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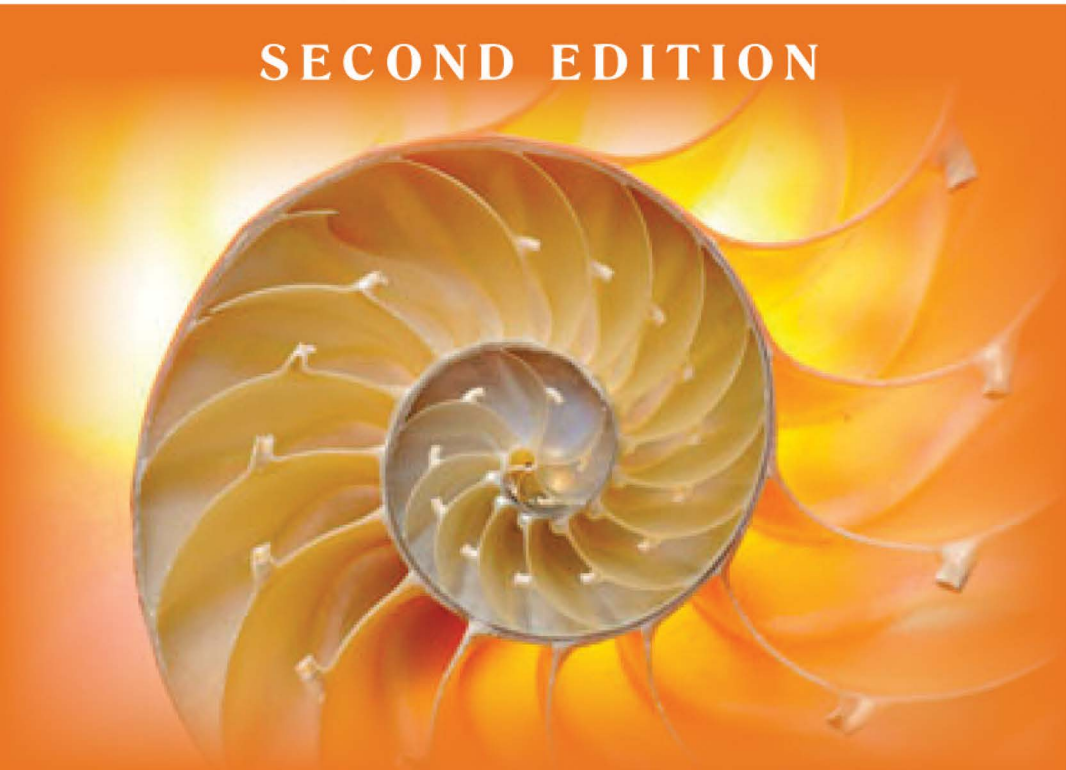
PSYCHIATRY for Nurses

As per the Syllabus of INC for BSc Students

SECOND EDITION



S Nambi

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Chapter

2

Development of Psychiatric Care

Mental illness has been recognized from the earliest times. For many centuries, the mentally ill were among the most tragic examples of man's inhumanity to man. Their behavior, sometimes bizarre, sometimes violent, caused their fellowmen to regard them with suspicion or even outright hostility. At best, the mentally ill were treated with indifference, at worst with cruelty. The mentally ill had to pay a heavy price for their disease.

In early Christian times, mental illness was considered to be the result of possession by demons or evil spirits. The treatment then was to exorcist the demons by prayer, magic, etc. If such treatment brought no improvement, more extreme measures were taken, like punishing them by flogging, burning and even stoning them to death. During this period, the treatment of the mentally ill was in the hands of the priests, who had the power to perform the exorcism.

The first progress in understanding mental disorders came with the Greek physician Hippocrates (460–377 BC). Hippocrates rejected the idea of demonology and maintained that mental disorders were the result of a disturbance in the balance of body fluids. He and other physicians stressed the importance of pleasant surroundings, exercise, proper diet, massage, soothing baths and some less desirable methods such as bleeding, purging and mechanical restraints. Although, there were no institutions for the mentally ill, many were cared for with great kindness by physicians in temples dedicated to Greek and Roman Gods.

Such progress was shortlived, however, the middle ages saw a growing revival of primitive superstition. The mentally ill were thought to be possessed by Satan and supernatural causes. The mentally ill again started getting cruel treatment. Measures such as heating, starving and branding with hot irons were taken against them. The insane were imprisoned, chained and even killed during 15th to 17th centuries.

EARLY ASYLUMS

In the later part of the middle ages, asylums were created. These were not treatment centers, but prisons. The inmates were chained in dark and filthy

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cells, and treated like animals. In 1792, Philippe Pinel, a French physician unchained these mentally ill against great odds. Pinel's experiment was a success and mentally ill was given better living conditions and started receiving kind treatment.

The turn of this century brought great changes in medicine and psychology. The discovery of spirochetes which caused syphilis in 1905 demonstrated that there was a physical cause for the mental disorder, and encouraged physicians to believe that mental illness was organic in origin.

The work of Sigmund Freud and his followers laid the basis for the understanding of mental illness as a malfunction of the mind and environmental factors. Pavlov's learning theory made a great impact in modifying abnormal behavior.

Despite these developments in the early part of the century, mental hospitals and mental patients were still considered as objects of fear and horror. In the early 1930, Insulin coma therapy originated, where a dose of insulin large enough to produce unconsciousness was given. Some patients improved by this method.

