Review Article

Locus, Focus and Modus of Stigma in Psychiatry – The Time Travel of Psychiatry

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ABSTRACT

Stigma with Psychiatry and Psychiatric services is age long. It was too late for Psychiatry to be considered a branch of medicine and post –roman era saw many inhuman treatments done to patients with mental illnesses. The early health centers established for mentally ill were mostly custodial centers aimed to prevent harm to others by the mentally ill patients. A German physician named Johann Christian Reil first coined the term Psychiatry in 1808. The acceptance of mental illness is both, knowledge based and culture bound. Even, today there are places, where mental illness is considered the act of evil or witchcraft. The perception of people in any given society or the family determines the health seeking behavior related to psychiatric services. The practice of psychiatry rests on the detailed evaluation of biological, social and psychological factors related to the patient, which work in unison to manifest the symptoms. Recent studies are, however pointing more towards biological causation of psychiatric disorders and technologies have played a pivotal role in elucidating the biological basis, the common ones being f MRI, PET, and SPECT. The ICD 10 clearly says, that there are no functional disorders and all psychiatric disorders have biological basis. This author aims to highlight the current scenario and the factors contributing to stigma related to seeking psychiatric services in the country.

Keywords: Stigma, Mental Health, Psychiatric Services

INTRODUCTION

Psychiatry is often considered the most stigmatized branch of medicine and some infact don't even consider it a branch of pure medicine. There were movements like anti-psychiatry in 1960s, which condemned the psychiatric practices prevailing at that time. The main reason for stigma could be that it was often linked to behavior, religion and witchcraft, destiny, acts of the past and clear evidence as to the cause of mental illness has been lacking. Past has seen many cruel treatments with the mentally ill patients and mostly they were chained, isolated or beaten up. Early psychiatrists brought the concept of psychiatry and with time psychiatric disorders started to be accepted as an illness worldwide. Stigma with psychiatry is a two sided fork, and stigma lies at both ends, the treatment seekers and the medical fraternity. It should however be remembered that even diseases like Leprosy and Covid-19 were stigmatized initially. The health seeking behavior and the attitude towards an illness depends not only on an individual's knowledge but also on government's efforts to spread the correct message in the society. Many infectious diseases like small pox which was

initially considered an act of God was eradicated with effective vaccine, government's strategies and public health awareness. Psychiatry too has taken a leap ahead with the concepts changing from asylum to mental health hospital to general hospital psychiatry. In 1955, the first postgraduate courses in mental health – in the form of Diploma in Psychological Medicine (DPM) and Diploma in Medical Psychology courses were started at the All India Institute of Mental Health (now known as National Institute of Mental Health and Neuro Sciences [NIMHANS]), Bengaluru. From the beginning, the postgraduate training in psychiatry at NIMHANS (under the guidance of Dr. Govindaswamy, who had worked closely with Dr. W Mayer Gross) included some exposure to neurology, neurosurgery, psychological testing, social psychiatry, laboratory services, pathology, community medicine, and preventive efforts and rehabilitative services. This led to an increase in the number of psychiatrists and clinical psychologists in the country. By this time, electroconvulsive therapy (ECT) and psychotropics such as chlorpromazine and imipramine had been introduced into the country, which helped in the treatment of patients with mental disorders, who could now be treated even on an outpatient basis (R K Chadda et al 2018). Subsequently, many psychiatry dedicated hospitals were started across the country.

But, still the stigma with psychiatry remains among Patient's, their caregivers and the young internees who hesitate to take psychiatry as a post-graduation branch. The common causes of stigma are fear of being known by others about the illness, difficulty in getting jobs, and the refusal to accept mental illness as a true illness. Still, people at some places prefer to seek religious gurus, faith healers and avoid seeking health services at hospitals for mental illnesses. On the other hand, there is a common notion among medical trainees that psychiatry doesn't yield as much rewards as compared to other branches of medicine, and most avoid taking psychiatry as MD course. It therefore, would be unfair to say that stigma lies only at the level of treatment seekers. Even among practicing psychiatrists, the level of competencies, experience and the skills to get patient's confidence differ. Some are still bound with gender issues and sexual problems are often not given as much importance because the treating psychiatrists and psychologists themselves may not be comfortable with dealing such problems or with opposite gender. Stigma refers to a visible mark, such as a brand or tattoo, used to disgrace, shame, condemn, or ostracize. Goffman (1963) identified six general dimensions of social stigmas relevant to AIDS: (a) Concealability, the extent to which a condition is hidden or apparent to others; (b) Disruptiveness, the degree to which it interferes with social interactions and relationships; (c) Aesthetics, how others react to the condition with dislike or disgust; (d) Origin, the responsibility attributed for causing or maintaining the stigmatized condition; (e) Course, the degree to which the condition is alterable or progressively degenerative; and, (f) Peril, whether the condition will physically, socially, or morally contaminate others (Seth Kalichman 2009). Such processes might be working in psychiatric illnesses as well. Caregivers of patients with psychoses may be more reluctant to seek services due to their disorganized behavior and social inappropriateness, compared to those with neuroses, and this may account for more number of people with neuroses visiting psychiatry OPD compared to psychotics. This may however, be attributed to the better insight among neurotics compared to psychotics. Stigma and discrimination can contribute to worsening symptoms and reduced likelihood of getting treatment. A recent extensive review of research found that self-stigma leads to negative effects on recovery among people diagnosed with severe mental illnesses. Effects can include:

reduced hope

lower self-esteem

increased psychiatric symptoms
difficulties with social relationships
reduced likelihood of staying with treatment
more difficulties at work (American Psychological Association).

Data from AIIMS Delhi website shows that, during the year 2017-18, the department provided out-patient consultation services to a total of 17,204 new cases and 66,333 follow up cases. More MD seats have been created under the Department of Psychiatry in most medical colleges, and many DPM courses have been converted into MD seats. Data from NMC website shows that currently there are 1301 MD Psychiatry seats in India. In spite, of all these efforts the preference to choose psychiatry as a career is lacking among MBBS students. Data from Medical Counseling Committee (MCC) shows that there were 7 MD/DNB Psychiatry seats available for special stray vacancy round under NEET-PG 2023.

Stigma, therefore lies both, at the level of treatment seekers and treatment providers.

CONCLUSION-

Stigma is a well recognised barrier in seeking psychiatric services. Various factors, including socio-cultural aspects, knowledge and the attitude of the government towards mental illness work in unison to account for stigma or health seeking behavior among people. It is injustice to blame only the patients and caregivers to be responsible for the stigma related to psychiatry, but the attitude of society as a whole and the treatment providers equally contribute. The government's campaign to spread awareness among people about mental illness can effectively bring a great change as it had eradicated polio, small pox through mass campaigns and effective strategies. The efforts of the government and the psychiatry

society to label the disease or disability in a socially respectable manner like specially abled, should be appreciated. Treatment providers including psychiatrists and psychologists should be trained adequately in the field of sexual disorders, so that they themselves do not feel uncomfortable dealing with such situations.

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