

New Wave

**Souvenir-cum-Scientific Update for the
Conference on Clinical Psychology
(ConCP) 2024**

EDITORS

**Bornali Das
Anushka Baruah
Simran Sharma
Shyamanta Das**

NEW WAVE

New Wave

Das B, Baruah A, Sharma S, Das S, editors

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NEW WAVE

CONTENTS

1. ABOUT THE COVER ARTWORK

2. MESSAGES

3. EDITORIAL

69

4. ARTICLES

- The Silent Struggles: Understanding Mental Health in Contemporary Society (Manish Thakur) **74**
- Collaborating for Comprehensive Mental Health: A Psychiatrist's Perspective on Working with Psychologists (Dr Udidip Talukdar) **87**
- The Road to happiness (Buddhist perspective) (Ms Indrani Laskar) **95**
- The Evolutionary, Journey of mankind in search of wisdom
(Dr Dipjoti Bora) (In Assamese) **100**
- Role of Rational Emotive Behaviour Therapy in managing unhelpful Emotion (Dr Rijusmita Sharma) **104**
- Mental health and children (Nimi Borgohain) **111**
- From Theory to Therapy: The Evolution and Impact of Clinical Psychology (Dr. Mythili Hazarika) **116**
- Nurturing Young Minds (Dharitri Dutta) **129**
- Mental Health in the Workplace (Dr Bornali Das) **136**
- Future of Psychotherapy with the advent of Artificial Intelligence
(Ms Jayashree Das) **141**

NEW WAVE

- Clinical Psychology and Indian Armed Forces (Kaartik Gupta) **149**
- All eyes on ‘Caregiver Mental Health’.(Mrs. Nikita Hazarika) **153**
- Reviewing the current state of psychedelic research, potential risks, and benefits of Psychedelic-Assisted Therapy (PAT) (Dyuksha Hazarika) **156**
- Psycho Oncology (Dwipen Kalita) **163**
- The Intersection of Psychology and Theatre: A Personal Exploration
(Jiya Bahar) **170**
- Towards an Integrative Practice: Psychology and OB-GYN
(Upasha Das) **175**
- Mental Health Initiatives through the Sikkim INSPIRES Program
(Dr. Sonam Ongmu Lasopa & Sulochana Deokota) **184**
- Exploring art as a medium for mental health treatment. (Anushka Baruah) **195**
- Mystery to Tapping Happiness: The Importance of Practicing Mindfulness for Mental Health Professionals (Ms. Sandamita Choudhury) **198**
- The Transformative Power of Music and Its Relevance in Psychology
(Arhi Goswami) **206**
- Art therapy (Dr Deepali Mahanata Kayal) **211**
- Project “CHILD” School Mental health program : Journey from the room of “*stigma*” to the “*comforting*” counselling room,School mental health- a modern approach (Dr Shantanu Kr Das, Dyutimitra Sarmah) **214**
- It is Time to Prioritize Mental Health at Workplace (Dr Sriparna Bhattacharyya)

NEW WAVE

220

- Integration Of Psychology with Paediatrics (Pratiksha Kashyap & Richa Saikia)

227

- Dissociative Disorder and its Management (A Case Study
(Mayurima Sarma)

236

ORIGINAL PAPERS

- Language Translations to enhance cultural – sensitivity in Mental Health
interventions (Jasmine Mary Lyngdoh, Ph.D.)

247

- A correlational study on Psychological factors in relation to suicidal Ideation
among Tribal Nurses of Arunachal Pradesh (Dr Sandeep & Ponung Nonang)

250

- Socio-Cultural Factors and Girls in Conflict with Law: Case Study (Pranami
Barua & Zoengpari)

252

- The influence of lay beliefs, familiarity, and personal experience of mental
illness on public stigma (David H. Blah)

254

- Psychopathology in relation to Personality Traits, Social Skills and Peer
Relation : A Study among Female Adolescents (Dr .Sandeep & Tajbina Yasin)

256

- Mental Health Status and Substance Abuse Amongst the transgenders
(LGBTQ) Population in an Urban Setting. (Dyuksha Hazarika)

258

NEW WAVE

- The Phenomenology of Consciousness Post Mindfulness Meditation in Patients with Schizophrenia: An Experimental Study (Nidhi Mahanta & Aditi Priya) **260**
- A Correlational Study of Depression and Anxiety Among Dementia Patients (Dwipen Kalita) **263**
- Caught in the digital world: Exploring the relationship of Nomophobia with Social Appearance Anxiety among the Young Adult Population of India. (Angrita Goswami & Rijita Mukherjee) **264**
- Young Adolescent's Boredom: A reason for substance abuse (Udangshri Basumatary) **266**
- Student's mental health for a satisfied life (Rakesh Hazarika) **268**
- Affective, Behavioural, and Cognitive Disorders (ABCD) of Childhood and Adolescence: Renaming and Regrouping (Dr Shyamanta Das and Soumitra Ghosh) **269**

CONCEPTUAL REVIEW PAPER

- Improving Body Image through Integrative Therapeutic Approaches: A Systematic Review (Krishna Priya) **276**
- The Effectiveness of the Phonetics Based Multisensory Intervention Method (PBMIM) in improving Executive Functions of Students with Co-Morbid Specific Learning Disabilities and Attention Deficit Hyperactivity Disorder (B. Moses Herick) **278**

NEW WAVE

- Integrative Art Therapy for Children with Emotional and Behavioral Challenges in Institutional Settings: A Narrative Review (Priyanka Saikia, Sonia Pereira Deuri & Amaresha Anekal) **280**
- Exploring the Barriers in Utilization of Mental Health Services in Persons with Severe Mental Illness: A Conceptual Review (Ghanshyam Choudhary & Indrajeet Banerjee) **282**
- Effectiveness of Music Therapy In Post Traumatic Stress Disorder - Review Paper (Miss Mridushmita Bagchi) **284**
- The Effect of Parenting on Anxiety and Burnout of Middle School Students(Aruna Sarawgi, Dr Monica Chaudhry, Riddhi Agarwal) **285**
- Implementation of Integrative therapeutic approaches in the development of Emotional-Maturity in Adolescents(Namrata Dutta I & Dr Ashutosh Shrivastava) **287**
- Ecopsychology : Rediscovering the healing connection between mind and nature (Ankita Kashyap) **289**
- Investigating the Varied Impact of Indian Classical Music Training on Cognitive Skill Advancement: A Comparative Analysis among Music-Trained and Non-Music-Trained Indian Adolescents. (Pooja Bharadwaj) **291**

5. SPEAKERS DELIBERATION

- Title: Role of Mental Health Professionals in Suicide Prevention (Dr Anish Cheria) **294**
- “Bridging Minds: Innovations in Clinical Psychology for a Healthier Tomorrow” (Dr Jamuna Rajeswaram) **295**
- Music from a neuropsychology perspective’(Shantala Hegde) **297**

NEW WAVE

6. BROCHURE	298
7. OFFICE BEARERS	303

ABOUT THE COVER ARTWORK

Towards Rebirth

- Deeya Kagti

The constant cycle of waves hitting the shore is a metaphor for the ceaseless workings of the mind.

Our actions are largely determined by our thoughts and manner of thinking. We are as we think and our lives are shaped by our thoughts. Every individual uniquely processes the information garnered from the multiple layered interactions with the larger world. Like a sponge, the mind constantly absorbs to form its perceptions based on memories and experiences that may be uplifting or depressing. This is what the painting depicts.

The dark colour on the left side of the wave represents the darkness in which the person who needs help is engulfed in. The left hand seeks to emerge from the depths of negativity caused by despair and acute suffering. The extended right hand emerging from the lighter-coloured wave offers hope and emancipation.

The white shape that the wave creates in the middle is of a Nautilus representing strength and resilience. The Nautilus is probably one of the most beautiful sea creatures we know.

NEW WAVE

Its shell is regarded as the most perfect, logarithmic spiral occurring in nature. Like spirals in general, the nautilus embodies dynamic development. The construction of the shell is very stable and can withstand immense oceanic pressure. The shell is a symbol of inner strength, beauty and harmony. The chambers of the nautilus shell are symbolic of the stages each individual passes through in life, representing a universal force for transformation and renewal.

The painting seeks to convey that hope, support and healing are available. This has largely resulted from the integrative interdisciplinary progress in scientific thinking and studies that offer liberation to the growing number of persons experiencing debilitating and disabling mental health situations.

NEW WAVE



ড° হিমন্ত বিশ্ব শৰ্মা
Dr. Himanta Biswa Sarma



মুখ্যমন্ত্ৰী, অসম
Chief Minister, Assam

CMS.7/2023/৯০৪৮
Dispur
10 Kati, 1431 Bhaskarabda
27th October, 2024

MESSAGE

I am delighted to extend my warmest greetings to all participants of the One Day Conference on Clinical Psychology (CONCP), organized by the Departments of Clinical Psychology and Psychiatry at GMCH, in collaboration with the National Mental Health Program, NHM Assam. Themed “An Integrative Approach: New Trends in Clinical Psychology,” this gathering promises to serve as a vibrant platform for fresh insights and collaborative efforts.

The conference will explore the evolving landscape of Clinical Psychology, focusing on significant areas such as Psycho-Oncology, which lies at the crucial intersection of mental health and cancer care. It will also delve into strategies for suicide prevention and examine the therapeutic benefits of music from a neuropsychological perspective, underscoring its potential to enhance emotional well-being.

Engaging with these focus areas will be highly beneficial for attendees. Understanding Psycho-Oncology will equip professionals to address the unique emotional challenges faced by cancer patients, thus improving care outcomes. The focus on suicide prevention will support proactive approaches in addressing mental health crises, creating meaningful impacts in many lives. Additionally, examining the therapeutic role of music will unveil innovative treatment pathways for clinicians. These discussions will not only bolster individual expertise but also encourage collaboration and knowledge-sharing.

I wish the conference immense success and eagerly anticipate the profound insights it is sure to inspire.

(Dr. Himanta Biswa Sarma)

NEW WAVE



Prof. (Dr.) Dhruba Jyoti Borah
Vice Chancellor,
Srimanta Sankaradeva University of Health Sciences
Narakasur Hilltop, Bhangagarh, Guwahati-781032, Assam, India.

Date: 04-11-2024

MESSAGE

It gives me great pleasure to learn that the first conference on Clinical psychology in Northeast India is organized by the newly established Department of Clinical Psychology in collaboration with the Department of Psychiatry GMCH and National Mental Health Program, NHM Assam on 9th November 2024.

Its delightful to know that the eminent mental health experts from the premier institute of national importance- National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru will share their insights and expertise as speakers in the academic session and conduct a neuropsychological workshop for the benefit of our students as well. This conference will serve as a catalyst towards innovative collaboration with eminent experts and premier institutes which would serve as a landmark in comprehensive mental health care in Northeast India.

I congratulate the organizers for the theme of the conference on "*Integrative Approach: New Trends in Clinical Psychology*" to engage in meaningful discussions in various aspects of physical health which requires psychological interventions with evidenced- based approaches.

I wish the conference grand success and the Department of Clinical psychology a bright future in training, service and research.

[Prof. (Dr.) Dhruba Jyoti Borah]
Vice Chancellor,
Srimanta Sankaradeva University
of Health Sciences.

To,
Dr. Suresh Chakravarty
Organizing Chairperson, CONCP
Prof. & HoD, Department of Psychiatry,
GMCH, Guwahati

NEW WAVE



MESSAGE

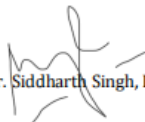
I extend my congratulations to the Department of Clinical Psychology and Psychiatry of Gauhati Medical College and Hospital for the successful organization of this conference in collaboration with the National Mental Health Programme of National Health Mission, Assam.

The theme, "**An Integrative Approach: New Trends in Clinical Psychology,**" underscores a pivotal element of contemporary mental health care, emphasizing the importance of merging innovative practices and holistic strategies to address the complex needs of today's mental health landscape.

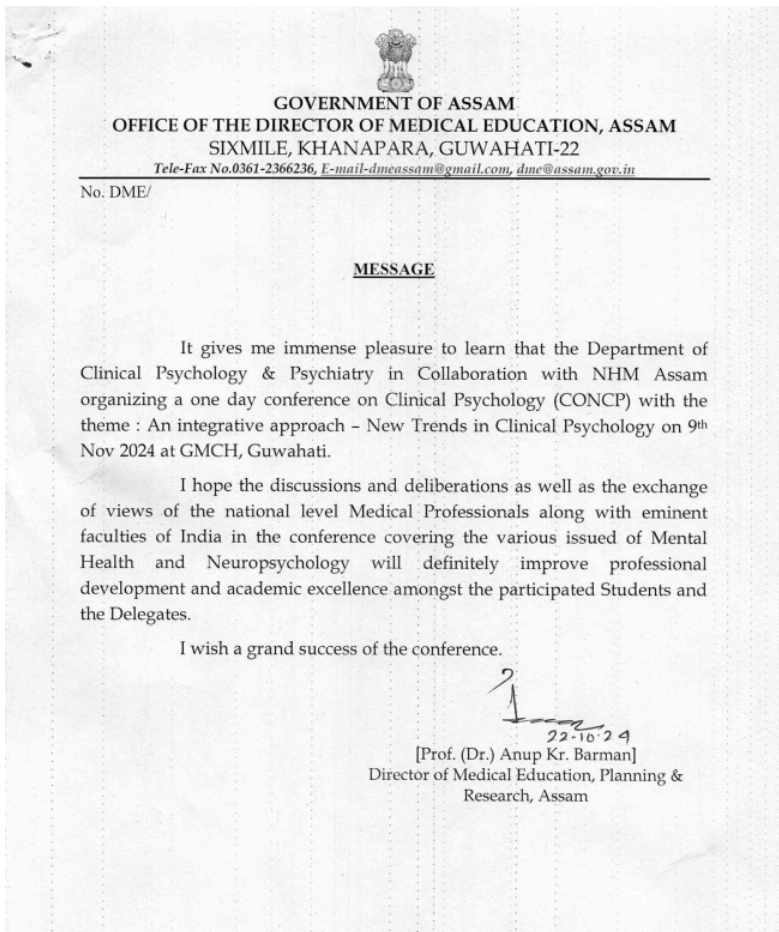
This conference serves as an excellent forum for professionals to engage in insightful discussions, exchange expertise, and examine the emerging trends that are shaping the field. The steadfast commitment of the organizing committee in bringing together experts and practitioners is truly commendable.

I encourage all participants to actively contribute to the discussions, fostering a spirit of learning and innovation that will undoubtedly drive the future of clinical psychology. Together, let us continue to strive for improved mental health outcomes for our communities, while promoting a holistic and integrative approach to care.

Best wishes for a successful and impactful conference!


(Dr. Siddharth Singh, IAS)

NEW WAVE



**To the organizers and participants of the Conference on
Clinical Psychology,**

I am delighted to extend my warm greetings and support to this esteemed gathering, themed "An Integrative Approach: New Trends in Clinical Psychology." This conference, organized by the Department Of Clinical Psychology, Gauhati Medical College and Hospital, in collaboration with the Department of Psychiatry and National Mental Health Programme, is a significant step towards addressing the mental health challenges facing our communities.



As Mission Director, NHM Assam, I acknowledge the critical role that clinical psychology plays in promoting mental health and well-being. This conference provides a vital platform for experts to share knowledge, exchange ideas, and forge collaborations that will strengthen our mental health services.

I commend the organizers for their efforts in bringing together renowned experts and professionals to share cutting-edge research and best practices. Your dedication to advancing the field of clinical psychology will undoubtedly contribute to improved mental health outcomes for the people of Assam.

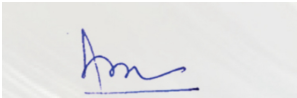
To the participants, I encourage you to engage actively in the discussions, share your experiences, and leverage this opportunity to enhance your skills and knowledge. Your contributions will help shape the future of mental health care in our state.

NEW WAVE

NHM Assam is committed to supporting initiatives that prioritize mental health and well-being. We look forward to collaborating with you in our endeavors to create a healthier, happier Assam.

Thank you, and I wish the conference all success.

Sincerely yours,



Dr Lakshmanan S IAS
Mission Director,
National Health Mission, Assam

NEW WAVE

Kausar J. Hilaly, IAS



Secretary
to the Government of Assam
Sports & Youth Welfare and
Social Justice and
Empowerment Departments

Dated Dispur, the 29th of October, 2024

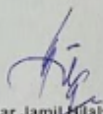
MESSAGE

I am delighted to learn that a one-day clinical psychology conference is being organised by the Gauhati Medical College Hospital with particular focus on an integrated approach to clinical psychology with discussions on new trends in practice and in the use of CP.

I am certain that this one-day conference will serve as a catalyst and spark bright conversations and innovative collaborations that will change the manner in which mental patients are both treated and empowered.

I am sure discussions will centre not only around the use of technology but also the feasibility of adapting old world compassionate skills used for centuries to address issues faced by the patients.

I wish the organisers all success. May your work continue to enrich lives and empower these minds!

A handwritten signature in blue ink, appearing to read 'Kausar', is written over the printed name.

(Kausar Jamil Hilaly, IAS)
Secretary to Govt. of Assam
Sports and Youth Welfare Department

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OFFICE OF THE MISSION DIRECTOR
NATIONAL HEALTH MISSION, ASSAM



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Message

It gives me immense pleasure to extend my best wishes to the participants of the 'Conference on Clinical Psychology: An Integrative Approach: New Trends in Clinical Psychology. The conference which is being organised by Department of Clinical Psychology, GMCH and Department of Psychiatry, GMCH in collaboration with National Mental Health Program, NHM Assam will be first of its kind and pave the way for discussions and opportunities. Mental Health is the trending subject in the present world context and needs more attention.

The Conference will explore 'Psycho-oncology: Emergence of New Science in Cancer care', 'music from Neuropsychological Perspective', 'Innovations in Psychology' and 'Role of Health professionals in Suicide Prevention in a resource limited settings'.

The Mental Health of terminally ill and Cancer patient is often a neglected part. It will help the service provider for a holistic approach to treatment.

Role of Music in Care and Wellness is a proven avenue and this discussion will help to popularise its use in treatment & care.

The North-Eastern part of India is limited in resources with respect to Mental Health. The speakers from NIMHANS, Bengaluru will add to the insights and open ideas for better utilisation of services to reach the unreached.

I wish the event a great success.

Dr Manoj Kumar Choudhury
Executive Director

National Health Mission, Assam and
Additional Director, Medical Education and Research, Assam

NEW WAVE



From

Prof. (Dr.) Joydev Sarma
Professor of Anatomy & Vice Principal
Gauhati Medical College, Guwahati

MESSAGE

I am extremely delighted to learn that a one day conference on Clinical Psychology (CONCP) has been organized at Gauhati Medical College, Guwahati on 9th November, 2024

This conference is the first of its kind organized by the newly established Clinical Psychology Department since its inception in 2023 and Psychiatry Department of GMCH in collaboration with National Mental Health programme, NHM Assam.

Clinical Psychology is an important branch of Psychology that provides continuing and comprehensive mental and behavioural health care for individuals and families in the society. But the history of development of Clinical Psychology as an applied branch of Psychology is not very old in our country. The Indian Association of Clinical Psychologists came into existence only in 1968. Presently it is developing very fast since the last three decades of twentieth century. However, in Assam this branch of Psychology is still in a nascent stage.

I hope that the highly knowledgeable and experienced resource persons attending this conference shall enlighten the participants regarding the latest advances in this branch and the important roles that the Clinical Psychologists have to play in health care set-up and in the society as a whole. I am sure that their guidance will help the participants for their professional development and academic excellence.

I wish a grand success of the conference.


Prof. (Dr.) Joydev Sarma

To,

Dr. Mythili Hazarika
Organising Secretary

NEW WAVE

Dr. Abhijit Sarma

MS, Ph.D., FSGE(NMS), Fellow SGE (KMC, Japan)

Superintendent &

Associate Professor of Surgery

Gauhati Medical College Hospital

Guwahati, Assam, India

Nodal Officer

Regional Organ & Tissue Transplant Organisation

(Under the aegis of Ministry of Health & Family Welfare, Govt. of India)

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Guwahati, Assam, India



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Dated : 04.11. 2024

MESSAGE

It is a matter of great delight that the 1st Conference on Clinical Psychology (ConCP-24) is being organized by the newly established Department of Clinical psychology in collaboration with the Department of Psychiatry GMCH and National Mental Health Program, NHM Assam on 9th November 2024.

This is the first of its kind conference on Clinical Psychology in Northeast India with the theme "*An Integrative Approach: New Trends in Clinical Psychology*" highlighting the role of collaboration in health care and delivery. A key highlight of the conference is the involvement of eminent experts from the National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru and HCG Cancer specialty services, Bengaluru. This marks the beginning of a new chapter in mental health care services in the region and will foster meaningful connections with different branches of medical sciences which is very crucial for comprehensive treatment.

I congratulate the organizers for their far -sighted vision and wish the conference a grand success.

Dr. Abhijit Sarma
Superintendent,
Gauhati Medical College Hospital,
Guwahati-32

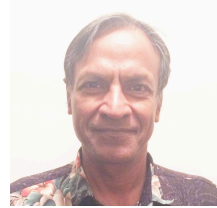


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Dear Dr Mythili Hazarika

I am very glad to know that the newly created Department of Clinical Psychology under your leadership is organising its first conference with the theme

“An integrated approach: New trends in clinical psychology”



Mental health issues affect a significant segment of our population. teenagers are specifically vulnerable. Unfortunately there is a lot of stigma, discrimination and lack of awareness regarding these problems. On the other hand there is a lack of trained manpower, denying access to quality mental health care to the society.

I hope this conference will highlight the various aspects of mental health care and their rational management. The participants will surely benefit from the deliberation of the galaxy of nationally renowned guest faculty.

I wish the conference all success

Regards

Dr. Rajkumar Kayal

Consultant Paediatrician

Dear Dr. Mythili Hazarika

It gives me great pleasure to know that you have been instrumental in establishing the Department of Clinical Psychology in 2023 at the Guwahati Medical College Hospital, Guwahati, Assam. I am delighted that you are organizing the first conference in Clinical Psychology on the theme 'An integrative approach: New Trends in Clinical Psychology' in November 2024. This is indeed a good way to introduce the department to the medical fraternity and the population at large. My heartiest congratulations!



Awareness regarding mental health concerns is on the rise, resulting in a greater number of people seeking help. Specialized psychological interventions delivered by professionally trained clinical psychologists are urgently needed in the country. This is especially true for the Northeast region, which has hitherto been an underserved area. The theme of the conference is extremely relevant as the department, located in a general hospital setting, can provide an integrated and holistic approach to the treatment of a variety of medical conditions. Understanding the bidirectional relationship between Psyche and Soma forms the core of Consultation-Liaison work for a clinical psychologist in a medical setting.

With your committed, dynamic and focused leadership, I am sure you will mentor a cadre of clinical psychologists who

will have excellent clinical skills combined with a humane and ethical approach to deliver mental health care. I am certain that the department will enable and empower professionals to not only deliver outpatient and inpatient clinical services, but also conduct outreach programs in the community to increase mental health awareness and promote positive mental health.

I wish the conference all success and the Department a bright future in training, service and research.

With Best Wishes & Warm Regards,

Dr. Kiran Rao

Consultant in Mental Health & Human Development,
Former Professor & Head,
Department of Clinical Psychology,
NIMHANS, Bangalore.



The importance of mental health for overall well-being was starkly highlighted during the Covid pandemic. The sudden enormous demand for mental health services also brought to the fore the wide gap between the extant needs and the human resources available to address them. Against this backdrop, the setting up of an independent department of Clinical Psychology at GMCH was a major step providing the impetus for training highly skilled and competent therapists and counsellors. It assumes even greater significance as it is likely to cater to demands for training not just in Assam but in the entire North Eastern region.

It is extremely gratifying to note that the Dept of Clinical Psychology at GMCH is organizing a conference with the theme ‘An Integrative Approach: New Trends in Clinical Psychology’. The importance of this conference cannot be overstated. It will bring together experts and academics from Clinical Psychology and other allied disciplines to share their experiences, knowledge and expertise in various domains which would ultimately benefit their clients as well as their trainees.

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This conference represents the beginning of a journey and should be the harbinger of many more stimulating and enriching academic interactions. We wish the conference all success and look forward to the department flourishing in the years ahead.

Dr Ahalya Raguram

Former Prof & Head

Dept of Clinical Psychology

NIMHANS, Bangalore

Dr R. Raguram

Former Professor

Department of Psychiatry

NIMHANS, Bangalore

MESSAGE

The Anthropocene age has brought humanity to the modern day of progress and abundance with manifold advancements and tremendous material benefits. Science has yielded unimaginable bounties. The biosphere inhabited by us has been impacted by an exponential growth in technology that is visible in every sphere of life. In contrast, Evolutionary Biology has depicted a very mildly rising trendline of adaptations in the physical, mental, psychosocial and cultural growth of human beings. Good physical health brought about by spectacular achievements in medicine has led to marked increase in life spans, but this has come at a great cost of deteriorating mental health and well being. Many have been overwhelmed by dark and incomprehensible forces, leaving their coping mechanisms impaired on the verge of breakdown.

We witness fractures in social structures, norms of family living, interpersonal relationships and interactions. Misperceptions and tensions abound in a networking-preoccupied, self-promotional society where superficiality and false transactional ego-stroking defines most of contemporary life. The collective psyche reveals the lack of understanding of what it really means to be authentically human, given the possibilities and limitations, to live in harmony with the external world and the inner self. Reality can crush those who live in denial. All this and more has left many vulnerable and rudderless in the vortex of an

NEW WAVE

unprecedented storm of fear, stress, anxiety, despair, frustration and misery in a seemingly unfriendly, delusional and threatening world. Many are left to fend for themselves without the security of a social and family safety net.

This worrisome situation has raised a clarion call for urgent measures to address the serious mental health issues that have come to the fore. The proponents of clinical and behavioural psychology are the first responders to rise to the challenge of mitigating the dangers of this daunting situation.

Mr Satyamrit Kagi

MESSAGE

It gives me immense pleasure to learn that the Department of Clinical Psychology and Psychiatry, Gauhati Medical College has been organizing a one day conference on Clinical Psychology In collaboration with National Mental Health Programme, NHM, Assam.

I noted with pleasure that this is the first conference of its kind held in Assam. The Importance of Clinical Psychology is ever increasing in contemporary society with increasing complexity of thought and behavior. There has been emergence of newer and newer psychological problems in the context of weakening family and social matrices, geopolitical and socio economic problems. Hence There is the crying need of psychological help which comes from a multidisciplinary team. A Clinical Psychologist is one of the most important members of the team. The conference organized by the Clinical Psychology Department is a very important event of the day which will be generating awareness and provide information about the help the Clinical Psychologist can offer not only to the suffering individuals and their families but also to the society in general . The learned speakers will enrich the participants with much sought after knowledge and information. Dr Mythili Hazarika and her team deserve appreciation for this academic endeavor

Dr Punyadhar Das MRCPsych

Former Professor and Head ,

Department of Psychiatry,

Gauhati Medical College.

Dear Dr Hazarika.

NEW WAVE

With much pleasure and delight, I am writing this message to greet you and your team for organizing a one day conference in Clinical Psychology on 9th November '24 at Guwahati in collaboration with the Department of Psychiatry, Guwahati Medical College, perhaps first of its kind in the entire north east.



I must appreciate your endeavor and courage to organize such an event within a year of establishing a separate Department, having an identity of its own per se.

The zeal, enthusiasm and devotion to your work which I had observed during the early part of your career working with me at Department of Psychiatry, Assam Medical College Dibrugarh have reached to this level of your professional, academic and research excellence.

The subjects selected in the program covering different issues on current trends of clinic-psychological intervention on health care are likely to benefit the participants with better insight and knowledge . I wish the conference a grand success!

With warm greetings and prayer.

Sincerely yours,

Dr. Pranit Kumar Chaudhury

Retd Prof & Head

Department of Psychiatry,

Assam Medical College ,Dibrugarh

NEW WAVE

DR. MYTHILI HAZARIKA
ASSOCIATE PROFESSOR & HoD
DEPT. OF CLINICAL PSYCHOLOGY, GMCH
ORGANIZING SECRETARY
CONFERENCE ON CLINICAL PSYCHOLOGY (CONCP)

November 1, 2024

Dear Dr. Hazarika

First and foremost, I am happy to learn that Clinical Psychology has been conferred the status of an independent department in Gauhati Medical College & Hospital, which will definitely contribute towards better service to the needy population in addition to further academic and research activities.

As care of mental health needs a team approach, it is heartening to note that the first conference on Clinical Psychology in our part the country is being jointly organized by the Dept. of Psychiatry and Clinical Psychology on 9th. November, 2024 with the theme “*An Integrative Approach: New Trends in Clinical Psychology*”.

I am sure under your leadership and Prof. S. Chakravarty as chairperson of the Organizing Committee, with contributions from eminent speakers, the conference will be generating academic excellence.

Best wishes for all-around success of the conference

Dipesh Bhagabati
Formerly Prof. & HoD
Dept. of Psychiatry, GMCH

MESSAGE

I am happy to learn that the Clinical Psychology community of Assam is joining hands in the inaugural conference organized by the Department of Clinical Psychology and the Department of Psychiatry in collaboration with DMHP, NHM, Assam.

This surely marks the beginning of a new chapter in Mental Health Care services for the region. May this conference foster meaningful connections and build relationships with different branches of Medical Science.

I extend my warmest wish for the grand success of the conference.

Dr Jayanta Das.

Senior Consultant Psychiatrist.

Guwahati

NEW WAVE

MESSAGE



It is indeed a great pleasure to know that the Guwahati Medical College Hospital is having an independent department of Clinical Psychology. It's a dream come true for me as I always wished to have a clinical psychology department like a full fledged psychiatry department. Special mention needs to be made of the untiring efforts of Mythili Hazarika which made it possible. My sincere best wishes to the new born baby. May it grow leaps and bounds.

A handwritten signature in blue ink on a light-colored background. The signature is stylized and appears to be 'H. R. Phookun'.

Dr. H. R. Phookun.

Former Professor and

Head of psychiatry GMCH

MESSAGE

It is with great pleasure that I write these few lines in anticipation of the upcoming Clinical Psychology Conference, scheduled to take place on the 9th of November, 2024, at Gauhati Medical College, Assam. This pioneering event, the first of its kind in Clinical Psychology in Assam, marks a significant and encouraging milestone for the field.



As we know, Psychiatry and Psychology are deeply interwoven, each enhancing the other. Given the complex social challenges we face today, the role of Psychology has become even more crucial within Psychiatry. The selection of this conference's theme is, therefore, highly relevant to our times and speaks to the pressing needs of our society.

Organizing a conference of this nature is no small feat, requiring dedication, meticulous planning, and a shared vision. I extend my heartfelt congratulations to the Organizing Committee for their relentless efforts in bringing this event to life. I wholeheartedly wish for the conference's success and hope that the rich discussions and collaborative interactions fostered here will bring lasting benefits to society.

A handwritten signature in black ink, which appears to read 'H. K. Goswami', written over a faint, light blue circular stamp.

Dr. H. K. Goswami

MBBS, MD (Psychiatry), FIPS
Former Principal and Chief Superintendent,
Assam Medical College
Former Head of the Department of Psychiatry, Assam Medical College
Dibrugarh (Assam)

MESSAGE

It is indeed a great occasion of hosting the National Mental Health conference by the Department of Clinical Psychology at GMCH. The Mental health issue has been recognized as a significant factor in the total health care of the population. Clinical Psychology has a unique status not only in Neuro-psychiatry, but also to the total health care of the society which needs awareness and sensitisation.



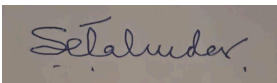
I wish the learned participants will bring new understandings to our Medical Professional as a whole.

Maj.Gen.(Dr.) P. Das

MESSAGE



It gives me great pleasure to share a few words about Dr. Mythili Hazarika, MPhil, PhD, Head of the Department of Clinical Psychology at Gauhati Medical College. It was through her tireless efforts that the department emerged as an independent entity, blossoming and bearing fruit. Although I may not be fully acquainted with every detail, I am deeply impressed by how she single-handedly, within just a year of the department's formation, took the initiative to organise a conference for her own society. I commend her dedication and wish her immense success in all her endeavours.

A handwritten signature in dark ink on a light-colored background. The signature is written in a cursive style and appears to read 'Shailendra'.

Shailendra Kumar Talukdar

MD,DPM Ranchi.Professor retd.

MESSAGE

Warm greetings!

“Each day as you get older, there is a new perspective on life, It’s a progression of some sort”

- John Hurt

Likewise, Clinical Psychology was attached to Psychiatry once, has now grown to a designated department, achieved a milestone and those involved deserve an accolade.

Undoubtedly, it gives me immense pleasure that the newly established Department of Clinical Psychology has taken a great initiative in organizing its first ever conference in collaboration with the Department of Psychiatry and NMHP under the National health mission to be held on 9th November 2024.

Psychological perspective in ancient psychiatry has progressed to Biopsychosocial approach to advances in pharmacotherapy. Evidence based research chronically has proven efficacy of combined therapy over pharmacotherapy as regard to treatment of mental health problems.

Recent advances in the field of mental health as in Digital Technology, Artificial Intelligence, Virtual Reality, Brain Communication, Psychology emphasizes its role indicating integrative approach, and appears to be an advancement in the perspective of clinical psychology. Henceforth, keeping the theme “An integrative approach -New trends in Clinical Psychology ” is very relevant.

NEW WAVE

I believe that we all will be surely enriched with updated knowledge from deliberations and discussions in this conference, in the field of Clinical Psychology

I wish it a grand success

From

Dr Kamala Deka

Professor and Head Department of Psychiatry

JMCH, Jorhat

MESSAGE



I'm thrilled that a Clinical Psychology department has started in the GMCH. It will be a great boon for people with mental difficulties to see sympathetic psychologists and be helped in their everyday life. They will also be more willing to see specialist psychiatrists through this route than otherwise. I cannot help thinking how much this is a necessity in my own speciality of diabetes not only for the type 2 diabetes patients but probably even more so for type 1 patients and their parents and family members. It of course, also holds true for all the lifelong chronic non-communicable diseases. If we are hoping to improve patient experience and quality of life, this is the way to go. My best wishes to the newly established department and its experienced staff.

