'A Stitch in time Saves nine'

Follow up of the Observations and recommendations made in the 3 reports of review of the activities and performance of RINPAS conducted by Dr. L. Mishra, IAS (Retd.), Special Rapporteur, NHRC in February, 2007, March, 2008 and April, 2009.

Report of the fourth review of the activities and performance of RINPAS

By

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Dates of review/follow up: 27th, 28th and 29th January, 2010

I had visited RINPAS on 20th and 21st April, 2009 for the third time for an on the spot review of the activities and performance of this 84 year old institution dedicated to promotion of mental health. I had gone round the OPD, IPD, the academic and teaching block, the library, the kitchen, the OT, the prayer/meditation hall and all other support structures. I had intensively interacted with the Psychiatrists, the Clinical Psychologists, the Psychiatric Social Workers, the staff nurses, the technicians, other Class III and Class IV staff, the patients and their relatives and all others concerned with provisio: of facilities and amenities for the patients. A detailed report was submitted to the Commission in May, 2009 and after the latter's approval was sent to the Director, RINPAS in June, 2009.

I visited RINPAS for the fourth time from 27th to 29th primarily with a view to taking stock of the action which might have been taken between April, 2009 to December, 2009 on my observations and recommendations. I was, however, disappointed at the pace and progress of action. Th. requires elaboration.

When I visited RINPAS in April, 2009, Jharkhand was under President's Rule. Appropriately, therefore, and at the end of the visit I had called on Smt. Sunila Vasant jee, Adviser to the Governor who was in charge of health (incidentally, prior to her appointment as Adviser to the Governor, Smt. Vasant was one of the Special Rapporteurs of NHRC) to share with her some of the outstanding issues of concern adversely affecting the smoot management of RINPAS as an institution. The issues which were discussed with the Adviser to the Governor are:-

I. Series of acts of omission and commission on the part of Dr. Ashok Kumar Prasad, ex-Director-incharge of RINPAS from 7.4.2008 to 31.12.2008 such as:-

   - Cancellation of advertisements which were issued for selectio to the posts of Professor, Associate Professor etc. within a week of their issue without any rhyme or reason;

- Transfer of Rs. 48 Crores in 3 lots from the corpus of RINPAS to the consolidated Fund of the State Government while the amount which was required to be refunded was only of the order of Rs. 20 Crores (Hon'ble Member – Shri P.C. Sharma in course of his visit to RINPAS in May, 2009 had also taken exception to this inappropriate administrative decision and action);

- Making payment of Rs. 1.66 Crore extra to the PWD Jharkhand for which no work order was ever placed with the PWD, when no such dues were outstanding against RINPAS and, therefore, no such amount was required to be paid;

- Refusing to place any order for books and journals for the central library;

- Allowing one Dr. Mukesh Kumar Sinha (who was shifted from RINPAS in 1998 on administrative grounds and who was absent on leave for a period of 10 years since 1998) to join RINPAS on 10.7.2008 without any justification and authorizing regular payments to him even without issue of LPC;

- Engaging a person – Kameswar Pandey by name as Adviser to Director, RINPAS when (a) no such post was ever created (b) no proposal for creation of such a post had ever been placed before the Managing Committee (c) no advertisement for recruitment to the post had ever been issued and (d) no formal permission of the State Government/Chairman of the Managing Committee had been obtained for this purpose.

II. <u>Removal of encroachments within and outside the boundary wall of RINPAS:</u>

About 4 acres out of 45 acres outside the boundary wall which has not been fenced are under encroachment by a temple as well as a mosque. Similarly a number of shops have come up unauthorisedly both around and adjacent to the boundary wall on the land belonging to RINPAS. Over 200

acres of land belonging to RINPAS have come under encroachment by the Birsa Munda University of Agriculture and Technology. Despite repeated requests – both oral and written no firm and decisive action has yet beer taken by the district administration for removal of these encroachments.

The Hon'ble Supreme Court of India has in the meanwhile in a record of proceedings (while dealing with petition for special leave to Appeal (Civil) No. 8519/2006 from the judgement and order dated 2.5.2006 in SCA No. 9686/2006 of the High Court of Gujarat, Ahmedabad dated 29.9.2009 has come down heavily on Government and local administration for their failure to deal with all such encroachments (temple and mosque included) on publi land in a firm and decisive manner. The order of the apex Court reads as under:-

> 'In pursuance of the order of this Court dated 29th September, 2009, by which this Court directed that henceforth no authorized construction shall be carried out or permitted in the name of Temple, Church, Mosque or Gurudwara etc. on public streets, public parks or other public places, the affidavits of all the States and the Unior Territories, except the State of Uttarakhand, have been filed. All the States and the Union Territories have taken necessary steps to ensure that no further unauthorized construction shall take place and Court's directions are seriously and meticulously complied with.
>
> The other part of the directions issued on 29th September, 2009, were that in respect of unauthorized construction of religious nature which has already taken place on public streets, public parks or other public places, the State Government and the Union Territories were directed to review the same on case to case basis and take appropriate steps as expeditiously as possible. We do not find comprehensive and satisfactory affidavits as far as this direction of the order is concerned. Therefore, it has become imperative to direct all the States and the Union Territories to formulate comprehensive policy regarding the removal/relocation/regularization of the unauthorized construction within six weeks' from today. The policy should clearly indicate withi

what period the States and the Union Territories are going to fully comply with its policy to remove/relocate/regularize the unauthorized construction.

We also direct all the States and the Union Territories to identify unauthorized construction of religious nature on public streets, public parks and public places within six week's from today.

We direct the Chief Secretary of the State of Uttarakhand to file an affidavit within two weeks from today. In case the affidavit is not filed, the Chief Secretary shall remain present in Court on the next date of hearing.

We also direct all the Chief Secretaries of the States and the Administrators of the Union Territories to file further comprehensive affidavits within six week's from today.

The special leave petition is adjourned to 6th April, 2010.'

The direction of the apex Court which under Art. 141 is binding on all subordinate Courts and which constitutes the law of the land is yet to be complied with by Government of Jharkhand and district administration of Ranchi. There is no indication from the district administration and the State Government as to what action has been taken and what action is contemplated.

III. <u>Meetings of the Managing Committee and Other Sub Committees of the MC:</u>

Between 2007 and 2009 not a single meeting of the Managing Committee under the Chairmanship of the Divisional Commissioner, Ranchi has been held. The Divisional Commissioner is the Chairman of the Appointments Sub Committee for selection to Class A posts. Since she is not able to find time to convene meetings of the sub committee selection to over 40 Class I posts could not be made.

Similarly, Director, RINPAS is the Chairman of the Appointments Sub Committee for selection to posts (numbering 200) in Group 'B', 'C' and 'D'. Since there was no full time Director since August, 2007, the Sub Committee could not meet and recommend appointment of incumbents to these posts lying vacant.

IV. Huge gap between requirement of funds and budgetary allocation of funds:

There are serious problems and constraints caused on account of a huge gap between requirement of funds in relation to the genuine needs of the institution and actual allocation of funds as reflected in the budget. The allocations are meager (60% of the actual requirement) and are also not released in time. Consequently the decisions of the MC and other sub committees cannot be translated to action due to these constraints. Post cannot be filled up for the same reason. All the basic activities of RINPAS (teaching, training, treatment and research) have been adversely affected due to severe budgetary constraints. It is not possible to plan any activity in advance or carry any decision to its logical conclusion due to extreme uncertainty in budgetary allocations.

The Adviser to the Governor – Ms. Sunila Basant had given a patient hearing to all these issues and had assured timely action at her level apa from suggesting some specific course of action at the level of the Director. Consequent on her husband – Mr. Shiv Vasant being appointed as Chief Secretary to Government of Jharkhand w.e.f. 1.9.2009 she demitted office of the Adviser w.e.f. 31.8.2009 and action could not be initiated on any of the points at the level of the competent authority.

I went deep into the causes as to why no action on these important issues was initiated even 6 months after they were discussed with th Adviser to the Governor. The causes are not one but many. Action on most of the issues was to be initiated at the level of Secretary, Deptt. of Health, Government of Jharkhand. However, it transpired that both the office and residence of Shri Pradeep Kumar. Secretary, Health (20.6.2008 to 4.8.2009)

were raided by the CBI in June, 2009 and he was eventually placed under suspension. Dr. Shivendu took over as Secretary, Health in place of Shri Pradeep Kumar on 5.8.2009 but remained in charge only for less than a month i.e. till 31.8.2009. He was replaced by Shri Sukhdev Singh w.e.f. 3.9.2009 but his tenure too was short lived. He has since been appointed as Principal Secretary to Chief Minister w.e.f. 31.1.2010 and Dr. D.K. Tiwari is to take over as the new Health Secretary w.e.f. 1.2.2010.

Administration – both at the Central and State level is a continuum and once a set of decisions or agreed conclusions have been reached at the highest level they should be carried to their logical conclusion honestly and faithfully regardless of change of government and changes in incumbency in bureaucracy. This, however, has not been the case in Jharkhand. The State remained under President's Rule from 14.1.2009 to 2.1.2010. The President's Rule was revoked w.e.f. 2.1.2010 and the new Government (a coalition of JMM and BJP) headed by Shri Shibu Soren as the new CM has assumed charge w.e.f. 16.1.2010. The issues which were agitated before the Adviser to Governor in April, 2009 were agitated once again before the Chief Secretary – Shri Shiv Vasant on 29.1.2010 (FN) at the end of my review for timely and appropriate action in the larger public interest. He was found to be very positive and responsive and devoted almost one hour of his precious time in giving a patient hearing to all the outstanding issues of RINPAS. He even called up the Divisional Commissioner – Smt. Shila Kiskurapaj and directed her to convene meetings of the MC at regular intervals. He directed her to convene an emergency meeting of the MC in the first week of February, 2010 to discuss and finalize the Revised Estimates (RE) for 2009-10 and the Budget Estimates (BE) for 2010-11 which were long overdue (they should have been finalized in June – July, 2009). I am happy to record that a special meeting of the MC has been held on 20.2.2010 and the budget proposals have been finalized. This is a positive and significant outcome of my review.

Good governance rests partly on round the clock vigilance and surveillance so that the bull is taken by its horns and issues are not allowed to drift in the hands of an effete and procrastinate administration on the one

hand and on positive responsiveness on the part of the institution and those responsible for smooth management of the institution on the other Administration must respond positively and in time to the various decisions and agreed conclusions taken at the time of review of the activities and performance of the institution. If it does not and postpones today's implementation till tomorrow arrears will accumulate, there will be alround discontentment and the objectives of governance will be defeated.

In case of RINPAS such response can be divided into 2 heads namely response on the part of the Director/Superintendent of the Institute and Management Committee on the one hand and response on the part of the Director, Health Services and Secretary, Health, Government of Jharkhand on the other. As my review from 27th January, 2010 progressed onwards it transpired that there is a scheme of delegation of administrative and financial powers in favour of the MC and the Director in the wake of Government of undivided Bihar notifying RINPAS as an autonomous institution w.e.f. 1.4.98 (Jharkhand was created only w.e.f. 1.11.2000). The MC and the Director however, have been handicapped or inhibited in carrying their decisions to logical conclusion on account of severe budgetary constraints. This requires elaboration.

A budget is an enabling mechanism to ensure a set of activities for an institution within a prescribed time frame i.e. a financial year. It is also a tool of growth of an institution. The budgetary framework – a reflection of Government Policies and Programmes is also closely related to the fulfilment of the basic needs of an institution. To the extent, these needs are identified correctly, in time and are reflected in the budget as an instrument for fulfilment of these needs it may be said that we have set the pace and tone of our activities and 50% of the battle has been won. The remaining 50% lies on the part of the State Government to accord approval to these requirements and obtain the approval of the legislature in shape of what is known as the Appropriation Bill.

Over the years it has been observed that the Director/Superintendent and the Management Committee have correctly identified their needs and

have sent them to the State Government in shape of what is known as BE and RE (it is only in respect of 2009-10 and 2010-11 that there has been some avoidable delay in formulation of these estimates, obtaining approval of the MC and sending them to the State Government for approval). Invariably, however, there has been a huge gap between their expectations and what is eventually made available to RINPAS in shape of approved budgetary allocations. This deficit creates serious imbalances such as;-

- delay in issue of advertisements for selection of incumbents to various sanctioned posts in Group 'A', 'B', 'C' and 'D' categories;
- inordinate delay in filling up the vacancies;
- delay in procurement of tools and equipments;
- delay in entering into annual maintenance contracts;
- delay in repair and maintenance of the structures and equipments;
- inability to take up execution of new Projects as per need;
- delay in payment of salary and allowances of officers and staff members.

