can take up a good deal of time and energy. Staff members have no guarantee of employment beyond a defined project period. As a consequence, some MHNGOs suffer a high turn over of staff. The recent trend for massive investment in HIV/AIDS related work, though important in its objectives, is concentrating the bulk of donor money to this one-disease issue. Many MHNGOs and, indeed, some MHNGOs are adding HIV/AIDS as core priorities to secure these funds.

**Accountability:** Some MHNGOs have poorly established mechanisms for evaluation and monitoring. Although networking is actively sought for project collaboration, there is no similar zeal for review and monitoring from external assessors. There has been considerable public concern regarding the misuse of funds and lack of financial accountability of NGOs in general. Although this may not be as significant an issue in the context of MHNGOs where funds are scarce, MHNGOs would be well advised to ensure transparency in accounting for their funds. As MHNGOs become larger and more professionalized, there is a danger of increasing bureaucratization with increasing administrative costs.

**Scope:** Finally, and perhaps the most important limitation is the limited scope of individual MHNGOs. The world of most MHNGOs is confined to a city or a few villages. There is,

however, a need to transplant the wide experience of these onto a larger canvas, ideally through influencing policies and programs for the entire state and country. For changes to occur on this wider canvas there is little doubt that the public or government health sector must play a key and leading role.

### Conclusion.

MHNGOs have made tremendous strides in mental health promotion and care, against massive odds ranging from low awareness about mental illness to lack of motivation donors. Although there can be little dispute whether the MHNGOs have a definite role to play in meeting mental health needs in India, there is also little doubt that their impact on mental health care at the national level has been marginal

NGO placements becoming mandatory for psychiatric training for doctors and nurses whose current training programs are mainly hospital based, thereby missing out on the entire range of community-based and PSR experiences.

We urge the government agencies to take note of the huge public health implications of mental disorder and the lack of organized services for the mentally ill, and provide support for MHNGOs in the ways proposed above. Given a favourable climate, we are sure that the MHNGO movement in Mental Health will not be a sporadic or isolated phenomenon as it is now, but a more enduring and unified force in the realm of Mental Health in India.

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## Recent developments in Neurosciences

(Cont. From Page 7)

researchers found reduced connectivity between the amygdala and ventrolateral prefrontal cortex — a pathway critical to the regulation of emotion — in the brains of children who exhibit disruptive behaviour as compared to the brains of children who do not.

◆ A new study has found that people who reported intense feelings of responsibility were susceptible to developing Obsessive Compulsive Disorder (OCD) or Generalized Anxiety Disorder (GAD) was published in the International Journal of Cognitive Therapy.

◆ For acute anorexia nervosa that does not respond to first-line treatment with nutritional rehabilitation plus psychotherapy, some evidence suggests that add-on pharmacotherapy may be beneficial. In a 16-week randomized trial comparing olanzapine with placebo in 152 patients with anorexia nervosa, olanzapine provided a modest advantage for weight gain and was generally well tolerated. There was no significant difference between the two groups in rate of change in obsessionality.

◆ Depression and suicide are two of the most concerning long-term sequelae of head and neck cancer treatment. Two recent studies confirmed the high suicide rate in this population, which is approximately twice that of other cancer survivors. Risk factors for depression and suicide include comorbid

psychiatric illness, long-term toxicity of treatment, and use of alcohol and/or drugs to cope with the diagnosis. These results illustrate the importance of screening for depression in long-term survivors, in order to ensure that patients receive the support necessary.

◆ Cannabis is the most widely used illicit drug among adolescents, and it has been reported to be associated with some negative consequences. In a metanalysis of 11 prospective longitudinal studies (more than 23,000 adolescents) examining the association between adolescent cannabis use and the risk of developing a mood disorder or suicidality as a youngadult, there was a significant association between cannabis use and increased risks of depression, suicidal ideation, and suicide attemptbut not anxiety.

