

Review of the activities/performance of the Institute of Mental Health, Kilpauk, Chennai by Dr. Lakshmidhar Mishra, IAS (Retd.)
Special Rapporteur, NHRC on 2nd & 3rd July, 2008

The Institute has its origins in a private run psychiatric establishment in 1793/94 set up by the colonial rulers. The name was changed first to Government Mental Hospital and later to Institute of Mental Health. It is one of the oldest buildings in the city situated in a sprawling area of 45 acres amidst a sylvan surrounding (over 200 year old trees which provide a lot of greenery to the entire campus).

Prof S.M. Channavasavanna, former Director, NIMHANS and Principal Investigator of the Project, 'Quality Assurance in Mental Health' (commissioned by NHRC in 1997-98) had visited the Institute in 1997-98 and had identified a number of gaps, omissions & deficiencies, recorded a number of observations and recommendations with a view to bringing about an around improvement and qualitative change in the functioning of the hospital. There was no visit from the Commission by any official to assess and report on the extent of compliance with those observations and recommendations since 1997-98. It was, therefore, thought appropriate to undertake a visit to verify the extent of compliance with those observations/recommendations and report on further improvements which might have taken place during this long interregnum of 10-11 years as also on deficiencies and shortcomings which remain unrectified. It was also necessary to have a thorough review of the human rights dimension in treatment and compliance

with the directions issued by the Supreme Court in the following judgements:

1. WP (civil) No. 339/86, 201/93 and 448/94
WP(civil) No. 80/94 Rakesh Ch. Narayan vs. State of Bihar;
2. Contempt petition No. 73 of 1991 in WP No. 339 of 1986 Rakesh Ch. Narayan vs. State of Bihar;
3. WP (civil) No. 339/1986 Rakesh Ch Narayan vs. State of Bihar 1986 (Supplementary) SC 576;
4. WP(civil) No. 339/1986 Rakesh Ch. Narayan vs. State of Bihar 1989 (supplementary) CD SC644;
5. WP(criminal) 237 of 1989 Sheela Barse vs. Union of India & others, 1993 4 SC 204;
6. WP (criminal) No. 365 of 1988 Chandan Kumar Bhanik vs. State of West Bengal 1995 supplementary (4);
7. WP(criminal) No. 1900/81 Dr. Upendra Baxi vs. State of UP & others.

The pith and substance of these judgements in which the human rights dimension of mental health comes out clearly and forcefully are:

- Mental illness is not a curse, not a sin, not a fatality, it is not inevitable;
- Every mentally ill person can be effectively treated, cured and can resume a normal life;

- He/she can be fully and effectively reintegrated into the mainstream of the family, community and society;

What are the principles laid down by the Supreme Court in the above judgements?

In case of Chandan Kumar Bhanik vs. State of West Bengal the apex court had observed:

- Management of an institution like the mental health hospital requires flow of human love and affection, understanding and consideration for mentally ill persons;
- These aspects are far more important than a routinised, stereotyped and bureaucratic approach to mental health issues;
- A public officer ordinarily in charge of law and order problems as the SDO (civil) is certainly not the person suitable to deal with mentally ill persons even remotely;
- We would, therefore, commend to the State Government to immediately think of placing the administration of the hospital in charge of a competent doctor with requisite administrative ability & powers;

In case of Sheela Barse vs. Union of India and others, the apex court observed as under:

- Admission of non-criminal mentally ill persons in jails is illegal and unconstitutional;
- All mentally ill persons kept in various Central, district and sub jails must be medically examined immediately after admission;
- Specialized psychiatric help must be made available to all inmates who have been lodged in various jails/sub jails;
- Each and every patient must receive review or reevaluation of developing mental problems;
- A mental health team comprising of clinical psychologists, psychiatric nurses and psychiatric social workers must be in place in every mental health hospital;
- Separate management committees should be set up in every mental health hospital as in the Ranchi model, senior officers from the departments of health, welfare, prisons, police along with a profession of psychiatry from a teaching hospital could be its members.

In the last case i.e. WP(criminal) No. 1900/81 Dr. Upendra Baxi vs State of UP & others, the apex court requested the NHRC to be involved in the monitoring and supervision of mental health hospitals

at Agra, Ranchi & Gwalior. In other words, the apex court entrusted to the Commission the responsibility of monitoring the implementation of its directions in regard to these mental health hospitals. The Commission on its part took up in right earnest for consideration the issue of quality assurance of mental health care in the country. Since June, 99, when the publication 'Quality Assurance in Mental Health' was out the Chairperson, the Core Member in charge of mental health, other Members and Special Rapporteurs have been regularly inspecting and reviewing the activities in mental health hospitals all over the country including the ones at Agra, Ranchi & Gwalior. Such reviews are being conducted in a totally participative and communicative manner and are intended to bring about a total qualitative improvement and change in the overall work environment and management of these hospitals, keeping principally the recommendations of Dr. Channavasavanna Committee in view.

Antiquity –a liability as well as strength

The Institute of Mental Health, Chennai (1794) is over 200 years old. Being so old the Institution has certain strengths as well as liabilities. The strength lies in the following (a) conditions tend to stabilise over a period of time (b) some of the Chief Executives and Heads of Departments set healthy norms and standards which others can follow (c) over a period of time certain innovations also set in which make the operations cost effective (d) grievances of the target groups being known over a period of time corrective measures are

also taken to improve the performance & level of satisfaction of the users.

The liabilities lie in the following (a) the physical structures outlive their life and utility and develop maintenance problems (b) rules and regulations framed during pre-independence era or rather colonial era unless reviewed and revised turn out to be archaic & hence a liability (c) some of the structures may not be suitable for installation of modern plant, equipments, instruments etc unless the old wiring is completely dismantled & we go in for new wiring to take the current power load (d) over a period of time employees who have been made permanent & who have consolidated their position tend to develop vested interest which is not conducive to the health of the Institution.

The performance of the Institute of Mental Health may be reviewed keeping the above basic limitation in view. The hospital is functioning in its own building spread over a total area of 45 acres in two separate blocks and the break up of the total area of the hospital between OPD and IPD is as under:

OPD - 1704.50 sq. meter or 18335 sq. ft.

IPD - 29862.00 sq. meter or 3,21,315 sq. ft.

Total 3.40 lakh sq. ft.

Most of the structures have tiled roofs measuring an area of 3 lakh sq. ft. All these tiled roof structures are 60 to 150 years old. The tiles are not being changed regularly. Being a coastal area with

heavy rainfall and corrosion on account of salinity it may be desirable to replace tile roofing by RCC roofs so that the durability of the same will be better. Such replacement may be carried out in phases. At present, the RCC roof building (0.4 lakh sq. ft) is a small percentage of the total roof area.

Funding

The hospital is totally funded by the State Government. The budget for the last 3 years which has been progressively increasing is as under:

2004-0 5 ⁵	- Rs. 7,19,41,000=00
2005-06	- Rs. 7,39,04,000=00
2006-07	- Rs. 9,61, 12,000=00

The Ministry of Health & Family Welfare have allotted a sum of Rs. 2.69 crores for infrastructure development.

Catchment area

The Institute caters to the entire State of Tamilnadu including neighbouring districts of AP, UT of Pondicherry, Andaman & Nicobar Islands. The names of the districts in AP from where patients come to IMH, Chennai, are as under:

- Nellore;
- Chittoor
- Guntur

Administrative infrastructure

The IMH, Chennai is under the administrative control of Medical Education Deptt. headed by the Minister, Health and Family Welfare. The structure of the Deptt. is as under:

Minister for Health & Family Welfare

^

Secretary to Government

^

Director, Medical Education, Chennai

^

Dean, Madras Medical College,

^

^

Government General Hospital
Director, Institute of Mental Health.

The administrative structure of the hospital is as under:

Director, IMH, Chennai

|

Dy. Supdt.

