

ANNEXURE-I

**Regional Mental Hospital, Thane**

Visit of Ravikumar Bhargava, IAS (Retd ) Special Repoteur  
( Central Zone ) National Human Rights Commission

On 6<sup>th</sup> August 2009

APPENDIX -A

1) BACKGROUND INFORMATION;-

1.1	Name of the Hospital	Regional Mental Hospital, Thane
1.2	Address	Wagale Estate, L.B.S Marg, Thane
	State	( West ) Maharashtra
	Pin Code	400607
	Telephone number	25821810
	Fax number	25820728
	Telex number	Nil
	Email	Rmhthane@mtnl.net.in
1.3	Year of establishment	1901
1.4	No. of years of service provision	108 years
1.5	Distance from city centre	Approximate 4 km.
1.6	Detailed History of development of the Hospital	Attached herewith in separate annexure :

1.6 :- Detailed history of development of the Hospital :-  
( a to i )

The hospital is located close to the Thane Railway Station. Initially it was considered as an isolated area where people were afraid to walk. However increasing Urban Expansion has resulted in schools, colleges, residential apartments and commercial complexes coming up in the immediate neighbourhood.

The foundation Stone of Mental Hospital was laid on 11<sup>th</sup> February 1895 by H.E Lord Harris, Governér of Bombay. This Hospital is spread over 72 acres. The construction of this Hospital was completed in 1901 at a cost of s. 3,98,790/-. Out of this an amount of Rs. 88,250/- was donated by Smt. Bai Putalabai. The land was donated by Seth Narottamdas Madhavdas. His son Harkisandas Narottamdas donated an amount of Rs. 28,750/-. The major expenditure of this Hospital was borne by this family, so this hospital was named as Narottamdas Madhavdas Mental Hospital.

Total area of Hospital : 72 acres  
Builtup area : 28.5 acres  
Quarters : 5.5 acres  
Open area : 38 acres

In the beginning the total bed strength of this Hospital was 200. Civil Surgeon was the Incharge of this Hospital.

In 1947 the bed strength was increased to 600, again in 1954 it was increased to 1191.

In the year 1961 the bedstrength raised to 1765 and now the present Medical Superintendent, Dr(Mrs) S.A.Malve is a senior psychiatrist. The bed strength of the Hospital is 1850 with 800 beds for female.

In the year 1989 the name of this Hospital was changed to Mental Health Institute, later in 1992 it was renamed as Regional Mental Hospital, Thane.

Outdoor Patient Department started since 1983.

6) Since 1949 Ganesh Utsav is celebrated every year. Golden Jubilee was celebrated in 1999.

The interest generated was to be used to improve the quality of food, clothing and medical care. In addition it was felt that providing activities of amusement and recreation would alleviate, and even cure the suffering of the mentally ill.

All wards are closed ward. There are no open or special ward. There are separate wards for criminal and undertrial patients, patients with epilepsy, Hansens disease and medically ill.

J) MOU with State Government

K) MOU with other State

## 2. HOSPITAL INFRASTRUCTURE :

### 2:1 Architecture of the Hospital :

The Hospital is a complex of several tiled roof buildings spread over 45 acres of land. It is surrounded by a high jail like wall with barbed wire on the top. Many of the old structures are unfit for use. Some of the buildings still in use are in poor condition with problems aggravated in the monsoon season. They require frequent repairs, painting and maintenance work. One feature of this Hospital is the presence of a unit of the PWD in the Hoswpital. This has resuled in their being responsive to the needs of the Hospital. However a new building is urgently required and the old structures can be demolished in a phased manner.

### 2.2 :

Number	Type of ward	Available	Total no. of wards existing
2.21	Closed ward	Yes	30
2.22	Open wards	No	No
2.23	Paying wards	No	No
2.24	Family ward	No	No
2.25	Children ward	No	No
2.26	Alcohol & Drug	No	No
2.27	Criminal ward	Yes	
2.28	Isolation ward	No	No

2.29 Chronic ward

2.2.10 Others

Yes

2:3 : In the general category what are the basic facilities available :-

- Out patient department
- Services of barber are available
- The kitchen is housed in separate building. It is well lit And ventilated
- Laboratory investigations
- Drugs and modified ECT
- Recreational facility like television, music and indoor games- There is a temple in the Hospiotal campus. Staff anf patients together celebrate various National Religious festivals.
- There is a post of Yoga teacher and many patients learn Yogas and Pranayam etc.

2.4 : In paying category what are the extra facilities available :

There is no paying category, But maintenance charges are recovered according to Government orders.

2.5

Bed strength	Male	Female	Children	Criminal	Total
1850	1050	800			1850

2.6 Describe the Administrative setup of the Organization :

The Medical Superintendent is the overall in charge. She is assisted by 6, at present 4 post of psychiatrist are vacant., 9 psychiatric social workers and 24 trained psychiatric nurses, at present 10 posts of psychiatric nurses are vacant.. In addition there are 18 Medical Officers, including an anesthetist and 90 nurses. There are 9 Occupational therapist out of them 2 posts are vacant, 16 paramedical staff, 37 office staff, and 485 group D staff. There are at present no clinical psychologist with 2 post lying vacant.

2.7 Are the buildings properly maintained :

The buildings are not properly maintained. They should be repaired, painted and the regular maintenance should be there.

2.8 If not reason for the same :-

Inadequate grants.

2:9 Is it a private or Government building :

It is a Government building.

210 Persons responsible for maintenance :

P.W.D Department

## 2.11 Describe infrastructural inadequacy if any

### "Human Resources"

- (i) Post of Psychiatrist, clinical psychologist, and psychiatric nurses should be filled up.
- (j) There should be placement of Post Graduate students of M.D Psychiatry compulsorily for six months i.e one term in Mental Hospital as a part of curriculum of the course.
- (k) **Material and Supplies :-**

#### **i) -Linen :**

Adequate supply should be there, as per norms ( Norms chart is attached herewith )

#### **ii) Furniture :**

Furniture items for e.g cots for every patient, cupboards for keeping medicines and files of patient, racks and trollys etc.

#### **(.) Buildings:-**

= Almost all wards (buildings ) needs regular maintenance, painting, adequate water supply . Regular repair and maintenance of drainage system.

= **Need** adequate toilet as per norms. One toilet per six patients (6) in each ward.

= Almost all residential buildings for Nurses and Attendants should be repaired, painted, regular maintenance should be provided.

#### **(v) Electric Maintenance :-**



(e) Electric Maintenance :-

Adequate and proper wiring, switch board, fans and tube lights for every ward, office, road light etc. Post of electrician for full time for hospital is needed for regular maintenance.

2) Medicine :-

New psychiatric drugs are provided. Supply of Psychiatric and Non psychiatric medicines should be adequate and regular.

3) Training :-

The same in services training programme should be planned for training of all 4 Mental Hospitals for following category of staff :

Medical Officers  
Nurses  
Psychiatric social worker  
Occupational Therapist  
Attendants

Already training is being taken for above category of staff members of this hospital.

Inadequate grants for (i) Material and Supplies (ii) Linen (iii) Maintenance of building and electricity and over all maintenance for various systems (AMC)

2.12 If inadequate, suggest remedial measures :

### 3) STAFFING PATTERNS

#### 3-1 Staffing pattern :

Sr.No	Designation	Sanctioned post	Post filled in	Post vacant
1)	Medical Superintendent	1	1	-
2)	Deputy Superintendent	1	1	-
3)	Psychiatrist	6	2	4
4)	Anesthetist, Cl.I	1	1	-
5)	Clinical Psychologist	2	2	-
6)	Medical Officers (Out of which 3 are psychiatrist)	18	18	-
7)	Matron	1	1	-
8)	Assistant Matron	2	2	0
9)	Medical Officer, cl.III	1	1	0
10)	Psy. Nurse	24	14	10
11)	Sister Incharge	18	18	0
12)	Staff Nurse	90	89	1
13)	Psychiatric Social Worker	9	8	1
14)	Occupational Therapist	9	7	2
15)	Office staff	37	31	6
16)	Other paramedicals (e.g technicians, pharmacist etc)	16	16	-

17)	Other Group D staff (e.g attendants, barber, cook, and peons )	485	477	8
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3.2 Non psychiatry visiting consultants :

Information is Nil.

3-3 Staff members who stay in the campus of the Institution :

Information is submitted herewith in separate annexure.

3.4 Whether the staff is adequate :

The staff is adequate. Only the post of Psychiatrist, clinical psychologist and psychiatric Nurses should be filled



- 3.6 Working hours of the doctors: 8-30 a.m to 3-00 p.m
- 3.7 Working hours of other staff: 10-00 a.m to 5-45 p.m
- 3.8 Whether the service condition Is reasonable Yes
- 3.9 Are the staff qualified and Suitable for the job : Yes
- 3.10 Are the members of staff Given any special training : Only departmental training is given
- 3-11 Suggest remedial measures for Improving pattern

#### 4. ADMISSIONS AND DISCHARGE;-

##### 4-1 Describe the admission and discharge process

All admissions are governed by the Mental Health Act 1987 with the admitting authority being the psychiatrist, police, and judiciary. However voluntary admissions are very low.

Decertification is done by the board of Visitors and patients discharged with their relatives and with staff member of this Hospital. In some circumstances Male and female both patients are sent with Hospital escort. Discharge problems are mainly due to inadequate family support., families living far away from the Hospital without adequate emergency care closed by and readmission perceived as being difficult. Almost 40 % of the cases are readmitted and this is largely due to drug default or inability to adjust to the home environment. Patients are informed of their rights

4-2 Procedure of admission governed by: Mental Health Act 1987

4-3 Admitting authorities : Psychiatrist, Police and Judiciary

4-4 Are the rights of voluntary patients made known to them at the time of admission : Yes

4-5

Number and type	1992	1993	1994	1995	1996	Total
Voluntary Brought by relatives	310	265	310	176	59	1120
Involuntary Brought by court	1080	1022	1083	1157	1157	5499
Discharges	2194	2136	1917	2242	1841	10330
Deaths	91	123	126	68	117	525
Suicide	0	3	1	0	0	4
Homicide	0	0	0	0	0	0
Escape	7	9	4	3	11	34

**Number of patients staying in Hospital As on 31-7-2009**

	1 year	1-2 year	2-3 year	5-10 year	10-15 years	Above 15 years
Male	370	78	62	49	42	38
Female	192	47	46	68	127	108

- 4-7 Average Duration of stay: 3 months
- 4-8 Proportion of repeat Admission during last year 40 %
- 4-9 Reason for repeat Admission home
  - 1) Drug default
  - 2) inability to adjust to the Environment
- 4-10 Decertification done by Board of Visitors
- 4-11 Discharge procedures for undertaking Involuntary admission
  - 1) Sent with relatives
  - 2) Sent home with Hospital escort
  - 3) Sent home alone
- 4-12 Problems of discharge support
  - 1) Inadequate family
  - 2) Families living far away from Hospital without adequate Emergency care closeby Readmission perceived as Being difficult
- 4-13 Describe the police dept Responsibility in discharge
  - 1) If the address is not traceable than the Police authority of that Particular area requested to trace and Confirm the address
  - 2) When patient is discharge through Visitors Committee and if inspite of repeated reminders

C.  
charge

Relatives do not come to take

Of patient, than with the help of  
Police, patient is handed over to  
Relatives.

