

**REPORT ON THE VISIT OF SHRI CHAMAN LAL, SPECIAL RAPPORTEUR,
NHRC TO THE INSTITUTE OF PSYCHIATRY AND HUMAN BEHAVIOUR,
GOA ON 3-4 JULY 2006**

Shri Chaman Lal, Special Rapporteur NHRC visited the Institute of Psychiatry and Human Behaviour (IPHB) Goa on 3-4 July 2006 to review the implementation of recommendations made by Dr. Channabasavanna Committee constituted by the NHRC which had visited all the Government Mental Health Institutions in the country including IPHB in 1997-98. Dr. B.S. Cuncolienar, Medical Supdt. briefed the Special Rapporteur about the history of the Institution, its development and growth over the years, current commitments and future plans. In the briefing session, the presence of Dr. V.N. Jindal, Dean, Deptt. of Psychiatry, Goa Medical College who is also functioning as Director, IPHB proved very useful in understanding the achievements as well as problems of the Institution. The briefing was followed by a round of the campus which included visit to OPD, Biochemistry and Pathology Lab, Lecture-cum-Seminar room, Closed Wards - Male & Female, Open Wards - Male & Female, Kitchen complex and Occupational Therapy Units. The observations/suggestions of the visit are recorded below:-

HOSPITAL INFRASTRUCTURE

The Institute of Psychiatry and Human Behaviour, Goa was established on 8th August 1980 by amalgamation of the old Mental Hospital (set up in 1957 based on the recommendations of WHO Consultant Dr. M.V. Govindaswamy) and the Psychiatry Deptt. Government of Goa Medical College. Its bed capacity was fixed as 300. The Institute was shifted in May 2001 to its present site at Bambolim, Panaji spread over an area of 27.6 hectares after the completion of phase I of the construction of new complex having bed capacity of 190. Additional capacity of 100 beds would be provided in the second phase of construction.

The IPHB caters to the needs of the entire State of Goa with a population of nearly 13.50 lakh as per 2001 census and the bordering districts of the neighbouring States of Maharashtra and Karnataka. It is divided into 9 wards – 7 closed wards (4 male and 3 female) and two Open wards (one male and one female). Besides there is a separate room with 4 beds used for administering ECT and an Observation Room also called Casualty with two beds attached to the OPD. The report of the Channabasavanna Committee mentions two private wards also which are no longer seen. The Medical Supdt. informed that it is proposed to provide for a private ward of 20 beds in the second phase of construction.

ADMISSION AND DISCHARGE

Admission and Discharge procedure is governed strictly by the provisions of Mental Health Act, 1987. The following data would show OPD workload and smooth flow of admissions and discharges:

| Year | OPD Attendance | | | Daily Average |
|--|----------------|--------|--------|---------------|
| | Male | Female | Total | |
| 2001 | 21962 | 18959 | 40921 | 155 |
| 2002 | 21381 | 17951 | 39332 | 142 |
| 2003 | 23074 | 18961 | 42035 | 150 |
| 2004 | 24130 | 19576 | 43706 | 150 |
| 2005 | 24699 | 19230 | 43929 | 153 |
| 2006 (1st Jan to 30 Jun) Total | | | 244822 | |

| Year | Admission Voluntary | Magistrate Orders | Special Circumstances (Section 19) | Mentally ill Prisoners (MIP) | Total Admission | Total discharge | Bed Occupancy |
|------|---------------------|-------------------|------------------------------------|------------------------------|-----------------|-----------------|---------------|
| 2001 | 1810 | 98 | 155 | 14 | 2077 | 2089 | 71% |
| 2002 | 1665 | 86 | 241 | 13 | 2005 | 1970 | 76% |
| 2003 | 1573 | 132 | 274 | 16 | 1995 | 1983 | 78% |
| 2004 | 1419 | 232 | 499 | 15 | 2165 | 1999 | 81% |
| 2005 | 1120 | 167 | 574 | 17 | 1878 | 1731 | 80% |

