Rating was done at 6 month, 4 month, 2 month before the present behavioural examination.

Results: There was significant improvement in clinical profile of almost all the patients of dual diagnosis. It was found that various social skill training programmes are efficacious in combination with pharmacotherapy. Behavioral symptom like aggression and violent behavior, stereotype movement, capacity of independent living have shown significant improvement. Interpersonal relationship and personal care also showed significant improvement.

Conclusion: All the patients of mental retardation require psychiatric assessment and need for psychiatric intervention.

Keywords: Dual Diagnosis; Co Morbidity; Social Skill Training Programmes

Tele-psychiatry In India - A Step Towards Better Mental Health Care

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Introduction: Telepsychiatry uses information technology to offer psychiatric services from a distant place to the needy patients. Telepsychiatry has both clinical utility and non-clinical uses such as administrative, learning and research applications. Telepsychiatry services can be offered through intermediary companies that partner with facilities to increase care capacities, or by individual providers or provider groups. Telepsychiatry has advantage of providing psychiatric services where there is shortage of psychiatrists. Access to psychiatrists by people living in remote areas becomes feasible.

Methodology: An extensive literature search was done to gather studies on use of telepsychiatry in India using pub med. All the articles collected were reviewed for utility, issues and challenges in telepsychiatry practices in india.

Result: Telepsychiatry practices can be wisely used in developing countries like india for improving training, diagnosis and treatment of psychiatric illnesses.

Conclusion: Application of advanced communication technology should be used in psychiatric services in india considering huge population and lack of well-trained psychiatrists, for improving ignored mental health care services.

Key Words: Tele Psychiatry, Tele Mental Health, Communication Technology

The Major Shortcomings Of Current Mental Status Examination

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There are two components of clinical examination in every branch of medicine: observations and inference. Clinician makes observations of patient and then draws inferences about dysfunctions in organs. Cardiologist observes raised JVP, feet oedema and infers that patient has LVF, a dysfunction in the organ of interest for cardiology, heart. Current MSE does not make any distinction between observations and inferences. This is because there is confusion about what organ of interest for psychiatry is. Is it brain (which is organ of interest for neurology) or is it mind?

Methodology: The paper addresses fundamental questions about the MSE. Does mental status mean status of mind or brain? Can we use the term brain status examination instead of mental status examination? At the end of MSE, do psychiatrists diagnose dysfunctions in brain (e.g. Dysfunction in amygdala) or dysfunctions in mind (e.g. Intense sadness related to divorce)?

The paper aims to distinguish between clinical observations during MSE, and inferences about dysfunctions in the organ of interest for the specialty of psychiatry, the mind.

Results: Currently used MSE is compared with a new mind-based mse. The paper uses theoretical framework provided by 4-level, 5-part theory of mind. The framework describes mind-brain relationship and how the mind is a subset of brain functions but is a distinct entity.

The use of the mind-based MSE in clinical settings is described using case vignettes.

Conclusion: Mental status means the status of mind. Aim of MSE is to diagnose dysfunctions in mind. The term brain status examination cannot be used instead of mental status examination. MSE should distinguish between observations and inferences about dysfunctions in the patient. 4-Level, 5-part theory of mind provides a sound framework for a new mind-based MSE.

Keywords: Mental Status Examination, Observations, Inference

Post Graduate Psychiatry Training In India: Insights From An Anthropological Fieldwork

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Background/introduction: Scholarly inquiries into the nature of postgraduate training in india have so far been limited. Despite studies having examined the nature of the curriculum, the quality of supervision, and outlined possible novel methods of pedagogy; there is currently a lack of understanding in regard to the social nature of psychiatry training and its implication on the formation of trainees professional identity. The later is particularly crucial as it is through this process that the beliefs, attitudes and understanding that trainee have about their professional roles will be shaped, thus directly impacting their future clinical practice and sense of ethics.

Methodology/ Materials And Methods: This paper proposes to address this lacunae using data gathered as part of a year long ethnographic fieldwork observing nine PG psychiatry students and their teachers in a government training institution.

Results: Echoing the voice of students and teachers, this paper presents an anthropological account of their training experience. By framing such observations and stories through different sociological and anthropological theories, this paper will demonstrate how students come to form their professional identity through various experiences and interactions taking place during their training.

Conclusion: To Conclude, This paper argues that a re-engagement with social sciences can Led to a renewed understanding of the processes taking place during post graduate psychiatry training, and ultimately improve it

Prevalence And Characteristics Of Dual Diagnosis Among Patients Admitted To A De-addiction Treatment Facility

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Background And Aims: It has been observed that substance use disorders occur more frequently with other psychiatric disorders than expected by chance. The comorbidity of substance use disorders and other psychiatric disorders, referred to as dual diagnosis, has been seldom studied in the indian setting. This study aimed to assess the prevalence and characteristics of dual Diagnosis of patient admitted to a tertiary care de-addiction setting.

Methods: The study is being conducted at the national drug dependence treatment centre, affiliated with AIIMS, new delhi. One hundred and thirty three inpatients admitted for the treatment of substance use disorder would be recruited through 1:2 systematic sampling. The