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

Date of review: 9th and 10th April, 2007

Historical Background:

It is a mishomer to call the mental health hospital, Cuttack as an Institute. It is not an Institute in any sense of the term. The hospital is merely an outfit of SCB Medical College heavily dependent on the latter for (a) all pathological tests (b) all referral cases for specialized treatment of mentally ill persons suffering from various other ailments (c) diet (of a miniscule scale) (d) laundry for supply of linen (e) flow of funds (f) major administrative and financial decisions.

The building where the hospital is functioning is antiquated dating back to 1902-04. For almost 60 years it was being used partly as a gynaecological ward and partly as a paediatric ward. After construction of the gynaecological ward for the SCB Medical College and Hospital this was converted to a Mental Health Hospital and started functioning under the aegis of Indian Redcross Society, Orissa State branch. The Health Department took over the management of the mental health hospital from the Indian Redcross Society along with the Child Psychiatric Ward in Sishu Bhawan (Sardar Vallabhbhai Patel Institute of Paediatrics) in 1966.

The hospital initially started with 60 beds with 10 additional beds in the Child Psychiatric Ward in Sishu Bhawan.

Prof. Partha Rao who started the Redcross Mental Health Hospital and Prof. Bimbadhar Das (DPM in Psychiatry), Lecturer, Psychiatry were the twin pillars behind conceptualization, evolution and growth of the Mental Health Hospital. A large number of students have got their M.D. in Psychiatry under the supervision and guidance of these 2 pillars in Psychiatry.

An incumbency chart since inception of the Mental Health Hospital till date is placed at Annexure-I.

Initially peripheral posts and teaching posts in Medical College in terms of cadre management were interdependent. Subsequently the cadres became independent. In the new dispensation a Professor has to be from Orissa Medical Education Service while a Chief District Medical Officer, a Member of the Orissa Health Service cannot be a Professor.

After Dr. Partha Rao opted to become CDMO, Cuttack, Dr. Bimbadhar Das became Assistant Professor and Head of the Department in 1966. He became Associate Professor in 1979 and remained HOD for 22 years (1966-88).

Names, designations and date of joining of the present Medical Superintendent, other Psychiatrists and Clinical Psychologists working in the mental health hospital are contained in Annexure-II.

Out Patient's Department:

The new OPD block was started in 1966. Originally it had a waiting space for atleast 100 people. Subsequently a portion of the

OPD Block was carved out to provide space for psychiatrists and clinical psychologists. The total area where the OPD Block is now functioning is 2414 sq.ft. This space is accommodating Psychiatrists (2) and Clinical Psychologists (2). Consequently only the varandah measuring 458 sq.ft. is being used as the waiting space for OPD patients and their relatives. This is barely sufficient for 15 to 20 persons whereas the daily average outturn of OPD patients is around 100. Even if one relative is accompanying the OPD patient we need a waiting hall for atleast 200 persons. In the absence of adequate space every morning between 8.30 AM to 12.30 Noon which is the period for OPD registration it turns out to be a maddeningly inhuman situation characterized by a lot of overcrowding. Regretfully such a situation has been allowed to continue for 40 years without there being any planning in the direction of providing minimum space for the patients and their relatives.

I arrived at the OPD Block around at 8.30 AM along with Dr. Suresh Chandra Mahapatra, Director, Medical Education and Training, Health Department, Government of Orissa. In all upto 12.30 noon 94 patients had registered themselves at the OPD. Interaction with a few OPD patients and their relatives brought out the following facts:-

- Most of the patients are old cases;
- They hail from rural areas of coastal districts (Jajpur, Kendrapara, Jagatsinghpur);

- Most of them travel by bus to reach the Institute of Mental Health and the bus fare is of the order of Rs. 100/- to Rs. 150/- per patient;
- The bus fare for the relative will be extra (an equivalent amount);
- They, often under conditions of poverty and deprivation find it difficult to bear the expenditure;
- They leave early in the morning around 4 AM to be at the OPD in time (by 8 AM). Since there is no cafeteria in the vicinity of Mental Health Hospital they often go without food till the entire process of registration, examination of the patient and dispensation of medicine has been concluded.
- Most of them are old patients who are coming for the second or third time. They have already been admitted in the hospital and discharged after about 3 to 4 weeks. Their relatives stayed with them. They had taken medicines for full one month but on account of endemic poverty were unable to buy the medicines thereafter and therefore, there was discontinuance or non compliance of the medicines. This has resulted in relapse. For the same economic compulsions they are finding it difficult to visit the hospital from time to time according to need.
- The ratio between old and new patients is 4:1.

- Persons interrogated by me were found to be suffering from the following manifestations of mental disorder:-

  - Feeling exhausted;
  - General debility;
  - Afraid of facing the Tragic realities around life;
  - Inability to face and talk to people;
  - Muttering to oneself;
  - Loss of appetite;
  - Sleeplessness.
  - Increasingly cynical and suspicious of others;
  - Tendency to pick up a row with others;
  - Rigid, inflexible;
  - Without any desire for work.

Registration:

Table-I gives the number of patients registered from 2000 till date. Of these, the old and new patients account for 1,30,752 and 36,278 respectively.

Table – I (No. of patients registered from 2000 till date)

Old Patient - 1,30,752 New Patient - 36,278

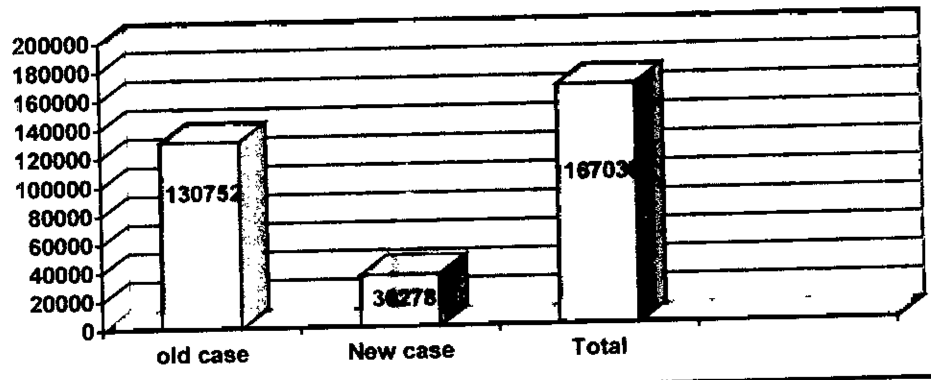
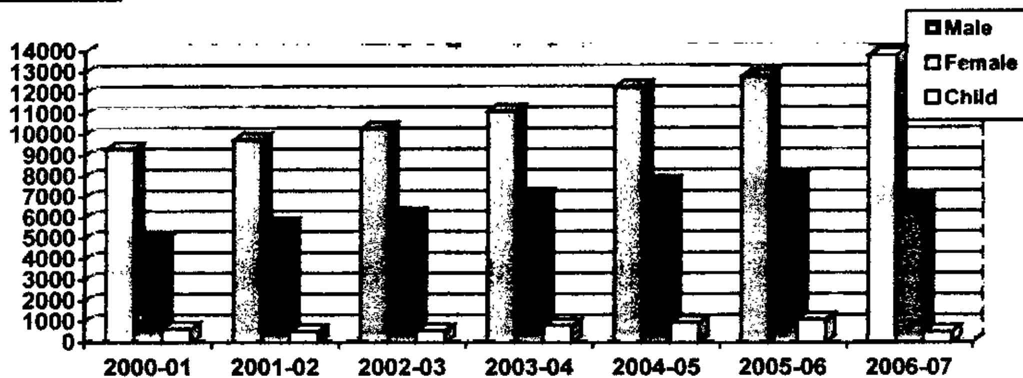


Table – II gives the year-wise breakup between male, female and children, between old and new from 2000-2001 till 2006-2007.