The percentage of voluntary admission comes to 69.54% for the five years combined (2001 to 2005). The figures for admission under Magistrate orders is 7.07%. Admissions under the provisions of Section 19 permitting admission of a patient on the request of a relative or a friend or account for 17.22% of the total admission. This presents a fairly satisfactory level of compliance with the provisions of the Mental Health Act, 1987. However, one flaw has been detected in the admission and discharge procedure. As per the provisions of the Mental Health Act, a patient admitted u/s 19 cannot be kept in the Hospital for more than 90 days without obtaining a reception order from the competent Magistrate. The Medical Supdt. informed that practically all the persons admitted under this section get cured and are discharged before completion of 90 days. However, in some cases (very few in number) the person is shown as discharged and re-admitted u/s 19 for a fresh period of 90 days. Obviously, this is being done to avoid the cumbersome procedure and difficulties involved in obtaining the reception order from the competent authority. It was explained to the Supdt. that this amounts to circumventing the law which is clear on the subject and has to be followed strictly.

OUTPATIENT SERVICE

The OPD functions from 9 AM to 5 PM on all days except Sunday. In addition, emergency services are provided round the clock on all days of the week. One Consultant, two Sr. Residents and three Jr. Residents are present on

OPD duty every day. Six Interview rooms have been provided. TV, Telephone and filtered-water facilities are available. The capacity in the Waiting Hall (less than 50) needs to be increased. A casualty room with two beds for observation purpose is also attached to the OPD. The follow-up cases constitute over 90% of the total OPD attendance. On an average, 5-6 new cases are attended every day. While follow-up cases take 5 to 10 minutes each, the new cases receive more than an hour each. On an average, 3-4 cases are referred to the Clinical Psychologists from the OPD every day. Free drugs are provided to all patients for about one month. However, interaction with the family members revealed that the free supply is around 80% and 20 to 30% medicines are required to be purchased from outside.

Specialised clinics such as Child Guidance Clinics, ESI Clinics and Epileptic Clinics are also conducted on weekly/fortnightly basis. I visited the Child Guidance Clinic run on every Monday from 2.30PM to 5 PM and interacted with Dr. Nayna Naik. The clinic is manned by one Consultant, two Sr. and four Jr. Resident Doctors. It attends to mentally retarded children to select beneficiaries for a scheme run by the Social Welfare Department. It deals with cases of mental retardation, autism, learning disability, juvenile delinquency and ADHD cases. 184 cases were examined at the Child Guidance Clinic in the month of June 2006. I was impressed by the business like atmosphere at the Clinic.

INPATIENT SERVICE

The Institute was holding 143 patients – 82 male and 61 female on the day of the visit i.e. 4th July 2006. This includes 35 patients coming from outside Goa. 18 patients are above 60 years in age and two patients are below 18. 40 patients – 21 male and 19 female are acute cases with stay of duration exceeding two years. 31 patients have been in this Hospital for more than 10 years. 21 out of these have been languishing for more than 15 years. 23 patients – 11 male and 12 female are homeless/destitute individuals. 19 male

and 19 female patients who have been in this Hospital for more than 5 years are considered fit for protected community life. They would require medication under supervision.

Around 25% beds are occupied permanently by long stay patients (LSP) who are nowhere to go and can, therefore, not be discharged. The number of LSPs has been increasing every year. Discussion with the Medical Supdt. revealed that the available bed capacity (190) is not sufficient enough to ensure that patients are discharged only after they are fully cured. To admit acute cases which can not be refused, some patients are sometimes discharged prematurely which leads to relapse and re-admission after a couple of weeks. This can be avoided only after the capacity is raised to the authorized capacity of 300. It is worth mentioning that 18 such patients have been transferred to Missionaries of Charity, Cuncoim Goa, Rehabilitation Centre since 1st January 2005 as a result of efforts made by the Psychiatric Social Worker Deepali Naik.

The case of patient Zakir Hussain deserves special mention. Shri Zakir Hussain was admitted as a wandering patient on 27 August 1992 at the age of 33 under a Court Order. All he could tell was his name with no information about his family or address. He was a Bengali speaking person. With the efforts of Clinical Psychologist, he wrote down his address in Bengali language. A letter written on this address resulted in the visit of his brother from Bangladesh. Since he was a foreigner, the matter was referred to the foreigner Branch of Panaji Police Station and Home Department. Procedural formalities could not be completed till his brother left after one month finding it difficult to prolong his stay. On 17 May 1999, the Medical Supdt. wrote to the Secretary General, NHRC about this matter. NHRC responded promptly and following its intervention, Zakir Hussain was discharged on 18 December 1999. He was handed over to the Bangladesh High Commission as per the directions of the NHRC and repatriated to Bangladesh.

