

**National Human Rights Commission**  
**(PRP&P Division-JD(R) Unit)**

**Subject: Visit of Dr. Vinod Aggarwal, Special Rapporteur, NHRC to Goa**

Special Rapporteur, NHRC, Dr. Vinod Aggarwal, visited Goa in order to review the implementation status of Mental Health Act, 2017 by the State as on 28<sup>th</sup> August 2019 and also to review the functioning of the Institute of Psychiatry & Human Behavior, Bambolim, Goa on 29<sup>th</sup> August 2019.

The observations and recommendations that emerged from the visit report are mentioned below:

**I. Implementation status of Mental Healthcare Act, 2017 in the State of Goa as on 28<sup>th</sup> August 2019**

**Observations/ Key Information obtained:**

1. As per section 45 of the Mental Healthcare Act, 2017, every State Government was supposed to establish an authority to be known as State Mental Health Authority (SMHA), however, it was not clearly informed that SMHA has been established in Goa or not.
2. As per section 46 of the Mental Healthcare Act, 2017 the State Government non- Official nominations to the State Mental health Authority has not been done.
3. As per section 62(1) of the Mental Healthcare Act, 2017 every State Government was supposed to establish a fund, however, the formulation of SMHA itself is not clear.
4. As per section 65 of the Mental Healthcare Act, 2017, The State Mental Health Authority has to register all establishments running mental health services with SMHA, but it was informed that currently Mental Health Establishments are being registered under Mental Health Act, 1987, as appointment of all personals required for SMHA Office not done by State Government.
5. As per section 67 of the Mental Healthcare Act, 2017, the audit of all registered mental health establishments is mandatory. However, the process of audit is yet to begin as the process of the SMHA is yet to be completed.
6. As per section 69 of the Mental Healthcare Act, 2017, the State Mental Health Authority (SMHA) has to maintain a register of mental health establishments, registered by SMHA, to be called the Register of Mental Health Establishments in digital format but it was

informed that presently register is being maintained under the Mental Healthcare Act, 1987.

7. As per section 73 of the Mental Healthcare Act, 2017, the State Mental Health Authority (SMHA) has to constitute, the Mental Health Review Boards.
8. Government is also exercising the opportunity with the help of recognized NGO's to have half way homes, rehabilitation centers, destitute homes run on PPP mode with assistance of Department of Social Justice within three to six months. The half way homes and rehabilitation centers are to be set up/constructed on PPP model by Social Justice Department in the State of Goa.

**Recommendations:**

1. It is more than 2 years since the Mental Health Act 2017 was enacted but the State Government has not established the State nodal authorities which they have to establish within the stipulated period of nine months from the date the Act has an ascent of the President of India. The Government of Goa has not yet notified the State Mental Health Authority.
2. Zonal review Boards have been identified but not constituted. In this small State even one Board would be enough but should become functional in next six months.
3. As the State is small in size and population, the mental health hospital with expansion and other Community Health Centers' plan should be having in-patient treatment facility with five bed units and treatment for mental disease must be initiated.
4. The State has enough psychiatrists but the quality of services need the improvement because other than psychiatrists there is shortage of other mental health professionals. Post basic diploma in psychiatric nursing, M.Phil in Psychiatric Social work and M.Phil in Clinical Psychology need to be started.
5. As per section 69 of the Mental Healthcare Act, 2017, the State Mental Health Authority (SMHA) has to maintain a register of mental health establishments, registered by SMHA in digital format to be called as Register of Mental Health Establishments but the register is maintained in the format prescribed under Mental Health Act,1987 only. It is recommended that the digital register of the mental health establishments should be revised as per the requirement of the Act of 2017, in next 6-12 months, for the State of Goa or it may be amalgamated with the State of Maharashtra as independent register may be a difficult task.

6. The State Government of Goa has informed that Department of Provedoria will be requested to assign at least one asylum of 50-100 capacity in each of two districts in next six months exclusively for the partially cured mentally ill patients who are not fit for independent living but do not require further in-patient hospital care and treatment. Two of their Asylum were vacant and under repair.

**II. Visit Report of Institute of Psychiatry & Human Behavior, Bambolim, Goa ( 29<sup>th</sup> August 2019)**

**Observations/ Key Information obtained:**

1. The bed strength at present is 190. It is only mental healthcare hospital in Konkan region of the country and has 5 male and 4 female wards for patients.
2. There is separate OPD block which looks about 50 thousand patients coming for the OPD annually. For movement of 319 patients daily and 4170 patients monthly, space looks slightly cramped up, because with every patient there are one to two attendants. It is assumed that in the mornings, there could be more than 600 persons assembled in this space, which suggest that area may be increased.
3. OPD timings are 9 a.m. to 1 p.m. but registration time is only till 11 a.m.
4. Every patient showing in OPD has to deposit 100 rupees as registration fee indicating name with registration number. Only selected medicines are provided free of cost to the OPD patients.
5. For indoor patients there is Occupational Therapy (OT) unit and rehabilitation services are provided. There are separate male and female Occupational Therapy unit. Patients are paid some token money for the work done in OT units. On average 750 males and 625 females are referred to the OT per month.
6. For the IPD, inpatients department, the bed strength is 190 beds in 9 wards (in 2018), on an average 102 admissions were made every month. All patients are admitted as per provisions of Mental Health Act, 1987. All medicines are provided to all the patients free of costs. Free diet is provided to all the in patients. The efficiency of the ward over the years can be determined based on the number of beds in each ward.
7. It is indicated in the yearly Admission and Discharge data from the year 2014-2018, generally discharges are less than the admissions and every year admissions are getting

- reduced. This shows that when fewer patients get discharged then lesser new admissions take place. Further, the average stay of the patient in male ward in last 5 years is about 40 days and in the year 2018 it has become 45 days. In female ward the performance is worse than the male ward where on the average stay for female patients is 74 days which has increased from earlier 46 days. It can be said that the stay in women ward is much longer.
8. There are 60 recovered patients in hospital for more than 5 years. Regional mental hospital is working on it in coordination with district legal aid cell and Department of Social Justice. The department is trying to develop 2 rehabilitation centers of 100 beds in each of the district for such inmates to reduce the load over the hospital of cured patient who are not accepted by the families.
  9. There is an interview room to talk to the patients privately.
  10. Food of 2800 calories per day is provided to inmates. The food is supplied through semi-automated kitchen of hospital where it is prepared. The management sometimes takes help of cured inmates in preparation of chapattis.
  11. Hospital has laundry facility, medical lab facility, X-ray facility, ECG facility, separate pharmacy for indoor, two recreation halls for patients.
  12. Hospital has day care centre attached to occupational therapy department which has tailoring, screen printing, carpentry, paper making, paper plate making, file making, book binding, gardening and nursery plantations facilities for the inmates.
  13. There are 15 % posts are lying vacant in the hospital. The hospital lacks faculty in Clinical Psychology, psychiatric social work and psychiatric nursing to a great extent. There is only one faculty against 6 positions in the institute.
  14. The medical records are not computerized and time taken to retrieve the patient's record is long. It suggests that when follow up patient comes it takes him around 2-3 hours to reach the doctor. The registration is also manual and that is one of the major short coming of the hospital.

