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

Date of review: 1st and 2nd December, 2008

Background:

In November, 2006 the responsibility for overseeing the activities and performance of Mental Health Hospital, Cuttack was entrusted to me by the Commission. Since then I have visited the hospital twice i.e. first on 9th and 10th April, 2007 and second on 3rd and 4th December, 2007. The central objective of both the reviews was (a) to identify the gaps, infirmities and deficiencies in functioning and (b) to suggest changes which may bring about a qualitative improvement of a permanent nature in the functioning of the institution. Even though the then Secretary, Health Department – Shri Chinmay Basu (who is now on Central deputation as Additional Secretary in the Department of Land Resources, Ministry of Rural Development, Government of India) was very positive and responsive to all the ideas and suggestions given by me and had himself taken pains to visit the hospital and conduct a review of the activities at his level there was no proper compliance with the various observations and recommendations made in the earlier 2 reports from the State Government. This necessitated a meeting with the present Secretary, Health – Smt. Anu Garg on 21.9.2008 when I was on leave at Bhubaneswar to (a) bring to her personal knowledge about the earlier 2 inspections and the suggestions – both short term and long term contained in the report and (b) finalize the schedule of a third visit to the hospital in December, 2008 and (c) have a detailed discussion with her and all concerned officers after the visit and review and take decisions for implementation of all the recommendations made earlier and now. In course of this meeting with her I found her to be very positive and responsive. She made herself available for the meeting and spared over an hour at a time when the State was passing through one of the worst floods in the living memory. The schedule of visit to Mental Health Hospital Cuttack in December, 2008 was finalized. It was also decided that I would pay a visit to the Deptt. of Psychiatry, MKCG Medical College, Berhampur in December, 2008 and to the Deptt. of Psychiatry, VSS Medical College, Burla later in

March, 2009 for a more meaningful review of the problems of mental health in the Central, Southern and Northern zones of the State.

Structure and design of the review

As on the earlier occasions it was decided to adopt a dialogical approach to the review. A dialogical approach entails intensive interaction with the OPD and IPD patients as also with MOs and para medical staff to (a) drew lines of comparison between what I had seen earlier and what I would be seeing now (b) arrive at conclusions on an appropriate remedial action with reference to the ground level situation. Besides, it was decided to attach due importance to the therapeutic approach to mental health in addition to the normal approach which is adopted to review physical infrastructure and the human rights dimension in mental health (right to decent living accommodation, right to food which is wholesome and nutritious, right to potable water, right to personal hygiene, right to environmental sanitation, right to occupational therapy (OT) for rehabilitation, right to recreation and unfolding of creativity, histrionic talent and imagination of the inmates and so on).

Magnitude of the problem of mental illness in Orissa State as a whole and existing institutional framework to grapple with the problem:

- The decennial Census, 2001 puts the total number of mentally ill persons (including those who are mentally retarded) for Orissa State at 1,03,592.

- However, the NSSO puts this number on the basis of a survey conducted in 2003 at 1,00,558.

- The magnitude of the problem on the basis of the report of Orissa State Integrated Health Policy, 2002, Orissa Vision – 2010 – A Health Strategy – 2003, Website – www.orissagovt.nic.in appears to be much higher as would be evident from the following:-

  - Severe mental morbidity @ 2% of the total Population of the State (3.67 Crore) - 7.34 lakh

- Neurosis, addiction to alcohol, addiction to Drugs and personality disorder problems @ 10% of the total population - 36.70 lakh

Total - 44.04 lakh

- At the rate of 58.2 persons per 1000 population (which is on the basis of a more recent meta analysis of 13 mental illness surveys) the projected figure for Orissa would be 21 lakhs approximately.

As against this the institutional framework which is in place in the State takes care of only a miniscule of the total problem as would be evident from the following:-

S.No.	Institutional Framework	No. of Beds	OPD Attendance per Year
1.	Mental Health Hospital, Cuttack.	60 Male – 30 Female – 20 Children – 10	25000 per annum
2.	Shishu Bhawan or Child Guidance Clinic or Institute of Paediatrics & Child Health	10	250 per year
3.	Deptt. of Psychiatry MKCG Medical College & Hospital, Berhampur	20 (male+female)	11000 per annum
4.	Deptt. of Psychiatry VSS Medical College & Hospital, Burla	20 (male+female)	9000 per annum
5.	District Headquarters Hospitals at Balangir, Mayurbhanj, Koraput, Puri, Khurda, Kandhmal, Dhenkanal and Keonjhar under the District Mental Health Programme.		No information about total coverage.

6.	Circle Jails at Choudwar, Sambalpur, Berhampur and Baripada.		No information about total coverage.
7.	PSU hospitals at - Ispat General Hospital Rourkela. - Mahanadi Coal fields, Talcher - Mahanadi Coal fields, Brajarajanagar.		No information about total coverage.

- Additionally, there are 3 Private Medical Colleges & hospitals at Bhubaneswar namely:-
  - KIMs;
  - SUM hospital;
  - HITECH hospital.

- Three of them taken together cater to the needs of 80,000 mentally ill persons approximately.

- If we accept the estimates of mentally ill persons as ascertained through 2001 decennial Census or through NSSO survey barely 10% of the State's total number of mentally ill persons could be said to be taken care of to some extent.

- The PC of coverage would substantially come down if the subsequent 2 estimates which put the figures of mentally ill persons at 44 lakh and 21 lakh respectively will have to be taken into account.

- In terms of equity in coverage of rural Vs. urban areas the whole infrastructure smacks of a lot of inequity in as much as there is heavy concentration of services and facilities in urban centres/and the rural areas often tend to get neglected.

- Physical infrastructure with all its inadequacies would make sense when it is backed by placement of professionally qualified and trained

personnel having the desired level of empathy and sensitivity towards the mentally ill persons. This is not the case with Orissa where the mental health scenario is characterized by a large number of non sanctioned posts which are otherwise necessary and desirable (both medical and para medical staff) and vacancies in various cadres and grades remain unfilled.

The staffing pattern in various hospitals, medical college departments of psychiatry, other hospitals and clinics is as under:-

I	Mental health hospital Cuttack	Professor – 1 Asstt. Professor – 2 Asstt. Professor (Clinical Psychology) – 1 Psychiatrists – 3
II	Shishu Bhawan i.e. Child Guidance Clinic or Institute of Paediatrics & Child Health.	Lecturer – 1 (vacant)
III	MKCG Medical College, Berhampur (Deptt. of Psychiatry)	Professor – 1 (vacant) Asstt. Professor - 1 Lecturer – 1 (vacant)
IV	V.S.S. Medical College & Hospital, Burla (Deptt. of Psychiatry)	Professor – 1 Asstt. Professor – 1 (vacant) Lecturer – 1 Clinical Psychologist – 1 (vacant)
V	Capital Hospital, Bhubaneswar	Specialist in Psychiatry – 1
VI	District Headquarters Hospital, Khurda	Specialist in Psychiatry – 3 Psychiatrist (Asstt. Surgeon)-1 Psychiatrist (contract basis)-1
VII	Circle Jail Hospitals	Psychiatrist – 3
VIII	PSU Hospitals (IGH, Rourkela, MCL Brajarajnagar and MCL Talcher)	Psychiatrists – 3
IX	Private Medical College	Retired Professor & Psychiatrist – 6

There is only one PG training centre at the SCB Medical College, Cuttack with a provision for 2 seats per year.

Thus the human resources available in the field of psychiatry and clinical psychology in the State are grossly inadequate. This is adversely affecting the content and quality of implementation of mental health programme both at the State and at the district level.

This is compounded further by acute shortage of para psychiatric professionals and nurses and other technicians in general and nurses who have been trained in Psychiatry in particular.

Enhancing the number of seats from 2 to 4 in SCB Medical College, providing for PG training at MKCG Medical College, Berhampur and VSS Medical College, Burla with at least 2 seats each, to start with, organizing short term training of MBBS doctors at NIMHANS, Bangalore with a view to making them available for managing the post of Psychiatrists under District Mental Health Programme, organizing short term training of other professionals at NIMHANS, Bangalore are some of the other measures which can be thought of to grapple with the present situation characterized by acute shortage of professionals in various cadres, resultant vacancies and adhocism in manning various positions.

