Flattening the global playing field has created a world in which many are affected by the stresses of the rat race. A peak activity for many is precarious relationships. The cultural norms that used to encourage finding a partner and tying the knot have been replaced by a more transient approach to love. The result is a shift in societal values, which in turn has affected the mental health landscape. The scene is set for a rise in stress-related disorders. This is particularly evident in the workplace, where the rapid pace of work and the demands placed on individuals can lead to burnout and mental exhaustion. The social and economic changes that have shaped the world have also impacted family life, leading to a rise in divorce rates. This is a stark contrast to the past, where divorce was a rarity. The rise in divorce has resulted in a new generation of individuals who are more independent, but also more isolated. This has led to a rise in mental health issues, particularly anxiety and depression. The rise in divorce rates and the resulting increase in mental health issues highlights the need for a more holistic approach to mental health care. It is clear that mental health care must be integrated into the broader social and economic changes that are shaping the world. This will require a shift in how we approach mental health care, prioritizing prevention and early intervention over treatment. It will also require a shift in how we view mental health care, seeing it as a vital component of overall health and well-being, rather than a separate entity. The rise in divorce rates and the resulting increase in mental health issues is a call to action for all of us. It is a reminder that mental health care is not just a matter of individual well-being, but of the health of entire communities.
I reacted in the time-honored way, shouting back a few obscenities of my own. He gesticulated wildly, indicating that I should pull over, but I couldn’t do that with the traffic coursing all around us, and besides, his demeanor wasn’t exactly reassuring. I motioned for him to follow us and continued through the traffic. It was a sign of progress, I thought, that no one had taken the slightest notice of our skirmish. This was vastly different from the India of the past, where the slightest altercation on the road would draw, within minutes, a large enough crowd to fill a small concert arena.

The Suzuki followed us through the traffic, and I could see the man in the car, still shouting and shaking his fist, agitated and sweating, while his wife and children sat in silence. Maybe I’d been away too long, or maybe I’d spent too much time practicing psychiatry, but I found myself thinking: Why is the man so angry? What was it exactly that this man was so angry about?

I stopped the car at the side of the road, and he screeched to a halt, a good 50 feet ahead. “You bloody fellow!” he shouted. “You buy big-big car and you don’t even know how to drive. Come here and look what you did.”

“Before I do that, please calm down. What’s the problem? Why are you so angry?” I said, as if in some surreal clinical encounter, where I was ineffectually trying to calm an agitated patient.

He blinked for a moment, his rhythm thrown, then recovered enough to shout, “Problem? You are the problem. Rich fellows driving without looking.”

“I feel a sudden anger in the pit of my stomach. Therapeutic approach be damned—he wasn’t my patient. “You better learn some decency—”

“Decency?” He charged toward me. “I will show you decency.” He pushed me hard, and I staggered a step back.

His son, who was sitting in the car, shouted, “Appa!”

I reacted instinctively. Furious, I made a motion to push him back, when the absurdity of the encounter struck me, and I stopped myself.

We stared at each other for a few seconds, and then I broke the silence. “Look,” I said in my less-than-fluent Kannada. “This is not worth fighting over. I will take care of the damages.”

“It’s your fault. You should have looked where you were going,” he said belligerently.

“That’s right; it’s my fault.”

That seemed to deflate him, and by the time we exchanged insurance information, the mask of anger had dropped and I saw him for what he was—a family man, on his way home, burdened by the stress of living in a city where a new wave of young software engineers and entrepreneurs flaunted their money, trivialized his values, and diminished his self-worth.

The following week, I called a friend at a local hospital. She’s a psychiatrist, one of only about 50 in Bangalore, a city of 6 million people. “Lots of depression and anxiety, but people still don’t like to go to psychiatrists,” she told me.

“So who treats them?”

“If they go to a doctor at all, it’s usually to a general practitioner, who will often prescribe some Valium.”

Now that I was looking for it, I could see portentous signs everywhere: hardworking corporate couples who spent very little time together, tales of rampant affairs at the workplace, reports of suicide in the newspaper almost every day, road rage, escalating violent crime.

I looked up the statistics online. They were appalling. India has the highest suicide rate among young people—more than 10 times the average suicide rate in the Western world.1

On our flight back, I looked out of the window at the sparkling lights of Bangalore that extended in every direction, announcing India’s arrival as a major economic force. It is a flat world now, as Tom Friedman writes2—globalization is here to stay. But on this visit, I realized that globalization extends not just to the economy and business, but to social change, and therefore to psychopathology as well. Two-fifths of the world’s population are facing an unprecedented challenge to their sanity, as everything that defines them—social norms, institutions, values, modest aspirations—is dismantled by the flat world. Unfortunately, the flat world analogy does not extend to access to psychiatric services, or to awareness about mental illness, and those suffering have to manage largely without the help of mental health professionals—India has only 3000 psychiatrists for a billion people.3

This is the flat world of psychiatry. Across the globe, people are richer, but unhappier. They carry an iPod in one pocket, and a Valium in another.

REFERENCES