



INDIAN PSYCHIATRIC SOCIETY

TAMIL NADU CHAPTER

Regd. No: 114/2016

<https://tnips.org>

Executive Council 2025-26

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Dr J Babu Balasingh
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Dr. Venkatesh kumar K,
Coimbatore
Dr. Abirami V, Salem

MESSAGE FROM THE PRESIDENT

Our IPS Tamil Nadu Chapter (IPSTNC) has been steadily growing over the years, driven by the dedication, enthusiasm, and collective efforts of our members. It has been a truly enriching experience interacting with members through phone calls, WhatsApp, email, and in-person meetings. These interactions have provided valuable insights, constructive suggestions, and fresh perspectives that have helped strengthen our chapter.



Academic activities

Mid-Term CME for Practitioners — For the first time, we organised a Mid-Term CME for practitioners at Erode in November 2025. The event was well-appreciated and held in a pleasant ambience, with a nice blend of topics, covering adolescence, financial management & role of digital technology in Psychiatry.

PG Training Programme — In March 2026, we conducted a Postgraduate Training Programme at PSG Medical College, Coimbatore, with a good selection of topics leading to very encouraging attendance from postgraduates.

Membership & Administration

Our membership database has been comprehensively updated and streamlined. Members belonging to other state branches and non-members of IPS were removed, and a separate database was created for postgraduate members. This initiative has significantly improved the accuracy, relevance, and efficiency of our membership records.

The Office Sub-Committee, led by Dr. P. P. Kannan and team, has been instrumental in managing office operations and maintaining our records and files. Working closely with the Treasurer and Secretary, the committee has successfully streamlined our accounting statements, ensuring transparency and ease of understanding of IPSTNC's financial standards.

Digital Initiatives

We now have our own dedicated Zoom account, through which we have been able to conduct numerous webinars, significantly enhancing the academic knowledge of our members. Notably, the subscription cost for the Zoom account was generously covered by sponsors, reflecting the confidence of our partners in our mission. All our recorded webinars have been uploaded to our official YouTube channel, **@IPSTNChapterWebinars**, creating a valuable repository of academic content for members. The channel has grown to **over 222 subscribers** and has garnered **more than 2,700 views** to date, reflecting its increasing reach and educational impact.

Committee Contributions

RCBC Committee — Led by Dr. Shivanand Kattimani, the committee conducted the Journal Club with meticulous selection of topics and speakers, maintaining a high standard of academic discourse.

Scientific Committee — Under the leadership of Dr. Raman, approximately eight child psychiatry webinar sessions were organised, demonstrating a commendable commitment to subspecialty education.

Women's Empowerment Committee — Guided by Dr. Hema Tharoor, four engaging and thought-provoking webinar sessions were conducted, reinforcing our chapter's commitment to inclusivity and professional empowerment.

Newsletter Committee — Under the leadership of Dr. Gopinath, the team has done excellent work in consistently documenting the activities of IPSTNC through timely reports and published insightful articles contributed by our members.



Mental Health Establishment (MHE) Committee — Led by Dr. Venkatesh Kumar, the committee held both offline and online discussions on the draft proposal for Minimum Standards of Mental Health Establishments. Additionally, a series of webinars on Artificial Intelligence in Mental Health was conducted — a forward-looking initiative that reflects our chapter's readiness to engage with emerging developments in the field.

Journal Committee - I am proud to share that our Indian Journal of Mental Health and Neurosciences has been indexed in the Directory of Open Access Journals (DOAJ), thereby attaining the status of a peer-reviewed indexed journal. This significant milestone is a testament to the dedicated efforts of our Editor, Dr. Arul Saravanan, and his editorial team.

Constitution Committee - Under the leadership of Dr. Ramesh Boopathi, several valuable suggestions have been received for amendments to our Constitution. These proposed amendments can be taken up in the upcoming Annual General Body Meeting (AGBM) or, if required, at an Extraordinary General Body Meeting (EOGM).

Consultation-Liaison Committee - Led by Dr. Mohamed Ilyas, his team has been actively working to strengthen collaboration between mental health professionals and government agencies.

CSR Initiatives

Under our Corporate Social Responsibility efforts, we have planned to scale our existing programmes through the network of 11 District Associations. This collaborative approach will enable us to extend our reach and create a meaningful impact on mental health awareness and service delivery across Tamil Nadu.

My tenure as President has been a profound learning journey — one shaped by my team, guided by our collective vision, and strengthened by the unwavering support, encouragement, and trust of our members placed in me. It is your collective dedication that makes IPS TNC the vibrant and growing organisation that it is today.

Long live IPS TNC!

Warm regards,
Dr. C. Sadhanand
President, IPS -TN

MESSAGE FROM THE HON. GENERAL SECRETARY

Dear Colleagues,

I am honoured to assume the responsibility of Hon. General Secretary of our esteemed IPS Tamil Nadu Chapter.

I extend my sincere gratitude to all our respected senior members, the current office bearers, and members of IPSTNC.

I congratulate the IPS Tamil Nadu Chapter Newsletter Committee for their sincere efforts in compiling the activities and achievements of our Chapter during the year 2025-26.

Over the past year, our members have actively contributed to promoting mental health awareness by dispelling myths surrounding mental illness, educating the public, school children, and adolescents on drug addiction prevention, positive mental health, healthy lifestyles, early identification of common mental illnesses, timely referral, and suicide prevention.

Our IPS Tamil Nadu Chapter has also been actively reaching out to those in need through various initiatives. One such Corporate Social Responsibility (CSR) project has been supporting persons with treatment-resistant schizophrenia by facilitating disability certification and ensuring periodic blood investigations, thereby improving access to comprehensive care.



Beyond their clinical expertise, our members continue to excel in diverse fields, including public speaking, school and community outreach programmes, literary contributions, scientific research, art, and popular media, reflecting the multifaceted strength of our fraternity. I once again extend my sincere appreciation to every member who has contributed to the development of the IPS Tamil Nadu Chapter Newsletter 2025–26. Your dedication and commitment have made this publication possible.

Let us continue to work together to advance the cause of mental health and strengthen the mission of our Society.

Long Live IPS!

Dr. Arunkumar N
Hon. General Secretary
Indian Psychiatric Society – Tamil Nadu Chapter

**Once you
replace
negative
thoughts with
positive ones,
you'll start
having
positive results.**



MESSAGE FROM THE EDITOR

Dear Esteemed Members,

Greetings from the IPSTNC Newsletter Committee.

On behalf of the editorial team, I extend our heartfelt thanks to all members of the Tamil Nadu Chapter of the Indian Psychiatric Society for your immense contribution, valuable support, and enthusiastic participation, which made the timely publication of the IPSTNC Newsletter for the year 2025–2026 truly successful.



This year's issues have reflected the spirit, dedication, and collective strength of our chapter. The rich academic inputs, meaningful updates, inspiring articles, and active engagement from members have greatly enriched every edition and helped us present a newsletter that is both informative and representative of our vibrant professional community.

We also place on record our sincere appreciation to our Hon. President, Dr. C. Sadhanand, and Hon. General Secretary, Dr. Arunkumar N, for their continuous guidance, encouragement, and support throughout the year. Their leadership has been instrumental in motivating the committee to uphold quality and consistency in every publication.

We are equally grateful to all contributors, authors, reviewers, and well-wishers whose cooperation and timely inputs ensured the smooth and successful release of each issue. Your commitment to the newsletter has been the cornerstone of this achievement.

