-3- (5)

Report of review of activities of the Mental Hospital, SCB Medical College, Cuttack, Orissa by Dr. Lakshmidhar Mishra, IAS (Retd.), Special Rapporteur, NHRC

Date of Review: 3rd and 4th December, 2007

The Mental Hospital, Cuttack was inspected by me on 9th and 10th April, 2007. A copy of the report was forwarded to the Commissioner-cum-Secretary to Government of Orissa, Health and Family Welfare Department, Principal, SCB Medical College, Cuttack and Superintendent of the hospital barely within one month after the inspection. As no compliance was received from the State Government even 8 months after the first inspection it was decided to undertake a review of the status of compliance with the various observations and recommendations made in the earlier inspection report. The purpose and methodology of the review were clearly indicated and intimated through a D.O. letter to the Commissioner-cum-Secretary to Government, Health and Family Welfare Department a fortnight before the proposed review. The review ended up by a meeting with the Commissioner-cum-Secretary to Government, Health and Family Welfare Department where the impressions emanating from the visit were shared with him so that (a) all unfinished tasks could be attended to and completed in time with all the urgency and seriousness of concern which they deserve and (b) qualitative improvement and change could be brought about in the state of management of the hospital.

I visited the hospital on 3.12.2007 from 9 AM to 2 PM, interacted with 22 patients in the outpatients department, 21 patients in the Inpatients Department (16 male + 5 female), had a meeting with the Principal, SCB Medical College, Professors and Heads of Deptts. of Medicine, Gynaecology and Obstretics, Orthopaedics, Opthalmology, Pathology, Biochemistry, Neurology, Microbiology, Surgery, ENT etc. of the Medical College. I also paid a visit to the Pathological and Micro Biology Laboratories of the Medical College and Sardar Vallav Bhai Patel Post Graduate Institute of Paediatrics (Sishu Bhawan) and interacted with the Superintendent and others about the extent of mental illness of children and treatment thereof. I had a wrap up meting with Commissioner-cum-Secretary, Health and Family Welfare Department from 11 AM to 1 PM on 4.12.2007.

The review report has been divided into the following parts:-

Part-I: Compliance with observations made at the time of the first inspection (April, 07).

Part-II: Interaction with OPD and IPD patients and outcome thereof.

Part-III: Interaction with Professors and Heads of Departments in SCB Medical College, Cuttack and outcome thereof.

Part-IV: Interaction with Superintendent, Sishu Bhawan and outcome thereof.

Part-V: Wrap up meeting with Commissioner-cum-Secretary, Health Deptt. and outcome thereof.

Part-VI: Outline of the Proposal for setting up of an Institute of Neurology and Mental Health.

Part-I

Compliance with observations made at the time of first inspection:

The Statement below indicates a gist of the observations made by me on one side and the status of follow up action or compliance with the observations on the other side:-

S.No	Gist of Observation	Status of follow up
I	A verandah measuring 458 sq.ft. is being used as the waiting space for OPD patients and their relatives. This is barely sufficient for 15 persons whereas the daily average outturn of OPD patients goes upto 100. The OPD hours give rise to an	The same sorry state of affairs characterized by (a) lack of space (b) lack of a proper sitting arrangement and (c) overcrowding continues. The situation may be eased to some extent after the construction of the new block with central assistance is completed.

	unmanageable situation characterized by a lot of overcrowding.	
II	The space available in the registration chamber is small.	The space continuous to be the same as before.
III	There is no separate record room. The old as well as the new records have been huddled together in the registration room where the space is very limited.	There is no change in this situation.
IV	The Superintendent of the hospital had requested the competent authority to raise the budgetary allocation for the hospital from Rs. 84 lakh to Rs. 92 lakh for 2007-08.	This has not been approved. The much needed allotment for 2007-08 i.e. Rs. 84 lakh has been received only in September, 2007 (even though the budget was approved by the OLA much earlier).
V	The hospital is not an autonomous body and there is no management committee to take major policy decisions on a day to day basis.	The hospital continuous to be an outfit of SCB Medical College and there is no change as far as the structure of management is concerned.
VI	The PG training in Psychiatry has been introduced since 1980 with 2 MD (Psychiatry) Seats per year. The Principal and MS of the Hospital had been requested to explore the possibility of raising the number of seats from 2 to 4.	The initial strength was fixed on the basis of an inspection conducted by the MCI in 1999. A second inspection is due for which a formal request is to be made to MCI. A strong case can be made out at the time of that second inspection to raise the number of seats from 2 to

		4 (keeping in view the need for a total number of 4 seats for SCB Medical College, Cuttack, SKCG Medical College, Berhampur and VSS Medical College, Burla).
VII	There is a lot of drain of talent (of 44 students who have acquired MD in Psychiatry over the last 22 years, 9 have left the State) in Psychiatry. The salary structure is quite low compared to West Bengal, Tamil Nadu, Madhya Pradesh and Gujarat and there is no basic incentive for the Psychiatrists to serve within the State. The avenues of promotion are limited and promotion itself is a long drawn out process. This is quite frustrating for those who belong to this discipline (of Psychiatry) and who stagnate in a particular post for many years without avenues of any promotion.	The situation remains unchanged.
VIII	The following suggestion was made for strengthening of physical infrastructure:- - increase the bed strength to meet increasing demand for such beds;	It has not been possible to expand the existing infrastructure by way of addition of new structures partly due to want of space, partly due to want of funds and partly due to procedural bottlenecks.

	- expand OPD and patient's waiting hall (to accommodate 200 persons); - have 2 separate occupational therapy wings – one for male and another for female mentally ill persons; - open a half way home for rehabilitation of mentally ill persons after they have been effectively treated; - have a proper dispensing unit; - have a proper medical store; - have an incinerator for disposal of hospital waste; - instal an RO plant to ensure supply of potable water; - have an independent kitchen, laundry and yoga centre.	

IX	Ways and means will have to found to resolve procedural wrangles so that the grant-in-aid of Rs. 1.51 Crore received under National Mental Health Programme since 26.10.05 could be utilized.	Due to personal intervention of the present incumbent Commissioner-cum-Secretary, Health & Family Welfare Department – Shri Chinmay Basu the following developments have taken place after the last inspection (April, 2007):- - administrative Approval for utilization of the Central assistance of Rs. 1.51 Crore was accorded by DHS (O) on 23.8.2007; - a sum of Rs. 1,27,34,211/- was placed at the disposal of CPWD on 24.8.2007 for initiating building and construction work; - utilization of Rs. 21 lakh for purchase of equipment will be carried out only after the construction work has progressed and a safe and secure storing facility is available.
X	A Drug Deaddiction Centre was to be an integral part of the mental hospital. It was to have 15 beds with one Addl. Supdt., one Professor, one Associate Professor, one Assistant Professor, 2	The detailed position has been indicated at page 37-38.

