Impressions arising out of follow up visit to the Institute of Mental Health, SCB Medical College, Cuttack, Orissa by Dr. Lakshmidhar Mishra, IAS (Retd.), Special Rapporteur, NHRC.

Date of review: 26th to 29th July, 2010

I had, as duly entrusted to me by the Commission in November, 2006 undertaken 3 reviews of the activities/performance of the Institute of Mental Health, SCB Medical College, Cuttack in April, 2007, December, 2007 and December, 2008. These reviews were necessitated in quick succession as (a) the building in which the hospital started functioning with 60 beds in 1966 is an old one, dating back to 1902-04, has been in a bad shape due to poor quality of construction and poor maintenance adversely affecting the health, psyche and safety of inmates (b) there are series of functional inadequacies and deficiencies due to shortage of manpower, shortage of tools and equipments, absence of library and reading room, absence of an independent modular kitchen, absence of automatic laundry, absence of canteen for patients and relatives, absence of a yoga and meditation centre for patients who have substantially recovered and so on. Many of these inadequacies and deficiencies persisted as (a) the hospital lacks an autonomous character, being dependent on the SCB Medical College for a number of items vital for the smooth functioning of a service institution (b) lack of priority attention which the institution should have received from a number of quarters (c) inordinate delay in utilization of Rs. 1.51 Crores received as grant-in-aid from the Ministry of Health and Family Welfare, Government of India, long gestation period being attributed to indecision and procedural hassles eventually escalating the cost of the structures (d) lack of supervision or poor quality of supervision

leading to poor quality of execution (as in the case of Drug Deaddiction Ward for which Rs. 8 lakhs were sanctioned by Government of India in 1995 but it took nearly 8 years to get completed and another 7 years to be functional but still leaves a poor impression on account of the seepage of water which has set in at a number of points even now).

The 3 review reports as referred to above had adequately reflected all these deficiencies and had made a number of suggestions and recommendations to bring about a qualitative improvement and change in the functioning of the institution. The encouragement and support received from Ms. Anu Garg, Commissioner-cum-Secretary, Health and Family Welfare Department in the wake of the third review was commendable.

After the last review in December, 2008, a few interesting developments took place. A formal communication was received from Dr. (Mrs.) Jagdish Kaur, Director in the Ministry of Health and Family Welfare incharge of Mental Health Programme regarding development of the Institute of Mental Health as one of the 11 Centres of Excellence. This involved a sanction of Rs. 30 Crores over a five year period of which Rs. 27 Crores were armarked for civil structures, tenchical and non technical equipments while Rs. 3 Crores were earmarked for medical and para medical staff. The second development worth mentioning is the joining of Dr. N.M. Rath as Professor and HOD, Deptt. of Psychiatry, SCB Medical College and Superintendent of the Institute. I had visited the Deptt. of Psychiatry, Veer Surendra Sai Medical College, Burla, Sambalpur in April, 2009 and had seen the work, performance and quality of contribution

made by Dr. Rath in course of that one day review of the performance of that department (the review report has since been sent by the Commission to the State Government). The third and the most redeeming feature is the continuance of Ms. Anug Garg as Commissioner-cum-Secretary of the Department, the continuous leadership and positive direction provided by her in removing the deficiencies inhibiting the performance of the hospital through series of reviews and in particular in giving a push to the 'Centre of Excellence' proposal and decision communicated by Government of India.

The central objective of the review conducted in July, 2010 was twofold namely (a) extent to which some of the suggestions and recommendations contained in the earlier review reports have been implemented (b) the manner in which the Centre of Excellence proposal is being implemented and the direction which it needs to take so that the cherished objectives of the project can be carried to their logical conclusion.

I would like to develop these two objectives in a sequential manner.

First, the extent to which the suggestions and recommendations contained in the earlier review reports have been implemented. The tabular statement placed below indicates on the left the suggestions/ recommendations made and the extent of implementation on the right:-

S.No.	**Suggestions/recommendations made in review report of April, 2007**	**Extent of implementation**
1.	**<u>OPD</u>**	1. Under the grant-in-aid

	Originally the OPD Block had a waiting space for atleast 100 people. Subsequently a portion of the OPD Block was carved out to provide space for Psychiatrists and Clinical Psychologists. The verandah (458 sq.ft.) which is being used as the waiting space for OPD patients and relatives is barely sufficient for 15 to 20 patients and their relatives while the daily out turn of patients in the OPD ranges between 100 to 120.	amounting to Rs. 1.51 Crores received from the Ministry of Health and Family Welfare, Government of India, adequate waiting space is being provided for atleast 120 patients and their relatives (family members). **<u>Further suggestion of the Special Rapporteur:</u>** 1. The Institute has no landmark. A Board should be displayed at the entrance giving the name of the institution, distance from the bus stand, railway station, BBSR airport, other important towns of the State in bold and bright letters. 2. Names of the Superintendent, other faculty members, date of their joining, number of the room occupied by them,

		telephone number in which they can be contacted. 3. There should be a PABX with alteast 10 lines and a receptionist in position. Through the receptionist, the Superintendent or any other MO can be contacted. 4. The entrance of the new OPD Block under construction with a proper enclosure could also be used as a waiting space for patients and the family members/ relatives accompanying them.
2.	**Registration:** The space available in the registration chamber is inadequate and the overall environment is not very congenial.	2. A new Registration Chamber in the new OPD Block is being provided. **Reaction and suggestions of the Special Rapporteur:-** I. It is true that adequate space for a new Registration Chamber in

		the new OPD Block is being provided but the planning of the same appears to be a bit odd for the following reasons:- – the counter through which the patient/relative of the patient is to approach the registration desk is a bit small and narrow for 100 to 120 persons seeking registration everyday. – usually the persons seeking registration at the OPD belong to a heterogerous group. They are old and infirm persons, physically, orthopaedically and visually handicapped persons and women with or without children. These three constitute 3

		distinctly different groups and there should be 3 rows in front of the registration desk to be manned by 3 staff nurses (as in Hyderabad) or by 3 clerks (as elsewhere) so that registration of patients becomes systematically organized. – on the strength of registration of a patient a case record should be prepared, a number allotted and the records should be kept in a folder in separate compartments in a ladder type steel rack. They should be numbered alphabetically and yearwise (old and new

		cases to be demarcated) so that their retrieval becomes easier and the case records can be sent to the MO concerned in as less time as possible (which will reduce the waiting period for the patients). – a data entry operator should be posted near the registration counter to document (a) case history (b) personal history (c) family history and (d) demographic profile of the patient. This will be quite handy in a situation where many patients (Schizophrenic patients in particular) tear away the prescription and when they come to the

		hospital for the second time for follow up without a prescription the electronically stored data base can serve a very useful purpose; – a psychiatric social worker is a must to prepare a proper case history of every patient on the basis of registration data; – there should be a separate observation room where aggressive and violent patients can be kept tranquillized with the help of sedation and can be seen by the MO in the OPD when they are sedate. – the drug dispensing room should also be an integral part of OPD and

		should be located proximate to the OPD. The staffing pattern and the manner of storing drugs should be such as would facilitate the process of dispensing drugs as smoothly as it could be. Since most of the OPD patients are poor and illiterate, cannot read and comprehend the prescription, it may be useful if a staff nurse is detailed at the registration counter or drug dispensing unit to counsel the patient/family member of the patient about the drug prescribed, dosage, interval in which the drug is required to be taken, advantages of continuous drug compliance and so on. Such a practice is obtaining at Mental Health Hospital, Hyderabad

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<tr><td></td><td></td><td>which deserves to be emulated.</td></tr>
<tr><td>3.</td><td><u>Record Room:</u>
There is no separate record room and all the old and new records have been huddled together in the registration room (in the absence of a proper record room).</td><td>3. Space for a Record Room for old as well as new cases is being provided in the new OPD Block.</td></tr>
<tr><td>4.</td><td><u>Administrative infrastructure:</u>
I. The budgetary allocation which was of the order of Rs. 67 lakhs in the beginning has registered a marginal increase of Rs.84 lakhs. The Superintendent has asked for an enhanced allocation of Rs.92 lakhs but the same is yet to be received.

