

Programs of special interest to members of IAPA

You may want to check out the following in Atlanta, GA

Issue Workshop

Title Decisional Capacity in the Consultation/Liaison Setting: Controversies and Difficulties
Topic CONSULTATION-LIAISON PSYCHIATRY
Date: 05-24-05 **Start:** 9:00A **End:** 10:30A
Room Georgia World Congress Center, Level 3, Room B314
Chairperson Viswanathan, Ramaswamy, M.D.
Participants Appelbaum, Paul S., M.D., Schindler, Barbara K., M.D., Kim, Scott Y., M.D., Dunn, Laura B., M.D.,

Component Workshop

Title Behind Closed Doors: The Hidden Family: Domestic Violence, Cross-Cultural, and Ethnic Influences
Topic 39 VIOLENCE, TRAUMA, AND VICTIMIZATION
Date 05-23-05 **Start:** 9:00A **End:** 10:30A
Room Omni Hotel, Street Level, Cottonwood Room, North Tower
Chairpersons Warshaw, Carole L. M.D., and Tasman, Cathy, M.D.
Participants Perilla, Julia L., Ph.D. Nand, Surinder S., M.D.

Symposium

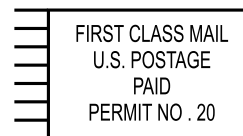
Title Behind Closed Doors: The Hidden Family: Violence and Abuse Issues Worldwide
Topic 39 DOMESTIC ABUSE IN THE LAND OF THE DEVIS
Date 05-23-05 **Start:** 2:00P **End:** 5:00P
Room Omni Hotel, Atrium Terrace Level, Birch Room, South Tower
Chairpersons Herrman, Helen, M.D., Kastrup, Marianne C., M.D.
Participants include Nand, Surinder S., M.D.

Component Workshop

Title Improving Diagnostic and Therapeutic Skills: A Cross-Cultural Perspective
Topic 22: CROSS-CULTURAL AND MINORITY ISSUES
Date 05-25-05 **Start:** 9:00A **End:** 10:30A
Room Georgia World Congress Center, Level 3, Room B309
Chairperson Dube, Sanjay, M.D.
Participants Juthani, Nalini, M.D., Sanchez, Francis M., M.D., Perez, Oscar E., M.D., Riba, Michelle B., M.D.



855 Bruce Drive
 East Meadow, NY 11554



The Forum

Number 74

April 2005

IAPA Announces 2005 Excellence Awards

Madhukar H. Trivedi, MD Outstanding Academician Award

Dr. Madhukar H. Trivedi is currently Professor and Director of the Mood Disorders Research Program and Clinic at the University of Texas Southwestern Medical Center at Dallas where he holds the Lydia Bryant Test Professorship in Psychiatric Research.

Dr. Trivedi completed his MBBS at Baroda Medical College in 1980 and did his residency in Psychiatry at the University General Hospital Medical College Baroda, India. He went on to complete his psychiatry residency at the Henry Ford Hospital, Detroit, Michigan in 1990.

Dr. Trivedi is an established efficacy and an effectiveness researcher in the treatment of Depression. Dr. Trivedi has been



a principal investigator in multiple clinical trials funded through NIMH, the Texas Department of Mental Health as well as the pharmaceutical industry. He has been involved with evidence-based depression guideline development since 1990, when he joined the Depression Guideline Panel of the AHCPR (A. John Rush, M.D., Chair). Dr. Trivedi was a member of the consensus panel for the Texas Medication Algorithm Project (TMAP), which developed the algorithms for major depressive disorder and he has been the Director of the Depression Algorithm for TMAP since its inception. Dr. Trivedi is also currently the Co-Director of the Dallas Coordinating Center of the NIMH funded project titled "Sequenced Treatment and Alternatives to Relieve Depression", (STAR*D) and Principal Investigator of 3 current NIMH grants entitled "CBASP Augmentation for Treatment of Chronic Depression, REVAMP", "Treatment with Exercise Augmentation for Depression,

TREAD" and "Computerized Decision Support System for Depression, CDSS-D".