It is against this background that a meeting was held with Secretary, Health in her room on 3.12.2008 at 3 PM which was attended by Special Secretary and Addl. Secretary, Health, Mission Director, NRHM, Director and Jt. Director, Health Services, Prof. and HOD, Deptt. of Psychiatry, SCB Medical College and Associate Professor, Deptt. of Psychiatry, VSS Medical College, Burla. The Central objective of this meeting was to review the infrastructure (both physical and human) on mental health in a total perspective and to think of short term and long term measures for overall improvement and change. The Secretary Health – Smt. Anu Garg as before was found to be very positive, responsive and constructive in her overall approach to all the outstanding mental health issues in a bid to resolve them. The decisions which were taken at the end of the meeting are:-

1. The three departments of Psychiatry in the 3 Medical Colleges of the State will be strengthened.

2. A proposal will be mooted to set up an Institute of Mental Health at Bhubaneswar with focus on 4 parameters i.e. teaching, training, treatment and research as emphasized by the Supreme Court.

3. The PG seats in the Deptt. of Psychiatry in SCB Medical College will be increased from 2 to 4 with a view to meeting the growing shortage of Psychiatrists in the State.

4. Additional measures for strengthening the mental health set up will comprise of:-

   - Four posts of psychiatric workers will be funded under Orissa Health Sector Plan (OHSP). Mission Director, NRHM will coordinate;

   - In the space to be provided (after the new blocks which are under construction are ready) by HOD, Psychiatry, SCB Medical College, Cuttack books and journals will be provided for a library; the budget along with a list of books/journals will be provided by the HOD. The expenditure for this will be met from OHSP funds. The activity will be coordinated by Mission Director, NRHM;

   - The Superintendent, Mental Health Hospital, Cuttack may purchase the modified ECT machine, Boyle's apparatus and other tools and equipments necessary for day to day operation from the equipment funds which are available with the hospital.

5. It was observed that while the Mental Health Hospital, SCB Medical College, Cuttack has a budget provision for Rs. 15 lakh for psychotic and neurotic drugs there is no such provision with the Departments of Psychiatry, MKCG Medical College, Berhampur and VSS Medical

College, Burla. The HODs of the Deptts. of Psychiatry of these Medical Colleges will be requested to submit their detailed requirement but, to begin with, a budget provision of Rs. 15 lakh each towards purchase of psychotic and neurotic drugs will be made and the requirement will be met from OHSP. In the Mental Health Hospital, SCB Medical College, Cuttack a provision of Rs. 15 lakh towards purchase of drugs was found to be inadequate. The Superintendent incharge of the hospital indicated an additional requirement of Rs. 15 lakh. He was requested to work out and send a detailed proposal for this additional requirement.

The Nodal Officer, State Mental Health Programme was asked to coordinate the proposals for budget provision of Rs. 15 lakh for Berhampur and Burla.

6. It was noted that the provision of basic facilities and amenities such as chairs for patients in the OPD, arrangement for supply of potable water, separate toilet for women and men, newspaper stand, television, canteen etc. for the mental health hospital, Cuttack as well as the departments of Psychiatry at Berhampur and Burla was inadequate and needs to be augmented. It was decided that heads of all the 3 institutions will submit their proposals to NRHM through the State Nodal Officer. The expenditure under this head will be met under OHSP.

7. The acute shortage of Medical Officers with MD (Psychiatry) as the basic qualification was discussed. It was felt that services of Asstt. Surgeons in the periphery cadre with MD (Psychiatry) qualification could be drawn for appropriate placement in Medical Colleges or District Headquarters Hospitals wherever District Mental Health pogramme is operational. It was decided to have this suggestion examined with a view to tiding over the critical situation.

8. It was noted that the Drug Deaddiction Centre had been revived and made functional for sometime but was not operational at present due

to relocation of staff by the Superintendent, SCB Medical College, Cuttack. It was decided to have this decision (regarding relocation of staff) reversed with a view to making the centre functional.

9. The post of a State Programme Manager will be created and placed at the disposal of Nodal Officer, State Mental Health programme.

10. A beginning should be made to depute some of the nurses from the Mental Health Hospital, Cuttack for a psychiatric training at NIMHANS, Bangalore.

Review of activities and performance of Mental Health Hospital, SCB Medical College, Cuttack

I. Physical infrastructure:

On the request of the State Government, the Ministry of Health, Government of India sanctioned a grant-in-aid of Rs. 1.51 Crores for construction of a new Block under the National Mental Health Programme since 26.10.2005. At the time of the first visit (April, 2007) it was regretfully observed that the entire issue of construction of a new Block has been locked up in procedural wrangles as also protracted and infructuous correspondence. A tussle was also going on as to between the CPWD and State PWD as to who should execute construction of the new Block. In the process one and half year's precious time had been wasted. However, on my suggestion Shri Chinmay Basu, former Secretary, Health took a meeting of Secretary, Works and other officials of PWD of the State Government and officers of CPWD leading to the following developments:-

- Administrative Approval for utilization of the Central assistance of Rs. 1.51 Crore was accorded by DHS on 23.8.2007;

- A sum of Rs. 1,27,34,211/- was placed at the disposal of CPWD on 24.8.2007 for initiating construction of the new Block.

The review on 2.12.2008 of the pace and progress of construction of the new Block conducted by me within the premises of the SCB Medical

College where the mental health hospital is located revealed date-wise the following sequence of events:-

18.9.2007 - CPWD took over possession of the old building where the new Block is to be located.

8.10.2007 - CPWD submitted the revised plan to MS of SCB Medical College, Cuttack.

23.10.2007 - Revised Plan was sent to DHS for approval by MS, SCB Medical College, Cuttack.

22.1.2008 - Revised Plan approved and approval communicated.

28.5.2008 - CPWD called tenders (first call)

19.8.2008 - CPWD called tenders (second call)

Subsequently since the lowest tenderer withdrew the tender, his earnest money was forfeited and disciplinary action initiated. Simultaneously the retendering process was started.

25.7.2008 CPWD demanded from Government an assurance of extra funds amounting to Rs. 31.62 lakhs over and above Rs. 1.27 Crores due to escalation of cost (caused on account of withdrawal of lowest tender and initiation of retendering process and consequently loss of a lot of valuable time).

30.9.2008 Government assurance about availability of extra funds received.

The EE, CPWD attending the review indicated that the nature of the soil (high clay content) necessitated pile foundation work which also entailed extra cost. While the Civil and PH portion of the work was being taken care of by him, the electrical portion will be taken care of by EE (Electrical).

The civil work comprises of the following components:-

- Administrative Block along with a conference room and record room;
- Registration counter;
- Extension of OPD Block;
- IPD Block with 18 extra beds (over and above existing 60 beds).

Additionally, the EE CPWD stated that certain items of renovation of the existing administrative block were also being taken up such as:-

- New flooring with Kota stone;
- Wall tiling;
- Redoing of the roof with integral – cement water proofing which will contribute to stability and durability of the roof and will ensure thermal insulation.

The renovation work will be completed by February, 2009.

The following aspects were impressed on the Executive Engineer, CPWD:-

- The entire planning should be integrated;
- It should comprise of physical space, tools and equipments and furniture;
- The OPD should have a Varandah with provision for accommodating atleast 200 chairs;
- Each MO should be provided with an independent room with an attached toilet, washbasin provision for storing potable water etc.;
- There should be minimum 3 chairs (not stools) in front of the MO's table – one for the patient and 2 for attendants accompanying him;

- There should be a separate library room with provision for a spacious reading room.

The EE CPWD while appreciating the importance of integrated planning and accepting the need for providing the above asked for an additional estimates of Rs. 67 lakhs for the following:-

- pavement;
- approach road;
- car parking;
- extra space for ambulatory service;
- underground sump for storing 11 lakh litres of water etc.

