

S1. IMPLEMENTING & MONITORING OPIOID SUBSTITUTION THERAPY IN SOUTH ASIA:

Dr Saroj Prasad Ojha: Implementing Methadone Treatment: Clinical Practice Guideline

INTRODUCTION:

Drug use in Nepal is more problematic than it was ever before. The annual growth rate of hard drug users is 11.36% with an estimation that 91,534 people using hard drugs in 2013. The increase was by an alarming 98% compared to initial study done six years back. 57% among these were injecting drug users. Methadone maintenance treatment (MMT) as one option of Opioid substitution therapy (OST) is one of the evidence based treatment program with medically prescribed and supervised, legal administration of an opioid to people with opioid dependence.

APPROACH:

Home Ministry of Government of Nepal has recently drafted Management Guideline for OST, 2014. The guidelines intend to fill a gap on questions related to OST by explaining the various aspects which includes expansion of OST, establishment, operation and monitoring including storage and supply, capacity building, ownership, administrative structure and regulation, quality control, referral structure, support services, monitoring and evaluation. The policy also gives a framework for the minimum standard of care for operating an OST center and also defines the roles of both social support group and medical unit. It intends to serve as a practical tool, which defines the role of government and service providers working in the fields of policy and program development in drug control and in public health sectors to facilitate the implementation of interventions to reduce the risk of HIV transmission among people who use drugs. To capacitate with in-depth knowledge and education on OST, National Centre of AIDS and STD control (NCASC) with technical support from TUTH and GIZ developed training curriculum for service providers in 2012, which was updated in 2014.

CONCLUSION:

Even after around two decades of introduction, MMT is still far behind in catering the unmet need of IDU's in Nepal. With the OST guideline also defining NGO's and private clinic as possible modalities to offer MMT to patients, rapid escalation in number of MMT patient is expected over the next years. Professional community leadership is necessary to tackle the impediments like stigma and bias directed towards MMT programs.

Dr Atul Ambekar: Capacity Building, Monitoring and Quality Assurance: Role of Psychiatrist

Many countries in the SAARC region are in the process of implementing and scaling-up their OST programmes. In terms of the epidemic of opioid injecting there are

similarities as well as differences among various SAARC countries. However, a common, key challenge in the scale-up of OST services is building capacities of human resources and ensuring optimum quality of services, in resource-constrained settings. For this purpose, a wide range of tools has been developed in India. These tools include: a Training manual (developed for facilitators), a Field guide for mentors (for the purpose of quality assurance) and a tool for Evaluation (for the purpose of accreditation). Elaborate mechanisms have been established to ensure that (a) the capacities of service providers are enhanced (through training), (b) the quality of services is at an optimum level (through accreditation-evaluation) and (c) the quality is continually enhanced (through Quality Assurance and Mentoring visits by experts). These tools and systems are adaptable to the needs and contexts of other SAARC countries as well. A strong political will as well as commitment to make technical resources available will be needed for this purpose. The Psychiatrists in SAARC countries must provide leadership in this regard and assume the role of service providers, trainers, mentors, and planners and above all, advocates for OST services at an adequate scale and optimum quality.

Dr Tapas Kumar Aich: Background - Need and Importance of OST & Implementing Buprenorphine treatment: Clinical Practice Guidelines

Spread of HIV in India and other SAARC countries have been seen to be present in certain groups of vulnerable population; mainly Female sex workers, Men-who-have-sex-with-men, truckers, migrants and most importantly Injecting drug users (IDU). HIV epidemic in India and other SAARC countries have been reported from this sub-group of injecting drug abusers, who, because of their poor economic condition, criminalisation of drug abuse and unsafe sexual practices are particularly vulnerable to acquiring HIV infection. As per NACO surveillance data (2009) in India, the HIV prevalence amongst IDU is 9.2% - the highest among all vulnerable groups. National AIDS Control Programme (NACP) in India has made constant effort to address the needs of this vulnerable population by engaging various stakeholders including members of the community. Opioid Substitution Therapy (OST) is one of the internationally recognised and evidence-based interventions for preventing HIV among IDUs. OST also helps to stabilize the lives of IDUs, leading ultimately to social reintegration of drug users. In India, OST has been included in the comprehensive package of harm reduction services for IDUs. OST is being provided in both NGO as well as public health care settings. Realizing

the importance of OST and the need for sustainable interventions, NACO is scaling up OST services to more than 100 districts in India!