- 4-14 What are the action strategies : 1) Repeated letters were sent to  
to discharge long stay patients relatives to take charge of pt  
or if the address is not traced  
than with the help of police  
the address is traced and pt  
sent to relatives with the help  
of staff members and police  
authorities.  
2) Psychiatric social worker  
Of this Hospital gave frequent  
Visits to patients relatives and  
request them to visit this  
hospital and took patient  
home.
- 4-15 Any strategy evolved to trace :  
the address of wandering  
lunatics
- 4-16 In case of grivences do patients :  
Have a right to appeal, if yes  
Describe the procedure
- 4-17 Suggest any remedial measures  
To improve admission &  
Discharge procedure



5) **Finance :-**

**5-1**

Budget	1992	1993	1994	1995	1996	Total
Plan						
Non plan						
Special funds for improvement if any						

**5-2**

Mode of expenditure	1992	1993	1994	1995	1996	Total
Salaries for staff						
Drugs						
Food for patients						
Linen for patient						
Equipments						
Furniture						
Maintenance						
Others						
Total						

**5-3**

Maintenance of separate accounts for various funds : Yes

5-4

Donations received in cash	
1992	Nil
1993	Nil
1994	Nil
1995	Nil
1996	Nil
Total	Nil

5-5

Donations received in kind in the last 5 years, describe :-

Information attached herewith.

5-6

If the budgetary allocation adequate                      No

5-7

If inadequate suggest remedial  
Measures

5) Finance :-

5-1

Budget	1992	1993	1994	1995	1996	Total
Plan						
Non plan						
Special funds for improvement if any						

5-2

Mode of expenditure	1992	1993	1994	1995	1996	Total
Salaries for staff						
Drugs						
Food for patients						
Linen for patient						
Equipments						
Furniture						
Maintenance						
Others						
Total						

5-3

Maintenance of separate accounts for various funds : Yes

5-4

Donations received in cash	
1992	Nil
1993	Nil
1994	Nil
1995	Nil
1996	Nil
Total	Nil

5-5

Donations received in kind in the last 5 years, describe :-

Information attached herewith.

5-6

If the budgetary allocation adequate                      No

5-7

If inadequate suggest remedial  
Measures

6) CASULTY AND EMERGENCY SERVICES;-

The Hospital does not have a casualty and emergency services. There is no short stay ward. There is one ambulance on roadworthy condition. Excited patients are admitted directly by the duty doctor. In patients with medical emergencies are transferred in the ambulance to the General Hospital with a nurse or attendant.

7) OUTPATIENT DEPARTMENT

7-1	Out patient services	:	Present
7-2	If present frequently	:	Daily
7-3	Out patient service timing	:	8-30 a.m. to 1-00 p.m.
7-4	No. of cases seen in O.P.D Per day	:	100 to 150
7-5	No. of emergency cases seen In OPD per day	:	Nil
7-6	Number of patients brought Chained/ roped	:	1-2 in a day

7-7 Number of staff posted to OPD in last 5 years :

Designation	1992	1993	1994	1995	1996
Trained psychiatrist	2	2	2	2	2
General Medical Officer	2	2	2	2	2
Clinical Psychologist	0	0	0	0	0
Psychiatric Social Worker	1	1	1	1	1
Trained psychiatric Nurses	1	1	1	1	1
General Nurses	1	1	1	1	1
Technician	0	0	0	0	0
Administrative staff	1	1	1	1	1
Attendants and peons	3	3	3	3	3
Pharmacist	1	1	1	1	1

7-8 Total number of interview rooms in OPD

There is one interview room in O.P.D

7-9 Average time spent on each patient : Approximately 15- 20  
Minutes

7-10 Average time allotted to each pt : 1-1/2 hour  
On his subsequent visit

7-11 Average waiting time for a patient : 15 to 20 minutes for  
new  
to be seen by a doctor  
patient and followup pt  
5 to 10 minutes

7-12 Waiting hall for the patient in : There is waiting hall for  
OPD  
patient in OPD

- 7-13 Average no. of persons who : 90 to 100 patients  
Could be accommodated in  
Waiting hall
- 7-14 Waiting room seating : Present  
arrangement
- 7-15 Seating condition : Average
- 7-16 Availability of free drugs : Only State  
Government  
In the OPD : servant avail this  
facility
- 7-17 of deserving patients : 2 to 5 %  
Getting the benefit of free  
medicines
- 7-18 List of free drugs provided : NA
- 7-19 Duration of free drugs : NA  
provision
- 7-20 Ragistration fee if any : Rs.5/-
- 7-21 Charges for other OP services : Rs. 10/- upto 7 days  
and  
Rs.30/- for more than  
7 days.
- 7-22 Are the facilities in out pt :  
adequate
- 7-23 If inadequate suggest remedial :  
measures

8. Inpatient services

8-1 Description of typical day activities for the patients :-

Recreational facilities are present in the form of television, music indoor and outdoor games and some magazines and newspaper. For recovered patients Yoga therapy, Physical exercise and indoor and outdoor games. occupational therapy is carried out with activities such as screen printing, weaving, carpentering and tailoring. The number of patients utilizing this facilities is very low being largely limited to those who have recovered from the illness. No special inputs are made for the large number of chronic patients. The Occupational Therapists have had no training in dealing with psychiatric condition. The lack of a clinical psychologist for developing intervention modules is acutely felt.

- 8-2 **Cleaning of the inpatient ward :-** Daily
- 8-3 Frequency of bath for in patient :- Daily
- 8-4 Frequency of dress change :- Daily
- 8-5 Frequency in linen changing :- Daily
- 8-6 Plinth area per patient :-

8-7

<u>Availability of</u>	<u>In wards</u>	<u>In stock</u>
Cots	Available	
Mattresses	Available	
Linen	Available	
Pillows	Available	
Warm clothes	Available	
Blankets	Available	
No. of pillow/pt	1 pillow	
No. of blanket/pt	1 blanket	
Instead of sweater	1 bandi	
Woolen bandi is provided		
No. of towels / pt	1 towel	



- 8-8 Are patients allowed to wear their own dress : Yes**
- 8-9 If no any specific reason : Nil
- 8-10 Specific uniform for males : Present
- 8-11 Type and colour of the uniform : Kurta, Paijama is blue and bandi is black
- 8-12 Specific Uniform for female : Present
- 8-13 Type and colour of uniform : Types are Salwar Kurta & frocks and the colours Maroon, blue and pink
- 8-14 No. of uniforms available/pt : 4 uniforms for 1 patient
- 8-15 No. of washing platforms  
Male ward : 1 platform
- 8-16 Basic facilities in the ward like
- Ratio of toilet/pt : 1:13
- Ratio of fans/pt :
- Ration of cots :
- Ratio of chairs :
- 8:17 Privacy for the patient in ward: Present
- 8-18 provision of recreational Facilities in the ward : Present
- 8-19 If yes provision available : Television,radio,newspaper
- 8-20 Facilities for keeping pts Belonging in the ward : Lockers are not adequate in number
- 8-21 If present :

- 8-22 Do the staff maintain the record : Yes  
Of manstruation
- 8-23 Do the staff maintain the record : Yes  
Of each patients weight
- 8-24 Shaving of head for patients :  
Male : Yes  
Frequency Once in a month
- Female : Yes  
Frequency Only when  
delousing  
Measure are  
inadequate
- 8-25 Hair cut and face shaving for  
Male patient  
Frequency of hair cut Once in a month  
Frequency of face shave weekly
- 8-26 Provision of inpatient Present  
Emergency car
- 8-27 Anti lice/bug measures adopted Present
- 8-28 If present, frequency Quarterly
- 8-29 Anti Mosquito measures Present
- 8-30 If present, type Window attached mosquito  
Mesh.
- 8-31 Percentage of paying patients 70%.
- 8-32 Percentage of non paying pts 30%.

8-34 Declaration Order through court, Yellow  
ration card, or certificate  
from Tahasildar of that  
Particular area.

8-34 Seclusion wards/Single rooms : Absent

8-35 If yes number of rooms : NA

8-36 Usage of such rooms : NA

8-37 Presence of duty room in ward : Yes

8-38 If present facilities available : Chair is  
their for Patient

8-39 Visiting hours

8-40 Are the facilities in inpatient : No  
Adequate

8-41 If inadequate, suggest remedial  
measures

**"Human Resources "**

(m) Post of Psychiatrist, clinical psychologist, and psychiatric nurses  
should be filled up.

(n) There should be placement of Post Graduate students of M.D  
Psychiatry compulsorily for six months i.e one term in Mental  
Hospital as a part of curriculum of the course.

(o) **Material and Supplies** :-

**i) -Linen :**

- (c) Adequate supply should be there, as per norms ( Norms chart is attached herewith )

**ii) Furniture :**

Furniture items for e.g cots for every patient, cupboards for keeping medicines and files of patient, racks and trollys etc.

**(p) Buildings:-**

= Almost all wards (buildings ) needs regular maintenance, painting, adequate water supply . Regular repair and maintenance of drainage system.

= **Need** adequate toilet as per norms. One toilet per six patients (1:6) in each ward.

= Almost all residential buildings for Nurses and Attendants should be repaired, painted, regular maintenance should be provided.

**(e) Electric Maintenance :-**

Adequate and proper wiring, switch board, fans and tube lights for every ward, office, road light etc. Post of electrician for full time for hospital is needed for regular maintenance.

**2) Medicine :-**

New psychiatric drugs are provided. Supply of Psychiatric and Non pschiatric medicines should be adequate and regular.

**3) Training :-**

Already training is being taken for the following category of staff members of this hospital.

Nurses  
Psychiatric social worker  
Occupational Therapist  
Attendants

9. Dietary and pantry facilities:-

9-1 What is the prescription regarding Quantity and quality of food

The kitchen is housed in the separate building. It is well built and ventilated. Food is prepared hygienically and cooked on gas. Female patients help in the making of chapatias as a part of Occupational therapy. Three meals + tea amounting to 2700 calories as per Civil Medical Code at the cost of Rs. 35/- per day are served for each individual. A staff member checks the cooked food every day before it is distributed. Patient carry the food in closed steel container to the wards. The food is served on steel plates and patients sit on the floor either in the verandah inside the ward or weather permitting, on a cemented area outside the ward. Drinking water is available in the wards. Seasonal fruits can be added to the diet.