Resident Medical Officer
^
Officer

Administrative

Consultants

^

Psychiatrists/clinical psychologists/psychiatric social workers

Administrative infrastructure (contd)

Director, IMH, Chennai

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Dy. Supdt, IMH, Chennai

Administrative infrastructure (contd)

Medical Record Officer
^

Medical Record Technician

Record Messenger

Biochemist
^

Lab Supervisors

Lab Technicians

Gr. I & II

Administrative infrastructure (contd)

The following table gives a clear indication of the number of posts sanctioned, number of people in position and number of posts lying vacant

Table I

Sr. No.	<u>Title of the Post.</u>	<u>Sanctioned</u>	<u>In position</u>	<u>Vacant</u>
1.	Director	1	1	nil
2.	Dy. Superintendent	1	1	nil
3.	Medical Officers	23	20	3
	Associate Professor	(11)	(8)	
	Civil Surgeon/Dental	(1)	(1)	
	Tutor	(11)	(11)	
4.	Clinical Psychologist	4	2	2
5.	Physiotherapist	2	2	nil
6.	Dietician	1	1	nil
7.	Nursing Superintendent Gr.I	1	-	1

8.	Nursing Superintendent Gr. II	2	2	nil
9.	Nursing Superintendent Gr III	13	13	nil
10.	Staff Nurses	141	129	22
11.	Biochemist	1	1	nil
12.	First class male Attendant	11	11	nil
13.	Second class male attendant	191	114	77
14.	Second class female Attendant	79	40	39
15.	Occupational Therapist	10	6	4
16.	Ministerial Officers	48	36	12

Budget and Finance

The table below indicates the head of account and budgetary allocations during the last 4 years:

Table II

(In Rupees one thousand)

Head of Account	2004-05	2005-06	2006-07	2007-08
Salaries	99066	99166	99186	99207
Diet	5108	5207	5250	5280
Medicines	2160	2210	2250	2270
Linen	2116	2130	2150	2200

Stores & equipments	2256	2300	2400	2500
Others	6000	6100	6200	6350
Psychiatric drugs (tablets & capsules)	31	30	35	32
Injections	8	8	8	8
Non-psychiatric drugs (tablets & capsules)	55	58	59	61
Injections	39	41	41	42

Drug Management – Procurement - distribution

I was given to understand that medicines are supplied through Tamilnadu Medical Services Corporation, a Government of India undertaking which supplies medicines to all Government hospitals in Tamilnadu. Only a few selected drugs are supplied through local purchase. Drugs are issued to OPD patients for 2 to 4 weeks and thereafter they /their relatives are free to come to IMH to collect the drugs. There are no critical areas either in terms of storage on distribution or dispensation of medicines. Second generation anti-psychotic drugs have been added after 1996. No shortage/scarcity of drugs has ever arisen so far.

The Director has no powers to create any post. He has, however, been empowered to fill up 'D' category posts. The financial powers are limited to Rs. 5000/- per annum which is grossly inadequate.

Distribution of patients among wards as per sanctioned strength and in position is as under:

Ward Number	Sanctioned strength	Number actually in position (on the day of visit)
1 (criminal ward)	47	45
2. (Paying ward)	7	77
3.	3	4
4.	35	37
5.	133	134
6.	252	289
7.	37	37
10	120	151
11	98	101
12	158	150
13	15	15
14	84	81
15	116	114
15A	77	74
16	138	138
17	44	44
18	8	6
19(Open ward/family ward	49	46
20 open ward/family ward	25	36
21	27	27
22	24	22
<u>Total</u>	<u>1444</u>	<u>1628</u>

In other wards, the extent of overcrowding is slightly over 10 pc. The table below gives the break up of voluntary and involuntary admissions:

Table III

S.No.	2003	2004	2005	2006	2007
1. Number of out patients registered (new)	4018	3535	3396	3345	4272
2. Number of inpatients	4889	3636	3188	3326	3289
3. Involuntary/ad mission	248	278	272	317	462
4. Number of outpatients (old)	113249	115714	116049	1276,4	126728
5. Average hospital day	103	168	164	168	173
6. Discharge (alive)	4886	3634	3182	3317	3276

Visit to OPD and interaction with out patients:

The daily outturn of OPD patients ranges between 350 to 450. Proper sitting arrangements have been made for these patients and their relatives. Arrangements for supply of potable water, toilet facilities and recreational avenues (through newspapers, television etc.) have also been made. On an average starting from registration

and examination of each patient till dispensation of medicines it takes about one to one and half hours.

Accompanied by Dr. R. Sattyanathan, Director, Dr. R. Jeyprakash, Dy. Superintendent, Dr. S. Tambi, Senior Civil Surgeon, Dr. A. Kalaichelvan, Resident Medical Officer, I went round the OPD and interacted with 24 OPD patients. The full particulars of these patients, the outcome of the interaction and remedial measures – both short term and long term which need to be taken are given as under:

- | | |
|----------------------------------|--|
| 1. Name of the patient | - Prem Kumar |
| Age | -22 years |
| Accompanied by | -Mr. James (friend) |
| Nature of ailment | - Addiction to alcohol |
| Duration of illness | - for the past 6 months |
| Occupation | - Autorikshaw driver |
| Income | - Rs. 3000/- |
| Reasons for addiction to alcohol | - Peer group influence |
| Family history | - Patient's father is also alcoholic and he died on account of addiction to alcohol. |
| II Name of the patient | - Mr. Arumugam |
| Age | - 22 years |
| Occupation | - carpenter |
| Nature of ailment | - Addiction to alcohol |
| Patient accompanied by- | aunty and three others |

- Native place of the patient - Pudukottai (380kms from Chennai)
- Transportation cost - Rs. 275/- one way
- Family history - Father of the patient died due to excessive addiction to alcohol. No family members are formally employed. The source of income is extremely meager. Patient's mother is also suffering from mental illness.
- Present status - This is a case of relapse due to discontinuation of drugs. The patient was counseled in my presence that discontinuance of drugs will result in relapse and therefore, the family members should ensure that there is no such discontinuance.
- III Name of the patient - Thirumathi Devika
- Age - 23 years
- Address - Chennai city
- Educational qualification of the patient - B.Com I year
- Patient accompanied by - Her husband, mother and other relatives
- Nature of ailment - Bipolar Affective Disorder
- Duration of illness - For the last one year
- Symptoms - Quarrelsome, extravagant spending, leaving home abruptly without intimating the relatives, staying away from the husband.
- Family history - There is a history of Bipolar Affective Disorder running in the family.

- IV. Name of the patient - Guna
Age - 27 years
Address - Thirvenkadu, Chennai
Nature of ailment - Addiction to alcohol
Symptoms - Hallucination, hearing unheard voices, muttering to self, extreme physical weakness.
- Duration of illness - He has been suffering for the last 6 years and being treated with medicines. Simultaneously, he is addicted to alcohol as well and hence recovery has been delayed & suffering prolonged.
- Occupation of the patient - Welder
- Consequences of the ailment - He was the only earning member in the family. Since he is unable to work, there is loss of wages and the misery & suffering have been compounded on account of his addiction to alcohol and lavish spending on that count.
- Family history - Father was also alcoholic but his suffering had no impact whatsoever on the son.
- V. Name of the patient - Pandian
Age - 40 years
Occupation - Tailor
Ailment - Addiction to alcohol
Cannabi
Accompanied by - wife

Duration of illness

-Right from the age of 10 he took to drinks & has lived with drinks since then. Despite the fact that this has worked havoc on the family (consisting of he, his wife and one daughter) leading to its total economic ruination has not produced any effect on him.

VI. Name of the patient -
 Age -
 Occupation -
 Ailment -
 Duration of illness -
 Accompanied by -
 Demographic & family -
 Details -

Mr. Malkondaiah
 52 years
 working in HVF factory
 Addiction to alcohol
 He has been addicted to alcohol for the past 23 years
 wife

He is living with his wife and has 2 sons and one daughter. Three of them are not married as yet. He is the only earning member in the family. He is frittering away his limited income in drinks, is seeing before him the disastrous consequences such lavish spending in an unproductive avenue which makes him slide lower and lower on the ladder of human existence but he remains unmoved.

