

Report of review of activities of the Psychiatric Centre, Jaipur by Member – Shri P.C. Sharma and Special Rapporteur – Dr. L. Mishra

Dates of Inspection: 30.01.2007 and 31.01.2007

The visit was undertaken with a view to identifying the strengths and weaknesses in management and suggesting measures for a qualitative change and improvement. Prior to the date of visit, a comprehensive questionnaire covering various aspects of administration and management of the Psychiatric Centre had been sent to the Superintendent – Dr. Shiv Gautam to elicit response. The inspection centred round (a) visit to various wings of the Psychiatric Centre (b) interaction with Superintendent, other medical officers, para medical staff, administrative staff, social worker etc. (c) analysis of the response to the various points reflected in the questionnaire and (d) discussion with Secretary, Medical Education Department of the State Government on the outstanding issues concerning the genuine needs of the hospital pending with the State Government.

Historical background: Evolution and growth of the Centre:

The Psychiatric Centre is the Premier Institute of Rajasthan State for treatment and care of the mentally ill. Founded in 1952, the institution has completed 54 years of its existence and has grown from strength to strength. It is one of the 6 attached hospitals of S.M.S. Medical College, Jaipur. Institution building is not a sudden and dramatic improvisation; it is a step by step approach which facilitates the progressive evolution and growth of the institution. It's a combination of safety and stability of physical structure, quality of human resource, its dedication and commitment, refined and sharpened by orientation and training and the leadership and direction which is provided by the head of the institution to steer its course from the present to the future.

This is true of Psychiatric Centre, Jaipur. It had a modest head start with a bed strength of 180, an annual out turn of 190 outpatients and 150 indoor patients in 1952. The evolution and growth of the hospital over the last 50+ years has been phenomenal as would be evident from the following:-

- It received recognition as a post graduate teaching department in 1980;

- So far 80 post graduate students have passed out from the department;
- Every year 3 new students are being registered for the M.D. Degree in Psychiatry;
- The total bed strength of the Centre has gone up to 316 (280 indoor patients, 20 in emergency and 16 in the de-addiction ward);
- The hospital has an annual turn over of 4000 indoor patients;
- The outpatient's attendance is nearly 40,000 per annum.

This phenomenal growth of the institution has been possible partly due to the patronage of the State Government but largely due to the leadership and direction provide by the successive Superintendents, Heads of Departments and Professors of the Centre (8) including the current incumbent Superintendent – Dr. Shiv Gautam. Their untiring efforts, meticulous and concentrated attention to detailed planning, round the clock vigilance and a remarkable team spirit have contributed to the institution's rise from stature to stature and strength to strength.

Incumbent Superintendent:

Dr. Shiv Gautam has been the Superintendent and Head of the Department from 1.3.1996 to 25.7.2000 and again from 20.1.2001 till date.

Catchment area:

The Centre caters to the whole of Rajasthan State and the neighbouring States of U.P, M.P., Haryana, Punjab and Delhi. Irrespective of the State to which a person belongs he/she is entitled to free treatment (which includes free admission, free consultation and free dispensation of medicines).

Geographical location:

The total land area of the Psychiatric Centre is 76,348 sq. metre, the total built up area is 8767 sq. metre and 67,581 sq. metre constitutes the open space area.

It was observed that about 12,000 sq. metre area of the hospital is occupied unauthorisedly by a set of antisocial elements. This illegal human settlement (called Katchi Basti) is a source of pollution, crime, theft of the hospital property and detrimental to smooth management of the hospital.

Member in course of his meeting with the Chief Minister on 30.01.2007 (evening) brought this to her notice and pleaded for urgent steps to be taken for removal of encroachment. She wanted to know the exact location of the area under encroachment. These details were furnished. The Chief Minister was good enough to speak to the Vice Chairman of Jaipur Development Authority – Shri Gupta for prompt remedial action. Her Principal Secretary – Shri Sunil Arora was demiofficially requested by the Special Rapporteur to follow up the case with the Vice Chairman of Jaipur Development Authority. It was heartening to note that prompt action in the meanwhile has been initiated by the Vice Chairman, Jaipur Development Authority. It is hoped that the encroachment of a sizeable area of the hospital land which has been a sore point for the hospital administration would be removed soon and this area would be available for a productive use and planning for a host of useful activities in future.

