aaina

a mental health advocacy newsletter

Vol. 3 No. 1 March 2003

Editorial

One- third of the population of India is made up of youth. They are full of energy, enthusiasm and ideas. They are a great reservoir of abundant talent, achievement and potential. One would think therefore, that the policy makers and the government have envisaged the problems and priorities of the youth and included them in the policy documents and laws.

In the context of globalisation, dreams and realities for the youth are in a flux. Their lives are beset with problems ranging from unemployment, relationship problems, substance abuse, sexual abuse, eating disorders, AIDS, depression and suicide. But the National policy on youth (1985), its updated version (1997), the National mental health policy and mental health act are silent on the issue of youth and mental health.

While the University Grants Commission through its process of assessment of colleges has advocated that colleges should set up counselling centres, we need to ensure that these centres are student-friendly and the personnel in these centres are equipped to deal with the myriad issues that come up in counselling. Youth is not a monolith and cannot be homogenized into an urban, middle-class mass. Hence the mental health professionals involved with youth in educational institutions and NGOs need to be sensitised to issues of gender, religion, caste, class, alternate sexuality, combating the stigma of mental illness, AIDS to do justice to their task.

We also need to address the mental health problems of marginalized youth and the thousands of drop-outs, in cities and villages outside the ambit of formal education. The efforts of organizations working with marginalized sections of youth like street youth, rural and tribal youth, gay and lesbian youth need to be documented. Involving these different youth in mutual interaction and dialogue can offer all of us a lesson in "multiple realities".

Youth is a "make or break" period in life. We who care about the mental health of youth need to build and strengthen enabling and creative structures for them and with them in this crucial period. This issue of *aaina* is a small step in that direction. Do share your experiences of working in the area of youth and mental health with us. We are looking forward to your feedback.

Youth & Mental health

Contents

Reflections: Interventions for Youth and Mental Health 2

Youth and Well Being 5

Advocacy News: Direct ECT, a shocking matter 6

Minding the Young: Experiences of a teacher 8

Direct ECT "safe"- AIIMS doctors advise SC 10

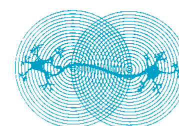
No room to love- Lesbian Suicides 11

Students Column- A dialogue on mental health 14

Experiences from a tele-counselling center 17

Dear *aaina* 19

Images: Voices 20



bapu

Trust for Research on Mind and Discourse

reflections

Interventions for youth and mental health: Experiences of a psychology teacher

Jaya Harish

Working as a lecturer and counselor in a college setting, interaction with the age group of 18-22 year olds, has made me acutely aware of the growing need to incorporate modules of mental health development in the regular curriculum. With the educational system's lopsided thrust on academic success alone, the realm of mental well-being has been almost completely neglected in mainstream educational programs. The emphasis of the educational system is mainly on rote learning, under the garb of achieving academic excellence. If we observe a cross section of the student population today, we would realize that their analytical skills have not been developed at all, as the emphasis of the curriculum is exam oriented rather than knowledge acquisition.

Students gradually start equating marks with their "life worth". Accompanying this "success based formula" of achievement is a whole baggage of frustrations due to inability to handle failure, cut throat competition and pressure of grades oriented parents. Our educational setting sadly fails to address the stress levels that adolescents are facing today. In fact it acts as one of the contributory factors in increasing the stress levels. There is a need for us to take a serious cognizance of this fact.

Extra curricular activities and extension programs definitely help develop adjustment skills, however these activities are limited to a chosen few while the majority fails to experience the advantages of them. *(...continued on page 3)*

Editorial Team

Bhargavi Davar
Sadhana Natu
Radhika Kulkarni
V. Radhika
Soumitra Pathare

Design and Layout

Anand Pawar

Printing

Anita Printers, Pune

Contact Address

Center for Advocacy in Mental Health,
36 B, Ground Floor,
Jaladhara Housing Society,
583, Narayan Peth,
Pune 411 030
Tel: 0091-20-4451084
Email: wamhc@vsnl.net

aaina
a mental health advocacy newsletter

aaina is a mental health advocacy newsletter. Advocacy demands critical, creative and transformative engagement with the state, policy makers, professionals, law, family and society at large. *aaina* will thematically cover issues in community and mental health, NGOs in mental health, self-help and healing, non-medical alternatives in mental health, rights, ethics, policy and needs of special groups. *aaina* provides a forum for user expression of their experiences with mental health services and debates issues concerning rights of persons with psychiatric disabilities. We look forward to meaningful dialogue with individuals and groups alert about these issues.

Those interested in receiving copies of *aaina* may contact us at wamhc@vsnl.net. Write to us with all your suggestions, criticism and viewpoints on the issues covered.

This issue of '*aaina*' was edited by **Sadhana Natu.**

Adolescence is recognized as an age of difficulties, caused by the rapid physical, emotional, intellectual and social changes that accompany it. Adolescents struggle with newly encountered obstacles such as awkwardness, self-discovery, independence, educational demands and puberty. Even though the developmental stage of adolescence has not dramatically changed over the past twenty years, today's adolescents are living in an environment that is more complex and contains a greater amount of negative influences.

Problems for adolescents are increasing all the more in the present clock-driven, fast paced, competitive, profit and achievement obsessed modern society. Compared to a few decades ago, today's kids are spending less time with adults and spending more time in front of the television and with peers. These changes require acquiring new skill sets for coping. However neither the Indian educational setting has been of much help in the development of essential life skills, nor are the parents of much help as they themselves are confused and scared to handle these fast paced changes.

I have interacted with several adolescents who seek counseling on a wide range of issues. Many of them approach with relationship related issues like dating, friendship or family problems. Many of them find it difficult to draw boundaries in relationships or are unable to be assertive, and as a result are often taken advantage of. They are overwhelmed by the emotions they experience in these relationships and are unable to handle them. Some have difficulty in initiating and maintaining relationships, inspite of the strong desire to do so. These interpersonal difficulties seem to form the focus and are a cause of many stress related manifestations.

Many students seek intervention for exam related anxiety, however at the base of it lies their attitude of placing undue importance on marks, fear of accepting failure and the lack of basic problem solving skills, including organizing, scheduling, deciding priorities etc.

Another issue that is often sought is career guidance. Admitedly, the confusion surrounding vocational choice is because of the numerous careers available to choose from. This is coupled with low level of self awareness and hence making a choice is tough…Some students seek counseling for problems associated with their social conditions, namely economic difficulties, gender bias in the family, and parental problems.

Interventions today in the area of adolescent psychology are of a curative nature. Very little emphasis is being placed on the preventive aspect of mental health. The studies carried out in preventive mental health are mainly focused on decreasing risk taking behaviours and antisocial behaviour. However along with decreasing risk taking behaviors it is also necessary to improve the emotional health of adolescents and equip them with skills to face the challenges of the future. I strongly feel that including training modules on life skills will definitely help reduce the intensity and incidence of psychological difficulties faced by the students.

The WHO (1994) has listed out the major life skills essential for emotional well-being and happiness. They are- decision making, problem solving, critical thinking, creative thinking, effective communication, interpersonal relationships, self-awareness, and empathy, coping with emotions and coping with stress.