Dr Chittaranjan Yajnik

Director, Diabetes Unit

KEM Hospital and Research Centre,

Pune 411011

MESSAGE

It gives me immense pleasure to know that the Department of Clinical Psychology at GMCH, in collaboration with the Department of Psychiatry at GMCH and the NMHP under the National Health Mission, Assam, is organizing a conference on the theme "An Integrative Approach: New Trends in Clinical Psychology," to be held on November 9, 2024.



As the field of mental health continues to evolve, it is essential that we explore innovative methods and interdisciplinary practices that enhance our understanding and treatment of mental health issues.

I hope that during the conference, our esteemed speakers and participants will engage in meaningful discussions on the practical applications of integrative techniques that bridge various psychological paradigms. These deliberations will hopefully pave the way for cutting-edge research, especially among budding professionals.

The conference will undoubtedly enable participants to learn from one another, foster collaboration, and inspire new ideas that can shape the future of clinical psychology.

I wish the conference great success.

Dr. Kangkan Pathak

Professor and Head

Department of Psychiatry

LGB Regional Institute of Mental Health, Tezpur, Assam

টাতা সামাজিক বিজ্ঞান সংস্থান
Tata Institute of Social Sciences
Guwahati Campus



From,

Prof. Kalpana Sarathy
Professor and Dean,
School of Social Work,
Tata Institute of Social Sciences,
Guwahati Off-Campus, Guwahati-781013

5th November, 2024

Message


It is an absolute privilege to write a message for the upcoming one day conference on Clinical Psychology on the important theme, '*An Integrative Approach: New Trends in Clinical Psychology (CONCP)*' to be held on the 9th of November, 2024.

I congratulate the organisers of the conference at the departments of Clinical psychology and Psychiatry (GMCH), as well as the National mental Health Programme, NHM, Assam on working together to support the coming together of a huge number of mental health professionals from across the state, region and country.

The organisers have left no stones unturned in drawing attention looking at the developments in the field of mental health in general and clinical psychology in particular.

I wish the CONCP all success as it draws from expert insights encourages discussion and stimulates thinking to help development of Mental health professionals across the region.

Best wishes to Dr. Hazarika and her team,


Kalpana Sarathy

NEW WAVE



लोकप्रिय गोपीनाथ बरदलै क्षेत्रीय मानसिक स्वास्थ्य संस्थान

तेजपुर: असम: पिन: 784001

LGB REGIONAL INSTITUTE OF MENTAL HEALTH

(An Autonomous body under Ministry of Health and Family Welfare, Govt. of India)

Website: www.lgbrimh.gov.in, e-Mail: mail@lgbrimh.gov.in

Post Box No. 15: FAX No. (03712) 233623

TEZPUR: 784001 :: ASSAM

Date: 29/10/2024

To
The Organising Chairperson & Secretary
CONCP, Dept of Clinical Psychology
GMCH, Guwahati

Greetings from the Dept of Psychiatric Social Work, LGB Regional Institute of Mental Health, Tezpur, Assam.

The first-ever conference of Clinical Psychology in Northeast India (CONCP) will take place on November 9, 2024, hosted by the Department of Clinical Psychology and Psychiatry, in collaboration with National Mental Health Program, NHM, Assam, at Guwahati Medical College, Assam.

With the theme '*Integrative Approach: New Trends in Clinical Psychology*,' this event aims to bring together leading practitioners, researchers, educators, and students from across the country to explore advancements in mental health care through innovation and interdisciplinary collaboration.

In today's evolving mental health scenario, it is vital to expand the scope of practice by integrating diverse therapeutic approaches. We believe this conference will provide a unique platform to exchange ideas that are not only diverse and interdisciplinary but also inclusive and unifying. The insights and innovations shared here will shape the future of Clinical Psychology and enrich related mental health fields, including Psychiatric Social Work, Psychiatry Nursing, and Psychiatry, within Northeast India and beyond.

On behalf of the Faculty and Psychiatric Social Workers at LGBRIMH., we extend our good wishes to this milestone event. May CONCP foster meaningful connections, inspire new ideas, and deepen our shared dedication to promoting mental health and well-being for all.

Warm regards and best wishes

(Dr Sonia Pereira Deuri)
Professor & Head
Department of Psychiatric Social Work
LGB Regional Institute of Mental Health
Tezpur, Assam
&
Dean, Faculty of Medicine & Allied Health Sciences,
Gauhati University, Guwahati

Email : sonia1962Deuri@gmail.com
: psw@lgbrimh.gov.in (official)
: sonia@gauhati.ac.in (official)

NEW WAVE



लोकप्रिय गोपीनाथ बरदलौ क्षेत्रीय मानसिक स्वास्थ्य संस्थान
तेजपुर: असम: पिन: 784001
LGB REGIONAL INSTITUTE OF MENTAL HEALTH
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Post Box No. 15:: FAX No. (03712) 233623
TEZPUR:: 784001 :: ASSAM

Date: 29-10-2024

To
The Organising Secretary
CONCP, Dept of Clinical Psychology
GMCH, Guwahati


Dear Dr Mythili

Greetings from the Department of Clinical Psychology, LGBRIMH, Tezpur!

Best wishes for the upcoming conference, 'An Integrative Approach: New Trends in Clinical Psychology' which boasts of highly established stalwarts in their respective fields!

Your perseverance and passion in the field of Clinical Psychology is finally bearing fruit in the form of opening of the Dept of Clinical Psychology! Establishment of the Clinical Psychology department is a much needed resource in the State of Assam, where only LGBRIMH was training CP professionals for the past 13 years. Congratulations to you and your team!

Warmly,


(Dr. Priya Saxena)
Associate Professor & Head
Dept. of Clinical Psychology
LGBRIMH, Tezpur



LGB REGIONAL INSTITUTE OF MENTAL HEALTH

(An Autonomous body under Ministry of Health and
Family Welfare, Govt. of India)

Website: www.lgbrimh.gov.in, e - Mail:

mail@lgbrimh.gov.in

Post Box No. 15:: FAX No. (03712) 233623

TEZPUR: 784001 :: ASSAM

Message



I am delighted to learn that the Department of Clinical Psychology and Psychiatry, GMCH, Guwahati-32 is organizing a conference on Clinical Psychology. It is cherish to be noted the significant footprint of the newly established Department of Clinical Psychology in this north-east region.

To meet the challenges of health care needs, the role of mental health professionals in the health care delivery system needs no emphasis. An integrative approach in clinical psychology to achieve quality mental health and wellbeing is in the forefront of mental health service delivery. I am sure that this

NEW WAVE

kind of endeavour will give an impetus to the movement of standard and dignified mental health care.

I convey my best wishes to all the delegates and organizing team in its effort.

A handwritten signature in dark ink, appearing to read 'Arunjoy Baruah', with a small mark above the first letter 'A'.

Dr. Arunjoyoti Baruah
Professor & Head
Department of Psychiatric Nursing
LGB Regional Institute of Mental Health
Tezpur

MESSAGE



It gives me immense pleasure to learn that the department of clinical psychology and psychiatry (GMCH) is organizing a one-day conference on clinical psychology on the 9th November, 2024. The theme ' An integrative approach: New trends in clinical psychology ' is very apt considering the important role psychologists play in the assessments and treatment of mental health related disorders as well as other medical conditions. I am sure the deliberations in the conference shall benefit the attending delegates and the community at large.

I am happy to know that a scientific update has been planned for the occasion and I convey my best wishes to the editorial team.

My best wishes to the organizing committee for the grand success of the program.

A handwritten signature in black ink on a light background.

Dr Nahid S Islam

President

Indian Psychiatric Society

Assam State Branch

Message from the General Secretary, IPS-ASB

Greetings to all!

From the fringes, the role of mental health professionals has risen to the frontline of various aspects of modern society in current times. The disciplines of Psychiatry and Psychology need to work hand in hand, more so in light of the evolving demand of modern society, be it for life skills or for mental illnesses.



It is apt that Guwahati Medical College, my alma mater, has played the role of a nursery for the growth of the Department of Clinical Psychology, as it is from here that Psychiatry bloomed in the Northeast too! And thus, it is also apt that the theme of this first conference of the Department of Clinical Psychology is, 'An Integrative Approach: New Trends in Clinical Psychology'- I am hopeful that the academic deliberations and interactions among the faculties and delegates will impart valuable skills and knowledge.

I wish the organisers grand success in their endeavour, to conduct this conference in a memorable way.

A handwritten signature in blue ink, appearing to read 'Simanta Talukdar', with a stylized flourish at the end.

Dr. Simanta Talukdar

General Secretary, IPS-ASB

To

Dr. Mythili Hazarika
Associate Professor & Head

Department of Clinical Psychology

Gauhati Medical College and Hospital
Guwahati-781032



Dear Madam,

It gives me immense pleasure to know that the Department of Clinical Psychology and Department of Psychiatry, Gauhati Medical College and Hospital, Gauhati in association with NMHP under National Health Mission, Assam is organizing the First Conference in Clinical Psychology on 9th November, 2024 at CNC, GMCH.

The role of Clinical Psychology in Various Medical conditions is increasing day by day and hence newer and novel approaches have become necessary to approach these diverse conditions. The theme of the conference is very aptly kept as “*An Integrative approach: New trends in Clinical Psychology*”. I am quite sure that under your able leadership, the Conference will be a great success and the eminent Faculties will enrich and empower the delegates with Knowledge and professional skills which will definitely improve Mental Health Care in the community.

NEW WAVE

I sincerely wish the Conference a Great Success.

With regards

Dr. Utpal Bora

Associate Professor and Head (i/c)

Department of Psychiatry

Nalbari Medical College and Hospital

Nalbari-781350

Email: drubindia77@rediffmail.com

MESSAGE



It gives me an immense pleasure to write a few lines in anticipation for the upcoming Clinical Psychology Conference, scheduled to take place on the 9th of November, 2024, at C N Centre Gauhati Medical College, Hospital Assam. The need for a Clinical Psychology Department was a long-standing demand, with the need to treat and care, fostering trained mental health professionals, as there is a treatment gap in this part of the country.

With the breaking down of conventional family systems and urbanisation, individualisation of problems, social, emotional and adjustmental issues are on rise. Need for mental health care and support is the need of the hour. The upcoming department bridge the existing gap in the ratio of service need and service providers

Heartiest congratulations! It gives a sense of pride for the kind of dedication and commitment by Dr Mythili Hazarika for her strategic far-sightedness and welcoming step in establishing the Department in a General hospital setting along with the Assam government authorities. The Clinical Psychology department is the torchbearer in opening up resources to other allied health care services.

Dr Bornali Das

Senior lecturer, Psychiatric social worker

Dept of Psychiatry, GMCH

Message from Psychiatry Department, TRIHMS Medical College-Naharlagun

It gives me immense pleasure to know that the newly established Department of Clinical Psychology and Department of Psychiatry (GMCH), Guwahati are organizing a one day Conference of Clinical Psychology in collaboration with National Mental Health Program, NHM Assam.



The need for service delivery for people with mental illness has been a major challenge in North-East India given the paucity of mental health professionals in general and clinical psychologists in particular. The need for psychological intervention has increased manifold with increased urbanization, awareness among the general populace about mental illness and ongoing social conflict in the region to name a few.

This conference has come at the right time to address many of the issues mentioned above. I am quite optimistic that this will serve as a vital platform not only to enhance our knowledge and understanding of the complex human behaviour and underlying mental health concerns but also bring about a sea change in the service delivery of psychological intervention in the north-east. The diverse range of areas delved by various luminaries in their field from across the country is a welcome beginning and bring flavor to the already vibrant society we are trying to forge ahead. I hope and pray that the outcome of this conference

NEW WAVE

will percolate to other corners of the region in the days to come.

I wish the organizing team of GMCH great success in this novel endeavor!

Dr. Tame Kena, MD (NIMHANS)

Associate Professor and Head

Department of Psychiatry, TRIHMS

Naharlagun, Arunachal Pradesh

NEW WAVE



INDIAN PSYCHIATRIC SOCIETY

MEGHALAYA STATE BRANCH



MESSAGE

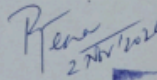
Dear Friends

It is a matter of great delight that the 1st Conference on Clinical Psychology is being organized by the Departments of Clinical Psychology and Psychiatry, Guwahati Medical College Hospital. This conference is being held in collaboration with the National Mental Health Program (NHM), Assam. I on behalf of the Indian Psychiatric Society- Meghalaya State branch wish to extend our best wishes to the Organising Team.

Theme for the one day program 'An Integrative Approach: New Trends in Clinical Psychology' is aptly chosen considering its need in present clinical practice. Resource Persons from the premier institute NIMHANS (National Institute of Mental Health And NeuroSciences) Bangalore will cover a wide range of topics- Psycho-oncology, Suicide Prevention, Music therapy and Community mental health.

The Scientific program by eminent speakers will help to stimulate learning and sharing experiences amongst the participants and which will enhance their understanding and practical skills. This will further the cause of improving awareness and mental health care for the society at large.

I wish you all heartfelt congratulations and also wish the organizing committee success for taking up this challenge to make this conference a truly memorable one.


2 Nov/2024
Dr. Pakha Tesia
President
Indian Psychiatric Society/
Meghalaya State Branch, Shillong
MD Psychiatry (NIMHANS)
Director, Mind & Wellness Clinic, Shillong



MESSAGE

Respected Madam,

It fills my heart with immense joy and pride to know that Department of Clinical Psychology and Department of Psychiatry , Guahati Medical College and Hospital, Guahati in association with NMHP under National Health Mission, Assam is organizing a Conference in Clinical Psychology on 9th November 2024 at CNC,GMCH

Having worked with you for many years and also associated with activities promoting better mental health in our state, we are beginning to witness that a surge in mental health related issues are plaguing our communities at large, a reason best explained by rapid urbanization, capitalism and changes in cultural values evident in cities and villages alike all across India. We need a proper road map to combat these issues, and I am sure the oncoming conference will go a long way in sensitizing and promoting guidelines and policies in order to identify and possibly extinguish them at large.

It was my ardent wish and now a privilege to be a part of the forthcoming event.

With best wishes,

Dr Atanu Baruah

Associate Professor of Surgery

Nagaon Medical College , Nagaon

NEW WAVE



Prof. (Dr.) Achyut Ch. Baishya
DGO, MD(SPM)
Principal cum Chief Superintendent
Gauhati Medical College & Hospital
Bhangagarh, Guwahati-32



Residence :
House No.-51, Bye Lane-8th,
Lakhimpur, Beltola Tinali,
Guwahati-781028
Mobile No. 9954075427
Email : achbaishya@gmail.com

MESSAGE

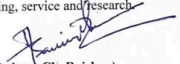
It gives me great pleasure to announce the first conference on Clinical psychology in Northeast India being hosted by Gauhati Medical College and Hospital (GMCH). The conference is organized by the Department of Clinical Psychology in collaboration with the Department of Psychiatry GMCH and National Mental Health Program, NHM Assam.

Awareness regarding mental health concerns have been rising and an increased number of people are seeking for mental health support due to various psychosocial reasons. The newly established department of Clinical Psychology commits to cater to the need of the alarming mental health issues in the general population and have organized this landmark conference to disseminate knowledge by eminent speakers from the National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru. The stalwarts of clinical psychology will share invaluable insights and rich knowledge on mental health which is very crucial in today's world. It is anticipated that these expert contributions will equip participants with advanced knowledge and skills essential for clinical practice in mental health.

The one-day event marks a significant stride in Assam's healthcare sector, drawing over 200 participants, including mental health professionals, students, and psychologists from across Northeast India and other states as well.

I strongly believe that the sessions will provide in-depth insights into emerging psychological and neuropsychological interventions, with a special focus on challenges within resource-limited settings. The theme of the conference "Integrative Approach: New Trends in Clinical Psychology" is very appropriate in a general medical setting as consultation-liaison work form the core in health delivery system.

I wish the conference all success and the Department of Clinical psychology a bright future in training, service and research.


(Dr Achyut Ch. Baishya)
Chief Patron
ConCP- 2024

From The Desk of Organizing President



Mental health is a state of mental wellbeing that enables people to cope with the stressors of life, realises their abilities, learn well and work well and contribute to their community. It is an integral component of health and well being that underpins our individual and collective abilities. It is a basic human right. Mental health professionals help people with mental health issues in a variety of ways. Psychiatrist deals with diagnosis and management primarily with pharmacotherapy, Clinical Psychologist helps with various psychological therapies and counselling and Psychiatric Social Worker deals with social issues related to mental health for the holistic recovery of people suffering from mental disorder. Each of them reciprocating each other.


The Department of Psychology is a new born baby of Gauhati Medical College. For the first time with the Department of Psychiatry it has organized its one day conference on Clinical Psychology (CONCP) in collaboration with National Mental Health Program, Assam on 9th November, 2024. The theme of the conference is "An integrative Approach: New Trend in Clinical Psychology." Main aims is to educate and aware people about new trends of Clinical Psychology. Renowned speakers primarily from

NEW WAVE

premier Institute like NIMHANS will deliver their lecture in this occasion. Keeping in view of its importance there is also a panel discussion on "Community Mental Health" involving Academician, News Paper Editor and Administrator.

I welcome all dignitaries, invitees and delegates to this one day conference of great academic feast and wish it a great success.

With Warm Regards



Prof. (Dr.) Suresh Chakravarty
Organizing President

Prof. (Dr.) Suresh Chakravarty

Organizing President

From the Desk of the Organising Secretary

Today is a significant milestone in the history of Clinical Psychology in Assam.



My personal journey upto this moment has been tumultuous. As Paulo Coelho, in the *Alchemist*, says “*When you want something, the whole universe conspires for you to achieve it*”. You may say “I am a dreamer” and I had dreamt “an impossible dream”.

Twenty-six years ago, a pioneer of Mental Health in Eastern India, Late Professor (Dr) Deepali Dutta, had informed me about the position of a clinical psychologist in Gauhati Medical College and Hospital (GMCH) that has for decades remained vacant due to a dearth of trained clinical psychologists in Assam. She felt that the role of clinical psychologist was an integral part of mental health treatment and rehabilitation, and that my expertise could effectively contribute to it. Since that day, with the active support and encouragement of subsequent Heads of the Psychiatry Department such as Prof (Dr) Punyadhar Das, Prof (Dr) Dipesh Bhagabati, Prof (Dr) Hemendra Ram Phookun, Prof (Dr) Pranit Choudhury, and others, I embarked on a difficult journey as a non-medical professional in a medical school in Assam at a time when clinical psychology as a profession did not exist.

India witnessed the need for psychological counseling and therapy for the first time during the COVID-19 pandemic. The major outbreak had destabilized the entire world including the people of Assam and the need for clinical psychology as a profession was urgently felt in almost every segment of the society at large.

The Health and Family Welfare Department; Government of Assam felt the dire need for professional counseling to prevent, intervene and mitigate population-scale crisis during COVID 19. In response, the mental health task force named “Monon: Assam Cares” was formed under the initiative of different mental health professionals, especially psychologists. We were around 400 mental health professionals from public and private sectors who were trained according to the Best Practice guidelines on telepsychology during disasters. Millions of people with COVID-19 symptoms were counseled during that period and the mental health services were recognized by the World Health Organization (WHO) in its September 2021 bulletin. This effort was also published in the high-impact journal “Nature” and the role of these psychology counselors received further global recognition. (1-7)

Clinical psychology is an applied branch of psychology under the Rehabilitation Council of India (RCI). RCI is the apex governing body responsible for developing, monitoring, regulating skill-based clinical psychology training and practice in India (8). According to RCI, it is a mandatory requirement for the clinical psychologists to liaise with departments like Pediatric, Gynecology, Cardiology, ENT, Endocrinology, Cancer, chronic diseases,

NCD, Emergency Medicine, Neurology and Surgery guided by the belief that the mind is the root of many physical disorders despite its lack of a biological form or structure. The interns were assigned to work in these departments during their tenure. Today, it is very encouraging to observe that the heads of nearly all the aforementioned departments of GMCH routinely express the need for these services in their intervention modules.

Clinical psychologists concentrate chiefly on supervised teaching, research, psychological assessment, and intervention. Patient care and their well-being, firmly rooted in evidence-based conduct, is at the heart of this profession. In a general medical health setting, the role of a clinical psychologist is to address the issues related to the individual psyche and soma. Hence, an integrative approach in consultation-liaison becomes the centre-piece of a clinical psychologist's profession.

It is well-recognized that mental health problems are on the rise due to changing life style, habits and mounting stress in personal/occupational/social domains across various sections of the society. The profession of a clinical psychologist plays a central role in addressing the psychosocial issues for optimizing health care delivery system resulting in an urgent need to train increased number of professional clinical psychologists. RCI mandates for a separate Clinical Psychology Department responsible for training clinical psychologists.

The Mental Health Care Act 2017, recognizes the role of psychiatrists from a biological perspective, clinical psychologists from a psychological perspective, psychiatric social workers from a social perspective and psychiatric nursing professionals from a global perspective in delivering mental health care and services. Together, these professionals address the mental health needs of the population.

The act focuses on developing and implementing educational and training programmes in collaboration with institutions of higher education and training, to increase the human resources available to deliver mental health interventions and to improve the skills of the available human resources to better address the needs of mental health patients.

Though it took a long time to recognize the need of clinical psychology as a separate department for training and generating manpower so as to cater to the growing demands of the profession, “we the clinical psychology fraternity of North-East India” express our heartfelt gratitude to our Honourable Chief Minister Dr. Himanta Biswa Sharma and Ministry of Health and Family welfare, the current Government authorities for their far -sighted vision like any other developed countries in the world. His message with words of wisdom and blessings for the conference means a lot.

Our most revered Vice Chancellor Prof (Dr) Dhrubajyoti Borah's acceptance to be the chief guest in our inaugural conference of the Clinical Psychology Department is our blessing for which we remain indebted forever.

My sincere gratitude to Respected Mr Siddhartha Singh; Commissioner-Secretary of Medical Education and Research Department, Government of Assam for his far-sighted vision and proactive effort in establishing the department and for contributing his rich input for the success of this conference.

My highest regards to Dr Anup Kumar Barman, our very dear and respected Director of Medical Education (DME) for being the wind beneath the wings of this new department and for providing all necessary support to organise this conference.

My boundless gratitude to Professor (Dr) Achyut Kumar Baishya, Principal cum Chief Superintendent for encouraging and providing me the necessary insight and skills to lead a Department and to entrust upon me with the responsibility of organising the first conference from our department along with the support of the Department of Psychiatry, GMCH.

My sincere gratitude and fondness remain forever to my mentor Professor (Dr) Suresh Chakravarty for always being there and for giving me the necessary shelter and support during the trying times in organizing this conference.

It would have been an impossible task for us to organise this conference without the support of the National Mental Health Programme under National Health Mission, Assam. I am short of words to offer my deepest gratitude to the Respected Mission Director, Dr Lakshmanan S. IAS and Executive Director Dr Manoj Choudhury for their generosity and kindness to sponsor this first ever initiative of its kind in

Northeast India. You have made it possible for us and we the clinical psychologist fraternity will remain forever grateful to you for our first academic pursuit.

My enduring appreciation to Dr Prakash Barman and Ms Rajashree Barman from NHM, Assam for their untiring effort towards the success of this conference.

I extend my appreciation to Dr Anup Kumar Das, Registrar of Assam Council of Medical Registration for issuing the credit hours towards the delegates and faculties of the conference.

I extend my sincere thanks to all the respected speakers; my mentor from my Alma Mater NIMHANS Professor (Dr) Jamuna Rajeswaran, Senior psycho-oncologist Prof (Dr) Brindha Sitaram, my friend and Additional Professor of Psychiatric Social Work Dr Anish Cherian and my dear friend and Additional Professor of Neuropsychology Dr Shantala Hegde for their acceptance to be speakers in our first academic milestone from the newly established department.

My heartfelt gratitude to all the panelists for the panel discussion on “Community Mental Health”- Dr Lakshmanan Sir MD, NHM; Dr Ashok Puranik, Director of AIIMS, Guwahati, Professor Sushma Lama, Head of Psychology Department, Cotton University, Mr Prashanta Jyoti Baruah, Executive Editor - The Assam Tribune and Dr Jamuna Rajeswaran with Dr Suresh Chakravarty as the moderator for their acceptance to contribute their knowledge and enlighten us.

NEW WAVE

My utmost gratitude to all the chairpersons for the academic and scientific sessions for taking out their valuable time for the success of this conference.

My warmest appreciation to the editor and publisher of our scientific update cum souvenir Dr Shyamanta Das, Head and Associate Professor of Dhubri Medical College Hospital for always being “the constant”.

My sincere gratitude to all the Heads of Psychiatry Departments and Senior Professors of Psychiatry and other medical specialties for their warm and thoughtful messages.

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Lastly, without the will of the Almighty and the Universe,
Blessings of my parents and faith of my daughter “Dyuksha”
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EDITORIAL

"Integrative Approach: New Wave through Mynd's Eye"

Bornali Das, Anushka Baruah, Simran Sharma, Shyamanta Das

Editors are as good as authors. Can we say the other way around too? This “two sides of the same coin” situation can be paralleled by a concept under the heading of ‘Eye.’ The presence of others determines our behaviour. In other words, the observing eyes of people in our surroundings decides that. The way we behave in front of our parents differs from that with our friends. Similarly, the way we behave in front of our teachers differs from that with our students. So on and so forth. In fact, not only the way we behave but also to some extent may be even how we think and feel. Thus, eyes determine and decide us. And what more! We are completely different being alone to our own eyes. “Mynd’s Eye” here.

Change is the only constant and through change only we move ahead. Generations after generations the offspring of animals are doing the same things. No more no less. But we human beings even though animals, social animals to be specific, through the prefrontal cortex of our brains acquire certain additional abilities. We learn from our earlier

generations and move forward from there rather than repetition. Here comes the “New Wave” of lateral ‘out of the box’ thinking that needs to be identified and flourished. While the convention determines the benchmark of knowledge and wisdom acquired over the years it should not bog down the ideas coming from fresh minds. Instead let them fly. The baton like in a relay race needs to be handed forward to move traversing further unexplored areas. This is more relevant when we talk of mental health as the brain remains the last unconquered frontier for us human beings.

The duality of the parallel existence of mind and body was first illustrated and conceptualised by René Descartes. The mind and body have a mutually sustaining relationship. Our thoughts and feelings have a physical manifestation and our body’s reaction will have an impact on the mind.

Psychology is a multifaceted area in healthcare. The Biopsychosocial model in psychology exemplifies the holistic nature in the study of mind and behaviour. It delivers the idea that health of an individual lies in the three dimensions - social, biological and psychological. Each of these dimensions need to be considered simultaneously, to diagnose and treat a patient comprehensively.

The holistic and humanistic view of the Biopsychosocial approach reflects in the practice of onco-psychology - an intersection of mental health care and oncology. A cancer patient’s emotional wellbeing and lifestyle is as important as the medical treatment of the disease. When the biological, social and psychological welfare of the patient is looked

after by a community of professionals working together, towards the same goal, then the prognosis of the illness improves by a mile.

Spirituality in Mindfulness is yet another element that has been used as a grounding mechanism among humanity for centuries. It teaches an individual to be in the present moment, without practicing judgement and refraining from thinking about anything but the moment one is in.

The conference was organised by the Department of Clinical Psychology Gauhati Medical College and Hospital (GMCH) in collaboration with the Department of Psychiatry of Gauhati Medical College and Hospital (GMCH) and the National Mental Health Program, NHM, Assam. This collaboration is an ideal representation of the various groups that come together to adopt a community based approach towards mental health care of the population. This integrative approach demarcates the 'New Wave' in Clinical Psychology which recognises that mental health based treatment and advocacy can only be effective if the entire community of mental health professionals and the society as a whole. Working together towards the same goal i.e., optimum level of care and evidence based treatment of mental health illness, will significantly advance the quality of mental health care in our country, India

This editorial of 'New Wave', the souvenir-cum-scientific update to eternalise the Conference of the Clinical Psychology (ConCP), held on 9 November, 2024 in

NEW WAVE

Guwahati, Assam. This Book contains chapters on the theme of the conference, “An Integrative Approach: New Trends in Clinical Psychology ”.

Happy reading!

NEW WAVE

ARTICLES

The Silent Struggles: Understanding Mental Health in Contemporary Society

Author: Manish Thakur IAS. *M. Tech. Electrical Engineering, IIT Kanpur and MPA, International Development, Harvard Kennedy School*

Note: The anecdotes in this article are fictitious representations of actual events.

In early 2020, Rajiv Verma, a 32-year-old marketing professional from Mumbai, was leading a life that many in India could relate to, busy with work, social events, and a bright future ahead. However, everything changed with the onset of the COVID-19 pandemic, which thrust the world into turmoil. The sudden lockdown announcement hit Rajiv hard. Living alone in his one-bedroom apartment, he initially believed he could cope with the isolation. Unfortunately, as the weeks progressed, reality took a harsh turn when he was laid off by his employer, a consequence of the economic downturn. The financial stability he had taken for granted evaporated overnight.

Parallel to Rajiv's journey, the story of a young American with Indian origin named Vikram Kumar, who experienced a very different kind of isolation, unfolded. Vikram's life was marked by an upbringing shielded from social activities and sports. Despite these challenges, he achieved the extraordinary by gaining acceptance into University of California, a feat accomplished by only 0.1% of applicants.

After completing his B.S. and M.S. in Computer Science, Vikram secured a coveted position at Google. Yet, beneath the surface of his academic and professional success lay a growing sense of disconnection. Eventually, overwhelmed by the pressures of his career, he left Google, spiraling into depression. With no health insurance and mounting medical bills, Vikram faced not only the internal struggle of his mental health but also the external burdens of financial instability. His family's support was a double-edged sword—sometimes providing solace, yet other times deepening his feelings of inadequacy and guilt.

Despite his attempts to remain hopeful that normalcy would soon return, the months dragged on, and Rajiv's optimism dwindled. He found himself alone in a silent, shuttered apartment, grappling with the weight of his circumstances. The loss of his two primary sources of emotional support, his parents and his best friend, Sunil, added to his heartbreak. The grief that followed was immense, but Rajiv, feeling isolated, chose to suppress his pain. Over time, his friends' calls and messages began to dwindle, leaving him to bear the heavy burden of loneliness.

For Vikram, the isolation mirrored Rajiv's, yet stemmed from a different source. Having spent years focused solely on academic success, he found himself ill-equipped to navigate the emotional landscape of adulthood. As he battled depression, suicidal thoughts crept into his mind, echoing Rajiv's sentiments of despair. Both men experienced a

pervasive darkness that made simple activities getting out of bed, eating, and showering seem pointless. The absence of a support network compounded their struggles, trapping them in their silent battles.

Rajiv's existence became confined to the four walls of his apartment, and a pervasive darkness enveloped him. Days blended into one another, and even simple activities like getting out of bed, eating, and showering seemed pointless. Memories of his parents and Sunil haunted him, leading to sleepless nights filled with despair. Similarly, Vikram's memories of academic accolades and corporate achievements began to feel like heavy burdens, amplifying his feelings of failure as he struggled to cope with his mental health.

The stories of Rajiv and Vikram exemplify the struggle many individuals face in contemporary society, grappling with issues of loneliness, grief, and a descent into despair. While their experiences are unique, they resonate with countless others. In India and beyond, people are confronting a mental health crisis worsened by societal factors.

Mental illness is a significant challenge in contemporary society, impacting individuals and communities globally. As we navigate a complex socioeconomic landscape characterized by rapid urbanization, economic instability, and shifting cultural norms, mental health issues have become increasingly visible. Stigma surrounding mental

illness often impedes open discussions, resulting in a lack of understanding and insufficient support networks.

This article seeks to delve into the intricate nature of mental illness by examining how sociocultural and economic factors influence mental health across diverse populations. Real-life examples and case studies of individuals facing various mental health challenges will shed light on the profound effects of mental illness on both personal lives and the broader community. This discussion emphasizes the urgency and empathy needed to address this crisis.

To truly grasp mental illness, one must adopt a comprehensive perspective that considers not only individual experiences but also the wider social, cultural, and economic contexts in which they occur. Theoretical frameworks, such as Michel Foucault's views on mental illness and Emile Durkheim's theory of suicide, offer valuable insights into the forces shaping individual experiences and their effects on mental health outcomes.

Foucault explored the connection between mental health, knowledge, and power, arguing that society often simplifies complex human experiences into clinical diagnoses that can undermine personal autonomy. He pointed out that societal norms dictate perceptions of normalcy and abnormality, perpetuating stigma against those who deviate from the norm. Vikram's journey illustrates this perfectly; despite his achievements, he faced societal expectations that left no room for vulnerability. His experiences highlight how

cultural norms significantly influence the perception and treatment of mental illness, especially among those who have accomplished societal milestones.

A comprehensive examination of the sociocultural, economic, and individual factors that contribute to the complexity of mental health is essential. These elements shape people's overall well-being by affecting their perceptions and experiences of mental health challenges.

Socio-Cultural Factors Influencing Mental Health

Sociocultural contexts play a critical role in influencing mental health by shaping perceptions and treatment of mental illness. In numerous cultures, including India, mental illness is often stigmatized and regarded as a moral failing or weakness. Individuals grappling with conditions like depression or anxiety may be labeled as "weak" or "unstable," discouraging them from seeking help and fostering feelings of guilt, isolation, and self-stigmatization. Traditional cultural beliefs often prioritize physical health over mental well-being, influencing how mental illness is perceived. As a result, those struggling with mental health issues may lack adequate support and may choose to endure their suffering in silence to evade societal scrutiny.

The rise of social media has intensified this issue, creating an environment conducive to social bullying. Young individuals, in particular, may endure severe online scrutiny, leading to feelings of inadequacy and depression. The tragic

case of a teenager who faced relentless bullying on social media platforms serves as an illustration of how digital interactions can result in severe mental health repercussions. Negative comments regarding her appearance and lifestyle led to a devastating decline in her self-esteem, culminating in suicide. This highlights how the virtual environment can magnify feelings of isolation and despair, underscoring the urgent need for awareness and intervention.

Vikram's journey into the tech industry exemplifies how societal expectations can shape personal struggles. Despite his accolades, he felt immense pressure to maintain an image of success, leading him to neglect his mental health. His experiences echo those of individuals like Rajiv, whose alienation stemming from stigma and the lack of mental health support can have catastrophic effects on individuals and communities.

The alienation stemming from stigma and the lack of mental health support can have catastrophic effects on individuals and communities. Emile Durkheim's concept of anomic suicide exemplifies how individuals can become disconnected from society, sometimes resorting to destructive actions as a result of this alienation. For example, Raman Raghav, a notorious serial killer in India during the 1960s, is believed to have suffered from untreated schizophrenia. His violent actions underscore the severe consequences of social isolation and neglect, as his psychosis went unrecognized and untreated.

