SCHIZOPHRENIA

Understanding SCHIZOPHRENIA

Recovery from SCHIZOPHRENIA

Work and PHYSICAL ACTIVITY

TIPS FOR CARING

YOGA and SCHIZOPHRENIA

...Plus Our Regular Features
NIMHANS Centre for Well Being
A Centre for Mental Health Promotion

#1/B, 9th main, 1st Phase, 1st Stage, BTM Layout, Bangalore - 76.
Phone: 080-26685948 / 9480829670 email: nimhans.wellbeing@gmail.com
www.facebook.com/nimhanscentreforwellbeing

Mental health for persons with medical illnesses
Marital enrichment services
Stress management
Trauma recovery
Brief psychotherapies & counseling services
Enhancing positive mental health
Family counselling
Parents support group
Support in intimate partner violence
Prevention & early treatment for addiction
Enhancing parenting skills & child mental health
Services for healthy use of technology
Workshops & training programs in mental health
Elderly helpline & mental health helpline

Services Offered
Growing up in a middle class locality in Delhi, loudspeakers were part of our daily existence. They would deafen our ears with songs and prayers that we would then start unconsciously repeating. I had often wondered as a teenager why we couldn’t use such a powerful public address system for more useful purposes!

The Loudspeaker magazine aims to do just that! By writing and talking about mental health, we at the NIMHANS Centre for Well Being hope to reach people in a way that mental health becomes a household topic.

What does The Loudspeaker aim to achieve? Borrowing a phrase from Mr. Subroto Bagchi who started the White Swan Foundation for mental health, we want to ‘Amplify the voice of mental health’.

In this Autumn issue we focus on Schizophrenia which is the theme for this year’s World Mental Health Day. Through their articles, consumers and experts try to demystify this baffling psychiatric disorder. There are articles on children, relationships, elderly, the history of Indian psychiatry and a peep into the mind of a psychiatrist!

There are always hidden heroes who inspire us to think beyond ourselves and motivate us to take that very first step towards the unknown. Dr. Ramachandra N. Moorthy, who with his generous endowment helps us to ‘think beyond the clinic’ is our hidden hero. So is my patient Sunita, who in the journey of recovery from schizophrenia has discovered the joy of photography and whose beautiful images will grace the covers of this magazine.

This is the fledgling issue of the magazine and we hope to nurture it till it finds its wings and till mental health becomes everyone’s business.

We hope you enjoy reading The Loudspeaker.

Dr. Prabha S. Chandra

Editor’s Note
Contents

6 Frailty in the Elderly
   – Dr. Mathew Varghese

Frailty is a group of factors that greatly influence an elderly individual’s functioning. There are a set of simple preventive and rehabilitative measures that could prevent frailty and its progression and so prevent many of the diseases that plague the elderly population.

8 How Does Watching Too Many TV Serials and Family Sagas Affect Our Own Relationships?
   – Dr. Ahalya Raguram

There is little doubt that viewing television serials is one of the most popular sources of entertainment in the Indian household. Given that so many hours are spent in front of the TV set, we need to consider whether watching the serials and family sagas impacts our lives and if so, in what ways?

10 Seven Paths to Good Parenting
   – Dr. Uma Hirisave

Good etiquette in parents, eg. using words like thank you, please or sorry, often influence children to use such words in their interactions. Creating opportunities to demonstrate acts of kindness can inspire children rather than merely talking about it.

12 Why You May Be Wrong about Mental Health?
   – Manoj Chandran

Discover some very important facts against common myths about mental health and mental illness.

13 Theme of the Issue – Schizophrenia
   Understanding Schizophrenia
   – Dr. John P. John

Schizophrenia affects one of every 200 individuals in the world; What actually is schizophrenia? What causes it? Does it run in families? Can it be treated? Find out...
Recovery from Schizophrenia in My Own Words...

In this section we have articles from three young Bangaloreans who are in a journey to conquer their illness. 
Hear their stories as told by them...

The Value of Work in Mental Illness
– Dr. Jagadisha Thirthalli

Being engaged in a meaningful occupation keeps our minds free of unhealthy thoughts. While this is true of people who are otherwise healthy, in the case of individuals suffering from schizophrenia, it is even more significant.

Tips for Caring for your Loved One with Schizophrenia
– Dr. Sabina Rao

If you are taking care of a family member who has schizophrenia, what can you learn from a relapse? What side effects should you look for? What should you tell or ask your doctor? Here is some guidance...

Why is Physical Activity So Important in Persons with Schizophrenia?
– Dr. P.T. Sivakumar

Physical activity can help in countering the weight gain associated with some medications. It also helps in reducing the risk for hypertension, diabetes mellitus and heart diseases. Learn how physical activity can promote mental wellbeing and improve quality of life.

A Glimpse into the Mind of Experts
– Dr. Kalyana Sundaram

A word with Dr. Kalyana Sundaram, a well-known psychiatrist from Bangalore, about his weekend pastime—golf, and how psychiatry has made him a wiser person.

Does Yoga Help?
– Dr. Aarti Jagannathan

As a mental health professional working in the field of yoga, I have often been asked: “Does yoga help treat schizophrenia?” The answer is “YES”! Regular practice of yoga brings about the body-mind `sync` which helps improve overall health, calm the mind, energize the body - all of which aid in controlling the symptoms of schizophrenia.

Snippet
- The ‘Lunatic Asylum at SBM Building’
Frailty in the Elderly

What is Frailty?
Frailty is a collection of factors that affect various aspects of a person’s life, like appetite, sleep, movement, social interaction, work and brain functions like thinking and memory. A person can be frail due to a combination of the natural aging process and a variety of medical problems or illnesses. It implies the loss of physiologic reserve as we grow older. This makes people susceptible to many different illnesses, increases their disability, and causes hospitalisations and in the long run a decreased life expectancy.

Below are a few ways by which you can recognise frailty and use simple measures to prevent it or slow it down.

Frailty can manifest as weakness, slowed movement and motor function, immobility, weight loss, muscle wasting, inability to tolerate exercise, decreased energy levels, frequent falls and illnesses.

A person who has three of the following five factors could be considered as a frail person:

- Low energy (where every activity is an effort)
- Low physical activity (a sedentary life style with little exercise)
- Low hand grip strength (inability to hold moderately heavy objects)
- Slow walking speed
- Unintentional weight loss (when not on a diet or an exercise regimen)

What causes Frailty?
The causes and risk factors of frailty are many and these factors can act alone or together. Some of these factors are loss of muscle mass (secondary to a chronic illness or due to poor nutrition), loss of mobility (due to obesity, disability resulting from fractures or osteoarthritis), cognitive impairments or dementias (due to brain diseases that cause elders to forget), depression (a mental disorder with sadness), a host of medical illnesses and last but very importantly poor social and environmental support.
It is important to know that merely growing old or having an illness does not necessarily make a person frail. It is very possible for a person to maintain the same level of functioning, despite a disability or illness, by the use of compensatory mechanisms. For instance, a person with a deformity from a broken leg could still move around by using a walking stick, ramps or with a caregiver’s assistance.

**Prevention of Frailty: the five Es**

**Exercise**
The prevention of frailty involves simple measures like exercise and a healthy diet. Elderly people who engage in regular exercise (aerobic exercises like walking, swimming, cycling, and running) increase their life expectancy and have less functional decline than those who are sedentary. Weight training can help increase bone mass and muscle strength and reduce risk of falls and fractures. Exercise regimens like those in Yoga or Taichi are useful to provide balance training.