#### **Recommendations:**

1. The hospital campus is large but built haphazardly and better usage of land should have been done. The hospital was selected for centre of excellence and 31.6 cr. have been allocated for its up gradation. 100 beds block is coming up, which will now include

additional male, female and geriatric wards. Ward for children and ICU for acute suicidal cases are expected to come up. Please provide the detail of progress in this regard.

2. Although the 2011 census reports that there are 1.5 million persons in Goa, the facility already created looks sufficient but patients also come from regions of other States. Therefore, bigger facility for the mentally ill patients is required.
3. The number of posts created for Psychiatrists looks sufficient but when 100 beds are added, it may require further creation of posts. The lack of faculty in the Departments of Clinical Psychology, psychiatric social work and psychiatric nursing has effect on quality of management and teaching which should be looked into by the Health Department on priority basis. In group A and B there are almost 45% of vacancies which must be addressed by the authorities, at the earliest. It is again imperative to fill all the created posts and creation of posts which are required. After addition of 1000 beds, it may be seen whether we require attendants in the same ratio or a lesser number are required.
4. The number of annual admissions is low for a 190 bedded hospital and patient turn over time in female ward is much slower. With the half way home, a day care facility and 2 set of 100 bedded rehabilitation homes in the State (North and South Goa), will reduce the load of long stay patients on the institute and patient's turn over time will further improve to 30 days but it is imperative that these facilities are developed fast.
5. The institute should disseminate the information to the Public at large, about the available services in the hospital for knowledge of people of the State.
6. As per directions of the Hon'ble Supreme Court in the case of case of G. K. Bansal v/s. State of U.P in writ petition (civil) No. 412/2016, the guidelines be made for Long Stay Patients, and the Department of Empowerment of Persons with Disabilities, GoI to formulate guidelines for setting up of Rehabilitation homes and then State governments should set up such homes as per the Guidelines. Principal Secretary, Department of Health and Family Welfare, Goa may provide action taken for shifting the long stay patients from the mental hospital to the rehabilitation home at the earliest.
7. All the requirements of clothing should be fulfilled by weaving and tailoring unit of the inmates or through jail inmates. The requirement is for at least 8 dresses as per the management but that much are not provided. The slippers are also not provided, which must be provided.

8. The hospital management, patients and the relatives were not aware of the National Trust Act, 2001 and about the provision of legal guardianship under this Act. The hospital administration must be aware about the same.
9. A detailed report regarding the implementation of the Mental Healthcare Act, 2017 needs to be sent to the Commission at the earliest.
10. The new Disability Act has a provision of 1% job reservation for the mentally ill persons and it has to be brought to the information of the public at large in general and person with mental illness and their families in particular.
11. The National Trust Act provides trainings to care giver. There are many institutions recognized by National Trust to impart training of care givers but Institute of Psychiatry & Human Behavior hospital despite of being second biggest in the State was unaware about these programs. These training programs are recognized by RCI which was also not known to them. It is required that the institution should be fully aware of such provisions and must take proactive measures to implement the same at the earliest.
12. The helpline system running in Gujarat to take care of the wandering mentally ill is an excellent program, which need to be emulated in UT of Goa, with the help of NGO or directly.

**Report 1, Status of implementation of Mental Health Care Act, 2017 in Goa as on 28<sup>th</sup> August, 2019 by Dr Vinod Aggarwal, Special Rapporteur, West Zone, NHRC**

As per **section 45** of the **Mental Health Care Act, 2017**, every **State Government** was supposed to **establish an authority** to be known as **State Mental Health Authority (SMHA)**, with in a **period of 9 months** from the date the act had an ascent of the president of India. It was not clearly informed that **SMHA** has been **established** in Goa or not.

As per **section 46** of the **Mental Health Care Act, 2017**, the **State Government** non official nominations to the **State Mental Health Authority (SMHA)**, **has not been done**.

As per **section 62(1)** of the **Mental Health Care Act, 2017**, every **State Government** was supposed to **establish a fund** to be known as **State Mental Health Authority creation is not clear, the establishment of fund is a later phenomenon**.

As per **section 65** of the **Mental Health Care Act, 2017**, the **State Mental Health Authority (SMHA)** has to **register all establishments running mental health services** with **SMHA**, but it was informed that currently Mental Health Establishments are being registered under **Mental Health Act, 1987**, as appointment of all personals required for SMHA office not done by State Government.

As per **section 67** of the **Mental Health Care Act, 2017**, the to **conduct an audit** of all **registered mental health establishments for rectification of deficiencies**. The **Implementation of the audit under the new act is yet to begin** as the **process of State Mental Health Authority (SMHA is yet to be completed**.

As per **section 69** of the **Mental Health Care Act, 2017**, the **State Mental Health Authority (SMHA)** has to maintain in **digital format** a register of mental health establishments, registered by SMHA, to be called the **Register of Mental Health Establishments** but it was informed that the **process of creation of posts is on and at presently register is being maintained under the Mental Health Act, 1987**.

As per **section 73** of the **Mental Health Care Act, 2017**, the **State Mental Health Authority (SMHA)** has to **constitute Boards** to be called, the **Mental Health Review Boards**. The **Review Boards for 2 Districts, of the UT( State) would be created shortly**.

It was informed orally, that **National Mental Health Goa** is functional in all the area of the state, even if the SMHA is not fully constituted of DRB are also not constituted or functional.

OPD services have been started in running in Mental hospital and that is good enough for a small state like Goa. IPD services with **190 beds have been functioning regularly in for a long time in the hospital.** 24 hour toll-free tele-counseling facility has to start in the 2 districts state.

As far as **setting up prescribed home as directed by Supreme court**, who have been cured **but are homeless** and don't require hospitalization by the department of **Social Justice**. The **Rights of persons with disabilities act 2016**, as per provisions of **section 18, 24 and 25** of the **Mental Health Care Act 2017**, setting up of **Rehabilitation homes, half way homes, sheltered accommodation, supported accommodation** are obligatory on the state governments.