Living conditions have certainly improved considerably since the visit of Dr. Channabasavanna Committee. The sanitary facilities in the new building are satisfactory. All wards have attached toilets and bath room with toilet to patient ratio ranging from 1:8 to 1:10. Another notable improvement is total abolition of Cell admission. The Average Length of Stay (ALS) has also come down from 21 to 15 days during this period.

The water supply for the Hospital is provided by the PWD by a separate overhead tank of 150 cubic meters. This has been augmented by commissioning of a tube-well feeding 100 cubic meters sump. Although 24 hours uninterrupted supply is claimed, the visit of the campus revealed that the water supply is erratic and the supply from the master tank in the Medical College campus has high iron content.

Dependable electric supply has been ensured by installation of a separate Transformer for the complex. A standby Generator shifted from the old campus with special efforts of the Medical Supdt is being commissioned shortly to provide 24 hours power supply.

DIET

The kitchen is spacious and bears a modern look. Gas cooking was introduced in 1999. The Channabasavanna Committee report mentions a daily diet of about 1800 calories costing Rs. 15 per person (1997). The average daily expenditure is now Rs. 20 per person which includes the cost of cooking gas also. Since the post of Dietician is vacant, a steward is In-charge of the food preparation. I interacted with the steward Mr. Anthony Gonsalves. I scrutinized the diet scale, which includes supply of fish three days a week (Tuesday, Thursday and Saturday) and chicken on every Wednesday. Monday is a vegetarian day and egg is provided on Friday. In actual operation, the supply of chicken and egg is under suspension for several months starting with the threat of bird-flu. Supply of fish has also been reduced from 3 to 2 days a week

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because of price hike following the High Court orders banning the use of trawlers and allowing fishing activity to be confined to traditional fishing Boats only. On calculation, the calorie value of the prescribed scale made by the Diet steward comes to 1950 based on supply of fish on two days a week. (It would be 2035 calories if fish is supplied thrice a week). It is significant to note that all the 11 Government Mental Hospitals I have visited on behalf of the NHRC so far, the prescribed diet scale is well above 2200 calories. It is 2500 calories in Gujarat and 2400 calories in Andhra Pradesh. It is strange that Dr. Channabasavanna Committee had also mentioned a diet scale 1800 calories in 1997 without commenting on its insufficiency. I enquired from some patients whether the quantity of food was sufficient. Two patients namely Tustodio Almeida and Antonio said that the quantity of rice supplied to them is not sufficient and their hunger is not fully satisfied. The State Government is requested to get the diet requirement worked out in calorie terms and revise the diet scale for patients and also ensure the same is implemented regardless of the budget allocation under the relevant Head.

RECREATION FACILITIES

The Recreation Therapist supervises various entertainment activities such as singing, dancing, fancy dress competition etc. Festivals like Ganesh Chaturthi, Deepavali, Independence Day etc. are also celebrated with participation of patients. Recreation facilities are not sufficient. TVs have not been provided in Wards. The Supdt. informed that the facility which was available at the old location had to be withdrawn because of small size of the new wards. The argument is not convincing. Visit to wards revealed that most of the patients were keen to have this facility. The supply of Newspapers is very much restricted. Female patient Maria Fatima can read and write. She does not attend Occupational Therapy. She will be very happy if Newspaper even a day or two old is supplied to her.

A number of patients were not aware of their right to be supplied free postal stationery for writing letter. The Psychiatric Social Workers should give attention to this matter.