II. The hospital is not an autonomous body. There is no Management Committee to take major policy decisions on a day to day basis. All</td><td>I. There has been progressive enhancement of the budgetary allocation over the last 3 years as under:-
<table><tr><td>S.No.</td><td>Year</td><td>Budgetary Allocation</td></tr><tr><td>1.</td><td>2008-09</td><td>Rs. 1,89,25,500/-</td></tr><tr><td>2.</td><td>2009-10</td><td>Rs. 1,34,24,776/-</td></tr><tr><td>3.</td><td>2010-11</td><td>Rs. 41,41,000/- (budget for 4 month period which is only a token allocation).</td></tr></table>
No Management Committee has been formed so far on the pattern of IMHH, Agra, GMA, Gwalior, RINPAS, Ranchi. However, 2</td></tr>
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	such decisions are taken by the Principal, SCB Medical College in consultation with the Superintendent.	Committees have been formed for 2 specific purposes namely; – Purchase Committee; – Academic Committee; The composition of the first is as under:- • Professor and HOD, Psychiatry and Superintendent of the Institute - Chairman; • Associate Professor - Dr. Ajay Mishra – Member; • Assistant Surgeon – Dr. Tanmaini Das – Member; The composition of the second is as under:- • Dr. S.P. Swain, Senior Asstt. Professor, Psychiatry;

		• Dr. R.K. Shukla, Asstt. Professor, Psychiatry. The first Committee has been reconstituted for implementation of 'Centre of Excellence' proposal as under:- • Principal, SCB Medical College and Hospital, Cuttack – Chairman; • Superintendent, Institute of Mental Health – Member; • Accounts Officer, SCB Medical College and Hospital – Member; • Store Officer, SCB Medical College and Hospital – Member; • Store Officer, Institute of Mental Health - Member

		Comments of the Special Rapporteur: Formation of a Management Committee, Academic, Personnel, Works and Drugs Sub Committees are steps in the direction of decentralization and functional autonomy. Hithertoo the Institute of Mental Health has been treated as an appendage of SCB Medical College. While this may have certain plus points from the teaching point of view there are serious implications from the point of smooth and orderly day to day management of the Institute as the Superintendent has to look upto the Principal/ Superintendent of the SCB Medical College for all major decisions on a day to day

		basis. Constitution of a Management Committee and the required number of functional Sub Committees with delegation of adequate administrative and financial powers in favour of the MC and the Superintendent of the Institute will pave the way for a faster decision making process which will eventually contribute to qualitative improvement in the management of the hospital.
III	**<u>Braindrain</u>** So far (as in April, 2007) @ 2 students per annum 44 students have acquired the degree of MD (Psychiatry) of which 9 have left the State while some have gone outside the country. One of the factors contributing to Professionals having MD(Psychiatry) as the main	II. Consequent on implementation of the Sixth Pay Commission's recommendations the basic pay and allowances of the PG students doing M.D. Psychiatry have been substantially hiked although they are still lower than PG students of AIIMS, New Delhi and PGI Chandigarh.

	qualification going out of the State or the country is that the salary structure for such specialists in Orissa is quite low compared to other States (West Bengal, Tamil Nadu, M.P, and Gujarat). Thus there is no incentive for specialists to serve within the State. Secondly, many specialists do not want to spend more time in periphery (as Asstt. Surgeon) whereas spending minimum one year of periphery service is a must according to existing guidelines. Thirdly, the avenues for posting in medical college/other teaching institutions is limited. Fourthly, in terms of career prospects an Asstt. Surgeon takes almost 25 to 27 years for promotion to Class I (Junior) and about 30 years to Class I which	I interacted with the 3 PG students doing MD in Psychiatry and was given to understand the following:- They have been interviewed and selected by a PG Selection Committee headed by DMET, Principals and Superintendents of 3 Medical Colleges. The Convener is selected from out of the Principals of the three Medical Colleges. The selection is made on the basis of written examination. The PG students are in receipt of stipend of the following order:- 1st year - Rs. 23,680/- 2nd year – Rs. 24,560/- 3rd year – Rs. 25,580/- There are in all 7 PG students. They ordinarily stay in the PG hostel although there are exceptions (of few staying

	is unduly long compared to Asstt. Engineers and Members of Orissa Administrative Service.	out). Their services are being utilized both for the OPD and IPD.
IV	So far no institutional arrangement exists for orientation and training of either the medical or the para medical staff.	IV As far as M.Phil in Clinical Psychology is concerned there is, as on date, not a single seat. It is heartening to note that the Academic Council of Utkal University has recommended affiliation of new courses of M. Phil in Clinical Psychology and M.Phil in Psychiatric Social Work. The Superintendent of the Institute has recommended sanction of 8 seats of M.Phil in Clinical Psychology. The representative of the Rehabilitation Council of India is yet to come and inspect the infrastructure and may recommend sanction of a prescribed number of seats only on the basis of his/her inspection.

		The DMET is to write to RGI inviting their representative to come for inspection. At the rate of 1 seat for 20 beds a minimum number of 3 seats in Clinical Psychology can be sanctioned. The proposal can be carried to a logical conclusion only after sanction of the following posts:- Associate/Asstt. Professor – 1; Clinical Psychologist – 6; As against this, there are at present the following Clinical Psychologists:- Asstt. Professor – 1; Clinical Psychologist – 1. As far as institutional arrangement for orientation and training of medical or para medical staff is concerned, there is as on date no inhouse arrangement. Deputing MOs and para medical staff for

		orientation and training outside to institutions of repute and standing has inherent limitations due to (a) staff in various categories is limited and their deputation will cause dislocation to the work of the Institute (b) general reluctance of staff to go out for training due to low income, likely dislocation to be caused to the family due to long period of absence for training and (c) logistic and linguistic constraints. Despite repeated emphasis from time to time there is no thinking in the following direction:- – Two occupational therapy units separately for male and female patients; – A half way home as a transit home for patients

		who may be discharged from the hospital but who may still be in need of counselling to make them autonomous for their effective rehabilitation; – to have access to a library with books journals and periodicals for light reading according to preferences of the patients; to have access to the facility of learning and practicing yoga, pranayam and meditation as a therapy for relieving the patients of mental stress and strain.
V	The MS and other Psychiatrists are expected to take undergraduate and Post graduate classes but they are not taking such classes on the ground that there are no express	V The doubts and uncertainty which prevailed at the time of first visit to the Institute in April, 2007 have been sorted out. The Superintendent and all faculty members (6) i.e. 4

	instructions from the Principal and the Dean.	psychiatrists and 2 Clinical Psychologists are taking both undergraduate and PG classes. Additionally students from the National Institute of Rehabilitation, Olatpur (Bachelors of OT and Physiotherapy) are also attending classes being conducted by the faculty of the Institute.
VI	In view of the acute shortage in the cadres of Psychiatrists the number of seats in MD (Psychiatry) need to be increased from 2 to 4.	VI The number of seats in M.D. Psychiatry has been raised from two to three. Further increase to four will be possible only on the recommendation of the MCI, New Delhi.
VII	**<u>Physical infrastructure:</u>** A number of suggestions were made to improve the operational efficiency of OPD and IPD at the time of last review as under:- – to increase the bed strength to meet increasing demand	VII (a) The number of beds is being raised from 60 to 120 which is 100% increase and is a very positive development. The 60 extra beds which have been sanctioned with the concurrence of Finance

	for such beds; – to expand the OPD and patient's waiting hall (to accommodate minimum 200 persons); – to have a proper drug dispensing unit as an integral part of OPD; – to have a proper medical store with a number of compartments for (a) medicines (b) equipments (c) injectable items (d) other store items; – to instal one RO Plant (Reverse Osmosis Process) to ensure supply of potable water to MOs, para medical staff, patients and their relatives round the clock; – to have an incinerator to take care of scientific disposal of	Department recently are meant to accommodate the extra beds on account of the following:- - Geriatric; - Paediatric; - Emergency; - Forensic; - Rehabilitation (b) OPD is being substantially expanded to have a waiting hall to accommodate minimum 150 to 200 persons (both patients and relatives), a drug dispensing unit and a central drug store. All these are being provided under Rs. 1.51 Crore (Rs. 1.24 Crore for civil works and Rs. 0.27 Crore for equipments made available under the grant-in-aid scheme of Ministry of Health and Family Welfare, Government of India).

