Annexure-I

A report of review on the activities/performance of the Institute of Human Behaviour and Allied Sciences (IHBAS), Jhilmil, Dilshad Garden, Delhi – 110 095 by Dr. Lakshmidhar Mishra, IAS (Retd.), Special Rapporteur, National Human Rights Commission

Date of visit and review: 13.8.2010

Historical backdrop:

A mental hospital at Shahdara was established as Hospital for Mental Diseases (HMD) in 1966. In 1983 a Public Interest Litigation was filed before the Hon'ble Supreme Court alleging serious violations of human rights and deplorable conditions prevailing in the hospital. The PIL was entertained as a WP under Art. 32 of the Constitution of India, heard and series of directions were issued by the apex Court in January, 1991 and November, 1991 as under:-

- The Mental Hospital at Shahdara has to be developed as a society registered under the Societies Registration Act of 1861 on the pattern of NIMHANS at Bangalore.
- There should be teaching facility at undergraduate and post graduate level.
- Research work should be undertaken.
- The Mental Hospital should be linked with Guru Teg Bahadur Hospital and University College of Medical Sciences which would provide a comprehensive health care and training programme.
- The discipline of neurology should be added to the initial wings of Clinical Psychology, Psychiatric Social Work, Psychiatric Nursing and Rehabilitation and other behavioural sciences.

- Linkage should be established with appropriate faculties of Delhi University and such other university as the Government may later decide.

- Once land has been earmarked and on principle a decision has been taken that the hospital should be shifted and part of it should be converted into a teaching institution while the other part should be a hospital funding should not stand on the way of locating such a hospital at the national capital.

- A direction is hereby issued to the Central Government in the Ministry of Health and Delhi Administration to the effect that appropriate steps may be taken commencing from April, 1992 to provide the requisite funds in the manner indicated above, undertake the development of the hospital as a project in accordance with the scheme and complete the same by 1997.

As a measure of compliance with these directions the hospital was registered as a Society under the Societies Registration Act, 1860 in July, 1991 under a new name i.e. Institute of Human Behaviour and Allied Sciences (IHBAS) which came into existence in 1993 as an independent and autonomous institute.

In furtherance of these seminal objectives, IHBAS has over the years undertaken the following activities:-

- Hospital and community based patient care services including preventive/curative and rehabilitation services for the people of Delhi and neighbouring States in Northern India.

- Post graduate teaching/training in Psychiatry, neurology, clinical psychology, psychiatric social work and psychiatric nursing.

- Basic and applied interdisciplinary and intra disciplinary research in neuro-psychiatry, neuro-surgery and behavioural sciences.

Viewed in this sense IHBAS has fulfilled an important mandate for every mental health institution given by the Supreme Court i.e. achieving a balanced combination of teaching, training, treatment and research.

In pursuance of the directions of the apex Court IHBAS came into existence in 1993 as an autonomous Institute with an envisaged pattern of joint funding by the Central Government and Government of NCT of Delhi. Due, however, to some reasons which are not easily explainable, IHBAS could not receive further financial assistance from the Central Government after release of the initial grant of Rs. 18 Crores. Currently IHBAS is being fully funded by the Government of NCT of Delhi even though it is one of the three Resource Centres for the National Mental Health Programme of Government of India.

Physical infrastructure:

The hospital is located at a distance of 35 kms from Palam airport, 16 and 18 kms from New Delhi and Old Delhi Railway Stations respectively, 12 kms from ISBT terminus and 2 kms from Shahdara Delhi Metro Railway Station. It is situated between Guru Teg Bahadur Hospital (GTBH) and Swamy Dayanand Hospital

(SDNH) to the north of G.T. Road. It would be appropriate if a large board displaying the geographical location and distance from the airport, bus stand and railway stations could be displayed outside as also at all other prominent locations so that patients coming from outlying areas of Delhi are not handicapped in locating the hospital. This will be in furtherance of promoting the objective of improving the visibility of the Institute and making the hospital widely known both inside and outside the capital of India.

The hospital is functioning in its own building spread over a total area of 11.69 acres including 9 acres that has been illegally encroached and is under dispute. The total built up area is 301326.42 square metres and the space available is much more than what the hospital needs.

What, however, the hospital lacks is a proper landscaping. Since the geographical area is large and has not been put to optimal use, a lot of space has been covered by wild outgrowths which need to be removed, the whole area got thoroughly cleared of the weeds and other outgrowths and a proper landscaping done by engaging a professionally qualified and trained arboriculturist/environmental architect. The plan for modern landscaping would ensure a combination of something which is aesthetically pleasing and sylvan. It would identify such green species for which the soil within the hospital has the nutrients and is suitable. The plan should include carving out lush green mini parks where inmates from the open ward can sit and relax the afternoon hours along with their family members.

Although in response to the questionnaire circulated by me the Director, IHBAS had stated that quality of the civil work executed is

ensured, I did not see much evidence of this in course of my rounds. What I saw could be summed up in the following words:-

- vertical and horizontal cracks;
- leakage and seepage;
- damaged pavements;
- uneven low lying open spaces where water during rains could accumulate and be a breeding ground for mosquitoes;
- heaps of garbage accumulating at several points.

The Director has reported in his response that there is a full fledged civil and electrical engineering department in IHBAS as a part of its administrative set up and responsible for repair and maintenance of the building. If that is so, how such cracks, leakage and seepage could escape their attention? Repair and maintenance cannot merely be reduced to tenders, competitive bidding and work orders. Quality original work and quality repair and maintenance would involve alround vigilance and surveillance. It has certain moral and ethical connotations. It is obvious that such vigilance and surveillance in IHBAS has been lacking. The engineering personnel accompanying me in course of my rounds failed to explain to me satisfactorily as to how in a building which is only about 45 years old such problems have set in. They were advised that for all future constructions special care may be taken to ensure the following:-

- correct ratio between cement, sand, chips (1:1½ :3) for all RCC works;
- good quality DPC;

- grading plaster or china mosaic after the roof has been cast;

- adequate curing (minimum 3 weeks after the roof has been cast, for all RCC works including columns and minimum 15 days curing after plaster work).

A comparison between the State of affairs of the hospital between 1998-99 when Prof. S.M. Channabasvanna Committee had visited the hospital and now:

S. No.	Recommendations made by Prof. S.M. Channabasavanna Committee	Current status of the hospital
1.	**Infrastructure:** The IHBAS has prepared a master plan and has taken up implementation of the same in a phased manner. This should be completed within the time frame.	1. IHBAS has been equipped with many state-of-the-art infrastructures which include the following:- – a centrally airconditioned academic block; – a diagnostic block; – two new buildings of neurology block and psychiatry block with centralized ICUs and private wards; – a neurosurgery block with two operation theatres;

		– separate waiting hall, toilet facilities for ladies, gents and physically and orthopaedically handicapped persons; – provision of dharmashala for family members/ relatives of OPD patients.
2.	**Facilities/amenities:** Child psychiatry, mental retardation clinic, open/family wards and other specialized services should be started. IPD facilities and services should be further improved.	2. A separate OPD Block with the following services are available:- – dedicated 24 hours emergency services; – OPD lab services; – Free medicines for patients being dispensed for 60 days; – Separate medical records section; – Educational material for patients; – Specialized OPD services in the form of movement

		disorder clinic; – drug deaddiction centre; – rehabilitation clinic; – tobacco cessation clinic; – mental retardation clinic; – child guidance clinic; – marital and psycho sexual clinic; – epilepsy clinic.
3.	**<u>Recreational/rehabilitational/occupational therapy</u>** 1. Psychosocial rehabilitation should be taken up in a systematic manner and greater emphasis needs to be given to this area. 2. Community based programmes like satellite/extension clinics and school and college mental	3. • Inpatient rehabilitation care has been systematized with Day care activity scheduling, recreational activities and group sessions. • Prevocational and vocational skill training takes care of skills/trades like tailoring/stitching/ embroidery, envelope making, candle making, arts and crafts. • Indoor and outdoor games

	health programme should be started. 3. The involvement of NGOs in organizing services should be encouraged.	radio, TV, computer as well as library are available for recreation of the patients.

IHBAS – a centre of innovation:

I arrived at IHBAS premises at 0800 hrs. The Director – Dr. Nimesh G. Desai (w.e.f. April, 2010) who was earlier Professor and Head of the Department in the same Institute was already there from 0730 hrs. He has an eye for innovation, a stream of new and creative ideas and my review started with Dr. Desai sharing with me a few innovative experiments launched by him such as:-

I. **Centre of Excellence Proposal:**

IHBAS will be one of the 11 proposed Centres of Excellence and each such Centre has an approved outlay of Rs. 30 Crores to be met cent percent by the Ministry of Health and Family Welfare, Government of India. Of this, a sum of Rs. 18 Crores is meant for new civil works, Rs. 3 Crores towards sanction of additional staff and Rs. 9 Crores towards cost of tools and equipments. The proposal formulated by IHBAS has been approved by Government of India, Ministry of Health and Family Welfare in principle but the first instalment of grant amounting to Rs. 5.28 Crores has not been released by Government of India ostensibly for the reason that a letter from the Government of NCT of Delhi pledging its commitment to take over the recurrent liabilities of the Centre from 1.4.2012 i.e. at the end of the 11th Five Year Plan period has not yet been issued.

The Director has already approached the Deptt. of Health and Family Welfare, NCT of Delhi and he feels confident that in the next meeting of the Executive Council of IHBAS scheduled to be held on 21.8.2010 (since postponed to 1.9.10) under the Chairmanship of Chief Secretary, NCT of Delhi he should be able to have such a letter released from the State Government.

II. Replication of NIMHANS, Bangalore model through IHBAS:

In 2003-04 when the restrategized National mental Health Programme was being launched the then Union Health Secretary – Shri J.V.R. Prasad Rao had a vision of there being more and more Central Institutes on the model of NIMHANS, Bangalore. He had envisioned one Central Institute of Psychiatry for North East and IHBAS being the Central Institute for Psychiatry for North West.

For reasons best known to the Ministry of Health and Family Welfare, this proposal which otherwise merits full consideration regretfully could not make any headway. It will be timely and appropriate that such a thinking could be revived in the larger interest of giving a push to the evolution and growth of excellent mental health institutions on a regional basis.

NIMHANS, Bangalore is jointly funded by the Central and State Government in the ratio of 55:45, has complete administrative and financial autonomy and assured flow of funds on a regular basis from the Ministry of Health and Family Welfare, Government of India. It would be a good idea to make out a case for translating the NIMHANS model through IHBAS for the whole of the North Western Region on account of the following reasons:-

- IHBAS is an independent and autonomous body like NIMHANS under the administrative control of Deptt. of Health and Family Welfare, Government of NCT of Delhi;

- There is a scheme of delegation of administrative and financial powers in favour of Executive Council, IHBAS and Director, IHBAS under which both have been authorized to (a) sanction and fill up posts (b) incur expenditure for civil works (c) procure drugs and miscellaneous items;

- IHBAS has got a large land area which can be utilized for future expansion and growth;

- The existing infrastructure is as per norms and standards laid down for a Centre of Excellence;

- The functioning of IHBAS has not been inhibited by paucity of resources either on the treatment or teaching or research side;

- There is a balanced combination of all the 4 components i.e. treatment, teaching, training and research as emphasized by the Supreme Court.

It was, therefore, felt that a self contained proposal for recognizing IHBAS as the Regional Centre for the North in the Western Region (comprising of Delhi, Punjab, Haryana, Jammu and Kashmir, Rajasthan and Himachal Pradesh) in the domain of mental health like NIMHANS may be formulated and the Ministry of Health and Family Welfare, Government of India moved through the Executive Council and Deptt. of Health and Family Welfare, Government of NCT of Delhi (Action Director, IHBAS).

III A good initiative has been launched by IHBAS under the leadership of its Director – Prof. Desai with a view to protecting the economic interests of certain mentally ill persons whose parents, brothers and other family members disown them and deprive them of their legitimate rights over the family property. This process is being facilitated under the auspices of Delhi State Legal Services Authority (DLSA) and, in particular, with the active patronage and support of socially conscientious persons like Srimati Asha Menon who happens to be the Secretary of DLSA.

IV Yet another socially proactive and constructive initiative relates to protecting and safeguarding the interests of mentally ill persons in and around Jama Masjid area of Delhi who are not in a position to give legal consent for treatment of the mental illness. IHBAS has mobilized the services of a Magistrate through DLSA to get the reception order for the treatment of such persons issued on the spot every Monday. An NGO identified by IHBAS called Ashray Adhikar Abhiyan (AAA) brings the patient with its own observations and the patient is taken to the Magistrate along with an assessment report prepared by IHBAS and the Magistrate issues the reception order for treatment. Such an experiment is being run twice a week on Mondays and Thursdays between 0700 hrs to 2100 hrs for the last 2 years successfully. The clinic runs in the night because many homeless work during the day. The clinic provides free medical treatment and medicines. A total of 2700 patients are registered and approximately 100 patients visit the clinic everyday. IHBAS is making sincere efforts to replicate this socially useful experiment in and around Nizamuddin.

V IHBAS has launched five community satellite clinics at Chattarpur, Jehangirpuri, Dwarka, Motinagar and Timarpur with a view to providing OPD treatment free of cost in a decentralized manner for those mentally ill persons who cannot afford the luxury of travelling upto IHBAS at Shahdara. The space for such OPD treatment has been made available by the Government of NCT of Delhi. The OPD clinics are being run by five teams of MOs of IHBAS which include Psychiatrists, Clinical Psychologists and Psychiatric Social Workers. The entire programme is being run according to a predetermined calendar which has listed in advance which team will go where and on which date (more details about the functioning of these clinics have been given at page 75-76 and page 88-94 .

VI Yet another socially useful initiative is to take out long stay patients on picnics outside IHBAS. This includes eating out, sight seeing and relaxation. In the gruelling heat of summer months (April – June) the patients are taken to IHBAS campus garden for dinner in the evening and similarly for lunch in the biting cold of winter months (December – March) under the supervision of the duty doctors.

Between 1000 hrs to 1230 Noon I took a complete round of the Registration Counter, Psychiatric ICU, Group Activity Room, Record Room, Drug Dispensing Unit, OPD Waiting Hall, OPD Medical Examination Room, OPD Yoga Centre, Clinical Psychology, Neurology OPD, Speech therapy, Neurosurgery OPD etc. The impressions emanating from each of these rounds are listed below:-

Registration Counter:

- The case of every mentally ill person is registered at the OPD.