- **State government of Goa has informed that department of Provederia will be requested to assign at least one asylum of 50-100 capacity in each of 2 district exclusively for the partially cured mentally ill patients who are not fit for independent living but do not require further in patient hospital care and treatment in next 6 months. The period should be over by October 19 but the department of Provederia did not inform about it. 2 of their Asylum were under repairs and vacant. Must be converting them into such homes but that will reduce the capacity of old age homes.**
- **Government is also exercising the opportunity with the help of recognized NGOs to have half way homes, rehabilitation centers, destitute homes run on PPP mode with assistance of social justice within 3-6 months. The half way homes and rehabilitation centers are to be set up / constructed on PPP model by Social justice department in the state of Goa.**

#### **Recommendations:**

1. **It is more than 2 years since the Mental Health act 2017 was enacted and the state governments were expected to establish the state nodal authorities within nine months but Goa government although it seems yet to notify the SMHA.**
2. **Zonal review Boards have been identified but not constituted. In this small state even one Board would be enough but should become functional in next 6 months.**
3. **As the state is small in population and size, the mental hospital with expansion and other CHCs in tele-conference model**



**hospitals should having in patient treatment (IPD) with 5 bed units and treatment of mental disease must be initiated.**

4. The state has enough psychiatrists **the quality of services, need the improvement because other than psychiatrists there is shortage of other mental health professionals.** Post basic diplomain psychiatric nursing, M Phil in Psychiatric social work, M Phil in clinical Psychology is being started.
5. As per **section 69** of the Mental Health Care Act, 2017, the State Mental Health Authority (**SMHA**) has to maintain in **digital format** a register of mental health establishments, registered by SMHA, to be called the **Register of Mental Health Establishments** but **the register is maintained in the format of 1987 Mental health act only.** It is recommended that the digital register of the **Register of Mental Health Establishments should be revised as per the requirement of the Act of 2017, in next 6-12 months, for the state of Goa or it may be amalgamated with state of Maharashtra as independent register may be a difficult task.**

*VV*  
*10/9/19*

**Dr Vinod Aggarwal**  
**Special Rapporteur**

*Amenue.*

*Report submitted by State Govt  
Health Dept.*

Sr. No	Action required to be taken	Action Taken
1	All States/UTs should work out the roadmap clearly indicating the timeline for setting up of 'Halfway Homes' & institutional arrangements for rehabilitation of long stay patients who have been cured of mental illnesses and are still languishing in various mental health care institutions.	Institute of Psychiatry Behaviour has about 60-70 patients who are partially cured and are unable to get additional benefit of further hospitalization. In this context, the Welfare Department of PA Provedoria will be requested to open at least one Asylum of 20-30 capacity in each District for the partially cured mental patients who are not fit for independent living but do not require further hospital care. Time frame: 6 months
2	In case there are no Government run rehabilitation home or any NGO run homes, the State/UT Governments may consider setting up of the halfway/long stay homes in rented accommodation in accordance with the Guidelines issued by the Central Government as an immediate step to take care of the rehabilitation of mentally cured patients who are homeless or are not taken back by their families.	NGO's working in the area of mental health will be encouraged to establish link between Mental Health Establishment, rehabilitation halfway home and community living. The association with recognized bodies dealing with relocation of patients back into the community will be established and strengthened. Opportunities under Corporate Social Responsibility, if any, will be explored.
3	With a view to developing capacity buildings, to take care of mentally ill persons and keeping in view the scarcity of Psychiatrists and other mental healthcare professionals required for providing mental healthcare, the medical professionals including nurses at District Hospital/PHC/CHC level may be trained through the Centres of Excellence established under the National Mental Health Program and the Digital Health Academy being run at the three Central Mental Health Institutes.	1. Under Centre of Excellence of Central government, (IPHB) in 2014, the following courses are being started: a. Post Basic Diploma in Psychiatric Nursing b. M.Phil in Psychiatric Social Work c. M.Phil in Clinical Psychology 2. In addition IPHB has already employed the following staff: a. 107 Existing Medical Officers (100 in 2014 and 53 in 2018-19) b. 32 Staff of IPA Provedoria c. 12 Counselors attached to the Institute d. 172 doctors attached to Government hospitals (Sr. Resident) e. One day training program for AYUSH/RESK Doctors. 3. Additional related training will be taken up on as and when required.

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*[Handwritten signature]*

<p>Department of Health &amp; Family Welfare as well as the Departments dealing with empowerment of Persons with disabilities in the States/UTs should work in close coordination for shifting of the overstayed mental illness cured patients as well as for running of the rehabilitation homes meant for such persons.</p>	<p>Institute of Human Psychology Human Behaviour is in process of shifting such inmates from rehabilitation home. Till persons have been shifted</p>
<p>5. A monitoring committee to be constituted under the Chairmanship of Chief Secretary in every State/UTs to oversee the implementation of the roadmap periodically. Principal Secretary of the Health Department of the State/UTs and other concerned heads of various State/UT departments as well as technical experts may be the members of the monitoring Committee whereas Secretary of the Department dealing with Empowerment of Persons with Disabilities in the State/UT should be the Member-Convenor of this Committee. The same shall be reviewed on a quarterly basis at the level of the Chief Secretary.</p>	<p>Monitoring Committee under the Chairmanship of Secretary.</p>
<p>6. All States/UTs should immediately put up the roadmap for consideration of Chief Secretary and shall submit the report to the Central Government strictly as per the proforma circulated by the Union Ministry of Health &amp; Family Welfare by 24.04.2019 as next date of hearing in Supreme Court is on 01.05.2019.</p>	<p>The report was submitted to Health Department. (copy)</p>

*Dipak Desai*

(Dipak Desai)  
 Director of Social Welfare  
 Ex-Officio/ Jt. Secretary (SW)

*CBT*

Year

Name of the State/UT: Goa

Number and names of Government Mental Health Institutions in the State/UT (State and Central Government)

State : Institute of Psychiatry and Human Behaviour, (IPH), Bambolim Goa

Details of mentally ill patients adjudged 'Mentally Cured' or 'Fit for Discharge' (as on 30.01.2019) (Refer Annexure for 'Mentally Cured' or 'Fit for Discharge' category)

Name of Mental Health Institution (state & Central)	Number of 'Mentally Cured' or Fit for Discharge' patients based on duration of overstay from the date of being declared fit for discharge					'Mentally Cured' or Fit for Discharge' patient			
	Upto 1 year	1 year to 3 years	3 years to 5 years	More than 5 years	Total	Male		Female	
						Adult	Minor	Adult	Minor
IPH	12	6	6	7	31	19	0	12	0
Total	12	6	6	7	31	19	0	12	0

6

Government Half

Mental

Name of the Hospital	District	Number of Beds (as on 01/01/2019)	Occupancy as on 01/01/2019	Number of Mentally Cared/fit persons overstay in hospitals
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Nil				
Total				

10) List of other Government Rehabilitation Homes for persons living with mental illness.

(There are no exclusive rehabilitation homes for persons living with mental illness, however long stay recovered patients of IPIB have been shifted and accommodated under institute of Public Assistance (Provedoria) for rehabilitation.