We need to aim towards raising the emotional and social competence in youth as a part of their regular education, not in remedial mode but as a set of essential skills. The most effective approach would be a three fold one, where intervention and advocacy is carried out simultaneously with the student, the parents, and the teachers. The efficiency of the training would be optimum if the program could involve maximal factors that affect the adolescent's well being, two of the most influential being the family and the educational setting. Peer related issues could be discussed in the training sessions. The modules could include

For Teachers and parents:

- Awareness regarding normal adolescent development
- Recognizing stress and stressors in adolescent
- Facilitating adaptive coping behaviour in the adolescent
- Awareness regarding various psychological disorders, especially in adolescence
- Information regarding support systems that parents could approach in case of psychological difficulties.

For Students:

- Life skills listed by WHO
- Awareness regarding various psychological disorders.

This could be carried out either in a non-curriculum based approach, where it is treated as a stand-alone subject; or a curriculum based approach where life skill modules are incorporated into regular lessons, without taking separate classes for the modules.

One of the reasons that the youth are poor in basic life skills is that as a society we have not bothered to make sure that every child is taught these essentials. By leaving the emotional lessons children learn to chance, we risk wasting an opportunity to help them cultivate a healthy emotional repertoire.

It is high time that educators and professionals from the fields of psychology advocate the need for inclusion of these essential skills with a thrust on positive mental health and emotional well-being.

Jaya Harish teaches Psychology at St. Mira's college, Pune and also does counselling. She can be contacted at- hkottara@vsnl.net

Drug Tracks-I

The British Government has launched an "intense review" into the safety of the anti-depressant drug Seroxat, an SSRI. After months of intense political and media pressure, a group of Government health experts have begun a serious probe into the effects of Britain's most widely prescribed anti-depressant. The Committee on Safety of Medicines - who are responsible for monitoring the safety of licensed drugs first met last month to discuss growing concerns of thousands of patients and health professionals over the alleged link between Seroxat and addiction. Now they want more time to find out whether there are legitimate concerns with the safety of the drug. Officials say the committee agreed more research needed to be done before final recommendations about the safety of the drug can be made, refusing to rule out the possibility that Seroxat can lead to dependence.

The Committee on Safety of Medicines is one of a number of independent advisory committees established under the Medicines Act, which advises the UK Licensing Authority on the quality, and safety of medicines to make sure public health standards are met and maintained. The CSM is there to provide advice to the Licensing Authority on whether new products should be allowed to market themselves in this country. They must also monitor the safety of medicines already being marketed. Members of the committee include pharmacists, pharmacologists, toxicologists and physicians from a wide range of disciplines working in general practice, hospitals and universities across the UK. See *www.socialaudit.org.uk* for more regarding this.

Drug Tracks-II

www.ritalindeath.com talks about the death of a 14 year old boy called Matthew from the long term use of Methylphenidate (commonly known as Ritalin), a formulation commonly used in the treatment of ADHD & ADD. Autopsy and the coroner's report showed signs of small vessel damage in the heart, such as caused by stimulant drugs like amphetamines. While the school forced the treatment, parents were not warned of crucial tests to determine enlargement of the heart, which can be caused by Ritalin use. The increasing use of psycho-stimulants to "manage" children in school is a cause of worry in the US, and increasingly, in India. "Medical diagnosis should remain outside the realm of education and stay there. Pressure to seek specific medical treatment is not the job of the school system", is the appeal of the distraught parents. They warn of the convenient use of spurious diagnoses such as ADHD, which may mask undiagnosed allergies, food sensitivities, neurotoxins, nutritional deficits or other psycho-social problems. In 1998, at the National Institutes of Health Consensus Conference on ADHD in the US, the National Institute of Health stated, "We do not have an independent, valid test for ADHD, and there is no data to indicate that ADHD is due to a brain malfunction". *www.ritalindeath.com* links with parents to educate them on the risks of using medications, which are close family to cocaine and amphetamines. The website urges everyone not to convert children into little performing robots and not to put them all into a box.

Youth and well-being

Neelam Oswal
Clinical Psychologist

A local newspaper had an article about the necessity of old age homes. The subsequent issues of the same newspaper were full of responses to that article. Most of them were discussing the role of old people in the life of the busy youth. That reminded me of following story.

This happened in a space and time when every living being had to pass through three stages in life namely: childhood, youth and old age. The spirit of youth of all creatures was living in a stream. The spirit of old age was in a huge gigantic ocean. The stream and the sea had to stay close by. Enjoying its own being, the stream used to run joyously, till the end of a cliff and jump down from there. Many people would relax by the bank of the stream. Even birds and animals would come there for the sweet water. And the reflection of the stream in the ocean would look magnificent.

One day the stream was looking at its reflection in the sea. He was admiring himself as usual and at the same time comparing himself with the ugly, old sea. Today he could not contain his irritation anymore. He said, "Old man, we are neighbors for long. Do you know how ugly you are? I hate looking at your wrinkled appearance, you keep roaring voraciously all the times. You have no shape, nothing. Look at me, I am so beautiful. Everybody who comes here adores me. Look at the quality of my water. It is very sweet. But many of them are scared of you. Your salty water is of no use to those thirsty beings. Hmm... I have decided to change my apartment." The stream exclaimed with disgust.

The old man started speaking with a big, hoarse roar. "Yes dear friend, it is very true that you attract so many beings. I too enjoy being with you. However the cliff from which you jump down and create so much of energy leads you to me. You come to me and become just one drop of my existence. You complain about me being so shapeless and salty. Dear one, I look like that as I contain many streams like you. They come to me along with all their minerals and make me salty. My mission in life is to help all of them for their next journey. You brag so much about your beauty. But I contain your reflection, without which you would not have been able to see your beauty.

You may continue what you are doing today, or you may explore your other abilities. This sense of being well and beautiful which depends upon others but compliments may wear out. Remember that both of us are necessary for the well being of the person. Without me you would be stagnant and bound to a particular age. And without you I will not have the energy to fulfill my dreams.

The stream started reflecting. The spirit of youth never complained about his old companion. He started exploring his different abilities. He was still calming down thirsty people. The passers-by were still praising his beauty. However the stream knew now the secret of his well-being. In fact he started seeking the old man's experienced words and broad outlook to strengthen him. And then nobody ever saw the youth restless or unwell.

The well being of youth cannot be discussed in isolation from adulthood or old age. Different systems of medicine have thought over the reasons of well-being and ill health. As per the basic assumptions of that system the reasons and remedies may vary. However, two conclusions seem to be common in all these systems, 1) In different stages of development human beings are vulnerable to different sorts of ill health and 2) Prevention is better than cure.

The well being of youth is necessary for the wellbeing of the society at large. It is all inter-related. Young people show us the truth of what Shakespeare said, that *the sorrow of youth lies light on the shoulder of youth.* The youthful energy and enthusiasm of working tirelessly, does attract many towards them. And still we see many of them restless, and frustrated. Some intrinsic or extrinsic factors add fuel to this frustration. In fact ever looking forward, restless to achieve further dreams is a sign of life. However care should be taken that this restlessness does not become unwellness.

(...continued on page 9)

Direct ECT: A shocking matter

At the Center for Advocacy in Mental Health, Pune, we are running a campaign against the use of direct ECT (Electro Convulsive Therapy without anesthesia). This campaign follows in the wake of the recent Supreme Court Judgment, approving of the procedure, and the shocking promotion of the practice by psychiatric professionals recently.