	Lecturers, 4 Staff Nurses, Ministerial and Class IV staff. A sum of Rs. 8 lakh was received from GOI as early as 1995. The building has been completed in all respects, physical possession handed over on 18.10.2003, the centre inaugurated on 27.10.2003 but remains non functional without equipments, furniture and other accessories and posting of essential staff.	
XI	**Remodelling of the open ward** The following deficiencies were observed in the open ward:- - bar lights on the wall are non functional; - overall lighting is poor; - ventilation is not effective; - no desert coolers on the verandah; - old building with high ceiling but cracks all around and profuse seepage;	The deficiencies continue uncorrected. Outer walls of the open ward have been painted but inside the ward the environment continues to be as dull and untidy as before. There is no improvement either in lighting or in ventilation. Books and newspapers have not yet been made available. The toilet patient ratio (1:10) remains unchanged. Some wall writings in Oriya have been provided (written in yellow ink) but the same are crude, full of mistakes and would hardly catch the imagination of anyone, far less of patients and their relatives. The condition of beds, mattresses, linen etc. has not undergone any change. The floors are littered with water and waste paper.

	- dull, drab and lifeless surrounding without any greenery; - easy access of flies and mosquitoes due to removal of window shutters; - mattresses torn and soiled; one bed has sunk in the middle; - diet with Rs. 10/- is a pittance; - toilet patient ratio is 1:10; - no separate toilet for relatives; - more patients than permissible bed strength admitted for which 4 patients are lying on the floor; - no arrangement whatsoever for relatives; they have to keep standing; - difficult to certify that water is potable as no samples have ever been sent for testing;	

	- no newspapers or reading materials available either for patients or for relatives; - not a single illustrative chart or poster posted on the wall.	
		Suggestion: Commissioner-cum-Secretary, Health and Family Welfare is requested to take a review meeting at his level at the hospital premises itself. EE GED, EE PHD, EE GPHD, Controller of Store, SCB Medical College, editors of all local newspaper establishments, Station Director, AIR and Doordarshan may be invited to the meeting. All the deficiencies pointed out by me in the earlier inspection report should be reviewed one by one and immediate corrective action should be taken on the spot in his presence. He should ensure posting of a matron for the open ward without further delay.
XII	**Modified Vs. Unmodified ECT:** The mental hospital is adopting unmodified ECT while the current trend everywhere (Jaipur, Gwalior,	The Supdt. of the hospital had at the time of the earlier visit conceded that in the present dispensation, professionals and equipments needed for modified ECT are just not available.

	Agra, Ranchi) is to have modified ECT which is a very effective and dependable method of treatment.	**Comments:** I am unable to accept the contention of the Supdt. I have observed that the patients are being brought to the hospital within ½ an hour to 1 hour after being administered unmodified ECT. There is no recovery room for them and it's a pathetic sight to bring them straightaway to the open ward without keeping them for atleast 2 hours in the recovery room.
XIII	**Special problems of medicine – budgeting, availability and dispensation:** At the time of last visit to the hospital a rough calculation was made in regard to additional requirement of funds for purchase of both psychiatric and general drugs and a figure of Rs. 5.20 Crore as the annual requirement of drugs was arrived at. As against this the current allocation is of the order of Rs. 15 lakh only. This also is not available in one lot and invariably there is delay in receipt of funds for purchase of medicines.	The Supdt. of the hospital has taken up the matter with the Deptt. for enhancement of the allocation and scale of expenditure under medicine per patient but it has not been agreed to so far.

XIV	All cases of death should be properly documented, audited and there should be total transparency in such documentation and audit. While all out efforts should be made to prevent the deaths, causes of all deaths should be investigated by a responsible and competent person soon after death and the report submitted to the next higher authority for acceptance.	These have been noted for necessary action.
XV	**Human Resource Development (HRD):** No institutional arrangement exists for orientation and training of either the medical or para medical staff. Training in Psychiatry for the staff nurses is crucial. The mental hospital does not have a library of its own. It has to rely on the central library of SCB Medical College, Cuttack. It may be useful if in the new block which is going to come up in near future some space can be earmarked for a small library-cum-reading room where a few good reference books on psychiatry and	A calendar of training as also a calendar for participation in psychiatry conferences within the country should have been drawn up by now but apparently no action has been taken in this direction so far. The suggestion can be implemented only after the new block is complete in all respects.

	clinical psychology can be kept for use of the Supdt. and other faculty members.	
XVI	**Sanction of a few posts of Social Workers:** This is a very essential requirement. The Social Worker (s) can establish useful contact with the households. They can help in removing fads and ill perceived notions about mentally ill persons and help in making them acceptable to the family. Keeping such usefulness in mind it was suggested to sanction a few posts of social workers.	There has been no progress. Even a formal proposal is yet to be mooted in writing.
XVII	Ensuring integration between teaching, treatment, training and research.	In view of absence of autonomy and excessive dependence on SCB Medical College no worthwhile plan for bringing about such integration can be formulated right now. This will have to wait till setting up of an independent and autonomous Institute of Mental Health
XVIII	**Delegation of administrative and financial powers for the Supdt.** Need for such delegation was felt to make the Supdt. of the mental hospital functionally more independent and	By now the Supdt. should have worked out the knitty gritty of a scheme for such delegation in the larger interest of smooth and efficient functioning of the hospital. He, however, is yet to work out such a scheme.

	effective which he is not at present.	
XIX	**Plantation:** This was suggested with a view to creating a good ambience and environment which will be aesthetically pleasing to the mentally ill persons and conducive to their recovery.	There was no sign of any greenery anywhere around the premises of the hospital. The Supdt. has reported that concerned department has been requested to take action. He could have taken a little initiative on his own and by now there would have been some evidence of a green belt within the hospital premises. Regretfully, the hospital premises continues to be as bald and bare as before.

3.12.2007

Part-II

Interaction with OPD and IPD patients and outcome thereof: (11 AM to 1 PM):

I **Interaction with OPD patients:**

The primary objective of such interaction was to elicit few basic informations such as (a) place from where the patient has come (b) distance from the hospital (c) mode of conveyance (d) expenses involved (e) person who has brought the patient (f) first or second or subsequent visit (g) need for repeated visits etc. (h) whether he/she is in a position to afford the luxury of such visits and treatment, (i) line of treatment, (j) response of the patient to the line of treatment so far, (k) whether there has been any relapse (l) why compliance with drugs could not be ensured etc.

With these points in the backdrop I interacted with the following OPD patients from 9 AM to 11 AM on 3.12.2007:

1. **Ms. Sandhyarani Mahapatra (28):**

- she hails from Jagatsinghpur;
- this is the third time she is visiting the hospital;
- the first time she was admitted 3 years back she stayed in the open ward for 5 to 6 days;
- she came for the second time on 29th October, 2007;
- due to her marriage continuity in compliance with medicines was disrupted;
- she was suffering from fear psychosis, fear of getting assaulted; now she reports that there are signs of improvement.

2. **Binod Kumar Sahu (22):**

- he hails from Nachuni (Khurda);
- this is the second time he is visiting the hospital;
- first time he came, he was admitted to the hospital and stayed in the open ward for 15 days;
- he had recovered but there was relapse due to discontinuation of medicines;
- he developed symptoms like lack of appetite, feeling of drowsiness and no desire for work when he has come for the second time.