- For this ten data entry operators (DEO) have been posted at the registration counters.

- There are separate counters for male, female, physically, orthopaedically and visually handicapped, senior citizens, convicts/Undertrial prisoners who are mentally ill and whose cases are referred by the jail authorities of Delhi and cases covered by reception orders from the Judicial Magistrates.
- Each registration takes on an average 5 to 10 minutes.

- There are atleast 180 chairs in the waiting hall (with a canopy made of asbestos sheet) in front of the registration counters (the size of the hall being 150' x 200').

- Registration charges @ Rs. 10/- per patient is collected at the registration counter.

- Questions asked at the time of registration relate to demographic details i.e. name, age, sex, income, occupation, address, gist of the illness etc.

- These demographic details are being entered in the computer by the DEO whereas all other details relating to personal history, family history, case history etc. regarding the illness are entered by the medical officers in the patient's record manually.

- Total OPD attendance of patients ranges from 1200 to 1300 per day (of these, old cases are 1000 – 1100 and new ones are between 100 – 200).

- To illustrate concretely, the daily average of patient's attendance in the OPD in June, 2010 was 1072 of which 899 were old and 173 new.

- This is the picture of general adult psychiatry OPD running on all working days between 8.30 AM to 3.00 PM.

- Additionally there are specialized OPD services which function from 1.30 PM to 5 PM in the form of:-
  - mental retardation clinic (Tuesday);
  - child guidance clinic (Monday);
  - tobacco cessation clinic (Monday, Wednesday and Friday);
  - drug addiction treatment and rehabilitation clinic (Wednesday and Friday);
  - marital and psycho sexual clinic (Friday);
  - epilepsy clinic (Tuesday);
  - movement disorder clinic (Wednesday);
  - neuro-behaviour clinic (Friday).

IHBAS has carried out a sample study of waiting time in assessment for new OPD patients. The findings of the study which are contained in a table below have been found to be very encouraging:-

Table - I

Date	Number of	Total	Average

	samples for study	waiting time	waiting time per patient
27.7.2010	33	37.17 h/min	1:12 h/min
28.7.2010	24	26.12 h/min	1:08 h/min
29.7.2010	34	28.00 h/min	0.49 h/min
30.7.2010	14	21:21 h/min	1:51 h/min
Total 4 days	**105**	**112:50 h/min**	**1:04 h/min**

In the Psychiatry ICU with 5 beds and 100% occupancy, I met 2 patients namely Ms. Shanta (75) which is a case of severe depression associated with diabetes and blood cancer (Leukomia) and Mr. John Bernard (58) which is a case of a foreign national (Australian) afflicted with Paranoid Schizophrenia with multiple substance use disorder.

The Director, IHBAS observed that Mental Health Act, 1987 does not deal with treatment of mental illness of foreign nationals. However, IHBAS has entertained the case keeping in view the serious nature of ailment and after ensuring involvement of concerned Embassy official of the Australian High Commission acting as arbitrator.

Medical Records Department (MRD):

Patient Record Files are being kept in the Record Room adjacent to MRO's office. In all there are 7 rooms in the MRD. Three rooms are of the size of 15'x40' or 600 sq. ft. each and the remaining 4 rooms are of larger size i.e. 30'x60' or 1800 sq. ft. each. All files are

kept in file cabinet while medico legal cases i.e. cases pertaining to Court and jail cases are kept separately under lock and key.

In all, there are 160 file racks and 190 file cabinets. The MRD is being manned by 12 employees – 2 regular and 10 contractual.

Records are being maintained in the record room serially, alphabetically and yearwise.

Shri R.C. Sharma, Medical Record Officer or MRO informed me that it takes 5 minutes for file retrieval, 5 minutes for making entry in the movement register and 5 minutes in dispatching the file to the Medical Officer in his/her respective chamber to enable him/her to examine the patient and make necessary entries in the file. There is scope for minimizing this time span in the overall interest of reducing the waiting period for OPD patients and their family members/ relatives.

The medical records have been maintained from 1982 and approximately 50,000 records have been kept in the record room.

Pest control in the MRD rooms has been done. I observed extensive seepage in these rooms and instantaneously brought the same to the notice of the engineering personnel of IHBAS who were accompanying me for taking necessary corrective action.

OPD Yoga Centre:

There is a yoga physician being assisted by 2 yoga instructors (one male and another female). The yoga centre is located close to the OT unit where patients are being given yogic instructions. The yoga physician decides on the patients who depending on the current

status of their health are considered fit enough to do yogic exercises and receive yogic instructions. The centre is open on a regular basis between 9 AM to 11 AM and 1 PM to 2 PM everyday. Special sessions may be conducted depending on need.

Two sample cases were shown to me in course of my rounds by the Yoga Physician. These are the cases of one Shri B.L. Malhotra and another that of Ms. Manju. The first was a victim of depression and the second was a case of Parkinson's disease. The patients have addressed 2 letters to the Yoga Physician which shows that yoga had a perceptible impact on the health of both the patients. All data pertaining to patients who have/are receiving yogic instructions/doing yogic exercises have been computerized.

Drug Dispensing Room:

This is an integral part of OPD and its timings are coterminus with OPD hours although it is open till the last patient of the day has been seen and examined by the MO. It has five cabins and manned by the required number of pharmacists (6); it functions with optimal efficiency and it takes around 3-5 minutes for dispensing drugs to one patient.

Central Drug Store:

IHBAS spends a sizeable amount for procurement of drugs which is of the order of Rs. 1.83 Crores in 2006-07, Rs. 1.72 Crores in 2007-08 and Rs. 1.45 Crores in 2008-09. All drugs as per indented requirement are received from the Central Supply Agency (CSA), Directorate of Health Services (DHS), entered in the receipt register and stored alphabetically under cool and hygienic conditions. A safety stock of drugs for 3 months is kept. Drugs are issued from the

Central Store to the sub stores on the strength of indents received. Timeliness in such supply is being ensured. All drugs are within expiry date. A complete software right from the moment the requirement of drugs is assessed and indented to CSA till drugs are received, stored and distributed is in place.

Between 10 AM and 11.30 AM I took a complete round of all the OPD units, interacted with about 20 patients who after registration were waiting in a large size hall before being called for medical examination according to the order in which they had registered themselves. Some of the impressions emanating out of the round and the interactions are as under:-

- Medical Record keeping has been scientifically done facilitating easy retrieval, entry in the movement register and dispatch of the file to the MOs in their respective rooms in the least possible time.

- Drugs have been stored centrally in a well lighted and ventilated room under controlled temperature and receipt and issue are being regulated in an orderly manner.

- Yogic lessons and exercises are producing the desired impact on the body and mind of the patients.

- A number of boards and posters indicating symptoms of various types of mental illnesses, line of treatment, dos and do nots for patients/family members have been displayed on the walls of the OPD. These are instructional materials and of immense educative value.

- A list of holidays and basic information about different outreach OPD clinics run by IHBAS in the five districts of Delhi i.e. Chattarpur, Jehangirpuri, Timarpur, Dwarka and Motinagar for the benefit of the community have also been displayed. These are useful informations.

- There are serious problems of disclosure of the nature of mental illness with girls and women. Parents of the girls will fight shy of such disclosure on the ground that once mental illness is made public parents will find it difficult to find a suitable groom to negotiate her marriage. After marriage the inlaws fight shy of such disclosure as that entails heavy responsibility on their part to take the patient to a hospital and bear expenses of travel and treatment.

- Drug compliance is a serious problem and in a large number of cases, there is no perceptible improvement in the overall health status of the patient on account of drug discontinuance.

- In a few cases, illness (like epilepsy) may be under control with treatment but the patient continues to be non-functional. Such dysfunctionality of individual patients is a serious problem.

- Tragic developments in the family such as death of a bread earning member, accidents, unnatural deaths (suicide) etc. take a heavy toll on the health of family members and mental illness sets in.

- Negative thoughts following accident, illness and a traumatized existence drive people to desperation. In that tragic state of body and mind life turns out to be nightmarish.

- For a large size of the family with only one bread earning member, mental illness of one member often leads to serious financial problems bordering on bankruptcy.

- Mental illness gets compounded by associated complications like cancer. Such patients are made to oscillate like a pendulum from one hospital to another – an exercise in futility till they land up at IHBAS at a late stage when both mental illness and associated complications have reached serious proportions and a point of no return.

- Loss of appetite and sleeplessness are common fallouts of mental illness.

- Amidst such an enveloping gloom there are streaks of silver linings as well. These are:-

  - The treatment at IHBAS for BPL patients is completely free. For APL patients treatment is charged at a nominal rate.

  - I came across 2 patients in whose case MRI was required to be done which involves heavy expenditure and which they could ill afford. There is a procedure to be followed through which MRI can be done at the expense of the hospital. I interacted with these patients both in the beginning when they were finding it difficult to pay for MRI charges and later when the procedure had been gone through and they were told that they were not required to

pay anything bringing a wave of jubilation and relief to their mind.

- The drug dispensing unit remains open till the last patient has collected the prescribed drugs.

- Treating physicians do not leave their respective chambers till the last patient has been seen.

- The medical consultation is conducted in a very organized and systematic manner.

- On an average 30 to 40 OPD patients are seen everyday by each treating physician.

- On an average 30 to 35 minutes are given to old patients and 15-20 minutes to new cases.

- All OPD patients are treated with civility and courtesy. All relevant informations are elicited from the patients by addressing questions to the family members/ relatives/friends accompanying the patient in a friendly and informal manner.

- In case a decision is taken to admit a patient a good deal of pre-admission counselling is given by the examining MO.

- The Psychiatric Social Worker also plays a very useful role in talking to the patients, ascertaining their difficulties and resolving them (he was instrumental in carrying the procedure

to a logical conclusion through which MRI for the 2 patients as mentioned at page 20 could be arranged free of cost).

- To extend a helping hand to ignorant and illiterate patients and to enable them to have a correct understanding of the medicines, their dosage and the interval when they are to be taken the following procedure is being adopted:-

  - medicines are placed in an envelop;
  - names of patients are written on the envelop;
  - name of the medicine and its intake timings – morning, mid day and evening are also written on the envelop;
  - there is a separate envelop for each type of medicine.

- In the Neurology OPD, the out turn of patients is impressive in as much as 60-70 new patients come daily. These are mainly cases of Parkinson's disease, dementia, epilepsy, headache/ migraine etc. Investigations related to depression and degeneration are also conducted.

- Unlike in the Psychiatry OPD, time taken for examination of a patient in the neurology OPD is slightly longer i.e. between 30 to 45 minutes.

- The Senior and Junior residents have no major problem in communicating with the neuro psychiatry patients.

- In the speech therapy unit of the Neurology OPD I came across the case of a patient (a girl of 7 years of age) who initially (one

and half years ago) was not able to speak but through speech therapy is able to speak now reminding me what Nobel Laureate Rabindranath Tagore had said about such categories of human beings:-

'In the mouths of these
Dumb, pale and meek
We have to infuse the language of hope
Into the hearts of these
Dry and fatigued, withered and forlorn
We have to minstrel the language of humanity'.

The entire credit for opening up of the girl goes to the speech therapist, her unremitting efforts, her dedication and passion. When I wanted to interact with the father of the girl, I found that words were too poor a medium of expression to convey his feelings of joy, gratitude and overwhelming happiness.

Grey areas:

Related to Physical infrastructure:

- The rooms of examining doctors have developed leakage and seepage and plaster was falling. These require instant attention as the same are not conducive to personal hygiene either of the doctors or of the patients.

- The daily average outturn of the patients is heavy but number of Psychiatrists, Clinical Psychologists and Psychiatric Social Workers in position to examine them, arrive at correct diagnosis and treatment is disproportionately small. Evidently, the norms for sanction of these professionals as laid down in Rule 22 of

State Mental Health Rules, 1990 have not been followed. This causes serious problems of time management.

- Similar is the problem in the neurology OPD. The outturn of patients (young, middle aged and old alike) is heavy, examination of new cases takes 30 to 45 minutes and time management becomes a serious problem. Unlike the Psychiatry OPD, the number of professionals available in the neurology OPD is quite small and doing justice to such a large number of patients within the limited OPD hours becomes a formidable problem.

- The problems in Neurology OPD are compounded further due to increase in the population of the elderly (60+) in general and that of the elderly who are mentally ill (Parkinson's disease, alzhiemers, dementia, depression and so on). There are almost 100 such cases of 60-65 years of age which are required to be handled in the Neurology OPD.

- Some of the patients suffering from acute headache/ migraine etc. in the Neurology OPD complained that medicines prescribed by the treating physician are not available at the drug dispensing unit and the patients are not in a position to buy the medicines from open market.

- Some other patients complained that (a) this was the Ramzan month when they fast for the whole day (b) the waiting period after registration goes upto 4 hours and (c) it becomes extremely difficult to put up with such a long waiting period and the suffering associated therewith.

A few suggestions arising out of these impressions:

- The incidence of suicide being very high in Delhi, IHBAS needs to launch a vibrant school mental health programme for the benefit of parents, teachers and students in the same manner as it has been launched in Tamil Nadu with full involvement of Institute of Mental Health, Chelpauk, Chennai in March, 2010. This was also the suggestion of Prof. Channabasavanna team in 1998-99. In concrete operational terms it would involve:-
  - preparation of curriculum for counselling of parents, teachers and students;
  - training of Counsellors;
  - drawing up an organized and systematic programme of visit for the Counsellors to visit the schools (X and X+) in a particular jurisdiction, establishing contact with parents, teachers and students and counselling them in a manner which will have a salutary impact.

- Prevention of addiction to alcohol and narcotic drugs could also be taken up as an integral part of school mental health programme.

- The need for and importance of drug compliance for mentally ill persons needs to be broadcast and telecast in AIR - and Doordarshan at the prime hour. Messages in simple and bolchal Hindi may be prepared and sent to AIR and Doordarshan for this purpose. Director, IHBAS may write demi officially to DG, AIR – Miss Noorin Naqvi and DG Doordarshan – Smt. Aruna Sharma (former JS, National Human Rights

Commission) and speak to them at the earliest. The simple point that needs to be highlighted is that (a) drug compliance backed by kind, compassionate and considerate behaviour towards the mentally ill persons is the key to recovery (b) discontinuance will cause relapse which has serious consequences in terms of cost, impairment of health, functionality of the patient etc.

