

The Newsletter based on the theme
Young people and Mental Health in Changing World

Medi-Update

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PARUL SEVASHRAM HOSPITAL

PARUL INSTITUTE OF MEDICAL SCIENCES & RESEARCH

Young people and Mental Health in Changing World

WORLD MENTAL HEALTH DAY

10th OCTOBER 2018

Background:

World Mental Health Day (10 October) is a day for global mental health education, awareness and advocacy against social stigma. It was first celebrated in 1992 at the initiative of the World Federation for Mental Health, a global mental health organization with members and contacts in more than 150 countries. This day, each October, thousands of supporters come to celebrate this annual awareness program to bring attention to mental illness and its major effects on peoples' life worldwide. The overall aim of the field of global mental health is to strengthen mental health all over the world by providing information about the mental health situation in all countries, and identifying mental health care needs in order to develop cost-effective interventions to meet those specific needs.

Mental Health and Young People:

Half of all mental illness begins by the age of 14, but most cases go undetected and untreated. The focus should be on building mental resilience among young people, to help them cope with the challenges of today's world. Adolescence and the early years of adulthood are a time of life when many changes occur, for example changing schools, leaving home, and starting college, university or a new job. For many, these are exciting times and, in some cases, it can be times of stress and apprehension. The increasing use of online technologies with many benefits has also brought additional pressure to this age group, however if not recognized and managed, these stresses can lead to mental illness. Suicide is the second leading cause of death among 15-29-year-olds. Harmful use of alcohol and illicit drugs among adolescents is a major issue in many countries and can lead to risky behaviours such as unsafe sex or dangerous driving. Eating disorders are also of concern. If untreated, these conditions influence children's development, their educational attainment, and their potential to live fulfilling and productive lives.

Global Burden and treatment gap:

Mental, neurological, and substance use disorders make a substantial contribution to the global burden of disease (GBD). This is a global measure of so-called disability-adjusted life years (DALY's) assigned to a certain disease/disorder, which is a sum of the years lived with disability and years of life lost due to this disease within the total population. Neuropsychiatric conditions account for 14% of the global burden of disease. Among non-communicable diseases, they account for 28% of the DALY's – more than cardiovascular disease or cancer. However, it is estimated that the real contribution of mental disorders to the global burden of disease is even higher, due to the complex interactions and co-morbidity of physical and mental illness.

Around the world, almost one million people die due to suicide every year, and it is the third leading cause of

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death among young people. The most important causes of disability due to health-related conditions worldwide include unipolar depression, alcoholism, schizophrenia, bipolar depression and dementia. In low- and middle-income countries, these conditions represent a total of 19.1% of all disability related to health conditions.

It is estimated that one in four people in the world will be affected by mental or neurological disorders at some point in their lives. Although many effective interventions for the treatment of mental disorders are known, and awareness of the need for treatment of people with mental disorders has risen, the proportion of those who need mental health care but who do not receive it remains very high. This so-called "treatment gap" is estimated to reach between 76–85% for low- and middle-income countries, and 35–50% for high-income countries.

In 2011, the World Health Organization estimated a shortage of 1.18 million mental health professionals, including 55,000 psychiatrists, 628,000 nurses in mental health settings, and 493,000 psychosocial care providers needed to treat mental disorders in 144 low- and middle-income countries. The annual wage bill to remove this health workforce shortage was estimated at about US\$4.4 billion.

WHO's STAKE HOLDERSHIP IN MENTAL HEALTH GLOBALLY:

Recommendations to strengthen mental health systems around the world have been first mentioned in the WHO's World Health Report 2001, which focused on mental health:

- § Provide treatment in primary care
- § Make psychotropic drugs available
- § Give care in the community
- § Educate the public
- § Involve communities, families and consumers
- § Establish national policies, programs and legislation
- § Develop human resources
- § Link with other sectors
- § Monitor community mental health
- § Support more research

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Mental Health Gap Action Programme (mhGAP) is WHO's action plan to scale up services for mental, neurological and substance use disorders for countries especially with low and lower middle incomes. The aim of mhGAP is to build partnerships for collective action and to reinforce the commitment of governments, international organizations and other stakeholders. The mhGAP Intervention Guide (mhGAP-IG) was launched in October 2010. It is a technical tool for the management of mental, neurological and substance use disorders in non-specialist health settings. The priority conditions included are: depression, psychosis, bipolar disorders, epilepsy, developmental and behavioural disorders in children and adolescents, dementia, alcohol use disorders, drug use disorders, self-harm/suicide and other significant emotional or medically unexplained complaints.