In direct ECT, an electrical current is passed, which throws the body into epilepsy like seizures. While the patient is conscious in the beginning, he or she is rendered unconscious when the grand mal seizure starts. He is held down physically to prevent fractures and internal injuries. In an ideal situation, the procedure is repeated between 6 to 10 times. But continuous dosing up to 20 times or more is not unknown or uncommon in India. In its "modern" or "modified" form (Modified ECT), muscle relaxants and anesthesia are given to reduce the overt epileptic / muscular convulsions and patient anxiety. The muscle relaxant paralyzes all the muscles of the body. A "crash cart" is kept nearby, with a variety of life-saving devices and medications, including a defibrillator for kick starting the heart in case of a cardiac arrest. The brain is subjected to seizure activity induced by the electrical current. The causal mechanism by which the treatment works is not known. Endocrinological, neurotransmitter and other changes have drawn a blank. It is believed that electricity itself and the seizure activity it produces is the curing element.

To make a case for direct ECT in this day and age, establishes a fresh, new *low* for psychiatric ethics in India. Instead of debating the issue of '*whether or not* ECT', and what community alternatives we can create in mental health, we are placed in this ridiculous situation of debating direct ECT.

Professionals have claimed that direct ECT is virtually risk free. But no one has vouchsafed *even the relative safety* of ECT, whether direct or modified. The only argument made is that modified ECT is worse than direct ECT. Of course, we can expect patients and their families will be reassured by this argument.

Many European countries have phased out even modified ECT, while in the US its usage has come down drastically after the 1980s, following class action. The 1978 APA Task Force reported that only 16% of psychiatrists gave (modified) ECT. In the West, two important factors led to the phasing out of direct ECT: one was the discovery that between 0.5% to 20% of patients suffered from vertebral fractures; and the second was their evident terror and trauma. Kiloh, et. al. (1988) give this long list of common "complaints" following ECT, which are more acutely experienced when given direct: headache, nausea, dizziness, vomiting, muscle stiffness, pain, visual impairment due to conjunctival haemorrhages, tachycardia/bradycardia, BP surges, changes in Cardio Vascular activities, alteration in blood brain barrier, ECG changes, arrhythmias, cardiac arrest, ventricular fibrillation, sudden death, dysrhythmias, transient dysphasia, amenorrhoea, hemiparesis, tactile/visual inattention, homonymous haemianopia. Among the "risks" mentioned are the following: myocardial infarction, pulmonary abscesses, pulmonary embolism, activation of pulmonary TB, rupture of colon with peritonitis, gastric haemorrhage, perforation of a peptic ulcer, haemorrhage into the thyroid, epistaxis, adrenal haemorrhage, strangulated hernia, cerebral haemorrhage and subarachnoid haemorrhages. Infrequent "complications" that arise may be fractures (vertebrae, femur, scapula, humerus) and dislocations (jaw, shoulder), cardiac arrhythmias, apnoea and "tardive" convulsions. Among the inevitable "side-effects" are mentioned, cardiovascular responses, postictal clouding of consciousness and memory impairment. With modified ECT, the effects are "less likely" but not completely ruled out.

In India, studies have reported musculo-skeletal injuries, spinal injuries, cardiac arrest and death. Upto 2% spinal injury from use of direct ECT has been reported. The recent APA Task Force on ECT, 2001, acknowledges that mortality rates with ECT (modified) may be as high as 1 in 10,000 patients. The Task Force report also notes that 1 in 200 may experience irretrievable memory loss. The Bombay High Court recommended against the use

of direct ECT way back in 1989, following the Mahajan Committee Recommendations. In Goa, due to legal advocacy and the proactive role of psychiatrists there, direct ECT has been banned. Death in the case of ECT is usually due to cardio-vascular or cerebral-vascular complications, followed by respiratory failure. A high percentage of patients do report *fear and apprehension* of the procedure, which professionals do not consider as a serious or a competent refusal. They address the refusal as one more psychiatric symptom for which they give sedatives. The European CPT (Convention for the Prevention of Torture) 2002 prohibits the use of direct ECT as a form of torture. Victims of direct ECT should be considered as victims of medical torture and brought within human rights and medico-legal jurisprudence.

In every city, a majority of private practitioners give ECT in their private clinics costing anywhere between 500 to 1000 rupees *per* dose. For a minimum of 6 doses, the cost would be between 3000/- to 10,000/- rupees. As readers of *aaina* may be aware, there are psychiatrists who ask the patient to first take an ECT before even consultation. ECT has been given to cure "naxalism" (Ramaswamy in *Aaina, Vol. 1*). In private practice, it is difficult to have the medical back up necessary to give anesthesia or for resuscitation. ECT guidelines do not exist in India, making it conducive for doctors to engage in rampant abuse of the procedure. The situation here is similar to sex selection tests as the private market rules the roost.

In our view, direct ECT is a matter for human rights law, prevention of torture instruments, regulation and consumer litigation, and it is not for academic discussion. We have serious objections to conduct of research on direct ECT. World history carries adequate evidence of the barbarity of the procedure. Statutory authorities, human rights commission and medical regulatory bodies must proscribe such research.

The full text of our campaign can be downloaded from our website: www.wamhic.com

Resources:

Andrade, C. (2003) "Unmodified ECT: Ethical Issues", *Issues in Medical Ethics*, Vol. 11 Issue 1, pp. 9-10.

Andrade, C., Rele, K., Sutharshan, R., Shah, N. (2000) "Musculoskeletal morbidity with unmodified ECT may be less than earlier believed", *Indian Journal of Psychiatry,* 42, pp. 156-162.

Breggin, P. (1993) *Toxic Psychiatry: Drugs and ECT, The Truth and the Better Alternatives*. Harper Collins.

CPT, (2002) European Committee for the Prevention of Torture and Inhuman or degrading treatment or punishment, CPT – 2002, Chapter VI- Involuntary Commitment, Section 39 – ECT

Task Force Reports (1978, 1990, 2001) on ECT. American Psychiatric Association.

Tharyan, P., Saju, P.J., Datta, S., John, J.K., Kuruvilla, K. (1993) "Physical morbidity with unmodified ECT: a decade of experience", *Indian Journal of Psychiatry,* 35, Issue 4, pp. 211-214.

Wiseman, B. (1995) *Psychiatry: The ultimate betrayal*. Freedom Publishing Co. A Publication of Citizens Commission for Human Rights, LA, California.

Kiloh, L.G., Smith, J.S., Johnson, G.F. (1988) *Physical treatments in Psychiatry.* Foreword by Sir Martin Roth. Blackwell.

Shukla, G.D. (1985) "Death following ECT- A case report", *Indian Journal of Psychiatry*, Vol. 27, Issue 01, pp. 95-97.

Wse are always interested in publishing opinions and views about experiences of using ECT. Do write to us at wamhc@vsnl.net about your feedback on our campaign, and any local news on the use of the procedure.

✧ ✧ ✧

'Minding the young': experiences of a Psychology teacher

Dr. Sadhana Natu

I have been teaching graduate and post-graduate students for the last thirteen years. I have also been interacting with youth through various formal and informal fora like NSS, Tarun mandals, discussion groups, counselling, support groups and social organizations. This has enabled me to play the multiple roles of teacher, friend, cousellor and confidante. It has been a privilege to share their trials and tribulations, successes and struggles.