- The same slot in AIR and Doordarshan may also carry a message that (a) as soon as a family member shows signs of mental illness he/she should be brought to IHBAS (where the treatment is free of cost) instead of being taken to quacks, faith healers and private practitioners (b) there should not be any attempt to suppress the illness on ill founded apprehensions (like no bridegroom for a girl or no girl for a prospective bachelor on the ground of mental illness).

- The population of the elderly and that of mental illness (Alzhiemers, dementia, depression etc.) of the elderly is on the increase. There is a National Policy and Programme of Action for the welfare and social security of the elderly. Ministry of Social Justice and Empowerment is the Nodal Ministry for administering the programmes for the welfare and social security of the elderly. IHBAS may formulate a couple of schemes like (a) setting up of a full fledged geriatric ward (b) behavioural aspects relating to how the old should be treated by the young (c) formulation and dissemination of an IEC package on the same through print and electronic media (d) IHBAS acting as the nodal agency for a number of NGOs like

Help Age India for providing orientation and training in the area of mental health care of the elderly etc.

- Since the manpower (Psychiatrists, neurologists, clinical psychologists, Psychiatric Social Workers) in various disciplines is considered to be disproportionately low considering the heavy outturn of patients and time available at the disposal of professionals, the Director, IHBAS should make out a case for sanction of additional posts on the strength of norms laid down by the ICMR as well as Rule 22 of the State Mental Health Rules, 1990 and move Secretary, Health and Family Welfare, NCT of Delhi accordingly.

- Some special arrangement may be made during the festival Ramjan month so that the waiting period for patients and relatives of the minority community could be minimized.

Other human rights dimensions of mental health:

Right to Food:

- Right to food has a few sub components such as diet, scale, observance of the scale, extent of kilo calorie or nutritive value of food generated, tidiness of kitchen, dining hall, human touch in serving food etc. There are redeeming features as well as grey areas in exercise of right to food vis-à-vis IHBAS as under:-

Redeeming features:

- The Dietetics and Food Services Deptt. of IHBAS strives to provide safe, hygienic and nutritive food to the inpatients of the

Institute. There are 2 dieticians and one officer incharge of the kitchen who oversee fulfilment of this important objective.

- The budget allocation for food is Rs. 50/- per day per patient. This compares favourably with the scale fixed by most of the other mental health hospitals. Between January, 2010 and June, 2010 the food cost per patient per day has been ranging between Rs. 52/- to Rs. 51/-.

- Within this broad scale, IHBAS has introduced therapeutic diet scales such as:-
  - normal diet;
  - semisolid diet;
  - diabetic diet;
  - salt restricted diet;
  - low fat diet;
  - high protein diet;
  - high carbohydrate diet;
  - high fibre diet;
  - liquid diet.

- In terms of nominal diet it fully conforms to the recommended dietary allowances (RDA) in certain respects recommended by the Indian Council of Medical Research, 1990 as would be evident from the following table:-

Table – I

Recommended Dietary Allowance (RDA) recommended by ICMR	**Status obtaining in IHBAS**
1. Net energy Kilo	

Calorie 1. Sedentary work - 2425 2. Moderate work - 2875 3. Heavy work - 3800	3000 Kilo Calorie
2. Protein 1. Sedentary work - 60 gm 2. Moderate work - 60 gm 3. Heavy work - 60 gm	94 gm
3. Fat - 20 gm	58 gm
4. Carbohydrate - 460 gm	550 gm

- The calorie percent in Carbohydrate, Protein and Fat is of the order of 71%, 12% and 17% which is in order.

- Similarly the scales for diabetic diet, salt restricted diet, low fat diet, high carbohydrate diet/high calorie diet, high protein diet and high fibre diet are in order.

- Special festival diets are being served on the following special occasions:-

  - Republic Day;
  - Holi;
  - Independence Day;
  - Dusserah;
  - Diwali;
  - Idul Fitr;
  - Christmas.

- Similarly special dishes are served on the following occasions:-
  - New Year's Day;
  - Idul Zuha;
  - Maha Shivaratri;
  - Ram Navmi;
  - Mahavir Jayanti;
  - Good Friday;
  - Milad-Un-Nabi;
  - Buddha Purnima;
  - Janmastami;
  - Bapu's Birthday;
  - Maharshi Valmiki Jayanti;
  - Guru Nanak Jayanti.

- The Kitchen where food is being prepared at present has a concrete chimney, 10 exhaust fans, tiling has been done upto a height of 1 metre on the wall of the main kitchen, separate large plastic trays are being used to wash vegetables, vegetables are cut on wooden blocks over marbled surface counters and are cooked directly after cutting and washing. Electric dough kneader and chapatti making machines are available.

- Food once cooked is directly distributed into the food trolleys of the ward from the cooking drums. Food is transported in the food trolleys from the kitchen to the various wards.

- Food is served to the inpatients in the dining area/pantry in the wards.

- The entire process of cooking and food distribution in the kitchen is monitored by the dietician.

- Food service to the patients in the ward is supervised by the staff nurse present during each meal service.

- There are in all 10 cooks. Their medical examination is being carried out twice a year. There are 6 attendants on contract basis to assist the cooks.

- There is a gas plant adjacent to the kitchen for supply of gas.

- Rice, sugar, atta, pulses, spices/condiments and edible oil etc. are being procured from Kendriya Bhandar on the basis of requisition sent every month. The stock is kept for one month.
- Most of the perishable commodities (milk, milk products, vegetables, eggs) are kept in the refrigerator in 5° to 8° Celsius temperature.

A few suggestions:

- IHBAS has a large area (110 acres) which has not been fully utilized. It may be useful if IHBAS could, on the same model as RINPAS, Ranchi develop the unutilized area into an agricultural estate and grow fruits, vegetables in addition to maintaining a dairy and poultry unit and promoting pisciculture in a tank to be carved out of a portion of the unutilized land.

- In concrete operational terms, these would imply the following:-

  – samples of soil may be sent for testing the nutrients;

- a plan for growing such species for which the soil is suitable may be prepared;

- a plan for a dairy and poultry and a pisciculture tank may also be in place;

- the manpower needs and fixed and recurring costs for this enterprise may be worked out and a proposal placed before the Executive Council for consideration and approval.

The above would help in making IHBAS self sufficient to a large extent apart from bringing down dependence of the hospital on outside for certain supplies.

- While the food package for breakfast, lunch and dinner in terms of carbohydrate, protein and fat as also in terms of the overall nutritive value IHBAS is far ahead of many other mental health hospitals in the country, there are certain components which are missing from the package which are also essential for a balanced food such as:-
  - Calcium;
  - Iron;
  - Retinol;
  - Bita Carotene (Vitamin A);
  - Thiamin;
  - Riboflavin;
  - Nicotinic acid;
  - Pyridoxine;
  - Ascorbic acid;
  - Folic acid;

- Vitamin B12.

- Lack of calcium would result in austeo arthritis and austeo-porosis. Lack of iron would result in low haemoglobin count (the haemoglobin count in both male and female ward was found to be quite low in a few cases). When asked as to why green leafy vegetables were conspicuous by their absence from the menu, the Dietician responded by stating that such vegetables were not readily available in the market. If that be so, they could be grown in the vacant unutilized land within IHBAS premises after proper land development.

Right to Water:

In response to the questionnaire, the Director has confirmed that adequate quantity of potable and non-potable water is available both at the source, storage point as well as distribution point. Water for drinking is being treated through RO Plant and is free from all bacteriological and chemical impurities. The OH tanks (both main and sub tanks) are being cleaned at specified intervals. There is a provision for supply of hot water for bath of inmates in winter. Water coolers have also been installed for supply of cool water in summer months.

Admission and discharge:

The patients statistics of the Institute goes to show that over the last 5 years there has been substantial increase in all categories of patients such as:-

I. Outpatients (Psychiatry, Neurology and Neurosurgery);
II. Inpatients in Deptt. of Psychiatry;

III. Inpatients in Deptt. of Neurology;

IV. Inpatients in Deptt. of Neurosurgery;

V. Laboratory Services (both in terms of samples collected and investigations done).

Table – II
Patient Statistics of the Institute (Out-Patient Services Year 2005 to Year 2009)

	2005	2006	2007	2008	2009
Total Patient	196966	225418	263152	284349	310132
Old Patient	171141	197853	230387	246520	263818
New Patient	25825	27565	32765	37829	46314

Table – III
In-Patient Services

	2005	2006	2007	2008	2009
Total Admission	2227	2588	3045	2751	3113
Total Death	17	28	70	81	84
Gross Death Rate (%)	0.70%	1.08%	2.33%	2.97%	2.79%

Table – IV
Department of Psychiatry
(Out-Patient Services)

	2005	2006	2007	2008	2009
Total Patient	132062	142309	156873	171678	186410
Old Patient	115421	124622	136082	150471	162565
New Patient	16641	17687	20791	21207	2345

Table – V
Department of Psychiatry
(In-Patient Services)

	2005	2006	2007	2008	2009
Total Admission	822	1617	1082	1225	1519
Total Death	2	3	4	3	1
Gross Death Rate (%)	0.23%	0.24%	0.37%	0.25%	0.07%

Table – VI
Department of Neurology
(Out-Patient Services)

	2005	2006	2007	2008	2009
Total Patient	64904	83109	105991	112260	122010
Old Patient	55720	73231	94114	95804	100318
New Patient	9184	9878	11877	16456	21692

Table – VII
In-Patient Services

	2005	2006	2007	2008	2009
Total Admission	1405	1617	1963	1499	1325
Total Death	15	25	66	78	75
Gross Death Rate (%)	1.08%	1.53%	3.45%	5.24%	6.13%

Table – VIII
Department of Neuro-surgery
(Out-Patient Services)*

	2005	2006	2007	2008	2009
Total Patient	--	--	288	411	1712
Old Patient	--	--	191	245	935
New Patient	--	--	97	166	777

*Started in Year 2007.

Table – IX
In-Patient Services**

	2005	2006	2007	2008	2009
Total Patient	--	--	--	27	269
Old Patient	--	--	--	--	8
New Patient	--	--	--	--	0.29%

** Started in Year 2008

Table – X
Laboratory Services

Number of samples collected	2005	2006	2007	2008	2009
Pathology	10125	12112	14494	16836	18571
Neurochemistry	7585	9961	12540	15529	21111
Microbiology	2962	3636	4235	4580	6749
Neuropsycho-pharmacology	4699	5652	6230	5008	3367

Table – XI

Number of samples collected	2005	2006	2007	2008	2009
Pathology	19053	23564	27950	31352	39393
Neurochemistry	64276	72938	129462	163065	196820
Microbiology	3659	4774	6322	6278	9761
Neuropsycho-pharmacology	5263	6488	7323	5853	3981

Types of wards:

IHBAS has the following type of wards:-

- Semi open Wards (Male, Female) 20 beds each;
- Open wards (Male, Female) 20 beds each;
- Child and Adolescent Ward – 10 beds;
- Chronic (Rh) Ward (Male Female) 20 beds each;
- Private Ward (Paying Ward) 05 beds;
- Deaddiction Ward – 20 beds;
- Psychiatric ICU – 5 beds;
- Forensic Ward – 20 beds.

The occupancy rate of the beds varies between 84% in 2008 to 81% in 2009 and the break up of this in different departments in 2 different years is as under:-

Table: XII

	2008	**2009**
Sanctioned beds of the Institute	500	500
Functional beds of the Institute	297	326
Bed occupancy rate of the Institute	84%	81%
Department	**2008**	**2009**
Psychiatry: Functional bed Bed occupancy rate	233 81%	250 87%

Neurology: Functional bed Bed occupancy rate	54 82%	54 85%
Neurosurgery Functional bed Bed occupancy rate		22 31%

Supportive Services:

1. **Adequacy of electrical services:**

The total electrical load for the hospital is 1400 Kilo Watt. This load is being fully utilized. There has not been any occasion when the consumption has been in excess of the load. Problems of interruption and trippings are non existent. As and when there is load shedding, two dedicated DG sets of 625 KVA capacity have been installed to provide power backup.

Adequacy of telephone communication services:

The hospital has a PABX with 500 lines. Every ward has been provided with one telephone. The patient's relatives can call in this number and communicate with the Medical Officers, Nursing staff and patient concerned. All regular staff including doctors have been provided with a mobile phone with SIM card facility forming a closed user group.

Adequacy of library and reading room facilities:

There are 2 libraries i.e. one meant for the officers, faculty members and ministerial staff officers. In this library a total of 4550 books, 141 journals and 8550 documents have been kept. Number of books has been evenly distributed between mental health (600), Neurology (610), Medicine (200), Psychology (715) and Applied Science (715). There is a proper reading room for all officers and staff. There is provision of daily newspapers, fortnightly and monthly magazines in all wards for light reading. The library for use of inmates has been established in OT block for all inmates. Newspapers and magazine are being supplied regularly.

Inpatient Services:

The wards are being mopped daily to ensure tidiness. Bed sheets and linen are also being changed every alternate day. Patients have been provided with hospital uniforms although it is optional for them to use these or not. Used uniforms are, however, changed daily. The supply of mattresses, linen, blankets etc. for all patients is regular and adequate. Antilice shampoos and oils are being used every week. Anti bug and mosquito repellants are being sprayed in all the wards every night.

Casualty and emergency services:

Emergency services are available round the clock and are operational on a shift basis. To make this possible 10 bed short observation facility (SOF) has been provided. On an average 30 patients are being seen in the casualty/emergency everyday. A comprehensive clinical care by multi disciplinary team has been constituted for this purpose. It caters to emergency services in

contingencies like acute psychosis, schizophrenia, alcohol and drug withdrawal. Case records have been opened and maintained over all patients. Duty doctors (JR + Senior Resident + on call consultant) along with nursing staff and laboratory services are available. The average length of stay varies between 3 to 4 days.