Name of Government Rehabilitation home	District	Number of Beds (as on 01/01/2019)	Occupancy as on 01/01/2019	Number of Mentally Cared/fit persons overstay in hospitals that can be accommodated.
1) Asylum of Margao	South	70	49	10 (after minor renovation of the place another 11 will be accommodated)
2) Asylum of Candolim	North	40	37	3
3) Asylum of Mapusa	North	40	61	---
4) Recolhimento de Serra	North	25	23	2
Total		175	170	15 (+11)

8/2/20

Registered with Social Welfare

NGO/Institution	Number of Beds for	Occupancy as on	Number of Mentally
Cooj (NGO) Day Care Centre	North Goa	N.A	28 (users)
			N.A

State/UT level action plan for rehabilitation of 'Mentally Cured or Fit for Discharge' patients in Rehabilitation Centres (Government and NGOs).  
 The action plan should include:  
 - Creation of bed capacity as per requirement of Mentally cured patients  
 - Time line for undertaking the creation of such bed capacity, etc  
 - Tie up of funds for undertaking the same.

1. IPHB has about 60-70 in-patients who are partially cured and are unlikely to get additional benefit of further hospitalization. In this context, Social Welfare Department and IPA Provedoria will be requested to assign at least one Asylum of 50 to 100 capacity in each District exclusively for the partially cured mentally ill patients who are not fit for independent living but do not require further inpatient hospital care. *Time frame: 6 months*
2. Wide publicity about project half way home for psychosocial rehabilitation of treated and controlled mentally ill persons under Deendayal Disabled Rehabilitation Scheme will be given to NGOs. NGOs will be encouraged to establish half way home in each district within a period of one year.
3. NGOs working in the area of mental health will be encouraged to provide a link between Mental Health Establishment, rehabilitation centre, half way home and community based living.
4. The association with recognized NGOs dealing with relocation of the patients back into the community will be established and strengthened.
5. Opportunities under Corporate Social Responsibility, if any, will be explored.
6. Construction of Day Care Centre at IPHB is under process which will impart various skills and training to treated and controlled mentally ill persons including vocational skills and training.

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W. V. R. Murthy, IAS  
Commissioner & Secretary  
(Social Welfare)

Office of the Commissioner  
and Secretary (Social Welfare)  
Secretariat, Porvorim - Goa

D.O. No.50-314-2017-18-HC/PART-I/ 1696

Dated: 26/07/2019

Dear Madam,

Kindly refer to your DO No.29-01/2017-DD-III dated 8/5/2019 regarding implementation of the order of Hon'ble Supreme Court dated 01/04/2019 in the matter of contempt proceedings (Contempt Petition (Civil) No. 165 of 2016 arising out of W.P. (c) No 412 of 2016 - Shri Gaurav Kumar Bansal Vs State of Punjab & others, in which it is requested to submit detailed information indicating the roadmap for rehabilitation of persons with mental illness who have been treated and are languishing in various mental health care institutions and also regarding establishment of half way homes/long stay homes for such persons.

In this regard I am to state that Action taken Report on minutes of meeting held on 22/4/2019 at Vigyan Bhavan, New Delhi has been already prepared and the Ministry of Health and family Welfare, Government of India, New Delhi has a copy marked to you. A copy of the same is enclosed herewith for your kind information.

With regards,

Your's Sincerely,

(W. V. R. Murthy)

Commissioner & Secretary (Social welfare)

Encl: As above

**Smt. Shakuntala D. Gamlin, IAS**

Secretary,

Government of India,

Ministry of Social Justice & Empowerment,

Department of Empowerment of Persons with Disabilities (Divyang Jan),

5<sup>th</sup> Floor, Pt. Deendayal Antyodaya Bhavan,

CGO Complex, Lodhi Road,

New Delhi - 110113.

**Report 2, Visit of Dr Vinod Aggarwal, Special Rapporteur, West Zone, NHRC to Institute of Psychiatry & Human Behavior, Bambolim - Goa on 29<sup>th</sup> August, 2019**

Institute of Psychiatry & Human Behavior, Bambolim - Goa was established as an independent entity on 8<sup>th</sup> December, 1980, after integration of Mental Hospital which was functioning under the Directorate of Health Services since July 1957 and the Department of Psychiatry of the Goa medical college functioning since 1968. The IPHB was shifted from Altinho, Panaji to a newly built premises measuring 27.6 Hectare of land on 28<sup>th</sup> May 2001 in close proximity with the tertiary care hospital and college, the Goa Medical College, Bambolim Goa.

The bed strength authorized at present is 190. It is the only mental hospital in Konkan region of the country and has 5 male and 4 female wards for patients.

There is separate OPD block of looks small for about 50 thousand patients coming for the OPD annually. For movement of 319 daily and 4170 patients monthly space looks slightly cramped up, because with every patient there are one to two attendants. It is assumed that in the mornings, there could be more than 600 persons assembled in this space, which suggest that area may be increased. OPD timings are 9 am to 1 pm but registration time is only till 11 am. However 24 hrs emergency services are provided round the clock. Every patient showing in OPD has to deposit 100 rupee as registration fee indicating name with registration number. Only select medicines are provided free of cost to the OPD patients.

**Occupational Therapy (OT) and Rehabilitation Services.**

For indoor patients there is OT unit and rehabilitation services are provided. There are separate male and female Occupational Therapy unit. The male unit the activities provided are : Prayer, Yoga and Exercises (Carom, Snakes & ladders, Chess), Seashell and Coconut Shell activities, Wood Carvings, Glass Painting, canning of Chairs, candle making, Paper Flowers, Gardening,



Printing Press activities. In the female OT has following activities: Prayer, Yoga and Exercises, (Carom, Snakes & ladders, Chess), Flower making from Beads, Stockings, Paper making, Stitching, Crochet Work, Hand Embroidery, Caning of Chairs. Patients are paid a token money for the work done in OT units. On average 750 males and 625 females are referred to the OT per month.

For the IPD, inpatients department, the bed strength is 190 beds in 9 wards had in 2018, on an average 102 admissions were made every month (15 as voluntary borders, 14 as reception orders and 69 under special circumstances and 4 mentally ill prisoners.) all patients are admitted as per provisions of Mental Health Act 1987. All medicines are provided to all the patients free of costs In patients. Free diet is provided to all the in patients. The efficiency of the ward over the years can be determined based on the number of beds in each ward.

S N	YEAR	MALE WARD 104			FEMALE WARD 86			TOTAL BEDS =190		
		BEDS			BEDS			BEDS		
		ADMIS SION	DISCHA RGE	RAITO ADM/BED /YEAR	ADMIS SION	DISCHA RGE	RAITO ADM/BED /YEAR	ADMIS SION	DISCHA RGE	RAITO ADM/BED /YEAR
1	2014	1108	1087	10.65	430	432	5.49	1547	1519	7.99
2	2015	941	932	9.05	349	305	4.36	1290	1238	6.79
3	2016	945	871	9.10	481	368	6.01	1427	1239	7.51
4	2017	955	943	9.19	390	404	4.68	1346	1347	7.08
5	2018	831	837	7.99	394	390	4.93	1225	1227	6.44

The table above indicates 2-3 important points, such as, generally discharges are less than the admissions and every year admissions are getting reduced. This shows that when less patients get discharged than only lesser new admissions take place. The average stay of the patient in male ward in last 5 years is about 40 days but is increasing and 2018 it has become 45 days. In female ward the performance is worse than the male ward where on the average stay for female patients is from 74 days which has increased from 46 days. It can be said the stay in women ward is much longer.