Out Patients Department (OPD)

There are 2 OPDs – one for the Psychiatric Centre and another for the SMS hospital. At the entrance to the OPD in the Psychiatric Centre there is a symbolic introduction to the world of psychotherapy through a portrait of Lord Krishna and a reference to the battle of Mahabharat where Bhagabat Geeta or the Divine Song was composed. As the story goes, Arjun, the warrior prince, was to vindicate his brother's title, to destroy a usurper (Duryodhan) who was oppressing the land. It was his duty as a Prince, as a warrior to fight for the deliverance of truth and righteousness and to restore order and peace to Aryavarta. As he was about to fight, he saw comrades and friends standing on both sides. His heart started writhing with personal anguish. He was overtaken by a conflict of discharge of duties as a warrior and the possibility of death and destruction through physical strife in the battlefield. Could he slay those to whom he owed love and duty and trample on ties of the kindred? To break family ties was a sin; to leave the people in cruel bondage was a greater sin. Where was

the right way? It is at this crucial juncture in the life of Arjun came Lord Krishna acknowledged as the first psychiatrist who through his timely counsel could bring about a radical transformation of the warrior. How did he achieve this? The answer is the burden of the 'Lord's Song'. Have no personal interest in the event; carry out the duty imposed by the particular position in life. Realize that Ishwar, at once the Lord and the Law, is the doer working out the mighty evolution that ends in peace and bliss. Be identified with Him by devotion and then perform duty as duty, fighting without passion or desire, without anger or hatred. The activity will forge no bonds and the soul will be liberated.

The symbolic introduction is both appealing and appropriate. It produces a soothing effect on the minds of the patients who come to the hospital as well as a hope in the minds of their relatives who accompany them that all is not lost and like Arjun, the warrior prince who was first bewildered in the field of battle and who later regained composure and balance, a mentally ill person can be effectively treated and cured. There will be definite deliverance for him.

OPD at the Psychiatric Centre

The OPD at the Psychiatric Centre is run by consultants, Civil Assistant Surgeons and Post graduate students. There are at present 3 Professors, 3 Associate Professors, 6 Assistant Professors, 6 Civil Assistant Surgeons and 9 Post Graduate students. It runs from 9 AM to 3 PM from Monday to Sunday. There are sanctioned posts of 2 clinical psychologists and 2 psychiatric social workers who are required to collaborate with the professionals for psychological testing and psychological therapy. Currently these posts are lying vacant. The Medical Education Department, Government of Rajasthan has been requested to fill up the posts at the earliest.

Table - I below will give an indication of the average out turn of patients (including old and new patients) registered at the OPD between 2000 and 2007 (upto 29.1.2007):-

Table – I

Year	Old	New	Total	Avg. per day
2000	14,911	12,488	27,399	75
2001	16,628	12,703	29,331	80
2002	22,853	14,813	37,666	103
2003	27,062	14,933	41,995	115
2004	29,209	16,589	45,798	125
2005	32,154	17,793	49,947	137
2006	32,397	17,816	50,213	140
2007 (till 29.1.07)	319	3776	4095	

While the average out turn of the patients works out to 145 per day, there is a rapid increase in the number of mentally ill persons (both old and new) year after year. Unplanned urbanization, vulgar consumerism, unregulated migration, break down of joint family system, atomized family structure, neglect of children and childhood wives and children, accompanying the adult male members while migrating, marital discord, break down of love relationship, collective social resistance to inter caste and inter religious marriages, even if the same are based on genuine love, intense discrimination between siblings by parents at home, emergence of too much of adversarial relationship amongst castes, class, sects giving rise to mindless violence, hatred and intolerance in a highly stratified society, too much of fads, taboos, obscurantist ideas and practices (witchcraft). too much of parental expectation and pressure on school and college going children to prove themselves and rise to heights, neglect of the old by the young, forced/bonded labour, forced child labour, a callous and insensitive society and state, footloose governance without transparency and accountability etc. are illustratively some of the factors which might have given rise to some of the mental disorders like panic disorder, phobia (fear), obsessive compulsive disorder, too much of stress and strain, anxiety and depression, bipolar affective disorder, cognitive impairment, clinical overweight (obesity), addiction to narcotics, schizophrenia etc.

Psychiatric Centre, SMS Medical College, Jaipur

Extension Services:

Psychiatry OPD in SMS Hospital (General Hospital) has one OPD room, one matron room and waiting space outside the OPD in the OPD block. It runs from Monday to Sunday from 9 AM to 3 PM (except Sunday when it is from 9 AM to 11 AM) by 3 doctors, one Senior Consultant (Professor/Associate Professor), one Junior Consultant (Assistant Professor) and one junior resident.