◆ Although multiple high-quality studies indicate that ketamine is efficacious as a short-term investigational treatment for refractory depression, the optimal dose is not established. In a dose-finding trial of add-on ketamine versus midazolam in 99 patients with treatment-resistant unipolar major depression, ketamine 0.5 mg/kg and 1 mg/kg were each superior to midazolam 0.045 mg on day one, whereas ketamine 0.1 mg/kg and 0.2 mg/kg were not. The efficacy of the two higher doses of ketamine was comparable, but dissociation and elevated blood pressure during ketamine infusion each appeared to be worse with 1 mg/kg than 0.5 mg/kg. Thus, ketamine 0.5 mg/kg appears to be the preferred dose.



## Mental Health Management of Post Spinal Cord Injury- A Psychiatrist's perspective

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### Spinal Cord Injury (SCI) Facts

- Estimated to be approximately 288,000 persons with SCI in the USA
- Average age of injury is 42 years
- About 78% of new SCI cases are male
- Vehicle crashes are currently the leading cause of injury, closely followed by falls. Acts of violence and sports/recreation activities are also relatively common causes
- Incomplete quadriplegia is currently the most frequent neurological category
- About 30% of persons with SCI are re-hospitalized
- Mental disorders are one of the common causes of death.

### Indian Scenario

- Male to female ratio of 4.2:1
- 71% in the age group of 20-49 years
- Around 79% patients were from rural background. About 23.3% were farmers while 22.9% were laborers
- 53% patients had a fall from height and 28% suffered from road traffic accidents

- Complete paralysis was found in 20.5% cervical and 23.3% in thoracic injuries
- 80% victims are male
- Most common mode of injury was fall from height followed by RTA
- Most commonly affected age group is 20-39 years
- Cervical spine injury most common
- Most common associated injury is head trauma
- Average period of hospital stay 23 days
- 15,000 new cases per year
- SCI is a very costly ailment

### MH Problems in the SCI Population

- Individuals with SCI are at increased risk for post-injury mental health problems, including Depressive Disorders, Anxiety Disorders, Adjustment Disorders & Posttraumatic Stress Disorders
- Those with SCI are found to be more vulnerable to suicide than the general population.

(Cont. Page 14)

## CHILDHOOD ALZHEIMER'S

(Cont. From Page 4)

Low muscle tone, Liver failure at infancy with jaundice, Delayed motor development before age 2

MPS 3 presents with the following features :- Facial dysmorphism, Hirsutism, Dementia, Progressive motor disease, Behavioural abnormalities like temper tantrums, hyperactivity, pica, bad insomnia, Muscle strength is normal, but there are skeletal abnormalities like osteonecrosis of femoral head, Seizures, immobility and dysphagia in final phase

### Diagnosis-

Clinical examination may reveal an enlarged liver and/or spleen, facial dysmorphisms, skeletal abnormalities, changes in muscle tone, ataxia etc..

Laboratory tests include urine tests and blood tests to detect the particular form of MPS. For NPC, besides the blood tests, culture of skin cells serve as a confirmatory test. Confirmatory tests include genetic tests like whole exome sequencing.

### Differential Diagnosis :

Clinicians need to be careful to diagnose these conditions from Autism as symptoms may seem similar to those of Autism.

### Treatment ;

1. Intrathecal VTS-270 - an orphan drug approved by FDA which supposedly suppresses the build-up of lipids inside cells.
2. In patients with NPC-1 mutation, cyclodextrins (naturally occurring sugars) are used intrathecally.
3. In MPS 3, gene therapy may be tried. This therapy involves injecting a virus- AAV9 into the bloodstream which would carry the gene necessary for processing sugar that MPS 3 patients lack. This therapy proved successful in mice. Other modalities include enzyme replacement therapy.
4. Supportive treatment – control of seizures, speech therapy, occupational therapy, low cholesterol diet and cholesterol reducing medications.

### Conclusion :

Childhood Alzheimer's poses a grave challenge to the physicians; however with the advent of newer treatment modalities, all that we can hope for is to keep the condition at bay and to provide for a better future for the patients.