**Eating healthy**
A healthy diet may prevent or reduce risk of many diseases that contribute to frailty, like anaemia, osteoporosis, obesity, and malnutrition. A healthy diet includes about 40% of complex carbohydrates (like whole grains, fruits, and vegetables), 30% of protein (like pulses, cereals, eggs, fish or poultry) and 30% of good fats (those high in polyunsaturated fatty acids like nuts and olive oil) and other minerals and nutrients.

**Poor family support, few interpersonal interactions and an unfriendly environment** (surroundings that make it difficult for the elderly to move about independently) can contribute greatly in making an individual frail.

**Early treatment of medical problems**
Control of risk factors like diabetes, hypertension or high cholesterol will reduce the risk of more severe illnesses. In addition, early detection and treatment of chronic physical and mental diseases through regular medical screening, treatment and follow-up will go a long way in preventing frailty.

**Environmental modifications**
Non slip mats, good lighting, ramps, canes, walkers, or grab bars could make it easy and safe for an elderly individual to move about.

**Enabling relationships**
Social support from family and friends, group activities and frequent social interactions and being active mentally are key in preventing frailty.

To summarise, frailty is a group of factors that greatly influence an elderly individual’s functioning and quality of life. Simple preventive and rehabilitative measures can prevent frailty and its progression.

---

**Dr. Mathew Varghese**
Professor and Head
Department of Psychiatry, NIMHANS
There is little doubt that viewing television serials is one of the most popular sources of entertainment in Indian households. Indeed, many people almost automatically reach for the remote to switch on the TV set the moment they return home. Given that so many hours are spent in front of the TV, we need to consider whether watching the serials and family sagas impacts our lives and if so, in what ways.

The endless saga of mother-in-law – daughter-in-law

The impact of TV serials on relationships in adults occurs in subtle ways. Most of the daily serials centre on the family and various relationships within it. Unfortunately, in order to create the dramatic element, many of the relationships are generally depicted as being conflictual, quintessentially the mother-in-law/daughter-in-law dyad. This perpetuates stereotyped beliefs about the relationship and is likely to create an attitude of mistrust. It may also reinforce notions about power in the relationship and the idea that the mother-in-law must at all times exercise her authority and control, so as to have the upper hand in the relationship. In reality however, relationships that are based on mistrust or autocratic control and power are unlikely to be satisfying and harmonious. The danger of such themes is that among those who are already maladjusted or vulnerable, there may be an excessive identification with the characters in the serial which can then get played out in real life as well.

Role of a wife in serials

Another common theme is one, where in the marital relationship, the husband inflicts physical and psychological abuse (in the form of humiliation, demeaning remarks and so on) on the wife. The long suffering wife by being patient, tolerant and nurturing (despite the abuse!) ultimately reforms the husband. The serials thus subtly communicate the message that it is the wife’s responsibility to bring the desired changes in her husband and to achieve that she must be prepared to endure hardships. Such messages again serve to perpetuate stereotyped beliefs that a family’s happiness ultimately rests with the woman and hence she must be prepared to sacrifice in any manner required, to ensure that this is achieved. Themes and messages such as this absolve the man of any role or responsibility in contributing
to a harmonious family life and seek to maintain the skewed status-quo of man-woman relationships in patriarchal societies.

**How people solve their problems in TV serials?**

The most damaging impact of TV serials however pertains to the portrayal of how conflicts or problems are resolved. Regrettably, many times the method that is adopted to resolve the issue is either suicide (successful or attempted) or threats of suicide. This can be seen in any of the relationships involved: parent-child, husband-wife or romantic partners. By showing this as a way of finding a solution rather than adaptive constructive methods (such as a frank and open dialogue between the individuals concerned), the message is communicated that ending one’s life is an acceptable way to achieve a goal or a desired outcome. In recent times, when the number of suicides and attempts at suicide have greatly increased (and for very trivial reasons), portrayals such as these have the potential to do harm, especially among the vulnerable.

**How can TV serials be modified?**

By virtue of their vast reach, serials have a tremendous potential to offer healthy models of relationships, be it parent-child, spouses, siblings, romantic partners or friends. While it may be necessary to focus on conflicts in relationships in order to engage the viewer’s interest and attention, the relative neglect of healthy and mature relationships as well as adaptive ways of dealing with the problems of life are problematic. Great literature or cinema depict both human weakness as well as the capacity to triumph over adversity and thus simultaneously move, inspire and entertain the reader/viewer. The immense potential of TV (and TV serials) likewise needs to be harnessed to celebrate the human spirit.

**How can we ensure that whatever we view on the screen does not affect us in real life or in our relationships?**

It is important to maintain a balance in our activities such that we are able to devote time to varied pursuits depending on our interests, thereby ensuring that the TV does not become the sole or focal point of our leisure activity. Among those who are experiencing difficulties in their relationships, the tendency to identify with the characters and situations seen in the serials is more likely. Such individuals should then actively seek out a correcting influence that would help them maintain a sense of balance and remain rooted in reality. This can be done by reaching out to a trusted and respected person in their family or social circle whose judgment can be relied upon, for informal help and support. If this fails to bring in desirable changes in the situation, it would be prudent to seek help from a professionally trained counsellor or therapist.

---

Dr. Ahalya Raguram  
Professor  
Department of Clinical Psychology  
NIMHANS
From the time of *Ayurveda*, it is mentioned that parents play a significant role in rearing children. The *Ayurvedic* text prescribes mother to be happy and calm while breastfeeding the child. The proximity and availability of the mother and provision of play materials are considered helpful for overall development of intellectual functions and emotional growth.

Anna Freud, a Western child psychoanalyst first spoke about inoculation for psychological health of children. She discussed the need for a rich fantasy life for a healthy psychological development. Contemporary psychologists, sociologists and psychoanalysts emphasize the role of parenting in child rearing. Dr Sudhir Kakkar a psychoanalyst opines that the good qualities in the parents become an integral part of the child’s personality in later years of life. Parents must make an attempt to satisfy the child’s age appropriate demands, then the child naturally develops trust not only in parents but also in other adults he comes across in life.

**What are the pre-requisites for effective parenting?**

1. Trusting relationship between parents.
2. Time for extracurricular activities along with studies/academics.
3. Being patient in answering questions that naturally arise in a child’s mind.

**The Seven Paths to good parenting using psychological inoculation.**

**One:** The child must be given optimum love and affection, neither more nor less.

Often, out of frustration and embarrassment the parents resort to pampering children when they throw a tantrum by providing toys or their favourite eatables. Such parental affection is likely to spoil the child as there is no end for such demands. Overinvolvement/overindulgence/excessive love is not conducive for the child’s psychological health.

---

**How do I discipline my child?**

- Consequences of a mistake need to be explained rather than scolding or criticizing – this actually decreases the frequency of mistakes.
- Scolding or beating only makes the child confused, angry, and more defiant.
- Using negative adjectives like ‘lazy’, ‘disobedient’ tends to label a child. The child may perceive it as true and give up on improving his/her behaviour.
- When disciplining is characterized by love, affection, trust and limit setting, it gives a big boost to the child’s psychological health.
Two: The child must be provided an opportunity to experience and express anger.