Table – II below gives the distribution of work between the faculty members:-

Table – II

Day	Duration	Faculty Member responsible
Monday	9 AM to 3 PM	Dr. Krishna Kanwal Dr. P.J. Singh
Tuesday	-do-	Dr. Shiv Gautam Dr. I.D. Gupta
Wednesday	-do-	Dr. Madhu Nijhawan Dr. Alok Tyagi
Thursday	-do-	Dr. R.K. Solanki Dr. Suresh Gupta
Friday	-do-	Dr. Sanjay Jain Dr. Lalit Batra
Saturday	-do-	Dr. Pradeep Sharma Dr. Anil Tambi
Sunday	9 AM to 11 AM	Dr. D.R. Swami Dr. A.K. Pandey

Table – III below would give an indication of the Year-wise break up of out turn of patients in the OPD of SMS Medical College between 2000 – 2007 (upto 29.1.2007):-

Table – III

Year	New	Old	Total	Average
2000	5863	4266	10,129	28
2001	6851	4639	11,490	31
2002	8937	3662	12,599	34
2003	8017	4878	12,895	35
2004	9821	3062	12,883	35
2005	11,585	5083	16,668	45
2006	9441	4463	13,904	38

Adequacy of space in OPD

Facilities and Amenities:

The space available in the OPD at the Psychiatric Centre as also that in the OPD at SMS College together with waiting space for the patients and relatives is considered adequate. Two to three persons on an average accompany a patient to the OPD. For their comfort and convenience drinking water, conservancy, sitting facilities by provision of chairs have been made available. A television has also been installed for their entertainment. Educational materials on mental health in Hindi have been displayed in the waiting hall for patients.

Counselling:

It was heartening to note that psychiatric counselling was being given to all patients and their care givers in simple and bolchal (intelligible) Hindi at the time of admission and discharge. There are 2 types of counseling. One is drug related and the second is behaviour related. The first falls in the domain of medical officers while the second becomes the primary responsibility of social workers. The second one is primarily directed towards making the mentally ill persons feel and believe (a) they are free citizens of a free country and are entitled to a decent and dignified existence like any other citizen and (b) we are one of them and not one outside them. Such counseling leads to establish a rare rapport and bonhomie between the two. It is also directed in carrying hope, faith and conviction to the mentally ill persons to the following effect:-

- They can be effectively treated and fully cured;
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- There could be a possibility of relapse if they do not observe the counsel of the medical officer and do not come for a follow up.

Mechanism for grievance ventilation and redressal:

A suggestion/complaint box has been installed on the wall near the porch of the hospital. There is a board displayed outside which explains the mechanism and procedure for filing grievances in writing and putting the same in the complaint/grievance box. Dr. Sanjay Jain has been nominated as the grievance officer of the hospital. No grievance has been received so far.

Documentation Centre for OPD Patients:

The receptionist and nursing staff maintain records for the OPD patients. The arrangement for upkeep and maintenance of records leaves much to be desired. In view of rapid increase in the number of OPD patients (both old and new) it will be appropriate to go in for computerization of such records at the earliest. There should be one Medical Officer exclusively in charge of the Record Room for overseeing the process of registration, proper upkeep and maintenance of records etc.

Open Ward:

There are 6 such wards with separate wards for male and female patients. To facilitate relatives to stay with patients in the open ward a bench with a lower height with a box within (which can be folded) has been provided for each patient. The average duration of stay of each patient in the open ward is 7 to 11 days. Table- IV below indicates the Year wise break up (2000 to 2007) of the total number of patients in the open ward:-

Table – IV

Year	No. of patients admitted
2000	2570
2001	2493
2002	2222
2003	1950
2004	1624
2005	1621
2006	1447

There have been cases of death as also patients who have left against medical advice (LAMA) in the open ward. Table V below gives the Year-wise (1998-2006) break up of such cases:-

Table – V

Year	Death	LAMA
1998	Nil	135
1999	2	300
2000	4	303
2001	Nil	284
2002	1	254
2003	1	220
2004	1	113
2005	2	102
2006	1	135

It is encouraging that number of cases of patients who leave against medical advice is showing a declining trend due to Psychiatric counselling and a person to person contact and appeal.

Closed Ward:

In all there are 4 wards – 3 Male and 1 Female. Table – VI below gives the Year-wise (1999-2006) detailed break up of male and female patients in the Closed Ward and the percentage of Closed Ward patients in relation to total admissions (open + closed):-

Table – VI

Year	Male	Female	Total	% in relation to total admissions.
1999	1299	175	1474	39.66
2000	1135	148	1283	35.09
2001	855	131	986	30.08
2002	610	104	714	24.31
2003	423	69	492	20.13
2004	241	38	279	14.66
2005	305	36	341	17.38
2006	303	42	345	19.27

Admission to the (closed and open) wards could be of the following types:-

- ❖ voluntary;
- ❖ by reception order;
- ❖ criminal.

Table VII below gives the Year wise break up of different types of admissions to the (closed + open) wards in the Psychiatric Centre:-

Table – VII

Year	Voluntary	By Reception Order	Criminal	Total
2001	3180	44	53	3277
2002	2838	50	48	2936
2003	2414	25	05	2444
2004	1916	35	11	1962
2005	1753	30	07	1790

Contrary to the trend observed elsewhere the number of voluntary admissions in the Psychiatric Centre, Jaipur is declining. This needs analysis considering the satisfactory quality of services rendered.