The gap between expected availability of funds as per genuine need and the actual availability would be evident from the following table:-

Financial Year	**Budgetary Outlay duly approved by the MC**	**Funds received from the State Government**	**Expenditure**	
A) Hospital:				
2005-06	12,44,88.000	10,57,50,000	10,58,51,744	
2006-07	13,49,59,000	9,97,50,000	10,99,70,489	
2007-08	15,01,19,000	9,36,05,000	13,43,50,680	
2008-09	13,37,96,000	10,00,00,000	12,99,44,827	
2009-10 (Upto Nov.09)	15,64,22.664	9,97,00,000	11,88,61,824	

B) Academic and Teaching Centre:

Financial Year	Budgetary Outlay duly approved by the MC	Funds received from the State Government	Expenditure	
2005-06	1,98,67,000	1,00,00,000	1,22,50,745	
2006-07	2,42,61,000	1,50,00,000	1,50,00,708	
2007-08	3,39,14,000	3,00,00,000	1,84,88,505	
2008-09	3,05,63,000	1,00,00,000	2,01,11,671	
2009-10 (Upto Nov.09)	2,90,33,090	40,00,000	1,68,01,305	

Against this overall setting which reflects a huge gap between genuine need and budgetary allocations and which does not sound very encouraging it is necessary to analyse the various observations which were made in the earlier review report of April, 2009 and the current status in terms of follow up and compliance arising out of the current review from 27th to 29th January, 2010:-

Observation No. 1	Current Status
I. How Dr. Ashok Kumar Prasad was reposted as Director-in-charge of RINPAS, 14 years after having been removed on charges of incompetence and dereliction of duty?	There is no feedback with the Director. Extract of the observation should have been sent to the State Government and necessary action should have been initiated by the State Government. This has not been done.
II. How the series of acts of omission and commission on the part of Dr. Ashok Kumar Prasad have been handled by the Health Department, Government of Jharkhand?	There is no feedback with the Director. Extract of the observation should have been sent to the State Government and necessary action should have been initiated by the State Government. Dr. Prasad on repatriation to RIMS w.e.f. 1.1.2009 has since been promoted from the

	rank of Associate Professor to that of a full fledged Professor. This represents a very sorry state of affairs. It sends a wrong signal that individuals can commit serious acts of omission and commission and yet escape with impunity and even get rewarded with lifts in the ladder of their academic career.
III It would have been appropriate if prior to selection of the incumbent to the post of Director, Government of Jharkhand could constitute a Search Committee which could recommend a panel of names of three suitable persons for consideration of the State Government.	Recruitment Rules for the Post of Director have not yet been framed. In the absence of a Search Committee the selection and appointment to the post of Director RINPAS has been largely left to the whims and caprices of the State Government. This is particularly regrettable as the scale of pay of the Director, RINPAS is equivalent to that of Chief Secretary/a Secretary to Government of India i.e. Rs. 80,000/- (fixed). The scale of pay of Director, IMHH, Agra and that of GMA, Gwalior is much lower. It is all the more desirable that the incumbent to the post of Director is selected with a lot of care and attention and with the collective wisdom of a Search Committee. No attention, whatsoever, has so far been paid by the State Government to this important aspect.

	The first advertisement inviting applications for the post of Director was issued on 8.8.2007 by the Ministry of Health, Medical Education and Family Welfare, Government of Jharkhand. The same was modified on 21.8.2009. Till date no interview to select a suitable full time incumbent to the post of Director has taken place (6 months after issue of the advertisement) and Dr. Ashok Kumar Nag, the MS has been asked to remain incharge of the day today duties and responsibilities of Director RINPAS until further orders.
Observation No. 2	
I There are a large number of vacancies in Group 'A', 'B', 'C' and 'D' categories of posts numbering 165. The vacancies are as under:- **Group A** – 15 **Group B** – 11 **Group C** – 90 **Group D** – 49 **Total 165** Out of 90 Group 'C' posts, Psychiatric nursing staff are 16, general nursing staff are 2, male and female warders are 32 and the remaining 40 are vacant in different sections like data entry operator, sanitary inspector, assistant sanitary	The vacant posts have been advertised. So far selection to 6 posts of senior residents and 2 posts of research officers has been made. The rest were to be filled up after election to the State Legislative Assembly. Since the electoral process is over pending action should be completed without any further delay.

inspector, accountant, cashier, store keeper, electrician, medical record technician, registration clerk, driver etc. In Group 'D', the number of vacancies which were reported in the last review report has gone upto 67, the breakup of which is as under:- Sweeper – 23 Gardener – 7 Cook – 5 Peon – 8 Medical helper – 1 OPD attendant – 2 Store coolie – 2 Kitchen coolie – 4 OT section – 11 Vehicle section – 1 Barber – 3 Besides, 100 new posts of ward attendants on contract basis have been created in the 39th management committee meeting which are yet to be advertised and filled up. In view of the acute shortage of professionals in all these categories, the vacant posts should be filled up at the earliest.	
Observation No. 3	
It is hoped that the teaching programme for MD Psychiatry, DPM,	All the classes have been shifted from the existing building to the new

M.Phil and Ph.D. would commence in the new building as per normal schedule from May, 2009.	academic block from May, 2009. Interviews were held on 2.3.2008 and 3.3.2008 and selections were made for a few faculty members as also students in MD Psychiatry. The following seats (for students) have been filled up:- MD Psychiatry - 1 DPM - 1 Clinical Psychology - 6 (M.Phil) (6 additional seats have been sanctioned). Clinical Psychology - 2 (Ph.D) (2 additional seats have been sanctioned). Psychiatric Social Work - 6 (M.Phil) (6 additional seats have been sanctioned) Psychiatry - 2 (Ph.D) (2 additional seats have been sanctioned) DPN - 6 (3 seats have been filled up and remaining 3 are yet to be filled up)

	The following problems and constraints in conducting the teaching programme were brought to my notice:- 1. There is a marginal difference in pay and allowances between nurses with DPN qualification and nurses without the same. There is, therefore, no incentive for the nurses to join DPN. 2. Except Ph.D there is 50% reservation for SC, ST and OBC. It becomes difficult to fill up the vacancies as candidates with prescribed or desired qualification are not easily available. 3. Registration for Ph.D. takes a long time. 4. Examination Centre should be located in the new academic block. For this formal approval of Ranchi University is required. Health Department is yet to write to the Controller of Examination, Ranchi University.

Observation No. 4	
Library	
• The number of officers visiting the library has come down from 731 in January, 2008 to 684 in February, 2008.	Partly on account of increasing access to internet and partly on account of e-connectivity connecting the library electronically to Psychiatr and Clinical Psychology departments referencing has become easier resulting in decline in visit to the library or issue of books.
• The number of monthly books and journals issued is showing a considerable decline between March, 2007 to February, 2008. • There are less number of books in Psychiatry, Clinical Psychology and Psychiatric Social Work than literature, history, philosophy art, language and religion.	Two reasons were cited for this. One: the patients books on literature history, philosophy art, language ar religion were added to the list of books in Psychiatry, Clinical Psychology and Psychiatric Social Work introducing an imbalance. This has since been corrected.
	The second: Dr. Ashok Kumar Prasad, ex- Director (7.4.08 to 31.12.08) had issued an order not to go in for purchase of new books, journals and periodicals resulting in nil addition of books in Psychiatry, Clinical Psychology and Psychiatr Social Work. This order has since been rescinded and there is no difficulty in procuring new books in

	these 3 disciplines. Such a need is imperative in the wake of introduction of advanced teaching and research activities from May, 2009.
Observation No. 5 **Physical infrastructure** • The area outside the boundary wall which has not been fenced comes to about 45 acres. About 4 acres out of this are under encroachment by a temple and mosque. Additionally, a number of shops have come up unauthorizedly both around and adjacent to the boundary wall.	No action appears to have been taken by the local administration for removal of encroachment by the temple and the mosque. The shops which came up unauthorisedly around and adjacent to the boundary wall were removed but they have come up action. It appears that from Raj Bhawan, Jharkhand to Patratu (where NPPC's Thermal Power Plant is located) a four lane road is coming up and once that comes up the encroachments hopefully will be removed once for all.
• The boundary wall around 302 acres of land is in a bad shape. It was colour washed years ago and the paint has given way due to heavy rains. A number of cracks have also appeared on the wall at several points. The condition of the wall may deteriorate further if it is not repaired and maintained	The State PWD had submitted an estimate for repair, maintenance and colour washing of the wall. The repair, maintenance and colour washing work could not, however, be taken up due to non availability of funds.

properly.	
• The job of casting the pavement within the premises of RINPAS was not executed properly and has developed cracks. This would not have happened if care would have been taken to carve out small compartments instead of casting the entire stretch in one go.	This is an elementary principle in every road pavement constructic work that it is not executed in one stretch but in small compartments. Cracks appear due to continuous expansion and contraction. PWD should have taken care of this elementary principle but have failed to do so. The cracks were visible a the time of earlier visit in April, 200 and current visit in January, 2010 and no corrective action has been taken. There is a Works Sub Committee under Chairmanship of the Dy. Commissioner. It meets from time to time to take stock of the progress o works. The Sub Committee should review the position and take corrective action.
• There are too many items of civil works in progress with a long gestation period. The pace and progress of these works need to be closely monitored so that the gestation period is not unduly prolonged.	The real problem in execution of civil works is not monitoring but inordinate delay in sanction and release o funds for works projects related to the genuine needs of the institution. To illustrate, the following Projects which are need based have been approved by the MC:-

	– New OPD building; – Cafeteria; – Male and female casualty block; – VIP Guest House; – Boundary wall at warden lane area; – Guest House-cum-Dharmashala; – Technical Block; – Drug Deaddiction Centre; – Halfway Home; – Mentally retarded children's Unit; – Septic tank, Soakpit, chamber for toilets of male and female wards; – Special repair of boundary wall around agriculture centre; – Special repair of 'D' and 'E' type quarters and residential units at bazaar tank area (E Type – 8, D Type -12. The total estimated cost of these projects comes to Rs. 26,26,85,049. Even though the Projects were approved by the

	MC long time back and funds were asked for, of the 13 Projects, funds have been received for the following five Projects only:- – OPD (new block); – Casualty; – Cafeteria; – Renovation of the residence of Dy. Medical Superintendent with a view to converting the same into a guest house; – 50 bedded student's hostel. The remaining 8 Projects can be taken up only on receipt of funds from the State Government. There has been a significant change in the procedure relating to placement of funds for execution of civil works. Prior to 1.4.98, it was a case of inter-departmental transfer of funds. However, w.e.f. 1.4.98 and on the recommendation of MC all construction, repair and maintenance budgets are being routed through the Director so that he can monitor and supervise the works better.

	There is urgent and imperative need for the following new Projects:- – Transit hostel (50 bedded) for short term courses; – Separate library building (existing building made of lime and mortar was meant to be a ward and needs to be replaced by a modern library building); – A modern kitchen block with chimney, sufficient number of exhaust fans, platforms, all modern cooking gadgets etc.
Observation No. 6 **Right to Food:** • A chimney should be an integral part of any modern kitchen. • Fruits, vegetables etc. should be kept in platforms/containers and should not be spread on the floor. • Water should be sprinkled on all green vegetables. • Chapatti making machine is yet to be procured. • Food trolley for transportation of food is needed as (a) roads are	• Chimney is under installation. The work is in progress and will be completed in 4 to 5 days (by first week of Feb. 2010). • Two trolleys have been procured for transportation of food from the kitchen to the wards. In course of my visit to the kitchen on 28.1.2010 (FN) I saw the process of transportation of food by the trolleys.

not properly paved (b) the practice of carrying food in big containers manually by patients is fraught with risks. • There should be separate menu for those staying in wards and n not doing any work and those doing manual work on OT. • There should be a dietician for RINPAS on regular basis.	• Vegetables are being spread on a wooden table made i the OT (male wing) and are not being spread on the floor any longer. • Five stainless steel containers are available for keeping food (rice, dal and curry) hot. Separate containers fc storing and distributing tea in the afternoon are available. • The tendering process for a chapatti making machine has been completed and orders for the same will be placed shortly. • There are two electric kneaders in place – one in the kitchen and another in the baking section. • The post of a full time dietician in the scale of Rs. 9302 34000/- (with a grade pay o Rs. 4200/-) has already been sanctioned but since the salary and allowances are yet to be budgeted, the post could not be advertised.

	• Once a full time dietician is in position it should be possible to have a smooth and scientific planning and management of cooking of food in the kitchen according to menu prescribed differently for different categories of patients and its timely servicing.
Observation No. 7 **Right to water:** • What is the current requirement of water for drinking, cleaning, washing, gardening, cooking, bathing, flushing the toilet etc.?	The current requirement of water @ 130 litres per head (for drinking, cleaning, washing, gardening, cooking, bathing etc.) comes to 65000 litres per day.
• What is the quantity of water being supplied? What is the thinking about augmenting the supply if there is a gap between actual need and actual supply?	Water is being supplied through pipeline from Kanke dam. A filtration plant has been set up where water is being filtered before supply. The quantity of water being supplied has, however, not been assessed.
• What is the source? Is it perennial or likely to get dried up? Is the source contaminated or free from contamination?	The supply from Kanke Dam is being supplemented by a high yield drilled tube well with the help of a 3 HP Motor Pump near Ward No. 3 (male), 5HP motor Pump near Ward No. 7 (male), 3 HP Motor Pump

	near kitchen and 5 HP Motor Pump near Ward No. 3 of female patients.
• What is the capacity of the main storage tank? Are there sub storage tanks for each ward? If so what is the capacity? Is it according to the requirement?	Each ward is being provided 2000 litres capacity of OH tank – 4 in each ward. A total capacity of 3000 litres twice a day is being provided for 50 to 55 patients of each ward (male and female).
• Are the main storage water tank and sub tanks being cleaned regularly? If so how?	Yes, the water storage tank and sub tanks are being cleaned regularly.
• Are samples of water being drawn at regular intervals and sent for test in approved PH laboratories? If so, what are the findings of the test?	The water sample is being drawn every month by Drinking Water and Sanitation Division (PHED). Perusal of 2 water quality report for 26.11.2009 and 26.12.2009 goes to show that certain parameters (alkalinity, chloride, calcium) are not being met i.e. these components of water are much higher than the ones scientifically prescribed.
Observation No. 8 **Green environment – Environmental Sanitation**	
• There is no landscaping in the vast stretch of 350 acres of land in RINPAS. Very few plantations have been added	No action whatsoever on this suggestion has been initiated. The suggestion is reiterated in the larger interest of promoting greenery in

recently except what the erstwhile colonial rulers had done in 30s and 40s. These plantations have become old and do not add much to the greenery of the campus. It was suggested in the review report of April, 09 that (a) soil conditions should be studied (b) on the strength of suitability of soil such species should be selected for plantation which can provide a cool shade in days of global warming when the temperature of Ranchi shoots upto 40^0 C in summer months. It was specifically suggested that Dr. Kuldip S. Tanwar (kuldipstanwar@rediffmail.com), a member of Indian Forest Service, a distinguished arboriculturist and social activist (currently President, Bharat Gyan Vigyan Samiti, Himachal Pradesh) may be consulted to provide the benefit of his professional expertise on a scientific landscape planning and plantation of species corresponding to soil conditions within the premises of RINPAS.	RINPAS. One WC is being installed in each