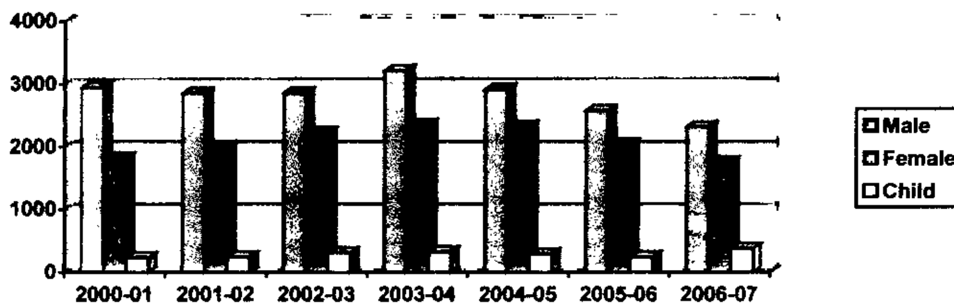
<u>Table –II</u> (Year-wise breakup of number of patients registered from 2000 till date)

	Old				New			
Year	Male	Female	Child	Total	Male	Female	Child	Total
2000-01	9324	4824	638	14786	2947	1829	232	5008
2001-02	9755	5679	521	15955	2857	2006	238	5101
2002-03	10307	6150	550	17007	2861	2231	308	5400
2003-04	11129	7102	802	19033	3214	2357	321	5892
2004-05	12301	7705	941	20947	2919	2333	290	5542
2005-06	12802	7866	1103	21771	2585	2045	241	4871
2006-07	13808	6949	496	21253	2324	1764	376	4464

Old Patient



New Patient



The space available in the registration chamber is inadequate and the overall environment not very congenial. There is no separate record room and all the old as well as new records have been huddled together in the registration room (in the absence of a proper record room).

Administrative framework:

The hospital is under the overall administrative control of Government of Orissa, Health and Family Welfare Department. Compared to mental health hospitals elsewhere in the country the hospital at Cuttack is very small in terms of bed strength (60) as well as budget. The budgetary allocation which was of the order of Rs. 67 lakhs in the beginning has registered a marginal increase to Rs. 84 lakhs. The Superintendent of the Hospital has asked for an enhanced allotment of Rs. 92 lakhs for 2007-2008 but the much needed allotment is yet to be received. I was given to understand that the allocation will be received only around August – September.

The hospital is not an autonomous body and there is no Management Committee to take major policy decisions on a day to day basis. All such decisions are taken by the Principal, SCB Medical College in consultation with the Superintendent.

The Deptt. of Psychiatry, SCB Medical College imparts education to undergraduate and Post graduate students of the College. The post graduate training in Psychiatry has been introduced since 1980 with 2 M.D. (Psychiatry) seats per year. So far 44 students have acquired the M.D. Degree in Psychiatry from

the SCB Medical College while 9 MDs have left the State (some have gone outside the country).

As a matter of convention, Professor and HOD, Psychiatry has been declared as ex-officio Medical Superintendent and Head of the Office for Management of the Hospital. He is accountable to the Director, Health Services in terms of budget. Both the Principal of the College and Medical Superintendent of the hospital are selected and posted by the Health and Family Welfare Department, Government of Orissa. The psychiatrists are being selected by the State Government through Orissa State Public Service Commission. The paramedical staff such as nurses and pharmacists are being selected from the common pool and posted by the Director, Health Services while the Class-III staff (non gazetted) are being selected and posted through the DPC (in case of promotion) by the Medical Superintendent and Head of the Hospital.

So far no institutional arrangement exists for orientation and training of either the medial or the para medical staff.

The Principal SCB Medical College is also the Dean and Controller of Examinations. The Medical Superintendent and other Psychiatrists are expected to take undergraduate and post graduate classes but they are not taking such classes on the ground that there are no express instructions from the Principal and the Dean. The latter, however, sought to demystify this impression by quoting a circular letter of 2000 which specifically mandated the Medical Superintendent and all Psychiatrists to take such classes. This

point was resolved by discussion across the table with Principal, SCB Medical College on 10.4.2007 (AN).

The possibility of raising the number of seats for MD from 2 to 4 was also discussed with the Principal and the Medical Superintendent of the hospital. The initial strength of 2 seats was fixed on the basis of an inspection by the representative of the Medical Council of India in May, 1999. Nearly 8 years have passed and one more inspection is needed from MCI for which a formal request is to be made by the State Government and a budget provision of Rs. 2 lakh is to be made.

The factors contributing to MDs in Psychiatry going out of the State or the country and ways and means to halt the drain of talent (so that their services could be made available for the mental hospitals at Cuttack, Berhampur and Burla) were discussed. It appears that the salary structure for such specialists in Orissa i.e. Rs. 6500 – Rs. 8000/- as starting is quite low compared to West Bengal, Tamil Nadu, Gujarat, Madhya Pradesh and Manipur where it is Rs. 8000 – Rs. 13500/-. Thus there is no basic incentive for these people to serve. Besides, many specialists do not want to spend more time in periphery (as Assistant Surgeon) while spending minimum one year of periphery service is a must according to the existing guidelines. Thirdly, the avenues for posting in medical college/other teaching institutions are limited. Fourthly, in terms of career prospects, an Assistant Surgeon takes almost 25-27 years for promotion to Class-I (Junior) and about 30 years to Class-I

(Senior) which is unduly long compared to Assistant Engineers and members of Orissa Administrative Service.

While sending a formal requisition to MCI for a second inspection which is long over due simultaneous steps should be taken for enhancement of the scale of pay (starting pay in particular of the specialists) as also providing for other incentives which would ensure their retention within the State and arrest the drain of talent.

Physical infrastructure:

The mental hospital has a total geographical area of 1.816 acres on which the total built up area is 29,939 sq.ft. The existing space available for both OPD and IPD management is grossly inadequate. There is urgent and imperative need for construction of a new/additional Block for the following purpose:-

- to increase the bed strength to meet increasing demand for such beds;
- to expand the OPD and patient's waiting hall (to accommodate minimum 200 persons);
- to have 2 separate occupational therapy, wings - one for male and another for female mentally ill persons;
- to open a half way home for enabling and facilitating patients to be autonomous in terms of management of their lives after they have been effectively treated;

- to have a new conference hall for holding conferences and for academic activities;

- to have a proper dispensing unit;

- to have a proper medical store with a number of compartments for (a) medicines (b) equipments (c) injectable items (d) other store items;

- to have a proper incinerator to take care of disposal of hospital waste;

- to instal one RO (Reverse Osmosis Process) plant to ensure supply of potable water to doctors, paramedical staff, patients and their relatives round the clock;

- to have automatic kitchen, automatic laundry, a yoga and meditation centre.

Keeping the above urgent and imperative need for expansion through construction of a new Block, the matter was taken up with the Ministry of Health, Government of India and a grant-in-aid for Rs. 1.51 crores has been received under the National Mental Health Programme since 26.10.2005. Despite the fact that the Medical Superintendent has sent to the administrative department i.e. Health and Family Welfare Department through the Principal, SCB Medical College a self contained proposal for seeking administrative approval and for utilization of the said amount there has been no progress either by way of getting the administrative approval or in

actual execution of the work. The details of the proposal sent by the Medical Superintendent to the State Government is contained in Annexure-III. The entire issue seems to have been locked up in procedural wrangles and protracted and infructuous correspondence. On the one hand, the State Government has said that it has no objection if CPWD takes up this work and, on the other, they have not been able to ensure that the State PWD hands over all relevant records to CPWD before asking the latter to take up the work. The State Government is also raising avoidable queries about terms and conditions for execution of the work laid down by the Government of India for utilization of the sanctioned amount (Rs. 1.51 crore) resulting in protracted and infructuous correspondence even though a copy of the sanction order outlining the terms and conditions has already been marked to the State Government.