	hospital waste; – to have a modular kitchen independent of SCB Medical College mechanized laundry, trolley for transportation of food from the kitchen to the wards; – to have a yoga, pranayam and meditation centre;	**Comments of the Special Rapporteur:** In course of discussion with Commissioner-cum-Secretary to Government, Health and Family Welfare Deptt. (on 29.7.2010 from 3 PM to 5 PM) the following points were emphasized:- ▪ OPD is a composite unit comprising of – – waiting hall with easy access to potable water, toilet and recreation facilities such as a television, newspaper stand to keep local newspapers etc.; – registration counter with arrangement for 3 rows for physically, orthopaedically and visually challenged, women with children and elderly persons and 3

		clerks/staff nurses to facilitate easy registration and less waiting time; – a data entry operator to record and store in the computer all information relating to personal history, family history, demographic profile etc. of the new patients; – a record room with sufficient number of racks for storing case files of all patients alphabetically and yearwise (both old and new); – arrangement for retrieval of case files in 1 to 5 minutes for being sent to the Medical Officer for examination of the patient (s); – drug dispensing unit;

		– observation room where violent and aggressive patients can be kept under sedation for a while and sent for examination only when they are tranquillized; – two emergency rooms separately for male and female patients who arrive late after OPD hours after travelling a long distance and who can be kept in the emergency room till next day morning when they can be examined in the OPD. – A canteen to offer tea and snacks to patients and their relatives who have travelled long distances, who may not have eaten anything in course of

		travel and who may otherwise remain hungry (as the waiting period ranges from 4 to 6 hours and it may not be possible for them to go out for snacks which may increase the waiting period further). It was observed that there is no RO plant to ensure supply of potable water, no canteen to meet the requirement of snacks, no observation room, no emergency room, no data entry operator and no record room properly equipped to maintain records of 100 to 150 patients who turn up in the OPD on an average everyday. It is imperative that all these facilities are provided as an integral part of OPD. They

		are the irreducible barest minimum and are non-negotiable.
VIII	**Drug Deaddiction Centre:** • Ministry of Health and Family Welfare, Government of India as early as 31.3.95 sanctioned Rs. 8 lakhs in favour of SCB Medical College, Cuttack for setting up of a Drug Deaddiction Centre building. • Plan and estimates were prepared by the State PWD and were approved by the Principal, SCB Medical College. • The building was completed in all respects except PH work by August, 1998. • Funds for PH work were wrongly placed with EE GPH Division, Bhubaneswar instead of placing the same	VIII **Current Status** • As against 15 sanctioned beds only 10 beds are operational. • None of the posts envisaged under item No. VIII (page 18) has been sanctioned except that 5 staff nurses have been temporarily withdrawn and placed at the disposal of the centre by the Principal of the SCB Medical College and Hospital. They were posted soon after my first visit, were withdrawn and have been reposted. There are as on date no attenders or sweepers either sanctioned or posted. Only 4 security personnel have been posted.

	with EE PH Division I, Cuttack. • It took 5 years for the funds to get retransferred to EEPH Division No. I Cuttack and for the PH work to get started and eventually completed. • Eventually the building was completed in all respects and possession was handed over by EE PWD (R&B) to Prof. and HOD, Deptt. of Psychiatry and MS on 18.10.2003. • The Centre was inaugurated by the Health Minister in October, 2003 without (a) posting of essential staff (b) equipments (c) furniture and accessories. • Even on the date of my review in April, 2007 none of these has been provided.	• The building is in a very bad state. Even though the track record of performance of the State PWD in taking up this structure at an estimated cost of Rs. 8 lakhs (which was sanctioned by the Ministry of Health way back in 1995) leaves much to be desired, I regret to hear that the responsibility for taking up repairs to the structure is being entrusted once again to the State PWD. **<u>Comments of the Special Rapporteur:</u>** • Substance abuse is on the increase and so is the incidence of mental illness which are closely interrelated. It was in recognition of this reality that the Ministry of Health

	• The centre was to have 15 beds and the following manpower:- Addl. Superintendent – 1; Professor – 1; Associate Professor – 1; Asstt. Professor – 1; Lecturer – 2; Staff Nurses – 4. Ministerial and Class IV staff as per norm. • Pending sanction of these posts the Prof. and HOD, Deptt. of Psychiatry and Addl. MS of the hospital had written to the Secretary, Health Deptt. as early as 22.9.98 to depute 5 MO Psychiatry degree holders from the periphery for one year. Alternatively, he had suggested posting of 5 MOs with MD Psychiatry as resident doctors. This he had felt would facilitate	and Family Welfare, Government of India sanctioned as early as 1995 a sum of Rs. 8 lakh for construction of a Drug Deaddiction Centre. A simple structure like this took as many as 8 years to get completed and ironically enough when the centre was inaugurated in October, 2003 no essential staff was sanctioned or equipments installed. The centre is a case of classic indecision, redtapsim and dilatoriness. Even now when it is reported that the centre is functional with 10 beds it is functional in name's sake. All the medical and para medical staff for the centre as also tools and equipments need to be sanctioned on a

	proper implementation of NMHP in the State. • None of these requests has been acceded so far. • The case of opening a Drug Deaddiction Centre as a second unit of the Institute of Psychiatry, SCB Medical College has been a sad story of – – Protracted and unnecessary paper work; – Lack of regard for timeliness in implementation; – shoddy quality of execution and lack of primacy in the arena of drug deaddiction prevention;	regular basis (not by way of temporary withdrawal from SCB Medical College and Hospital) and be in position. Considering the sorry sate of affairs which has prevailed for years I suggest that the State Government should invite Prof. Rajat Roy, HOD, Deptt. of Psychiatry, AIIMS, New Delhi to visit the Centre and advise how the Centre can be optimally functional, what additional posts need to be sanctioned and what additional tools and equipments need to be procured and installed.