• A few WCs should be installed along with cistern and earmarked for use of such patients who are old, debilitated, are victims of rheumatoid arthritis and other old age related problems and who find it difficult to squat on an Indian commode and for whom it is medically inadvisable to sit on an Indian commode.	ward. Ninety percent work has been completed and the remaining ten percent work will be completed soon. Old septic tanks have been replaced in all wards.
Observation No. 9 **Personal Hygiene:** • Inmates do not present a neat, tidy and hygienic look. Many women inmates were found to be unkempt and with dishevelled hair, uncut and unpolished nails. They were not putting on the dress supplied to them. • It was observed at the time of visit to the dining room at the time of lunch, dinner and breakfast that flies were buzzing around in large number. Inmates were found to be pouring milk on the plates and on the floor which increased the number of flies. This is a major source of contamination of food.	Two sets of dress have been supplied for all male and female patients. Additionally, sweaters for male patients and woolen shawl and sweaters for female patients have been supplied. These are protective garments for winter months which have been procured from Central Jail, Ranchi and U.P. Handlooms. All possible persuasive efforts are being made to persuade male and female patients to put on the garments supplied to them. Despite best efforts, however, few inmates in course of my visit were found not to be wearing the uniforms on the ground that they were quite warm and the cold at Ranchi was too mild which did not necessitate use of such

Measures to clean the surrounding, remove the dirt, garbage and outgrowth should be taken and floors should be disinfected with detergents.	warm garments. • Separate barbers have been posted for both male and female patients. They were taking special care to ensure personal hygiene of all inmates. The sisters (staff nurses) were also making all possible persuasive efforts to ensure that inmates observe personal hygiene. Scale of supply of soap and oil was found to be adequate. • All damaged floors in female ward no. 1, 2 and 3 have been fully repaired and the wards presented a neat and tidy look. • A beginning has been made to remove dirt, garbage and outgrowths in the areas surrounding female ward No. 1, 2 and 3 although a lot of work was still left to be attended to in this direction. • A suggestion was made if like Central Institute of Psychiatry (CIP) a central dining hall can be constructed for use of male and female patients. This will promote social

	communication. Such communication will hasten the pace of recovery. Patients, relatives and sisters may be consulted on the advisability and workability of the central dining hall.
Observation No. 10 **OPD:** • The registration counter is too small as also the dispensing unit.	• This is being taken care of in the new OPD block under construction.
• There was only one computer with a data entry operator. Only demographic data was being fed to the computer and not full details of illness.	• The Director, RINPAS brought to my notice that the lone data entry operator provided by the NIC has since been withdrawn w.e.f. September, 2009. This is a sanctioned post which in the past was being filled up on deputation from the NIC but is not being filled up at present due to budgetary constraints. No data, therefore, is being fed into the computer for 6 months. Software needed for feeding the data is available but recruitment to the post of data entry operator can be made only with availability of funds.
• There is no separate observation room. Two beds have been put in a corner of the	• A separate observation room in the OPD is a genuine need and is being taken care of in the new

large hall of the OPD and these are being used for observation purpose. There is no privacy of the patient who is administered sedatives and put on the bed.	OPD block. I was told that even now patients are being brought in fetters when they are aggressive and do not easily submit to treatment.
• All new cases should be fully computerized by the data entry operator including personal data covering – – name of the informant; – gist of the complaint/illness; – past history; – personal history; – family history; – premorbid personality.	• Software is available for collection and compilation of this data but cannot be used in the absence of desired manpower. • This is being attended to on a regular basis.
• A special orientation and training programme should be organized for people manning the registration counter to make them more civil, courteous and considerate towards the patients.	The average attendance used to be 150 till 2008-09. The average attendance at the OPD now is 200 which goes up to 300 on Mondays. In the current scale of 1:50 (i.e. one MO for 50 patient) it becomes extremely difficult to do justice to the genuine needs of all patients.
• Waiting period of patients should be reduced. Generally speaking this should not exceed 2 hours. The hospital administration should maintain constant vigilance and surveillance over the time of	

their arrival, waiting period before being called for registration, examination by the MO and issue of prescription for medication, collection of drugs at the drug dispensing unit etc. The old, infirm and neurologically handicapped patients should receive high priority attention. • Old patients who arrive late due to long distance and other unavoidable constraints outside OPD hours should not be turned away but should be kept overnight in an emergency ward which should have 2 separate wings – one for male and another for female with 5 beds in the minimum for each.	• This is being taken care of in the new OPD block.
Observation No. 11 **Record Room:** • The room size is rather small, considering the fact that on an average 150 to 200 patients are being registered daily (the number going upto 300 sometimes). The room size should be 60' x 50' (as was observed in case of mental health hospital, Dharwad).	While it was explained by the Director, RINPAS that these deficiencies are being taken care of in the new OPD block, he had no clue as to what a scientific record keeping should be. For this purpose, a team of officers should be deputed to the mental health hospital Dharwad to study the upkeep and

The record room in RINPAS also suffered from poor lighting and ventilation. There are a few steel racks and patient's records have been kept in a rather loose and disorderly manner. In the absence of any pest control the old files were found to have been eaten away by white ants. On the whole, the upkeep and maintenance of the case records of the patients (both old and new) was most unsatisfactory.	maintenance of records under ideal conditions and on that model, the new record room in the new OPD block should be planned. Till the record room in the new OPD block is ready care should be taken to protect and preserve the records from white ant/attack through pest control.
• A new system of filing should be adopted in the following manner:- – for every patient (both old and new) a new file should be opened; – the names of the patients should be alphabetically written on the file; – the file should be kept in a bound volume and papers inside should be properly stitched so that they are not torn or misplaced or lost;	No action has been initiated. As a matter of fact, things have worsened after withdrawal of the data entry operator by the NIC. A sanctioned post of data entry operator exists and it should be filled up by recruitment from the open market. Necessary budget provision for the same should be made.

– the files should also be maintained yearwise; – each file should be allotted one hospital serial number; – sufficient number of steel racks of atleast 10' height and 3' width should be purchased so that all the files can be kept properly yearwise, making retrieval of the files much easier;	
• Strict confidentiality should be maintained in each and every case regardless of rank, station, calling and profession. No outsider should be allowed to take photographs of the inmates and have them published anywhere.	While this was by and large being observed, it was pointed out that sometimes wandering patients are brought by the police or social workers to RINPAS. Such persons are not able to recollect their name and postal address. In such a situation the photographs of such persons are being published so that their relatives can come and take charge of them. As the hospital has limited number of beds (500) it is neither possible nor desirable to keep such patients once they have been effectively treated and have substantially recovered. They need to be restored to the custody of their parents/ relatives and the only way to do so is to issue an appeal along with their photographs published so that

	parents/relatives may come and take charge of their patients.
Observation No. 12 **Interaction with OPD Patients:** • Instances of relapse was reported due to poor drug compliance. • Patients and their relatives have no clue as to where the patient should be taken once there were symptoms of mental illness. No proper and timely counselling is available at that point and people are guided mostly by advice of neighbours. Much of such limited counselling turns out to be on wrong premises. Nature of employment, level of earning, means of livelihood, distance from the home to the hospital, cost of travel, loss of wage of the family members/relatives who are employed due to absence from work (which is inevitable if they have to accompany the patient), difficulties and cost inherent in stay of relatives with the patient in the open/family ward, overall expenses to be incurred and	• This calls for timely and effective counselling at appropriate levels such as:- – Psychiatric social worker through home visits; – Clinical psychologist; – Psychiatrist. • Counselling may be drug related or behaviour related. • In course of counselling the patients and their relatives should be clearly and categorically told not to discontinue drugs and serious consequences of such discontinuance (by way of relapse). They should also be counseled to bring the patient to a State managed hospital where the treatment is free of cost and not to take him/her to a private practitioner, faith healer, quack or charlatan. • Sometimes drugs which are issued by the drug dispensing unit for 30 days at a stretch in

capacity of family members to incur the expenditure etc. are some of the considerations which weigh in the minds of the relatives before they stir out of their residential premises with the patient for the hospital.	the maximum get exhausted and patients/relatives do not have easy access to these drugs at the place of their stay. In such a situation they should be counselled to come to the hospital atleast 2 days ir advance for collection of medicines from the drug dispensing unit as also for follow up.
• It was observed that sizeable expenditure is being incurred towards cost of travel of patients and their relatives. The possibility of recommending concessional travel for the patients and relatives to South Eastern Railway and State Road Transport Authorities should be explored and carried to its logical conclusion.	• There is no public policy for this. Government of Jharkhand should adopt this as a matter c State Policy. The rationale behind this policy lies in (a) most of the patients come from BPL families and hence can ill afford the cost of travel which is ordinarily over long distances and hence prohibitive for low earning families (b) patients cannot travel the entire distance alone; they need their relatives (depending on the condition of the patient the number of relatives may range from 1 to 3) to accompany them (c) absence of relatives from home for a week (including journey time) oı so entails loss of wages and further adds to the hardship of the family.

	Notwithstanding absence of public policy, the Director stated that deserving cases are being recommended by hospital administration to railways for concessional ticket. It was suggested that the salient features of this practice should be displayed on a board to be fixed on the OPD wall so that it is clearly visible. Once the State Transport Department adopts a policy of similar concessional travel facility to patients and their relatives by State road transport the hospital administration will be in a position to recommend bus concessional travel facility as well. To start with, this facility must be extended to all BPL families and may be extended to others on the strength of need and merit.
• It was reported that private medical practitioners are fleecing many patients and their relatives due to their ignorance and illiteracy. Often such a treatment does not produce any tangible result. This should be brought to the notice of the licencing authorities and ways and means should be found as to	There is no thinking and action to deal with such elements in society either at the level of State Government or at the level of RINPAS.

how to discourage patients not to go to such private practitioners at considerable avoidable expenditure. In addition to private medical practitioners, there are quacks, faith healers and charlatans in every nook and corner of the country who also fleece patients and exploit their ignorance and illiteracy. This underscores the need for and importance of mental health education. The components of that educational package should be (a) mental illness is not a curse, not a fatality but a disease related to mind which like any other disease is fully preventable and correctable (b) it is 100% a science and has to be dealt with scientifically with the help of psychotic and neurotic drugs and not with occult practices like wearing a talisman (c) enormous damage could be caused to human body and mind through such quacks, faith healers and charlatans.	

Observation No. 13 **Physical infrastructure:** • Patients who travel along with their relatives from far off places and have to wait for long hours are in need of the services of a good canteen with (a) good sitting space which is well lighted and ventilated (b) where snacks and meals are available at reasonable and affordable prices and (c) where the service will be prompt, civil and courteous. The canteen building which is old is a ramshackle structure without a chimney, without any proper sitting space, with rooms which are without adequate lighting and ventilation and unhygienic environment needs to be demolished and in its place a model canteen building (like the one at GMA, Gwalior) with adequate sitting space, lighting and ventilation.	A new cafeteria building is being provided in the OPD Block. Since this is at the construction stage care may be taken to provide for the following:- – a counter for collecting food coupons after payment; – a sitting space for atleast 100 persons at a time in the minimum; – a row of wash basins with availability of good quantity of water; – a row of lavatories (separate for male and female); – a board displaying snacks/meals to be served, timing of service and rates thereof; – a board displaying the nutritive value of food measurable in kilo calories.
• The number of elderly persons (60+) is on the increase and so is the number of elderly patients many of whom are victims of	The Director is of the view that the outturn of elderly patients is quite low at present and there is no need for a full fledged geriatric ward.

anxiety, depression, dementia and Alzheimers. The last one is virtually a living death. The elderly in general and elderly patients in particular who have contributed so much to the welfare and happiness of the family, of the community and the society deserve special care and attention in the twilight zone of their life. For providing proper treatment to the elderly there is urgent and imperative need for having a geriatric ward in every hospital including mental health hospitals. It was, therefore, suggested that RINPAS should depute a team to the Institute of Psychiatry, Jaipur which has constructed and commissioned a geriatric ward in 2008-09. The team after visiting Jaipur, studying the architecture of the building and functioning of the geriatric ward should submit a detailed report. The same should be considered by the Works Committee and Managing Committee and an early decision taken to start a full fledged geriatric ward in RINPAS.	In course of my rounds in the OPD I came across a very large number of elderly mentally ill persons in 60+ age group. Some of them were even found in 70+ age group. It may not be in order to club them along with the young and middle aged persons but recognize their special identity and need and provide for their separate registration and payment. Since there is no separate ward for them they are being clubbed with the young and the middle aged and the treatment gets delayed. RINPAS should, therefore, provide for their exclusive treatment through a separate geriatric ward which should be planned a fresh or be located in the new OPD block if space permits.