One and half year's precious time has been wasted by such protracted and infructuous correspondence inviting avoidable criticism from the local people and media. Without any further loss of time, therefore, Secretary, Health and Family Welfare should invite the Secretary, Works for a discussion and should sort out these avoidable delays and pave the way for a timely solution. It should be noted that internal tussles or difference of views between 2 executing mechanisms of Central and State Government i.e. CPWD and State PWD should not come on the way of providing timely and quality service to the people, particularly the mentally ill persons who are in dire need of such service.

Equally sad and frustrating is the story of Deaddiction centre which is lying close to the open ward but is non- functional. Such a centre would necessarily have 4 components namely (a) physical structure (b) installation and operationalization of equipments (c) posting of essential staff and (d) providing treatment to the drug addicted patients for withdrawal from addiction, stabilization and recovery.

A brief history of the deaddiction centre which makes a rather distressing reading is as under:-

- Government of India in Health and Family Welfare Department communicated as early as 31.3.95 sanction of Rs. 8 lakhs in favour of SCB Medical College, Cuttack for setting up of a Drug Deaddiction Centre in SCB Medical College.
- A cheque for Rs. 8 lakhs was also issued on the same day.
- The amount was specifically earmarked for construction of the building.
- Plan and estimates with the following break up were prepared by the State PWD and were approved by the Principal, SCB Medical College:-

Civil Work	-	Rs. 6,62,000.00
Electrical Work	-	Rs. 72,000.00
PH Work	-	Rs. 66,000.00
	Total -	**Rs. 8,00,000.00**

- The estimates were technically sanctioned by the CE (R&B) and administratively approved as early as March, 96.

- The building for the Drug De-addiction Centre is reported to have been completed in all respects by August, 98 and the Principal, SCB Medical College was requested to take over physical possession of the building.

- Since, however, the PH work of the building was not complete the Principal intimated that the building was not complete in all respects and the physical possession could not be taken over.

- Funds for PH work were wrongly placed with Executive Engineer, GPH Division, Bhubaneswar and not EE PH Division, NOI, Cuttack who is actually the executing agency for all such works.

- There was protracted correspondence between Principal, SCB Medical College and EE GPH Division, Bhubaneswar involving an inordinately long interregnum of 5 years between the date the Assistant Engineer (R&B) City Sub Division No. II wrote to the Principal to take over the physical possession of the building.

- Eventually the building was completed in all respects and handed over by the Executive Engineer PWD R&B to the Prof. and HOD, Psychiatry and Medical Superintendent of the Mental Hospital on 18.10.2003.

- The Drug Deaddiction Centre was formally inaugurated by the then Minister, Health and Family Welfare – Shri P.C. Ghadei (Present Finance Minister) on 27.10.2003.

- It is an irony that the Centre was inaugurated without (a) equipments (b) furniture and other accessories (c) posting of essential staff.

- It is all the more unfortunate that none of these has been provided as yet despite clear and categorical instructions given by the Health Minister at the time of inauguration.

The Drug Deaddiction Centre was to be a part of the Second Unit of the Mental Hospital, was to have 15 beds and was required to have the following manpower:-

I Addl. Superintendent - 1
II Professor – 1
III Associate Professor – 1
IV Assistant Professor – I
V Lecturer – II
VI Staff Nurses – 4
VII Ministerial staff and Class IV staff as per standard required.

- Pending creation of all these posts to manage the extra workload the Professor HOD, Psychiatry-cum-Addl. Superintendent, Mental Hospital had written to the Secretary, Health Department as early as 22.9.98 to depute 5 qualified

M.D. Psychiatry degree holders from the periphery for one year or till creation of the post of lecturer in Psychiatry. Alternatively, he had suggested posting of 5 successful doctors with M.D. in Psychiatry as resident doctors.

- He had also recommended that Dr. S.K. Mohanty, MD Psychiatry and a Class-I Medical Officer should be posted to work in the Deaddiction Centre.
- He had felt that creation of 5 posts of resident psychiatrists will facilitate proper implementation of National Mental Health Programme in the State.
- None of these requests has been acceded to so far.
- In his detailed report dated 4.7.2002 sent to Prof. D. Mohan, MD, Head, Deptt. of Psychiatry, Programme Incharge, Drug Dependence Treatment Centre, All India Institute of Medical Science, Dr. G.C. Kar, former Professor and HOD, Psychiatry-cum-Medical Superintendent, Mental Health Institute has rated the overall functioning of the Deaddiction Centre as O meaning non functional.
- Substance abuse is a major area of concern in mental health which has attracted considerable interest and attention.
- The projected rise in the proportion of global burden of diseases attributed to mental/neurological disorders and substance abuse from 11.5% in 1998 to 15.5% in 2020 is a cause for major concern.

- Mental disorders and substance abuse are closely inter related.
- Importance of this link has been recognized in the National Mental Health Programme (NMHP) launched in 1982.
- It is altogether a different story that subsequent progress in implementation of NMHP has not been found satisfactory.
- In the light of inadequate Government intervention to deal with the menace of substance abuse a number of good, reliable and public spirited NGOs such as TT Krishnamachari. Foundation in Chennai, the TRADA in Kerala and Karnataka, Alcoholics Anonymous and Samaritans in many parts of the country and National Addiction Research Centre, Mumbai have been focusing on substance abuse problems.
- In Orissa, regretfully the case of Drug Deaddiction Centre has been a story of protracted and unnecessary paper work, procrastination, vacillation in decision making, lack of regard for timeliness in implementation, shoddy quality of execution and lack of primacy and centrality in the arena of drug deaddiction.

Open ward: admission, care and attention and discharge:

There are 2 wards, one meant for male and another meant for female mentally ill persons. The male ward has 35 beds (30 meant for adults and 5 meant for children while the female ward has 25 beds (20 meant for adults and 5 meant for children). There are 6

extra beds meant for patients who have been brought from RINPAS, Ranchi (3 male and 3 female).

Table-III gives the breakup of admission and discharge of patients :-

Table – III

Year	Admission	Discharge
2000-2001	1366	1363
2001-2002	1402	1400
2002-2003	1687	1685
2003-2004	2084	2079
2004-2005	1868	1866
2005-2006	1743	1739
2006-2007	1442	1441

Table – IV gives further breakup of admission and discharge of patients between adults (male, female) and children from 2000-2001 to 2006-2007.