VII. Name of the patient -
 Age -
 Address -
 Ailment diagnosed -
 Accompanied by -
 Qualification of the Patient -

Mr. Saravanan
 30 years
 Tambaram
 Bipolar Affective Disorder
 Mother
 Sixth standard

- Present status - Has come for the first time and its too early to indicate the current status. The same can be known after compliance with the prescribed medicines for some time.
- VIII. Name of the patient - A Rajesh
 Age - 33 years
 Address - Kanchipuram
 Nature of ailment - Epilepsy
 Duration of illness - 25 years
 Present status - The number of seizures/feats has come down with treatment. Is eating and sleeping well. Is able to speak a few words.
- IX. Name of the patient - Thirumati Thenmozhi
 Age - 28 years
 Address - Agaram, Chennai
 Ailment - Schizophrenia
 Duration of illness - She has been suffering for the last 7 years.
 Accompanied by - her husband.
- X. Name of the patient - Mr. Kalimuthu
 Age - 55 years
 Occupation - daily wage labourer
 Address - Cuddalore
 Ailment - Schizophrenia
 Accompanied by - brother & relatives
- Family history - His mother was also a victim of schizophrenia.
- Previous treatment - He took treatment earlier in ZIPMER Hospital, Pondicherry. The relatives did not react favourably to that treatment & its outcome.

- Present status - There has not been much of an improvement after the treatment largely on account of discontinuation of drugs.
- XI. Name of the patient - Dr. Ranganathan Ph.d
 Age - 70 years
 Nature of ailment - memory loss –dementia
 Accompanied by - wife
- Family history - His mother also suffered from the same ailment.
- Previously treated - He is taking treatment privately.
- Purpose of visit - He is coming to this hospital for the 9th time to get a certificate regarding his mental status.

Comments: Old age is extremely painful but dementia makes it all the more painful, reduces it to the level of a vegetable existence and almost a living death. In this case, a senior citizen otherwise distinguished by his own right is getting dementia treated in a private hospital as there is no geriatric ward in Institute of Mental Health exclusively for the treatment of elderly persons. This makes it imperative that a geriatric ward is established in every mental health hospital to exclusively provide special care & attention to elderly persons whose number globally and within the country is on the increase.

- XII Name of the patient - Mr. Ramalingam
 Age - 56 years
 Address - Perambur, Chennai
 Nature of ailment - Schizophrenia
 Occupation - working in ICF
 Accompanied by - Wife

- Duration of illness - Has been suffering for 17 years. Has not been complying with medicines and discontinuance has resulted in relapse.
- XIII Name of the patient - Thirumati Chellamal
 Age - 52 years
 Address - Kundrathur
 Nature of ailment - Suicidal tendency
 Duration of illness - For the past 4 years
- XIV Name of the patient - Mr. Venkatesan
 Age - 33 years
 Address - Raja Annamalaipuram, Chennai
 Nature of ailment - Schizophrenia
 Accompanied by - mother & relatives
- Symptoms - Muttering to self, reduced appetite & sleep.
- History of illness - Not complying with medicines, abruptly discontinued medicines, hence relapse.
- XV Name of the patient - Mr. Balaji
 Age - 41 years
 Address - Manali, Chennai
 Nature of ailment - Schizophrenia
 Accompanied by - brother and other relatives
- Duration of treatment - He has been under treatment for the last 9 years but there is no perceptible improvement.
- XVI. Name of the patient - Mr. Chitravasan
 Age - 28 years
 Educational Qualification - Studied up to 8th standard
 Nature of ailment - Chronic mental illness
 Accompanied by - brother and relatives
 Duration of treatment - For the last 5 years

Social & family support	-	Negligible as none of the family members is working & there is no other ostensible source of income.
XVII. Name of the patient	-	Mr. Kuppan
Age	-	24 years
Address	-	Erode, Tamilnadu
Nature of ailment	-	Schizophrenia
Duration of illness	-	For the past 6 years.
Accompanied by	-	mother and relatives.
XVIII Name of the patient	-	Mr. Baskar
Age	-	38 years
Nature of ailment	-	MR with behavioral problem
Duration of illness	-	For the last 5 years.

The Institute of Mental Health, Chennai is not required to entertain MR cases under the MHA Act, 1987. Sometimes, however, when MR patients come with reception orders from CJM, the hospital authorities have to comply with those orders. The hospital, however, is not equipped to treat MR cases. A reference may be made to Ministry of Health as also to Institute of Mental Health, Secunderabad as to (a) what should be done in such cases (b) which are the Institutions competent to treat MR cases. In this particular case, there has not been any sign of improvement meaning thereby that the treatment has not been effective.

XIX Name of the patient	-	Mr. Muruganandam
Age	-	24 years
Address	-	Virudhachalam, Tamilnadu
Educational qualification-	-	BSC Chemistry

- Nature of ailment - Bipolar Affective Disorder
 Accompanied by - Mother & relatives
- XX Name of the patient - Mr. Ramamoorthy
 Age - 42 years
 Occupation - Daily wage labour
 Address - Thiruvannamalai district
 Nature of ailment - schizophrenia
 Accompanied by - wife
 Cause of illness - Schizophrenia runs in the family.
- XXI. Name of the patient - Mr. R. Murugasan
 Age - 20 years
 Address - Erode
 Nature of ailment - Bipolar Affective Disorder
 Duration of illness - For the last one year
 Accompanied by - Mother
- XXII Name of the patient - Nirmal Raj
 Age - 30 years
 Address - Tiruchirapalli
 Nature of ailment - Bipolar Affective Disorder
 Duration of illness - For the last one year
 Accompanied by - Relatives
- XXIII Name of the patient - Mr. R. Subramanian
 Age - 23 years
 Address - Dharmapuri district

Nature of ailment	-	Psychotic illness
Duration of illness	-	for the last 5 years
Accompanied by	-	Mother

Procedure for admission to IPD in Institute of Mental Health, Chennai

- The patient has to reach the OPD preferably by 800 hrs and has to get his name registered in the OPD admission register. The registration is done by the staff manning the registration counter.
- The case history, family history and social history are recorded by the social workers in the private room allotted to them.
- The cases are distributed to the Postgraduate students/interns by the Medical Officer who is in charge of the OPD.
- Preliminary screening is being done by the PG students/interns;
- The cases are then presented to the consultant. The Consultant will guide the PG students/interns and will orient them as to how to handle such cases.

- Final diagnosis will be made by the Consultant in charge of the unit and decision to admit or not to admit will be taken by him.
- On an average it takes about an hour to complete the process subject, however, to the patient's cooperation and cooperation from the relatives.

An overall assessment of the facilities available for screening of the health of the patients

- Interaction with Medical Officers, PG students/interns, social welfare officers and social workers confirmed that they are satisfied with their sitting arrangements in the Cubicles for examination of the mentally ill persons.
- The Institute has an equal number of male and female doctors. There is, therefore, no problem in regard to examination of female patients who generally prefer to be examined by the lady doctors.
- Space available inside the cubicles is adequate for both the consultants, PG students as well as patients/their relatives.
- A number of instructional charts & posters have been displayed in the OPD walls which explain in simple Tamil the genesis of the mental illness, symptoms and remedial measures.

- Records of all OPD patients have been kept in a rack and arranged in an alphabetic order yearwise.

