



Indian Journal of Clinical Psychiatry

(Official publication of Indian psychiatric Society- UP branch)

In this issue.....

EDITORIAL

When The Whole World was Witnessing COVID-Crisis...A New Chapter Began
Vipul Singh, Sujit Kumar Kar

The Slippery Slope of Editing : Balanced Perspectives for Initiating a New Biomedical Journal
Debanjan Banerjee, T. S. Sathyanarayana Rao

PERSPECTIVE

A Private Psychiatric Specialty Hospital in Kanpur – Some Initial Experiences
R. K. Mahendru

Mental Health in U.P. - Last Fifty Years
A. K. Agarwal

A Kaleidoscopic View of Substance Use in Uttar Pradesh
Pranob Kumar Dalal and Kopal Rohatgi

NGO's and Their Role in Mental Health Care in India
Shashi Rai, Bandna Gupta

Suicide in Uttar Pradesh : An Overview
Shivangini Singh and Teena Bansal

REVIEW ARTICLE

COVID-19 Chaos and New Psychoactive Substances: New Threats and Implications
Kumari Rina, Sujita Kumar Kar, Susanta Kumar Padhy

Mental Health Issues in Covid and Post Covid-19 Scenario: The Way Forward
Tapas Kumar Aich, Amil H Khan, Prabhat Kumar Agrawal

Psychiatrists in The State of Uttar Pradesh: The Iconic Professionals
S. C. Tiwari, Nisha Mani Pandey

Werther's Effect: A Brief Review
Rakesh Yaduvanshi, Anurag Agrawal, Chinar Sharma

Immune-inflammatory Pathways in Somatoform-Disorders : A Theoretical Update
Vikas Menon, Natarajan Varadharajan, Selvaraj Saravanan

VIEW POINT

Attributes of Distress Among Healthcare Workers Infected with COVID-19
Sujita Kumar Kar, Akanksha Shankar, Sudhir Kumar Verma, Parul Verma, Rahul Kumar, Suyash Dwivedi, Anand Kumar Maurya and Rajnish Kumar

Choosing and Publishing A Research Project
Yasodha Maheshi Rohanachandra, Raviteja Innamuri, Amit Singh, Anoop. G, Guru S Gowda, Harita Mathur, Jayant Mahadevan, Lochana Samarasinghe, Naga V S S Gorthi, Pratikchya Tulachan, Rajesh Shrestha, Rajitha Dinushini Marcellin, Samindi T. Samarawickrama, Shanali Iresha Mallawaarachchi and Shreeram Upadhyaya, Shreeram Upadhyay and Sharad Philip

ORIGINAL ARTICLE

Sexual Openness and Sexual Dysfunction in Indian Women: A Qualitative Approach
Jyoti Mishra, Nitin Gupta and Shobit Garg

CASE REPORT

Cannabis Induced Psychotic Disorder in Cannabis With-drawal During COVID-19 Lockdown : A Case Report
Dhana Ratna Shakya, Sandesh Raj Upadhaya

COVID-19 : Depression & Psychogenic Erectile Dysfunction
Raghav Gupta, Pranahith Reddy and Kishore M.

Art & Mental health : Perspectives of The Mind
Pawan Kumar Gupta and Aditya Agarwal

ABSTRACTS



When The Whole World was Witnessing COVID-Crisis...A New Chapter Began

Vipul Singh¹, Sujit Kumar Kar²

¹ Associate Professor, Department of Psychiatry, Govt. Medical College, Kannauj, U.P.

² Associate Professor, Department of Psychiatry, King George's Medical University, Lucknow, U.P.

The COVID-19 pandemic has extended its prongs across the globe, leading to extensive mortality and morbidity. There have been 148,532 tests, 7,862 diagnosed cases, and 112 deaths for a million population in India, by mid-February 2021 [1]. Despite strict monitoring, several challenges exist in the ground level, which may influence the statistics of COVID-19 related morbidity and mortality. As testing is recommended for symptomatic individuals and those who have history of contact with COVID-19 cases, asymptomatic individuals with no obvious history of contact with COVID-19 cases, are not investigated. It is difficult to estimate this number, unless every individual in the community is investigated for COVID-19. People with mild to moderate symptoms in remote places do not reach for investigation due to fear of being diagnosed with COVID-19, stigma, and unawareness. On the other hand, deaths due to suicide, severe medical morbidity in COVID-19 patients give a false impression of COVID-19 mortality. This makes the missing data of uninvestigated persons who were either infected with COVID-19 or died, more elusive.