	– lack of remediation and control.	
IX	**<u>Drug Management:</u>** The annual allocation on account of drugs for the patients is of the order of Rs. 15 lakhs. Apart from the fact that this is inadequate for a 60 bedded hospital (which is going to be raised to 120 beds soon) the amount on account of bureaucratic red-tapism is also not available in time and in one go which is likely to cause dislocation in drug management.	IX Following the visit and my observations about inadequacy of budgetary allocation under 'drugs' and lack of timely availability, the matter was taken up by the then Secretary Health – Shri Chinmay Basu and subsequently by his successor and the current incumbent – Smt. Anu Garg and the allocation has been enhanced to Rs. 30 lakhs. The supply of drugs to OPD patients was also simultaneously enhanced from 10 days to 30 days free of cost. Yet another positive and simultaneous development is that as against nil provision under drugs for Departments of Psychiatry, Burla and Berhampur, an allocation of Rs. 15 lakhs each

		has been made. The Superintendent, Institute of Psychiatry, SCB Medical College, Cuttack was appointed as the nodal officer to coordinate the matter with the respective HODs of the Departments of Psychiatry at Burla and Berhampur. He was to ensure that the drugs within the approved allocation of Rs. 15 lakhs were procured and supplied to the OPD patients free of cost for a maximum period of 30 days. In course of review on 27.7.2010 I was given to understand that while the decision to make allocation of drugs for Burla and Berhampur was taken as early as 3.12.08 in the meeting in the room of Secretary, Health which was attended by me it is yet to be implemented. In case of

		Berhampur tenders have been invited but the tender papers were yet to be opened while in case of Burla, the internal audit party has raised objections against procurement of drugs which are not sustainable. The above lapse was brought to the notice of Secretary, Health in the meeting on 29.7.2010 and the Director, Medical Education and Training was given the responsibility for sorting out the operational difficulties. **Comments of the Special Rapporteur:** Late Shri K.P.S. Menon, ICS, distinguished Civil Servant and former Indian Ambassador to erstwhile USSR had regretfully observed in a compilation 'ICS and I' (1964-65), 'By virtue of its position, the audit is

		incapable of exercising common sense'. This statement is as relevant now as it was then. The role of audit is to scan and scrutinize (a) whether the procedure established by law is being followed or not and (b) whether the procedure followed is transparent or not. It is not their mandate to pronounce value judgement as to which drug is to be purchased and which not. If audit starts scanning and scrutinizing each and every item/component of purchase picking unnecessary and avoidable holes, leaving the propriety of the procedure followed no activity of government can ever be carried to its logical conclusion.

		In the light of this sad experience with the functioning of internal audit which is likely to sabotage normal and legitimate functioning of a premier service institution and bring an activity like procurement of drugs which is vital to its functioning to a grinding halt. The Secretary, Health was requested to issue in her turn instructions to the FA of the Deptt. who is in charge of internal audit so that such mental aberrations/hang-ups and procedural hassles do not inhibit the smooth functioning of field level institutions.
X	**Food Management:** In successive reviews (April, 2007, December, 2007, December, 2008) it was observed that per capita scale of diet @ Rs. 10/- per day is a	**X Current Status:** The diet charges have been enhanced from Rs. 10/- to Rs. 20/- and it has been decided to serve cooked food to all the IPD patients (who are from

	pittance and that with soaring inflation and spiralling of prices it is next to impossible to provide something worthy of human consumption. This would not ensure the desired nutritive value. It was further observed that different scales have been adopted for different categories of patients of the hospital who are from within the State and patients who have been sent from outside like RINPAS, Ranchi. While it is Rs. 10/- for the former, it is Rs. 40/- for the latter. This is patently inequitable.	within the State) with this enhanced amount. What, however, was being actually 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 patent inequity with regard to adopting different scales for patients within and outside the State still prevailed. What is still worse, however, is that the Institute is helplessly dependent on the kitchen of SCB Medical College for provision of food to its IPD patients as it does not have a kitchen of its own. This has its obvious limitations such as (a) there are different categories of patients in the Institute requiring different types of food (ordinary diet, special diet) whereas the food that is

		being made available from the kitchen of SCB Medical College is uniform for everyone (b) the food gets cold in the process of transportation and (c) there is no supervision, from the side of the Institute not to speak of involvement with the quality of food prepared in the kitchen of SCB Medical College as is the practice in other mental health hospitals. **Comments of Special Rapporteur:** The Institute has a current bed strength of 60 which is soon going to be augmented to 120. It is necessary and desirable that the Institute has its own independent kitchen on the same pattern as the modular kitchen at IMHH, Agra. In terms of Planning it would involve the following:-

		– construction of vegetable storage platforms – 12 metre; – preparation of food area – 20 metre (washing and cutting vegetables); – cooking area – 120 metre (washing and cutting vegetables); – area for cleaning utensils – 20 metre; – area for storage of food – 30 metre; – pantry area – 16 metre; – room for cooks changing the apron – 10 metre; – entrance to modular kitchen – 10 metre; – waiting lobby with a platform towards left and dispensing space for food

		on the night – 11 metre; – toilet block – 10 metre; – space for storage of gas cylinders – 10 metre. The following need to be installed in the kitchen:- – chimneys (3); – exhaust fans (8); – aircooled pipeline duct (1); – gas pipeline(6 outlets); – chullah with grills (5); – chulla with tawa (2); – steel pipe trolleys for transportation of food to the dispensing window. Since a lot of renovation and expansion (by way of new construction) work has been contemplated under the 'Centre for Excellence' proposal it should be possible to go in for an

		automatic modular kitchen to prepare food for atleast 120 persons a day who have been admitted in the IPD. This should be simultaneously followed by construction of the required number of dining tables with benches/chairs as may be considered appropriate to the local situation.
XI	**Other facilities and amenities (right to decent living accommodation, right to potable water, right to personal hygiene, right to sanitation, right to leisure and recreation).** At the time of first and subsequent visits the following deficiencies were found:- • The whole environment presents a dull and drab space; there is no greenery. • Lack of space made patients in the IPD lie on the floor.	**XI Current Status:** • The problem of space is being taken care of partly by way of utilization of Rs. 1.51 Crore (Rs. 1.24 Crore for physical infrastructure and 0.27 Crore for procurement of equipments) which was received from Government of India by way of grant-in-aid in 1999 and partly under the 'Centre for Excellence' proposal of

	• The relatives of such patients lying on the floor have no place to sit. It is humanly impossible for a relative to keep on standing all the while. • There are 2 bathrooms for males and 4 for females with a total of 2 and 4 toilets. • The toilet patient ratio is 1:10 which is much lower than the prescribed norm. • There are no lavatories /toilets for the relatives of the patients. • There are no haircutting services. • It is difficult to term the water which is being supplied to the patients and the relatives as potable as samples of such water have never been sent	Government of India. Even now it was observed that patients in the female ward are lying on the floor but with construction of additional wards this problem would be overcome. • The number of bathrooms and toilets would increase in the new dispensation. • Samples of water are yet to be drawn and sent for test in an approved PH testing laboratory although there is no death of such testing laboratories at Cuttack. • No thought has been given to provide some accommodation /resting place for family members/relatives of patients like Government Mental Health Care,

	for testing. There is no RO plant to ensure provision and supply of potable water. • In the absence of a pathological/biochem laboratory in the Institute all blood samples are being sent to the pathological laboratory of SCB Medical College for test. This consumes a lot of time. • Power supply is erratic and there are frequent load sheddings. • There is no incinerator and autoclave for disposal of hospital waste. • There is no mechanized laundry to collect, clean, press and deliver clothings of inmates.	Thrissur (Kerala). Like the mentally ill patients who cannot fend for themselves and, therefore, in need of support of family members/ relatives, the latter are also human beings and have a right to decent living accommodation as long as they are within hospital premises as care givers of mentally ill persons. • Once the institution is expanded and has 120 beds as against 60 beds as now it may be appropriate to have a biochem/ pathological laboratory with requisite equipments and manpower. • The importance of occupational therapy (2 separate units – one for male and another for

	• There is no provision for occupational therapy (OT) nor any facility to teach yoga/pranayam/meditation to those patients who are fast on their road to recovery. • There is no separate library for patients nor any arrangement to supply them even a single Oriya newspaper. • There are no other recreational avenues. • There is no halfway home either for patients who have been effectively treated and cured, who are in a position to manage their own affairs and who are ready to be sent back for reintegration into the mainstream of the family or the community.	female patients) as a tool of discipline, of productive utilization of time, of promoting unity and solidarity, rapport and bonhomie among the inmates and last but not the least as a tool of rehabilitation, of promoting autonomy and self reliance among the inmates is yet to be realized. There was no concrete thinking, planning action in that direction. • Library for members of the teaching faculty or MOs incharge of diagnosis and treatment provides a window to the outside world to broaden their horizon and keep them abreast of the latest changes and developments.