Allowing a child to talk about his/her anger rather than acting out physically will go a long way in better emotional control. Apart from this it will give an insight to the child that throwing a temper tantrum is not a way of getting things done.

Three: Parents must keep in mind the following key points when teaching the child appropriate behaviour:

- Parents must make an attempt to teach children appropriate behaviour in a calm manner. They should not resort to hitting, scolding, shouting and nagging.
- The expectations from children should be appropriate to their age and abilities. Pressurising beyond the child’s capacity often leads to psychological breakdown in children.
- Praising and encouraging good behaviour in children is extremely important as it increases these behaviours.
- Parents need to learn to ignore minor behaviours which may be irritating.
- Parents need to find simple and creative ways to teach appropriate behaviour using minimum number of instructions.

Four: Children should not be ignored.

Very young children below the age of three years generally listen to parents but as they grow (3-5 years) they may behave in an oppositional manner. On such occasions it is exceedingly important for parents to be patient and cooperate with children to help them understand the nature of their behaviour.

Five: Parents need to refrain from using physical punishment.

Physical punishment like hitting or beating the child will not result in appropriate behaviour. When children are subjected to beating by parents, they may learn the following:

- When someone displeases you, it is alright to hit them.
- It is alright to hit younger children.
- Elders have the right to hit anytime.

Six: Parents should be good role models as children are excellent imitators.

Good etiquette in parents, e.g. using words like thank you, please or sorry often influence children to use such words in their interactions. Creating opportunities to demonstrate acts of kindness can inspire children rather than merely talking about it.

Seven: Children and Rules.

It is important to discuss rules of a family, need for compliance with these rules and the flexibility of these rules. When making rules, parents need to keep in mind the following:

- Children must be capable of understanding the rules, because children follow rules that they understand.
- Try not to make too many rules, or it can lead to frustration and make compliance difficult.
- Be clear about what they have to do, what they should not do and why they should follow the rules.
- Children must be allowed to experience the consequences of not following a rule.
- Parents must first follow the rules they make.
- All the elders at home must agree on the rules.

Dr. Uma Hirisave
Professor
Department of Clinical Psychology
NIMHANS

Ms. Snigdhasree Bhattacharyya
Ph.D. Scholar
Department of Clinical Psychology
NIMHANS
Myth: Mental health problems occur only in people who are psychologically weak.

FACT: The onset of a mental health problem does not have to do anything with the ‘mental strength’ of a person. It may occur due to one or more factors or a combination of these – social, genetic, biological, environmental and psychological.

Myth: Mental health issues cannot be treated

FACT: Most mental health problems can be treated provided they are diagnosed and treated early enough and appropriately. Successful recovery also depends on the right kind of support and assistance provided by the caregivers. In other cases, treatment can be provided to mitigate the impact of serious mental disorders so that those affected could take better control of their lives.

Myth: Persons affected with mental health problems need to be feared as they can be unpredictable, violent and may harm others.

FACT: Persons with mental health problems are not more violent than the average person, certainly not due to the mental health problems that they face. In fact, persons with mental health problems are more prone to harm inflicted on them by normal people than causing any harm to others.

Myth: Therapies and counseling don’t help people with mental health problems.

FACT: Therapies such as psychotherapy and counseling are an integral part of the recovery process of most mental health problems. While in some cases therapies or counselling would be enough to treat the patients, in others it will need to be complemented with a medication regimen. Scientifically conducted therapies/counseling sessions have been proven to help patients recover. Such therapies and counselling have also been beneficial to the caregivers, who face a unique set of challenges while caring for someone with a mental illness.
Myth: There is nothing called ‘preventing mental health problems’. Prevention is very difficult when there is so much stress and strain. It will not work.

FACT: As mentioned above, mental health problems arise due to several factors including biological, environmental and psychological. While we may not be able to control our genetic makeup, we can control our environment. If we could control some of these factors, we could prevent several mental health problems.

Myth: Many mental health problems occur due to supernatural causes such as being possessed by an evil spirit or a spell or curse being cast on someone.

FACT: This is perhaps the oldest myth that must be removed from our minds. Mental health issues occur due to stress or due to biological changes in the brain and have nothing to do with black magic or possession by evil spirits. Blind beliefs such as black magic and possession could worsen the mental health condition due to a delay in treatment.

Myth: You must only consult a psychiatrist for all your mental health problems.

FACT: While the psychiatrist is an important professional from whom you could seek help for mental health problems, there are several disorders that could be treated by other professionals such as clinical psychologists, counsellors and psychotherapists. They are trained to treat several of the milder disorders called Common Mental Disorders. In many treatment processes, consulting both psychiatrists and psychologists/counselors is recommended.

Myth: As a caregiver I may not be able to do much to help a person with a mental health problem.

FACT: You, as a caregiver, can play a crucial role in the recovery of your dear ones who suffer from mental health problems. One of the most important needs for their recovery is the presence of a supportive and understanding environment. You form that environment for your dear ones. By making them aware that you are available to them and by treating them with concern and respect, you can make a marked difference to them. To be able to do so, you will need to empower yourself with the right knowledge about mental health.

Mr. Manoj Chandran
The author is Chief Executive Officer of White Swan Foundation for Mental Health, which is developing a unique knowledge repository on mental health for the public.

Want to know more about mental illness and what help is available? Important Web links

www.rcpsych.ac.uk
www.nimh.nih.gov
www.nimhans.kar.nic.in/ncw/default.htm
www.nimhans.kar.nic.in/pnr
www.whiteswanfoundation.org
www.gatekeepersindia.org
www.time-to-change.org.uk
www.facebook.com/PRS.NIMHANS
1. What is schizophrenia?

Schizophrenia is a disorder of brain functioning which appears in some individuals typically in late adolescence and early adulthood (around 17-30 years). It manifests as a slow change in the personality of the individual, but sometimes can appear suddenly especially following some major stress.

The change in personality in schizophrenia is accompanied by

(i) Certain new experiences or beliefs which appear real for the individual, but illogical and unreal for his/her family members and friends (delusions and hallucinations); these are Positive Symptoms.

(ii) Dulling of certain abilities that the individual previously had, for e.g., his/her motivation to work, ability to interact socially, ability to enjoy work or hobbies or ability to efficiently perform functions that he/she had been carrying out well till then (these are called Negative Symptoms); and

(iii) Behaviour, speech or emotional expressions that do not seem logical to others (disorganization).

A given individual with schizophrenia may show one or all of the types of problems listed above. However, the diagnosis of the condition is best left to a trained mental health professional.

2. How common is schizophrenia?

Schizophrenia affects one of every 200 individuals in the world; therefore it is a rather common condition.

3. How disabling is schizophrenia?

Schizophrenia is a condition that typically affects the entire personality of the individual and therefore can substantially affect the ability of the individual to function as before. Schizophrenia has in fact been listed by the World Health Report of the World Health Organization as the eighth leading cause of disability in the world in the age group of 15-44 years.