## 28<sup>th</sup> ANNUAL CONFERENCE INDIAN PSYCHIATRIC SOCIETY, ASSAM STATE BRANCH WAS HOSTED BY LGBRIMH, TEZPUR

(Cont. From 5)



- Dr. Soumitra Ghosh, Assam Medical College talked about "Newer Treatment Avenues for Depression"

- Dr. Vivek Benegal, NIMHANS talked about "Addictive Behaviors: Linking neurobiology with Pharmacotherapy" & "Personality and Substance Use : Role of Pharmacotherapy"

branches and Pharmacology interacted with the speakers and expressed their views. Prof. Sanjeev Jain, who is a known figure in the field of Psychiatry Genetics presented his research findings and discussed genetically tailored drugs.

Dr Purnanada Das, a senior psychiatrist from Assam, delivered Dr Nani Bordoloi Memorial



Dr. Malay Ghosal, Kolkata talked about "Concept of Drug Resistance"

Prof. Sanjeev Jain, NIMHANS, talked about "Feasibility of Genetically Tailored Drugs."

Prof. Sanjeev Jain, NIMHANS, talked about "Schizophrenia: Where do we stand and What's on the Horizon"

Oration on Terrorism and Mental Health. The topics on newer developments in therapy for depression and the concept of resistance in psychopharmacology was presented by Dr Soumitra Ghosh and Dr Malay Ghosal. Dr Vivek Benegal had an interactive session with the audience on pharmacological management of addictive behaviours and its related disorders.

## OJPAS® articles in PubMed and PubMed Central

The Open Journal of Psychiatry & Allied Sciences (OJPAS®), edited by Shyamanta Das and published by Academy Publisher in collaboration with the Society for Mental Health in LAMIC (SoMHiL) on behalf of Academia Dysphrenia, receives the U.S. National Library of Medicine (NLM) Title Abbreviation: Open J Psychiatry Allied Sci. Further, selected articles of OJPAS® are included in both PubMed Central (PMC) and PubMed:

“An exploratory study from eastern India on neurological soft signs and spontaneous movement disorders in schizophrenia spectrum disorders” by Shyamanta Das, Samrat Singh Bhandari, Simanta Talukdar, Arunima Dutta, Nabanita Barman, and Dipesh Bhagabati, and published in the January-June 2019, Volume 10 Issue 1 of OJPAS® is in PubMed (PMID: 30868105) and PubMed Central (PMCID: PMC6411054).

“Father and son attachment styles in alcoholic and non-alcoholic families” by Mythili Hazarika and Dipesh Bhagabati, and published in the January-June 2018, Volume 9 Issue 1 of OJPAS® is in PubMed (PMID: 30899788) and PubMed Central (PMCID: PMC6424342).

### Mental Health Management of Post Spinal Cord Injury- A Psychiatrist's perspective

(Cont. From Page 13)

- Often overlooked, SCI can lead to an exacerbation of symptoms of pre-morbid mental health conditions, thereby threatening rehabilitation engagement & outcomes
- We know that stress exacerbates mental health symptoms, & SCI represents a profound stressor

#### Psychosocial Realities / Stressors Post-SCI

- Changes in independence
- Changes in family role / dynamics
- Inability to control certain bodily functions
- Changes in body image
- Losses in privacy
- Loss of physical function
- Potential changes in support system

#### Predictors of Vulnerability to Psychiatric Morbidity Post-SCI

- Personal history of psychiatric disorder
- History of impulsiveness
- Lack of social support system
- Loss of intimate relationship
- Family history of psychiatric disorders
- Lack of finances/ instrumental resources

#### Major Depressive Disorder

- 35-38% SCI patients may develop depression
- Characterized by an overwhelming & persistent feeling of sadness & markedly diminished interest or pleasure
- Significant weight loss, sleep disturbance, fatigue or loss of energy, feeling of worthlessness, excessive guilt, diminished ability to think & concentration, recurrent thoughts of death, recurrent suicidal ideation, suicide attempt
- Risk for poor outcome, extended stay, poor alliance, frustration to staff

