

Declaration: Conflict of interests

- No relevant conflict of interests
- This presentation is by invitation
- Data is collated from open assess domains and sources
- Some slides and data repeated from previous presentations
- The speaker has been a faculty for several sponsored presentations and meetings on topics related to mental health & illness



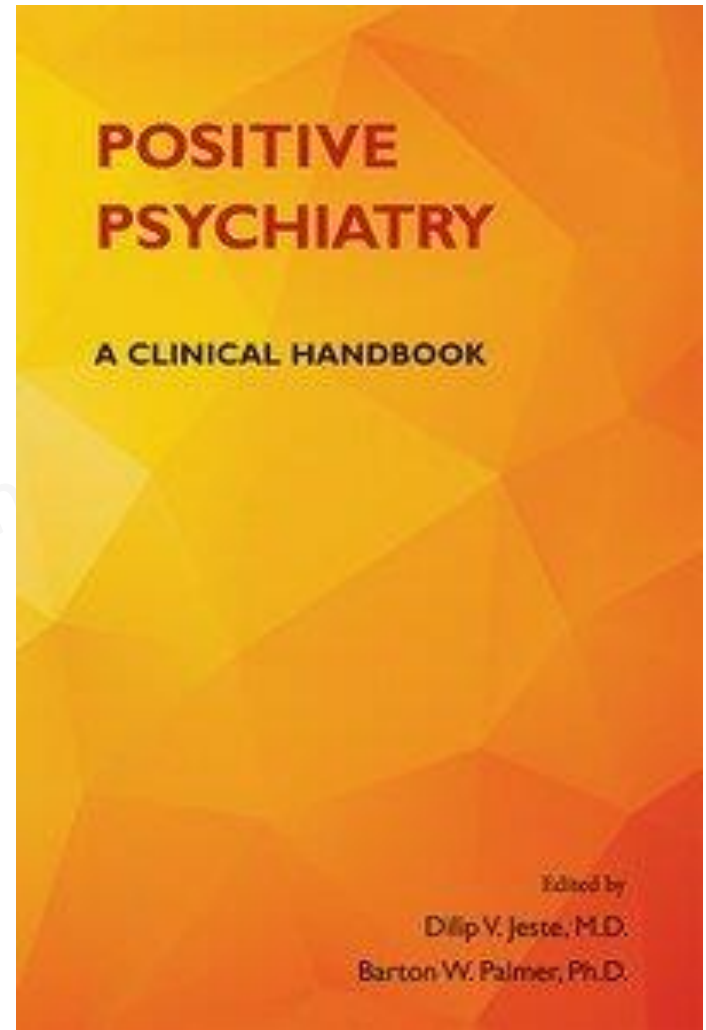
Dr. Dilip V. Jeste
President APA 2012 -13

"We should not be satisfied merely with treating symptoms in patients with mental illness but also with improving their overall well-being,"