S2. WPA ZONE 16 SYMPOSIUM: "CURRENT PSYCHIATRIC PERSPECTIVES FOR SAARC COUNTRIES"

Presenters:

1. *Psychiatric education in SAARC Countries - Dr. N N Raju - Secretary IPS*
2. *Encouraging Research and Publications in SAARC Countries - Dr. Jayan Mendis, Sri Lanka*
3. *Emerging Specialities - Sexualities, issues for SAARC Countries - Dr. T.S.S. Rao, Secretary, Human Sexuality Section, WPA,*
4. *Mental Health policies for SAARC Countries - Dr. Sandip Subedi, Nepal*

Mental health Policy In SAARC countries

Mental health policy is an organized set of values, principles and objectives for improving mental health and reducing the burden of mental disorders in a population. It defines a vision for the future and helps to establish a model for action.

An explicit mental health policy is an essential and powerful tool for the mental health section in any ministry of health. When properly formulated and implemented through plans and programmes, a policy can have a significant impact on the mental health of the population concerned.

Clear evidence, such as that from the major World Mental Health Surveys, shows that mental disorders are highly prevalent in many low- and middle-income countries. Despite this, the treatment gap — the gap between the number of people with disorders and the number who actually receive evidence-based care — is as high as 70 to 80 per cent in many developing countries.

One of the first step in decreasing this treatment gap is to have a mental health policy which not only provides access to mental health care and right to seek information about their treatment but also brings about rights-based protection of mentally ill persons.

Despite wide recognition of the importance of national mental health policies, data collected by WHO reveal that 40.5% of countries have no mental health policy and that 30.3% have no programme.

This symposium will focus on the current status of mental health services and mental health policy in various SAARC countries.

S3. SUN SYMPOSIUM: PSYCHIATRIC PERSPECTIVE IN NEPAL

Presenters:

- Dr Vidya Dev Sharma: Mental Health in Nepal: Past to Present*
- Dr Nabaraj Koirala: Mission & Vision Of PAN*

Dr Arun Kumar Pandey: Psychiatry teaching in Nepal

Dr Arun Kunwar: Child psychiatry in Nepal

Dr Rabi Shakya: Mass Hysteria in Nepal

Dr Vidya Dev Sharma: Mental Health in Nepal: Past to Present. Hospital-based mental health services started in 1962 in general hospital setting at Bir Hospital), Kathmandu as OPD services and later in 63 as a 4-bedded inpatient unit. In 1974 neuro- psychiatric unit was established in the Royal Army Hospital. Community mental health movement started in 1983 with the establishment ofin Bhaktapur, staffed by Mental Hospital doctors, for the referrals from health post workers in Bhaktapur. Later United Mission to Nepal's Mental Health Program was started in 1984 in south Lalitpur. In 1989 Mental Health project started developing community programs based on Health Posts. Post graduate training started in Nepal in 1997 as MD Psychiatry followed by M Phil Clinical Psychology (1998) and Bachelor in Psychiatric Nursing (2000) at IOM and later spread to other institutions. Mental Health Policy was drafted and submitted in 1996. Both the policy and legislation are with the government waiting to be adopted. Government has started to train some Health post personnel in basic mental health and a few medicines have been included in free distribution list from Health Posts.

Dr Nabaraj Koirala: Mission & Vision of PAN. Dr Koirala, President PAN will detail about the mission and Vision of PAN to improve the status of psychiatric services in Nepal.

Dr Arun Kumar Pandey: Psychiatry teaching in Nepal

Planning for mental health is an important issue and is currently in an evolutionary phase in Nepal. The Nepalese medical education system consists of 18 medical schools currently and a few of them are also providing post-graduation training in Psychiatry. Mental-health problems have long been acknowledged in every society but it is still believed in some section of the society that mental illness is not an important issue in our country and it is a problem of the Western society. The World Health Organization's Global Burden of Disease study stated that mental disorders include four of the top five causes of premature death and disability in the age group of 15-44 years. It has also been found that at least 20-50% of patients attending any primary-care hospital have significant psychological disorders. It is a well-known fact that basic mental-health services generally can be taken care in primary health-care organizations with multiple benefits. It is therefore better and advisable to teach Psychiatry at the undergraduate level itself so that all physicians in the country will have some knowledge about mind, mental health and mental-health problems and so on. The aim of Psychiatry training should be to empower a medical graduate to diagnose and manage common mental disorders, while goal of postgraduate training in the field of psychiatry is to produce skilled manpower to carry

out specialized requirements for the welfare of the needy ones. It should be tried that an uniform and globally accepted UG and PG curricula should be aimed for Psychiatry and must be approved by the Nepal Medical Council (NMC). This paper will highlight about the current UG & PG teaching in Nepal.