Electroconvulsive therapy was first used by Cerletti and Bini in 1938 to treat mental illness. It proved to be a highly successful treatment and is still used today.

Until the mid 1950s, there were few drugs which could be used effectively in the treatment of mental illness. Bromide, chloral hydrate and barbiturates were subsequently discovered and used with success. In the early 1950s, the first tranquilizing drug became available. The drug was named chlorpromazine (Largactil) and it had the effect of calming the patient without making him sleep. Since then, a variety of tranquilizers and antidepressants have been manufactured which have revolutionalized the treatment of mentally ill.

New and important discoveries were made in the field of human psychology. Many of these discoveries were applied to the care and treatment of the mentally ill. Among the best known was Freud's psychoanalysis, which threw new light on the functioning of the mind in health and sickness. Many psychological methods of treatment like psychotherapy, behavior therapy, family therapy, therapeutic community and cognitive therapy came into existence, and have been a great help in managing the mentally disturbed. In the last few decades, there has been tremendous progress in understanding the biology of behavior and there are many researches going on around the world relating to psychiatric disorders. The genetic influence of mental disorders has been recognized. The biochemical bases for many disorders have already been discovered or are being studied. Such developments in Biological Psychiatry will tremendously influence psychiatric care in the future.

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THE FUNCTIONS OF A MODERN PSYCHIATRIC HOSPITAL

The modern psychiatric hospital has four fundamental functions. With partial hospitalization, a person may spend the day in the hospital receiving treatment and return home in the evening (day hospital) or work during the day and spend nights at the hospital (night hospital). Such a program has great flexibility.

A hospital which provides treatment for the mentally ill allows freedom of choice and encourages patients to participate in their own treatment. It is often referred to as a therapeutic community. In a modern psychiatric hospital, patients are treated, helped and encouraged by a therapeutic team. This team consists of psychiatrists, psychologists, nurses, social workers, occupational therapists and other paramedical professionals. Psychiatrists are doctors of medicine, who have special qualifications in psychiatry. Psychiatric nurses are trained to care for the mentally ill. They work closely with the psychiatrist and other members of the team, and are involved in the treatment, care and rehabilitation of the patient. Clinical psychologists are non-medical professionals qualified in understanding the human behavior. They are able to test patients to find the reasons for their behavior. A psychiatric social worker is a part of the mental health-care team. Their work is assessing the detailed history of the patient, analyzing the socioeconomic background and assisting in rehabilitation program. Occupational therapists play an important role in helping patients to relate to others through work and activity.

In addition to these members of the team, there are pharmacists, biochemists, laboratory assistants, recreation therapists, hospital workers, administrative staff and others to organize and carry out the day-to-day running of the hospital.

It is team effort which ultimately makes psychiatric care fruitful and efficient.

HISTORY OF PSYCHIATRIC CARE IN INDIA

Towards the end of 18th Century, lunatic asylums were established in three Presidencies in India—Calcutta, Madras and Bombay. The lunatic asylum in Calcutta was established some time prior to 1787. The one in Madras was set up in 1794 by Dr Valentine Connolly. The Bombay asylum was established in 1858. The lunatic asylums were initially meant for the safe custody of the mentally ill; gradually they started giving care and treatment. In the beginning of the 19th century, these asylums were called mental hospitals. Thus, from mere custodial places they became treatment centers.

The Madras Mental Hospital (now the Institute of Mental Health) is one of the oldest and largest in South-East Asia. It celebrated its 200 years of service

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to the mentally ill in 1994. At present, there are around 50 mental hospitals in India, with bed strength of 25,000. In general hospital psychiatric units, there are around 5000 beds available for psychiatric patients. All the government-run medical colleges in India have a full-fledged psychiatric department. There are nearly 5000 qualified psychiatrists at present in the country.

One of the significant developments in psychiatry in India, during the last three decades is the establishment of psychiatry units in general hospitals promoting community psychiatry. This has lead to an increased interaction between the psychiatrists and clinicians from other specialties and the development of Consultation-Liaison Psychiatry. There has also been the implementation of the District Mental Health Program (DMHP) under National Mental Health Program to cater to the need of the underprivileged rural population.

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S Nambi MBBS MD (Psychiatry) DPM is currently Professor and Head, Department of Psychiatry, Sree Balaji Medical College and Hospital, Chennai, Tamil Nadu, India. Formerly, he was Professor and Head, Department of Psychiatry, Chettinad Medical College and Research Institute, Chennai. Earlier, he was the Professor of Psychiatry, Madras Medical College (MMC) and Consultant Psychiatrist at Institute of Mental Health, Chennai. He is a practising psychiatrist in Chennai for more than three decades. He is the past president of the Indian Psychiatric Society, National Body. He is also the Past Honorary General Secretary and Past Chairperson of the Forensic Psychiatry, Speciality Section of Indian Psychiatric Society. He is the Past Secretary of the State Mental Health Authority and Chief Nodal Officer at District Mental Health Program in Tamil Nadu. He has been the principal investigator for two Indian Council of Medical Research (ICMR) projects on Mental Health. He twice won the coveted Marfatia Award of the Indian Psychiatric Society. He has presented scientific papers mostly in the area of forensic psychiatry in the state, regional, national and international psychiatric conferences. He has authored four books on mental health. His area of interest is forensic psychiatry.

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