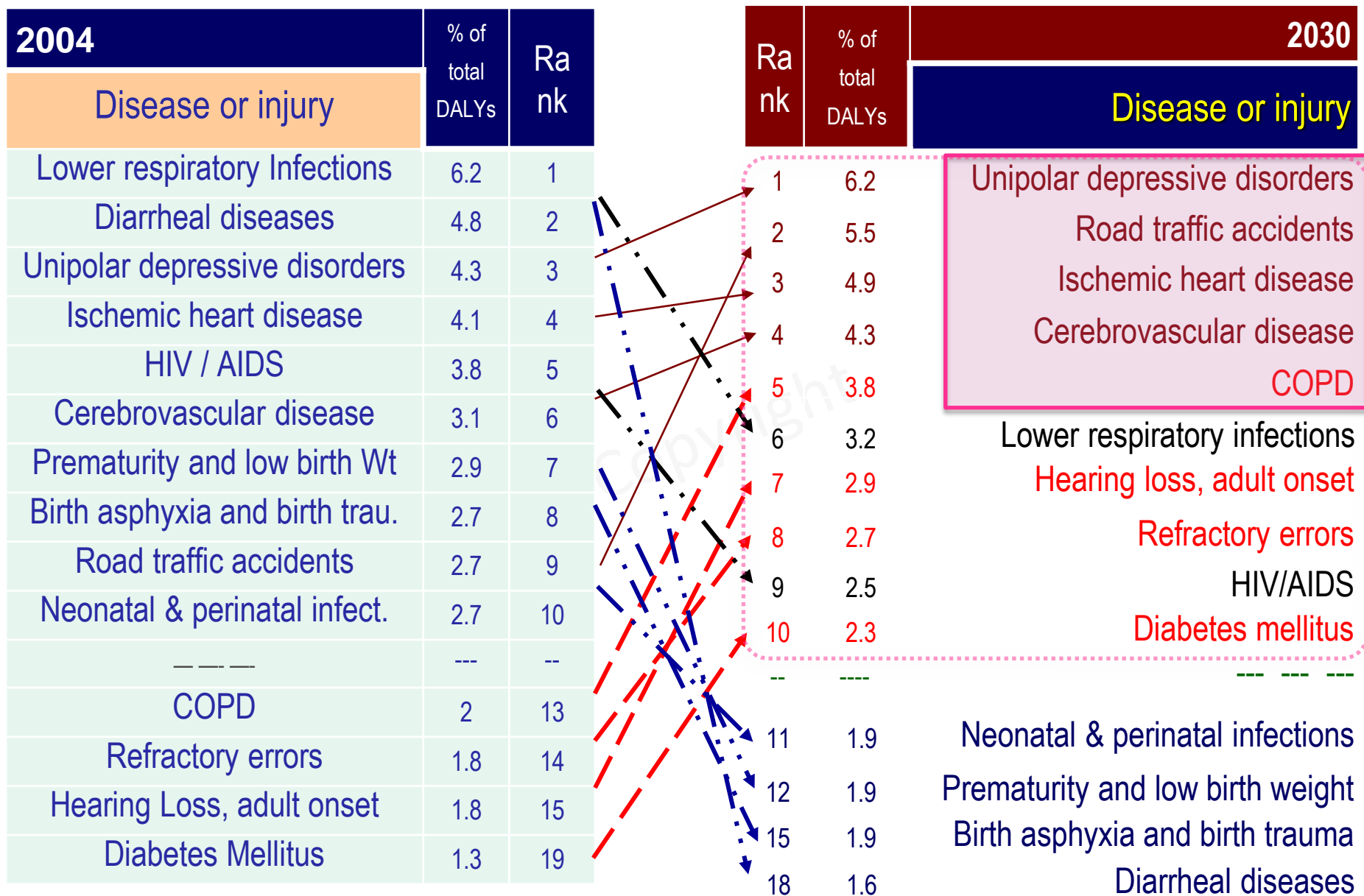
Dr. Dilip V. Jeste

Distinguished Professor of Psychiatry and Neurosciences and

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Ten leading causes of burden of disease, world, 2004 and 2030



Positive

Psychiatry

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Psychiatry: Definition

- Websters English Dictionary ¹: **Full Definition of PSYCHIATRY**
 - A branch of **medicine** that deals with mental, emotional, or behavioral **disorders**
 - MedicineNet ²: **Psychiatry**
 - The **medical** specialty that is concerned with the prevention, diagnosis, and treatment of mental illness.
 - WebMD ³: **Psychiatry** and **psychology** are **overlapping professions**.
 - Psychiatrists and Psychologists -- are mental health professionals.
 - Their area of expertise is the mind and the way it affects behavior and **well-being**
 - They often work together to prevent, diagnose, and treat mental illness.
- And**
- Both are **committed** to helping people **stay mentally well**.

1. <http://www.merriam-webster.com/dictionary/psychiatry>

2. <http://www.medicinenet.com/script/main/art.asp?articlekey=15157>

3. <http://www.webmd.com/mental-health/guide-to-psychiatry-and-counseling>

“The Growth” of Psychiatry

- Contemporary Psychiatry
 - **Founded** by Freud, his disciples and followers.
 - **Refined** by research on brain mechanisms related to symptoms of mental illness.
- ▶ **Clinical norms: Influenced by the events following**
 - World War II and
 - Vietnam War
- **Integration of Psychiatry** in main stream medicine is largely driven by the army, social and socio-political obligations.
- Traditional Medical Practice: **Average = Normal**
- Purpose of medical care: **Heal the Pain** (physical &/or emotional)

Health - Definition Deconstructed

“Health is a state of complete

- ✓ physical,
- ✓ mental and
- ✓ social

★ well-being and

▶ not merely

▶ the absence of disease or infirmity.”