Similarly, the alarming rise in student suicides in Kota, Rajasthan, often dubbed India's "education hub," illustrates the immense pressure faced by young individuals striving for academic success. Attracted to the city by the promise of achievement, many students find themselves in a harsh environment characterized by fierce competition, high parental expectations, and societal pressures. Tragically, numerous students have taken their own lives due to overwhelming stress, feelings of inadequacy, and fear of failure. These heartbreaking events serve as a stark reminder of the urgent need for mental health awareness and robust support networks.

Economic Factors and Mental Health

Economic disparities frequently exacerbate mental health challenges, fostering feelings of inferiority and inadequacy. Durkheim's theory of "fatalistic suicide" offers insight into how rigid social structures and discrimination can trap individuals in oppressive situations, leading to hopelessness. In India, caste discrimination remains a significant barrier, particularly for marginalized communities like Dalits and Adivasis. These groups often encounter systemic oppression, limited access to education and employment, and social ostracization. The relentless stigma and dehumanization foster a sense of entrapment, leaving individuals feeling as though escape from their circumstances is impossible. For instance, a Dalit person repeatedly denied job opportunities due to their caste may

experience profound hopelessness, potentially leading to mental health issues, suicidal thoughts, or actions.

Gender inequality in India further compounds these pressures, particularly within conservative or patriarchal households. Women experiencing domestic violence or societal expectations of submission may feel equally ensnared. Many of these women might view suicide as their only escape from an oppressive environment. For example, a woman enduring ongoing abuse at home, compounded by societal expectations to remain silent, may see suicide as her only path to liberation.

The epidemic of farmer suicides in Maharashtra poignantly illustrates the intersection of economic hardship and mental health. Many farmers in this region struggle with crippling debts resulting from failed crops, fluctuating market prices, and the impacts of climate change. The psychological burden of financial instability, coupled with societal pressures to provide for their families, can lead to despair. Reports indicate that many farmers, feeling trapped by their circumstances, have taken their own lives as a means of escaping the relentless cycle of poverty and hopelessness. This tragic phenomenon aligns with Durkheim's concept of fatalistic suicide, wherein individuals view their future as bleak and unchangeable, ultimately leading them to the heart-breaking decision to end their lives.

The Impact of Personal Trauma and Elderly Mental Health

The personal trauma experienced by individuals plays a pivotal role in shaping their mental health. For instance, both Rajiv and Vikram faced immense challenges as they struggled to cope with their mental health in the wake of the pandemic and societal expectations. Rajiv's isolation and loss were compounded by the grief of losing his parents and the emotional weight of Sunil's absence. His journey illustrates how unresolved grief can lead to severe mental health challenges, highlighting the necessity for support and understanding in the face of personal tragedies.

Similarly, Vikram's upbringing played a significant role in shaping his relationship with mental health. Raised in a family that prioritized academic achievement over emotional well-being, Vikram felt immense pressure to succeed at all costs. This societal expectation ultimately contributed to his decision to leave a high-profile job, revealing how external pressures can impact an individual's mental health. Both Rajiv and Vikram exemplify the importance of recognizing the interconnectedness of personal experiences, societal expectations, and mental health outcomes.

Likewise, the story of popular Bollywood actor Sushant Singh Rajput, who committed suicide in 2020, brought attention to the frequently unseen difficulties faced by individuals in the public eye. Despite his success, Sushant battled psychological issues, including anxiety and

depression, which were exacerbated by societal expectations. His death ignited a national conversation about mental health, exposing the stigma surrounding it and the pressing need for open discussions. Sushant's experience serves as a powerful reminder that anyone can be affected by mental health problems, regardless of their background or achievements, highlighting the importance of empathy and awareness in recognizing the warning signs of mental anguish.

Bipolar disorder, characterized by extreme mood swings from manic highs to depressive lows, often complicates the mental health landscape. Individuals with bipolar disorder may exhibit erratic behavior during manic episodes, leading to socially unacceptable decisions, such as reckless spending or engaging in public displays deemed inappropriate. For instance, during a manic phase, an individual might exhibit behaviors like public indecency, which can stem from a lack of impulse control and underlying trauma, neglect, or severe social rejection, resulting in significant stigma and misunderstanding from society.

Additionally, the elderly population faces unique mental health challenges that are often overlooked in discussions about mental illness. Many older adults experience isolation, loss of loved ones, and declining physical health, all of which can lead to depression and anxiety. The Covid-19 pandemic intensified these issues, as many elderly individuals were confined to their homes and cut off from

social interactions. This situation has highlighted the necessity for age-sensitive mental health services that address the specific challenges faced by older adults.

Research has indicated that loneliness is a key predictor of mental health issues in the elderly, with studies showing that socially isolated seniors are more likely to experience depression and cognitive decline. Community initiatives aimed at fostering connections among older adults can help alleviate feelings of isolation and improve mental well-being.

Breaking the Silence: The Importance of Awareness and Action

The narratives of Rajiv and Vikram serve as poignant reminders of the silent struggles faced by individuals grappling with mental health challenges in contemporary society. Their stories reflect a broader societal issue that transcends cultural, economic, and individual boundaries. As we confront the growing mental health crisis, it is crucial to foster open conversations, dismantle stigmas, and provide adequate support for those in need. By emphasizing empathy, understanding, and a commitment to addressing mental health, we can pave the way for a society that prioritizes well-being and resilience.

To address the mental health crisis effectively, it is imperative to cultivate an environment of understanding and empathy. Initiatives aimed at reducing stigma and promoting

mental health awareness are crucial for creating supportive communities. Schools, workplaces, and healthcare settings must prioritize mental health education and support, ensuring that individuals feel safe seeking help without fear of judgment.

Mental health campaigns, such as "Mental Health Awareness Month," provide opportunities to raise awareness and foster open conversations. Mental health professionals, educators, and community leaders must collaborate to develop programs that educate individuals about recognizing mental health issues and providing support.

Additionally, mental health services need to be accessible and affordable, particularly for marginalized communities disproportionately affected by mental health challenges. Public health policies should prioritize funding for mental health programs, ensuring that individuals can access the support they need without facing financial barriers.

In summary, the intricate relationship between mental health and societal factors necessitates a comprehensive approach to understanding and addressing mental illness. By acknowledging the impact of socio-cultural, economic, and individual factors on mental health, we can begin to dismantle stigma and promote well-being in our communities. It is crucial to foster open conversations about mental health, recognizing the diverse experiences of individuals, and advocating for comprehensive support systems that empower everyone to seek help.

NEW WAVE

As we reflect on Rajiv's story, let us remember that mental health is not just a personal struggle; it is a collective responsibility. By working together to create a more compassionate and supportive society, we can help individuals like Rajiv find the strength to seek help and reclaim their lives from the shadows of mental illness.

Collaborating for Comprehensive Mental Health: A Psychiatrist's Perspective on Working with Psychologists

Dr Uddip Talukdar

Mental health care is a complex and multifaceted field, requiring the collaboration of various professionals to provide comprehensive and effective treatment. Among these, the partnership between psychiatrists and psychologists is particularly crucial. This article explores the dynamics of their collaboration, the challenges they face, and the road ahead.

The Importance of Collaboration

Psychiatrists and psychologists bring unique skills and perspectives to the table. Psychiatrists, with their medical training, can diagnose and treat mental health conditions using medication and other medical interventions. They treat mental disorders through a medical lens. Psychologists, typically holding advanced degrees in psychology, use therapy and behavioral interventions to address mental health issues. They focus on cognitive, emotional, and social aspects without prescribing medication. Together, they offer a comprehensive mental health care approach, each bringing unique skills to diagnose and treat patients effectively.

Challenges in Collaboration

While collaboration between psychiatrists and psychologists should work in theory, in practice there are certain challenges which often make this collaboration difficult to achieve the desired goal:

1. **Differences in Training and Treatment Approaches:** Psychiatrists and psychologists often have different approaches to treatment, rooted in their respective training. Psychiatrists tend to focus on the pathological basis of illness and prefer pharmacological treatment. On the other hand, psychologists delve into interpersonal dynamics and use therapies to address issues. It is noteworthy that while some mental illnesses have a well-understood neurological basis, most have complex etiologies intertwining biology, psychology, and sociology. This inherent difference in approach can lead to misunderstandings and differing opinions on the best course of action [1, 2].
2. **Communication Barriers:** Effective communication is crucial for interdisciplinary collaboration. However, since psychiatry and psychology are studied in separate courses, the terminologies differ significantly. Additionally, years of specialized study change the language each discipline uses, making it essential for professionals from both fields to learn each other's language for effective communication.

Unfortunately, busy schedules often make this difficult and time-consuming [3].

3. **Professional Boundaries:** The roles of psychiatrists and psychologists may be well-defined, but often there comes a point where boundaries must be crossed. In reality, these boundaries are not only fine but also blurred, leading to issues where both parties might feel their territory is being encroached upon. Navigating these boundaries while respecting each professional's expertise can be challenging [4].
4. **Systemic Issues:** The health care system itself can sometimes create obstacles to collaboration. Administrative policies, logistical issues, differing duty hours, and varying access to patients combine to create divides between the two professions, impeding seamless teamwork [5, 6].
5. **Differing Expectations:** In collaborative work, clear expectations from each contributor are essential. While expectations are usually reasonable, each patient is unique, and the same results cannot always be expected even with due diligence. This sometimes casts doubt on the contributor's abilities.
6. **Rise of Media:** While raising awareness about mental illness in various media is crucial, it is often noted that some psychologists and psychiatrists seem eager to become social influencers. This trend can reduce

the perception of both fields to mere 'pop science,' ultimately delivering incorrect information to the public.

Overcoming the Challenges

Addressing these challenges requires deliberate effort and systemic changes. Here are some strategies that can pave the way for better collaboration:

1. **Interdisciplinary Training:** Incorporating interdisciplinary training in both psychiatry and psychology programs can help future professionals understand each other's roles and approaches, fostering mutual respect and better collaboration [7]. In India, the separation of Science and Arts streams in class XI creates a significant divide. The subjects are taught in very different ways, changing the thinking processes. Training must enable both faculties to interact effectively, understanding the strengths and limitations of the other subject [7].
2. **Regular Communication:** Establishing regular communication channels, such as interdisciplinary team meetings, can help bridge the communication gap and ensure that all team members are on the same page regarding patient care [8]. Such meetings should be open and highly interactive, enabling young members to understand the perspectives of each subject clearly [8].

3. **Conflict Resolution:** It is commonly believed that both psychiatrists and psychologists are well trained about conflict and resolving it. But, when it comes to self, conflicts can be hard to notice, and resolution of the same is seldom attempted. While working in a team, conflicts are bound to appear, and there must be a way to resolve the same. Training in identification of conflict and resolving the same must be a part of the collaborative process itself. This will help both parties to manage disagreements and differing opinions constructively.
4. **Integrated Care Models:** Implementing integrated care models that bring psychiatrists, psychologists, and other mental health professionals together under one roof can facilitate collaboration and improve patient outcomes. This is easier in hospitals where both professionals are physically present but challenging in private clinics. Often, communication occurs through the final note—the diagnosis—which can be just a label rather than considering current psychological issues and other problems. A collaborative approach before making the final comment is essential [9].
5. **Advocacy for Systemic Change:** Advocacy efforts to change systemic issues, such as insurance policies and administrative barriers, can create a more conducive environment for collaboration [10].

6. Continuing Education and Professional Development: Encouraging continuing education and professional development opportunities that focus on interdisciplinary collaboration can help professionals stay updated on best practices and emerging trends in collaborative care [11]. While modern medical science advocates for more collaborative approaches to treatment, most medical conferences remain private affairs among peers. Familiarity with associated sciences fosters mutual respect and improves communication.
7. Social Advocacy: Professionals must practice care and humility when dealing with media communication. The media often sensationalizes content, and it is easy to fall into this trap. Given the complexity of mental health science, it is crucial to communicate accurately and factually, highlighting associated subjects to ensure the public receives the correct message.

Conclusion

The collaboration between psychiatrists and psychologists is essential for providing comprehensive and effective mental health care. While there are challenges, a concerted effort towards interdisciplinary training, regular communication, integrated care models, and systemic advocacy can pave the way for better collaboration. By working together,

psychiatrists and psychologists can ensure that patients receive the holistic care they need to thrive.

(Disclaimer: Microsoft Copilot (Prometheus AI Model) was used to prepare and finalize this article)

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The Road to happiness (Buddhist perspective)

Ms Indrani Laskar (*ACS Joint Secretary to Govt of Assam Health and Family welfare department who translated HH Dalai Lama's My land My people into Assamese and is studying Buddhist philosophy and psychology for few years and currently doing MA on the same*)

“A man’s ethical behavior should be leased effectively on sympathy, education and social ties and needs, no religious basis is necessary” Albart Einstein, Religion and science New York Times, 9 November, 1930.

In fact, Albert Einstein who was possibly the greatest scientist mankind has produced with his theory of relativity has rightly spoken of sympathy and education, social times and needs in social ties and needs in the society. In fact such thoughts of Albert Einstein align with loving kindness and compassion which are two pillars from the Buddhist viewpoint in path for happiness.

In this world where strife and stress are most commonly heard, conflicts and misunderstandings rule our lives, the basic pursuit of all is to seek happiness. Everyone wants to be happy yet happiness is never more of material acquisitions, be it whether as Buddhism says, is determined more by one’s state of mind. Success may be used in the feeling of election but sooner or later our level of happiness migrates back to the creation baseline. And we see this

operating in our life with salary hike, new house but soon we return to our customary level of happiness and likewise any argument, injury can put us in a foul mood.

So rather than external facts we need to work upon our internal facts and the mind is basic equipment to achieve happiness we first have to learn how negative emotions and behavior are harmful and positive emotions are helpful. And we also have to realize how negative emotions are harmful. And we also have to realize how negative emotions are harmful to society which will drive us to overcome them. After this our next task is to examine the variety of mental status we experience and classify them according to whether they lead to happiness or not. Recognizing the state of suffering that we are in the all pervasive suffering hatred jealousy and anger are afflictive emotions as they add to our present predicament. They add to our present predicament. They destroy our mental happiness because once we harbor feelings of hatred or ill-feelings other of hatred or ill-feelings other people too take us to be hostile so there is more fear, more inhibition, more hesitation, more sense world these is less of correctness, more of loneliness bringing more problems than anyone can handle.

This endless cycle of misery and unhappiness can be left behind when we shift our focus to others and our wish to face others from misery. In the worlds of HH the Dalai Lama of compassion, loving kindness, then something automatically opens, your inner door. Through that you can

communicate much more easily with other people. And that feeling of Worth creates a kind of openness. You will find all human beings are like you, you will be able to relate easily. "This leads to the spirit of friendship and feelings of fear, doubt, insecurity dissipates. Such mental attitude definitely leads to better mental health.

But then this all requires a transformation of outlook and way of thinking. We select and focus positive mental states challenging negative ones for systematic training of mind and this is possible because of the very structure and function of the brain. We are born with brains that are genetically hardened with certain instinctual behavior matters, we are predisposed mentally, emotionally physically to respond to environment, our brains are also adaptable, designing new patterns, new combinations of nerve cells and neurotransmitters in response to any input, which is called inherent capacity to change plasticity. In fact our brains are malleable ever changing reconfiguring their wiring on new thoughts and experiences. This remarkable feature of the brain is the physiological basis of possibility of transforming our minds. By mobilizing our thoughts and new ways of thinking we can reshape our nerve cells. This is also the basis of inner transformation so very vital to Road to happiness.

For training the mind with new inputs we need what is called discipline more so discipline of the mind which is the essence of teaching of the Buddha. In fact the Buddha says "All things are preceded by the mind and lead by the mind,

created by the mind” A person is a combination of five aggregates namely body, feeling, perception, mental formation and consciousness. Except for the body the other four are related to the mind. Feeling, perception and mental formation are regarded as mental factors while consciousness is the mind. The mind is all knowing and clear and has 51 mental factors which are again divided into 5 omnipresent mental factors, 5 object ascertaining mental factors, 11 virtuous mental factors, 6 root afflictions, 20 secondary afflictions, 4 variable mental factors while object ascertaining mental factors like aspiration appreciation, mindfulness, concentration, wisdom help us to apprehend we need to focus on eleven positive mental factors of faith, integrity, consideration, non attachment, non hatred, joyous effect, non confusion pliancy, conscientiousness, compassion equanimity as antidote to all root afflictions of attachment, anger, arrogance, ignorance and secondary afflictions derived from them as this are cause of all pervasive suffering. As His Holiness the Dalai Lama puts it, “we are seeking to control the mind and those practices which control mind is dharma.”

In fact Buddhism other than laying out the causes of unhappiness also sketches in detail the path to happiness by mind training with focus on all positive mental facts so that we suffuse our minds with them thoroughly making it more peaceful and disciplined. In this comes the graded path to Enlightenment which find elaboration in all major Buddhist

texts Unable to bear suffering of other beings we develop compassion and love wishing others to be happy and we generate two aspirations namely seeming welfare of others through seeming own Enlightenment To this again further training is necessary -the practise of six perfections of generosity ethics patience effort concentration and wisdom What is important we tame our mind and learn to be a good person

By reclaiming our innate state of happiness through belief that human nature is essentially compassionate In words of HH the Dalai Lama "The Buddhist doctrine provides ground for the belief that fundamental nature of all sentient beings is essentially gentle and not aggressive" and this is called Buddha nature With this belief and so by being kind to others and wishing all to be happy, also help in deepening our connection to others which in turn try to solve relationship problems that afflict us mostly. Also the sense of commitment, responsibility and respect that comes with cherishing others rather than self also built society that is kind, which indeed is the call of the hour, where bloodshed and hatred rule our hearts , homes and country. Good relations, heart to heart , human to human is the only answer to all problems that assail us, our lives and our homes, and once again to quote Einstein, "Buddhism has the characteristics of what could be expected in a cosmic religion for future. It transcends a person who avoids dogmas and theology"

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যোৰহাট চিকিৎসা মহাবিদ্যালয়, যোৰহাট
সন্মাতাৰ : ৯৮৬৪২৩৮৪৮৮

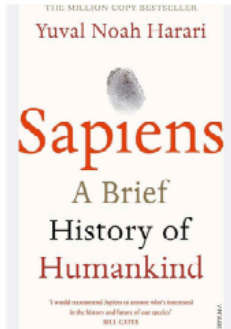


মানুহ নামৰ প্ৰজাতিটো এই পৃথিৱীলৈ কিমান বছৰ আগতে আহিল এই কথা কোৱাটো টান যদিও বিজ্ঞানীসকলে বিশ্বাস কৰে যে প্ৰায় তিনি লাখ মান বছৰ আগতে আফ্ৰিকা মহাদেশৰ পৰাই আধুনিক মানুহৰ বিৱৰ্তনীয় যাত্ৰা আৰম্ভ হৈছিল। বৰ্তমানৰ মানৱ প্ৰজাতিক হ'ম' চেপিয়েনছ (Homo sapiens) বুলি কোৱা হয়। Homo অৰ্থাৎ মানুহ (man) আৰু sapiens অৰ্থাৎ জ্ঞানী (wise)। এই হ'ম' চেপিয়েনছ (Homo sapiens)ৰ দৰে আৰু বহুতো মানুহৰ প্ৰজাতি সেই সময়ত পৃথিৱীৰ বেলেগ বেলেগ ঠাইত বাস কৰিছিল; যেনে — পূব এছিয়াত আছিল হ'ম' ইৰেক্টাছ (Homo erectus), ইউৰোপ আৰু পশ্চিম এছিয়াত আছিল হ'ম' নিয়েণ্ডাৰথালেনচিছ (Homo neanderthalensis) আৰু পূব আফ্ৰিকাত আছিল হ'ম' ৰুদলফেনচিছ (Homo rudolfensis) ইত্যাদি। এই সকলোবোৰ মানুহেই একোটা জাতি হ'ম' (Homo)ৰ অন্তৰ্ভুক্ত। উল্লেখিত মানুহৰ প্ৰজাতিসমূহৰ মাজত থকা বিভিন্ন পাৰ্থক্যৰ অন্যতম পাৰ্থক্য হ'ল তেওঁলোকৰ মগজুৰ ওজন, গঠন আৰু ইয়াৰ কাৰ্যক্ষমতা। নিয়েণ্ডাৰথালছ (Neanderthals) বিলাকৰ মগজুৰ ওজন হ'ম' চেপিয়েনছতকৈ বেছি আছিল। আধুনিক মানুহৰ মগজুৰ গড় ওজন হ'ল ১২০০-১৪০০ কিউবিক ছেণ্টিমিটাৰ। সঠিককৈ ক'বলৈ গ'লে প্ৰায় ১৩৭৫ কিউবিক ছেণ্টিমিটাৰ। মহিলাৰ মগজুৰ ওজন পুৰুষতকৈ প্ৰায় ১৫০ কিউবিক ছে.মি. কম। এতিয়া প্ৰশ্ন হ'ল মগজুৰ ওজনৰ লগত মানুহৰ প্ৰজ্ঞা বা বুদ্ধিমত্তাৰ কিবা সম্পৰ্ক আছেনে? মহান কবি আৰু দাৰ্শনিক অলিভাৰ ক্ৰমবেল, আইভান টুগেনিভ আৰু লৰ্ড বাইৰনৰ মগজুৰ ওজন যথেষ্ট বেছি আছিল কিন্তু

বিশ্ববিস্তৃত বিজ্ঞানী এলবাৰ্ট আইনষ্টাইনৰ মগজুৰ ওজন তুলনামূলকভাৱে যথেষ্ট কম আছিল। অন্য স্তন্যপায়ী জীৱ-জন্তুৰ মগজুৰ ওজন হয়গৈ ২০০-৪৫০ কিউবিক ছেণ্টিমিটাৰৰ ভিতৰত। প্ৰায় ২.৫ মিলিয়ন বছৰ আগতে আদিম মানুহৰ মগজুৰ ওজন কিন্তু ৬০০ কিউবিক ছে.মি.তকৈ বেছি নাছিল। এটি সন্দোজাত মানৱ সন্তানৰ মগজুৰ ওজন ৩৫০ কিউবিক ছে.মি. আৰু এবছৰীয়া সন্তানৰ ক্ষেত্ৰত এই ওজন হয় ৫০০ কিউবিক ছে.মি.। এটি সন্দোজাত মানৱ শিশুৰ মগজুৰ ওজন আৰু সমগ্ৰ শৰীৰৰ ওজনৰ অনুপাত হিচাপ কৰি চাইলে হয়গৈ ১:১২। শৰীৰৰ ওজন বাঢ়ি যোৱাৰ লগে লগে মগজুৰ ওজনো বাঢ়ি গৈ থাকে আৰু এটা সময়ত ই দুবিধ হৈ ৰয় আৰু শৰীৰৰ ওজন ক্ৰমান্বয়ে বাঢ়ি গৈ থাকে। এজন প্ৰাপ্তবয়স্ক লোকৰ শাৰীৰিক ওজনৰ লগত মগজুৰ ওজন তুলনা কৰিলে এই ওজন হৈ পৰে মাত্ৰ ২ৰ পৰা ৩%হে। কিন্তু এটি আচৰিত কথা যে এই দুইৰ পৰা তিনি শতাংশ মগজুৰেই সমগ্ৰ শৰীৰৰ ২০-২৫ শতাংশ শক্তি প্ৰাপ্ত তথা ব্যৱহাৰ কৰে। ডলফিন আৰু তিমিমাছ হ'ল এক অতি চতুৰ প্ৰজাতিৰ প্ৰাণী আৰু ইহঁতৰ মগজুৰ ওজন প্ৰায় ৮০০-৯০০ কিউবিক ছে.মি.। গৰেযণৰ পৰা দেখা পোৱা গৈছে যে প্ৰজ্ঞা তথা বুদ্ধিমত্তাৰ উপস্থিতি, বিকাশ আৰু বিৱৰ্তনৰ ক্ষেত্ৰত মগজুৰ ওজন বা ভৰৰ লগতে মগজু আৰু শৰীৰৰ ওজনৰ অনুপাতো সমানেই গুৰুত্বপূৰ্ণ, যি প্ৰজাতিৰে এই অনুপাত বেছি তাৰেই প্ৰখৰ বৌদ্ধিক বিকাশৰ সম্ভাৱনা বেছি আৰু আধুনিক মানৱ প্ৰজাতি হ'ল ইয়াৰ সৰ্বোৎকৃষ্ট উপাৰণ।

ইজৰাইলী বুৰঞ্জীবিদ য়ুভেল নৰা হাবাৰী (Yuval Noah Harari)য়ে মানুহ তথা প্ৰকৃতিৰ জন্ম বৃত্তান্তৰ ওপৰত

প্রণয়ন কবি উলিওৱা এখন বহুপঠিত কিতাপ হ'ল "Sapiens : A Brief History of Humankind (2011)। উক্ত গ্ৰন্থখনিত মানুহৰ প্ৰজ্ঞাৰ বিপ্লৱীয় বিৰূপন (Cognitive revolution)ৰ ওপৰত এক সম্যক জ্ঞান দিয়াৰ প্ৰয়াস কৰা হৈছে। মানৱ জাতিক পৃথিৱীৰ খাদ্য শৃংখলৰ সৰ্বোচ্চ শিখৰত আৰোহণ কৰোৱা আৰু মানুহক নিকটবৰ্তী অন্যান্য স্তন্যপায়ী জীৱ-জন্তু যেনে — চিম্পাঞ্জী আদিৰ পৰা পৃথক কৰাৰ ক্ষেত্ৰত সৰ্বাতোতকৈ গুৰুত্বপূৰ্ণ ভূমিকা পালন কৰিছিল অৰ্থপূৰ্ণ শব্দৰ সৃষ্টি আৰু ভাষাৰ আৱিষ্কাৰ তথা ইয়াৰ যথোপযোক্ত প্ৰয়োগে। কন্যাপ্ৰাণীৰ পৰা নিজক বাচাবৰ কাৰণেহে আদিম মানুহে শব্দৰ প্ৰয়োগ কৰিবলৈ বাধ্য হৈছিল। পাছলৈ এই শব্দৰ প্ৰয়োগ যিকোনো এটা পৰিস্থিতিক বৰ্ণনা কৰিবলৈ ব্যৱহাৰ কৰিব পৰা হ'ল।



ভাষাৰ ব্যৱহাৰত পাৰ্গত হৈ উঠাৰ লগে লগে আদিম মানুহ কল্পনাবিলাসীও হৈ পৰিল। এটা পুৰুষে অন্য পুৰুষলৈ জীৱনত ঘটি যোৱা কাহিনীবোৰ সাধুকথাৰ দৰে কল্পনাৰ ৰহণ সানি প্ৰকাশ কৰিব পৰা হ'ল। আজিৰ দিনতো মাক বা আইতাকে কোলাত কেঁচুৱা লৈ সাধু কোৱাৰ এক

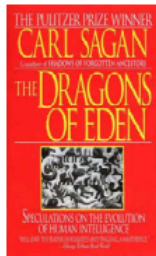
সহজাত প্ৰবৃত্তি হয়তো সেই আদিম মানুহৰে বিবৰ্তনীয় ফচল।

অন্যান্য মানৱ প্ৰজাতিৰ ভিতৰত হ'ম' চেপিয়েনজ্জৈ পৃথিৱীত বৰ্তি থকাৰ অন্যতম প্ৰধান কাৰণ হ'ল জুইৰ আৱিষ্কাৰ আৰু ইয়াৰ ব্যৱহাৰ। জুইৰ ব্যৱহাৰে মানুহক অন্য কন্যাপ্ৰাণীৰ পৰা বাচাই ৰখাৰ উপৰিও মানুহে খাদ্যবস্তু জুইত সেকি পুৰি খাবলৈ শিকাৰ ফলত বহুতো অণুজীৱজনিত ৰোগৰ পৰাও হাত সাৰিব পৰা হ'ল। কেঁচা খাদ্য খাবলৈ দাঁতৰ ব্যৱহাৰ নকৰাৰ ফলত দাঁত দুপাৰিয়ে ইয়াৰ ডাঙৰ আকাৰ আৰু চোক তথা ধাৰ হেৰুৱায়। মানুহ দুডৰিৰ ওপৰত ঠিয় হ'ব পৰা হোৱাৰ ফলত হাত আৰু আঙুলিৰ চালচলন অতি সূক্ষ্ম, তীক্ষ্ণ আৰু কৌশলী হৈ পৰিল। সদোজাত মানৱ শিশুৰ মূৰৰ আয়তন অন্যান্য স্তন্যপায়ী জন্তুৰ মূৰৰ আয়তনতকৈ যথেষ্ট বেছি। সেয়েহে প্ৰসৱ কালত মহিলাৰ প্ৰসৱ যন্ত্ৰণা আৰু প্ৰসৱজনিত মৃত্যুৰ হাৰো বহুগুণে বেছি। এই পৰিঘটনাবোৰৰ লগত মানুহৰ প্ৰজ্ঞাৰ বিকাশৰ কিবা সম্বন্ধ আছেনে? যদি আছে ই কেনে ধৰণৰ?

নৃতত্ত্ববিদসকলে গৱেষণাৰ পৰা এই কথাটো একমত হৈছে যে প্ৰায় ৫ মিলিয়ন বছৰ আগতে কিছুমান বান্দৰসদৃশ জন্তু এই পৃথিৱীত বাস কৰিছিল যিবোৰ আধুনিক মানুহৰ দৰে নিজৰ দুই ভৰিৰ ওপৰত (দুঠেঙীয়া প্ৰাণীৰ দৰে) থিয় হৈ খোজ কাঢ়া, দৌৰা, জপিওৱা আদিবোৰ কাম কৰিছিল। এইবোৰ জন্তুৰ মগজুৰ ওজন প্ৰায় ৫০০ কিউবিক ছে.মি. আছিল। এই ওজন বৰ্তমানৰ চিম্পাঞ্জীবোৰৰ মগজুৰ ওজনতকৈ ১০০ কিউবিক ছে.মি. বেছি। ইয়াৰ পৰা এই কথা অনুমান কৰিব পাৰি যে আমাৰ পূৰ্বপুৰুষ, আদিম মানুহৰ মগজু আৰু প্ৰজ্ঞাৰ বিকাশৰ আগতেই দুটা ভৰিৰ ওপৰত থিয় দিবলৈ শিকিছিল। অৰ্থাৎ এই কথাটো আমি এইধৰণেও ভাবিব পাৰোঁ যে দুডৰিৰ ওপৰত থিয় দিবলৈ শিকাৰ পৰাহে মানুহে ক্ৰমবিকাৰৰ এক সুদীৰ্ঘ পথ অতিক্ৰমি প্ৰজ্ঞা আৰু বুদ্ধিমত্তা সম্বলিত আজিৰ আধুনিক মানুহৰ শৰীৰলৈ উন্নীত হৈছে। আজিৰ দিনত ইয়াৰ এটি ব্যৱহাৰিক উদাহৰণ হ'ল এটি নৱজাত শিশুৰ বোধশক্তি একে বাবেই নগণ্য।

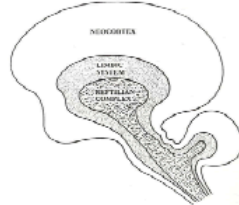
বছৰদিয়েক পাৰ হোৱাৰ পিছত, খোজ কাঢ়িবলৈ শিকাৰ লগে লগে এনে এটি শিশুৰ মগজুত বোধশক্তিৰ জন্ম হয় আৰু পাছলৈ ইয়াৰ পূৰ্ণতা প্ৰাপ্তি ঘটে।

মানুহৰ জন্মকালীন মগজু বা লাণ্ডখোলাটোৰ আয়তন বৃদ্ধি আৰু প্ৰসৰকালীন অতিবেদনাৰ পৰিঘটনাই এই কথাকেই বুজাই যে আধুনিক মানুহৰ মগজুৰ বিকাশ ক্ষীণতৰ আৰু শেহতীয়া আছিল। নিঅ'কৰ্টেক্স (Neocortex)ৰ বিকাশে মগজুৰ আয়তন বৃদ্ধিত বেছিকৈ অৰিহণা যোগালে। এটি মানৱ শিশু লালন-পালন কৰি আত্মনিৰ্ভৰশীল হোৱাৰ বাবে কমেও ৬-১০ বছৰ সময় দৰকাৰ হোৱাৰ বাবে শিশুটিৰ পৰিচৰ্যা কৰাৰ স্বার্থত এক পৰিয়ালকেন্দ্ৰিক ব্যৱস্থাপনাৰ আৰম্ভ হ'ল য'ত মাক আৰু সন্তানক খাদ্য আৰু প্ৰতিৰক্ষাৰ স্বার্থত অন্য পুৰুষ মানৱবোৰো একগোট হৈ থাকিবলৈ বাধ্য হ'ল। এনেকৈ গঠন হোৱা পৰিয়ালবোৰ একগোট হৈ এখন সমাজ পাতি থাকিবলৈ মানুহে শিকিবলৈ ধৰিলে। এটি অসুস্থসামাজিক উমৈহতীয়া যোগসূত্ৰৰ জৰিয়তে এনে সমাজ বা এটি বৃহৎ গোটাৰ মানুহবোৰ একত্ৰিত হৈ থাকিল। ধৰ্মীয় ৰীতি-নীতি, দেৱ-দেৱতা, ভূত-পিশাচৰ কল্পকাহিনী আদিবোৰ হৈ পৰিল এই মুখ্য উমৈহতীয়া যোগসূত্ৰ। এনেদৰে আৰম্ভ হোৱা প্ৰজাৰ বিপ্লৱৰ লগে লগে মানুহে নিজে নিজৰ শস্য উৎপাদন কৰি ভক্ষণ কৰাৰ কৌশলো শিকিবলৈ ল'লে।



মানুহেই হয়তো পৃথিৱীৰ একমাত্ৰ প্ৰাণী, সম্ভাৱ্য জন্ম আৰু মৃত্যুৰ প্ৰতি যাৰ এক সঠিক আৰু সুদৃঢ় ধাৰণা আছে। মৃত্যু যে এক চিৰসত্য অবশ্যস্বাৰী অপ্ৰতিৰোধ্য পৰিঘটনা এই কথা অন্য ইতৰ জীৱ-জন্তুৰে বা সম্ভৱতঃ মানুহৰ আটাইতকৈ নিকটৱৰ্তী চিম্পাঞ্জীসদৃশ অন্য প্ৰাণীবোৰৰ কোনেও বুজি পোৱাৰ অৱকাশ নাই। মৃত্যু সম্পৰ্কীয় এই বোধশক্তিৰ সৃষ্টিৰ বাবে প্ৰথমে জানিব লগা কথাটো হ'ল 'মই কোন', 'মই'ৰ আৱিষ্কাৰ আৰু 'মই'ক (Me-ness) স্বকীয়তাক স্বীকাৰ কৰা।