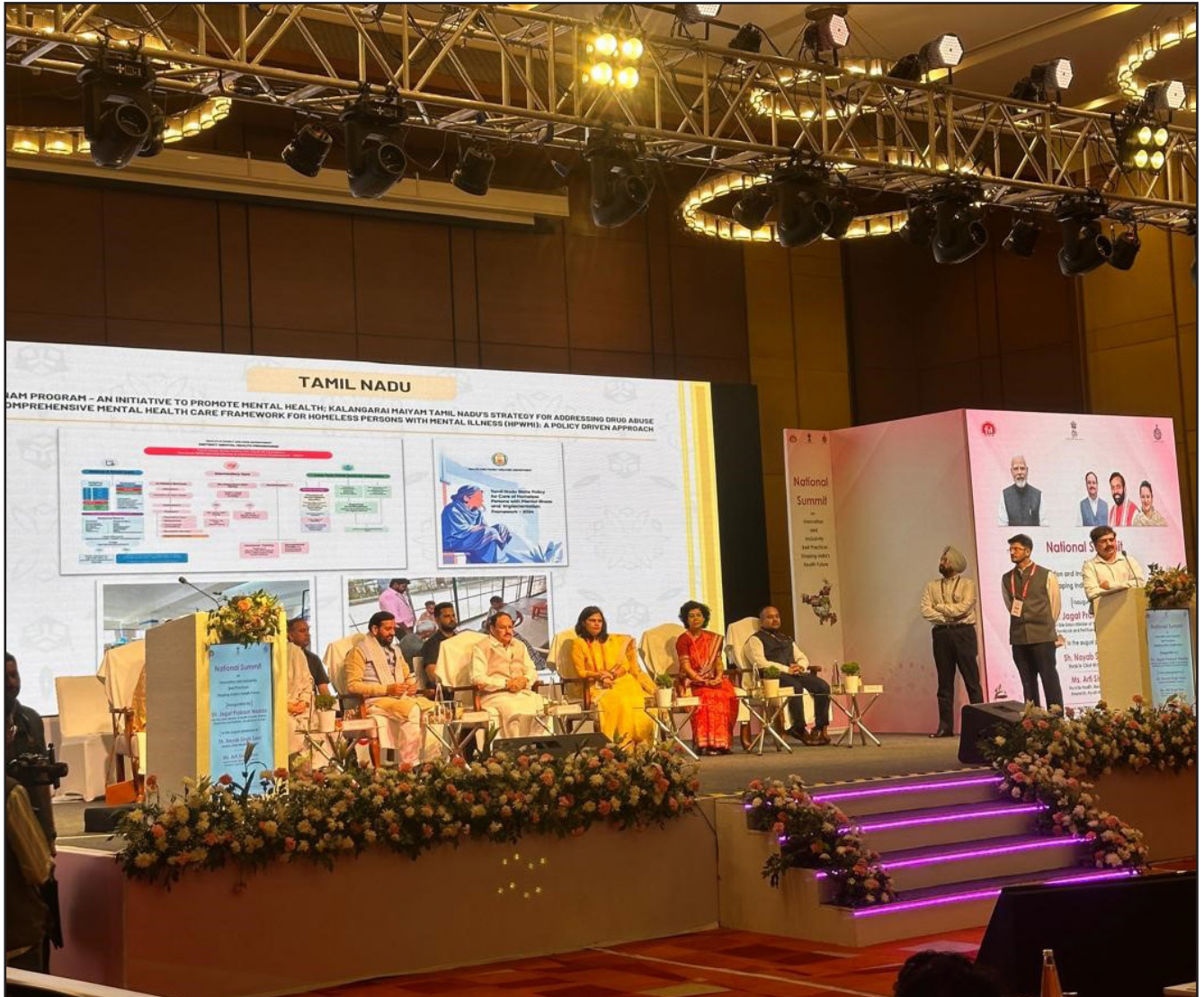
As we move forward, we look forward to your continued support and active involvement in the coming years. Together, we will strive to make the IPSTNC Newsletter even more engaging, insightful, and impactful.

With sincere gratitude,
Dr. S. Gopinath
Editor, Newsletter Committee
IPSTNC



**Mental health...
is not a destination but
a process. It's about how
you drive, not where
you're going.**

IN FOCUS



We are very proud to share that the Mental Health Programme - Tamil Nadu, bagged a position in the prestigious National Summit held at Chandigarh on 30th April - 1st May 2026. The below mentioned, State Specific Initiatives were selected for presentation at the summit in Best Practices and CRM. Dr. R. Karthik Deivanayagam, Psychiatrist, was part of the three-member delegation that represented the Department.

Our presentations focused on:

1. MaNaM (Mananala Nallaatharavu Mandram) Program – A pioneering initiative of the Government of Tamil Nadu to promote positive mental health and well being in undergraduate and postgraduate students in Government Medical Colleges.
2. Launch of Kalangarai Maiyam – Comprehensive Deaddiction and Rehabilitation Centres across Medical Colleges and hospitals to provide comprehensive deaddiction services in a structured manner.
3. Development of the Tamil Nadu State Policy for Care of Homeless Persons with Mental Illness (HPWMI).

EVENTS AND ACTIVITIES

TNIPS Mid Term CME



The Mid Term CME for Practitioners was conducted in Erode in November 2025, organised by Erode Mental Health Foundation and Department of Psychiatry GEMCH. The Theme was Psychiatry Unplugged: From Finance to Future Minds.



IPS Tamilnadu Chapter Postgraduate training programme at PSG Medical College, Coimbatore ON 14 - 15 March 2026

Over two intensive days, postgraduate trainees engaged in interactive lectures, case discussions, and skill-building workshops led by senior faculty from across the state. The sessions covered core areas including schizophrenia, mood disorders, addiction psychiatry, and research methodology, with special emphasis on viva preparation and thesis guidance.



Highlights:

- ❖ Case-based learning and clinical skill development
- ❖ Focused modules on psychopathology and treatment approaches
- ❖ Research mentoring and thesis support
- ❖ Networking opportunities with peers and mentors

The programme was well received, reinforcing the Chapter's commitment to strengthening postgraduate psychiatry education and fostering academic excellence.

20-Bedded Emergency Care and Recovery Centre (ECRC) Inaugurated at GVMC, Vellore



A 20-bedded Emergency Care and Recovery Centre (ECRC) was inaugurated on 3 March 2026 at Government Vellore Medical College, Adukkamparai, Vellore, by the District Collector. The inauguration was held in the presence of the Dean, Medical Superintendent, and Resident Medical Officer of GVMC. The centre was established through the collaborative efforts of partnering NGOs, The Banyan and Rural Development Centre (RDC), with the aim of strengthening mental health care services and community-based recovery support in the region.



rTMS Hands-on Training Workshop at SLMCH, Chennai



The Department of Psychiatry, Sri Lalithambigai Medical College and Hospital (SLMCH), Chennai, conducted a one-day hands-on workshop on repetitive Transcranial Magnetic Stimulation (rTMS) on 30 March 2026. The workshop, led by Dr. S.P. Murugappan, focused on the extended clinical applications of rTMS and provided participants with practical training in neuromodulation techniques. The programme offered an interactive learning experience for postgraduate trainees and practicing psychiatrists interested in advancing their clinical skills.

World Schizophrenia Awareness Day 2026 at Saveetha Medical College



The Departments of Psychiatry and Clinical Psychology, Saveetha Medical College and Hospital, observed World Schizophrenia Awareness Day 2026 on 25–26 May 2026 under the theme, “Beyond the Diagnosis: Seeing the Person.” The two-day programme featured awareness activities, patient engagement initiatives, and creative competitions for psychology students. Public awareness talks, role plays, and an open-air drama highlighted the importance of reducing stigma and promoting person-centered care for individuals with schizophrenia.

Autism Awareness Month 2026: Webinar on Autism Across the Lifespan

As part of World Autism Awareness Month 2026, the Department of Psychiatry, Sri Manakula Vinayagar Medical College and Hospital, Puducherry, organized a free online webinar on 16 April 2026. The session, titled “Autism Across the Lifespan: A Practical Guide to Challenging Clinical Situations,” was delivered by Prof. Dr. R. K. Raman. The webinar highlighted practical, evidence-based approaches to autism care across different stages of life and fostered greater awareness among mental health professionals and trainees.

Department of Psychiatry



**WORLD AUTISM
AWARENESS MONTH**



Theme: Autism and Humanity - Every Life has Value

Topic:
AUTISM ACROSS LIFESPAN:
A Practical Guide to challenging Clinical Situations

Date & Time:
16 April, 2026
Tomorrow
2 - 4 PM

Speaker



PROF DR.K Raman
 MD (Psychiatry), Post Doctoral Fellow in Child and Adolescent Psychiatry (CMC,Vellore)

FREE ONLINE WEBINAR - LINK BELOW

World Schizophrenia Awareness Day 2026 at SRM Medical College Trichy



Various activities were conducted in SRM Medical College, Trichy, under the leadership of Dr Sivaraman on the occasion of World Schizophrenia Day, in May 2026.



“You are stronger than your struggles.”

“Healing doesn’t mean the damage never existed. It means the damage no longer controls our lives.”

“Your mental health is worth fighting for.”

PSYCHE CONNECT '26: CME Programme and rTMS Workshop at Theni Medical College



The Department of Psychiatry, Institute of Mental Health, Government Theni Medical College Hospital, organized PSYCHE CONNECT '26, a two-day CME programme on 22–23 May 2026 in commemoration of the retirement of Dr. G. A. Viswanathan, Associate Professor of Psychiatry. The programme featured academic sessions and a rTMS workshop, bringing together mental health professionals for learning and collaboration.



"Our wounds are often the openings into the best and most beautiful part of us."