These were brought to the notice of Health Secretary for provision of additional fields. To sum up:-

- the basic infrastructure work which was bogged down for 3 years by procedural wrangles has got a head start due to intervention of former Health Secretary;
- drawings and structural designs have been finalized;
- funds amounting to Rs. 1.27 Crores have been placed at the disposal of EE CPWD since 24.8.2007;
- tendering process has been finalized and work orders have been issued;
- an additional sum of (Rs. 31.62 lakh + Rs. 67 lakh) Rs. 98.32 lakh is needed by the EE for carrying all components of work to a logical conclusion.

In April, 2007 and December, 2007 the following deficiencies were observed in the open ward:-

- barlights on the wall were non-functional;
- overall lighting was poor;

- ventilation was not effective;
- old building with high ceiling but cracks all around and profuse seepage was found.

In December, 2008 it was observed that a sum of Rs. 20 lakh has been invested in the indoor ward (both male and female) for renovation of –

- flooring;
- wall tiling;
- wall colouring;
- change of windows;
- change of doors;
- change of window panes through transparent materials to ensure better lighting and ventilation;
- change of electrical wiring with installation of new junction box and MCV;
- installation of barlights;
- renovation of toilets with change of wash basins, latrine pans etc.

Simultaneously the following observations are also made:-

- the old patient toilet ratio at 10:1 still remains; it should be 6:1;
- cots and mattresses have been changed;
- the desirable distance between 2 beds has not been observed; some of the beds were found to be fixed too close to each other;
- leakage has been arrested to a large extent by grading plaster;
- while unmodified ECT continues to be administered (the normal practice is to go in for a modified ECT) the room is not air conditioned; there is no separate recovery room either;
- no separate toilet for relatives has been provided;

- in the absence of a full fledged canteen for the officers, staff members, patients and their relatives, the relatives continue to buy food from cafetarias located by the side of the main city road in Manglabag where food is prepared under unhygienic conditions (exposed to a lot of dust and flies);

- no initiative has been taken or any serious effort made for preparation of well visualized and well illustrated IEC materials and display of the same on the wall for educating patients and relatives who are literate;

- the patients and their relatives have no other source of recreation. No books, journals and periodicals which would be of special interest and relevance for the inmates and their relatives have been made available so far;

- the scale of diet has been augmented from Rs. 10/- to Rs. 20/- and it has been decided to serve cooked food per patient with this enhanced amount. What, however, was actually being served (2 eggs, 2 biscuits and 500 ml of OMFED milk) within this amount left much to be desired from the point of nutrition. The nutritive value of food should be measured in kilo calorie with the help of a nutritionist from SCB Medical College and the diet charges should be further enhanced to bring the nutritive value of food at par with 2500 kilo calorie for women and 3000 kilo calorie for men;

- a beginning is yet to be made on occupational therapy (OT) with provision of separate male and female blocks and provision of separate Instructors with selection of market relevant skills to be imparted;

- a beginning is yet to be made on provision of yoga, pranayam and meditation under the guidance of a qualified yoga instructor;

- the laundry arrangements continue to be as unsatisfactory as before.

Human Resource and Human Resource Development (HRD) and Human Resource Management (HRM):

The following developments have taken place since the last review in December, 2007:-

- one Asstt. Professor, Clinical Psychology has joined on transfer from V.S. S. Medical College, Burla; he has since joined the post on 21.3.2008;

- there has been no progress as far as implementation of the suggestion regarding sanction of a few posts of psychiatric social workers is concerned. In the absence of such personnel there is no institutional arrangement to establish contact with family members of the mentally ill persons who are undergoing treatment at the mental health hospital, who have substantially recovered and on discharge are being sent back home;

- a formal order distributing the work amongst the MOs has since been issued. The MOs are:-

		Date of joining
1.	Dr. Pratiti Patnaik Clinical Psychologist	13.10.1999
2.	Dr. R.K. Shukla Psychiatrist	15.2.2006
3.	Dr. Tanmaini Das	8.6.1989
4.	Dr. P.K. Mahapatra	9.4.2002
5.	Dr. B.N. Naik	14.3.2007

- According to the approved staffing pattern for the Mental Health Hospital, Cuttack there should be one Nursing Sister and 5 staff nurses.

The 5 staff nurses are in position. They are:-

- Suruchi Mandal (since 1994)
- Swapna Mishra (since 1984)
- Sanjukta Parida (since 2007)
- Sandhyarani Das (meant for night duty)
- Indumati Sadangi

Their duty hours are:-

7 AM to 2 PM
2 PM to 9 PM
9 PM to 7 AM

The nursing sister retired since February, 2007. No substitute has since been posted (since almost 2 years). Since the DHS posts the nursing staff directly this has since been brought to his notice but no nursing sister has yet been posted.

Staff nurses are presently being engaged on contractual basis and are getting a consolidated wage of Rs. 4500/-. Prior to 30.6.2008 they were not getting any dress allowance though uniform is mandatory to their service. The State Government vide Resolution dated 30.6.2008 have conveyed the following decisions:-

- Contractual staff nurses will continue to get a consolidated remuneration of Rs. 4500/- per month;

- Such contractual staff nurses working in State and district headquarters and Medical College hospitals shall get a special allowance of Rs. 1500/- over and above contractual remuneration;

- Such contractual staff nurses working in other locations of the State shall get a special allowance of Rs. 2000/- per month over and above their contractual remuneration;

- Such contractual staff nurses shall get a dress allowance of Rs. 1500/- per annum.

In all other Mental Health hospitals the post of a matron is usually in position to oversee and coordinate the work of nurses and nursing sisters. A proposal for sanction of the post of a matron has been submitted by the Superintendent but no decision has yet been communicated.

Therapeutic dimension of mental health:

Professionals and institutions dealing with mental illness emphasize that all psychiatric hospitals must create a therapeutic environment – starting from the OPD and going upto the kitchen, dining hall, recreation and OT room, IPD, meditatin and yoga centre and so on – for the patient. The therapeutic community is based on the premise that a psychiatric ward or a hospital as a whole is a social system. As such it is influenced by the persons who are its members, both medical officers, para medics and nursing staff; they are influenced in turn by the overall quality of the surrounding in which they find themselves. In this approach the interpersonal relationship between the hospital staff and the patients is a crucial factor. The central focus of this relationship is whether the medical officers, paramedics and the nursing staff have created a desirable conducive environment in the OPD, where the patients come for check up and diagnosis and IPD where the patients have been admitted as indoor patients for treatment. The therapeutic dimension of mental health or for that matter any other area of health is essentially a humane dimension where the patients are treated with dignity, respect and warmth. Sound interpersonal relationships constitute the soul of that approach. There are more reasons than one for advocating such an approach. First most hospital wards, ever since introduction of the drug and shock therapies have rendered themselves into cellular or custodial units. Secondly, the hospital staff who are working with the patients particularly the nursing staff, ward boys and ward mates do not know how they should play their role with the mentally ill persons, how they should treat them with dignity, decency and warmth as they have not been given the desired orientation and training to acquire this skill. Thirdly,

there are a few instances where the medical officers including psychiatrists may be taking administrative rounds in the wards of the hospital in a casual and routinized fashion without talking to the patients and their relatives to ascertain the pace and progress of recovery, whether they feel completely at home in the hospital/ward environment, what is wanting in their treatment and day to day life etc. This may give rise to an insular environment which is not very conducive for recovery of the patient.

In the 60s late V. Shantaram, one of the most outstanding film directors (in Hindi and Marathi) had in his film 'Do Aaankhe Bara Hat' (two eyes and twelve hands) brought out clearly, lucidly and forcefully the importance of the therapeutic approach in a custodial setting. He had demonstrated through this outstanding film how treatment of a person with love and affection, care and attention, compassion and commiseration in a custodial setting with dignity, decency and warmth can bring about a qualitative transformation in the overall temperament and conduct of that person. In a mental health hospital a sound interpersonal relationship between hospital staff (nursing staff, ward boys and ward mates etc.) as well as medical officers and patients (both out and in patients) could humanize the whole hospital environment and open up vistas of a new experience for the mentally ill persons. Such an approach would replace indifference and lack of empathy which often results in isolation and dehumanization by warmth, rapport and bonhomie.