INVESTIGATION AND TREATMENT FACILITIES

The IPHB has well established Biochemistry and Pathology Lab for all basic investigations including Serum lithium Estimation. Non-availability of Thyroid Test facility is considered a major deficiency. This test is one of critical significance for most psychiatric patients. At present, patients are required to get this test done at a private Lab. As this test is expensive, many patients cannot afford it. There is an urgent need to develop this facility. The post of Pathologist is lying vacant. Dr. I.R. Mukherjee is looking after both Biochemistry and Pathology. The following figures of annual output in terms of number of tests show a satisfactory functioning of the Unit:

| Year | <u>No of Investigations</u> | |
|---------|-----------------------------|-----------|
| | Biochemistry | Pathology |
| 2002-03 | 17237 | 9598 |
| 2003-04 | 17559 | 9828 |
| 2004-05 | 18015 | 12343 |
| 2005-06 | 16977 | 10846 |

The drop in number of Tests in 2005-06 is due to instrument breakdown and shortage of staff. The Institution is holding only one Lab Technician who is looking after both the Pathology and Biochemistry. Two posts of Lab Technician out of a total sanction of 3 are lying vacant. These need to follow up immediately. The requirement of additional equipment for these Labs has been

worked out by a Committee of the Goa State Mental Health Authority which has recommended addition of 26 equipments Testing facilities including a computerized EEG Machine, Brief-pulse ECT Machine, Auto Analyser, instrument for Thyroid Test and Bio-feedback Bio-trainer.

Keeping in view the increase in the number of diabetic patients and the effect of some of the drugs on Lipid Metabolism the facility for lipid profile is being introduced within six months.

E.C.T.

As mentioned in the report of Dr. Channabasavanna Committee, the High Court of Bombay at Panaji had, in its civil writ petition No. 257/98, Collaso vs. State of Goa and others, ruled in favour of the modified ECT under proper supervision. The facility has been available but with frequent and long interruptions from September 1998 to June 2001. It is available on regular basis without any interruptions since April 2002 when Dr. Maria Rodrigues, Anaesthetist joined the Institution. The annual figures of ECT Administration are given below:

| Year | Number of patients Administered ECT |
|-----------------|-------------------------------------|
| 2002-03 | 485 |
| 2003-04 | 559 |
| 2004-05 | 657 |
| 2005-06 | 516 |
| 2006-07 | 312 |
| (Up to 30 June) | |

MENTALLY ILL PRISONERS (MIP)

Eight Beds have been provided for MIP (male) and four for MIP (female). As no MIP (female) has been admitted after 2001, their beds are being utilized as preparation room for the ECT administration. At times, these are used for

keeping child patients. Records show that 23 MIP (male) were admitted since 1.1.05. Only one MIP (male) was found on the day of the visit i.e. 3rd July Rajesh Kunkelkar, an under-trial in a murder case was admitted on 15.11.05 under the Court orders. He was discharged on 13.1.06 and re-admitted on 7.4.06. He was declared fit for discharge on 31.5.06. The JMFC Court was informed accordingly with a reminder on 23.6.06 to order his return to jail. Response is awaited.

DEATH OF PATIENTS

Dr. Channabasavanna Committee had mentioned the annual death rate ranging from 5 to 10. The situation seems to have improved as indicated by the following figures:

| <u>Year</u> | <u>Total Number of Deaths</u> |
|-----------------|-------------------------------|
| 2001 | 3 |
| 2002 | 2 |
| 2003 | 4 |
| 2004 | 3 |
| 2005 | Nil |
| 2006 | 2 |
| (Up to 30 June) | |

The average death rate of the past six years comes to 2.5. There was only one case of death of a young person José Montio aged 21 on 23.3.2001. All others were above 40 years of age. Six were above 60. I examined all the five cases of death occurring from 1.1.04 onwards. It included no case of suicide. While post mortem may not be necessary in every case, It is suggested that mortality analysis should be carried out in every case of death of patient.

ESCAPE OF PATIENTS

Dr. Channabasavanna Committee had mentioned annual escape rate of 6 to 10 patients. There was some improvement in 2000 (4 escapes), 2001 (4

escapes) and 2002 (3 escapes). As many as 12 escapes in 2003, 6 in 2004 and 9 in 2005 show an alarming trend calling for proper examination and remedial action.