ড° কাৰ্ল চেগানৰ (Dr. Carl Sagan) পুলিৎজাৰ বঁটাপ্ৰাপ্ত বহুপঠিত কিতাপ 'The Dragons of Eden'ত মানুহৰ মগজুৰ বিকাশ আৰু প্ৰজাৰ উৎপত্তি আৰু ইয়াৰ ভিন্নভাৱীয়া বিৱৰ্তনীয় যাত্ৰাৰ ওপৰত বিস্তাৰিতভাৱে বৰ্ণনা কৰা হৈছে। ৫০০ মিলিয়ন বছৰৰ আগতে উৎপত্তি হোৱা জলজ প্ৰাণীবোৰৰ মগজু কেৱল দুতৰণীয়া আছিল, যাক মিড ব্ৰেইন (Mid brain) আৰু হিন্দ ব্ৰেইন (Hind brain) বুলি কোৱা হৈছিল।



তাৰ পিছত উদ্ভৱ হোৱা সৰীসৃপবোৰৰ মগজুত আৰু এটা তৰণৰ সৃষ্টি হ'ল যাক লিম্বিক চিষ্টেম (Limbic System) বুলি কোৱা হ'ল। মানুহৰ ক্ষেত্ৰত এই লিম্বিক চিষ্টেমৰ ওপৰত শেহতীয়াকৈ আৰু নতুনকৈ আৰু এটা তৰণ যোগ হ'ল যাক নিঅ'কৰ্টেক্স (Neocortex) বুলি কোৱা হ'ল। আধুনিক মানুহৰ ক্ষেত্ৰত এই নিঅ'কৰ্টেক্সেই হ'ল সবাতোকৈ বিকশিত আৰু অত্যধুনিক মগজুৰ কিয়দংশ। এই

নিঅ'কৰ্টেক্সৰ সন্মুখভাগক ফ্ৰণ্টেল কৰ্টেক্স (frontal cortex) বুলি কোৱা হয় আৰু এই ফ্ৰণ্টেল কৰ্টেক্সেই মানুহৰ ধ্যান-ধাৰণা, বুদ্ধি, প্ৰজ্ঞাৰ ভঁৰাল বুলি ক'ব পাৰি।

কাৰ্ল চেগানে লিঙ্গিক কৰ্টেক্স সম্বলিত সৰীসৃপবোৰৰ এই দুতৰপীয়া মগজুটোক তেওঁৰ কিতাপত Reptalian complex (R-Complex) হিচাপে নামকৰণ কৰিছে। জীৱ-জন্তুৰ খং-ক্ৰোধ, আক্ৰোশ, যৌন লিপ্সা, প্ৰতিশোধপৰায়ণতা, আক্ৰমণাত্মকবোধ চিত্ৰৰ উৎস হ'ল এই 'আৰ কমপ্লেক্স'। এটি পূৰ্ণ বিকশিত নিঅ'কৰ্টেক্সৰ অভাৱৰ কাৰণে এই সৰীসৃপবোৰে উল্লেখিত জৈৱিক বাসনাবোৰৰ উৰ্ধ্বত গৈ মানৱীয় প্ৰজ্ঞা সম্বলিত এক জীৱনৰ পৰা বহু আলোকবৰ্ষৰ দূৰৈত অৱস্থান কৰিবলৈ বাধ্য হ'ল। বিজ্ঞানীসকলে প্ৰমাণ কৰি দেখুৱাইছে যে এই নিঅ'কৰ্টেক্স বা প্ৰধানকৈ ফ্ৰণ্টেল কৰ্টেক্সৰ নষ্ট বা ধ্বংসৰ ফলত মানুহৰ 'মই'ৰ স্বকীয় ধাৰণাৰ বেমেজালি ঘটে আৰু সেইজন মানুহৰ বিচাৰ-বুদ্ধি আৰু প্ৰজ্ঞা 'আৰ কমপ্লেক্স'ৰ দ্বাৰা নিয়ন্ত্ৰিত হয়,

য'ত তেওঁৰ আচাৰ-ব্যৱহাৰৰ অংশবিশেষ হয়তো আদিম মানৱৰ দৰে হৈ পৰে।

বিশ্ববিখ্যাত মনোবিজ্ঞানী চিগমাণ্ড ফ্ৰয়ডৰ সংগঠনীয় মনোসূত্ৰৰ (Structural Theory of Mind) মতে মানুহৰ মনক তিনিটা স্তৰত ভাগ কৰিব পাৰি — Id, Ego আৰু Super ego। ইদ হৈছে এই সৰীসৃপীয় মগজুৰ সমূহ মনোবৃত্তিৰ প্ৰতিনিধি, ইগ' আৰু চুপাৰ ইগ' যেন পূৰ্ণবিকশিত নিঅ'কৰ্টেক্সৰে প্ৰতিবিম্ব, যি নৈতিকতা, যুক্তিযুক্ততা আৰু মূল্যবোধৰ ওপৰত প্ৰতিষ্ঠিত। বিবৰ্তনীয়ভাৱে যিমানেই আগবাঢ়ি নাযাওঁ লাগে সৰীসৃপীয় মগজু এটক আমাৰ মগজুৰ অভ্যন্তৰত কঢ়িয়াই লৈ ফুৰাৰ কাৰণেই হয়তো কেতিয়াবা আমি মানৱীয় মূল্যবোধ আৰু প্ৰজ্ঞাৰ সাধনা বিকাশক পাহৰি অন্য বন্যপ্ৰাণীৰ দৰে আচৰণ কৰি সোঁৱৰাই দিওঁ যে আমিও এনেবোৰ প্ৰাণীৰ পৰাই বিকশিত হৈ খাদ্য শৃংখলৰ সৰ্বোচ্চ শিখৰত উপবিষ্ট এক স্তন্যপায়ী জন্তুহে।

Role of Rational Emotive Behaviour Therapy in managing unhelpful Emotion

Dr. Rijusmita Sarma

Counselling Psychologist

A young adult of 20 years of age presented with fearfulness about studies and career since six months with increased irritability (flaring up to become anger outbursts), persistent low mood, loss of interest in daily activities and sleep disturbance. He also reported episodes of panic including increased heart rate, sweating, dizziness and a feeling of impending doom. He had expressed a fear of having another panic attack after the first episode. On evaluation, he scored 27 on the Beck Anxiety Inventory (BAI) indicating severe anxiety and 20 on the Beck Depression Inventory-II (BDI – II) indicating moderate depression. Hence, he was diagnosed with mixed anxiety and depressive disorder.

As the anxiety and episodes of panic were affecting his physiology and functional level, as a result of psychoeducation and mutual discussion, we decided to proceed with both psychotherapy (Rational Emotive Behaviour Therapy) and psychopharmacology.

Rational emotive behaviour therapy was applied to enable the client to work on the emotions of anxiety and anger. Behavioural interventions like activity scheduling, designing study sessions, and preparing study plans were also implemented. With the biopsychosocial intervention, the person recovered from the episode of mixed anxiety and depression. Post-recovery he chose to pursue a Masters in Psychology, after which he had undergone training. He is now a practising Psychologist, enabling many others to get skilled in managing their thoughts, emotions and behaviour. Rational emotive behaviour therapy was developed by Dr Albert Ellis in the 1950s. After completing graduate school, Dr Ellis started psychoanalytic training and simultaneously started his practice. He created two groups of clients. One group received the traditional psychoanalysis and the other group received a more active set of interventions. He realised he could help the second group more quickly than the first. Initially, Ellis thought that it was a must to dig deeper into the client's past to work on their disturbance. But eventually, he concluded that gaining insight alone led to change in only a small percentage of people. However, actively working on the client's beliefs was instrumental in inducing emotional and behavioural change.

Dr Ellis was influenced by philosophers like Confucius, Lao Tze, Marcus Aurelius and Epictetus. He utilised philosophy as the foundation of his new therapy. He contemplated on

the stoic philosopher's notion that people could choose whether to become disturbed. As Epictetus said, "Men are not disturbed by things, but by the view which they take of them." This became the core philosophy of Rational Emotive Behaviour therapy. In 1955 he formulated his theory in a paper which was presented at the annual convention of the American Psychological Association. Originally, he named this form of therapy 'Rational Therapy' attributed to his focus on cognitions. Then, realizing that in the title he underemphasized the role of emotions he renamed it as 'Rational Emotive Therapy'. Finally, in 1994 the name was changed to 'Rational Emotive Behaviour Therapy (REBT)' as behavioural methods are also used in therapy.

The principles of REBT can be understood as:

- According to REBT cognition is the most important proximal determinant of human emotions. The external events contribute to but do not directly cause our emotions. Our perceptions and evaluations of these perceptions (thoughts) sources our emotional responses.
- Irrational thinking is a major determinant of emotional distress. Dysfunctional emotions and many aspects of psychopathology can be attributed to dysfunctional thought processes like assumptions, overgeneralizations, demands etc.

- The most effective way to manage dysfunctional emotions is to analyse and work on the dysfunctional thinking patterns.
- Genetics and environmental factors influence the etiologic antecedents of irrational thinking. It is said that human beings are naturally predisposed to think both rationally and irrationally and the content of these beliefs are furnished by one's culture.
- Emotions play an important role in signalling people that they have a problem which they need to address.
- REBT emphasizes on the present proximal influences on emotions rather than historical influences. More than how they are acquired, rehearsal and adherence to the irrational beliefs lead to the present emotional distress. As mentioned by Sigmund Freud (1965), "The past is important because you continue to carry it around with you."
- Although not easy, with persistent practice beliefs can be changed. Active efforts to recognise, challenge, revise one's thinking and behave against the irrational belief is the key to changing the dysfunctional beliefs and consequently the emotional distress.

Two core components of REBT are the determinants (beliefs) and consequences (emotions and behaviour)

In REBT, beliefs are understood as 'Rational' and 'Irrational'. An irrational belief is rigid, inconsistent with

reality, blocks us from achieving our goals and leads to dysfunctional emotions and behaviour. Rational beliefs on the other hand are flexible and logical, help us in achieving our goals and lead to functional emotions and behaviour. Irrational thoughts are:

- Demands (e.g. I must achieve whatever I want, people must be nice to me, the world must be a fair place etc),
- Awfulizing (e.g. This is the worst thing that could have happened),
- Frustration intolerance (e.g. I cannot stand his behaviour of ignoring my messages),
- Self-downing (Not clearing the interview means that I am a worthless person),
- Other-downing (Being rude makes him a bad parent).

The rational counterparts of which could be :

- Preference (I would really like people to be nice to me but it isn't an absolute must),
- Non-awfulizing (this is very unpleasant but it isn't the worst thing), #Frustration tolerance (I may not like it but I can tolerate it),
- Self-acceptance (I can think about it and do something to make it better but not clearing the interview doesn't make me worthless.),

- Other-acceptance (Being rude was very unpleasant but that doesn't make him a bad parent).
- Different models explain different dynamics of these irrational beliefs leading to emotional distress and dysfunctional behaviour.

REBT discusses emotions in detail. There are four aspects of every emotion. They are: phenomenological (how it feels), social expression (communicating our goals and feelings to others), physiological arousal (biological response to stress), behavioural predisposition (consequential behaviours). For example: Anger feels different from sadness, is communicated differently, has different physiological responses in our body and the behaviours associated are also different. Emotions experienced as a response to a negative event are classified into two types: Healthy negative emotions (helpful, adaptive and functional emotions) and Unhealthy negative emotions (unhelpful, maladaptive and dysfunctional emotions). They are not quantitatively but also qualitatively different from each other. Healthy negative emotions lead to functional, self-preserving behaviour and unhealthy negative emotions lead to dysfunctional self-defeating behaviour.

These components (thoughts, emotions and behaviour) are intertwined and influence each other. The unhealthy negative emotions leading to maladaptive behaviour are connected to irrational thinking and the healthy negative

emotions leading to adaptive behaviour are connected to rational thinking.

If thoughts are the primary determinants of emotions and behaviour, the locus of control is within ourselves. We cannot become indifferent to external events, but it is empowering to know that we can work on our emotional distress and unhelpful behavioural patterns by identifying, challenging and modifying our thoughts without being entirely dependent on external factors and events.

Mental health and children

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“Health is a state of being hale, sound or whole in body mind and soul”. Mental health which today is recognised as important aspects of one’s total health status is a basic factor that contributes to the maintenance of physical health as well as social effectiveness.

Mental health problems affect about 1 in 10 children and young people. They include depression, anxiety and conduct disorder, and are often a direct response to what is happening in their lives.

The emotional wellbeing of children is just as important as their physical health. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults.

When we talk about children’s mental health which comprises reaching developmental and emotional milestones and learning healthy social skills and coping with problems when they arise. Mentally healthy children have a positive quality of life and can function well at home, in school and their communities. A child is born in a home where he

remains in the constant company of his mother in the formative years of his infancy.

The child needs are-

Security-the child must feel safe and sound

Stability- stability comes from family and community

Consistency-parents must synchronize their parenting

Emotional support- parents' words and actions should facilitate a child's trust, respect self-esteem and ultimately independence.

The mental needs are-

Besides mental and emotional needs the child needs good friends, encouraging words from adults are also important for helping children to develop self-confidence, high self-esteem and a healthy emotional outlook on life. That's why both physical and mental health are important for child development. Early childhood experiences are very important for the future development of personality. The parents of course since they control children during infancy are in the most strategic position to inculcate positive habits in their children. The first requisite condition is affection and love of parents and other members of the family. The infant should feel secure and loved in his home. Parents should meet the needs of their child. Proper and conducive environment should be provided in early childhood. Pleasant and satisfaction experiences should be provided for the harmonious development of the personality of the child.

Children need to have a good mental health status if they are going to live up to their full potential and truly live a life that is filled with positive experiences and the willingness to do what is best for themselves and the people around them.

There are many factors that can impact a child's mental health status, both positively and negatively. Providing children with an environment that demonstrates love, compassion, trust, and understanding will greatly impact a child so that they can build on these stepping stones to have a productive lifestyle. Many children do not receive that type of lifestyle though. Some children have to deal with a childhood that is filled with angst, resentment, hatred, distrust, and constant negativity. They have a difficult time coping with their emotions. These children need mental health programs like counselling. It is a difficult process for any person, let alone a child, to overcome such adversity but being proactive and doing all that you can for the child will at least help their mental health in some positive fashion. Some children may also be born with mental health issues. These issues are a product of nature rather than nurture so the child may have a more difficult time dealing with his or her emotional state. Many children just naturally feel depressed or have anxiety issues. When these issues are not dealt with in the proper fashion, the children tend to have lower self-esteem and they struggle in the educational environment.

Children with mental health issues will have a difficult time acclimating to different situations. Studies have shown that these children, if left untreated by a mental health professional, will likely to grow up and repeat these same behaviors with their children. These children tend to have a lower self-worth, negative feelings, perform poorly in school, and later become involved in unhealthy lifestyle decisions. However, when these children are properly treated, they can learn how to live a more promising life. They can overcome many of the issues that affect them without their consent. These children can live happy and productive lives that are filled with love, harmony, and a great mental health status. Mentally healthy children have a positive quality of life and can function well at home, in school and socially.

Commonly seen childhood psychological or mental disorders are behavioural problems like attention deficit hyperactivity disorder, school refusal or school phobia, anxiety disorder and oppositional defiant disorder and conduct disorder. Other childhood disorders and concerns that affect how children learn, behave or handle their emotions can include learning and developmental disabilities, autism and risk factors like substance abuse and self-harm.

Mental health is important to overall health for children. Mental disorders are chronic health conditions- those that go

on for a long time and often don't go away completely that can continue through the lifespan.

Guidance, empathy, support from parents and teachers can be immense help to the child in coping with mental health issues. Early diagnosis and appropriate help or treatment result in full recovery or successful curbing of symptoms other wise without help or treatment if the child growing up to be an adolescence may develop alcohol or drug use problems as well as violent or self-destructive behavior including suicide.

If a child have a warm, open relationship with their parents, they will usually feel able to tell them if they are troubled. One of the most important ways parents can help is to listen to them and take their feelings seriously. Children and young people's negative feelings usually pass. However, it's a good idea to get help if your child is distressed for a long time, if their negative feelings are stopping them from getting on with their lives, if their distress is disrupting family life or if they are repeatedly behaving in ways you would not expect at their age.

If the child is having problems at school, a teacher, school counsellor or psychologist may be able to help the child to overcome his/her mental health issues.

From Theory to Therapy: The Evolution and Impact of Clinical Psychology

Dr. Mythili Hazarika

Psychology as an academic field had its origin in 1915 at Calcutta University, under Professor Girindrashekar Bose who took keen interest in clinical psychology and initiated to practice psychoanalysis in patient care (1).

All India Institute of Mental Health in 1954 was established- now known as National Institute of Mental Health and Neurosciences (NIMHANS) who was instrumental in the formal initiation and development of clinical psychology as a professional discipline in India.

The Central Institute of Psychiatry (CIP) in Ranchi followed the expansion of this discipline with a Diploma in Medical and Social Psychology (currently known as M.Phil. in Clinical Psychology) in the year 1962 with a focus on wide-ranging aspects in the bio-psycho-social treatment approach for mentally ill patients (2).

Rehabilitation Council of India (RCI) was created as a registered society in 1986. Subsequently, it was made a statutory body for the profession of Clinical Psychology. The RCI is the only empowering authority to design, standardize, and monitor educational programs in clinical psychology and to provide validity approval to

institutions and to keep a central rehabilitation register of all qualified clinical psychologists. According to RCI a “Clinical Psychologist means a person having- i) A Professional Qualification in Clinical Psychology recognized by the RCI, from time to time, obtained from an RCI approved institution and granted by a university recognized by the University Grants Commission (UGC) as per Sections 11 and 12 of the RCI Act (1992), and ii) Registration in Central Rehabilitation Register (CRR) as per Section 13 of RCI Act (1992)” (3-5).

The significant milestone years of clinical psychology as a professional discipline are from the years 1921 when the Indian Psychoanalytic Society was formed and subsequently in 1925 when the Indian Psychological Association was established, in 1951 the Formal Professional Education in Clinical Psychology started at Banaras Hindu University, in 1962 the Diploma in Medical and Social Psychology started at the Hospital for Mental Diseases, in 1968 the first Indian Association of Clinical Psychologists was established, in 1974 the Indian Journal of Clinical Psychology started its publication, in 2011 the Positive Psychology unit was established at NIMHANS, in 2014 Service for Healthy Use of Technology Clinic (SHUT Clinic), NIMHANS was started, in 2017 the Mental Healthcare Act was passed and the act states that a “clinical psychologist means a person—(i) having a recognized qualification in Clinical Psychology from an institution approved and recognized, by

the Rehabilitation Council of India constituted under Section 3 of the Rehabilitation Council of India Act, 1992; or (ii) having a Post-Graduate degree in Psychology or Clinical Psychology or Applied Psychology and a Master of Philosophy in Clinical Psychology or Medical and Social Psychology obtained after completion of a full time course of two years which includes supervised clinical training from any University recognized by the University Grants Commission established under the University Grants Commission Act, 1956 and approved and recognized by the Rehabilitation Council of India Act, 1992 or such recognized qualifications as maybe prescribed” (6).

The act has a Central Mental Health Authority (CMHA) where there is a mandatory requirement of a nominated clinical psychologist and the author of this article is the first nominated clinical psychologist under this act in CMHA (7).

The last crucial milestone is the establishment of the Clinical Psychologist Society of India (CPSI). It is a registered society established in 2022 which acts as the representative body for Clinical Psychology and Clinical Psychologists in India.

Professional Diploma in Clinical Psychology (PDCP) is a one-year professional training program in clinical psychology that prepares for working as “Clinical Psychologist (Associate)” who can function in service settings as expert/specialist in non-academic service settings

(RCI, 2011). M.Phil. in Clinical Psychology is a two-year professional training program that is considered the essential professional education qualification for clinical practice or teaching in the field. It is also the minimum essential professional qualification to become a registered clinical psychologist in India (RCI, 2016). The Psy.D. is a multipurpose higher professional education qualification equivalent of a doctorate while also being a higher qualifying program as compared to M.Phil. for pursuing a subsequent professional career in clinical practice, teaching, and research (RCI, 2011). One is considered a full-fledged clinical psychologist after completing either M.Phil. in Clinical Psychology or Psy.D. These qualifications (M.Phil. and Psy.D.) are the minimum required eligibility to be considered as a full-fledged professional currently though a few revisions are proposed for in the near future keeping in terms with National Education Policy of India 2020 requirements (3-5).

The professionals of clinical psychology have gained momentous recognition over the past two decades but the identity of this profession in rural and semi rural areas is still confused with other mental health professions. The need for counselling, testing and structured therapies are quite high in rural and semi-urban populations but clinical psychologists are nearly absent. The Government of India is making efforts to recruit and appoint clinical psychologists at the district level under National Mental Health Program but due

to a low number of training institutes seats in M-Phil and Psy-D are very few. The eligible and licensed clinical psychologists work in central and federal (state) medical institutional infrastructure including at district levels, mental health institutes, centres of Excellence, rehabilitation centers, forensic centers, child and guidance centers, private hospitals, universities, and research institutes. Several clinical psychologists prefer to have their own private set up for professional services and consultation. It is mandatory for clinical psychologists to regularly attend continuing rehabilitation education opportunities in order to improve their clinical, professional skills and to be eligible to renew their license (CRR) with RCI every five years.

Various modes of psychotherapy and cognitive retraining are two major intervention strategies employed by clinical psychologists to treat and intervene the clients. Psychotherapies had its formal beginning in 1921 by Dr. Girindrasekhar Bose who established the first psychoanalytic society in India. Post-independence, modern psychotherapy gained momentum and clinical psychologists got integrated within a comprehensive interdisciplinary treatment team, working in liaison with consultants of other disciplines engaged in the process of treatment. There was a shift in paradigm from psychoanalytic to the behavioral, cognitive, cognitive-behavioral, and humanistic-existential approaches gradually entering into standard practice and health care. Though individual and group settings such as

couples and family therapy came into the mode of general practice in mental health treatment and rehabilitation still the contextualized eclectic approach to the plan and practice of psychotherapy continues in a massive way. Lately, there has been a significant focus on preventive and positive aspects of health, and well-being (8-13).

Neuropsychological remediation/cognitive retraining/remediation/ neurorehabilitation is another crucial mode of intervention strategies that use neuropsychological principles about the brain and behavior to improve cognitive functions and modify behavior to address cognitive, emotional, psychosocial, and other behavioral deficits (14). Neuroplasticity or brain plasticity is the major mechanism of recovery in cognitive rehabilitation is (15).

A few notable work done by Dr Shobini L. Rao during the 1980's is the standardized clinical treatment modality for neurological conditions in patients admitted under psychiatry, neurology, or neurosurgery departments in NIMHANS (16), Kumar developing the neural circuitry-based interventions for different neurological and psychiatric conditions and Sadasivan's unique theoretically driven neuropsychological intervention program for Indian children which has proved very useful for children with neurodevelopmental disorders while Kumar et al. had developed a cognitive remediation program that is quite helpful for alcoholism and substance use disorder (17,18).

The gap and challenges of the profession

Psychological disorders are one of the major causes of the global burden of diseases and nearly 14% of the global burden of disease is attributed to these disorders. The emotional suffering due to psychological illness and disabilities leave a profound impact on the quality of life of the survivors and in many cases the caregivers. Internationally, the mhGAP initiative of the WHO affirmed that there is a 75% treatment gap for low-income groups who are not cared for in the prevailing health care systems. The National Mental Health Survey (NMHS) 2014–15 conducted by the Ministry of Health and Family Welfare of the Government of India indicated the requirement of mental health-related professional help in about 15% of adults for various mental health conditions, while this gap is felt in adolescents as well as in elderly population. It was also observed that the treatment gap of any mental disorder in India was 83% (19). As per the WHO data including the Mental Health Atlas project, the total number of mental health professionals available per 100,000 populations was nearly 0.5 in 2011, which rose to 0.6 in 2014 and further increased marginally to 1.93 in 2017. In 2017, the distribution of the available number of mental health professionals was nearly 0.29 psychiatrists, 0.80 nurses, 0.07 psychologists, and 0.06 social workers for every 100,000 population in India. The number of clinical psychologists

available currently remains unknown while it is estimated to be more a tiny fraction than 0.07 per one hundred thousand Indian population. To address this gap the National Mental Health Programme (1982), was revamped and reinstated but their steps still have to prove effective in stemming the tide of mental health conditions and a plethora of challenges that come with them because the minuscule number of clinicians available per unit of population reveals a very grim picture (20-24).

The government has opened 11 Centres of Excellence in Mental Health and 27 postgraduate departments in mental health specialty it is noteworthy that the major triad of Central institutes, namely the National Institute of Mental Health and Neurosciences, Bangalore, Central Institute of Psychiatry, Ranchi, and Lokopriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur, has been further given impetus for building professional resources required for effective capacity to deal with the rising challenges in the area of mental health. (25,26).

The major challenge is that the majority of these institutions lack qualified clinical psychologists on their administrative boards and faculty lists and while recruitment trained clinical psychologists are not in their priority list. Many departments of clinical psychology run by faculty held on ad hoc or contractual basis and such state of affairs cripples resource building efforts at a national scale. In consequence and in the absence of suitable environments for quality

professional practice toward imparting training, clinical education and practice, and evidence-based knowledge creation, several trained clinical psychologists have no choice but to leave the country in search of better professional environments or joining academia. Whatever may be the reason, the availability or quality of clinical practice at the national level continues to be hampered significantly (27,28).

Insight and reflections for future direction

The authors have gone through various recommendations given by stalwarts in clinical psychology and few are penned down which may be considered significant for the growth of this discipline. There has to be experienced supervision to manage the challenges. There is little data to suggest that all the recognized institutions are sufficiently equipped in terms of resources, uniformity in the standards of professional education and supervision so there is an urgent need to evolve a system to regulate and monitor quality supervision, teaching, and training across institutions and there is also the pressing need to develop structured evidence-based clinical practice and training. It is necessary to regulate the fee structure across the country for professional institutional education. There has to be provision for exposure and experience in diverse clinical and professional settings relevant for the trainees in clinical psychology (26-28). There are more than 30 institutes presently offering a training program in clinical psychology

and there is a continued development of courses and institutions but if the challenges mentioned are not addressed then there should be formal training to upskill the current professionals in psychology working on the field of mental health to address the rapidly multiplying scale of mental health problems (27).

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Nurturing the young Mind

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Childhood is the most fun, carefree, exciting and memorable phase of one's life... These early years of life form the basis of intelligence, personality, social behaviour, and capacity to learn and nurture oneself as an adult. Yet, this is also the most fragile and tender age; making unconditional love, nurturing and responsive care the most crucial keys to the healthy development of a child.

Often it's easy for the parents/caregivers to identify the physical needs of their children, such as nutritious food, adequate shelter and clothes, sleep etc. However, a child's psychological and emotional needs often are not so obvious and therefore get neglected. The failure to meet these psychological and emotional needs of the children by the parents and society at large, is leading to the alarming rise of mental health concerns amongst the children today. World Health Organization (WHO, 2019) data reported that worldwide 10-20% of children and adolescents suffer from one or the other mental disorder. It also indicates that one out of every 5 children is suffering from a mental health concern. Depression, Anxiety, Post-Traumatic Stress, Attention Deficit Hyperactivity Disorder, Behavioural Disorders are some of the most common psychological

issues found amongst children. Unfortunately, a large percentage of children and young people experiencing mental health problems have not had appropriate interventions at the right age.

There is never a direct causal explanation for mental health issues. More often than not, it's a by-product of the dynamic and complex interaction between one's heritability and the environment one lives in or is brought up in. Such risk factors that pose vulnerability towards varied psychological issues are sometimes present even before the child is born. A baby develops the ability to listen, feel and learn even when she/he is in the womb of the mother. Psychological distresses like stress, anxiety, depression, frustration, anger, exposure to frequent verbal/physical abuse, toxic-chaotic environment during pregnancy result in behavioural and emotional issues in the offspring. A child may display a range of behavioural issues like temper tantrums, irritability, frequent anger outbursts, restlessness, or emotional issues like sadness, worry, fearfulness, aloofness etc. Babies are 'pre-programmed' to seek out and adapt to the early relationships and caregiving environment. The ability to form a secure attachment with the primary caregiver, be the parents/grandparents/any significant other for that matter, allows the child to build a sense of trust, security and future healthy interpersonal relationships. Satisfying and reciprocal relationships with others, ensures a sense of identity, self-esteem, appreciation of others, ethical behaviour, and

self-control. On the other hand, without this emotional resource, a child would never feel free to make the most of life's possibilities. Maltreatment, abuse, neglect, inconsistent parenting during the early years lead to insecure attachment styles and negative ways of relating to the world. Absence of comfort needed during these years often can manifest in a wide variety of psychological issues like separation anxiety, depression, sleep disturbance, mood fluctuations, aggressive and violent behaviours. In the current global scenario, both the parents are found working to meet the increased financial expenses, which has significantly reduced the amount of time spent with their children. Moreover, the preferred nuclear family structure leaves the parents with no other option, but to leave their children in the crèche or with baby sitters for a considerable amount of time of the day. These arrangements are very much likely to affect the formation of healthy attachment today, and can be a possible explanation for the rising cases of childhood psychological illnesses.

Parents happen to be the most powerful catalysts in promoting good mental health in their children's lives. Parents' upbringing and child rearing styles are the important factors in changing and stabilizing the behavioural problems of children. For a healthier mental health of children, it is imperative for the parents to be warm, supportive, nurturing, responsive, accepting and sensitive to their child's needs and to offer an opportunity for the child to freely explore

possibilities, laying the foundation for a healthy self-esteem. On the other hand, children who are brought up in an environment which is controlling, demanding, abusive, over-involved or neglectful, often go through a range of psychological issues. These children often manifest issues like emotional dys-regulation, aggression, lower academic performance, depressive symptoms, fearfulness, anxiousness and difficulty in forming interpersonal relationships.

School is where a child learns to socialize. School teaches and prepares a child with the tools for future success. School fosters building relationships with peers and adults, developing competencies, a sense of efficacy, leadership opportunities as well as mental health supports. Unfortunately in recent times, due to increased unhealthy competitions, parent-teachers' expectations and demands, schools are becoming stressful places for children, where they can be exposed to physical/emotional violence, boredom, alienation, academic frustration, teasing, harsh punishment, humiliation and failure. Children, at times, also are victims of bullying at school, which is likely to put them at a heightened risk for severe mental health issues to stunted professional growth later in life.

Another significant factor contributing to the adverse mental health of children is the exposure to media. In the recent times, it has been seen across the globe that children are becoming "Tech-smarts". Children are becoming smarter in the ways they operate electronic devices, like a mobile,

laptops, ipads, video games etc. Unfortunately, this has considerably reduced their social interaction and outdoor play times with parents, peers or others. It's a common practice in every household to give the mobile or the television remote to the children whenever they start crying or throw tantrums. However, this practice of self-soothing in childhood is posing a serious threat to a child's development, especially in the areas of motor coordination, communication skills and problem solving ability. Increased screen time also affects the child's ability to concentrate, and thereby affecting her/his academic performance as well. Media also promotes violence. A recent data suggest that on an average a child is exposed to 12,000 violent acts on television annually, including many depictions of murder and rape. Heavy doses of such television violence is leading to increased aggressive behaviour, misleading ideas of sex and substance taking behaviours amongst children. Not only does it affect the mental health, children who spend a lot of time on screen are also physically found to be less fit and prone towards obesity due to the reduced play and physical activities and unhealthy dietary practices.

Another very serious threat to child mental health is child sexual abuse (CSA). In India, every second child has experienced sexual abuse before the age of 18. What is more alarming is that, in the majority of cases of CSA, the perpetrator is someone known to the child, someone who is trusted within the family. Sexual abuse affects the overall

physio-psycho-social wellbeing of a child. It impairs a child's ability to trust and relate with others, leads to significant impact on one's self-esteem and coping with stress. CSA is also associated with severe psychological issues such as anxiety, depression, substance misuse, self-injurious behaviour, aggression, eating disorders, and age-inappropriate sexual behaviours etc.

Children's mental health problems are real and common, yet fortunately treatable. Parents, other significant family members and teachers play a very important role in ensuring a healthy mental health of their child. As children are not so verbally expressive, child mental health needs may go unnoticed for a long time even in the best circumstances. Therefore it is vital for the parents to remain mindful of their ward's behaviour and development. Early recognition of the child's difficulties and mental health needs would ensure early intervention, and earlier is the intervention, better is the chances of recovery. As a mental health professional, I would urge you to seek professional help if your child shows the following signs for a considerable amount of time:

- Decline in academic performance
- Poor grades despite strong efforts
- Frequent refusal to go to school or to take part in academic/play activities

- Reduced attention and concentration; inability to complete assigned tasks
- Little interaction with family and friends
- Hyperactivity or fidgeting
- Persistent nightmares and bed wetting
- Persistent disobedience, aggression, temper tantrums and irritability
- Sadness, worry, low mood or frequent crying spells
- Frequent physical complaints, such as stomach-ache, body-ache, constipation
- Disturbed sleep and low appetite

Most children are resilient, and grow up mentally healthy. However as adults, it's our responsibility to create a surrounding where each child feels loved, cared, respected, heard, trusted, understood, valued and safe. Let us all be receptive to children's mental health needs and promote healthy development, as Pt. Jawaharlal Nehru rightly said *"Children are like buds in a garden and should be carefully and lovingly nurtured, as they are the future of the nation and the citizens of tomorrow."*

Mental Health in the Workplace

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The World federation of mental health championed the cause of Mental Health awareness, fighting stigma, and stereotypes around mental disorders. It is a 75-year-old federation spread across 90 countries celebrates on 10th October as World mental health day. This year the theme taken is “Mental health in the workplace” Globally, it is estimated that more than 1 trillion US\$ have been lost as workforce due to anxiety and depressive disorder every year (Lancet, 2023)

Recent incidence at Pune a young working lady succumbed to suicide mentioned in the suicide note about the brutal work ethics taken to poor quality to life. Employee’s fear of not getting promotion, or extra perks, appraisals and recognitions if work consist only for the office hours. Many employers and employees are unaware of the personal boundary, respect and consent they are supposed to follow mutually. The kind of compassionate empathy is also missing these days. It's high time to address workplace safety due to rising levels of stress and employee burnout. Survey reveals that 81 percent of employers are concerned

about losing top talent if they fail to respect work life boundaries. On the other hand, employees feel accessible after work hours as the key goal for success, because it brings extra benefit and compensation for quick vertical growth. There is hardly any concern on mental health and wellbeing across all employees unless detrimental commences. Highlights of popular belief are mentioned below.

