



**Short Communication:**

**Psychiatry: Whither to?**

**Author**

**Nagesh Brahmavar Pai,**

**Professor of Psychiatry, Graduate School of Medicine, University of Wollongong, Wollongong Australia NSW 2522.**

**Address for Correspondence**

**Dr Nagesh Brahmavar Pai,**

Professor of Psychiatry,

Professorial Unit,

Level8 Block C

The Wollongong Hospital,

Loftus Street,

Wollongong NSW 2500

Australia.

**E-mail:** Nagesh@uow.edu.au

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**Abstract:** Increasing division of specialisation in modern medicine has specifically unwrapped the issues of challenges of mental health. This article highlights the importance of primary care mental health, problems of awareness and under detection. Finally, challenges in the current status of mental health are highlighted.

**Key Words:** Primary care; Mental health; India

The public health burden on a population posed by common mental disorders far exceeds that of severe mental disorders, but it has only been in the past 50 years that this has been widely appreciated.[1] The supply of psychiatrists in developing countries is very much smaller than that in the developed world (typically below 0.4/100,000 versus 9-25/100,000 [2], and virtually predicates that primary care must be the main provider of mental health care for all forms of disorder. There is a significant gap between the prevalence of mental disorders and the number of people receiving care and treatment. While this is a universal problem, magnitude of this is much higher in developing world including in India. Why primary care physicians need to know regarding mental health?

The diagnosis and treatment of physical disorders such as cancer, heart disease and asthma can generate mental health problems in affected individuals, which in turn can adversely affect health outcomes. Mental health problems range from increased stress and worry about the illness, to disrupted family or work life, through to diagnosable mental disorders. Depression, anxiety and cognitive impairment are the most common consequences of physical health problems. Most medical schools throughout the world do not provide enough

instruction to future physicians in the management of common mental disorders, preferring to emphasise the much rarer major mental disorders. Those entering general medical practice therefore have an unmet need for supplementary training.

What causes underdetection and undertreatment?

Many patients do not recognize they have symptoms of a mental disorder, and instead focus on physical health problems such as gastrointestinal symptoms, fatigue, headaches,[3] pain, and sleep disruption.[4] Others underestimate the severity of their problems and mistakenly believe they can manage without the help of formal health services.[5] Patients might view themselves as morally weak, unable to care for themselves, unable to handle responsibility, dangerous or unworthy of respect. Concerns about embarrassment from using mental health services also stop people from seeking help. There may be an underlying reluctance to suggest diagnoses and treatments that patients will resist. The general population tends to associate mental disorders with psychotic, irrational and violent behaviour, or alternatively does not regard mental disorders as amenable to treatment.[6]

Where are we now?

Psychiatric training has undergone major development over the past decades and scientific developments in the field of molecular biology, neurobiology, genetics, cognitive neurosciences, neuroimaging, psycho-pharmacology, psychiatric epidemiology and many other related fields have contributed to the increasing growth of psychiatry as a medical discipline.[7] In India, the locus of training is shifting to post graduate departments in medical colleges,

unlike in earlier times when the training was concentrated in specialised psychiatric institutions.

What are the challenges?

Lack of quality assurance in teaching and training of Psychiatry coupled with a nominal representation of Psychiatry in the undergraduate theory examinations and absolutely no representation in practical examinations. Many medical colleges have no departments of Psychiatry, and even many existing departments are poorly managed. Attempts are made by Indian Psychiatric Society to sensitize our medical colleagues, health administrators and regulatory body office bearers, policy makers about the significance of undergraduate Psychiatric education.

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