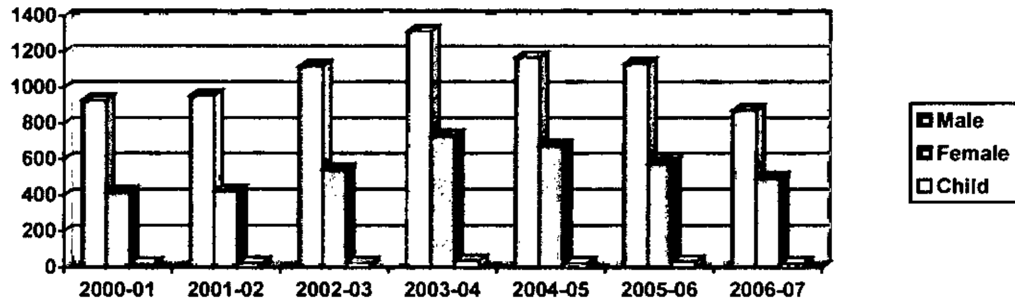
Table – IV

Year-wise Admission and Discharge of patients from 2000 till date

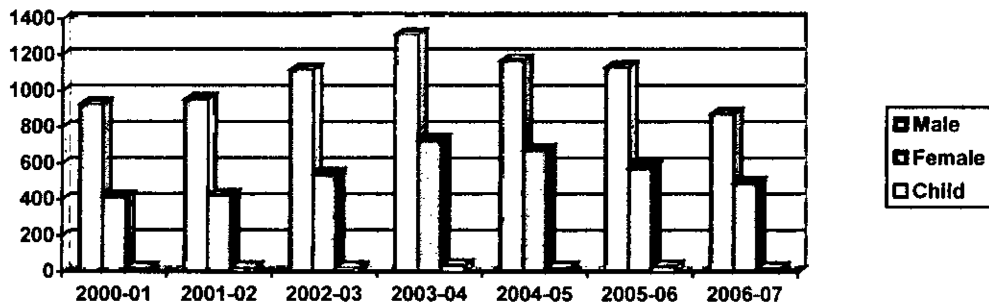
	Admission				Discharge			
Year	Male	Female	Child	Total	Male	Female	Child	Total
2000-01	930	415	21	1366	928	414	21	1363
2001-02	955	423	24	1402	953	423	24	1400
2002-03	1118	544	25	1687	1118	542	25	1685

2003-04	1316	731	37	2084	1313	729	37	2079
2004-05	1169	675	24	1868	1167	675	24	1866
2005-06	1134	577	32	1743	1132	575	32	1739
2006-07	874	496	22	1442	874	495	22	1441

Admission



Discharge



This is a short stay mental hospital, the average duration of stay being 12 to 15 days approximately. There are instances where the stay goes up to a maximum period of 30 days but not beyond. All admissions are voluntary, there being no jail ward or an exclusive ward for mentally ill persons who have been directed to be admitted to the hospital by the authorities concerned. The number of days of stay of the patient has not exceeded 90 days in the recent past and,

therefore, there has been no occasion to obtain permission of Chief Judicial Magistrate concerned u/s 19 of Mental Health Act, 1987.

- All decisions pertaining to admission and discharge of mentally ill persons are taken by the Medical Superintendent.

- The patients (mentally ill persons) fall under the following categories:-

  1. Bipolar affective disorder/unipolar affective disorder
  2. Schizophrenia
  3. Disorders related to substance abuse
  4. Paranoia (delusion disorders).

- There are 5 signs of major mental disorders. These are:-

  - The person loses touch with ground level reality.

  - The person harbours major mental symptoms such as delusional thought along with auditory hallucinations.

  - The person would be dangerous to self and others, would not take any personal care of self or safety of others on account of being a victim of these delusions.

  - The person would have psycho-social-occupational decompensation.

- The person would have lost insight (ability to reflect on ones own actions and would also lose the capacity to judge).

- In case of children Prognosis (recovery/improvement) is slow and unsatisfactory if there is genetic overloading.
- It is called pervasive mental disorder.
- The child does not eat and remains mostly withdrawn.
- Forty percent of the cases of children suffering from mental retardation may come under psychotic disorders.
- Prognosis (recovery/improvement) in case of children becomes most difficult in such cases where mental symptoms are accompanied by organic symptoms (like epilepsy).
- There are 3 illustrations given below to indicate different situations in which children are placed and under which they become victims of mental disorders on a varying scale.

I In the wake of supercyclone in Ersama Block of Jagatsinghpur district (where 10,000 men, women, children were swept away by the tidal bore which came from the sea at 30' height) an abandoned child seeking shelter in the absence of parents remained with a python and was struck by a psychosis of fear for about a week. The child was unhurt, was rescued but was in a traumatic phase from which he could recover only after a few weeks.

II A girl child was an eye witness to the killing of a deer on the ring road in the heart of Cuttack city. She passed through an acute phase of mental disorder. She remained mute and expressionless for about a week, recovered and became normal only after 2 to 3 weeks.

III A girl child was witness to her sister being raped in Kalapathar area in Cuttack district. She remained mute for 9 years and was all throughout hiding under the bed and refused to see sunlight. It was hard to ensure her recovery.

Thus the pace and progress of recovery of children from mental disorders depends on the intensity of the trauma suffered by them in a given situation on a varying scale. The trauma sometimes is so intense that it completely engulfs the existence of the victim and the recovery becomes extremely difficult (as in the 3rd example). Certain sights as in the second and third are so repulsive that the victim loses the sense of balance, being overtaken by the intensity of that macabre event/tragedy. The impact passes through the body of the victim like an electric current and completely overtakes him/her.

- In a more mature age group (30 or 40 years old) the prognosis (recovery/improvement) is somewhat better.
- When exogenous situations (like addiction to alcohol) are associated with mental disorder the diagnosis will be better although recovery may be prolonged.

- In cases of elderly persons where the gap is long (first attack, diagnosis, treatment and relapse after a gap of 5 or 10 or 20 years) prognosis will be difficult.

- In dealing with burnt out Schizophrenia or chronic negative state or residual state, prognosis will be extremely difficult.

- In cases of bipolar affective disorder prognosis is better, while in cases of delusional disorders (Paranoia but no overt violence) prognosis is difficult [we have instances of such deep seated delusions in day to day life where husband and wife suspect each other beyond a point of return to a normal and natural conjugal existence (the mythological story of sage Jamadagni suspecting the fidelity of his wife – Renuka under a delusion and resulting in brutal beheading of innocent Reunka in the hands of Parasuram, her son is one such example)].

What is the role of clinical psychologist in a mental hospital?

- A clinical psychologist validates the clinical diagnosis by undertaking a series of psychological tests such as:-

    - projective test;
    - thematic perception test;
    - rosac inkblot.

- Such tests are undertaken after the case history has been referred by the psychiatrist along with the patient and the relatives.

- Reference can be made both at the time of diagnosis and before admission.
- Tests are difficult if the patient is mute and not opening up.
- In such situations relatives have to be interrogated.
- In normal cases the psychological tests may take about an hour while in more difficult cases the tests may take 2 to 3 days.
- There are a few positive outcomes of these tests. These are:-
    - validation;
    - counselling;
    - psychotherapy (the way we talk, the manner in which we exercise our options, the way we develop an insight, the way we acquire the strength to cope with stress and strain of life);
    - behavioural therapy (how to expose ourselves to stress in a graded manner);
    - assessment of the status of mentally retarded children;
    - motivational studies (studying and assessing factors of strength and resilience as well as risk factors).

My overall impressions after visit to both the male and female wings of the openward:

I took a round of both the male and female wings of the open ward for full 2 hours (between 11.30 AM to 1.30 PM) on 10.4.2007, met the psychiatrists, clinical psychologists, other medical officers, staff nurses and interacted with them as well as relatives of the mentally ill persons. The following impressions emanated from this round of visit:-

- This is an old building with a high ceiling, cracks all around and profuse seepage without any cross ventilation. The bar lights on the wall are non functional, the bulbs are fused contributing to poor lighting. Even though ceiling fans with long hooks are hanging from the ceiling, the ventilation is not effective. Before the Mahavisubh Sankranti (Pana Sankranti) on 14th April, 2007 this was the onset of summer heat with 37 to 38° celcius but the temperature would rise further to 40° to 42° celcius or even beyond by 30th June, 2007 making it unbearable for the inmates. No desert coolers have been provided on the varandah for the ostensible reason that they are ineffective against the combined heat and humidity of summer months.