Certain myths:

Struggling with mental health is a sign of weakness: mental illness can be influenced by genetics, brain, hormone changes and social factors. Those struggling with mental health actually show strength by persevering. Statement is “everything going well”

Employees do not talk about mental health at work; it is a waste of time: being open about mental health helps de-stigmatize the topic and can lead to better support for those who suffer. On the contrary, the view is the fear of being deprived from vertical growth.

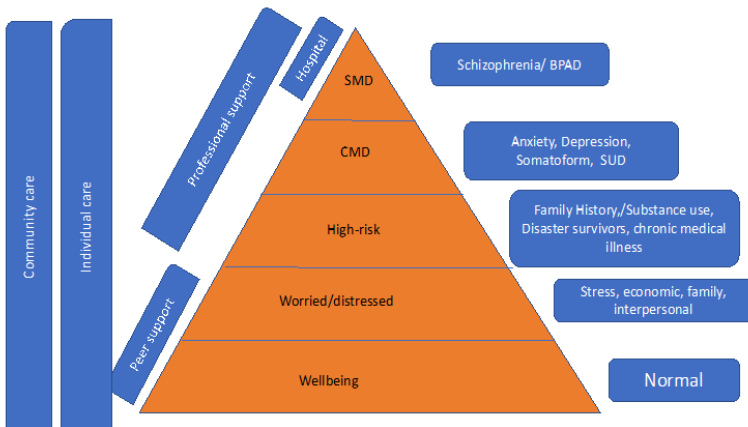
Mental health issue makes a bad employee: mental health issue can adversely affect a person’s ability to perform task but this does not make them unable to produce quality work

How to Identify Mental Health at work?

A person's capacity to participate in work is impaired, if

- Reducing productivity and performance
- Reducing ability to work safely
- Difficulty in retaining or gaining work
- Substance use/ alcohol use
- Suicide /attempted suicide
- Depression, anxiety or stress
- Presentism (lost productivity, for which financial loss to the organization)
- Absenteeism and staff turn-over affect both workers & employers

Thus, the person's inability in personal peace unable to perform mentally, physically or socially in any situation



Status from Illness to Well being

Initiative to be in taken on mental health

Self-awareness is the key point, understanding and sensing self. It is imperative to able to enjoy solitude, ability to be away from the cacophony of life, guidance from life coach, taking regular breaks, reconnecting old friends, family and visiting places where they use to visit in early phases of life, finding happiness in doing small things, openness to spiritual journey, journaling, a daily care routine of self and gadget hygiene, reading books and not in gadgets but in paper book methods. Life is such a grace but as humans we shouldn't be devoured in the whirlpool for success. Redefine the true meaning of success!

In preventive level mental health awareness programs, providing access to counseling services, implementing flexible work arrangements and encouraging work-life balance

Employers and employees support programs, there need to be the right to disconnect beyond work hours. Practice of mental wellness daily.

Psychological safety and psychosocial safety of the environment

Work and mental health are closely intertwined. Psychological safety, and performance (creativity, innovation) are influenced by knowledge sharing, knowledge hiding, organisational learning, transformational leadership, and project management, which enhance

performance and capabilities. psychological safety, team dynamics, innovation, and the importance of creating safe and supportive environments for employees to voice their opinions. Thus, prevent exposure to psychosocial risk at work and protect and Promote mental health wellbeing at work and support people with mental health conditions to participate in and thrive at work

Future of Psychotherapy with the advent of Artificial Intelligence

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A profound artificial intelligence (AI) revolution is happening in mental health. AI is emerging as a powerful tool in reshaping mental healthcare and enhancing living standards nationwide. The future of psychotherapy with AI will have a significant influence on psychological practice by identifying potential mental health challenges before they escalate and by enabling timely interventions. Although it has the potential to increase access to care innovatively, it still comes with its own risks and drawbacks.

Double-edged sword

The intersection of technology and psychology has opened up new possibilities, challenging the traditional notions of therapeutic interventions. As we grapple with the accessibility issues that plague traditional therapy, the question arises: Could artificial intelligence (AI) chatbots step in to bridge the gaps in mental healthcare?

Cognitive computing — using artificial intelligence algorithms to simulate intricate components of human

cognition like learning, decision-making, processing, and perception — sits at the intersection of artificial intelligence and psychology.

Machine learning tools like chatbots and virtual assistants can emulate the work of psychologists and psychotherapists and even help to address people's basic therapeutic needs.

It is only a matter of time when AI will be integrated into behavioral science to augment therapeutic practice. Now, tools powered by artificial intelligence use a combination of machine learning algorithms and natural language processing to interpret inputs and respond appropriately. Complex computerized models, known as artificial neural networks, can learn and provide responses and predictions after being trained on existing and presumably accurate input data.

This prospect of AI performing tasks traditionally reserved for highly skilled psychotherapists raises serious concerns about ethical issues, confidentiality, patient compliance, patient improvement, and, most importantly, future demand for psychotherapists, and finally, it may also devalue them.

AI Psychotherapy Chatbots

AI's ChatGPT language model and mobile apps such as Wysa, Woebot and Replika allow people to communicate

with machine ‘therapists’ that ask users questions and provide supportive responses. These models are complex developments building on the shoulders of projects like ELIZA, a therapeutic chatbot created by computer scientist and professor Joseph Weizenbaum in the 1960s at the MIT Artificial Intelligence Laboratory. Eliza rephrased people’s comments into questions using language processing, which led to the term “the ELIZA effect,” which is the tendency to ascribe human behaviors to artificial intelligence tools. This aims to make them a valuable tool for individuals seeking support for various mental health-related concerns.

Paro is a harp seal stuffed robot. This was created for older people, those in homes, or those who cannot responsibly care for a pet. Although non-living, Paro can provide similar comfort as provided by a pet by responding to touch and voice and by activating the parasympathetic nervous system, thereby reducing stress.

Ellie, another psychotherapy chatbot, helps people with depression and veterans who have PTSD. It uses a webcam and a microphone. This enables her to analyze emotional cues and provide feedback. It also can process the rarest of speech, which helps her record pauses. Similarly, Karim, a psychotherapy bot, aids workers and refugee communities in the Middle East.

Apart from the aforementioned, therapeutic video games and mobile applications are also on the rise. These exhibit

increased benefits such as improving self-confidence (e.g. Mindbloom), treatment adherence, reducing stigma surrounding mental health, and enhancing social skills, e.g. Second Life, an online virtual game for children with autism or Sosh, a mobile app for individuals with Asperger's Syndrome.

While today's machines can't fully duplicate human therapists' capacities, they can engage in conversations and serve as a supplement to traditional psychotherapy or as a self-help tool. In the current times, Woebot, a chatbot by Facebook, is becoming popular. This chatbot responds to maladaptive thought patterns and uses the principles of cognitive behavioral therapy (CBT). It engages in more than 2 million conversations per week.

The Promise of AI

1. Greater accessibility to mental health care: worldwide, people suffering from mental health issues lack easy accessibility to mental health professionals. So, with easy accessibility to computers and the internet, people will flock to these AI-based apps to seek treatment.
2. Stigma and discrimination are still a barrier to go to psychotherapists. AI psychotherapists will help people to overcome this stigma.
3. It will save time for patients.
4. It will save money for patients.

5. The use of AI tools in a psychotherapy setting could help reduce the workload of therapists and could help detect mental illnesses more quickly because, as the study notes, chatbots can gather a lot of information in a single session as opposed to several.
6. Machine learning tools could also analyze patient's data to assist therapists in creating treatment plans.
7. While AI could support a lot of the work performed by therapists, it might also help improve their performance by helping train new professionals, providing feedback to therapists based on sessions and results, and double-checking the accuracy of mental health diagnoses.
8. Many times, patients lack the motivation to follow up with their therapists or stick to plans and techniques advised for their betterment. With the aid of technology, tailored mental health treatment can be provided to help patients stay committed to therapy.
9. AI therapy can also spot suicidal patterns and thoughts which humans may potentially miss by analyzing them and examining curated databases of clinical knowledge. This will help to prevent self-harm and will reduce the number of deaths caused by suicide.

10. It will help psychotherapists take notes, enter data, and help analyze data for research.

However, everything is not very rosy. What are the cons of AI...

1. Patients' confidentiality will be at risk because everything will be available over the internet if these AI-based apps are used. The early ELIZA program was shut down immediately when its creator perceived it as a threat after its outraged users found out that all their conversations were recorded and accessible. Similarly, although Facebook's Woebot keeps identities anonymous, Facebook still owns logs of all Woebots user conversations. Therefore, confidentiality and privacy become blurred with the use of autonomous AI systems.
2. Certain AI therapy systems can be costly. For e.g., Paro costs almost \$7,000. This defeats the purpose of AI therapy, which aims to increase accessibility to mental health care.
3. AI therapy can also have other economic implications for the field of psychology, leading to job losses in a knowledge-based profession if systems are developed to a point where they can provide a full range of mental health services.
4. To tackle ethical dilemmas encountered by psychotherapists, AI systems will be expected to make value judgments that involve complex

reasoning and technology at the end of the day which is always vulnerable to errors. An extreme advancement in AI that enables systems to develop their own values and beliefs is possible but risky as it may conflict with its creator's. Weizenbaum, the creator of ELIZA, said, *“Computers should not be allowed to make important decisions because computers lack the human qualities of compassion and wisdom”*.

5. Ethical considerations need to be changed and regulated. Ensuring these frameworks are in place will be crucial for maintaining the trust and integrity that are present in traditional psychotherapeutic practise.
6. The reliability and credibility of AI-generated apps are huge questions.
7. Most importantly, will these AI-generated apps for psychotherapy be able to understand human emotions and one-to-one human relations? An important aspect of therapy is the “human element,” which develops the therapeutic bond between the client and therapist — something futurists believe AI systems will lack. Will the AI apps be able to justify the empathetic emotions and interpersonal skills that are so very required in a psychotherapeutic session?

8. And lastly, unlikely but possible, a positive transference toward an AI system would be problematic and baffling to resolve.

To conclude, a fine balance of the use of technology will be helpful for mental health professionals, but technology should not be allowed to master humans. AI literacy is very important for professionals in today's era. AI will present challenges for psychotherapists, but meeting those challenges carries the potential to transform the field.

AI and the future of psychotherapy is opening doors to various possibilities that were never imagined in the past. Technological singularity is near and something to be thrilled about but also shoots a series of new professional, legal, and ethical implications. Moreover, it is difficult to predict whether or not it will affect us favorably. However, building a unique framework that only aims to improve the healthcare system is imperative. AI will never fully replace humans, but it may require us to increase our awareness and educate ourselves about how to leverage it safely.

Clinical Psychology and Indian Armed Forces

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The armed forces are the pride of our Nation. They serve for our well-being at the cost of leading a very difficult and challenging life themselves. The sacrifices of these men and women, and their family members can never really be paid off. An opportunity to serve this special class of people was a long held dream that took shape in 2023 and I consider myself blessed to have lived this dream. 151 Base Hospital, Basistha was to be my workspace for a year as I worked in the Department of Psychiatry as a Clinical Psychologist.

As expected, the environment was thoroughly professional yet welcoming. The HOD of the Psychiatry Department, Major Ishaque Qureshi, was a very warm and approachable person who instantly made me feel a part of the institution. Administering psychological assessments, providing psychotherapy and counselling for the armed forces personnel and their family members, group therapy sessions, de-addiction counselling, mental health awareness programs were some of the roles I played during my service. Several referrals from other departments like – Neurology,

Orthopaedic, Endocrine, ENT, Paediatrics, etc. highlighted the role and importance of a Clinical Psychologist in a multi-disciplinary setup like this.

One case that stood out for me was the psychological intervention for an Army officer who had been badly injured in the ongoing civil unrest in Manipur. Though stable post-surgery, his recovery had been slow as there was a real danger of him developing Acute Stress Reaction or even Post-Traumatic Stress Disorder (PTSD). A combination of psychiatric medicines and psychological techniques (supportive counselling, emotional catharsis, relaxation exercises and visualization) were used extensively in combination with the other medicines and surgical procedures. As his condition improved, the officer was referred to Command Hospital, Kolkata for undergoing reconstructive surgery for the gunshot wound he had received. This case brought to light the grave dangers these men and women face so bravely on a daily basis; being able to contribute to his recovery through timely psychological interventions was a deeply satisfying experience for me.

Due to several challenging factors like – need for constant vigil, staying away from family for long periods, ever present danger and uncertainty of their job profile, near zero margin for error, and frequent transfers among other reasons, armed forces personnel are highly vulnerable to experience psychological issues like clinical depression, anxiety issues, substance abuse, dissociative episodes, panic attack, and

adjustment disorder. In addition to this, their family members go through their own set of challenges compounded by the absence of their loved one's physical presence and concerns for their safety. A trained Clinical Psychologist plays a vital role in helping this special population navigate through these challenges and ensure their overall well-being, so that they continue to develop into more productive and balanced individuals.

Cases of suicide and fratricide (a soldier or security personnel killing their own colleagues or friendly troopers) are also alarmingly high in the armed forces which stresses on the need for timely psychological intervention. As per the Ministry of Defence, around 18 acts of fratricide reportedly took place in the Army and two in the Air Force between 2014 and March 2021. A total of 787 armed forces personnel died by suicide from 2014 to March 2021, with the Army reporting a maximum of 591 such cases. During the same period, suicides in the Navy stood at 36 and for the Indian Air Force it was 160.

It is only through a healthy and balanced mind one can achieve their true potential. And for the men and women in uniform, who are extremely fit physically, mental health is of prime importance as they operate in such stressful environments away from their loved ones. The Armed Forces Medical Services (AFMS) is cognizant of this and is recruiting Clinical Psychologists all over the country in large numbers. It has even initiated regular Mental Health

Awareness Programs and helplines which are easily accessible and provide professional support to the personnel experiencing emotional/psychological distress. Programs like Nischay, MILAP, SAHYOG have been initiated by the Army, whereas Mission Zindagi is a similar project by the Air Force. These services are extended even to the ex-servicemen, and their family members, who have served in the armed forces in the past.

Mental Health is for all and its role and relevance in the efficient functioning of our armed forces cannot be stressed enough. Active steps towards looking after our personnel is not just a collective responsibility but a necessity.

All eyes on ‘Caregiver Mental Health’.

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Past few years have been catastrophic for us human beings. The unforeseen outbreak of the covid-19 pandemic has caused unimaginable damage to health and wealth globally. Mental Health found its importance through this phase creating a paradigm shift in the field of healthcare systems all around the globe, especially India. World Health Organization (WHO) on World Mental Health Day i.e. 10th of October in the year 2022 had introduced a theme ‘Mental Health for all a global priority’. This has tremendously helped many Mental Health Professionals to provide services not only across different age groups but across communities. One such community that still requires our attention is the “Caregiver Community”.

In India, family members are considered as the primary caregivers of persons with mental illnesses as more than 90% of the patients live with their families (Thara, Henrietta, Joseph, Rajkumar, & Eaton, 1994). The terms family caregiver and informal caregiver refer to an unpaid family member, friend, or neighbour who provides care to an individual who has an acute or chronic condition and needs assistance to manage their daily functioning needs (Reinhard, Given, Petlick, & Bemis, 2008). The assistance provided is considered to be holistic in nature, which might

include duties like assistance in carrying out daily chores, supervision of medications, managing therapy appointments, taking the patient to the hospital, looking after the financial needs, to name a few. Apart from fulfilment of the material and physical requirements of a patient, the caregivers need to provide immense amounts of emotional support to the patient, which also includes bearing behavioural disturbances in the patient. The task of caregiving becomes all the more challenging as the stigma of mental illness adds to this burden of caring (Siddiqui & Khalid, 2019). A meta analytic study investigated the Physical and Mental Health Effects of Family Caregiving and it threw light on the fact that Mental Health impact was more significant on caregivers than the physical health impact. It was seen that there were greater degrees of depression and stress among the caregivers and there were low ratings on the overall subjective well-being of the caregiver (Schulz & Sherwood, 2008).

During the lockdown many patients with both Mental and Physical health conditions had to confine themselves indoors in their respective homes, which made it challenging to seek inperson Mental Health intervention to a greater extent. This had a major impact on family caregivers because most of the professional responsibilities of the patient had to be taken over by the caregivers themselves without any supervision. Therefore, it is important to take care of the psychological needs of the family caregivers since their mental health concerns like underlying anxiety could have a direct impact on the caregiving process (Chadda, 2014).

It could be highlighted that informal caregivers undergo mental health concerns, which could remain dormant and go unnoticed. Many research studies show that there were greater degrees of depression and stress among the caregivers, and there were low ratings on the overall subjective well-being of the caregiver (Schulz & Sherwood, 2008). Major Depressive Disorders or anxiety prevalence rate markers were found to be higher among informal caregiver's caregiving patients with severe impairment, comorbid medical conditions and severe psychological or neurological conditions with behavioural problems (Ramchand, et al., 2014). The presence of 'Caregiver Burden' indicated the presence of higher levels of caregiver stress and anxiety among caregivers of persons with severe mental illness, which further contributed to the caregiver burden among the informal caregivers (Stanley, Bhuvaneswari, & Bhakyalakshmi, 2015).

Thus, the amalgamation of mental health stigma, lack of insight about mental health concerns and the focused treatment of individual patients with mental illnesses could undermine emerging Mental Health concerns of the informal caregivers of these patients with health conditions. This might give birth to a vicious cycle of never-ending mental health crises in the same family because the quality of caregiving also impacts the healing journey of the family member. Informal Caregiver support by Mental health professionals could help through early interventions to diagnose and treat such mental health concerns, and it would promote the holistic well-being for both the patient and their caregivers

Reviewing the current state of psychedelic research, potential risks, and benefits of Psychedelic-Assisted Therapy (PAT)

Dyuksha Hazarika, MPH

"Surrealism to me is reality. Psychedelic vision is reality to me and always was."— John Lennon

Psychedelic drugs have recently regained significant attention in popular culture. From emerging psychedelic startups on Wall Street to a recent New York Times article stating that "psychedelic drugs are closer to medicinal use," there is a growing resurgence of media and medical interest in substances like LSD, psilocybin (mushrooms), MDMA (ecstasy), ayahuasca, DMT, and ketamine.

Psychedelics, or hallucinogens, are a group of psychoactive substances that alter perception, mood, and cognitive functions. Although these substances are often grouped together, they have significant differences in their effects and uses.

At higher doses, some, like LSD, can cause vivid visual hallucinations. A well-known example is "magic mushrooms," which contain psilocybin, a compound that also induces altered perceptions and hallucinations in large doses. Other drugs, such as ecstasy (MDMA), primarily influence mood and foster a sense of closeness with others. Ketamine, traditionally used as an anaesthetic, also acts as a hallucinogen, producing dreamlike states. Ayahuasca, used

for centuries by indigenous cultures in South America, has its own unique effects.

Michael Pollan notes that during the 1950s and early 1960s, many in the psychiatric community viewed LSD and psilocybin as "wonder drugs" for treating conditions like depression, anxiety, trauma, and addiction. After an initial phase from the 1950s to the 1970s, during which psychedelic applications were explored in psychotherapy (Abramson, 1960; Grof et al., 1973), and specifically for treating conditions like neuroses (Crocket et al., 1963), alcoholism (Smith, 1958; Leuner, 1967), end-of-life anxiety (Kast, 1967; Grof et al., 1973; Grof and Halifax, 1978), and chronic pain (Fanciullacci et al., 1977), research in this field nearly came to a halt. As these substances became linked with the 1960s counterculture and reports of negative experiences such as bad trips and psychotic episodes surfaced, the initial enthusiasm shifted to moral panic.

Serious research has resumed since the past two decades, where numerous clinical trials involving psychedelics like psilocybin, LSD, and MDMA have been conducted or are currently underway to treat conditions such as depression, anxiety, addiction, PTSD, and terminal illness. Early results from Phase 2 trials with psilocybin for depression and anxiety, as well as a recent Phase 3 trial with MDMA for PTSD, have shown promising outcomes in terms of both effectiveness and safety. Researchers are using functional imaging and clinical studies to explore how psychedelics affect neural networks, subjective experiences, and how they

interact with practices like meditation and music. Additionally, the potential of psychedelics to enhance neuroplasticity is being investigated for stroke recovery, traumatic brain injury (TBI), neurodegenerative diseases, and chronic pain.

Dr. Jerrold Rosenbaum, Director of the Center for the Neuroscience of Psychedelics at Massachusetts General Hospital, explains that psychedelics temporarily alter brain function, allowing a "reset" that can change entrenched patterns of thinking and feeling. Psychedelics achieve this by briefly forming new neural connections while disrupting the brain's "default mode network," which then restores itself-similar to rebooting a computer. This disruption is thought to help shift rigid thinking patterns. Additionally, psychedelics promote neuroplasticity, the formation of new connections between neurons. These substances also enable patients to enter a transient state where they can process memories, emotions, and trauma more effectively, often emerging with a fresh, healing perspective-a process referred to as psychedelic-assisted therapy (PAT).

The first systematic study of MDMA-assisted psychotherapy was not published until 2008 (Bouso et al., 2008), marking a turning point in the resurgence of research into the therapeutic potential of both classic psychedelics-such as psilocybin, LSD, and ayahuasca, which contains N,N-dimethyltryptamine combined with harmala alkaloids as monoamine oxidase inhibitors and non-classic psychedelic compounds like MDMA. Contemporary studies

have since included numerous randomized, placebo-controlled clinical trials addressing previous research limitations. The promise of these treatments lies in their ability to promote new perspectives, emotional breakthroughs, and reduce symptoms that are often treatment-resistant with conventional therapies.

An increasing amount of research indicates that psychedelics could provide significant benefits in treating mental health issues. For example, therapy involving psilocybin has demonstrated beneficial effects on patients with depression, leading to sustained mood enhancements after only a few treatment sessions. A randomized controlled trial by Davis et al. (2020) found that psilocybin therapy resulted in significant reductions in depression symptoms in patients with major depressive disorder, with effects lasting for several months. Similarly, MDMA, commonly linked with recreational use, has shown promise in aiding individuals with PTSD by making distressing traumatic memories easier to confront and process within a therapeutic context. A study by Mithoefer et al. (2011) reported that participants receiving MDMA-assisted psychotherapy experienced significant reductions in PTSD symptoms, with many patients no longer meeting the criteria for PTSD after treatment.

These substances seem to enhance "suggestibility," or the willingness to accept suggestions, which can help patients become more open to therapy. This openness can lead to valuable personal insights and emotional breakthroughs that

may be hard to achieve through traditional therapy. A review by Carhart-Harris and Nutt (2017) discusses how psychedelics can facilitate profound emotional experiences that promote psychological healing. Furthermore, some studies indicate that the positive outcomes from these treatments can last for months or even years following therapy. For instance, a follow-up study by Gasser et al. (2015) found that participants who underwent psychedelic-assisted therapy reported sustained improvements in mental health and well-being, highlighting the potential for long-lasting therapeutic benefits.

However, PAT comes with important risks and limitations. Psychedelics can sometimes lead to intense or negative emotional experiences, often called “bad trips,” which can be distressing if not properly managed in a controlled environment. Research suggests that individuals with a history of certain psychiatric disorders, such as schizophrenia, bipolar disorder, and certain anxiety disorders, may face heightened risks when using psychedelics in therapeutic settings. Evidence indicates that psychedelics can exacerbate symptoms in individuals with schizophrenia or schizoaffective disorder, potentially triggering psychotic episodes or worsening delusions and hallucinations. A review published by Johnson, Richards, and Griffiths (2008) advises excluding individuals with schizophrenia from PAT trials due to these heightened risks, as psychedelic compounds could lead to unpredictable and severe psychotic reactions in this population. Studies also

show that individuals with bipolar disorder, particularly those prone to manic episodes, may be at risk of experiencing mood destabilization following psychedelic use. Research on this association, such as that presented by Carhart-Harris and colleagues (2016), suggests that psychedelics can potentially trigger manic episodes, especially in individuals with a history of rapid cycling between depressive and manic states.

While psychedelics are sometimes used to treat conditions like generalized anxiety disorder or end-of-life anxiety, some types of anxiety disorders can increase sensitivity to the effects of psychedelics, potentially leading to extreme panic or prolonged episodes of heightened anxiety during or after sessions. Griffiths et al. (2016) highlighted that individuals with conditions like panic disorder or social anxiety disorder may be more prone to distressing reactions during psychedelic experiences, potentially causing setbacks rather than therapeutic progress.

Since psychedelics change how individuals perceive and think, there is also a risk of becoming reliant on the experiences they offer, which could result in misuse beyond therapeutic settings. Moreover, these therapies require careful guidance from trained professionals to manage the complex emotions and insights that arise. The support of a skilled therapist is crucial in preventing potential psychological distress and ensuring that patients integrate their experiences positively into their lives.

Although promising, research on Psychedelic-Assisted Therapy (PAT) remains in its infancy, and further studies are essential to refine treatment protocols, evaluate long-term effects, and establish safety profiles for various populations. Since psychedelics can heighten sensitivity to both internal and external environments, future research should focus on how these settings are structured. This includes examining how suggestions are delivered, clarifying treatment conditions, setting appropriate expectations, selecting therapeutic models, and fostering strong therapist-patient relationships. While certain aspects of PAT show consistency across studies, critical elements such as therapeutic methods and underlying theories still require further definition. As more studies reveal the benefits of PAT, its potential as an alternative to traditional therapies-particularly for individuals with treatment-resistant conditions-continues to gain traction. With rigorous research and the support of trained professionals, Psychedelic-Assisted Therapy could emerge as a revolutionary approach in mental health care.

Psycho Oncology

[A brief description]

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The World Health Organization [WHO] estimates that by 2030 cancer incidence will increase by 40% in high income countries and more than 80% in low- income countries. In 2018, there were about 18 million new cancer cases and almost 10 million cancer deaths which will escalate to over 13 million deaths in 2030.

Cancer just does not kill the person, it kills together the family, the society and as a whole the country. The burden of this dreaded disease can be only understood and dealt with if we adopt a specific biopsychosocial approach. You cannot leave anything in the treatment of a cancer patient; you have to deal with all dimensions of the patient like physical, emotional, social and spiritual, considering cancer as a group of very different diseases with very different needs. It needs a multiprofessional and multidisciplinary team to render help to the sufferer. Without addressing the psychosocial needs of a cancer patient, it is not possible to provide quality care to the person.

The formal beginnings of psycho oncology date to the mid 1970s, when the word “cancer” was rendered as unspeakable in the society. Slowly it was diminished and people came forward for diagnosis and treatment. The brief history of psycho-oncology is interesting for contemporary review because it has over 30 years produced a model in which the psychological domain has been integrated, as a subspecialty, into the disease specific specialty of oncology. The field today contributes to the clinical care of patients and families, to the training of staff in psychological management and to research.

Cancer is such a disease which cripples a person physically, mentally, socially, spiritually and financially. After the diagnosis of cancer one can become helpless, hopeless and sometimes go beyond that with severe distress. Severe distress contributes huge bundles of psychological/ psychosocial issues for which the immunity of the persons goes down and malignant cells go up. The cell invades the whole organs of the body, which we call metastasis, and treatment fails at that corner. Psychological/ psychosocial care can boost up and it can improve the quality of life of a cancer patient. Psycho oncology as sub specialty of cancer care focuses on a number of issues-

- The role of life events, stress and other psychological factors in the causation, maintenance and prognosis of cancer.

- Psychological and emotional reactions to diagnosis of cancer
- Communication- breaking bad news
- Care of relatives
- Palliative care
- Grief and bereavement associated with cancer
- Staff stress and burnout among professionals
- Education and research etc.

Psychological distress is commonly seen in cancer patients. A variety of psychiatric and psychosocial disorders are found in cancer patients at different stages like from diagnosis, treatment and in palliative care. The psychosocial distresses are mainly related to the diagnosis of cancer, its physical effects [i.e. hair falling, nausea, vomiting, difficulty in swallowing etc,] different treatments [i.e. Chemotherapy, Radiation Therapy, Surgery, palliative care etc] and interventions, as well as the prognosis of the disease. The most common psychological/ psychiatric disorders that are seen are depression, delirium, anxiety, adjustment disorders; sexual dysfunctions, sleep disorders and cancer related other psychosocial disorders, which overall affect 30% - 40% of people diagnosed with cancer. The incidence of psychiatric disorders among those in an advanced phase of cancer is higher. It is expected to have a certain level of psychosocial distress in a cancer patient but when this distress becomes a clinical problem, it needs to be addressed.

There are six main risk factors for psychiatric complications in oncology settings:

- a) Advanced stage of disease
- b) Unresolved physical symptoms,
- c) Disease related factors
- d) Treatment related factors
- e) Psychiatric premorbidity and
- f) Social factors.

Pain, depression and delirium all increase in advancing disease. Physical symptom burden such as severe, uncontrolled pain, nausea, fatigue, and functional limitations are more likely to lead to acute psychological distress. Disease or medically related factors i.e. CNS spread, brain cancer or metabolic abnormalities are more likely to result in delirium or cognitive disorders. Treatment related factors i.e. recent use of corticosteroids, chemotherapeutic agents, have all been associated with the development of agitation, panic symptoms, depression, delirium or dementia. In addition, finding out about progression of disease or the failure of a treatment regimen can sometimes lead to strong emotional reactions. Advanced cancer patients experience major psychiatric disorders at a rate similar to the general population. A past history of major depressive disorder or bipolar disorder, a history of substance abuse or major psychotic illness increases the risk of psychological distress during treatment. In addition, patients with preexisting

anxiety disorders, panic disorder, or phobias are likely to experience exacerbations during cancer treatment. Social factors i.e. prior experience with cancer illness in family members as well as existing social supports influence the experience of a patient with cancer. Recent bereavement and past experiences of loss of a family member with cancer, as well as other recent losses are important considerations.

The Relevance of Psycho-oncology in contemporary medicine:

The psychological aspects of serious illnesses were overlooked in the past days, only physical symptoms were the primary focus of those treating clinicians. Today the perspective has changed with the evolution of the healthcare system and emotional and psychological impact coming to the front seat too.

Modern medicine acknowledges that patient health is multidimensional where psychological, social factors also play a significant role. Psycho-oncology embodies this holistic view, understanding that a patient's mental state can significantly impact their ability to cope with a cancer diagnosis, adhere to treatment and handle post treatment recovery. Addressing the psychological needs, psycho oncology can enhance a patient's quality of life, increase treatment adherence, and even undoubtedly improve survival rates. As a patient centered care, psycho oncology emphasizes understanding and addressing the unique

psychological needs and challenges of its patient. It prioritizes the patient's autonomy, resilience and overall well being through the cancer journey. Psycho – oncology, therefore, stands at the forefront of an emphatic, holistic and effective approach to cancer care. By ensuring that mental health is not left out of the equation, it helps create a more rounded and responsive health care experience for patients grappling with the multifaceted challenges of cancer.

Psycho-oncology plays a major role in helping patients navigate their psychological challenges. By providing therapeutic interventions and mental health support, it can alleviate mental distress, help patients build coping strategies and as a whole quality of life.

Cancer doesn't only affect the individual diagnosed with cancer. The psychological distress spreads to the caregivers and family members who provide support throughout the treatment journey. It is essential to address their concern as well as they are often the unseen victims grappling with their own set of psychological challenges.

The impact of the psychological state on physical health is not just theoretical; it has practical impact on real life. History documented numerous examples where patient with a positive mindset, strong emotional support and effective coping mechanisms have shown remarkable strength during their treatment and recovery. The intersection of psychology and oncology is more than just a theoretical overlap of two

disciplines. It represents a practical, necessary approach to comprehensive cancer care that acknowledges the significant impact of the psychological state on physical health and the healing process.

The Intersection of Psychology and Theatre:

A Personal Exploration

Jiya Bahar

The interdisciplinary relationship between theatre and psychology has a long and rich history. From the ancient Greek tragedies of Aristotle to modern-day psychodrama, the two fields have continually informed and enriched one another.

In the realm of psychology, catharsis refers to the emotional release and purification that occurs through the expression of repressed emotions. The word ‘catharsis’ was first coined by Aristotle, the renowned Greek philosopher, who delved into the nature of tragedy in his seminal work "Poetics." He states that the purpose of tragedy is to arouse “terror and pity” in the audience and thereby affect the catharsis of these emotions. (Britannica, 2024) The audience could gain a deeper understanding of their own emotions and experiences by witnessing the triumphs and struggles of the characters on stage. Individuals struggling with personal challenges could particularly benefit through this vicarious catharsis.

Psychodrama, which was originally proposed by J. L. Moreno, is a therapeutic model rooted in the principles of catharsis. Psychodrama is essentially an action-based approach to group therapy, clients use role-playing and various dramatic approaches to recreate events from their

lives and examine their issues to acquire understanding, discover their creative side, and develop behavioural skills. The scenes may be based on a recollection or an expected event. The scenes are acted out as if they were unfolding in the present moment, bringing past or anticipated events into an immediate experience (Blatner, 2000).

As a student who graduated with a bachelor's in psychology and theatre, I have had the opportunity to witness the interplay between these two disciplines closely. While psychology explores the depths of the human mind, theatre provides a platform to externalise and embody these internal processes.

At its core, theatre is a psychological activity. Actors explore the motivations, desires, mannerisms and fears of their characters by delving into the complex inner workings of their minds. While on stage, the actor steps into the shoes of their character, growing empathy and embracing the similarities and differences from themselves. There are certain tools that an actor could use to embody their character, such as the Stanislavsky system which encourages the actor to utilize, among other things, his emotional memory, i.e., his recall of past experiences and emotions. (Britannica, 2024) These could be his own experiences which are relatable to his character or empathetic observations of other people. By tapping into their own emotional experiences and memories, actors can evoke genuine emotions in the audience, fostering empathy and understanding. The theatrical experience itself can be a cathartic release for both performers and spectators.

From Shakespeare's famous soliloquy 'To be or not to be' from *Hamlet* which explores the existential crisis and the character's inability to make decisions, to Vijay Tendulkar's play *Silence the Court is in Session*, which sheds light on the plight of women in post-independent, male-dominated India; plays over centuries across the globe have explored mental health challenges and the societal stigma surrounding it. By harnessing the power of performance, theatre has been proven to play a vital role in promoting mental health awareness, fostering emotional well-being, and reducing stigma.