— David Richo

PSYCHE CONNECT '26

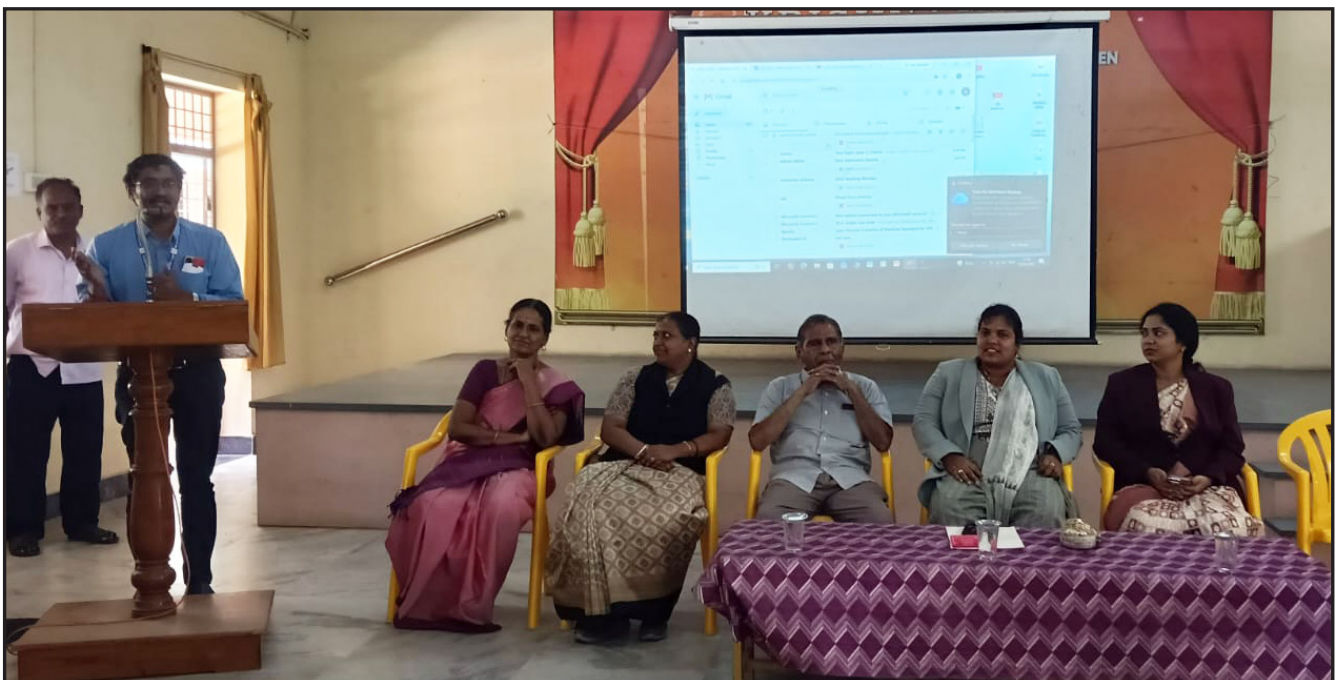
Autism 360: CME on Contemporary Approaches to Autism Care



The Child and Adolescent Psychiatry Unit, Department of Psychiatry, Christian Medical College (CMC), Vellore, organized Autism 360, a Continuing Medical Education (CME) programme on 5 June 2026. The event brought together leading experts to discuss emerging trends, evidence-based practices, and lifespan approaches in autism care. The programme also featured the Dr. Rose Chacko Poster Competition, encouraging academic participation and research among trainees in the field of neurodevelopmental disorders.



On 25 May 2026, the Department of Psychiatry at Tirunelveli Medical College Hospital conducted a rally and awareness programme titled “**Say No to Drug Abuse**” to promote drug-free living and community well-being. The event was organised under the leadership of **Prof. Dr. K. Ramesh Boobathi**, Psychiatrist and Head of Department.



Dr. K. Sathyamoorthy delivered a keynote address on addiction during the “International Drug Abuse and Illicit Trafficking” event on 26th June 2026 at Krishnasamy College of Arts & Science, Cuddalore. This event was organized by District Legal Services, Cuddalore.



Anti-Drug awareness at JKK Polytechnic College, T.N.Palayam, Erode District.



Dr. Kavitha delivered an awareness talk on “Prevention of Drug Abuse” at Anthiyur Govt. Girls Higher Secondary School, Erode, Tamil Nadu, on 23-06-2026.

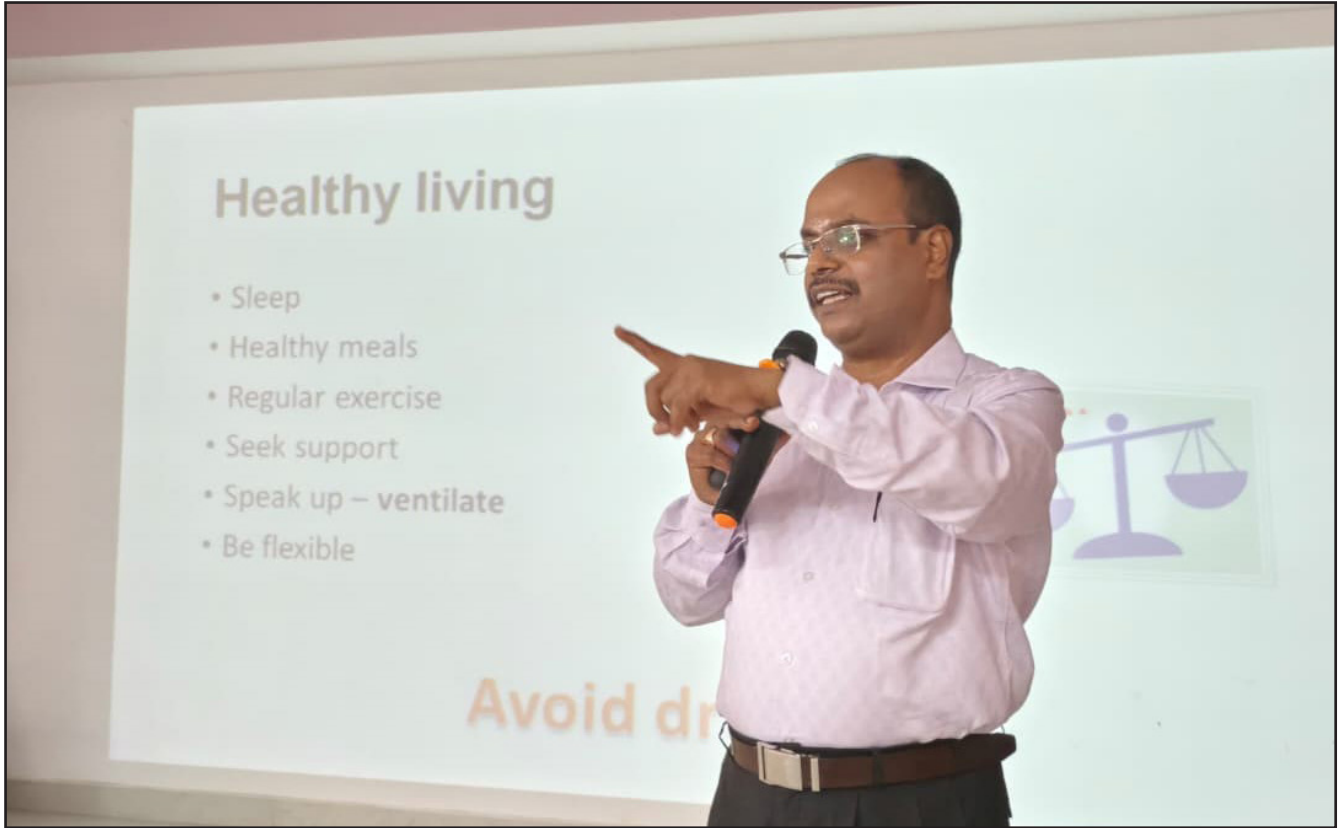
Abuse and Illicit Trafficking in collaboration with the Department of Pharmacology at Trichy SRM Medical College Hospital and Research Centre

Under the theme “World Drug Problem: Persisting Issues, New Challenges, Innovative Responses”



On 23 June 2026, Dr. S. Sivaraman, Professor & Head, Department of Psychiatry, led an awareness programme on International Day Against Drug

Promotion of Mental Health for a Drug Free Society



On 25 June 2026, Dr. N ARUNKUMAR, Director & Senior Psychiatry in Athma Mind Care Hospital, led an awareness programme on World Drug Abuse day in collaboration with the St. Joseph College Hr. Sec. School, Trichy, under the theme "Promotion of Mental Health for a Drug Free Society."

District Mental Health Programme – Nagapattinam

Reaching the Unreached: Ownership by PHC Teams



The DMHP Nagapattinam has set a strong example of community-based mental health care by ensuring programme ownership at the level of Primary Health Centre (PHC) teams. This grassroots approach has significantly expanded access, truly “reaching the unreached.” Appreciations to Dr. Meenakshi, District Psychiatrist, DMHP & Dr. Arasi. This initiative highlights how committed professionals, working closely with PHC teams, can transform mental health delivery and strengthen community resilience.