BUDGET

The Budget allocation under Plan Head is around 50 lakhs and non-plan around 400 lakhs, which shows a sizeable rise since 1997-98. It is significant to note that while the expenditure on establishment has increased from 60% to around 85% of the total, the share of expenditure on food has come down from 4% to 2.5% and on medicines from 9% to 5.5% (average for the years 2003-04, 2004-05 & 2005-06). The Medical Supdt. confirmed that the Budget allocation is adequate to meet all requirements. I feel the amount spent on food and medicines in both absolute and percentage terms is not adequate.

STAFF

The staffing pattern shows a little improvement over the situation in 1997. Dr. Channabasavanna Committee report mentions 6 Psychiatrist, 2 Clinical Psychologists and 3 Psychiatric Social Workers. The Institute is now sanctioned 8 Psychiatrists, 4 Clinical Psychologists, 3 Psychiatric Social Workers besides 5 Senior and 12 Junior Resident Doctors. However, there has been no increase in the number of Nurses and Ward Attendants. The staff comprises a total of 310 posts in Group A,B,C&D. The following observations are made on staffing pattern:

- Only two out of a total of 4 sanctioned posts of Clinical Psychologists are presently filled. Both the incumbents Shri P.K. Chakrabarty and Dr. Mitra Majumdar have been appointed on contract basis for one year in May 2006 after their superannuation.
- The Institute is sanctioned 3 posts of Psychiatric Social Workers. Two have been filled by appointing Smt. Deepali Naik and Shri Devu H.

Gaunkar who are holding MSW Degree without any additional qualification in Psychiatric Social Work. However, Smt. Deepali Naik had passed MSW with specialisation in medical and psychiatric social work and has been doing commendable work in arranging social rehabilitation of the long stay patients.

- The IPHB is sanctioned one post of Matron, two posts of Asstt. Matron, 12 posts of Ward Master/Sister and 54 posts of Staff Nurses. The post of Matron, one post of Asstt Matron and two posts of Staff Nurse are lying vacant. It is worth noting that only one member of Nursing staff is trained in Psychiatry from NIMHANS. One Nurse is undergoing this training. This is a very major deficiency in the staffing pattern. While it may not be possible to get all the Nurses trained in a regular way by sending them to NIMHANS, some re-orientation programme should be run for them by the Institute itself.
- The following vacancies are considered key vacancies and need to be filled up at the earliest:

- † 1. Biochemist *P. M. & J. N.*
2. Dietician
3. Matron
4. Investigator – This post has been lying vacant after transfer of Mr. Govind Desai posted on deputation from Planning and Statistics Deptt. without substitute on 27.1.2006.
5. Lab. Technicians – 2

- Although IPHB is a teaching hospital provided with infrastructure for Post Graduate Degree and Diploma Courses, the staffing pattern does not contain a post of Librarian. The Institute has a fairly good Library which is being looked after by an LDC Smt. Sharad Kanekar.

Dr. B.S. Cuncolioncar, Medical Supdt has been holding the present post since 9.11.95. However, he was given the pay scale of Assistant Medical Officer by downgrading the scale of Medical Supdt post from the then scale of Rs. 3000-4500 (revised Rs. 10,000-325-15200) to Rs. 22000-24000 (revised Rs. 8000-275-13500). This peculiar situation is explained by the fact that a period of 15 years (13.9.80 to 20.2.95) spent by Dr. Cuncolioncar as Assistant Medical Officer in IPHB is not being counted because of a post he was holding since appointment on 1.3.1980 was declared surplus on 22.2.1995. Dr. Cuncolioncar is holding Post Graduate Degree in Psychiatric from the University of Mumbai. He was considered fit for the post of M.S and has done commendable work in that capacity since November 1995 but without being given the commensurate pay scale and status. While Medical Supdts. of all other Government Hospitals under the Directorate of Health Services are getting higher pay scale, Dr. Cuncolioncar discharging a much higher responsibility with great sincerity remains an Assistant Medical Officer for the purpose of pay. The State Government is requested to look into this anomaly and grant appropriate pay scale to the Medical Supdt.