#### Anxiety Disorders

- Elevated levels of anxiety have been reported in 23-35% of the SCI population
- Interferes with daily functioning & thus can affect rehabilitation
- Common during acute rehab
- Phobias, Generalized Anxiety Disorders are common.
- It can be due to associated medical conditions

#### Post-Traumatic Stress Disorder

- Often after traumatic events such as natural disaster, terrorist attack, violent assault
- Often occurs in conjunction with depression & substance abuse
- May also have onset during acute rehabilitation
- Early identification & intervention may prevent chronicity of symptoms

#### Schizophrenia

- Chronic mental health disorder that impacts how an individual thinks, acts, behaves & interacts with reality
- NOT a result of SCI

- Very difficult for these individuals, when symptoms are not well controlled, to understand what is going on as a result of the SCI; important for psychiatrist to assess meds & provide support

#### Bipolar Disorders

- Characterized by unusual shifts in moods, energy, activity levels & ability to carry out daily tasks
- More common before SCI & need psychiatrist to assess stability & medication

#### Substance Abuse

- Preinjury alcohol & drug abuse are common among persons with recent SCI
- Approximately one-third of newly injured persons with SCI report a history of alcohol related problems.
- It is associated with less functional independence, slower progress in rehabilitation.
- It predicts a poorer health status & psychological adjustment following discharge.
- It is also a risk factor for post injury medical complications such as cardiovascular disease, kidney & liver disorders, urinary tract infection & development of pressure ulcers.
- Rates of post injury alcohol abuse among persons with SCI also appear to be high.
- 50-75% of individuals with SCI who used alcohol prior to injury report to use alcohol within 12 months following injury.
- Post-injury alcohol use has been shown to be a leading cause of mortality among persons with SCI
- It is also associated with poorer rehabilitation, poorer medical outcomes & high rates of mental illness.
- It has been suggested that rehabilitation may present a critical 'window of opportunity' to address drug & alcohol problems

#### Interdisciplinary Team

- It is composed of medical members of team with a certain expertise in their respective areas
- Psychiatrist, physiotherapist, Occupational Therapist and Psychologist-all can be member of the Team
- Goal is to optimize with quality of life & independence for individuals
- It is important to understand the scope of each members of the team & collaboration of the essential components

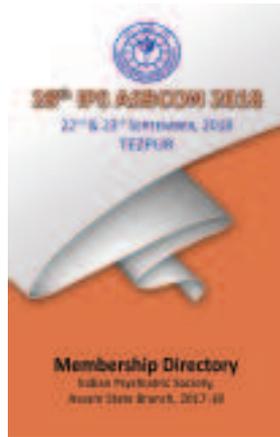
#### Summary

- Early identification of mental health disorders via medical record review, behavioural observations, clinical & collateral interview and standardized testing is necessary
- Interdisciplinary approaches targeting mental health complications in SCI are critical for maximizing functional outcome & community integration



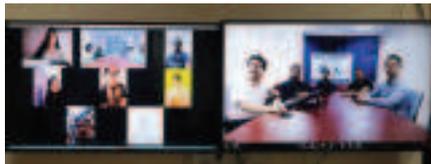
## Executive Body IPS, Assam State Branch 2017-18 Published Membership Directory

On behalf of Executive Committee, IPS, ASB 2017-18, an updated Directory of Members, IPS, ASB was published by Dr Amal Ch. Baishya, Hony Treasurer, IPS, ASB, 2017-18. It was released on 22<sup>nd</sup> September 2018 during the 28<sup>th</sup> IPS, ASB CON, 2018 held at Tezpur. The Treasurer had informed that the six categories of members of IPS-ASB was arranged in the Directory alphabetically according to the first letter of their names with coloured photograph along with bio-data. Each and every members of the society were allotted one unique membership number to identify them easily. Contact information of members were compiled in the last chapter of the directory which included contact number and email details of the members. An updated membership Directory was a long felt needs of the society. Executive body of IPS, ASB, 2017-18 had also distributed "Membership Certificate" to each and every eligible members attending the conference. Directory is also available at [www.assampsy psychiatry.org](http://www.assampsy psychiatry.org).