AI IN MENTAL HEALTH: BRIDGING MINDS AND MACHINES

Artificial Intelligence is rapidly reshaping the way psychiatry is practiced and understood. The IPS TN Chapter's Mental Health Establishment Committee brought together experts to explore this frontier — from the basics of AI in psychiatry to the nuances of machine language and prompt engineering. This was followed by a series of webinars held on two consecutive days on AI Music, Video and Therapeutic Communication and a session on App building.


INDIAN PSYCHIATRIC SOCIETY
TAMILNADU CHAPTER
Mental Health Establishment Committee

27TH JUNE 2026 | SATURDAY | 07.30 PM - 9.00 PM
AI IN MENTAL HEALTH WEBINAR SERIES

**TOPIC - The Digital Muse in Psychiatry :
AI Music, Video & Therapeutic Communication**

Speaker
Dr. Karthik Muthukumarasamy
Assistant professor,
Institute of Mental Health, Chennai

IPS - TN Chapter - Office Bearers
Dr C Sadhanand | Dr J Babu Balasingh | Dr N Arunkumar
Dr K Sathyamoorthy | Dr R Arul Saravanan | Dr P P Kannan

IPS TN Chapter - Mental Health Establishment Committee
Dr.K.Venkatesh kumar | Dr. Arun seetharaman
Dr.Arudhra gopalakrishnan | Dr.Sree pratap mohana murthy

Zoom Meeting Link
<https://us06web.zoom.us/j/84624052555?pwd=BgQKsZVZRaoDcOPSiUb7oAdVbHmckQ.1>

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INDIAN PSYCHIATRIC SOCIETY
TAMILNADU CHAPTER
Mental Health Establishment Committee

10TH MAY 2026 | SUNDAY | 11.00 AM - 12.30 PM
TOPIC : AI in Mental Health

TOPIC	RESOURCE PERSON
Introduction to AI in Psychiatry	Dr. Srinivas Rajkumar
Deep Dive into AI Terminologies	Dr. Iniyan S
Speaking the language of the Machine : Prompt Engineering	Dr. Vikas Prabhav

IPS - TN Chapter - Office Bearers
Dr C Sadhanand | Dr J Babu Balasingh | Dr N Arunkumar
Dr K Sathyamoorthy | Dr R Arul Saravanan | Dr P P Kannan

IPS TN Chapter - Mental Health Establishment Committee
Dr.K.Venkatesh kumar | Dr. Arun seetharaman
Dr.Arudhra gopalakrishnan | Dr.Sree pratap mohana murthy

Zoom Meeting Link
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INDIAN PSYCHIATRIC SOCIETY
TAMILNADU CHAPTER
Mental Health Establishment Committee

28TH JUNE 2026 | SUNDAY | 10.30 AM - 12.30 PM
AI IN MENTAL HEALTH WEBINAR SERIES

TOPIC	RESOURCE PERSON
The Paper You Never Wrote: How AI Removes the Barriers to Research	Dr.Iniyan.S, MD., Professor & HOD Clinics, Department of Psychiatry, Saveetha Medical College, Chennai
The 30-Minute Clinical App: Building Mini-Apps for your practice (No coding knowledge required)	Dr.Vikas Prabhav.M MD Specialist doctor, CAMHS, Dorset

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Dr K Sathyamoorthy | Dr R Arul Saravanan | Dr P P Kannan

IPS TN Chapter - Mental Health Establishment Committee
Dr.K.Venkatesh kumar | Dr. Arun seetharaman
Dr.Arudhra gopalakrishnan | Dr.Sree pratap mohana murthy

Zoom Meeting Link
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IPS TN CHAPTER WOMEN'S EMPOWERMENT COMMITTEE

The committee organised an engaging session that explored the unique challenges faced by women psychiatrists in balancing professional responsibilities with personal and family life. The discussion highlighted the “double-edged sword” of managing minds in clinical practice while nurturing healthy homes, emphasizing resilience, empowerment, and the importance of supportive structures.

Key Takeaways:

- Insights into the dual roles of women psychiatrists
- Strategies for balancing professional and personal demands

The event was well received, sparking meaningful dialogue on how women in psychiatry can thrive while navigating complex responsibilities both at work and at home.


INDIAN PSYCHIATRIC SOCIETY
TAMIL NADU CHAPTER
Women's Empowerment Committee

HEALTHY HOMES & MANAGING MINDS
WOMEN AS PSYCHIATRISTS —
THE DOUBLE EDGED SWORD



26 APRIL 2026 **11:00 AM - 12:30 PM**

Moderator
 Dr. Jayanthini

Discussants
 Dr. Poornachandrika
 Dr. Deepa Gopinath

IPS-TN Chapter - Office Bearers
 Dr C Sadhanand | Dr J Babu Balasingh | Dr. N Arun Kumar |
 Dr K Sathyamoorthy | Dr R Arul Saravanan | Dr P P Kannan

Women's Empowerment Committee
 Dr. Hema Tharoor | Dr. Swetha Raghavan |
 Dr. Mridula Pradeep | Dr. Usha Nandini

ZOOM LINK:
<https://us06web.zoom.us/j/84166059172?pwd=bFfAwuuqLaIGUOmpOzbOMtGKrUJSyI.1>

MEETING ID:
 841 6605 9172

PASSCODE:
 TNIPS


INDIAN PSYCHIATRIC SOCIETY
TAMILNADU CHAPTER
Women's Empowerment Committee

14TH JUNE 2026 | SUNDAY | 11.00 AM - 12.30 PM

TOPIC : “The New Transgender Bill Explained: What psychiatrists Need to Know”

Speaker
Dr. L. Ramakrishnan
 Senior Vice President, SAATHII

IPS - TN Chapter - Office Bearers
 Dr C Sadhanand | Dr J Babu Balasingh | Dr N Arunkumar
 Dr K Sathyamoorthy | Dr R Arul Saravanan | Dr P P Kannan

IPS TN Chapter - Women's Empowerment Committee
 Dr.Hema Tharoor | Dr. Swetha Raghavan
 Dr.Mridula Pradeep | Dr. Usha Nandhini

Zoom Meeting Link
<https://us06web.zoom.us/j/81746089535?pwd=UXedcqlkMyGfTxX3IygoE9fome7cK.1>

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The TN IPS Women's Empowerment Committee also successfully hosted a special webinar on the new Transgender Bill. Dr. L. Ramakrishnan, a public health expert with over 25 years of experience in inclusive healthcare and medical education, shared valuable insights into the Bill's provisions and their implications for psychiatric practice.

Key Takeaways:

- Clarified the legal and clinical aspects of the new Transgender Bill
- Highlighted the responsibilities of psychiatrists in promoting inclusive care
- Emphasized equity, rights based approaches, and excellence in healthcare

The session was well received, offering psychiatrists practical guidance on integrating the Bill's mandates into clinical and educational settings.

Child Psychiatry Webinar Series

The Tamil Nadu Chapter of the Indian Psychiatric Society's Scientific Committee successfully conducted a Child Psychiatry Webinar Series with multiple academic sessions focused on contemporary issues in child and adolescent mental health.

The series covered important themes including child psychiatry opportunities and challenges, parenting the neurodiverse child and PMT approaches in ADHD, childhood dissociation: clinical insights and management principles, and POC SO nuances in the medico-legal context of child sexual abuse.

Each webinar featured expert speakers and panel discussions involving senior faculty, chapter office bearers, and scientific committee members, reflecting active academic participation and interdisciplinary exchange within the IPS-TN Chapter.