MENTAL HEALTH AND SUSTAINABLE DEVELOPMENT GOALS:

The inclusion of mental health and substance abuse in the Sustainable Development Goals, which was adopted at the United Nations General Assembly in September 2015, is likely to have a positive impact on communities and countries where millions of people will receive much needed help. Within the health goal, two targets are directly related to mental health and substance abuse. Target 3.4 requests that countries: "By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being." Target 3.5 requests that countries: "Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol." The adoption of the Comprehensive Mental Health Action Plan in 2013 and the Global Strategy to Reduce the Harmful Use of Alcohol in 2010 by the World Health Assembly paved the way for the inclusion of mental health and substance abuse in the SDGs.

COMPREHENSIVE MENTAL HEALTH ACTION PLAN 2013–2020:

WHO's comprehensive mental health action plan 2013-2020 was adopted by the 66th World Health Assembly. The four major objectives of the action plan are to:

- § Strengthen effective leadership and governance for mental health.
- § Provide comprehensive, integrated and responsive mental health and social care services in community-based settings.
- § Implement strategies for promotion and prevention in mental health.
- § Strengthen information systems, evidence and research for mental health.

Each of the four objectives is accompanied by one or two specific targets, which provide the basis for measurable collective action and achievement by Member States towards global goals. A set of core

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indicators relating to these targets as well as other actions have been developed and are being collected via the Mental Health Atlas project on a periodic basis.

Prevention begins with better understanding:

As about 356 million people in India are between the ages of 10 to 24 years; India, is a young country, with about 30% of its population being youth. Prevention and management of mental distress among adolescents and young adults should begin from an early age by increasing awareness and understanding the early warning signs and symptoms of mental illness.

Parents and teachers can help build life skills of children and adolescents to help them cope with everyday challenges at home and at school such as by enhancing social skills, problem-solving skills and self-confidence. Efforts should be focused on creating and developing resources and services that allow young adults to feel connected and empowered. Psychosocial support can be provided in schools and other community settings and by trained health workers who can detect and manage mental health disorders. Promoting and protecting adolescent health brings benefits not just to adolescents' health, but also to society and country as healthy young adults are able to make greater contributions to the workforce, their families and communities and society as a whole.

National activities to support mental health:

§ National Mental Health Programme: Government of India has been implementing National Mental Health Programme (NMHP) since 1982 to ensure the availability and accessibility of minimum mental healthcare for all with its key implementation unit- District Mental Health Programme. The aim is to integrate mental health care in to primary health care and to proceed towards community health care.

§ The National Mental Health Policy announced in October, 2014 and Mental Healthcare Act 2017 also act to strengthen mental health services in India.

§ Adolescent reproductive and sexual health programme (ARSH) under National Health mission (NHM) provides various health services related to young adults.

The Government of India has several national and international programs and has various schemes and initiatives at the national level (National Social Service Scheme, Nehru Yuva Kendra Sangathan, National Youth Policy 2014) that outline pathways for positive youth development.

WHATS UP WITH MEDICAL FIELD

POSHAN MAAH

POSHAN Abhiyaan (National Nutrition Mission) is India's flagship programme, launched in March 2018 to improve nutritional status of children up to 6 years, adolescent girls, pregnant women and lactating mothers to achieve specific targets for reduction in low birth weight babies, stunting growth, under nutrition and prevalence of anemia over next three years.