Canteen services:

IHBAS provides common canteen services with separate seating arrangements for the hospital staff, patients and their relatives. The canteen provides tea, coffee, potato bonda, potato bread, pakoda, samosa, kachori with sabji, potato patty, paneer bread pakoda, sandwitch, vegetable burger, paneer kulcha, chole bhature, normal thali and special thali which contain dal, subji, rice, raita and 2 rotis, cold drinks, biscuits, potato chips etc. The cost for all the food items served in the canteen is subsidized.

A few suggestions:

- A hoarding should be prominently displayed at the entrance to the OPD indicating direction to the canteen. This will enable patients and their relatives coming from far off places after travelling overnight and entering the OPD in empty stomach to go to the canteen and have some snacks.

- Right to food implies that food should be culturally acceptable and the food/snacks which are being served in the canteen appear to be catering to the taste and preferences of people in the north. This, however, appears to be nutritionally very weak. There is too much of concentration on carbohydrates (rice, chapatti, potato, bread etc.) without there being a balanced

combination of carbohydrate, protein, oil/fat, minerals and vitamins. This aspect may be studied and steps taken to bring in the element of nutrition along with variety.

Investigation facility through pathological and biochemical laboratories:

The following table indicates the present status of radiological services/investigation facilities in the hospital:-

Table – XIII

Investigation	Income < Rs. 3000/- per month	Income > Rs. 3000/- per month
X- ray	Free	Rs. 50/-
Ultrasound Upper abdomen	Free	Rs. 250/-
Lower abdomen	Free	Rs. 250/-
Whole abdomen	Free	Rs. 400/-
Colour Doppler Carotid Doppler	Free	Rs. 400/-
Vascular Doppler	Free	Rs. 400/-
Echo Cardiography	Free	Rs. 400/-

As far as MRI facility is concerned, the same has been outsourced to M/s Focus Imaging Centre Pvt. Ltd. and MRI charges have been fixed as per the MOU between IHBAS and the outsourcing agency.

Separate rates have been fixed for the following investigations:-

– direct microscopy;

- serological/immunological tests;
- culture for urine/pus, stool/sputum, CSF/blood/body fluid/AFB;
- elisa for HIV 1 and 2 antibodies, Hepatitis B surface antigen, HCV antibodies, Measles antibodies etc.;
- neuro-psychopharmacological tests;
- pathological investigations.

Comments:

- The laboratories are well equipped.
- The rates fixed for above poverty line categories are reasonable and compare favourably with rates fixed in other hospitals.
- The rates have been made known to the public through boards displayed at various points.

Other Laboratory Services

1. **Laboratory for Psychological tests:**

There is a separate laboratory for psychological tests located in BT Unit. More than 100 psychological tests are kept in steel cupboards under lock and key. A lab technician looks after their upkeep and management. All major psychological tests including objective, projective, rating scales, intelligence and personality tests, neuro psychological tests etc. are available.

Except neuro psychopharmacology there has been significant increase in the laboratory services in terms of number of cases between 2007 and 2008 and 2008 and 2009.

Yoga Therapy:

Yoga Therapy and Research Centre (YTRC) in IHBAS was established in 2007 in collaboration with Morarjee Desai National Institute of Yoga, New Delhi. Between 2007 and 2010 the number of patients and others who have immensely benefited by attending the Yoga Therapy and Research Centre is as under:-

Table – XIV

Year	No. of Patients in OPD	No. of Patients in IPD	General
2007-08	150	242	89
2008-09	539	136	83
2009-10	654	334	91

It was reported that the significant benefits of yoga on body and mind of those doing yogic exercise have been as under:-

Physical impact:

- Patients suffering from headache/migraine noticed reduction in severity and frequency of attacks of headache after practice of yoga.

- Patients suffering from neck pain, back pain or pain in other joints of the body felt reduction in pain, stiffness, swelling and inflammation in the diseased joints after practice of yoga.

- Number of seizure attacks (due to epilepsy) was reduced after regular practice of yoga.

- In patients with Parkinson's disease tremors got reduced and muscle strength got increased.

- Yoga practitioners felt refreshed, relaxed and rejuvenated, their body flexibility and work efficiency was noticed to have gone up.

- In patients with obesity, excess body weight and abdominal girth got reduced.

- Patients with problems of obsessive compulsive disorder were able to concentrate on their work.

- There was improvement in appetite and sleep.

- Patients with problems like acidity, indigestion, flatulence and menstrual disorder etc. got relief.

Mental impact:

- Patients suffering from depression and bipolar mood disorders and with suicidal tendencies got relief.

- The stress coping mechanism of patients was found to have increased.

- Patients developed a positive outlook towards life.
- There was marked reduction in the level of uneasiness.
- The level of concentration and memory got increased.

Emotional impact:

- Anger, frustration, aggressiveness was got substantially reduced.

In course of my review I had raised a few queries and received the responses to those queries as under:-

1. Who decides about the yoga therapy for the patients?

Patients are referred to yoga therapy and research centre by consultants, senior and junior resident doctors both from the OPD as well as IPD. These patients are screened and consulted by the Yoga Physician to ascertain as to whether they are fit to perform yoga and thereby get the treatment through yoga therapy.

2. How many sessions are required for a person to concentrate on yoga?

Atleast 3 weeks of yogic practice for 45 minutes to 1 hour on daily basis is required for a person to understand, concentrate and feel the benefits of yoga.

3. How much time is required to gain mastery over yoga practices?

The different techniques of yoga work on different levels. Some are at the primary level, some are at the middle level and some are

too advanced. It is difficult to expect that a beginner will straightaway be able to reach the highest levels in one go. However, relatively simpler and common practices may take about 3 to 4 months depending on the ability of the individual, his/her age etc. For patients having a medical and surgical history the yoga physician records the history comprehensively and designs the protocol for yoga therapy accordingly.

Printed information booklets on techniques and benefits of yogasans and pranayams are given to the IPD patients on discharge so that they can practise the same with ease at home.

Prof. Channabasavanna Committee of National Human Rights Commission in 1999 after visiting IHBAS had observed that IHBAS can be a model for other hospitals of the region.

IHBAS has undoubtedly demonstrated that it is a model for prevention of institutionalization. It has demonstrated transition from:–

- custodial care to therapeutic care;
- closed wards/cells to semi closed wards/semi open wards/ open or family wards;
- admission rate has been less than 1% of OPD attendance; mostly patients are being managed on OPD treatment.

- If the figures are any indication, in 3 years in quick succession 2004, 2005 and 2006 the Court referred involuntary admissions and discharges have almost been coterminus as would be evident from the following:-

Table – XV

Year	Admission	Discharge	Percentage
2004	108	104	96.30
2005	125	119	95.20
2006	88	88	100

The focus on prevention of institutionalization has been as under:-

- Involvement of families in treatment and rehabilitation of patients;
- Pre-admission counselling and pre discharge counselling;
- Discharge readiness assessment for voluntary patients;
- Psycho educative sessions for the family/care givers;
- Reduced average length of stay (reduced to 3 -4 weeks).

Despite best of intentions and efforts long stay of patients is occasioned by clinical and psychological factors such as:-

- **Clinical:** issues related to diagnosis, management or comorbid medical disorder.
- **Psychosocial:** lack of willingness on the part of family members to cooperate in the long term treatment plan, tendency to dump the patient in the wards primarily related to issues of stigma and discrimination.

Considering the total sanctioned bed strength and the occupancy rate the incidence of long stay in IHBAS is minimal as would be evident from the following table:-

Table – XVI

Year	2005	2006	2007	2008	2009
Duration of stay of the patient (August)	25	22	25	26	28

Break up between male and female long stay patients is as under:-

Table – XVII

Male	26	23	26	27	27
Female	22	19	24	24	29

The number of long stay patients was 60 at the end of 2008 i.e. 25% of all psychiatric beds.

National Human Rights Commission's recipe for mental health is characterized by one single expression 'quality assurance'. This is how the publication which was the outcome of rigorous field visits and study undertaken by Prof. Channabasavanna team in 1998-99 which was an integral part of a Project of NHRC reads, 'IHBAS has evolved a foolproof mechanism for quality assurance characterized by the following:-

- multilevel supervision in clinical care;

- systematic feedback from consumers;
- behavioural surveillance;
- peer review;
- internal/external audit;
- IHBAS provider-consumer forum.'

A series of measures have been launched to bring about quality assurance in inpatient services such as:-

- Post OPD/evening rounds by consultants;
- Rounds on extended weekends or holidays;
- Attendants provided for continuous vigilance/surveillance of high risk patients;
- Compendium of clinical rating scales;
- Standard operating procedures;
- Patient staff group meetings;
- Multi disciplinary functioning in clinical mental health unit.

The last two require some elaboration as under:-

Standard Operating Procedure:

The Deptt. of Psychiatry in IHBAS has developed 23 SOPs for patient care and functioning. These are as under:-

- Patient information leaflet for OPD (Hindi);
- Psychiatry OPD functioning;

- Information leaflet for police personnel/NGO workers who secure admission of mentally ill persons through a reception order (English and Hindi);
- Prescription of medicines in OPD;
- Psychiatry ICU functioning;
- Psychiatry Inpatient functioning;
- Short Observation Facility (SOF) functioning;
- Order of documents within file;
- Consultant's evening rounds;
- Grand rounds;
- Chart meetings;
- Clozapine consent;
- Disulfiram consent;
- Prevention of escape/absconding;
- Escort of patients to hometown for discharge purpose;
- Discharge u/s 49(1) of Mental Health Act, 1987;
- Medical Board;
- Special Medical Board for Disability in Psychiatry;
- Academic Programme;
- SR functioning Manual;
- Patient Staff Group Meeting;
- Schizophrenia Support Group;
- Electroconvulsive Therapy Consent.

Patient Staff Group Meetings (PSGM):

This is yet another innovative measure which IHBAS has taken. Patient staff group meetings are being held regularly on monthly basis. The schedule of such meetings for each ward is prefixed and

is circulated in advance. This novel practice has been designed to orient new members who are joining the team so that they understand and internalize the what, why and how of it.

The main objectives of PSGM are;-

- Issues related to day to day problems and their solution through coordinated efforts;

- To explain treatment related issues to the patients and their family members;

- To discuss the opportunities in the making after discharge of the patient and follow up plan.

Composition of the meeting:

For each ward one senior resident is identified who is authorized to conduct PSGM in the ward. The following are the participants in the meeting:-

- all patients of the ward who are fit to participate;
- family members/care takers of the patients admitted in the ward;
- members of the treating team, SR, JR, staff nurse, Psychiatric Social Workers etc.;
- dietician, civil and electrical engineer;
- house keeping supervisor;
- security supervisor along with ward consultants.

Schedule of the meeting:

The meeting is scheduled to be conducted for about one hour. A convenient schedule for each ward is provided. All the participants are orally requested to assemble in the ward without any formal intimation about the time, date and venue being sent in advance.

Process of the meeting:

SR incharge and Psychiatric Social Workers (PSW) will conduct the meeting as group leaders. After the purpose of PSGM has been explained to all the participants they must encourage the group to participate actively. Day to day problems of wards are addressed quickly and their on the spot solution is sought with the help of supporting staff. Problems which require the intervention of higher administration are also identified.

The group leader directs the group to discuss the treatment related issues such as psycho – education, involvement of family members in the management plane and to discuss the after discharge plans in detail.

Record and reporting:

The minutes of the meeting are recorded in the PSGM register of the ward. A copy of the same is forwarded to the PSGM coordinator. A proforma for recording the minutes is suggested below for the purpose of uniformity and convenience both in recording as well as in interpretation such as:-

'A': Issues related to wards;
'B': Issues related to persons;
'C': Recurring issues;

'D': Issues requiring consideration of higher authority;

'E': Points of Psycho-education stressed;

'F': Plan to involve the family in the treatment process;

'G': After discharge plan.

PSGM Coordinator:

One SR of the department is given the responsibility to coordinate the functioning of PSGM in all the wards. The coordinator will keep a record of all meetings held in the wards and ensure implementation of any decision taken in the departmental staff meeting with reference to PSGM.

Maintenance of records after admission:

All records of patient's medical examination after admission are being maintained properly in the ward by staff nurses under supervision of the resident doctors. The medical examination after admission comprises of the following:-

- smooth checking of weight;
- notifying loss/excessive gain of weight to the treating team;
- blood pressure (recorded three times daily);
- blood counts and blood profiles (these are sent every month for long stay patients and according to patient's health condition);
- menstruation.

Drug Management:

Approximately 90% of the annual budget earmarked for drugs is procured through Central Procurement Agency (CPA), DHS, Delhi.

Open tender enquiry/limited tender enquiry are invited by the purchase section, IHBAS for the remaining 10% which is not procured through CPA, DHS. Local purchase of drugs is also sometimes taken recourse to by the user departments/medical stores to meet emergent requirement from the imprest money under GFR 145 (procurement within Rs. 15,000/-) for life saving/essential drugs which are not available through rate contract of CPA, DHS.

The annual demand of drugs received from various user departments through their officer-in-charge/unit chief is compiled by the medical store and put up before the drugs and therapeutic committee (multi disciplinary committee) for finalization. The Committee recommends the demand as finalized to the competent authority of IHBAS for approval.

In case of certain new drugs which have been introduced after the demand has been sent, the demand is worked out afresh on the basis of appropriate number of patients likely to require that particular drug. The drugs are issued on indent to the user departments. The indents are duly signed by the unit chief/officer-in-charge of the user departments and o/c medical store.

Yearly ABC analysis is also being done to monitor the expenditure over drugs.

<u>Legal Responsibilities, Policy and Advocacy:</u>

These responsibilities are being discharged in the following manner:-

- court attendance 8-10 times a month or such frequency as may be required;

- responding to all queries from the Court as also addressing the Court which may entail sending 10-15 letters a day;

- certification for psychiatric disorders;
- Special Medical Board for the disabled;
- Issue of disability certificates;
- Monthly inspection by the Board of Visitors.

Board of Visitors:

- The Board of Visitors was constituted on 20.9.2002.
- Its meetings are being regularly held on Saturday of every month within the hospital premises.
- The BOV conducts inspection of IHBAS and submits its report to the Chairman of the State Mental Health Authority.

