F/B

A report of review of the performance and activities of the Institute of Psychiatry and Human Behaviour, Goa from 6.12.10 to 9.12.10 by Dr. L. Mishra, IAS (Retd.), Special Rapporteur, NHRC

Historical Background:

The then Government of Goa ruled by the Portuguese (1510-1961) had established a mental health hospital at Altinho in the City of Panjim in 1957. It was formally known as 'Abedi Faria Mental Hospital' and was under the administrative control of the Director, Health Services, Goa. With high walls and cellular structures it had the appearance of a Central Prison. This was at a time when the Indian Lunacy Act, 1912 was in vogue (this was repealed and replaced by a new Act in 1977 which has also been repealed and replaced by the Mental Health Act, 1987). The hospital at Altinho continued till 8.12.80 when the Institute of Psychiatry and Human Behaviour (IPHB) was set up by amalgamation of the Deptt. of Psychiatry of Goa Medical College with the mental hospital at Altinho. The old structure at Altinho was abandoned (it was converted to other government offices with addition and alteration) and a new structure at a new site at Bambolim was constructed at an estimated cost of Rs. 3.5 Crores. An independent Director of the Institute was appointed. Prof. Sridhar Sharma, MD, FRC, Psychiatry (London), DPM, FRANZCP (Australia), FAMS who is currently Emeritus Professor, National Academy of Medical Sciences and Emeritus Professor, Institute of Human Behaviour and Allied Sciences (IBHAS), an acclaimed authority in Psychiatry and who at the time of creation of IPHB was Prof. and Head of the Department of Psychiatry, Goa Medical College was the first Director. The Prof. and Head of the Deptt. of Psychiatry of GMC functioned as the Director between 1980 and 2001. During this period, the post of Medical Superintendent of the Mental Hospital, Altinho was shifted to be the MS of IPHB. After 2001, the Dean of Goa, Medical College has been functioning as the Director of IPHB in addition to his own duties. There is a Professor who is head of the academic section responsible for managing PG courses like MD and DPM while the Dy. Director (Administration) heads the Administrative Section under the overall control of the Director.

The Medical Superintendent is responsible for the day to day management and smooth functioning of the hospital. He has a number of other

additional responsibilities such as (a) Public Information Officer under the RTI Act, 2005 (b) Public Grievances Officer and (c) Public Relations Officer. All these taken together take a heavy toll of his time and make the task of hospital management.

Objectives of IPHB:

The objectives of setting up the Institute are the following:-

- to provide optimal medical and mental health care services;
- to provide optimal undergraduate and post graduate teaching as required by the University;
- to conduct training and research in Psychiatry.

Structure of the Courses offered at the Institute:

IPHB offers 4 PG seats every year. Of these 2 are meant for MD and 2 for DPM. MD and DPM are offered to the students who have passed MBBS from Goa Medical College based on the merit list or alternately who have passed the All India Entrance Examination. The MD course is of 3 years while the DPM course is of 2 years duration. There are 3 PG teachers in IPHB. Attempts are being made to approach MCI for an inspection with a view to increasing the number of MD seats.

Institutional links:

IPHB is affiliated to Goa University. The MCI has carried out the required inspection and has conveyed its approval for recognition of the MD and DPM courses conducted in IPHB. Lectures in Psychiatry for the undergraduates/MBBS students of Goa Medical College and lectures in Psychiatry for post basic B.Sc Nursing students of the Institute of Nursing Education are being conducted by IPHB.

Physical infrastructure:

IPHB is located at a distance of 1.5 km from Goa Medical College, 12 kms from the bus stand, 33 kms from the Goa Central Railway Station and at an

equal distance from Goa Airport at Dabolim. It is located in an area of 27.5890 hectares with a total built up area of 6850 sq. meters.

Physical space and its adequacy to meet the functional requirements of the hospital:

- The questionnaire circulated by me to the MS of IPHB sufficiently in advance had a column which reads:-

  'Is the space adequate keeping in view the various functional requirements of the hospital?'

- The MS had in his response to the questionnaire put it as 'Yes'.
- When asked as to whether he had correctly visualized the physical space ideally needed for the various functional requirements of the hospital and physical space currently available he frankly admitted that he was not clear about the implications of the question.

- This, therefore, calls for a detailed analysis.
- The functional requirements of a mental health hospital are as under:-

  - OPD waiting space keeping in view the out turn of patients and OPD sitting space which will be required by the MOs (who will examine the patients) and patients/their relatives;
  - Registration Counter;
  - Waiting space at the registration counter;
  - Record room;
  - Observation room/Emergency room;
  - Rest room for patients and their relatives coming from far off places who reach OPD late after OPD hours and, therefore, need a rest shelter till the OPD hours begin the next day morning when they can be examined;
  - Drug Dispensing Unit;
  - IPD – male and female closed wards;

- IPD – male and female open wards;
- IPD - Paying wards;
- MO's room in IPD;
- Nursing Sister's room in IPD;
- Kitchen;
- Dining space in each ward;
- Space for toilets/bathrooms;
- Occupational therapy units (separate for male and female patients);
- A large hall for yoga, pranayam, meditation, prayer and recreation of patients (separate for male and female patients);
- Library-cum-reading room for the faculty members;
- Library-cum-reading room for the inmates;
- Automatic laundry;
- Modified ECT;
- Recovery Room;
- Pathological Laboratory;
- Biochem Laboratory;
- Space for ECG, EEG, X-ray, MRI, CT scan etc.;
- Conference room;
- Case Conference room;
- Auditorium;
- Convention Centre for hosting national and international seminars, symposia and workshops;
- Psychological testing laboratory;
- Separate space for teaching block.

To arrive at a correct formulation of functional space as per need and space obtaining on the ground I got the physical space measured and the space on measurement was found to be as under:-

1.	OPD space keeping in view the outturn of patients and keeping in view the sitting space which is required by senior and junior residents (who examine the patients) and the patients/their relatives.	waiting space – 64 sq. metre consultant's cabin– 10.78 sq.metre resident's cabin – 10.5 sq. metre
2.	Registration counter -	28 sq. metre
3.	Waiting space at the registration counter -	70 sq. metre
4.	Record Room -	70 sq. metre
5.	Observation/emergency room -	27 sq. metre
6.	Drug dispensing unit -	30 sq. metre
7.	IPD – male open ward -	305 sq. metre
8.	IPD – female open ward -	530 sq. metre
9.	IPD – female closed ward - 3 nos. -	240 sq. metre
10.	IPD – male closed ward – 4 nos. -	240 sq. metre
11.	Paying ward -	not in existence
12.	Kitchen -	520 sq. metre
13.	Dining table -	not in existence.
14.	Space for toilets/bathrooms -	40 sq. metre per ward.
15.	Occupational therapy unit (male) -	130 sq. metre
16.	Occupational therapy unit (female) -	330 sq. metre
17.	Yoga, pranayam, meditation, prayer and recreation room -	not in existence.

18.	Automatic laundry	-	not in existence.
19.	Modified ECT/Recovery Room	-	26 sq. metre
20.	Rest rooms for MOs, para medical staff, nursing sister	-	10 sq. metre for each ward.
21.	Pathological Laboratory	-	
22.	Biochem laboratory	-	
23.	Space for ECG, EEG, x- ray etc.	-	The ECG facility is available in the observation/ emergency room. The EEG and x-ray facilities are not available in IPHD but in Goa Medical College only.
24.	Conference room	-	
25.	Case Conference room	-	
26.	Lecture theatre	-	
27.	Convention Centre	-	is not in existence.

28(a) space for Clinical psychologists -

(b) space for Psychological testing laboratory –

29. Child Guidance Clinic -

30. Library-cum-reading room for faculty members –

31. Library-cum-reading room for patients –

32. Physiotherapy Centre – is not in existence.

A critical analysis of the physical space available on the ground against all the 26 (32-6) items reveals the following:-

– the outturn in the OPD varies between 100 to 150 per day between 9 am to 2 pm. Considering this the waiting space for patients and relatives accompanying them i.e. 64 sq. metres is limited; so also the number of chairs (30) and benches (3);

- the space in the consultant's and resident's cabin is also limited;
- the space at the registration counter and the waiting space at the registration counter is limited;
- the record room is rather congested; it has no scope for any future expansion;
- considering the space required for storing drugs space required for the pharmacist and the data entry operator, the space at the drug dispensing unit is limited;
- while the kitchen space is quite commodious, the space meant for storing provisions i.e. rice, sugar, condiments, edible oil, vegetables is rather limited. A separate room should be provided in the kitchen where the cooks can change their apron and where they can be medically examined;
- in the absence of dining table, patients are taking their food on the floor. This is not a very hygienic practice. The hospital management should go in for installation of dining tables in each ward for which additional space will have to be created;
- while the occupational therapy unit for females is fairly commodious the same cannot be said about the OT unit for males which appears to be cluttered up with too many activities and items.

• It is necessary that the following functional units be created on priority as they are fully need based:

  - Automatic laundry;
  - Yoga, pranayam, meditation, prayer and recreation centre;
  - Library-cum-reading room for inmates;
  - Physiotherapy Centre;
  - Space of ECG, EEG, x-ray etc. independent of Goa Medical College.

Other disquieting aspects of physical infrastructure:

- There is no proper approach road to the hospital. The main road from State Guest House/Circuit House to the hospital (a stretch of 12 kms) is full of pot holes, has been damaged at a number of points due to heavy rains and the vacant space between the main road and the hospital has not been paved and is full of pebbles.

- There is no proper parking shed for general public who are approaching the hospital in their own vehicle.

- Both at the entrance and inside the hospital there are too many steps making it difficult for physically and orthopaedically handicapped persons to negotiate these steps while moving inside the OPD Block.

- There is no park inside the hospital where inmates from the open/ family ward can sit in the afternoon hours with their relatives for a small relaxation.

- This is so not because of want of space within the premises of the hospital but because no attention whatsoever has been paid to this issue. As a matter of fact, a lot of vacant space is available inside the hospital premises. These are full of weeds and outgrowths and they are required to be removed. No attention has been paid by the State PWD to this vital aspect so far.

- There is no board indicating the location of the hospital, its distance from the Central railway station, airport, bus stand, what are the facilities available and facilities not available in IPHB for which a patient will have to approach Goa Medical College (like EEG, x-ray, CT scan, MRI etc.).

- The MS indicated that IPHB has taken up the work of landscaping, planting saplings which will be suitable for the red morrum and gravelly soil of the hospital land and developing lawns through the office of the Dy. Conservator of Forests, Social Forestry, Parks and Gardens Division,

Panda, Goa and Range Forest Officer, Panaji. While implementing the Project Special attention needs to be paid to the following:-

- dense outgrowths have come up near the occupational therapy unit meant for female patients; elsewhere weeds have dried up and accumulated presenting an ugly spectacle. All these need to be cleared first before taking up landscaping and before the land is available for any plantation;

- the nutrients of redmorrum and gravelly soil need to be tested and such saplings need to be selected which can grow and survive in the type of soil obtaining in hospital land;

- landscaping planning should be accompanied by development of a drainage system so that in a heavy rainfall station like Goa there is no water logging and there is a proper outlet for discharge of rainwater;

- mini parks should be carved out which the patients in the open/family wards may use along with the relatives staying with them in the afternoon hours for relaxation.

Special measures to be taken for repair and maintenance of the hospital building:

- Although the hospital building is about 30 years old, cracks have appeared in a few columns and seepages in a few wall joints. All these need to be attended to on priority.

- In a heavy rainfall zone, it is desirable to go in for (a) roof treatment on a permanent basis with adequate outlet for discharge of rainwater (b) application of weather coat paint on the boundary wall, other walls and roof so that rainwater does not go in.