POSHAN Abhiyaan is not a programme but a Jan Andolan, and Bhagidaari, meaning "People's Movement". This programme incorporates inclusive participation of public representatives of local bodies, government departments of the state, social organizations and the public and private sector at large. Under the programme it is aimed to achieve convergence through the close coordination between the Department Of Women And Child Welfare; Health And Family Welfare; Drinking Water And Sanitation; Rural Development; Panchayati Raj; Education; Food And Other Concerned Departments. The 'National Council on India's Nutrition Challenges' on 24th July 2018 decided to celebrate the month of September as RashtriyaPoshanMaah.

During this month activities related to nutrition awareness were carried out by all the states/UTs up to the grass root level. The implementing departments /agencies included Women and Child Development department through Anganwadi Workers, Health and Family Welfare Department through ASHA, ANM, Primary Health Centres, Community Health Centres, School Education and Literary Department through Schools, Panchayati Raj Department through Panchayat, And Rural Development.

Purpose:

Poshan Abhiyaan worked towards increasing nutrition awareness among mothers of young Children, Adolescent Girls, Pregnant And Lactating Women, family members (husbands, father, mothers-in-law) and community members, health care providers (ANM, ASHA, Anganwari worker) about key nutrition behaviours.

Key nutrition behaviors include:

1. For Pregnant Women-

- Eat balanced diet containing variety of foods that is rich in iron and vitamins.
- Take milk and milk products, and iodised salt.
- Drink safe water.
- Get at least four antenatal checkups from nearest health facility.
- IFA (Iron and folic acid) tablet and calcium supplementation
- Promote for institutional delivery at nearest health center/ hospital.
- Awareness about personal hygiene and cleanliness.
- Washing hands before eating and after defecation.

2. Lactating mothers-

WHATS UP WITH MEDICAL FIELD

- Breastfeeding should be started within one hour of child birth.
- Eat balanced diet containing variety of foods that is rich in iron and vitamins.
- Take milk and milk product and iodised salt.
- Regular IFA tablets (till 6 months after delivery) and calcium supplementation.
- Drink safe drinking water.
- Wash hands before eating and feeding child.
- Wash hands after defecation and handling child's stool.
- Personal cleanliness and hygiene of herself and baby.

3. Children

- Every newborn should be breastfed within one hour of birth.
- Mothers should exclusively breastfeed their babies for the first six months.
- Every infant should be given complementary foods on completing 6 months with breastfeeding continues till 2 years and beyond
- Every child should be provided full immunization under Universal Immunisation Programme.
- From 9 months onwards give your child vitamin A supplementation and deworming syrup/tablet (from one year of age) twice a year.
- Regular monitoring of the growth of infants and children with nutrition advice.
- Every child who has diarrhoea is given sufficient oral rehydration solution and zinc supplementation.

4. Adolescent girls

- Eat balanced diet containing variety of foods that is rich in iron and vitamins
- Take milk and milk product and iodised salt
- Take IFA blue tablet every week.
- Maintain personal hygiene and menstrual hygiene
- Take deworming tablet twice a year.
- Drink safe water
- Wash hands before eating and after defecation.

5. At community level

- Ensure safe drinking water in the community
- Every household safely disposes of child and animal faeces.
- Every member of all households use toilet at all times.
- Promote girls' education, diet and right marriage age.
- Cultivation of vegetables in the community for local use.

WHATS UP WITH MEDICAL FIELD

WORLD STROKE CAMPAIGN

In the 1970s the World Health Organization defined stroke as a "neurological deficit of cerebrovascular cause that persists beyond 24 hours or is interrupted by death within 24 hours". According to The Lancet 28 Nov 2009 issue, stroke is the second cause of disabilities in low-mid income countries. Dementia is no. 1. Together, dementia and stroke account for one third of all long-term disabilities worldwide. The WHO Global Burden of Disease (2004) Update (re-published in 2008) also provides data on stroke disabilities (moderate to severe disabilities) worldwide. Annually, 15 million people worldwide suffer a stroke. World Stroke Day is observed on October 29 to underscore the serious nature and high rates of stroke, raise awareness of the prevention and treatment of the condition, and ensure better care and support for survivors. On this day, organizations around the world have facilitated events emphasizing education, testing, and initiatives to improve the damaging effects of stroke worldwide. The annual event was started in 2006 by the World Stroke Organization (WSO) and the WSO declared stroke a public health emergency in 2010. The WSO now has an ongoing campaign that serves as a year-round interface for advocacy, policy, and outreach to support strides and continue progress made on World Stroke Day.