Some important observations and decisions of the BOV:

- Privacy and confidentiality of psychiatric case records should be scrupulously maintained.
- Provisions of Section 38 of Mental Health Act, 1987 in regard to access of members of BOV to case records which are confidential in nature be scrupulously observed.
- Need for appropriate mental health services for the inmates of Tihar jail was highlighted by the BOV.
- BOV has expressed its deep sense of appreciation for the following initiatives of IHBAS:-

- IHBAS organizing a sensitization course on 'Mental Health Laws and Issues' for the Delhi Police Personnel in the first week of July, 2009;

- Successful completion of Mental Health Awareness Week Programme;

- The very basic humanitarian services being provided by IHBAS, DLSA and AAA for treatment of severely mentally ill persons at the street based outreach services.

Facilities for disabled persons:

IHBAS has the following facilities for the disabled persons:-

- ramps are available in the Institute;
- lifts are available in the wards;
- wheel chairs and patient stretchers are also available for all patients;
- house keeping and security staff are available for helping the disabled persons.

An Extraordinary Disability Board has been constituted temporarily for clearing the backlog of pending applications for certification of disability related to mental retardation and mental illness which is being conducted daily along with the Special Disability Board which is being held on every Wednesday. So far 569 disability certificates have been issued the break up of which is as under:-

Mental illness – 40
Neurological disorders – 66

Mental retardation through
neurology – 133
Certificates issued by the
Extraordinary Special
Disability Board between
1.6.2010 to 31.7.2010 - 330

Total - 569

Delhi State Mental Health Authority:

The Authority was formed by issue of a fresh notification (in super session of the earlier one issued on 19.9.2007) dated 10.4.08 with Principal Secretary, Health and Family Welfare, NCT of Delhi as Chairman and 6 other Members (including the Director, IHBAS who is the Member Secretary).

The Authority has met twice i.e. January, 2009 and November, 2009 and has taken the following important decisions:-

I. While the NMHP and DMHP were being implemented well by IHBAS, it has got to be expanded to cover all the 9 districts in NCT of Delhi and a proposal for expansion of NMHP/DMHP to all the 9 districts should be forwarded to Ministry of Health and Family Welfare, Government of India.

II. Integration of NMHP/DMHP with the Delhi State Health Mission (DSHM) may be examined.

III. Strategy for homeless mentally ill persons should be in harmony with and as part of the activities of Mission Convergence (Samajik Subidha Sangam) and

recommendations of the Empowered Committee may be considered.

IV. The need for regulation by the SMHA of all mental health services (including psychiatric units i.e. GHPUs in Government Hospitals) u/s 43(6) of Mental Health Act, 1987 was felt.

V. Reports of Expert Committees appointed by the DGHS, Ministry of Health and Family Welfare, Government of India on halfway homes and rehabilitation of patients be obtained.

VI. More BOVs to cover psychiatric nursing homes situated across different zones be constituted. For this, suitable individuals with credibility and commitment may be identified.

VII. As revealing personal informations about a mentally ill persons stigmatizes the person concerned and has too many other implications and as there is a provision for exemption for disclosure to certain institutions IHBAS can look for the statutory provision of exemption in this regard.

VIII. There should be regular monitoring of psychiatric hospitals/nursing homes by SMHA.

IX. Licensing norms should be made more flexible so that more and more centers/facilities for mental health services can be given licence keeping in mind the shortage of such services.

X. While sensitivity of information in Psychiatry Clinical records should be respected, information on factual aspects (like date of admission and discharge) and some basic medical

information (like the treatment given to the patient or the investigations carried out) should be considered.

Human Resource, Human Resource Development and Human Resource Management:

The staffing pattern in the 3 departments i.e. Deptt. of Psychiatry, Deptt. of Clinical Psychology and Deptt. of Psychiatric Social Workers i.e. number of posts sanctioned and incumbents in position is given in the following tables:-

Deptt. of Psychiatry:

Table – XVII

S.No.	Name of the Post	Total number of sanctioned posts	In position as on the date of visit i.e. 13.8.10
1.	Professor	03	02
2.	Addl. Professor	04	01
3.	Associate Professor	08	05
4.	Asstt. Professor	15	04
5.	Senior Resident	26	18
6.	Junior Resident	44	24

Table – XVIII
Deptt. of Clinical Psychology:

S.No.	Name of the Post	Total number of sanctioned posts	In position as on the date of visit i.e. 13.8.10
1.	Professor	01	01
2.	Addl. Professor	01	Nil
3.	Associate Professor	01	01
4.	Asstt. Professor	03	02
5.	Clinical Psychologist	10	10
6.	Occupational Therapist	06	02
7.	Occupational Therapist Attendant	04	03
8.	Psycho-Clinic-cum Lab Assistant	02	02

Table – XIX
Deptt. of Psychiatric Social Workers

S.No.	Name of the Post	Total number of sanctioned posts	In position as on the date of visit i.e. 13.8.10
1.	Professor	01	01
2.	Addl. Professor	01	Nil
3.	Associate Professor	02	02
4.	Psychiatric Social Workers	10	08

Comments:

From the above, it may be seen that in the Deptt. of Psychiatry against 100 sanctioned posts, 54 are in position leaving 46 and 46% of the sanctioned posts vacant. In the Deptt. Of Clinical Psychology against 28 sanctioned posts, 20 are in position leaving 8 vacant. In the Deptt. of Psychiatric Social Workers, against 14 sanctioned posts, 10 are in position leaving 4 vacant. Thus, the PC of posts vacant in both the Departments of clinical Psychology and Psychiatric Social Workers is the same i.e. around 30%.

There could be 2 reasons for such vacancies. One could be the poor scale of pay and better options available elsewhere on account of which open advertisements inviting applications do not bring encouraging response; the other could be acute shortage of professionals in all the 3 cadres. It appears both are relevant for IHBAS. There is a third and additional reason too i.e. the posts are non pensionable. That precisely is the reason as to why despite best efforts over the years, IHBAS is not able to attract suitable candidates leaving a number of posts vacant.

There are 15 posts of M.Phil (Clinical Psychology) vacant for the academic session 2010-12 and one post in DM Neurology vacant for the academic session 2010-13 while happily there are no vacancies in MD (Psychiatry) for the academic session in 2010-13 and DM, Neurology for the academic session in 2010-13. Advertisements have been issued for the vacant posts and it is hoped that the posts will be filled up soon.

A complete list of faculty members in IHBAS is in Annexure-I.

Table - XX
An analysis of budget for IHBAS:

Financial Year	Allocation of funds in the budget (in lakhs)	Total expenditure (in lakhs)
2005-06	2500=00	3484.43
2006-07	2700=00	3574.96
2007-08	4000=00	4110.57
2008-09	4000=00	4071.25
2009-10	4500=00	4190.11

This shows serious imbalance. The first 2 years i.e. 2005-06 and 2006-07 showed that the expenditure was far in excess of the allocation. It is not known how this deficit was met. In the subsequent 2 years i.e. 2007-08 and 2008-09 the allocations were stepped up almost by 60% but the expenditure was also in excess, though marginally, of the allocation. Here again it is not known as to how the deficit was met. In 2009-10, the allocation was further stepped up by 12.5% but the expenditure was less than the allocation.

Comments:

The budget is not merely a financial statement of income and expenditure; it is a primary tool of growth of an institution. IHBAS is a premier mental health institution meant for providing health and medical care to one of the poorest, most deprived and disadvantaged sections of the society. It has certain genuine institutional needs which could be both recurring and non-recurring. The starting point in preparation of a budgetary framework is identification of genuine needs, converting the same to a rough assessment of the funds which will be needed to fulfil the needs and reflecting the said requirement of funds in the budgetary framework. As far as non-

recurring items (furniture, fixtures, tools, equipments) are concerned, the cost can be worked out on the basis of rates obtaining in the market. Similarly the cost of certain recurring items (drugs, food grains, linen, clothings, chemicals etc.) can also be determined with reference to the rates obtaining in the market or the rate contract price if a rate contract for certain items has been entered into. It is not known how (a) IHBAS is working out the accurate requirement of funds for a particular year under different heads (fixed and recurring) (b) if IHBAS is keeping the possibility of increase in various components of recurring and non-recurring cost by 5 to 10% in view while projecting requirement of funds before government of NCT of Delhi and (c) whether IHBAS has made out a case before the Executive Council headed by the Chief Secretary, NCT of Delhi to meet the irreducible barest minimum needs of IHBAS while presenting the Budget Estimates and Revised Estimates for a particular year before the Council for approval without taking recourse to any unilateral cuts in the estimates submitted by IHBAS management.

Activities of a few Departments:

Deptt. of Clinical Psychology:

The Department extends psycho-diagnostic and psychotherapeutic services to the cases referred by the department of Psychiatry, neurology and other speciality clinics. This also includes neuro-psychological assessment and rehabilitation, child guidance services, counselling in the area of marital and psychosexual problems, early detection, evaluation and intervention in cases of children with mental retardation, autism, learning disability and rehabilitation services to persons with severe mental illness.

The Clinical Psychology deptt. also plays a lead role in teaching and training of M.Phil (Clinical Psychology) trainees to develop the manpower in the area of mental health. It also extends its services and training programmes for other departments and agencies inside and outside IHBAS.

Hospital Services:

The Clinical Psychology deptt. provides services to inpatients and out patients referred by Psychiatry and neurology departments. Active support is also provided to various speciality clinics like child and adolescent mental health clinic, drug abuse treatment and rehabilitation centre, mental retardation clinic, psychosexual clinic, neurobehaviour clinic and epilepsy clinic. In all, 16,473 sessions were conducted in the current year (Psychodiagnostics – 1822, Psychotherapeutic – 10,009 and IQ assessment – 4642).

Speciality Clinics:

Services are provided by the department in various Speciality Clinics of IHBAS, the details of which are listed as under:-

Name of the Clinic	Number of sessions conducted:
1. Child and Adolescent Clinic	1517
2. Mental Retardation Clinic	2273
3. Marital Psychosexual Clinic	303
4. DATRC	464
Total -	**4557**

Deptt. of Psychiatric Social Work

The department is dedicated to service for the welfare and self fulfilment of human beings, to the development and disciplined use of scientific knowledge regarding human behaviour and society, to the development of resources to meet individual, family, group and societal needs and aspirations, to the enhancement of the quality of life of people and to the achievement of social justice.

The department addresses the barriers, inequities and injustices which exist in society in respect of the mentally ill and the disabled who generally tend to get discriminated and neglected. It responds to critical situations and emergencies as well as day to day personal and social problems by utilizing a variety of skills, techniques and activities by focusing on individuals and their environment. Social work interventions range from primarily person focused psychosocial processes to involvement in social policy, planning and development. These include counselling, clinical social work, group work, family treatment and therapy as well as efforts to help people obtain services and resources in the community.

Hospital Services:

The Deptt. provides psychosocial care to patients and their family members both as OPD and IPD patients.

The services provided are:-

- case work and group work services;
- family intervention;
- rehabilitation;

- referral and liaison with various government organizations and NGOs;

Case work services include:-

- guidance, general counselling, income and disability assessment;
- psycho education;
- life skills training;
- crisis intervention.

In 2009-10 case work services were provided to 6461 patients, group work services to 1849 patients and family intervention in the form of family assistance, counselling and home visits to 4077 family members.

Similarly psychiatry rehabilitation services were provided to 5817 patients, referral and liaison services to 1851 patients and families.

Other services such as guidance, general counselling, income and disability assessment were carried out for 1119 patients during the same year.

Speciality Clinics:

The deptt. provides the above services to patients and family members visiting speciality clinics such as drug deaddiction and rehabilitation, mental retardation, child guidance clinic, dementia clinic, epilepsy clinic, movement disorder clinic etc. which are run in the Institute. Services were provided to 3304 patients and family members visiting these speciality clinics during the year 2009-10.

The deptt. provides field work and block placement training to post graduate and graduate students of social work from various Institutes or Universities all over India.

Other departmental activities:

The department organizes picnic activities for long stay in-patients, who are stabilized and fit to venture out under supervision. These picnics are planned to provide recreation, enhance social skills and facilitate reintegration into family and community.

During 2009-10, 2 such picnics were organized in winter to Lodi Gardens and Nehru Park.

A two day workshop for ICDP community level workers on 'Mental Health – Well being' on 8th and 9th Dec. 2009. Forty communal level workers participated in the workshop which was coordinated by Dr. Krishna Vaddiparti.

As an integral part of core team of professionals from IHBAS the faculty of the department provided technical support to Asha Kiran, Home for the mentally retarded in the form of screening of residents for psychiatric and physical health morbidity, assessment of psychosocial factors of the residents, internal conditions of home and staff stress related issues and feedback to restore the conditions and health of residents.

Department of Neuro Chemistry:

It was established with the objective of providing routine and specialized investigative facilities in the management of neuro – psychiatry disorders with main emphasis on molecular genetics and proteonomics and to conduct research and training in collaboration with national and international institutes of repute in the field of neuro sciences. The department has a fully automated Nutrition Laboratory with introduction of Vitamin B12 and folic acid estimation. Thyroid function tests are being done on fully automated chemiluminiscent analyzer.

The department has also started the process of setting up a neuro-genetics laboratory to provide state-of-the-art diagnostic facilities based on molecular genetics and proteonomics with emphasis on APO E Polymorphism and Duchenne Muscular Dystrophy.

The routine investigations performed in the lab are blood glucose, kidney function tests, liver function tests, lipid profile, uric acid, calcium, phosphorous, 24 hours urinary protein, creatinine, clearance, glycostylated haemoglobin, gamma glutamyl transferase, amylase, lipase, acid phosphatase Specialized investigations performed are ammonia, lactate, copper ceruloplasmin in blood, calcium, phosphates, copper, ceruloplasmin and screening for aminoacidurias in urine.

Deptt. of Micro Biology:

The various diagnostic tests consisted of direct demonstration techniques, bacteriological cultures, identification of bacteria and their anti microbial susceptibility testing in body fluids such as urine, blood,

CSF, pus, sputum, transudates and exudates. Culture for M tuberculosis was also performed for diagnosis of CNS, pulmonary and extra pulmonary tuberculosis. The immunological and serological tests consisted of tests for rheumatoid factor (RF), Antistreptolysin – 0 (ASO) C- reactive proteins (CRP), widal test, tests for syphilis (RPR and TPHA), test for plasmodium falciparum antigen detection, antigen detection for antibodies to T. sodium, antibodies to HCV, anti ds DNA antibodies and HBs Ag detection.