One of the objectives of my visit to the mental health hospital on 1st and 2nd December, 2008 was to see the extent to which such an approach has been implemented in practice and the fall outs thereof. The general impression at the end of the visit was that much more remains to be done in achieving the objectives of a therapeutic approach to mental health, that multi disciplinary therapeutic teams are yet to be formed, that sound interpersonal relationships between hospital staff, medical officers and patients are yet to develop, that indifference and lack of empathy are yet to be replaced by a warmth, rapport and bonhomie which is the essence of a therapeutic approach. The above impression was confirmed in course of my

taking the rounds in the OPD, IPD and interaction with patients and their relatives, hospital staff and doctors.

Interaction with patients and relatives at the OPD

I Nityanand Khuntia from Jagatsinghpur (45 years):

The patient has come to the hospital for the first time. He has been accompanied by his nephew, brother-in-law and sister-in-law. There is a family history to his mental illness characterized by lack of appetite and sleep. The nature of the ailment is yet to be diagnosed (since the turn of the patient to be seen by a doctor had not come when I started my interaction around 9 AM in the morning).

II Benudhar Sahoo from Koraput (44 years)

The patient has travelled alone a distance of 500+ km by train. He has been coming to the hospital as on OPD patient for the last 2 years. He is working as a chargeman of National Aluminium Company with Rs. 20,000/- as monthly income. He is purchasing the medicines from outside and getting the cost reimbursed by NALCO. He also complained of lack of appetite and sleep.

III Prabhat Parida from Barang (30 years)

This is a case of bipolar affective disorder. He has been admitted as an IPD patient earlier and is undergoing treatment as an OPD patient for the last 8 months.

IV Arjun Rout (35 years)

The patient is a victim of Schizophrenia and the treatment is going on for the last two and half years. The patient was admitted earlier but now the treatment is taking place at home. The patient's brother has come to collect the medicines which are being issued for 30 days at a stretch. The patient is reported to have no desire for work partly due to lack of energy but largely due to the crippling effect on the disease.

V Ramchandra Mulia from Govindpur (40 years)

The patient has been admitted in the past and treatment is going on for the last 2 years. The brother of the patient who has accompanied him says that for the last 2 years he (the patient) has been sitting idle at home without any energy to work. Additionally he is also having enlargement of the prostate which causes a lot of discomfort to him. The patient has been living largely in isolation (there is no home counselling in the absence of a psychiatric social worker) and this makes his condition worse.

VI Manmath Maharana from Karadapalli (42 years)

The patient suffering from Paranoid Schizophrenia for the last 3 years comes from a lower middle class family who has been coming to the hospital with his wife for the last 3 years. Currently his suffering is on multiple counts such as (a) swelling of his leg (b) ulcer in the stomach (c) piles. He was also treated for cerebral malaria in the past. To and fro travel expenses are of the order of Rs. 200/- and since there is no other source of income, the wife had to mortgage her ornaments to meet the cost of travel.

VII Litton Behera from Fulnakhra (19 years):

The patient who is studying in the final year of +2 has been admitted in the past 3 times as an IPD patient. In April, 2008 he was also admitted for 21 days when he was having bouts of anger and violence. This came down after the treatment but there was recurrence of the same symptoms necessitating hospitalization for the 2nd and 3rd time for 10 days and 8 days respectively. Full course of ECT has been administered 5 times and thereafter his condition is reported to be stable.

VIII Satabadi Das from Jajpur (15 years):

From a general assessment of the case with reference to past history it appears that even though the patient is a girl she has been brought up as a male child and is currently suffering from low grade depression. She has lost appetite and has a reduced weight of 27 kg (as against the normal weight of 51.4 kg for her age). The case has been referred to Deptt. of Endocrinology

for treatment of hormonal problems. She is studying in the final year of +2 and has been accompanied by her father.

IX Antaryami Muduli from Malikpur, Khurda (26 years):

The patient who has been admitted twice as an IPD patient is suffering from both loss of sleep and appetite. A victim of Schizophrenia, his physical condition appears to be morbid. He stated that he has never discontinued the medicines but is not getting the desired results. He has mortgaged his tenement for meeting the cost of treatment (including the cost of travel and food for the relative accompanying him) and is left with no income now. His condition has been compounded further due to a hydrocil problem for which an operation is needed.

X Sasmita Mohanty from Jagatsinghpur (23 years):

A victim of Schizophrenia she was noticed 3 years back covering her body with mud and laughing endlessly without any purpose. She was brought to the mental health hospital in June, 2008 rather belatedly. She was appearing for the matriculation examination when the illness struck. She is not married, has lost her mother in childhood and has been accompanied by the father. Her condition took a turn for the worse as there is frequent discontinuance of the medicines.

XI Mamata Bhoi from Pir Bazar (25 years):

A victim of Schizophrenia she has been admitted as an IPD patient earlier. She is undergoing domiciliary treatment with medicines being obtained from the hospital by her mother.

XII Mamata Mangaraj from Chandikhole (26 years):

A victim of manic episode with remission she is undergoing treatment for the last 6 years. Her condition is not showing any sign of improvement due to discontinuance of medicines.

XIII Manoj Kumar Prusti from Puri (25 years):

The patient who has a family history of mental illness has been suffering for the last 7 to 8 years. Both her younger brother and sister have been treated for mental illness and have recovered. The elder sister is a widow. The mother, 2 sons and 2 daughters are living together even though there is no ostensible source of livelihood and income. The mother complained that the patient is having slow fever, reduced appetite and is not responding to the treatment. The treatment has been prolonged adding in the process to the financial liability and agony of the family members.

Observations and suggestions at the end of visit to OPD:

Observations:

- Since the new Block is not yet ready conditions at the OPD continued to be pathetically unsatisfactory. As against 100 as the minimum number of patients turning up at the OPD and on an average each patient being accompanied by at least one member of the family, barely 15 chairs have been put (including a few damaged ones) making most of the patients and their relatives stand or be seated on the floor.

- There is no arrangement for potable water, conservancy facility, newspapers and journals for literate patients and family members/relatives;

- As and when violent patients are coming to the hospital, there is no observation room where they can be put after being administered sedative.

- There is no proper registration counter where the personal history, family history, history of the illness and demographic profile of the patient can be recorded.

- Despite repeated observations no computerized data base about the above details of a patient has been maintained.

- In the absence of psychiatric social workers, no counselling either drug related or behaviour related is taking place; there is no home visit either;

- On the whole the human touch in the OPD environment is totally lacking.

Suggestions:

- The Superintendent of the hospital should be deputed by the State Government to visit GMA, Gwalior, IMHH, Agra and RINPAS, Ranchi to see for himself how OPD facilities and amenities have been created, maintained, improved/strengthened over a period of time. Since the new Block is coming up in the premises of the hospital, such a visit will be timely and appropriate (so that some of the innovative ideas and practices can be meaningfully adopted and implemented).

- One of the rooms in the existing OPD Block should be converted to be an observation room where aggressive patients in a violent condition could be administered sedatives and be kept for observation.

- With all the limitations of space a beginning could be made to create a computerized data base by collecting the personal and family history and history of illness of the patient at the time of registration. This will come quite handy in establishing a proper link between past, present and future of a patient and his/her treatment.

- Atleast 2 posts of psychiatric social workers, to start with, should be created so that a beginning could be made in counselling of the patients and relatives at the OPD itself (to be carried further to IPD and home visits after treatment and discharge of the patient).

Visit to IPD and interaction with patients and their relatives:

The following were present at the time of visit to IPD:-

1. Dr. Ajay Kumar Mishra – Superintendent

2. Dr. Jaswant Mohapatra – Asstt. Professor (Clinical Psychology)
3. Dr. S.P. Swain, Asstt. Professor
4. Dr. R.K. Shukla, Lecturer
5. Dr. Subhendu Mishra, Jr. Doctor.