3. **Ms. Snigdharani Jena (39):**

- she hails from Mantira (Jajpur);
- she was working as a teacher in Misrilal Chromite Mining Co.;
- she was threatened with suspension by the management on account of which she developed depression;
- she is coming to the hospital for the 6th time;

- there are signs of improvement due to better compliance with medicines;
- being unemployed, she is now finding it difficult to buy medicines (the hospital provides medicines only for 10 days to start with);
- she is unmarried and is entirely on her own.

4. **Seikh Juner Akhtar (12):**

- he hails from Balichandrapur and appears to be mentally retarded;
- he had been to Calcutta, has spent over Rs. 5000/- but did not get the desired relief;
- he is a victim of mongolism and is also having other attendant problems of receptivity and retentivity;
- he has come to the hospital at Cuttack for the first time.

5. **Harekrishna Jena (25):**

- he hails from Paguranda, Mahanga, Cuttack;
- he has been visiting the hospital since 2003; has visited about 8-10 times for follow up;
- he complains of loss of appetite and sleeplessness for the last 3 months; has also been indulging in loose talks;
- the medicines are being regularly administered but he is still having difficulty in sleep and passing of urine;
- he is currently unemployed.

6. **Ms. Bharati Mahanty (24)**:

- she hails from Sagadabhanga PS in District Khurda; has read upto Class X;

- she had been earlier admitted in the hospital, spent 4 to 5 days in the open ward before being discharged;

- she is currently complaining of drowsiness and dim sight and also suffering from hypertension and has, therefore, come to the hospital for the 2nd time;

- she was advised to ensure full compliance with the drugs which may be prescribed by the hospital authorities now.

7. **Ms. Lochani Mallick (45):**

- she hails from Palliraghunathpur in Kendrapara district;
- she has been undergoing treatment for the last 10 years;
- on an average, she requires to spend about Rs. 450/- per month (inclusive of the cost of travel and cost of drugs);
- she used to work as an agricultural labourer; that was her only source of income but she is unable to work now;
- she complained of sleeplessness (lack of sleep at night in particular);
- she had come earlier on 7th November, 2007 and has come again today;
- she admitted that she has discontinued the medicines and hence there is a relapse;
- while her earnings are very limited (Rs. 30/- per day) she has to spend Rs. 50/- to Rs. 60/- on travel from out of her meager earnings and incur loan for the rest.

8. **Pradipta Ranjan Pati (31):**

- he hails from Biribati of Cuttack;
- he has been addicted to drugs (bidi, cigarette, ganja) for the last 3 to 4 years;

- he was earlier working as a bill clerk (DLR) in PH Deptt. at Biramitrapur but is currently unemployed (after addiction to drugs);

- he was admitted to drug deaddiction centre at Khapuria run by an NGO but has not recovered fully;

- he has visited the hospital for the third time.

9. **Draupadi Bej (20):**

- she hails from Sukinda (Jajpur);

- she is coming for the first time, accompanied by her uncle, mother and brother;

- Indulging in loose and irrelevant talks and muttering to herself, it appears to be a case of schizophrenia leading to a colossal waste of a precious human resource at a productive and reproductive phase of life.

10. **Komal Singh (25):**

- he hails from Kankadahad block (Dhenkanal);

- he is coming for the first time, accompanied by his father; both are working as agricultural labourers;

- now the son's illness has entailed loss of daily income for both father and son;

- suffering from delusional thoughts he is not having enough appetite and sleep and is also unable to concentrate on anything.

11. **Prasanta Kumar Sahoo (27):**

- he hails from Olia (Kendrapada);

- his mother who has accompanied him stated that he has come for about 10 to 12 times;

- he received medicines from the hospital every time he visited the hospital but was unable to procure them after the medicines supplied by the

hospital got exhausted (they are supplied free only for 10 days) due to economic reasons;

- in the meanwhile he migrated to Gujarat and 5 to 6 days back as he was returning home form Surat, he fell in the hands of brigands who have taken away all his earnings at Raipur in Chhattisgarh. In the process, he suffered grievous body injuries;

- neither he nor his father has any work and being economically poor they are unable to afford the cost of medicines which is on the rise;

12. **Mania Behera (31):**

- she hails from Salipur (Cuttack);

- the patient came to the hospital 5 years back and had recovered but there is a relapse due to discontinuation of medicines;

- she has now come to the hospital for the third time being accompanied by her father;

- she is married and her husband works at Phulbani;

- she has multiple complaints such as severe migraine, feeling excessively hungry all the time, loose motion and frequent urination;

- her father stated that she has never discontinued the medicines but still the problems are persisting.

13. **Nabaghan Sahoo (40):**

- he has been coming to the hospital for the last 10 years; has also been taking medicines for 10 years but the process of recovery is slow and imperceptible;

- he is complaining of loss of desire for work and inability to concentrate on anything;

14. **Sasmita Das (43):**

- she hails from Tirtol (Jagatsinghpur);
- she was admitted in the hospital earlier and has now come for the second time;
- hers appears to be a case of drug induced Parkinson's disease (complains of trembling of fingers).

15. **Tapan Panda (28):**

- he hails from Kendrapada;
- his is the lone case where the patient has not been accompanied by any relative;
- his is also a case of drug induced Parkinson's disease (complains of trembling of fingers in both hands);
- he has been coming to the hospital for the last 10 years but has discontinued the medicines and, therefore, has not been able to reap the benefits of medication.

16. **Tapan Kumar Jena (28):**

- he hails from Cuttack;
- only son of his father, he was working in Orissa High Court and is suffering from severe depression due to non receipt of his legitimate dues;
- as he is unemployed due to illness, he is unable to buy medicines for the last 2 months.

17. **Sukadeb Mahanty (37):**

- this is a case of severe depression;
- the patient is unable to buy medicines due to poverty;
- he also complained of non availability of medicines in the hospital for 5 to 6 months.

18. **Babul Sethy (23):**

- he hails from Jagatsinghpur;
- this is an old case;
- the patient was admitted in the open ward in October, 2007;
- the father reported that the condition of the patient registered improvement after his admission;
- there was, however, relapse due to discontinuance of medicines on account of economic reasons;
- the patient complained of lack of desire for work, inability to work and inability to talk coherently.

19. **Trilochan Barik (55):**

- he hails from Choudwar, Cuttack;
- he has been coming to the hospital for the last 15 years and was admitted to the open ward 3 years back;
- he recovered but there was relapse due to discontinuance of medicines on account of economic reasons;

20. **Manas Ranjan Padhy (35):**

- he hails from Bhubaneswar and has been coming to the hospital for the last 14 years;
- his is a case of severe depression;
- he feels that instead of wandering in the streets he is living in a controlled environment on account of medicines;
- he wondered how long he has to live with these medicines?

21. **Kuna Das (45):**

- he hails from Jajpur and has been coming to the hospital for the last 20 to 22 years;

- due to economic reasons he has been forced to discontinue medicines;
- he also complained that he is facing a hostile environment from the neighbours.