4. What causes schizophrenia?

It is known that schizophrenia is a disorder of the way the brain functions. The functioning of every cell in the body is controlled by what are referred to as ‘genes’ which contain the ‘programmes’ that control our bodily characteristics, our abilities and limitations as well as functioning of every organ.
Like all other common medical conditions affecting various bodily functions, schizophrenia is caused by malfunctioning of multiple genes that control different aspects of the brain functioning. There are hundreds of genes that have been proposed to be malfunctioning in schizophrenia. However, which of these are most important for development of schizophrenia and what causes their malfunction is the subject of study of an enormous volume of research that is currently happening all over the world.

5. Does schizophrenia run in families?

There is a greater likelihood for development of schizophrenia if you are born of a parent/both parents with schizophrenia, or if you have a brother/sister or non-identical/identical twin brother/sister having the disorder. This is because the malfunctioning set of genes that cause schizophrenia described above is shared between immediate family members to varying extents.

6. How can one make out if someone is showing signs of schizophrenia?

There is a gradual change in the personality of the individual. The person may tend to become aloof from family members, friends and/or colleagues at work. His engagement with work, social interactions, hobbies and other pursuits that gave him happiness earlier might come down gradually. In due course of time, many individuals who go on to develop schizophrenia will start suspecting others to be scheming against them and talking about them.

They might also have other complaints, beliefs or experiences which family members may find difficult to comprehend or agree with. Some individuals might indulge in activities that are seemingly odd, or their speech becomes unintelligible, or they exhibit their emotions inappropriate to the given situation.

7. Is there effective treatment for schizophrenia?

There is effective treatment for schizophrenia; a substantial majority of patients experience relief or complete recovery from disabling symptoms. There are several chemicals in the brain such as gamma amino butyric acid (GABA), glutamate, dopamine, serotonin and others, which are responsible for brain signalling (sending signals from one region of the brain to the other). The majority of effective treatments for schizophrenia reverse abnormalities in brain signalling caused by excessive dopamine-mediated activity. Some of the newer medicines have been designed in such a way that they modify the signalling mediated by serotonin as well in the hope that they would improve all major symptoms of schizophrenia, and not just the delusions and hallucinations. Additionally, there are strategies to treat those patients (about 20-30%) who do not readily respond to the first-line available medications.

8. Can we make out whether someone is having schizophrenia by getting a scan done?

Unlike many common neurological disorders, patients with schizophrenia do not show a characteristic abnormality of brain structure; hence a brain scan will not help to diagnose the condition.

9. What is the nature of brain abnormality in schizophrenia?

Currently, it is understood that schizophrenia is primarily a disorder in which the functioning of the brain is not happening right. Specifically, it has been understood that the connections between various brain regions do not work properly while the patient thinks or attempts to carry out some mental activity. This ‘disconnection’ might lead on to such patients not being able to carry out various brain functions such as holding memories, planning or shifting attention from one topic to another adequately.
10. **Is there any way of detecting the brain abnormality in schizophrenia?**

The brain abnormality in schizophrenia can be studied using newer techniques such as functional magnetic resonance imaging (fMRI), electroencephalogram (EEG) or event-related potential (ERP). For example, at the Multimodal Brain Image Analysis Laboratory at NIMHANS, a research study using brain scans called functional magnetic resonance imaging (fMRI) has been carried out. The findings of the study were published in The British Journal of Psychiatry in 2011.

Patients with schizophrenia and healthy subjects generated words belonging to different categories of objects. It was also found that despite poorer performance of the patients with schizophrenia on the word generation task, they activated much more brain regions in comparison to those areas that were activated by the healthy subjects. The areas activated by the patients with schizophrenia were over and above the areas that are required for generation of words by the healthy subjects. This essentially means that the brains of patients with schizophrenia perhaps are trying to compensate for a deficiency in the network underlying word generation by attempting to recruit other brain regions that may not need to be activated much during the routine performance of generation of words. These findings reveal that there could be a deficient connection between brain regions that are involved in important brain functions in schizophrenia which can in turn result in abnormal connections between other brain regions.

---

**Brain regions that are activated during generation of words are shown in red; Brain regions that are “deactivated” during generation of words are shown in blue.**

**NOTE:** Patients with Schizophrenia are activating more brain regions than required during generation of words, and therefore are unable to “deactivate” those brain regions.
Schizophrenia usually occurs in youngsters in their teenage or in the early twenties. I was 25 when I was diagnosed with this condition and it struck at my self-esteem very badly. I would like to elucidate my understanding of the illness in the following paragraphs.

Isolation is a common phenomenon for mentally ill patients and it has been no different for me. Often anxiety, paranoia and obsessions give rise to alienation. In my understanding, recovery principally means bringing myself into the mainstream of life. For this, I had to develop social contacts and become active. However, even as I was doing that I found that it was hard for people to understand persons with schizophrenia, like me. I saw that my way of relating to life makes me open to ridicule by others, as it is so with all others who are going through similar situation. The only way to recovery in this journey, has been through a close bonding between mental health professionals and me. Close behind this has been my intimate interaction with my peers. This communication has opened new vistas of understanding for me.

During an episode of schizophrenia there are principally four areas that I think to be most significant–voices, emotions, thoughts and connections. Interplay between the four areas makes any episode excruciating. I battled with anxiety, paranoia and obsessions during my illness. I would constantly make connections. If I read the word ‘orange’ somewhere, I would think that every sign board or every orange dress that someone wore, or an orange traffic signal had a special reference and meaning for me. It was scary and very threatening. How could people know what I was thinking? And if they did, would they then know everything that I did or thought? Schizophrenia is a complex thought disorder – which is very true but along with this a person may also experience mind reading. Imagine feeling that your mind is an open book!
All this makes one feel completely out of sync from the mainstream of life. Emotionally one is drained. But I have learnt methods of survival despite these experiences. I would like to emphasise that medications have been an important aspect of recovery and play a pivotal role in managing these symptoms.

Through my journey so far, I have come to understand that deep acceptance of the illness by my family and me has come a long way in mitigating the severity of the condition. The bonding between my family, me and of course the mental health professionals enables recovery for sure. The heartening fact in my recovery is that I fought the illness in my own way. I sought information and tried to understand the different issues that a person with schizophrenia deals with.

My message for my fellow travellers on this journey is that we need to strive hard to come out of the surreal world that schizophrenia puts us in. A deep understanding of the illness helps us to apprehend the triggers so that the symptoms don’t worsen. Early control of symptoms is the best remedy for persons with schizophrenia.

What Do I Expect from My Family, My Doctors and Society?

Schizophrenia – A simple word with a deep impact. How different if you randomly hear it than if you are the bearer of this cross. I would write the following suggestions for Family, Doctors and Society.

**FAMILY:** As even a ‘normal’ person would want we need unconditional love and acceptance and no judgment. One might just see how the person is behaving on the outside but cannot even begin to fathom the horror story inside. It is like someone has thrown very strong acid on your inside, your emotions, your thoughts, everything is burning and you are helpless.

Doing daily chores is difficult as consistency is an issue. The patient needs to be encouraged and rewarded as the incentive can be motivating. Feelings of worthlessness often go hand in hand with this illness so teach the patient to be loving and gentle with herself. Often such people are gifted in one area or another – help develop that. It is not advisable to leave the patient alone under any circumstance. Pets also help a lot in providing warmth and unconditional love. The patient’s repeated wish for suicide should not be treated lightly and should be given attention. It is good to remember that most of the time the patient does not feel good. Also, the patient may appear ‘selfish’ or ‘cold’.