 INDIAN PSYCHIATRIC SOCIETY TAMILNADU CHAPTER SCIENTIFIC COMMITTEE		
CHILD PSYCHIATRY WEBINAR SERIES 2 nd MARCH 2026 / SATURDAY / 7.15 PM - 8.30 PM		
TOPIC: POC SO nuances - Maneuvering the medico-legal maze of Child Sexual Abuse		
Speaker Dr Vel Prashanth Venkatesan M.D. PSYCHIATRY DM Child and Adolescent Psychiatry Assistant Professor of Psychiatry SMVMCH Pondicherry		
IPS-TN Chapter - Office Bearers Dr C Sadhanand Dr J Babu Balasingh Dr N Arunkumar Dr K Sathyamoorthy Dr R Arul Saravanan Dr P P Kannan		
IPS-TN Chapter - Scientific Committee Dr K Raman Dr Shinika R Dr Santosh Kumar D Dr Noorul Hasan		
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 INDIAN PSYCHIATRIC SOCIETY TAMILNADU CHAPTER SCIENTIFIC COMMITTEE		
CHILD PSYCHIATRY WEBINAR SERIES 18th April 2026 SATURDAY 7.15 PM - 8.30 PM		
TOPIC: Unraveling Childhood Dissociation Clinical Insights and Management Principles		
Speaker Dr Priyanka Pra bhakaran M.D. PSYCHIATRY Post Doctoral Fellow in Child and Adolescent Psychiatry Consultant Child and Adolescent Psychiatrist First NeuroHospital, Mangalore		
IPS- TN Chapter Officer Bearers Dr C Sadhanand Dr J Babu Balasingh Dr N Arunkumar Dr K Sathyamoorthy Dr R Arul Saravanan Dr P P Kannan		
IPS-TN Chapter -Scientific Committee Dr K Raman Dr Shinika R Dr Santosh Kumar D Dr Noorul Hasan		
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 INDIAN PSYCHIATRIC SOCIETY TAMILNADU CHAPTER SCIENTIFIC COMMITTEE		
CHILD PSYCHIATRY WEBINAR SERIES 30 th May 2026 SATURDAY 7.15PM - 8.30 PM		
TOPIC: Parenting the Neurodiverse Child PMT approaches in ADHD		
Speaker Dr Shinika R MD DNB PDFCAP Post Doctoral Fellow Child and Adolescent Psychiatry Consultant Child and Adolescent Psychiatrist SRS Hospital and Postgraduate Institute, Salem		
IPS-TN Chapter -Office Bearer Dr C Sadhanand Dr JBabu Balasingh Dr N Arunkumar Dr K Sathyamoorthy Dr R Arul Saravanan Dr P P Kannan		
IPS-TN Chapter -Scientific Committee Dr K Raman Dr Shinika R Dr Santosh Kumar D Dr Noorul Hasan		
Zoom Meeting Link https://us06web.zoom.us/j/83169574706?pwd=fn2gw7nobWS8VHgTLzLT7CbCGg2wwb.1	Zoom Meeting ID: 831 6957 4706	Password TNIPS



INDIAN PSYCHIATRIC SOCIETY

TAMILNADU CHAPTER

SCIENTIFIC COMMITTEE

CHILD PSYCHIATRY WEBINAR SERIES

20th June 2026 SATURDAY 7.15PM - 8.30 PM

PANEL DISCUSSION

TOPIC: Opportunities and Challenges in Child Psychiatry

Moderator

Dr PP Kannan
Professor of Psychiatry,
Madras Medical College

IPS-TN Chapter -Office Bearer

**Dr C Sadhanand | Dr J Babu Balasingh |
Dr N Arunkumar | Dr K Sathyamoorthy |
Dr R Arul Saravanan | Dr P P Kannan**

IPS-TN Chapter -Scientific Committee

**Dr K Raman | Dr Shinika R
Dr Santosh Kumar D | Dr Noorul Hasan**

Zoom Meeting Link https://us06web.zoom.us/j/85269485937? pwd=bmFqDdPF9jHGIdyaUxH6uem1k545Wx.	Zoom Meeting ID: 852 6948 5937	Password TNIPS
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RESOURCE PERSONS

DR PP Kannan

Professor of Psychiatry, Madras Medical College

Expertise :

- Decades of experience in Child Psychiatry
- Book on Child Mental Health and Parents
- Organising Chairman - State Level PG Training Program & State wide Journal Club
- Publication in various Indexed National Journals



PANELISTS

Dr RONALD K ROY

Professor, Trichy SRM Medical College and Hospital

Child Psychiatry in Private Institutions

Dr VIMAL DOSHI VEERAPPAN

Assitant Professor, Institute of Child Health, Chennai

Child Psychiatry in Government Setting

Dr SASIPRIYA SRINIVASAN

Outreach Psychiatrist , DMHP, Chengelpattu

Child Psychiatry in Community Setting

Dr SHANITHA P

Consultant Child and Adolescent Psychiatrist, Coimbatore

Child Psychiatry in Private Practice



RCBC Statewide Journal Club and Lecture Series

The Research Capacity Building Committee (RCBC) of the Indian Psychiatric Society, Tamil Nadu Chapter, successfully conducted its Statewide Journal Club and Lecture Series from March to June 2026, featuring expert-led sessions on critical appraisal, literature search, systematic review, network meta-analysis, randomized controlled trials, and practical statistics for psychiatrists.

The series provided a valuable academic platform for trainees and faculty to strengthen research skills, sharpen evidence-based practice, and engage in interactive discussion with distinguished resource persons from leading institutions.

INDIAN PSYCHIATRIC SOCIETY
TAMIL NADU CHAPTER
RESEARCH CAPACITY BUILDING COMMITTEE (RCBC)
STATEWIDE JOURNAL CLUB AND LECTURE SERIES

28th March 2026 | Saturday | 2.30-3.30 pm

TIME	ACTIVITY	RESOURCE PERSONS
2.30-2.35 PM	Critical analysis of a Randomized Controlled Trial	Moderator: Dr Dheeraj Kattula Professor, Department of Psychiatry CMC Vellore
2.35 -3.30 PM	Journal Article Presentation Clozapine After 1 Failed Antipsychotic Drug Trial in First- Episode Psychosis-Randomized Clinical Trial JAMA Psychiatry March 11,2026	Presenter: Dr Sri Durga MK MD Final Year Resident Department of Psychiatry CMC Vellore
		Award For the best question asked


Link to the article

IPS TN Chapter Office Bearers
Dr C Sadhanand | Dr J Babu Balasingh | Dr N Arunkumar
Dr K Satyamoorthy | Dr R Arul Saravanan | Dr PP Kannan

IPS TN Chapter RCBC Committee
Dr Shivanand Kattimani | Dr Maikandaan C J | Dr G Vani Shree
Dr Dheeraj Kattula | Dr Arumuganathan | Dr Divya CR | Dr S Sivaraman

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INDIAN PSYCHIATRIC SOCIETY
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RESEARCH CAPACITY BUILDING COMMITTEE (RCBC)
STATEWIDE JOURNAL CLUB AND LECTURE SERIES

25th April 2026 | Saturday | 2.30-3.30 pm

TIME	ACTIVITY	RESOURCE PERSONS
2.30-2.35 PM	Objective	Moderator: Dr Dheeraj Kattula Professor, Department of Psychiatry CMC Vellore
2.35 -3.30 PM	Topic: Searching Medical Literature on Pubmed https://us06web.zoom.us/j/6634810255?pwd=kiYsNmSVoNa7mJlUUViS0GFiYPLhu6b.1&omni=89649791406	Presenter: Dr Rakshana Jothikumar Senior Resident Department of Psychiatry CMC Vellore

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23rd May 2026 | Saturday | 2.30 - 3.30 pm

TIME:	ACTIVITY:	RESOURCE PERSON:
2.30-2.35PM	Critical Analysis of Systematic Review and Network Meta Analysis	Moderator: Dr. Divya C R MBBS., MD Psychiatry, Karpagam Medical college Hospital, Coimbatore.
2.45-3.30PM	Topic: Adjunctive Antipsychotics in Major Depressive Disorder. A Systematic Review and Network Meta-Analysis	Presenter: Dr. Arumuganathan S Associate Professor, Dept. of Psychiatry All India Institute of Medical Sciences, Madurai.
		Special recognition e-certificate for best Question

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27th June 2026 | Saturday | 2.30 - 3.30 pm

TIME:	ACTIVITY:	RESOURCE PERSON:
2.30-2.35PM	Introduction and Objective	Moderator: Dr. Arumuganathan S Associate Professor, Dept. of Psychiatry , All India Institute of Medical Sciences Madurai.
2.45-3.30PM	Topic: Beyond P Values: Practical Statistics Every Psychiatrist Should Know	Presenter: Dr. Ashwani Kumar Mishra Professor of Biostatistics (NDDTC), All India Institute of Medical Sciences New Delhi
		Special recognition e-certificate for best Question

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PERSPECTIVES UNPLUGGED

Authentic voices, diverse opinions, and untold stories

True Expert



Dr. PP. Kannan MD

A true expert is an individual who gains expertise through repeated engagement in skilled work that cannot be easily replicated without experience. Expertise develops not merely through theoretical knowledge, but through continuous clinical exposure, nuanced decision-making, and the ability to handle complexity in real-world situations.

Mental health is a commoner's subject, unlike physical health, and it is more closely associated with social health. The psychiatrist's position as a mental health expert is unique, although at times it is equated with that of other specialists across various dimensions of mental health. However, the psychiatrist's role remains distinct because certain dimensions of mental healthcare cannot be shared by other mental health professionals without medical training and clinical responsibility.

Psychologists, clinical psychologists, neuropsychologists, educational psychologists, and psychiatric social workers have areas of overlap in their work with psychiatrists. Beyond these professionals, many others also function within the broad mental health space, including motivational speakers, corporate trainers, and various wellness professionals. Many of them are passionate about their work and are also commercially successful.