- Other than a few trees and outgrowths scattered here and there, there is no planned plantation or horticulture which could have provided some greenery and coolness to the otherwise dull, drab and lifeless surrounding of the hospital. It is inconceivable that after 40 years of existence of the mental health hospital this is the sorry state of environment when we

profess but do not practise that a cool and bracing pollution free environment is an antidote to a sick man's body and mind.

- The window shutters in the front side as one enters the hospital have been removed without any rhyme or reason. This gives rise to a high influx of dust as also flies and mosquitoes to the rooms of the openward. The beds do not have any rods for fixing mosquito nets after they have been impregnated with DDT. There is no fogging either. The fact that there have been casualties in the openward on account of cerebral malaria should be sufficient to send a signal of warning that necessary curative and preventive (by way of supplying prophylactic drugs) measures should be taken to prevent their recurrence. No mosquito repellant (Odomos, Goodnight coil etc.) has also been made available nor any prophylactic treatment provided to ensure that malaria is nipped in the bud in the same way smallpox was eradicated by the 70s.

- Several mattresses were found to have been torn and soiled while one mattress had sunk in the middle. It is obvious that mattresses have not been changed for years or at all. Similar is the condition of bedsheets – mostly unclean.

- Diet is being provided from the kitchen of the SCB Medical College under the supervision of a dietician @ Rs. 10 per head per day. This is a pittance as with the soaring inflation and rising prices spiral today it is next to impossible to supply

something worthy of human consumption as also something which would ensure the desired calorie and nutritive value within a ceiling amount of Rs. 10/-. Besides, different scales have been adopted for the patients of the mental hospital who are from within the State and patients who have been sent by RINPAS (6). While the scale is Rs. 10/- for the former it is Rs. 40/- for the latter. This is likely to cause disaffection and its rationale was not very clear to me.

- Such low scales of diet for the 60 indoor (non RINPAS) patients have obvious serious implications in nutritional terms. This means that no proper breakfast, lunch, afternoon tea and dinner can be served (except a small quantity of milk (500 ml), biscuit (1 packet) daily and 2 eggs only on Sunday) with such a low diet scale. Empirical studies indicate that either on account of effect of psychotic drugs or otherwise, the mentally ill persons consume food on a scale higher than normal human beings and in calorie terms it should be around 3000, if not higher. The relatives of the patients in such a situation have to get food from outside both for the patients as well as for themselves. This has serious limitations. The relatives should not leave the patients and particularly those who are chronically ill as they require round the clock vigilance and surveillance. Secondly, there is no canteen in SCB Medical College premises and conditions of hygiene in the restaurants in Manglabag area of Cuttack city or nearby locations being what they are and food being generally oily (besides used oil in most of these restaurants is used which is highly

carcinogenic), spicy and hot (too much of red chillies are used) is likely to cause intestinal disturbances. Thirdly, there is no washbasin where one could wash ones hands after food and no proper place where the leftovers of food including plastic/paper packets in which food is brought could be collected as garbage and disposed off. Besides, there being no dining hall, the patients have to take their food on the floor which is likely to make the floor dirty and invite flies to get in.

- All other support services, facilities and amenities are conspicuous by their absence. The number of beds being limited to 60 and the number of patients being admitted exceeding that number beds have to be brought to the varandah or patients are made to lie on the floor. Atleast 4 such patients were found to be lying on the floor at the time of visit. The relatives of such patients lying on the floor have no place where they can sit. It is humanly impossible for a relative to keep on standing all the while (as it is uncertain when a bed will be available for the patient). There are 2 bathrooms for males and 4 for females with a total of 2 and 4 toilets. The toilet patient ratio is 1:10 which is too low. Besides, there are no separate conservancy facilities/toilets for the relatives of the patients. In the absence of any public toilet (put up by an NGO called Sulabh International) they will be put to a lot of inconvenience. There are no haircutting services. It is absolutely necessary and desirable to engage the services of 2 barbers – one for male and another for female patients. It is difficult to term the water which is being supplied to the

patients as clean and potable as samples of such water have never been sent for testing to ascertain (a) the extent of chemical and bacteriological impurities in water and (b) the extent of sulphur, magnesium, iron and other chemicals present in water. There is no dearth of testing laboratories in Cuttack but the samples of water have never been sent for test even once.

- All blood samples of patients are being sent to the pathological laboratory of SCB Medical College for test. I wanted to visit the laboratory to satisfy myself about (a) facilities available (b) time taken for test and submission of test reports (c) what further tests can be undertaken with the equipments available in the laboratory and (d) possibility of addition of a few more facilities in future for estimating psychiatric drug level in blood, tests for brain neurotransmitters and hormone prolaction estimation. Regretfully the laboratory closes at 5 PM (this was not brought to my notice earlier) and no arrangement was made to organize a discussion with the Professor, Pathology on this very important issue.

- It is quite likely that a mentally ill person may have other complications related to eye, ear, nose, throat, heart, lungs, urinal and reproductive system and may be required to be sent to the concerned specialists of SCB Medical College for examination and treatment. Such referral services have to be provided promptly, free of cost and without any pre-conditions. A discussion with the concerned specialists would have been

of great help but it could not be organized except 2 rounds of general discussion I had with the Principal, SCB Medical College about the strategy, objective and plan of my review and the teaching assignment being taken up in right earnest by the Associate Professor, HOD/Medical Superintendent, 2 Psychiatrists and 2 Clinical Psychologists which were of a general nature and no conclusions could be drawn from the same about the nature of cases referred and quality of referral services.

- There is no incinerator and autoclave for disposal of hospital waste nor is there any reverse osmosis process (RO) by which water can be treated and supplied to the patients and their relatives.

- I did not, in course of my rounds, see a single chart or poster listing out certain simple and relevant messages related to various forms of mental disorder, their symptoms and treatment (both hospital and domiciliary) and dos and do nots on the part of patients and their relatives both at the time of admission and discharge. Such a package what is known as IEC (information, education and communication) would be of interest and relevance to a large number of mentally ill persons who are literate and who would be interested to know more about the ailment they suffer from. Regretfully, no attention whatsoever has been attached to this important aspect so far. It may be useful if such charts and posters are brought either from Gwalior or Jaipur Mental Health Hospitals,

studied by a team of Psychiatrists and Clinical Psychologists, their essential spirit imbibed and similar charts and posters (will visualized and illustrated) are designed in Oriya, printed and displayed on the walls of the male and female open wards.

- No attention, whatsoever, has been paid to the intellectual and academic needs of patients. There is no separate library for them from where they could borrow books of interest and relevance to their lives as and when they feel to do so. Not to speak of supply of journals and periodicals (there are plenty of them in Oriya) not even a single Oriya newspaper (there are atleast 5 major ones – Samaj, Sambad, Dharitri, Prajatantra and Pragatibadi) is being made available to them. It is not as if financial constraints have stood on the way; no thought has ever been paid to this vital and genuine need of a person – patient or no patient. If the management of a newspaper establishment would have been approached they would have voluntarily come forward to make this facility available.

- There is no provision for occupational therapy nor any facility to teach yoga/pranayam to those patients who are fast on their way to recovery nor any other recreational avenues.

- There is no half way home either for patients who have been effectively treated and cured, who are in a position to manage their own affairs and who are ready to be sent back for reintegration into the mainstream of the society.

Modified ECT:

This is a refreshing departure from the electrical shock treatment which was being administered earlier in a very crude form, which smacked of cruelty and, therefore, was a serious violation of human rights. The present system of treatment which has been adopted at Jaipur, Gwalior, Agra and Ranchi is very effective and dependable. Such treatment comes quite handy in dealing with cases of severe depression and in dealing with patients who are otherwise unmanageable.

The Mental Hospital, Cuttack does not have this very important and useful facility. What they have is unmodified ECT in SCB Medical College. The unmodified ECT room is not airconditioned nor there is any air conditioned recovery room adjacent to the ECT room.