Niyati used to sweat excessively during tests and exams. She also appeared scared and preoccupied. Was it test-anxiety or something deeper? Later on she confided that her bureaucrat father was a tyrant who demanded excellence and used corporal punishment.

Krupa's father informed the teachers that his daughter was undergoing psychiatric treatment and could also turn violent. While the teachers indulged in discussion and became wary the students were protective of Krupa and showed lots of solidarity, support and sensitivity. Krupa relaxed and they adjusted with each other.

Milind's father is a rickshaw driver and his mother works as a helper in a crèche. He worked to support his graduation. Whenever there was a financial crisis, his education was endangered. He compensated by participating and winning numerous debates and elocutions. He also did well academically. This boosted his self esteem and he emerged a survivor and winner.

Ashwini had to battle against poverty, caste and lack of familial support. She topped in her exams but had no money to treat her friends. While peers discussed options for entertainment, she had to struggle to survive- both economically and to continue her education. All this brought on depression and despair. Support from friends and teachers helped to pull her out of her depression and enabled her to dream on.

These and many other life stories have provided numerous learnings-

- The need to go beyond "symptoms"
- The young can teach us about flexibility, inclusion, and taking things in one's stride.
- Working class boys have to struggle to educate themselves and the pressure on them to earn is great.
- Education can provide emancipatory spaces.
- Dalit and OBC students have to bear the double burden of caste discrimination and hostility and ill-will due to reservation. Both these prove to be major stressors for them.
- Fear of marriage and life after marriage is a psychological problem for a lot of working class and middle class girls. Inter-caste marriages also create psychosocial problems.
- Many of the upper class youth tend to be laid-back, consumerist and often feel alienated from their social milieu, how to motivate them and channelise their energy?
- The pressure to become high achievers and performance anxiety is steadily increasing among urban middle and upper class youth.
- 'Feel good factor' has become a prerequisite in relationships and relationship related problems are increasing.
- Body image and 'looking good' is an obsession that can have serious repercussions (recent Anita Goyal incident)

How to deal with these issues when education seems neither challenging nor connected to students' lived reality? While the usual options like counselling, training in life skills, NSS, co-curricular activities need to be strengthened we also need to create spaces for an exchange between different types and strata of youth. This will introduce them to 'each others' realities. This could help in creating self- reflexivity and provide new vistas to learn coping skills.

Dr. Sadhana Natu is Head, Dept of Psychology at Modern College Ganeshkhind, Pune at present teaching at Dept of Psychology, Pune University. She can be contacted at satish.sadhana@vsnl.com.

(...continued from page 5)

Youth and well-being

Well-being is a state of well being which comes from being rooted in the self. This concept of health is in alignment with the concept of *swasthya* proposed by *Ayurveda*. The World Health Organization has also proposed the bio-psycho-socio-spiritual model of health, which looks beyond the physical symptoms and focuses on the well-being of the person. Two important things for the sense of wellbeing of youth are, the work that one chooses, and secondly, relationships. Youth is the time when everybody dreams very high. But very few have the courage to live as per their dreams. Choosing the work, which they would love to do, and looking beyond the external measures of security, prestige, money, or glamour, helps him or her to be rooted in the self.

Due to natural energy very few young people would be unwell. However there is a high risk that this energy be misdirected. It is the prime responsibility of adults to help the youth to choose wisely. And when the castles built by youths develop roots in the ground with the wisdom and the folly of the earlier generation's experience, the well-being of youth does not remain a dream.

Neelam, a clinical psychologist conducts "Heal Thy Self" workshops in Pune and can be contacted at : preetneelam@vsnl.net

✧ ✧ ✧

Madness Network News, Summer of 1985, in bapu archives

Drug Tracks-III

Sun Pharma, Gujarat, a major pharma company manufacturing anti-depressants and other psycho-active drugs in India, and projected as the growing star of Indian business in many business circles, has found itself embroiled once again in yet another controversy. Sun Pharma has reportedly done bio-equivalence studies on Citalopram, an anti-depressant, on daily labourers, and some patients developed gangrene and renal complications. One of them died, for which two employees of the company have recently been arrested. People's Union for Civil Liberties, Baroda, have raised several issues about these studies, other than concern about consent. Indian guidelines for bio-equivalence studies do not exist. International guidelines say that volunteers should be healthy. "To what extent underfed volunteers can be called healthy is a moot question", write PUCL. Further, the risks of using the drug were not disclosed to the volunteers. Other good patient management with respect to administering the drug were not followed. The drug monograph indicates gaps in research with respect to patients with renal dysfunctions. PUCL asks whether the history of patients was examined before inclusion in the study. The company says patient consent was taken, but how consent was taken from an illiterate, poor community is highly questionable, according to PUCL. PUCL writes, "Soon after this controversy, Sun Pharma advertised in the newspapers asking for volunteers for trials. Is the public entitled to know what these trials are for and which ethical guidelines are followed? … Will the Drug Controller explain why we need bioequivalence studies for every export consignment? If Parliament could pass a law for the right to information in public affairs for the country, what about the right of the public at large to know what kind of trials are going on, on whom and for what purpose?" PUCL warns about increased and dangerous clinical trials in the era of post-liberalisation because of poor regulation and awareness. Mental disorder, being on high profile in "developing regions", including India, we can expect many such trials to take place in future, raising these issues again and again.

Source: Issues in Medical Ethics, Vol XI, No 1, January-March, 2003, p. 2-3

judgment watch

Direct ECT is "safe"- AIIMS doctors advise the Supreme Court

The recent Supreme Court judgment that direct ECT is "safe", goes against modern practice of ECT in the rest of the world and has significant ramifications for patient ethics in mental health in India.

As readers of *Aaina* are aware, direct ECT was placed as a controversial and contested issue before the SC recently, following the Erwadi deaths in Tamil Nadu. In *Writ Petition No. 562/2001 in Saarthak vs. Union of India,* the petitioner had asked for a complete ban on direct ECT.

The response of the state and the judiciary to the use of direct ECT has been ambivalent. In response to the SC inquiry, many states have reported that direct ECT is being phased out and that, as per modern practice, only modified ECT is being used in their "mental health institutes". Some states have given a justification for continuing the use of direct ECT, while also certifying that in their State this practice is not being followed.

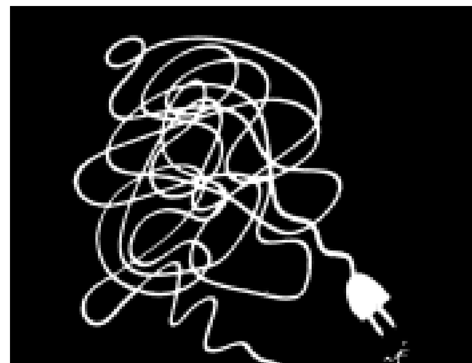
In its final judgment, the apex court noted that "ECT remains effective in several major mental disorders", that it is "life saving" and reduces the "risk of suicide". It further states, notoriously, that direct ECT is *safer* than modified ECT, as in the latter the risk of use of anesthesia and muscle relaxants is added.

Dr D Mohan, Psychiatrist, AIIMS, New Delhi, advised the apex court in this instance. The doctor observes a mortality rate of "only 0.03%" in direct ECT, considered as clinically insignificant. Dr Gauri Devi, erstwhile director of NIMHANS, wrote observing mainly that modified ECT is a non-issue in the treatment of certain mental disorders. But she did not frontally address the issue of direct ECT, the central topic of the *Saarthak* litigation.