9-2 What is the budgetary allocation for food for the past 5 years

1992 Rs.  
1993 Rs.  
1994 Rs.

Sr.no	Timing	Food	Carbohydrate(g m)	Protein (gm)	Fat oil	Energy(Kcal)
1	Morning 6.30	Tea(170ml)	28	5.41	6.95	196.4
2	Morning 8.30	Break fast 85gm Bread 30gm sprout 1-Banana 240ml-milk	81.2	8.8	7	406.8
3	Afternoon 1.00	Lunch 100gm-wheat 55gm- rice 140 Vegetable 40-Pulses	263	28.4	19.65	878.35
4	Afternoon 1.00	Tea(170ml)	28	5.41	6.95	196.4
5	Evening 7.30	Dinner 100gm-wheat 55gm- rice 140 Vegetable 40 Pulses	263	28.4	19.65	878.35
<b>Total</b>			666.2	76.42	60.2	2556.7

On every Wednesday 1 egg per pa. & on every Friday 85gm of chicken which gives  
 carbohydrate - 31 gm  
 Protein - 14.6 gm  
 Energy - 337.9 gm

9-11 Supply of coffee, tea or milk Yes

9-12 Service timings of diet

Morning tea - 6-30 a.m.

Breakfast - 8-3 a.m

Lunch - 1-00 p.m

Tea --3-30 p.m

Dinner - 7-00 p.m

9-13 Provisions of drinking water to patients :-

Drinking water is available in the wards-

9-14 Provisions of water cooler Yes

9-15 Number of water cooler present

9-16 Food supply i. Containers carried  
By patients  
It Hand pulled trolley

9-17 Food supply provisions Closed container

9-18 Number of open container & capacity NA

9-19 No. of closed container & Capacity

9-20 Details of diet & diet schedule Attached  
herewith

9-21 Mode of cooking Gas supply

9-22 Hygienic condition of the pantry Very Good

9-23 Mode of serving Plates and cups

6)	X-Ray	30.-
7)	EEG	120.-
8)	HIV screening	-
9)	Hepatitis-B	-

**10-4 Charges for assessment**

- i) I.Q/ Cognitive functions : Rs. No charges
- ii) Personality assessment :
- iii) Diagnostic psychological test :
- iv) Home visits :
- v) Collateral contacts :

**10-5 Timings for various investigations ;**

Inpatients :

Outpatients

**10-6 Timing for issue of the results of investigations :**

Inpatient

Outpatient

**10-7 Treatment facilities**

	Inpatient	Outpatient
Pharmachotherapy		
Direct ECT	No	No
Modified ECT	Yes	Yes



### 10-8 Treatment facilities

Psychotherapy counseling	Yes	Yes
Behavioral therapy	Yes	Yes
Psycho-education	Yes	Yes
rehabilitation	Yes	Yes

### 10-9 Control of violent patients :-

### 10-10 Specific problem in investigatory and treatment facilities

### 10-11 Suggest remedial measures to improve investigatory and treatment facilities :-

### 11:- Medical records

- 11-1 Are there separate case file for Each patient Yes
- 11-2 If No reason for the same NA
- 11-3 Average time taken to retrieve the Case files
- 11-4 Total no. of case files maintained About 68500/-
- 11-5 Total number of staff in Medical Record department 2
- 11-6 Maintenance of case files Individual files
- 11-7 Filling of unit wise results of,

○	Investigations, particulars of patients patients correspondence	Individual patients file
11-8	Retrival of files from Medical Records	
11-9	Percentage of papers files non Retrievable	
11-10	Assess pf patients record	To all
11-11	Confidentiality of case records	Yes
11-12	Complaints on record maintenance	No

12 Rights of patients :-

12-1	Explanation on the nature of illness, Treatment, prognosis of the patient given to family	Provided to all
12-2	Are family members allow to see the patients in wards	All are allowed
12-3	Are they encourage to take the Patient out and take part in recreation activities	All are encouraged
12-4	Describe any programme for family Intervention	
12-5	Do the patient write letters to their home	All are allowed

13-3 Drainage facility of the Hospital	Closed drainage
13-4 Water facility in the campus	Adequate
13-5 Current water storage capacity	
13-6 Availability of canteen facilities	There is no canteen In hospital premises
13-7 Telephone facility in the Hospital	Adequate
13-8 Library facilities for patient	Present
13-9 If present details # available	Daily news paper
13-10 Library facility for staff and trainees	Absent
13-11 If present details # available	
13-12 <b>Recreational, Social and religious facilities available for the patients :-</b>	

Recreational facilities are present in the form of television, music, indoor games and some news paper. There is a temple in the campus. Staff and patients together celebrate various National and religious festivals. The Hospital has been winning the first prize for its stall during the Ganesh Pooja Festivities

#### 14- Board of Visitors/ Management

14-1 Describe the decertification procedure adopted in your Institution

Decertification is done by the Board of Visitors and patients discharged with their relatives.

14-2 Presence of Board of Visitors                      Yes

14-3 If present detail the composition Of board The list of members is as follows

- 1) Director of Health Services, Bo.bay
- 2) District and Sessions Judge, Thane
- 3) Aayukta Apanga Kalyan or their Representative
- 4) Dr. Dilip Joshi, Psychiatrist
- 5) Dr. V.R.Mahajan, Clinical Psychologist
- 6) Dr. Geeta Joshi, Clinical Psychologist
- 7) Smt. Mona Date, Psychiatric Social Worker
- 8) Ad. Smt. Chaya Haldankar
- 9) Deputy Director of Health Services, Bombay Circle, Thane
- 10) Civil Surgeon, Thane
- 11) Executive Engineer, PWD. Thane
- 12) Superintendent, Central Prison, Thane
- 13) Dr(Mrs) Malve, Superintendent, RMH, Thane

14-4 Byelaws regarding procedure To be adopted in the board or Other sub committees As per Government Resolution number

14-5 Frequency of the board of visitors Once in month

14-6 % of all admissions with Involvement of legal procedures 99% admissions are with legal involvement Only 1 % are on Voluntary basis

14-7 % of all readmissions of legal Involving legal procedures 40 %

14-8 Implementation of Mental Health Act 1987 Fully complied

14-9 Reason for partial or non compliance NA

14-10 Detail the problem in implementing Mental Health Act 1987

15: Rehabilitation services:

Present of separate section for rehabilitation and vocational training in the Mental Hospital: Yes

If present enumerate vocational sections: Occupational Therapy department, Tailoring department, Weaving department,

Presence of sheltered workshop : Absent

If present enumerate sheltered workshop- NA

Presence of Occupational Therapy \_ Present

If present enumerate occupational therapy programme: Tailoring, Weaving, Library, , Carpentering, Printing etc

Presence of scheduled activity programme : For all

Presence of day care facility Present

Is their regular production No

If present describe the production NA

Rehabilitation ward in the hospital : 1 ward in 1 unit approximate 200 inmates provided with facilities

Describe the half way homes facilities : No

Presence of long stay facility : Yes

If present number of wards,number : one ward in one unit,  
Approximate 40 %

Of inmates

Rehabilitation programme : Combined for Male and female

Rehabilitation facilities for mentally ill

Children:- Nil

Rehabilitation programme for mentally and  
Mentally retarded : Combined

15-19 to 15-23 Information is Nil

15-24 Are the patients used for routine Hospital work : Yes as a part  
of occupational therapy

Are the patients paid incentives No

If so describe the procedure adopted NA

Therapeutic techniques followed : 1) Behavioural modification  
in rehabilitation 2) Group  
approaches

3) Therapeutic community

4) Family counselling

Types of volunteers Voluntary agency personnel

Describe the family role Planning and training

Facilities for NGO Present

If present describe the programmes : Diwali, Independence day,  
Raksha bandhn etc

Type and number of NGO involved : 1) Aniruddha trust

2) Sewadham

3) Rotary club

4) Lions club

5) Innerwheel

15-40 Do you have any difficulty in the area of rehabilitation :

Inadequate staff, inadequate raw material, No sale of production

15-41 Describe any specific inputs needed in the area

There should be rehabilitation centre

16:- Community Services

16-1 Describe the existing community mental Health activities and services carried out by Hospital :

Psychiatrist from this Hospital visit Adahrwadi Jail, Beggars Home, Chembur, Childrens home, Ulhasnagar, and Bhiwandi

16-2 Describe the activities undertaken towards implementation of National Mental Programme :

IPD,OPD,Disacharges, community services, Training of Medical Officer, Day care centre, rehabilitation centre, Occupational therapy etc

16-3 NA

16-4 Are there any teaching activities : Yes

16-5 If present describe : For Psychpology students, for Nurses for MBA students for architecture student

Report on the ongoinh District Mental Health Programme in the State and the involovment of Insitutions :

- 16-6 Report on the ongoing districts Mental Health Programme in the State and the involvement of the Institution :

The programme is taken place in the District Jalgaon and Alibag and it is proposed in the Districts Nasik, Dhule, Nandurbar

- 16-7 Any other communityt out reach programmes carried out by the Institution :

Exhibition, Street play during Mental Health weak., Group discussionetc.

- 16-9 Are there any extension service programme outside the Mental Hospital like consultation visit

Psychiatrist from this Hospital visits Adahrwadi Jail, Beggars Home Chembur, Orphanage of children at Bhiwandi and Ulhasnagar once in a month.

- 16-10 Provision of Mental Health Care at General Hospital, Psychiatric units and District Hospital : Present

16\_11

- 16:12 What are the stumbling block in extension of Mental Health Care activities : Inadequate staff

- 16:13 Suggest remedial measures towards organization of community mental health activies

DNB Course for psychiatrist

DPM for Doctors

DPN for Nurses and Psychiatric Social Workers

Clinical psychologist



**17: Staff Training**

17-1 Do meeting of the following staff take place

- |                         |     |
|-------------------------|-----|
| 1) Medical staff        | Yes |
| 2) Non Medical MH staff | Yes |
| 3) Nurses               | Yes |
| 4) Ward Attendent       | Yes |
| 5) Class D              | Yes |

If so how frequently :-

Once in a month

17-3 Are their in service training programmes for the medical and non medical staff Present

17-4 If so describe

- For Medical staff psychiatric training
- For para medical as per their job chart
- For Nurses psychiatric training and how to Behave with mental patients
- For Attendents, how to handle mental patients

17-5 Percentage of staff burn out Among the total staff

17-6 What are the main reasons For a motivation among The staff of Mental Health Care activities.

50 % staff stays in nearby area  
They get good salary

C

**20- Quality of care for the mentally ill**  
**Human Resources "**

- (q) Post of Psychiatrist, clinical psychologist, and psychiatric nurses should be filled up.
- (r) There should be placement of Post Graduate students of M.D Psychiatry compulsorily for six months i.e one term in Mental Hospital as a part of curriculum of the course.
- (s) **Material and Supplies :-**

**i) -Linen :**

Adequate supply should be there, as per norms ( Norms chart is attached herewith )

**ii, Furniture :**

Furniture items for e.g cots for every patient, cupboards for keeping medicines and files of patient, racks and trollys etc.

(i) **Buildings:-**

= Almost all wards (buildings ) needs regular maintenance, painting, adequate water supply . Regular repair and maintenance of drainage system.

= Need adequate toilet as per norms. One toilet per six patients (16) in each ward.

= Almost all residential buildings for Nurses and Attendants should be repaired, painted, regular maintenance should be provided.

(e) **Electric Maintenance :-**

Adequate and proper wiring, switch board, fans and tube lights for every ward, office, road light etc. Post of electrician for full time for hospital is needed for regular maintenance.