In addition to the above 6 Post Graduate students are available to perform their duties from 8 AM to 4 PM.

The Superintendent accompanied by all other medical offices as above takes a round every day in the IPD for about one and half hours.

The patients are being examined soon after admission and the outcome of the said examination is being recorded in loose sheets of paper. Additional sheets of paper as and when required particularly in cases of long stay patients are being tagged to the original sheet. There is no folder to contain the original as well as the additional sheets in a compact manner in the absence of which there is every possibility of a few papers being misplaced or lost. Such a folder should, therefore, be introduced in which all papers pertaining to a patient's admission and treatment as also outcome of various tests conducted could be kept.

IPD
Male Ward
Interaction with patients/relatives

The following broad facts emerged from the interaction:-

I **Rabinarayan Sahu**

Date of admission – 25.11.2008

Nature of ailment – Schizophrenia

He has been administered 2 ECTs and the third ECT will be administered on 2.12.2008. His condition is reported to be stable.

II **Tathagat Acharya (21 years)**

Date of admission - 27.11.2008

Nature of ailment - Schizophrenia

The patient is not able to recollect who is coming to meet him and talk to him. His father was with him at the time of visit.

III **Madhusudan Barik (50 years)**

Date of admission - 27.11.2008

Nature of ailment - bipolar affective disorder

The patient has been admitted thrice. The pace of recovery has been slow due to discontinuance of the medicines.

IV **Achutanand Das (62 years)**

Date of admission - 27.11.2008

Nature of ailment - bipolar affective disorder

The patient's son who was with him at the time of visit stated the following:-

- there is no family history of mental illness;
- the patient was admitted and treated for the same ailment 30 years back;
- he had recovered and for 10 years there was no sign of the said ailment;
- medicines were discontinued and there was relapse necessitating admission for the 3rd time.

V **K. Balakrishna (32 years):**

Date of admission - 29.11.2008

Nature of ailment - bipolar affective disorder

The brother of the patient who was with him at the time of admission stated that (a) the patient has been admitted 3 times (b) discontinuance of medicines is responsible for relapse (c) despite all persuasive efforts the patient refuses to take medicines and (d) the patient remains in a state of total confusion.

VI **Susanta Kumar Nayak:**

Date of admission - 1.12.2008

Nature of ailment - bipolar affective disorder, anaemia with psychosis.

It appears that the patient at the time of examination in the OPD fell down and became aggressive which necessitated his immediate admission. The person attending the patient and staying with him stated the following:-

- they have been working at Chennai for the last 3 years;
- one day after returning from work and after taking his bath the patient refused to take dinner;
- when he woke up at 3 am in the morning the patient was found to be worshipping; he was brought to the hospital at Cuttack;
- the behaviour of the patient was, however, normal till he fell down and since then his condition has taken a turn for the worse.

VII **Rajiv Panda (19 years):**

Date of admission - 21.11.2008

Nature of ailment - Schizophrenia

The patient's father attending him and staying with him shared with me the exasperating experience of going to a private clinic of Dr. G.C. Kar, former Superintendent of the hospital, incurring an expenditure of Rs. 2700/- in 10 days and not getting the desired relief and withdrawing from that treatment on the 11th day and coming to the government hospital on the same day and getting admitted.

VIII **Hrushikesh Pradhan (24 years):**

Date of admission - 24.11.2008

Nature of ailment - bipolar affective disorder.

The patient was found violent, rebuking everyone and breaking the articles of the house. He was brought to the hospital, admitted and was given medicines for 6 months. He did not, however, come for a follow up; there was discontinuance of medicines and resultant relapse. The patient does not have parents but only an elder sister.

IX **Sanjay Kumar Jena (23 years):**

Date of admission - 24.11.2008

Nature of ailment - brief reactive psychosis.

The patient passed the first year of the ITI in first division. He left his studies after being found violent about 2 years back. He started working as a machine operator. There is no family history of mental illness and his is the first case to have been detected. After his admission and treatment his condition has undergone a change for the better. His sleep and appetite are now normal.

X **Dipu Das (22 years):**

Date of admission - 24.11.2008

Nature of ailment - brief reactive psychosis.

A victim of epilepsy, the symptoms were found about a month back. Fits used to come 4-5 times a month. He was taken to a private clinic but was brought to the hospital as there was no relief from the treatment received in the private clinic. He has been in the hospital for about a week and the number of fits have come down.

XI **Nilkantha Behera (25 years):**

Date of admission - 25.11.2008

Nature of ailment - bipolar affective disorder with manic.

The first symptom was noticed 6 months back. His father took him to a faith healer but brought him to the hospital as there was no relief from the course of treatment prescribed by the faith healer. After about a week he has got back the normal sleep and appetite which he appears to have lost.

XII Abinash Das (24 years):

Date of admission - 19.11.2008

Nature of ailment - Schizophrenia.

The patient's father who is attending him stated that even though the symptoms were seen about a year ago he could not arrange the timely treatment as he lacked the resources for the same. He has 4 sons and the patient is the second one. He has no landed property and no ostensible source of livelihood and income. Eventually he had to borrow money from some source and brought the patient to the hospital for treatment. The patient reported that he is feeling much better now after about 10 days stay and treatment in the hospital.

XIII Chahan Nayak (25 years):

Date of admission - 28.11.2008

Nature of ailment - brief reactive psychosis.

The symptoms were noticed about a month back when the patient was working as a mason. His brother-in-law who brought him to the hospital stated that he had borrowed Rs. 2000/- from his step brother for this purpose out of which Rs. 300/- was spent on to and fro journey of 3 members. Ironically enough the patient who has one brother and 6 sisters appears to have been deserted by his brother who was unwilling to bear the expenses on account of travel and treatment. This is how the brother-in-law had to step in to provide for the expenses by 'beg, borrow or steal'.

XIV Sanatan Sankhua:

The patient used to work at Hyderabad as a middleman for matrimonial relationships and has been deserted by his wife. One day his son got a telephonic message about the poor state of health of his father. He promptly responded by going to Hyderabad and bringing his father back to Cuttack for treatment. He has a saving of about Rs. 13000/- but is illiterate and, therefore, has to take the help of his sister-in-law to read out the

prescriptions for him. It remains to be seen as to how he will assist/guide the patient to comply with the medicines to.

XV **Pramod Kumar Acharya (39 years):**

Date of admission - since 2001.

Nature of ailment - Schizophrenia.

The patient has come from RINPAS, Ranchi, is violent, has caused injury to himself and has by his violent acts broken the glass of the door. The patient was found to be lacking personal hygiene, untidy and not amenable to any reason or discipline.

XVI **Ganapati Rout (57 years):**

Date of admission - 29.11.2008

Nature of ailment - Schizophrenia.

He has also come from RINPAS, Ranchi and was found comparatively better in terms of appetite, sleep and compliance with drugs.

XVII **Fakir Behera (41 years):**

Date of admission - 29.11.2008

Nature of ailment - bipolar affective disorder.

He has been admitted earlier and there has been relapse of the ailment due to discontinuance of the medicines. He was using abusive language earlier and there has been some improvement now. His appetite and sleep have been considerably reduced.

XVIII **T. Surendra (32 years):**

Date of admission - 29.11.2008

Nature of ailment - Schizophrenia.

This is a case of prolonged and multiple suffering. The first attack was in the year when the patient was in Class XI. He suffered for 5 years.

He has suffered burn injuries too. There is no family history of mental illness. His only daughter is married and a widow now.

XIX S. Subba Rao (53 years):

Date of admission - 29.11.2008

Nature of ailment - bipolar affective disorder.

The patient was earlier employed in the Army. There is a family history of mental illness. His son also has been afflicted by the same mental illness. He has suffered a relapse due to discontinuance of the medicines. Additionally he is also suffering from hypertension and diabetes.

XX Alekh Swain (65 years):

Date of admission - 29.11.2008

Nature of ailment - bipolar affective disorder.