Observation No. 14 **Administration:** • Between 2007 and 2009 not a single meeting of the MC has been held. The Divisional Commissioner, Ranchi happens to be the Chairman of the MC. The State Government in Health Department should be requested to issue clear instructions to the Divisional Commissioner, Ranchi to hold meetings of the MC on a regular basis. There should atleast be one meeting once in 2 months. The same principle should also hold good for meetings of all the Sub Committees under the MC.	After I had met Ms. Sunila Vasant in April, 2009 last and had drawn her attention to this only one meeting of the MC was held in May, 2009. Thereafter and presumably on account of announcement of election to the State Legislative Assembly no further meeting of the MC could take place. On 29.1.2010 when I called on the Chief Secretary I had emphasized the urgency and importance of holding meetings of the MC at close and regular intervals. The Chief Secretary to Government of Jharkhand appreciated the strength of this point and was god enough to discuss this with the Divisional Commissioner, Ranchi. The latter promptly and positively responded to the direction of Chief Secretary and on our request, came down to the office of Director, RINPAS and discussed with me a number of outstanding issues including holding the meetings of the MC. It was decided that an emergency meeting of the MC would be held in the first week of Feb. 2010 (I have been given to understand that the next meeting of

	MC has since been held on 20th Feb. 2010 to discuss the budget estimates for 2010-11 and revised estimates for 2009-10).
	As far as meetings of the Sub Committee are concerned, Finance Sub Committee, Purchase Sub Committee and Works Sub Committee are regularly meeting. The Promotion Sub Committee is meeting for the first time after 2 years on 30.1.2010 to consider proposals for promotion of faculty members to next higher posts.
• Selection to over 40 posts in Class I could not be made as the Divisional Commissioner could not find time to convene meetings of the Appointments Sub Committee for Class I posts of which he is the Chairman.	• Posts have since been advertised, shortlisting of the applications has been done and dates for the interview will be fixed on the basis of budgetary allocations.
• Similarly the Appointments Sub Committee for Group 'B' 'C' and 'D' posts could not meet and recommend appointment of incumbents to over 100 posts lying vacant in these categories. Director is the Chairman of the Appointments Sub Committee for these categories of posts.	• There is no change in the position.

Since there was no full time Director since August, 2007 and thereafter there has been no allocation of funds as also there was ban on filling up the vacancies due to announcement of election to the State Legislative Assembly, the posts were lying vacant at the time of my last review and even now.	
Observation No. 15 **Teaching and academic activity:** • Is the teaching block fully operational? • Have the deficiencies brought out in my last review report in April, 2009 been fully corrected? If so what is the current status in regard to each of these deficiencies?	Yes Yes
Observation No. 16 **Training:** • Why is it that RINPAS has not been able to organize a single psychiatric training programme for training of nurses both within	It was explained that only one psychiatric orientation programme for nurses was conducted and there is scope for increasing the number

and outside RINPAS which is the vital need of the day? • The overwhelming thrust in the teaching programme has been on prevention and control of HIV/AIDS in as much as 60% (9 out of 15) of the calendar of training has been devoted to HIV/AIDS alone.	of such training programmes. In regard to overwhelming thrust in the training programme being on HIV/AIDS it was clarified that Department of Clinical Psychology, RINPAS has been recognized as a Centre of Excellence for HIV counselling training by National AIDS Control Organization.
Observation No. 17 **Specialities:** • In addition to ophthalmology, dental surgery, radiology and pathology what is the future planning for addition of a couple of new specialities (ENT, orthopaedics, neurology, gastroenterology, cardiology, chest, paediatrics etc.)?	• Some of these disciplines are available in RIMS which is a super speciality hospital with 900 beds. It was, therefore, felt that there is no need for duplication.
Observation No. 18 **Nursing:** • Nursing staff per shift should be sanctioned in the ratio of 1:3 i.e. one staff nurse for every 3 patients per shift. According to this scale laid down by the Mental Health Act, 1987 the total number of staff nurses to	• It was explained that the latest factual position in regard to staff nurses in as under:- No. of staff nurses authorized - 130 No. of staff nurses sanctioned - 130

be sanctioned for 3 shifts comes to 170. As against this 83 staff nurses have been sanctioned and of them 66 are in position leaving 17 vacant. What is the planning for sanctioning and filling up the remaining 67 posts of staff nurses?	In position - 96 Vacant - 34 It would be possible to fill in these vacancies as soon as budgetary allocations are available.
• Considering the onerous and exacting nature of duties and responsibilities and considering the fact that the nursing personnel have to be on their toes practically for 24 hours, their scale of pay needs revision. Has this aspect been ever taken up for consideration by the MC? If so what has been the outcome?	• The revised scale of pay for psychiatric nurses with DPN qualification is Rs. 9300-Rs. 34,800. The scale of pay for psychiatric nurses without DPN qualification is the same. This disparity does not provide any incentive for nursing staff to acquire staff to acquire DPN qualification.
• Has the disparity in scale of pay between staff nurses having DPN qualification and those without such qualification been removed? Has the issue been taken up for consideration by the MC? If so what is the outcome?	The issue needs to be placed before the MC and with the approval of MC it needs to be taken up with the State Government.
• What is the current status in regard to revision of the following allowances in favour of the nursing staff which sound	There is no current thinking either in terms of revision of the existing scales or revival of certain allowances (like nursing welfare allowance) which have been

absurd? - uniform allowance– Rs. 700/- per annum; - risk allowance – nil; - night duty allowance – nil; - transport allowance – nil; - nursing welfare allowance- nil (this was Rs. 1600/- till Dec. 08 when it has been discontinued); - washing allowance – Rs. 50/- per month; - medical allowance – Rs. 300/- per annum.	withdrawn.
• What is the current status in regard to filling up the 33 posts of female attendants lying vacant?	• These posts are still lying vacant. They can be filled up only with receipt of budgetary allocations.
Observation No. 19 **Warder:** • The duties and responsibilities of the warders are onerous and exacting. Their number should be sanctioned according to the same norm as that of staff nurses. As against this, there is a huge gap between the number sanctioned and the	• It was explained that as against 212 posts sanctioned only 72 warders are in position.

number in position. What is the current thinking and planning to bridge this gap? • About 60 to 70 PC of the warders will retire within 2 to 3 years time. It should, therefore, be ensured that (a) there is no avoidable delay in filling up the vacancies in time (b) all the fresh recruits are literate and numerate and (c) proper orientation and training is imparted to them. What is the thinking and planning in this direction? • It was recommended that the uniform allowance of Rs. 2500/- per annum which was fixed several years ago needs to be enhanced to atlest Rs. 3000/- per annum considering the increase in cost of textiles fabrics.	There is no thinking or planning in this direction.
Observation No. 20 **Finances of RINPAS** • The difficult financial position in which RINPAS is placed was brought out at page 92-94 of the report which has the following disquieting features:-	

– A sum of Rs. 48 crores (round figure) which was kept in fixed deposit was removed and transferred to Government of Jharkhand in November, 2008 by the ex-Director-incharge – Dr. Ashok Kumar Prasad; – RINPAS was left in April, 2009 with barely sufficient amount (Rs. 5 Crores) for day to day management of the hospital; – The flow of funds from the Deptt. of Health, Government of Jharkhand has been quite erratic as would be evident from the following:- 2005-06 - Rs. 1.5 Crore 2006-07 – Rs. 2 Crore – No amount has been released towards academic purpose after 2007-08 when a sum of Rs. 1 Crore was released; – The budget of RINPAS has not been revised after 1.4.98 even though 2 Central Pay Commissions have submitted their report, new	

posts have been sanctioned, a few sanctioned posts have been filled up and recommendations of the Sixth Pay Commission have by and large been accepted. – The Board of Management had recommended that per capita expenditure per patient/bed per day should be revised from the current Rs. 500/- to Rs. 900/-. This was on 16.12.99. Ten years have passed since then but Health Deptt., Government of Jharkhand is yet to revise the grant.	

Impressions arising out of going round the OPD

Date: 28.1.2010

Time: 9 AM to 1 PM

The OPD counter is manned by 5 persons; there is a separate queue and arrangement for registration of elderly persons, women, physically, orthopaedically and visually handicapped persons.

- There is a separate counter for general check up of health.
- Registration fee is being charged @ Rs. 20/- per person; rest of the arrangements for medical examination, issue of prescription and dispensation of medicine at the drug dispensing counter are free of cost.
- Patients (mentally ill persons) are coming from Bihar, West Bengal, Jharkhand and Orissa.

- The districts from which they come are:-
  - Bihar - Monghyr, Darbhanga, Sitamarhi, Bhagalpur, Begusarai, Latehar, Nawada, Nalanda, Rohtas;
  - Jharkhand – Patratu, Ranchi, Palamau, Hazaribag, Gumla, Simdega, Dhanbad, Singhbhum, Dumka;
  - West Bengal – Howrah, Assanaol, 24 Parganas

- On an average, a patient is being accompanied by one person. Sometimes, the number goes up to four. Husbands are being accompanied by wives and vice versa. Children are being accompanied by parents.

- A patient in the waiting hall outside adjoining the OPD reported that he has been under regular treatment for the last 10 years and has shown significant improvement in his overall functioning so much so that he is able to travel on his own and has come 2 days in advance before the monthly medicines could get exhausted.

- Another patient reported that he has been suffering for the last 15 days and has come from Bhabhua in Bihar escorted by 6 members of the family. He was initially treated in Varanasi by a private practitioner did not show any improvement and finally on the advice of friends and relatives has landed up at RINPAS. On being asked as to why 6 persons had to escort the patient all the way from Bhabhua at a considerable travel cost @ Rs. 202 per person (to and fro by bus) one of the 6 persons responded by stating that this was necessary with a view to preventing the patient from harming others (which was quite likely on account of aggressiveness of his behaviour).

- The wife of another patient told me that that patient has been under treatment in RINPAS for the last 4 years. The treating Psychiatrist reported in this case that the patient has registered improvement in a few areas but simultaneously developed negative symptoms like

social withdrawal, lack of initiative, reluctance to earn a living by work etc.

- A patient from Jamalpur in Moghyr district in Bihar reported that he has been under treatment in RINPAS for the last 5 years and is thoroughly satisfied with the services provided. He reached RINPAS in early morning hours, got himself registered, was examined by the MO in the OPD, has procured the prescribed medicines within half an hour of examination and is now ready to go back. The waiting period in his case has been very short. On being asked as to whether he could make out the content of the prescription he responded by stating that even though he did not understand fully the content of the prescription he could make out which are the medicines to be taken by him, how many times and in what quantity as all these have been marked and explained to him at the time of issue of the prescription. He assured me that the drug compliance by him would be in full measure and he would come back a couple of days before expiry of the one month period for follow up.

- There was a girl child (10 years) from Purnea in Bihar who has been a victim of mental retardation (due to an attack of meningitis) and epilepsy. While epilepsy is fully treatable and with treatment the number of seizures has come down, there is no improvement as far as mental retardation is concerned. I noticed associated complications like numbness of fingers in the right hand due to seizure for which she was unable to hold her fingers I advised the parents to take her to the Physiotherapy Centre for undergoing Physiotherapy treatment with which the mobility of the fingers could improve. The parents complied with my request.

- I met all the patients who were waiting in the main hall of the OPD along with their relatives to be called for registration and examination by the MO. They had travelled from far off places – mostly from Jharkhand and Bihar, had travelled the whole night but were waiting patiently to take their turn. They represented an admixture of elderly

and young persons, old and new but were generally satisfied with the following:-

- adequacy of the waiting space;
- access to potable water, conservancy facility;
- access to television for news and recreation;
- no unusually long waiting period;
- civil and courteous treatment from the persons at the registration counter.

- There was not a single case of aggressive and violent patients being brought to RINPAS in fetters. For such patients 2 separate beds have been kept in the OPD for keeping them under sedatives for observation.

- There is a procedure being followed in RINPAS recommending the facility of concessional travel by railways in favour of the patients. A few patients were found to be availing of this facility by filling up the format prescribed for the purpose by providing travel details and affixing the photographs. Most of the patients were, however, ignorant of this procedure and preferred to pay the full amount to railways towards cost of their travel while some were found to have travelled without ticket.

- The waiting period in the OPD was for a maximum period of 2 hours This includes the time taken for registration, examination and collection of medicine. By 10 AM I found that atleast 20 patients had lined up before the drug dispensing unit for collection of medicines according to the prescription issued.

- The average time taken for collection of medicines at the drug dispensing counter ranges from 5 to 7 minutes. The time lag has been substantially cut down by posting of 3 sisters (nurses) at the drug dispensing unit.

- It was encouraging to note that a few patients were coming for follow up as also for collecting medicines 2 to 3 days before the stock of medicines (which are issued free of cost for 30 days at a stretch) got exhausted. By this they were able to ensure compliance with the drugs and there was no relapse.

- Relapse was, however, observed in a good number of cases when there was no such compliance with drugs. Inability to afford the cost of travel all the way to Ranchi to collect medicines and ignorance of the consequence of discontinuation were factors responsible for relapse.

- Interaction with patients at the OPD revealed the peculiarity and complexity of the situation in which the patients were brought to RINPAS. Some of these are:-

  - Brother of a patient who has been addicted to alcohol for 20 years and subsequently afflicted by paranoid Schizophrenia was away from the place where the patient lived; there being no other family member it involved a delay of so many years not easily explainable to bring the patient to the hospital at a stage when the ailment had reached an acute stage and possibility of early recovery was remote;

  - A woman alternated between abnormalcy and normalcy for 11 years. Two children were born to her. By the time the second child was born, the husband had died and the woman returned to an extremely abnormal condition which was manifested in the mother not recognizing the child, not being willing to breast feed the child, and not paying any care and attention to the child. The child was eventually sent to her inlaw's home and the mother, a case of acute paranoid Schizophrenia was brought to RINPAS by the husband at a stage when possibility of early recovery appeared to be remote.

Redeeming features:

- The persons manning the registration counter treated the patients with civility, courtesy, consideration and with utmost promptness.

- The patients and their relatives by and large appeared to be happy and satisfied with the treatment meted out to them.

- The treating physicians (Psychiatrists, Clinical Psychologists and Psychiatric Social Workers) and the students doing M.Phil/Ph.D. were found to be patient, diligent and meticulous in recording the personal history, family history and case history of the patients with clarity and accuracy which will help in arriving at the correct diagnosis.