Dr Arun Kunwar: Child Psychiatry in Nepal: Present and Future through an Eye of a Lone Child Psychiatrist of Nepal. Children account for one third of population of Nepal but health services for children are very limited for them. Mental health services for children are almost non-existent in Nepal. There is not one dedicated Child Mental Health Unit in the whole country. There is only one partially functioning dedicated Child Psychiatry cline that runs two half days a week and few other clinic that provide some limited mental health services to children. There is no special education system and children who suffer from mental handicap/autism are left to fend for themselves. There are almost nonexistent other supporting pediatric specialists such as Developmental Pediatrician, Child Neurologist, Child Psychologist and Special Education Specialist. Resources are very limited as the Government of Nepal doesn't provide one dime for child mental health. So, this presentation will go through the last five years of experience of a Child Psychiatrist trying to navigate the system taking different roles. It will talk about lessons learned and challenges faced in daily life.

The session will end with discussion on the possible challenges and ways to develop the field of Child Psychiatry in resource poor country like Nepal.

SA. HAROON RASHID MEMORIAL SYMPOSIUM

Presenters:

Prof. S.M. Sultan:

Prof Modawat Rana: Psychotrauma in the Sub Continent: Is the Collective Unconscious of SAARC traumatised?

Prof S M Sultan: Bipolar disorder is a major global health problem with early onset and higher morbidity. In most cases it appears in the formative years of life and runs a chronic fluctuating course with multiple relapses over the years. A delay in its diagnosis and treatment will put the patient at higher risk of morbidity, hence its early diagnosis and initiation of effective management is of utmost importance to improve the outcome and prognosis. Researchers are, therefore, trying to detect it in its earliest prodromal phase and several symptoms are identified as predictors of the disorder. This disorder can have a detrimental effect on social functioning due to substantial impairments in work, family, and social relationships even after acute symptoms have resolved. Studies have shown that even if full remission is achieved initially, 30-60% of individuals with bipolar disorder fail to regain full functioning in occupational and social domains. This may be due to the high rate of

residual symptoms (e.g. poor sleep) experienced by individuals with bipolar disorder.

Repeated hospitalizations and recurrent episodes are highly disruptive to the patients' functioning in everyday life, which is further complicated by comorbid drug abuse in a majority of patients. High rates of divorce and unemployment are also observed in this group.

The current emphasis is on the paradigm shift to the identification of sub-clinical prodromal symptoms and early intervention strategies to meet the challenge.

Prof. Modawat H Rana: Psychotrauma in the Sub Continent: Is the Collective Unconscious of SAARC traumatised?

Most SAARC countries are challenged by natural disasters and human made disasters in form of terrorism. This paper aims to highlight the psychosocial bond that exists between the countries of SAARC as regards the recordings of these disasters in their collective psyche. Using the paradigm of Psychotrauma, the speaker reviews the anthropological, psychological and social perspectives of psychotrauma in the Sub Continent. This region of the world has been a seat of learning, affluence, civilization, and culture. A home to ancient religions and cultures of Buddhism, and Hinduism, the area opened its doors to Christianity and Islam, resulting in a unique interplay of diverse theological and cultural influences on the psyche of its people. Over the centuries, the Sub Continent has seen many invasions, wars, battles, and other human made disasters, and natural disasters in form of tsunamis, earthquakes, floods, hurricanes and cyclones. All such disasters are known to cause psychological trauma resulting in longstanding psychiatric morbidity, and consequences. The speaker discusses the impact of the peculiar history of nations of SAARC and natural and human-made disasters challenging these nations, on the collective unconscious of its inhabitants. The influence on the predisposition to psychotrauma, psychopathology, phenomenology and clinical aspects of psychological trauma related dissociation, PTSD, depression and other psychosocial consequences are discussed. A behavioural sciences perspective on this issue is taken to explain psychotrauma in this part of the world as a complex interplay of historical, geopolitical, anthropological and psychosocial factors and forces.