	• There is no modified ECT. • There is no ECG or EEG facility.	• A library with books, journals, periodicals and newspapers for patients and family members/relatives staying with them provides a source of recreation to them, to have access to information of interest and relevance to their lives and eventually to their empowerment. Both, as on date, are conspicuous by their absence. For the first the institute is dependent on SCB Medical College while the second does not exist at all. • There is no dearth of yoga teachers in Cuttack city. A beginning could have been made as in GMA Gwalior to start yogic exercises for patients who have been effectively treated and who

		have substantially recovered by hiring services of a yoga professional on payment of some honorarium. This has not yet been done. • Prayer and meditation have tremendous stabilizing effect on human body and mind. For this all that is needed is a large hall and a faculty member who can mobilize the patients, bring them to the hall and initiate them into prayer and meditation. This also has not been tried out. • A mechanized laundry with arrangements for automatic cleaning, drying and pressing is the need of the hour as it ensures personal hygiene, imparts a feeling of freshness and prevents

		skill diseases. With the number of beds in the Institute being raised to 120, it is absolutely urgent and imperative that manual cleaning is replaced by mechanized cleaning under the new dispensation of 'Centre for Excellence'. • Simultaneously and with a view to ensuring hair cotting services, it is necessary to engage the services of 2 barbers – one for male and another for female patients. This has not been done so far although suggestions to this effect were given as early as April, 2007. • With so much of vacant space lying unutilized no initiative has been taken till date to carve out 2 courts –

		one for volleyball and (b) another for basketball for the benefit of patients who have been effectively treated and substantially recovered but who for some technical or family difficulties could not be discharged. • The importance of modified ECT was highlighted in the first review report (April, 2007). For reasons best known to the faculty incharge of treatment modified ECT is not being given although its advantages are enormous. Neither the ECT room nor the recovery room has been air conditioned although this is a bare minimum requirement.

		• As of now there are no ECG or EEG equipments. With Rs. 27 lakhs still available for procurement of equipments the authorities of the institute should go in for procurement of equipments for ECG, EEG, x-ray and pathological/ biochem laboratory. If the amount is not considered adequate the same could be supplemented by the State Government. • Half way Home is a well tried and tested concept. It has yielded good results in some of the hospitals. A Half way Home acts as a transit home for those patients who have been effectively treated and who have substantially recovered and yet who

		need to stay for some more time for counselling, for skill training and for acquisition of an autonomous status which would pave the way for their rehabilitation and reintegration. Such Halfway Homes can be managed by NGOs who have the aptitude and commitment to this area of work. • There is no dearth of such NGOs in Cuttack city either. An earnest effort may be made to identify one such NGO and entrust him with the responsibility of management of such a Home with grant-in-aid from the Ministry of Social Justice and Empowerment.
XII	**Death Audit:** At the time of the first review (April, 2007) a detailed analysis	

	was made of the causes and factors which have contributed to 19 deaths between 2000-01 to 2006-07. It was observed then that in almost all the cases death was due to the associated medical co-morbidity or normal outcome of the diseases like cerebral malaria, cardio respiratory failure, acute gastroenteritis, encephalitis, meningitis etc.	

The following table indicates the figures of death after 2006-07 and upto 30th June, 2010 and the causes and contributory factors thereof:-

Period	**No. of deaths**	**Natural**	**Unnatural**	**Causes/contributory factors**
2006-07	1	Natural	Nil	Sudden cardiac arrest, septicemia
2007-08	2	Natural	Nil	Cardio respiratory failure septicemia shock (both the cases).
2008-09	Nil	Nil	Nil	NA
2009-10	3	Natural	Nil	1. Sudden cardiac arrest and cardio respiratory failure.

				2.Cardio respiratory failure. 3. Sudden cardiac arrest.
2010-11 (till 30.6.10)	1	Natural	Nil	Diabetic crisis, nephropathy

Discussion with Commissioner-cum-Secretary to Government of Orissa, Health and Family Welfare Department – Smt. Anu Garg in her room between 3 PM to 5 PM:

At the outset I thanked the Secretary, Health for the tremendous initiative and interest shown by her as also the leadership and direction provided by her in (a) making sincere efforts to revitalize the mental health hospital, Cuttack which was lying in a moribund state by a number of planned, coordinated and concerted steps since she took over charge (b) sending a well formulated proposal to Government of India, Ministry of Health and Family Welfare to have a Centre of Excellence in the Institute for Mental Health and taking a number of steps in the right direction for timely implementation of the proposal. I shared with her a resume of my impressions and observations arising out of my visit to the Institute on 27.7.10 and made the following suggestions for her consideration:-

1. In the current scheme of things and also in conformity with the directions of the apex Court, autonomy is the need of the hour. Autonomy does not mean permissiveness or licentiousness to do whatever one wants to do but is intended to facilitate smooth execution of certain decisions or set targets fixed for an individual/institution within a prescribed time frame, of good quality,

in less cost and within the ambit of certain delegated powers. The Institute of Mental Health does not have any autonomy as since inception it has remained as an appendage of SCB Medical College, looking up helplessly to the latter for each and every major decision. Historically, there may have been some justification for this in the beginning but in the complex world of operations today where decisions have to be taken with lightning speed and executed with equal speed, such a culture of helpless dependence becomes counterproductive. Individual and institutional autonomy conceptually and basically implies a scheme of delegation of powers – administrative and financial which will facilitate the decision making process and smooth and timely execution of those decisions. Creation of an automatic laundry, modular kitchen and incinerator for disposal of waste should be viewed as integral and essential parts of a service institution like the institute. These should be delinked from SCB Medical College, Cuttack.

In functional terms, it means constitution of a Managing Committee and a few sub committees like academic, works, purchase, diet, recruitment, training, monitoring and evaluation. In regard to the Institute of Mental Health, there was no Managing Committee and except 2 Sub Committees (academic and purchase) most of the other functional sub committees were not in existence. The MC and the Sub Committees need to be constituted (like IMHH, Agra, GMA, Gwalior and RINPAS, Ranchi) delegated with powers needed for day to day smooth functioning and vested with specific responsibilities required to

be discharged on a day to day basis. The entire exercise for such functional autonomy backed by a scheme of delegation of administrative and financial powers should be worked out at the level of government in consultation with the Superintendent of the Institute and pressed into operation at the earliest.

2. There are certain composite characters of certain concepts/entities/ units and in planning to implement the concept such composite character should not be lost sight of. To illustrate, an OPD is a composite unit comprising of –

   - a waiting hall with adequate space of 100 to 150 patients (depending on the daily out turn of patients) with access to potable water, snacks supplied by a canteen close by, television and newspaper stand;

   - Registration Counter;
   - Data Entry Operator to computerize data relating to personal history, case history, family history, demographic profile etc.

   - Record Room for storage of case files of patients;

   - Retrieval of case files and sending them in less time to the MO concerned for medical examination of patients;

   - Drug Dispensing Centre;

   - An Observation room where patients who are aggressive or violent and who are unlikely to cooperate with the MO at the

time of medical examination can be given sedation, tranquillized and then brought for medical examination;

- Two emergency rooms (one for male and another for females) where OPD patients who turn up after the OPD hours are over, can be kept overnight so that instead of going back to their native place they can avail of the OPD services next day;

- A canteen as an integral part of OPD to serve tea and snacks to the OPD patients and their family members/relatives.