22. Prasant Kumar Sarangi (25):

- he hails from Puri;
- he has come for the first time, complained of trembling of limbs, excessive sweating, loose motion and indulgence in loose talks.

A gist of observations emanating from interaction with OPD patients:

- Majority of the patients hail from a socially and economically poor background.
- The patients receive medicines only for a period of 10 days.
- Due to poverty they are unable to buy medicines after 10 days and, therefore, unable to ensure full compliance with the medicines prescribed.
- Sometimes no medicines are available in the hospital for 5 to 6 months at a stretch.
- Medicines (Psychiatric) are also not easily available at the district and sub divisional hospitals, PHCs and sub centres, not to speak of countryside.
- Discontinuance of medicines results in relapse of mental illness.
- On account of relapse patients have to visit the hospital again and again at considerable expense and many are driven to desperation. It is thus a vicious cycle.
- Problems are compounded in poor landless agricultural labour families where the patient, an agricultural labourer will have to be attended to by father or mother, another agricultural labour and, therefore, cannot go for work. This entails loss of wages and loss of wages leads to loss of income and eventually to poverty.

Specific suggestions arising out of interaction with OPD patients:

- Sufficient quantity of medicines (both anti-psychotic and general) to meet the requirement at least for one year should be purchased and stored in advance so that there is no scarcity of drugs at any time.

- Allocation for purchase of medicines must be communicated in time.

- The powers of the Supdt. of the hospital to buy emergency requirement of medicines must be substantially enhanced.

- Medicines as per prescription should be issued atleast for 30 days to start with.

- Substantial quantities of anti-psychotic medicines should be stored at least in district and sub divisional hospitals (if not in PHCs or sub centres) so that poor patients do not have to travel all the way to Cuttack to buy medicines due to non availability in the periphery.

- Medicines should be supplied to all BPL families free of cost beyond the period of 10 days. This is a major policy decision which has to be taken by the State Government.

- Compliance with medicines is the surest key to recovery even as discontinuance will bring disaster. This must be told and retold to all patients and their relatives.

- A large number of charts and posters highlighting the importance of full compliance with drugs must be displayed at all points – at the OPD, at the registration counter, at the dispensing room, at the doctor's chamber and outside, at the IPD, at the DDC and so on. Simple messages in Oriya which will be intelligible to the common man should be designed, written in bold and bright letters and displayed at all conspicuous points as above.

- Anti-psychotic medicines take a long time to produce the desired effect. The treatment itself is long and protracted and recovery is slow and imperceptible. Infinite patience is needed on the part of the patient and all

his care givers. This will have to be driven home to all patients and their family members. For this also, we need to design separate IEC materials in simple and intelligible Oriya.

- The mental hospital could compile a list of all SC, ST and landless families who have no regular income or income below poverty level and send the list to Heath and Family Welfare Deptt. which in turn should send it to Panchayatiraj Deptt. so that such families can be assisted under antipoverty programmes of State Government

A gist of brief interaction which took place with IPD patients:

Male ward:

1. **Prakash Tani (28):**

   - Date of admission - 22.11.2007
   - Diagnosis - Substantive Psychotic disorder, addiction to cannabi and ganja.
   - Symptoms at the time of admission – violent disorder, abusive language.
   - Current status (at the time of visit) – substantial improvement after having undergone ECT (4 times).

2. **B.K. Swain (27):**

   - Date of admission - 3.12.2007
   - Diagnosis - Bipolar Affective Disorder
   - This is a case of relapse due to discontinuance of drugs. It appears that the patient threw away the medicines in a fit of rage as also due to suspicion. He now requires treatment for a week to ten days but the relatives accompanying him need to be counseled again and again that (a) compliance with the medicines is a must (b) the patient should be under close surveillance (c) past mistake of drugs being thrown away should not be repeated.

3. **S.K. Sahu (33):**

- The patient is suffering from Schizophrenia for the last 13 years characterized by violent behaviour and abusive language.
- Date of admission - 27.11.2007.
- The patient has been given ECT twice after admission after which he regained composure.
- He needs to be given ECT 4 to 6 times.
- Possibility of relapse could be minimized by insisting on compliance with medicines.

4. **B.C. Behera (21):**

- Date of admission - 1.12.2007.
- Diagnosis - Seizure.
- Line of treatment – minor tranquillizers.
- Current status – there is substantial improvement (50%). The condition of the patient is stable.

5. **N. Jena (40):**

- Date of admission - 30.11.2007 (first time)
- Diagnosis – Schizophrenia.
- Symptoms at the time of admission – there is a family history of Schizophrenia. The patient is gripped by a psychosis of fear (Paranoia) and continues to be suspicious of everyone.
- Line of treatment – has undergone ECT. Anti psychotic injection has also been given.
- Current status – stable.

6. **M. Das (31):**

- Date of admission – 27.11.2007.
- Diagnosis – old case of Schizophrenia.
- History – ECT administered in the past; there was no follow up. He refused to submit to ECT now on the plea that his condition is better and there is no need for ECT.
- Suggestion – modified ECT for him is the need of the hour.

7. **G. Mallick (age not recorded):**

- Date of admission - 23.11.2007.
- Diagnosis – old case of substantive psychotic disorder.
- Symptoms – continues to be suspicious of wife's fidelity.
- Line of treatment – has undergone 4 ECTs in addition to being administered anti psychotic medicines.
- Current status – stable.

8. **Ankur Mallick (24):**

- Date of admission – 8.11.2007.
- Diagnosis – old case of Schizophrenia (for 3 years) but without any family history.
- Symptoms – disorganized behaviour even though muttering to self has come down.
- He had gone to Hyderabad for work as a migrant labourer and come back from there as a Schizophrenic patient.
- Line of treatment - has been administered 6 doses of ECT.
- Current status – stable.

9. **S.N. Sahoo (33):**

- Date of admission - 26.11.2007.
- Diagnosis - Schizophrenia.
- Symptoms - decreased appetite, decreased sleep, decreased self care, withdrawal from family, neighbourhood and community, no productive engagement.
- Treatment - ECT and drugs.
- Current status - slight improvement in food and sleep, bit of dialogue, on the whole stable.

10. **Sankar Nayak (22):**

- Date of admission - 30.11.2007.
- Diagnosis - Bipolar Affective Disorder.
- Line of treatment - Psychotic drug treatment.
- Current status - had read upto Class V but completely withdrawn from studies, could not read a single sentence is completely aloof and withdrawn from the world.

11. **A.K. Nayak (23):**

- Date of admission - 27.11.2007.
- Diagnosis – Bipolar one Disorder with morbid substance abuse.
- Line of treatment – ECT and psychotic drugs.
- Current status – Stable.

12. **S. Nayak (26):**

- Date of admission – 21.11.2007.
- Diagnosis – Paranoid Schizophrenia for 7 years.

- Family history – was studying in his young days in a convent School at Joda (Keonjhar district) and was coming first in the class but could not do well in studies due to illness and had to discontinue studies. Has been undergoing treatment for a long time.