Suggestions

- All patients' records (both OPD & IPD) should be computerized fully and not handled manually as is being done at present. Necessary software for this purpose should be developed. A data entry operator should be posted to the registration counter.
- The cubicle rooms of all screening physicians, social welfare officers and social workers should have adequate lighting, ventilation and potable water. The stools should be replaced by armchairs for use of patients & their relatives.
- Soon after the patients arrive with their relatives they should be received with warmth and grace and escorted to their sitting rooms. The person receiving them should enquire about their well being, whether they have eaten anything and should be escorted to the canteen nearby in case it is found that they have not eaten anything since arrival.
- Such a gesture will be of immense motivational value for the patients & their relatives.
- In addition to providing facilities for screening of mental illness, there should be a facility for a thorough general check up of all mentally ill persons.

- If as a result of such general check up it is found that in addition to mental illness the patient has developed other associated complications (terminal cancer, cardio-vascular complications, infection in respiratory tract, immunological disorders, kidney, prostate, liver and pancreas disorders, complications centering round eye, ear, nose and throat), such cases should be sent without the slightest delay for specialized treatment in referral hospitals. Having referred the case a close and constant coordination and liaison should be maintained with the referral hospital so that after being effectively treated for the associated complications, the patient comes back to the mental health hospital for treatment of mental illness.

The following Medical College & Hospitals are available where cases of mentally ill persons having associated complications are referred for investigation & treatment:

Kilpack Medical College & Hospital (KMCH)	- 2km
Government General Hospital (GGH)	- 5 km
Govt. Royapetta Hospital (GRH)	- 8km

Rights of inmates to wholesome and nutritious food

Prior to 22.5.02, the expenditure on diet per patient was Rs. 9.64. The Director IMH, Chennai vide his letter dated 22.5.02 addressed to Director, Medical Education recommended that the expenditure on diet per patient be revised to Rs. 13.70 (an increase

of Rs. 4.06 per patient) entailing an additional expenditure of Rs. 26.67 lakhs for 1800 patients.

On the recommendation of the Director, Medical Education, the proposal of Director, IMH, Chennai was approved along with sanction of the additional amount of Rs. 26.67 lakhs annually towards diet.

I visited the kitchen, provisional store, store attached to the kitchen, inspected the cooking gadgets, the manner of cooking, transportation & distribution of food and interacted with IPD patients at the time of serving of food.

The following are some of the redeeming features of the general kitchen:

- It has a chimney, sufficient number of exhaust fans, adequate lighting & ventilation, a platform meant for washing, cutting & storing vegetables before they are cooked;
- Tiling has been done on the wall upto a height of 1 meter;
- Food after being cooked is being stored in a stainless steel vessel before being served;
- Food is being transported by means of hand trolley;
- The entire process of drawal of ration from the general provision store to the store attached to the kitchen, cooking

and serving of food is being overseen by the dietician, medical officers, staff nurse and social workers.

Grey Areas

- No electric kneader and chapatti making machines are available in the kitchen.
- Dining table is available in a few wards while food is being served in open space in a few others, making it thereby susceptible to infection from flies & insects;
- The timing for serving of food is breakfast 7.30 am to 8.00pm, lunch 1230 noon to 1 pm and dinner 4 30 pm to 5 pm. The gap between dinner and next day's breakfast is too long i.e. 14 hrs which is likely to cause gastric problems. This gap should be reduced and dinner timing should be refixed at 630pm to 7pm.

Details of ordinary diet, TB diet, special ward diet and diabetic diet are as under:

Ordinary diet

Table I

	Composition	Calorie	Protein	Cholesterol	Fat
Breakfast	1. Bread 100 gm	245	7.8	51.9	0.7
	2. 2. Idly +vada sambar	440	15.8	27.75	2.1
	3. Egg-1	174	13.3	-	13.3
Lunch	1. Butter milk rice	346	64	79.0	4
	2. potato porial	154.5	.8	23.2	1.5
	3. Lemon rice	661.7	10.06	144.58	8.25

	4. Egg-1	174	13.3	-	13.3
	5. Groundnut Jaggery cake 0.25 gm	142	7.9	4.8	9.7
Dinner	1. Rice 2. Sambhar	580.02	14.4	100.8	10.4
	Total	2917.4	89.76	432.03	59.65

TB Diet**Table II**

Composition	Calorie	Protein	Cholesterol	Fat
Breakfast 1. Bread -100gm.	245	7.8	51.9	0.7
2. Milk -285 ml	167	8	11	10.7
3. Idly+vada sambar	440	15.8	27.75	2.1
4. Egg-1	174	13.3	-	13.3
Lunch 1. Butter mil rice	346	4.4	79.0	.4
2. Lemon rice	661.7	10.06	144.58	8.25
3. Potato porial	154.5	.8	23.2	1.5
4. Egg-1	174	13.3	-	18.3
5. Groundnut jaggery cake	142	7.9	4.8	9.7
Dinner Boiled rice sambar	580.2	14.4	100.8	10.4
Total	3084.40	97.76	443.03	70.35

Table III**Special Ward Diet**

	Composition	Calories	Protein	Carbohydrate	Fat
Breakfast	1. Bread 100gm	245	7.8	51.9	0.7
	2. Idly +vada sambar	440	15.8	27.75	2.1
	3. Egg-1	174	13.3	-	13.3

	4. Milk -250ml	167	121	69.4	1.7
Lunch	1. Buttermilk rice	346	6.4	79	.4
	2. Lemon rice	661.7	10.06	144.58	8.25
	3. Potato Porial	154.5	.8	23.2	1.5
	4. Egg-1	174	13.3	-	13.3
	5. Biscuits	135	1.9	21.6	4.6
	6. Appalam-2	43.2	2.8	7.9	0.04
Dinner	Boiled rice sambar	580.2	144	100.8	10.4
	Total	3120.06	98.66	526.13	56.29

Table IV

Diabetic diet

	Composition	Calories	Protein	Carbohydrate	Fat
Breakfast	1. Bread -100 gm	245	7.8	51.9	0.7
	2. Idly+Vada sambar	440	15.8	27.75	2.1
	3. Egg-2	174	13.3	-	13.3
Lunch	1. Butter milk rice	346	6.4	79	.4
	2. Lemon rice	661.7	10.06	144.58	8.25
	3. Potato Porial	154.5	.8	23.2	1.5
	4. Egg-1	174	13.3	-	13.3
Dinner	Chapati	341	121	69.4	1.7
	Total	2536.2	79.56	395.83	41.25

To sum up the composition of food vis a vis the nutritive value of food against the above 4 categories is:

1. **Ordinary diet**

-	Total kilo calorie	-	2900
-	Protein	-	90
-	Carbohydrate	-	450
-	Fat	-	55

2. **TB Diet**

-	Total kilo calorie	-	3000
-	Protein	-	95
-	Carbohydrate	-	450
-	Fat	-	70

3. **Special Ward diet**

-	Total kilo calorie	-	3000
-	Protein	-	95
-	Carbohydrate	-	500
-	Fat	-	50

4 **Diabetic Diet**

-	Total kilo calorie	-	2500
-	Protein	-	80
-	Carbohydrate	-	400
-	Fat	-	40

On the whole the 2 silver linings about the manner in which right to food is being exercised in IMH, Chennai are:

- I. The food that is being served for breakfast, lunch and dinner is wholesome, sumptuous and nutritious, it is a balanced combination of carbohydrate, protein, fat, minerals and vitamins.
- II. In regard to palatability of food to taste, care is being taken to consult the IPD patients about their taste & preference and the same is being refuted in the daily menu.

Right to Water

While the total requirement of water is 2.60 lakh litres, the total availability is far in excess of the need i.e. 3.41 lakh litres.