The SC judgment in this regard raises several questions about the interphase between law and science, the responsibility of medical professionals when giving testimony or scientific evidence, and the collective responsibility of the sciences and the judiciary towards establishing certain standards of quality health care. The main purport of the *Saarthak* litigation, viz about quality of care, was completely unaddressed by the esteemed court. The court has considered it necessary and sufficient to only pronounce the procedure as "safe", without any regard for the vexed question of how it is administered in practice. The AIIMS professional, for his part, did not give the background database about direct ECT, or explore the controversy surrounding it, even as a matter of informing the court. Instead of treating this as a quality of care issue and as an investigative matter, he simply certified the procedure as safe, raising the concern about questionable authorisation. The court, on its part, considered the 2 letters received from the doctors as sufficient for its judgment.

This judgment has extensive implications for the future of mental health service delivery in India. Through this judgment, the Supreme Court has given a big boost to the bio-medical profile and future of mental health in India. In promoting direct ECT, our highest court has the dubious privilege of being one of the few such, world over, to sanction a procedure considered as barbaric and obsolete.

✧ ✧ ✧



Chris Pullman, Madness Network News, Summer of 1985, in bapu archives

No room to love with dignity: Lesbian suicides

Sheba Tejani

"The principal horror of any system which defines the good in terms of profit rather than in terms of human need, or which defines human need to exclusion of the psychic and emotional components of that need—the principal horror of such a system is that it robs our work of its erotic value, its erotic power and life appeal and fulfillment. Such a system reduces work to a travesty of necessities, a duty by which we earn bread or oblivion for ourselves and those we love. But this is tantamount to blinding a painter and then telling her to improve her work, and to enjoy the act of painting. It is not only next to impossible, it is also profoundly cruel".*

Lesbians are often accused of being self-indulgent or even elitist because of their preoccupation with matters related to that most taboo activity: sex. Sexuality is a secondary issue, they say, it is not as important as food or water or employment or even communal violence. To them I would say, is it possible to say that your eyes are not as important as your feet or as your fingers or as your tongue? Sexuality, as Audre Lorde says, is that vital and nourishing aspect of your being where life's driving impulse, desire, finds one of its expressions. It belongs like faith, to the realm of the highly personal, where the most delicate human aspirations are realized, broken, refashioned or grappled with. It is the well of that experience which we call the inner life; it is the battleground of deeply held fears, limitations and beliefs. It is also that terrain where we can find sustenance, where we can begin to love ourselves a little more or then, learn something about who we are and what we are becoming. Sexuality entangles our past and present in such a way that it becomes one throbbing state, compelling us to experience the whole range of human emotion and moving us in ways that we cannot imagine. It forces us to look at ourselves without shame and to accept, with courage, what we find. In fact sexuality is the evidence of the incompleteness of, what left-wing liberals have eloquently criticized as, the 'atomization' and 'mechanization' of human sensibility. If we miss the significance of this area of activity, we become what Adrienne Rich calls "literal beings", sensible only to the most gross influences and persistent only in the fulfillment of the most animal needs.

Sexuality is that part of our being that is least tame, it tends to go where it will, and often in contrariness to the organized responses of our colonized minds and bodies. We fall in love with the wrong people, of the wrong caste, the wrong gender, the wrong sex, the wrong class, the wrong nationality or the wrong marital status. And we are punished for it, either directly by the society that we live in, or then by internal torment. But the liberty to love and to shape that love is ours, determined as it is by a deeply personal stirring. Of course love needs to be regulated, not by the prescriptions of received structures, but by a sense of our own ethics and by intelligence. However, even beyond the multiple and intangible ways in which sexuality constitutes our beings, the decisions women make about their sexual identities can become a source of very real conflict and threat. Women's lives often hinge on the simple fact of whether they love a man or a woman, or whether they love this '*kind* of man' or that '*kind* of woman'.

It is one of our society's perversions that women who love each other must pay for it by killing themselves. Women often negotiate risky personal, social and economic terrain, self-consciously, or then are forced to hazard them because they find themselves hopelessly in love with another woman. It is difficult to know decisively how many women commit suicide each year because their love for another woman cannot find fruition. The reasons for this are many: families of the girls often do not want the incident to be known as a "lesbian suicide", the suicide may simply not be understood as such, the "reason" of the suicide is often explained away by an incident that may have only been the trigger, there is a lack of information about the occurrence of suicides and related facts. Women who love women, their struggles

and their love are invisible in any case; the stigma associated with same sex love and then with suicide further obliterates lesbian suicides from view. However, reports from the press keep pouring in at regular intervals and it is likely, for the reasons given above, that the problem is most likely grossly underestimated rather than overstated.

How do we understand these suicides? What do they mean and why do they happen? Suicide, suicidal attempts and ideation are urgent problems amongst youth today. A suicide attempt is a cry for help; it is the ultimate declaration that the pain the person is experiencing exceeds the resources for coping with the pain. People are driven to suicide out of deep despair and a feeling that there is no other way out… *No other way out*. The crisis appears so insurmountable that it seems easier to take one's life than to overcome it. The attempt to take one's life comes only after repeated and strenuous efforts to overcome the distress or to address its cause. Often suicide is at the end of a continuum of harassment, stressors, coercion, violence and general thwarting of one's will. This repeated stress has already worn down the person's coping mechanisms which may already be stretched to the limit, while self-confidence and belief in oneself is also generally low. At such a time a person is most vulnerable to making a suicide attempt.

On 12 November, 2002, two women threw themselves in front of a train in Bhuj, Gujarat. Their suicide notes said that they were ending their lives because their families had arranged their marriages and they did not want to be separated. One of them died on the spot. On 13 November 2002, two young women consumed poison at a coffee plantation near their homes in Kerala. One of them was to be engaged on that very day, while the other was to be married in January. Both of them died on the way to the hospital. On 4 October 2002, two young women were found dead after they had consumed poison in the Satyamangalam forest in Tamil Nadu. They felt guilty for loving one another but also felt it was impossible for them to live with or without each other, as they wrote in their suicide notes. They begged their parents not to separate them in death at least and cremate them on the same pyre. On 25 August 2001, two tribal girls committed suicide. They were living together for some time and had unsuccessfully requested their families to allow them to marry. They had sought help from the police and were receiving psychiatric treatment at the time of death. Their bodies were found side by side on a rock near an irrigation canal close to one the girls' houses in Moolamattom East, Kerala.

The reports go on and on and cannot be reproduced here in entirety. In Kerala alone there were 21 reported cases of lesbian suicide in the span of six years, from 1995-2001. Information about the suicides is often sketchy or incomplete, but there seem to be some common patterns in the factors that contribute to the suicide. Often there is a mention of forced marriage, one or both of the girls are being forced into a marriage that they do not want, but which they feel they are powerless to stop. There is frequently an admission that it is impossible to live *without* the other person and, even though not stated directly, the suicide attempt itself conveys that the women feel it is impossible to live *with* the other also. In some cases, there are incidents of overt harassment from family or employers. Parents have tried to confine their daughters indoors for months together, to batter them physically and emotionally, to beat up their lovers, or then to report the couple's flight as a case of kidnapping by the lover. There are reports of involuntary discharge from government service, and of prolonged forced isolation without food at the workplace. Where there are no signs of overt harassment it is clear that the families of the girls either do not know or then clearly disapprove of the relationship. Another recurring pattern is the feeling of guilt that the girls themselves feel about loving each other and about causing their families "distress".