Long stay patients are usually chronic patients. There could be other reasons for such long stay such as (a) patients continue in the jail and orders from the respective Court outside the Centre are not forthcoming for their discharge and escort (b) relatives do not turn up to take the patients home even when they have been effectively treated and are ready for discharge (c) correct postal address of the relatives is not known or not readily available.

Table - VIII below gives the details of long stay patients in the closed ward:-

Table – VIII

Duration of Long Stay	Male	Female	Total
6 months to 1 year	0	9	9
1 to 2 years	4	1	5
2 to 3 years	8	3	11
3 to 4 years	2	3	5
4 to 5 years	3	0	3
Above 5 years	24	21	45
Total	41	37	78

It was stated by the hospital management that all possible efforts such as (a) establishing regular contact with relatives of patients wherever the correct contact address is available and (b) arranging to send the patients back to their homes with psychiatric social workers are being made to reduce long duration of stay of patients. In many case and as required u/s 19 of Mental Health Act steps have been taken to obtain the permission of Chief Judicial Magistrate concerned in the eventuality of the stay exceeding 90 days.

Death and abscond cases:

Table IX below gives Year wise (1999-2006) detailed break-up of all cases of death, abscond and causes of death (both open and closed wards):-

Table – IX

Year	Abscond	Death	Suicide Homicide
1999	88	10	-
2000	54	7	-
2001	41	2	-
2002	10	3	-
2003	23	9	2
2004	2	3	1
2005	6	4	-
2006	4	4	-

The other causes of death are on account of cardio-respiratory arrest. It could not be confirmed if such large number of deaths in both closed and open wards could have been prevented by timely and adequate attention and care.

Jail Ward:

Table X below gives the Year wise break up (2000-2006) of number of mentally ill persons in the jail ward. They are both convicts and undertrial prisoners but the break up is not available on the file of the Psychiatric Centre.

Table – X

Year	No. of persons (both convicts & UTPs) in the jail ward
2000	20
2001	53
2002	48
2003	05
2004	17
2005	11
2006	07

Along with working out the break-up between Convicts and UTPs the duration of stay should also be indicated to have an idea if any convict/UTP is lodged in the jail ward longer than the period for which it is necessary.

Adequacy of amenities for patients:

Diet:

- Diet @ Rs. 26/- per patient per day (breakfast, lunch, afternoon snack and dinner) is being provided according to the scales and guidelines laid down by ICMR.
- The scale is less by Rs. 4/- than the one adopted for the mentally ill persons in closed and open wards of Gwalior Mental Hospital. There is need for introducing uniformity in the scales in all the mental health hospitals all over the country.
- Table XI below indicates the diet schedule for indoor patients. It was mentioned that on an average norm of 3010 calories per patient per day is being fulfilled. The detailed break up of calories generated against each item of food for breakfast, lunch and dinner, however, could not be furnished.
- Even though there are 10 wards (6 open wards and 4 closed wards) dining table for the patients to enable them to take their food in a clean and hygienic manner as also in a group is available only at one place. This table has been donated by one of the ex-patients. In the remaining

wards the food is served to the patients in the ward itself which from the point of hygiene and cleanliness is not a satisfactory arrangement.

Table - XI

Diet schedule for indoor patients

Full diet per day/patient

Breakfast, lunch and dinner

1.	Atta	-	460 gms
2.	Dal	-	120 gms
3.	Milk	-	525 gms
4.	Green leafy/root vegetable	-	200 gms
5.	Oil	-	30 gms
6.	Vanaspati ghee	-	10 gms
7.	Salt	-	15 gms
8.	Condiment	-	20 gms
9.	Seasonal fruit i.e. mango, apple, chikkoo, banana, orange etc.	-	125 gms
10.	Rice	-	180 gms
11.	Curd	-	500 gms

- The timing for service of breakfast, lunch and dinner is as under:-

Breakfast	-	7.30 AM
Lunch	-	11.30 AM
Dinner	-	6.30 PM

The gap between lunch and dinner and that between dinner and breakfast is much longer than what it should be. It may be examined if such a long gap would not give rise to the problem of acidity and if so, what needs to be done to obviate such a possibility.

- A general duty medical officer assisted by ward in charge/and ward boys monitors and supervises the adequacy and quality of meals served.

- There is, however, no professional dietician to oversee if the dietary scales are strictly followed according to the requirement of patients.
- It was not possible to meet and interact with the patients at the time of lunch on 30th January, 2007 due to delayed arrival of Shatabadi Express and service of lunch was over by the time Member reached the hospital. The Member, however, paid a visit to the mechanized kitchen and was happy to see the arrangements for storage of grocery/food items including vegetables.