The difference between modified and unmodified ECT is as under:-

Sl. No.	Unmodified E.C.T.	Modified E.C.T.
1.	Does not involve anaesthesia and muscle relaxants.	Involves anaesthesia and muscle relaxants.
2.	Can be given in all cases without any Musculo-skeletal problem.	It is useful in patients having Musclo Sekletal Problem.
3.	Can be managed by non-anaesthesiologist.	Anaesthesiologist and other equipments like ventilator, Boyles apparatus etc. are needed.

4.	Pre-ECT evaluation is simple and easily available.	Pre-ECT evaluation is more and costly as user charges are applicable.
5.	Post-ECT recovery is uncomplicated.	Post ECT recovery carries substantial risks due to administration of anaesthesia and muscle relaxants.
6.	The patient visualizes the procedural incidences but cannot feel the effects of ECT as because loss of consciousness is very immediate.	The patient is not aware of the ECT procedural incidences because of his anaesthesia.
7.	Risk of anaesthesia is absent.	Though anaesthesia makes the patients unaware about ECT but the risk involved is added up in addition to the ECT procedural risk.

Why modified ECT is not being given?

The Mental Health Institute, Cuttack is adopting unmodified ECT without any rationale but being guided purely by procedural norms in vogue since long. The Medical Superintendent could not produce any evidence in the form of records for unmodified ECT being given. He, however, frankly conceded that in the present context, the professionals and equipments needed for modified ECT are just not available with the Institute.

It was observed by me that the patients are being brought to the hospital within ½ an hour to 1 hour after being administered the unmodified ECT. Many of these patients were lying in a state of stupor and it was difficult for me to assess the impact of such unmodified ECT on the status of the patients.

Table-V gives the year-wise breakup of the total number of cases of ECT and average number of ECTs per day.

Table – V

Year-wise break up of the number of patients who have undergone unmodified ECT

The data for number of patients given unmodified ECT was not being recorded previously. From 2006-07 it has been recorded which is given as follows:-

For Male Patient:

Month	Indoor E.C.T.	Outdoor E.C.T.
April 2006	334	03
May 2006	271	05
June 2006	237	10
July 2006	193	05
August 2006	249	05
September 2006	278	15
October 2006	283	01
November 2006	181	04
December 2006	151	11
January 2007	126	Nil
February 2007	200	04
March 2007	314	09

For Female Patients:

Month	Indoor E.C.T.	Outdoor E.C.T.
April 2006	183	06
May 2006	130	Nil
June 2006	185	01
July 2006	191	03
August 2006	126	07
September 2006	108	06
October 2006	142	01
November 2006	119	07
December 2006	133	Nil
January 2007	85	02
February 2007	162	04
March 2007	190	01

Special problems of medicines – budgeting, availability, dispensation:

- There are 3 categories of patients such as:-
  - those who come to the OPD and collect medicines after diagnosis from the drug dispensing unit;
  - those who are admitted to the ward and are administered medicines in the ward itself while under treatment;
  - those who are discharged from the ward after about 3 weeks, are advised domiciliary treatment and are given medicines for 30 days.
- There are 2 types of medicines namely psychiatric drugs and general medicines (antibiotics, saline etc.). Besides, gauge and bandage for dressing would also be included under head 'general medicines'.

The Medical Superintendent gave an indication of requirement of medicines, per head approximate cost (Rs. 500/-) and total cost of medicines under all the 3 heads as above annually. This, according to him would work out to Rs. 5 crores (approximately) per annum. The detailed break up of the calculation is given below:-

> "Calculation sheet showing approximate requirement of funds for drugs both psychiatry and general medicines for Mental Health Institute, Cuttack:-
>
> Total Old & New patients registered during the year 2006-07 = 8669
>
> Say, approximate expenditure per patient/per month = Rs. 500/-
>
> Therefore the total expenditure for 8669 number of patients of Mental Health Institute, Cuttack during any financial year (if supplied for all the days in a year) is
>
> 8669 number of patients X Rs. 500/- X 12 months = Rs. 5,20,14,000/-
>
> (Rupees Five Crores Twenty Lakhs Fourteen Thousand Only).
>
> As against this, however, the allocation was of the order of Rs. 15 lakh only. This was also not available in one lot. To illustrate, the appropriation Bill for 2007-2008 has been passed by the Orissa Legislative Assembly in April, 2007 but it will not be before August – September, 2007 that the first instalment of allocation would be available."

Drugs constitute one of the irreducible barest minimum needs of all patients in general and of the mentally ill persons in particular. After opening up of the economy since 24.7.91 and entry of multi nationals in the drug market the drug prices including prices of life saving drugs and psychotic drugs have generally registered steep increase. This is how the budgetary allocation towards psychiatric drugs for Mental Hospital, Cuttack which was of the order of Rs. 2 lakh at one time in the past has been enhanced to Rs. 15 lakh at present. This, however, according to the calculation of the Medical Superintendent himself, is grossly inadequate and needs to be substantially stepped up.

Death and abscond of patients (1998-2006):

Table – VI gives the year-wise breakup of death and abscond of patients:-

Table – VI

Death **Abscond**

Year	Male	Female	Child	Total		Total
1998-1999	2	1	-	3		Not available
1999-2000	-	-	-	-		Not available
2000-2001	2	1	-	3		Not available
2001-2002	2	-	-	2		Not available
2002-2003	-	2	-	2		Not available
2003-2004	3	2	-	5		1

2004-2005	2	-	-	2		20
2005-2006	2	2	-	4		50
2006-2007	-	1	-	1		49

Placed below is an analysis of the breakup of death cases in 2000-2006:-

Year	Sl. No.	Cause of Death		
		Immediate	**Antecedent**	**Other significant condition**
1	**2**	**3**	**4**	**5**
2000-2001	i	Cerebral Malaria	Organic Brain Syndrome (Stupor)	-
	ii	Hypovolumic Shock	Low condition	Bipolar I Affective Disorder
	iii	Cardio Respiratory Failure	Cerebral Malaria	Rabies
2001-2002	i	Encephalitis	Cardio Respiratory Failure due to Encephalitic condition	Bipolar I Affective Disorder
	ii	Cardio Respiratory Failure	Stupor	Depressive Condition with low intake of food
2002-2003	i	Cardio Respiratory Failure	Hyper Pyrexia & OBS	Bipolar I Affective Disorder
	ii	Cardio Respiratory Failure	Pyrexia	Brief Psychotic Disorder (Catatonic Stupor)
2003-2004	i	Cardio Respiratory Failure due to Acute Myocardial Infarction	-	Manic Episode
	ii	Acute Gastroenteritis	Anemia, Prolonged debility with low general condition	Catatonic Stupor

	iii	Cardio Respiratory Failure	Dehydration and low condition	Chronic Psychosis with Heatstroke.
	iv	Encephalitis with CRF	Organic Stupor	Post Encephalitis Sequelae (Catatonic Excitement)
	v	Cardio Respiratory Failure	Alcohol & cannabis dependence Chronic Physical debility with low general condition.	Substance Abuse Disorder with secondary psychosis.
2004-2005	i	Respiratory Arrest	Poly Substance withdrawal Syndrome withdrawal Syndromes like diarrhoea, muscle cramps, fever, rhinorrhoea.	Substance abuse psychosis with EPS.
	ii	Cardio Respiratory Failure	Cardio Respiratory Failure with low general condition.	Chronic Schizophrenia.
2005-2006	i	Meningitis	-	EPS, OBS, P. Schiz.
	ii	Cardio Respiratory Failure	-	BAD – I (Manic)
	iii	Cardio Respiratory Failure	Cerebral Malaria	Delirium Tremens with Pneumonia.
	iv	Cardio Respiratory Failure	Cerebral Malaria	Bipolar I Disorder MRE Manic.
2006-2007	I	Sudden Cardio Death	Anemia	Chronic Schizohprenia.