When a mortality statistics is calculated, missing data from the numerator (the number of deaths) and the denominator (total number of diagnosed cases) both matter [2, 3]. Unless the number of COVID-19 positive cases were estimated (which is more likely to be missed as after few days the patient may become negative for the test) accurately by timely testing; the mortality rate will always remain questionable. In India, initially a larger group of the asymptomatic population were not investigated for COVID-19, but they were regularly evaluated at their work-places for the symptoms (fever, cough, other respiratory symptoms), strictly as per the directives of the government. The Indian government has drastically improved the reporting system, increased the testing facilities, and issued strict advisories regarding COVID-testing,

strengthening case detections, and subsequent monitoring [4]. However, during this COVID-19 pandemic the government and people of the country witnessed several unique challenges that are extremely rare and unanticipated. In the initial phase of the pandemic people were not aware of the seriousness of the COVID-19.

The pandemic affected the mental health adversely. People of all ages, genders, races and socio-economic strata encountered the challenges during this pandemic [5, 6]. Vulnerable populations (migrant workers, elderly population, commercial sex workers, children, homeless population) are affected very badly during this pandemic [5, 7, 8]. General population, during this pandemic reported anxiety, depression, sleep disturbances, difficulty in coping and paranoia related to getting infection, which significantly affected their life [6, 9, 10]. The perceived mental healthcare need among general population was high [9]. Panic buying, alterations in sexual behavior, binge watching of television or internet and addiction related challenges has also been encountered globally, including India [11–15]. Another serious mental health issue encountered during this COVID-19 pandemic was suicide. Several cases of suicide had been reported in India ranging from celebrities [16] to students [17], which was quite alarming. To mitigate the mental health issues, including suicide, the government of India had launched the national helpline number in the month of August 2020 [18]. To provide mental healthcare to people at need during the COVID-19 pandemic, telepsychiatry services have been popularized and being extensively used despite certain ethical issues, dilemmas and initial reluctances [19, 20]. It has been observed that the mental healthcare needs of all groups of population are not same; hence, there is a need of person-centered care that focuses on the individual needs [21]. The mental healthcare delivery has been evolved as the pandemic progressed.

After emergence of COVID-19, there is sudden shift of focus to research on COVID-related issues, resulting in a mammoth growth in number of COVID-research.

Corresponding authors:

Dr. Sujit Kumar Kar

Email : drsujita@gmail.com

Initially, most of the journals promoted fast track publication of COVID-related articles and availed the articles free of cost (open access), globally. However, this publication race resulted in lots of poor quality publications [22].

The pandemic was at its peak in late 2020. The number of cases and mortality in India due to COVID-19 was increasing in an exponential manner. The country has moved to the second position in terms of the highest number of diagnosed cases of COVID-19 in the world. During such a crisis situation, a new psychiatric society in the name of “Indian Psychiatric Society- Uttar Pradesh State Branch” was born. Uttar Pradesh, being the most populated state of the country with approximately 240 million population was not having state society on mental health for a long time. After the society was formed in the month of August 2020, it celebrated the world mental health day in the online platform and the first conference of the Indian Psychiatric Society- Uttar Pradesh State Branch was held in the online platform in the month of December 2020 (organized by the Department of Psychiatry, King George’s Medical University, Lucknow). The society has introduced a new journal in the name of “Indian Journal of Clinical Psychiatry”. This is how a new chapter began, when the whole world is going through the crisis. Academia is expanding. Research domains and scopes are expanding in mental health. More number of medical colleges and post-graduate departments of psychiatry are opening in the country. Research inclination and promotion requirements of psychiatric faculties, is resulting in more publication of research articles. There is need of more number of good quality journals to promote academic research as many predatory journals are distracting researchers by providing easy publication with a cost. To maintain the academic decorum and promote good quality research, Indian Journal of Clinical Psychiatry will continue to work.