Neuro-psychiatric patients were also tested for presence of HIV I and II antibodies by ELISA and western blot. Potable water quality tests are also conducted here. New automated diagnostic modality BACTEC MGIT 960 culture was started for early diagnosis of Tuberculous Meningitis along with anti-tubercular drug susceptibility testing.

Molecular Microbiology Laboratory has been recently made a fully functional division. HIV viral load estimation on Real Time PCR platform was standardized, validated and started. Real time PCR based test for diagnosis of TBM was standardized and validated.

The department also started participating in RCPA Quality Assurance Programme, Australia for HIV viral load estimation. The deptt. also participated in EQA programme of Microbial in Vitro Sensitivity Testing (MIST) network under Indian Society of Anti microbial Chemotherapy as quality check on diagnostic services as well as for the continuous quality improvement.

The deptt. has been instrumental in customizing and implementing the Promedical Waste Management (BWM) at IHBAS.

Special emphasis was also given on training of doctors, nurses and para medical staff on various aspects of BWM.

The department participated in Hospital Infection Prevention and Control (IPC) programme by doing laboratory surveillance of various device related surgical site blood stream infections as well as by surveillance of environmental samples. Simultaneous teaching and training activities were carried out for prevention and control of hospital acquired infections.

Department of Pathology:

The department is well equipped to provide all necessary diagnostic support for investigations pertaining to haematology, ex foliative and aspiration cytology and histopathology. Emphasis is given on quality assurance and regular teaching training of departmental staff. The department has the most advanced automated instruments and trained manpower to offer quality results.

The department provides facilities for the following tests:-

- haematology, haemogram with ESR;
- cell counts;
- packed cell volume;
- mean corpuscular volume;
- mean corpuscular haemoglobin;
- mean corpuscular haemoglobin concentration;
- erythrocyte sedimentation rate;
- reticulocyte count;
- osmotic fragility test;
- sickling test;

- screening for G6 PD deficiency;
- blood group;
- bleeding and clotting time;
- blood and bone marrow examination;
- cytology – fine needle aspiration cytology and body fluid analysis (urine, CSF, pleural and ascetic fluid);
- histopathology – diagnostic facilities for neuro muscular disorders and CNS tumours.

Deptt. of Neuro Psychopharmacology:

The department of neuro psychopharmacology has the state-of-the-art facility for therapeutic drug monitoring (TDM). These services were provided for lithium and anti-epileptic drugs namely phenytoin, carbamazepine, valproic acid and phenobarbitone in lowest turn around time. TDM is a practical and invaluable tool in patient care and research. It can help the physician provide effective and safe drug therapy in patients who need medication. TDM is important to identify drug interactions, toxicity and for effective management of epilepsy and bi-polar affective disorder.

In addition to TDM, the department also provides plasma homocysteine level estimation in neurological disorders.

The department is well equipped with latest instruments i.e. high pressure liquid chromatography with UV and EC detector, automated analyzer and electrolyte analyzer besides other basic equipments.

Drug Abuse Treatment and Rehabilitation Centre:

The DATRC at IHBAS started functioning in the year 1999-2000. The centre is functioning on a multidisciplinary model for comprehensive patient care, manpower development, rehabilitation and research. It has been identified as a nodal centre for drug abuse treatment and matters related to drug abuse for the State of Delhi. It caters to patients from Delhi, U.P., Uttarakhand, Rajasthan, Bihar and Madhya Pradesh. The services offered by the DATRC may be classified under the following heads:-

- OPD services;
- IPD services;
- Community outreach services;
- Training of students and general practitioners;
- Research;
- Rehabilitation Services;
- SHGs;
- Collaboration with Government and NGOs on policy matters.

OPD:

The services at the OPD are provided twice a week in every Wednesday and Friday from 2 Pm to 4 PM. Patients having problems with alcohol, opioids, cannabis, benzodiazepine and inhalants visit the OPD for consultation and treatment. A multi disciplinary team consisting of psychiatrists, Clinical Psychologists and Psychiatric Social Worker provide comprehensive services which include assessment of drug abuse/dependence, detoxification, investigation for comorbid medical complications, assessment of motivation, relapse prevention sessions and family assessment. Majority of the patients are managed at the OPD level and only a few

who have complicated clinical issues, comorbid medical illnesses and poor psychosocial support are admitted in IPD.

IPD:

It has a well equipped 40 bedded ward: patients having drug dependence with different kinds of drugs are admitted along with patients with dual diagnosis (drug abuse and psychiatric disorder). During inpatient's stay, patients receive comprehensive medical and psychosocial care from a multi-disciplinary team. Besides assessment of clinical condition, detoxification, patients are provided a wide range of psychosocial services comprising of motivation enhancement therapy, relapse prevention session, group therapy, family therapy, participation in self help groups (alcoholic anonymous, narcotic anonymous). Alcoholic Anonymous (AA) meetings are held every Friday evening from 5 PM to 6 PM in the OPD premises and Narcotic Anonymous (NA) meetings are held on every 3rd Wednesday of the month in the evening from 5 PM to 6 PM in the OPD premises. Patients in course of these meetings are provided pre-admission and re-discharge counselling.

Community Outreach Services:

IHBAS is offering de-addiction treatment facility at Jama Masjid Clinic for homeless population for the last 10 years along with services to the various DMHP clinics in a multi disciplinary context. Patients are provided full range of psychosocial services along with comprehensive medical care.

Training of students and general practitioners:

MD students and Senior Residents are posted in the DATRC ward and various community clinics for varying periods for understanding the problems of drug abuse and various treatment methods (pharmacological and non-pharmacological). Regular training is also provided to general practitioners.

Research:

Research studies have been conducted as a part of DNB and MD thesis on the problems of drug dependence, issues related to diagnosis and treatment of HIV/AIDs.

Rehabilitation Services:

Patients are also provided various rehabilitation services which are occupation/vocation related.

Collaboration with Government and NGOs on policy matters:

IHBAS provides technical support to various agencies in the area of drug abuse. It is collaborating with various NGOs in the pursuit of treatment and rehabilitation of drug abuse affected population.

Community Satellite Clinics:

IHBAS is at present conducting community outreach services at:-

- Chattarpur;
- Jahangirpuri;
- Dwarka;
- Timarpur;

- Motinagar.

It has also meta-outreach services (outreach beyond outreach) covering Missionaries of Charity (Bhatti Mines, Majnu Ka Tila, Sudinalaya etc.).

It is running a special OPD Clinic for homeless persons at Jama Masjid area with an average out turn of 50 patients. There is a proposal to launch a similar service in the Nizamuddin area in the near future. The outturn of patients in the Community Satellite Clinics as above is as under:-

- Chattarpur for South District – 40 patients;
- Jahangirpuri for North West District – 80 patients;
- Dwarka for South West District – 12 to 14 patients;
- Motinagar for West District – 50 to 60 patients.

A success story No. 1 of Yukti Garg (7)

She was presented to Neurology OPD with problems of hyperactivity, poor attention span and seizure disorder (epilepsy). She had problems of delayed speech. On the basis of preliminary evaluation the Neurologist made the diagnosis of attention deficit hyperactivity disorder and epilepsy and put her on drugs. For speech problems she was referred to a speech therapist.

The speech therapist carefully assessed the case and found that she was not taking verbal command properly. She used to repeat the same sentence asked by the speech therapist. To illustrate, when the person examining her asked, 'how are you?' she replied, 'how are you'. The speech therapist found that though her

vocabulary was appropriate at that age she was unable to speak out meaningful words and sentences.

The speech therapist found that she had difficulty in comprehending what she used to hear. To illustrate, if she was asked to recite English alphabets (ABCD) she responded by reciting the English alphabets correctly but to that she also added numerals (1 to 10). When she was asked to recite one rhyme she used to recite rhymes more than five without stoppage. Thus there was problem in auditory comprehension and semantic delays.

The speech therapist took up this case as a challenge. She started with small commands like 'show me your legs,' 'show me your eyes'. After several sessions the patient was able to understand these verbal commands and acted appropriately. Within a period of one and half years, the patient with the help of the speech therapist, has been able to comprehend verbal commands in a meaningful way. Speech therapy has helped in improving her attention span properly. Now she understands or comprehends verbal commands more effectively.

My interaction with the girl, the girl's father and with the speech therapist brought out the following redeeming features:-

Dr. Mishra to the patient: Hello, how are you?

The patient: I am fine.

Dr. Mishra: That's great!

Dr. Mishra to the father of the patient: How long the child has been under treatment in IHBAS? Do you find any significant improvement in her?

Patient's father: She is under treatment in IHBAS for one and half years. When she came here initially she was not able to speak. She has, however, now opened up after several sessions of speech therapy and is able to speak clearly and correctly. The whole credit for this goes to the speech therapist.

Dr. Mishra to speech therapist: Since how long you have been working with the patient? What strategy did you adopt to make her speak?

The speech therapist: For one year. Initially she could not express herself meaningfully. After a couple of speech therapy lessons she has started responding meaningfully and is now quite active in listening, comprehending and articulating.

Success story No. 2 of a long stay patient:

This is the story of patient Lachhiya (27), an unmarried female admitted in female ward of IHBAS on 18.9.89 through a reception order.

At the time of admission the patient was only 6 years old and was found to be wandering on the streets. She faintly remembers that she belongs to Pahari area of Uttarakhand. In childhood she was detached from her family and could not recall the exact address of her home. Several sincere efforts were made with the help of police and administration in order to contact the patient's family on the given address but the hospital authorities did not succeed.

She was diagnosed as a case of seizure disorder (epilepsy) and mental retardation. She now after years of medication is in a stable condition. She is quite active, has leadership qualities and

takes care of other patients in the ward and helps nursing sisters in day to day ward work. She goes to the kitchen along with the ward attendant to bring food for patients. She helps the sister and ward attendant in serving food to the patients. She keeps her eyes and ears wide open on the condition of other female patients. If she observes any problem she immediately reports to the treating team of doctors and nursing sister. She takes a keen and abiding personal interest in whatever tasks are assigned to her. She is also involved in painting and stitching clothes. I had the opportunity to see a few specimens of her paintings which were very good. She participates regularly in various festivals and religious activities and encourages other patients to participate in such activities. She is a tower of support and help to the ward sister incharge in moments of crisis.

She has expressed a desire a number of times for leaving the hospital, going back to her native place and leading a normal life but due to some inherent limitations mostly related to her care and rehabilitation she cannot be sent outside the hospital. On the face of facts as emanated in course of interaction she does not require hospitalization but needs assisted living in a proper setting marked by care, love and affection which apparently does not exist for her.

Insights gained from a few other interactions:

1. **Mr. John Bernard Skehill:**

Admitted in Psychiatry ICU:

Mr. John Bernard Skehill (60), an Australian national was on tourist visa to India. He was admitted in IHBAS with the full knowledge and concurrence of the Australian High Commission in India in a disorganized state of body and mind. The psychiatrist

examined the case in emergency and found that he was earlier diagnosed to be a case of Schizophrenia but currently was not taking any medicine. While in Australia for more than 20 years he was consuming heroin independent pattern and was on methadone maintenance programme. After a thorough assessment he was put on anti psychotic drugs used for treatment of Schizophrenia. He was kept under observation in IPD for a period of 3 weeks. After 3 weeks of stay in the IPD he showed signs of improvement and was found fit to travel. He was discharged with advice to consult local psychiatrist in Australia with IHBAS papers for further management.

He was readmitted last week through Australian High Commission when he was found to be suffering from Paranoid Schizophrenia with multiple substance use disorder.

Lessons drawn:

- IHBAS did not discriminate between an Indian and foreign national when it came to treatment of a human being in a situation of acute distress. The situation demanded humanitarian concern and IHBAS rose to the occasion to respond to the need of the hour with empathy and sensitivity.

Suggestion for consideration:

- Ministry of Tourism, Government of India should be kept informed about such cases so that they may think of issuing guidelines to all concerned as to how (a) such cases should be screened and (b) where, how and on what terms their treatment should be arranged and (c) what should be the duration of their stay in India.

II **Subhas (35) in Psychiatric OPD:**

This is the case of a married middle aged adult who was brought to the hospital by his father (in his 60s) within 20 days of onset of Psychiatric problems. On the day of admission he was found in an unusual state of mind, indulging in insensible talks, highly suspicious of everyone and heard voices coming from outside without any source. He harboured abnormal thoughts to the effect that someone had entered his abdomen. He was put on medicines for treatment of psychosis in Govind Ballabh Pant hospital but as he did not improve, the case has been referred to IHBAS. He is married and having 2 children.

Lessons drawn:

- All departments of Psychiatry in various government hospitals in Delhi such as Dr. Ram Manohar Lohia Hospital, G.B. Pant Hospital, Lok Nayak Hospital, Lady Hardinge Hospital, Deen Dayal Upadhyay Hospital etc. need to be strengthened so that mentally ill persons can receive treatment in the hospitals free of cost.

- Certification for disability (including mental illness) under the Disability Law of 1995 enables mentally ill persons to avail of financial benefits under various government schemes. Wide publicity of the benefits of such certification should be given and the procedure for grant of certificates should be simplified so that the intending and deserving person gets it in less time and cost.

IV **Sahista (22) daughter of Sarafat Ali, resident of Meerut (U.P.).**

The patient diagnosed as a case of seizure disorder (epilepsy) for the past 20 years has been brought by her sister to Neurology OPD for the first time on 13.8.10 (date of my visit). She has been put on anti-epileptic treatment by the Senior Resident, Neurology. CT scan of the brain reveals left hemiatrophy with calcified legion in left frono-partial region. Though he has substantially recovered he is totally non functional (earlier he was ironing clothes which he is not able to do anymore).

Lessons drawn:

- An elderly father bringing his middle aged son to IHBAS for treatment and shoulder the responsibility of his ailing son goes to show that the care and concern in a joint family set up is still intact.

- There is need for information and education of all concerned that a patient should be brought to the hospital soon after onset of psychiatric problems for timely diagnosis and treatment.

- Mental illness tends to cripple imagination, initiative, ingenuity and functionality and makes the affected person largely dysfunctional. Appropriate vocational skill training should be designed to make such a person in the prime of youth or adulthood functional.