2) Medicine :-

New psychiatric drugs are provided. Supply of Psychiatric and Non psychiatric medicines should be adequate and regular.

3) Training :-

Already training is being taken for following category of staff members of this hospital.

Medical Officers  
Nurses  
Psychiatric social worker  
Occupational Therapist  
Attendants

CERTIFICATE

Certified that the particulars in respect of REGIONAL MENTAL HOSPITAL, THANE given under serial numbers 1 to 20 of the above questionnaire are true to the best of my knowledge and belief.

Date

*W. Mahu*  
Medical Superintendent  
Regional Mental Hospital, Thane  
- Medical Superintendent  
Regional Mental Hospital, Thane.

# OCCUPATIONAL THERAPY EVALUATION

Name: \_\_\_\_\_

Diagnosis \_\_\_\_\_

## History of the Patient

**Birth & Childhood History** FTND  Complicated

**Educational History : Qualification** \_\_\_\_\_

Attitude to school	Regular	<input type="text"/>	Irregular	<input type="text"/>		
Performance in school	Average	<input type="text"/>	Above Av	<input type="text"/>	Below Av	<input type="text"/>
Relationship with teachers	Good	<input type="text"/>	Fair	<input type="text"/>	Poor	<input type="text"/>
School Drop out	Yes	<input type="text"/>	No	<input type="text"/>		
Reasons if any	Social	<input type="text"/>	Personal	<input type="text"/>	Psychiatric	<input type="text"/>

**Occupational History : Age of starting job** \_\_\_\_\_

**Type of job :** Skilled    Unskilled    Executive    Clerical    Farmer    Housewife    Other \_\_\_\_\_

H/O frequent change in job    Yes     No

**Social History :** Social     Asocial

**Family History:** \_\_\_\_\_

**Hobbies :** \_\_\_\_\_

**Habits :** \_\_\_\_\_

**Premorbid Personality :** \_\_\_\_\_

**Past History :** H/o medical illness:  H/o mental illness:

### Examination

Appearance	Tidy	<input type="text"/>	Untidy	<input type="text"/>		
Attitude	Co-operative	<input type="text"/>	Uncooperative	<input type="text"/>		
Eye Contact	Maintained	<input type="text"/>	Not maintained	<input type="text"/>		
Thought process	Relevant	<input type="text"/>	Irreverent	<input type="text"/>		
Delusions	Present	<input type="text"/>	Absent	<input type="text"/>		
Hallucinations	Yes	<input type="text"/>	No	<input type="text"/>		
Orientation in	Time	<input type="text"/>	Place	<input type="text"/>	Person	<input type="text"/>
Status of Memory	Good	<input type="text"/>	Fair	<input type="text"/>	Poor	<input type="text"/>
Insight	Present	<input type="text"/>	Partial	<input type="text"/>	Absent	<input type="text"/>
Judgment	Present	<input type="text"/>	Impaired	<input type="text"/>		
Behavior	Restless	<input type="text"/>	Muttering /	<input type="text"/>	No Specific	<input type="text"/>
			Crying & Laughing			
Psychomotor activity	Normal	<input type="text"/>	Restless	<input type="text"/>	Excited	<input type="text"/>

### Activities of Daily Living

Self Care & Personal Hygiene	Dependent	<input type="text"/>	Partially Dependent	<input type="text"/>	Independent	<input type="text"/>
Communication	Verbal	<input type="text"/>	Nonverbal	<input type="text"/>		
Travel & Mobility	Dependent	<input type="text"/>	Partially Dependent	<input type="text"/>	Independent	<input type="text"/>

**O.T. Rx :-** \_\_\_\_\_

O.T.

## OCCUPATIONAL THERAPIST'S OBSERVATION

	Name			
Sr. No	Performance Skills	Month 1	Month 2	Month 3
	Gradation Poor / Fair / Good			
1	Interest in activity			
2	Interest in completion			
3	Initial Learning			
4	Complexity / organisation			
5	Problem solving			
6	Retention & recall			
7	Speed of performance			
8	Activity neatness			
9	Concentration			
10	Frustration tolerance			
11	Work tolerance			
12	Sociability with therapist			
13	Sociability with patient			

प्रादेशिक मानोरुग्णालय, ठाणे येथेसन-२००५-१०या वर्षात देणगी वस्तुस्वरुपात देण्यात आलेल्याची यादी

एन. १००५. १००६

अ.क्र	वस्तुचे प्रकार	सख्या	किमत
१)	सिलीग फॅन	२	१६००
२)	लॅरीगोरकोम सेट	२	—
३)	वाँकर	२	—
४)	फूड ट्रॉली	१	—
५)	स्टेचर ट्रॉली	१	—
६)	ऑबू बॅग सिलेक्शन	३	४३५०
७)	स्टेचर ट्रॉली	५	१९२५०
८)	डायमन्ड बी पी ऑप्रेटर	५	४१००
९)	ई टी टयूब्स	४	१७००
१०)	लीब्रा वेटीग मशिन	६	५४००
१२)	मिक्सर मोठा	१	३०००
१३)	स्टील बादली	१२	—
१४)	कपडे	२५	—
१५)	रिंग, बॉल, बॅट मिटन	१२	—

सन:- २००६-०७

अ.क्र	वस्तुचे प्रकार	सख्या	किमत
१)	क्रिकेट सेट	१	—
२)	सेलर वाटर हिटर	१	३८३७२
३)	क्लर टि.व्ही., व्हि डी ओ	१	३२००
४)	स्तरजी	६०की ग्र	६०००
५)	वरफूल फ्रीज	१	—
६)	पि वि सी पाइप	२ बंडल	१३००

सन:- २००७-०८

अ.क्र	वस्तुचा प्रकार	सख्या	किमत
१)	इलेक्ट्रीक किचन स्केल	१	१०२
२)	प्लॅस्टीक बॅग सिलींग मशिन	१	८१६
३)	फ्रिज	१	—
४)	वॅब कॅमेरा	१	२०००
५)	यु पी एस ५०० व्हि.अे	१	१९५०
६)	गॅस किट	२	१२०००
७)	स्टॅपिलायढार	३	२३००
८)	यु. पि. एस.	३	६०००
९)	एफ. एम. रेडीओ	३०	प्रत्येकि २०० प्रमाणे
१०)	इलेक्ट्रीक ट्यूब	५०	५२५०
११)	प्लॅस्टीक खुर्च्या	१००	—
१२)	यू. पी. एस.	२	४०००
१३)	पेन ड्रायव्ह	२	१०००
१४)	स्विट तापसी		१००००
१५)	जूना टी.व्ही.	१	—
१६)	डवाची फणी	३६	१८०
१७)	पॅरेशूट तेल बाटली	३५	३५०



सन :- २००८-२००९

अ.क्र.	वस्तुचे प्रकार	सख्या	किमत
१)	अगांचा सावण	३६	२४२
२)	सोनी टि. व्ही१	१	-
३)	इमजन्सी लॅम्प	१२	-
४)	विडीयोकोन टि.व्ही.	१	८५००
५)	पोस्ट कार्ड	४००	२००
६)	खेळाचे साहित्य	३०	-
७)	व्हीडीयोकोन टी. व्ही	२	-
८)	अकाई टी. व्ही व सी डी प्लेअर	१	९०००
९)	डिस अँटीना	३	४५००
१०)	सोफा	१	-
११)	सोफा खुर्ची	२	-
१२)	कुशन खुर्ची	१	-
			-

दिनांक :- १०/८/१९

प्रति,

मा. अतिरिक्त संचालक (मा. आ)  
आरोग्य सेवा संचालनालय, मुंबई

( प्रत व मार्फत :- मा. उपसंचालक, आरोग्य सेवा, मुंबई मंडळ, ठाणे. )

विषय :- हाफ वे होम सेंटर मंजूरी बाबतचा प्रस्ताव.

उपरोक्त विषयान्वये प्रादेशिक मनोरुग्णालय, ठाणे, येथील मनोरुग्ण मंडळातील सुधारलेल्या रुग्णासाठी हाफ वे होम सेंटर कार्यन्वित करणे आवश्यक आहे.

त्या अनुषंगाने प्रादेशिक मनोरुग्णालय, ठाणे येथे हाफ वे होम सेंटर बाबतचा प्रस्ताव या पत्रासोबत सादर करण्यात येत आहे.

डे-केयर सेंटर एप्रिल २००८ मध्ये सुरु झालेल्या आहे. सोबत जोडलेल्या अडचणीमुळे त्यात सुधारणा होणे अत्यावश्यक आहे

वैद्यकीय अधिकारी.

प्रादेशिक मनोरुग्णालय, ठाणे.

dlc

आगाऊ प्रत :-

मा. श्री. अतिरिक्त जवळीकर, मा. अधिष्ठात्री, सार्वजनिक आरोग्य विभाग, मुंबई

प्रत :- मा. संचालक, आरोग्य सेवा, संचालनालय, मुंबई

प्रत :- मा. अतिरिक्त संचालक, (मा. आ) आरोग्य सेवा, मुंबई

MDBP

प्रस्तावना :-

उपचारांती घरी परतलेल्या रुग्णांची स्थिती पूर्ववत होते, याचे मुख्य कारण म्हणजे योग्य वेळेस औषधे न घेणे, तसेच नातेवाईकांची रुग्णांची असलेली वर्तणूक रुग्ण रुग्णालयात असतानाच जेव्हा आजारपणातून बाहेर पडून सामान्य परिस्थितीत येतो. व घरी जाण्याइतपत बरा झालेला असतो. अशा वेळेस रुग्णांसाठी हाफ वे होम व डे केअर सेंटर उपयुक्त ठरू शकते.

### हाफ वे होम

उद्दिष्ट :-

हाफ वे होमचे महत्वाचे उद्दिष्ट आहे की, येथे रुग्णांना आधारयुक्त वातावरणात तसेच त्यांच्यात बाहेरील जगात वावरण्याची व समाजात परत येवून स्वतःच्या पायावर उभे राहण्याची कौशल्ये शिकविण्यास मदत केली जाते.

- १) हाफ वे होममधील प्रवेशासाठी नियम/अटी व शर्ती  
--रुग्णालयातून डिस्चार्ज मिळालेले  
-- मानसिक दृष्ट्या स्थिर व पुर्नवसनास योग्य.

२) सेवा- सुविधा

- ❖ व्यक्तिशः समुपदेशन
- ❖ लहान गटांचे प्रशिक्षण
- ❖ सामुदायिक उपक्रम
- ❖ घरातील कामांचे प्रशिक्षण
- ❖ गृह भेट
- ❖ संदर्भ

३) सेवांचा वाव:-

- ❖ रुग्णाची राहण्याची व खाण्याची सोय
- ❖ मानसिक आजारांविषयी माहिती देणे व मानसिक आजारांविषयीचे गैरसमज दूर करणे.
- ❖ दैनंदिन जीवनातील कौशल्ये, सामाजिक संभाषण, घरगुती तसेच समुहजीवनातील, पैशांचा व्यवहार, मनोरंजन व उपलब्ध सामाजिक सोयींचा वापर याबद्दलची कौशल्ये शिकवणे
- ❖ नातेवाईकांसोबत संबध सुधारण
- ❖ व्यवसायिक समुपदेशन
- ❖ स्वतंत्र आयुष्य जगण्यासाठी हाफ वे होममधून डिस्चार्ज होण्यास तयार करणे.