- The three staff nurses at the drug dispensing centre entertained a large number of patients standing in the queue with patience, fortitude and understanding as also with utmost promptness (it took about 5 to 7 minutes to dispose off one case) and there was no complaint from any patient or relative whatsoever in regard to the treatment meted out to them.

Areas of concern:

- There was a data entry operator prior to September, 2009 who was collecting and storing demographic data in the computer. Since September, 2009 he had been withdrawn by the NIC from where he had come and, therefore, the practice of collection and storage of demographic data in the computer had been discontinued. In a scenario where patients tear away the prescription in a fit of rage, it becomes easier to reconstruct a file with the help of such computerized data. Not so any longer.

- The rooms provided to MOs (Psychiatrists, Clinical Psychologists and Psychiatric Social Workers) are cubicles where sitting space was inadequate (there was hardly any space for all the relatives accompanying a patient to be accommodated in that limited space).

The problem was likely to solved in the new OPD Block under construction where room sizes were 12'x10'.

Interaction with staff nurses from Calcutta undergoing training in RINPAS (28.1.2010):

Today was the concluding day of a fortnight long training for 30 staff nurses drawn from Asiatic Institute of Nursing, Calcutta. It would have been ideal if the training period could be extended to one month but on the request of the sponsors it was limited to 15 days. Apart from theoretical training in various aspects of psychiatric nursing, the trainee staff nurses had exposure to the patients in the wards (IPD), those in the OPD and had established a good interactive relationship with the patients, their relatives and the way they were being looked after by their counterparts (staff nurses) in RINPAS. On being asked as to what they learnt from this interaction which they would like to treasure they responded by stating that they got a lot of useful information about the patients, their family members, their occupation, their case history, personal history, family history of illness and so on. Their stay at RINPAS, nursing lessons in the class room, interactive relationship with the patients and their relatives on the whole was a wholesome and worthwhile experience.

Before parting I had a piece of counsel for the trainees. The most important expected outcome of such training exercises, according to me, was not limited to eliciting simple information about the patients, their personal history, family history, case history etc. but to ensure that they made the patients feel completely at home in their company on the one hand and impart fearlessness in the minds of the patients on the other. It was incumbent on them to drive home the following message to the patients and their relatives: 'There is nothing much that has been lost in life due to emergence of mental illness. Even if something has been lost it can be regained through medication, care and attention and life can be started afresh even after undergoing all the vicissitudes which mental illness might have entailed. It was incumbent on them (staff nurses) to continuously carry a stream of hope, faith and conviction to the patients while trying their level

best to save the lives of critical patients. This was the message underlying Viswakabi Rabindranath Tagore's couplet 'Ebar Phirao More:

'Floating aloft
On the crest of waves of this universe
We have to move on and on
Carrying on the long journey of life (to its logical close)
Unfettered, uninterrupted and without fear
Treating truth as the polestar
Being unafraid of death'.

After visit to OPD and interaction with patients and relatives I covered ECG, EEG, Ophthalmology, Physiotherapy, Pathology and X-ray departments. On an average 180 to 200 ECGs and 20 to 30 EEGs are being done. There was no significant addition in terms of procurement of new equipments either in Ophthalmology or Pathology department or Physiotherapy Centre although till December, 2009 more than 1100 samples of patient's blood, urine etc. have been examined in the Pathology department. In Opthalmology department the significant addition which could be considered for procurement would be equipments for examination of retina while in Physiotherapy Centre there was scope for considerable addition of new equipments to deal with examination of blood to diagnose ailments like rheumatoid arthritis. Similarly bone densitometry tests to diagnose osteoarthritis and Osteoporosis could be introduced. These additions could be considered after the new OPD Block came up complete in all respects.

Interaction with patients in the female ward (ward No. 1) and Male ward (ward No. 1, 2 and 3) on 28.1.2010 (AN) brought out the following commonalities and differences:-

- Female patients tend to be shy, introvert and withdrawn while their male counterparts were more open, outspoken and eager to speak out their mind to anyone coming from outside to visit them. The Matron and staff nurses attending the female patients were advised to

continuously engage these patients in conversation in a friendly and informal manner in a bid to enable them to open up.

- Elderly patients (both male and female) did not appear to be so outspoken as their younger counterparts. They were mostly found to be detached and withdrawn.

- Dresses supplied by the hospital administration were by and large being worn by female patients (although as it transpired they would prefer to put on sarees in place of salwar kameej which were provided to them) while it was not the case with their male counterparts many of whom were not even putting on woolen sweaters supplied to them even though the temperature ranged between 10°C to 20°C in January, 2010 when I visited them.

- The extent of participation of male patients in occupational therapy was more pronounced than their female counterparts.

- Many male patients expressed a desire to learn new trades/skills like motor car driving, computer and music while there was no such explicit desire on the part of female patients.

- Compared to the last visit (April, 2009) the patients (except the old, infirm and invalid ones) appeared to be more neat and tidy. In regard to the old, infirm and invalid ones who were also long stay patients there were serious problems in regard to their physical profiles (weight in particular which was showing a rapid downward trend), manner of sitting, manner of taking food and manner of sleeping. In view of extensive debilitation which had afflicted some of these patients in 70+ age group they were in need of special care and attention.

A few other observations and suggestions on the basis of interactions with inmates:

- In regard to recreation a few male patients had a good histrionic talent. This needs to be properly identified and harnessed, promoted and encouraged.

- Both among male and female inmates, there were literate ones who were found enjoying reading books and journals supplied to them from the library. Services of such patients who were young, energetic and literate could be harnessed in making their counterparts (who were not fortunate enough in going to school in the school going age) functionally literate. The help of ADRI, an NGO based at Ranchi and functioning as the State Resource Centre for Jharkhand could be taken in starting such literacy programmes. Textbooks could be provided by the SRC while other teaching learning aids could be supplied by RINPAS.

Visit to the kitchen and store:

While a few improvements have taken place (provision of chimney, boards for cutting vegetables, stainless steel containers for keeping food hot etc.) the kitchen block itself was old, not sufficiently lighted and ventilated and not having enough space to introduce the type of innovations which IMHH, Agra. Since sufficient land is available it may be desirable to go in for similar planning like IMHH, Agra and GMA, Gwalior and have a modern kitchen block comprising of the following:-

- Waiting lobby with a platform towards left and dispensing space for food on the right – about 11 metres;
- Vegetable storage platforms – about 12 metres;
- Preparation of food area – about 20 metres (washing and cutting vegetables);
- Cooking area – about 120 metres;
- Washing area (for clearing utensils) – about 20 metres;
- Food storage area – about 30 metres;
- Pantry area – about 16 metres;
- Changing room – about 10 metres (for cooks changing their dress and putting on an apron);

- Entrance – about 10 metres;
- Toilet block – about 10 metres;
- Gas bank – about 10 metres;
- Varanda – about 10 metres (towards left as one goes out of the kitchen)

Like IMHH, Agra, the following need to be installed in the kitchen block:-

- Chimneys (3);
- Exhaust fans (8);
- Air cooled pipeline duct (1);
- Gas pipeline (6 outlets);
- Chullah with grills (5);
- Chullah with tawa (2);
- Steel pipe trolleys for transportation of food to the dispensing window.

A few other observations and suggestions after visiting the kitchen and store as also a dining hall:

- The provision store room adjacent to the kitchen where rice, atta, edible oil, sugar, condiments etc. were being kept was neat and tidy and the articles have been stored in an orderly manner.

- In terms of quantity and quality and combination of carbohydrate, protein, oil/fat, trace minerals and vitamins the food which was being served for lunch appears to be a balanced one.

- The patients who were waiting outside the kitchen to take food out in trolleys as also taking food in the dining hall (male ward No. 1) were interrogated about the quantity and quality of food and they appeared to be fully satisfied.

- The gap between dinner (6 PM) and next day's breakfast (7AM) was too long. This observation was also made at the time of last visit to

RINPAS (April, 2009). The gap needs to be reduced. The revised timings for breakfast, lunch and dinner are suggested as under:-

Breakfast	-	7 AM to 7.30 AM
Lunch	-	1 PM to 1.30 PM
Dinner	-	8 PM to 8.30 PM

- To maintain complete transparency and accountability in issue of store items and use of the same in cooking the following suggestions are made:-

  - a board outside the store room to display the store items issued;
  - a board outside the kitchen to display the store items received;
  - the scale of rice, atta, dal, vegetable, milk, egg etc. per patient which is followed for breakfast, lunch and dinner to also be indicated in a separate board.

Review of Civil Works:

Ministry of Health, Government of India had vide letter No. HSN 1455 dated 4.2.2008 had asked RINPAS to submit a proposal for development of the existing Institute of Mental Health as a Centre of Excellence. Accordingly RINPAS requested PWD, National Rural Engineering Project (NREP) and Zilla Parishad to submit technically sanctioned estimates for the Project. Only NREP responded and the estimates submitted by NREP were forwarded to the Ministry of Health through Department of Health, Government of Jharkhand vide letter No. 313 dated 14.2.2009. The proposal contained the following major Projects namely:-

I. Construction of a new OPD Block for RINPAS at an estimated cost of Rs. 2,42,79,000/-.

II. Construction of 50 bedded boy's hostel at an estimated cost of Rs 2,06,72,700/-.

III. Casualty Block at an estimated cost of Rs. 41,55,000/-.

IV. Cafeteria at an estimated cost of Rs. 60,87,000/-.

V. Two Guest Houses at an estimated cost of Rs. 48 lakhs each.

Even though nearly a year has lapsed, either formal approval from Government of India or go ahead has not yet been received. However, in view of the urgency of requirement for these Projects and in consultation with and approval of Secretary, Health the work order was issued in favour of NREP on 2.9.2009 and 8.4.2009. The following considerations weighed with the Director to issue the work order in favour of NREP:-

- The Dy. Commissioner, Ranchi is the Chairman of the Works Sub Committee, RINPAS.
- NREP is under the direct administrative control of Dy. Commissioner.
- NREP has already undertaken various construction works in RIMS, Ranchi.

Between 11 AM and 12 Noon (28.1.2010) I went round the new OPD Block, Guest House (2) and Student's Hostel under construction and the following are my observations:-

I **Guest Houses:**

Two guest houses are under construction, each having 6 rooms, 3 attached toilets and a separate kitchen. These were old quarters of Deputy and Assistant Medical Superintendents (these posts have since been abolished) which are 10 years old, were not being used and, therefore, have been taken up for renovation so that after completion they can be converted to two full fledged guest houses for use of visitors from outside.

II **New OPD Block (15,220 Sq. ft.) :**

There will be in all 17 chambers for the Psychiatrists, Clinical Psychologist, Psychiatric Social Workers and students the break up of which is given as under:-

- one room for Physician;
- six rooms for Psychiatrists;
- four rooms for Clinical Psychologists;
- two rooms for Psychiatric Social Workers;
- four rooms for students for obtaining history of patients and for constructing the patient's files;
- one big room of 20'x12' in size for medical store;
- one big room of 20'x12' in size for Doctor's common room;
- one big room of 20'x12' for academic discussion;
- two rooms of 20'x12' in size each for male and female for emergency cases;
- one big room of 30'x12' size for registration with five counters (one for new cases, one for old cases, one for female attendant, one for senior citizens and one for the patients for general check up, pathological tests, x-ray, CT scan, treatment of ophthalmology and dentistry related ailments;
- one big room of 40'x24' size for keeping 60 steel almirahs for storing the records. It will be connected with two existing record rooms;
- one separate toilet for male and female MOs (3);
- three rooms of 12'x10' size for use of MOs in emergency duty;
- six emergency rooms (3 each for male and female patients of 12'x12' size), each room having 2 beds with one toilet each;
- the verandah space (72'x30'), three in number will be utilized by the patients waiting for consultancy in front of the consultancy chambers. Approximately 100 patients with relatives/family members can be accommodated in each verandah space.

III **Boy's Hostel (18,700 sq.ft.):**

- This has 32 rooms (double bedded) with 16 rooms in the ground floor and 16 rooms in the first floor. This can accommodate 64 students at a time.

- The hostel has a kitchen with a dinning hall, waiting room, room for hostel superintendent and student's guest room.

- The space in the first floor on the top of the dining hall, waiting room, room for hostel superintendent and student's guest room will be utilized as a common room in the first floor.

Deficiencies observed:

- The ratio between cement, sand and chips was, as reported, 1:2:4. The correct ratio should be 1:1.5:3.

- Brick joinery was defective. It was being done only on one side. No pointing of the joints was being done.

- Quality of bricks and sand did not appear to be in order.

- Curing did not appear to be adequate and effective.

- The MOs examination room did not have a provision for a wash basin which is a must for every such room for reasons of hygiene.

Suggestions related to safety and durability of structures:

- Correct ratio between cement, sand, chips for casting all RCC works and for column structures in particular which has been scientifically tested and proven must be observed. This will contribute to the strength, stability and durability of the RCC structures.

- Good quality bricks (which have been properly burnt and which are reddish in colour) and sand (medium size for brick joinery and plaster work and slightly larger size for roof and RCC casting) must be procured and used.

- Pointing must be done after brick joinery on both sides.
- Curing (brick joinery and RCC works) must be done for atleast 15 days. In case of roof it must be done for atleast 21 days 24 hours after the roof has been cast.

A few other suggestions:

- Every examination room of the MO as also the rooms meant for emergency duty should have intercom and computer facilities.
- The sitting arrangement in the verandah (3) which provides the waiting space for patients and their relatives should be properly planned so that each verandah can accommodate atleast 100 patients and 200 relatives @ 2 per patient.
- Centralized Xerox facility should be provided so that the patients ca get photocopies of the documents on a nominal charge.
- The planning of the new record room should be on the Dharwad mental health hospital model.