- Symptoms – no overt aggression now.
- Line of treatment – ECT (twice) with psychotic drugs.
- Current status – stable.

13. **D.K. Swain (28):**

- Date of admission – 21.11.2007.
- Diagnosis – Bipolar Affective Disorder.
- Line of treatment – ECT (4 doses), Psychotic drugs.
- Current status – stable.

14. **A.C. Bhoi (21):**

- Date of admission – 19.11.2007.
- Diagnosis – substance induced psychotic disorder.
- Line of treatment – ECT (5 doses).
- Response – condition stabilized, no overt aggression.

15. **P. Senapati (30):**

- Date of admission – 26.11.2007.
- Diagnosis – Major depressive disorder.
- Family history – had gone to Punjab as a migrant worker and worked for about 3 months. No wages were paid and denial of minimum wage along with oppressive treatment by the employer led to severe depression.

- Line of treatment – has undergone ECT (twice) and is being given antidepressant drugs.

- Current status – has shown substantial improvement.

16. **J. Nayak (23):**

- Date of admission – 28.11.2007.
- Diagnosis – Schizophrenia.
- Family history – first symptoms of Schizophrenia were visible around 8 years ago, has undergone treatment elsewhere but the same was not found very effective.
- Symptoms – mostly negative at the time of admission.
- Line of treatment – has undergone ECT (twice), administered anti psychotic drugs and antibiotics.

Female ward:

1. **Ms. A. Mallick (39):**

- Date of admission – 23.11.2007.
- Diagnosis – Psycho Affective Disorder.
- Line of treatment – ECT (four times) Psychotic drugs.
- Response – good.
- Condition – stable.

2. **Ms. A. Sahu (23):**

- Date of admission – 29.11.2007.
- Diagnosis – Bipolar Affective Disorder with mania.
- Family History – this is the pathetic story of a married woman where threat of divorce from the husband led to depression and current ailment.
- Line of treatment – has been administered ECT (once) along with psychotic drugs.
- Response – good.

3. **Ms. M. Sahu (22):**

- Date of admission – 14.11.2007.
- Diagonsis – Schizophrenia (she had failed in +2 which led to severe depression).
- Line of treatment – has been administered ECT (five times) along with psychotic drugs.
- Response – good.

4. **Ms. P. Dalei (age could not be verified):**

- Date of admission – 23.11.2007.
- Diagnosis – Paranoid Schizophrenia.
- Line of treatment – has been administered ECT (four times) along with psychotic drugs.
- Response – good.

This is the rare case of a mother-in-law standing by her only daughter-in-law in her days of dire distress.

5. **Ms. S. Barik (40):**

- Date of admission – 16.11.2007.
- Diagnosis – Schizophrenia.
- Line of treatment – has been administered ECT (six times) with psychotic drugs.
- Current status – completely stable.

Suggestions about preventive and corrective action:

- Mental illness is partly behaviour induced and partly genetic; it could also be drug induced (substance abuse). From out of the 21 cases examined

in both male and female wards the following cases appear to have been behaviour induced:-

- threat of divorce;
- student's failure in examination;
- student's dropping out from school due to poverty;
- migration and ill treatment associated with migration;
- denial of minimum wage.

- The above call for a set of preventive and corrective actions.
- Counselling both the parents and the children at school could help in preventing depression on the part of students. Teachers visiting the homes of absentee students, teachers meeting the parents and persuading them about the importance of sending children to school, teachers deputing students who regularly attend classes to produce some demonstration effect on the absentee students are some of the ways which can put an end to student's absenteeism.
- NGOs like Sanjivani, Legal Aid Centres (Legal Aid Society at the district level is headed by the District Judge) and Social Workers attached to a mental hospital or any other social counselling organization could play an important advisory role in preventing depression of women arising out of domestic cruelty and violence.
- Inter State migration is an economic necessity (due to lack of stability and durability of employment and due to constant need for augmenting financial resources for meeting consumption and ceremonial needs and limited earnings due to non implementation of minimum wages with which these needs cannot be met); its also behaviour induced. As has been found from empirical data, recruiting agents or middlemen approach families of landless agricultural labourers, pay them advance (ranging from Rs. 20,000/- to Rs. 25000/- depending on the season of availability of man power and need) and lure tem to leave the originating point and come to the destination point. No sooner the poor and deprived fall a prey to their machinations and land at the destination point, the promises

are belied and the migrant workers are subjected to a bottomless pit of ruthless exploitation (long hours of work without spread over, denial of minimum wages, denial of weekly off, denial of workmen's compensation in the event of accidents causing injury resulting in death/disablement, oppressive treatment etc.). All these combined could drive them to desperation and depression.

- The pockets of origin of migration are known; so are the destination points. A link can easily be established between the two. Officers from the originating points could go to the destination points, interact with workers, record the story of their exploitation and denial of statutory rights, pursue these matters with officers of destination government and provide the much needed relief. If the relief is not forthcoming, the migrant families could be rescued from the clutches of the employers with the help of police and brought back to the originating point.

- Recruiting agents cannot recruit people without a valid licence u/s 8 of Inter State Migrant Workmen's (Regulation of Employment and Conditions of Service) Act and Principal Employers at the destination point cannot engage migrant workers without a valid registration certificate u/s 4 of the said Act. Where is, therefore, the scope for migration if provisions of the law are scrupulously enforced? Secretary, Health and Family Welfare may examine these issues in consultation with Secretary, Labour and Employment, Secretary, Panchayatiraj and Secretary, Women and Child Development Departments and take appropriate action.

3.12.2007

Part-III

Interaction with Professors and Heads of Departments in SCB Medical College, Cuttack (12.30 Noon to 1.30 PM):

This meeting was arranged specifically on my request. The primary purpose of the meeting was to (a) apprise the Professors and Heads of Departments about the needs of the mental hospital (b) solicit their cooperation and goodwill in attending to these needs. To start with, I drew their personal attention to the fact that mentally ill persons are also human beings and are

entitled to the same inalienable human right of respect for their dignity and decency as any other normal human being. They need all the more our special care and attention as they are unable to take certain decisions for themselves which will be in their short term and long term interest. They are unable to fend for themselves. This is the broad interpretation of the right to life as guaranteed by Article 21 of the Constitution. The Departments of SCB Medical College and in particular, Departments of Medicine, Surgery, ENT, Orthopaedics, Opthalmology, Cardiology, Pathology, Biochemistry etc. could supplement and complement the functions of mental hospital in the following manner:-

- all blood samples of mentally ill persons which are being sent to the pathological laboratory of SCB Medical College for test could be attended to expeditiously and test reports could be furnished to the mental hospital on the very day the samples are sent;

- mentally ill persons who suffer from other associated complications related to eye, ear, nose, throat, heart, lungs, urinary and reproductive system may be required to be sent to the concerned departments/specialists of SCB Medical College for examination and treatment. They should provide such referral services promptly, free of cost and without preconditions;

- in course of such examination and treatment they could counsel them and give them some useful tips about origin of such associated complications and how they can be prevented in future;

- in course of their interaction with other patients (other than mentally ill persons) they could provide similar counselling and impress on them to be kind, compassionate and considerate to mentally ill persons who are not responsible for what they are, who cannot fend for themselves and who need the individual and collective empathy and sensitivity of all sections of the society so that they (the mentally ill persons) can move a few steps ahead in the ladder of life.