SS. "WAPR SYMPOSIUM: DEVELOPING PSYCHOSOCIAL REHABILITATION (PSR) SERVICES IN ASIAN REGION

Chair: Dr Afzal Javed

Co-Chair: Dr Mohan Issac

Proposed Speakers:

Dr Alok Sarin

Dr Radhakrishanan

Dr Nasar Sayeed

The last few decades have seen a tremendous increase in the efforts aiming at improving current psychiatric services and incorporating a number of new innovations and initiatives in different areas of mental health. Rehabilitation Psychiatry like many other specialities is also emerging as an important sub speciality in almost all countries. But it is still a neglected speciality within the context of mental health services. There are a number of barriers in its development and expansion even in many developed countries that generally include lack of directions / policies for service delivery in psychosocial rehabilitation, limited financial resources, lack of opportunities for professional training and capacity building in the field of psychiatric rehabilitation. This symposium is organised to highlight the issues that are important in developing Psychosocial Rehabilitation programmes in Asian Region. We aim to generate discussions for formulating policies and directions for establishing rehabilitation services especially in the deprived, less resourced and low income countries in Asia. The salient features of emerging priorities, needs and opportunities in the 21st century would be discussed looking specifically at contemporary definition of rehabilitation, conceptual core components / purpose of specialist rehabilitation services, responsibilities of a rehabilitation teams, manpower development & needs for involving the patients, users & families in the process of rehabilitation.

S6. ASIA NETWORK OF BIPOLAR DISORDER (ANBD) SYMPOSIUM:

Speakers:

Dr Muhammad Nasar Sayed Khan: Diagnosis and screening in BPAD

Prof. PP Sharma: Neurobiology of BPAD

Micheal MC Wong: Pharmacological and Psychosocial treatment in BPAD

Bipolar affective disorder is a mood disorder with different presentation at different phase of the illness. The disorder is characterized by extreme mood swings into manic and depressive episodes, and the disorder tends to run a relapse remission course. Because of the different mood state in the course of the illness, the treatment of the disorder needs to be phase specific. It is roughly divided into the management of manic, depressive and maintenance phase. The mainstay of treatment of this disorder is pharmacotherapy, but psychosocial management is also important. The drugs commonly used to treat the disorder include mood stabilizers (e.g. Lithium, anti-epileptic drugs) and second generation antipsychotic drugs. Antidepressants drugs are also used quite often, although its usage in the treatment of bipolar disorder remains controversial. On the other hand, psychosocial measures that are evidence based include cognitive behavioural

psychotherapy and psychoeducation. Moreover it is now recognized that bipolar patients may have cognitive impairment, and patients with repeated relapses may end up with rather disabling cognitive and functional impairment. Thus, approaches like cognitive remediation may be required to help them to improve their functioning. There is no universally agreed protocol in the treatment of this disorder. Instead there are different treatment guidelines and recommendations proposed by different organizations, e.g. the CANMAT and WFSBP guidelines. Furthermore, the pattern of drug use may be different from place to place. This presentation tries to give a highlight on the drug treatment used in different phase of the disorder and the common psychosocial treatment employed in the management of the disorder.

S7. J K TRIVEDI MEMORIAL SYMPOSIUM

Speakers:

Prof Roy Abraham Kallivayalil - Human rights and psychiatry in Southeast Asia

Dr Afzal Javed- Ethical issues in research and practice

Prof Golam Mohammed Rabbani - Ethical handling of religious and spiritual issues

Prof Harischandra Gambheera - Ethical consideration east versus west

Dr Adarsh Tripathi- Ethics in counselling and psychotherapy

While sharing a number of similarities like scarcity of resources, financial limitations and increasing socio-political adversities, there is a growing consensus among the regional countries in Southeast Asia that the delivery of mental health care and its quality can be improved with better cooperation and collaboration. This is an important time to put the mental health picture of this region in right perspective so as to enable us to grow further rapidly. Despite the great diversity in this region, a common thread of a large burden of mental and behavioural disorders, huge treatment gap due to scarcity of available mental health resources, inequities in their distribution, and inefficiencies in their use persist. Psychiatry as a medical science has been under constant scrutiny. Considering the various varied dimensions of psychiatry, ethics plays a crucial role in safeguarding psychiatry as a profession. Ethics helps psychiatrists to be transparent and accountable in their practice and also helps us to protect the rights of the persons with mental illness. These ethical issues are all the more pertinent in South Asia, which consists of countries with great cultural and linguistic diversity. Considerations related to spirituality and religiosity is becoming increasingly important in psychiatry. These are even more important in countries and societies where religion and spirituality play a big role and it is inevitable that these values may well carry more weight

than legal frameworks. Similarly, understanding and application of ethical mores to the psychotherapeutic field in a multicultural society remains a challenging and dynamic area of study. This symposium aims at discussing various relevant issues related to ethics in this region.