Drama Therapy or Psychodrama has been widely used in Europe in private and public health settings, including hospitals and mental health services, in the treatment of various pathologies such as schizophrenia and substance abuse (Cruz, et al., 2018). The exploration of these therapeutic models so far is limited in India. Drama therapy can be particularly effective for individuals who may find it difficult to express themselves verbally. Participants can learn more about their own behavioural patterns and create new coping mechanisms by taking on the roles of characters and acting out events. Drama therapy's collaborative style can also promote a sense of belonging and community, elements crucial to mental well-being (Berghs, et al., 2022).

Art is subjective in nature. Personally, taking part in theatre arts and performing on stage has helped me gain confidence and given me a sense of strength. Theatre offers both an escape and a mirror, allowing audiences and actors alike to confront, process, and find meaning in complex human experiences. The relationship between psychology and

theatre is more than just an academic overlap; it's a reminder of the powerful ways we connect with our own emotions and with each other. Theatre doesn't just tell stories, it brings human experiences to life, inviting us to feel and understand in ways that go beyond words. Psychology, on the other hand, helps us untangle these emotions and gives us tools to process them. Together, they create a unique space where self-discovery and healing can unfold, showing us that art isn't just for expression; it's a vital force for insight, empathy, and transformation. By embracing drama therapy and similar models, we can open new pathways for self-expression and mental health support. The integration of psychology and theatre is a powerful reminder that the arts are not merely for entertainment but are vital for personal growth and social change.

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Towards an Integrative Practice: Psychology and OB-GYN

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My time as an intern at the Clinical Psychology Department of Gauhati Medical College offered a unique opportunity to apply psychological insights in clinical settings that are often viewed through a purely medical lens. This was evident in the Obstetrics and Gynecology (OB-GYN) department, a field that, while focused on women's reproductive system, inevitably intersects with complex psychological issues. In society, women's identity is closely tied to their biological femininity, with the capacity to bear children often viewed as a core aspect of self-worth and identity. Thus, when a woman comes to an OB-GYN facility, whether enunciating or renouncing these societal expectations, she is engaging with more than just a medical issue; she is navigating an intimate psychological territory. OB-GYN departments are, therefore, positioned to support women not just as physical patients, but as individuals confronting issues of their psyche. This calls for a more integrated approach, where psychological care complements medical treatment, offering comprehensive support. Despite evidence of the benefits of psychological integration in OB-GYN, many departments remain focused on physical outcomes alone. In this article, I draw upon clinical research

and insights from my experience to explore the importance of embedding psychological services within OB-GYN care.

During my initial posting with two other psychology interns in the Antenatal Outpatient Department, our focus was on observing and interacting with expectant mothers to gain insights into their emotional states. Many of the women we encountered were young and as we initiated a brief survey to better understand their concerns, it became clear that while these mothers were eager to embrace pregnancy, they also faced anxiety and apprehension surrounding the process. However, we encountered a significant challenge when attempting to screen for anxiety disorders within this specific population. Although criteria for anxiety disorders, like Generalized Anxiety Disorder (GAD), have evolved considerably since Freud's initial descriptions of "free-floating anxiety," the classification frameworks in both the Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Classification of Diseases (ICD) present certain limitations in the context of peripartum mental health. For instance, the specification of "peripartum onset" does not exist for anxiety disorders. This can lead to the unintentional exclusion of pregnant women experiencing severe, pervasive anxiety lasting less than the six-month threshold typically required for a diagnosis. Additionally, physical symptoms often used in general anxiety screening criteria, like fatigue, irritability, muscle tension, and shortness of breath, closely overlap with the physical

manifestations of pregnancy. This overlap complicates the assessment process, making it difficult to differentiate between normative pregnancy related discomfort and pathological anxiety.

Maternal anxiety is also associated with a range of adverse outcomes for both mother and child. Other than impacting the overall well-being of the women, research indicates that high levels of maternal anxiety can affect the child's physical growth, a heightened risk for emotional and behavioural disorders, including cognitive impairments, language delays, and hyperactivity. Behaviourally, children of anxious mothers often show greater irritability, prolonged crying, and increased reactivity to stress. Medically, these children may face a greater likelihood of asthma, cardiovascular issues, and endocrine disorders, in later life. This calls for a more nuanced and close assessment of pregnant women for stress and anxiety.

Additionally, there is a high comorbidity rate between depression and generalized anxiety in perinatal women, further complicating diagnosis and treatment. While postpartum depression has received significant attention, it remains systematically under addressed, especially in low and lower-middle-income countries. As per Upadhyay and colleagues (2017), the prevalence of postpartum depression globally is estimated at 100–150 per 1,000 births, with a notable burden in regions with limited mental health resources, infrastructure, and trained healthcare professionals. Moreover, societal stigma around mental

health, along with the culturally positive valuation of pregnancy and motherhood, often adds to this. As India experiences a steady decline in maternal mortality, there is a shifting of focus toward reducing maternal morbidity, but systematic mental health interventions remain scarce. In my own experience interacting with women post-delivery, I observed an overwhelming need for psychological intervention. Yet, emotional aftercare is frequently handled informally, with postpartum “blues” often minimized or judged subjectively by the staff due to lack of sensitivity and training.

My time at the Kangaroo Mother Care (KMC) Unit was especially eye-opening. Here, women who had just given birth were kept apart from their babies, who required specialized care. It was apparent that these women were experiencing high levels of stress and were particularly susceptible to perinatal mental health issues. Beyond the stress directly related to their child’s health, a recurring theme in our conversations was the internalized guilt and negative self-worth these mothers felt, rooted in what they perceived as an inability to produce a healthy baby.

For many Indian women, who carry a “cultural womb” that symbolically belongs not just to them but to their families and communities, this failure often attracts both direct and indirect shame and blame from society. The anxiety of not being able to fulfill this role, especially the pressure to deliver a male child, is a worry that deeply affects many women. In such cases, they may not only feel that something

is fundamentally wrong with them but interpret the situation as a form of divine intervention, asking, “Why did God do this to me?”. While medications and surgeries manage their physical symptoms, it becomes equally essential to offer an emotionally holding atmosphere that is culturally sensitive. This is where mental health professionals play a critical role alongside OB-GYN specialists, providing the psychological care for these women who are navigating difficult journeys post birth.

Another critical area where OB-GYN and Psychology converge is in addressing post-traumatic situations. One experience that will remain particularly close to me from my time in the department - moments after administering a relaxation procedure to a highly stressed patient, in my presence, she was informed by her family that her newborn had not survived. In a typical medical setting, death, though difficult, is often normalized. Over years of training and exposure to case overload, medical professionals may develop a level of desensitization. However, a psychological perspective gives us the sensitivity to view each case as a deeply personal narrative. In cases like these, the need for psychological containment is paramount. The immediate shock of loss often leaves patients vulnerable to long-term trauma, complicated grief, and a range of emotional responses that traditional OB-GYN practices may overlook. For these patients, care cannot end with medical treatment alone. They need substantial psychological support whether

through structured therapy, grief counseling, or simply a space to express and understand their emotions.

Similarly, for cases involving sexual abuse, a distressing yet frequent issue in OB-GYN settings, the need for sensitivity becomes important. Survivors of abuse often experience intense feelings of guilt, shame, and isolation that standard clinical practices are not equipped to address fully. Such patients benefit immensely from a therapeutic approach that prioritizes trust-building, trauma-informed care, and consistent, empathetic support. The introduction of ongoing psychological counseling within OB-GYN departments would allow medical and mental health professionals to work together, ensuring that trauma survivors receive a comprehensive care plan.

An area of intrigue is also the psychosomatic aspects of obstetric and gynecology. In clinical practice, symptoms are often assessed based on their legitimacy - if they are deemed not real enough, they may be managed with placebo treatments or referred to Psychiatry. However, as Adam Phillips (1995) suggests, a Symptom can be “the wish to make something known, but by disguising it - at once a demand and an invitation.” Psychosomatic symptoms, particularly in OB-GYN contexts, such as unexplained pain, irregular menstrual cycles, infertility, vaginismus, etc., are often communications of deeper psychosocial distress rather than mere cries for attention.

For example, conditions like Premenstrual Syndrome (PMS), which affects 43% of women in India, highlight the intersection of physical symptoms and mental health, with PMS linked to increased rates of suicide, self-harm, impaired judgment, and cognitive challenges (Dutta & Sharma, 2021). Similarly, the psychosocial implications of Polycystic Ovary Syndrome (PCOS) are gaining research attention, with studies observing that women with PCOS frequently experience heightened anxiety, depression, and issues with body image. While biological etiology exists, the emotional and psychological layers involved are just as impactful, if not more so, in shaping the patient's distress. Addressing these symptoms effectively requires professionals to move away from an “either-or” approach that enables clinicians to appreciate the complex mind-body connection that underlies these conditions. Here, a holistic training of healthcare providers and an integrative management plan that includes psychotherapeutic and cognitive interventions can go a long way for our patients.

In advocating for an integration of Psychology within OB-GYN practices, I envision a paradigmatic shift that perceives each patient as nested within her physical, social, and emotional nexus. While interdepartmental referrals and communication channels exist, establishing a dedicated unit for psychological care within the OB-GYN department at Gauhati Medical College could serve as a pioneering example for the essential transformation in women's

healthcare across India. This model has the potential to create a new standard for patient-centered care in the country by bridging the gap between the physical and psychic.

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Mental Health Initiatives through the Sikkim Inspires Program

Dr. Sonam Ongmu Lasopa & Sulochana Deokota

Under the aegis of the Planning and Development Department (PDD), Sikkim INSPIRES (Integrated Service Provision and Innovation for Reviving Economies) program is aimed at fostering economic inclusion for women and youth in non-farm sectors. This World Bank assisted initiative involves the PDD s working with eight priority departments which include Forest Department, Women and Child Development Department, Information Technology Department, Commerce and Industries Department, Skill Development Department, Rural Development Department, Tourism and Civil Aviation Department and Health and Family Welfare Department. The Program proposes to address growth and governance bottlenecks to economic inclusion through various strategies and investments in short-term skills training for non-cognitive skills, digital readiness, socio-emotional skills, and placement support in priority sectors. Thereby, multi department collaborative initiatives will work to create and enable an ecosystem for economic prosperity. The targeted recipients or end-users are women (18–59 years), youth (18–35 years) and adolescents (10-19 years) of Sikkim.

Three Result Areas are key to achieve the Program Development Objective (PDO) of the Sikkim INSPIRES program and include the following:

1. Strengthened state systems to deliver inclusive growth
2. Improved employment linkages for women and youth in priority sectors
3. Enhanced delivery of enabling services for the economic inclusion of women & youth

Thus, it is evident that although designed as a program to enhance the economic inclusion of women and youth in Sikkim, an important area of focus is on strengthening the delivery of enabling services in mental health, digital readiness, mobility, and care services. The Sikkim INSPIRES program is implementing targeted initiatives to address the mental health needs of the state. Consistently high rates of alcohol and substance use rates in Sikkim have been reported (Ambekar et al; 2019) along with the state leading the nation in suicide rates (National Crime Records Bureau, 2022). The program takes cognizance of the bi-directional relationship between economic growth and mental health. Economic growth and equality is an important social determinant of mental health outcomes (Macintyre et al; 2018). Further, the impact of poor mental health on the economy cannot be underscored where the estimated cost of poor mental health to the world economy

in reduced productivity is projected to be approximately \$6 trillion by 2030 (Lancet, 2020).

Based on a theory of change framework, over a period of five years (2024-2029), the overall Sikkim INSPIRES program will work on bringing a systemic transformation in the state. Specifically, for mental health, by strengthening community resources and empowering the health personnel at the community level, the program aims to create a more inclusive and accessible mental health support in Sikkim. Some of the key activities and projected outcomes for mental health in Sikkim are as follows:

1. Upskilling Health Personnel for Mental Health Management:

It is well known that about one in ten persons have a mental health condition (Murthy, 2017). The shortage of mental health workers is a significant barrier to the implementation and scale-up of mental health services that result in a high unmet need for mental health services. Approximately 80% of people with mental, neurological and substance-use disorders do not receive mental health care in our country as reported in the National Mental Health Survey (NMHS, 2016). Developing and implementing scalable solutions for mental health capacity-building has been identified as a priority in global mental health (Endale et al; 2020). By

upskilling health workers (ASHAs, Mid Level Health Care Providers etc.), counselors and Medical Officers at the Primary Health Care levels, the Sikkim INSPIRES program will strengthen the response to mental health crises and enhance the support available for individuals seeking help. Trainings will include specialized modules that focus on suicide prevention and substance abuse management which are the critical areas of mental health in Sikkim. For this, partnerships with institutes of reputed expertise and national institutes of importance are planned.

2. Community-Based Mental Health Promotion and Outreach:

The primary goal of mental health promotion and prevention is to decrease the occurrence of new cases, postpone the onset of mental illness, reduce stigma and enhance cost-effectiveness. It includes promoting mental health awareness through community-based programs (Pandya et al, 2020). Community interventions have been shown to result in numerous positive health outcomes (Agarwal & Tiwari, 2024; Saraceno & Saxena, 2002). The Sikkim INSPIRES Program will develop and pilot community interventions for mental health partnering with NGOs that have demonstrated effective programs. The program will extend to the conduction of 1,140 community-based events focusing on mental health awareness, screening, and outreach across various locations in Sikkim by 2029. These activities will aim to foster open conversations about mental

health, increase accessibility to resources, and reduce stigma associated with mental illness in communities. Desk reviews and MIS (Management Information System) will track the outreach effectiveness impact.

3. Life Skills Education in Schools:

Life skills education equips adolescents with critical coping and problem-solving abilities, enhancing resilience and mental well-being. This program is being implemented in collaboration with the School Health & Wellness Program of the Rastriya Kishore Suraksha Karyikaram, National Health Mission and the education Department. A group of 35 Master Trainers from H&FWD and Education Department have been trained by life skills experts Dr. Srikala Bharath (ex Professor, NIMHANS) and Dr. Sugnayni Patil. Using a cascading model, these Master Trainers will now train two School Health & Wellness Ambassadors who are teachers from each of the schools in the state. Thus, more than 800 teachers across the state will be trained in life skills education and preliminary mental health screening. This training will enable the teachers to inculcate life skills in their students, assisting them in developing emotional resilience and general mental health assistance. By means of an experiential framework to impart the life skills one day of each school week, the program will address key themes that include healthy lifestyle, emotional well-being and mental health, reproductive health, promotion of safe use of internet, gadgets and media, substance use etc. The

program's effectiveness will be assessed through activity reports, evaluation studies, field visits, and telephonic reviews.

4. Increasing Youth Engagement in Mental Health Services:

Adolescent Friendly Health Clinics (AFHC) seeks to enable all adolescents to realize their full potential by making informed decisions concerning their health and by accessing services. The scope of AFHCs has expanded from Sexual Reproductive Health (SRH) to nutrition, injuries, and violence (including gender-based violence), non-communicable diseases (NCDs), mental health and substance misuse, as a one-stop-shop. However, recent reviews of AFHCs nationally have indicated that AFHCs are not fully compliant with all the benchmarks such as those for infrastructure (clean, bright and colourful), community members aware of the services provided, privacy and confidentiality, referral from the periphery/community and further referral linkages with the higher facilities and specialty clinics, accessibility (distance and convenient working hours), availability of IEC, availability of signage, non-judgmental and competent health service providers (Bahl et al; 2023).

Through support to the AFHCs and/or PHCs in the state, Sikkim INSPIRES is targeting an increase in the number of adolescents (ages 10–18) and young adults (ages 18–35)

visiting PHCs and AFHCs for mental health and de-addiction support. This increase signifies greater acceptance and usage of mental health services among young people, promoting a proactive approach to mental health care. The program monitors youth footfall through a baseline comparison, ensuring that the outreach leads to tangible results.

5. Augmenting de-addiction services:

High rates of alcohol and substance use indicate one of the major public health problems of concern in the state. Sikkim has the highest prevalence of cannabis use at 2.8%; opioid use is also high at 5.10% in comparison to the national average of 2.06%. Sikkim also reports the highest prevalence of current sedative use at 8.6% (national average: 1.08%; Ambekar et al; 2019). Alcohol use is fairly common with 14.8% women and 36.3% men aged 15–49 years reporting use (NFHS 5). At present, de-addiction services in the state are provided through the Department of Psychiatry at District Hospitals, tertiary hospitals, one government run de-addiction centre—the Centre for Addiction Medicine, Integrated Rehabilitation Centre for Addicts and Outreach and Drop in Centres.

However, in view of the magnitude of substance use reported in Sikkim, it is likely that the unmet need for de-addiction services is high and strengthening of de-addiction services is an area of need. Through Sikkim INSPIRES, augmentation of the existing government center

for de-addiction will be carried out along with support to the non-government centers through upskilling and training for de-addiction service delivery to ensure optimal quality of services. Additionally, considering the rates of alcohol and substances in women, services for women will be strengthened through the establishment of a ten bedded de-addiction wing at the existing government run Center for Addiction Medicine.

6. Mobile App for Mental Health Awareness and Service Linkages:

The use of mobile applications presents an opportunity to expand the availability and quality of mental health treatment, focus on mental health diagnosis, treatment, or support (Chandrashekar, 2018). It may be a cost-effective and scalable solution to address the mental health treatment gap which supplements psychiatric treatment/therapy and help patients self-manage their mental health conditions. Studies have shown that clinical care provision, including immediate crisis intervention, prevention, diagnosis, primary treatment, cognition improvement, skills-training, social support, symptom tracking, and passive data collection is possible through mobile apps (East et al, 2015; Price et al, 2014). Further, others have reported using apps to alleviate symptoms and self-manage mental health conditions such as depression with significantly reduced depressive symptoms (Firth et al, 2017) and reductions in total anxiety (Ly et al, 2015).

The H&FWD in collaboration with the Department of Science and Technology has introduced a mental health app, SWASTH-MAAN, designed to provide information on mental health, self screen mental health conditions, resources based on scores and linkage to available services. This app available currently on Google Play Store aims to make mental health resources and information accessible and streamline tele mental health services (available through Tele MANAS) across Sikkim. With the Sikkim INSPIRES program, the app will be updated to expand its functionality and improve user experience.

Thus, the emphasis on sectors such as entrepreneurship, employment training and mental health with the integration of various services to promote and enable economic growth and inclusivity reflects a holistic approach to development in Sikkim. The particular inclusion of mental health initiatives included in a pan-economy, pan-government approach to the delivery of economic opportunities for women and youth is a novel and much needed step in the overall progress of the state through the Sikkim INSPIRES program.

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Exploring art as a medium for mental health treatment.

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Art and psychology are like two converging rivers, each bringing its essence into the other's flow. Art captures emotions in forms that words can barely convey, while psychology unearths the unseen currents of human thought and emotion. When woven together, art becomes a bridge to the subconscious, providing a language for the unspoken. It reveals layers of experience, using colours, textures, and shapes as its vocabulary to give voice to what lies beyond reason and restraint

This notion of visual storytelling as a healing practice isn't new; indeed, the roots of art therapy stretch back to the early 20th century, when Sigmund Freud and Carl Jung began to ponder the significance of images in the human psyche. They were intrigued by how patients' dreams and drawings could serve as portals to the unconscious, revealing secrets that words alone could not disclose.

Art therapy as a formalised practice began to emerge in the 1940s with pioneers like British artist Adrian Hill. While recovering from tuberculosis, Hill found solace in drawing and painting, and soon realised these activities held a therapeutic potency. Hill went on to introduce art as a therapeutic practice to patients in a sanatorium, marking one of the earliest structured efforts to use art as a conduit for

psychological healing. Around the same time, artists and psychiatrists in America—such as Margaret Naumburg and Edith Kramer—were developing their own methods. Naumburg, often hailed as the “mother of art therapy,” believed that art could allow unconscious thoughts to surface, while Kramer emphasised the creative process itself as inherently healing.

The therapeutic benefits of art are manifold, ranging from providing a creative outlet for self-expression to facilitating emotional healing and promoting relaxation. Through engaging in various art forms, we are able to explore their thoughts and emotions in a safe and supportive environment, leading to a greater sense of self-awareness and empowerment.

One of the key strengths of using art as a form of mental health treatment is its ability to bypass the limitations of verbal communication. For someone who may struggle to express themselves verbally, art provides an alternative means of communication that is often more intuitive and symbolic. By creating visual or tactile representations of their thoughts and feelings, they are able to access and process emotions that may be difficult to articulate through words alone. This process of externalizing inner experiences through art can be incredibly cathartic and empowering, leading to increased self-understanding and emotional resilience.

Moreover, engaging in art-making can also provide a sense of control and power for individuals struggling with mental health issues. In a world that can often feel chaotic and unpredictable, the act of creating art allows them to take charge of their own narratives, shaping and transforming their experiences in ways that feel meaningful and empowering. By providing a sense of autonomy and mastery, art can help them to develop a greater sense of self-efficacy and resilience, which are crucial factors in promoting mental health and well-being.

In conclusion, from my perspective, integrating art into psychology feels like returning home to a language we never quite forgot. It reminds us that the journey inward is not simply one of logic and analysis but also one of colour, texture, and feeling. In a world so often defined by productivity and precision, art in psychology offers a rare, gentle reprieve—a way to heal, to remember, and, above all, to simply be.

Mystery to Tapping Happiness: The Importance of Practicing Mindfulness for Mental Health Professionals

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Mindfulness offers immense value in mental health practice, as a personal self-care approach as an intervention for diverse populations. While mental health professionals are often in positions where self-care is secondary to their caregiving roles, mindfulness enables them to manage their well-being and cultivate resilience effectively. This article will discuss mindfulness, particularly Mindfulness-integrated Cognitive Behavioral Therapy (MiCBT), and its applications for clinical and non-clinical populations as a transdiagnostic approach to well-being.

Understanding Happiness in Context

Happiness is a complex and multi-dimensional concept often associated with terms like satisfaction, contentment, and pleasure. For mental health professionals, understanding happiness may require shifting away from traditional measures of success and focusing on inner resilience and presence. Yet, in the fast-paced and demanding world of mental health care, many professionals struggle with feelings of stress, fatigue, and emotional depletion,

underscoring the importance of mindful self-care (Irving, Dobkin, & Park, 2009).

MiCBT: A Transdiagnostic Approach to Mindfulness and Its Benefits

Mindfulness-integrated Cognitive Behavioral Therapy (MiCBT), developed by Bruno Cayoun, combines mindfulness principles with cognitive-behavioral techniques in a structured, four-stage model. It is a flexible, transdiagnostic approach suitable for clinical and non-clinical populations, helping individuals cultivate awareness of thoughts, emotions, and body sensations. This awareness enhances the ability to observe thoughts and emotions without automatic reaction, fostering intentional and skillful responses (Cayoun, 2011).

A core transdiagnostic benefit of MiCBT lies in its capacity to address diverse symptoms across various conditions by targeting underlying patterns common to many forms of distress. Practitioners and clients alike can apply MiCBT's tools universally to increase self-regulation and reduce symptoms across experiences like anxiety, depression, and chronic stress. This framework helps individuals recognize and disengage from unhelpful automatic responses, thereby building emotional resilience and a more adaptive response to stressors (Cayoun, 2011).

Applications of MiCBT for Clinical Populations

For clinical populations, MiCBT can be a powerful intervention for a range of mental health conditions,

including anxiety, depression, trauma, and substance use disorders. By fostering mindfulness through structured meditation and body scan practices, MiCBT facilitates selfregulation, emotional balance, and enhanced coping skills. Studies demonstrate that practising mindfulness in this structured manner reduces symptoms of mental health disorders by promoting greater emotional awareness and response flexibility (Cayoun, 2011; Fjorback et al., 2011).

MiCBT offers unique advantages in clinical settings, where it has been found effective for both acute and chronic mental health conditions, with evidence supporting improvements in anxiety management, emotional regulation, and resilience. Moreover, mindfulness practices incorporated within MiCBT help mental health professionals manage secondary trauma, improving therapeutic presence, and enhancing empathic attunement to clients (Shapiro et al., 2005).

Applications of MiCBT for Non-Clinical Populations

MiCBT is also valuable for non-clinical populations, addressing challenges that contribute to general stress and dissatisfaction rather than specific mental health diagnoses. This approach has been shown to improve overall well-being, enhance life satisfaction, and foster personal growth, making it an ideal model for individuals seeking personal development or stress management without clinical diagnoses (Cayoun, 2011). MiCBT provides practical tools for cultivating attention, reducing stress, and improving relationships, offering benefits that extend beyond the therapy room and into daily life.

Because MiCBT emphasizes self-regulation and body awareness, it is highly adaptable for workplace settings, schools, and community programs aimed at promoting mental health and resilience. Research supports that even brief interventions with MiCBT can significantly reduce stress and improve productivity and interpersonal effectiveness in non-clinical settings (de Vibe et al., 2017).

Practical Steps for Incorporating MiCBT in Self-Care

Incorporating MiCBT (Mindfulness-integrated Cognitive Behavioral Therapy) or general mindfulness practices into daily life as a mental health professional can greatly improve resilience, stress management, and overall well-being. Given the high emotional demands of working in mental health, daily mindfulness practice can help professionals maintain clarity, compassion, and balance, benefitting both their personal lives and their effectiveness with clients.

Here are some practical ways to integrate MiCBT or mindfulness techniques into daily routines:

1. Mindful Morning Routine

Begin the day with a simple mindfulness practice. Even five to ten minutes of mindfulness in the morning can set a grounded tone for the day ahead. This can involve:

- **Breathing Exercises:** Practicing deep, slow breathing can calm the nervous system and increase mental clarity.
- **Body Scan Meditation:** This is a core component of MiCBT, where you progressively focus on each part of the body to observe sensations without judgment. It helps increase self-awareness and reduce stress.
- **Setting Intentions:** Think about what you'd like to achieve that day with a mindful attitude, which could

include being more compassionate, patient, or present with clients.

2. Mindfulness Breaks During Work Hours

Incorporating short mindfulness breaks throughout the day can help professionals stay present and reduce fatigue.

- **Mini Breathing Exercises:** Between sessions, take three deep, mindful breaths, focusing fully on each inhalation and exhalation.
- **Mindful Walking:** If you move between locations or have a brief walk during lunch, do so mindfully, paying attention to the feeling of each step, the way your body moves, and your environment.
- **Emotion Awareness Practice:** Pausing for a few moments after each session to check in with your emotions can be beneficial. Ask yourself, "What am I feeling right now?" without trying to change or judge the emotion. This practice builds emotional resilience and can prevent burnout by releasing accumulated stress.

3. Integrate MiCBT Techniques in Client Sessions

Practising MiCBT techniques with clients can deepen your engagement with mindfulness while also helping clients build these skills. Some approaches include:

- **Mindful Listening:** Commit to fully listening to clients without forming judgments or preparing your response while they speak. This kind of mindful listening fosters deeper connections and understanding.
- **Guiding Grounding Exercises:** Start or end sessions with grounding exercises or brief breathing practices to help both you and the client settle into a mindful state.

- **Modeling Non-reactivity:** MiCBT emphasizes observing experiences without immediate reaction. By modeling non-reactivity to emotional disclosures, therapists can provide clients with a demonstration of calm and mindful presence.

4. Mindful Check-ins Throughout the Day

Regular mindful check-ins can prevent stress from building up and improve overall well-being.

- **Body and Emotion Awareness:** At different points throughout the day, do a brief body scan to notice any areas of tension, aches, or signs of stress. Observe your emotional state and name any present feelings without trying to change them.

- **Self-Compassion Practice:** Pause to acknowledge any challenges you've encountered and offer yourself words of kindness, similar to how you might encourage a client. This may sound like, "This is a tough day, but I'm doing my best."

- **Reflection on Purpose:** Reflect on your work's meaningful impact. Recognizing the purpose and importance of your work can help maintain motivation, reduce stress, and cultivate a greater sense of fulfillment.

5. Mindful Transition from Work to Personal Life

Setting aside time to mindfully transition out of work mode can prevent professional stress from carrying into personal life.

- **Evening Reflection or Journal Practice:** Spend five minutes writing about any lingering thoughts or emotions from the workday. Reflecting on these feelings and experiences can provide closure.

- **End-of-Day Body Scan:** Practice a brief body scan to release any tension accumulated throughout the day. This helps promote relaxation and mental clarity

- **Gratitude Practice:** Reflecting on a few things you're grateful for at the end of the day helps to cultivate positivity and boost emotional resilience.

6. Weekly Deep Mindfulness Practice

For more intensive rejuvenation, set aside time weekly for longer mindfulness practices, like a 30- to 60-minute meditation or body scan. This can enhance self-reflection, resilience, and provide a more profound sense of balance.

Conclusion: MiCBT as a Pathway to Resilience and Well-being

Mindfulness, and specifically MiCBT, offers mental health professionals a structured, transdiagnostic tool for both clinical and non-clinical applications. By fostering resilience, emotional awareness, and well-being, MiCBT empowers professionals to better serve their clients and maintain their mental health.

To revisit the initial question, "Happiness—a choice or a result?" Practising mindfulness through MiCBT allows mental health professionals to experience happiness as a cultivated state, built intentionally and sustained through mindful presence.

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The Transformative Power of Music and Its Relevance in Psychology

By: Arhi Goswami

“Music acts like a magic key, to which even the most tightly closed heart opens!”

-Maria Von Trapp

The aforementioned quote aptly encapsulates the immense impact that music can have on an individual's emotions, behaviour and mental health and well-being. Going beyond existing as a mere artform, it has the ability to serve a powerful psychological purpose often aiding in emotional release - boosting one's mood and motivation. Its ability to bring us joy and comfort, provide companionship, act as a coping mechanism aiding in relaxation, all while influencing our biological processes also makes it a perfect facilitator in a therapeutic setting! This essay explores the multifaceted roles music plays within psychology, highlighting its therapeutic potential and its capacity to transform our emotional landscapes.

Music and Biology: A Common Function

Out of the many scientific advantages of music is its ability to boost one's mood. Such an ability results from biological functioning that has been studied extensively for decades. Neuroscientific research has indicated that music activates several areas in the brain including those associated with emotion, memory, and motor activity (Levitin, 2006). The release of neurotransmitters such as dopamine while

listening to a song is responsible for enhancing one's mood, creating feelings of pleasure - explaining why listening to our favourite tracks often makes us happy! Similarly, when combined with singing and dancing, upbeat music is said to lead to a significant release of endorphins, also known as the happy hormones. Studies have further shown that major chords in a song typically evoke feelings of joy, while minor chords can elicit sadness and melancholia. Regardless of the emotional response brought about by a piece, it ultimately fosters profound emotional insight and facilitates catharsis, allowing individuals to process and release their feelings.

Music and Emotional Regulation: A Tool for Catharsis

Most people seek to find expression for feelings that seem difficult to express. In whichever form, whether it is through mellow classical compositions or energetic rock anthems, music offers powerful means for processing complex emotions. When words fail to describe overwhelming emotions, one can often find solace in music as it can resemble an ocean of overwhelming complex emotional states running through an individual. Studies indicate that individuals in grief often find consolation in melancholic melodies because these can stimulate emotional release (Suhor, 2017). Moreover, research also shows that engaging with songs can elicit strong emotional responses - a concept called 'music-induced catharsis'. This capacity to express emotion through different tunes marks its significance in guiding a person's inner navigation.

Relieving Stress and Anxiety: Leveraging the Healing Power of Music

Music serves as a vital coping mechanism for stress and anxiety, which is why we often seek out our favourite playlists for rejuvenation. Research suggests that listening to soothing tunes can significantly lower cortisol levels, the primary hormone associated with stress (Thoma et. al, 2013). Similarly, studies on stress reducing music interventions highlight the power of music and relaxation techniques on combating psychologically stressful experiences relating to restlessness, nervousness and anxiety (Witte et. al, 2020). This explains why calming background music during stressful examination weeks often enhances studying and boosts concentration. Music possesses the ability to decrease stress and maintain an optimal level of arousal, aiding in cognitive focus and attention that ultimately leads to better retention.

Strengthening Resilience: Music as a Form of Support

Music permeates every aspect of our lives and is believed to have existed even before formal language, facilitating communication among humans. Whether it be the background ambience in public spaces, stirring soundtracks of the movies, or simple tunes blasting through someone's wired earphones, this artform is omnipresent and provides all with a sense of reassuring comfort. It holds power in connecting people through space and time, often seen while bonding generations together over a shared favourite song. Everyone has their own 'music taste' which when matched with somebody else provides a powerful common ground

for connection. This pervasive nature of music underscores its ability to provide companionship, helping individuals feel less isolated in their experiences, and operating as an important source of emotional support.

Music in Therapy

The healing power of music has been leveraged in the establishment of music therapy as an entire therapeutic model. It harnesses music's potential to address emotional, cognitive, and social needs for individuals facing mental health challenges. Trained therapists employ both active and passive approaches which might involve listening to different tunes, along with using the structural, rhythmic and emotional elements of a song to address mental health issues. Music therapy is known to be a successful intervention when treating patients with Alzheimer's due to its ability to slow down cognitive decline. It is also said to be effective with disorders such as depression or PTSD by incorporating songwriting, improvisation as well as active listening in the healing process (Bradt & Dileo, 2014). Its ability to evoke memories and emotions makes music a valuable tool in therapeutic settings, providing a space for individuals to organically confront and process their feelings in an emotionally supportive environment.

Music has the power to transform our lives and add meaning to it. It transcends mere enjoyment and enriches our lives, fostering human connections and promoting emotional well-being. It adds bliss to solitude, reminding us that we are never alone, instilling a sense of resilience during challenging times. It adds colours to one's life

experiences, for as Nietzsche once said, ‘Without music, life would be a mistake!’.

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Art Therapy

Dr Deepali Mahanta Kayal

Introduced into clinical practice in the 1940s by pioneers like Adrian Hill (UK) and Margaret Naumberg (USA), art therapy is a tool for helping a person interpret, express and resolve his or her emotions and thoughts under the guidance of a trained art therapist. For people under physical, emotional and/or cognitive problems, it provides new pathways towards understanding and self expression. It is not necessary for a person to be an artist or even have an artistic temperament to avail its benefits. The therapy sessions may be conducted in a variety of settings eg., hospitals, clinics, rehabilitation facilities or schools. Art therapy may be a useful adjunct in serious health conditions like chronic illnesses and for people working to develop effective coping skills and strategies.