The patient is landless and assetless. His wife who is attending him stated that he developed the symptoms 2 years back. He was first taken to the private clinic of Dr. Tarapad Ray where they had to spend Rs. 1300/- which they had to arrange through private borrowing. He has a large family with 3 sons (who are unmarried), 2 daughters (married) and 2 daughters (who are unmarried). This is his first admission in the hospital. He was found to be indulging in a lot of loose talks at the time of visit.

Lessons learnt for the visit and interactions with the patients and relatives:

I BPL families who are landless and assetless tend to be driven to a state of desperation when mental illness strikes the head of the family. The calamity gets compounded when the family size is large with a few earning members and substantial liabilities inherent in arranging marriage of sons and daughters, other ceremonial expenses associated with births, naming ceremony, anna prasanna ceremony, funeral rites etc. It gets compounded due to loss of earning entailed by earning numbers of the family accompanying the patient to the hospital and back.

II Such a tragedy also gets compounded when due to want of resources the treatment cannot be arranged in time. This aggravates the illness further. Sometimes treatment gets delayed due to unfounded fears, social and cultural taboos etc.

III The situation takes a turn for the worse when eventually the family has to arrange the resources for such treatment through recourse to private borrowing at unsurious rates of interest and take the patient to the private clinic of psychiatrics at considerable expense. It appears that such treatment in private clinics did not yield the desired result and the patient had to be brought to the government hospital for treatment.

IV While treatment at the government hospital yields good results the momentum is not sustained when the patient is discharged and sent home for domiciliary treatment. Want of proper counselling together with non compliance with the prescribed drugs or discontinuance of such drugs (on account of ignorance and illiteracy as also non availability of drugs either at the PHC or at the sub divisional/district headquarters hospital) works havoc, the patient suffers relapse and has to be brought back to the hospital for fresh admission.

VI Mental illness disrupts personal, family and societal relationships (wife deserting husband, husband deserting wife, parents disowning children and children disowning parents and so on) apart from being a drain on limited resources of large and joint families where the earning members are few and for between.

Remedies:

- We have to fight multiple social maladies (like poverty, child labour, bonded labour, obscurantist ideas and practices, ignorance and illiteracy) on many fronts and, therefore, need multiple strategies.

- Private practice needs to be regulated like regulating electricity and water through regulatory mechanisms; otherwise it will work havoc on the poor, deprived and disadvantaged patients.

- A strong dose of IEC materials needs to be in place to advocate the importance of compliance with and continuance of drugs; simultaneously what is needed is a strong dose of counselling – both behaviour and drug related.

Female Ward
Interaction with patients

I **Rasmita Kumari Sahu (22 years):**

Date of admission - 1.12.2008

Nature of ailment - Psychosis

The patient appeared to be mute, not communicating anything and totally withdrawn. Her mother says that she fasted on the day of Ganesh Chaturthi (4th September, 2008) and suddenly she went mute; prior to this she was communicating. She underwent treatment by Dr. B.N. Mishra for sometime w.e.f. 29.5.2008 and has been brought to the hospital thereafter.

II **Kanchal bala Panda (46 years)**

Date of admission - 25.11.2008

Nature of ailment -

The patient has been suffering for the last 20 years. There is repeated relapse as she is discontinuing the medicines prescribed by her. The patient's daughter has been attending her.

III **Kalyani Rout (36 years)**

This is an old case of 16 years. The patient has been undergoing treatment in the private clinic of Dr. B.N. Mishra at Jhanjir Mangla, Cuttack since 2003 and has got good results. The statement of the patient and that of her mother appeared to be at cross purposes. While the patient stated

that the behaviour of her in-laws towards her at the in-law's place was ok, the statement of her mother who happens to be attending her and who is a teacher is quite to the contrary.

Mental illness runs in the family. The patient's uncle who is a practicing advocate at Nayagarh had developed mental illness sometimes back and is now much better.

The patient developed mental illness at the time of +2 examination but she took the examination and has passed the same.

IV **Minati Sahu (26 years)**

Date of admission - 26.11.2008

Nature of ailment - Schizophrenia

The patient was taking training in pathology after completion of +2 examination. She seems to have suddenly developed an irritable temperament. She alleges that this could be straightaway attributed to her parents indulged in occasioning teasing her. She is also reported to have been physically assaulted by her own uterine brother. This is a three year old case but appears to have been admitted for the first time. She has undergone treatment in the private clinic of Dr. G.C. Kar, Psychiatrist. The patient is married but staying with her parents. The patient seems to have suffered a relapse due to discontinuance of drugs.

V **Kalpana Rout (30 years)**

Date of admission - 27.11.2008

Nature of ailment - Schizophrenia

According to the statement of the patient's mother who happens to be attending her the father of the patient passed away two and half years ago. The first symptom of mental illness started when the patient was 14 years old and was indulging in abusive language. This was primarily on account of the unbearably abusive behaviour of the in-laws towards her daughter. The patient is anaemic and has completely lost her appetite.

VI **Sabita Majhi**

Date of admission - 27.11.2008

Nature of ailment - Schizophrenia

The mother of the patient who is attending her stated that the patient was attacked by malaria about a year ago and was under treatment in the Capital Hospital, Bhubaneswar. She recovered but symptoms of Schizophrenia developed subsequently. She is illiterate but assured that there will be compliance with the drugs with the help of other literate members of the family.

VII **Giribala Sahu (50 years)**

Date of admission - 28.11.2008

Nature of ailment - brief reactive Psychosis

According to the statement of the patient's sister who is attending her the first symptoms of mental illness appeared about a fortnight ago when the patient started talking loosely and irrelevantly with loss of appetite. She has 2 sons and both of them have been married while her only daughter is no more.

VIII **Priyabati Barik (37 years)**

Date of admission - 22.11.2008

Nature of ailment - Schizophrenia

According to the statement of the patient's younger sister this is a 6 year old case which started with initial symptoms of use of abusive language. She also indulged in quarrel with her co sister-in-law. With admission and medicines her condition seems to have stabilized. She has one son and daughter.

Drug Management:

While the Superintendent, Mental Health Hospital will work out and send a fresh proposal for augmenting the budget under head, 'Procurement of medicines' from Rs. 15 lakh to Rs. 30 lakh as decided in the meeting taken

by Secretary (Health) on 3.12.2008 (AN) the following additional points also need attention:-

I. Allocations under different budget heads including procurement of medicines are received in September which is slightly late. This should be expedited and the allocations should be communicated not later than May – June of the year to which the budget relates.

II. The Superintendent, Mental Health Hospital had specifically stated in course of the review that 40% of the drugs in the market are spurious. He had illustrated his point by stating that 10% dextrose solution procured from the market through the lowest tender theory had produced adverse reaction. This point was also supported by Dr. Nilmadhab Rath, Associate Professor, Psychiatry, V.S.S. Medical College, Burla. It was felt both by the Supdt. of the hospital as also by Dr. Rath that the drugs procured from the market under the lowest tender theory were not delivering the desired results. To illustrate, while the institution needs phenogram, the drug which was being supplied had the brand name 'Promethagene'. It was, therefore, suggested that the Head of the Institution should have the freedom to select the brand name which is most effective.

III. Flimsy objections which were raised by the Internal Audit Party deputed by the Health and Family Welfare Department and reflected in the review report of December, 2007 pertaining to purchase procedure were uncalled for and have not yet been resolved.

Commissioning reviving Drug Deaddiction Centre:

This is a sad story. More that 5 years ago, the Ministry of Health and Family Welfare, Government of India had allotted a sum of Rs. 8 lakhs for construction of a drug deaddiction centre building, for purchase of store equipment and for commissioning the centre. As a matter of fact, the Centre was commissioned by the then Minister, Health (the present Finance Minister) when the building, poorly constructed, was ready but neither there were the operational staff nor the equipments. I had recorded my

observations on the inordinate delay in operationalization of the centre in the first review report of April, 2007. In response to the observations made in the review report some steps were taken to operationalize the centre such as:-

- all repairs to the damaged premises were carried out;
- grading plaster on the roof was done;
- water connection to the storage tank was given;
- electrical connection to the DDC building was provided;
- 10 beds, mattresses and pillows were provided by the Supdt., SCB Medical College, Cuttack;
- Two staff nurses were placed by the Supdt., SCB Medical College on 25.8.2007 but they refused to join; hence 4 nurses on contract basis were posted;
- A direction was issued by the Medical Supdt. incharge Mental Health Hospital, Cuttack to Dr. Tanmayini Das, Dr. P.K. Mahapatra and Dr. B.N. Naik, Asstt. Surgeons and Mrs. Priti Patnaik, Clinical Psychologist to manage the work of DDC in addition to their duties vide order dated 30.8.2007;
- Four security guards and sweeping/scavenging staff have also been posted by the Supdt., SCB Medical College, Cuttack to function in the DDC round the clock. All of them have joined the DDC on 1.12.2007.