III Computer softwares should be in place for (a) registration and record room (b) library (procurement, storage and issue of books, journals and periodicals), (c) diet management, (d) management of personal hygiene and sanitation (e) occupational therapy units (as and when established) (f) halfway home (as and when established) (g) biochem/pathological laboratory (h) laboratory attached to the clinical psychologist.

IV Over a period of time e-connectivity between the library and different departments (Psychiatry, Clinical Psychology and Psychiatric Social Work) should be established so that the faculty members can have easy access to the information and knowledge which have been stored in the library.

V Orientation and training of all MOs and para medical staff (staff nurses, technicians) for human resource development have not received the type of attention as deserved by them. Such orientation and training can be both inhouse and outside. With sanction of additional staff for the Institute under the 'Centre of Excellence' proposal it should be possible to have inhouse facility for imparting such orientation. Similar programme for orientation of attenders and security personnel should also be thought of with a view to making them more civil, courteous considerate as also disciplined. The orientation should be of short duration and a yearly calendar for this activity should be drawn up sufficiently in advance. Wherever necessary, professionals from outside may be inducted to enhance the content and quality of orientation.

VI Lack of quality and timely execution of civil works programmes as also lack of timely repair and maintenance has been a major area of concern for the Institute for quite some time. Such execution has several dimensions such as:-

- observing correct ratio which has been scientifically established between sand, cement and concrete for all RCC works;

- brick joinery and brick pointing;

- observing correct ratio between sand (to be screened properly) and cement for plastering of walls;

- curing of all RCC works for a minimum period of 3 weeks and all plaster works for atleast a fortnight;

- grading plaster for all RCC roofs after expiry of a reasonable period after casting of the roof;

- leaving proper outlets from the roof and drainage management on the ground so that in a heavy rainfall coastal city like Cuttack water logging could be avoided.

VII

- The premises of the hospital present a dull and drab look. The boundary wall is of low height making it possible for stray cattle and other animals to enter the compound and leave it dirty. Absence of a sylvan surrounding and a mini park which are musts from the point of recovery of patients are conspicuous by their absence. Support and help of Horticulture Deptt. needs to be enlisted for this purpose. Samples of soil may be taken for test and such species should be selected for plantation as would survive in the particular soil. In addition to adding soil nutrients to facilitate good growth, anti termite treatment should be given to ward off white ant menace.

VIII

- Installation of a RO plant is a must to ensure access to potable water for all MOs, para medical staff, patients and their family members/relatives. Samples of water should be drawn at an interval of every 6 months and sent for testing in approved PH laboratories.

IX There is urgent and imperative need for installation of a DG set of the required capacity (in KVA) keeping in view the critical situaiton which comes up every now and then due to acute load shedding. In order that

this provides the desired power back up care may be taken to ensure the following:-

- the DG set should be procured from a reputed manufacturer like Cummins or Kireloskars;

- the Institute must enter into an annual rate contract to get the DG set properly serviced and maintained.

X Clinical Psychology and Psychiatric Social Work are 2 neglected Departments of the Institute. While the requisite staff (though not as per the full requirement) have been recently sanctioned for both the Departments under the 'Centre of Excellence' proposal being funded by the Ministry of Health and Family Welfare, Government of India and the sanctioned posts are likely to be filled up shortly, the following aspects need attention of the sanctioning authority:-

- The Department of Psychology is in need of (a) laboratory (b) as many as 43 equipments costing about Rs. 17 lakhs (the list has been furnished by Dr. Mahapatra, Associate Professor, Clinical Psychology). These should be sanctioned along with 5 computers for use of Associate Professor (who is already in position), Asstt. Professor (which has been recently sanctioned) and three Clinical Psychologists (which have been recently sanctioned). They need to be provided with separate rooms.

- The Deptt. of Psychiatric Social Work (newly created) will have 2 Assistant professors and 2 PSWs. They need to be provided with separate rooms and 4 computers for their day to day use. For home

visits and contacts with discharged patients to assess the status of their reintegration and rehabilitation they need to be provided with a vehicle and TA/DA for their travel.

Referring to the minutes of the meeting held on 31.5.2010, I thanked the Secretary, Health for the meticulously detailed manner in which as many as 14 decisions have been taken which are timely, sound and sensible for operationalization of the proposal 'Centre of Excellence'.

II <u>District Mental Health Programme:</u>

Eight out of thirty districts namely Puri, Mayurbhanj, Khurda, Dhenkanal, Keonjhar, Koraput, Phulbani, Balangir have been selected as early as 2003-04 for implementation of DMHP. The Superintendent, Institute of Mental Health has been notified by the State Government to be the nodal officer. He is responsible for ensuring the desired pace and progress of implementation.

Dr. S.K. Sinha, Consultant Psychiatrist, DGHS, Ministry of Health and Family Welfare who was recently in Orissa from 14th to 16th July, 2010 has reviewed the current status of implementation of DMHP and noted the following deficiencies:-

I. Non utilization of funds placed for purchase of medicines in Dhenkanal district, lack of funds for medicines in Khurda district, non utilization of funds earmarked for training manpower (which has consequently been delayed) as well as IEC materials. Delay in purchase of medicines has been partially due to preaudit objecting in some districts like Dhankanal.

II. Although DMHP was launched in 2003-04, IEC materials have not yet been finalized and printed for use. The modules have been sent to SIHFW, Orissa. These are required to be finalized at the earliest, printed and disseminated.

III. Board of visitors to inspect mental health facilities is yet to be constituted.

IV. Superintendent, Mental Health Institute has been identified as Licensing Authority for the State. The process of inviting applications from institutions should begin at the earliest.

V. Staff for the State Mental Health Authority is yet to be recruited.

The following tabular statement reflects the status of utilization of funds which is a matter of deep concern for Government of India:-

District	Funds allotted	Bank Interest	Total	Utilized	Unspent balance
Puri as on 31.3.10	Rs.26,20,000/-	Rs.3,17,249/-	Rs.29,37,249/-	Rs.18,32,335/-	Rs.11,04,914/-
Mayurbhanj as on 31.3.10	Rs.26,20,000/-		Rs.26,20,000/-	Rs.22,55,955/-	Rs.3,64,045/-
Dhenkanal as on 30.6.10	Rs.26,20,000/-	Rs.3,39,004/-	Rs.29,59,004/-	Rs.8,18,857/-	Rs.21,40,147/-
Khurda as on 30.6.10	Rs.26,20,000/-		Rs.30,06,253/-	Rs.18,42,268/-	Rs.7,77,732/-
Keonjhar as on 31.3.10	Rs.26,20,000/-	Rs.3,86,253/-	Rs.26,14,462/-	Rs.18,42,268/-	Rs.11,64,425/-
Koraput as on 2008-09	Rs.26,14,462/-		Rs.28,30,282/-	Rs.8,32,346/-	Rs.17,82,116/-
Kandhmal as on 30.6.10	Rs.26,14,462/-	Rs.2,15,820/-	Rs.26,73,331/-	Rs.9,30,967/-	Rs.18,99,315/-
Balangir as on 30.6.10	Rs.26,20,000/-	Rs.53,331/-	Rs.26,73,331/-	Rs.15,41,455/-	Rs.11,31,876/-

Suggestions of the Special Rapporteur:

DMHP is a measure of decentralization to provide good quality mental health care through the existing district headquarters hospital and primary health centres and with the involvement of local community. This is primarily on account of the fact that a very large number of families in India are below poverty line and with uncertain avenues of employment and limited earnings can ill afford the luxury of travelling to the mental health hospital which may be far away from their native habitat both for the purpose of diagnosis, treatment and follow up. DMHP comes quite handy to meet this dire need.