Art therapy is useful in improving cognitive and sensory motor functions. It promotes self esteem and self awareness, emotional resilience, social skills and social intelligence. It also reduces and resolves emotional conflicts and distress. Art therapy can be done through various modalities like sketching, painting, finger painting, colouring, doodling and scribbling, sculpting, carving, collage making, digital art, photography etc. Art itself is not the focus, it is the process of art making that is therapeutic. Creating some art work, howsoever good or bad it may be, becomes a means of externalising internal conflicts and doubts, uncovering and processing hidden feelings, thoughts and emotions that may be difficult to articulate verbally, specially in children.

There is ample scientific data to support the effectiveness of art therapy in conditions like PTSD, anxiety, depression, eating disorders and addiction. Typically a therapy session may extend from 30 to 60 minutes or longer. Clinical response may take five to eight weeks to become apparent.

Therapy may progress generally in 4 sections-

First is the check ins / or history, happens at the beginning of the session, where the therapist and the client talks about the client's feelings, what he has been doing about it,, anything particular he wants to share, any special needs.

Second - commonly it is the art making part. It can happen in many ways and with various materials of his choice and the goal of the therapy.

Again it could be two types of art making.

First is "unstructured art making". Here client actually takes the lead, he decides what to paint, chooses the materials, is more motivated, self-directed in the art making part— that is why it is called unstructured.

Second type is called "structured art making". Here the therapist may guide a bit, called "directive", but not prompt, at the beginning of the session or at some other point. It is more about exploring oneself, or expressing one's feelings, but whatever he does— there is no right or wrong. There may be a lot of talking or none at all.

Third is the "verbal processing", where the client may open up to the therapist. They might be talking about family

problems, changing environments, about anxiety and depression, anything that is really related to the client's mental health.

In closing part of a session, the art therapist can help the client create a transition from the art therapy to back to daily life or whatever they need to do next, and come up with some rituals, maybe asking certain questions about the session, reviewing it, or even what the client wants to accomplish before the next session thus creating closure to the present session.

The Art Therapy Association of India (TATAI) was formed in 2019 to promote and regulate this branch of psychotherapy in our country.

Each art therapy session is unique. It is customised according to the need of the person, and the therapeutic goal.



Project “CHILD” School Mental health program : Journey from the room of “stigma” to the “comforting” counselling room

School mental health- a modern approach

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Project “CHILD” a synonym for Child Health Intellectual and Lifestyle Development has been providing a standardized, professionally managed school mental health support across Assam since a decade . What started off as an offshoot of the medical and emergency health program for the school has now become one of the major support structures for the students and school. These twelve years have been monumental *in breaking the stigma* and encouraging students to seek help *voluntarily* when they are in distress. Mental Health is a specialized subject , and most of the schools are not equipped to provide a high quality program for their students as it requires a multidimensional professional approach . Our team of counselling psychologists supported by doctors are placed in the schools. They implement a multifaceted program to ensure that all the students' mental health issues are taken care of. Our

concept of “*Only problematic child*” to “*Every Child* ” approach has ensured the equal participation of all the stakeholders without any hesitation or inhibition. With over 50,000 students currently under the active care of Project CHILD mental health program, it is in a unique position to further help in destigmatizing and provide professional mental health support in this part of north East India.

Breaking the Stigma

The stigma related to mental health has always been a challenge that was left to be conquered. School mental health is a unique area where there are more preventive and less curative components. When one talks of mental health for schools it's not only about managing the clinical cases but also to ensure resilience building, early diagnosis, early intervention, and preventing psychological breakdowns amongst students. This is achieved by psycho-educating the parents , students and encouraging the voluntary help seeking behavior of students . By having a robust mental wellness program early in their schooling days, we get the chance of preventing, identifying and treating it hands on from the very beginning . Even the government has played a crucial role in recognizing certain mental health conditions. Special laxation and provisions have been allotted for school students. Further if the child is diagnosed with a disability, Project CHILD psychologists navigate the relationship between the school and the student. Our aim is to create an environment that is inclusive to a diverse student population.

Our Approach in School

We have an individualistic approach towards every school. Like individuals, no two schools are the same. Hence, it calls for a personalized and tailor-made approach. Some schools require frequent Parents' Sensitization Sessions to develop understanding amongst the parents. While other schools require more students related workshops.

Components of Project "CHILD"

The success of Project "CHILD" school mental health program has been the smooth implementation of our multidimensional activities in schools. Every activity in schools were age specific, case sensitive and all inclusive. These are delivered through various modes.

· Total Personality Development (TPD) Workshops

Molding the young minds is an integral part of the school mental health program. This is brought about through personality development workshops spread across the academic year. Topics such as procrastination, exam stress, social media literacy, time management, understanding interpersonal relationships, and so on are covered. Through these workshops we aim to achieve a holistic, all-round development of the students.

· Adolescent Reproductive Health and Hygiene (ARHH) Workshops

This sensitive issue is handled very delicately through ARHH workshops which are specially curated for students

of Class V till Class XII. The aim of these workshops is to educate students about their psycho-sexual and physical changes of bodies and how to cope with it in a healthy manner.

· *Drama Induced Mental Health Awareness (DIMHA) Program*

The DIMHA program uses short skits and role plays to increase mental health awareness amongst students especially in the junior classes. The skits are planned at varying levels depending on the class of the students. It is used to help the young minds understand their emotions, moral values, and relationships.

· *Dance Movement Psychological Sessions (DMPS)*

Our unique approach through Dance Movement Therapy has been highly successful in bringing the students to a state of catharsis after the sessions, especially with the senior classes. Through DMPS we aim to bring forward the students who respond better to dance and movement as opposed to traditional talk therapy. At the end of a successful session, students usually let go of their emotions.

· *Individual Counselling*

Individual counselling comprises the majority of our working hours. It consists of one-on-one sessions with the students. Older students usually walk-in voluntarily for a session when they are distressed. Teachers and parents also refer a student for counselling. Those students who need

further psychometric tests are further assessed by our clinical psychologist.

· *Knowing Individual Student (KIS)*

KIS is a screening tool through which we identify the students who might need extra support to meet their full potential in school. KIS has three components- classroom observation, academic record check , and taking teacher's input. This forms one of our important components of psychological mapping of the students in the school, which helps in formulating the intervention.

· *Studying Individual Student (SIS)*

After KIS, the next step is SIS, where the students who were identified during KIS are called for one-on-one sessions for in-depth analysis to determine how to proceed. If further specialised treatment is required, we refer them to a specialist i.e. clinical psychologist, psychiatrist.

The scenario of individual counselling- Then versus Now

In the initial days, students were mostly referred to by teachers mainly if there were some disciplinary issues or academic issues. That room was typically seen as a “ failure's room ”. Anyone visiting this room was labeled as a mischief maker or an academic failure. As the years went by, we have seen an increase in walk-ins for emotional support wherein students realize they are going through a difficult time and that they would benefit from walking into the counselling room. The Parents too are much more welcoming, and many a time they themselves send their

child for counselling. Teachers have also understood how the counselling room helps in enhancing their teaching outputs. This change has been brought about by our constant presence in school as well as through the workshops and awareness programs conducted.

Further de-stigmatisation has been supported by the OTT . Series and movies, which shows going to a therapist as a normal and smart thing for someone to do when they are facing emotional, personal, or psychological issues. However OTT platforms are a double-edged sword, with the student population overexposed on age inappropriate contents of OTT platforms, online games, and social media.

The nature of the problem has also changed compared to before. Earlier the majority of the cases were of academic or behavioral problems; now we are seeing a rise in emotional problems. As both parents go out to work, more often than not, children come back to an empty home. On top of that they are instructed not to go out to play, so they are stuck indoors with their gadgets.

Project “CHILD” mental health program’s goal is to give more and more students a safe and secure climate both at school and at home by creating a network of communication between students, parents, teachers, and other stakeholders.

It is Time to Prioritize Mental Health at Workplace

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Since 1992, World Mental Health Day has been observed internationally on October 10th, initiated by the World Federation for Mental Health to raise awareness about mental health issues and galvanize support. The theme chosen for this year is, **"It is time to prioritize mental health at the workplace."**, with the goal to champion mental health in the workplace and build best practices that create cultures where workers have the potential to contribute productively and thrive. Mental health encompasses more than just the absence of disorders; it involves a state of well-being that helps individuals handle life stresses, recognize their potential, perform effectively in learning and work environments, and contribute positively to their communities. According to the World Health Organization, 15% of working-age adults experience mental health conditions, predominantly depression and anxiety, resulting in a global economic loss of \$1 trillion annually due to diminished productivity. The COVID-19 pandemic has underscored the dramatic need to address mental health issues in the workplace. Despite increased awareness and

discussions, more dialogue and action are needed to ensure safer work environments. Today, forward-thinking leaders are recognizing that supporting their workforce's mental health benefits both individuals and the overall performance of organizations.

Meaningful work can protect mental health by fostering a sense of achievement, boosting confidence, and aiding recovery and inclusion for those with psychosocial disabilities. Conversely, poor working conditions can trigger mental health crises or worsen existing issues. Common psychosocial risks include:

- work-content related factors like lack of variety, underuse of skills, continuous exposure of people through work
- workload-related factors like excessive workload, continual pressure to meet deadlines
- work schedule related factors like long or unpredictable hours
- poor environmental conditions like lack of space, poor lighting, excessive noise
- overcomplicated bureaucracies
- factors related to interpersonal relationships at work like interpersonal conflicts, actual or perceived lack of social support, bullying, harassments and microaggressions

- factors related to career development like poor pay, career stagnation
- factors related to work-home balance like conflicting demands of work and home, low support at home and staying away from home long periods during work assignments

Additionally, broader issues like discrimination and inequality at work can also exacerbate mental health challenges.

As employees battle the pressure, the stigma attached to mental health issues prevents them from seeking help either at work or outside. The cut-throat nature of the professional world amplifies those fears, pushing individuals to hide their struggles fearing it would negatively impact their prospects at work. There is a reluctance to discuss mental health even with friends and loved ones due to the perceived lack of solutions.

Reading Between the Lines: Recognizing and Responding to Employee Distress

Even with an open-door policy, struggling employees may not always seek help. It is crucial to be vigilant. Early intervention coupled with appropriate care can make a significant difference. Employees experiencing mental health issues might show:

- **Changes in work performance** like poor time management exhibited in the form of frequently arriving late to work and/or early departure from work, difficulty meeting deadlines; frequent unexplained absences; lack of concentration which can manifest as taking too long in completing simple tasks, difficulty in keeping up at the meetings, indecisiveness, repeating the same task over and over, decreased productivity or quality of work and making frequent errors at work.
- **Changes in behaviour** like becoming socially withdrawn or aloof, slow to respond, showing lackadaisical attitude towards work and in general, to one's surrounding and increased abuse of alcohol and other substances to cope up with the stress.
- **Verbal cues** like talking about feeling overwhelmed or burnt-out, feeling trapped, expressing hopelessness or despair, excessively pessimistic or negative outlook of the situation.
- **Emotional changes** like frequent expression of frustration and anger, sudden mood swings, increased anxiety, becoming tearful on trivial matters and sometimes even in absence of an apparent stressor.
- **Physical signs of stress** like perpetual tiredness, unexplained weight loss or gain, changes in appetite, neglecting personal hygiene, body language suggestive

of being under stress such as jitteriness, trembling, sweating, clenched jaw and furrowed brows, etc.

Self-Care Techniques for Enhancing Well-being

In the face of escalating corporate competition, emotional well-being has been sidelined and frequently neglected as we are busy running after our professional goals. Following are some self-care strategies that one can use to improve one's mental health at work:

- Finding a harmonious work-life balance
- Planning and organizing beforehand the work for efficient time management
- Setting manageable and realistic daily goals
- If possible, delegate some work when it is becoming overly stressful or overburdening
- Rewarding oneself for every completed task
- Keeping a clear separation between home and work: avoid bringing work-related matters into home.

Supporting a Struggling Colleague: Effective Ways to Offer Help

- Initiate conversation with simple questions like, “Would you like to talk?”, “Is something bothering you?”, etc.

- Be respectful of their privacy, that is, let your colleague determine if, when and how much they want to share.
- Showing empathy, listening non-judgmentally and providing reassurance.
- Using hopeful, positive language like, “You are not alone, I am here with you.”, “Thank you for sharing. I admire your courage.”
- If possible, assist with tasks or resources
- Avoid giving unsolicited advice and instead, encourage and guide them to get appropriate professional help.

Boosting Workplace Wellness: Organizational Strategies to Enhance Mental Health

- Conducting workshops and webinars routinely, to train managers on recognizing and responding to mental health issues.
- Fostering an inclusive and positive work environment where employees can pitch in their ideas, give feedback and receive reward and recognition for their contribution to the company.

- Investing in professional training and career development programs for every employee
- Arranging periodic vacations to prevent employee burnout
- Promoting employee engagement and team building activities to build strong professional relationships
- Integrating Mental Health into HR Policies like embedding mental health guidelines within their HR framework, outlining clear and accessible pathways for staff to seek help, and ensuring that mental health considerations are part of health and safety assessments.
- Making mental health services accessible like hiring organizational psychologists, forming workplace mental health support groups, offering health plans with adequate coverage for mental health services and psychiatric medications.

Everyone deserves a safe and healthy work environment. Supporting mental health in the workplace can lead to increased productivity, higher work quality, reduced absenteeism, better employee retention, and improved relationships between employees and employers. Therefore, by acknowledging mental health challenges and investing in supportive resources and programs, organizations can cultivate a more engaged and productive workforce.

Integration of Psychology with Pediatrics

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The question of how much our mental and physical states affect one another has been debated for centuries by academicians and medical experts. The mind, body, and spirit are all viewed as one cohesive entity in the traditions of Ayurveda and Yoga, and the well-being of one affects the others. This age-old theory of the mind-body connection is highly relevant to contemporary healthcare since it acknowledges that medical problems are not just physical but also psychological.

In paediatric healthcare, it is essential to comprehend health as a combined state of physical and mental well-being. Children are especially vulnerable to this interaction since they are still going through major physical and emotional developmental changes. The brain's development is the main focus of this interaction. Genetics, food and nutrition, parental attentiveness, everyday experiences, physical exercise, and love are some of the contributing elements. Thus, the development of a baby's brain is influenced by their environment and is a continuous process.

Beyond just physical symptoms, medical problems can also present with psychological and social difficulties. Particularly in paediatric populations, medical problems may have multiple facets. Children may suffer from physical pain, discomfort, or disability, but these conditions can also lead to psychological distress, such as anxiety, depression, or behavioural changes. Because of the widespread latent ignorance, these conditions are frequently overlooked or misinterpreted by families and society. Additionally, social consequences may include social isolation or trouble participating in everyday activities, which can worsen the child's mental distress. Youngsters who miss school regularly because of hospital stays, doctor's appointments, or physical restrictions may lose out on crucial peer social contacts. Since peer interactions are essential for emotional and social development, children may find it especially challenging to cope with feelings of loneliness and exclusion brought on by this absence. Children may also be subjected to peer bullying or stigma and feelings of isolation and diminished self-esteem may result from this stigmatisation.

Particularly in cases of terminal illness, family dynamics may change dramatically. Siblings may feel abandoned or perplexed, while parents frequently experience sorrow and anxiety. One typical reaction is the emergence of an overly involved parenting style, in which parents become too preoccupied with their child's upbringing and closely

observe all facets of their care and welfare. This can limit the child's autonomy, impair their ability to make decisions, and encourage dependence, even though it may be motivated by a desire to protect the child. The child's illness can also result in parental burnout and conflict between spouses.

It can be challenging to identify psychological discomfort because its symptoms can take the form of behavioural or physical changes. Unexplained headaches, stomach aches, exhaustion, or other bodily ailments without a known medical reason are examples of somatic symptoms.

The body frequently uses these symptoms as a means of communicating underlying psychological or emotional stress. Similar to this, behavioural symptoms may include restlessness, irritation, altered eating or sleeping habits, social disengagement, or a drop in scholastic achievement. Children who suffer from depression, for instance, might not display the typical signs of sadness or low mood, but rather more externalised forms of emotional pain, such as impatience, anger, or frustration. Instead of being signs of more serious psychological problems, such behavioural changes can be mistakenly seen as misbehaviour or a stage of growth.

Psychosocial Interventions in Paediatric Care

Multifaceted etiological factors contribute to the complexity of paediatric disorders, necessitating a sophisticated understanding and formulation for effective care.

Predisposing, perpetuating, precipitating, and protecting factors are among the many components that must be incorporated into a holistic strategy. Interventions must be based on this holistic formulation and prioritise a child-centered approach in order to effectively address these issues. In order to create a supportive environment for the child, a multidisciplinary and multisystemic approach is crucial, highlighting the significance of strong family and community involvement.

Children and their families experience universal anguish and maybe trauma during the diagnosis, treatment, and aftercare of childhood malignancies, which are life-threatening illnesses. In the collaborative and integrated treatment and care of patients, psychologists are essential. First, they might utilize psychological treatments including cognitive-behavioral therapy (CBT), relaxation techniques, and distraction tactics to help control procedural pain, nausea, and other symptoms. These methods enhance children's overall quality of life by assisting them in managing upsetting medical procedures and reducing the physical discomfort related to cancer treatment. Psychologists also discuss the neuropsychological effects of terminal illness such as cancer and how treatments (such as cranial irradiation, surgical resection, and blood-brain barrier-crossing chemotherapy) can have neurotoxic effects on the developing brain. Programs for cognitive rehabilitation, such as paper-and-pencil exercises, can help

children focus, pay attention, and remember things better. They can also teach meta-strategies to help them use their skills at home and in the classroom.

Three intervention strategies relevant to paediatric treatment are distinguished by Elander and Midence. The "problem-focused" method uses behavioural conditioning, biofeedback, and relaxation techniques to target behaviour related to certain medical procedures (e.g., dialysis, surgery preparation) or specific issues (e.g., pain). The behavioural method includes methods like operant token economy interventions, in which maladaptive behaviour is discouraged while optimal behaviour is rewarded with positive reinforcement. The next is the "cognitive approach," which uses techniques like education and stress management to change children's perceptions of their illness, attempts to bring about more widespread improvements in children's adjustment. Finally, is the "social approach," which seeks to enhance care delivery, expand educational and career opportunities, and provide support for carers, is based on the reciprocal influence of the child's social environment on their health. These methods have been shown to be beneficial for children undergoing dialysis, for a variety of chronic illnesses (such as cancer, sickle cell anaemia, and asthma), and for children who are in chronic pain.

Psychologists also treat children in the context of their families and social ecology, understanding that social support, family dynamics, and the school environment all have an impact on a child's wellbeing. Family ties may be strained by the stress of the child's illness, but many families also grow resilient by getting help through therapy and counseling. Family counseling is essential for promoting effective communication, assisting family members in processing difficult feelings, and offering coping mechanisms to deal with the extreme emotional and psychological stress. Another crucial addition is the application of a developmental viewpoint, as psychologists take into account the child's age, developmental stage, and cognitive ability when creating therapies. This guarantees that the care given satisfies each child's particular emotional and psychological requirements while also being developmentally appropriate. In paediatric treatment, timely awareness campaigns might be very beneficial. These programs might concentrate on psychoeducation regarding children's developmental perspectives, which tries to inform parents, guardians, and medical professionals about the distinct developmental requirements and psychological turning points that affect how a child reacts to disease and medical care. In the context of health issues, this curriculum would emphasize the significance of comprehending how children at various stages, including as infancy, early childhood, and

middle childhood, process information, deal with stress, and regulate emotions. Teaching caregivers and healthcare professionals how to convey medical information to children in developmentally appropriate ways is another crucial part of such a program. This ensures that explanations of illness and treatment are understandable, reassuring, and empowering. Play and art therapy are yet another essential part of awareness campaigns in paediatric care, which aim to inform parents, guardians, and medical professionals about the therapeutic benefits of these artistic methods in promoting children's emotional and mental health.

Way Forward

More funding should be set aside in the budget to expand mental healthcare facilities and associated infrastructure. According to the current fiscal year (FY 2024–25), the health budget is approximately 2% of the overall budget, while the mental health budget is roughly 1%. Furthermore, almost 51,000 individuals in India are served by a single primary healthcare facility. According to World Bank estimates, 90% of all medical demands may be satisfied at the primary healthcare level; hence, additional funding is required to give people quicker, easier, and less expensive access to treatments. Furthermore, training for primary health care providers and at the grassroots level for ASHA, ANM, and AWW is necessary because the majority of medical professionals lack psychological expertise.

India needs a steady flow of funding to raise awareness and educate people about mental health and related chronic diseases. People with mental health issues will still find it challenging to get the help they need if people continue to approach mental illness with dread and resistance because they are afraid of being labelled or judged.

Similar to this, we must increase the number of mental health experts, including social workers and psychologists, in order to ensure that there is a sufficient supply of mental healthcare specialists.

Conclusion

Since emotional, cognitive, and behavioral patterns are formed during the formative years of childhood, early intervention is essential for long-term wellbeing. Healthcare professionals may help create favourable developmental trajectories by attending to psychological requirements in addition to physical health. This will guarantee that children not only recover from illness but also receive well-rounded support, promoting both mental and physical well-being. Integrating these professions is still a crucial step in providing children with more efficient, compassionate, and individualized treatment as healthcare continues to change. Healthcare professionals are better able to comprehend the particular difficulties that children encounter, such as managing long-term illnesses, developmental impairments,

or emotional pressures, thanks to this interdisciplinary approach. Paediatric care can enhance results in areas such as pain management, treatment compliance, and general quality of life by implementing psychological therapies.

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Dissociative Disorder and its Management (A Case Study)

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In India, dissociative disorders are often diagnosed both in the inpatient and outpatient settings. Among the most frequently reported dissociative disorders are dissociative motor disorders and dissociative convulsions. "Dissociation" is a term that describes separation from one's self, the world, or others.

The Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5), defines dissociation as a disruption, interruption, and/or discontinuity of the normal, subjective integration of behavior, memory, identity, consciousness, emotion, perception, body representation, and motor control.

According to ICD 10, dissociative disorders embrace a range of disorders and combine what are conversion disorders and the cluster of dissociative disorders. What is shared by these disorders is this mutual idea: partial or complete loss of usual integration between memories,

cognizance of identity, and immediate sensations and voluntary control of body movements. Conversion is a process characterized by the presence of clinical symptoms that represent a derangement of the functioning of the motor or sensory systems and do not follow the pattern of a known neurological or medical disease. Dissociation is an unconscious mechanism whereby the mind splits off certain memories or thoughts from normal consciousness. These split-off mental contents are available and may return to consciousness either by an event or spontaneously.

Dissociative disorders result from an interaction between genetic factors and environmental stressors. According to the stress-diathesis model, biological vulnerability and traumatic experiences are both necessary for these disorders to develop. Etiology of dissociative conditions is very closely related to the nature and severity of traumatic events.

These disorders are characterized by the following clinical features:

1. Disturbance in the normally integrated functions of consciousness, identity and/or memory.
2. Onset is usually sudden and the disturbance is usually temporary. Recovery is often abrupt.

3. Precipitating stress is often present before onset. There is a clear temporal relationship between the stressor and onset of the illness.

4. A 'secondary gain' resulting from the development of symptoms may be present.

5. Detailed physical examination and investigations do not reveal any abnormality that can explain the symptoms.

Types

1) Depersonalization-derealization disorder

It is characterized by recurrent or persistent experiences of detachment from one's own self, thoughts, feelings, or body, which can be either (depersonalization) or a feeling of unreality or distortion of the world around them (derealization). They can be transient or chronic in nature and may be able to affect a person's ordinary daily life and functioning.

2) Dissociative Amnesia

It is the most common dissociative disorder, which predisposing affects adolescents and young adults, particularly females. In this condition, there is an

unexpected and involuntary loss of the ability to recall one's life history or events concerned with traumatic or stressful experiences, which is neither due to forgetfulness in everyday life nor to an antecedent organic condition. It often occurs after a significant life stressor, but it may also be precipitated by an imagined stressor or the expression of perceived "forbidden" impulses.

3) Dissociative fugue

It is characterized by episodes of wandering away from home, often associated with new identity adoption and amnesia for previous life. The onset and termination are usually abrupt, almost always precipitated by stress. A key characteristic is purposeful assumption of a new identity without an awareness of amnesia.

4) Dissociative Identity Disorder

Dissociative identity disorder, or multiple personality disorder, is a complex condition where one person contains two or more distinct identities, personalities, or both. Their characteristics, memories, and behaviors might be significantly different from each other. In most

cases, one personality is unaware of the others' existence and has amnesic barriers among them. The transition between personalities can be sudden and involuntary.

5) Trance and possession disorders,

Also called possession hysteria, it is a disorder in which a "spirit" takes control of a person's personality while episodes occur. In contrast to multiple personality disorder, the person is usually aware of the presence of the other entity, or "possessor." This disorder is especially common in India and other African nations.

Stressors that can lead to dissociative disorders include:

- Unpredictable family environments: a home where the child felt scared or had no idea what to expect;
- Childhood trauma: physical, sexual, or emotional abuse; or neglect;
- Adult trauma events: natural disasters, war, or torture;

· Inner conflict: When the mind separates contradictory information and feelings from conscious thought

THE DIFFERENT THERAPEUTIC INTERVENTIONS AVAILABLE IN THE MANAGEMENT OF DISSOCIATIVE DISORDERS:

1. Psychoeducation: It is an integral part of the treatment plan of a patient with dissociative disorder. It should work on the awareness and acceptance of symptoms in the patient, how such symptoms influence the quality of life, and importance of developing coping skills. It might also require explanation of the biological and neural basis of such a disorder so the issue is not victimization-based anymore. It can provide the patient with meaningful sense to their symptomatology and create the impression that they are safe and in control. The explanation must be simple and so that it doesn't invoke any kind of manipulation.

2. Grounding skills : It can be used to handle severe emotions by keeping patients' attention focused on the present time. The application of such skills gives techniques such as sensory awareness-for example, writing down objects, identifying colors-to distract from such overwhelming feelings and prevent dissociation.

3. Distress tolerance: It teaches the patients the ability to cope with problematic emotions without engaging in dangerous or harmful behaviors. It does not solve the problem but helps the patients contain painful feelings when immediate solutions cannot be accessible. It teaches them about emotions, identifying and labeling them, and acquires skill on what they can do on a day-to-day basis to manage the emotions, thus making them self-assured and prepared for the task of handling difficult emotions.

DBT skills taught under DT are:

- a. Self-soothing: where the patient can identify and engage in activities that employ their senses, that soothe them
- b. TIPP: This acronym stands for temperature, intense exercise, paced breathing and paired muscle relaxation. This helps to reduce extreme emotional arousal quickly
- c. ACCEPTS: Acronym stands for activities, contribution, comparison, emotions, push aways, thoughts, and sensations
- d. IMPROVE : This is an acronym used for: imagery, meaning, prayer, relaxation, one thing in the moment, vacation, and encouragement
- e. Cost-benefit analysis: asking them to weigh the pros and cons of their action

f. Containment imagery: a set of skills that help them regain control over overwhelming emotions

4. Eye Movement Desensitization Reprocessing (EMDR)

It is a structured therapy that encourages the patient to briefly focus on the trauma memory while simultaneously experiencing bilateral stimulation (eye movements), which is associated with a reduction in the vividness and emotion associated with the trauma memories. It is a treatment divided into phases where desensitization in relation to a trauma is essential.

5. Paradoxical intention therapy

It is where the therapist encourages the patient to engage in the unwanted behaviour, promoting the worsening of the symptoms rather than their removal.

Case Report

A 15 year old female was brought by her family at GMCH at the psychiatry OPD on 1st October, 2024 with complaints of fever, shortness of breath, episodes of pseudoseizures, pulling and pushing limbs, restlessness, each episode lasting for about 10-15 minutes at the onset, with stiffness of body and head banging. All her complaints started in the last 9 days prior to admission

The patient was apparently healthy and her complaints started just a day before her half yearly exam. She was doing her daily routine household chores; studying, when around 3 p.m. she complained of headache accompanied by subsequent fever. Her mother provided her with medication to reduce the temperature. Around 6 p.m in the evening, she started becoming very restless, and agitated. She was then taken to a nearby hospital and was admitted to the ICU for the whole day. For 9 days since the onset she was taken to various Junaabs for faith healing and religious treatment. Her symptoms progressed as she would remain lying on the bed for the whole day, now productivity of words, intolerance for light and sound

Pre morbidly – the patient was very studious, competitive, and takes studies very seriously.

P/H - White Discharge from Vagina for 4 years.

F/H - the patient is living with her grandfather, father, mother, elder sister, uncle-aunt and their two kids under the same roof. The patient is the third of 2 other siblings, all of them are girls and have hopes of shining well through education. This patient may take it as an apparent stressor. Being a conservative Muslim family, mothers expressed their girls are not allowed to go outside and have very few friends. No history of psychiatric illness has been reported in the family.

Diagnosis by psychiatrist: The patient is diagnosed with Dissociative Convulsion in F44.5 of ICD-10.

The following fundamental aspects have been taken into account.

- 1) The symptoms weren't intentionally induced or subject to voluntary control, in contrast to that which occurs in factitious disorders and in malingering;
- 2) Temporal relation between the existence of the stressful psychosocial factor and the onset of symptoms;
- 3) All the supplementary examinations conducted were normal.

Acknowledgement

My sincere thanks to Dr. Barnali Das, Lecturer, PSW, Department of Psychiatry for her support and encouragement in management of this case. I would also like to acknowledge the Department of Psychiatry, GMCH, for their support. . I also acknowledge the patient and family for their cooperation

NEW WAVE

ABSTRACTS
(ORIGINAL PAPERS)

Language Translations to enhance cultural – sensitivity in Mental Health interventions.

Jasmine Mary Lyngdoh, Ph.D.

The North Eastern tribal communities in India have progressed remarkably in terms of public health. However, the availability of language translation of tools, information booklets, mental health advisories and community mental health policies are limited to a few states of Assam, Mizoram and Manipur. The variations of multiple tribal dialects requires that English is the official language for most public health facilities. Black (2018) cites the barriers of racial and ethnic minority such as cultural stigma, mistrust of the dominant culture, low educational background (Narayan, 2013), unavailability of culturally-specific tools, risks of misdiagnosis (Bertolin- Gullen & Porcelain- Torrens, 2021) and differences in health beliefs between the health provider and patients. Reviews show that communication in an unfamiliar language affects the close therapeutic working relationship, when the interpreters who are not acquainted with mental health terms and ideas may decrease the purpose of translating the intended text. Multicultural Practice Guidelines ensure mental health competencies such as clear communication with the patients, culture- sensitive languages and application of culture appropriate skills (Naidoo & Pilkington, 2010). The prominent indicators to attune to the cultural environment

involves an awareness of personal cultural beliefs and attitudes, cultural sensitivity when delivering the text to prevent prejudices and stereotyping and community collaborations to strengthen the credibility and trust of mental health professionals (Archarya, et. al., 2017). The current study has explored the translation of mental health and well-being glossary terms into the Khasi Indigenous language. The objectives were to explore current literature on mental health glossary terminologies for language accuracy and applicability of the words and ideas to be translated, English words and ideas of mental health and well- being (three sources) translated to Khasi indigenous language and involvement of Khasi Experts, Linguists and Mental Health Professionals for reliability and validity of the translated terms, as well as to empower and equip mental health professionals to communicate in Khasi. Tools of investigation involved the multi- processing of themes & categories of commonly used Mental Health & Well- being terms, Forward Translation from the source language (English) to the target language (Khasi) and Expert Review for term usage in the community. The qualitative and quantitative methods of established evidence – based translation focused on six essential criteria such as **Terminology accuracy** (intended meaning), **Cultural sensitivity** (appropriate for the target audience), **Clarity and readability** (easy to understand), **Consistency** (repetition), **Completeness** (coverage of the relevant ideas and words denoted in the glossary terms) and **Correctness** (grammar

and syntax). Further steps to enhance e- library coding were followed using the international transcription of the translated terms. Limitations in backward translation were noted and field testing has been planned in the next phase.

A Correlational Study on Psychological Factors in relation to Suicidal Ideation among Tribal Nurses of Arunachal Pradesh

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Abstract

This study examines the determinants of suicidal ideation in tribal nurses of Arunachal Pradesh, emphasizing the importance of the findings for public health. Effective patient care depends heavily on nurses' mental health, and any deterioration in this area can result in decreased performance, more clinical errors, and frequent absence. Burnout, sadness, and suicidal ideation is on the rise in the nursing profession, according to recent trends. A cross-sectional survey study was used to evaluate data from 300 female nurses employed by government and commercial institutions. Along with validated tests such as the Suicidal Ideation Inventory, Cognitive Style Inventory, Shyness Scale, and Distress Tolerance Scale, participants also filled out a sociodemographic survey. With a t-value of 4.55 and a p-value of .000, the findings showed that nurses working in private hospitals had substantially higher levels of suicidal ideation ($M = 56.04$) than nurses working in government hospitals ($M = 49.35$). Suicidal ideation and cognitive style were found to be negatively correlated ($r = -0.08, p < 0.01$),

suggesting that a more developed cognitive style is linked to fewer suicidal thoughts. Conversely, there was a positive correlation between shyness and suicidal ideation ($r = 0.19$, $p < 0.01$), indicating that being more shy is associated with a higher chance of having suicidal ideations. In order to improve nurses' mental health and lower the prevalence of suicide ideations, these findings emphasize the significance of putting in place specialized mental health interventions targeted at addressing psychological support, job stress, and workplace harassment.

Keywords: Suicide, Cognitive Style, Shyness, Distress Tolerance, Nurses, Healthcare Professionals.

Socio-Cultural Factors and Girls in Conflict with Law: Case Study

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Abstract

Socio-cultural factors are theoretical perspectives that connect social interaction with cognitive development. It can be applied to understand children in conflict with law by considering the role of social factors in a child's life: Family, community, Education, Socialization, etc. Other factors that can contribute to children in conflict with law include poverty, lack of values, over exposure to media, early sexual experiences and mental conflicts. The present case study aims to understand the socio-cultural adaptation of two 15 year old girls from Myanmar, residing in Bangladesh refugee camp who were put in the observation home for girls in Assam after coming under custody of the legal system through Foreigners Act which deals with penalties for entering restricted areas in India without permit or valid documents. Data was collected through semi-structured interviews and questionnaires. The participants mentioned about the challenges they experienced in their journey from

refugee camp of Bangladesh, being kidnapped and reaching the safe hands of an observation home for girls in Assam. In the case study, socio-cultural implications and its role in their current condition are analysed.