Interaction with the representatives of the executing agencies:

RINPAS is a 84 year old institution. The original structures were raised with lime and mortar and need regular repair and maintenance to ensure that (a) there are no vertical and horizontal cracks (b) heavy rain does not cause any seepage (c) the structures do not buckle due to excessive load. With this end in view I had a friendly and informal meeting with representatives of Civil, PHD and Electrical Wings of State PWD who are responsible for repair and maintenance of the structures. The review took place between 12 Noon to 1 PM in course of which I impressed on them the following points:-

Civil:

- Land and building of RINPAS, a prestigious institution for the whole of Jharkhand State should be treated as sacrosanct as life; they should be owned as dearly as ones own land and building.

- The old structures should be so maintained that they are safe and secure for the inmates. All the living rooms should be airy, lighted and ventilated and should provide a congenial environment.

- Cracks, seepages and leakages should not go unnoticed.

- There should be constant vigilance and surveillance over the safety and durability of the structures. No lapse or defect, howsoever minor, should go unnoticed.

PH:

- Drainage and sewerage must be provided for each structure.

- Care should be taken to ensure that there is no accumulation of water at any point.

- Samples of water must be drawn and sent for testing in approved PH Laboratories on a regular basis to ensure that it is free from excess of iron, sodium, calcium, sulphur, magnesium and floride to make it 100% potable.

- It has to be ensured that the source from which water is drawn is not contaminated and does not get dried up.

- It has to be ensured that water supply and sewerage lines are not intermingled.

- It has to be ensured that storage tanks are regularly cleaned by using the state-of-the-art technology with mechanized dewatering sludge removal, high pressure cleaning, vaccum cleaning, anti bacterial spray and ultra violet radiation.

- Continuous vigilance will have to be maintained over the life of storage tanks, water supply pipe lines so that normal and timely replacement takes place as they get worn out.

Electrical:

- Supply of electrical energy must be stable and durable.

- Interruptions and trippings should be minimized.
- Power back up should be made available through DG sets.
- Possibility of short circuit and impending disaster on account of such short circuit should be completely preempted.

I specifically pressed that the following items of repair work should be viewed the urgency and seriousness of concern which they warranted:-

I. The boundary wall around RINPAS is 3 kms long and 84000 sq.ft area. It has developed cracks at a number of points. It was colour washed several years ago and the paint has withered away. If repairs are not carried out through Birla Putty and colour washing the boundary wall may get weaker at a few points gravely exposing the security of the premises and inmates. A stitch in time saves nine and prevention is always better than cure. This golden rule should be followed without exception. Funds (Rs. 68 lakhs) asked for by the PWD should be placed at their disposal and the repair work should be taken up on high priority. It cannot be delayed any longer

II. Plaster and paint are falling at many places in the Director's room. Seepage was found in the false ceiling. If this was not attended to in time it will pose in due course a grave structural risk.

III. Horizontal cracks were observed in the wall near the opthalmological and pathological units. These also need priority attention.

Interaction with faculty members: 28.1.2010 (2 PM to 3 PM):

I met a few Psychiatrists, Clinical Psychologists and Psychiatric Social Workers and posed a few questions to them in course of interaction:-

- Would they share with me freely and frankly the problems, constraints and challenges faced by them on the clinical, academic and research side?

- Would they offer ideas and suggestions, which if implemented, can bring about a qualitative change and improvement in their functioning (in the 3 departments) apart from strengthening RINPAS?

- What is the number of rounds taken by them? What is the time spent by them with the patients? What are the questions addressed by them to the patients and their relatives? What are the responses elicited by them? Have the suggestions of the patients been accepted and acted upon?

- What is the extent of their participation in seminars, symposia and workshops? How many technical sessions have been chaired by them? What is the number of papers contributed by them? Have these papers been published?

- What further tools, equipments, books, journals and periodicals were required to be procured to keep the faculty abreast of the latest changes and developments?

The faculty members responded to these queries and shared the following ideas and suggestions with me:-

- There is urgent and imperative need for an exclusive Child Guidance-cum-Care Clinic (CGC) with inpatient facility. The existing children's ward needed to be renovated and refurnished to facilitate stay of parents with the children.

- The Clinical Psychology Laboratory should be strengthened by introduction of new tests (20) and by facilitating access to the latest software in view of the increase in the number of students doing M.Phil and Ph.D. in Clinical Psychology.

- Laptop should be provided to all faculty members. At the rate of Rs. 35000/- per laptop it would involve a commitment of budgetary allocation of Rs. 3.85 lakhs for all faculty members (11).

- On an average 11 faculty members (against 30 sanctioned) are contributing 30 research papers annually as also chairing technical sessions in various national as well as international conferences. It was gratifying to note that RINPAS was encouraging faculties as well as students for participating in conferences – national as well as international.

- A number of anomalies in pay scales and nursing allowances were cited. The stipend currently being paid to M.Phil and Ph.D. students (Rs. 5000/-) was grossly inadequate and needed to be stepped up. Similarly, non practising allowance which was earlier in vogue and has been discontinued should be revived. NPA should be counted as part of the total salary. HRA should be calculated @ 20% of basic+ NPA.

- The previous service rendered by some of the faculty members (Dr. Jai Prakash Associate Professor, Clinical Psychology) in organizations like DRDO under Ministry of Defence, Government of India should be counted towards continuity of service.

- Specialized Clinics to deal with problem areas like marital disharmony, psychosomatic disorders etc. should be started in the OPD at the earliest. These clinics will function on specific dates in a week and will not have any additional financial commitment.

- Psychiatric social workers should be sent to family Courts to help in resolution of marital disharmony.

- Each PSW may be asked to shoulder an additional responsibility of mental health programme for each school in the jurisdiction of Ranchi district to start with.

- PSWs should also undertake home visits in an extensive manner. Counselling should be extended from preadmission to home rehabilitation stage and for this extra mobility RINPAS should make necessary arrangement.

- Students who are pursuing MD in Psychiatry should be accommodated against sanctioned posts in the same hospital after passing out. This will help in filling up vacancies.

Drug Management:

Procurement, storage and distribution of drugs on the principles of adequacy, equity and affordability constitutes one of the key criteria to adjudge the efficient functioning of any public health hospital including mental health. Judged by these criteria RINPAS meets all the requirements of a sound public policy. It has made adequate budget provision for the purpose of procurement of drugs, the provision for the financial year 2009-10 being one crore. Tender is published in various news papers which are scrutinized and finalized by the Purchase Sub Committee and medicines are purchased according to rules. Medicines are purchased once in a quarter which makes force casting of drugs according to requirement possible. Since the minimum expiry period of drugs is 2 years there is no possibility of that period expiring (since stock of medicines is being replenished every quarter). Medicines are currently being issued to patients for 30 days and patient/their relatives can get a fresh supply of drugs one week before the first supply gets exhausted.

All indoor and outdoor patients of RINPAS are provided medicines free of cost. The patients attending satellite clinics at Jonha, Khunti, Saraikella and Hazaribagh as also at the DMHP Centres at Dumka, Daltonganj and Gumla are also provided medicines free of cost.

Additionally, the patients of Hazaribagh, Khunti and Ranchi Central jails are also provided medicines free of cost.

The total expenditure on account of drugs between April, 2009 to December, 2009 comes to Rs. 52 lakh. So far no serious problem has arisen either on account of budgetary allocation for drugs or on account of shortage of drugs.

Information, Education and Communication:

IEC is an important tool of awareness generation i.e. promoting correct understanding of various relevant issues. Its relevance in dealing with mental illness has been well established. Basically an IEC package in the context of mental illness should contain the following:-

- As many charts, posters or display boards as forms of mental illness.
- Characteristics/Symptoms of illness.
- Line of treatment;
- Dos and donots for patients and their relatives in dealing with various forms of mental illness (Schizophrenia, bipolar affective disorder, mania, depression etc.).

The messages related to the ailments should be written in simple Hindi (which is spoken in Bihar and Jharkhand) and which will be easily intelligible to literate patients and their relatives. The messages should be well visualized and well illustrated to create the desired impact.

Even though Director, RINPAS and other faculty members acknowledge the importance and relevance of such IEC packages, they are yet to make a beginning in this regard.

A new OPD Block is under construction. This is the right time to plan preparation of a set of well visualized and well illustrated IEC packages covering various forms of mental illness and keep the packages in shape of charts and posters or display boards ready so that they can be displayed on the hospital walls and in the rooms of OPD as soon as the OPD Block is complete and its physical possession is taken over from the executing agency.

The Director, RINPAS was advised to depute a Medical or any other officer who should be an artist to visit the Institute of Psychiatry, Jaipur and Regional Mental Health Hospital, Yerwada, Pune to study the mode of

design and preparation of IEC materials in these 2 mental health hospitals and submit a report on the basis of which RINPAS can plan design, preparation and display of these materials.

District Mental Health Programme:

Of 24 districts in Jharkhand, only 3 districts namely Dumka, Gumla and Daltonganj have been covered under DMHP. The details of the staffing pattern and services rendered under each are indicated below:-

I. DMHP, Dumka:

This was established on 13.2.2006 with one Psychiatrist, one Clinical Psychologist, one Psychiatric Social Worker, one Psychiatric Nurse, one record keeper and one attendant. The salary and allowances of the staff are being fully met by the Government of India. The centre under DMHP is open from 9 AM to 4.30 PM on working days and on an average 25-30 patients are being seen. The centre under DMHP performs the following functions:-

- Dispensation of free medicines;
- Issue of disability certificate;
- Visit of Central Jail, Dumka once a month;
- Conducting survey for identification of mental illness in 2 villages of each block.

II. DMHP, Gumla:

The Centre was established on 1.7.2009 with the same staffing pattern as DMHP, Dumka. Average number of OPD attendance is 25-30 per day. All the patients are being provided free medicine and disability certificate for mental retardation wherever needed. The Centre is organizing a visit to Gumla Central Jail once every month. Juvenile remand homes are also visited and Psychiatric services provided.

III. DMHP, Daltonganj:

The Centre was established on 2nd July, 2009 with the same staffing pattern as that of DMHP, Dumka and Gumla. The average attendance at the

OPD ranges between 30-35 per day. All the patients are being provided free medicine and disability certificate for mental retardation wherever needed. The Centre is organizing a visit to Palamau Central Jail, Daltonganj once every month.

DMHP is a decentralized activity launched with a view to carrying mental health services to the door steps of patients. This is a step in the right direction taken by Government of India, Ministry of Health and Family Welfare. So far out of 630 districts 123 districts have been brought under DMHP. RINPAS has sent proposals for sanction of DMHP for the following 4 districts:-

- Jamshedpur;
- Giridih;
- Hazaribagh;
- Deogarh.

This should be taken up by the Commission with the Ministry of Health and Family Welfare.

Community Satellite Clinics:

Community Satellite Clinic is yet another measure of decentralized mental health activity meant for carrying mental health care and service to the door steps of a mentally ill person. So far 8 such clinics have been opened by RINPAS at Jonha, Khunti, Saraikella - Kharson, Hazaribagh, Central Jail, Hazaribagh, Birsa Central Jail, Hotwar, Missionaries of Charity and Brombey.

The details of the community outreach programme are as under:-

1st Tuesday of the month	-	Jonha
2nd Tuesday of the month	-	Khunti
3rd Tuesday of the month	-	Saraikela Kharson
4th Tuesday of the month	-	Hazaribagh.
LNJN Central Jail, Hazaribagh	-	once a month
Birsa Central Jail, Ranchi	-	once a fortnight.

Nirmal Hirday and Chesier Home, Ranchi – once a fortnight.

NGOs like Nav Bharat Jagriti Kendra and Sanjeevani Gram Trust are helping identification of patients and their follow up.

During the last visit of Shri P.C. Sharma, Hon'ble Member, NHRC to Khunti in May, 2009 he had suggested that a vehicle may be placed at the disposal of Sanjeevani Gram Trust who were providing exemplary community service in mental health at Khuti. The Health Secretary, Jharkhand had agreed to comply with the request. However, this assurance is yet to be fulfilled till date.