Dr. Trivedi has mentored multiple psychopharmacology postdoctoral fellows and research track residents in the Depression and Anxiety Disorders Program, which he directs at UT Southwestern Medical Center at Dallas. Dr. Trivedi has served as the chair of the Depression Work Group of the International Psychopharmacology Algorithm Project and as the scientific content expert for the San Antonio Cochrane Center's evidence based AHCPR funded efforts to update the Depression Guidelines. Dr. Trivedi spearheaded the rollout of best practices for the treatment of MDD in various MHMR centers across the State of Texas. Dr. Trivedi is also studying the effectiveness of treatments of Depression in Primary Care.

Dr. Trivedi has received numerous awards including the Gerald L. Klerman award from the National Depressive and Manic-Depressive Association Scientific Advisory Board-NDMDA and the Psychiatric Excellence Award from the Texas Society of Psychiatric Physicians-TSPP. Dr. Trivedi has published over 100 articles and chapters related to the Diagnosis and Treatment of Mood Disorders.

This award was selected by a committee comprising of Drs. Rohan Ganguli [Chairperson], Chowdary Jampala and Shitij Kapur.

(continued on page 2)

In This Issue:	
2005 IAPA Awards	1
President's Message	4
Scientific Program	5
Business Meeting & Banquet	6
Awardees & Past Presidents	7
Spirituality	8
News and Reports	9
Programs of special interest	12

(continuation from page 1)

Malini Patel, M.D.
Outstanding Service Award



Dr. Malini Patel is the Medical Director of Community Psychiatric Services/Metro Suburban Network, Elgin Mental Health Center, Elgin, Illinois. She is also Clinical Associate Professor of Psychiatry and Behavioral Sciences at Rosalind Franklin University of Medicine and Science/the Chicago Medical School, North Chicago, Illinois, and is actively involved in resident and medical student training programs.

She has received awards for her teaching and contributions to psychiatric education. She also practices at DuPage County Health Department in Westmont, Illinois.

Dr. Patel graduated from Kasturba Medical College, India and completed her residency training in psychiatry at Finch University of Health Sciences/the Chicago Medical School, North Chicago, Illinois. She started her career at the VA North Chicago Medical Center where she developed the acute, long term and Dual Diagnosis Substance Abuse Treatment Programs and served as Interim Chief of the Substance Abuse Service. She is board certified with added qualifications in Addiction Psychiatry and serves as an examiner for the American Board of Psychiatry and Neurology.

Dr. Patel is a life member of the Indo-American Psychiatric Association, and President of the Midwest Chapter. She has been responsible for giving clear vision and direction to the Midwest Chapter. Under her leadership, the Midwest Chapter has been actively pursuing community education and awareness of Depression and Suicide in the Asian-American community. She has succeeded in bringing diverse groups such as

Apna Ghar and the Indo-American Center together to pursue this goal. Her contribution to public psychiatry is commendable and her enthusiasm in bringing innovation to the Illinois State Psychiatric facilities is much admired and appreciated. She has succeeded in reducing the use of restraints and seclusions to the lowest levels.

She is a Distinguished Fellow of the American Psychiatric Association. She also serves on the Illinois Psychiatric Society Governmental Affairs Committee and as a councilor on the Illinois Psychiatric Society Executive Committee. Dr. Patel is a councilor on the American Association of Psychiatric Administrator's Committee and a trustee on the board of directors of Alexian Brothers Mental Health Center, Arlington Heights, Illinois.

Dr. Patel has also chaired the Physicians Performance Workgroup and advisory Committee for the Illinois DHS/Office of Mental Health and is a committee member on the Center for Implementation of Medication Algorithms Statewide Advisory Committee. She is credited with helping implement effective peer review systems in the Illinois State Psychiatric facilities.

Dr. Patel has published regularly in peer reviewed journals and has presented nationally and internationally on topics related to addictions, administrative psychiatry, court ordered treatment, and the reduction of violence and restraints.

This award was selected by a committee comprising of Drs. Seeth Vivek [Chairperson], Geetha Jeyaram and Nyapathi Rao.