If I were to sum up the expectations from Family in three words – I would say – unconditional love, patience and communication.
**DOCTORS:** Doctors play the most crucial role. They should be very patient and understanding and offer insights. Their time and attention mean a lot to the patient. They should guide the family also about what the patient is going through and how to support. They should take personal interest in the patient and encourage the patient to pursue his/her passion. There should be communication even in the ‘good periods’. The doctor should tell the patient to BE REGULAR with the medicine. The Doctor’s role as a good friend and guide makes all the difference.

**SOCIETY:** Society should not judge or label such a person. He/she should get compassion, support and understanding which can help ease the path and make life better. Empathy can be the backbone of support for such a person.

Due to stigma, the person cannot reveal his disability and so goes through a distressing time at work. If our society was open and accepting and also supportive, then the person would have fewer discords and tensions. If there was no stigma, people with schizophrenia would be able to talk openly about their illness and get support, unlike what it is now.

I would like to thank my doctor and her team for being consistent in their efforts to make my life as ‘normal’ as possible. Words cannot express the gratitude I feel towards my parents for leaving no stone unturned to help me in every way they could.

To sum up, I would say that having to deal with a mental illness is no child’s play and Doctors, Family and Society can do a lot with awareness, empathy and support.

---

**Niyati Arora**

Niyati Arora is a 35-year-old school teacher, a blog writer and a great cook! She was diagnosed with schizophrenia when she was 20 years old and has shown great courage and resilience in her road to recovery.

---

**Nothing about Us without Us:**

Narrative of Triumph over Schizophrenia

If there is one condition among mental illness that is dreaded by most, it is schizophrenia. It is a severe mental illness – the affected person suffers from disturbing symptoms of hearing voices and agonizing thoughts that appear real only to them. Many are also incapacitated by a general lack of motivation and difficulty in understanding emotions. Besides, for many years, people with schizophrenia suffered from shame, stigma, suffered the worst human rights violations with a proportion of them affected with disability that is comparable to cancer or blindness. Here is a person who suffered from this illness and was brave enough to share his story….

“My name is Brendon Wasdell. I am now 53 years old but was once a child like everybody else. Mental illness did not rob me of the joys of growing up. I was good looking and very popular. In class 12, I was diagnosed with leprosy. I had to stand in line with other leprosy patients for my tablets. But I was 19 and rebelled against God and my parents- I became an atheist and was known as an atheist in college.

In 1989-90 at a New Year Party at home I got friendly with my future wife. But a few days after I met her I was hospitalized with a severe mental illness. I was only asking for her in the hospital and it was only after she came that I miraculously recovered. We got married in 1991. It was in my married life that I experienced the mercy of God. We were married a while but could not conceive. My cousin introduced me to the novena of Infant Jesus. I prayed with childlike faith and took some medication and my wife conceived our first daughter. I was thrilled. I
knew how hopeless my case was. I even suspected that my wife may have been unfaithful to me. I continued leading a prodigal life smoking and drinking. All this while I was on medication. My wife considered marrying me a mistake but we even had a second daughter.

I started going back to church. I used to take my medications regularly and there was no issue with my mental health. I loved my family very much. Even though my wife used to batter my self-esteem I used to forgive and make up. So up to this point I vaguely believed in God. Long ago I attended an evangelistic meeting and the evangelist gave me a copy of the New Testament which I always carried in my bag. I read the New Testament voraciously. My life changed. I stopped smoking and drinking. I lost 15 kgs of weight. It was like a new life. I did not know anything about being born again but I experienced the joy of being born again.

My wife became very unhappy. I started getting up at 4am to pray and study the Bible on the internet. This did not go down well with my wife. It used to physically disturb her because she is a light sleeper and she thought I was having a mental episode. But I knew the truth. I was on medication and had not had any illness episode for more than 10 years. I knew my mental health was OK. I just knew. The very things that gave meaning to my life became a source of conflict with my wife. She filed for divorce.

She cited, among other things, my mental illness, attempting to prove mental torture amounting to cruelty. I am separated now and have not seen my daughters for two years.

Despite all this - All is not dismal even now. My father became seriously ill in 2012 in Canada and was in hospital for 75 days. My siblings and I decided that my parents would live with me. My sister financed the set-up of the apartment and I am relating well with my parents. They are happy and feel independent and needed because they take care of me as much as I take care of them. I now have a semblance of family.

Well, after hearing my life story can anyone say that I have not had a normal life? I have held multiple jobs but steady employment for 14 years with two companies. Today I hold a good job. I head a department. I have purpose in my life. Religion is my strength. I take my medication also religiously. There are many others that have loved, divorced, lost children, and have had all the hiccups of a normal modern life. “There is nothing about us, without us!”

**Brendon Wasdell**

Brendon’s story is one among many such successful stories where people have conquered adversity and shown incredible resilience. It is a courageous story that tells us that people with schizophrenia can lead normal lives like any other- have education, get married, have children, have a good job and can even look after others (his elderly parents in this case). It is true that Brendon’s faith was a source of remarkable strength to him, especially after being an atheist in his early life. His sister’s support during tough times helped too. He made sure he took his medications regularly.

With remarkable progress over the last few decades, we now know that schizophrenia is a treatable condition- treatable with a combination of medications, psychological interventions, good social support and spirituality.
What can I learn from a relapse?
You will know that your loved one is relapsing if his symptoms start to come back. He/she starts to act differently from usual or starts to behave like he/she did before taking medications.

Even though it is important to prevent the symptoms from coming back, sometimes they do, even if the family has done everything that the doctor told them to. When your loved one has a relapse, be sure to check if he/she is taking the medications as the doctor prescribed.

Have a ‘Crisis Plan’ that you can use when you feel like your loved one is doing poorly and needs admission into the hospital. This Crisis Plan can include emergency phone numbers of the doctor or his clinic, phone number for the ambulance, phone numbers of people who might help you when your loved one is very ill. You can decide in discussion with other family members, what you would do if he relapses, for e.g. where you would admit him if this happened.

What side effects should I look out for?
Psychotropic medications affect transmitters in the brain and can cause unwanted side effects. Look out for complaints from your loved one of spasms of muscles, for example of the neck, back. Also, notice if he/she has become unusually restless, keeps pacing around the house and can’t sit still. Notice if she/he appears to be unusually stiff, complains of tightness of muscles. Check with your doctor regarding the side effects, in detail, for the medication your loved one is being prescribed. Other problems that are common are listed below:

- Blurred vision
- Constipation
- Dry mouth
- Irregular periods
- Dizziness
- Skin rash

What should I ask my doctor?
Your resource is your doctor, use it! Make a list of things you want to know about the illness before...
you visit the doctor and be sure all your questions are answered. Consider asking about what it means to have schizophrenia, how long the illness lasts, how long medications are needed, what signs and symptoms should you look out for as a caregiver, can your loved one have thoughts of suicide or sometimes, even thoughts of hurting someone else. Be sure to check on what days your doctor works and the best way to contact him, especially if an emergency arises.

What should I tell my doctor?
Use your time with your doctor well. Tell the doctor what your loved one was like before the illness started. Tell the doctor what you feel he should know about your loved one’s illness, how it started and what has happened since, what treatments your loved one has received since the illness started. Tell the doctor if your loved one has ever been violent or suicidal. Let the doctor know if anyone in your family suffered from a similar illness. Let your doctor know what you know about the illness and what your hopes and expectations are for your loved one. Be sure to ask the doctor as to what you should do in case an emergency arises with your loved one with mental illness.