The total requirement of water is the sum total of requirement of IPD patients & OPD patients + common requirement. The requirement at 2.60 lakh litres has been arrived at as under:

Requirement of water in IPD

- | | | |
|--|-----------------------------|---------------|
| 1. Patient's requirement | - 1545x100 litres per day = | 154500 litres |
| 2. Staff requirement | - 650x10 litres per day = | 6500 litres |
| 3. Doctor's requirement | - 30x50 litres per day = | 1500 litres |
| 4. Nurses' requirement
(those who are staying in
Quarters) | - 40x100 litres per day = | 4000 litres |

5. Govt. servants' requirement - 68x100 litres per day = 6800 litres (those staying in quarters)	
6. Requirement of water for the - Kitchen	= 12000 litres
7. Steam laundry's requirement	= 10,000 litres
8. Common purpose (emergency)	= 10,000 litres
<hr/>	
Total	= 2,05,300 Litres

II Requirement of water in OPD

Patients' requirement	465x100 litres per Head per day	= 46,500 litres
Staff requirement	30x10 litres per day	= 300 litres
Doctors' requirement	15x100 litres per day	= 1500 litres
Common purpose		= 5000 litres
<hr/>		
Total		= 53,300 litres
<hr/>		

Sum total of I+II = 2,58,00 Litres or 2.6 lakh litres

Computation of total availability of water as per source and distribution is as under:

I Inpatients

Total number of bore wells	- 13
1 time pumping 13x1000	- 13000 litres

3 times pumping 13000x3 - 39000 litres

As per water meter reading incoming metro water 2,25,000 litres

Total 2,64,000 litres

II Out patients

Total number of bore wells	- 6
1 time pumping	- 9000 litres
3 times pumping	- 2700 litres

As per storage capacity in the metro water sump 2 tones pumping

25000 litres x2 = 50000 litres

=====
Total = 77,000 litres

Sum total of I+II = 3.41 lakh litres

Quality of water

Merely because water is being supplied by Metro Water Corporation it can not be taken for granted that it is free from excess of iron, sulphur, magnesium, sodium, fluoride etc. It cannot also automatically be certified to be free from chemical and bacteriological impurities.

Suggestions

- I. Samples of water should be regularly drawn and sent to an approved Public Health Laboratory for test. Depending on the outcome of the test, correctives should be applied to be absolutely sure that (a) water is free from chemical &

bacteriological impurities (b) it is free from excess of iron, sulphur, sodium, magnesium & fluoride.

- II. Overhead water storage tanks should be regularly cleaned by using the state of art technology with mechanized dewatering sludge removal, high pressure cleaning, vacuum cleaning, anti bacterial spray and ultraviolet radiation.

I visited ward No 5, ward No.6, ward No.11, ward No. 19 and ward No. 20 and interacted with the following in patients:

1. Name of the patient - Thirumathi T. Pushpa
 Age - 45 years
 Nature of ailment - Paranoid schizophrenia
 Cause of illness - Discontinuance of medicine for 5 months.
 Accompanied by - Husband and relatives

The patient and the relatives were counselled to take special care to see that there is no further discontinuance of medicines.

- II Name of the patient = Thirumathi M. Latha
 Age = 32 years
 Nature of ailment = Mental retardation with psychosis
 Accompanied by = Mother
 Haemoglobin percentage - 9.8 mg%
 Weight - incredibly low for her age.

The treating physician attending the patient was advised to take corrective measures to improve the haemoglobin content to at least 11 mg%.

III. Name of the patient	-	Thirumathi Ramani
Age	-	35 years
Address	-	Saidapet
Nature of ailment	-	Paranoid schizophrenia
Duration of illness	-	for the last 10 years
Cause of illness	-	Death of father, abortion induced by husband against her wishes.
Accompanied by	-	Mother

We live in a strange society where the woman does not have the option or discretion as to whether she should be a mother; she does not have the freedom to choose as to when she should become a mother. Similarly she does not have the freedom to go in for abortion or not. Any talk of women's equality and empowerment is meaningless without this freedom. In a hidebound society the cultural moorings are so strong that law or no law (we have a law against abortion) the woman's freedom is totally circumscribed by the tyranny of an oppressive husband –his whims & caprices, prejudices and predilections.

This should, therefore, constitute an integral part of behavioural counselling so that such whims & caprices on the part of husbands

are not repeated in future and they are taken to task for forcing a pregnant woman to go in for abortion against her wishes.

IV	Name of the patient	-	Thirumathi M. Chitra
	Age	-	29 years
	Address	-	Manaparai
	Name of ailment	-	Schizophrenia
	Cause of illness	-	relapse caused by discontinuance of drugs.
	Accompanied by	-	sister

Discontinuance of drugs being a common contributory factor for relapse, it may be necessary, as an integral part of drug counselling to prepare video films so that consequences of discontinuance of drugs could be vividly shown and conviction carried to the patients/relatives against discontinuance of the drugs.

V	Name of the patient	-	Thirumathi Alamelu
	Age	-	56 years
	Nature of ailment	-	schizophrenia
	Duration of illness	-	for the last 10 years
	Present status	-	Even though the patient has shown some signs of improvement, there is no social support and nobody is coming forward to take care of the patient.

Suggestion:

Section 78 of Mental Health Act, 1987 provides that in all such cases maintenance of a mentally ill person detained as an inpatient shall be the responsibility of the State and the cost of such maintenance shall be fully borne by the State. The procedure for dealing with such cases has been outlined in S.79 of the Act. An application will have to be filed by the Government on any local authority before the District Court.

The District Judge is the Chairman of the District Legal Aid Authority. He can authorize the services of an advocate (free of cost) to file the application before the District Court. The District Judge alone has the jurisdiction and the competence to ensure expeditious disposal of such cases and carry them to their logical conclusion. NHRC can issue guidelines to this effect.

VI	Name of the patient	-	Thirumathi N. Samsudha
	Age	-	56 years
	Ailment	-	Epilepsy
	Present status	-	with treatment the frequency of seizures has come down.
VII	Name of the patient	-	Thirumathi Mohana
	Age	-	56 years
	Nature of ailment	-	Schizophrenia with TB
	Weight	-	36 kg.

Such a case should have been referred to a TB Sanatorium as the IMH, Chennai is unable to bring about any perceptible improvement in the condition of the patient. The treating physician was advised to take steps to bring about an improvement in the weight of the patient as such low weight is bound to adversely affect the immuno competence and make the patient vulnerable to a number of infections.

VIII	Name of the patient	-	Mr. T.G. Krishnan
	Age	-	60 yrs.
	Occupation	-	worked as a Professor in a Jain College.
	Nature of ailment	-	Schizophrenia

This is yet another pathetic where the patient was adored as long as he was normal, physically fit and economically active. No social support seems to be forthcoming the moment he became mentally ill, was hospitalized and the social stigma of being a mentally ill person was stamped on him. This should be taken up as a test case as soon as the patient has shown signs of improvement to carry conviction to an otherwise callous & insensitive society to the following effect:

- Mental illness is neither a crime nor a sin;
- It is neither inevitable nor a fatality;
- A mentally ill person is not an untouchable;
- He is a human being and is entitled to be treated with the same dignity & decency as any other human being;

- The patient is not directly or personally responsible for what has happened to him; it is beyond his imagination and control;
- It can happen to any body else.

Overall assessment of the situation in the IPD and suggestions

- Patients who are undergoing treatment in the acute ward (like ward No. 20) are chronic cases and deserve to be treated with special care and attention;
- Long stay in such cases is also inevitable as very limited social support is forthcoming in such cases;
- All possible care needs to be taken to make the environment where such patients have been kept congenial which will be conducive to their recovery;
- All cases of mental illness with other associated complications (like TB) deserve equal measure of special care & attention;
- Instances of low haemoglobin content & low weight should be a matter of deep concern and all out efforts need be made to improve haemoglobin content & improve the weight (as low weight reduces immuno competence & makes the patient vulnerable to a number of infections).

- In ward no. 5, dining table is not being used by the patients and adequate number of fans are not available. Arrangements for supply of potable water are also inadequate.

- In the recreation hall meant for the inpatients, Thirumathi Kalavathy, Recreation Therapist is taking good care of the patients. She is training the patients to make toys, flower baskets, artificial flowers, paintings, handkerchiefs, cell phone covers and table mats. Her services are commendable and deserve to be rewarded.