The table below gives the number of patients who attended the community outreach programme during the year and previous 8 years:-

REPORT OF patients attendance at Jonha camps
FROM January 2004 TO December 2004
RINPAS, KANKE, RANCHI

Month	Total no of patients	Male patients	Female Patients
06 January 2004	174	109	65
03 February 2004	193	111	82
02 March 2004	154	86	68
06 April 2004	142	93	49
04 May 2004	136	89	47
01 June 2004	160	110	50
06 July 2004	183	105	78
03 August 2004	226	120	106
07 September 2004	290	128	91
05 October 2004	183	116	67
02 November 2004	201	122	79
07 December 2004	192	109	83
Total	2090	1298	865

REPORT OF patients attendant at Jonha camps
FROM January 2005 TO December 2005
RINPAS, KANKE, RANCHI

Month	Total no of patients	Male patients	Female Patients
04 January 2005	223	133	89
01 February 2005	207	124	83
01 March 2005	210	17	93
04 April 2005	231	134	97
03 May 2005	212	131	81
07 June 2005	197	132	65
05 July 2005	222	129	93
02 August 2005	206	134	72
06 September 2005	204	124	80
04 October 2005	173	108	65
01 November 2005	173	106	67
06 December 2005	206	107	79
Total	2463	1499	964

REPORT OF patients attendance at Khunti camps
FROM January 2004 TO December 2004
RINPAS, KANKE, RANCHI

Month	Total no of patients	Male patients	Female Patients
13 January 2004	171	106	65
10 February 2004	170	114	56
09 March 2004	163	98	65
13 April 2004	176	125	51
11 May 2004	181	113	68
08 June 2004	226	134	92
13 July 2004	226	140	96
10 August 2004	210	141	69
14 September 2004	267	167	100
12 October 2004	268	190	78
09 November 2004	255	184	71
14 December 2004	281	200	81
Total	2604	1712	892

REPORT OF patients attendance at Khunti camps
FROM January 2005 TO December 2005
RINPAS, KANKE, RANCHI

Month	Total no of patients	Male patients	Female Patients
11 January 2005	279	183	96
08 February 2005	299	255	44
08 March 2005	328	231	97
12 April 2005	334	236	98
10 May 2005	314	232	82
14 June 2005	312	242	70
12 July 2005	288	190	98
09 August 2005	267	180	87
13 September 2005	284	195	89
11 October 2005	282	203	79
08 November 2005	294	168	126
13 December 2005	363	210	153
Total	3644	2525	1119

REPORT OF patients attendance at Saraikella camps
FROM January 2004 TO December 2004
RINPAS, KANKE, RANCHI

Month	Total no of patients	Male patients	Female Patients
20 January 2004	112	50	62
17 February 2004	130	57	73
16 March 2004	163	72	91
April 2004	0	0	0
15 May 2004	185	81	104
20 June 2004	176	116	63
17 July 2004	236	114	122
17 August 2004	212	124	98
21 September 2004	245	123	113
19 October 2004	264	63	101
16 November 2004	283	189	94
21 December 2004	293	223	70
Total	2212	1221	991

REPORT OF patients attendance at Saraikella camps
FROM January 2005 TO December 2005
RINPAS, KANKE, RANCHI

Month	Total no of patients	Male patients	Female Patients
18 January 2005	198	211	87
18 February 2005	329	258	71
15 March 2005	343	245	98
19 April 2005	355	270	85
17 May 2005	345	274	71
21 June 2005	325	210	115
19 July 2005	344	239	105
16 August 2005	334	216	118
20 September 2005	391	249	142
18 October 2005	375	272	103
15 November 2005	405	231	174
20 December 2005	411	211	190
Total	4245	2886	1359

REPORT OF patients attendance at Hazaribag camps
FROM January 2004 TO December 2004
RINPAS, KANKE, RANCHI

Month	Total no of patients	Male patients	Female Patients
27 January 2004	325	171	154
24 February 2004	355	177	168
24 March 2004	387	210	177
27 April 2004	348	198	150
25 May 2004	386	222	164
22 June 2004	290	168	122
27 July 2004	412	260	154
24 August 2004	372	224	148
28 September 2004	418	234	184
26 October 2004	382	228	154
23 November 2004	362	218	144
28 December 2004	437	259	178
Total	4464	2569	1895

REPORT OF patients attendance at Hazaribag camps
FROM January 2005 TO December 2005
RINPAS, KANKE, RANCHI

Month	Total no of patients	Male patients	Female Patients
25 January 2005	388	247	141
22 February 2005	460	288	172
22 March 2005	485	136	169
26 April 2005	567	386	189
24 May 2005	416	305	156
28 June 2005	560	363	197
26 July 2005	531	347	184
23 August 2005	478	309	196
27 September 2005	610	497	213
25 October 2005	628	416	212
22 November 2005	584	383	201
27 December 2005	693	367	326
Total	6553	4224	2329

Table - I

Performance of Deptt. of Psychiatry:

Staffing Pattern	Authorized	Posted
Professor	1	1
Associate Professor	4	Nil
Assistant Professor	7	2
Sr. Residents	11	7
Research Officer	4	1
Psychiatrist	2	2

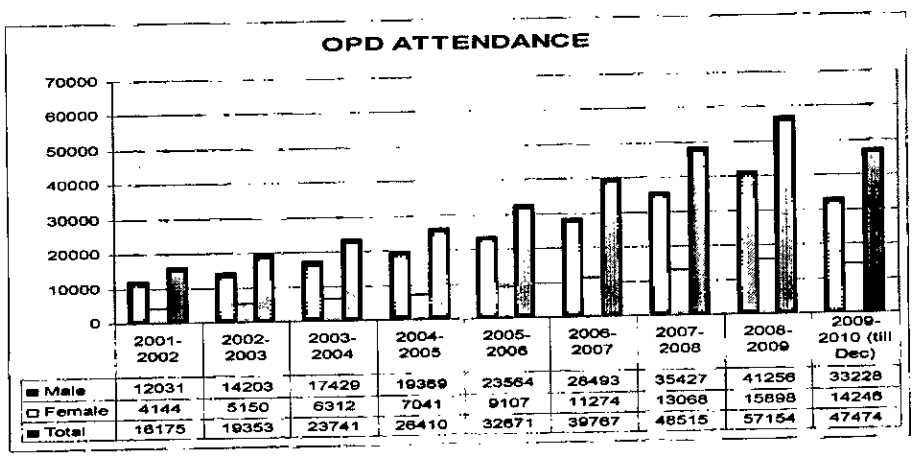
This is the largest and most important department with OPD attendance of about 40,000 patients and 1846 admissions last year. The department with Prof. (Dr.) S. Chaudhury as the Head is actively involved in clinical work, teaching and research activities. The Psychiatrist, besides drug treatment also does counselling, behaviour therapy and group therapy. The male and female patients are admitted after detailed physical examination and investigation. Diagnosis is made according to the ICD – 10 classificatory systems.

Unlike other mental health hospital OPD facility is available for the longest possible duration i.e. from 9 AM to 4 PM (except Sundays and Gazetted holidays when it is from 9 AM to 1 PM). The table below shows OPD attendance between 2001-02 to 2009-10 (till December, 2009):-

Table - II

OPD Attendance

	Male	Female	Total
2001-2002	12031	4144	16175
2002-2003	14203	5150	19353
2003-2004	17429	6312	23741
2004-2005	19369	7041	26410
2005-2006	23564	9107	32671
2006-2007	28493	11274	39767
2007-2008	35427	13068	48515
2008-2009	41256	15898	57154
2009-2010 (till Dec)	33228	14246	47474



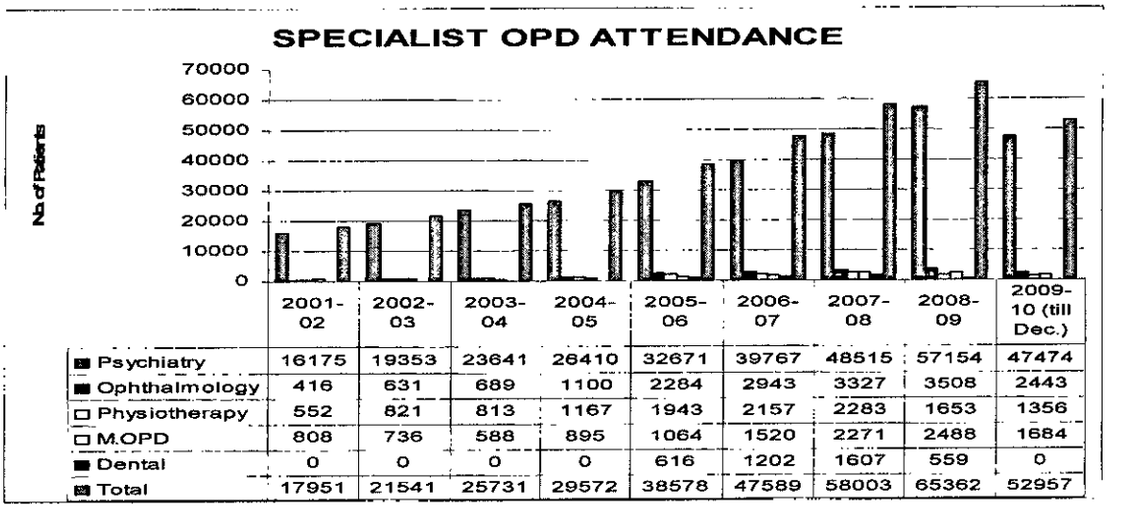
It is evident that OPD attendance has steadily increased over the past 7 years.

The table below shows the total number of patients seen in Psychiatry, Opthalmology, dental, medical OPD and Physiotherapy OPD during the year under review and previous 6 years:-

Table – III

Specialist OPD Attendance

	Psychiatry	Ophthalmology	Physiotherapy	M.OPD	Dental	Total
2001-02	16175	416	552	808	0	17951
2002-03	19353	631	821	736	0	21541
2003-04	23641	689	813	588	0	25731
2004-05	26410	1100	1167	895	0	29572
2005-06	32671	2284	1943	1064	616	38578
2006-07	39767	2943	2157	1520	1202	47589
2007-08	48515	3327	2283	2271	1607	58003
2008-09	57154	3508	1653	2488	559	65362
2009-10 (till Dec.)	47474	2443	1356	1684	--	52957



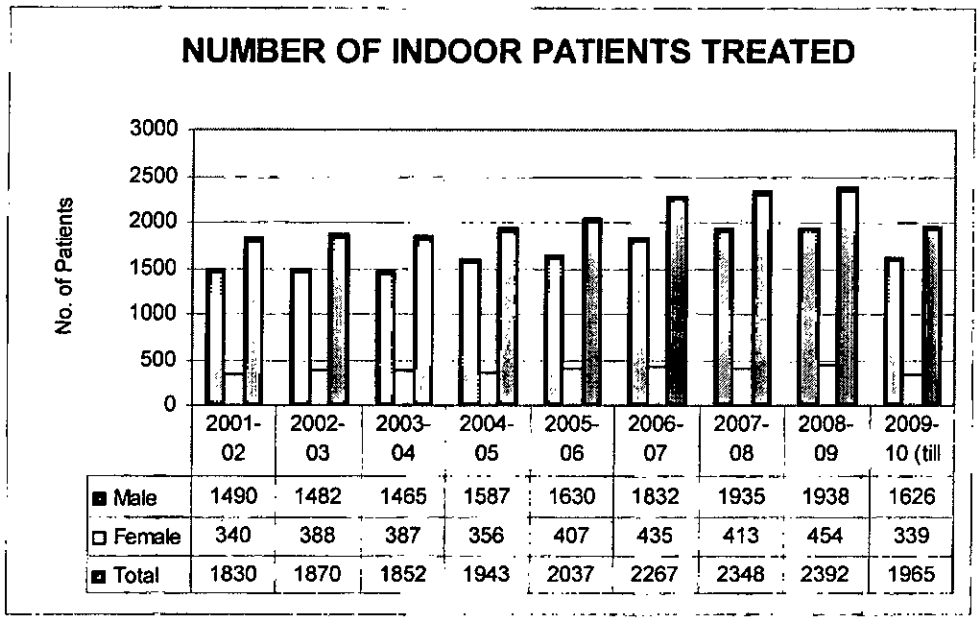
	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10 (till Dec.)
Psychiatry	16175	19353	23641	26410	32671	39767	48515	57154	47474
Ophthalmology	416	631	689	1100	2284	2943	3327	3508	2443
Physiotherapy	552	821	813	1167	1943	2157	2283	1653	1356
M.OPD	808	736	588	895	1064	1520	2271	2488	1684
Dental	0	0	0	0	616	1202	1607	559	0
Total	17951	21541	25731	29572	38578	47589	58003	65362	52957

Indoor Services include patient's physical and mental care. Weekly assessment of the patient's mental state is being conducted. Quality Pharmacological management of the patient is done with injectables, tablets and liquid preparations along with Psychotherapy. Newer groups of anti psychotic, anti – depressant, mood stablilizers and anti-epileptic drugs are used. EEG is done as and when required. ECG is done routinely for cardiac problems.

The table below shows the number of patients treated during the year and previous 6 years:-

Table IV
Number of indoor patients treated

	Male	Female	Total
2001-02	1490	340	1830
2002-03	1482	388	1870
2003-04	1465	387	1852
2004-05	1587	356	1943
2005-06	1630	407	2037
2006-07	1832	435	2267
2007-08	1935	413	2348
2008-09	1938	454	2392
2009-10 (till Dec.)	1626	339	1965

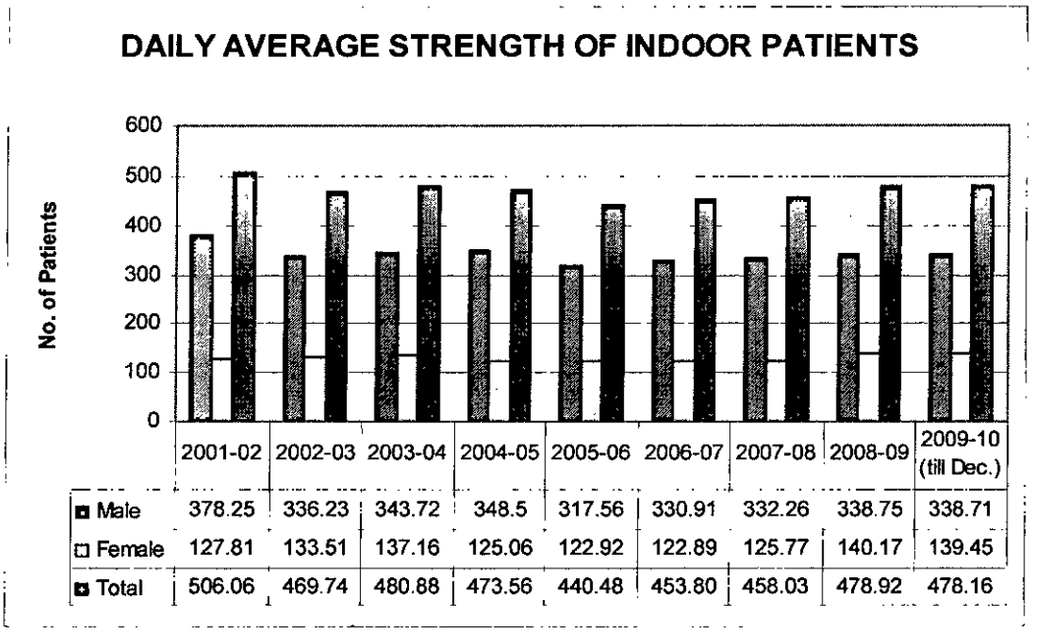


The table below shows the daily average bed occupancy:-

Table-V

Daily average strength of indoor patients:

	Male	Female	Total
2001-02	378.25	127.81	506.06
2002-03	336.23	133.51	469.74
2003-04	343.72	137.16	480.88
2004-05	348.5	125.06	473.56
2005-06	317.56	122.92	440.48
2006-07	330.91	122.89	453.80
2007-08	332.26	125.77	458.03
2008-09	338.75	140.17	478.92
2009-10 (till Dec.)	338.71	139.45	478.16



The number of indoor patients treated and the average bed occupancy has increased in the year under report.