III **Vinod Kumar (40) in Psychiatry OPD:**

The patient was brought by his wife to Psychiatric OPD for assessment of disability and certification. He is being treated for

epilepsy for sometime. Although the number of seizures/fits has come down with treatment he is largely non functional and not able to concentrate on his avocation (shop keeping). He had subnormal intelligence since childhood due to which he needed help to perform routine activities of daily living. He has undergone treatment in G.B. Pant Hospital.

Lessons learnt:

- The patient was earlier taken to a private medical practitioner at considerable expenditure without any appreciable results. She is having complaints of fits for the past 20 years. She could have been spared of this expenditure and trauma only if there was awareness that (a) there is a government managed hospital with state-of-the-art-technology (b) all facilities for treatment are available therein free of cost. There is urgent and imperative need for more sustained efforts for spread of knowledge and information about the location of the hospital and facilities available.

V Nagma (32), resident of Badhiyo, U.P.

She has been suffering from migraine for the last 12 years and has come to IHBAS for the first time after hearing from the neighbours about the good treatment being provided at IHBAS. She was examined in Neurology OPD, her case was diagnosed as one of migraine and she has been put on appropriate treatment.

Lessons learnt:

Same as IV.

VI Amit Kumar (15), S/o Raj Kumar Verma, resident of West Jyotinagar, Delhi.

The patient has been brought to IHBAS on 13.8.10 for the first time although he has been having complaints of headache for past 3 years. The headache was described as throbbing and episodic in nature with some relief from analgesics. The patient after evaluation by the Senior Resident and diagnosed as a case of migraine has been put on appropriate treatment and advised to come to Neurology OPD for follow up after one month.

The patient complained to me that medicines prescribed by the Sr. Resident are not available in IHBAS and he is not in a position to buy medicines from open market.

Lessons learnt:

Medicines which are prescribed should be in the approved list and should be readily available in the drug dispensing unit; if not they should be locally purchased within the emergency powers of the Director and supplied to the patient.

VII Pushpa (15):

She was found near Jamia Nagar roaming on the streets and was admitted at IHBAS on 26.3.10 on the strength of assessment done by 2 psychiatrists through CWC orders. She has been diagnosed to be a case of Psychosis, put on Risperdone 3 mg/day and subsequently increased to 10 mg/day after which she has shown signs of improvement. Initially she had given the following address of her ancestral home:

C/o Thuku, Village Kusmi, Distt. Sarguja, Chattisgarh.

She as reported by her was working as a domestic help and had given the address as

C/o Gaurav, F-86, B-2, Ashok Vihar, New Delhi-52.

Phonograms were sent by IHBAS on the above address but there was no response. Discharge letters are being sent to CWC Lajpat Nagar since **25.6.10** but no action has been taken so far by CWC Lajpat Nagar to escort the patient back home.

Lessons learnt:

The Child Welfare Committee is an important statutory institutional framework constituted u/s 29 of Juvenile Justice (Care and Protection of Children) Act, 2000 (as amended in 2006). The CWC is the final authority to dispose of all such cases like that of Pushpa for the care, protection, treatment, development and rehabilitation of children as well as to provide for their basic needs and protection of human rights. By not taking any clear and decisive action on the submission made by IHBAS, CWC Delhi has miserably failed in discharge of the very important statutory responsibility vested in it. This must be brought to the notice of Deptt. of Social Welfare, NCT of Delhi and Ministry of Women and Child Development, Government of India, New Delhi.

Academic and research activities in IHBAS:

IHBAS has carved out a place for itself as a centre of excellence in academic and research activities which covers the following components:-

- PG courses in MD Psychiatry and DNB;
- PG courses in Clinical Psychology and Neurology;

- Number of research projects being undertaken with the help of international and national funding agencies like WHO, ICMR, IEA and CSIR;

- Number of Conferences/Symposia/Workshops attended, number of papers presented and published;

- Number of books and other publications brought out by the Deptt. of Psychiatry, Clinical Psychology, Pharmacology, Pathology, Neuro Chemistry, Epidemiology, Medical Anthropology, Radiology, Neuro-anaesthesia.

To illustrate some of these areas where the achievements have been very impressive:-

Table - XXI

Course	Candidates enrolled	Candidates completed	Candidates in Training
DNB (1997-2003)	18	14	Nil
MD in Psychiatry (2003 onwards)	17	7	4
Total	35	21	4

Table - XXII

Course	Number of batches	Number of students who have completed	Number of students in training
Clinical Psychology	5	60	30
Neurology	0	3	5

Table – XXIII

Department	Number of Publications	Author	(Year 1.4.09 to 31.3.10)
Psychiatry	10	Dr. Om Prakash	Do
Psychiatry	3	Dr. Vijender Singh	Do
Neurology	2	Dr. Kiran Bala	Do
Neurology	3	Dr. Vibhor Pardasani	Do
Neurology	2	Dr. Hardeep Singh Malhotra	2009-10
Pharmacology	7	Dr. Sangeeta Sharma	Do
Do	4	Dr. Naveen Kumar	Do
Pathology	3	Dr. Sujata Chaturvedi	Do
Do	3	Dr. Anshu Gupta	Do
Do	2	Dr. Ishita Pant	Do
Neuro Chemistry	3	Dr. Neelam Chillar	Do
Do	2	Dr. Rachna Agarwal	Do
Epidemiology	2	Dr. Sarbjeet Khurana	Do
Medical Anthropology	2	Dr. Ravinder Singh	Do
Radiology	8	Dr. Rima Kumari	Do
Neuro Anaesthesia	2	Dr. Mukul Jain	Do
Do	4	Dr. Arvind Arya	Do
Clinical Psychology	6	Dr. T.B. Singh	Do
Do	7	Dr. Vibha Sharma	Do

Main components of District Mental Health Programme (DMHP)

1. Out reach Clinical Services

Currently Community Satellite OPD clinics are successfully running in five districts at :-

- Chattarpur (South)- since 2000 (under the 9th five year plan)
  - Location: Delhi Government Dispensary
  - OPD days: Monday and Thursday
  - OPD timings: 10 AM to 1 PM
  - Follow up of the patients' in the community and IEC Activities: Wed, Fri and Sat.
  - Teaching, training programme and data management: Tuesday
- Jehangirpuri (North- West)- since 2000 (under 10th five year plan)
  - Location: Babu Jagjeevan Ram Hospital
  - OPD Days: Wednesday and Friday
  - OPD timings: 9.30 AM to 12.30 Noon
  - Follow up of the patients' in the community and IEC Activities: Mon, Thus and Sat.
  - Teaching, training programme and data management: Tuesday
- Dwarka (South- West)- since 2009 (under 10th five year plan)
  - Location: Sector-12, Delhi Government Dispensary

- OPD Days: Wednesday and Friday
- OPD timings: 10 AM to 1 PM
- Follow up of the patients' in the community and IEC Activities: Mon, Thus and Sat.

- Moti Nagar (West)- since 2010 (under 11'" five year plan)
  - Location: Acharya Bhikshu Hospital
  - OPD Days: Wednesday and Saturday
  - OPD timings – 10 AM to 1 PM
  - Follow up of the patients' in the community and IEC Activities: Mon, Thurs and Friday.
  - Teaching, training programme and data management: Tuesday

- Timarpur (North)- since 2010 (under 11th five year plan)
  - Location: Delhi Government Dispensary
  - OPD Days: Monday and Thursday
  - OPD timings: 9.30 AM to 12.30 Noon.
  - Follow up of the patients' in the community and IEC Activities: Wed, Fri and Sat.
  - Teaching, training programme and data management: Tuesday.

Majority of the patients attending OPD suffer from

- Depression = 27% approx.
- Psychoses = 14% approx.
- Anxiety = 03% approx.

80% of the patients have been effectively treated and have successfully recovered.

Stepwise management of the patients

- Assessment of the patient
- Diagnosis to be done
- Medicines are provided
- Basic tips and counseling are given
- Rehabilitation of the patients in the community is promoted and encouraged.

- Follow up takes place in the community with drugs and social support

- Patients who are difficult to treat and need intensive care management are being referred to IHBAS

2. <u>Services for homeless population at Jama Masjid Clinic:</u>

- Mental health week: Celebration to commemorate the "World Mental Health Day" (10 October) in which the following mental health related activities were carried out by the DMHP team of the Delhi State in collaboration with various Govt. agencies as well as NGOs in all parts of Delhi.

    - Awareness and sensitization camps;
    - Mental health rallies Street plays;
    - Public seminars;
    - Community contact programme;

- Orientation programme (medical and paramedical professionals) in the field of mental health at the respective districts.

- Brain Awareness week (15th – 21st March, 2010): Celebrated for the first time by the mental health professionals where DMHP staff actively participated. During the week long programme various activities were organized to educate the masses as well as general practitioners through a series of –

  - Public lectures;
  - Awareness camps;
  - Training workshop;
  - Street plays;
  - Poster exhibition;
  - Poster and essay competition etc.

- **World No Tobacco Day:** Celebrated every year on 315t May. Various activities include:

  - Community Awareness and diagnostic camps at various places in Delhi;

  - Experts Panel Discussions for public on the theme of 'Smoke Free Environment' in 2007. The team of panelist includes cardiologist, oncologist, dentist, psychiatrist and experts from NGOs;

  - Poster competition and a quiz for school and college students on 'Tobacco and its Health Hazards';

- Collaboration with NGOs;
- Collaboration with Professional bodies like IMA, Public rally m collaboration with IMA in 2009. Also, a magic show, street play and public lecture were organized at IMA.

Future Plan:

- Modification of IEC material is in the process for the implementation in the States in North India.

- Development of Satellite clinics for tobacco cessation in different areas of Delhi.

- Expansion of services for homeless population in the 3 new places i.e.
  - Connaught Place, New Delhi;
  - Nizamuddin;
  - Near Old Delhi Railway Station;.

- Expansion of community outreach clinical services as a part of DMHP, IHBAS in 4 new districts viz.
  - East Delhi;
  - North East Delhi;
  - Central Delhi;
  - New Delhi.

- In order to provide services to the homeless population, mobile mental health team through mobile van would deliver services in the night shelters in two shifts, both at night and day time at

any place like slum areas, pockets of homeless population etc. where psychiatric patients would be found. IHBAS through DMHP will provide technical support and coordination.

Table: XXXIV
No. of patients in community outreach clinics during year Oct. 1999 – Dec. 2005

Name of the clinic	1999 (Oct-Dee)		2000 (Jan-Dec)		2001 (Jan-Dee)		2002 (Jan-Dec)	
	Old	New	Old	New	Old	New	Old	New
Jehangirpuri	728	457	1636	679	2610	888	3620	1088
Chattarpur	(Started in Oct. 2000)		11	32	336	190	2706	232

Name of the clinic	2003 (Jan-Dec)		2004 (Jan-Dec)		2005 (Jan-Dec)	
	Old	New	Old	New	Old	New
Jehangirpuri	4666	1052	9834	1615	1215	1240
Chattarpur	2761	226	4569	582	5935	355

Table: XXXV
No. of patients in community outreach clinics during year Jan 2006 - May 2010

Name of the Clinic	2006 (Jan-Dec)		2007 (Jan-Dec)		2008 (Jan-Dec)		2009 (Jan-Dec)		2010 (Jan-till May)	
	Old	New	Old	New	Old	New	Old	New	Old	New
Jehangirpuri	12768	1307	11409	1051	8497	728	8142	907	4044	442
Chattarpur	6129	294	3936	328	3403	235	3293	267	1954	185
Dwarka	(Clinic was started in May 2009)						496	258	1413	424
Moti Nagar	(Clinic was started in Jan 2010)								1160	659
Timarpur	(Clinic was started in Jan 2010)								547	219

Table: XXXVI
No. of patients in community outreach clinics from Jan 2010 - May 2010

Month	Jahangirpuri	Chattarpur	Dwarka	Moti Nagar	Timarpur
January	815	389	323	323	71
February	843	395	383	302	160
March	1053	415	418	401	172
April	955	519	362	366	198
May	820	421	351	427	165

Table: XXXVII

No. of homeless patients attended the clinic at Jama Masjid

No. of cases	2007 (Jan-Dec)	2008 (Jan-Dec)	2009 (Jan-Dec)	2010 (Jan-till May)
Old	1984	2869	2389	787
New	326	374	108	157
Total	2310	3243	2497	944

Role of IHBAS in disaster management:

A disaster is a severe dislocation and disruption – both ecological and psychological which generally exceeds the coping capacity of the affected community (WHO 1992). Such disasters traumatically expose the population which is otherwise stable and sedate to severe threats to their life and limb as also to massive environmental destruction.

The Bhopal gas tragedy (1984), Marathawada earthquake (1993), Andhra Pradesh Cyclone (1996), Jabalpur earthquake (1997), Orissa Super Cyclone (1999) and Gujarat Earthquake (2001) have been some of the major disasters in which mental health professionals have taken an active part in (a) providing mental health services and (b) undertaking research to study the psychological impact of the disasters.

IHBAS has played a key role in fulfilling both the objectives as above and this would be evident from the following illustrations:-

I. On March 14, 1999 a devastating fire broke out in the urban slum area of Yamuna Pushta of Delhi. This was one of the worst fire tragedies in recent times wherein atleast 32 people were killed and a large number injured in stampede due to panic. A majority of the affected families lost their entire personal belongings. A few families sustained major setback where only a single member survived while the remaining perished in fire. On March 15, a field team of 15 persons, comprising of Psychiatrists, Clinical Psychologists and social workers was constituted by IHBAS with the initial objective of providing mental health services, as part of the health and general relief service by other agencies. The experience in the initial works was mixed with the community acceptance of the services, although the local health providers and the community leaders were keen on the mental heath service component.

A Project was funded by ICMR for studying a long term mental health morbidity, participation in the relief work and other community services.

II. <u>Gujarat Earthquake:</u>

A devastating earthquake shook a large territory of Gujarat in the early hours of 26th January, 2001 resulting in massive damage to life and property. The worst affected area was Anjar in kutchh which saw the maximum devastation. An estimated 20,000 people lost their lives and a large number of industrial

installations sustained a serious set back due to extensive damage to infrastructure.

