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persons with psychiatric label, drives patients and their families to untested care options, than to psychiatric treatment (Wig, 1997). This trend will diminish, albeit slowly, when people could appreciate the effectiveness of psychiatric treatment for mental problems (Jorm, 2000). To that end, psychiatrists bear the responsibility of delivering effective treatments consistently at every possible opportunity. While this is largely being carried out, there is a lot of scope for improvement, considering the underutilization of clozapine for resistant schizophrenia and mood stabilizers for all phases of bipolar disorder. So is the case with proven psychosocial interventions also (Kuruvilla, 1998).

When the circle of family and friends directly experience the beneficial effects brought out by the psychiatric treatment for persons with abnormal behaviour, it sets in motion a ripple effect of increased awareness in the community. Thus, efficacy of psychiatric treatment will have a direct impact on stigma. This highlights the need for increased resources for quality psychiatric treatment which in turn calls for efforts at various levels, including, improving undergraduate psychiatry education, establishing practice guidelines, modifying the current Mental Health Act to make it pragmatic.

2. Mental Health Education

While 'effective treatment' may bring improvements in mental health care slowly, 'Mental Health Education' can act quickly, in improving certain aspect of Mental Health Care. In this era of Information Technology, knowledge can be quickly disseminated over large geographical area, cutting across socio-economic, linguistic and cultural barriers through media like radio, newspapers, magazines, TVS, internet.

These resources are not yet tapped adequately by Mental Health Care givers or by the government. In fact, adverse and inaccurate depictions of mental illness and its treatment go unchecked in the mass media like cinemas (Wilson et al., 1999). There has to be a focussed effort to make available credible scientific information about mental illness and its treatment, in simple language understandable to a common man (Clare, 2000).

These two efforts, effective treatment and mental health education, will take the Mental Health Care to a greater height, than short-term knee jerk reactions. And the onus, in these areas, lies with us, the mental health care providers.

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RABBIT SYNDROME: AN ACUTE COMPLICATION OF NEUROLIPTIC MEDICATION

Sir,

Apropos Sujata Sethi's case report (Sethi, 2001) I want to contribute that I reported a
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case of Rabbit syndrome which occurred twice in two different admissions while she received high potency antipsychotics for just one week, the response to shift on low potency and adding antiparkinson medicines was as good as in her case (Jain, 1993).

I will like to know from the author, if extrapyramidal side effects also developed on the same day the perioral movements were noted? Extrapyramidal side effects are usually visible after one or two days of antipsychotic administration. It looks that perioral movements were noted after a week of initiation of treatment and then only antiparkinson agents were started which mean that EPS also occurred on seventh day.

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