Around 80 million people living in the world today have experienced a stroke and over 50 million survivors live with some form of permanent disability as a result. While for many, life after stroke won't be quite the same, with the right care and support living a meaningful life is still possible. As millions of stroke survivors show us every day, it is possible to get #UpAgainAfterStroke.

The WSO World Stroke Day began in 2004 at the World Stroke Congress in Vancouver, Canada. Under the direction of Dr. Vladimir Hachinski, a working group was formed, which was incorporated into a World Stroke Proclamation in October 2006. Around the same time, the International Stroke Society and the World Stroke Federation merged to form the World Stroke Organization, which took over the management of World Stroke Day. In 2010, the WSO launched the "1 in 6" campaign that became the overarching theme for the future campaigns.

Beyond World Stroke Day, the World Stroke Campaign continues to serve as a source for activism and policy resources worldwide. Through advances in research, and communications at the international level, WSC strives to promote advocacy towards making stroke less of a global threat. The 1 in 6 campaign initiative hopes to provide as much crucial information about preventing stroke and important lifestyle changes that could greatly reduce the risk of stroke attacks.

VITAMIN K2 STEPS INTO THE SPOTLIGHT FOR BONE AND HEART HEALTH

Since its discovery nearly 90 years ago, vitamin K has enjoyed the uncomplicated status of an essential nutrient, respected but somewhat overlooked. Guidelines advised that we get our daily recommended intake of vitamin K (120 µg for men and 90 µg for women) but most likely made no mention that it exists in two variants, K1 and K2.

Beginning in the 21st century, however, researchers started closely scrutinizing the structural differences between K1 and K2, which before had been considered largely irrelevant. Their work has indicated that K2 may deserve special consideration as a treatment for osteoporosis and cardiovascular disease.

How Do Vitamins K1 and K2 Differ?

The umbrella term vitamin K actually describes a family of fat-soluble compounds. The body has limited ability to store the vitamin and amounts are rapidly depleted without regular dietary intake.

Vitamin K1, also known as phylloquinone, is primarily found in green leafy vegetables. Vitamin K2, also known as menaquinone (MK), is primarily bacterial in origin. K2 is mostly encountered in fermented foods, meats, and dairy products. K2 comes to us primarily through products derived from animals, who can synthesize it from the K1 they ingest from eating grass. As agricultural practices have shifted animals away from grassy pastures toward grains, K2 levels have decreased.

What Are K2's Proposed Benefits?

Although K2's effect has been studied across a variety of conditions, including cancer and arthritis, to date the strongest evidence exists to support its use in osteoporosis and cardiovascular health.

Bone Health

Vitamin K's bone-building reputation is well earned, as it is necessary for activating proteins secreted by osteoblasts. K2 draws calcium into the bone matrix and can inhibit bone resorption when administered with vitamin D3. The MK-7 form of vitamin K2 has proven particularly adept in this process.

Supplemental K2 has been associated with significant reductions (approximately 25%-80%) in fracture risk when used alone or combined with vitamin D and calcium, as well as with maintenance of bone density in osteoporotic patients.

Cardiovascular Disease

K2 activates matrix Gla protein (MGP), which keeps calcium deposits from forming on vessel walls. Research has shown that adequate K2 intake generally frees calcium up for its more beneficial roles, whereas K2 deficiencies will lead to a build-up of calcifications. After following the cohort for up to 7 years, researchers reported that high K2 intake led to significant risk reductions in coronary heart disease, all-cause mortality, and severe aortic calcification when compared with those with the lowest K2 intake.

A cohort study of over 16,000 women free of cardiovascular disease also reported a strong correlation between increased K2 intake and reduced coronary events, but not for K1.