As women who understand the dynamics of patriarchy, it is clear that we uphold a woman's right to choose her own marital partner or to refuse to get married at all. Forcing daughters, sisters or nieces to get married, especially in the face of such "scandalous behaviour", is a common practice. It is a way to make women compulsorily heterosexual and to save the family from dishonour. The feeling that many of the women who committed suicide expressed was that they found it impossible to live with or without each other. Why did women feel that it was impossible for them to shape their lives with the lovers of their choice? One overwhelming cause that we can ascertain from

the suicide notes is the tremendous social censure that comes with homophobia, so much so that women internalize it and feel guilty for loving, like they almost deserve death because they did the "unthinkable". This homophobia creates tremendous frustration and confusion for women because it gives them almost no room to love with dignity. The violence, social stigma, self-hatred and outright discrimination at work, often with a complete lack of support or affirmation from family and friends, can create a situation of extreme distress for women. Women who have committed suicide have had limited means or resources at their disposal. They are students who have no livelihood of their own, they are daily wage labourers, or women with little access to formal education or employment.

In small towns and rural areas especially, women who love women are completely isolated from any kind of support system. Often they have not even heard of other women who love women, are not aware of groups or people who could help in a crisis situation and cannot conceive of a viable alternative to marriage. This goes back to the whole problem of the general invisibility of lesbians in public space, as it is dangerous for women to be "out" in a hostile atmosphere, but this danger also prevents women from finding out about each other and imposes a silence on them. Homophobia prevents women from getting the help that they need when they most need it. It is tragic that at times young women have not even attempted to tell friends or family about their love and have chosen instead to end their lives because they know what is in store.

Women do not need to apologise, much less to kill themselves, for their most basic right: to be able to decide who to love and how much. In fact this claim harks back to the early discourses on reproductive rights when feminists asserted a woman's right to control her body and her reproductive choices. In India the debates seem centered around marriage: the age of marriage, rights within marriage or the right not to marry, but they stop short of explicitly stating a woman's right to sexual autonomy regardless of sex and of institutions such as marriage. It is clear that women who love other women are at greatest risk in a homophobic environment and not their friends and family who feel betrayed by their "unacceptable" sexual choices. What can we do to make it safer for women who are confronting homophobia and who are battling great odds to find a freedom that was always theirs?

* (Source: Lorde, Audre. "Uses of the Erotic: The erotic as Power." *Sister Outsider: Essays and Speeches.* Freedom, CA: Crossing Press, 1984. 53-59.)

Sheba Tejani is a part of OLAVA, Organised Lesbian Alliance for Visibility and Action, and can be contacted at sheba_tejani@hotmail.com

Protest can be good for your physical and mental health- Reuters reports

Psychologists at the University of Sussex found that people who get involved in campaigns, strikes and political demonstrations experience an improvement in psychological well-being that can help them overcome stress, pain, anxiety and depression. The finding fits in with other studies suggesting that positive experiences and feeling part of a group can have beneficial effects on health. The results emerged from in-depth interviews with nearly 40 activists from a variety of backgrounds. Between them, they had more than 160 experiences of collective action involving groups of demonstrators protesting against a range of issues. These included fox-hunting, environmental damage and industrial matters. Volunteers were asked to describe what it was about taking part in such collective action that made them feel to good. Researcher John Drury who conducted the study, said the interviews revealed that the key factors were that participants felt they had a collective identity with fellow protestors. They also derived a sense of unity and mutual support from taking part. Such was the strength of the feelings they experienced that the effects appear to be sustained over a period of time.

(Reuters, December 23rd, 2002, London Edn.)
www.reuters.com

A Dialogue with Students about Mental Health

Dipti Kelkar, Trupti Chandorkar, Preeti Chitale

Psychology students, University of Pune

As students of Educational Psychology, we used to wonder whether our professional choices affect our coping styles. To understand the students' perspective, we conducted a survey of 20 students, in the age group of 16 to 23 yrs from different streams of education in different colleges. Our questions were open ended:

- What are the typical tensions that you face in your day-to-day life?
- In career, academics, family and other close relationships which one would you consider most important?
- How do you generally face problems and try to overcome them?
- Whom do you generally discuss your problems with: friends, parents, other family members or don't share problems with anyone?
- If necessary would you go to a counselor?

Most of the respondents were from upper middle class, families so we cannot make any generalizations about other socio-economic strata. All agreed to the fact that tensions are a part of day-to day life and all felt stress at one point of time or another. Their coping styles reflect their mental health. Some mentioned physiological problems like shivering, body temperatures rising, not talking to anybody before results are declared, not being able to sleep or eat, throwing things etc. We also found some common stress reducing strategies, like talking with someone close, reading books, listening to music or handling the problems entirely on their own.

Sheetal is a beautician and Aditi is in the media. For them, working life is hectic. Aditi's job is not permanent so she feels insecure. She wants to get a better salary. Sheetal started her business at an early age, and she missed out on enjoying with her friends. Sheetal lost her father at a young age and feels insecure. She feels that her family does not understand her and poses a lot of restrictions on her personal life. We got the impression that though different, both are working for financial security and in spite of all their hurdles they are enjoying their work life.

Considering gender, we saw that females usually have their focus on relationships than on career whereas for boys focus was seen on both. Most of the boys were of the opinion that career and family are equally important. They said that their priorities would depend on time and situation. Interestingly it was seen that 5 out of 11 girls gave priority to relationships over career but none of the boys said that they would give up on career for relationships. That is mostly due to our traditional way of upbringing for boys and girls.

Coping style for boys and girls differed too. Girls were found to be more prone to talking out their problems to either friends or family whereas most boys said that they dealt with their problems themselves. Some said that talking would increase their dependence; some were of the opinion that talking to parents about their problems would increase their parents' problems and some felt that it simply isn't necessary to talk to parents about their problems. They did not get the time to communicate with people at home. Hence, they did not want to burden them with their worries. Only 3 out of 9 boys said that they talk to friends or family in times of difficulties whereas 3 out of 11 have said that they do not talk with anyone about their problems but handle them independently!

Out of the 20 interviewed, 8 were from non-professional courses like commerce or arts and 12 were from professional courses like MCM, Medical or engineering. All but one said that they deal with problems by talking with others and in case of professional course respondents only 3 out of 12 deal with their stresses independently. With regards to focus of problem towards career or family, it was seen that professionals focus on both whereas non-professionals focus more on relationships than on career.

When asked as to how they felt about going to a counselor, many were reluctant to say "Yes''. Some said that, "how can a stranger decide for me? We wouldn't feel comfortable talking to a stranger about our personal issues." Out of 20 only 2 of them actually said that they would go to a counselor if need be. This indicates that there still is a lot of stigma attached to seeking professional help which first of all needs to be eradicated and secondly some measures need to be taken to do something about it. We psychologists or counselors need to be more user friendly, more approachable to people for them to feel free to talk about their problems. We need to develop some awareness that counselors are not meant only for people with mental disorders but also for those who face minor day-to-day stressors.