Despite all these measures, the DDC is non functional. It seems that the Supdt., SCB Medical College who issued the initial order of posting some staff issued a subsequent order relocating the staff. This is regrettable and should not have happened. Since Secretary, Health has assured in the review meting in her room on 3.12.2008 (AN) that the DDC should be revived, we should wait for sometime so that the decision about revival is implemented in right earnest.

Secretary, Health should also issue clear guidelines about the procedure for admission in the DDC in the light of the observations made by me in my second review report of December, 2007.

Teaching:

The following observations were made in my earlier review report of December, 2007 regarding teaching:-

- Current infrastructure for teaching/training should be strengthened.
- Government will delink positions meant for teaching/training from the purview of OPSC and take responsibility on its shoulders to fill up these positions.
- Clinical psychologist being a base level post should be given appointment as a lecturer in Rs. 8000 – Rs. 13,500/- scale;
- the existing lecturer's post should be re-designated as Asstt. Professor.

No follow up action on the points on which decision was to be taken by Govt. has yet been taken.

In regard to commencement of teaching activity in Psychiatry/Clinical Psychology in SCB Medical College with the help of existing staff, the Supdt., Mental Health Hospital stated as under:-

- undergraduate classes in SCB Medical College are being conducted; there is one class every Saturday from 2 PM to 3 PM.
- the topics covered in theory classes are from the disciplines of Psychiatry and clinical psychology only; social work is not covered in the curriculum;
- the duration of the programme is spread over 8 semesters only;

- students from 5th semester onwards i.e. 3rd year in MBBS in different batches attend Psychiatry OPD and IPD as part of clinical duties in various disciplines;

- there is a rotation duty in Psychiatry for house surgeons which includes clinical duty on the OPD and IPD.

The following students are undergoing Post Graduate classes in Psychiatry:-

III year	-	Dr. Prabhakar Hallikari Chandrakant Dr. Chittaranjan Barik
II year	-	Dr. Suvendu Mishra Dr. Pinaki Sarkar
I year	-	Dr. Ashrumoohan Sahoo Dr. Anant Charan Meher

In addition to attending PG classes and as an integral part of the PG programme the PG students will have to undergo the following assignments:-

Seminar: They have to attend a seminar twice in a week i.e. Tuesday and Friday which involves presentation of topics, discussion on journals and specific cases.

Emergency duty: They have to attend emergency duty in IPD and casualty in SCB Medical College & Hospital according to an emergency roster (6 days a month per student).

The following gives a broad picture of the manner of utilization of the services of the Post Graduate students who have passed out MD in (Psychiatry) @ 2 seats per annum from SCB Medical College Cuttack in last 5 years:-

2003-04	-	Dr. R.K. Shukla -	Currently Asstt. Professor in SCB Medical College, Cuttack.
		Dr. S. Das -	in U.K.
2004-05	-	Dr. S. Sahoo -	Asstt. Professor in Sum Hospital And MC, Bhubaneswar.
		Dr. M.R. Nayak -	Asstt. Professor, VSS Medical College, Burla.
2005-06	-	Dr.B.N. Naik -	Asstt. Surgeon, MHI, Cuttack
		Dr. B.S. Shit	Asstt. Prof. Hitech MC, Bhubaneswar
2006-07	-	Dr. P. Mohapatra -	Asstt. Surgeon, District Headquarters Hospital Dhenkanal.
		Dr. S. Nayak	Psychiatrist, Ispat General Hospital, Rourkela.
2007-08		Dr.B.B. Das	Asstt. Surgeon, District Headquarters Hospital, Khurda.
		Dr. S. Patra	Appearing SR in PGI, Chandigarh.

Research in last 5 years:

The following studies have been undertaken as a part of research in the last 5 years (as a part of doctoral thesis):

I 2003-04 - A study of Psychiatric co-morbidity in patients of connective tissue disorders. A study of Psychiatric

co-morbidity in patients of diabetes mellitus and response to psychiatric intervention.

2004-05 - A comparative study of cognitive deficits and FPS between patients taking typical and atypical antipsychotic.

A study of personality disorders in patients attending MHI.

2005-06 - A comparative study of serum prolactin level of patients taking in typical and atypical anti psychotic.

A review study of the role of topiramat on body weight in Olanzapine treated patients.

2006-07 - A study of the quality of life in bipolar disorder in relation to stressful life events and anti psychotic therapy.

A study of psychiatric co-morbidity in patients suffering from spinal cord injury.

2007-08 - Relationship of low cholesterol in criminal behaviour.
Psycho education in Schizophrenia.

A good number of research papers on topics of interest and relevance to psychiatry and clinical psychology have been published between 2005 to 2008 some of which by way of illustration are:-

I Role and status of clinical psychologists in mental health – A Mishra OJP 2008.

II Burden on caregiver of Psychiatric inpatients – P. Holikatti, R.K. Shukla, S.P. Swain and A. Mishra OJP 2008.

III Association of Stigma and Psychiatry co-morbidity in Leprosy patients – S. Kar, S.P. Swain OJP 2008.

IV Aggression and self inflicting behaviour in case of epilepsy – P. Sarkar, S. Mishra, A. Mishra, S.P. Swain, R.K. Shukla, OJP 2008.

V Aggression in Schizophrenia – A. Mishra, S. Kar OJP 2005.

VI Treating GAD with CBP: a new approach – S.P. Swain OJP 2005.

VII Internet addiction: A case study – S. Kar and S.P. Swain OJP 2005.

VIII Effect of Psychosocial stressors during pregnancy on the birth weight of the new born S. Kar, A. Mishra, S. Mishra, OJP 2005.

A departmental screening committee under the Chairmanship of Director, Medical Education and Training invites applications from the faculties from time to time for participation in seminars/symposia/ workshops/conferences both inside and outside the state and accords its approval for the said participation of such faculty members who are interested in attending and capable of making contribution at the conference (through chairing of technical sessions, presentation of papers etc.)

Approval of the State Government is necessary for participation in seminars/symposia/workshops/conferences organized by the Government of India.

Interaction with Professors and Heads of Departments of SCB Medical College Hospital

Date: **2.12.2008**
Time: **11 AM to 12.30 Noon**

The primary purpose of such interaction was twofold:-

I Sharing with the Professors and HODs the human rights dimension of mental health.

II Soliciting their cooperation and support in dealing with a host of general ailments associated with mental illness or complications related to medicine, pathology, surgery, ENT, Urology, nephrology, cardiology, ophthalmology, gynaecology, hematology, orthopaedics and so on.

On the first I shared with them the following:-

While world population is aging first and communicable or infectious diseases have almost been conquered psychiatric and neurological conditions are likely to double their share of the total global disease burden from current 10.5% to 15% by 2020 when depression and not cardio vascular complications will be killer No. I.

In such a situation we need a number of things to grapple with this scenario:-

- full fledged hospital catering to mentally challenged persons and not just a separate psychiatric ward in a medical college (as MHI, Cuttack) with integration of treatment, teaching, training and research as emphasized by the apex Court, OT for psycho social rehabilitation, modified ECT, a full fledged pathological or biochem laboratory and presence of atleast a few, if not all the specialists as mentioned above.

- simultaneously we need development of a wide range of services within local settings, services which are close to home or communitization of mental health which means ambulatory rather than static services which can provide home treatment by establishing partnership with care givers.