S8. "CLUB (PARTY) DRUGS- TIME TO ACT IS NOW!"

Speakers:

Professor Rakesh Lal, AIIMS, New Delhi

Dr Yatan Pal Singh Balhara

In spite of increase in reports of club (party) drug use in media and scientific literature, limited attention is being focused on these. The current symposium aims at discussing various issues related to (mis)use of these psychoactive substances. The symposium will comprise of four presentations as follows:

Introduction and Epidemiology of Club Drugs:

The first presentation will include an introduction to the symposium followed by description of different types of club drugs. It will also include the epidemiological findings in context of use and misuse of these drugs.

Neurobiology of (mis)use of Club Drugs:

This section will discuss the neurobiological underpinnings of use of club drugs. It will include the evidence from structural and functional neuroimaging studies on club drugs.

Adverse effects due to Club Drugs:

This presentation will include adverse effects associated with use of club drugs. Adverse physical and psychological effects associated with use of club drugs will be the main focus of this presentation.

Approach to problem of Club Drugs:

The final presentation will focus on the approach to deal with the growing problem of club drug use. Role of various pharmacological and non-pharmacological interventions in addressing this issue will be discussed.

S9. "A TOUR TO CLINICAL NEUROPSYCHOLOGY: BRAIN BEHAVIOUR RELATIONSHIP UNCOVERED FROM ASSESSMENT & REHABILITATION PERSPECTIVE"

Dr. Ashima Nehra

Clinical Neuropsychology (CNP) is a super-specialisation which is grounded in the *neurosciences* with a strong focus on evidence-based practice including diagnostics (using standardized tests), prognostics and interventions for various neurological conditions. Hence, the objectives of the symposium are to discuss & unravel (1) the role and importance of *neuropsychological assessment* in neurological conditions including stroke, dementia/pseudo-dementia; Traumatic Brain Injury, Epilepsy & Subarachnoid Haemorrhage and other neurological conditions (e.g. aphasia & hemi-neglect assessments, cognition, intellectual ability along with

other behavioural and Activities of Daily Living domains, etc). The assessments are patient specific, localized & lateralized depending upon severity of the injury, dominant & non dominant hemisphere. All the assessment procedures follow flexible and fixed approach depending upon the patients needs and neuropsychologist training and competence (2) The *neuropsychological rehabilitation* procedure where *restorative & compensatory* techniques using an eclectic approach are used, depending upon patient's strengths & weaknesses, at home- based, computer based and hospital based level to help a patient acquire the knowledge and skills needed for optimal physical, psychological, vocational, cognitive and social functioning. *Clinical Neuropsychology, AIIMS, New Delhi, India*, is using evidence based assessment and rehabilitation techniques (using A-B-A format) based on national & international literature. The symposium would also highlight our personal experience, along with hands on training. Hence, this neuropsychology tour would help in sharing the knowledge about CNP intervention which would strengthen the interdisciplinary approach in healthcare sector lending a better and improved quality of life of patient populations, worldwide.

S10. SAME SEX RELATIONS: THE JOURNEY OVER TIME

Speakers:

Dr Prasenjit Ray

Dr. Devajit Daw,

Prof. Asim Kumar Mallick, Head of the Dept, Psychiatry, Burdwan Medical College

Dr. Devashish Konar

Homosexuality used to be one of the different forms of sexual expression, with different extent of acceptance, not only in ancient India but also in countries across the world. Over time, however, it was gradually being differentiated from conventional form of sexual practice or heterosexuality, even, at some point of time it was deemed punishable and became a taboo. Time and again voices have been raised against this discrimination and in recent years rights of people embracing same sex relations are being increasingly recognised. Even the courts of law have been deliberating about the rights of the LGBT community.

The journey of Psychiatry from understanding homosexuality as a form of deviation and pathology to acknowledging it as a matter of sexual preference perfectly compatible with concepts of normalcy has not been easy, either.