- All the passages in the hospital should have proper ramps which are disabled friendly and where the possibility of accident will be minimal.

- All the paths in the hospital premises from one section to another should be fully paved and uneven gradients leveled.

Visit to the Child Guidance Clinic, IPHB, Goa:

Date of Visit: 6.12.2010 Time: 1500 hrs to 1700 hrs

A Summary of observations and impressions:

- The hours of the clinic are from 1430 hrs to 1700 hrs
- By 1600 hrs 59 children have been registered.
- The children are in 6-14 age group; they are students studying in local schools between Upper KG and Class VIII.
- The children have been brought by parents/single parents, by divorced mothers or by relatives (in the absence of parents).
- Cases of large number of children have been sponsored by educational institutions like Almeida School, Ponda where the children study.
- The problems or concerns which warranted the parents or relatives to bring the children to the Child Guidance Clinic are:-
  - children were found slow to respond, slow to retain and slow to imbibe and assimilate;
  - children are finding it difficult to comprehend;
  - children are finding it difficult to remember and reproduce what was told to them in the class room;
  - children had severe learning disabilities such as dyslexia etc.;
  - children had average or below average intelligence;
  - children having a psychosis of fear to write examinations;
  - children suffering from diffidence or anxiety syndrome (that they cannot put in the best of performance) and dropping examinations in the middle;

- children not lending ears to what parents say;
- children remaining disinterested to learn;
- repeated failure of children in examinations and detention in a particular class;
- children having low IQ and lack of motor coordination;
- parents not having any clue about children taking to drugs and going astray.

It was distressing to observe that petals of childhood in large number of cases were withering away before they could blossom to the flowers of youth and manhood.

Simultaneously it was encouraging to note that the interns, residents and Clinical Psychologists were handling the cases of all children with kindness, compassion and commiseration, patience and resilience.

Interaction with parents, children and junior residents in the Child Guidance Clinic:

1. Jilani Shaikh

This is the case of a 8 year old boy who is deaf and dumb. He was brought to the Child Guidance Clinic by his mother from Hubli in Karnataka. The mother had come to say with her relative (mausi) in Goa. The mother had a delayed and complicated delivery. According to the statement of the mother, the child was first examined by the Department of Paediatrics and later Deptt. of ENT of Goa Medical Colleges and was referred to IPHB for speech therapy. Regretfully, speech therapy is not being conducted in IPHB; hence the reference of the case by the Deptt. of ENT in Goa Medical College to the Child Guidance Clinic was infructuous.

I shared with the Junior resident handling the case the success story of Ms. Yukti Garg (7) who was effectively treated by the Neurologist and speech therapist of the Deptt. of Neurology, Institute of Human Behaviour and Allied Sciences (IHBAS), Shahdara, New Delhi. I had seen this success story myself in

course of my visit to IBHAS in August, 2000. The girl was admitted to Neurology OPD with problems of hyperactivity, poor attention span, seizure disorder (epilepsy) and problem of delayed speech.

The victim who could not express herself meaningfully for one year has now started responding meaningfully after a couple of speech therapy lessons. She is now quite active in listening, comprehending and articulating.

I, therefore, suggested that the case be referred to the speech therapist in the Department of Neurology in IHBAS, Shahdara, New Delhi for a more effective intervention and fruitful outcome.

2. Akankshya Kumar (10):

She was studying in V Standard in Almeida School, Ponda from where her case has been referred to the Child Guidance Clinic, IPHB. The teacher found her slow in taking down dictations and copying in the exercise book. According to the statement made by the mother she continued to make spelling mistakes and was inattentive to studies both in the class as well as at home.

3. Bhairavi Gaurabh (11):

She was studying in V Standard in Almeida School, Ponda from where her case has been referred to the Child Guidance Clinic. She has been accompanied by her parents. Her mother is a primary teacher in Almeida School. According to her statement many students of Almeida School are slow learners and their cases have been referred to IPHB ostensibly for the reason that their IQ can be tested and special classes can be started for them when they are back to school after examination. The mother stated that the child became problematic primarily for the reason that she had a premature and complicated delivery. Despite best possible efforts, the child continues to be a slow learner and there was no sensory coordination.

4. Aditya Inchalmath (11):

He has been a student of Almeida School studying in V Standard. He repeated the same standard twice and failed in almost all subjects. His mother who had accompanied him stated that as a child he used to get seizures

(epileptic feats) at a young age of 5 years and precisely on this count he has been thoroughly disinterested in studying. He is able to read and write from the blackboard but is not able to take down dictation and lacks concentration. In sharp contrast his sister who had also accompanied him was found to be completely normal and good in studies.

5. Nehal Sawant (8):

He is studying in II Standard and has been provisionally diagnosed as suffering from learning disability. According to his mother who has accompanied him he has difficulty in reading with pause and rhythem at the desired speed (35 words per minute), commits spelling mistakes, is inhibited in mixing with other children and taking part in school activities.

6. Pranil P. Phadte (10):

Studying in III Standard he has difficulty in learning languages. He is also unable to remember what is taught in school even though he does participate in school activities.

7. Aniket Usgaonkar (10):

Studying in V Standard in Almeida School his case has been referred to IPHB by the school authorities. According to his mother who has accompanied him he has serious deficiencies in reading and writing. He often commits spelling mistakes and has failed in all subjects.

8. Saipreet Naik (12):

Studying in VI Standard in Almeida School, the case has been referred by the school authorities. According to his mother who has accompanied him he has been suffering from severe learning disabilities and his performance in the school examinations has been consistently unsatisfactory. The child in course of my interview with him was found to be not maintaining eye to eye contact. He avoided mixing with others and preferred to be left alone. He is, however, conversant with the use of computers, use of mobile phone and frequents cyber café. Even though he has been attending private tuition classes there is no perceptible improvement in his studies.

9. Shraddha R. Salgaonkar (16):

Studying in VIII Standard, she had a history of fall with head injury during childhood and was admitted in the hospital in an unconscious state. Her academic performance in the school has been consistently poor in as much as she had to repeat one class twice. She is also a victim of mild to moderate mental retardation.

10. Sajida Bellad:

Studying in V Standard, she consistently had difficulty in spelling, writing and reading.

11. Sairaj Acharya (12):

Studying in VIII Standard he has had poor scholastic performance, continues to have difficulty in studying although he is artistic, sings well and knows how to play tabla and is active in other curricular activities. He has been diagnosed to be a case of borderline intelligence.

12. Monica Kavlekar (13):

Studying in VII Standard she is poor in studies, has so far repeated one class and commits spelling mistakes. She has been diagnosed as a case of moderate mental retardation.

13. Yogesh Kavelekar (11):

Studying in V Standard he has come to the Child Guidance Clinic for the second time. He studied in Marathi medium upto IV Standard and after switch over to English medium from V Standard he developed difficulty in reading and writing. His IQ has been tested by the Clinical Psychologist and the diagnosis shows below average intelligence which is typically the case of a slow learner. In course of my visit to the Child Guidance Clinic I interacted with the following senior and junior residents:-

Senior Residents

1. Dr. Samina Khan
2. Dr. Sumit Kumar Chandak

Junior Resident

1. Dr. Hemanth, BG
2. Dr. Xeyan Fernandez

3. Dr. Jaiprada Kanekar.

3. Dr. Anagha Jog
4. Dr. Kimbley
5. Dr. Kalpa Govekar

Consultant

1. Dr. Mary D' Souza, Lecturer

The following steps were followed sequentially in examination of psychiatric and psychological problems of mentally ill children referred to the Child Guidance Clinic:-

- Registration and preparation of case paper for the child to be examined;
- Checking height, weight and other physical parameters;
- Taking down case history of the child by the psychiatrist/clinical psychologist, as the case may be;
- Asking the child, according to the class in which he/she is studying and learning deficiencies narrated by the parents to do certain problems (addition, subtraction, multiplication and division) or do some light reading and writing with proper pause and rhythm;
- IQ testing by the clinical psychologist;
- Advising the school authorities, on the basis of findings of IQ test to pay more attention to such students by teaching special classes;
- Giving counselling to the parents as to how to deal with the child and how to bring about positive improvement.

Clinical Psychology Department:

The Department comprises of 2 senior faculty members namely Dr. P.K. Chakraborty and Dr.Mitali Mazumdar. Both are products of RINPAS, Ranchi retired employees and have been appointed as Consultants w.e.f 27.07.10 and 26.07.10 respectively. Dr. P.K. Chakraborty shared with me frankly that both he and his colleague were handicapped on account of the following constraints:-

- Unusually heavy workload which they were ill equipped to handle;
- Limited manpower on account of acute shortage of professionals in the cadre of clinical psychology. This made it difficult for them to give early appointment to the patient, which in turn contributed to discontentment amongst many patients (on an average a patient has to wait for about a month for the IQ test);
- Difficulty in management of time (in addition to examining patients, they have to take classes for under graduate/post graduates such as MD in Psychiatry and DPM and lectures in Clinical Psychology for other Colleges);
- Outdated equipments.

It was suggested that atleast 4 more posts in Clinical Psychology should be created so that patients do not have to wait for a long time and can be examined in time.

The Medical Superintendent who was present at the time of visit to Child Guidance Clinic responded by stating that the required number of posts of Clinical Psychologists could not be filled up due to non availability of qualified candidates for the post. There is no provision for teaching M.Phil in Clinical Psychology.

He was advised to consult Dr. Amul Ranjan Singh, Prof. and Head of the Deptt. of Clinical Psychologist, RINPAS, Ranchi on tackling both the problems i.e. the problem of man power and the problem of replacing old and outdated equipments by new ones.

7.12.2010

9 AM to 11 AM

Visit to OPD and impressions emanating from out of the visit to the OPD:

- The waiting space for patients and their relatives is too limited. While the daily average outturn of patients in the OPD exceeds 100, there are about

30 chairs and 3 benches which together can accommodate barely 50 patients.

- Since each patient is accompanied on an average by one relative/family member the hospital authorities need to put 200 chairs in the minimum. Since there is no physical space available to accommodate that many chairs, the alternative course is to go in for a new OPD Block to be properly planned and designed exactly the way the new OPD Block has been planned by IMHH, Agra.

- The room size of the Senior and Junior Residents is rather small. It is necessary to put atleast 3 chairs in front of the Senior/Junior Resident, as the case may be, for patients and their relatives. Since the existing space available is already limited this i.e. putting 3 chairs would make the space further congested. In other words, it is imperative that the size of the room to be used by the Senior/Junior is much longer than what it is now.

- There are 3 counters at the registration centre and there are three registration clerks in charge of the process of registration. It may be desirable to earmark one counter exclusively for the elderly, one for the women with children and the third for other male adults to introduce order and discipline in the registration process as also to minimize the waiting period for registration.

- The clerk in charge at the registration counter records the basic informations relating to name, age, sex, native address while all other details pertaining to family history, case history, personal history of the patient are entered by the senior/junior resident, as the case may be. All entries, in the absence of computers are being made manually which consumes a lot of time.

- There is no data entry operator either at the registration counter or in the record room to store data electronically. This would come quite handy in a situation where violent and aggressive patients in a fit of rage might tear or throw away the prescriptions issued to them by the treating physician making subsequent consultation and follow up extremely difficult.

- There is no pre registration counselling as in the Mental Health Hospital, Hyderabad. This will help the patients and their relatives to familiarize with the process of registration, the manner of responding to the queries of the MO at the time of examination, the manner of compliance with drugs etc.