## Online Certificate Program on Mental Health at LGBRIMH, Tezpur

An online certificate program has been started by LGBRIMH, Tezpur as a part of professional development program for Medical officers, Nursing personal, Psychologist and social workers. The



Live Interactive Session with Participants

primary aim of the online certificate program is to facilitate healthcare providers gain knowledge about mental health related issues and disorders. This online certificate is free of cost. The training consists of E-contents, Video Lectures, Audio podcasts, Self Assessment, Discussion forum and assignments.

**E-Contents :** The participants of the program are provided learning materials in the form of PDF files, Powerpoint presentations, articles, etc. in digital format.

**Video Lecture :** Recorded video lectures are made available to the participants on select modules for a better understanding of the concept. These can be easily downloaded and watched multiple times. Didactic lectures will also be provided through videoconferencing.

**Self-Assessment :** During the course, each participant is given assignments for self-assessment and monitor their participation in the course. This is also used as one of the criteria for course completion.

**Discussion Forums :** Through videoconferencing, live discussions are held every fortnightly for clarification of any doubts, question answers and discussion on the e-content. The following courses have been started at present.

- Common Mental Disorders for Doctors.
- Mental illness in primary care for Nurses.
- Basic course on Mental Health for Social Workers.
- Youth Mental Health & Peer Counseling for Psychologists.

It is an initiative of MEET LGBRIMH (Digital Academy) of the Institute coordinated by Dr. Vijay Gogoi, Assistant Professor of Psychiatry, LGBRIMH, Tezpur. For detail one can log on to <https://meetlgrimh.in> (or) mail to [meet.lgrimh@gmail.com](mailto:meet.lgrimh@gmail.com)



## Awareness Programme on Rehabilitation of People with Locomotive Disabilities

Love and Acceptance, an NGO working with people with Spinal Cord Injuries organized a one day awareness programme on 'Rehabilitation of people with Locomotor Disabilities' in partnership with NIEPMD-Chennai NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (DIVYANGJAN) Ministry of Social Justice and Empowerment-Government of India on 12th January, 2019 at IIT Guwahati campus. Hundreds of persons with Locomotor Disabilities attended the awareness programme. The programme was well coordinated by Dr. Lalitkumar Natarajan, Managing Trustee of Love and acceptance NGO. Dr N. K. Das, renowned neurosurgeon from Guwahati inaugurated the occasion. Mr. Ramesh Pandey, Director CRC-Gorakhpur (Under NIEPMD, Govt. of India) graced the occasion along with Shri Kausar Jamil Hilaly, Commissioner for Persons with Disabilities, Govt. of Assam. They spoke about various measures undertaken by both Central and State Government for Persons with Disabilities.

Resource Persons from different departments of LGBRIMH, Tezpur were invited for the awareness programme. Dr. Angshuman Kalita, Senior Resident, Dept. of Psychiatry spoke on 'Mental Health Management of Post Spinal Injury' from a psychiatrist's perspective. Dr. P. Abhisek, Clinical Psychologist, Dept. of Clinical Psychology explained 'How to manage psychological crisis post Spinal Cord Injury'. Mr. Gautam Kumar Nath, Physiotherapist, Rehab. Centre spoke on 'Role of Occupational therapy in Spinal cord Injury'. Mrs. Shyamolee Borah, Occupational Therapist, Rehab. Centre explained the 'Role of Occupational Therapy in Spinal Cord Injury'.

The highlight of the programme was distribution of free wheelchairs among persons with locomotor disabilities.