INTERESTING MEDICAL CASE REPORTS OF PATIENTS TREATED AT PSH

Case 1 : Steven Johnson – toxic epidermal necrolysis overlap

Stevens–Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are rare but serious dermatologic diseases with many potential multisystem complications. Early symptoms of SJS include fever and flu-like symptoms. A few days later the skin begins to blister and peel forming painful raw areas. SJS/TEN reactions are believed to follow a type IV hypersensitivity mechanism. Most common cause is certain medications such as lamotrigine, carbamazepine, allopurinol, sulfonamide antibiotics, and nevirapine.

A case of 13 years old hindu male patient came to Parul Sevashram Hospital with complaint of multiple erosions over face, chest, back and both upper & lower extremities. Patient also had complaint of fever since last 5 days. Patient had history of taking injection gentamycin and norfloxacin eye drops. On examination, ulcer was present over lips and both sides of buccal mucosa. Patient also had history of redness of eye. Multiple erosions with crusting were present over face, neck, head, upper & lower extremities. Erosions were also present over conjunctiva, lower lid and scrotum. Patient was diagnosed as Stevens Johnson syndrome – toxic epidermal necrolysis overlap. Patient was successfully treated with syrup cyclosporine (100 mg/ml) with dose of 5 mg/kg/day.

Treating Consultants : Dr. Krunal Trasawala & Dr. Pankil Patel, Dept. of Skin & VD



INTERESTING MEDICAL CASE REPORTS OF PATIENTS TREATED AT PSH

Case 2 : Trichobezoar

A trichobezoar is an unusual condition hair bundles in stomach and small intestine, leading to intestinal obstruction usually affecting younger females. It is mainly associated with a psychiatric disorder. The large number of patients with this disorder are having problem of depression, anxiety and poor self-image. The prevalence of the condition is 0.06% to 4%

23 year old female patient was admitted in Parul Sevashram Hospital with complaint of anorexia and vomiting since last 5 months. On examination 10×12 cm lump was palpable on epigastric region. Ultra sound sonography suggestive of mass arises from lumen. CT scan findings also revealed that stomach was distended with ill-defined heterogeneously hypo to hyper dense intra luminal mass lesion involving stomach occupying approx 80 % of lumen without any involvement of stomach wall with intra lesional multiple air foci measures approx 16x5x6 cm in size along the length of stomach suggestive of over distended stomach with intra luminal bezoar. Few specks of calcifications were also noted. Stomach wall appeared edematous at body and pyloric canal region. Few submesenteric nodes were noted at umbilical region possibly reactive in origin. Laparotomy was performed and on exploration huge trichobezoar with healed ulcer on greater curvature of stomach and multiple polyps on fundus of stomach was found and patient responded well postoperatively.

Treating Consultants : Dr. Madhvan Iyenagar, Dr. Arpan Shah, Dept. of Surgery



INTERESTING MEDICAL CASE REPORTS OF PATIENTS TREATED AT PSH

Case 3 : Psoriatic erythroderma

Erythrodermic psoriasis (EP) is a rare and severe variant of psoriasis vulgaris, with an estimated prevalence of 1%–2.25% among psoriatic patients. The condition presents with distinct histopathologic and clinical findings, which include a generalized inflammatory erythema involving at least 75% of the body surface area

A case of 3 years old hindu male patient brought to PARUL SEVASHRAM HOSPITAL by his parents with complaint of peeling of skin from whole body since last 15 days. Patient also had similar history of lesions in the past. Patient had history of aggravation of lesions in winter. Patient didn't have any history of joint pain. On examination, patient had generalised erythema of skin with thick white silvery scale present over whole body. Fissures were present in inter digital space. Eversion of lower lid was also seen. Patient was diagnosed as a case of Psoriatic erythroderma and successfully treated with oral steroids, moisturizers and mild topical steroids.

Treating Consultants : Dr. Krunal Trasawala & Dr. Pankil Patel, Dept. of Skin & VD



What's new at PIMSR

1st year MBBS Orientation programme, 2018

The 3rd batch of 150 MBBS Students were welcomed with a grand Orientation Programme in which all the students & Parents were given an insight into the five & half years of MBBS Programme.



2nd year MBBS Orientation program

Students who entered into 2nd MBBS were felicitated on the basis of their academic performance & were given thorough insight into the upcoming curriculum.