Undoubtedly after talking to the respondents academic pressure was an underlined stressor. They have a lot of pressure to prove themselves today which poses obvious threats to their mental health. The good side we saw was that in spite of all the stressors young people feel equipped to handle their own problems. Some even said that "Time is the best healer" and most of them seem to be capable of dealing with their problems.

Since this was a preliminary survey rapport building was not very strong. This must have been a constraint for people to open up. We tried our best to get the respondents to talk and these were some of the things that we thought would be interesting for you to read. We thank the students for sharing.

Renuka felt that she was never tense but is very "cool". She feels low or depressed when alone. She prefers discussing day-to-day problems with parents and close friends, which lightens her burden and gives social support. Friendship is very important in her life she says, "without friends there is no meaning to life."

For Arpita, career is important. Family lays restrictions on her but they share a good rapport with each other. She prefers few but close friends and doesn't mix easily. Love teaches you to be truthful, faithful and considerate towards the other person, she feels.

Kautuki doesn't share problems with anyone but handles her problems on her own. She gets tense very often but feels that "time takes care". She is not satisfied with her results though she studies well. Career is of prime importance to her. She does not have good relations with family. She feels, they think she is dumb and will not do anything in life. She is always compared to her brother who is brighter than her. She feels that her family does not understand her, which in turn affects her in her studies.

Pranav sees tensions as a part of day-to-day life, which range from "will I wake up early in the morning" to "will India win the world cup". He gets very tense when he thinks about his career and future. He thinks that this tension motivates him to concentrate on his studies. The independence parents give him makes him tense at times. He says he can face tensions very positively and practically.

Mitali feels that she gets tense very easily. She is engaged with a person who is settled in UK. He is an engineer and their parents arranged their marriage. Career is not that important to her but family and her husband means a lot to her. She worries about her life in UK as to how she will adjust to the culture there.

Amit is studying for his GRE. He does not worry about the results but tries to do his level best. Since results are not in our hands he says worrying about it is hopeless. He has many friends and a girl friend. She is his best friend. His father taught him how to look at life positively. He cares about his family deeply and the feeling that nothing should harm their health gives him tension sometimes. When a problem arises he talks to someone whom he thinks can give him the right solution and not to anybody available.

For Shobhana "Tensions are unavoidable". She gets tense with whatever she thinks is important to her in her life. She also says that if that tension is not there, one will not get the tempo or seriousness needed to complete a

www.wamhic.com

task. She gets tense easily but can also reduce her tensions by doing the work assignments. When taking a decision she looks at every possibility and the possible outcomes.

Malini comes from an orthodox authoritarian family and stays with her uncle in Pune. She gets good support for education from home. She doesn't have many friends. Her books are her friends. There is a lot of control on having boy friends. She had to face a lot of tensions while adjusting to a city like Pune and the elite college where she is studying. She cannot speak freely at her uncle's place so she spends most of the time in a library. She feels tense even when talking to people. She feels sad at times that " we are in the 21st century and still I am so backward."

Madhura wants to get into IIT and be an astronaut. She says her ambitions are her tensions also. She discusses her problems with her parents. She doesn't have many friends and thinks that it may be because she is competitive by nature and always wants to be the best in whatever she does.

When he was in the 12th Shirish fell ill and had to loose one year because of which he was under lot of depression. One of his father's friends is a counselor so he used to go to him. It helped him a lot. He took the October exam and fared well. He still goes and visits his counselor for guidance. His parents and friends help him in his problems.

Ajit's parents got divorced when he was young. His father remarried. He meets his mother a couple of times in a year but now he says he is used to facing tensions. He doesn't stay much at home. Whatever problems he and his friends solve them together. He wants to be someone big in life and earn a lot of money. He hasn't yet decided on his career but his interest lies in Hotel management. His father disagrees with his choice but he says he does whatever he wishes. He never considers others while making his decisions. There are constant arguments in the house so there are tensions always. He says that no one is much worried about his problems in or outside the house. There is no communication in the house. He agrees that it is unhealthy but he feels helpless.

Shashank has completed his BE but he is not sure about his job and is studying MBA. He feels bad that his parents have to spend on his education and that makes him tense. He is sure that he will get a good job one day and will take good care of his parents. He doesn't have many friends. Whenever he has problems he likes to be alone and think on the problem and try to solve it in his own way. Mostly he works in his garden when he thinks he cannot face his problems. He speaks to trees and is sure that they will listen to him.

Neelam used to stress out easily while working. Office was hectic and she couldn't enjoy on Sundays too. She feels depressed, lonely and sleepy in the mornings, forgets things and has concentration problems. She feels others views help in resolving conflicts. In academics she flunked once and took that as a challenge and a stepping-stone to success.

Aditi, when stressed, feels physically tired, mentally low, frustrated and remains aloof. She prefers sitting by herself and shares only a few things with her mother. "Time is the best healer", she says. She listens to soft music to de-stress herself. If not prepared she gets tense about exams and results. At times, she forgets what she has memorized. Friendship she says has improved over the years and she has a few but close friends.

✧ ✧ ✧

Addressing mental health problems of young people: Experiences from a tele-counselling center

spotlight

Nilanjana Banerjee and Atashi Gupta[1]
Counsellors, Child In Need Institute-Adolescent Resource Centre(CINI-ARC)

Emotion is a mind state that guides us most of the time and is manifested in our behaviour. Young people become the victims of emotional problems more than children and the elderly. This is due to the increased emotional vulnerability that they possess at this age because of their changing life perspective – both physically and psychologically.

In this period of "storm and stress", young people experience strong emotional instability from time to time, arising out of the necessity of making adjustments to new patterns of behaviour and to new social expectations. And from this need to provide them with support in times of distress, "Child In Need institute- Adolescent Resource Centre (CINI -ARC)" started the tele-counselling service "Teenline" in July 2001. Apart from this service, CINI addresses young peoples' issues through its urban and rural programmes.

In our experience, the emotional problem of the young people include anxiety, restlessness, lack of impulse control, mood swings, low self esteem, lack of confidence, deterioration of academic performance, negativism, and psychosomatic problems. A variety of factors like faulty child rearing practices, parental attitudes, chaotic home conditions etc. contribute to the development of emotional problem among the young people. We will share our experiences of addressing emotional problems of young people who called at Teenline through two case studies.

Case Study – I:

A boy of 17 years complains of emotional disturbance after he came to know that his mother has an affair with his own uncle. An intense feeling of insecurity followed by a strong sense of betrayal towards his mother has left him totally confused. He feels unsure of his own existence and thinks that may be his uncle is his actual father.

***Intervention*:**

While responding to this sensitive and critical issue, the counsellor focuses on the following aspects:

- Listening with empathy and support.
- Establishing a "we bond" in order to solve the problem as it reduces the feeling of helplessness in the client.
- Exploring the mother-son relationship (finding out the positive sides if it).
- Exploring the relationship pattern of the father and son and also of the husband and the wife.
- Helping him to face the fact that his mother is also a human being with all her limitations.
- Helping him to derive pleasure from his relationships as well as in developing his own resources (inducing an independent attitude in him).
- Exploring his hobbies in order to involve himself in constructive activities (for gaining self confidence)
- Inducing in him a sense of hope and positivism towards life.
- Helping him to believe that whatever may be his source, he is a person full of potentialities and is capable of contributing to his own life and to the lives of the others.