How do I respond to my loved one’s psychosis?
- How do I handle anger, suspiciousness, social withdrawal, un-understandable speech?
Your loved one might get angry on and off for no clear reason. At times he/she might become suspicious. If you think that the anger, suspiciousness is new, be sure to check if your loved one is taking the medications correctly. However challenging, try not to react when your ill loved one accuses you unfairly or yells at you. Try to use a soft voice to calm him/her down and try not to argue the point since it is a part of the illness and might have no logic to it. Be sure to contact the doctor if you think the suspiciousness and anger is getting worse or out of control.

If you have noticed that your loved one is not interacting with the family or his/her friends, try to encourage him/her to join you on outings, family meals, going for a walk. Don’t force him/her to mingle with family when they visit or push him/her to call friends. Your loved one might be excessively sleepy and therefore not interact actively with people. Be sure to check with your loved one if he/she is very sleepy on taking the medications. Talk to the doctor if that is the case.

Sometimes, the medications cause the speech to be slurred or unclear. Check with your doctor in such a case. Medication adjustments can be made to reduce side effects.

Keep in touch with the doctor, make regular visits and constantly get your doubts cleared.

How can I look after myself as a caregiver?
It is very important that you take care of yourself! Taking care of a loved one with schizophrenia can sometimes be hard. Be sure to make a schedule for the day that includes some time for you. Don’t skip meals, try to exercise daily, take time out to watch something on TV, or read a book, chat with friends, essentially do something that you enjoy, that relaxes you. If you find yourself constantly worrying about your loved one, see if you can set aside one hour of “worry time” in a day rather than stay worried the whole day! If the caregiver role is overwhelming you, seek help for yourself too.

Dr. Sabina Rao
Specialist Grade Psychiatrist
Department of Psychiatry, NIMHANS
The Value of Work in Mental Illness

Amar was a smart and obedient student of class 10, when he first started having problems in concentrating on what was taught in school. He got frequent doubts in his mind that girls in his class were thinking that he was of ‘bad’ character, though he knew that he had not done anything ‘bad’. Gradually he started feeling sad and lethargic; he lost interest in studies and over a few years started hearing voices of his friends and teachers talking ill about him, even when he was alone. He dropped out of college, started working as an office boy, but soon changed the job because of these symptoms and stayed idle at home. His mother took him to a psychiatrist, which was when Amar and his parents understood that these symptoms were due to a brain disorder called schizophrenia.

Amar’s family supported him and searched for jobs that suited him and encouraged him to do as much work as he could do. With the advice of their psychiatrist, they spoke to his employers about his difficulties. The employers were kind enough to support him too. Amar meets his doctor regularly. He discusses with him challenges in his work place. As he brings up the challenges (e.g. excessive sleep, anxiety in speaking to colleagues, etc.) at an early stage, his doctor is able to find quick solution to them. Since the time he has started working regularly, he is happier, has become sharper and smarter, is less preoccupied with his problems and has developed confidence that he can achieve his life goals.

“Far and away the best prize that life has to offer is the chance to work hard at work worth doing” …Theodore Roosevelt

Work is an important aspect of a person’s life. Most people spend the most productive time of their lives in work-related activities. Sentences hailing the importance of work are many – work is worship (English), Kaayakave Kailasa (Kannada), Udyogam Purusha Lakshanam (Sanskrit), etc. It goes without saying that ‘work’ is required for the sustenance of people’s lives. Work gives meaning, self-esteem, satisfaction and even enjoyment.

We cannot overemphasise the importance of work for individuals suffering from schizophrenia and similar mental illnesses. Medicines play a crucial role in the treatment of these conditions. However, it is common knowledge that medicines alone are not sufficient: for achieving a full recovery, various other interventions and activities are required. Having a regular work is very crucial among them, and it has the following important benefits for individuals with schizophrenia/other major mental illnesses:
An idle mind is the devil’s workshop! Ward off the devil...

Firstly, it is widely known that an idle mind is the devil’s workshop. Being engaged in a meaningful occupation keeps our minds free of unhealthy thoughts. While this is true of people who are otherwise healthy, in the case of individuals suffering from schizophrenia, it is even more significant. Many unhealthy thoughts and feelings, like hearing voices, being suspicious of people, feelings of depression, anxiety, excessive concern about oneself and one’s future, worries about stigma and discrimination, bother them.

Let’s get up, and get going!

Secondly, persons with schizophrenia experience what are known as ‘negative’ symptoms – lack of motivation to engage in anything, not mingling and speaking with people, poor interest in taking care of one’s own hygiene and grooming, etc. Developing a ‘work habit’ goes a long way in improving these symptoms. Once a person is engaged in regular work, he/she starts taking better care of oneself, mingle with others, and slowly develops interest in his/her work and other aspects of life. It is thus very crucial that ‘work’ as an intervention be provided very early in the treatment of schizophrenia.

Improve and sharpen the mind/brain...

Thirdly, individuals with schizophrenia can have difficulties in their ‘cognitive functions’ – they find it hard to concentrate on any task, have poor memory and poor ability to do many complex mental tasks. Training in improving cognitive functions takes a long time, and needs professionals who specialize in providing such training. Getting engaged in work can provide this training naturally! Engaging oneself in work can improve the individual’s cognitive functions, his/her mood, and confidence, substantially. In many individuals, ‘work’ may replace training programs meant to improve cognitive functions.

Developing soft skills

Finally, some individuals with schizophrenia have difficulty communicating while in the company of others. They may be too loud or too soft when they speak; they may not realize how much physical distance they should keep from others; they may be seen as too intrusive or too distant; they may have awkward behaviours such as smiling or gesturing to self. These are called ‘social skill deficits’. These behaviours make them look awkward and cause problems in their efforts to have a normal life and in getting gainful jobs. Being engaged in work helps them gradually develop social skills and learn appropriate social behaviour.

In summary, work is an essential part of any individual’s life. Everyone has a right to have a meaningful occupation. The government has many schemes to ensure that persons with both physical and mental disabilities are not denied this right. People with different disabilities can find out more about these provisions from the treating team, and make the best use of them to realize their dreams. There is a crucial difference between those with physical disabilities and mental disabilities: in case of the former, having an employment does not improve their physical disability per se. However, among those with disability due to mental disorders, having an employment has tremendous influence in improving their mental condition and reducing the disability itself. Work can work like medicine hence, it is important that persons with mental illnesses engage themselves in work that is most meaningful to them.

Dr. Jagadisha Thirthalli
Additional Professor
Department of Psychiatry, NIMHANS
What are the physical health problems that commonly co-exist in persons with schizophrenia?

Non-communicable diseases (NCD) like diabetes, hypertension and heart diseases are more common in persons with schizophrenia than general population. Risk factors such as obesity, inadequate physical activity, unhealthy diet and smoking are more common in persons with schizophrenia.

What can be done to improve the physical health in persons with schizophrenia?

Creating awareness regarding physical health problems and facilitating early identification and treatment will help to reduce the severity of these health problems. It is important to monitor the appetite, weight, physical activity and blood pressure periodically for this purpose. In addition to this, periodic monitoring of blood glucose and cholesterol is also useful. Specific advice regarding the need to increase physical activity and lifestyle changes should be provided to both patient and caregiver in the initial phase of the illness itself as a preventive measure.