3rd Revised Basic Course Workshop

Revised Basic Course Workshop on medical education & ATCOM Training was organised by Medical Education Unit under the observership of Dr.



Saurabh Gandhi, RC observer, NHL Municipal Medical College, Ahmedabad from 05/09/2018 to 07/09/2018.

What's new at PIMSR

Parul University signs MOU with Indian American Medical Association (IAMA), USA

PU has signed an MOU with Indian American Medical Association (IAMA), University of Illinois, Chicago, USA for joint projects and exchange programmes. A fellow doctor in Neonatology was recently at PIMSR under this partnership for initiating a project on "Hands - only CPR Community Awareness Programme" Around 350 housekeeping workers of Parul University Campus were trained in this training programme by the joint efforts of Dr.Rohit Vasa, Dr.Ana Taddei from University of Illinois, USA and team of trained Medical Officers and Emergency Medical Technicians of ParulSevashram hospital regardi. These Medical officers and served as trainers and gave training to housekeeping staff of Parul University Campus for next five days.



State Level Annual Conference in Microbiology:

Faculty of Medicine at Parul University hosted the state level annual conference in Microbiology, which saw eminent speakers and scholars exchanging their knowledge and ideas. The students and teachers of PU are fortunate to be part of this conference, as it's an honour for a three years old institution to host such a conference.



What's new at PIMSR

CME on “Medico legal Aspects for Medical Practitioners”:

Department of forensic medicine took a step forward to educate doctors about medico legal facts and organized a CME on MEDICOLEGALASPECTS for medical practitioners on 25/08/18.



Observation of World Mental Health day

Department of Community Medicine & Department of Psychiatry are already conducting several activities on the Mental Health Project in Chhotaudepur District since several months. So World Mental Health Day was observed by both departments on 10-10-2018 at Jambugam CHC of Chhotaudepur District. In this session the plan of action was to orient tribal population regarding common Mental Health Disorders. The Session was conducted by Dr Pushpa Khania from Psychiatry Department & Dr. Naresh Godara, Dr. Shashwat Nagar and Dr. Hiren Patel from Community Medicine Department.



Infection control week at Parul Sevashram Hospital



What's new at PIMSR

Free Mega Health Camps

Free Mega Health camps were organized by Parul Sevashram Hospital at Ankleshwar, Alirajpur and several other places in which thousands of patients were benefitted with free medical services.



Observation of World stroke day

29th October at Parul Sevashram Hospital witnessed World Stroke Day where doctors, staff members, students and patients shared their experiences and challenges to make things better for stroke patients. Patients admitted at Parul Sevashram Hospital for Stroke Management participated actively in lot of activities like Games arranged for them by the Physiotherapy Team.



STUDENTS CORNER

1. Home Away From Home (A poem expressing the love that flows through the hostel family)

Getting up at the peak end of breakfast time,
Tumble right into the food mess after a quick mouth freshener.
The mess manager smirked as he sneaked me some tea,
Knowing I wasn't late, this time being my regular!

The essence of the watery tea was just enough,
to shake me up for the monotone I had to face.
an endless loop of lectures, postings and practicals
running among and indefinite pointless rat race.

In the farrago of thoughts, attendance and social media
my backbenching gang, a complete death squad
killing all the academics, together wasting hours
but our overnight studies worth an award!

At the last hour of the day I miss my family
but the day routine more of a distracting sort
the gossips, rumours, discussions, fights, repercussions
We'd live life to the fullest, all problems, ABORT!

Home is where the heart is, so they say
My heart honed by my family but besties too
This heart lies where the friends are
These friends are another family too

Yes, my home, I miss you a lot.
But I am father here now to shine like gemstone.
And I love it here too some best moments of my life,
Because this hostel is my HOME, AWAY FROM HOME



STUDENTS CORNER

2. Grandpa! (A kid expresses his bond with his late grandpa whom he only met in imaginations)

Beyond my reach, across the river bridge,
I once had a friend who lived in Jolly Shades.
An old pale body, dressed in pink and white,
Spending life at ease in fading cascades.