As per the group of long stay patients(LSP) have been the concern of many of the stake holder groups, because this group of patient continue to occupy the beds in the hospitals and directions of Hon'ble Supreme Court that guidelines be made for LSP, in a writ petition (civil) No 412/2016 in case G K Bansal Vs State of UP and others, that Department of Empowerment of Persons with Disabilities, GOI has prescribed the guidelines for setting up of Rehabilitation homes in than one year in the hospital. There are 60 recovered patients in hospital for more than 5 years. Regional mental hospital is working on it in coordination with district legal aid cell and department of social justice. The department is trying to develop 2 rehabilitation centres of 100 beds in each of the district for such inmates to reduce the load over the hospital of cured patient who are not accepted by the families.

There is an interview room to talk to the patients privately. Adequate food of 2800 calories per day are provided . The food is supplied through the semi automated kitchen of hospital where it is prepared. The management sometimes takes help of cured inmates in preparation of chapattis.

Hospital has laundry facility, medical lab facility, X-Ray Facility, ECG facility, separate Pharmacy for indoor, two recreation halls for patients.

Hospital has day care center attached to occupational therapy department which has tailoring, screen printing, carpentry, paper making, paper plate making, file making, book binding, gardening and nursery plantations.. There are 15% posts are vacant in the hospital.

SN	CADRE	POSTS			% OF VACANCY
		SANCTIONED	FILLED	VACANT	
1.	GROUP-A	23	13	10	43%
2.	GROUP-B	06	03	03	50%
3	GROUP-C	144	133	11	8%
4	GROUP-D	161	135	26	16%
5	TOTAL	334	284	50	15%

The hospital lacks faculty in Clinical psychology, psychiatric social work and psychiatric nursing to a great extent. There is only one faculty against 6 positions in the institute and a matter of worry.

The medical records are not computerized and time taken to retrieve the patient's record is long. It suggests that when a follow up patient comes it takes him around 2-3 hours to reach the doctor. The registration is also manual and that is also a short coming of the hospital.

### **Recommendations:**

- 1. The hospital campus is large but built haphazardly and better usage of land should have been done. It doesn't give look of a twenty years old building. The hospital being selected for centre of excellence and 31.6 cr have been allocated for it up gradation. 100 beds block is coming up, which will now include addl male female and geriatric wards. Ward for children and ICU for acute suicidal cases are expected to come up. Work is in initial stage of tendering.**
- 2. Although the 2011 census reports about 1.5 million persons in Goa UT, the facility already created looks sufficient but from nearby regions of other states also patients come and being a big tourist place, a bigger facility is no harm done for the mentally ill and percentage of mental illness being diagnosed in educated and urban population is more.**
- 3. Sufficient occupancy with 33% long stay patients, suggest that most of people who are economically well are coming to this center for treatment. The number of new cases coming to OPD is being less than 4000 suggest with 230 days of OPD that less than 17-18 patients report for treatment.**
- 4. The number of Psychiatrists' post created looks sufficient but when 100 beds are added may require further creation of posts. The lack of faculty in the departments of Clinical psychology, psychiatric social work and psychiatric nursing has effect on quality of management and teaching which should be looked into by the Health department on priority. In group A and B there are almost 45% of vacancies**

which must be addressed by the authorities, at the earliest. It is again imperative to fill all the created posts and creation of posts which are required. There number of 107 attendants need a look and after addition of 1000 beds may be seen whether we require the attendants in same ratio or a lesser number are required.

5. **The number of annual admissions is low for a 190 bedded hospital and patient turn over time in female ward is much slower. With the half way home , a day care facility and 2 set of 100 bedded rehabilitation homes in the state( North and South Goa) will reduce the load of long stay patients on the institute and the patients' turn over time will further improve to 30 days but it is imperative that these facilities are developed fast.**
6. The OPD of 50 thousand is low with less than 4000 new patients every year. Here the institute should enhance the information of available services for more knowledge to people of the state about the facilities available.
7. **Directions of Hon'ble Supreme Court that guidelines be made for LSP, in a writ petition (civil) No 412/2016 in case of G K Bansal Vs State of UP and others, that Department of Empowerment of Persons with Disabilities, GOI was to prescribe guidelines for setting up of Rehabilitation homes and state governments will set up such homes. NHRC may call for a report from the Secretary health, Govt. of Goa to give a definite plan of shifting the long stay patients from the mental hospital to the rehabilitation home on an early date.**
8. The OPD, average has remained static over the last 5 years with 3700 to 4000, new patients every year. Total attendance of OPD has remained between 45 thousand to 51 thousands. Being a small state it seems reasonably ok but should have 10000 new patients with 100000 total patients in the OPD
9. **All the need of clothing should be fulfilled by weaving and tailoring unit of the inmates or through Jail inmates. The requirement is for at least 8 dresses as per the management but that much are not provided. The slippers are also not given, which should also be provided.**
10. The hospital management, patients and the relatives were also not aware of the National Trust Act-2001 and about the provision of legal guardian ship under this act. People met me with problems of guardianship for which solutions are available under both these acts but the hospital administration was unaware about them.

11. The new mental health act has also been passed in 2017. The state government is yet to implement the new act, which must be implemented at the earliest and hospital should follow the suit.
12. The new disability act has provision of 1% jobs for the mentally ill and it has to be brought to the information of the public at large in general and person with mental illness and their families in particular which has not been done.
13. The National Trust Act, provides for care giver trainings. There are many institutions recognized by National Trust to impart training of care givers but this hospital despite of being a second biggest in the state was unaware about these program. These training programs are recognized by RCI which was also not known and not taken advantage of the act.
14. The helpline run in Gujarat to take care of the wandering mentally ill is an excellent program, which need to be emulated in UT of Goa, with help NGO or directly.

*10/9/19*  
Dr Vinod Aggarwal  
Special Rapporteur

**Annexure I- Report submitted by the mental hospital authorities.**

## **NHRC Report August 2019**

### **REPORT OF THE VISIT OF DR. VINOD AGGARWAL SPECIAL RAPPORTEUR WEST ZONE, NHRC TO INSTITUTE OF PSYCHIATRY AND HUMAN BEHAVIOR, BAMBOLIM, GOA ON 29/08/2019**

The Institute of Psychiatry and Human Behaviour (IPHB) was established as an independent entity on 8<sup>th</sup> December 1980, after integration of the Mental Hospital which was functioning under the Directorate of Health Services since July 1957, and the Department of Psychiatry of the Goa Medical College functioning since 1968.

The IPHB was shifted from Altinho, Panaji to a newly built premises admeasuring 27.6 Hect. of land on 28<sup>th</sup> May 2001, in close proximity with the tertiary care hospital and college, Goa Medical College, Bambolim, Goa.