## Celebration of world Mental Health Day at GNRC Hospital

World Mental Health Day was celebrated at GNRC Hospitals, Dispur, Guwahati in collaboration with the Indian Psychiatric Society, Assam State Branch on the 10th October 2018 with the theme



'Young People and mental health in a changing world'. Dr S Chakravarty, Professor and HOD, Psychiatry, GMCH and also President of IPS-ASB and Dr Kula Saikia, Director General, Assam Police graced the occasion as chief guest and guest

of honor respectively. The distinguished guests enlightened the audience on various aspects of mental health of the youth of today and early intervention as well as prevention on mental health related problems among the young. The program was well attended by students and teachers from various schools of Guwahati.



## Primary care Physician's Training program on Identification and Essential care of Psychiatric Disorders at LGBRIMH, Tezpur

Poem

Dr Amlanjyoti Deb  
PG Trainee, GMCH

LGBRIMH, Tezpur is providing training to primary care physicians on identification and Essential care of Psychiatric Disorders. The basic aim of the training program is to ensure that primary health care providers attain competencies in delivering care for people with mental health conditions.

It focuses training on-

- Identification of common presentation of mental disorder.
- Assessment principles necessary for management.
- Providing basic intervention and managing co-morbidities.
- Basic follow up co-morbidities and treatment.
- Knowing when to refer to a specialist.

The methods used for the training involves Didactic lectures, Case Vignettes, Role Plays, Video Demonstrations and Clinical Exposure in the Outpatient and In-Patient Department of Psychiatry. To get hands-on training, Medical Officers would be required to present cases in the OPD after screening and attend Indoor rounds.



The content of the role plays and video demonstrations are based on the case vignettes provided in the "Manual for Medical Officers - Assessment and Management of Mental Health Problems in General Practice". A pre and post-test questionnaire, adapted from "mhGAP Training of Health-care Providers (ToHP) training manual of World Health Organization is applied on the first day of the training and after the end of the final session respectively.

A total of 80 hours training is delivered over a period of two weeks. After training participants may also opt for e-learning via the MEET platform of the Institute.



**REGISTRATION DETAILS**

→ Registration is compulsory for all participants.

→ Fee: Rs. 1000/- (Bank to be notified for the fee) (Cheque/DD from the PGD of the Institute is not acceptable).

→ Medical Officers/Residents in super-specialty (The registration form is provided by 2023-2024).

→ Registration Form/Registration Slip: It is provided along with the registration form to the PGD's counter for verification and hand to CMC Dispensary.

Sl. No.	Topic	Speaker
1	Introduction to Psychiatry	Dr. Animesh Kumar
2	Depression	Dr. Animesh Kumar
3	Manic Depression	Dr. Animesh Kumar
4	Schizophrenia	Dr. Animesh Kumar
5	Bipolar Disorder	Dr. Animesh Kumar
6	Substance Use Disorder	Dr. Animesh Kumar
7	Personality Disorder	Dr. Animesh Kumar
8	Psychotic Disorder	Dr. Animesh Kumar
9	Psychotic Disorder	Dr. Animesh Kumar
10	Psychotic Disorder	Dr. Animesh Kumar
11	Psychotic Disorder	Dr. Animesh Kumar
12	Psychotic Disorder	Dr. Animesh Kumar
13	Psychotic Disorder	Dr. Animesh Kumar
14	Psychotic Disorder	Dr. Animesh Kumar
15	Psychotic Disorder	Dr. Animesh Kumar
16	Psychotic Disorder	Dr. Animesh Kumar
17	Psychotic Disorder	Dr. Animesh Kumar
18	Psychotic Disorder	Dr. Animesh Kumar
19	Psychotic Disorder	Dr. Animesh Kumar
20	Psychotic Disorder	Dr. Animesh Kumar