- Of the 104 cases which were registered by 11 AM when I left the OPD 100 were old and 4 new. Examination of new cases takes about half an hour to forty five minutes depending on the seriousness of the case while examination of old cases takes about 15 to 20 minutes.

- Drugs are being issued at the drug dispensing unit free of cost for 30 days at a stretch.

- While generally speaking the joint family system is fast getting into a disintegration mode, families are getting atomized and there is demographic imbalance between the young (15+) and the old (60+) in the ratio of 1:3, patients continue to be brought to the hospital by brothers, sisters, parents, uncles, extended family relatives and even neighbours. This is a positive and welcome development.

- Close to and as a part of the OPD set up there is an observation room with 3 beds where violent and aggressive patients are being given sedation and tranquillized. They are not required to come to senior/junior residents in the OPD as their examination is being taken up in the observation room itself.

- Many patients (old cases) are able to come to the OPD on their own for collecting medicines and follow up.

- The patient's reaction to the efficacy of the OPD treatment was a mixed one. Some reported perceptible improvement and relief while a few others maintained an indifferent reaction.

- There were a couple of cases where discontinuation of drugs is reported to have resulted in relapse.

- Patients and their relatives were found to be cooperating with the treating physician in course of their examination by the latter.

- There is an urgent and imperative need for improving the content and quality of IEC materials (charts and posters containing basic messages on various forms of mental illness). Such materials, if properly visualized and illustrated could create some impact on the knowledge, awareness and skill levels of the patients and their relatives who were coming to the OPD.

- The IEC materials may be designed in the following manner. At the top of the chart/poster the name of the mental illness (Schizophrenia, bipolar affective disorder, manic, depression etc.) may be given with a picture of how a patient afflicted by that particular mental illness would look. Such a picture can be designed by using photograph of the patient. Below the picture a description of symptoms of mental illness may be presented with lines of treatment and at the end of the pictorial presentation, dos and do nots for the patients and relatives may be presented for their guidance. The Institute of Psychiatry at Jaipur and the Regional Mental Hospital at Pune (which are not very far from Goa) have developed excellent IEC materials in Hindi and Marathi respectively. The MS of IPHB, Goa was advised to depute a responsible person to these hospitals and study how the IEC exemplar materials have been developed by those institutions and how similar models can be developed and adopted at IPHB, Goa.

- For patients/relatives coming from far off places and reaching the hospital late and outside the OPD hours there should be provision of a few retiring or rest rooms where such patients can stay with their relatives overnight (instead of going back) and receive the OPD treatment the next day. Such a provision should comprise of 5 rooms in the minimum for male and 5 rooms for the female patients. There is no such arrangement at IPBH, Goa as it obtains in Thrissur mental health hospital in Kerala.

- Majority of the patients belong to BPL families and many of them are from neighbouring States (Maharashtra, Karnataka etc.). The State Government should adopt a policy by which cases of genuine and

deserving BPL patients could be recommended by the Medical Superintendent to the Railway and Road Transport authorities for concessional bus/rail tickets.

- The hospital is at an extreme end of the city, 12 kms from the bus stand, 33 kms from the railway station and 1.5 kms from Goa Medical College. Except a board prominently displayed at the main entrance giving the name of the Institute, there is no other board or indication either at the bus stand or railway station or at any other conspicuous location giving a clear direction to reach the hospital which will be immensely useful for those patients who are coming from outside and who are not very much conversant with Goa. This should be provided along with the distance from the bus stand, railway station and airport, the name and telephone number of the person(s) to be contacted in IPHB through whom basic informations can be enquired about and obtained. Physically and orthopaedically handicapped persons do visit the hospital but are handicapped in terms of mobility between IPBH and Goa Medical College (which is about 1.5 kms away) particularly when they are advised to consult the Deptt. of Orthopaedics at the GMC. Ambulance services should be provided for such persons who are in genuine need of help.

- Drinking water and television have been provided for the patients at the OPD but there is no newspaper stand with local newspapers for the benefit of the patients and their relatives who are literate. This should also be provided.

- One of the redeeming features which was observed in course of my OPD rounds was the care and concern shown by the Missionaries of Charity, an NGO established by late Mother Teresa at Calcutta. They are acting as care givers for a large number of destitutes who were initially brought to the NGO and given shelter, who have subsequently grown up and who have been found to be mentally ill. At the time of my visit it was found that there were 2 sisters from the NGO who had come to the hospital for collecting medicines for 35 mentally ill persons kept with the NGOs.

- Similarly mentally ill persons (both convicts and UTPs) have been brought from jails in the protective custody of police/jail officials and such persons were extending good cooperation (which was voluntary) for their examination and treatment in the hospital.

Interaction with patients and relatives:

1. Mr. Vishnu Vassu Paryeker (50) hailing from Valpoi has come to take medicine for his wife – Smt. Lakshmi Paryeker (47). She (case No. 58774) is a case of Paranoid Schizophrenia. She is under treatment for 2 years and is functional. The husband has travelled by bus which cost him Rs. 35/- (one way).

2. Smt. Rupaji Dhargalkar (48) has travelled from a place called Padem Karasvalem on his own. Diagnosed as a case of Chronic Schizophrenia (case No. 27686) he is under treatment for the last 15 years, has constantly continued with the drugs without break, is currently functional and autonomous. He visits the hospital regularly every month to collect the medicines free of cost for 30 days.

3. Shri Deepak Sinari (26) hails from Uttaranchal. He has been under trial for one year for an offence under NDPS Act and has been in Goa Central Jail. He complained to the Medical Officer in Jail that he was having severe problems of migraine and headache and that is how his case has been referred to IPHB (case No. 76964).

4. Smt. Deepika Menezes (30) hails from Taleigao. She is married in Siridao, has been undertrial and has been lodged in Central Jail, Aguada. Diagnozed as a case of Paranoid Schizophrenia (case No. 74169), she has been under treatment in IPHB since October, 2009. She has 2 brothers. She is married having 2 children (both daughters). Her husband who is a fisherman is also being treated for mental illness. Since she is in jail for the last one month, the children are staying with her husband. She was working as a Class IV employee (Peon) in Sindao Panchayat, picked up a quarrel and fight with the Sarpanch, hit him with a coconut scraper and was arrested thereafter.

5. Smt. Sital Naik (40) hails from Kundai and has come to the hospital with her sister in law. She has been under treatment since August, 2010 and is now feeling much better. She has travelled by bus having spent Rs. 29/- per head (one way). Provisionally diagnosed as a case of reactive depression (case No. 75873), she is regularly visiting the hospital for follow up.

6. Miss Razia Sayad (22) is a physically handicapped person undergoing treatment for mental illness (adjustment disorder with depression) for one year. She lives in a joint family with parents and brothers in a rented house at Margao. She has problems of less appetite and sleep and is irritable. Her visit to the hospital today is for collection of a disability certificate. She has been advised to visit the Deptt. of Orthopaedics, GMC.

7. Smt. Salu Dhargalkar (60) hails from Dhargal, Kolvai , Goa and has travelled to the hospital by bus, having incurred an expenditure of Rs. 35/-. Her husband has been ailing and bedridden for more than 10 years. She has been suffering from anxiety and depression and is being treated with anti depression drugs. With medication the patient is feeling better and the anxiety syndrome appears to have been under control. She is not working.

8. Miss Pepetua D' Cunha (32) from Calangute has come to the hospital along with his cousin sister by rickshaw spending Rs. 300/-. She was brought to the OPD when she developed symptoms like lack of sleep and hypertension along with psychosis and fever. There has been no delay in bringing the patient to the hospital after the first symptoms of mental illness were found. The case has been provisionally diagnosed as depression and Paranoid Schizophrenia. There is a family history of such mental illness (cousin sister is having the same ailment). She was first admitted on 2.12.08, again on 21.11.10 and discharged on 27.11.10. She is now regularly visiting the OPD. The case was initially seen by a junior resident and is now being seen by the Senior Resident. On 6.12.2010 it was observed that the patient was having

suicidal tendencies. She was remaining wide awake throughout night, could not get any sleep, was not having any appetite and was having loose motion. She is being treated for depression and has been advised to come for follow up once a week.

9. Mr. Sebastiao Fernandez (40) hails from Verna and has come to the OPD with his mother. Both he and his mother have been working as daily labourers. He has studied upto SSLC. He has been provisionally diagnosed as a case of Schizophrenia. There is no family history of such illness which appears to have been induced by peculiar circumstances. The patient appears to have paid Rs. 12000/- to a recruiting agent with a view to getting an overseas job. This arrangement did not work, he was cheated by the recruiting agent, was jobless and developed mental depression. The amount taken by the recruiting agent was not returned. The matter should have been brought to the notice of Protector General of Emigration, Ministry of Overseas Affairs but no such action was taken. The patient has lost sleep and appetite. He is landless, unmarried staying as a tenant and belongs to the BPL category. He has been receiving treatment in IPBH for the last 20 years and his condition is stable.

10. Mr. Jose Almeida (55) hails from Goa Velha has 2 daughters, Miss Ruby (34) and Smt. Lizia (30), both of them whom are under treatment for Bipolar Affective Disorder since 1992 and 2002 respectively. He has come to collect medicines for the daughters. Miss Ruby (34) who is unmarried is dependent on him while the husband of Mrs. Lizia is working abroad and, therefore, there is none other than the father to look after her.

11. Karim Sheikh (39) hails from Vasco, has been under treatment for addiction to alcohol, has been showing symptoms of withdrawal and is currently employed in Goa shipyard. This is a fit case for admission in a Drug Deaddiction Centre which IPHB does not have.

12. Smt. Jaibunbi Sheikh (50) hails from Panaji Church Square, has been deserted by her husband and is currently under treatment for migraine, loss of appetite and sleep. She has one son but after her desertion by her husband he is not a care giver for her. She belongs to the BPL category and has come to take medicines on her own, spending Rs. 12/- for transport (one way). She has read upto V Standard and is able to take medicines on her own on the advice of the treating physician.

13. Mr. Dinesh Naik (23) hails from Maidem, Goa and has been under treatment for Schizophrenia for the last 7 years. He has his mother and one sister. He was found to be quiet, not talking to and mixing with anyone. After 2 years of treatment the illness got aggravated since 6.12.2010 due to sudden discontinuance of medicines without doctor's advice. He needs to be counselled about the serious consequences of discontinuance of medicines (which often results in relapse). Since the patient has studied upto VI Standard he should, with proper counselling be able to comply with the drugs on a regular basis.

14. Miss Meley Colaso (30) hails from Narvem, has travelled by bus incurring an expenditure of Rs. 30/- (one way). Initially she was under treatment of a private practitioner for 6 years (spending Rs. 1500/- for medicines and Rs. 200/- towards consultancy fee per visit and is being treated in IPHB since last one and half years. She has been provisionally diagnosed as a case of Schizophrenia. Even though she comes regularly for follow up every month, she has not fully recovered and is not fully functional. She admitted that she had to approach a private practitioner only on account of social stigma.

15. Mr. Avelinho Cardozo (59) hails from Aldona, has been accompanied by his brother and has been under treatment in IPHB for the last 30 years. He is not married, there is no one to look after him and, to make matters worse, there has been relapse due to discontinuance of medicine. There is a history of mental illness in this case as well. He has been provisionally diagnosed as a case of Chronic Schizophrenia.

16. Smt. Bharti A. Marthe (55) hails from Sawantwadi and has spent Rs. 64/- for travel by bus (one way). She is having problems of post partum depression and psychosis. The problem has been aggravated due to discontinuance of medicines. There is need for psychological counselling in this case that compliance with drugs should be continuous as discontinuance of drugs has serious ramifications.