Physiotherapy treatment:

Two physiotherapists have been posted to IMH, Chennai to administer physiotherapy to selected mentally ill persons. This is absolutely necessary as mental illness leads to atrophy of muscles and the mentally ill persons are in constant need of rehabilitation. The physiotherapists are organizing physical activities for such patients with the help of social welfare officers, staff nurses & attendants (both male & female) of the wards.

Pathological Laboratory

The Pathological Laboratory is currently equipped to undertake the following tests:

- VDRL;
- Serum lithium estimation;

- Hepatitis B;
- Routine blood and urine tests;
- HIV screening;
- X ray;
- EEG.

The investigations are totally free for patients who are below poverty line i.e. whose annual income is below Rs. 20,000/-. For other patients the charges are normal and nominal according to a slab system.

Psychological Laboratory

There are 2 clinical psychologists who undertake a number of psychological tests such as test of intelligence, personality, projective tests, neuro-psychological batteries etc.

Mental Health Services

- On any day about 1500 patients are being treated as inpatients;
- Cases of at least 400 patients are being reviewed daily in the OPD and 40-50 new patients are being registered;
- The Hospital conducts special clinics – geriatric, neuro-psychiatric, Child guidance, de-addiction, epilepsy and adolescent mental illness and neurosis.

- Psychiatric services are available 24 hours a day and on all 365 days;
- It is encouraging to note that voluntary admissions are increasing;
- Children (below 18 years of age) are admitted both as voluntary boarders and with reception orders from Child Welfare Committees as per the provisions of Juvenile Justice Act, 2000 (as amended in 2006);

The table below gives the break-up of the number of cases admitted and discharged during the last 5 years:

Table V

	2003	2004	2005	2006	2007
I No. of OPD patients (old cases)	113249	115714	116049	127654	126728
II Average Hospital day	103	168	164	168	173
III Discharges (alive)	4886	3634	3182	3317	3276

Adequacy of support services & facilities

- The wards have been kept neat & tidy;
- Dress & Linen are being changed at required intervals;
- Measures for anti lice, anti bug and anti-malaria.
- (use of mosquito repellants) are being regularly taken.

- Lighting is adequate in terms of voltage;
- Power backup arrangement through DG sets exists;
- Cool potable water through mud pots and in some wards through water coolers has been provided;
- The health of the inpatients such as body weight, blood pressure blood count, all other blood profiles (haemoglobin content, TLC DLC, HDL, LDL, Blood sugar etc.), menstruation and other gynecological tests for female patients etc. is being checked at regular intervals;
- All possible measures (haircut, shaving, bath etc) to keep the patients neat & tidy are being taken.

Grey areas

- There is no organized and systematic effort to impart instructional lessons on yoga and pranayam for patients who have substantially recovered and who can do these exercises as a tool of their physical & mental rehabilitation.
- The hospital is connected to BSNL with 5 Lines. The communication facilities to various wards, duty medical officer's room, administrative block, matron office, nurses' quarters, Headquarters' office, all stores offices, dieticians' room, rooms of consultants, room of Dy.

Superintendent, room of residential Medical Officer are, however, non-existent.

- The most important connection which is conspicuous by its absence is the connection to the enquiry room. This is urgent as (a) relatives of patients may ring up to enquire about the present status of health of the inpatients and how they are responding to the treatment (b) there must be a proper institutional arrangement by which one of the attenders (male or female) of the hospital who is literate should receive these calls, record the queries and pass on the queries to the staff nurse concerned. The latter should collect the feedback about the latest status of the health of the inpatient and pass on the information by way of response to the query of the relative.
- Utmost civility, courtesy and consideration should be shown in such telephonic conversations so that hope, faith and conviction are carried to the relatives of the patients to assure and reassure them that (a) the patient is safe and sound (b) all possible care and attention is being paid to ensure his/her speedy recovery.
- Such an arrangement is conspicuous by its absence.

Rehabilitation Services

The IMH, Chennai has got well established rehabilitation services for both inpatients and out patients. The industrial and Occupational Therapy Centre was established in 1972. It runs two units – one for male and another for female inmates with a total capacity of about 200. For male inmates, the skills imparted are: gardening, carpentry, smithy, book binding, weaving, bakery and canteen work. The Instructors (both male and female) are selected through employment exchanges, are capable and experienced. The raw materials needed for vocational skill training are locally available and are procured through the hospital fund. The end products which come out of the occupational therapy units are paper covers, dolls, candles, chinks, paintings, bread and vegetables. Some of these products (like vegetables and bread) are used by the inmates while some others are sold through counters. Some inmates are paid weekly wages in cash and some are provided with incentives in kind.

The Rehabilitation Council of India (RCI) has identified the Institute of Mental Health as one of the training centres for training the rehabilitation personnel. So far three such training programmes have been conducted and more than 75 persons from different NGOs have been trained.

Human Resource Development & Management

The following table indicates the number of posts sanctioned, incumbents in position and vacant position.

Sl.No.	Name of the post sanctioned	Incumbents in position	No. of vacant posts
1.	Director	1	Nil
2.	Addl. Professor	6	Nil
3.	Asstt. Professor	12	3
4.	Tutors	8	Nil
5.	Matron	3	1
6.	Nursing Supdt.	13	Nil
7.	Nurses	141	22
8.	Clinical Psychologists	4	2
9.	Psychiatrists	7 (senior level)	1 retired 1 vacant
10.	Psychiatrists	22 (junior level)	3
11.	Psychiatric Social workers	14	8
12.	Social Welfare Officers	6	1
13.	Dietician	1	Nil
14.	Biochemist & Laboratory personnel	18	Nil
15.	Therapists (recreational, occupational)	3	1

16	Pharmacists	11	1
17	Ministerial staff	48	12
18	Male & female Sanitary workers	135	90
19	Attendants	281	116

Library

The Library was established in 1966 with 4705 books. The annual budget available is Rs. 1,17,000/- for purchase of new books.

The break up of the books under different heads is as under:

Psychiatry	-	2800
Psychology	-	700
Neurology	-	400
Medicine	-	300
Nursing	-	200
Psychotherapy	-	250
Research epidemiology-		50
Other disciplines	-	200
General	-	150

The details of the journals (both indigenous and foreign) which are being subscribed are:

- I. British Journal of Psychiatry
- II. American Journal of Psychiatry
- III. Comprehensive Psychiatry
- IV. Journal of Clinical Psychology

- V. Schizophrenia Bulletin]
- VI. Journal of Child Psychiatry and Psychology.]
- VII. Indian Journal of Psychology
- VIII. Psychiatric Clinics of North America.

Specific Suggestions

- I. There should be a proper reading room with sufficient number of chairs and tables with table lamps & pedestal fans (if ceiling fans are inadequate) so that research scholars, students and faculty members can devote themselves to serious reading and research in an academically conducive environment.
- II. There is no e-connectivity between the library and various depths/divisions of the hospital. Such connectivity is essential as it would enable the faculty members to keep themselves abreast of the latest changes and developments in the field of psychiatry, clinical psychology and psychiatric social work.
- III. In the list of powers of the Director, IMH, it does not appear if he has been empowered to purchase books, journals & periodicals which he considers essential in academic interest of the institution. The Director should be specifically vested with such powers.

Education and Training

The IMH, Chennai is attached to Madras Medical College which has a full fledged department of Psychiatry. IMH, Chennai is itself an important teaching centre in psychiatry and allied branches. PG Courses offered at IMH and Madras Medical College have been affiliated to Tamilnadu Dr. M.G.R. Medical University. Teaching Programmes are being conducted for medical undergraduates, postgraduates and for students of behavioral sciences. Social workers with PG training in psychiatric social work conduct the training programmes of Social Work Deptt.