## अर्ज करण्याची पध्दत :-

- ❖ मनोविकृतीतज्ञ, मनोसामाजिक कार्यकर्ता, मनोविकृती चिकित्सक, व्यवसाय उपचार तज्ञ यांच्या द्वारा:
- ❖ अर्ज मिळाल्यानंतर रुग्णास हाफ वे होम विशेषतज्ञांकडून परीक्षण करून तात्पूरत्या कालावधीसाठी निरीक्षणाखाली ठेवण्यात येईल.
- ❖ यानंतरच अर्जदारास प्रवेशास पात्र असल्यास रीतसर प्रवेश दिला जाईल. सुट्टीसंबंधी नियम :-
- ❖ अर्जदार स्वच्छेने बाहेर जाऊ शकतो.
- ❖ अर्जदार हाफ वे होममध्ये योग्यप्रकारे समायोजित न झाल्यास हाफ वे होममधील विशेषज्ञ अर्जदारास डिस्चार्ज देऊ शकतो हेच विशेषज्ञ अर्जदाराचे पूर्ण परीक्षण करून पाठपुरावा करतील.
- ❖ योग्य ते पुनर्वसन झाल्यावरच अर्जदार समाजात परत जाऊ शकतो.

### शुल्क :-

- ❖ दरमहा राहण्याचे व खाण्याचे शुल्क समाजकल्याण विभागाकडून ठरविल्याप्रमाणे आकारण्यात येईल.

### राहण्याचा कालावधी :-

- ❖ प्रत्येक व्यक्तीची पुनर्वसनातील गरज व प्रगती यावर राहण्याचा कालावधी अवलंबून आहे. साधारणतः २ वर्षे.
- ❖ हाफ वे होममध्ये पुरविल्या जाणा-या सेवा/कौशल्ये :-

- ❖ वैयक्तिक व परिसर स्वच्छतेविषयी जाणीव

या अंतर्गत वैयक्तिक व परिसर स्वच्छतेविषयी जाणीव निर्माण करून स्वतःचा परिसर स्वच्छ करावा म्हणजेच रुग्णास सामान्य अवस्थेत

आणण्यास मदत होऊ शकते.

### नियमित औषधोपचार :-

- ❖ नियमित औषधोपचाराविषयीची जाणीव करून महत्व पटवून देणे तसेच औषधोपचार न घेतल्यास आजार परत बळावण्याच्या शक्यतेचे हे तोटे सांगून औषधे वेळेवर घ्यायला हवी.

### कामाच्या सवयी :-

- ❖ आजार बळावण्याच्या स्थितीत रुग्ण काम करण्याची/अभ्यास करण्याची क्षमता वापरू शकत नाही. पुनर्वसनाद्वारे ही क्षमता पुर्णत्वाने वापरण्याचे शिकवण्यात येते.

### फावल्या वेळेचा उपयोग व व्यवहारीक ज्ञान :-

- ❖ लाभार्थीस फावल्या वेळेचा सदुपयोग करून वेळेचे व पैशांचे व्यवस्थापन करण्यास शिकविले जाते.
- ❖ वैयक्तिक व कौटुंबिक चिकित्सा पध्दती :-
- ❖ या पध्दतीनुसार लाभार्थीच्या प्रशिक्षण कालावधी वैयक्तिक चिकित्सापध्दतीनुसार लाभार्थीस जास्तीत जास्त कामात गुंतवून ठेवले

जाते. या दोन्हीद्वारा लाभार्थीत त्याच्या कुटुंबात परत जाण्यास योग्य प्रकारे समायोजित होण्यास मदत होते.

सामाजिक कौशल्ये :-

❖ लाभार्थीची सामाजिक कौशल्ये जी अशा प्रदीर्घ आजारामुळे कमी झालेली असतात ती आधारयुक्त व भीतीमुक्त वातावरणात शिकविली जातात.

- व्यक्तिव्यक्तितील संबंध व संवाद कौशल्ये :-

❖ लाभार्थीची संवाद साधण्याची व इतरांशी संपर्क साधण्याची महत्त्वाची बाब या आजारपणामुळे कमी झालेली असते. प्रशिक्षित कर्मचारी अशा कमी झालेल्या संबंधाना साधण्यासाठी लाभार्थींना त्याचप्रमाणे कुटुंब व समाजाला संबंध सुधारण्यास मदत करतात. कुटुंबातील जास्त बिघडलेले संबंध सुधारण्याचा प्रयत्न केला जातो.

घरगुती व्यवस्थापन :-

❖ पुनर्वसनाचा मुख्य उद्देश लाभार्थींना घरी पुनरस्थापित करण्याचा असल्यामुळे त्यादृष्टीने चिकित्सापध्दती वापरून पावले उचलली जातात.

❖ रुग्ण संतापलेल्या (उन्मादीत) स्थितीत गेल्यास रुग्णाला हाताळणे पुन्हा आजार टाळणे, योग्य विचार करण्यास चालना इत्यादी बाबी कुटुंबियांना शिकविल्या जातात.

या आजाराचे जास्त तीव्र/प्रदीर्घ होण्याचे कारण मुख्य म्हणजे आजाराविषयी लोकांमधील अज्ञान तसेच गैरसमज व अंधश्रद्धा, तसेच कुटुंबातील आपल्या प्रिय व्यक्तीस असा मानसिक आजार असण्याचा अस्विकार होय. पुनर्वसनाच्या कार्यक्रमांतर्गत आजाराविषयी माहिती, औषधीची गरज उपचाराचा कालावधी व रुग्ण संतापलेल्या स्थितीत गेल्यास व्यवस्थापन करणे हा पुनर्वसनाचा भाग आहे. याची मदत लाभार्थींस व कुटुंबियांस आजाराचा स्विकार करण्यास तसेच दिर्घ व योग्य उपचार घेण्यास व विचारांना योग्य चालना देण्यात होते.

या परिस्थितीची पूर्ण जाणीव या प्रशिक्षणामुळे लाभार्थी व त्यांचे / तिचे कुटुंब यांना मिळालेल्या माहितीमुळे रुग्णास स्विकार करण्याची मनोवृत्ती वाढेल यामुळे मनोरुग्णाची सुधारलेली स्थिती दिर्घकाळ राहिल म्हणजेच पुन्हा आजार बळावण्याची कालमर्यादा वाढेल.

प्रादेशिक मनोरुग्णालय, ठाणेतर्फे खालील बाबी सूचित करण्यात येत आहेत.

- १) जागा:- प्रत्येक युनिटमधील एक कक्ष हाफ वे होममध्ये रूपांतरीत करावा. प्रत्येक व्यक्तीमागे एक टॉयलेट व १० व्यक्तीमागे एक बाथरूम अशी सोय करावी. साधारण ५०.-६० रुग्ण प्रत्येक कक्षात असावा.
- २) कामाचा मोबदला:-  
प्रत्येक व्यक्तीस (रुग्णांस) त्याचा कामाप्रमाणे मोबदला /पैसे देण्यात यावे. उदा.एका व्यक्तीने एक वस्तु तयार केल्यास त्याला प्रत्येक वस्तुमागे पैसे देण्यात यावे.
- ३) एन.जी.ओ.ना हाफ वे होम सुरु करण्यास प्रवृत्त करण्यात यावे.
- ४) जर महाराष्ट्र शासनातर्फे हा प्रकल्प सुरु होणार असल्यास पूर्णवेळ मनोविकृती सामाजिक कार्यकर्ता, व्यवसाय उपचार तज्ञ तसेच पूर्णवेळ /अर्थवेळ २ व्यवसाय उपचार निर्देशक, मानसेवी चिकित्सालयीन मानसशास्त्रज्ञ व मानसेवी मनोविकृतीतज्ञ यांची नियुक्ती व पगार शासनाने ठरवावेत.
- ५) शासनाच्या उपक्रमानुसार जसे महिला बचत गट असतात तीच संकल्पना हाफ वे होमसाठी राबविण्यात यावी.

## डे - केअर सेंटर

प्रस्तावना :-

हाफ वे होममधून किंवा मनोरुग्णालयातून डिस्चार्ज झालेल्या व्यक्तींना नवीन वातावरणात राहण्यासाठी तसेच समाजात स्वयंनिर्भर राहण्यासाठी सतत मार्गदर्शन व प्रोत्साहन दिले जाते.

उद्देश :-

- ❖ हाफ वे होममधून किंवा मनोरुग्णालयातून घरी गेल्यानंतर समाजात व स्वताःच्या कार्यक्षेत्रात समायोजन सहकार्य केले जाते.
- ❖ अर्जदारास स्वयंनिर्भर होण्याकरिता तसेच स्वताःची योग्यप्रकारे काळजी घेण्याची कौशल्ये विकसित करण्याकरिता समाजातील उपलब्ध सोयी सुविधांचा लाभ घेण्यास प्रोत्साहन / सहकार्य देणे.

दाखल होण्याचे नियम :-

हाफ वे होममधून पुनर्वसन पूर्ण करून तसेच मनोरुग्णालयातून डिस्चार्ज झालेला व्यक्ती/अर्जदार डे-केअर सेंटरमध्ये अर्ज करण्यास पात्र असतो.

सेवेचे स्वरूप :-

- ❖ लाभार्थींना प्रत्यक्ष भेटीद्वारा
- ❖ वैयक्तिक समुपदेशन सामुहिक उपक्रमांद्वारा सेवा दिल्या जातील.

सेवेचा वाव :-

- ❖ योग्यरितीने हाफ वे होममधून मनोरुग्णालयातून डिस्चार्ज होण्याकरिता लाभार्थीस सहकार्य देणे.
- ❖ लाभार्थीला त्याच्या पुनर्वसनाकरिता सहकार्य देणे व पुनर्वसनातील प्रगतीचे वेळोवेळी परीक्षण करणे.
- ❖ वैयक्तिक व कौटुंबिक समुपदेशन देणे.
- ❖ नियमित औषधोपचाराविषयीचे महत्व पटवून देणे.
- ❖ समाजातील उपलब्ध सोयी-सुविधांचा लाभ घेण्यास प्रोत्साहन देणे.
- ❖ सायकॅट्रिक इमरजेन्सीच्या वेळेस तातडीची मदत देणे.
- ❖ लाभार्थीस सामाजिक सेवा सुविधांचे संदर्भ पुरविणे.

- ❖ मनोविकृती सामाजिक कार्यकर्ता त्याला पूर्वीचे काम मिळवून देण्यास मदत करणे.
- ❖ व्यवसाय उपचार तज्ञ डे-केअर मध्ये काम उपलब्ध करून पैसे मिळविण्यास मदत करतील.