Bhasker J. Dave, M.D.
Exemplary Public Sector Psychiatrist Award



Dr. Bhasker Dave received his medical education from the University of Bombay in 1967 and completed his rotating internship at Mercy Hospital in Des Moines, Iowa and his Psychiatry Residency at the Mental Health Institute, Independence, Iowa. He was certified in Psychiatry by the American Board of Psychiatry and Neurology in 1973.

Since 1984, he has served as the Superintendent and the Clinical Director of the Mental Health Institute in Independence, Iowa, the largest of four state psychiatric hospitals in Iowa. Before being appointed to his current position, Dr. Dave served as the Program Director of Psychiatric Residency at Independence Mental Health Institute from 1977 to 1984. He was a Clinical Instructor in the Department of Psychiatry at the University of Iowa College of Medicine, Iowa City, Iowa from 1975 to 1995.

He is a Distinguished Life Fellow of the American Psychiatric Association. He served as the President of the Iowa Psychiatric Society from 1984 to 1985. He has been a Representative of Iowa Psychiatric Society to the Assembly of American Psychiatric Association since 1977. He has been a member of the Executive Committee of the Iowa Psychiatric Society since 1977. He has served on numerous APA components dealing with public sector psychiatry and treatment of persons with severe and persistent mental illness, e.g. "Presidential Initiative Committee on Psychosocial Rehabilitation of the Chronic and Severely Mentally Ill", "Task Force on Care of Persons with Severe and Persistent Mental Illness", "Work Group on Carve-Outs", "Consortium of Chairpersons of APA Public Psychiatry Components", "Council on Psychiatric Services", and "Committee on Public Funding for Psychiatric Services." In 1985, he was invited to testify before the Committee on Labor and Human Resources, United States Senate, regarding the care of the chronically mentally ill.

He was the Chair of the Assembly's "Committee on Public Psychiatry" from 1991 to 1998. which later became the "Committee on Public and Community Psychiatry" for which he was chair from 1998 to 2004. During his 13 years of chairing these Committees, He was also instrumental in the development of a new APA component, the "Medicaid Advisory Group" which will assist District Branches in addressing the plight of Medicaid recipients requiring psychiatric

(continuation from page 8)

There have been innumerable studies, some very rigorously planned by reputed professionals, in centers of excellence on the role of spirituality in medicine and mental health, including psychophysiological controlled studies. The Yogic techniques and meditation as techniques of relaxation, stress inoculation and personal growth are now well established. Incidentally, these are not only a prescription for the client but also ways of healing oneself, the professional. The rates of maladaptation and emotional distress are among the highest in mental health professionals. It is important to connect with oneself, have a value system to fall back on and possibly act as a role model for clients. The shift required is usually not so much in the way one practices but in the mindset of the professional.

There are some very easy principles for individuals and organizations to integrate spirituality in mental health. Here are some suggestions –

- Allow healing to be a process, rather than a business.
- Treat all aspects of the person – spiritual, social, mental and physical for healing holistically.

- Look for the 'divine whole person' rather than a patient.
- Address mental and spiritual needs of the person and the family.
- Seek to realign the maladaptive state.
- Invoke divinity in self before healing.
- Invoke Godhood in the healing process.
- Create spiritual atmosphere in 'The Healing Places'.
- Teach the role of spirituality in medical colleges and continuing medical education.
- Research on case studies and spiritual modalities of treatment.
- Have a healthy, balanced respect for all forms of therapy and be open to acquiring the essence of all.
- Experiment with the self during meditation and introspection for creating models of holistic health and self healing.

The experience of most of us, who have been utilizing some of these principles is that 'overcoming fear is the key'. Those who have allowed their inner self to be revealed through their actions, for the good of their clients have

reaped innumerable benefit in all dimensions. The trick is to listen to one's inner self which not only guides us all but also is the best way to connect to our clients. This is not to say that the present forms of treatment, pharmacological or non-pharmacological are not relevant. They are just inadequate if we want to heal the whole person. The future lies in Soul Mind Body Medicine and those who incorporate it early would be the pioneers when history is rewritten.