- There is regretfully a huge gap today between what we need and what we have.

- What we have are 29,000 beds, 80% of them concentrated in urban areas, a miniscule of what we need for 6 million mentally ill persons.

- In terms of availability of human resources – the psychiatrists, clinical psychologists and psychiatric social workers what we have is a miniscule of what we need.

- The huge vacancies in these cadres are compounded by lack of orientation and training, in particular psychiatric training for the nursing staff.

- The Mental Health Act was enacted in 1987. By definition of 'mentally ill person' it is exclusive i.e. it does not include a mentally retarded person. The statement of Objects and Reasons in the beginning of the statute (Act 14 of 1987) refers to a mentally ill person as a source of danger or nuisance to others in the society; it does not look upon them as human beings with entitlement to the same inalienable human rights as others.

- We emphasize deinstitutionalization which means prevention of inappropriate mental hospital admissions through provision of community facilities and discharge to the community of long term institutional patients who have received adequate preparation.

- In terms of actual ground level situation; we do not have a comprehensive district mental health programme, network of community support systems, a highly stigmatized society which looks upon the mentally challenged persons as unacceptable to home/family, community and society;

- We have increasing incidence of social disabilities due to breakdown of joint family system, atomization of family structures, an aggressive, acquisitive and restless youth without any care or concern for the old.

- We do not have separate geriatric mental wards, separate child guidance clinics, fully functional drug deaddiction centres, centres for rehabilitation of children and women who have been abused and are victims of commercial sexual exploitation.

Natural calamities, communal riots, terrorist debacles are on the increase, leaving thousands maimed, crippled and devastated.

- Efforts to rehabilitate the patient within the family/community have not borne fruit.

- Halfway Homes or long stay homes or day care centres are either insufficient in comparison with the need or are conspicuous by their absence.

- Both drug and behaviour related counselling are extremely limited; so also are the home visits by psychiatric social workers.

In such a not too happy situation when mentally ill persons have associated complications like appendicitis, enlargement of prostate, intestinal infections, respiratory infection either in the lower or upper respiratory tract or cardio vascular complications and their cases are referred to the medical college hospital for a specialized treatment, what is expected of them are the following:-

- all such cases should be entertained without ifs and buts;
- no preconditions should be set;
- all the tests needed for correct diagnosis of the ailment should be undertaken;
- documentation of various stages of treatment after admission should be meticulous;
- no patient should be discharged before the full course of treatment is completed;

- in the event of the patient succumbing to illness despite all possible efforts, care and attention, the case should be properly investigated, the cause of death properly recorded and a detailed report sent to the mental health hospital which had referred the case.

The response to the above suggested course of action was positive from all those who were present and who assured full cooperation and support.

An executive summary of suggestions and recommendations for overall improvement and qualitative change in the mental health set up in the State of Orissa (including Mental Health Hospital, Cuttack)

General

- The three departments of Psychiatry in the 3 Medical Colleges of the State at Cuttack, Burla and Berhampur representing the Central, Northern and Southern parts of the State will be strengthened.

Better drug procurement and management

- While steps will be taken to increase the budget provision towards purchase of psychotic and neurotic drugs for the Mental Health Hospital, Cuttack from Rs. 15 lakhs to Rs. 30 lakhs, to begin with a fresh budget provision towards purchase of such drugs for Deptt. of Psychiatry, VSS Medical College, Burla and Deptt. of Psychiatry for MKCG Medical College, Berhampur will be made.

Improving human resource

- The PG seats in the Deptt. of Psychiatry in SCB Medical College, Cuttack should be increased from 2 to 4 with a view to meeting the growing shortage of psychiatrists in the State.

Improvement of Physical infrastructure

- Provision of basic facilities and amenities such as chairs for patients in the OPD, arrangement for supply of potable water, separate toilet for

women and men, newspaper stand, television, canteen etc. for the Mental Health Hospital, Cuttack as well as the departments of Psychiatry at Burla and Berhampur should be made wherever it does not exist and should be strengthened wherever the existing facilities are inadequate.

Better psycho social rehabilitation and re-integration of mentally ill persons with the mainstream (family, community and society):

- Four posts of Psychiatric workers will be created for Mental Health Hospital, Cuttack to facilitate home visits, establish contact with family members of the mentally ill person and enquire about the prognosis and psycho-social rehabilitation of the patient. This may be funded under Orissa Health Sector Plan (OHSP).

Human Resource Development

- After construction of the new blocks in the premises of Mental Health Hospital is ready a fully equipped library with a reading room facility will be in place for promoting better human resource development.

Tools and equipments for operational efficiency

- The Superintendent, Mental Health Hospital should go in for procurement of such equipments like modified ECT, Boyle's apparatus etc. as are essential for smooth functioning of the Mental Health Hospital.

Human Resource Management

- Services of Asstt. Surgeons in the periphery cadre with MD (Psychiatry) qualification should be drawn for placement in Medical Colleges or District Headquarters hospitals wherever district mental health programme is operational.

Diet – right to food

- Diet charges have been enhanced from Rs. 10/- to Rs. 20/- per patient per day in Mental Health Hospital, Cuttack. What, however, was

being served (2 eggs, 2 biscuits and 500 ml of OMFED milk) within this amount leaves much to be desired from the point of nutrition. The nutritive value of food should be measured in kilo calorie and the diet charges should be further enhanced to bring the nutritive value of food at par with 2500 kilo calorie for women and 3000 kilo calorie for men.

Information, Education and Communication

- Steps should be taken to bring out well visualized and well illustrated IEC materials covering nature and character of mental illness, symptoms, line of treatment, measures for psycho social rehabilitation of mentally ill persons and have them displayed on the walls of the hospital for education of patients and relatives who are literate.

Recreation

- Books, journals and periodicals which are of special interest and relevance for the inmates and their relatives/family members accompanying them should be made available.

Therapeutic dimension of mental health

- Therapeutic dimension of mental health is essentially a humane dimension where the patients are treated with dignity, respect and warmth.

- Sound interpersonal relationships constitute the soul of that approach.

- Such relationships could humanize the whole hospital environment and open up vistas of a new experience for the mentally ill persons.

- To achieve the therapeutic approach to mental health multi disciplinary therapeutic teams should be formed, sound interpersonal relationships between hospital staff, medical officers and patients should develop, medical officers including psychiatrists should, while taking administrative rounds should talk to the patients and their relatives in a warm and convivial manner, to ascertain the pace and progress of recovery, whether they feel completely at home in the

hospital/ward environment, what is wanting in their treatment and day-today life etc.

Miscellaneous

- Private practice needs to be regulated like regulating electricity and water through regulatory mechanisms; if not, the mentally ill persons who are poor and disadvantaged will be driven to desperation.

- The Supdt. of the Mental Health Hospital, Cuttack should be deputed by the State Government to visit GMA, Gwalior, IMHH, Agra and RINPAS, Ranchi to see for himself how OPD facilities and amenities have been created, maintained, improved/strengthened over a period of time.

- One of the rooms in the existing OPD Block should be converted to be an observation room where aggressive patients in violent condition could be administered sedatives and be kept for observation.

- With all the limitations of space a beginning could be made to create a computerized data base by collecting the personal and family history and history of illness of the patient at the time of registration. This will come quite handy in establishing a proper link between past, present and future of a patient and his/her treatment.

- The drug de-addiction centre should be revived and should be optimally functional at the earliest.

- Current infrastructure for teaching/training should be strengthened.

Treatment of mentally ill persons who have associated complications:

- all such cases referred by the mental health hospital to the general hospital should be entertained without ifs and buts;

- no preconditions should be set;

- all the tests needed for correct diagnosis should be undertaken;
- documentation of various stages of treatment after admission should be completed and properly maintained;
- no patient should be discharged before the full course of treatment is completed;
- in the event of the patient succumbing to illness despite all possible efforts, care and attention, the case should be properly investigated, the cause of death properly ascertained and recorded and a detailed report sent to the mental health hospital which had referred the case.

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