#### अर्जाची प्रक्रिया :-

- ❖ हाफ वे होममधील व मनोरुग्णालयातील मनोविकृती तज्ञ सामाजिक कार्यकर्ता, मनोविकृती तज्ञ, व्यवसाय उपचार तज्ञ लाभार्थीचे नाव डे-केअर सेंटरला रितसर देतील.
- ❖ त्यानंतर डे-केअर सेंटरमधील मनोविकृती तज्ञ सामाजिक कार्यकर्ता लाभार्थी विस्तृत माहिती नोंदवून त्यास डिस्चार्ज होण्यास मदत करतील.

#### संस्थेमधून बाहेर पडण्याचे नियम :-

- ❖ लाभार्थी स्वेच्छेने बाहेर जाऊ शकतो जर त्यांना डे-केअर सेंटरमधील सेवा समाधानकारक वाटत नसतील तसेच डे-केअर सेंटरमधील विशेषज्ञ लाभार्थीचा पाठपुरावा करू शकतो.
- ❖ जे लाभार्थी योग्य सहकार्य देत नसेल तसेच औषध घेण्यास टाळाटाळ करत असल्यास सुविधा खंडित केल्या जातील. अश्यावेळी मनोविकृतीतज्ञ सामाजिक कार्यकर्ता रुग्णाचा पाठपुरावा करतील व मनोविकृती तज्ञ उपचार करतील.
- ❖ लाभार्थी पुर्णपणे स्वयंनिर्भर झाल्यावरच तसेच मानसिकदृष्ट्या स्थिर झाल्यावर त्यास डिस्चार्ज करण्यात येईल.

#### सेवेचा कालावधी :-

प्रत्येक व्यक्तीची गरज व प्रगती यावरच सेवेचा कालावधी अवलंबून असेल. साधारणतः २ वर्षे.



प्रादेशिक मनोरुग्णालय, ठाणे मार्फत खालील बाबी सुचीत करण्यात येत आहे.

- १) डे-केयर सेंटर रुग्णालयाच्या भितीबाहेरील आवारत असलेल्या एका बंगला जागेत सुरु करण्यात आले आहे.
- २) वर्षभरात एकूण ३० सुधारलेले मनोरुग्णाची डे-केयर सेंटर मध्ये नोंदणी करण्यात आलेली आहे. त्यापैकी १० सुधारलेले मनोरुग्ण डे-केयर मध्ये नियमित येतात.

खालील प्रमाणे त्रुटी असल्याने डे-केयर सेंटरला व्यवस्थित प्रतिसाद नाही

१) कच्चा मालाचा पुरवठा नियमित व व्यवस्थित होत नाही.

२) रुग्णांना क्वहीही मोबदला देता येत नाही.

३) विक्रीची काही सोय नाही. शासन नियमात बसत नाही.

४) अपुरा प्रशिक्षित कर्मचारी वर्ग

५) रुग्णांसाठी वहातुक व्यवस्थाचा अभाव.

यासाठी खालील सुचना देत आहे. पुर्ण वेळ खालील पदे भरण्यात यावी.

अ) मनाविकृती सामाजिक कार्यकर्ता

ब) व्यवसाय उपचारक.

क) व्यवसाय उपचार निर्देशक ३ पदे

ड) मानसेवा चिकित्सक/क्लिनिकल मानसशास्त्रज्ञ

इ) मानसेवा मनाविकृती तज्ञ

शासन निर्णय आवश्यक आहे.

१) कच्चा मालाचा पुरवठ्यासाठी

२) रुग्णांसाठी क्वमाचा मोबदला

३) विक्रीची व्यवस्था

४) वहातुक व्यवस्था सुधारलेल्या मनोरुग्णांसाठी डे-केयर सेंटर पर्यंत आणण्या व नेण्याची साय

वरील सर्व गोष्टीची पूर्तता होत आवश्यक आहे अन्यथा सदरचे डे-केयर सेंटर एन.जी. ओ सेवाभावी संस्थेस चालविण्यातस द्यावे.

**List of Proposed Electrical Works in Mental Hospital, Thane for the year 2009-10**

Sr.No.	Name of work	Amount	Remarks
1	Providing Electrical Installation including mains & switchgears in Male ward No.4,5,6,8 & 9	347010.00	The existing alluminium wirings in the wards are very old and in deteriorated condition. The existing underground main cables of Feeder pillars, Street lights and substation main cables are very old needing urgent replacement. The wirings and cables are very old and are having many joints. The street light fittings, poles mentioned in this list of estimates are very old and completely rusted . All these installation mentioned are all more than 20 years old needing urgent replacement.
2	Providing Electrical Installation including mains & switchgears in Male ward No.10,13 and OPD	341328.00	
3	Providing Electrical Installation including mains & switchgears in Male ward No.23,24,25 and 26	287173.00	
4	Providing Electrical Installation including mains & switchgears in Male ward No.27,28 and 29	234633.00	
5	Providing addition and alteration to EI in Auditorium	246798.00	
6	Replacement of existing old main panel and cable including energy meter at Laundry Deptt.	375060.00	
7	Replacement of Feeder pillars and cables for servants Quarters	268615.00	
8	Providing Renovation of E.I to 35 Quarters out of 75 servants quarters including service cabling	385000.00	
9	Replacing existing old Main Transformer substation panel, cabling complete.	475813.00	
10	Replacing existing old Feeder pillars with cables at Male section, near DDC office, superintendent office & residential officers quarters.	380193.00	
11	Replacing existing old Feeder pillars with cables at Male section, near ward No.7,13 and 17	293187.00	
12	Replacing existing old Feeder pillar and cabling at Female section.	498351.00	
13	Replacement of existing old street light & poles and street light cables near superintendent Bunglow and main entrance road.	379986.00	
14	Replacement of existing old street light & poles and street light cables inside Female section (right side)	251900.00	
15	Replacement of existing old street light & poles and street light cables inside Female section (Left side)	415168.00	
16	Replacement of Existing 250 KVA 11KV/0.43 KV Transformer substation	1000000.00	
17	Replacement of Existing water pump set with EI, starter, cabling etc.	300000.00	
Total Rs.		6480215.00	
4% Contigency charges		259208.60	
2% Computer charges		134788.47	
8% Centage charges		549936.97	
Total Rs.		7424149.04	
Say Rs.		7424149.00	



SESSION CHECKLIST

NAME OF THE TEACHER: Anjana Bhargava SIGN: Anjana Bhargava

SUBJECT: Geog SECTION: SSC/CAMBRIDGE CLASS & DIV/S.: 4-A, B, D, E (STATE CLASS & ALL DIVS.)

1. TOPIC: The Great Plains TOTAL NO. OF SESSIONS TO COVER THIS TOPIC 3

THIS SESSION NUMBER: 192 DATE OF THIS SESSION: 9/9/08 - 12/9/08

2. HIGHLIGHTS OF THIS SESSION: \_\_\_\_\_

(MAIN LEARNING OBJECTIVE)

3. THE RESOURCES I WILL BE USING OTHER THAN THE TEXT BOOK :-

- |  |  |
|--|--|
| <input type="checkbox"/> BOOKS FROM THE LIBRARY/OTHER SOURCES                        | <input type="checkbox"/> COMPUTER SOFTWARE |
| <input checked="" type="checkbox"/> PICTURES/ OBJECTS / CHARTS/VISUAL AIDS/ GRAPHS / | <input type="checkbox"/> T.V/VIDEOS/DVDs   |
| <input type="checkbox"/> SCIENTIFIC APPARATUS  | <input type="checkbox"/> OHP               |
| <input type="checkbox"/> FLASH CARDS   | <input type="checkbox"/> AUDIO-MATERIALS   |
| <input type="checkbox"/> HANDOUTS / WORKSHEETS                                       | <input type="checkbox"/> SMART BOARD       |
| <input type="checkbox"/> ANY OTHER: _____  |  |

4. TEACHING -LEARNING STRATEGY THAT I WILL BE USING:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> EXPLANATION                                    | <input type="checkbox"/> ROLE PLAY        |
| <input checked="" type="checkbox"/> NARRATION                                      | <input type="checkbox"/> DRAMATISATION    |
| <input type="checkbox"/> DISCUSSION IN PAIRS/ GROUPS/OR THE WHOLE CLASS            | <input type="checkbox"/> DEMONSTRATION    |
| <input type="checkbox"/> DIDACTIC APPROACHES                                       | <input type="checkbox"/> EXPERIMENTATION  |
| <input type="checkbox"/> PRESENTATION BY TEACHER/ STUDENTS                         | <input type="checkbox"/> SIMULATIONS      |
| <input type="checkbox"/> SELF STUDY USING SQ3R METHOD                              | <input type="checkbox"/> GAMES / QUIZZING |
| <input type="checkbox"/> RESOURCE BASED ACTIVITIES INVOLVING USE OF VISUAL STIMULI | <input type="checkbox"/> FIELD STUDY      |
| <input type="checkbox"/> LEARNING BY DOING/ HANDS ON EXPERIENCE                    | <input type="checkbox"/> GUEST LECTURE    |
| <input type="checkbox"/> ANY OTHER: _____  |   |

5. THE NATURE OF EVALUATION/ASSESSMENT I WILL BE CONDUCTING:

FORMATIVE ASSESSMENT

- |   |   |
|---|---|
| <input type="checkbox"/> OBSERVATION OF WORK BEING CARRIED OUT IN CLASS             | <input type="checkbox"/> THROUGH ORAL QUESTIONING             |
| <input checked="" type="checkbox"/> RECAPITULATION OF PREVIOUS KNOWLEDGE            | <input type="checkbox"/> SHORT PERIODIC TESTS                 |
| <input checked="" type="checkbox"/> SUMMERISING THE TOPIC WITH THE HELP OF STUDENTS | <input type="checkbox"/> END OF CHAPTER TEST                  |
| <input type="checkbox"/> WRITTEN FEEDBACK COMMENTS ON STUDENT WORK                  | <input type="checkbox"/> DEMONSTRATION ON THE B.B BY STUDENTS |
| <input type="checkbox"/> ANY OTHER: _____   | <input type="checkbox"/> WRITTEN SELF ASSESSMENT BY STUDENTS  |

6. H.W/ASSIGNMENTS I WILL BE GIVING:

(NUMERALS IN THE BOX TO INDICATE, HOW MANY; WHERE APPLICABLE)

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> QUESTION AND ANSWERS                      | DURATION OF H.W/ ASSIGNMENT                |
| <input type="checkbox"/> EXERCISES  | <input type="checkbox"/> 10 MIN            |
| <input type="checkbox"/> PROBLEM SOLVING                                      | <input type="checkbox"/> 30 MINS           |
| <input type="checkbox"/> DATA COLLECTION / DATA HANDLING                      | <input type="checkbox"/> 1 HOUR            |
| <input type="checkbox"/> PROJECTS   | <input type="checkbox"/> 2 HOURS           |
| <input type="checkbox"/> RESEARCH WORK  | <input type="checkbox"/> MORE THAN 2 HOURS |
| <input checked="" type="checkbox"/> READING WORK/ REVISING WORK DONE IN CLASS |  |
| <input type="checkbox"/> ANY OTHER: _____                                     |  |