- The response from the Professors and Heads of Departments who attended the meeting (Annexure-I) was positive and encouraging.

3.12.2007

Part-IV

Interaction with Superintendent, Shisu Bhawan and outcome thereof (3 PM to 5 PM):

The following forms of mental retardation affecting children are being handled by Shishu Bhawan:-

1. Autistic Spectrum Disorder.
2. Attention Deficit Hyperactive Disorder
3. Epilepsy and Epileptic Psychosis (prolongation of epilepsy leads to epileptic pschosis).
4. Drug induced psychosis.
5. Down Syndrome with mental retardation.
6. Schizophrenia.
7. General Anxiety Disorder
8. Major depressive disorder
9. Dyslepsia (disorders in reading and writing)
10. Conduct disorder
11. Cerebral palsy and mental retardation.

The following officers were present at the time of discussion:-

1. Dr. Hiranmay Kishore Mahanty, Professor and HOD, Paediatrics Surgery and Superintendent, Sishu Bhawan.
2. Dr. Vijay Kumar Behera – Dy. Superintendent.
3. Dr. Niranjan Mahanty – Prof. and HOD, Paediatrics.
4. Dr. S.P. Swain – Psychiatrist.

Issues discussed:

I Cases of autism, cerebral palsy and other forms of mental retardation are being brought and entertained in the OPD. The parents/relatives also bring the children for subsequent follow up. All tools and equipments which are needed for treatment of mentally ill persons are available at Shishu Bhawan but they are not available at home. Viewed in this

sense home cannot be a substitute for the hospital. It is, therefore, not clear how victims of mental retardation (like autism and cerebral palsy) can be treated through OPD only without there being any extension services for home.

II Autism is a neuro developmental disorder characterized by dysfunction in 3 core behavioural domains such as –

- repetitive behaviours;
- social deficits;
- language abnormalities;

Recent estimates concerning the prevalence of autistic spectrum disorder are much higher than those reported 30 years ago. Today, atleast 1 in 400 children is affected by autism. This group of children and families have important service needs. The involvement of parents in implementing interventionist strategies designed to help their autistic children has long since been accepted as useful. The potential benefits are increased skills and reduced stress for parents as well as children. Can the Shishu Bhawan, Cuttack play a proactive role in educating parents about their interventionist role?

III Empirical data puts about 10% of our children in the 0-18 age group (estimated to be about 4 million) to have learning problems out of which 4.6% of school aged students (6-14 age group) are identified as severely learning disabled. The boys far outnumber girls in the incidence of learning disability which is linked to the following factors:-

- medical factors;
- maturational factors;
- sociological factors;
- brain organizational factors.

Can Shishu Bhawan, Cuttack build up a constructive relationship with Sarva Shikshya Abhiyan of the Department of School education to make the following contribution:-

- identify children in the class room who are victims of learning disability and severe learning disability?

- building up a team of resource teachers who through orientation and training to be provided by Shishu Bhawan can (a) thoroughly assess the children for specific disability problems (b) develop an individualized remedial programme for each child and (c) teach him/her accordingly.

IV The magnitude of the problem (number of children who are victims of autism, cerebral palsy and other forms of mental retardation in Orissa) is not precisely known. However, it is fairly clear that one Shishu Bhawan at Cuttack cannot effectively deal with this problem. We need to enlist a number of good, reliable and committed NGOs, provide them necessary orientation and training and encourage them to launch centres for treatment and rehabilitation of children (with assistance from the Central and State Government) who are victims of mental retardation. Such NGOs have come up in various other parts of the country but no so in Orissa.

V We need to build up an abiding link between Shishu Bhawan, Cuttack and National Institute for the Mentally Handicapped, Manovikasnagar, Secunderabad – 500 009 (Andhra Pradesh) which is the apex body under the administrative control of Ministry of Social, Justice and Empowerment, Government of India for all matters pertaining to diagnosis, treatment, training and research in the area of mental health. Our medical officers and para medical staff can be deputed from Shishu Bhawan for training in NIMH. They can also be deputed to attend the conferences (both national and international) being organized by NIMH. We could subscribe to all the publications being brought out by NIMH which are very informative and valuable.

Secretary, Health and Family Welfare consider the above suggestions and initiate necessary follow up action.

4.12.2007

Part V

Wrap up meeting with Commissioner-cum-Secretary to Government, Health and Family Welfare Department, Secretariat, Bhubaneswar (11 AM to 1 PM):

I **Pace and progress of execution of civil works within the premises of the mental hospital:**

- At the outset the Special Rapporteur expressed his deep sense of appreciation for (a) the Secretary, Health and Family Welfare taking pains to visit the mental hospital and review various measures for its alround improvement (b) the initiative and personal interest shown by him to get certain works programmes finalized which were pending for several years (c) the initiative and personal interest shown by him to make the DDC operational. He expressed the hope that with such continued initiative and interest on the part of Secretary, Health and Family Welfare the situation within the premises of Mental Hospital, Cuttack would undoubtedly improve in the days to come.

- It transpired that all formalities related to (a) handing over the cheque for Rs. 1.27 Crore to CPWD for the civil construction work (b) CPWD taking over the possession of the building from the Medical Supdt., Incharge, Mental Health, Cuttack (c) preparation and submission of revised plan and estimates by CPWD to DHS(O) have been completed.

- The tendering process has started but is yet to be carried to its logical conclusion.
- CPWD have revised the plan to develop a green lawn in front.

- However, no deadline has yet been fixed as to when the Civil, Public Health and Electrical Works will be carried to a logical conclusion and when physical possession of the new block complete in all respects will be handed over to the State Government, Principal, SCB Medical College and Supdt. Incharge, Mental Hospital, Cuttack.

Secretary, Health and Family Welfare was requested to monitor the following at his level:-

- the date of completion of the tendering process;
- the date of issue of work order;
- time schedule for execution of Civil, PH and Electrical components of the New Block;
- time schedule for completion and handing over physical possession.

II Commissioning the Drug Deaddiction Centre (DDC):

The pace and progress of the above was reported by Supdt. Incharge Mental Hospital, Cuttack and noted as under:-

- all repairs to the damaged premises have been carried out;
- Grading plaster on the roof has been done;
- Water connection to the storage tank has been given;
- Electrical connections have been given;
- Ten beds, mattresses and pillows have been provided by the Supdt., SCB Medical College, Cuttack;
- Two staff nurses were placed by the Supdt., SCB Medical College on 25.8.2007 but they refused to join; hence 4 nurses on contract basis have been posted;
- Direction has been issued by the Medical Supdt. Incharge Mental Hospital, Cuttack to Dr. Tanmayini Das, Dr. P.K. Mahapatra and Dr. B.N. Naik, Assistant Surgeons and Mrs. Priti Patnaik, Clinical Psychologist to manage the work of DDC in addition to their duties vide order dated 30.8.2007. It could not be confirmed if they have started functioning.