What are the benefits of physical activity in persons with schizophrenia?

Physical activity can help in reducing or preventing the weight gain associated with some medications. It also helps in reducing the risk for diseases like hypertension, diabetes mellitus and heart disease. Physical activity can also promote mental wellbeing and improve the quality of life.
What are the recommendations regarding physical activity for health benefits?

Moderate physical activity for at least 20 minutes every day is recommended for all individuals to improve their health. It includes any activity which increases heart rate and results in some breathlessness and sweating.

Aerobic activity like brisk walking or cycling is generally recommended. The activity can be divided but it should be continuous for at least 10 minutes. Any other form of physical activity like gardening will also be helpful if it is of moderate intensity. Traditional forms of physical activity like Yoga are also helpful if practiced regularly.

What are the challenges in promoting physical activity in persons with schizophrenia?

Many persons with schizophrenia may have poor motivation to initiate lifestyle changes. Some of them will actively resist any attempt of the caregiver or the health professional regarding the same. These issues are inherent to the nature of symptoms in persons with schizophrenia. Some of the symptoms and medications given for treatment can promote a sedentary lifestyle due to increased drowsiness, appetite and weight gain. Sometimes the caregivers might think that adequate rest will help in recovery and unknowingly may promote an unhealthy lifestyle. It is thus important to monitor both the patient and caregiver and provide timely suggestion and advice, to facilitate adherence to a daily routine that balances physical activity and rest.

How can caregivers help to promote physical activity in persons with schizophrenia?

It is very helpful if the caregiver can actively participate along with the patient during the physical activity. Caregivers need to show patience and perseverance in motivating the patient to engage in regular physical activity.

Some ideas on your finger tips!

- Stand up and walk around while you talk on the phone.
- Take your dog for a walk.
- Make friends with someone on another floor and visit him/her often.
- Wear comfortable shoes so you can go for a walk any time you want.
- While at a mall, take the stairs instead of escalator or lift.
- Switch on your favourite music and dance.
- Get off the bus two stops early and walk rest of the way.
As a mental health professional working in the field of Yoga, I have often been asked: “Does Yoga help treat schizophrenia?” The answer is “YES”!

Regular practice of Yoga brings about the body-mind sync which helps improve overall health, calm the mind, energize the body – all of which aid in controlling the symptoms of schizophrenia (especially negative symptoms – apathy, social withdrawal, low energy).

**Key to effectiveness of Yoga**

Yoga research in India has shown that Yoga therapy can be a useful add-on treatment to medication to reduce psychopathology and improve quality of life and socio-occupational functioning in antipsychotic-stabilized outpatients with schizophrenia. This means that Yoga is effective as long as persons with schizophrenia are adherent to their medication and Yoga practice. Thus adherence is the key issue here, or in other words, a combination of (i) taking medications daily, (ii) practicing Yoga daily, and (iii) regularly visiting the psychiatrist for follow-up, could help fight schizophrenia. Shobha’s story also reiterates the importance of adhering to this Medication-Yoga-Follow up trilogy, which in turn helped Shobha lead a normal life.

39-year-old Shobha was suffering from Paranoid Schizophrenia for 20 years. She was hearing voices and she believed that people were harming her and her little son. These symptoms distressed her, demotivated her, and made it hard for her to carry out any work in her daily routine. Her treating psychiatrist advised her to join Yoga therapy in addition to her routine medication. She then meticulously practiced Yoga every day, continued taking medication and also never failed to go for regular follow up with her psychiatrist.

Daily Yoga practice for one hour (Integrated Yoga Therapy- IAYT) included loosening practices, asana practice (including suryanamaskar, sitting, prone and supine postures, relaxation), and breathing exercises (including kapalabhati, sectional breathing, nadishuddhi pranayama and om chanting).

Today, after four years, Shobha’s symptoms are well under control, she is independently managing her household responsibilities, and also socialising with neighbours and is now an active member of a ladies club.

**Mechanism of Yoga in treating disorders like schizophrenia:**

Yoga’s Panchakosha theory and concept of vyadhi (disease) from adhi (anxiety) from the Taittiriya Upanishad states that excessive speed and...
demanding situations at the mental and physical levels (Annamaya Kosa, Pranamaya Kosa), upsurges caused by strong likes and dislikes at emotional level (Manomaya Kosa), and conflicts, egocentric behaviour at the psychological level (Vijnanamaya Kosa), are responsible for imbalances found at gross levels.

It is important to note that supervised Yoga practice by a trained therapist is essential, before independent self-practice is attempted. This is because the regime is required to be performed correctly for maximum benefit. Further, there are specific Yoga practices/modules for specific disorders like schizophrenia which cannot be borrowed from general Yoga practices. It is important to take Yoga sessions from a trained therapist in order to make sure it is learnt in a proper manner.

Yoga is cost-effective and has no side-effects. Further it is native to our Indian culture which makes it a socially acceptable practice for all genders. In view of this, as well as its proven beneficial effects, persons with schizophrenia and their families should willingly adopt yoga as a lifestyle.

Dr. Aarti Jagannathan
Assistant Professor
Swami Vivekananda Yoga Anusandhana Samasthana (SVYASA), Bangalore
A Glimpse into the Mind of Experts

Dr. Kalyana Sundaram who is one of the most popular psychiatrists in Bangalore, trained at NIMHANS and served as a faculty member there for several years before moving into private practice.

He is the Honorary Chief Executive Officer of the Richmond Fellowship Society (RFS, India), Bangalore, and is also the Principal of the Richmond Fellowship Post Graduate College for Psychosocial Rehabilitation run by the RFS (India).

Dr. KS, as he is popularly known, is known for his erudite talks, clinical acumen, organisational abilities and passionate teaching.

Here we talk to him about his weekend pastime – golf, and how psychiatry has made him a wiser person.

You have been a psychiatrist for over four decades now. Could you share some valuable lessons that your interactions with patients have taught you?

Dr. Kalyana Sundaram - The lessons I have learnt from my patients make me feel humble. The minute you think you know everything, the next moment you will find somebody or something that happens in your presence that completely floors you. There is never anything that you can know enough about. Psychiatry is still an evolving and a challenging field and no two people are same. Each patient we come across is different. So humility is something one has to learn.

Another valuable lesson is to also be aware about what one knows and doesn’t know and have the grace to admit it. The person in front of you is far more important than you as a psychiatrist. You must do what is best for the individual who is sitting across the table because he/she comes to you with tremendous faith. It should never be a challenge between you and the patient. If you cannot do something good for someone then you must be able to send the person across to another professional who can help this individual in a better way.

The other lessons I have learnt from patients and families is from their simplicity and non-pretentious attitude. They are very honest and transparent and there is no guile. They speak their mind and are honest. Somehow, I always get this feeling that among people with severe mental illness (like schizophrenia) over the years, there is something that happens in their brain, which takes away all the negativity from their minds. The illness is there, the ‘symptoms’ as you call it are there, but along with that there is a certain amount of genuineness which I find doesn’t exist anywhere outside. It makes you feel very small in front of them.