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REGIONAL MENTAL HOSPITAL THANE						
1	RENOVATION/		Expenditure	Utilisation certificate	Balance	
A	CONSTRUCTION OF SHORT STAY/ FAMILY WARD AND OPD BLDG	16925982	268000	YES	16657982	
B	RENOVATION/ OF TIOLET BLOCKS	2781000				
C	RENOVATION OF KITCHEN AND LANUDRY	803355				
D	RENOVATION OF INTERRNEL WALKWAYS	2485867				
E	TOTAL B+C+D	6070222	6072396		-2174	
	TOTAL A+E	22996204	6340396		16655808	
2	PHYSICAL ASSET & EQUIPMENTS	RECEIVED AMOUNT	Expenditure	Utilisation sartifcat	Balance	TDS AMOUNT
A	LAUNDRY MACHINE	1533796	1532508	YES	1288	
B	IRON COTS	1500000	1499880	YES	120	
C	COIR MATTRESS	1500000	1498798	YES	1202	32974
D	GENERATORS	200000	199620	YES	380	
E	INTERCOM	1000000	994275	YES	5725	19886
F	BOYLES APPARATUS	270000	269216	YES	784	
G	COMPUTERS	300000	299015	YES	985	
H	SEWING MACHINES	50000	47700	YES	2300	
I	MICROSCOPE	20000	19019	YES	981	
J	FAX MACHINES	30000	26000	YES	4000	
K	PHYSIOTHERAPY SETUP	50000	47950	YES	2050	
	TOTAL	6453796	6433981		19815	52860
SR. NO		GRANT AMOUNT	Expenditure	Balance		
1	GRANT FOR RENOVATION	22996204	6340396			

# Stock Position Drugs & Medicine Regional Mental Hospital, Thane

Month : August 2009

Sr. No.	Name of Drug /Medicine	Opening Balance on 01.08.09	Quantity Received During Month	Quantity Issued During Month	Closing Balance On 17.08.2009
<b>PSYCHIATRIC</b>					
1	Tab. Amitriptylline 25 mg	39300	0	3300	36000
2	Tab. Cholpromazine 50 mg	645000	0	37000	608000
3	Tab. Carbamazepine 200 mg	84550	0	32450	52100
4	Tab. Diazepam 5 mg	173200	0	27100	146100
5	Tab. Haloperidol 5 mg	0	8400	8400	0
6	Tab. Haloperidol 10 mg	32600	0	6900	25700
7	Tab. Imipramine 25 mg	81850	0	5400	76450
8	Tab. Lithium Carbonate 300 mg	103800	0	6200	97600
9	Tab. Lorazepam 2 mg	0	0	0	0
10	Tab. Nitrazepam 5 mg	0	0	0	0
11	Tab. Pimozide 4 mg	0	0	0	0
12	Tab. Phenobarbitone 30 mg	0	0	0	0
13	Tab. Phenobarbitone 60 mg	166700	0	1800	164900
14	Tab. Phenytoin Sodium 100 mg	18800	0	2300	16500
15	Tab. Thioridazine 25 mg	0	0	0	0
16	Tab. Trifluoperazine 5 mg + Tab. Trihexyphenidyl 2 mg	190000	0	10000	180000
17	Tab. Trihexyphenidyl 2 mg	252600	8900	55400	206100
18	Tab. Stablon 12.5 mg	52360	0	5260	47100
19	Inj. Haloperidol 5 mg	805	0	80	725
20	Inj. Sodium Pentathol 0.5 gm	191	0	25	166
21	Inj. Scoline	7	0	4	3
22	Inj. Phenargan	0	200	200	0
23	Inj. Diazepam	3070	0	10	3060
24	Inj. Haloperidol Deconate	0	0	0	0
25	Inj. Eptoin	23	0	0	23
26	Inj. Lorazepam	410	0	0	410
<b>NEWER ANTIPSHIATRIC</b>					
1	Tab. Donepezil 5 mg	0	0	0	0
2	Tab. Quetiapine 50 mg	0	0	0	0
3	Tab. Divalproex Sodium 250 mg	0	0	0	0
4	Tab. Oxcarbamazepine 150 mg	0	25000	12200	12800
5	Tab. Alprazolam 0.25 mg	6550	0	2200	4350

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STOCK POSITION

Sr. No.	Name of Drug /Medicine	Opening Balance on 01.08.09	Quantity Received During Month	Quantity Issued During Month	Closing Balance On 17.08.2009
6	Tab. Risperidone 2 mg	106400	0	38600	67800
7	Tab. Clozapine 50 mg	0	0	0	0
8	Tab, Olanzepine 5 mg	0	0	0	0
9	Tab. Olanzepine 10 mg	0	0	0	0
10	Tab. Olanzepine 20 mg	15100	0	6900	8200
11	Tab. Sertraline 50 mg	0	0	0	0
12	Tab. Sertraline 100 mg	0	0	0	0
13	Tab, Escitalopram 10 mg	11800	0	5400	6400
14	Tab. Trivastal L.A.	350	0	200	150
15	Inj. Olanzepine 10 mg	0	0	0	0

### NON PSYCHIATRIC DRUGS

1	Cap. Ampicillin 250 mg	180	0	100	80
2	Tab. Vit. C	0	0	0	0
3	Tab, Antacid(Gellucil)	1100	0	400	700
4	Tab. Aspirin	0	0	0	0
5	Tab, Amlodopine 5/10 mg	5640	0	520	5120
6	Tab. Aten 50 mg	378	0	378	0
7	Cap.Amoxycline 250 mg	19700	0	700	19000
8	Tab. Acyclovir	0	0	0	0
9	Tab. Aldactone 100 mg	0	0	0	0
10	Tab. Albendazole 400 mg	0	0	0	0
11	Tab. B-Complex	0	0	0	0
12	Cap. Multivitamin with zinc	0	0	0	0
13	Tab. Dulcolax	0	0	0	0
14	Tab. Ciprofloxacin 250/500 mg	1550	0	750	800
15	Tab. Calcium Lactate	750	2000	300	2450
16	Tab. Clanoxy 1000 mg	1550	0	0	1550
17	Tab. CPM	6200	0	500	5700
18	Cap. Cefalexin 500 mg	1000	0	0	1000
19	Tab. Choroquine 150 mg	1250	0	400	850
20	Tab. Metformin 500 mg	0	0	0	0
	Tab. Ciplar	280	0	0	280
21	Tab. Cetrizine	2300	0	0	2300
22	Tab. Chymoral Forte	0	0	0	0
23	Tab. Diclofenac 50 mg	0	0	0	0
24	Cap. Depine 5 mg	0	0	0	0
25	Tab. Dicyclomine	900	0	700	200
26	Tab. Doxycycline 100 mg	1200	0	0	1200

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STOCK POSITION

Sr. No.	Name of Drug /Medicine	Opening Balance on 01.08.09	Quantity Received During Month	Quantity Issued During Month	Closing Balance On 17.08.2009
		1450	0	300	1150
27	Tab. Deriphylline	0	0	0	0
28	Tab. Erythromycin 250/500 mg	38600	0	12200	26400
29	Cap. Folron	3800	0	1000	2800
30	Tab. Furazolidine 100 mg	200	0	100	100
31	Tab. Fluconazole 150 mg	2320	0	200	2120
32	Tab. Glibenclamide 5 mg	0	1000	400	600
33	Tab. Grisofulvin 125 mg	0	0	0	0
34	Tab. Hetrazan 100 mg	0	0	0	0
35	Tab. Ibuprofen 400 mg	400	0	350	50
36	Tab. Ibu + Para (Combiflam )	400	0	200	200
37	Tab. Liv. 52	120	0	0	120
38	Tab. Lasix 400 mg	3000	0	0	3000
39	Tab. Metronidazole 200/400 mg	10700	0	0	10700
40	Tab. Mebendazole 100 mg	800	0	100	700
41	Tab. Norflox 400 mg + Tinidazole 600mg	0	0	0	0
42	Tab. Tinidazole 400 mg	400	0	100	300
43	Cap. Omeprazole 20 mg	589500	0	25500	564000
44	Tab. Polyvitamin	10400	0	1000	9400
45	Tab. Paracetamol	700	0	0	700
46	Tab. Methyl Prednisolone 4 mg	0	0	0	0
47	Tab. Pefloxacin 400 mg	0	1000	700	300
48	Tab. Primaquine	9700	0	1200	8500
49	Tab. Ranitidine 150 mg	1400	0	300	1100
50	Tab. Salbutamol 4 mg	0	0	0	0
51	Tab. Septran SS	2100	0	600	1500
52	Tab. Septran DS	1100	0	0	1100
53	Tab. Metaclopramide	2300	0	100	2200
54	Tab. Sorbitrate 5/10 mg	20300	0	1000	19300
55	Tab. Arcalion	2800	0	100	2700
56	Cap. Tetracycline 250 mg	100	0	0	100
57	Tab. Ethamsylate 500 mg	20700	0	0	20700
	Tab. Canate	0	0	0	0
58	Tab. Daflon 500 mg				
<b>INJECTIONS</b>					
		0	0	0	0
1	Inj. Ampicillin	0	0	0	0
2	Inj. Adrenaline	3425	0	150	3275
3	Inj. Atropine Sulphate				

STOCK POSITION

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Sr. No.	Name of Drug /Medicine	Opening Balance on 01.08.09	Quantity Received During Month	Quantity Issued During Month	Closing Balance On 17.08.2009
4	Inj. Avil	34	0	1	33
5	Inj. Aminophylline	33	0	0	33
6	Inj. B-Complex	86	0	17	69
7	Inj. Calcium Gluconate	28	0	0	28
8	Inj. Cefasul 1000	300	0	0	300
9	Inj. Cyclopam	40	0	0	40
10	Inj. Ciprofloxacin 100 ml	920	0	10	910
11	Inj. Coramine	0	0	0	0
12	Inj. Cefotaxim 1 gm	1735	0	40	1695
13	Inj. Dexamethasone	121	0	15	106
14	Inj. Deriphylline	112	0	0	112
15	Inj. Diclofenac	45	0	0	45
16	I.V. Dextrose 25%	53	0	5	48
17	I.V. DNS	632	0	0	632
18	I.V. Dextrose 5%	495	0	0	495
19	Inj. Ethamsylate	20	0	0	20
20	Inj. Lasix	15	0	0	15
21	Inj. Flupenazine Deconate	3	0	0	3
22	Inj. Gentamycin	45	100	70	75
23	Inj. Hydrocartisone	0	10	8	2
24	Inj. Iron & Dextran	880	0	25	855
25	Inj. Mephentine	4	0	0	4
26	I.V. Manitol 20%	13	0	0	13
27	Inj. Metronidazole 100 ml	430	0	0	430
28	I.V. Normal Saline	269	0	2	267
29	Inj. Paracetamol	45	0	0	45
30	Inj. Perinorm	13	0	0	13
31	Inj. Potassium Chloride	0	0	0	0
32	Inj. Ranitidine	220	0	20	200
33	I.V. Ringer Lactate	751	0	48	703
34	Inj. Sodium Bicarbonate	50	0	0	50
35	Inj. Stadren	0	0	0	0
36	Inj. Tetanus Toxide	70	0	8	62
37	Water For Injection	100	0	100	0
38	Inj. Xylocaine 2%	0	0	0	0
39	Inj. Menadion Bisulphate ( Vit. K3 )	13	0	0	13
40	Inj. Cynocobalamine	800	0	0	800
41	Inj. Amino Acid	0	0	0	0



**ANNEXURE-II**

**Regional Mental Hospital, Thane**

Visit of Ravikumar Bhargava, IAS (Retd ) Special Repoteur  
( Central Zone ) National Human Rights Commission

On 6<sup>th</sup> August 2009

Appendix : 1

Background Information:-

Name of the Hospital	Regional Mental Hospital, Thane
Address	Wagale Estate, L.B.S Marg, Thane ( West )
State	Maharashtra
Telephone number	25821810
Fax number	25820728
Email	Rmhthane@mtnl.net.in

HOSPITAL INFRASTRUCTURE:-

Have there been any new changes in the out patient and inpatient department after 1996 (Mention in details )

Out Patient Department :

All facilities are exist in Out Patient Department of this Hospital before 1996. Only the EEG machine is introduced after 1996 and all indoor as well as out door patients can avail of the EEG facilities in the hospital, as well as separate counters were started i.e for case paper, medicine etc in Out Patient Department.