About the author: Avdesh Sharma, MD DPM, is a distinguished psychiatrist in private practice and the Founder of **Mind's Vision**, a center for Holistic Health, and Director of '**Parivartan**' Center for Mental Health. Dr. Sharma has received awards from several organizations and has addressed more than 150 conferences on Spirituality and Mental Health both in India and internationally. He has authored many papers in lay and professional journals on these subjects and is a popular public speaker on integrating spirituality in Medicine and Health. (E-mail: rahat@ndf.vsnl.net.in)

Disclaimer: The opinions expressed in this article are solely those of the author and do not represent an endorsement by the editorial board of the IAPA.



Join the IAPA Today!

The Indo-American Psychiatric Association is celebrating its 26th year. Throughout its history, the association has stood for the promotion of the interests of psychiatrists of Indian origin and has many successes to its credit.

If you are not already a member of IAPA, please check our website: www.myiapa.org for application form and membership information. Please send completed forms to the IAPA office at: 855 Bruce Drive, East Meadow, NY 11554.

IAPA – Executive Committee Report

The Executive Committee met in New York on March 12, 2005. Members present included: Drs. Sanjay Dube, Asha Mishra, Surinder Nand, Shiv Hatti, Manoj Shah, R.Viswanathan, Ashwin Pandya, Anjali Pandya, and Nalini Juthani. The meeting was convened at 1:30 p.m. and Sanjay thanked Drs Pandyas, Manoj Shah and Viswanathan for their hospitality. Manoj informed the group that Seeth had another engagement and was unable to attend.

Slate of Nominees: The following slate of nominees on behalf of the Nomination Committee for the EC, Chaired by Dr. Van:

Surinder Nand –	President –Elect
Shiv Hatti -	Secretary
Seeth Vivek	Treasurer

This slate was accepted by Sanjay and Asha and ratified by the EC. The final slate will be presented at the general body meeting in Atlanta. The General Body of the IAPA can nominate additional candidates for each of these positions. These nominations from the General Body constitute “Petition candidates”.

To nominate a Petition candidate, the person nominating will need to submit 25 signatures of life members from a minimum of two separate chapters. The deadline for this nominating process will be April 15, 2005 and names are to be submitted to Dr. Van. For the President Elect position, the nominee should have 4 years on the Executive Council of the National IAPA or 2 years on National Executive Council and 2 years on the Executive Council of a local chapter.

BOT nominations: This year, the Board of Trustees will have two positions opening with Ashwin and Prakash Desai rotating off after a 4 year term. Vis will be rotating off after his 6 year term as Ex-President. Sanjay will be joining the BOT for his 6 year term.

The BOT slate is proposing Dr. Ashwin Pandya and Dr.Viswanathan to fill the two vacant posts. To qualify for nomination to the Board of Trustees, a person needs 6 years of service of which 4 years has to be at the National IAPA level.

Appeal for Tamil speaking psychiatrists

Dr. Vijay Chandra, WHO, Delhi, requests services of Tamil speaking psychiatrists to work in North East Sri Lanka. This will be very worthwhile mission to undertake. Those members willing, may even work on a rotatory basis. IAPA and AAPI are diligently working to provide psychiatric interventions for the Tsunami victims with the SEWA International NGO group in India, Sri Lanka and Andaman. This is an appeal to all Tamil speaking psychiatrists in the US to join hands with the working committee of IAPA.