17. Miss (Mangal) Maya D. Rivankar (43) is a case of Paranoid Schizophrenia (case No. 76968), is violent and is in the emergency room with sedation.

18. Mr. Bharat B. Vernekar (23) hails from Mapusa, is studying in Sanjay School (Class VIII) and has been accompanied by aunt and has been diagnosed to be a case of mental retardation.

19. Two sisters from Missionaries of Charity (running an Old Age Home), Quapam who have come to collect medicines were interviewed. In all there are 70 men in the Old Age Home of whom 35 are destitutes. The sisters have come for collecting medicines for these destitutes who are also mentally ill.

Canteen:

The canteen is located adjacent to the OPD and, therefore, is useful to patients and their relatives who hail from far off places and who need snacks and meals as they arrive at IPHB in the early morning hours as also after the long period of waiting in the OPD. The canteen has 2 separate rooms – one meant for the faculty and staff of the hospital and the other for the patients and their relatives. The services in the canteen have been outsourced to a contractor and there is no element of subsidy in offering canteen services even though the rates fixed in respect of various items (both for snacks and meals) appear to be quite reasonable. Snacks served in the canteen comprise of potato kappa, buns, samosa, patis, patal bhaji, tomato bhaji, salad bhaji, kanda pakoda, bread, idli, phohe, sera, tea and coffee while meals comprise of veg rice, fish rice, omlette, egg bhuji, veg pulao, veg biryani, veg fried rice, chicken pulao, chicken biryani, chicken fried rice, egg fried rice, egg biryani, meggi noodles, prawn fried rice, prawn biryani, prawn pulao, chicken masala. The environment inside the

canteen and the sitting arrangement is neat and tidy. The food stuffs (both snacks and meals) need to be kept covered to ward off flies which is not the case as observed at the time of visit. The extent to which the canteen is being made use of by the patients and relatives could not be ascertained. A board indicating the food items served in the canteen and rates thereof is Konkani should be displayed in the vacant space between OPD and canteen to give publicity about the canteen.

Biochemical and Pathological Laboratory:

Met and discussed with Dr. Miller Mukherjee, the biochemist the various operational constraints of both the laboratories:-

- against the post of one biochemist, one pathologist and three laboratory assistants, there is only one biochemist and one Laboratory Assistant in position;
- proposals have been sent in quick succession for filling up the post of pathologist and laboratory assistants without any tangible results so far;
- a number of additional equipments like flame photometer have been indented but not have been received so far;
- the post of biochemist has no avenues of promotion.

Despite these limitations the biochemist with the help of one single laboratory assistant has been able to carry out all routine tests and complete them in time. That, however, cannot and should not be used as a ground by the authorities for not filling up the vacant posts.

Both the laboratories have been very well maintained – neat, tidy and orderly. All the chemicals needed to carry out biochemical and pathological tests are available. The biochemist – Dr. Mukherjee was advised to display on the wall the various categories of tests for which facilities are available in the laboratory, the rates chargeable against each category of test for foreigners,

employees of corporate houses/PSUs and all bank employees and total number of biochemical and pathological tests conducted yearwise. She agreed to do so.

The routine pathological investigations which are being carried out in the laboratory are as under:-

- haemoglobin;
- total WBC count;
- differential blood count;
- ESR;
- SMP;
- VDRL;
- HBSAg;
- Blood group;
- Bleeding and Clotting time;
- Hepatitis count;
- Urine and stool;

The testing of HIV - Culture and sensitivity of 11, 12 and 13 are being conducted in Goa Medical College Laboratory.

The biochemical investigations which are being conducted in the laboratory are:-

- Fasting blood sugar;
- P.P. blood sugar;
- Blood urea;
- Ser Prophyria;
- Serum Creatinine;
- CPK;
- Ser Bilirubin;
- S.Alk Phosphatase;
- S. Acid Phosphatase;
- Total Protein count;
- Alb/Glob Ratio;
- SGOT;

- SGPT;
- Uric Acid;
- S. Sodium;
- Urinary Creatinine Clearance;
- S. Potassium;
- S. Chloride;
- Prothromombin Time;
- S. Calcium;
- S. Phosphorus;
- Magnesium;
- Lithium;
- Ser Triglycerides;
- Ser Cholesterol;
- HDL – Cholesterol;
- LDL;
- VLDL;
- GGT;
- Serum Amylase

Sr. Prolactin, T_3, T_4 and TSH tests are being conducted in the biochemical laboratory of Goa Medical College.

A total number of 9367 pathological investigations and 2282 biochemical investigations have been carried out in 2009-10.

Psychological Testing Laboratory:

The following psychological tests are being conducted in the laboratory:-

Test of attention of concentration:

- Knox cube imitation test;
- Colour cancellation test;
- Digit span test.

Test of intelligence:

- Sanguine Form Board Test;

- Vineland Social Maturity Scale;
- Progressive Matrices Test;
- Draw – A – Man;
- Bhatia's Performance Test of Intelligence;
- Wechsler Intelligence Scale for Adults and Children;
- Binct Kamat Test of Intelligence

Test of Memory:

- Wechsler Memory Scale;
- Boston Memory Scale;
- PGI Memory Scale.

Neuropsychological Test:

- Benton Visual Retention Test;
- Bender Visual Motor Gestalt Test;
- Luria's Neuropsychological Investigation

Personality and inter personal relationship:

- Rorschach Psychodiagnostic Test (RT);
- Thematic Apperception Test (TAT);
- Children's Apperception Test (CAT);
- 16 Personality Factor Inventory (16 PF);
- Sack Sentence Completion Test (SSCT);
- Multiphasic Questionnaire Test;
- Mandsley Personality Inventory (MPI);
- Draw – A – Person Test (DAPT);
- Mandsley Multiphasic Personality Inventory (MMPI).

The number of psychological tests conducted by Dr. P.K. Chakdraborty and Dr. Mita Mazumdar between April 2009 to March 2010 are as under:-

1. Dr. P.K. Chakraborty - 1169
2. Dr. Mita Mazumdar - 1835

In course of my visit to the Psychological Testing Laboratory, Dr. P.K. Chakraborty brought to my notice that the smooth functioning of the laboratory has been inhibited by the following 3 constraints:-

- Unusually heavy workload;
- Limited manpower which is on account of acute shortage of professionals in the cadre of clinical psychology;
- Limited tools and equipments;
- No computerization and, therefore, no access to the latest software.

Dr. Chakraborty stated that he had furnished a list of tools and equipments to the MS for procurement in 2009-10 but these could not be procured.

The equipments which have been asked for are:-

- AIIMS Comprehensive Neuropsychological Battery (in both Hindi and English) for both children and adult;
- Weschler Memory Scale;
- PGI Memory Scale;
- Bhatia's Battery of Performance Test of Intelligence;
- Alexander Performance Scale;
- Benton Visual Retention Test Indian Adaptation;
- Binet Kamat Test;
- Rorschach testplates with location charts;
- Thematic Apperception test – Indian adaptation;
- Children's Apperception Test;
- Bender Gestalt Test;
- Gessel Development Schedule;
- Rasenweig Picture Frustration Test for children (Indian adaptation);

- Defence Mechanism Inventory Male/Female;
- Engineering Aptitude Test, Battery (EATB) English Form A, Form B;
- Career Preference Record (CPR) Vivek Bhargava and Rajashree Bhargava (English);
- Reading Comprehension Test – English by P. Ahuja and C. Ahuja;
- Indian Adaptation of Weschler Intelligence Test of children (Malin's English);
- Bayley Scales of Infant Development (BSID – II) 1993 Diagnostic Assessment for infant as young as 1 minute to 42 minutes;
- The Revised Bhatia's short battery performance test of intelligence for adults – by S.K. Verma and D. Pershad at all;
- Raven's Advanced Progressive Matrices Test (AMPMT) English;
- Emotional Intelligence Scale English by Anukool Hyde, Sanjyot Petha and Upinder Dhar;
- MMPI Minnesota Multiphasic Personality Inventory English;
- Dyslexia Screening Test (U.K. addition);
- Cornell Medical Index Health Questionnaire – English by N.N. Wig, D. Pershad and S.K. Verma, Male form, Female form;
- GSR Biofeedback GBF 2--;
- Pulse Biofeedback PBF – 3000;
- Computerized Biofeed back;
- EMG Biofeedback – MBF – 4000;
- Respiration Bio feedback RBF – 8000 – for deep relaxation therapy;
- 16 PF test forms, A,B,C,D,E;

– Differential Aptitude Test.

On being contacted, the MS – Dr. Brahmanand explained that tenders were invited in 2009-10 but there were no offers. Later, I was given to understand that local tenders had been invited and there being no manufacturer of these equipments, no offer was received. I would suggest that administration of IPHB should invite tenders on an all India basis so that intending bidders who are manufacturers of these equipments could participate in the bid and the procurements could be finalized in 2010-11.

A major flaw in manpower planning is filling up the sanctioned posts on contractual basis. This is demoralizing and demotivating. This is primarily on account of (a) remuneration in a contractual appointment is low and much lower than regular incumbents to a post (b) incumbents against contractual posts are not eligible to residential accommodation and other facilities and amenities.

I, therefore, suggest that the management of IPHB consider these problems and take a decision to (a) abolish all contractual appointments and (b) replace the same by regular appointments. Hospital represents an essential service and the incumbents may find it difficult to do justice to that service if they are not assured of the irreducible barest minimum facilities and amenities.

It is obvious that both Dr. P.K. Chakraborty and Dr. Mitali Mazumdar have given a very good account of themselves despite (a) contractual nature of appointment (b) no support staff whatsoever and (c) absence of tools and equipments. Their contribution deserves to be recognized and commended by the administration and their genuine needs deserve to be fulfilled at the earliest.

Record Room:

Here too the space is inadequate considering the increase in number of cases of mental illness. All the case files are kept in racks. In all there are 36 steel racks and case papers have been kept in bundles of 100 case papers number wise and yearwise. Old and new case papers are not being kept separately. A card is issued to each patient and whenever the patient comes for follow up he/she presents the patients' card, the case file is taken out and sent to

the Senior/Junior Resident, as the case may be. The running number of case files at present is 76,000 which implies that 76,000 case files are being maintained.

Drug Dispensing Unit:

There are 3 pharmacists – one meant for OPD, one for IPD and the third one for the stores. The OPD pharmacist stated that it takes about 5 to 7 minutes to dispense medicines for one patient. At the time of my visit 126 OPD patients had received the medicine. The pharmacist in charge of IPD store issues drugs for the respective wards on receipt on indent from the former.

Drug Management:

The annual budget on account of drugs for OPD and IPD patients (including patients in the Observation and Casualty) is of the order of Rs. 50 lakhs. Drugs are being procured by annual tendering process. Local purchase of medicines is also done by way of limited orders by the pharmacy unit in case of specific requirement of medicines for each ward which have not been stocked. The medicines are being supplied to various wards directly from the Central Drug Store in response to a requisition which is checked by the Nursing Supervisor.

Suggestion:

The entire process of receiving requisition, scrutiny thereof and issue of drugs both for OPD and IPD should be computerized at the earliest.

Office Management:

MS:

There is no Managing Committee with delegated administrative and financial powers to look after the day to day management of the hospital. By an office order dated 16.1.81 powers of the Head of the Deptt. have been delegated to the Director. However, no such powers have been delegated to the MS who is responsible for day to day management of the hospital. He can neither create nor fill up the posts in any category. Group 'A' and 'B' posts in the IPHB are being sanctioned and filled up by the Public Health Deptt. through Goa Public Service Commission. Group 'C' and 'D' posts are being filled up by the Institute

as and when the vacancy arises after obtaining a NOC from the Personnel Deptt. The posts are then advertised in local newspapers through the Deptt. of Information Publicity and the names are sponsored through Employment Exchange, Margao and Panaji.