Other amenities for the patients:

Electricity

This is supplied by the State Electricity Board. The supply is both erratic and inadequate. Power cuts are frequent (there was power cut at the time of Member's Visit). While diesel generator sets are available for the OPD, administrative block including Superintendent's room the same are not available for all wards. The Superintendent was advised to send a proposal for power backup for all wards to the Medical Education Department of the State Government.

Conservancy Services:

There are 32 toilets against 280 beds. Taking into account the number of relatives who stay with the patients in the 6 open wards, the number of users will be much more. The toilet patient ratio is 1:9 which needs improvement.

Water Supply:

The availability of and access of all patients and their relatives to potable water both for drinking, toilet and laundry is adequate and satisfactory. Water coolers and purifiers have been installed in the wards and no occasion for scarcity of water has arisen so far.

Jaipur is quite cold in winter months (December to March every year) and the minimum temperature in December – January dips to 1 to 3° Celsius. It was, however, observed that there is no provision for supply of hot water in winter

months and that the patients are required to take bath with fresh water even if the same is quite cold. This is inhuman and violation of human rights of patients, apart from being a violation of the directions of the Supreme Court. There should be an arrangement in place for supply of hot water for bath in winter months either by installing geysers in the toilet or by a centralized arrangement of heating and supplying hot water for bath to all patients and their relatives. This should be included in the work plan for future.

Laundry Service:

Laundry service has been mechanized which has helped to ensure cleanliness of the environment as also a feeling of freshness among the patients. However, the site which was being used for manual laundry service continues to create problems of cleanliness.

Canteen Services:

This has been given on contract but the hospital management is not happy with adequacy and quality of services available. The Superintendent indicated that a proposal for a full fledged departmental canteen is under progress.

Hair Cutting Services:

Regular services of a barber on contract basis twice a week are available for male patients. There is no separate arrangement for female patients. The Superintendent feels that no separate arrangement for female patients is either necessary or desirable.

Repair and maintenance of hospital building:

This responsibility has been entrusted to State Public Works Department. This is an old building and has developed cracks at a number of points. It needs to be checked if these are settlement cracks or plaster cracks. The State PWD needs to be more vigilant on this count as the cracks, if not repaired, in time could pose problems of structural safety of the building later.

✓ **Cleanliness:**

The Member observed that cleanliness of the building – both within and surrounding areas is a serious problem. The Superintendent explained that this is on account of the following reasons:-

- the building is old and so also the sewerage lines;
- a number of new constructions are on (like the geriatric block) for which construction materials are lying scattered all over;
- all departmental sweepers and sweepresses have been converted to ward boys and arrangement for cleanliness has been outsourced.

He suggested that the State PWD would be requested to change the old sewer lines. As regards observance of cleanliness within the premises he was advised to exercise tighter control over the contract agency responsible for observance of cleanliness.

Dress and linen:

Dress and linen are being changed daily. Supply of mattresses, linen, blankets and uniforms is considered to be adequate.

Disinfectants:

Measures for anti-lice, anti-bug and anti-malaria (mosquito repellent) are being taken and are considered adequate.

Library:

The library has 649 books. Newspapers (national and local) and 4 magazines are being subscribed. As far as access to foreign publications (books and journals) is concerned, the same is available in SMS Medical College Library. It could not be confirmed whether proper chemical treatment at appropriate intervals is being carried out in both the Library as well as the record room.

Telephone:

Separate and independent connection to the Superintendent is available. Through an IPABX inter connectivity is available to all departments.

Pathological Laboratory:

Facilities for investigation into the following profiles of blood are available in the pathological laboratory:

- Blood sugar
- Serum urea
- Serum creatinine
- Serum total
- Serum total billirubin (direct and indirect)
- SGOT
- SGPT
- Trigly cerides
- Total cholesterol
- HDL cholesterol
- EEG
- Haemoglobin
- Total leucocyte count
- Differential leucocyte count
- ESR
- Peripheral blood film MP
- Bleeding time
- Clotting time
- Complete/urine examination
- Complete stool examination
- Urine for pregnancy

While such tests are free of charge for persons/families below poverty line, senior citizens, widows and disabled persons, charges have been fixed for other categories. Table XII placed below gives an indication of such charges.

Table - XII

Facilities for ECG and X-ray (except digital x-ray) are also available. Services of SMS Medical College are availed of for investigation into the following other profiles of blood:-

- Uric acid
- Rheumatoid factor
- ASLO
- Prostate Specific Antigen
- Hepatitis
- HIV/AIDs

Procedure for indenting and storage of drugs:

Drugs and pharmaceuticals are being purchased on the recommendation of a Purchase Committee. After purchase they are stored in the Central Store of the SMS Hospital and supplied to wards on indent. The stock of medicines is considered adequate and no scarcity of drugs and pharmaceuticals has ever been experienced.