You can contact the following members of the ATTI

J.Srinivasaraghavan, M.D.
(jvan@dhs.state.il.us);

Ramaswamy Viswanathan, M.D.
(rviswa@aol.com);

Bala Subramaniam, M.D.
(balamd@juno.com);

Malathi V. Koli, M.D., F.A.P.A.
(mrskoli@msn.com)

AAPI Tsunami Trauma Intervention (ATTI)

The American Association of Physicians of Indian Origin (AAPI) has over 38,000 members. AAPI’s psychiatric division, and the IAPA (Indo American Psychiatric Association) convened a meeting with the idea of extending a helping hand victims of the Tsunami disaster in Chennai, Tamil Nadu. The project AAPI Tsunami Traumatic Interventions (ATTI) was formulated by February, 2005 and three psychiatrists who agreed to start the project off, included Dr. Malathi Koli, Dr. Jaganathan Srinivasaraghavan, and Dr. Ramaswamy Viswanathan.. India has about 3000 psychiatrists and Tamil Nadu state, the worst affected by the tsunami, has only 137 psychiatrists.

Several organizations such as Seva International, Vivekananda Kendra, Mata Amritananda Mayi Ashram and Commonwealth Youth gave assistance. There were 40-50 volunteers who came from various walks of life, retired professionals, businessmen, school teachers, psychologists, engineers, primary care physicians, obstetrician and gynaecologists. Dr. Koli conducted lectures, workshops, and site visits in Chennai, Nagapattium and Kanya Kumari.

AAPI and IAPA are committed to provide hands-on service and monetary support through our charitable foundation, just as we got involved in the relief rehabilitation of earthquake in Gujarat. Together, we can make it happen.



Picture shows Dr. Koli an adult and geriatric psychiatrist from San Antonio, TX, conducting psychiatric assessments in Tsunami victims

services and APA members’ concerns regarding issues related to Medicaid.

Dr. Dave has provided significant psychiatric leadership in public sector psychiatry in Iowa. He has served on various statewide committees and task forces. He is currently serving on two such committees. One, the “ACT Statewide Advisory Board,” is advocating for Assertive Community Treatment programs in Iowa. The other, a “Work Group on Mental Health Institutes” is reviewing the role of the four state psychiatric hospitals in Iowa. The Governor of Iowa recognized Dr. Dave’s contributions to public sector psychiatry by honoring him with a “Leader of the Year” award in 2003.

This award was selected by a committee comprising of Drs. Shiv Hatti [Chairperson], Sudha Prathikanti and Janakibai Theogaraj.

Seeba Anam, MD Outstanding Resident Award



Dr. Seeba Anam is the recipient of the 2005 Outstanding Resident Award. Dr. Anam is a third year resident at the New York University Residency Training Program. Dr.

Anam graduated from the University of Illinois College of Medicine. She has served as a Research Assistant in a number of research projects ranging from Attention Deficit Disorder and Driving Ability to Acculturation in Refugee population. She is the recipient of the Richardson Fellowship in 2001 that was awarded to her for excellence in international studies. In 2004, she received the APA/AstraZeneca Minority Fellowship for her commitment to underserved communities.

She is currently working with the South Asian Clinic at Bellevue Hospital, and is interested in working with domestic violence and adolescent problems in South Asians.

The Outstanding Resident Award was selected by a committee comprising of Drs. Iqbal Ahmed [Chairperson], Nyapati Rao, Surinder Nand and Kumar Budur.

From the Editors Desk

The IAPA annual meeting in Atlanta, GA on May 22nd 2005 promises to be an exciting one. After the Outstanding Academician Award lecture by Dr. Madhukar Trivedi, the organizers have put together an outstanding international faculty for a panel discussion on the topic: Spirituality: “Close Encounters of the Spiritual Kind: Is There Room for Spirituality in Clinical Practice”. Following this afternoon program at Westing Peach Tree Plaza will be the presentation of awards in the evening at the Wyndham Atlanta Hotel. We hope to see you all there.

We would like to thank all those who have contacted us about various issues of interest for publication in this newsletter. We encourage readers to check out our website: www.myiapa.org for relevant information about the organization and a host of related topics. Copies of newsletters are available as a pdf. format. Membership information is also available. Please assist us in recruiting members into the organization.

We would like to hear your views and comments. Please send them by email to antony@medscape.com. We would like to make a special request for items to be included under Chapter reports and suggestions to improve the newsletter.