OCCUPATIONAL THERAPY

Occupational Therapy facilities are available on a very small scale and are not firmly organized. Male patients are engaged in carpentry, candle-making, painting, coconut shell work and Art work. Carpentry and Candle-making Units are not functioning since long. Female patients are engaged in plastic wire work, paper flowers, chair-canning, embroidery, stitching and tailoring. On the day of the visit i.e. 3rd July 2006, 36 male patients and 21 female patients were found actually engaged in these activities.

Dr. Channabasavanna Committee had pointed out the need for opening a Day Care Centre. After consulting NIMHANS, it has been decided to start a Day Care Centre to enable the discharged patients to develop a routine work habit, improvement on existing skills or develop new skills. It will help them in looking

after themselves while living in the family and community. It is proposed to develop a Day Care Centre having following vocational sections:

1. Candle Section
2. Carpentry Section
3. Craft and Paper-bag Section.
4. Computer Section
5. Tailoring Section
6. Canning Section and
7. Soap and Phenyl Section

COMMUNITY OUTREACH PROGRAMME

IPHB is rendering community services by conducting fortnightly Extension Clinics at Rural Mental Health Clinic, Mandur, Chimbhel Asylum and Asha Mahal, Talliagao. The OPD figures for the Satellite Clinics are shown below:

| | RHC Mandur OPD Attendance | Chimbhel/Asylum and Asha Mahal OPD Attendance |
|------|------------------------------|--|
| 2001 | 829 | 1280 |
| 2002 | 657 | 1283 |
| 2003 | 824 | 1410 |
| 2004 | 667 | 1427 |
| 2005 | 742 | 1665 |

MEDICAL EDUCATION AND TRAINING

One of the objectives of the setting-up IPHB was to undertake the Under-Graduate and Post-Graduate teaching in Mental Health. The IPHB is imparting lectures in psychiatry to Under-Graduate/MBBS students of Goa Medical College and Post Basic BSc. Nursing students of Goa Institute of Nursing Education. The Institute has been accorded affiliation by Goa University and recognised by the

Medical Council of India to run MD and DPM Courses. Every year, one MD and 2 DPM Post Graduate students are registered in Psychological Medicine. Teaching staff comprising one Professor, two Associate Professor, one Asstt Professor, three Lecturers, three Clinical Psychologists and one Psychologist has been provided. During the period 1.1.06 to 31.5.06, 4 batches comprising 81 Nurses belonging to Private Institutions in Karnataka were imparted training in Psychiatric Nursing.

The IPHB has a large Lecture Hall equipped with Audio Video Aids and Internet facility for conducting lectures, workshops and seminars etc.

BOARD OF VISITORS

The State Government has been regularly constituting the Visitors Board as provided u/s 37 of the Mental Health Act, 1987. The present Board was notified vide Government Notification No. 9/11/88-III/PHD(PF) dated 15.10.03. The Board is headed by the Director/Dean, IPHB and has 5 ex-officio and 4 non-official Members including Presidents of North Goa Bar Association and South Goa Bar Association. The Board meets regularly on the 4th Thursday of every month. It studies detailed information submitted about admissions and discharges. After the meeting, the Board Members visit Patients Wards especially the minor patients and mentally ill prisoners. They also interact with the family members. On the suggestion of the Board, the landscaping of the campus has been taken up by the Forest Deptt. Non-official Member Shri Digamber Naik has been very regular in visiting the Institute and examining the living conditions of the patients.

UPGRADATION OF INFRASTRUCTURE

IPHB, like all other Government Mental Hospitals is entitled to receive Central assistance of Rs. 3 crore for infrastructure upgradation under the 10th

Five Year Plan. A proposal for creating additional capacity of 100 Beds to raise it to the earlier level of 300 beds is under consideration of the Government of India.

RESEARCH ACTIVITIES

The IPHB is actively involved in research in mental health. A number of useful studies have been conducted and papers presented in National Conferences by the Members of Faculty. Dr. Mrs. H.A. Borekar, Associate Prof., Dr. Nayna Naik, Lecturer and Dr. Mary C.D'souza, Lecturer have made significant contributions in this area.