Occupational Therapy:

There is a separate rehabilitation center for occupational therapy where patients are provided an opportunity to work and learn some skills according to their aptitude and therapeutic needs. Vocational skills like carpentry, canning, tailoring, gardening, painting, making paper bags for distribution of medicines, cooking, other items of work in the kitchen are imparted to the patients. This arrangement should exist separately for male and female patients. The Instructor Incharge of occupational therapy should also be different.

There is no arrangement for sale of these products which are kept for display only. Additionally and as a part of the occupational therapy recreational avenues in shape of music, yoga, meditation and indoor games (table tennis, ring ball, carom and badminton) are available.

Maintenance of records about body weight:

This is being done for all patients. It was clarified that there is no significant gain or loss of body weight found as a result of growth monitoring. As far as women patients are concerned cycles are recorded regularly and sanitary pads are provided to all female patients free of cost.

Teaching activities:

The post graduate course in Psychiatry was started around 1979. So far 80 post graduate students have passed out from the department and 3 new students are registered every year for the M.D. Degree in Psychiatry. The students who pass out from the Centre do get placement in different locations both within the State and outside (including foreign countries).

The department is also imparting training to both under graduates and post graduate students. The training comprises of theory as well as clinical work in OPD. The post graduate teaching includes conferences, seminars, tutorials and review of research articles from journals. Additionally the post graduate students undergo training in neurology, neuro-surgery, child psychiatry, de-addiction centre and neuro radiology. The students of BSC nursing come to the Centre for their practical training in Psychiatry. The students of psychology and general nursing from within the State and outside visit the Centre for the purpose of teaching and clinical work.

Over the years the Centre has established itself as one of the important training centers in north India. Professors of the Department act as external examiners in about 8-10 universities of the country. The Centre has also been recognized as an examination center of the National Board of National Academy of Medical Science. Students from all over the country come here for examinations.

The Centre has also been recognized as one of the five Regional Centres for the implementation of National Mental Health Programme of India in 1996-1997. Two training programmes for the training of trainers have been organized in 1996-97 wherein doctors from all 6 medical colleges within the State and 5 district headquarters have received training. Sikar was identified as the district for implementation of District Mental Health Programme under NMHP under the training of trainers programme supported by the Government of India, Psychiatrists from Rajasthan, Punjab, Haryana and Delhi were trained in this.

The Centre also organizes de-addiction Camps in the community with the cooperation of a Voluntary Organization (s). The Centre was also given responsibility for training of the doctors from PHCs in de-addiction management.

The Centre has also initiated programmes for prevention of mental illnesses and drug abuse for the school going children. A training programme for the school teachers was also organized for their orientation and role as counsellors in emotional and behavioural problems of school children.

Research:

The Centre has been actively involved in Psychiatric research. This includes (a) teaching the basic principles of research methodology to the PG students (b) publishing research papers and (c) completing projects – both indigenous and international. With regard to (b) nearly 200 scientific research papers have been published and presented by the members of the faculty in national and international journals and conferences.

The Centre has completed the following projects:-

- supported by the Indian Council of Medical Research (ICMR);
- supported by Mental Health Foundation, United Kingdom.

Psychiatric Services for Children:-

The Juvenile Justice (Care and Protection of Children) Act, 2000 provides that children in conflict with law should be admitted to juvenile homes and reception centers monitored by the Social Welfare Department of the State concerned. In Rajasthan separate juvenile homes for mentally ill children exist under the Social Welfare Department. There is, however, no psychiatric indoor ward for dealing with the problems of mentally ill children. Such patients at present can be kept with attendants in the open wards by an interested agency. This is not a very happy arrangement. There is urgent and imperative need for a 40 bedded exclusive Psychiatric Ward to deal with mentally ill children. The Superintendent indicated that it should be possible to go in for this as a vacant plot of land is available near the OPD Block which can be used for this purpose. A sum of Rs. 40 lakhs (approximately) would be needed for constructing the new block as also for the cost of equipments.

De-addiction Ward:

The Psychiatric department runs a de-addiction ward at the SMS Hospital (general hospital with 2200 beds). It is a 16 bedded ward which caters to inpatient treatment to all categories of drug addiction. The average duration of stay of a patient for detoxification and de-addiction treatment is 15 to 20 days. The patients are advised follow up for a period of 1 year. Ex-addicts visit the de-

addiction ward every Tuesday for group therapy and counseling sessions – their presence and interaction with inpatients in the ward provides a source of encouragement and strength to the latter. Table XIII below indicates the number of addiction patients admitted for treatment in the de-addiction ward from January, 2003 to December, 2006 and the nature of addiction:-

Table – XIII

Year	Alcohol	Smack	Carmabis	Multiple drug	Opium	Nicotine	Other	Total
2003	167	43	7	50	Nil	6	61	334
2004	146	87	12	35	14	1	25	320
2005	157	67	7	24	11	6	17	289
2006	195	75	11	42	19	1	18	361

For all patients of addiction admitted to the de-addiction ward the following schedule is being followed:-

First two days:

Patients are completely evaluated and all relevant investigations are done. Treatment of withdrawal symptoms is initiated.