The main objectives of setting up this Institute were:

- (1) To provide optimal tertiary level Mental Health Care Services in the State of Goa which includes therapeutic and rehabilitative services;
- (2) To impart Under-Graduate and Post-Graduate teaching courses in Psychiatry and related disciplines, conducted by the Goa University to which the Institute is affiliated; and
- (3) To offer training and research in various disciplines of Psychiatry.
- (4) To provide preventive and therapeutic psychiatric community services.

The IPHB is headed by Director. Presently, the Dean, Goa Medical College is functioning as the Director of the Institute.

### **General information**

At present bed strength of the Hospital is 190. IPHB has 05 male and 04 female wards for patients. In addition there are separate male and female wards for patients coming from the prisons.

### **Out - Patient Department**

- a) OPDs are conducted on working days except Sundays and Public Holidays. However, 24 hours emergency services are provided on all days.
- b) O.P.D. timings are 9.00 a.m. to 1.00 p.m., O.P.D Registration timings are from 9.00 a.m. to 11.00 a. m.

- c). Every patient seeking treatment at IPHB is registered and issued a card, indicating his/her name and registration number. The patient has to pay Rs.100/- as registration fee except in medico legal cases (e.g. prisoners brought by the police, patients referred with Magistrate Order and patients brought from Apna Ghar).
- d) Select medicines are provided free of cost to patients attending the OPD.

**In 2018, on an average 319 new were registered per month. Average OPD attendance was 4170 patients per month (approximately 170 patients every working day).**

### **Indoor treatment**

- a) All patients needing hospitalization are admitted as per provisions of the Mental Health Act 1987.
- b) All medicines are provided free of cost to in-patients.
- c) Free diet is provided to all the patients admitted in the hospital.
- d) Visitors are allowed only at notified visiting hours i.e. 9.00 a.m. to 1.00 p.m. and 2.30 p.m. to 5.00 p.m. No male visitors are allowed to see female patients after 8.00 p.m. unless permitted by the doctor in charge.

**In 2018, on an average 102 admissions were made every month (15 as voluntary boarder, 14 as reception order, 69 under special circumstances, and approximately 4 mentally ill prisoners).**

### **Occupational Therapy and Rehabilitation Services**

1. For indoor patients there is an Occupational Therapy (O.T.) Unit and rehabilitation Services are provided.
2. There are separate male and female Occupational Therapy Units at IPHB working from 10.30 a.m. to 12.30 p.m. and then from 2.30 p.m. to 4.30 p.m.
3. In the male unit the activities provided for the patient are :- Prayer, Yoga and Exercises, Indoor Games (Carom, Snake and Ladder, Chess), Seashell and Coconut Shell activities, Wood Carving, Glass Painting, Canning of Chairs, Candle making, Paper Flowers, Gardening, Printing Press activities, etc.
4. The Female O.T. has following activities:- Prayer, Yoga and Exercises, Indoor Games (Carom, Snake and Ladder, Chess),

Flowers making from beads, Stockings, paper, soap and other material, Stitching, Crotchet Work, Hand Embroidery, Canning of Chairs, etc.

5. The patients are paid by way of Token Economy for the work done in the O.T. Unit.

**On an average, 750 male inmates and 625 female inmates are referred to male and female O.T. per month respectively.**

### **Specialized Services**

Specialized services are offered by doctors from Goa Medical College and Hospital, as and when necessary through Liaison services. Institute of Psychiatry & Human Behaviour (IPHB) extends Liaison services to the patients from Goa Medical College as and when required. Radiological investigations like X rays, CT scan, Ultrasound, MRI scan are done at the Goa Medical college and hospitals. Patients as and when required are referred to the other specialities including super speciality departments at the Goa Medical college and hospitals, located approximately at 1.5 kms from IPHB.

### **Specialized Clinics**

1. Child and Adolescent clinic (CGC) is conducted on every Monday and Thursday from 2.30 p.m. to 5.00 p.m. at IPHB. **On an average 360 children and adolescents cases are seen every month at the CGC.**
2. De-addiction Clinic is conducted at IPHB on every Wednesday from 2.30 p.m. to 5.00p.m.
3. Memory Clinic every day from 9.00 a.m. to 1.00 p.m. is conducted at IPHB.

### **Casualty and Emergency Services:**

- a) Emergency Services are attended round the clock on all days.
- b) Doctors on duty are available round the clock.
- c) Patients are referred to specialized doctors of Goa Medical College, Goa Dental College as and when required.



### **Extension Clinics:**

Extension Clinics at the following places are attended by the IPHB doctors:

1.	Old Age home, Chimbel	1 <sup>st</sup> Tuesday & 4 <sup>th</sup> Tuesday	2.30 p.m. - 5.00 p.m.
2.	Urban Health Centre, St. Cruz	2 <sup>nd</sup> Tuesday & 4 <sup>th</sup> Tuesday	2.30 p.m. - 5.00 p.m.
3.	Modern Central Jail , Colvale	4 <sup>th</sup> Friday	2.30 p.m. - 5.00 p.m.
4.	Primary Health Centre, Mandur	3 <sup>rd</sup> Tuesday	2.30 p.m. - 5.00 p.m.
5.	Apna Ghar, Mercedes, Goa.	Every Tuesday	2.30 p.m. - 5.00 p.m.

### **Laboratory Services:**

- 1 Laboratory facilities are available from 9.00 to 1.00 p.m. and 2.30 p.m. to 5.00 p.m. from Monday to Friday and 9.00 a.m. to 1.00 p.m. on Saturday.
- 2 Pathology and Biochemical investigations are conducted at the IPHB Laboratory. The tests which are not available at IPHB are referred and done at Goa Medical College laboratory.

**In 2018, on an average 4189 biochemistry investigations and 5186 pathological investigations (total 9375) were done per month.**

### **Facilities in Clinical Psychology provided by the Clinical Psychologists at IPHB**

1. Psychological Assessment
2. Psycho-therapy psychological counseling, psychodynamic psychotherapy, cognitive behavior therapy, couple - family therapy, group therapy and play therapy.

### 3. Clinical Psychological tests

a) Intelligence tests : Vineland Social Maturity Scale, Seguin Form Board Test, Binet Kamat Test of Intelligence, Raven's coloured Standard Progressive Matrices Test, Bhatia's Battery of Performance Test of Intelligence, etc. Test also include assessing Learning Disability using NIMHANS Index for specific learning disabilities.

#### b) Personality Test

1. Children Apperception Test (CAT).
2. Raven's Controlled Projective Test (RCPT)
3. Thematic Apperception Test (TAT).
4. Sacks Sentence Completion test (SSCT).
5. Rorschach Ink Blot Test (RIBT)
- 6.16 Personality Factors Test (16 PF).
7. Multi-phasic Questionnaire (MPQ)
8. Eystencer's Personality Inventory (EPI)
9. Personality Diagnosis Questionnaire (PDQ)

c) Memory test: Wechsler Memory Scale, Boston Memory Scale, P.G.I Memory Scale etc.

d) Neuropsychological test : Bender Visual Motor Gestalt Test, Benton Visual Retention Test, Nahor Benson Test, Luria's Neuro Psychological investigations and P.G.I. - B.B.D used to assess organizing and cognitive deficit.