DISTRICT MENTAL HEALTH PROGRAMME

District Mental Health Programme (DMHP) was sanctioned in February 9, in Goa South District. The programme has been going on under the Directorate of Health Services with Hospicio Hospital, Margo as the nodal agency. A proposal has been submitted to Government of India for sanction of DMHP for Central Goa District with Asilo Hospital as the nodal Institute and Techno Managerial Control by the IPHB.

PATIENTS' RIGHTS

The State Mental Health Authority was constituted on 23.5.95 and the Mental Health Rules were notified in Goa on 9.11.05. The notification of the current Mental Health Authority headed by Secretary (Health) Government of Goa and having 4 official and 3 non-official Members was issued on 27.2.06. It is heartening to note that a Citizen's Charter containing general information about the Institute, guidelines for availing of various facilities, and mechanism for redressal of complaints and grievances has also been issued.

NGO INVOLVEMENT

The Institute is benefited by active involvement of a number of NGOs in its activities, Rotary Club, Lions Club, Sister of Charity, Kirpa Foundation, Alcoholic Anonymous, Asha Mahal, Sanjay School for Mentally Disabled have been taking a lack of interest in patient's welfare. Rotary Club has helped in the planting of flowering and fruit-bearing trees in the Hospital campus. Alcoholic Anonymous meetings are held every week on Thursday.

CONCLUDING REMAKRS

The involvement of the NHRC through Dr. Channabasavanna Committee has helped in reviving the report of the W.H.O. Consultant Dr. M.V. Govindaswamy submitted way-back in 1950 which has remained forgotten all these years. Dr. Channabasavanna Committee took note of the report of Dr. Govindaswamy and recommended a series of steps to improve the hospital facilities, treatment and care of patients, occupational therapy and rehabilitation, training and research, and community outreach programmes. With the shifting of the Institute to a new campus built at the cost of Rs. 3.50 crore and its placement under the administrative control of the Goa Medical College, most of the observations made by Dr. Channabasavanna Committee about the hospital infrastructure and treatment and care of patients have been addressed satisfactorily. By restricting the bed capacity to 190 in the first phase, fulfilment of the basic needs of accommodation, sanitation and hygiene have been ensured. However, the diet scale fixed at daily requirement of 2000 calories per patient and subjected to a financial ceiling of Rs.20 per patient per day needs to be revised in consultation with nutrition experts.

While a Child Guidance Clinic has been set up as recommended by Dr. Channabasavanna Committee, the recommendation regarding introduction of special facilities for patients with substance abuse remains unimplemented.

Attempts are being made to start a de-addiction centre by approaching the Ministry of Health and Family Planning for financial support.

Significant improvement has been made in hospital services and patients care. Cell admissions have been totally abolished. Wards have been fitted with flexible iron gates. Average length of stay has come down from 21 to 15 days. A number of destitute or abandoned long stay patients have been shifted to Charitable Institutions. Although occupation therapy facilities are available for both male and female patients, these need to be organised firmly and systematically. A Day-Care Centre is expected to be started shortly for engaging the discharged patients and helping them in economic and social rehabilitation.

The Institute has been performing commendably in the field of education and training in mental health and research activities. The range and volume of the community outreach services provided through satellite clinics have expanded. Although the involvement of NGOs in hospital activities has increased, no NGO has yet taken up issues like legal aid, counselling and patients' skills building and rehabilitation.

Implementation of the recommendations of Dr. Channabasavanna Committee is thus found to be generally good with promising signs of early completion of pending tasks. Given the achievements mentioned above, the status of the Institution needs to be up-graded. The decision to keep the present Superintendent Dr. B.Cuncoiencar in the pay scale of Assistant Medical Officer by down grading the post in terms of pay scale has lowered the status of IPHB vis-à-vis other health Institutions. Despite an all-round progress achieved as a result of involvement of the NHRC through its report titled "Quality Assurance in Mental Health", this Institution is probably the only one in Goa which is having its key post of Medical Supdt. in the lower grade of Assistant Medical Officer. It is hoped the Government will appreciate this observation and decide favourably the representation made by the present Medical Supdt. who has been holding a

difficult and challenging charge with exemplary efficiency and devotion to duty since November, 1995.

CEL

4.8.06

(Chaman Lal)
Special Rapporteur
4-8-2006