As of now, a total number of 16 posts have been sanctioned in Group 'A' (mostly teaching and few administrative posts) of which 12 have been filled up leaving 4 vacancies.

In Group 'B' against 5 posts sanctioned, 4 have been filled up leaving one vacant.

In Group 'C' against 147 posts sanctioned, 137 posts have been filled up leaving 10 vacant.

In Group 'D' against 148 posts, 144 have been filed up leaving 4 vacant.

The posts which are vacant in Group 'A' and which are crucial from the point of smooth management of the hospital are:-

Group 'A'	-	Clinical Psychologist	-	2
		Pathologist	-	1
Group 'B'	-	Psychiatric Social Worker	-	1
Group 'C'	-	Senior Resident	-	1
		Dietician	-	1
		Staff Nurse	-	2
		Occupational Therapist	-	1
		Laboratory Assistant (Clinical Psychology)	-	1
		Laboratory Technician	-	2
		Pharmacist	-	1
Group 'D'		Senior Cook	-	1
		Attendants	-	3

The following represents the latest status report on action taken or action pending at various levels in filling up the vacancies in various categories of posts in IPHB:-

Group 'A'	-	Posts will be filled up by the Public Health Deptt.
Group 'B'	-	In consultation with PSC, Goa.
Group 'C'	-	Posts have been advertised to be filled up; Staff nurse posts will be filled by Personnel Deptt.; Post of librarian can be filled up only after finalization of recruitment rules (RR);
Group 'D'	-	Vacant posts of attenders (3) will be filled up by Personnel Deptt.

Suggestions and remarks:

I. The MS is the man on the spot responsible for smooth management of the hospital on a day to day basis. Certain posts like pharmacists, laboratory technicians, staff nurses and attenders etc. are absolutely essential for smooth management of the hospital. No hospital can afford to do without them. These posts may be sanctioned according to the approved norms by the Government or by the Head of the Deptt. i.e. the Director but powers to fill them up by issue of open advertisement, inviting applications, short listing and eventual selection through interview may, in the larger public interest, be delegated to the MS. The procedure currently in vogue may be streamlined.

II. Two posts of lecturers and 2 posts of clinical psychologists have been filled up on contract basis. These are senior posts and their responsibility is quite heavy. Filling them up by contract basis will be demoralizing and demotivating. They should be filled up on regular basis with a time scale of pay and all other perks which go with regular posts.

- One of the reasons which contributes to non availability of candidates apart from the problem of shortage of officers in the cadre is the poor

scale of pay. This would be evident from the salary structure of various positions as given in the statement as under:-

Table – I

1.	Professor	Pay Scale	Pay band + Grade Pay	Rs. 41,690/-
2.	Associate Professor	Do	Do	Rs. 32,630/-
3.	Do	Do	Do	Rs. 25,610/-
4.	Assistant Professor	Do	Do	Rs. 24,310/-
5.	Lecturer	Do	Do	Rs. 24,310/-
6.	Lecturer	Do	Do	Rs. 23,600/-

Human Resource Development – Training:

In an age of knowledge where todays innovation becomes stale tomorrow and one is overtaken by the tide of sweeping changes and development it is necessary and desirable to provide an exposure to the faculty and staff members to seminars, symposia, workshops, case conferences, brain storming sessions etc. for keeping them abreast of the latest changes and improvements in the field of psychiatry, clinical psychology and psychiatric social work, for refining and sharpening the human resource and for enlarging their mental and social horizon. With this end in view the hospital management has been organizing workshops from time to time and have been encouraging participation of faculty and staff members in these workshops. The following training workshops have been held in 2009 and 2010 by IPHD:-

1. Ten days workshop on 'Preparing to Standardize Nursing Practice' at the Institute of Nursing Education, Bambolim on 3rd to 13th February, 2009 and 17th to 27th February, 2009. The Asstt. Matron and 6 ward sisters participated in the first workshop while the Asstt. Matron and 6 ward sisters participated in the second.

2. Ten days workshop on 'Care in Emergency' at INE Bambolim, organized by TNAI Goa Branch from 2nd to 12th June, 2009. Two staff nurses participated in the said workshop.

3. Two days workshop on 'Pre-retirement' at GIRDA Ella Form, Old Goa was organized on 25th and 26th June, 2009 which was attended by Asstt. Matron and Ward Sister.

4. A workshop on the 'Hazards of the Mercury and its safe disposal' was organized by Goa Desc Resource Centre at Ceritas Holiday Home, St. Inez Panaji on 25th July, 2009 which was attended by 2 staff nurses.

5. The Matron and Asstt. Matron attended a lecture on 'Breakdown to break through' at Goa Medical College, Library Auditorium on 16th September, 2009.

6. Two staff nurses attended. 'Human Rights in Mental Health Nursing Practice' at Convention Centre, NIMHANS Bangalore on 10th, 11th and 12th October, 2009.

7. The Asstt. Matron attended a programme on 'Public Health and Sanitation' on 19th to 21st May, 2010 at the Lecture Hall, GIRDA.

8. An in service training programme for Group D employees in 6 groups in IPHB was conducted from 10th November, 2009 to 5th March, 2010.

Additionally the management of IPHB should promote and encourage faculty members (Sr. and Jr. Residents, Lecturers, Asstt. Professors, Associate Professors etc.) to write, present and publish papers and preside over technical sessions when invited, give talks in AIR and Doordarshan in simple and intelligible local language on various forms of mental illness, diagnosis and treatment and remove doubts, misgivings and prejudices about mental health.

Since charity begins at home and the younger generation today is fast falling as victims of carriers and consumers of drugs, drug trafficking and drug addiction, a school mental health programme should be taken up by IPHB on high priority basis. The programme should comprise of (a) designing curriculum for school mental health programme (b) visiting homes and educational institutions and (c) sensitizing parents, teachers and children about pernicious effects of drug addiction and how to overcome the same.

Budgetary allocations:

The budgetary allocations, expenditure, savings/surplus during the last 3 years are contained in the table placed below:-

Table – II **Rs. in lakhs**

Year	Allotment	Expenditure	Savings/Surplus
2007-08	606.40	541.40	65.00
2008-09	1281.72	844.68	437.04
2009-10	1111.74	1002.11	109.63

An analysis of the above reveals the following:-

- Budgetary allocations and expenditure should correlate to genuine and irreducible barest minimum needs of an institution.
- Such needs should be correctly identified and converted to monetary figures and budgetary allocations should be asked for on the basis of these needs.
- The expenditure should be so planned and regulated from the beginning of the year that the allocations are fully and properly utilized without leaving any savings/surplus.
- This has not been the case with IPHB.
- Contrary to the experience in other hospitals where allocations received are much less than what is asked for in IPHB the hospital management is not able to spend whatever allocations are received and consequently, there is a lot of saving/surplus left. This needs to be explained. This goes to show that (a) the needs have been inflated and more amount has been asked for than what is needed (b) there is no proper planning and monitoring of expenditure (c) there is no proper justification as to why the allocations in 2008-09 were suddenly doubled and why in the very next year i.e. 2009-10 they came down by Rs. 1 Crore and above.

Works Programmes:

One of the reasons for low expenditure and savings/surplus against one of the items advanced by the hospital management is that (a) PWD did not execute the works in time (b) PWD did not execute due to non receipt of administrative approval and expenditure sanction of government and (c) PWD did not execute due to non placement of funds.

The table below gives an idea of inordinate delay in execution of Projects by the State PWD and reasons therefore:-

S.No.	Name of the work	Where pending
1.	100 bedded hospital	Matter pending with the Chief Architect for final drawings.
2.	Proposal for day care centre for IPHB	A set of design and drawings duly approved and signed by the competent authority has been submitted to the Chief Architect for further necessary action.
3.	Bus parking shed for IPHB.	A fresh certificate of availability of funds for the year 2010-11 for a sum of Rs. 3,40,626/- has been forwarded to Government for administrative approval and expenditure sanction.
4.	Revised Parking Layout for IPHB at Bambolim	A set of drawing duly approved and signed by the competent authority has been submitted to the Chief Architect for further necessary action.
5.	Construction of Composting Unit at IPHB, Bambolim	Government conveyed Administrative Approval and Expenditure Sanction for Rs.

		1,79,530/-. However, funds are yet to be placed at the disposal of PWD.
6.	Supply, installation, testing and commissioning of air conditioning facilities in the Conference Hall of IPHB.	Government conveyed Administrative Approval and Expenditure Sanction for Rs. 2,41,290/-. However, funds are yet to be placed at the disposal of PWD.
7.	Construction of a pit for bio medical waste disposal.	Sanction of Director/ Dean for Rs. 66,123/- has been conveyed. However, funds are yet to be placed at the disposal of PWD.
8.	Repairs of roofing slab with water proofing and Mangalore tiles roofing in Ward No. 2 and Female OT (RE).	Government conveyed Administrative Approval and Expenditure Sanction for Rs. 34,066/-. However, funds are yet to be placed at the disposal of PWD.
9.	Providing and fixing signboards in and outside IPHB.	Administrative Approval and Expenditure Sanction for Rs. 3,02,022/- have been received from Public Health Deptt. However, funds are yet to be placed at the disposal of PWD.
10.	Construction of soak pit to the sewage down the Conference Hall of IPHB.	Administrative Approval and Expenditure Sanction for Rs. 84,678/- have been issued. Funds are, however, yet to be placed at the disposal of PWD.

11.	Supply, installation, testing and commissioning of air conditioning facilities in the auditorium of IPHB.	Administrative Approval and Expenditure Sanction for Rs. 3,32,170/- have been issued. However, funds are yet to be placed at the disposal of PWD.
12.	Construction of Ms Ladder to the roof of family hostel, IPHB.	Administrative Approval and Expenditure Sanction for Rs. 67,172/- have been issued. However, funds are yet to be placed at the disposal of PWD.
13.	Rewiring including additions and alterations of male open ward of IPHB.	Administrative Approval and Expenditure Sanction for Rs. 1,72,866/- have been issued. However, funds are yet to be placed at the disposal of PWD.
14.	Rewiring including additions and alterations of female ward Nos. 5, 6 and 7 of IPHB.	Administrative Approval and Expenditure Sanction for Rs. 5.10,280/- have been issued. However, funds are yet to be placed at the disposal of PWD.
15.	Repairs of roofing slab with water proofing and Mangalore roof tiling for Ward Nos. 5, 6 and 6 of female open ward, IPHB (RE).	Administrative Approval and Expenditure Sanction for Rs. 28,662/- are awaited.
16.	Repairs of internal roads with not asphalt at IPHB.	Administrative Approval and Expenditure Sanction for Rs. 22,95,890/- are awaited.

17.	Repair and renovation to conference hall room and biochemistry laboratory at IPHB.	Administrative Approval and Expenditure Sanction for Rs. 3,01,030/- are awaited.

The MS indicated that there are a number of anticipated works/proposals in the pipeline in IPHB such as:-

- renovation of conference hall and equipping the same with wooden table and chairs;
- office set up i.e. making cubicles/compartments;
- pipeline from the borewell to the Institute;
- construction of soakpits;
- construction of footpath near IPHB canteen.

Besides, there is only one vehicle at the disposal of IPHB. This is insufficient. There was a ban order last year for purchase of new vehicles which has since been lifted. The MS proposes to go in for purchase of one more vehicle during 2010-11 which is estimated to cost around Rs. 7 lakh.