- The Supdt. SCB Medical College has provided security (4 guards) and sweeping/scavenging staff to function round the clock. All of them have joined w.e.f. 1.12.2007. Their services should be placed permanently at the disposal of DDC.

- The Supdt. Incharge Mental Hospital, Cuttack is of the view that according to the guidelines of Government of India, Ministry of Health only drug dependency cases are to be treated at the Drug Deaddiction Centre (DDC). If there is a patient who is having psychiatric complications and who is also simultaneously a victim of substance abuse he/she will not be eligible for admission.

- This point was brought to the notice of Secretary, Health and Family Welfare. The Special Rapporteur clarified that when a law or ruling is capable of diverse interpretation, that interpretation should be accepted which is beneficial to the person for whom the law or the ruling has been enacted. Besides, there are drug deaddiction centres in other mental/general hospitals elsewhere in the country and this was not the case anywhere else. He sought the intervention of Secretary, Health and Family Welfare for communicating the correct decision to Supdt. Incharge Mental Hospital, Cuttack in this regard.

III **<u>Posting of officers and staff to Mental Hospital, Cuttack:</u>**

- One sanctioned post of Asstt. Professor, Clinical Psychology has fallen vacant following the retirement of Dr. Gourishankar Prusti in June, 2007. Secretary, Health and Family Welfare was requested to have this position filled up at the earliest.

- The DHS posts the nursing staff directly.

- According to the approved staffing pattern for MH, Cuttack there should be one Nursing Sister and five Staff Nurses.

- The Nursing Sister retired since February, 2007 and no substitute has been posted. The Supdt. Incharge Mental Hospital, Cuttack has brought it

to the notice of DHS but no Nursing Sister has been posted as yet. This should be expedited.

- One post of receptionist has fallen vacant following the death of the existing incumbent. This should be filled up by following the procedure established by law.

V **Distribution of work among the existing Medical Officers:**

- It was agreed that Supdt. Incharge Mental Hospital, Cuttack will issue a formal office order distributing work among the following:-

		Date of Joining
-	Dr. Poratiti Patnaik Clinical Psychologist	13.10.1999
-	Dr. R.K. Shukla	15.2.2006
-	Dr. Tanmayini Das	8.6.1989
-	Dr. P.K. Mahapatra	9.4.2002
-	Dr. B.N. Naik	14.3.2007

V **Maintenance of Guard Files:**

- It was observed that Guard Files of all Circular letters and orders issued by Government, DHS, Principal, SCB Medical College, Supdt. Incharge, Mental Hospital, Cuttack are not being maintained.

- Maintenance of such Guard Files in the following areas will ensure easy referencing and help taking timely and correct decisions in accordance with the procedure established by law.

VI **Infrastructure for teaching/training:**

- It was agreed that the current infrastructure for teaching/training will be strengthened.

- It was also agreed that Government will delink positions meant for teaching/training from the purview of OPSC and take the responsibility on its shoulders to fill up these positions.

- Clinical Psychologist being a base level post could be given appointment as a lecturer in Rs. 8000-Rs. 13500/- scale.

- The existing lecturer post could be re-designated as Asstt. Professor.

VII Increasing the number of seats for MD from 2 to 4:

The current number was fixed in 1999 when there was one post of Professor, Psychiatry and two posts of Asstt. Professors. The number can be revised from 2 to 4 by offering 1 Post Graduate student for Burla, 1 for Berhampur and 2 for Cuttack.

VIII Rationalization of the procedure for procurement and dispensation of medicines:

In course of interaction of the Special Rapporteur with the patients at the OPD on 3.12.2007 (FN) most of them complained of lack of medicines. On being asked the Supdt. Incharge Mental Hospital, Cuttack clarified the position as under:-

- medicines are being supplied free of cost for 10 days;
- the current allocation for medicines for full one year is only Rs. 15 lakhs;
- a substantive proposal was sent on 7.8.2007 by the Supdt. Incharge Mental Hospital, Cuttack to Government through DHS (O) for augmenting the present budgetary allocation from the existing Rs. 15 lakh to Rs. 30/- lakh during 2007-08;
- even though the Supplementary budget was subsequently approved it did not accommodate the proposal for enhancement;
- allocations for drug amounting to Rs. 15 lakh only were received in September, 2007;
- the tendering process commenced in September, 2007 itself but could not be completed;

- in the meanwhile, the Internal Audit Party (IAP) deputed by the Health Deptt. have raised series of objections on the tendering process for which the entire process has been held in abeyance;

- the pith and substance of the objections raised are:-

    - Store Medical officer was not included in the Purchase Committee as a member;

    - Annual Purchase Programme has not been carried out according to the Provisions of the GO;

    - Undue favour has been given to the tenders;

    - Corrigendum is inadequate;

    - Tender papers have been sold at a lower cost;

    - Comparative statement has not been prepared properly.

Drugs (both psychotic and general) constitute the lifeline of mentally ill persons. We cannot afford to play ducks and drakes with their lives on account of procedural wrangles. The Secretary, Health was requested to send for the Financial Adviser (under whose control the IAP functions) and have the entire issue sorted out at the earliest. He may also sympathetically consider the suggestion which was made in the earlier report of Special Rapporteur after the first visit to the Mental Hospital in April, 2007 to substantially enhance the allocation under drugs for the hospital from Rs. 15 lakhs (which is considered as grossly inadequate) to atleast Rs. 75 lakhs (if not Rs. 5.20 Crores as was suggested).

IX **<u>Purchase of extra furniture for the waiting room for OPD patients:</u>**

A sum of Rs. 20 lakhs is available under Central assistance (after the cheque for Rs. 1.27 Crores has already been handed over to CPWD) meant for infrastructure development. A small amount of Rs. 50,000/- may be carved out from this amount for purchase of 100 plastic chairs to accommodate 100 extra patients in the space which is available in the verandah meant for OPD patients.

X Installation of an RO Plant:

To ensure provision of potable water for all patients and relatives staying with them in the open ward, the Supdt. may go in for installation of an RO Plant (Reverse Osmosis Process) which may cost about Rs. 20,000/-.

XI Augmenting the scale of diet:

This has since been augmented from Rs. 10/- to Rs. 20/-. It has been decided to serve cooked food per patient within this enhanced amount. The extent to which the cooked food which is being served is both wholesome and nutritious could not be confirmed (as no sample could be seen at the time of visit).

XII Computerized database:

Such a database both for the mental hospital as well as for the Shishu Bhawan is a must for (a) compilation of statistical information pertaining to all OPD registrants, admissions, discharges, recoveries, relapses, deaths etc. (b) future planning of expansion and improvement (c) HRD and HRM aspects pertaining to both the institutions (d) personnel management (e) welfare measures for employees etc.