The death cases were regrettably not avoidable because in almost all the cases it is due to the associated medical co-morbidity or the normal out come of the disease.

Human Resource Development:

The Mental Hospital, Cuttack does not have any library of its own; it has to depend on the Central Library available in SCB Medical College. Even though the Central Library of SCB Medical

College is well equipped with a professionally qualified, experienced and trained Librarian (Dr. Swain) with an excellent reading room (with a capacity to accommodate about 150 persons) it has got only 3 text books in Psychiatry and 8 journals such as:-

Books:

1. Comprehensive text book of Psychiatry.
2. New Oxford text book of Psychiatry.
3. Ahuja's text book of Psychiatry.

Journals:

1. British Journal of Psychiatry.
2. American Journal of Psychiatry.
3. Acta Scandinania Psychiatrica.
4. Archives of General Psychiatry.
5. Journal of Clinical Psychiatry.
6. Schizophrenia Research.
7. Journal of Clinical Psychopharmacology.
8. Indian Journal of Psychiatry.

A statement containing details of conferences (both national and international) held from time to time, names of Psychiatrists, Clinical Psychologists who have participated in these conferences, papers presented by them, names of students who are doing M.Phil and Ph.D. in Clinical Psychology and M.D. in Psychiatry is given in Annexure-IV.

Discussion with Secretary, Health and Family Welfare

I met Secretary, Health and Family Welfare – Shri Chinmay Basu in his chamber from 12 Noon to 2 PM on 13.4.2007. The

following short term and long term issues which needed attention and intervention of Government of Orissa were discussed with him.

Short term issues which need immediate attention of Government:-

I Resolution of the internal tussle going on between State PWD and CPWD and taking a just and fair decision without any further loss of time about (a) utilization of Rs. 1.51 crores sanctioned by the Ministry of Health and Family Welfare (Deptt. of Health) since 2005 and lying unutilized and (b) completing construction in all respects with observance of norms of quality, strength, durability and cost and ensuring scientific utilization of the new Block.

II Enhancement of the allocation under head 'Medicines' from current Rs. 15 lakh to an appropriate level according to genuine need of the hospital.

III Making the Deaddiction Ward which has been formally inaugurated but which is lying non functional by (a) procurement of equipments (b) furniture and fixtures (c) sanction of requisite medical and para medical staff (d) separate provision of diet, medicines, mattresses and linen for 15 beds etc.

IV Going in for a complete overhaul of the planning of OPD with adequate waiting space and facilities, registration room, record room, examination rooms for the Psychiatrists, Clinical Psychologists, Social Workers, space for the administrative block with facilities of supply of potable drinking water, conservancy services, guest room, library-cum-reading room, rest room etc.

V Sanction of a few posts of Social Workers (5 to 10) for discharging a variety of functions as listed earlier.

VI Sanction of a post of matron to oversee and coordinate the work of 5 staff nurses.

VII To the extent possible remodeling the existing open ward to ensure (b) better lighting and ventilation (b) potable water (c) conservancy facilities of an appropriate scale (d) arresting inflow of flies and mosquitoes (e) immediate/replacement of damaged mattresses (f) discontinuing with immediate effect the practice of putting patients on the floor (g) introducing diet of an appropriate scale and standard for both breakfast, lunch, afternoon, tea and dinner including opening up of a canteen/cafeteria for use of relatives of patients (h) supply of newspapers/journals and periodicals for patients (i) provision of avenues of recreation for patients including yoga, pranayam and meditation for those patients who are fast on the way to recovery under the guidance of a qualified yoga teacher (j) introducing charts and posters incorporating quintessential psychiatric messages with dos and donots in simple local language (Oriya) etc. for benefit of knowledge and information of all patients and their relatives who are literate and who can understand, internalize, imbibe and assimilate the essential spirit behind those messages.

VIII According as much autonomy as possible by a scheme of proper delegation of administrative and financial powers in favour of the Medical Superintendent and making him functionally efficient by

imparting a human face in all decisions and, in particular, in the area of providing care and attention to the mentally ill persons.

IX Ensuring integration between teaching, treatment, training and research within the limited avenues available at present.

X Going in for a lot of plantation and horticulture to create a green ambience and environment which will be aesthetically pleasing to the mentally ill persons and conducive to their recovery.

XI Reactivating State Mental Health Authority constituted in 2003 with Secretary, Health as the Chairperson – Dr. G.C. Kar as the Secretary-cum-Convener which is lying non functional.

Concluding remarks and long range suggestions:

- The Mental Hospital, Cuttack at present is not an autonomous institution but merely an outfit of SCB Medical College, Cuttack.

- It is a short stay home meant for emergency treatment of mentally ill persons with mostly voluntary admission.

- Since the bed strength is limited to 60 and there is continuous pressure on beds it is difficult to allow the patients to stay for a period longer than 30 days.

- This creates avoidable problems. Most of the patients coming from the country side being from BPL families cannot afford to buy medicines on their own as the hospital issues medicines

for 30 days where a domiciliary treatment may last even upto 2 years.

- By necessary implication there will be discontinuance of drugs or non compliance resulting in relapse. Such cases are quite common.

- There is no arrangement for provision of breakfast, lunch, afternoon tea and dinner (except the 6 male and 6 female patients who have come from RINPAS, Ranchi).

What is being served for general patients at the time of breakfast (9 AM) consisting of 500 ml. of milk, 1 packet of biscuit within an allocation of Rs. 10/- per head is only an excuse for breakfast, grossly inadequate in terms of calorie and nutritive value.

- The Mental Health Hospital is heavily dependent on the SCB Medical College and Hospital for the following:-

  - all pathological tests
  - all referral services
  - diet from the kitchen
  - linen from the laundry.

- There is no matron to oversee the services rendered by staff nurses on a day to day basis. The Medical Superintendent being preoccupied cannot obviously assume this role.

- The hospital is a place for treatment and recovery. The mental hospital, Cuttack is notorious for its inhospitable surrounding full of dirt, filth and stench, extremely untidy and

unhygienic. Even though the ward has high ceilings the rooms appear to be furnaces blazing with heat (38° C to 39°C in April). The electrical connections are in shambles. There is no arrangement for supply of potable water. The overhead tanks are not being cleaned regularly to remove silt. Water samples have never been sent for test in a standard water testing laboratory. The lavatories are limited in number compared to the number of inmates. This will cause serious problems of hygiene. Since the window shutters have been removed there is free flow of flies and mosquitoes. A sum of Rs. 60/- lakhs have been sanctioned and spent towards repair, renovation and maintenance of the ward building (100 years old Block SCB Medical College) but the repairs have not produced the desirable results. The building is full of cracks with seepage all over.

- The only long term solution to this mind boggling problem is to dismantle the existing structure (which appears to be beyond repair) and go in for a new building which will be a model hospital with the following essential and non negotiable components:-

    - OPD with a large waiting hall to accommodate atleast 150-200 persons with facilities of lighting, ventilation, potable water supply and conservancy facilities:

- Record Room with a large number of good quality sufficiently high racks for storage of records (for every case a file is to be constructed) along with arrangement for complete computerlization of records;

- Separate rooms of proper size (according to PWD or CPWD norms) for psychiatrists, clinical psychologists, social workers;

- The staff strength (both medical and para medical) to correspond to the number of patients according to a scientific norm;

- A good library-cum-documentation centre-cum-reading room;

- Automatic kitchen;

- Automatic laundry;

- Full fledged electrically operated water supply plant by using the reverse osmosis (RO) technology;

- Incinerator and autoclave for scientific disposal of hospital waste;

- Medical store;

- Patient's library –cum- reading room with as many Oriya newspapers and journals as possible;

- Occupational therapy with provisions of separate male and female blocks, provision of instructors, as many new and market relevant trades/skills as possible and making the hospital completely self sufficient for office management as in RINPAS;

- Provision of yoga, pranayam and meditation under the guidance of a qualified yoga instructor.