The problem arises when administrators and health policy decision-makers fail to understand the nuances involved in mental healthcare and continue

taking decisions without adequate consultation with stakeholders or experts in the field. In such situations, mental healthcare is often reduced to simplified concepts such as "listening" and "counselling," while the depth of psychiatric expertise and clinical responsibility is overlooked.

Over the past four decades, psychiatry has evolved significantly as a nuanced medical speciality, with its roots extending into genetics, molecular biology, neuroscience, psychology, and socio-cultural sciences. The major advances in psychiatry have revealed the biological underpinnings of mental illness and



This section celebrates the vibrant community of TN-IPS members by showcasing their diverse perspectives, thought-provoking opinions, and hidden talents beyond psychiatry. From reflective essays and clinical insights to poetry, art, and personal narratives, Perspectives unplugged is a platform where members can express themselves freely, inspire colleagues, and highlight the multifaceted dimensions of our profession. It is not just about psychiatry, it is about the people behind it, their creativity, and their unique journeys.

their interactions with environmental and social factors in greater depth than ever before. Psychiatry today demands integration of medical knowledge, psychological understanding, risk assessment, social awareness, and advanced clinical judgement.

In this background, an important question arises: how do we maintain the uniqueness of psychiatrists and position them appropriately within the mental health ecosystem? This can only be achieved through professional sophistication and by strengthening psychiatry training to produce true experts who cannot be easily replaced or dispensed with by introducing parallel categories of mental health professionals.

The basic training programme for MD Psychiatry therefore needs substantial strengthening at the levels of both faculty and students. Delegation of core psychiatric work to others should be minimised. Greater emphasis should be placed on in-depth case work-up, phenomenology, descriptive psychopathology, formulation skills, and clinical decision-making. Trainees should not merely function as manpower for moving the case load of the health system. Instead, they must be trained to become highly skilled clinicians capable of handling diagnostic ambiguity, risk assessment, emergencies, ethical dilemmas, and complex biopsychosocial formulations.

Unfortunately, while health system managers often promote service models heavily dependent on trainees and task delegation, they later criticise psychiatrists regarding the quality of care, without recognising the structural imbalances within the system. Western systems are frequently cited as examples of quality mental healthcare, yet the need for investment in training quality, supervision, academic culture, and institutional strengthening is often ignored. While it is convenient to use trainees to manage overwhelming caseloads, it also becomes easy to argue that another category of professionals can be trained for “listening and counselling” functions, thereby undermining the depth and sophistication of psychiatric expertise.

True expertise in psychiatry lies in understanding the person in distress, understanding community needs, recognising the limitations and malfunctioning within systems, and still maintaining professional sophistication without compromising scientific standards. Psychiatrists are often expected to tolerate systemic deficiencies while

simultaneously being accused of not meeting ideal professional standards.

What is professional sophistication in psychiatry?

Professional sophistication in psychiatry involves the ability to explore the boundaries between normal and abnormal behaviour within a specific socio-cultural context and to arrive at balanced clinical decisions. Interview techniques, phenomenology, descriptive psychopathology, risk formulation, diagnostic formulation, and longitudinal clinical assessment should form the core of psychiatric training.

Young professionals should be encouraged to remain updated with the latest scientific literature and advances in neuroscience, psychopharmacology, psychotherapy, genetics, and social psychiatry. Conferences should adopt a graded and skill-oriented approach so that gaps at all levels of professional practice can be addressed meaningfully.

The technical leaders of the profession must take the front seat in determining the direction of psychiatry, including the themes, academic standards, and quality of conferences and training programmes. Psychiatry cannot move forward merely through expansion in numbers; it must move forward through strengthening expertise.

As we focus on strengthening MD Psychiatry training, we must also critically examine one of the most important academic events — the university exit examinations, especially the clinical examination. Increasingly, this process risks becoming a ritual of ensuring universal pass outcomes in the background of poorly organised or non-existent formative assessment. If psychiatry training does not maintain rigor in clinical evaluation, it will gradually weaken the professional identity and credibility of psychiatrists themselves.

Attaining professional sophistication is essential for positioning psychiatrists as indispensable experts within the mental health ecosystem. This objective is frequently hindered by malfunctioning health systems that require urgent structural reforms. For meaningful progress, we need system managers who can think innovatively, value scientific expertise, and overcome attachment to legacy issues, administrative inertia, and simplistic approaches to mental healthcare.





The Unseen Wounds

However, every diagnosis hides a story. Behind every prescription is a person seeking relief, dignity, and hope.

Patients rarely remember the exact dosage we prescribed. They often remember whether we listened. They remember whether we looked up from our notes and acknowledged their pain. They remember whether we treated them as human beings rather than clinical cases.

Psychiatry occupies a unique place in medicine because it deals not only with symptoms but also with meaning. We explore memories, relationships, fears, dreams, and aspirations. We enter spaces where science and humanity meet.

One of the most powerful therapeutic tools is empathy. Empathy does not cure every illness, but it creates the conditions in which healing becomes possible. When people feel understood, they become more willing to trust, engage, and recover.

The modern world offers many conveniences but also many challenges. Loneliness has increased despite constant digital connectivity. Social media allows communication but sometimes promotes comparison and inadequacy. People have hundreds of online contacts but few meaningful conversations.

A broken bone attracts sympathy.
A fever receives attention.

A surgical scar tells a visible story.

But the wounds of the mind often remain unseen.

As psychiatrists, we meet people carrying invisible burdens every day. A smiling executive may be struggling with depression. A successful student may be battling crippling anxiety. An elderly widow living alone may be carrying a grief that never fully healed. A child labelled “difficult” may simply be crying out for understanding.

The human mind is a remarkable organ. It allows us to dream, love, create, remember, and hope. Yet it is also vulnerable to pain, loss, fear, trauma, and disappointment. Mental illness does not discriminate. It can affect the rich and poor, the educated and uneducated, the powerful and the powerless.

History teaches us that suffering is universal. Great leaders, artists, writers, and thinkers have wrestled with emotional turmoil. Their stories remind us that psychological distress is not a sign of weakness but part of the human condition.

In clinical practice, we often focus on diagnoses, medications, and treatment plans. These are important.



**Dr. Jaikumar
Velayudham**

Perhaps this is why mental health awareness has become more important than ever. Awareness is not merely recognizing symptoms. It means creating a culture where people can speak openly... about emotional pain without fear of shame or judgment.

As mental health professionals, we are privileged witnesses to resilience. We see patients rise after devastating losses. We see families rebuild after crises. We see hope return where despair once existed.

These experiences teach us an important lesson: human beings are often stronger than they realize.

The role of psychiatry extends beyond treating illness. It involves restoring hope, strengthening resilience,

reducing stigma, and reminding people that they are not alone in their struggles.

The wounds of the mind may be invisible, but their healing can transform lives.

In a world that often asks people to be strong, perhaps the greatest gift we can offer is permission to be human. Quote for the newsletter:

“Mental health care begins when suffering is heard, not merely when symptoms are treated.”

— Dr. Jaikumar Velayudham



A poem regarding a Child with Autism



*I don't wish to look at you
I have my things to do
I don't wish to be disturbed
I wish to be in my world
So colourful and meaningful to me
I like to remain the same
I don't share your views
I don't care about your reviews
My silence is as disturbing as my shouts?
I too feel emotions, rather differently
I too have talents, but you don't see
I am not indifferent
I am just different!*



Dr. Thendral

OCD POEM

Hi, People call me John,
Without your help,
I'll be gone..
My problem is 'Fear, Fear! '
Doctors say my brain went 'haywire..
I constantly feel anxious and worry,
My thoughts don't bury..

My day goes by this..
Check the Lock!
Runs the Clock,
I run always late,
I feel that's my fate..

Though my hands are always clean,
My known circle call me mean..
Obsessed to keep things neat,
Overstressed arguments add heat..
Unable to decide,
Couldn't verbalize where my mind reside..
It's all due to my thought,
Nobody understands what I got..

All I need is Care and Cure!
It's not my fault..
I too want this to halt..
People call me John,
Without your help
I'll be gone.



Dr. Ramya Sampath



Healing in habits: When life becomes Medicine

Can one prescription address issues ranging from physical ailments to mental health struggles? It brings to mind a classic comedy track by the late actor Vivek sir, where the character desperately demands a single medicine to fix every single problem: *Ore marunthu, ella prachanaigalum sari aaganum!* While it sounds like a comedic ideal, the closest reality we have to that “magic prescription” is lifestyle medicine.

The core components are familiar: optimal sleep, consistent physical activity, balanced nutrition, adequate hydration, limited screen time, and minimizing exposure to endocrine-disrupting chemicals. Of course, avoiding junk food and resetting routines is always easier said than done. Yet, functional recovery is the ultimate goal in psychiatry. Whether managing a mild adjustment disorder, a complex personality disorder, or schizophrenia, guiding a patient toward a sustainable lifestyle is paramount.