Keywords: Socio-Cultural Factors, Girl in Conflict with Law

The influence of lay beliefs, familiarity, and personal experience of mental illness on public stigma

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Introduction: Understanding the factors that influence public attitudes towards substance abusers play a crucial role in addressing the healthcare interventions and societal inclusion and integration of individuals who are dependent on substances such as alcohol or drugs. While numerous studies have explored these factors globally and nationally, research focusing on the Khasi community in Meghalaya remains limited. Therefore, this study aims to address this gap. Specifically, it aims to investigate the influence of three key factors—lay beliefs regarding causes of addiction, familiarity with someone who is or was struggling with substance use and personal experience of mental health issues—on individuals’ attitudes toward substance abusers.

Conclusion: Understanding the influence of specific lay beliefs, and familiarity with someone in substance addiction, and personal experience among the population in the four

blocks of East Khasi Hills is crucial for assessing and mapping the complex nature of drivers and inhibitors of public stigma. The findings of the study opens up further areas of investigation utilizing various research strategies to develop a richer and nuanced understanding of public stigma and contributes to the ongoing public health programs and intervention to combat stigma and promote empathy and inclusion.

Keywords: Substance Abuse Stigma, Lay beliefs, , Familiarity, Personal experience, Public attitudes

Psychopathology in relation to Personality Traits, Social Skills and Peer Relation : A Study among Female Adolescents

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Abstract

The study explores the connection between personality traits, social skills, and peer relationships with psychopathology in female adolescents. It highlights the challenges females face during the transitional phase of adolescence, a time when mental health issues can become more difficult to manage. Although their experiences differ from those of male adolescents, this period of growth often intensifies psychological challenges for girls.

Conclusion: Female adolescents' personality traits, social skills and peer relation significantly influence and can impact their mental health. Positive personality traits and strong social skills often correlate with lower levels of psychopathology.

Keywords: Personality, Social skills, Peer relation, Psychopathology & Adolescents

Mental Health Status and Substance Abuse Amongst the transgenders (LGBTQ) Population in an Urban Setting.

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Introduction: Transgender (LGBTQ) individuals in India experience significant discrimination and exclusion, limiting access to education, employment, and healthcare. Despite being legally recognized as a third gender in 2010, they face worse health outcomes compared to cisgender people. The study lay emphasis on the morbid conditions of the marginalized population in an urban city. The research underscores multifaceted challenges faced by the transgender community compounded by societal discrimination, contributing to heightened mental and physical stress, predisposing transgender individuals to a spectrum of health issues.

Rationale: In Assam, limited data exist on transgender health, and healthcare providers often lack awareness of their unique needs, further marginalizing this population.

Methodology: It is a cross sectional research with a mixed model to study the socio-demographic determinants and morbidity profile of 50 individuals from the LGBTQ+ community residing in an urban city. The study investigates the mental health status and substance use behaviours

among transgender individuals in Assam. A non-probability snowball sampling technique was used.

Findings: Sixty percent of the respondents are in the age group from 26-60 years and 24% in the age group 18-25 years and 16% are teenagers. Even though alcohol is common among them it was not found to be used in a dependent pattern. Tobacco use was widespread, with 73% chewing tobacco daily and 38% smoking cigarettes. Additionally, betel nut consumption ranged from 74% to 84%. Substances were mostly used as a coping mechanism. Mental health data revealed a 29% prevalence of depression, and 28% had received a mental health diagnosis related to their gender issues, and interestingly 72% had never been asked about mental health issues by any treating physician. Many respondents reported undiagnosed anxiety and depression in the interview, with no prior mental health screenings conducted. Treatment was not sought for by the study population as knowledge about mental health services and care was lacking among them. The impact of the attitude by various health care professionals is highlighted for the policy makers to devise strategies for adequate health care services as this study highlights high levels of mental stress, substance use, and physical health problems, particularly due to social rejection and discrimination.

Keywords: transgender (LGBTQ) health, mental disorders, substance use, northeast India

The Phenomenology of Consciousness Post Mindfulness Meditation in Patients with Schizophrenia: An Experimental Study

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Abstract

Background: Psychosis is recognized as an altered state of consciousness (ASC), marked by heightened awareness, intensified emotional distress, and reduced volitional and attentional control. In contrast, meditation, another form of ASC, induces significant shifts in consciousness, enhancing awareness, meaning, joy, and love. Aim: The present study aimed to understand the nature of consciousness in patients with schizophrenia following mindfulness meditation compared to those who did not undergo mindfulness meditation. Method: This hospital-based experimental study utilized a posttest-only control group design. A total of 30 patients diagnosed with schizophrenia according to ICD-10 criteria were selected through purposive sampling based on inclusion and exclusion criteria. The methodology sought to meet the aim of the study was the retrospective phenomenological assessment, where the Phenomenology of Consciousness Inventory was utilized. Results: Statistically significant changes in the intensity of major and minor dimensions of consciousness were observed as a result of

mindfulness meditation. Application: Meditation, conceptualized as a method of systematic self-regulation, offers a promising avenue for exploring and expanding consciousness in individuals with schizophrenia, providing evidence that it can be effectively integrated into a comprehensive therapeutic management package for this condition.

Keywords: mindfulness, meditation, schizophrenia, consciousness, experimental study

A Correlational Study of Depression and Anxiety Among Dementia Patients

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Abstract

Dementia is a syndrome where there is deterioration in cognitive function that might be expected from the usual consequences of biological ageing. To assess the level of depression and anxiety in elderly Dementia patients and to find out the relationship between Anxiety and Depression in elderly Dementia patients this has been designed. The patients who came for treatment at GNRC medical, North Guwahati, age group between 50-80 years were selected for the study. A total of 15 elderly people with dementia and 15 elderly people without dementia were included. Purposive sampling technique and a co relational research design were selected. A self-made Socio-demographic data sheet, Hamilton Depression Rating scale and Hamilton Anxiety Rating scales were introduced. The results showed that there was a high prevalence of depression and anxiety among dementia patients. This study results suggested that prior anxiety is associated with a diagnosis of Dementia and prior depression is associated with the same, after adjustment for other risk factors. Anxiety and depression as risk factors

may play different roles in Dementia. Differences between frontotemporal dementia and Alzheimer disease in modifiable risk factors should be considered in future research, which requires a longitudinal design with long follow-up periods to clarify the consistency of earlier findings on modifiable frontotemporal dementia risk factors. Further research should also analyse genetic data to separate genetic and sporadic cases of dementia, providing further enlightenment of the possible relationships between modifiable and non-modifiable risk factors for dementia.

Keywords: Dementia, Depression, Anxiety, Correlational research design

Caught in the digital world

Exploring the relationship of Nomophobia with Social Appearance Anxiety among the Young Adult Population of India.

Authors: Angrita Goswami and Rijita Mukherjee

Angrita Goswami, Psychologist, Department of Pediatric and Medical Oncology, Dr. B Barooah Cancer Institute, Guwahati

Rijita Mukherjee, Assistant Professor, School of Psychological Sciences, Christ University, Bengaluru

Introduction. The world is witnessing a massive increase in digitalization, where the usage of smartphones and other electronic gadgets is on the rise. This excessive use of smartphones might lead to various physical and psychological concerns. As the engagement with smartphones increases globally, there is also a growing trend witnessed in increasing body image concerns caused by social comparison in the digital world. The present study aimed at understanding the prevalence of nomophobia, defined as a feeling of fear and anxiety experienced by individuals in the absence of their mobile phone, among the young adult population of 18-25 years. It further explored the relationship of nomophobia with social appearance anxiety, which is a feeling of being negatively evaluated by

others because of one's overall experience (Hart et al., 2008).

Results. The findings of the study revealed a positive significant correlation between nomophobia and social appearance anxiety. While a small portion of the sample exhibited mild nomophobia (9.8%), the majority of them fell into the category of moderate to severe nomophobia.

Keywords: smartphone addiction, anxiety, nomophobia, social, appearance, body image

Young Adolescent' Boredom: A reason for substance abuse

****Udangshri Basumatary***

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Abstract

Objective: To study the increasing trend of substance abuse among young adolescents of 5 districts of Bodoland Territorial Council (BTR) and its relationship to boredom.

Background: The Bodoland Territorial Council (BTR) is an autonomous territory in Assam, India comprising 5 districts Kokrajhar, Chirang, Baksa, Tamulpur and Udalguri. The lifestyle of people is rapidly changing. The adolescent age is the most affected age group in the grip of modernization among all the age groups as they face significant changes physically, psychologically, socially and economically.

Methodology: This study was carried out among adolescents who were under the influence of substances like cannabis and opioids and admitted to a rehabilitation centre at Salvation Foundation Kokrajhar for treatment. The adolescents were interviewed individually after the completion of detoxification and a boredom proneness scale was administered.

Results: The trend of using gateway drugs on an experimental basis and eventually falling prey to substances

like opioids. The changes in the lives of these adolescents are related to undesirable, unpleasant and distressing events and a lack of motivation to pursue new productive and positive things. Boredom is such one of the kinds which is hard to be defined by them and they were entangled in the loop of unexcited life free from substances.

Keywords: adolescents, substance abuse, boredom, trend.

Student's mental health for a satisfied life

Rakesh Hazarika, lecturer, DIET, Karbi Anglong

Abstract

In the present scenario it is seen that there is a social believe that students with higher academic success leads a very satisfied and peaceful life but my ten years of teaching experience in different institution makes me feel that it is not true, in my opinion students with strong mental health leads a satisfied life despite of less academic achievement and students with strong academic success is also seen struggling in life due to weak mental health. Our society should focus more on learning than on marks. Parents should focus on development of a strong character and harmonized personality along with academics .As all the hypo kinetic disease are in alarming state in India parents should also try to inculcate self care habit in child.

Affective, Behavioural, and Cognitive Disorders (ABCD) of Childhood and Adolescence: Renaming and Regrouping

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Background: Psychiatry is the branch of medical science that deals with disorders of affect, behaviour, and cognition (ABC). Half of all lifetime psychiatric disorders tend to arise by age 14 years and three fourths of them arise by age 24 years. Based on overlapping common features, we clubbed the different disorders into type 1 consisting of depression, anxiety, obsessive-compulsive disorder (OCD), and somatoform disorder, type 2 consisting of attention-deficit/hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), and conduct disorder, type 3 consisting of mental retardation (MR), developmental

disorders of speech and language, and scholastic skills, and pervasive developmental disorders (PDD), and type 4 consisting of psychotic illnesses including the schizophrenia spectrum and mood disorders which may be unipolar or bipolar.

We have emotional disorders or affective disorders where primary pathology lies in emotion or affect. We have disruptive disorders or behavioural disorders as disturbance of behaviour is the prominent feature here. We also have developmental disorders or cognitive disorders where deficits in cognition stand out. Add to this the dysfunctional disorders constituting the so-called 'major psychoses' (schizophrenia spectrum disorders and mood disorders), and the ABC of psychiatry that we talked of in the beginning, i.e. affective, behavioural, and cognitive disorders become ABCD in child psychiatry, i.e. affective (or emotional), behavioural (or disruptive), cognitive (or developmental), and dysfunctional disorders.

Objectives: To categorise the childhood and adolescence mental and behavioural disorders into four groups of developmental, disruptive, emotional, and dysfunctional disorders; to find out intra and inter group comorbidities; to look into the clinical variables of the four groups and their comorbidities in terms of the demographic variable of age; to look into the clinical variables of the four groups and their comorbidities in terms of the demographic variable of sex.

Methods: It was an observational cross-sectional study. Existing classificatory systems do not distinguish among criteria for diagnosis between child and adolescent on one hand and adult on the other. Stigma and self-sufficiency along with presence of “gatekeepers” calls for a “common language” as far as mental and behavioural disorders of childhood and adolescence is concerned that is lacking (Figure 1). Data is scarce on which to base a new classificatory system addressing the above issues, particularly so in our geo-cultural context.



Figure 1: Common language.

The current study was conducted in Gauhati Medical College Hospital (GMCH), Guwahati, Assam, India. The study was conducted over a period of one year from 7 September 2018 to 6 September 2019. Children and adolescents who were admitted in the child psychiatry unit (CPU) and who attended the child guidance clinic (CGC) constituted the study participants. Both demographic and clinical variables were studied. Demographic variables included age and sex. Clinical variables were the diagnoses according to the World Health Organization's (WHO) tenth

revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). The ICD-10 diagnoses were categorised into type 1, type 2, type 3, and type 4. Within group and across groups comorbidities were noted. Diagnosis and comorbidities were analysed in relation to the demographic variables of age and sex. Descriptive statistics was used with frequency and percentage. The institutional ethics committee of GMCH had approved this study. Written informed consent was taken from the guardians of the patients and ascent from patients wherever applicable.

Results: Total sample size was 137. Adolescents (ten to 18 years of age) were almost double in numbers to that of children (below ten years of age). Boys outnumbered girls. Adolescents (ten to 18 years of age) were more than children (less than ten years of age) in both among girls and boys (even the single third gender was an adolescent). Most of the children and adolescents were having type 3 disorders, followed by type 1 and type 2 disorders. While the majority had type 3 disorders below ten years of age (children), type 1 disorders were highest in the ten to 18 years age group (adolescents). Type 1 and type 3 disorders were almost equally distributed among girls, while boys predominantly had type 3 disorders. Within group comorbidity was maximum with type 3 disorders. Across group comorbidity was found mostly in type 2-type 3 disorders.

NEW WAVE

Conclusion: John Lennon “imagined” having no countries and no religion too; thus, there will be nothing to kill and die for! Bono of U2 wanted to be there “where the streets have no name”! Likewise, we too dream of a land for child and adolescent psychiatry where if we cannot live without names then let us at least have a few and simple ones: ABCD!

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ABSTRACTS
(CONCEPTUAL REVIEW PAPERS)

Improving Body Image through Integrative Therapeutic Approaches: A Systematic Review

*Author: Krishna Priya S, Research Scholar, Centre for
Multidisciplinary Research, Tezpur University*

Abstract

Body image is a subjective mental representation of the body which could be either positive or negative. However, due to the evolving socialisation and overexposure to social media content that promotes unhealthy body and beauty ideals a growing number of young adults are victims of negative body image. Negative body image manifests itself in various ways that includes obsessive calorie counting, unhealthy diet behaviours, continuous mirror checking, etc. It does potential harm both physiologically and psychologically indicating the necessity for an appropriate intervention strategy to address this issue. Numerous intervention techniques have been developed with Cognitive-Behavioural Therapy being the most prominently used technique to manage and improve the body image issues that individuals face. However, recent trends have shown incorporating Mindfulness as well as Somatic Therapies in order to increase the body image satisfaction among the individuals. The need for an integrative approach is due to the multidimensional aspect of body image that

influences thoughts, feelings and physical awareness whereby it is necessary to tailor the therapy by combining different techniques based on the individuals' needs for an effective outcome.

This paper therefore explores integrated therapeutic approaches in the field of clinical psychology curated holistically for improving the body image satisfaction among young adults.

Keywords: Body image, Integrative approach, Cognitive-Behavioural Therapy, Mindfulness, Somatic Therapies

**The Effectiveness of the Phonetics Based
Multisensory Intervention Method (PBMIM)
in improving Executive Functions of Students
with Co-Morbid Specific Learning
Disabilities and Attention Deficit
Hyperactivity Disorder**

B. Moses Herick

*Research Scholar - Department of Psychology
Assam Don Bosco University*

The recent trend in education focuses on academic success and career growth of the students. This has been accepted and supported by parents, irrespective of their socio-economical differences. However, the movements towards addressing the special needs of students have become one of the major focuses in the recent education reform in India. The coping mechanism of students with Specific Learning Disorder has become a challenge due to increased academic pressure in the present educational set up. These challenges turn out to be all the tougher for students with Co-Morbid Specific Learning Disabilities (SLD) and Attention Deficit. At times students with Co-Morbid Specific Learning Disabilities (SLD) and attention deficit hyperactivity disorder (ADHD) find it difficult to acquire skills in Attention and Concentration. which can have a substantial impact on how well they do in school.

Phonetics-Based Multisensory Intervention Method (PBMIM) is an instructional approach that mixes phonetics and multisensory strategies to improve students' reading and writing abilities that have specific learning disabilities (SLD). According to Ehri (2014), it places a strong emphasis on the explicit teaching of phonological awareness, as well as decoding and encoding abilities, both of which play an important part in the development of reading, spelling and writing. According to Simmons and Singleton (2008), the multimodal element entails activating several sensory modalities, such as visual, aural and kinaesthetic, to strengthen learning and memory. This module is based on Orton and Gillingham multisensory approach to teach literacy to the students with learning difficulties.

This paper discusses the impact of phonetic based multisensory intervention in enhancing the attention and concentration of the students with co-morbid SLD and ADHD. Individuals diagnosed with ADHD typically have inattention difficulties such as chronic problems with listening attentively, organising their work, sustaining effort for tasks, screening out distractions, keeping track of assignments & belongings and excessive forgetfulness in daily activities. This paper brings about two of such case studies who underwent systematic multisensory phonetic intervention shown marked improvements in not only reading and writing skills, but also sustained effort for tasks and successfully pursuing their graduation.

Integrative Art Therapy for Children with Emotional and Behavioral Challenges in Institutional Settings: A Narrative Review

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Abstract

Children with emotional and behavioral challenges, especially those residing in institutional settings, face numerous developmental obstacles that affect their social, emotional, and intellectual growth. These children are more vulnerable to issues such as depression, anxiety, aggression, and difficulties in forming relationships, often leading to academic underachievement and reduced quality of life.

Traditional therapeutic approaches may not fully address the complex needs of these children. Integrative art therapy, which incorporates creative expressions such as painting, music, drama and dance, offers a promising alternative. This narrative review explains the definition of integrative art therapy (IAT), the activities included in IAT, the process and change mechanisms involved, and provides empirical evidence related to various mental health conditions in children. Research demonstrates that art therapy not only alleviates symptoms of anxiety, depression, and trauma but also fosters self-awareness, stress reduction, and enhances interpersonal skills. The findings emphasize the need for more research and resource allocation to include art therapy as a standard part of mental health care, particularly in institutional settings. By providing emotional relief and fostering self-awareness, integrative art therapy presents a holistic approach to promoting the well-being of children facing emotional and behavioral challenges.

Keywords: *Integrative Art Therapy, Emotional and Behavioral Challenges, Institutionalized Children, Creative Expression, Mental Health Interventions*

Exploring the Barriers in Utilization of Mental Health Services in Persons with Severe Mental Illness: A Conceptual Review

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Abstract

Mental illness is a significant global public health issue, with access to mental healthcare services being a major challenge. Individuals face various barriers, including stigma, financial constraints, and a lack of knowledge, which hinder the effective use of available services. Additionally, religious and cultural beliefs further complicate the situation, reinforcing stigma and discouraging service utilization. The availability, affordability, and accessibility of mental health services are severely limited, exacerbating the treatment gap, especially

in low and middle-income countries. Theoretical models of mental health service utilization suggest that these barriers create a vicious cycle of inadequate support, leading to poor outcomes for those in need. According to the World Health Organization, mental illnesses account for 14% of the global disease burden. In India, the National Mental Health Survey (2015-16) revealed that while the lifetime prevalence of mental illness is 13.7%, and the current prevalence is 10.6%, over 83% of the 150 million Indians who require mental healthcare do not have access to it. The growing global prevalence of severe mental illness (SMI) highlights the urgent need to address these barriers and improve mental health service delivery. The present conceptual review investigates the role of stigma, financial limitations, cultural and religious influences, and the availability, affordability, and accessibility of mental healthcare services in perpetuating the existing treatment gap.

Keywords: *Mental Health Service, Barriers, Stigma, Service Utilization, Affordability, & Severe Mental Illness*

Effectiveness of Music Therapy in Post Traumatic Stress Disorder-Review Paper

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Abstract

Music has been a healing medium since ancient times. Music as a Therapy has its own way of structure, function and uniqueness. Sound can have a powerful impact on a person's brain. Post traumatic stress disorder (PTSD) is a kind of condition of mental health that might develop after viewing or experiencing traumatic events. This is a review paper on effectiveness of music as a therapeutic medium in Post traumatic stress disorder (PTSD) and possibility of research in this area. Evidence proof research has been included here for discussing the pros and cons of the Therapeutic medium and applying the Music as a supportive therapy in treating PTSD.

Keywords: Music therapy, Effectiveness, Post traumatic stress disorder, Therapeutic medium, Supportive Therapy

The Effect of Parenting on Anxiety and Burnout of Middle School Students

Aruna Sarawgi, Dr Monica Chaudhry, Riddhi Agarwal

Abstract

The impact of parenting style on the mental health and well-being of adolescents has garnered increased attention, particularly in the post-COVID-19 era, as middle school students face heightened levels of anxiety and burnout. This study investigates the influence of various parenting styles on anxiety and burnout among middle school students, analyzing the complex interplay between familial influence and student mental health. Utilizing the Alabama Parenting Scale (APS) to assess parenting behaviors, the Maslach Burnout Inventory – Student Survey (MBI-SS) to measure student burnout, and the Hamilton Anxiety Rating Scale (HAM-A) to evaluate anxiety levels, this research employs regression analysis to quantify the effect of parenting styles on anxiety and burnout outcomes. Preliminary observations have indicated a notable increase in anxiety, school-related fear, and academic burnout among adolescents in the wake of the pandemic, making this investigation timely and crucial. The regression analysis will provide detailed insights into the extent to which specific parenting behaviors correlate with adolescent anxiety and burnout, offering a nuanced understanding of whether certain parenting styles mitigate or exacerbate mental health symptoms. The

findings from this study are expected to contribute valuable insights into how different parenting approaches can impact adolescent mental health, offering guidance for both parents and educators in supporting student well-being and fostering resilience in post-pandemic educational settings.

Keywords: Parenting style, middle school students, anxiety, burnout, adolescent mental health

Implementation of Integrative therapeutic approaches in the development of Emotional Maturity in Adolescents

Authors: Namrata Dutta¹, Dr Ashutosh Shrivastava²

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Abstract

Emotional maturity, an individual's ability to understand, process, and manage their emotions in a balanced and adaptive manner, which involves self-regulation, empathy, emotional intelligence, and resilience. Adolescence is a pivotal stage of human development marked by significant emotional, cognitive, and social changes. Emotional maturity in adolescents plays a vital role in shaping their mental health and overall psychological well-being. Emotional maturity enables adolescents to create a fulfilled happy life which helps them to lead a healthy social and individual life. Emotional maturity also helps the adolescent

to lead a socially appropriate way of life and it helps them to guide themselves on what to do and what not to do. Emotional disorders like anxiety, depression are common during the adolescent stage. An emotionally stable adolescent can make effective adjustments with himself, members of his family, and his peers. In clinical psychology, integrative approaches that incorporate various therapeutic models can play a significant role in fostering emotional maturity in clients. This study reviews literature on how integrative therapeutic trends in clinical psychology can contribute to emotional maturity in adolescents as well as help in holistic psychological intervention. This study will highlight the importance of emotional maturity as the focusing area in adolescent intervention therapies or treatments. With the aim to support future integrative trends in therapeutic practice in the field of clinical psychology, this study summarizes findings from the domains of developmental psychology, neuropsychology, and clinical psychology. It assists to overcome the gap between adolescent development research and integrative clinical approaches, providing insights into how emotional maturity can enhance therapeutic efficacy.

Keywords: Adolescence, Emotional Maturity, Clinical Psychology, Therapeutic Interventions, Integrative Therapy, Mental Health.

Ecopsychology: Rediscovering the healing connection between mind and nature

By Ankita Kashyap

Senior Counseling Psychologist

Inspirus Education Guwahati, India

Abstract

Ecopsychology, an emerging discipline in psychology, investigates the relationship between human mental health and environmental health, emphasizing how a disconnection from nature can lead to psychological distress. This interdisciplinary approach aims to enhance our comprehension of human-nature relationships by examining concepts such as the "ecological self," nature-based therapy, and environmental reciprocity. Ecopsychology examines ecological grief, climate anxiety, and other mental health concerns intensified by environmental crises. Notwithstanding critiques regarding its scientific basis, ecopsychology's emphasis on rehabilitating mental health through reestablishing a connection with nature presents an innovative therapeutic paradigm. Incorporating environmental consciousness into psychological practice may facilitate healing for individuals and the natural environment, harmonizing human well-being with ecological sustainability. Global populations are facing climate crises, and ecopsychology can significantly assist individuals and communities in building resilience through nature-based interventions, promoting a holistic approach to well-being and environmental stewardship.

Keywords: Ecopsychology, Mental Health, Ecological Self, Nature-Based Therapy, Climate Anxiety, Environmental Reciprocity, Eco-Anxiety, Ecological Grief, Sustainability, and Nature Deficit Disorder.

Investigating the Varied Impact of Indian Classical Music Training on Cognitive Skill Advancement: A Comparative Analysis among Music-Trained and Non-Music-Trained Indian Adolescents.

Author: **Pooja Bharadwaj**, M.Phil (Clinical Psychology)
Clinical Psychologist, Manosuraksha, Bangalore
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Abstract

Indian classical music, originating from the Natya Shastra is an art form that consists of 'swaras' and 'tala'. It reflects the diverse emotional and spiritual heritage. Indian classical music training enhances metacognitive skills, enabling individuals to structure, monitor, and revise their practice toward performance goals (Casas-Mas et al., 2019; Hallam, 2001). Indian classical music elicits various emotional responses, that evoke feelings ranging from calmness ('Desh' and 'Tilak Kamod') and happiness (Nattai and Abheri) to sadness and tension ('Shree' and 'Miyan ki Todi') (Mathur et al., 2015). This research aims to investigate the varying impacts of Indian classical music training on the advancement of cognitive skills by conducting a comparative analysis between Indian adolescents who have received music training and adolescents who have not. It is a quantitative study that utilizes a comparative research design. The participants were divided into the respective groups based on their socio-demographic details. The sample size includes 30 participants of each group (trained

and non trained music training) aged 12 – 18 years. It is a purposive sampling and snowball sampling technique. The scales used are Meta-Cognitions Questionnaire for Adolescents (MCQ-A), Emotional Regulation Index for Children and Adolescents (ERICA), and N-back Task. The data acquired was analyzed using an independent sample t-test to determine if there were statistically significant differences between the music-trained and non-music-trained groups in terms of cognitive skill advancement. The results indicate that Indian classical music training had a positive effect on working memory and a few aspects of metacognition but did not have any impact on emotion regulation.

Keywords: Indian Classical Music, Meta-Cognition, Emotional Regulation, Memory, Cognitive Skills

NEW WAVE

SPEAKERS DELIBERATION

Role of Mental Health Professionals in Suicide Prevention

Dr. Anish Cherian

Abstract:

Self-harm and suicide represent serious and growing public health concerns in India, necessitating a comprehensive, multi-layered approach to prevention. The session will explore the pivotal role of mental health professionals in these efforts, emphasizing the need for them to expand their focus beyond clinical activities to actively engage in capacity building, advocacy, public awareness, and research initiatives. Key components include training initiatives such as suicide prevention gatekeeper training, advanced intervention methods, and the training of healthcare professionals, as well as school and college staff, to improve identification and management of suicide risk. The presentation will also address media advocacy, highlighting the importance of responsible suicide reporting and engaging policymakers to influence prevention strategies. Furthermore, the role of mental health professionals in workplace suicide prevention, multi-sectoral collaborations, and the implementation of community-based surveillance systems. The session will also address the expansion of postvention initiatives, stigma reduction efforts, and initiatives to promote help-seeking behaviors, ultimately aiming to strengthen mental health support systems and enhance suicide prevention efforts.

Abstract

“Bridging Minds: Innovations in Clinical Psychology for a Healthier Tomorrow”

Dr. Jamuna Rajeswaram

Abstract

In an era marked by rapid technological advancements and evolving societal challenges, the field of clinical psychology stands at the forefront of transformative changes. The talk explores innovative approaches in clinical psychology that aim to enhance mental health outcomes and ensure a healthier future for individuals and communities. By integrating cutting-edge technologies, such as gadget based assessment and intervention, teletherapy and AI-driven interventions, with traditional therapeutic practices, clinicians can extend their reach, provide personalized care, and increase accessibility, affordability for the diverse populations.

Furthermore, the talk will cover the role of interdisciplinary collaboration in fostering innovation, drawing insights from fields such as neuroscience, social work, and public health to inform evidence-based practices. Emphasis is placed on culturally competent care and the importance of adapting psychological interventions to meet the unique needs of various demographic groups, thereby promoting inclusivity

and equity in mental health services.

Through qualitative and quantitative analyses, identification of successful case studies which can help outline future directions for the field and emphasizing the significance of mental health initiatives in public policy and community engagement. Ultimately, to conclude an avocation for a holistic approach to mental wellness that prioritizes collaboration, technology, and compassion, helping to pave way toward a more resilient and healthier society.

Music from a neuropsychology perspective



Shantala Hegde

Music appeals to one and all. Many of you may be trained musicians. Have you ever wondered what are the benefits of listening to music or being trained in music? Have you wondered how we understand music and produce music? We are able to communicate so much via music and many times music without any lyrics can be equally or much more powerful than music with lyrics in sharing our feelings and thoughts. In fact, music and its effect on the human brain is one of recent frontiers of neuroscience and studies on music and the brain has in turn helped neuroscientists to go deeper into the understanding of the functioning of the human brain itself. Music shares neural networks with other neurocognitive as well as motor functions. Music based interventions have been used to improve gait, neurocognitive, including socio cognitive, speech as well as emotional domains of functioning. The field of music and neuroscience has a crucial role to play in contributing to our better understanding brain

behaviour and clinical recovery. In my talk, I will give a broad overview on this topic and how studies on the healthy and clinical population have enabled us to come to this conclusion that music engages a wide range of neural networks and engaging in music has far reaching benefits in strengthening our cognitive reserve


NEW WAVE

BROCHURE



**One day Conference on Clinical
Psychology (CONCP)**


Organized by
The Departments of **Clinical Psychology and
Psychiatry (GMCH)**
in collaboration with
National Mental Health Program, NHM Assam




**An Integrative Approach: New
Trends in Clinical Psychology**

The mind liberating from the depths of unconsciousness to the joyful
light of understanding and awareness.


Deep Kanya




9th November 2024



9 AM onwards



CNC Auditorium, GMCH



For queries, contact +91 7002094413,
or email: clinicalpsychologygmch@gmail.com

INVITATION

Esteemed Madam/ Sir,

We are delighted to extend an invitation to participate in a one day Conference on 9th November 2024 at Gauhati Medical College and Hospital (GMCH) auditorium.

The Department of Clinical Psychology is newly established at GMCH in 2023. The conference is the first academic initiative from the Department of Clinical Psychology for awareness and sensitization of the role of clinical psychologists in general medical settings and in the health sector.

This event is being organized by the Departments of Clinical Psychology and Psychiatry (GMCH) in collaboration with National Mental Health Program, NHM Assam.

The conference aims to update and educate attendees on the latest trends, foster networking, enhance practical skills, inspire with innovative approaches, encourage discussion on challenges, and promote interdisciplinary collaboration in Clinical Psychology.

We are grateful to the esteemed resource persons from the premier institute of national importance-National Institute of Mental Health and Neurological Sciences (NIMHANS), Bengaluru for their consent to deliver talks on various issues of Mental Health and Neuropsychology. Their perspectives and guidance will equip the participants with tools for professional development and academic excellence.

We look forward to your active participation and for the opportunity to warmly welcome you at Gauhati Medical College & Hospital (GMCH).

Looking forward to an enriching experience.
Warm Regards



Dr. Achyut Balshya
Chief Patron



Dr. Suresh Chakraverty
Organizing Chairperson



Dr. Mythili Hazarika
Organizing Secretary

ASSISTANT ORGANIZING SECRETARIES

Dr. Bernal Das
Ms. Dharitri Dutta

PROGRAM SCHEDULE

8:30-9:30 AM	Registration & Breakfast
9:30-10:00 AM	Inauguration Ceremony
10:00-11:00 AM	'Bridging Minds: Innovations in Clinical Psychology for a healthier tomorrow' by Dr. Jamuna Rajeswaram
11:00-12:00 PM	'Psycho-oncology: Emergence of New Science in Cancer Care' by Dr. Brindha Sitaram
12:00-1:00 PM	'Role of Health Professionals in Suicide Prevention in resource limited settings' by Dr. Anish Cherian
1:00-2:00 PM	'Music from a Neuropsychological Perspective' by Dr. Shantala Hegde
2:00-2:30 PM	Lunch
2:30-3:30 PM	Panel Discussion: "Community Mental Health"
3:30-5:00 PM	Workshop: Neuropsychological Interventions & Psychotherapy
5:00-6:30 PM	Paper Presentations
6:30-7:00 PM	Distribution of Certificates & Vote of thanks



Dr. Jamuna Rajeswaram
Professor & Head
Clinical Psychology
NIMHANS
President- CPSI



Dr. Brindha Sitaram
Psycho-oncologist
Founder, Director (COPER)
Group Director- HCG Cancer
Speciality Service
Bengaluru



Dr. Shantala Hegde
Additional Professor
Clinical
Neuropsychology
NIMHANS



Dr. Anish Cherian
Additional Professor
Psychiatric Social Work
NIMHANS

NEW WAVE

REGISTRATION

*Guidelines:

- Original research paper will be accepted which is not published or presented anywhere and in any form.
- Abstracts should be of maximum 300 words with the Title, Authors names, Name of institutions with the standard headings of a research paper. Mail the abstract in pdf at: clinicalpsychologygmch@gmail.com

**Registration fee (Includes breakfast, lunch & evening tea):

- Conference/ Paper Presentation: **Rs. 1000/-** (Rupees one thousand only)
- Neuropsychology Workshop: **Rs 300/-** (Rupees three hundred only)
- Last date of registration: **15th October 2024.**

Please note that the registration will be limited to maximum of 100 participants.

*** Amount can be transferred electronically through UPI / NEFT to account as mentioned below. (Please mention your name in Add Note during UPI Payment).

**** Registration form / Google form to be filled and sent after payment of registration fee.

***** Please attach the screenshot of the transaction ID on the google form.

NOTE: Credit points will be awarded to delegates, faculties and speakers.

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Registration QR Code



One day Conference on Clinical Psychology (CONCP)
Organized by
The Departments of Clinical Psychology and Psychiatry (GMCH)
in collaboration with
National Mental Health Program, NHM Assam
'An Integrative Approach New Trends in Clinical Psychology'

9th November 2024
9 AM onwards

CNC Auditorium, GMCH
For queries, contact +91 7000284433,
or email: clinicalpsychologygmch@gmail.com

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