IHBAS with its multi disciplinary experience and expertise in disaster research took the initiative of soliciting technical and financial support from ICMR for carrying out a broad based comprehensive study in collaboration with mental health and community health experts in Gujarat. The pilot phase study with a low budget was carried out with the help of existing infrastructure and staff at IHBAS and various institutes in Gujarat without deployment of any extra research staff for the project. It involved a rapid assessment of a broad range of psychological experiences, emotional and behavioural patterns of different individuals and groups in various parts of the earthquake affected area.

There were several positive fallouts of the study:-

- There is evidence for a definite need to focus on the emotional and psychological needs of the population in dealing with the post disaster situation.

- Three levels of psychological disturbances occur during such a disaster and are expected to occur overtime. These are:-

    - mild to moderate psychological disturbance of emotions and/or thoughts;

- moderate to severe psychological disturbance, sub-syndromal psychiatric problems and acute stress related disorders of the population;

- diagnostic psychiatric disorders, mostly related to stress, which may begin to occur anytime 2-3 months of the disaster and will require specialized mental health services.

- Communities and populations can and do take care of their emotional and psychological needs with their own resources to a considerable extent.

- The mental heath service needs of a large proportion of the affected population can be served by the relief and rescue workers and health care providers. The latter can support and strengthen the socio-cultural coping mechanisms of local communities.

- Special groups such as women and school going children were found to be at a higher risk of developing psychological disturbances during the initial months.

- Psychological recovery is related to individual as well as social, economic and political factors.

- Many communities and their leaders favour indirect relief measures like employment generation for the affected population over direct assistance schemes like supply of food or provision of housing.

- Relief and rescue workers were as a general pattern sensitive to the emotional and psychological needs of the population.

- There is need for sensitization of physicians and health care providers.

- Media had played a key role in timely mobilization of national and international support in the earthquake affected area.

Meeting with Prof. Kiran Walia, Hon'ble Minister, Health and Family Welfare, Government of NCT of Delhi on 17.9.2010

The meting was organized by IHBAS Shri Rajinder Kumar, Principal Secretary, Health and Family Welfare and (Dr.) Prof. Nimesh Desai and his colleagues from IHBAS were also present.

This provided me an opportunity for sharing some of the impressions I had after visiting IHBAS on 13th August, 2010. Hon'ble Minister had also paid a visit to IHBAS on the Rakshya Bandhan (Raakhee) day i.e. 24.8.10 and had spent 3 ½ hours in going round different wards and interacting with the hospital staff, patients and their relatives. In course of discussion in the meeting I shared with the Hon'ble Minister some of my ideas and suggestions as under:-

I. While disposing off the W.P. No. in January and November, 1991, Hon'ble Supreme Court of India had issued certain directions on enhancing the status of IHBAS. According to the spirit of these directions, IHBAS should be recognized as a Regional Centre of Excellence in Mental Health for the whole of North India like NIMHANS has been recognized for the South.

For reasons not known, no tangible action was taken on this direction of the Court. It was suggested by me that it is worth pursuing the direction and carrying it to a logical close on account of the following reasons:-

- Unlike NIMHANS which has limited space, IHBAS has a sizeable extent of unutilized land which can be developed for further expansion and growth of the institution;

- Like NIMHANS, IHBAS is a multidisciplinary institution; its Departments of Psychiatry, Clinical Psychology, Psychiatric Social Work, Neurology, Neuro Psychopharmacology etc. are being manned by excellent professionals of vast experience and expertise; it has well equipped laboratories which are being manned by excellent professionals;

- Existing infrastructure in IHBAS is as per norms and standards laid down for a Centre of Excellence;

- IHBAS has been able to bring about a balanced combination of teaching, treatment, training and research as emphasized by the Hon'ble Supreme Court.

- The modalities for working out the proposal will be as under:-
  - a dialogue and discussion may be initiated with the Union Ministry of Health and Family Welfare;
  - a deemed university status may be conferred on IHBAS;

- the Director may be made Director-cum-Vice Chancellor as in NIMHANS;

- IHBAS should enjoy full autonomous status within the ambit of a scheme of delegation of administrative and financial powers for the deemed University and the Director;

- To declare IHBAS as a deemed University, Government of NCT of Delhi and University of Delhi must provide no objection certificate and facilitate the implementation of the proposal with University Grants Commission and Ministry of Human Resource Development, Government of India;

- the funding may be same as the pattern obtaining in NIMHANS i.e. 55% by Government of India and 45% by the State Government;

- Ministry of Health and Family Welfare, Government of India must actively involve IHBAS in all national programmes and activities at par with NIMHANS.

The advantages of the proposal will be as under:-

- there will be complete academic autonomy;

- the university will be able to design curriculum for advanced courses like MD in Psychiatry, M.Phil in Clinical Psychology and M.Phil/Ph.D. in Psychiatric Social Workers; it will be able to conduct examinations;

- it will be able to attract the best talents of the country like NIMHANS;

- it will help in meeting acute shortage of personnel in cadres/disciplines like M.D. Psychiatry, M.Phil Clinical Psychology etc.

II. Expansion of DMHP:

- DMHP under NMHP was launched in Delhi (under the 9th Five Year Plan) with IHBAS as the nodal Centre and is operational since 2000 in the 5 districts (all urban) as under:-

  - Chattarpur (South), Jehangirpuri in North West, Dwarka in South West, Motinagar (West) and Timarpur (North).

In the larger interest of making available mental health care at the doorsteps of potential mentally ill persons by way of adoption of a decentralized approach and keeping the long term goal of deinstitutionalization in view the Deptt. of Health and Family Welfare, Government of NCT of Delhi should move the Ministry of Health and Family Welfare, Government of India for extension of DMHP to the remaining 4 districts of NCT of Delhi as under:-

- East Delhi;
- North East Delhi;
- Central Delhi;
- New Delhi

Similarly keeping in view the excellent services through OPD being made available by IHBAS in Jama Masjid Area of Old Delhi and the positive outcome thereof similar services should be made

available to the homeless population/wandering mentally ill persons in the following locations:-

- Connaught Place, New Delhi;
- Nizamuddin;
- Old Delhi Railway Station;

III. Of the total area of 111 acres of land barely 10% has been utilized and a large vacant space has been left unutilized. A complete plan for optimal utilization of the vacant space should be worked out with the help of a professionally qualified and experienced arboriculturist in or outside Delhi. The following should be the components of that action plan:-

a) Convention Centre – IHBAS needs a well furnished Convention Centre at par with NIMHANS. Such a Convention Centre has also been contemplated for RINPAS, Ranchi. Once the Convention Centre comes into being it can host a number of national and international conferences on mental health and neuro sciences.

b) Research Block – IHBAS needs a separate Research Block to enhance the scope and content of research activities in the area of mental health and neuro sciences.

c) Teaching Block – to have a deemed University status IHBAS needs a separate well furnished teaching block comprising lecture theatres and seminar halls.

d) Residential Complex – IHBAS needs to develop the existing residential area with development of market, playground and community hall so that residents who are residing with the residential complex of IHBAS can access better facilities for a modern living.

IV. Keeping in view the increase in the incidence of autism and cerebral palsy/spastics as also cases of mental retardation a modern and properly equipped Child Guidance Clinic (like Sishu Bhawan of SCB Medical College of Cuttack which has come up with Japanese Aid) should be in place to provide both OPD and IPD treatment for children.

V. Keeping in view the increase in the elderly population (60+) and increase in the incidence of mental illness of the elderly such as alzhiemers, dementia, depression etc. a modern and properly equipped geriatric ward in IHBAS should be opened as in the Institute of Psychiatry, Jaipur.

Conclusion:

IHBAS had a modest beginning in 1966. The PIL filed in 1983 and the judgement of the Hon'ble Supreme Court in 1991 has brought about a sea change in the structure and management of the institution. By a notification issued in March, 1993 the Government of NCT of Delhi accorded an autonomous status to IHBAS with a scheme of delegation of administrative and financial powers and paving the way for further expansion and growth. New disciplines (neurology and neuro surgery) have been added and there has been a significant improvement in the funding pattern and total funding. An effective linkage has also been established with Guru Tej Bahadur

Hospital and the University College of Medical Sciences. The vision of the Hon'ble Apex Court that IHBAS should come up on the same pattern and model as NIMHANS, Bangalore is, however, is yet to be fully translated to action (it is primarily to accomplish this that a meeting was arranged with Hon'ble Minister, Health and Secretary, Health and Family Welfare, Government of NCT of Delhi on 17.9.2010). This notwithstanding, the achievements of IHBAS are many and can be precisely stated as under:-

- IHBAS has been recognized as a National Resource Centre under National Mental Health Programme.
- It has a Board of Visitors which has been regularly visiting IHBAS and submitting reports to the Chairman, State Mental Health Authority.
- IHBAS has helped in rehabilitation of a significant number of mentally ill helpless persons with a rehabilitation rate of 95 percent for this category of helpless persons.
- It has maintained a very close liaison and coordination with Delhi Legal State Authority (DLSA) and other NGOs and with their help has been able to organize mental health awareness campaigns and provide relief and rehabilitation to a large number of mentally ill persons.
- It has successfully conducted a large number of training programmes, seminars and workshops for MOs, para medical staff, NGOs and has thereby provided a fillip to human resource development.

Annexure-II

Major Suggestions and Recommendations

S.No.	Suggestions/recommendations	Name of the agency responsible for taking action
1.	Area is vast (111 acres) but full of wild outgrowths and there is no landscaping. Services of a professionally qualified and experienced arboriculturist should be requisitioned for this purpose.	Director, IHBAS with the help of a professionally qualified arboriculturist.
2.	The building on the whole, the kitchen, wards and various other structures are full of seepage, leakage, vertical and horizontal cracks, damaged pavements, uneven low lying open spaces which could lead to water logging and which could be a breeding ground for mosquitoes and heaps of garbage accumulating at a number of points.	Director, IHBAS with the help of engineering personnel at his disposal.
3.	– Correct ratio between sand, cement and chips should be observed; – Good quality DPC should be provided; – Grading plaster or china mosaic should be done after the roof has been cost; – Adequate curing (minimum 3 weeks after the roof has been last for all RCC works including columns and minimum 15 days curing after plaster work.	Director IHBAS with the help of his engineering personnel at his disposal.
4.	The rooms of examining doctors have developed leakage/seepage. This is not conducive to personal hygiene either of the patients or of doctors and need instant	Director, IHBAS with the help of engineering

	attention.	personnel.
5.	The number of psychiatrists, clinical psychologists and psychiatric social workers is disproportionately small compared to the daily average outturn of patients at the OPD which is on the increase. These posts should be sanctioned as per norms laid down by ICMR or according to Rule 22 of State Mental Health Rules, 1990.	Director, IHBAS to formulate concrete proposals for sanction of additional staff and Secretary, Health and Family Welfare, NCT of Delhi to consider them for sanction.
6.	Medicines prescribed by the treating physician should be made available at the drug dispensing unit as BPL patients cannot afford to buy them from open market.	Director, IHBAS should procure these medicines from open market within the ambit of his powers to indent them in emergency situations.
7.	IHBAS should launch a vibrant school mental health programmes for the benefit of parents, teachers and students in the same manner as has been launched in Tamil Nadu.	Director, IHBAS.
8.	Prevention of addiction to alcohol and narcotic drugs could be taken up as an integral part of school mental health programme.	Director, IHBAS.
9.	Messages for patients/relatives on the advantages of continued drug compliance in simple and bolchal Hindi should be prepared and sent to AIR and Doordarshan for broadcast and telecast. The importance of being kind, compassionate and considerate to the patients which is key to their recovery should also form a part of this package for broadcast and telecast.	Director, IHBAS.

	The DG AIR and DG Doordarshan should be personally contacted for this.	
10.	A full fledge geriatric ward should be set up for treatment of the elderly who are increasingly becoming victims of alzhiemers, dementia, depression etc.	Director, IHBAS.
11.	IHBAS has a large area, a sizeable portion of which is lying unutilized. On the same model as RINPAS, Ranchi, IHBAS may develop the unutilized area into an agricultural estate and grow fruits and vegetables in addition to maintaining a dairy and poultry and promoting pisciculture.	Director, IHBAS, Secretary, Heath and Family Welfare, Government of NCT of Delhi.
12.	The following are missing from the food package for the patients which should be made good:- – Calcium; – Iron; – Retinol; – Bita carotene (Vitamin A); – Theamin; – Riboflaving; – Nicotinic acid; – Pyridoxine; – Ascorbic acid; – Folic acid; – Vitamin B12	Director in IHBAS with the help of Dieticians, IHBAS.
13.	A hoarding should be prominently displayed at the entrance to the OPD building indicating direction to the canteen building. Similarly, a large size hoarding indicating	Director IHBAS.

	the name of the hospital, its distance from airport, both old and new Delhi railway station, ISBT, important telephone numbers through which hospital authorities could be contacted etc. should be put outside the hospital and at all other conspicuous locations in the city so that patients and their relatives can have easy access to IHBAS at the time of need.	
14.	All vacancies in Psychiatry (46), Clinical Psychology (8) and Psychiatric Social work (4) should be filled up.	Director IHBAS, Secretary, Health and Family Welfare.
15.	Budget for the last 5 years is deficit. There is a huge gap between genuine needs of the institution and the budgetary allocations made. This imbalance must be removed.	Director, IHBAS, Director, Health Services, Secretary, Health and Family Welfare.
16.	All success stories must be widely disseminated. They should be made use of in training.	Director, IHBAS.
17.	IHBAS should be a recognized as a Regional Centre of Excellence like NIMHANS for the north west.	• Director, IHBAS. • Ministry of Health and Family Welfare, Government of India. • Deptt. of Health and Family Welfare, Government of NCT of Delhi.
18.	IHBAS should be given the status of a deemed university and its Director the status of a Vice Chancellor.	Ministry of Health and Family Welfare, Government of India, Deptt. of Health and Family Welfare, Government of NCT of

		Delhi.
19.	Deptts. Of Psychiatry in all the Government run Medical Colleges of Delhi such as:- – RML Hospital; – Lady Harding Hospital; – Loknayak Hospital; – G.B. Pant Hospital; – Deendayal Upadhyay Hospital Should be strengthened.	Ministry of Health and Family Welfare, Government of India, Deptt. of Health and Family Welfare, Government of NCT of Delhi.
20.	All the 9 districts of NCT of Delhi should be covered by the District Mental Health Programme.	Ministry of Health and Family Welfare, Government of India.