Suggestions:

Training is an important input of human resource development. Training informs and equips individuals with latest know-how on various issues. It shapes and reshapes human behaviour. It removes doubts and misgivings. It imparts a civilized human conscience and makes people more civil, courteous and considerate. In a public utility institution which is also reform and rehabilitation oriented like IMH, Chennai there are a large number of functionaries such as ministerial staff, sanitary workers and attenders for whom training could impart and inculcate appropriate work ethics and work culture and could also impart professional skills. Such training could also make them functionally optimally productive and efficient. Similarly, all the 141 nurses need to be given psychiatric training either at IMH, Chennai or at Madras Medical College by creating

inhouse facilities for the same. In case this is not possible, they need to be deputed to NIMHANS, Bangalore for such training in batches.

The IMH, Chennai as on date is conducting the following training programmes:

- Diploma on nursing;
- BSc Nursing
- MSc Nursing;
- Psychiatric Social work training;
- Special training;
- Junior Resident training.

It was encouraging to note that the Director, IMH encourages Medical Officers of IMH to attend national as well as international conferences. In all 13 MOs have attended such conferences so far.

Research

IMH has currently at hand the following & ICMR research projects namely:

- Urban mental health problems and their service needs;
- Long term mental health implications and how to deal with them in the wake of tsunami which devastated Nagapattnam taluk in Cuddalore district of Tamilnadu in December, 2003.

Satellite services:

Community mental health services are being provided at Poonamallee by deputing one Medical Officer every Tuesday.

Suggestions

Tamilnadu is a large and sprawling State with 31 districts where the incidence of substance abuse is on the increase. There is a close scientific nexus between substance abuse & mental illness. A lot of IEC work is called for to counter the incidence of substance abuse leading to mental illness. It may, therefore, be in the fitness of things if community mental health services in a decentralized manner could be organized at all district headquarters hospitals, sub-divisional headquarters hospitals & PHCs. All that is needed to institutionalize such an arrangement are (a) making one room available for use of the Psychiatrist, Clinical Psychologist and Psychiatric Social Worker on a fixed day in the week so that such services can be rendered (b) making available one ambulance van for transportation of medical officers, paramedical staff, charts & posters for display at the Community Satellite Clinic.

Halfway Home

One NGO called Navajeeban is managing a Halfway Home for female patients only. YWCA is extending financial assistance to the NGO for this purpose. The status of the patients who are admitted to

half way homes is being evaluated by qualified medical social workers and in charge of psychiatrists of the half way home.

Suggestions:

- I. The Halfway Home should be an extension of IMH and should be located in hospital premises only so that services of psychiatrists and clinical psychologists are made available for the care, upkeep and maintenance of the inmates of the halfway home.
- II. One more halfway home should be sanctioned for male inmates of IMH, Chennai.

Death audit:

Mortality figures for the last 5 years have been as under:

- 2003	- 24
- 2004	- 10
- 2005	- 22
- 2006	- 26
- 2007	- 34
- 2008	- 13

Suggestion

- I. It is evident that mortality figures are very high and as high as Varanasi MHH in U.P (which was reviewed by ex-Member – Justice Sri Y. Bhaskar Rao in July, 2007. All

out efforts must be made to bring down the unusually high mortality figures.

- II. Deaths may be taking place either in IMH, Chennai or in the referral Hospital to which a reference has been made by IMH. In either case, the treating Physician must record a complete account of the circumstances under which death took place, whether all possible care has been taken to save the life concerned, that there has been no culpable negligence & that death took place despite all possible care and attention. Such reports must be submitted to the competent authority to be notified by the Health Deptt. and the case can be closed only after perusal of the report by the competent authority and after a final decision has been taken.

Ventilation and redressal of grievances

At the end of the review on 2.7.08, I had set apart about 2 hours for ventilation and redressal of grievances with all categories of personnel working in IMH, Chennai on 3.7.08. The grievances were heard in presence of the Director of IMH –Dr. R. Sattyanathan, the Dy. Supdt of IMH – Dr. R. Jeyprakash, the Resident Medical Officer – Dr. A. Kalaiselvan, all other Medical Officers, Clinical Psychologists, P.G. students, Nursing Superintendent etc. A gist of the grievance of each category of personnel as ventilated before me is reproduced seriatim as under:

Staff Nurses (both male and female)

- Risk allowance @ Rs. 3000/- per month should be considered and sanctioned for all staff nurses.
- Separate duty room as also separate dressing room should be provided for Nursing Superintendent Gr. II and Gr. III.
- A new post of Nursing Tutor Gr. I and Gr. II may be sanctioned.
- A separate cook may be posted to the quarters meant for staff nurses.
- Dining room with dining tables may be provided for Nurses quarters, Medical Officers' quarters & quarters of all other staff members.
- The existing nurses' quarters which are in a very bad state may be demolished and new nurses quarters may be constructed on priority.

Social Welfare Officer and Social Worker

- The existing number of Psychiatric Social workers and Psychiatric Welfare Officers should be increased and fixed in the ratio of 1:25
- In each ward, a separate room may be provided for counselling, group therapy, family therapy etc.

- Free postal cards should be supplied to all patients.

Nursing Superintendent

- New Nursing class rooms should be constructed.

Librarian:

- A good water cooler of large size should be provided at the Library.
- The allocations for purchase of books and journals should be increased.
- Updated journals should be provided to the library for improving the standard of teaching.
- The library should be air conditioned.
- One post of garden attendant should be sanctioned for proper maintenance of the garden.
- The funds earmarked for gardening should be enhanced.

Pathological and Psychological Laboratories

- All laboratory equipments should be covered by an annual maintenance contract (AMC).
- The post of Dark Room Asst. should be filled up at the earliest.

- A modern and fully equipped EEG machine should be purchased.
- A mini dark room should be constructed.
- A digital camera should be provided for taking photographs of all in & out patients.

Class I & II male and female attendants

- Uniforms should be provided for IInd class male and female attendants.
- All vacant posts (116) should be filled up.

Sanitary workers: male & female:

- Shift duty system should be implemented for sanitary workers.
- All vacant posts (90) should be filled up.

Administrative Section:

- It was represented that in all 19 posts in various grades in the administrative section were lying vacant which was inhibiting optimal work efficiency. These posts should be filled up at the earliest.
- Risk allowance should be considered for administrative staff.

- Residential quarters for ministerial staff should be constructed.
- There should be better lighting and ventilation in the office.
- Entire office should be computerized.
- Training should be imparted to all ministerial staff to enhance their knowledge in computers and other areas relevant to administration.

Medical officer:

- Male & female duty Medical Officers' rooms should be fully furnished; they should be air conditioned with facilities for supply of potable water.

Post Graduates:

- Library time should be extended by 2 hours in the evening to enable research scholars, students & faculty members to avail of the Library facilities.
- Separate reading room should be constructed for P.G. students.
- A new hostel building for P.G. & Nursing students may be constructed & provided.
- The honorarium for P.G. students should be raised to Rs. 8000/-.

General:

- Communication facilities should be arranged for all wards, all Deptts., Matron's office, Nurses' quarters, Head Overseer's office, Enquiry room, Administrative Office, all Stores Offices, Dietician's room, Dy. Suptd's room, room of the Residential Medical Officer and other Consultants.
- Uniform allowance, washing allowance & ration allowance should be increased for all staff.
- New family quarters should be constructed to accommodate Medical Officers, Staff Nurses, Administrative Office staff.
- Working patient's honorarium should be increased from Rs. 15/- to Rs. 100/- per month.
- A closed type over bridge between IPD & OPD should be constructed.
- Adequate torch lights, emergency lights, raincoats, gum boots & umbrellas should be provided for all sanitation staff who are working in the field, staff nurses and deputy head Overseers during their rounds at night time and during rainy season.
- Adequate toilet facility should be provided in and around the IPD & OPD.
- All Tamil weeklies and Tamil dailies should be provided for male and female recreation hall.