Apart from all this, various rating scales are used to assess the nature and severity of the symptoms to facilitate psychological intervention.

**In 2018, 2649 psychological assessments were done and 840 cases were seen for counselling and psychotherapy.**

## **Facilities of Psychiatric Social Worker at IPHB**

1. Taking of case study of OPD and indoor patients.
2. To contact the relatives of the patients.
3. To contact the friends, neighbours, Health Centres, Panchayat and area police if no relatives. To contact the NGOs and shelter homes for rehabilitation of the patients.
4. Locating residential addresses of the outstation patients through State Police to send the patients to their respective homes.
5. Visits to the patients house whenever required.
6. Making awareness about Government Schemes to the needy patients.
7. Placement in rehabilitation centres for homeless patients and to those who do not have any relatives to look after.
8. Verifying residential address through local police.
9. Taking round in the wards and visiting the referred cases /patients.
- 10 To contact embassies whenever required in case of foreign national patients.

**In 2018, 762 inpatients and 73 outpatients were referred to the psychiatric social worker for detailed social work up. She made 17 home visits in various parts of Goa. 38 Long stay patients were rehabilitated in Provedoria.**

### **Pharmacy Facilities:**

1. Pharmacy Facilities are available for public at OPD level and the hospital for indoor patients from 9.00 a.m. to 1.00 p.m. and 2.30 p.m. to 5.00 p.m. from Monday to Friday and 9.30 a.m. to 1.30 p.m. on Saturday except on the Public holidays Notified by the Government.
2. Medicines identified for OPD use are provided free of cost at OPD level for registered Patients.
3. OPD Patients of Extension Clinics (Old age home, Chimbel, Urban Health Centre, St. Cruz, Modern Central Jail, Colvale, Primary Health Centre, Mandur and Apna Ghar, Mercas, Goa) are also catered by IPHB Pharmacy by providing medicines free of cost.

## **Academic facilities**

IPHB has one Professor, two Associate Professors, two Assistant Professors and three Lecturers, seven Senior Residents and twelve Junior Residents. IPHB offers Post Graduate training in Psychiatry. The intake is 6 seats in MD in Psychiatry and 2 seats in Diploma in Psychological Medicine approved by Medical Council of India.

IPHB imparts bed side clinics and lectures to undergraduate MBBS students of Goa Medical College and post graduate students in Psychiatry. Lectures are also imparted to BSc Nursing students of Institute of Nursing Education (INE) and students of Bachelor of Occupational Therapy (BOT).

IPHB also undertakes training in Clinical Psychology to M.A. (Psychology) students of St. Xavier's College, Mapusa, Goa.

IPHB conducts Psychiatric camps/ awareness programmes at the PHCs, CHCs and also conducts awareness programmes (school mental health) on Substance use (alcohol, tobacco and narcotic drugs), depression and suicide for the students of different schools in the state.

Workshops were organized for the pharmacists in collaboration with the Goa Psychiatric society at IPHB. Orientation programme was held for the staff of Provedoria. They were sensitized regarding various mental health issues in the elderly and management of the same.

Training was imparted to 102 Medical Officers working for Directorate of Health Services (DHS), Goa. They were sensitized regarding various common mental illness and management of the same.

Training was imparted on 19<sup>th</sup> September 2017, to the Rashtriya Bal Swasthya Karyakaram (RBSK) doctors working for Directorate of Health Services and involved in screening children. They were sensitized regarding various mental health issues in children and adolescents and practical orientation was given to screen the school students for the same.

The faculty members have published several research papers in national and international journals and some of them have been invited as guest speakers for various academic events at the National, Zonal and state levels.

## **Lecture Hall**

The Lecture Hall of IPHB is equipped with audio Visual aids & LCD Projector utilized for conducting lectures, workshops, Seminars and discussions by Faculty for Under Graduate / Post Graduate Students in Psychiatry and students from other allied health sciences posted at IPHB.

## **Library Section**

Institute of Library has 1177 medical books in General Psychiatry, Child Psychiatry, Geriatric Psychiatry, Psychological, Biochemistry etc. and 2320 Journals in Psychiatry. 5 Journals are being subscribed; of which 1 is National and 4 are International. Recent copies of the above mentioned journals are available in the Library for Faculty and Students.

Library is provided with internet facilities which help the Post Graduate Students for Research and Presentations.

IPHB Library caters services to all the Faculty members, Teaching – Non Teaching Staff, Clinical Psychologists, Senior Residents, Junior Residents, Interns posted in Psychiatry, Pathologist, Biochemist, Social Worker, Nursing staff etc.

Besides, newspapers are also made available.

## **Kitchen Facilities**

- 24X7 kitchen service is available for the admitted patients.
- Free diet is provided for all the admitted patients.
- Seven day cyclic, nutritionally adequate menu with three main meals and two small meals pattern is followed for the admitted patients.
- Therapeutic or modified diets are served to the patients (on doctors prescribed diet orders) who need adaptation or modification of certain nutrients in their diets due to illness or injury.
- **Hospital Dietician** is available for the admitted patients from 9 a.m. to 5 p.m. from Monday to Friday and on Saturday from 9 a.m. to 1 p.m. and for OPD patients on reference basis.

### **Miscellaneous Facilities:**

1. Adequate drinking water and toilet facilities are available.
2. Canteen functions near the OPD building.
3. IPHB ambulance is used to shift patients to Goa Medical College, Goa Dental College and TB Chest Hospital, St. Inez.
4. Legal help/ services: Para legal volunteer visits IPHB on every first Friday and Saturday of the month.

### **Complaints and Grievances**

If there are any grievances they may contact Public Grievances Officer of this Institute. Every grievance will be acknowledged and looked into within shortest possible time of its receipt. Complaint box is kept in OPD for the purpose.

### **Budget: State Government (Rs. in lakhs)**

<b>Year:</b>	<b>Source</b>	<b>Amount</b>
2016-17	State	Rs. 2521.50
		Plan - 448.80
		N-Plan -2072.70
2017-18		Rs. 3671.67
2018-19		Rs.3964.06

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## Upcoming projects

1. The Ministry of Health & Family Welfare under the National Mental Health Programme during the 12<sup>th</sup> Five Year Plan, has granted funds to the tune of **Rs. 31.60 crores** for the establishment of Centre of Excellence. 100 bedded hospital block will be constructed under Centre of Excellence- this includes two general wards (male and female), geriatric wards (male and female), wards for children (male and female), psychiatric ICU, wards for mentally ill prisoners (male and female) and ECT suite. Under Centre of Excellence PG Courses (M Phil) in Clinical Psychology, Psychiatry Social Work and Post Basic Diploma in Psychiatry Nursing are being started for which Govt approval has been conveyed. Departments of Clinical Psychology, Psychiatric Social Work and Psychiatric Nursing would be housed in this new block. Additional lecture halls with audio-visual aids will be created in this new block.