Case Study– II:

A 20 year old boy could not clear his part I examination last year. He has taken the examination again this year. But he says that he won't be able to pass the examination. He also said that his mother had a psychiatric illness, because of which she is not a good house – keeper. His father is very short tempered. The relationship between his parents is strained. It has affected his studies very much. He has left the ITI Motor Mechanic Course due to his indecisive attitude. He is planning to start as an LIC agent, also wants to do a short time auto mechanic course. He said that his brain

does not work anymore as it used to work before. He is disturbed and confused.

***Intervention*:**

- Asked him to be patient and wait for his results before taking any action.
- Suggested him to engage in different activities.
- Asked him to explore his thought pattern and its contents.
- Asked him to explore his feelings more in order to find the reason for impulsivity.
- Suggested proper and regular medicines for his parents.
- Asked him to call back again.
- If necessary, asked him to go for face-to-face counselling.

Young people complaining of lack of concentration followed by academic deterioration are helped by finding out their preoccupation on one hand and by giving some tips to improve concentration on the other. Negativism is tackled by making them aware of the negative consequences of their behaviour as well as by making the parents aware of their faulty disciplinary patterns. In cases of intense emotional problems, (for eg. psychosomatic problems) deep psychotherapy is prescribed. Whatever the problem may be, it is always kept in mind that the clients should get immediate relief and also develop better coping skills for the future.

It can be said that helping the young people in times of their emotional distress would necessitate the following conditions to be fulfilled: **Empathy, Confidentiality, Giving proper respect, Establishing a feeling of oneness with them, and being a friend.** If we can fulfil the above conditions we would be in a position to help young people to cope with their emotional problems and function in an integrated fashion. Emotionality is the guiding force of each and every activity of our life. Hence, it is very important to give this aspect proper attention and nurturing.

CINI Adolescent Resource Centre
23/44 Gariahat Road (Golpark)
Kolkata 700029
Telephone **2460 1395,** e mail: ciniarc@vsnl.net,
website: www.cini-india.org

University Counselling Centre Study Shows More Students Seeking Help

College students frequently have more complex problems today than they did over a decade ago including both the typical or expected college student problems – difficulties in relationships and developmental issues— as well as the more severe problems, such as depression, sexual assault and thoughts of suicide. That is the finding of a study involving 13,257 students seeking help at a large mid-western university counselling centre over a 13 year period. Results indicate that in 14 of the 19 problem areas studied, counselling centre clinicians reported increases in the percentages of individuals having difficulties. The patterns of change in the student's problems over the 13-year period were complex, according to the study. Earlier, relationship problems were the most frequently reported. However, anxiety, depression, suicidal thoughts, physical problems, personality disorders, grief, academic and developmental problems, and sexual assault were increasingly reported.

Similar studies need to be conducted at other university counselling centers, say the authors, to verify what they believe may be a national trend. "If these observed patterns of change prove to be consistent with those at other counselling centers, then it is evident that therapists in counselling centers are seeing students with more critical needs than a decade ago." This comes at a time when students are finding fewer options for counselling and mental health care in the community, leaving the role of providing care primarily in the hands of university counselling center staff.

Source: "Changes in Counseling Center Client Problems Across 13 years", Sherry A. Benton, Ph.D., John M. Robertson, Ph.D., Wen-Chih Tseng, M.Ed., Fred B. Newton, Ph.D., and Stephen L.Benton, Ph.D., Kansas State University; *Professional Psychology: Research and Practice*, Vol. 34, No. 1.

Dear Aaina,

It's a great privilege to come to know "AAINA" a mental health advocacy newsletter published by your team. The contents, experiences and information shared were extremely wonderful and helpful, especially for an organisation like Ashagram Trust, which is also working on Disabilities and mental health for the last 2-3 years. Thereby it is our pleasure to be introduced to and our willingness to prescribe [*sic*!] your newsletter "AAINA". By this means, proper and correct information with adequate knowledge may further strengthen and enhance to promote Mental Health care.

Ngaiyu Jhon,
Psychiatric Social Worker, Ashagram Trust, Barwani - 451551.
Email: ashagram_trust@rediffmail.com, Ph- 07290-222186, 224201, Fax-07290-223160

✧ ✧ ✧

Dear Aaina,

In your editorial of November 2002 you have raised a very interesting issue which we have been talking and discussing. A person with major mental illness has to incur a cost of 400-600/- P.M. to buy allopathic medicine and there are few alternatives. The disability act of 1995 classified persons with mentally ill as disabled persons under section 2 of the Act. This means if a methodology can be adopted to classify their disability in percentage terms they would become entitled to disability pension of Rs. 150/- P.M. (in M.P.), If their disability is greater than 40%, apart from concession of travel concession, reservations in jobs. Also the disabled persons have been forming associations and demanding their rights. But most of the organisations leave out the mentally ill from their ambit. Advocacy on these lines may give them a channel for social recognition.

Ashish Gupta, Ashagram Trust. Barwani (M.P.)

✧ ✧ ✧

Dear Aaina,

I have read the November '02 edition of aaina and I have some comments to offer. Your newsletter is very pro-psychiatry if taken as a whole. What prevents you from going out & out anti-psychiatry? First, try to view all "mental" problems from a Marxist perspective. Secondly, all psychiatric problems have their origins in the immediate environment of the person created deliberately or obtained naturally due to birth or fact of residence. Some environments suitable earlier become unlivable because of the person's negative experiences, due to factors of informal education, etc. It is a long story. In short, there is nothing genetic or inherent in the "mental" problems. This is also true of smoking and drinking. So, there is much to introspect - this is in regard to your lead article on YOGA & ADDICTION. Thirdly, taking up the Marxist perspective in relation to your report on "IDEAS for measuring Disability - The IPS takes initiative" I wish to state that 4 factors mentioned therein are not indicative of whether a person is "mentally" ill or "mentally" fit. Would you say, a poor man living virtually on the streets, is a disabled, a schizophrenic, as he doesn't conform to the factor 1 of IDEAS. How about a person who hasn't been taught langauge skills, etc.? Would he be then classified as mentally disabled? What about the environment that produced that person? The disability tool does not seem to address the social conditions of mental illness.

Manu Kant, Chandigarh

Voices

By Ellen Rothberg

Once all the Big Voices of the world got together
And started calling for Law and Order
And 9 to 5
And stricter schools
And getting the crazy people off the streets
And into the institutions
And high-security prisons
And somewhere one little voice got lost

But listen with your heart and you can still hear it
As you walk alone by the sea
As you wander, open, through city streets

It is the song of those cogs that got disengaged
From the death machine
It is the song of a drunk in the gutter
Who still knows how to sing
It is the song of some lonely clown
Who has not forgotten how to laugh
It is the world of one person
Who cares enough to say hello to a stranger
It is the curse of the prisoner who spat at his keepers
It is the roar of the lion in his cage
It is one voice, many voices
It is the rising of all the little voices
Into a cry that will never be silenced
Listen to the ocean of sound
Listen and lift your voice

In "Madness Network News",
Vol. 7, No. 6, Summer 1985, in Bapu Archives

Aaina, a networking and opinion sharing newsletter in mental health, is for private circulation only. It is sponsored by Bapu Trust for Research on Mind & Discourse, an organisation committed to mental health literacy and advocacy. The views expressed in the newsletter are however not those of the organization.