

FROM PSYCHIATRY TO MENTAL HEALTH: INTEGRATION OF MIND, BODY & SOUL

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The history of medical practice is as old as that of mankind. Historically the art of healing was based on a subtle mixture of science, philosophy, and art. As the discipline of medicine evolved, it started to find its roots more in pure sciences, than the social sciences, art, and literature¹. The result was an array of diagnostic tools, structural interventions in form of surgical procedures, and pharmacological prescriptions, and rehabilitative accessories and tools to mend the body. Traditional Psychiatry as a branch of medicine dealing with diseases and disabilities of mind has followed this suit. The payoff is a split in mind and body in the practice of medicine in general and psychiatry in particular. Patients reporting to psychiatrists are therefore treated with an ever-increasing focus on their symptoms, the biochemical basis of the syndromes and underlying neurotransmitter changes in these disorders. In this approach the mind and soul of a patient often remains unexplored and unhealed. The discipline of psychiatry that promises to be an art and science of healing maladies of mind render peace and tranquillity to stirred and anguished souls, may gradually lose impetus. The newly acquired biomedical approach will soon result in losing ground to neurology.

While neurology and psychiatry have a lot to gain through a 'holy' alliance, the latter may continue to 'shrink' as a medical discipline, and its practitioners will truly become 'shrinks', (a name that psychiatrists have acquired in West already). The 'shrink' of today would then be remembered in the annals of history of medicine as the one who 'shrunk' his own discipline. Psychiatrists in Pakistan are fast travelling on this path. Sadly, we are today seen as doctors who prescribe 'a few psychotropics', advise EEGs and give ECTs. We have reduced or shrunk our discipline to a bio-medical pill oriented discipline that uses physical therapies alone. Psychotherapies, counselling, and all other forms of non-pharmacological interventions once introduced and practiced with pride by psychiatrists are becoming an exclusive domain of clinical psychology. Consequently neurology will nibble psychiatry from one end and clinical psychology from the other. This will be in addition to the unfortunate losses incurred to charlatans, faith healers and amils 'treating' the diseases of spirit and soul. The only saving grace for the psychiatrists of present and future generations is therefore to move on from the practice of psychiatry to a commitment to mental health. This will not be a far cry, as mental health is already an integral part of the broader definition of health as defined by World Health Organization. On its own, true mental health is a state in which an individual is not only free of mental illness but is able to realize his or her full potential, is resilient to the stresses of everyday life, and is a productive and responsible member of the society². In its scope as a health discipline it deals as much with treatment, rehabilitation and prevention of psychiatric disorders, as with the promotion and protection of mental health of individuals, families, homes, societies and nations.

As an exponent of mental health, a psychiatrist is therefore a crucial member of a team of professionals trained in mental health advocacy, policy and service development, legislation and regulatory reforms, human and patient rights. His skills go beyond clinical diagnostics and interventions to include communication, evaluation, research and publication of evidence on risk factors that challenge human mental health. He or she is not only a physician of the mind but is also a social scientist, and a public health specialist. His armaments include but are not limited to powerful psychotropics and modern physical modes of interventions such as Deep Brain Stimulation (DBS) and Transcranial Magnetic Stimulation (TMS): he has an equal expertise in research and collection of evidence on prevention of mental illnesses, and early interventions and is a proponent of healthy life styles and protective child rearing practices. The agenda of a mental health professional is not to merely correct the neurotransmitter(s) aberrations of a diseased mind but also to fight against social exclusion, discrimination, violence, socioeconomic deprivation and exploitation of mentally ill.

The mental health research does not stop at finding the neurogenetic basis of diseases of the mind or nanotechnology based personalized medicines and interventions to treat them. It goes on to study the challenges to mental health posed by environmental, socioeconomic, cultural, religious, and spiritual dimensions of individuals and societies³. It offers to design interventions for healthier housing designs, progressive and humanistic educational systems and syllabi, and prevention and reversal of childhood adversity, conflict resolution, negotiation skills to prevent war and promote peace and offers to enhance efforts to bring the human fraternity closer to each other as well as in harmony with nature and the environment.

All these aims appear grandiose and pompous. Yet a mental health professional trained in behavioural sciences (sociology, anthropology, psychology), as well as in public mental health has the expertise to fulfill the promise that mental health makes as a discipline. The interesting part is that a mental health professional with such a broad and spread out agenda does not lose on the microscopic and in-depth understanding of scientific basis of human behavior. His commitment to medical, neurological and pure sciences is unflinching. A modern day mental health professional effectively links up the social sciences with these domains. His research agenda includes psychosocial determinants of neuronal health, social connectedness and its influence on neuronal plasticity, stable, secure childhood and amygdaloidal stability leading to emotional resilience, and emotional literacy, influence of social experiences, psycho trauma, war, migration, and internal displacement on gene expression and the role of environmental changes, occupational hazards, pollution, and global warming on neuronal cytostructure. A specialist in mental health is expected to



come out with computerized cognitive games that supersede cognitive behavior therapy, and improved prefrontal cortex connectivity through nanotechnology to reverse moral degeneration and social pathologies.

The outcomes of a mental health approach that integrates mind, body and soul is at one end a reduced anxiety, depression, drug abuse, stress related and life style disorders, mitigation of psychotrauma, and early interventions for psychosis and dementia. At the other end it translates into healthier human relationships, congenial civic engagements, harmonious group and family interactions, satisfying work and home environments, healthier housing and community settings, and a happier society committed to human rights, tolerance and acceptance of diversity, and practice of highest human values and norms⁴. It is in this ideal setting that resilient, healthy, and robust human beings can travel on a path to glory, eternal happiness and health. This indeed would mean the true realization of the full potential of psychiatry as a discipline and the actual meaning of human existence as an integrated whole comprising of mind, body and soul.⁵

This volume of JPPS is brought out at the eve of the International Psychiatric Conference being held at Karachi, Pakistan with the theme 'From Psychiatry to Mental Health: Integration of Mind, Body and Soul'. This theme is a testimony to the commitment of psychiatrists from our part of the world to discover new frontiers in the practice of psychiatry. Mental Health is one such frontier. It is only a mental health professional who has the requisite knowledge, psychomotor skills, and affective attributes required to integrate the elusive soul with the ethereal mind, and the tangible body.

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