Day 3 – 6:

As the withdrawal symptoms increase in severity, the patient needs frequent monitoring and supervision. Professional advice from other concerned specialists is taken as and when needed. Family members are also counselled about such severe withdrawal symptoms and their proper management.

Day 7 –10:

The patient gets relief from withdrawal symptoms and acquires some insight about his problem. Patients are taken individually as well as in groups for various behavioural and psycho-therapeutic techniques. Family therapy is also provided to family members.

Member interacted with two of the patients in the de-addiction ward namely Muinuddin S/o Seikh Abdul Mazid age 18 years and Atul Sharma S/o Late Shri Nathu Ram aged 37 years. While Muinuddin was addicted to smack

Shri Atul Sharma was addicted to opium. In case of both withdrawal symptoms have commenced w.e.f. 30.1.2007 and have stabilized. They are not yet fit to be discharged and may need another 3-5 days for the same.

Management of the Hospital:

I Hospital Committee:

Superintendent, Dy. Superintendent and Medical Officer Incharge of the Central Store assisted by a Medical Officer and Nursing Superintendent have formed a Core Committee to manage day to day issues of hospital management. The Committee is chaired by the Superintendent.

II Purchase Committee:

Superintendent, Dy. Superintendent, three Professors, three Associate Professors and Assistant Account Officer of the Hospital have constituted a Purchase Committee under Chairmanship of the Superintendent to assess the annual requirements of the hospital under different heads (equipments, drugs, pharmaceuticals, food items, linen, dress, mattress etc.), identify and select the suppliers on the basis of open tender, place orders with various supplying agencies, monitor the process of supply, exercise quality control over the goods supplied.

III Process of recruitment of faculty and staff:

All gazetted officers are recruited by Rajasthan State Public Services Commission. The non gazetted staff is appointed by Director, Medical and Health Services. The resident doctors are on a tenure basis for a maximum period of three years. They are selected through Pre P.G. Competition Test. On an average 3 resident doctors are recruited every year. The minimum qualification for a medical officer in the Centre is an MBBS while every junior specialist will have to possess M.D. in Psychiatry as a minimum qualification.

IV Full Time Specialist:

The hospital has a full time anesthetist who plays a key role in administering modified electro convulsive therapy (ECT). For other specialist services like gynaecology and obstetrics, ophthalmology, cardiology,

immunology, orthopaedics, ENT, cardio-thoracic surgery, chest etc. services of the concerned departments of SMS Medical College are availed of.

Few initiatives taken by the Hospital Management:

Steps taken for discharge of long stay patients:

Discharge of long stay patients was a major problem in the hospital a few years ago. Stories of such patients were published in print and electronic media with prior consent of such patients. This produced the desired results. Some patients were sent to their respective places with the social worker and hospital staff. As of now only such patients have stayed longer than what is necessary mostly on account of their addresses not being known.

Construction of a new geriatric ward:

By the year 2010 approximately 27% of the global population will be over 45. India is poised to be home to the second largest number of older persons in the world. The population of the elderly persons (60+) in India is at present estimated at 76 million. This number according to futuristic projections will increase to 100 million in 2013 and nearly 200 million in 2030. 51% of the elderly persons are women.

The obligation to provide income, security and protection for the elderly came in the past from the family. Today with increasing atomization of the family structure that support is rarely available. Duties and obligations today have been replaced by the worship of the Mammon. It is in this backdrop that planning a geriatric centre for care and protection of the elderly, for assuaging their ruffled feelings and for providing them hope, faith and assurance to live is a step in the right direction.

The geriatric ward is estimated to cost Rs. 1.5 Crore will have 30 beds and is expected to be completed and be functional in all respects by September – October, 2007.

Human Resource Development:

All medical officers and para medical staff are encouraged to attend the State, Zonal and National Conferneces of their specialities. As a matter of fact, doctors including resident doctors attend the P.G. Training Programme, conferences, seminars and journal clubs three times a week which updated their knowledge.

Interaction of Member with the Superintendent and others on 31.1.2007 (FN):

In course of his interaction Member emphasized the following:-

- I Specific measures should be taken for improvement of general hygiene, sanitation and cleanliness both within and outside the centre's premises;
- II Specific measures should be taken for check up of health of all employees of the Institute. This has not been done even once till now.
- III Specific measures should be taken for removing the stagnation of certain employees who have been stagnating in one post/position for several years with a view to removing demotivation on their part.

While with regard to the second the Superintendent assured that action would be taken in the next 3 months, with regard to first and third be indicated that the matter would be taken up with the State PWD and Government of Rajasthan respectively.