Regretfully, however, as far as Orissa is concerned even though 8 out of 30 districts were selected for implementation of DMHP as early as 2004 and sizeable amount of funds has been allotted during the last 6 years or so the pace of expenditure does not measure upto our expectations. This needs to be speeded up. There are several other tasks which are remaining unfinished such as finalization of IEC modules, training of functionaries, sensitization of community health care workers and para medical staff, Constitution of Board of Visitors, recruitment of supporting staff for State Mental Health Authority etc. It may be useful if the Secretary Health sits with the Nodal Officer to carry these unfinished tasks to their logical conclusion within a prescribed time span.

III Centre of Excellence Proposal

It is well known that the incidence of mental illness is on the increase (450 million people are estimated to be suffering from neuro-psychiatric conditions worldwide) and that anxiety and depression will

emerge as the world's single largest killer by 2020 according to a projection made by the WHO. It is also well known that the resources – human, material and financial to effectively deal with this huge burden of psychotic and neurotic disorders are grossly inadequate. This leaves a treatment gap of more than 75% in many countries with low and lower middle incomes. Low levels of awareness about symptoms of mental illness, lack of rational and scientific temper resulting in myths and stigma, lack of access to information on the facilities for treatment available in State managed hospitals/private hospitals/clinics and lack of knowledge on the tangible benefits arising out of timely treatment are some of the contributory factors found responsible to have caused the treatment gap.

In India the absolute number of persons suffering from mental illness comes somewhere in the vicinity of 70 million. As against this very large number of mentally ill persons, the median number of Psychiatrists is only 0.2 per 1,00,000 population whereas the global median is 1.2 per 1,00,000 population. The number of professionals in Clinical Psychology, Psychiatric Social Work and nursing is 0.03, 0.03 and 0.05 per 1,00,000 population respectively. The realization that mental health care was possible through the existing primary health care system led to the launch of the National Mental Health Programme by the Government of India in 1982. Nearly twenty years later in 1996 a field tested model of community mental health care was adopted as District Mental Health Programme (DMHP). Starting with 4 districts in 1996 it was extended to 27 district in 9th Five Year Plan, to 110 districts by the end of 10th Five Year Plan and to 125 as of now. Simultaneously, following the Erwady tragedy in

Ramanathpuram district of Tamil Nadu, NMHP was restrategized in 2003 which envisaged expansion of DMHP, modernization of State run mental hospitals, upgradation of Psychiatric Wings in Government Medical Colleges/General Hospitals, expansion of IEC activities, Research and Training in Mental Health for improving service delivery. As DMHP was extended to more and more districts, a massive programme of upgradation of Psychiatric Wings of 71 Medical Colleges/General Hospitals and modernization of 23 mental health hospitals was taken up for funding.

This necessitated revision of allocations from Rs. 28 Crore in 9th Five Year Plan to Rs. 190 Crore in 10th Five Year Plan and to Rs. 1000 Crore in the 11th Plan period.

While successive reviews and evaluations have brought out several areas of concern in programme implementation, acute shortage of skilled mental health professionals in the country was felt as the foremost area of concern facing the mental health programme in the country.

As against an estimated requirement of 11,500 Psychiatrists, 17,250 Clinical Psychologists, 23,000 Psychiatric Social Workers, what we have today are 3000 Psychiatrists, 500 Clinical Psychologists, 400 PSWs and 9000 Psychiatric Nurses. This is nowhere near the norm of 1 Psychiatrist per 1,00,000 population, 1.5 Clinical Psychologist per 1,00,000 population, 2 Psychiatric Social Workers per 1,00,000 population and 1 Psychiatric nurse per 10 psychiatric beds.

The existing training infrastructure in the country produces annually approximately 320 Psychiatrists, 50 Clinical Psychologists, 25 PSWs and 185 Psychiatric nurses.

A two pronged strategy has been adopted to address the shortage of qualified mental health professionals. **One is to have Centre of Excellence or Scheme A under which Centres of Excellence will be established in the field of mental health by upgrading and strengthening existing mental health hospitals/institutes (to be identified on the strength of certain established criteria).** These institutes will focus on production of quality manpower in mental health with the primary objective of fulfilling manpower needs of NMHP. The financial support under the programme would cover capital work (academic block, library, hostel, laboratory, lecture theatres etc.), equipments and furnishing, support for induction and retention of additional faculty for the current plan period. Preference would be given to centres where the State Government shows commitment for faculty and other recurring and necessary expenditure. The support for additional faculty could also be used for paying as incentive to attract and retain new faculty over the usual State Government pay for the plan period to enable starting PG Courses. Under support for engaging additional faculty, cost for 2 units of Psychiatry, 4 faculty posts of Clinical Psychology, 8 non faculty posts of clinical psychology, 4 faculty posts of Psychiatric Social Workers , 4 non faculty posts of Psychiatric Social Workers , 2 faculty posts of psychiatric nursing and 1 non faculty post of psychiatric nursing have been provided.

Budgetary support under the Scheme is limited upto Rs. 30 crores per centre which will be need based and assessed by a team of experts. The proposal for availing the scheme has to be routed through the State Government concerned and must include a definite plan with timeliness for initiating/increasing PG courses in Psychiatry, Clinical Psychology, Psychiatric Social Workers and Psychiatric nursing. The Ministry of Health and Family Welfare have planned to establish at least 11 Centres of Excellence in Mental Health under the scheme during the remaining 2 years of 11th Five Year Plan (2007-12). This would result in increase of atleast 44 PG seats in Psychiatry, 176 M.Phil seats in Clinical Psychology and Psychiatric Social Workers each and 220 seats in DPN (Diploma in Psychiatric Nursing).

Scheme for Manpower Development in Mental Health also known as Scheme B envisages development of PG training capacity on low input and high output pattern:

This is more cost effective compared to Scheme A and would cover Government Medical Colleges/Government General Hospitals/State run Mental Health Institutes. These would be supported for starting PG courses or the intake capacity for PG training in Mental Health Specialities would be increased. The support would involve limited amount of physical work for establishing/improving Specialities in mental health (Psychiatry, Clinical Psychology, Psychiatric Social Workers and Psychiatric training), equipment, tools and basic infrastructure (hostel, library, department), support for engaging additional faculty. It has been planned to support setting up/strengthening 30 units of Psychiatry, 30 departments of Clinical Psychology, 30 departments of psychiatric nursing during the plan period.

The financial support will extend from upto Rs. 5.1 million for each psychiatric nursing department to upto Rs. 10 million for each PG Deptt. of Psychiatry. The scheme is expected to generate about 60 Psychiatrists, 240 Clinical Psychologists, 240 Psychiatric Social Workers and 600 Psychiatric nurses per annum.

Since for the purpose of the present review scheme A is more relevant I would like to concentrate on the same.

Placed below is a chronological account showing how the Centre of Excellence proposal evolved for Orissa State.

Centre of Excellence and Mental Health Institute, Cuttack:

16.12.08 DGHS, Nirman Bhawan vide letter dated 1.12.08 invites proposals for Centre of Excellence – manpower development during 11th Plan period.

16.12.09 Filled up application form sent to Government of Orissa vide Institute's letter No. 1391/MH1 dated 19.12.08 for onward transmission to Government of India.

17.6.09 The Institute provisionally identified for upgradation under Centre of Excellence by Government of India as per communication dated 11.6.09 of DGHS, New Delhi addressed to Principal, SCB Medical College, Cuttack.

14.7.09 A central team comprising of Director, Ministry of Health and Family Welfare – Dr. B. Nayak and Regional Director,

Bhubaneswar – S. Mazumdar visits the Institute for formal inspection and scrutiny of feasibility of the proposal.

27.7.09 Project for upgradation of the Institute to Centre of Excellence sent along with Provisional DPR to DGHS, Ministry of Health and Family Welfare for formal sanction.

