SOUTH ASIAN PSYCHIATRY:ITS UNIVERSALITY AND SPECIFICITY

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South Asian Region

- **Population:**
  - **1550 M (23% world)**
- **Literacy: 41-90%(40% of total educationally deprived world population)**
- **Religion**
- **Language**
- **Economy:**
  - **Only 1.5% of the global income (GDP$ 1770 – 4798)**
  - **GNI Per capita (US$) in 2005**
    - **AF-250,BD-470, BTN-870, IND-720, MDV-2390, NPL-270,PAK-690,SL-1160, (World Bank, 2007)**

South Asian Region

- Despite subtle differences in the culture and religious practices, broadly the factors influencing mental health remain the same in this wide region of South Asia

- The whole of south Asia faces the problem of ‘inequalities in health’

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UNIVERSALITY: PSYCHIATRIC DISORDER

- Rates of most of mental disorders are similar all over the world (WHO)
- Depression is most prevalent as in other parts of the world
- One third to half of the patients with schizophrenia in the world are expected to live in Asia
- Increasing trends of PTSD, Self-harm, early onset depression & schizophrenia, autism run parallel
- Similar nature of presentation , course & outcome of majority of disorders

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UNIVERSALITY : SERVICES TRAINING & RESEARCH

- Nearly similar components in care & training based on British model with wide acceptance of modernity
- Using universal diagnostic criteria. Official diagnoses assigned according ICD. DSM is widely used
- Broadly similar treatment modalities based on acceptance of evidence-based guideline
- Using widely accepted measures of psychopathology
- Research & communication of information based on global perspectives

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UNIVERSALITY

Universality of South Asian Psychiatry in term of acceptance of nosology, service, education, & research integrate South Asian Psychiatry with world Psychiatry reflects the essence of psychiatry without frontier

Though this region is far behind developing countries mainly due to lack of resources and professionals despite willingness to accept science & its advancement

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SPECIFICITY: PRESENTATION OF DISORDERS

- Tendency of more somatization in anxiety and depressive disorder,& wide varieties of symptoms in somatoform disorders
- The commonest complaints are somatic in particular tiredness and weakness, multiple aches and pains, dizziness, palpitation and sleep disturbances
- In hysteria, Mixed types of physical symptoms are common. Psychotic presentation is more- Psychotic Hysteria
- Deliberate self harm is far more common than suicide and is fast becoming a common reason for emergency medical treatment in some countries of this region

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SPECIFICITY: PRESENTATION OF DISORDERS

- In psychotic disorder, clusters of symptoms are different- more paranoid
- Earlier onset of dementia
- More emotional disorder than behavioural disorder among Children- trend is changing
- Culture bound: 'possession state', 'Dhat syndrome'

  conversely, eating disorders is culture bound of the West?
- Mass hysteria revisited among school children in Bangladesh characterized by dissociation, motor changes & among histrionic/psychotic behaviour

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SPECIFICITY: PRESENTATION OF DISORDERS

Diagnostic criteria failed to detect & need to be modified for:

- **Depressive disorder by including specific pattern of somatic symptoms**
- **Somatization disorder by reducing symptoms list and adding some other common prevailing symptoms**
- **Conversion/dissociation disorder by including transient psychotic symptoms instead of NOS category**

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SPECIFICITY : PROGNOSIS OF DISORDERS

- Better in schizophrenia continues unchallenged
- Possibly, outcome of severe psychotic disorder is much better

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SPECIFICITY : AIETIOLOGY

- Majority of South Asian population (approx 45 percent) lives below poverty line, the condition deteriorates further because of this

- The relationship between poverty and mental health is complex and multidimensional

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SPECIFICITY: AIETIOLOGY

- **There is existence of clear evidence of stigma among family members of patients with severe mental disorders**

- **27% of the respondents attributed mental illness to supernatural forces,14% suggested psychosocial factors were of major importance and 5% thought substance abuse was a major factor (*Shibre et al. 2001)***

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SPECIFICITY: AIETIOLOGY

- **Unfavorable parental belief, attitudes & behaviour - Parental Overprotection, extreme authoritarian, inconsistent**

- **Some specific pattern of stressors are existing & some stressors are not so important like that of West**

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SPECIFICITY: TREATMENT

- Pharmacotherapy is unique , emergence of using herbal & other endogenous medicine
- Psycho-social therapy applied with modification in almost every sphere
- Involvement of Trained Religious leaders in the addiction treatment are proven to be effective
- Active involvement of family members in management provides better compliance & thereby better outcome
- Family is the alternative center of community psychiatric service

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SPECIFICITY: TRAINING

- Inadequate undergraduate training & limited opportunity for postgraduate training fail to meet the need and little or no possibility of meeting the huge need
- Emergence of need-based short training for GPs, HWs & non specialist professionals
- Evaluation of cases, course curriculum, training gradually changing , considering specificity of the disorders & local need

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SPECIFICITY: RESEARCH

- A lot of universally used screening & structured measures are validated to make it culturally appropriate
- Many of the rating scales are proved to be not applicable and new scales have been developed
- Methodologically sound epidemiological surveys are needed for better information and service plan
- Data on existing services brought forward with a lot of ideas for better coverage
- Innovative research on service planning provide the data of effectiveness of alternative services

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SPECIFICITY: SERVICES

- Mental health resources both in manpower and facilities are extremely scarce and mal-distributed
- Vast gap between need and provision, the majority of people are out of mental health coverage
- Systematic & planned services are practically impossible & not foreseeable thus caused unsuitability of Western models of care

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SPECIFICITY: SERVICES

- In the majority of South Asian countries, family is the main source of care giving
- Also there is ‘potential’ manpower
- Growing consensus on Local resource based non-specialist services with adequate training & supervision to combat the need

Conclusions

- **The universality & specificity of South Asian psychiatry raise the need of:**
  - **Modifying nosology & diagnostic criteria**
  - **Developing culturally sound measures of psychopathology**
  - **Developing resources based service**
- **Important issue is to learn psychiatry from each other without frontier that will help in**
  - **Assimilation, restructuring & integrating mental health practice**

Thank You

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