In patient Department:

**STAFFING PATERN :**

Sr.No	Designation	Sanctioned post	Post filled in	Post vacant
1)	Medical Superintendent	1	1	-
2)	Deputy Superintendent	1	1	-
3)	Psychiatrist	6	2	4
4)	Anesthetist, Cl.I	1	1	-
5)	Clinical Psychologist	2	2	-
6)	Medical Officers (Out of which 3 are psychiatrist)	18	18	-
7)	Matron	1	1	-
8)	Assistant Matron	2	2	0
9)	Medical Officer, cl.III	1	1	0
10)	Psy. Nurse	24	14	10
11)	Sister Incharge	18	18	0
12)	Staff Nurse	90	89	1
13)	Psychiatric Social Worker	9	8	1
14)	Occupational Therapist	9	7	2
15)	Office staff	37	31	6
16)	Other paramedicals (e.g technicians, pharmacist etc)	16	16	-
17)	Other Group D staff (e.g attendants, barber, cook, and peons )	485	477	8

Availability of non-psychiatry Consultants :

Non psychiatric consultants are available for e.g Gynaecologist, E.N.T specialist etc.

Staff who stay in the Hospital campus

Separate list submitted herewith

Adequacy of staff strength

Staff is adequate, only the posts of clinical psychologist and psychiatric nurses post are to be filled

Suggest remedial measures in staffing pattern

Any changes in the following areas after 1996

Medical record

Medical record section is available. Medical Statistical Officer, clerk needs training in Medial Statistics.

Rehabilitation

Day care Centre for recovered patients is started. Inadequate staff and no transport facilities.

Medication available:

Newer antipsychotic drugs are provided. ( List attached )  
Supply of psychiatric and Non psychiatric medicine should be adequate and regular.

**Diet :**

The diet is given to the patient as per Civil Medical Code 1976. (Zerex copy attached herewith ) Non vegetarian and Vegetarian diet is given to the patient.(Chart attached ). Total calories for vegetarian patients are 2400 and for non vegetarian patients are 2700 .

**Power supply**

Power supply is regular. Seperate sub station power unit is available.

**Canteen :-**

There is no canteen facility for staff members.

**Library :-**

Medical library and Library is there for patients

**Telephone :-**

Telephone and intercom facility is available in Hospital

**Finance :-**

**For 2007-2008**

	Grants sanction	Expnditure
Plan	6858	6029
Non Plan	12081	110834
Total	126939	116863

**For 2008- 2009**

	Grants sanction	Expnditure
Plan	1459500	1408500
Non Plan	6236	6184
Total	1465736	1414684

Special funds if available:

Central Government funds of Rs. 2,94,50,000/- released in. List attached.

Quality of care for the mentally ill :

INFRASTRUCTURE :-

"Human Resources "

- (e) Post clinical psychologist, should be filled up.
- (f) There should be placement of Post Graduate students of M.D Psychiatry compulsorily for six months i.e one term in Mental Hospital as a part of curriculum of the course.
- (g) Material and Supplies :-

i) -Linen :

Adequate supply should be there, as per norms ( Norms chart is attached herewith )

ii) Furniture :

Furniture items for e.g cots for every patient, cupboards for keeping medicines and files of patient, racks and trollys etc.

(h) Buildings:-

= Almost all wards (buildings ) needs regular maintenance, painting, adequate water supply . Regular repair and maintenance of drainage system.

= Need adequate toilet as per norms. One toilet per six patients (1:6) in each ward.

= Almost all residential buildings for Nurses and Attendants should be repaired, painted, regular maintenance should be provided.

(e) Electric Maintenance :-

Adequate Regular repair and maintenance of proper wiring, switch board, fans and tube lights for every ward, office, road light etc. Post of electrician for full time for hospital is needed for regular maintenance.

2) Medicine :-

Newer antipsychotic drugs are provided. Supply of Psychiatric and Non psychiatric medicine is adequate and regular.

3) Training :-

Already training is being taken for following category of staff members of this hospital

Medical Officers  
Nurses  
Psychiatric social worker  
Occupational Therapist  
Attendants

' Inadequate grants for (i) Material and Supplies (ii) Linen (iii) Maintenance of building and electricity and over all maintenance for various systems (AMC)

i

Signature of the  
Mental Health Authority

*Amaly*  
Signature of the  
Medical Superintendent  
Medical Superintendent  
Regional Mental Hospital, Thane.

APPENDIX-II

Supplementary proforma- Information pertaining to current structure and functioning of psychiatric facilities :

Name of the Hospital: Regional Mental Hospital, Thane

Funding ::

Please provide details seperately	Plan ( Amount in rupees Non plan ( amount in rupees)	Yearwise list attached seperately	
		Yes	No
	Other sources of funding	Information is Nil	
		Yes	No
Infrastructure	Separate outpatient block constructed	Yes	
Out patient	Dedicated emergency service For 24 hours		No
	Facilities for relatives to stay		No
	Waiting hall for patients	Yes	
	Toilets for patients /relatives	Yes	
	Drinking water	Yes	
	Canteen service		No
	OPD lab service	Yes	
	List of free medicines available for O.P dispensing	List attached	
	OPD rehabilitation facilities available		No
	Specialized children services		No
	Special geriatric service		No
	Specialised forensic service	Yes	
	Specialised Deaddiction services	Yes	
	Separate medical record section	Yes	
	Educational material for patients	Yes	
	Total number of O.P new registration between 1 <sup>st</sup>	2117	



March 2007 to 31 <sup>st</sup> March 2008	
Total number of O.P followup registration between 1 <sup>st</sup> March 2007 to 31 <sup>st</sup> March 2008	28831

		Male	Female	Total
In-patient services	Overall number of allotted beds	1050	800	1850
	No. of beds occupied as on 1.4.2008			
	No. of beds occupied as on 1.4.2009	631	619	1250
	Any cells still existing			
	No. of closed wards	15	15	30
	No. of closed ward beds			
	No. of admissions to closed wards between 1.3.2007 to 31.3.2008			
	No. of admissions to closed wards between 1.3.2008 to 31.3.2009			
	No of open wards (patient staying with family members) in an unrestricted setting	Nil		
	Total no of open ward beds	Nil		
	No. of admission to open ward wards between 1 <sup>st</sup> March 2007 to 31.March 2008	Nil		
	No. of paid ward beds (Special wards )	Nil		

	Total number of discharges between 1 <sup>st</sup> March 2007 to 31 <sup>st</sup> March 2008	1149	588	1737
	Total number of discharges between 1 <sup>st</sup> March 2008 to 31 <sup>st</sup> March 2009	1027	516	1543
	Total no. of inpatients with stay duration more than one year			
	2007- 2008			
	2008-2009	504	270	774
	No. of recovered patients who are destitute( No families who will accept them			
	2007-2008			
	2008-2009	113	321	434
	No of deaths			
	2007-2008	53	41	94
	2008-2009	35	13	48
	No. of suicides			
	2007-2008	Nil		
	2008-2009	Nil		
	Patient toilet ratio	1:13		

	Yes	No
24 hours running water		छव
Fans/coolers available	Yes	
Budget allocation for food/per patient/day in rupees	Rs. 35/- per day	
If calculated as per caloric requirement,	For vegeterial patient 2400 calorie per day	

	please mention calorie provided per patient per day	provided and for non vegeterial patient 2700 calorie per patient is provided as per Civil Medical Code.	
		Yes	No
Please provide if availalbe	Separate dining facilities available		No
	Compulsary uniforms for closed ward patient	Yes	
	Disposable syringes used throughout the hospital	Yes	Yes
	Shaving blades reused in any part of the Hospital		No
	During last year any outbreak of infectious disease, provide details		No
	Budget allocation for food/per patient/day in rupees	Rs. 35/- per patient	
	List of investigations available within the Hospital	Attached herewith	
	List of free medicines	Attached herewith	
Treatment services	ECT services available	Yes	
	No. of patients receiving ECT between 1 <sup>st</sup> March 2007 to 31 <sup>st</sup> March 2008	1697	
	No. of patients receiving ECT between 1 <sup>st</sup> March 2008 to 31.3.2009	1745	
	Anesthetist availability for all ECTs	All the time	
	Any patients received unmodified ECTs during the last year	No	
	Separate children ward	No	

	If yes no. of beds	Nil
	Separate geriatric ward	Nil
	If yes no. of beds	Nil
	Seperate forensic service	Yes
	If yes no. of beds	
	Separate deaddiction services	
	If yes no of beds	
	In patient rehabilitation services available	Yes
	No. of inpatients referred to rehabilitation between 1 <sup>st</sup> April 2007 to 31 <sup>st</sup> March 2008 & April 2008 to March 2009	
Community outreach	Whether outreach services present	Yes
	Number of community outreach activity per month	5
	No. of patient covered through outreach	Approximate 40 per month
Post graduate training provided	Any post graduate training provided	No
Administrative issues	Whether the Medical Superintendent of Hospital is a psychiatrist	Yes
	No. of visits by NHRC and SHRC during the last 10 years	No
	Any litigation against hospital with regard to human rights infringement	No
	Display of humans in the Hospital	No
	Functioning Board of Visitors	Yes
	No. of visits made between 1.3.2007 to 31.3.2008	12
	No. of visits made between 1.3.2008 to	12

	31.3.2009	
	Board for disability certificate	No
	No. of certificates issued between 1-3-2007 to 31-3-2008 and 1.4.2008 to 31-3-2009	No
Action taken on NHRC recvommendation		

Certified that the particulars provided in proforma 1 and 2 are true and to the best of my knowledge and belief-

Date  
seal

*Aravind*  
Signature of competent authority and  
Medical Superintendent  
Regional Mental Hospital, Thane.

**NATIONAL  
HUMAN RIGHTS COMMISSION**

**MAHARASHTRA STATE  
REGIONAL MENTAL HOSPITAL  
THANE  
2009**