REFERENCE

1. Worldometer. COVID-19 CORONAVIRUS PANDEMIC. *Worldometer*, <https://www.worldometers.info/coronavirus/> (2021, accessed February 15, 2021).
2. Nischal A, Prakash AJ, Singh N, et al. Understanding the variations in death rates during coronavirus pandemic and their preventive implications. *Journal of Geriatric Care and Research* 2020; 7: 84–88.
3. Baud D, Qi X, Nielsen-Saines K, et al. Real estimates of mortality following COVID-19 infection. *The Lancet Infectious Diseases* 2020; 20: 773.
4. Ministry of Health and Family Welfare, Government of India. Advisory on Strategy for COVID-19 Testing in India (Version VI, dated 4th September 2020) Recommended by the National Task Force on COVID-19, <https://www.mohfw.gov.in/pdf/AdvisoryonstrategyforCOVID19TestinginIndia.pdf> (2020, accessed September 6, 2020).
5. Singh N, Gupta PK, Kar SK. Mental health impact of COVID-19 lockdown in children and adolescents: Emerging challenges for mental health professionals. *Journal of Indian Association for Child and Adolescent Mental Health*; 16, <https://doi.org/10.1016/j.jicam.2020.02.001> (2020, accessed February 15, 2021).
6. Kar SK, Oyetunji TP, Prakash AJ, et al. Mental health research in the lower-middle-income countries of Africa and Asia during the COVID-19 pandemic: A scoping review. *Neurology, Psychiatry and Brain Research* 2020; 38: 54–64.
7. Chatterjee S, Basu S, Bhardwaj YA, et al. The Health Crisis of Marginalized Populations during COVID-19 Pandemic: Challenges and Recommendations. *International Journal of Social Sciences* 2020; 9: 185–191.
8. Kar SK, Arafat SMY, Marthoenis M, et al. Homeless mentally ill people and COVID-19 pandemic: The two-way sword for LMICs. *Asian J Psychiatr* 2020; 51: 102067.
9. Roy D, Tripathy S, Kar SK, et al. Study of knowledge, attitude, anxiety & perceived mental healthcare need in Indian population during COVID-19 pandemic. *Asian Journal of Psychiatry* 2020; 51: 102083.
10. Kar SK, Yasir Arafat SM, Kabir R, et al. Coping with Mental Health Challenges During COVID-19. In: Saxena SK (ed) *Coronavirus Disease 2019 (COVID-19): Epidemiology, Pathogenesis, Diagnosis, and Therapeutics*. Singapore: Springer, pp. 199–213.
11. Chatterjee S, Kar SK. Comments on “Benefits of Sexual Activity on Psychological, Relational, and Sexual Health During the COVID-19 Breakout.” *The Journal of Sexual Medicine*; 0. Epub ahead of print December 16, 2020. DOI: 10.1016/j.jsxm.2020.11.005.
12. Dixit A, Marthoenis M, Arafat SMY, et al. Binge watching behavior during COVID 19 pandemic: A cross-sectional, cross-national online survey. *Psychiatry Res* 2020; 289: 113089.
13. Arafat SMY, Kar SK, Menon V, et al. Panic buying: An insight from the content analysis of media reports during COVID-19 pandemic. *Neurology, Psychiatry and Brain Research* 2020; 37: 100–103.
14. Kar SK, Arafat SMY, Sharma P, et al. COVID-19 pandemic and addiction: Current problems and future concerns. *Asian J Psychiatr* 2020; 51: 102064.
15. Das N, Kaur A, Joseph SJ, et al. COVID-19 and Sexual Practices During the Pandemic—Do We Need to Worry? *Journal of Psychosexual Health* 2021; 2631831820979767.
16. Kar SK, Arafat SMY, Ransing R, et al. Repeated celebrity suicide in India during COVID-19 crisis: An urgent call for attention. *Asian J Psychiatr* 2020; 53: 102382.
17. Kar SK, Rai S, Sharma N, et al. Student Suicide Linked to NEET Examination in India: A Media Report Analysis Study. *Indian Journal of Psychological Medicine* 2020; 0253717620978585.
18. Ransing R, Kar SK, Menon V. National helpline for mental health during COVID-19 pandemic in India: New opportunity and challenges ahead. *Asian J Psychiatr* 2020; 54: 102447.
19. Singh Bhandari S, Joseph SJ, Udayasankaran JG, et al. Telepsychiatry: a feasible means to bridge the demand–supply gaps in mental health services during and after the COVID-19 pandemic: preliminary experiences from Sikkim state of India. *Indian Journal of Psychological Medicine* 2020; 42: 500–502.
20. Sousa A, Karia S. Telepsychiatry during COVID-19: some clinical, public health, and ethical dilemmas. *Indian Journal of Public Health* 2020; 64: 245–246.
21. Kar SK, Singh N. Person-Centered Approach to the Diverse Mental Healthcare Needs During COVID 19 Pandemic. *SN Compr Clin Med* 2020; 2: 1358–1360.
22. Kar SK, Menon V, Arafat SY, et al. Research in Mental Health During the COVID-19 Pandemic: Quality versus quantity. *Sultan Qaboos University Medical Journal* 2020; 20: e406.