✓ (Culture and spiritual health - Not included)^{1,2}

1. Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; and amended by the World Health Assembly, 1948 and 1958.
Available at: <http://www.who.int/about/definition/en/print.html> Downloaded on Dec 12, 2014
2. https://www.who.int/social_determinants/too/multimedia/alma_ata/en (1978)

Contemporary Medicine / Psychiatry

- Focus of 'Modern' (Post WWII - Biological model) Psychiatry
 - ★ Minimize misery and suffering
- Build a sense of well-being
- ✓ Presumption:
 - If misery is minimized, the patients will find their way to well-being
 - 15 years of research on Positive Psychology¹
 - Skills of well-being are different from skills to fight sadness, anxiety and anger
 - It is possible to learn the skills for 'feeling well' viz..
 - Developing positive emotions
 - More engagement at work
 - Better relationships
 - Add meaning and purpose to life
 - Achieve mastery and achievement

¹ Seligman MEP. Foreword. in Positive Psychiatry, A clinical Handbook. American Psychiatric Publishing, Arlington. 2015.

Clinician's - Orientation

- Always:

★ What is wrong with this person ?

- Never:

◉ What is good about this person !!!

- Inherent qualities (personal, social, familial, geo-political) that can be integrated in planning and implementing clinical care
- **Not within our focus:** Enhance mental strength and coping skills !!!

Shift in Perspective

Traditional Psychiatry:

Branch of **Medicine** that deals with 'Mental **Illness**'

Treats disorders of the mind, emotions and behaviour, arising out of faulty genetic-biochemical factors or faulty interpersonal interactions.

The Shift

Positive Psychiatry:

- ▶ Branch of **Science** that deals with 'Mental Health'
- ✓ **Facilitate** emergence of personal **sense of wellbeing** and
- * Interpersonal, social and professional **Harmony**.

Clinical Focus

- ◉ Traditionally, partial implementation of WHO definition:
- ◉ Aim for ‘Absence’ of Disease and Morbidity
 - ✓ Strategy: ‘Clean up’ of disease and morbidity
- ◉ Alternatively: ‘Enhance Health’
 - ✓ Aim for:

“Complete physical, mental and social well being”

“The Growth” of Psychiatry

Once upon a time, psychiatrists spent endless hours,
learning how to “**Treat** a Person / Patient”.

- “Treat the person, not just the symptoms”
- They studied the vagaries of the unconscious,
- They had intensive training presenting cases to highly trained supervisors,
- They learnt treatment skills from the psychiatric greats of their era

Contemporary Medicine: Pressure to ‘deliver’ / ‘**DRUG**’
Considerations of cost v/s benefits and concept of **managed care**.

The mantra is simple.

- ▶ Treat the symptoms not the person / patient.
- ▶ Medication is the cure; Psychotherapy? Leave it to the other therapists.
- ▶ Time is money.
- ▶ A good psychiatrist is THE one who doesn’t use (read waste) time talking, but fixes things quickly.

Clinically: traditional expectations

- Alleviate symptoms
- Prevent Relapse ✓
- Rehabilitation ✓

Clinician's - Alternatives

✱ Create awareness and promote:

❖ Positive Psycho-Social factors **PPFs**)

❖ Resilience,

❖ Optimism, and ✓

❖ Social engagement ✓

Stress and Resilience

✱ 'Normal' : An individual who can maintain a **dynamic balance / equilibrium** with the environment.

✱ Environment:

- External,
- Occupational,
- Internal, **thoughts, emotions, past memories, ambitions,**
- Personal, **opportunity, loneliness, competition...**
- Interpersonal, **Friends, family....**
- Social,
- Financial.

✱ Stress: Pressure to **survive, cope & win** over the environment.

✱ Resilience: Effortless ability to **adapt** to *stress*

✱ Evolution: **Enhanced stress adaptability**

Adapted from Personal Communication with Dr. Bhaskar Mukherjee. 2018,

Positive Psycho-Social factors : PPFs

- ◉ The primary aim of 'Psychology':
 - To understand and fortify the personal attributes:
 - Communication skills,
 - Social and work ethics,
 - Progressive effort to realize expectations, desires
 - Ambitions,
 - Courage,
 - Identify personalized sources and mechanisms to seek pleasure and empathy, ...

have escaped clinician's priorities.