**IPS ASSAM STATE BRANCH**

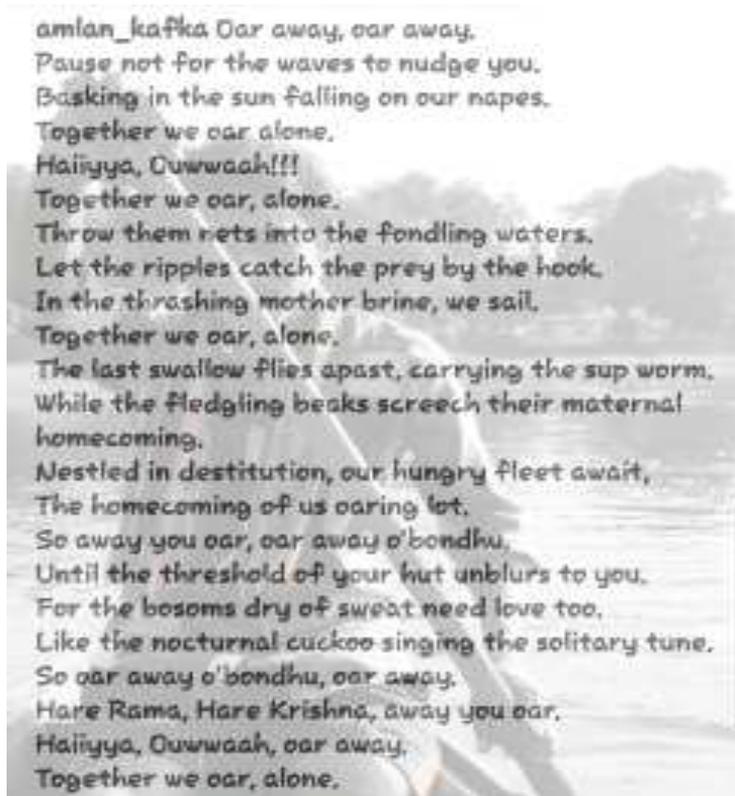
Department of Psychiatry, North Lakhimpur  
111, Way, 80 PG Hostel, Lakhimpur  
Phone: 98561 41111

Organized by  
Department of Psychiatry, North Lakhimpur  
Joint Program in Collaboration with AMBA, Lakhimpur

Copy of Final Announcement of 14<sup>th</sup> Mid-term CME scheduled to be held on 11<sup>th</sup> May, 2019 at North Lakhimpur

## LGBRIMH PG student was awarded for best paper at National Level

The award for best paper/ poster presentation in 4th National PG Conference for skill training Programme in Psychiatry was awarded to the Poster titled: 'Dandy Walker Variant with psychosis and renal anomaly' presented by Dr Sourabh Bhattacharya under the guidance of Dr Kamal Narayan Kalita, Associate Professor and Dr Pranjal Jyoti Chakravarty, second year PGT from LGBRIMH, TEZPUR, Assam. It was organised by TIPPS on 15-16th March, 2019 in Pune. TIPPS (Training Initiative for Psychiatry Postgraduates) is a unique training initiative for psychiatry postgraduate students across the country.



## LGBTTIQQA support group

Mythili Hazarika and Shyamanta Das participated in the Zoom Meeting hosted by Milin Dutta, Ex-Director & Founder, Out in the Backyard, 3844 21st Ave S, Minneapolis MN 55407 with Troy R Weber-Brown in relation to the support group for LGBTTIQQA that has been started in The Space (flat no. 3, house no. 2, Rajgarh bylane no. 1), Guwahati with effect from 2 February 2019. Troy, Psychotherapist/Gender Therapist in Sexual and Gender Medicine – CentraCare Health Plaza, 1900 CentraCare Circle, Suite 2375, St Cloud, MN 56303, is carrying out support group sessions for Minnesota's lesbian gay bisexual transgender & queer (asexual pansexual two-spirit) (LGBTQ+) mental health providers' network.

The first LGBT support group consisting of eight weekly sessions starting from 2 February 2019 at The Space came to a successful conclusion. This event is the joint effort of Milin Dutta, in collaboration with Xukia and the Society for Mental Health in LAMIC (SoMHIL). Participants from SoMHIL were Mythili Hazarika, Shyamanta Das, Anweshak Das, and Nilofar Rahman.