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President's Message

April 18, 2005

Friends:

My tenure as the President of the IAPA will come to an end soon, at the next IAPA National Meeting in Atlanta and hence it is my privilege to write this column for the last time. My tenure has been an exciting one, and every minute of it has been exciting. It is therefore with great pride I present to you our accomplishments.

This past year, especially 2005 has been a difficult one, for us as a global community but also to me personally. Having lost my father, my professional mentor and colleague, my spiritual guide and friend, it is satisfying that I am able to carry on his good work through my profession that we both shared. We experienced one of the most devastating natural catastrophes known to mankind and seen the suffering of a sea of humanity. Their sufferance, so evident in their mute but despondent faces, spoke volumes; the calamity of becoming orphaned overnight, becoming destitute or homeless in a flash is something far beyond the imagination of our relatively cushy and circumscribed lives. In this regard, I am pleased to inform you that the IAPA stepped up and joined hands with AAPI and the APA to provide their resources to the Tsunami Task forces organized by several International agencies. Our active involvement with the combined Tsunami Task Force represented by Regional and International agencies provided opportunities to help the troubled region and some of our members stepped up and provided their contributions by actually visiting the troubled areas in the south of India. Our thanks to Dr. Jagannathan Srinivasaraghavan and Ramaswami Viswanathan. As I write this tonight, another earthquake has struck the Indonesian region and we pray that loss of human life or risk of another Tsunami is minimal. In the spirit of continued service, let me urge all of those waiting in the wings to come forward and join hands, become involved, and give back to the needy, the very essence of why we chose this profession.

The IAPA, which has seen over a quarter century of changes, is undergoing another major overhaul. Drs. Anjali and Ashwin Pandya have decided to spend time doing other things together that they have dreamed of and are on their golden journey to a wonderful life together. I thank them immensely for their contributions, their graciousness, and hospitality and never failing commitment to the organization. After 25 years we are shifting the Executive secretaries office and we hope that we are able to keep alive old traditions that were the heart and soul of the IAPA. As these changes including the moving of treasurer's office, a review and revision of the by-laws is going on and we envision a new era of continued growth and contributions of the organization. Change is generally good and not always bad, however lets not forget learnings of the past as we step into a new and revived IAPA which will cater to the needs of the up and coming second and new generations of our Indian origin colleagues in addition to those who have walked before them.

The IAPA continues to play a significant role in the affairs of the APA and we have more of our members playing significant roles in major components of the APA. With complete support of the current President Dr. Michele Reba and the upcoming and continued support of the new President Elect Dr. Steven Sharfstein, we can only hope to position ourself as a vital body of the APA. The spirited "Sammelan" held at the Annual Meeting of ANCIPS (Indian Psychiatric Society) in Chandigarh, with our IAPA members and BIPA, IAuPA colleagues confirms the commitments of these agencies in establishing close ties and as a major presence in the world of Psychiatry. The meeting next year will be in Mumbai and we hope that many of you will attend. Meanwhile lets welcome any member of the IPS to our meeting in Atlanta and hopefully this will be an opportunity to get to know them better and explore opportunities for exchange of information, technology and offer our resources to them.

I look forward to seeing you all in Atlanta at the next Annual meeting of the APA. The venue for the Sunday evening program (business meeting and dinner) is being finalized at the time of writing of this message and we hope to announce that in this issue of the FORUM. Meanwhile the Scientific Session promises to be an exciting one and I look forward to seeing each and everyone of you there. Once again, I'd like to thank you all for giving me the privilege and honor of being your President and I am thrilled to pass the mantle on to a set of extremely capable hands at the next business meeting. Lets continue to grow and provide more and more each year to the cause of psychiatric services and research.

Best Wishes,
Sanjay Dubé

Tsunami Conference Chennai, India

On April 1-2, 2005, the Lutheran University held a special international Tsunami Conference in Chennai, India. IAPA members Jagannathan Srinivasaraghavan, M.D. as well as Ramaswamy Viswanathan, M.D., DSc, attended the conference as representatives of the APA.