14.9.09 The proposal considered by the Standing Committee and recommended for sanction of funds with request to intimate progress as formally intimated by Dy. Director General (P), DGHS – Dr. L. Sonar.

24.2.10 Proposal for demolition of 103 year old Paediatric Block to make available the vacant land for Centre of Excellence agreed to by government of Orissa and communicated to the Principal, SCB Medical College.

21.6.10 Assurance of State Government for providing entire funds for maintenance of the project after the 11th plan period communicated to Ministry of Health and Family Welfare, Government of India.

14-16.7.10 Dr. Suman K. Sinha, Consultant Psychiatrist, Mental Health Programme Division, DGHS, Ministry of Health and Family Welfare, Government of India visits the Institute to review the pace and progress of implementation of the project.

29.7.10 Deptt. of Health and Family Welfare with concurrence of Finance Deptt. communicates sanction of 18 regular posts and 4 contractual posts.

The project has 5 to 8 components such as;-

- Capital works;
- Technical equipments;
- Non technical equipments;
- Library books and journals;
- Faculty and technical staff.

The detailed break up of the sub components under each of the 4 components is given as under:-

S.No. 1.	**Capital Works**	**Sub components**	**Project Cost**
		1. Academic Block of Psychiatry, Clinical Psychology, Psychiatric Social Workers and Psychiatric Nursing. 2. Trainees Block 3. Library building 4. Centralized AC for new block and airconditioning for existing block. 5. Provision for ramp and lift 6. Upgradation of electricity 7. ICU for patients of drug	Rs. 18 Crore

		and alcohol and others. 8. Patient's Waiting Room 9. Extension of Indoor Block 10. Day Care Centre 11. Yoga and Meditation Centre. 12. Record Room. 13. Occupational Therapy Unit 14. Attendant's Rest Shed. 15. Reading room for patients. 16. Recreational Therapy Centre 17. Landscape garden 18. Other infrastructure development/interior development	
S.No. 2.	**Technical equipments**	**Sub components**	**Cost**
		1. CT scan 16/32 slice 2. Digital EEG and EEG Lab. 3. Sleep Lab 4. Polygraph 5. ECT (8 sets) 6. Resuscitation equipments	Rs. 3,00,00,00 Rs. 50,00,000 Rs. 50,00,000 Rs. 15,00,000 Rs. 12,00,000 Rs. 6,00,000

		7. Neuro Psychological Lab equipments and tests 8. Behaviour Therapy Unit 9. Multibehaviour Therapy machine (4 sets) 10. Other equipments required for neuro Psychiatry investigation (Regional Transcanial Magnetic Stimulation)	Rs. 20,00,000 Rs. 10,00,000 Rs. 4,00,000 Rs. 33,00,000
S.No. 3	**Non technical equipments**	**Sub components**	**Cost**
		• Mattress • Pillows and pillow covers • Bedsheets • Cots • Storage boxes • Furniture • Table • Chairs • Trolleys • Stretchers • Computers • Internet facility	Rs, 3,00,00,000
S.No. 4	**Library**	**Sub components**	**Cost**
		• Books • Journals • Periodicals • Equipments	Rs.1,00,00,000

S.No. 5	Faculty and Technical Staff	Sub components	Cost
		1. <u>Deptt. of Psychiatry</u> • Associate Professor – 3 • Asstt. Professor – 6 • Resident doctors – 3 **2. <u>Deptt. of Clinical Psychology</u>** • Associate/Asstt. Professor – 4 • Clinical Psychologist – 8 **3. <u>Deptt. of Psychiatric Social Work</u>** • Associate/Asstt. Professor - 4 • Psychiatric Social Worker - 4 **4. <u>Deptt. of Psychiatric Nursing</u>** • Associate/Asstt. Professor - 2 • Tutor – 10 5. Radiologist – 1 6. Anaesthetist – 2 7. Pharmacist – 2 8. ECG/EEG Technician – 1 9. Clinical Psychology Lab Assistant – 1	Rs.5,96,88,000

Review of the current status of implementation of the Project revealed a few redeeming features as well as gaps. The redeeming features are:-

- The Deptt. of Health and Family Welfare have sanctioned and communicated vide their letter No. DC and MA (MW) 5/10 19344 dated 29.7.2010 the sanction of the following posts:-

  1. **Deptt. of Psychiatry:**
     - Associate Professor – 1
     - Asstt. Professor – 2
     - Sr. Resident – 2

  2. **Deptt. of Clinical Psychology:**
     - Associate/Asstt. Professor – 1 (Asstt. Prof.)
     - Clinical Psychologist – 3

  3. **Deptt. of Psychiatric Social Work:**
     - Associate/Asstt. Professor – 2 (Asstt. Prof.)
     - Psychiatric Social Worker – 2

  4. **Deptt. of Psychiatric Nursing:**
     - Associate/Asstt. Professor – 1 (Asstt. Prof.)
     - Tutor – 1

  5. **Technical Staff:**
     - Radiologist – 1
     - Anaesthetist – 2
     - Pharmacist – 2 (contractual)

- ECG/EEG Technician – 1 (contractual)
- Clinical Psychological Lab Asstt. – 1 (contractual)

Grey areas/gaps:

- The first instalment of the grant-in-aid for the Centre of Excellence amounting to Rs. 5.28 Crore has been released in favour of NRHM, Orissa, Bhubaneswar on 16.7.10 only. However, it is rather surprising that no sanction letter indicating the purpose for which the funds are being released has been received. The Superintendent, Institute of Mental Health has sent a letter of request to Dr. (Mrs.) Jagdish Kaur, Director, Ministry of Health and Family Welfare, Government of India requesting her to send these details.

- The Finance department have not agreed to sanction of the faculty positions in the Deptt. of Psychiatry, Deptt. of Clinical Psychology, Deptt. of Psychiatric Social Workers and Deptt. of Psychiatry Nursing strictly according to the established norms. Centre of Excellence is a composite proposal and envisages a staffing pattern which should be agreed to in its totality. If sanctions are issued by bits and pieces it will not serve the desired purpose.

- Pharmacists, ECG/EEG Technicians and Clinical Psychology Lab Assistants involve regular nature of work and, therefore, should be sanctioned on a regular basis. Regretfully these have been sanctioned on a contractual basis. The problems inherent in the process of recruiting and posting personnel against these posts

which should ordinarily be manned by regular employees on contractual basis are:-

- Who oversees their attendance, their volume and quality of work?
- Who is responsible for disbursement of their wages?
- Who from the side of the hospital management remains present at the time of disbursement?
- Is there any deduction from their wages for payment of commission to contractor/sub contractor?
- Are they eligible to residential accommodation? If not, where do they stay and how do they commute the distance to the hospital?
- Is there a mechanism through which they can ventilate their grievance?
- Is the low consolidated wage not a source of demotivation for them?

These limitations notwithstanding, from practically a scratch a good beginning has been made in the direction of bridging a set of gaps which were persisting for a long time and which were adversely affecting the smooth management of the hospital. This would not have been possible but for the personal initiative and interest shown and unremitting efforts made by the present Commissioner-cum-Secretary, Health – Smt. Anu

Garg. The Hon'ble Chief Minister – Shri Naveen Patnaik was kind enough to order demolition of 103 year old hospital building (accommodating male patients) and order construction of a new Block in its place. Hon'ble Health Minister – Shri Prasanna Kumar Acharya has evinced keen personal interest in the whole issue right from formulation of a proposal for Centre of Excellence till its approval by Government of India. He has personally visited the Institute of Mental Health along with Secretary, Health to take stock of things. The Superintendent – Dr. N.M. Rath has also been making unremitting efforts to see that the Centre of Excellence proposal is implemented in right earnest and is carried to its logical conclusion. All these augur well for a good and bright future of the Institute.

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