In course of discussion a point was raised by the social worker about the possibility of relapse of certain treated patients back to their past ailment under certain circumstances. No definite clue to understand the magnitude of the problem could be found. To understand the magnitude of the problem of relapse it may be necessary to undertake a few case studies by going to the respective places of ex-patients where the relapse has occurred and then come to a few specific formulations.

Name of the Medical Officers, Para Medical Staff, Class II and Class IV staff who attended the meeting is given in Annexure-I.

Board of visitors for the Hospital:

Government of Rajasthan has constituted a Board of Visitors as per the requirement of Mental Health Act, 1987. Members of the Board include Chief Judicial Magistrate, Jaipur, Director General of Prisons, Government of Rajasthan, Commissioner, Disabilities, Government of Rajasthan, Principal, SMS College, Jaipur, Prof. P.S. Gelhot, former Superintendent, Psychiatric Centre, Mr. Paras Kuhad, Senior Advocate, Dr. Manica Mohan, Associate Professor, Department of Psychology, University of Rajasthan, Jaipur. The Board of Visitors meets once in one and half months and gives suggestions and recommendations for around improvement of the Centre.

Involvement of NGOs:

- I There is a Rajasthan Medical Relief Society which monitors patient's welfare activities of the hospital and investigation procedure, management of the Pathological Laboratory etc. It consists of Principal and Controller, SMS Medical College, Jaipur as Chairman, Superintendent, Psychiatric Centre as Secretary and one Junior Specialist in Psychiatry as Medical Officer Incharge. The other members include Professors, Associate Professors, Assistant Professors and Assistant Accounts Officer.
- II Seva Bharati, another NGO maintains a three room guest house in the hospital premises free of cost for care givers of the patients and also supplies free food, clothing and bedding to those who are in need of the same and on request.

Interaction with Secretary, Medical Education Department:

Member interacted with Shri Govind Sharma, Secretary, Medical Education Department, Government of Rajasthan in the room of the Superintendent. In course of interaction, he urged Shri Sharma for a sympathetic and positive consideration of the following proposals which have already been submitted to the State Government and proposals which are in the pipeline and would follow shortly.

Proposals which have already been submitted to the Medical Education Department of the State Government:

I Eviction of Kachhi basti:

Several requests to the State Government and three time assurances have not resulted in any tangible action for eviction of the encroachment of 12,000 sq. metre area which is a source of pollution, crime, theft and insecurity of the hospital and its inmates as well as functionaries. This needs to be followed up without which it is difficult to show any tangible results.

II Provision of budget for canteen, dinning hall to be fitted with dinning table, resident doctor's hostel and improvement of hospital ambience by garden and greenery:

These are of vital importance for the hospital and its inmates and no budgetary provision has been made by the State Government so far despite requests made to that effect year after year.

III Post of Clinical Psychologist:

Five posts of clinical psychologists and other ancillary staff for the rehabilitation unit have not been sanctioned/filled up despite repeated requests having been made to that effect.

IV New Posts of Senior Residents (4) and Residents (M.D. Courses) (6):

These are the irreducible barest minimum, their sanction is in the larger public interest and these posts should be sanctioned without any further delay.

Proposals which are in the pipeline:

The following proposals are in the pipeline and should deserve the sympathetic consideration of Government as and when submitted:-

- I Creation of family wards in the premises of the Centre;
- II Creation of 'Halfway Home' (separate for male and female patients) with one Supervisor;

- III Considering the arduous and drudgerous nature of work which is also fraught with occupational risks and hazards sanction of special pay or risk allowance in favour of the staff working in the Centre which is under submission should deserve priority consideration;
- IV creation of posts of dietician for kitchen and medical record officer as also one post of yoga instructor should be considered on priority;

General

Amongst the many redeeming features in the management of the hospital, the one which is considered as the most conspicuous and outstanding is a set of publications brought out by the Psychiatric Centre under the able guidance of the Superintendent in both English and Hindi. The publications are:-

1. Clinical Practice Guidelines for Psychiatrics in India
- Report of a Task Force

Chairman : Dr. Shiv Gautam
Convener : Dr. Ajit Avasthi

2. Clinical Practice Guidelines for Management of
 - Substance abuse disorders;
 - Sexual dysfunctions;
 - Sleep disorders

Published by Indian Psychiatric Society.

Editors:

Chairman: Prof. Shiv Gautam
Convener: Prof. Ajit Avasthi

3. Geriatric Psychiatry: Clinical Practice Guidelines published by Indian Psychiatric Society

Editors:

Chairman: Prof. Shiv Gautam
Convener: Prof. Ajit Avasthi

4. Psychiatric Centre Jaipur: Journey of 25 years (1980-2005)
Editor: Prof. Shiv Gautam

5. Psychiatry: Some basic informations