Indian Journal of Clinical Psychiatry

(Official publication of Indian psychiatric Society- UP branch)

In this issue.....

EDITORIAL When The Whole World was Witnessing COVID-CrisisA New Chapter Began Vipul Singh, Sujit Kumar Kar	1	Immune-inflammatory Pathways in Somatoform- Disorders : A Theoretical Update Vikas Menon, Natarajan Varadharajan, Selvaraj Saravanan	46
The Slippery Slope of Editing: Balanced Perspectives for Initiating a New Biomedical Journal Debanjan Banerjee, T. S. Sathyanarayana Rao PERSPECTIVE	3	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 Dwiyedi,	
A Private Psychiatric Specialty Hospital in Kanpur – Some Initial Experiences R. K. Mahendru	7	Anand Kumar Maurya and Rajnish Kumar Choosing and Publishing A Research Project Yasodha Maheshi Rohanachandra, Raviteja Innamuri,	51
Mental Health in U.P Last Fifty Years A. K. Agarwal A Kaleidoscopic View of Substance Use in Uttar Pradesh Pronob Kumar Dalal and Kopal Rohatgi	9 12	Amit Singh, Anoop. G, Guru S Gowda, Harita Mathur, Jayant Mahadevan, Lochana Samarasinghe, Naga V S S Gortl Pratikchya Tulachan, Rajesh Shrestha, Rajitha Dinushini Marcellin, Samindi T. Samarawickrama,	hi,
NGO's and Their Role in Mental Health Care in India Shashi Rai, Bandna Gupta	18	Shanali Iresha Mallawaarachchi and Shreeram Upadhyaya, Shreeram Upadhyay and Sharad Philip ORIGINAL ARTICLE	54
Suicide in Uttar Pradesh : An Overview Shivangini Singh and Teena Bansal REVIEW ARTICLE	21	Sexual Openness and Sexual Dysfunction in Indian Women: A Qualitative Approach Jyoti Mishra, Nitin Gupta and Shobit Garg	60
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	25	CASE REPORT Cannabis Induced Psychotic Disorder in Cannabis With-draw. During COVID-19 Lockdown: A Case Report Dhana Ratna Shakya, Sandesh Raj Upadhaya	al 65
Scenario: The Way Forward Tapas Kumar Aich, Amil H Khan, Prabhat Kumar Agrawal	30	COVID-19: Depression & Psychogenic Erectile Dysfunction Raghav Gupta, Pranahith Reddy and Kishore M.	69
Psychiatrists in The State of Uttar Pradesh: The Iconic Professionals S. C. Tiwari, Nisha Mani Pandey	36	Art & Mental health: Perspectives of The Mind Pawan Kumar Gupta and Aditya Agarwal	71
Werther's Effect: A Brief Review		ABSTRACTS	73



Rakesh Yaduvanshi, Anurag Agrawal, Chinar Sharma



A Private Psychiatric Specialty Hospital in Kanpur – Some Initial Experiences

R. K. Mahendru

Senior Practising Psychiatrist, Mahendru Hospital, Kanpur, U.P.

The modern trend throughout the world is to treat psychiatric patients in the environment in which they live to facilitate their quick return to their families and place of work. It is stated that the "establishment of a psychiatric unit in a general hospital has done more to advance than in any diagnostic or therapeutic discovery." It is also being remarked that systemic instruction in psychiatry is non-existent in most medical colleges, and in most others, the status of psychiatry is nothing better than merely acknowledging its existence. The general hospital psychiatric units would be in a better position to provide improved treatment and teaching facilities. They would also benefit from the atmosphere of therapeutic optimism, continuity of care, day hospital treatment, and facilities of special investigations, referral, and treatment of concurrent physical diseases. With this impression, more and more psychiatric units are being opened in general hospitals to meet the country's growing mental health requirements.

Just as psychiatric clinics in a general hospital set up have their usefulness, specialty psychiatric hospitals in the community are gaining importance in providing comprehensive psychiatric treatment facilities at the community's doorstep.

Since the number of psychiatrists has gone up in recent years, the number of specialty psychiatric hospitals in private setup is increasing. There may be at least half a dozen big and small psychiatric hospitals in U.P. alone, ranging from a capacity of 10 to 50 beds.

The Setup: The above-mentioned psychiatric hospital in Kanpur was established in 2001 with 15 beds and a staff of two psychiatrists. The hospital was initially housed on the ground floor of a four-story building in *Sarvodaya Nagar*, Just 500 meters away from *G.S.V.M. Medical College, Kanpur*.