The object of the meeting was to provide a significant multidisciplinary forum for national and international, governmental and voluntary agencies and others working in the field of natural disaster mitigation and management to meet and share ideas, achievements and experiences in tsunami mitigation and preparedness and come up with a coordinated program for long term psychosocial intervention.

Collaboration with Allied Organizations

ANCIPS Update

Drs. Shiv Hatti, Rudra Prakash, Anand Pandurang, Dilip Jeste, Antony Fernandez and Surinder Nand attended the ANCIPS meeting in Chandigarh. Van submitted report in absentia, as the Liaison for International Organizations. Dr. Jim Ninninger (Speaker of APA assembly) and his wife also attended the conference. Drs. Shiv Hatti and Rudra Prakash participated in the 'Sammelan'.

News from Down Under

Following their successful annual meeting in Melbourne in 2004, the Indo Australasian Psychiatrists Association is planning their second annual meeting in Sydney in November 2005. They have successfully lobbied to be accepted as a Member Organization of WPA recently.

South Asian News

The US chapter of the South Asian Forum (SAF) for mental health, will have its inaugural meeting on May 23 from 4:00 TO 5:30 In Hotel Westin Peachtree Plaza, 10th floor Plaza Room C during the APA. The international meeting is scheduled for July 24-28 in Colombo, Sri Lanka and one whole day is devoted to disaster related topics. At the 2004 SAF meeting in Lahore, Pakistan, the new SAARC Association of Psychiatrists was formed increasing regional cooperation and networking between the SAARC psychiatrists. We have also received an invitation from Bangla Desh of an International meeting in December 2005 in Dhaka, Bangla Desh.

APA Appointments

We congratulate the following IAPA members on their appointments to the following APA committees:

Dr. Sanjay Dube: Corresponding member, Self Assessment Tests committee; Member, IMG committee Chair

Dr. Nalini Juthani: Member, Psychiatric Administration and Management committee

Dr. Rekha Ranade Kapur: Member, Member & District Branch Relations Committee

Dr. Asha Mishra: Corresponding Member, Women's Committee

Dr. Surinder Nand: Member, Committee on Psychiatric Administration and Management. Chairperson of the Committee of Asian-American Psychiatrists and in that capacity a member of the Council on Minority Mental Health and Health Disparities.

Dr. Manoj Shah: Corresponding Member, Committee of Asian American Psychiatrists

Dr. Ramaswamy Viswanathan: appointed to the Council on Member and District Branch Relations.

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Spirituality: The missing dimension in Mental Health?

Spirituality and religion are sometimes equated with each other. Yet, the truth is far from it. Spirituality is the essence of religion and many a times, principles of spirituality as a mindset or in human interactions could exist in non religious persons. The core and starting points of all religions have been the eternal principles of spirituality and value systems in all societies. Unfortunately, systematization of the core principles leads to dogmas, rituals, dualities, hardened stances, barbaric and zealous guarding of idiosyncratic belief systems which are reflected in many religions/sects today.

Mental Health; normal, away from normal and abnormal is an area where the societal trends get reflected the most. It is normal to feel proud of the many strides, pharmacological and non-pharmacological that has taken place in the last few decades. Yet, it is also humbling to remember that the first psychotropic medication come on the scene only five decades back and other forms of treatment like insulin coma or ECT about two decades earlier than that. The treatment of mental illnesses during earlier times, practiced by many reputed physicians of those times would appall many of us and definitely prompt the human rights organizations to take us to court!

It must also be remembered that despite best intentions by the healthcare providers and availability of state of the art treatments, the mental health needs of the community may still be largely wanting. We have not been able to eradicate any mental illness; rather the global burden of disease has increased. In USA, about ¾th of the population suffering from psychiatric illnesses or emotional disturbances may not seek/get treatment from an appropriate mental health professional. This figure keeps increasing as we come down on the developmental scale of a country. In some of the Asian/African/Middle East countries, there may not be any psychiatrist for an entire region, state or city. Similarly, all over the world, including in 'developed cultures and countries', the population may be seeking alternative therapies, 'traditional methods' or 'divine intervention'.