It was observed that Dr. S.P. Swain, Psychiatrist was computer literate and computer savy and was keen to have a laptop so that he could create, maintain and use a database on all mentally retarded children who are coming to Sishu Bhawan for treatment. This being a very innocuous request, Secretary, Health and Family Welfare was requested to provide a laptop to Dr. Swain for this purpose. Secretary, Health and Family Welfare agreed to the request.

Part-VI

Outline of a proposal for setting up of a new Institute of Neurology and Mental Health:

- Cardiac arrest is killer No. 1 at present.
- By 2020 depression will be the main cause for worry.
- Increasing number of suicides is yet another cause for worry.

- The projection of global burden of disease attributable to mental/neurological disorders and substance abuse is projected to rise from 11.5% in 1998 to 15.5% in 2020.

- It is in this context that National Mental Health Programme was launched in 1982 and was reorganized in 2001, a law called Mental Health Act was enacted in 1987 and there have been successive judgements of the apex Court between 1986 and 1997. The allocations under mental health have also been substantially stepped up from Rs. 28 Crore in 9th Plan period to Rs. 190 Core in 10th Plan period.

- The reorganized NMHP (2001-2002) emphasizes all components of mental health such as teaching, training, treatment, research and destigmatization of mentally ill persons for better acceptance and reintegration into the mainstream society through powerful IEC packages.

- It is in this wider perspective as also keeping the directions of successive Supreme Court judgements to have independent and autonomous bodies through which an integration of teaching, training, treatment and research can take place that a proposal for having an Institute of Neurology and Mental Health at Bhubaneswar has been formulated.

- The idea of having such an Institute is not new in as much as we already have similar bodies at Bangalore (NIMHANS), Delhi (VIMHANS) and Ranchi (RINPAS).
- The outline of the proposal is as under:-

Location:

- Bhubaneswar is proposed to be the location for such an Institute on account of the following:-

    - Capital Hospital, Bhubaneswar is going to develop into the status of a full fledged medical college;

- Kalinga Hospital, yet another premier hospital in Bhubaneswar will also have teaching faculties in near future;

- All India Institute of Medical Sciences (AIIMS) (Bhubaneswar Branch) whose foundation stone has already been laid will have a full fledged hospital with facilities for teaching, treatment and research;

- Bhubaneswar has already got 3 medical colleges such as:-
    - Kalinga Institute of Medical Sciences and Hospital (KIMS);
    - High Tech Medical College and Hospital;
    - Institute of Medical Science and Sum Hospital.

What should the proposed Institute provide?

The following activities could appropriately come within the purview of the proposed Institute:-

- Treatment of all mentally ill persons (women, men, adolescents and children;

- Treatment of all mentally retarded children;

- Teaching at PG level;

- Training of medical officers and para medical staff (including nurses) in psychiatry and clinical psychology as also social work;

- Research in major areas of mental illness such as:-
    - problems related to industrialization;
    - problems of depression/frustration/demotivation faced by police and administrative personnel due to emergence of naxilite and other forms of terrorism;
    - increase in the incidence of substance abuse;
    - increase in number of destitutes on the streets;

- increase in the incidence of suicides or self harm;
- increase in incidence of mental retardation;
- increase in incidence of sickle cell and mental illness;
- increase in drug induced mental illness (Cinchona Psychosis);

Administrative Structure of the proposed Institute:

- The Institute will have a General Council and an Executive Committee.
- The General Council will be headed by the Chief Minister, Orissa and will have among its members individuals and institutions which have made outstanding contribution in the field of neuro sciences, mental illness, mental retardation, physical, orthopaedic and visual disabilities, geriatric related problems of mental illness, child related problems of mental illness etc. Minister Incharge of Health, Women and Child Development, Panchayatiraj, Science and Technology may be ex officio members as also the Chief Secretary and Development Commissioner. Minister, Health may be the Vice Chairman of the Council.
- The Executive Committee may be headed by the Health Secretary. Some of the individuals and Institutions which have made outstanding contribution in the field of neuro sciences, mental illness, mental retardation, physical, orthopaedic and visual disabilities, geriatric related mental problems, child related mental problems which are represented in the General Council may be represented in the Executive Committee.
- **Physical Infrastructure:**

  It will comprise of the following:-

  - Administrative Block;
  - Teaching Block;
  - Research Wing;
  - Convention Centre for Conferences (national and international);

- A separate auditorium for celebration of special events like Foundation Day, World Disability Day, other socio-cultural events;
- Separate open and closed wards (with arrangements for stay of family members in the open ward) for male and female mentally ill persons;
- Convict's Ward;
- Separate Geriatric Ward;
- Separate Paediatric Ward;
- Modified ECT with Recovery Room;
- Occupational Therapy Centres separately for male and female mentally ill persons;
- Two separate Canteens - one for officers and staff members and another for patients and their relatives;
- Hostel for students;
- Staff quarters for Director, Officers and staff members (administration, teaching, training, research and treatment related departments);
- Separate OPD for mentally ill, mentally retarded and physically handicapped with potable water, conservancy facility, television, newspaper stand;
- Drug Dispensing Unit;
- Automatic Kitchen;
- Dining Hall;
- General Store;
- Incinerator;
- Water Storage Tanks;
- Mechanical Laundry;

- Laboratory for Pathological and Radiological tests;
- Referral Services (Opthalmology, general surgery, orthopaedics, cardiology, urology, ENT, Dental);
- Drug Deaddiction Centre (DDC);
- Satellite Clinics;
- Crisis Intervention Centre/Trauma Centre (to handle acute stress, disorders, accident cases);
- Half way Home;
- Psychological Testing Laboratory;
- Doll's House;
- Yoga, Pranayam and Meditation Centre;
- Library-cum-reading room for medical officers and para medical staff;
- Library-cum-reading room for use of mentally ill, mentally and physically challenged persons;
- Separate room for parent's meeting the children as also relatives meeting the patients;
- Separate room for counselling of patients by medical officers and social workers.

The physical infrastructure will also provide for separate rooms for -

- Director;
- All other senior and junior administrative officers;
- All members of the teaching faculty;
- All medical officers;
- All social workers and other Counsellors;
- Matron;

- All para medical staff (pharmacists, laboratory technicians, x-ray technician, nurses etc.);

Security:

Arrangements will be made to provide security round the clock.

Bed Strength:

Approximately 500 to go up subsequently.

Transport:

Separate vehicles will be provided for –

- Director;
- Satellite Clinics;
- Referral Services;
- Administrative personnel;
- Social Workers;
- Transportation of food stuff and other store items.

Water Supply:

A large RO Plant (Reverse Osmosis) may be installed to take care of full requirement of potable water @ 40 litres per head for the administrative block, teaching block, hospital, research wing, canteen, all other departments/wings, staff quarters etc.

Electricity:

A separate 66 KVA Sub Station should be set up with provision for three phase electrical connection to administrative block, teaching block, hospital, research wing, all other departments/wings, staff quarters etc.

Horticulture for greenery:

The Institute should be aesthetically pleasing in its architecture with provision for landscaping and green lawns throughout.

Time Schedule:

The Institute complete in all functional aspects may come up within the 11th Five Year Plan Period (2007-2012).

***