Suggestion:

- IPHB is under the administrative control of Public Health Deptt. while the executing agency is under Public Works Deptt. It is necessary and desirable that a monitoring and coordination committee should be set up under chairmanship of Chief Secretary so that the pace and progress of various works programmes can be reviewed from time to time by the said Committee and directions can be issued to accelerate the pace of AA/ES/placement of funds/execution of the project without any delay.

Role of Care givers:

The Matron, Asstt. Matron and staff nurses constitute the primary care givers in IPHB. In addition to the Matron and 2 Asstt. Matrons, there are 54 Staff Nurses and 12 Ward Sisters.

With a view to assessing their performance they were interrogated, frequency of their rounds ascertained, utilization of time in course of rounds and quality of meetings with the patients/relatives and outcome thereof were also ascertained. In response to my queries it was stated as under:-

- The Matron takes rounds thrice a week;
- The Asstt. Matrons (2) take daily rounds;
- The round starts at 1000 hrs and concludes at 1300 hrs;
- About half an hour is spent in each ward, the patients/relatives are asked to state freely and frankly in a simple, friendly and informal manner as to how they feel, if they have any complaint to be ventilated and redressed;
- Sincere efforts are made to solve the genuine problems of the inmates.

With regard to the working and living conditions of the care givers and their human resource development it was stated as under:-

- transport facilities are available for taking the nursing staff from the hospital to the bus stand and vice versa;
- the staff nurses do get nursing allowance, washing allowance and uniform allowance as per government rules;
- no accommodation is available within the hospital premises;
- every year one nursing staff is sent for psychiatric training;
- six nursing staff have undergone such training of which 4 have retired while 2 are still in service.

Suggestion:

- A complete calendar of psychiatric training should be drawn up for all the staff nurses and the entire process of deputing staff nurses for such training should be completed in about 2 years time in the maximum @ deputing 2 staff nurses every year for such training

Human Rights dimension of mental health:

Right to Food:

Visited the kitchen, the store, the process of food being transported in trolley to different wards, the process of food being served, articles of food served for consumption, quality of water etc. The following are my impressions and observations:-

Redeeming features:

- The kitchen has a large hall with sufficient number of exhaust fans, sufficient number of platforms for cutting and washing vegetables, a separate store room for storing rice, sugar, condiments, jagri etc.;
- The provision in the store room is kept for one month;
- The menu is being changed every day;
- Cooked food is being transported through trolleys in stainless steel containers and is served in the respective wards;
- Food served is a balanced combination of carbohydrate, protein, oil/fat, trace minerals and vitamins;
- The nutritive value of food ranges between 2800 to 2900 Kilo Calorie;
- Fish has been included in the menu for 5 days a week; fish is a rich source of protein;
- The patients are generally happy about the quantity and quality of food (IPHB, Goa is the only mental health hospital where fish which is rich in protein is being served on all the 5 days a week);
- Per capita expenditure on food is Rs. 50/- per day.

Grey areas in the kitchen, store and right to food:

- There is no chimney or outlet in the kitchen for smoke;

- Food is being cooked in aluminium utensils; aluminium unlike stainless steel gathers dust;

- There is no board in the kitchen displaying quantities of ration issued from the provision store and quantities consumed. Such an arrangement would ensure transparency.

- Sanctioned post of dietician is vacant since inception. In the absence of a dietician it is difficult to certify the nutritive value of food;

- There is no dining hall either common or attached to a ward; in the absence of a dining hall, patients have to take food on the floor;

Suggestions:

- Elderly persons, physically and orthopaedically handicapped persons who are unable to take their food should be helped to do so;

- Patients should be made to wash their hand and feet before they settle down for meals; for this water kept in drums should be placed at a convenient point outside the ward along with soap and towel. Once this habit which is essential for ensuring personal hygiene is inculcated into the inmates they should be able to wash their hand and feet regularly on their own for better personal hygiene;

- There should be provision of special diet for diabetic and other seriously ailing patients;

- Efforts should be made to introduce chapatti in the menu which has other nutrients in addition to carbohydrate. This should be done notwithstanding the fact that culturally rice is preferred to chapatti in Goa.

Right to Water:

There is a syntax tank of 1000 litres capacity. The tank is being cleaned regularly. Water is available in sufficient quantity for cooking, cleaning, washing, bathing, flushing etc. apart from drinking. Samples of water are being drawn and sent regularly for test in one of the approved testing laboratories of PWD.

Perused one such examination report which confirms that water is free from chemical and bacteriological impurities and is fit for consumption. The sample was sent on 24.11.2010 and analysis completed on 30.11.10. The report reads as under:-

Bacteriological examination:

- Plate count per ml at 370 Celcius – 20
- Most potable number of coliform organisms MPN/100 ml – Nil.

Presumptive coliform test:

Acid and gas formation in lactose broth in 24/48 hours at 37° Celcius – Negative.

Confirmatory Coliform Test:

- Acid and gas formation in BGL broth in 24/48 hours at 37° Celcius – Negative.
- Colony on EMB Agar 24/48 hours at 37° Celcius – Negative.
- Gram stain of colony on Agar Slant – Negative.

Completed Test:

- Acid and gas formation in lactose broth in 24/48 hours at 37° Celcius – Negative.
- Gas formation in BGL borth in 24/48 hours at 37° Celcius – Negative.

Remarks:

The sample of water analysed is found free from coliform organisms. The water, therefore, can be recommended for human consumption after assessing its chemical analysis.

Sd
Mr. PBS Hegde
Scientific Officer

Sd
Mrs. V.S. Kun Koliencar
Scientific Assistant

The analysis of yet another sample collected on 24.11.2010 and completed on 30.11.2010 indicates the following:-

Table – III

S.No.	Determination	Results	Limits
1.	Appearance	Clear	Clear
2.	Colour (hazen units)	5.0	5.0
3.	Odour	Inoffensive	Inoffensive
4.	PH	7.4	6.5 – 8.5
5.	Turbidity NTU	1.0	5.0
6.	Total Dissolved Solids mg/1	47.0	500.0
7.	Total hardness as $CaCo_3$ mg/1	26.0	300.0
8.	Calcium mg/1	6.0	75.0
9.	Total Alkalinity as $CaCo_3$ (methyl orange)	26.0	200.0
10.	Chlorides as C1 mg/1	10.7	250.0
11.	Sulphate as SO_4 mg/1	2.0	200.0
12.	Nitrates as NO_3 mg/1	Nil	45.0
13.	Nitrite as N_O2 mg/1	Nil	Nil
14.	Oxidability – 4 hrs mg/1	0.8	2.0
15.	Iron as F_e++ mg/1	Nil	0.3
16.	Manganese as M_n ++ mg/1	Nil	0.1
17.	Magnesium as M_g++ mg/1	2.7	30.0

Remarks: The sample of water analysed conforms to the limits prescribed for drinking water. The water can be recommended for human consumption after assessing its bacteriological purity.

Analyst
Mrs. V.S. Kun Koliencer
Scientific Assistant

Seen

P.B.S. Hegde
Scientific Officer

Types of Wards:

The table below indicates the type of wards, break up between male and female and total number of beds:-

Table – IV

Wards	Male	Female	Total number of beds	Remarks *
Closed	1,2,3,4 (20 beds in each ward)	5,6,7 (20 beds in each ward)	140	Prof. Channabasavanna Committee had recommended in 1998-99 that all the closed wards should progressively be converted to open/family wards. The picture obtaining in IPHB is exactly reverse of what that Committee had recommended. It has an

				overwhelming percent of closed wards and there is no effort on the part of the IPHB management to move in the direction of opening more and more open/family wards.
Open	Open ward (male) 16 each	Open ward (female) 16 each	32	
ECT	Common	Common	4	
MIP	Male (8)	Female (4)	12	
Casualty	Common	Common	2	
		Total	**190**	

Table - V

Profile of patients admitted and treated from 2005 to 2009

Year	Admission (Voluntary)	Admission (Involuntary)	Special Circumstances (Sec. 19 of Mental Health Act)	Mentally ill prisoners (MIP)	Total admission	Total discharge	Bed occupancy
2005	1120	167	574	17	1878	1731	80%
2006	990	376	358	18	1740	1655	82%
2007	861	141	583	17	1602	1578	85%
2008	700	129	489	28	1346	1349	78%
2009	718	148	490	26	1382	1397	78%

Mortality figures for the last 5 years are given in the table below:-

Table - VI

Year	Male	Female	Total
2005	0	0	0
2006	4	3	7
2007	6	0	6
2008	4	2	6
2009	5	0	5

The MS stated that all cases of death have been faithfully reported. A detailed report of every death is received from the consultant treating the case. On the fourth Friday of every month there is a death meeting at Goa Medical College, Bambolim. Every case of death is discussed threadbare, causes and factors contributing to death are analysed and a conclusion is reached as to whether (a) death was avoidable (b) whether the best possible efforts were made to save the life of the patient and yet it could not be saved due to circumstances beyond control.

The problem of long stay of patients:

The table below gives an idea of the period of stay of patients:-

Table - VII

S.No.	Particulars	Male	Female	Total
1.	Stayed for more than one year but less than 2 years.	8	2	10
2.	Stayed for more than 2	6	13	19

	years but less than 5 years.			
3.	Stayed for more than 5 years but less than 10 years	6	2	8
4.	Stayed for more than 10 years	14	14	28

IPHB has carried out a detailed analysis of long stay patients who have stayed for more than 10 years. The analysis reveals the following:-

- In all there are 28 such patients in this category;
- They range between 32 to 96 years of age;
- Fourteen of them are male and fourteen female;
- They have been admitted in IPHB over a long period of time ranging between 1963 to 1998;
- Fifteen of them are cases of voluntary admission while thirteen are involuntary i.e. admission on the strength of orders of a magistrate;
- Eighteen of them are victims of Schizophrenia, five of chronic Schizophrenia, two of mental retardation, two of mental retardation with Schizophrenia and one a case of psychosis;
- In nine cases the address is not known, three cases are from outside Goa (Andhra Pradesh and Maharashtra) and the rest are from Goa;
- The causes and factors contributing to long stay are:-
    - No relative (8);
    - Not completely recovered (28);
    - No social support (19)

– Many of the factors are an admixture of –

- no relative and not completely recovered;
- no social support and not completely recovered.

The net conclusion is that all possible efforts are being made to reduce the long stay of patients in a hospital where (a) number of beds are limited (b) incidence of mental illness is on the increase and (c) the occupancy rate is high and there is pressing demand for more and more admissions. These efforts have, however, not been crowned with success for the reasons as explained above.

Inpatient's Services:

Redeeming features:

- All wards (closed and open, male and female) have been kept tidy round the clock; the work of cleaning the wards, toilets, bathrooms, surrounding areas etc. has been outsourced.

- All wards have attached toilets and bathrooms. The patient toilet ratio is 8:1.

- There are 10 fans for 20 beds.

- The patients are being given bath everyday and linens are being changed once in 3 days. Each patient is provided with 3 sets of linens. A separate mattress with pillow and pillow covers is attached to the bed of each patient. A blanket is also provided to each patient.

- Shaving and hair cutting of male patients is being regularly carried out with the help of a male barber. Separate blade is being used for each patient. Antiseptic precautions are being taken. Total shaving of head of each patient is being carried out as a matter of routine unless medically advised otherwise.

- Similar grooming of female patients is being carried out with the help of a female barber. Antilice measures are also being taken.

- Pesticide services are being provided throughout the year in each ward and all other sections of the hospital on regular contract. Anti- malarial spray and fogging is being carried out by the Directorate of Health Services.

- Weight of the patients is being checked at the time of admission and once a week every Sunday. Every patient admitted is being screened for blood, urine and all other special investigations whenever required. Besides, the health of inpatients is being examined every day by resident doctors.