***

Annexure –I

An incumbency chart right from inception of the mental hospital with period worked by each incumbents:-

Dr. Partha Rao	-	15.8.1961 to 22.9.1970
Dr. Bimbadhar Das	-	23.9.1970 to 31.1.1992
Dr. Indubushan Das	-	1.2.1992 to 31.7.1992
Dr. Banalata Mohapatra	-	1.8.1992 to 31.1.1993
Dr. Gopal Ch. Kar	-	1.2.1993 to 11.6.1993
Dr. J.M. Sengupta	-	12.6.1993 to 15.6.1993
Dr. L.B. Das	-	16.6.1993 to 10.10.1996
Dr. Gopal Ch. Kar	-	20.5.1996 to 21.12.2003
Dr. B.N. Mishra	-	22.12.2003 to 30.9.2006
Dr. Ajaya Mishra	-	1.10.2006 to continue

Annexure –II

Names, Designation, date of joining of the Medical Superintendent, Psychiatrists and Clinical Psychologists:-

- **Medical Superintendent (1)**
- Dr. Ajaya Mishra, In-Charge Medical Superintendent (Ex-Officio) – Date of joining – 1.10.2006

- **Psychiatrists (2)**
- Dr. Ajaya Mishra – Associate Professor – Date of joining – 3.2.2007.
- Dr. Rajnikant Shukla – Lecturer – Date of joining – 15.2.2006.

- **Clinical Psychologist (2)**
- Mr. G.S. Prusty, Assistant Professor Psychology, Date of joining – 16.8.1996.
- Mrs. Pratiti Pattnaik, Clinical Psychologist, Date of joining – 13.10.1999.

Annexure-III

Proposed Requirements for Renovation and Reconstruction of Mental Health Institute to the C.P.W.D. Authority for Utilization of the breakup money for the purpose

It is divided into 3 (Three) major categories:

1. Administrative Block with Conference Hall
2. OPD Block
3. IPD Block

1. Administrative Block with Conference Hall

a. 3 rooms for office of the nature of 20' X 12' size with attached toilet facilities.

b. 1 room for Medical Superintendent of the nature of 20' X 12' size with attached toilet facility.

c. One small room to keep old records and condemned materials of the nature of 12' X 10' size.

d. One small strong room for fixing of Iron Chest of the nature of 6' X 6' size.

e. One small room for other staff members of the nature of 12' X 10' size.

f. A common waiting room for official and public grievances of the nature of 12' X 10' size with attached toilet facility.

g. A Conference Hall of the nature of 60' X 30' size with attached toilet facilities.

2. OPD Block:

a. one room for professor of the nature of 20' X 12' size with toilet facility.

b. Two rooms for Assistant Professors of the nature of 15' X 12' size with toilet facilities.

c. One large common hall of the nature of 30' X 30' size for OPD first hand assessment with toilet facility.

d. Two rooms, 1 for Asst. Prof., Psychology (15' X 12') and 1 for Clinical Psychologist (12' X 12') with attached toilet facility for both rooms.

e. One separate non-crowded room for psycho analysis of the nature of 15' X 12' size.

f. One Reception room for using of 3 persons and record keeping of 10 years of the nature of 20' X 20' size with toilet facility.

g. One big room for other Government officers of the nature of 20' X 20' size with toilet facility.

h. One big room for MHI Store of the nature of 50' X 30' size with toilet facility.

i. A big hall for waiting room purposes for Male and Female separately of the nature of 30' X 30' size with toilet facility and long cement slay/benches for sitting purpose of the patients.

j. One small room for staff members of the nature of 12' X 10' size with toilet facilities.

3. <u>IPD Block:</u>

a. separate inpatient ward for both male and female with attached toilet facilities.

    i. for male patients 30 bedded strength of the nature of long type hall.

    ii. for female patients 20 bedded strength of the nature of long type hall.

b. Separate inpatient ward for both child and adolescent with common toilet facilities.

c. Separate extra ward for both male and female patients brought back from RINPAS, Ranchi with common toilet.

d. Two duty rooms for both male and female units (1 in each side) with toilet facilities of the nature of 15' X 12' size.

e. One room for R.P. of the nature of 15' X 12' size with toilet facility.

f. One room for Nursing Sister of the nature of 15' X 12' size with toilet facility.

g. Two E.C.T. rooms for both male and female units (1 in each side) along with recovery room of the nature of 20' X 12' size.

h. One room for staff members of the nature of 15' X 12' size with toilet facilities.

Annexure –IV

Number of Conference (National and International) attended, number of papers presented, number of papers published, number of students doing M.Phil and Ph.D. in Clinical Psychology, number of students doing M.D. in Psychiatry, number of students who have done their M.D. so far and their whereabouts/utilization.

Attendance of Conference (National and International)

FACULTY

i) Dr. Ajaya Mishra, Associate Professor and HOD

- National - 05
- International - Nil

ii) Dr. R.K. Shukla, Lecturer

- National - 03
- International - Nil

iii) Dr.S.P. Swain, Lecturer, Psychiatry posted at SVP, PGIP, Sishubhawan, Cuttack and working (3 days/week) at S.C.B. Medical College, Cuttack.

- National - 06
- International - Nil

iv) Mr. G.S. Prusty, Assistant Professor, Clinical Psychology

- National - 06
- International - Nil

NON FACULTY

i) Dr. Tanmaini Das, MD (Psychiatry), Assistant Surgeon

- National - 08
- International - 02

ii) Dr. P.K. Mohapatra, MD (Psychiatry), Assistant Surgeon

- National - 06
- International - Nil

iii) Dr. B.N. Naik, MD (Psychiatry), Assistant Surgeon

- National - 06
- International - Nil

iv) Dr. Samrat Kar, MBBS, Assistant Surgeon

- National - 04
- International - 01

v) Mrs. Pratiti Pattnaik, Clinical Psychologist

- National - 03
- International - Nil

Annexure –IVA

Paper presented and paper published:

FACULTY

i) Dr. Ajaya Mishra, Associate Professor Psychiatry

- Paper Presented - 02
- Paper Published - 06

ii) Dr. R.K. Shukla, Lecturer

- Paper Presented - 01
- Paper Published - 02

iii) Dr.S.P. Swain, Lecturer Psychiatry

- Paper Presented - 01
- Paper Published - 02

iv) Mr. G.S. Prusty, Assistant Professor (Clinical Psychology)

- Paper Presented - Nil
- Paper Published - 02

NON FACULTY

i) Dr. Tanmaini Das, MD (Psychiatry), Assistant Surgeon

- Paper Presented - Nil
- Paper Published - 01

ii) Dr. P.K. Mohapatra, MD (Psychiatry), Assistant Surgeon

- Paper Presented - Nil
- Paper Published - 02

iii) Dr. B.N. Naik, MD (Psychiatry), Assistant Surgeon

- Paper Presented - Nil
- Paper Published - Nil

iv) Dr. Samrat Kar, MBBS, Assistant Surgeon

- Paper Presented - 01
- Paper Published - 03

v) Mrs. Pratiti Pattnaik, Clinical Psychologist

- Paper Presented - Nil
- Paper Published - 01