- New furniture should be provided to OPD for examining the patients and relatives.
- Water pot should be provided in all wards.

Prima facie, most of these suggestions appear to be genuine, need based, are expected to improve morale & motivation of staff, therefore, work efficiency and should be considered sympathetically and agreed to.

Suggestions from the side of the Director:

- Old buildings (over 100 year old) need to be demolished and reconstructed.
- New wards (according to need), staff quarters, nurses' hostels, PG student hostels, mortuary need to be constructed.
- Ambulances, staff car and mortuary van need to be in place.
- New medical and surgical departments need to be created.
- A mirror OT room needs to be provided.
- A new micro-biology and serology Laboratory need to be provided while the existing Biochem Lab. Needs to be strengthened.
- Library facilities need to be upgraded and e-connectivity needs to be in place.

The number of psychiatrists, clinical psychologists, psychiatric social workers and psychiatric nurses should be increased according to the following ratio:-

Psychiatrist	1:25
Clinical Psychologists	1:25
Psychiatric Social workers	1:25
Psychiatric nurses	1:10

- New posts of Physician (1), Ophthalmologist (1), Surgeon (1), Gynecologist (1), Anesthetist (1) should be created.
- More occupational & recreational therapists should be in place.
- New posts of electricians, plumbers, gardeners, carpenters, tailors should be sanctioned.

The following equipments should be sanctioned to be installed:

- CT Scan;
- MRI Scan;
- Computerized ECG machine;
- Ventilator;
- Boyles Apparatus
- Tread Mill
- Centralized oxygen supply.

Additionally the following need upgradation/renovation:

- Overhead tanks for water supply;
- Renovation of electrical wiring;
- Generator set for OPD;
- Steam laundry;
- Solar water system.

Meeting with Chief Secretary to Government of Tamilnadu –Sri L.K. Tripathi from 12 noon to 1.30PM on 3.7.08 to discuss all the outstanding issues relating to Institute of Mental Health, Chennai:

I Physical infrastructure:

In a 212 year old building without any RCC and fitted with mangalore tiles, it is quite natural that many of these tiles would have fallen causing gaps for rainwater to sip in and to create an unhygienic environment.

- In such a situation, it may be appropriate to assess the longevity of the building by an independent and professionally qualified, experienced and competent body.

The following decisions may have to be taken on the findings of the independent professional body:

- Buildings which have outlived their utility and are considered unsafe should go in for demolition;

- There are 3 cellular structures or blocks each with as many as 8 rooms which also need to be demolished;
- The cost of demolition is to be provided in PWD budget;
- After the 13 old wards and 43 old blocks have been demolished new wards and blocks with proper DPC, proper pest control and proper RCC structure with grading plaster and bitumen felting will have to be constructed;
- The total area involved in these structures would be 50,000 sq. ft;
- @ Rs. 1500/- per square feet, the minimum expenditure involved would be Rs. 75 crores;
- Height of the boundary wall will have to be raised and the encroachment is to be removed;
- Boundary wall whenever damaged should be repaired (all cracks to be sealed) and repainted;
- For patients waiting at the OPD we need a minimum 100 to 150 chairs for them and their relatives;
- For the cubicles where the doctors sit to examine the patients we need to put at least 3 chairs (one for the

patient and two for the relatives of the patient, accompanying the former) as the existing arrangement of putting a stool in front of the doctor for the patient is not a healthy arrangement.

- There should be in place a proper facility of drinking water supply for the doctor in the room (cubicles where he sits to examine the OPD patients);
- Those buildings which are in a reasonably good condition and which are decided to be retained should be regularly repaired and maintained.
- For this full allocations as per requirement should be released and not in a piecemeal fashion as now (to illustrate against an allocation of Rs. 1.38 crores asked for an allocation of barely Rs. 20 lakhs i.e less than 1/6th of the requirement has been received during 2008-09);
- After demolition of the existing wards and blocks it should be possible to reorganize and relocate the various wards and blocks.

The following new proposals were placed before the CS for his consideration:

- Construction of a full fledged geriatric ward;
- Construction of a Child guidance clinic;

- Expansion of the existing drug de-addiction ward with only 20 beds (while much more beds are needed due to increase in the incidence of substance abuse).

Additionally the attention of CS was drawn to the following:

- New ECG and EEG machines;
- Fully equipped ECT room with a full time anesthetists;
- Air conditioning of the ECT as well as the recovery room;
- A dedicated DG set or inverter for the ECT room;
- Construction of staff quarters for the Director, all faculty members (30), paramedical staff (technicians & staff nurses); as of now, the PC of satisfaction in housing is barely 5 PC;
- Construction of a Hostel for the Nursing students;
- Construction of a Hostel for the P.G. students;
- Construction of a rest room for those doctors & paramedical staff who are performing night duty;
- Construction of an exclusive crisis/disaster intervention centre in an emergency setting;

- Increasing the number of beds in the emergency ward, equipping it with all modern gadgets for effective handling of all male and female patients who are in need of emergency care and attention.
- Installation of an RD Plant for supply of clean potable water which is free from chemical and bacteriological impurities.
- Increasing the total no. of toilets and having a balanced admixture of India & WC toilets, keeping in view the need for specifically catering to the needs of elderly male and female patients who on account of rheumatoid arthritis may be having damaged connective issues and may therefore, find it extremely painful to sit on an Indian commode;
- Construction of three separate buildings which will be used for a halfway home (2) and day care centre(1);
- Construction of a new State-of-the-art rehabilitation Centre/Occupational Therapy/Recreational Therapy, posting of a Lady Occupational Therapist, addition of new skills/trades which are market relevant and for

which raw materials are easily available at affordable cost; help of GM DIC and involvement of Small Scale Industries Development Corporation need to be sought.

- Increasing the per capita expenditure on diet to ensure the minimum nutritive value of food at 2500 kilo calorie for women and 3000 kilo calorie for men.

Administrative Infrastructure:

- Keeping Agra, Gwalior and Ranchi as models in view as also keeping in view the directions of the Supreme Court, a Managing Committee may be constituted and delegated with sufficient administrative and financial powers in the larger interest of smooth and efficient management of the Hospital;
- The existing powers of the Director –administrative and financial which are functionally inadequate need to be augmented;
- The Director should be empowered to fill up all class II and class IV posts as it takes considerable time to make a reference to Director, Medical Education and the long interregnum or waiting period with possibility of back references proves to be too costly;

- A thorough job study or work measurement study should be got organized and an honest endeavour be made to scientifically link jobs with the nature of work/duties/responsibilities and sanction new posts according to the need;
- Pending this and whenever scientific norms have already been laid down (for staff nurses, psychiatrists, clinical psychologists and psychiatric social workers) additional posts should be sanctioned according to the existing norm;
- The existing arrangements for registration and record keeping need to be completely modernized by computerization;
- Computerized data base covering demographic data, family history and personal history relating to mental illness should be created and to maintain the data base a data entry operator should be appointed;
- Record room, Biochemical and Psychological Laboratories, Medical Store, General Provision Stores, Library, Mechanised Laundry, Kitchen, Administrative Office (including accounts), Occupational Therapy etc. should be completely computerized;

- Teaching allowance, risk allowance, uniform allowance and washing allowance need to be reviewed and revised upwards in view of the steep increase in the consumers price and living index;
- Human Resource Development (HRD) of administrative staff, teaching staff, treating physicians and paramedics, Staff Nurses and Attenders should receive constant attention of the Hospital authorities;
- Exposure to seminars, symposia, workshops and Conferences –both national and international should be constantly promoted and encouraged;
- The Research wing should be considerably strengthened and endeavour should be to contribute at least one article of topical interest and relevance in psychiatry/clinical psychology/psychiatric social work by the members of the teaching faculty;
- The ultimate objective of IMH, Chennai like any other model Mental Health Hospital should be, as appropriately emphasized by the Supreme Court to bring about a complete integration between teaching, training, treatment and research.