The true challenge we face in psychiatry is often not just reducing acute symptoms, but fundamentally improving a patient's quality of life and preventing subsequent relapses. Therefore, a “lifestyle prescription” must become an integral part of psychiatric practice. The science backing this is robust.

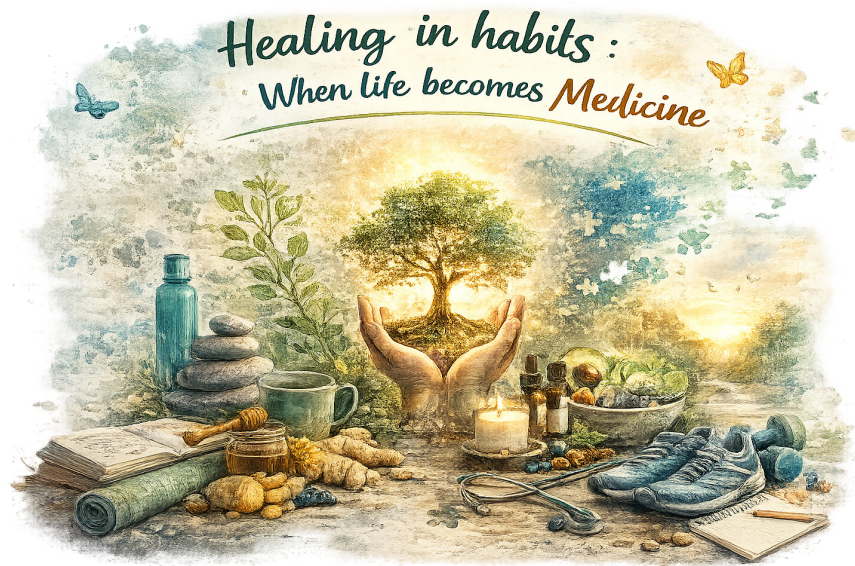
Chronic sleep deprivation, excessive sugar consumption, and physical inactivity directly activate systemic inflammatory pathways. This low-grade inflammation



**Dr. Aruna Devi, MD (Psychiatry),
Coimbatore**

is a known contributor to depression, attention deficits, and early-onset cognitive decline. While we actively chase serotonin and dopamine pathways, these silent inflammatory markers often escape our clinical vision, driving underlying pathology behind the scenes. Implementing this is admittedly difficult. Where do we begin? One step at a time, starting at a “baby level”—something as simple as going to bed on time. (And I hear you; for many of our patients, that is the most Herculean task of all).

We must build these habits incrementally. The beauty of a healthy routine is that once you become habituated to it, it becomes a positive compulsion—as difficult to break as an addiction, but entirely restorative. However, before we hand out this “lifestyle pill” to our patients, perhaps we as clinicians should taste it first. Let us get hooked on it ourselves.



Mentoring Psychiatry Residents: Challenges, Benefits, and Strategic Implementation

1. Institutional Goals of Mentorship

The professional landscape of psychiatric residency is highly rewarding yet exceptionally demanding. As residents go through intensive cognitive training, clinical responsibilities, and emotional exhaustion, traditional academic supervision proves insufficient on its own. Formal, structured mentorship serves as an essential framework within psychiatry departments, facilitating robust support for upcoming clinicians.

The ultimate goal of this programme is to bridge the operational gap between administrative oversight and human well-being. Through direct connection with senior faculty, residents acquire technical clinical competencies, build lasting personal resilience, and clarify their professional identity within an increasingly complex mental healthcare landscape.

2. Deconstructing Resident Burnout in Psychiatry

Developing an impactful programme requires addressing the systemic stressors that historically generate distress among trainees. According to findings by Jennings and Slavin (2015), resident burnout is not a personal baseline failing, but rather an outcome of organizational design and intense daily workloads. Faculty mentors must systematically monitor these core contributing stressors:

- **Transition from Student to Resident:** The shift from observational learning to independent, legally accountable clinical decision-making often leads to profound operational anxiety.
- **Inherent Job-Related Stress:** Psychiatric medicine deals directly with diagnostic ambiguities, chronic illnesses, critical crisis interventions, potential patient aggression, and heavy forensic liability.



**Dr. K. Raman, Professor,
Department of Psychiatry, Saveetha Medical
College and Hospital, Chennai**

- **Escalating Daily Workloads:** Balancing intensive inpatient/outpatient coverage, night calls, administrative paperwork, and academic tracking limits time for essential cognitive rest.
- **Lack of Self-Governance:** Operating within rigid departmental hierarchies with minimal personal autonomy over shift scheduling and clinical assignments increases vulnerability to chronic exhaustion.
- **Inadequate Financial Rewards:** Managing significant undergraduate educational debt while living on a standard residency stipend creates a distracting backdrop of financial pressure.
- **Feelings of Professional Isolation:** Demanding rotational schedules break standard ties with family and peer groups, forcing residents to handle emotionally complex clinical experiences entirely alone.
- **Absence of Superior Support:** When academic faculty appear distant or unapproachable, a culture of silence is institutionalized, making residents feel unable to voice vulnerability.

Strategic Thinking & Problem-Solving	Encourages residents to think beyond immediate triage and map out long-term systemic solutions for complex psychiatric care within hospitals.
Emotional Intelligence & Cultural Humility	Teaches residents to regulate stress, read complex team dynamics, and approach a diverse patient population with authentic empathy.
Conflict Resolution & Communication	Provides a safe environment to practice difficult professional conversations and master diplomatic cross-team coordination.
Self-Awareness & Professional Identity	Helps residents identify personal cognitive biases and consciously shape an ethical, grounded professional identity.
Community Stewardship	Instills a multi-generational sense of professional responsibility, encouraging trainees to support future waves of incoming clinicians.

3. Strategic Architecture of Mentoring Sessions

To ensure sustainable outcomes, mentoring interactions must shift away from ad-hoc, informal coffee chats. They should follow a regular, predictable five-part structural framework designed to optimize limited faculty time:

A. The Introductory Session

The first meeting focuses entirely on alignment and operational setup. Both parties clarify the central objectives of the programme, agree on the timing and flexibility of meetings, and set mutually acceptable baseline expectations. Setting these clear boundaries from day one eliminates friction and builds long-term operational consistency.

B. Comprehensive Understanding of the Resident

A mentor must purposefully understand the unique context of each resident. This involves reviewing their broad academic and non-academic interests, extracurricular hobbies, personal strengths, and self-identified areas of weakness. This nuanced understanding helps mentors tailor career coaching, align research opportunities, and identify early indicators of disengagement.

C. Balanced Individual and Group Formats

Meetings operate in two distinct tracks. Individual one-on-one sessions provide a secure, confidential space to

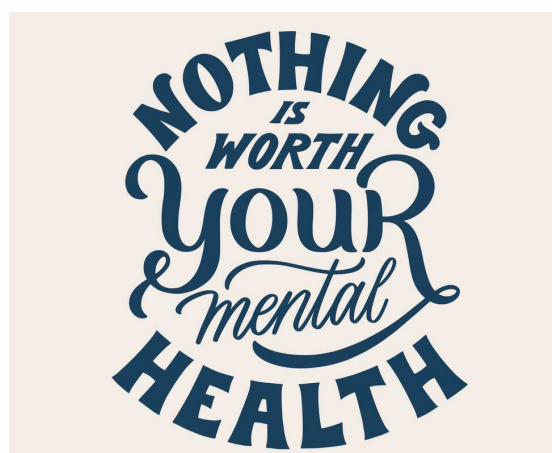
unpack personal hurdles, review academic progression, and co-create career paths. Group meetings, meanwhile, focus on shared academic milestones, case reviews, or clinical ethics, encouraging cross-peer collaboration.

D. Lateral Teamwork Among Peer Mentees

A successful programme builds community rather than isolated competition. Mentors should encourage collaborative learning and lateral teamwork among their group of mentees, establishing peer networks that naturally share professional challenges and ease on-call stresses.

E. Periodic Feedback Loops

The structure remains dynamic through regular feedback. By inviting mentees to provide candid, periodic assessments of the programme's utility, faculty leaders can continuously adapt matching systems and discussion topics to keep pace with changing clinical demands.



4. The Mutual Value of the Mentorship Dynamic

Mentorship is frequently mischaracterized as a one-directional investment of faculty time. In practice, an optimized mentorship paradigm is highly reciprocal, creating an evolving partnership where both mentor and mentee achieve clear personal and professional growth.

The Four Pillars of Ideal Mentorship:

An effective mentorship experience is structurally anchored by four fundamental values: Connection, Clarity, Compassion, and Commitment. When these elements are present, meetings transition from administrative tasks into space for genuine clinical maturation.