The GSIDC has awarded the work of Construction of 100 bedded hospital in Phase II of expansion at IPHB, Bambolim to M/s Tirupati Sarjan Limited of Gujrat vide letter No. GSIDC/Engg/Works/1137/6780 dated 10/01/2019 after carrying out the tendering work.


The work of back filling and Plinth beam is in progress.

- Six faculty posts of Associate Professor and Assistant Professor in all the above three streams have been created. Accordingly GPSC has advertised the said posts.
- Two faculties are selected- one for the post of Associate Professor in Psychiatric Nursing and one for the post of Assistant Professor in Psychiatric Nursing.
- One Faculty has joined to the post of Assistant Professor in Psychiatric Social Work on 19/08/2019.
- Post graduate courses - M. Phil in Psychiatric Social Work and Post Basic Diploma in Psychiatry Nursing is starting this year i.e. 2019 - 2020.

2. Proposal for construction of Hostel for the students enrolling for the courses is proposed in new projects. Approval in principle from the Government vide letter No. 10/5/2017-III/PHD dated 11/10/2017 is received to construct the Hostel Block through GSIDC

GSIDC has appointed M/S. Frischmann Prabhu Pvt. Ltd., Tiswadi Goa as consultants for the new 150 rooms hostel block and the plans and drawings are finalized by IPHB, Bambolim, Goa.

3. Proposal for construction of Day Care Centre has been approved by the Government with State Govt.'s funds. Construction is awarded to GSIDC, The said project is taken up by IPHB for rehabilitation of Mentally ill patients. The Day Care Project which has been approved by the Government is being undertaken by GSIDC. The plans & drawings of the project has been prepared and necessary approvals from respective government departments has been obtained.
4. Proposal for construction of new 200 bedded hospital block is proposed in new projects. This institute had submitted a proposal to the government for construction of new hospital block in place of existing hospital. The government approval in principle for construction of a 200 bedded new hospital block adjacent to the 100 bedded block through GSIDC and the plans and drawings are finalized by IPHB, Bambolim, Goa.
5. This Institute has been approved Sewage Treatment Plant for IPHB through GSIDC vide their letter dated 11.03.2016 considering the frequent sewage related issues aroused in the department. The GSIDC has appointed M/s Frischmann Prabhu (I) Pvt. Ltd. as consultants for the said project.

  
**(Dr. S. M. Bandekar)**  
Director / Dean  
IPHB, Bambolim Goa.





No.1/IPHB/STATS/2010-11/VOL I  
Date: -07/01/2019

INSTITUTE OF PSYCHIATRY AND HUMAN BEHAVIOUR  
BAMBOLIM-GOA.  
ANNUAL STATISTICAL REPORT 2018

Annual Report of IPHB showing O.P.D. activities for the period from 01.01.2018  
to 31.12.2018

	Male	Female	Total
Total OPD Attendance	27343	23851	51194
I) OPD attendance at IPHB	26826	23224	50050
ii) OPD attendance at RMC, Mandur.	20	115	135
iii) OPD attendance at Chimbhel-Asylam, St. Cruz & Apna Ghar Mercedes	312	486	798
IV) Colvale Jail	185	26	211
Inpatients	831	394	1225
I) Voluntary Boarder	129	53	182
ii) Magistrate Order	117	56	173
iii) Special Circumstances	545	279	824
iv) Mentally ill Prisoners	40	6	46
Patients Admitted	831	394	1225
Patients Discharged	837	390	1227
Patients Escaped	2	0	2
Deaths	2	2	4
New Cases	2419	1420	3839
CGC	3047	1278	4325
Bed Occupancy Rate	114%		

Date:- 07/01/2019

Medical Superintendent  
IPHB, Bambolim-Goa.

Cope to:-

1. The Director/Dean, IPHB, Bambolim - Goa.
2. The Medical Superintendent, IPHB, Bambolim - Goa.
3. The Assistant Accounts Officer, IPHB, Bambolim - Goa.
4. The Matron, IPHB, Bambolim - Goa.
5. The OPD in - charge, IPHB, Bambolim - Goa.
6. The Artist cum Photographer (for Census Board).
7. The Guard file.

Medical Superintendent  
Institute of Psychiatry & Human  
Behaviour, Bambolim-Goa.

डॉ. अशोक  
महाराज  
सहायक निदेशक  
आयुर्वेद विभाग, अहमदाबाद

29/08/2019  
Dr. Ashok Maharaaj

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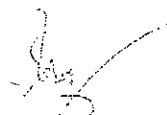
No.1/IPHB/STATS/2010-11/VOL I (3172)  
Date: 02/01/2018

INSTITUTE OF PSYCHIATRY AND HUMAN BEHAVIOUR  
BAMBOLIM-GOA.  
ANNUAL STATISTICAL REPORT 2017

Annual Report of IPHB showing O.P.D. activities for the period from 01.01.2017 to 31.12.2017

	Male	Female	Total
Total OPD Attendance	29516	25221	54737
I) OPD attendance at IPHB	29080	24594	53674
ii) OPD attendance at RMC, Mandur.	18	100	118
iii) OPD attendance at Chimbhel-Asylam, & Apna Ghar Mercedes	218	506	724
IV) Colvale Jail	200	21	221
Inpatients	958	391	1349
I) Voluntary Boarder	127	37	164
ii) Magistrate Order	130	54	184
iii) Special Circumstances	645	298	943
iv) Mentally ill Prisoners	56	2	58
Patients Admitted	956	390	1346
Patients Discharged	943	404	1347
Patients Escaped	0	0	0
Deaths	1	2	3
New Cases	2490	1409	3899
CGC	2423	986	3409
Bed Occupancy Rate	114%		

Dated: 02/01/2018


  
Medical Superintendent  
IPHB, Bambolim-Goa.

Medical Superintendent  
Institute of Psychiatry & Human  
Behaviour, Bambolim-Goa.


डॉ. वि. वि. वि.  
इन्स्टीट्यूट ऑफ  
पसाय्कियाट्री अन्ड ह्युमन  
बेहवियर, बम्बोलिम-गोवा

Copy to:

1. The Director/Dean, IPHB, Bambolim-Goa.
2. The Medical Superintendent, IPHB, Bambolim-Goa.
3. The Assistant Accounts Officer, IPHB, Bambolim-Goa.
4. The Matron, IPHB, Bambolim-Goa.
5. The OPD in-charge, IPHB, Bambolim-Goa.
6. The Guard File.
7. The Artist Cum Photographer (For Census Board)

  
29/08/2019

o/c

  
Dated: 2/1/18

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