If we look back, there is a long history of spirituality in medicine, especially mental health. In many traditional societies, 'healing the sick' still works on some of these principles. There might be differences between what they can treat or not, compared to modern mental health professional, but they still serve some very basic needs of their society. Here are some observations –

- Traditionally the medical person/Shaman/Faith healer was a combination of priest/priestess and man/woman with medical knowledge.
- Those invested with spiritual powers routinely performed medical miracles.
- The places of worship used to have a place for healing the sick.
- The healing ceremonies involved invoking the spirits/God/Godhood within.
- There have been innumerable cases of being healed or healing others in altered states of consciousness.

Is spirituality at present a missing dimension in mental health? Possibly not in the expectations of the client or the family. Possibly not in the personal life of the mental health professional. Possibly not in the belief system of the society. Yet, it is missing in almost all the modern mental health delivery systems.

The reasons for the trend are not very difficult to fathom. While modern medicine has rightly moved towards evidence base, it has only been focused on 'replicable' treatment modalities. Yet, anyone of us, who has bothered to introspect realizes that there is little consensus among professionals for diagnosis, treatment plan or prognosis. Similarly, the results of two professionals in the same field of expertise, possibly trained in the same institute also vary. The research has been technology and money driven and thus, what cannot be packaged or sold for a profit has not found much favor with funding agencies. What needs to be realized that if there is greater client satisfaction, there would also be proper utilization of appropriate technology for better

prognosis and thus increased profits. The future research may need to look at the 'softer issues' of mental health professional-client interaction or the personality, attitude, value system etc. of the health care provider.

Should spirituality be a focus or at least a component of mental health? It has been seen that about 80-90% of the population believes in 'higher power', 'higher self', 'God', 'Spirit' or 'Soul' as a part of their belief system. This may reflect in their perceived causation of distress/illness, possible treatment modality to be chosen and hope for better prognosis. It is also seen that in those seeking help for emotional distress, about half do so for problems of living, interpersonal issues or existential/spiritual crisis. If this important dimension is not looked into or taken into consideration by the mental health professionals, an opportunity is lost for connecting with the client's total persona in physical, mental, emotional, social and spiritual dimensions.

How can spirituality be a component of mental health at an individual, organizational or societal level? There are many possibilities that can be employed in a culturally relevant, non-threatening mode without erring on the side of any specific religion but serving the spiritual needs of the clients and families. It usually leads to professional's own growth as well. Spirituality in medicine, specially mental health works due to following reasons.

- It raises the energy levels and strengthens the immune system to fight/ward off illnesses.
- It induces relaxation response and the associated psychophysiological processes.
- It enhances the positivity of the person about self and healing, thus setting off chain reactions of healing.
- It acts on the Karmic/Sanskara levels to neutralize the causes and effects of illness.
- It induces a connection to the source (God) to draw the power to heal.
- It stimulates life style changes which are useful for self healing and allow the external healing forces to act better.

The Indo-American Psychiatric Association

SCIENTIFIC PROGRAM

Sunday, May 22, 2005; 1.30 – 4:30 p.m.

Hotel Westin Peach Tree Plaza, Vinnings 1 – level 6 Atlanta, GA

1:30 p.m.

Welcome
Sanjay Dube M.D.
President

1:40 p.m.

Outstanding Academician Award Lecture
Madhukar Trivedi, M.D.
What works and doesn't work for Depression in real world clinical practice

2:00 p.m.

Panel discussion
Spirituality: "Close Encounters of the Spiritual Kind: Is There Room for Spirituality in Clinical Practice".
Nalini Juthani, M.D.
Chair, Professor of Psychiatry,
Albert Einstein College of Medicine, New York

Anand Pandya, M.D.
Assistant Clinical Professor of Psychiatry
NYU School of Medicine

Varadarajan Raghuraman M.D.
Consultant Psychiatrist,
North York Hospital, Toronto, Canada

Russel D'Souza, M.D.
Senior Lecturer Department of Psychiatry
The Melbourne University, Australia

4:25 p.m.

Vote of Thanks
Asha Mishra, M.D.
President-Elect.