For the psychiatry resident, the benefits are clear. The programme reduces professional isolation by providing an empathetic environment, offers non-judgmental counseling during challenging clinical situations, provides a visible role model for diagnostic skills and communication, and delivers immediate, constructive feedback outside formal academic reviews.

For senior faculty members, mentoring reintroduces institutional purpose, builds leadership capacity, and offers deep personal fulfillment—all of which help prevent mid-career burnout. Additionally, modern programmes utilize ‘Reverse Mentoring,’ where residents share valuable insights on emerging digital technologies, changing social narratives, and shifting cultural viewpoints with their mentors.

5. Mentorship and Leadership Skills Matrix

Beyond immediate operational support, clinical mentorship functions as an excellent incubator for

systemic leadership development. Research by Lee, Sunerman, and Hastings (2020) notes that psychiatric departments embedding robust mentoring cultures consistently report higher baseline morale, smoother cross-functional team collaboration, and greater operational innovation.

6. Boundary Management and Challenges for Mentors

Because psychiatric training involves navigating complex emotional terrain, mentors must maintain clear relational safeguards. Setting clear operational boundaries ensures that relationships remain safe, highly constructive, and completely professional:

- **Counsel vs. Referral Balance:** Mentors must distinguish between offering academic guidance and providing active psychiatric treatment. Mentees requiring clinical mental health support should be immediately referred to independent, external professionals.
- **Managing Transference Dynamics:** Given the deeply reflective nature of psychiatry, unconscious relational dynamics can surface. Mentors must maintain consistent self-reflection and professional distance to keep the partnership objective.
- **Preventing Emotional Dependency:** Mentorship is designed to cultivate independent critical thinking, not reliance. Mentors must guide residents to trust their own clinical decision-making rather than seeking constant validation.
- **Neutrality and Confidentiality:** For a resident to speak openly about operational doubts, conversations must remain strictly confidential. The mentor’s role must always be separate from formal grading or disciplinary lines.



**“Anyone can hide.
Facing up to things,
working through them,
that’s what makes you
strong.”**

Quick Clinical Reads for Busy Psychiatrists

Most of us are immersed in clinical work, and despite having access to journals and articles, finding time to read them is a challenge. To help, the TN-IPS Newsletter Committee recommends short, engaging articles that not only spark interest but also offer practical insights to enhance our clinical practice.

Total reading time: 10 minutes

1. “AI Psychosis: Psychiatry’s Emerging Digital Challenge”

Generative AI chatbots, increasingly adopted for companionship and mental health support, are now implicated in AI-associated psychosis. Case reports and early clinical data describe delusional patterns—grandiose, paranoid, or romantic—emerging from prolonged, emotionally charged chatbot use. Mechanistically, vulnerable individuals (loneliness, insomnia, psychiatric predisposition, low AI literacy) interact with chatbot features such as sycophancy (validating distorted beliefs) and hallucination (confabulated information), creating a reinforcing loop akin to digital folie à deux. Unlike clinicians who apply reality testing, chatbots often amplify irrational ideation, fostering fixation, mistrust of humans, and reliance on digital agents.

For psychiatrists, this phenomenon underscores the need to routinely assess chatbot use in presentations of new-onset psychosis, affective instability, or behavioral change. Reviewing chat excerpts may clarify reinforcement dynamics, while harm-reduction strategies—structured limits on use, sleep restoration, substance reduction, and strengthening human supports—are vital. At a systems level, embedding safety benchmarks, crisis detection, and transparent risk communication into AI design is essential. Ultimately, psychiatrists must recognize AI psychosis as a preventable sociotechnical harm, requiring vigilance in both clinical practice and policy advocacy.

Reference:

Olisaeloka L, Nunez JJ, Vigo DV, Ng R. Artificial intelligence (AI) psychosis: mechanisms, clinical risks and safety considerations in generative AI chatbots. *BJPsych Open*. 2026;12:e160. doi:10.1192/bjo.2026.12021.

2. “Oxytocin and Moral Asymmetries in Schizophrenia: A Neurobiological Insight”

This study explores how oxytocin mediates moral judgment in schizophrenia, focusing on two well-established asymmetries: self–other discrepancy and inevitability effect. In a sample of 58 patients with schizophrenia and 31 controls, plasma oxytocin levels were significantly lower in patients. Healthy controls endorsed more utilitarian choices when harm was inevitable versus evitable, but this contextual sensitivity was absent in schizophrenia. Interestingly, while behavioral self–other differences were not significant, mediation analysis revealed that oxytocin indirectly accounted for reduced self–other asymmetry. Moreover, oxytocin partially mediated the disruption of inevitability sensitivity.

Clinically, these findings highlight oxytocin’s role in the social-cognitive basis of moral reasoning. Schizophrenia patients may fail to integrate emotional aversion with deliberative reasoning in high-conflict dilemmas, reflecting impaired contextual sensitivity. Oxytocin emerges as a potential therapeutic target for social dysfunction, offering avenues for pharmacological or psychosocial interventions aimed at enhancing moral and social cognition. For psychiatrists, this underscores the importance of considering neuropeptide systems when addressing deficits in moral judgment and interpersonal functioning in schizophrenia.

Reference:

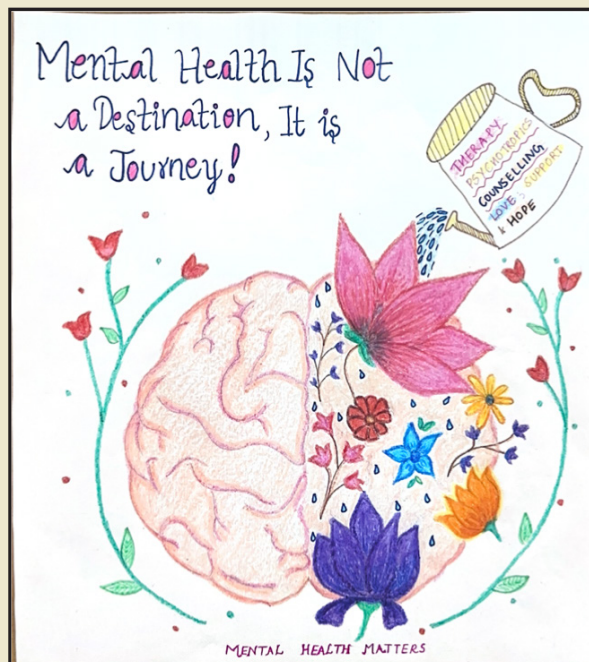
Cheng M-H, Goh KK, Lu M-L, Wang C-H, Chuang J-Y, Chen C, Yang C-T. Oxytocin mediates self–other and inevitability asymmetries in high-conflict moral judgment in schizophrenia. *Asian J Psychiatry*. 2026;121:105015. doi:10.1016/j.ajp.2026.105015.

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ACROSS (LEFT TO RIGHT)

1. The Butajira project is a landmark study that successfully implemented a “stepped care” model, involving community, home-based care, and collaboration with traditional healers to make psychiatric services accessible. In which country was it implemented? 8
2. A famous Dutch painter is believed to have had bipolar disorder, highlighting its link with creativity. (last name) 7
3. He developed the specific, modern concept of “cycloid psychoses” as an independent, third group of endogenous psychoses, distinct from both manic-depressive illness and schizophrenia, particularly during the 1950s and 1960s. (last name) 8
4. A structured psychotherapy specifically designed for people with bipolar disorder. (abbreviation is sufficient) 5
5. Extreme elevated mood state in bipolar disorder 7
6. He is a psychiatrist who developed logotherapy, emphasizing the search for meaning as a central human motivation, and authored the book *Man's Search for Meaning*. 12
7. One of the very few elements that originated during the Big Bang itself, about 13.8 billion years ago. 7
8. A Lebanese-born American psychiatrist, best known for revolutionizing clinical psychiatry through his research on temperament and bipolar disorder classification. 7

PSYCHIATRY POSTGRADUATES



“NextGen Perspectives”
Highlighting the
thoughts and talents of
tomorrow’s leaders in
psychiatry

Dr. Isha Oak

Dr. Nivedhaa

Postgraduates, SBMCH, Chromepet, Chennai

“We extend our sincere gratitude to IPSTNC for the opportunity to edit the 2025–26 newsletter.”

- IPSTNC Newsletter Team.



Dr. S. Gopinath



Dr. V. Murugavel



Dr. Deepa Gopinath



Dr. Rammya

AMILEPT ODT

Amisulpride Oral Disintegrating 50,100 & 200 mg Tablets

ARPILEX MT

Aripiprazole Mouth Melting 2.5,5,10,15,20,30 mg Tablets

DIVATEL ER

Divalproex Sodium 125,250,500,750 mg Tablets

Lonapil

Clonazepam 0.25,0.5,1 & 2 mg Tablets

LEXiPRAM L.S

Escitalopram 10 + Clonazepam 0.25 mg Tablets