Positive Psycho-Social factors : PPFs

Proven Data that reinforcing the PPFs

- * Lowers morbidity
- * Boosts longevity,
and
- * Promotes / Generates:

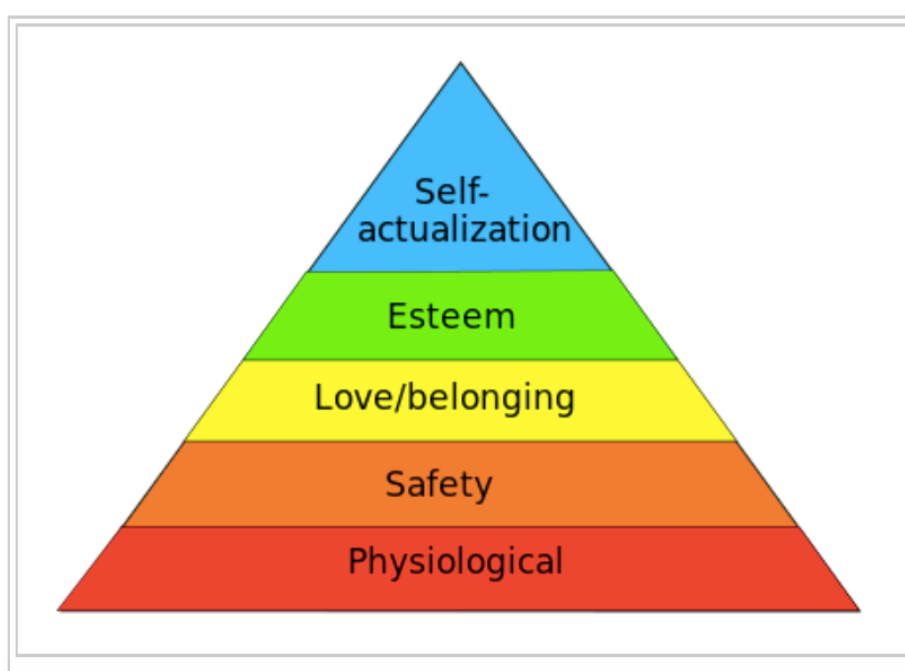
Perceived / subjective sense of well-being.

Most of the literature is from non-medical research

Vaillant GE: Positive emotions, spirituality and the practice of psychiatry. Mens Sana Monogr. 6:48-62, 2008

Positive Psychiatry: History

- 1906 William James, (psychologist and a trained physician) : 'Mind Cure': Healing powers of positive emotions
- Maslow and colleagues: Humanistic Psychology: Hierarchy of needs



- Maslow: Psychology (& Psychiatry) is more successful at identifying shortcomings of the patients but **NOT** their potentialities, virtues, achievable aspirations.....

Positive Psychiatry: History

- 1970s - 1980s: Interest in the topic of **happiness**
- 1990s: Positive Psychology - **a movement**
- **Seligman** (Presidential Address, American Psychological Association) - 1998:
 - **Positive Psychology** :
 - ✓ A reoriented science,
 - Emphasis: Understanding and building positive qualities of an individual
- Seligman: the **PERMA** model
 - 1.P**ositive emotions
 - 2.E**ngagement
 - 3.Good **R**elationship
 - 4.M**eaning
 - 5.A**ccomplishment

Positive Psychology:
An international movement

Positive Psychiatry: The Need

- Dilip Jeste: Presidential Address APA - 2012:
 - Psychiatry's mission will expand **beyond reducing symptoms** in people with mental illness
 - The goal:
 - Not just improve psychopathology
 - Help our patients to flourish, develop and be more **satisfied with their lives**
 - Psychiatry is the most appropriate of medical specialities to promote the positive traits in patients of not just mental illness but also of people with physical illness.
 - Unlike any other medical speciality, Psychiatry aims at **changing the patient's behaviour**

Main Differences between traditional Psychiatry and Positive Psychiatry

Variable	Traditional Psychiatry	<i>Positive Psychiatry</i>
Targeted patients	Patients with evidence or symptoms of mental illness	Diagnosed cases or evaluated as at high risk of mental or physical illnesses
Focus of Clinical Assessment	Psychopathology	Positive attributes and strengths
Focus of Research Assessment	a) Risk factors b) Neuropathology	a) Protective factors b) Neuroplasticity
Therapy aimed at:	a) Symptom relief, b) Relapse prevention	Recovery: Increased sense of well-being, successful aging, Post-traumatic growth
Therapy : Options	a) Medications b) Generally, short-term Psychotherapies for symptom relief and relapse prevention	Psychosocial/behavioral (and increasingly, biological) interventions to enhance positive attributes
Prevention	Largely ignored	Important, focussed across life span

ADAPTED from: Jeste and Palmer in Positive Psychiatry, A clinical handbook edit Dilip Jeste and Barton Palmer, Amer. Psych Publish. - in print