The current symposium attempts to discuss the evolution of concepts regarding homosexual practices across the world and the transformation of legal discourses pertaining to this matter, with special emphasis on the Indian scenario. It also intends to focus on the biology and mental health perspective of this particular aspect of human sexuality.

S11. "AUTISM AND OTHER PERVASIVE DEVELOPMENTAL DISORDERS: A REVIEW"

Speakers:

Dr. Vinod K Sinha: Conceptual Issues in Classification and Clinical Presentation of Pervasive Developmental Disorders

Dr. Basudeb Das: Management of Autism and Pervasive Developmental Disorders:

Dr Nishant Goyal: Aetiopathogenesis of Autism and Pervasive Developmental Disorders: Recent Updates:

Pervasive Developmental Disorders (PDDs) are also sometimes referred to as autism spectrum disorders (ASD), and represent a class of disorders sharing similar features and including distinct diagnoses: autistic disorder, Asperger syndrome (AS), PDD not otherwise specified (PDDNOS), and childhood disintegrative disorder (CDD). Autism was first described by Leo Kanner in 1943 in his classic report of 11 children with "autistic disturbances of affective contact". A Viennese paediatrician A. Ronald while working in Darjeeling, India, in 1940's came across some abnormal/difficult children. The description given by Ronald bears similarity to Kanner's observation. Ronald also made a note of the fact that the problems of such children extended to the whole of their mental personality. Thus it is heartening to note that one of the earliest descriptions of autism came all the way from India.

Autism is a life-long neurodevelopmental condition interfering with the person's ability to communicate and relate to others. Neurodevelopmental impairments in communication, social interaction and unusual ways of perceiving and processing information can seriously hinder daily functioning of people with ASDs and severely impede their educational and social attainments. While some individuals with ASDs and other developmental disorders have varying degrees of abilities that could potentially lead to independent and productive lives with varying levels of support, others are severely affected and require life-long care and support. The quantity and quality of research into autism and related conditions have increased dramatically in recent years. Epidemiological data estimate the global prevalence of ASDs to be one person in 160, accounting for more than 7.6 million disability-adjusted life years and 0.3% of the global burden of disease. Some well-controlled studies have reported substantially higher rates. The prevalence of ASDs in many low- and middle-income countries is as yet unknown. Psychological and neurobiological research has helped to develop new developmental models for the disorder and there have also been significant advances in the molecular genetics of autism and understanding of the underlying neurobiological processes in causation and management. Areas important for future research include the study of

autism as it first develops, i.e., in infants and very young children, and of specific processes (psychological and neurobiological) which underlie the disorder. Significant challenges lie ahead in evaluating the growing number of treatments for autism and in integrating the results of research into treatment and educational settings.

S12. "PRACTICAL MANAGEMENT OF SEXUAL DYSFUNCTIONS"

Speakers:

Dr. T. S. S. Rao: Sex therapy - Psychotherapeutic management

Dr. G. Prasad Rao. Sex therapy - Pharmacotherapeutic management

S13. "FEASIBILITY OF EARLY INTERVENTION PSYCHOSES IN SOUTH ASIA"

Speakers:

Dr Harischandra Gambheera

Dr Adrsha Tripathy

Dr Shehan Williams

Dr Dhana Ratna Shakya

Schizophrenia is a major mental disorder with devastating long term consequences. It has been proved by many researchers that longer the period of untreated psychoses poorer the prognosis. Therefore, measures have been proposed and taken to intervene early and minimize the long term disability by shortening the period of untreated psychoses. It is impossible to date the onset of schizophrenia all the time and illness may progress for a long period unrecognised. Commencement of treatment can be late up to one year even in developed countries where psychiatric services are well established at the community level. Therefore, early intervention of Psychoses may be much delayed in South Asian countries where community Psychiatric services are poorly developed.

The cognitive and functional deterioration is prominent in the prodrome and in the early phase of the illness. Hence, intervention in the prodrome is essential in order to prevent and to minimize the impairment. Many attempts have been made to prevent or delay the onset of schizophrenia by intervening at the prodromal stage by several researches in developed countries. Such an intervention needs well developed infrastructure and enormous amounts of resources. However many such programmes in many countries have failed to produce promising results and the theory of prevention of Schizophrenia still remains controversial. The first episode of psychosis is now recognized as a critical period for effective intervention. Therefore it would be prudent for us in South Asia to think and take steps for early intervention in first episode psychoses to minimize the functional drop and better prognosis.