I have also learnt to always respect patients as people. They are people first and illness is only a part of the
I am humble enough to learn from everybody around me. I believe that I have learnt a lot from the helper, from the teacher who is teaching in class, I have learnt from seminars... there is nothing that you cannot learn provided you keep your eyes and ears open. I always tell students and colleagues that your decline has already begun if you think you know it all!

I continue to learn from my patients and their resilience astonishes me. Sometimes we, the so called normal people get floored by small issues. Even trivial matters make us dysfunctional and we don't realise it.

I strongly feel that we do not pay sufficient attention to the inner battle our patients are carrying in their head day after day and yet function well most of the time. They are able to smile, joke and laugh. I think we must be humble enough to learn from them.

**An interesting fact about you is that in addition to psychiatry, golf is one of your passions. What do you have to say about the relationship between golf and mental health?**

**Dr. Kalyana Sundaram** - I think golf has been my psychiatrist. Everybody must have some outlet other than one’s profession, much more so among doctors, especially mental health professionals. This is because we are trying to find a solution to people’s problems from morning to evening, six days a week.

If a person has appendicitis, the surgeon will have no problem taking out the appendix and leaving. His relationship with the person is only about the appendix and no more. A cardiac surgeon can locate two or three blocks, either put a stent or do a by-pass surgery and is done with it. In psychiatry, in every individual you deal with, that person’s cooperation and ability to take his life forward along with you, is important yet often quite difficult. So the emotional investment in dealing with people as a genuine mental health professional is enormous and each individual is very different from the next one.

Dealing with issues of mental health is totally different from other medical professions. If somebody has typhoid or tuberculosis or a thyroid problem, ten other people with a similar condition will more or less have similar symptoms.

However, in psychiatry, no two people with the same diagnosis are the same. I am yet to see two people with a diagnosis of schizophrenia or bipolar disorder with the same set of symptoms, same triggering factors or having similar family support or the lack of it.

To bring in the analogy to golf – no two golf courses are identical anywhere in the world. Whereas courts for basket ball, volleyball, tennis and areas of play demarcated for football, hockey and cricket are all identical. For example in cricket, the same twenty two yards, three wickets this side and three wickets on the other and the boundary line around you. Tennis courts are the same, anywhere in the world and you can take a tennis racket and play in Cincinnati, Timbuktu, or China.

On the contrary, there are no two golf courses in the world which are identical. Each is different and challenging in its own way. It’s an unknown territory. It is exactly like patients with mental health problems. So varied, so different and each one is challenging.

In golf it is said you don’t play against your opponent, you play against the course. Similarly when you are dealing with someone with mental illness, you are not competing with that person’s emotional issues, you try your best to resolve it with his / her help. Dealing with mentally ill people can be extremely challenging. There are good days, bad days and terrible days. In golf too, you hit some good shots, have a good round; at times the reverse is true too! There are also terrible days when you curse and feel like throwing your club and swear that you will not go back and play ever again!! But tomorrow is another day and a new dawn. It is like life itself. No two days are the same; no two rounds are the same and no two patients are similar in all respects. But one must learn to take the good, bad and ugly with equanimity. No matter what challenges you have faced, what terrible times you have had, at the end of the round, you are calmer and inevitably come back to play another round. So however challenging psychiatry is, you continue to work and enjoy...
because the next day or the next patient may be more rewarding ... so very similar.

Golf is my therapist because when you deal with people’s problems all week, you need that one day in a week where you can let your hair down and be yourself.

When you are a therapist you have to wear a mask and always do and say the right thing as you are trained to do. But there are days you just want to be yourself, crack a few jokes, play with friends, who are not necessarily doctors and at the same time it can be very relaxing, if you wish it to be. If you take golf, life and work very seriously, you are bound to have more bad days than good ones. I go there to be myself, away from the myriad mental health issues one is confronted with day in and day out. There are rewards at the end of the day if you wish to see that aspect and its your attitude that matters eventually. If you have a bad round, the only thing that can happen is the next one will be better. Isn’t it the same with life itself?

What is your advice to mental health professionals to keep their own mental health intact?

Dr. Kalyana Sundaram - There are three things that I suggest to mental health professionals for their own mental health:

First, never take work home. Finish work for the day, close it and go. Never carry files in your head (especially those mental notes of your patients). When I close for the day, it is over. I don’t think of a single patient when I go home. The next day is another day.

Second, have a hobby. Photography, TV, movies, music, reading, travelling, games, enjoying food - whatever... because, you need time for yourself. Give time for something that you like doing.

Finally, have a sense of humour. Laugh at things, laugh at yourself. If you don’t have a sense of humour, life can become serious and boring, not just for yourself, but also for people around you! So have a good combination of all this, and mental health will be with you.

Did you know?

Did you know that the State Bank of Mysore Headquarters building on Kemptedowda Road was where the Lunatic Asylum, Bangalore was started in the mid-19th century? This was due to the efforts of Dr Charles Irving Smith, Surgeon to the Mysore Commission and Medical Officer at the Hospital for Soldiers, Peons and Paupers, located in the Cantonment region. Dr Smith came across several cases of mental illness at the Hospital and convinced Sir Mark Cubbon, then Commissioner of Bangalore, to set up a separate facility for the mentally ill. Thus, the Lunatic Asylum came into existence. It was renamed the Mysore Government Mental Hospital in 1926 to remove the stigma attached to the term ‘Asylum’.

The Lunatic Asylum, Bangalore was located in the Pettah area of Bangalore. The Head Office of the State Bank of Mysore is now located in these premises.

A Snippet

Did you know that the State Bank of Mysore Headquarters building on Kemptedowda Road was where the Lunatic Asylum, Bangalore was started in the mid-19th century? This was due to the efforts of Dr Charles Irving Smith, Surgeon to the Mysore Commission and Medical Officer at the Hospital for Soldiers, Peons and Paupers, located in the Cantonment region. Dr Smith came across several cases of mental illness at the Hospital and convinced Sir Mark Cubbon, then Commissioner of Bangalore, to set up a separate facility for the mentally ill. Thus, the Lunatic Asylum came into existence. It was renamed the Mysore Government Mental Hospital in 1926 to remove the stigma attached to the term ‘Asylum’.

The Lunatic Asylum, Bangalore was located in the Pettah area of Bangalore. The Head Office of the State Bank of Mysore is now located in these premises.

NIMHANS History of Psychiatry Team
Acknowledgment: NIMHANS Turning the Pages Project, supported by the Wellcome Trust, UK
Gatekeeper Training for Suicide Prevention

Would you like to be a Gatekeeper?

- A Gatekeeper is someone who believes that suicide can be prevented in the community and is willing to give time and energy for this cause.

- Gatekeepers could be anyone - teachers, parents, neighbours, hostel wardens, police or lay counselors.

- A Gatekeeper should sound the alarm when he/she identifies someone who is very distressed, provide initial emotional support and then refer them to a mental health professional.

What do we do to help you be a Gatekeeper?

- For 20 people at a time, we conduct a training program which includes

  - Lecture cum demonstrations
  - Role plays
  - Video shows
  - Case examples

This training is conducted by a team of Psychiatric, Psychiatric Nurse & Psychiatric Social Worker.

We now have a network of 233 trained gatekeepers

To enroll, contact: NCWB @ 080-26685948 / 9480829670

Printing of the Magazine funded by: Dr. Ramachandra N Moorthy Foundation for Mental Health and Neurological Sciences