- Casualty and emergency services are available for 24 hours. One senior and junior resident is posted for duty for 24 hours. They take care of all the emergencies in casualty and in the wards under supervision of a consultant on duty.

- Casualty is provided with telephone facility connected to all the wards and doctor's hostel. The staff nurse, ward attendant and a sweeper have been posted in the OPD/casualty for assistance.

- In case of any serious medical emergency accompanying mental illness needing specialist services such as cardio – vascular or respiratory complications or complications related to kidney, chest, lungs, ENT or eye or gynaecology the patients are immediately referred to Goa Medical College (GMC) which is within 2 km radius. All such cases which are referred by IPHB are attended to by GMC on top priority. There is good liaison and coordination between GMC and IPHB for this purpose.

- Messages from relatives of IPD patients are received by telephone operators and passed on to the staff nurse in IPD. She collects the messages, analyses them and transmits to the patients. Messages from the patients, if any, are passed on to the relatives.

Visit to Female Openward

Redeeming features:

- All the case files of patients have been opened and maintained properly.

- Medical examination after admission has taken place. Corrective action has been initiated on the basis of medical examination.
- Beds have been arranged at a reasonable distance (1 metre) from each other.
- A small bed side table has been provided for each bed. A stool has been provided for the relatives to sit.
- Bedsheets are being chased once every alternate day.
- The wards are well lighted and ventilated.
- Toilets and bathrooms are immaculately neat, tidy and dry.

Grey areas:

- In the absence of any other arrangement relatives of the patients have to lie on the floor.
- The areas surrounding the female open ward are full of outgrowths. They need to be thoroughly cleaned failing which they could be hideouts for reptiles (including poisonous snakes).
- Except one inmate, most of the other inmates were found to be mute. It is necessary to regularly engage them in conversation so that they are enabled and facilitated to speak out their feelings and concerns. This will be possible if treating physicians and staff nurses spend enough time with them in course of their rounds.

Male openward:

Redeeming features:

- Patients have been brought to the hospital in the nick of time.
- Parents, brothers, sisters, uncles, aunts, cousins, friends and even neighbours were found to be care givers. Pointing to his brother, one inmate (a boy of 16 years) said that he i.e. his brother was his best friend. This is a positive demonstration of the fact that despite disintegration of

joint family system and emergence of an atomized family structure, there is no death of care givers in the society.

- Several patients are showing signs of improvement within a week or fortnight after admission.

Grey areas:

- Young boys and adolescents who have been admitted for treatment of mental illness were causing sleepless nights to parents.

- Many adults were found to have been victims of addiction to alcohol driving their wives and children to a stage of desperation.

- Care givers were finding it difficult to remain present throughout day and night as they had other family responsibilities to be discharged.

Interaction with patients and their relatives in the IPD:

1. Mr. Peter Benjamin (51) from Nagpur is working in private insurance. The patient has been diagnosed as a case of acute psychosis without any symptoms of schizophrenia. Found at the time of admission to be violent and aggressive the patient's condition has stabilized with sedatives.

2. Mr. Jose Clement D' Souza (61) hails from Siolim. The patient has been admitted since 12 days having his wife, daughter and son by his side. Diagnosed as a case of dementia with psychosis, the patient has registered improvement since admission. The wife remains with the patient during day time and arranges either the daughter or the son to stay with the patient during night time.

3. Mr. Minino Rodrigues (57) hails from Sangeum and was admitted on 6.12.10. He has been addicted to alcohol for 20 years. It would need some more time before the medication produced the desired effect. The patient is in need of vigorous counselling to ensure that he withdraws himself completely from alcohol.

4. Mr. Julius Carneiro (35) and admitted only 3 days back is yet another case of addiction to alcohol. While at Dubai sometime back the patient was having a disturbed relationship with his wife. Driven to desperation he started taking to alcohol. The patient has been diagnosed as a case of Schizophrenia with alcoholism. He has been accompanied by his sister and was found to be violent and aggressive.

5. Mr. Clinton Godinho (17) hails from Navelim and has studied upto V Standard. He has been diagnosed to be suffering from Schizophrenia and has been having psychotic disorders for the last 9 years. He has been showing symptoms of self destruction which is a matter of deep concern.

6. Mr. Nolasco Ameida (57) hails from Goa Velha, has been admitted 3 days back and has been diagnosed as a case of bipolar affective disorder with mania. Under treatment for the last 43 years his condition is stable.

7. Mr. Upendra Aroskar (16) has studied upto 12th Standard. He has been diagnosed as a case of mania and has been admitted 2 days back. The patient who was with his brother was found to be hyperactive, excited and uncontrollable.

8. Mr. Rohidas Cankonkar (53) hails from Taleigao, has been addicted to alcohol for the last 9 years and was admitted 10 days back. He has been diagnosed as a case of alcohol withdrawal. The patient's mother stays with him during day time and his wife during night time (wife goes for work during day time).

9. Mr. Rupesh Narayan Majrekar (22) has been diagnosed as a case of Paranoid Schizophrenia. According to the statement made by the mother the patient was very excited, had set fire to the house and has been beaten by the family and neighbours for his excited behaviour. The mother who works in the field for her daily earnings had a tough time in dealing with a very difficult patient with excitable temperament.

10. Mr. Amrish Naik (24) hails from Vasco-da-Gama, has passed B.Com and was admitted in LLB. With a mistaken notion that his classmates were

abusing him he remained absent from classes, changed 8 jobs and worked for 6 months as Mutual Fund Adviser as his last assignment. He has been diagnosed as a case of Schizophrenia and his condition is stable.

11. Mr. Naresh Fatarpekar (30) hails from Curca and was admitted 13 days back. He has been diagnosed as a case of Paranoid Schizophrenia. It's a case of relapse due to discontinuation of medicines.

12. Mr. Sainath Naik (20) hails from Vasco, has read upto 12th Standard (Commerce) was admitted 40 days back, has been diagnosed as a case of Schizophrenia and has been under treatment for the last 5 years. He has received ECT 9 times and went into relapse after 6 ECTs.

13. Mr. Evanco Valesine (39) has been diagnosed as a case of alcoholism and has been admitted on 27.11.2010.

14. Miss Darshana Kumbar (26) hails from Swantwadi and has been accompanied by her brother. There is a perceptible change in her behaviour after modified ECT was administered.

15. Smt. Alima Bi Khan (36) hails from Valpoi and has been diagnosed as a case of Bipolar Affective Disorder.

16. Miss Heera Naik (23) hails from Baolim and has been diagnosed as a case of Paranoid Schizophrenia. She was found to be emotionally unstable.

Suggestions:

1. In both closed ward and open ward there should be a room for doctors where he/she can examine patients.

2. The nursing sister's room appears to be cluttered up; it requires to be rearranged;

3. IEC materials in simple and intelligible Konkani need to be displayed on the walls of both closed and open wards as a source of education and awareness of patients.

Occupational Therapy (OT) (Male):

Grey areas:

- There is no exclusive space for OT (Male). The limited space available was being utilized as a recreation hall as also a store room for storing old, unused and damaged furniture and other articles.
- The number of skills/trades imparted were limited (printed materials were being received from a printing press for being folded and sent back to the press).
- Number of patients participating in the OT are limited.
- There is no space for yoga, pranayam, meditation, prayer etc.
- No wages are being paid to the inmates engaged in manual labour in the OT.

Occupational Therapy (female):

Redeeming features:

- More skills/trades are being imparted than in the male ward.
- The end products (table tops, pillow covers, flower baskets, centre table tops, coconut shell carving, wax candles, sea shell, show pieces, paper bags, chair lining, bed covers etc.) were attractive and of functional utility.
- Number of women patients participating was impressive.
- Instructors (female) were taking genuine interest in training inmates.

Suggestions:

- Number of skills/trades need to be diversified.
- Outlets for sale of end products need to be enlarged.

- Remuneration for the inmates should be scientifically fixed and be reasonable.
- Vacant posts of instructors need to be filled up.
- There are 4 sewing machines of which 3 are in working condition. More sewing machines need to be added.
- The pace of learning should be studied and ways and means of invigorating slow learners should be explored.

Cultural activities:

Cultural activities are being organized in the OT section. Patients actively participate in games like musical chairs, passing the parcel and different types of one minute games.

During festivals and mental health week various competitions are held like fancy dress, drawing, singing and rangoli. Festivals like Ganesh Chaturthi, Diwali, Christmas and Institute Day are being celebrated by active participants of patients.

Library facilities:

IPHB has a library with internet facilities with the latest books on Psychiatry and Psychology. It subscribes national and international psychiatric journals. These have been properly kept and are being serviced (for pest control and chemical treatment). The table below shows the number of books and journals kept in the library:-

Table – VIII

S.No.	Name of the Subject	Number of books
1.	General Psychiatry	310
2.	Neurology	99
3.	Psychology (social psychology and sociology)	204

4.	Neurotic Disorder, organic disorder, Schizophrenia, alcoholism and drug abuse, personality disorder and sexual disorder	82
5.	Child psychiatry, adolescence and mental psychology	95
6	Community Psychiatry	8
7.	Forensic Psychiatry	13
8.	Psychiatric Nursing	42
9.	Geriatric Psychiatry	17
10.	Pathology, medicine and consultation	44
11.	Biochemistry	72

- Total number of books in Psychiatry and Clinical Psychology – 1164
- Other reference books - 213

Total - 1377

Table - IX

Number of journals for the library subscribed

S.No.	Name of Journals	Number of journals
1.	American journal of Psychiatry	292
2.	British journal of Psychiatry	299
3.	Indian journal of Psychiatry	99
4.	Journal of Clinical Psychiatry	295
5.	MIMs India	155
6.	Acta Psychiatrica Scandinavica	23
7.	Archives of General Psychiatry	6

Table - X

Number of journals available in the library

S.No.	Name of Journals	Number of journals
1.	Archives of General Psychiatry	137
2.	Psychological Medicine	30
3.	British journal of Clinical Psychology	18
4.	Journal of Applied Psychology	12
5.	Journal of Neurology and Neuro surgery	27
6.	Journal of Nervous and Mental Disease	41
7.	American Journal of Mental Deficiency	20

In course of visit to the library I had a discussion with Dr. Anil Rane, Lecturer in charge of library. The following deficiencies came to light in course of discussion:-

- IPHB does not have its own website.
- There is no separate reading room.
- There is no e-cataloging and micro filming.
- There is no e-connectivity between the library and various departments. Software has been designed but have not yet been implemented.
- There is a huge gap between number of journals subscribed and number of journals available. This gap needs to be explained.
- There is no librarian. This is a sanctioned post which is lying vacant and which needs to be filled up at the earliest.

The Board of Visitors:

- The BOV was constituted u/s 37 of Mental Health Act, 1987 read with Rule 26 of Mental Health Rules, 1990 with the following members:-

  - The Director/Dean, IPHB, Bambolim.
  - The Director, Health Services, Campal, Panaji.
  - The IG Prisoners, Collectorate Building, Panaji.
  - Smt. B.K. Thaly, Addl. District and Sessions Judge, NDPS Court, Mapusa.
  - Medical Superintendent, IPHB, Bambolim.
  - The Director, Social Welfare, Panaji.
  - President, North Goa Advocate's Association, Bar Room, District Court, Margao.
  - Advocate Somnath Patel, Uddi, Goa Velha, Ilhas.
  - Dr. Digambar Naik C/o Vrundaban Hospital, Peddem, Mapusa.