He spreads smiles around, packed in packets
Of Blue and Green, enclosing sweet pills
The essence of sweet and sour was much worth
the efforts he pursued at the factory in the hills!

I cross the river reach daily to meet him,
But not to devour his candies so delicious.
But to talk to him about life and advise,
How he had a beautiful wife, and kids ambitious!

He tells me love is a miracle too rare
And life is nothing but a testimony of hope.
He redefines my paths, teaches me to live,
Lessons of life taught in the shade of a tope!

They blame me of soliloquy, they're in utter confusion.
I have a friend, my grandpa, who lives in my imagination!

Dedicated to my Grandpa whom I never met!



-Master Muntazir M.

MYTHS AND FACTS

Myth : Children don't experience mental health problems.

Fact : Even very young children may show early warning signs of mental health concerns. These mental health problems are often clinically diagnosable, and can be a product of the interaction of biological, psychological, and social factors.

Half of all mental health disorders show first signs before a person turns 14 years old, and three quarters of mental health disorders begin before age 24.

Unfortunately, less than 20% of children and adolescents with diagnosable mental health problems receive the treatment they need. Early mental health support can help a child before problems interfere with other developmental needs.

Myth : People with mental health problems are violent and unpredictable.

Fact : The vast majority of people with mental health problems are no more likely to be violent than anyone else. Most people with mental illness are not violent and only 3%–5% of violent acts can be attributed to individuals living with a serious mental illness. In fact, people with severe mental illnesses are over 10 times more likely to be victims of violent crime than the general population. You probably know someone with a mental health problem and don't even realize it, because many people with mental health problems are highly active and productive members of our communities.

Myth : Prevention doesn't work. It is impossible to prevent mental illnesses.

Fact : Prevention of mental, emotional, and behavioral disorders focuses on addressing known risk factors such as exposure to trauma that can affect the chances that children, youth, and young adults will develop mental health problems. Promoting the social-emotional well-being of children and youth leads to:

Higher overall productivity

Better educational outcomes

Lower crime rates

Stronger economies

Lower health care costs

Improved quality of life

Increased lifespan

Improved family life

Myth : Mental disorders are a figment of one's imagination.

Fact : Mental illnesses are real. Mental illnesses and brain disorders cause suffering, disability and can even shorten life (this is evident from episodes of depression after a heart attack, liver disease due to alcohol abuse and attempted suicide). Mental illness can be diagnosed and treated before it is too late. The symptoms are a sign of real illness.

Myth : people are born with a mental illness

Fact : A vulnerability to some mental illnesses, such as bipolar mood disorder, can run in families. But other people develop mental illness with no family history.

Many factors contribute to the onset of a mental illness. These include stress, bereavement, relationship breakdown, physical and sexual abuse, unemployment, social isolation, and major physical illness or disability. Our understanding of the causes of mental illness is growing.

MEDI – QUIZ

- Which of the following was not included in the original Hippocratic Oath**
 - To always wash my hands between patients
 - To never attempt to induce an abortion
 - To never attempt to operate to remove kidney stones
 - To teach medicine to the sons of my teacher
- What tree does aspirin come from?**
 - Ash
 - Beech
 - Oak
 - Willow
- Which of the following anxiety disorders is a fear of failure?**
 - Acrophobia
 - Kakorrhaphiophobia
 - Nosemaphobia
 - Pyrophobia
- What is the recommended maximum daily level of salt intake in grams?**
 - 4 (5.4%)
 - 6 (6.5%)
 - 8 (3.1%)
 - 11 (0.6%)
- True or false: The risk of MI or stroke is higher among patients with type 2 diabetes who use metformin in combination with insulin Vs a sulfonylurea**
 - True
 - False

Answers to MCQs in previous newsletter

1. (A) 2. (A) 3. (C) 4. (C) 5. (A)

This newsletter comes to you with the
efforts of our literature club

Dr. Soeb Jankhwala

Dr. Krunal Shah

Dr. Nadeem Shaikh

Dr. Shashwat Nagar

Dr. Nisarg Savjiani

Dr. Hiren Patel



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