Corresponding author: Dr. R. K. Mahendru

Email: mahendru.rk@gmail.com

The difficulties and the stigma of being a psychiatric hospital: Though the hospital is located in a semi-commercial area, it faced a lot of resistance and objection from the neighbors and other residents of the locality. Although from the beginning, every care was taken for adequate security of the inmates of the hospital and also the residents of the locality, the opposition to the functioning of this hospital continued. One of the hospital building floors was sealed on the complaint of a neighbor, and the resultant court case and sealing of the floor continued for several years.

The hospital staff: The hospital has three qualified psychiatrists, four general duty doctors, two trained and qualified clinical psychologists, and two dozen male and female nurses. The hospital offers 24 into 7 emergency psychiatric services round the year.

The Outpatient department (O.P.D.): The O.P.D. of the hospital kept registering a steady growth in O.P.D. attendance. The O.P.D. caters to all sections of the society and represents the prevailing socioeconomic status of the region. The patients are drawn not only from Kanpur but also from at least a dozen neighboring districts of Utter Pradesh, such a Fatehpur, Unnao, Kannauj, Farukhabad, Etawah, Auraiya, Hamirpur and Jalaun etc.

The In-patients: The hospital started with 15 beds in 2001. It has gone up to 40 beds in 2015 with 26 general beds and 14 private rooms.

The Diagnostic break-up of the hospital patient population: The average diagnostic breakup of patients attending the hospital is shown in Table 1.

It may be seen that two-thirds of the Inpatients consist of schizophrenia, acute psychosis, and Bipolar disorders. This is entirely consistent with the trends seen in other psychiatric hospitals and general hospital psychiatric units.

Specialized treatment services: Besides conventional psychological treatment and modern pharmacotherapy,

Table 1: Distribution of Patient Catagories

S.	Diagnostic Categories	Percentage	
No.		OPD	IPD
1	Schizophrenia & Other psychosis	20	50
2	Bipolar Affective Disorder	18	25
3	Major Depressive Disorder	15	5
4	Substance abuse disorders	7	5
5	Anxiety, Obsessive other Compulsive Disorder & other related disorders	25	7
6	Organic Brain Disease	6	3
7	Childhood psychiatric disorder including MR	5	2
8	Miscellaneous like epilepsy, etc.	4	3

the hospital also offers specialized psychiatric treatment in the form of Electroconvulsive Theory (E. C. T.) and rTMS procedures.

E. C. T:- The hospital has a facility for modified E. C. T. as per prescribed international standards with the services of an anesthetist with separate treatment and recovery rooms.

rTMS:- Repetitive Transcranial Magnetic Stimulation is now available at our hospital. This is a nonsurgical, noninvasive, nonpharmacological painless technique where an electromagnetic field, roughly the strength of an M. R. I. scan, passes multiple magnetic pulses per second through the skull. These magnetic pulses stimulate the targeted areas of the underlying brain tissue to produce therapeutic changes. It is used in the treatment for certain disorders like depression, anxiety, bipolar disorders, schizophrenia, and substance abuse disorders.

Teaching and Training: The hospital is involved in regularly organizing various conferences, seminars, and C. M. E.s related to various psychiatry and mental health fields. The hospital is also actively engaged in providing training to A. N. M., G. N. M. and B.Sc nursing students. About a dozen nursing colleges and institutes are associated with the hospital that regularly sends their nursing students every year for psychiatric training.

The Clinical Research Setup: The hospital had a significant presence in the domain of clinical research and has conducted more than 60 multinational, multicentric randomized controlled trials (RCTs) over a decade. The molecules studied were old and new, including quetiapine, risperidone, iloperidone, paliperidone, lithium carbonate, aripiprazole, donepezil, lurasidone, and cariprazine (not yet available in India).

Social activities: The hospital is well aware of its social responsibility towards the mentally ill and keeps doing its bit to educate the people in mental health matters and thus trying to reduce the stigma attached to mental illnesses. Organization of psychiatric relief camps, radio talks, public health lectures, and publication of mental health articles in the local press are some of the social activities regularly undertaken by the hospital.

The Future Needs: The hospital needs to be expanded further to provide the facility for long and life-long stay of patients with chronic mental disorders along with adequate rehabilitative measures.

The Implications: The general hospital psychiatric setup and the psychiatric hospital in the community can cater to the needs of all categories of psychiatric patients. A large proportion of psychiatric patients with major mental disorders in the inpatient population may be due to almost negligible psychiatric services at the government level in this biggest industrial city of the state. Further, it is definite that if the number of specialty psychiatric hospitals and general hospital psychiatric units are established, the need for a traditional mental hospital would be reduced.