The BOV meets on 4th Thursday of every month at the IPHB, Bambolim. Some of the important decisions taken at the meetings of the BOV are:-

- The diet rate @ Rs. 22/- per patient per day does not ensure the nutritive value of food (it is pertinent to note that on the recommendation of the BOV the diet charges have been revised to Rs. 50/- per patient per day from November, 2009).

- The phenol which was used for disinfecting the wards was producing a fishy smell. The BOV suggested to change the disinfectant to one with fragrance. Action has already been taken and disinfectant with fragrance is being used in the ward.

- The BOV decided that the list of patients admitted and discharged during the previous month should be produced before it for review every month before the meeting; necessary action has already been taken;

- The BOV desired that the list of activities carried out at IPHB during the month preceding the month when the meeting of BOV takes place should be placed; necessary action has already been taken;

- The BOV decided that the Conference Hall should be airconditioned. The same has already been completed.

State Mental Health Authority

The Goa State Mental Health Authority was reconstituted u/s 4 of Mental Health Act, 1987 read with Rule 3 of Mental Health Rules, 1990 on 13.10.09 comprising of the following Members:-

- Secretary, Health - Chairperson;
- Spl. Secretary/Joint Secretary - Member;
- Director, Health Services - Member;
- Dr. Pramod Salgonkar, Social Worker – Member (non official);
- Shri P.K. Chakraborty, Clinical Psychologist – Member (non official);
- Shri Damodar Kukalekar, Psychiatrist – Member (Non official);
- Medical Superintendent, IPHB, Bambolim – Member Secretary.

Some of the important decisions taken in the meetings of the Authority from time to time are:-

- Disability assessment of chronic patients of IPHB was submitted before the Authority and it was decided to entrust the work of rehabilitation of chronic patients to Psychiatric Social Workers , IPHB;

- A sum of Rs. 2.6 lakhs was sanctioned to Goa Psychiatric Society for the year 2007 and 2008 to run a distress helpline. Since the society was not able to give 24 hour helpline services even after completion of 2 years, it was decided to entrust the work of starting distress helpline to IPHB, Goa;

- Diet expenses per patient per day @ Rs. 22/- was considered to be grossly inadequate and recommended to be raised to Rs. 35/- per

patient per day (this has since been revised to Rs. 50/- per patient per day);

- Computerization at IPHB was recommended (preparation of software for various sections has since been completed and training is being imparted to staff of IPHB for use of computers);

- Goa State Mental Health rules, 2008 were duly approved by the State Mental Health Authority and sent to Ministry of Health and Family Welfare for approval in 2009.

An executive summary of observations, conclusions and recommendations:

- Creation of IPHB was an excellent initiative on the part of Prof. Sreedhar Sharma, Prof. and Head of the Deptt. of Psychiatry, Goa Medical College who was also its first Director.

- Even though there is a Medical Supdt. responsible for the day to day management and smooth functioning of IPHB, there is currently no scheme of delegation of administrative and financial powers in his favour. Such delegation of powers is necessary and desirable to make him more effective in discharge of his day to day duties and responsibilities.

- The physical infrastructure of IPHB is unimpressive. It has a large area of 27.5 hectares (about 70 acres) of land but there is no landscaping and the vacant space, wherever it exists, is full of wild outgrowths which have grown in abundance due to heavy rains and which need to be cleaned in one go to make the surrounding present a neat, tidy and orderly look.

- The physical space available for each functional requirement (OPD, IPD, Kitchen, Store, Record Room, Library) should be measured and the adequacy of the same should be determined on a rational and scientific basis.

- The following measures need to be taken to improve the physical infrastructure:-

  - a proper approach road to the hospital should be provided;
  - a parking shed for general public who are coming to the hospital in their own vehicle should be constructed;
  - mini parks should be carved out where inmates from the open family ward can sit in the afternoon hours for a little rest and relaxation;
  - a board should be displayed outside the hospital indicating the location of the hospital, its distance from the central railway station, bus stand, Dabolim airport etc., facilities available at IPHB and facilities not available for which a patient will have to approach GMC;
  - all cracks and seepages in a few wall joints need to be attended to by the State PWD on priority;
  - all passages in the hospital should have proper ramps which are disabled friendly and where the possibility of accident will be minimal;
  - all paths in the hospital premises from one section to another should be fully paved and uneven gradients properly leveled;

Visit to Child Guidance Clinic:

- This is an excellent institutional arrangement which has helped to relieve a number of parents of their anxiety on account of their children's mental illness.
- The Senior and Junior Residents and Consultants attending to these children with mental illness are providing appropriate scientific counselling to the parents and the educational institutions which sponsor these cases.

- It may be considered if instead of devoting only one day in a week to run such a clinic, it could be raised to 2 days considering the increase in the incidence of mental illness of children.

Clinical Psychology Deptt.

- The following constraints inhibiting the effectiveness of the Deptt. deserve attention of Director/Dean of IPHB:-

  - limited manpower vis a vis unusually heavy workload;
  - outdated equipments;
  - delay in procurement of computer hardware;
  - lack of access to the latest software.

- Clinical Psychologists should be appointed on regular basis as against being on contract basis as now.

Problems at the Registration Counter, Record Room and OPD:

- It may be desirable to earmark 3 counters at the Registration Counter for the elderly, for women with children and for other male adults;

- A data entry operator should be posted both at the Registration Counter and the Record Room to store data (demographic profile, case history, personal history, family history of patients) electronically. This will come quite handy in a situation where violent and aggressive patients tend to tear away hospital papers (including prescriptions) which makes follow up extremely difficult;

- The waiting space for patients and their relatives at the OPD is too limited considering the fact that the daily average outturn of patients exceeds 100. Hospital authorities should go in for a new OPD Block (like IMHH, Agra) with adequate waiting space for patients and their relatives, adequate space for Senior and Junior Residents and Consultants with all facilities and amenities at the new OPD Block (potable water, canteen, television, newspaper stand with newspaper, conservancy facility etc.).

IEC Materials

- These materials need to be displayed in the larger interest of improving understanding of patients and relatives on (a) forms of mental illness (b) importance of timely diagnosis and treatment instead of suppressing mental illness (c) importance of drug compliance.

Biochemical and Pathological Laboratory:

- The vacant post of pathologist and 2 posts of laboratory assistants should be filled up without any further delay;

- Recruitment Rules should provide for avenues of promotion for the biochemist;

- Additional equipments like flame photometer which have been requisitioned by the biochemist should be procured and installed without delay.

Human Resource Management:

- There are 4 vacancies in Group 'A', 1 vacancy in Group 'B'. 10 vacancies in Group 'C' and 4 vacancies in Group 'D'. These vacancies should be filled up at the earliest by observance of the procedure established by law.

- The scales of pay against the post of Professor, Associate Professor, Asstt. Professor and Lecturer should be reviewed and revised and be made attractive to attract talent.

- All contractual appointments should be replaced by appointments on a regular basis.

Human Resource Development:

- Training is an important input of human resource development.
- There is imperative need for both induction and refresher training for all categories of personnel in Group 'A', 'B', 'C' and 'D' in IPHB.

- Additionally there is urgent need for psychiatric training for all the staff nurses.

- A calendar of training for all categories of personnel should accordingly be drawn up indicating the name of the institution where the training will be imparted, duration of training and arrangement for evaluation of content, process and impact of training.

- To the extent inhouse training infrastructure has been created the same should be availed of; otherwise professional training institutions in and outside Goa should be contacted and training should be tied up with those institutions.

- A positive and proactive policy should be adopted by the IPHB management to provide as much exposure to all faculty members to write, present and publish papers, preside over technical sessions when invited, deliver talks in AIR and Doordarshan in simple and intelligible local language on various forms of mental illness, diagnosis and treatment and remove doubts, misgivings and prejudices about mental health.

Budgetary allocations:

- Budgetary allocations and expenditure should correlate to meet genuine and irreducible barest minimum needs of an institution.

- Such needs should be correctly identified and converted to monitoring figures and budgetary allocations should be asked for on the basis of these needs.

- The expenditure should be so planned and regulated from the beginning of the year that the allocations are fully and properly utilized without leaving any savings/surplus.

- In IPHB, the expenditure is much less than the allocation leaving huge savings/surplus at the end of the year which shows that there is no proper planning and monitoring of expenditure.

Works programme:

Problems and constraints in execution of works programmes arise out of the following:-

- drawings are yet to be finalized by the Chief Architect;
- administrative Approval and Expenditure Sanction have been accorded by Government but funds are yet to be placed at the disposal of the PWD;
- Government Administrative Approval and Expenditure Sanction are still awaited.

Suggestion:

- A Monitoring and Coordinating Committee should be set up under Chairmanship of Chief Secretary so that the pace and progress of various work plans can be reviewed from time to time by the said Committee and directions can be issued to accelerate the pace of AA/ES/placement of funds/execution of the Project without delay.

Right to Food:

- There are a number of redeeming features about exercise of the right to food by inmates in IPHB in as much as:-
  - Expenditure per patient per day on account of food is Rs. 50/- which is better than most of the other State managed hospitals;
  - Fish is being served as part of the menu for lunch and dinner for 5 days in a week; fish is a rich source of protein;
  - The nutritive value of food is 2900 Kilo Calorie which is ideal.

Suggestion:

- A dining hall should be constructed for each ward.
- Elderly persons, physically and orthopaedically handicapped persons who are unable to take their food should be helped to do so.

- Patients should be made to wash their hand and feet before they settle down for meals.

- There should be provision of special diet for diabetic and other seriously ailing persons.

Right to Water:

- Water is available in sufficient quantities for cooking, cleaning, washing, bathing, flushing etc. apart from drinking.

- Samples of water are being drawn and sent regularly for test is one of the approved testing laboratories of PWD.

- The test reports have confirmed that water is free from chemical and bacteriological impurities and is fit for consumption.

Right to Personal Hygiene:

- An automatic laundry is the need of the hour. Patient's clothings need to be collected everyday for cleaning and pressing in the mechanized laundry and delivered by evening so that patients can put on clean uniforms.

Problem of Long stay patients:

- There are in all 28 such patients.
- Fourteen of them are male and fourteen female.
- They range between 32 to 96 years of age.
- They have been admitted in IPHB over a long period of time ranging between 1963 to 1998.

- Fifteen of them are cases of voluntary admission while the remaining thirteen are by orders of a Magistrate.

- Eighteen of them are victims of Schizophrenia, five of chronic Schizophrenia, two of mental retardation, two of mental retardation with Schizophrenia and one a case of Psychosis.

- In 9 cases address is not known, three cases are from outside Goa and the rest are from Goa.

- Causes and factors contributing to long stay are:-
  - no relative (8);
  - not completely recovered (28);
  - no social support.

- All possible efforts are being made to reduce the long stay of patients. These efforts have, however, not been crowned with success.

As I close this report, I cannot but record my deep sense of personal appreciation over the manner in which the Director/Dean of Goa Medical College – Dr. V.N. Jindal and the Medical Superintendent – Dr. Brahmanand Cuncoliener facilitated my review throughout (6.12.10 to 9.12.10). The MS was meticulous in noting down all my requirements in regard to review and responded to all the queries raised by me in the questionnaire with clarity, accuracy and comprehension. Even after I left Goa and there were numerous queries to be clarified, he made himself available throughout and furnished clarification on all the points in time with sufficient details. He was physically present in course of my visits to OPD, IPD, Library, Kitchen, Occupancy Therapy Units, modified ECT etc. and fully and whole heartedly participated in the discussion with faculty members. Through his clam, quiet and unassuming disposition which is also one of civility and courtesy he has been able to make his presence felt and create a good environment in all the departments of the hospital which is conducive to its smooth, undisturbed and uninterrupted functioning. He deserves encouragement and support from all quarters.

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