The tables below indicate the total number of admission and discharge of male and female patients during the year and the previous 3 years:-

Table – VI

Total admissions:

Year	Male	Female	Total
2001-02	1088	209	1297
2002-03	1138	256	1394
2003-04	1118	241	1359
2004-05	1221	228	1449
2005-06	1276	285	1561
2006-07	1536	310	1846
2007-08	1602	286	1888
2008-09	1597	321	1918
2009-10 (till Dec.)	1187	198	1385

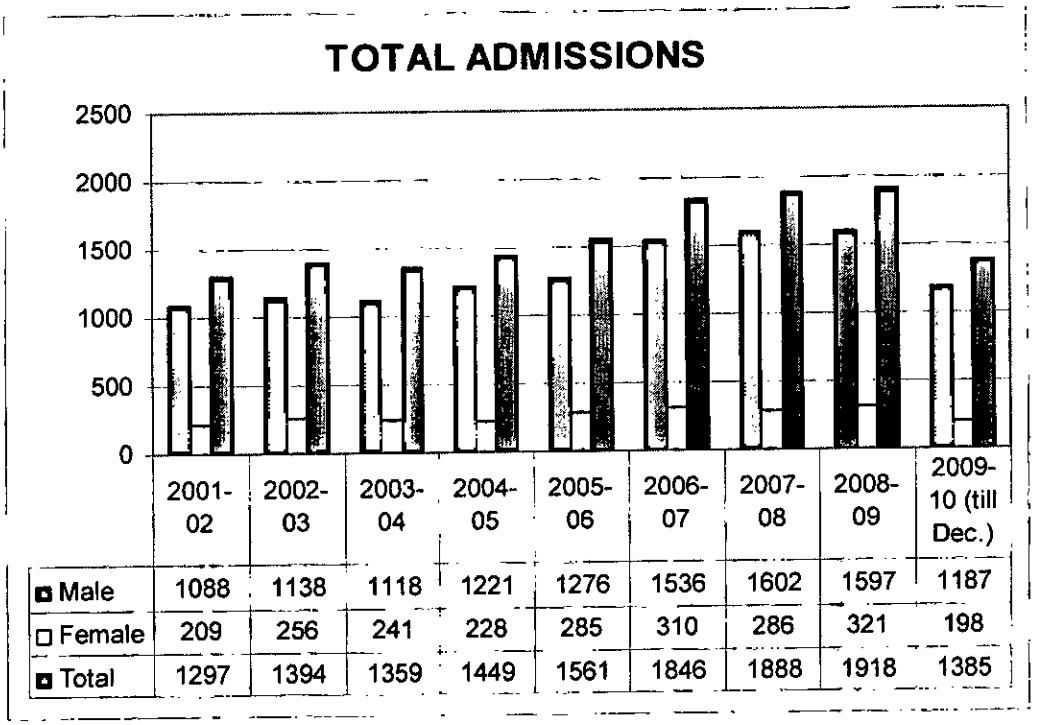
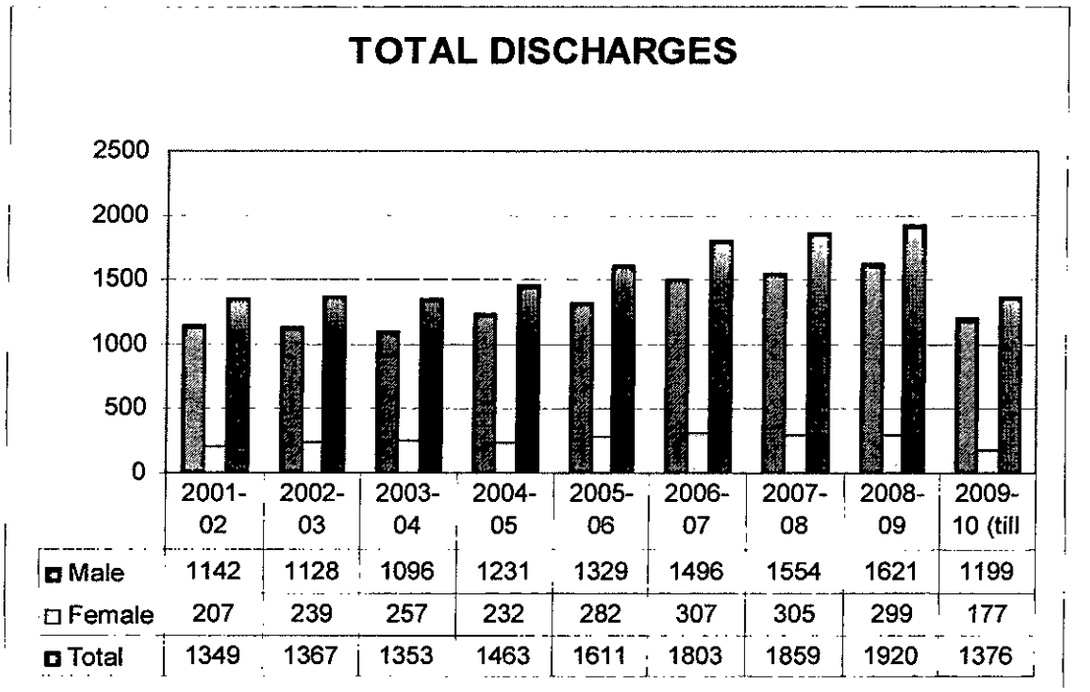


Table – VII

Total discharges:

Year	Male	Female	Total
2001-02	1142	207	1349
2002-03	1128	239	1367
2003-04	1096	257	1353
2004-05	1231	232	1463
2005-06	1329	282	1611
2006-07	1496	307	1803
2007-08	1554	305	1859
2008-09	1621	299	1920
2009-10 (till Dec.)	1199	177	1376



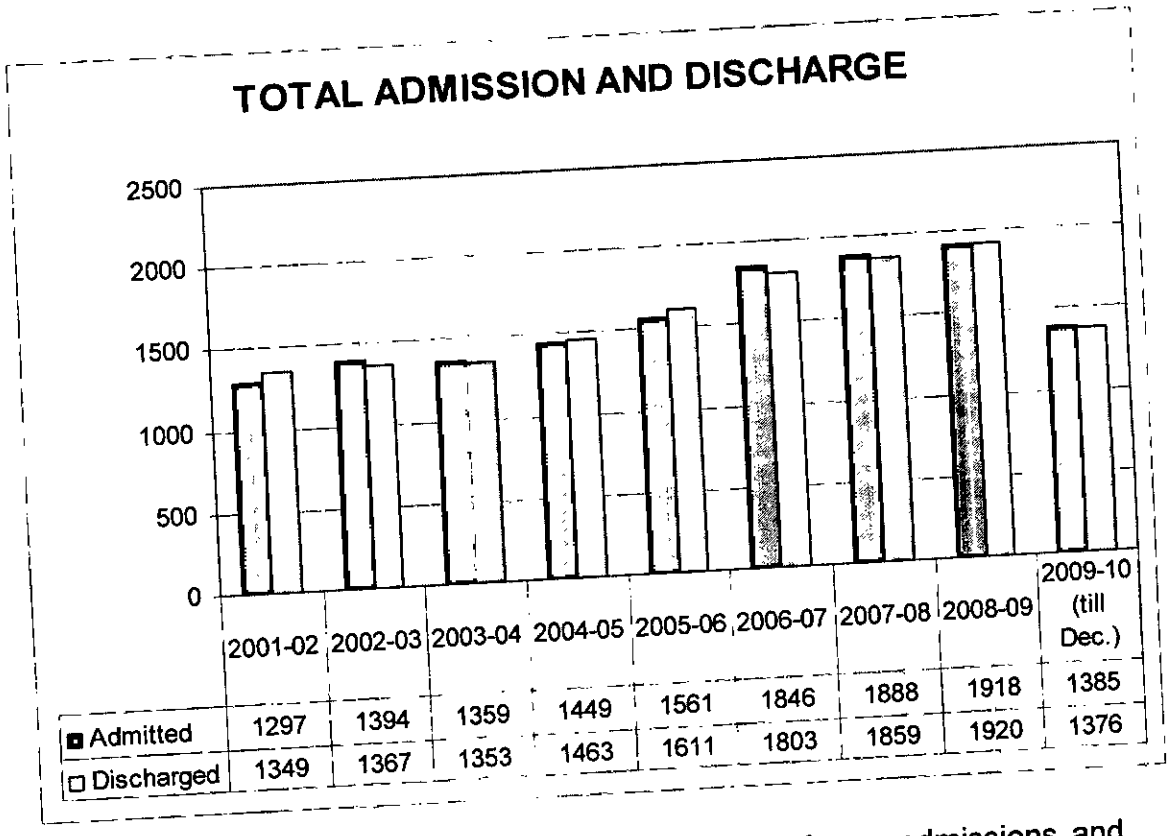
The above tables indicate that more male and female patients were admitted as well as discharged in the year under review.

The table below would indicate that both admission and discharge are more or less evenly matched:-

Table VIII

Total number of patients admitted and discharged:

Year	Admitted	Discharged
2001-02	1297	1349
2002-03	1394	1367
2003-04	1359	1353
2004-05	1449	1463
2005-06	1561	1611
2006-07	1846	1803
2007-08	1888	1859
2008-09	1918	1920
2009-10 (till Dec.)	1385	1376



The table below would indicate the number of new admissions and readmissions and percentage of readmission to total admission during the year as compared to previous 8 years:-

Table – IX

Number and percentage of readmissions:

The following table shows the number of new admission and re-admission and percentage of re-admission to total admission, during the year, as compared to previous eight years:-

Year	New admission			Re-admission			Total admis-sion	Percentage of re-admission to total admission
	M.	F.	T.	M.	F.	T.		
1	2	3	4	5	6	7	8	9
2001-02	876	181	1057	212	28	240	1297	18.50
2002-03	878	207	1085	260	49	309	1394	22.17
2003-04	887	202	1089	231	39	270	1359	19.86
2004-05	994	191	1185	227	37	264	1449	18.21
2005-06	1054	248	1302	222	37	259	1561	16.60

2006-07	299	268	1567	237	42	279	1846	15.11
2007-08	1335	248	1583	267	38	305	1888	16.15
2008-09	1357	295	1652	240	26	266	1918	13.86
2009-10 (till Dec.)	967	171	1138	211	27	238	1376	17.29

Table – X

The table below indicates the residence of patients who were admitted during the period under review:-

	Year 2005-06			Year 2006-07			Year 2007-08			Year 2008-09			Year 2009-10 (till Dec.)		
State	**M.**	**F.**	**T.**	**M.**	**F.**	**T.**	**M.**	**F.**	**T.**	**M.**	**F.**	**T.**	**M.**	**F.**	**T.**
Jharkhand	655	202	857	736	203	939	795	195	990	863	215	1078	643	142	785
Bihar	600	75	675	754	98	852	798	90	879	711	103	814	532	56	588
West Bengal	9	5	14	19	3	22	5	1	6	9	2	11	3	-	3
Orissa	6	1	7	6	1	7	5	-	5	8	-	8	8	-	8
Chattisgarh	3	-	3	7	2	9	4	-	4	2	1	3	-	-	-
Uttar Pradesh	1	2	3	6	2	8	1	-	1	2	-	2	1	-	1
Aruanchal Pradesh	-	-	-	1	0	1	-	-	-	-	-	-	-	-	-
Madhya Pradesh	-	-	-	1	0	1	-	-	-	1	-	1	-	-	-
Maharastra	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Nepal	-	-	1	6	1	7	3	-	3	1	-	1	-	-	-
Total	**1276**	**285**	**156 1**	**1536**	**310**	**1846**	**1602**	**286**	**1888**	**1597**	**321**	**1918**	**1187**	**198**	**1385**

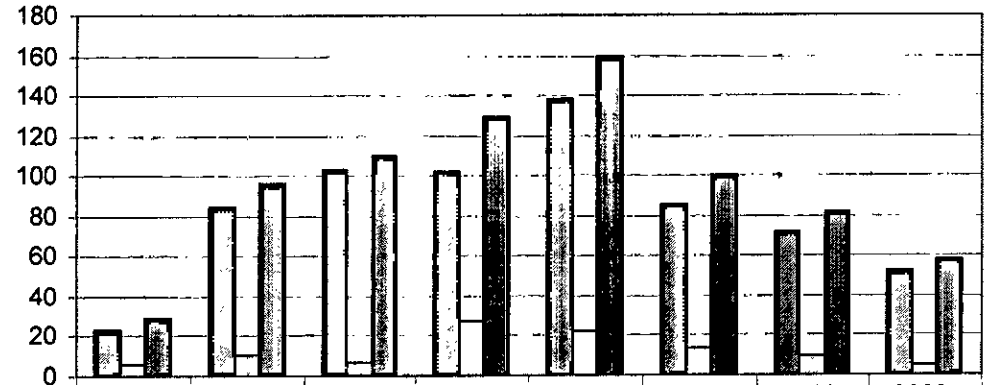
The tables below indicate the number of paying patients treated and daily average bed occupancy of paying wards during the year under review and previous years:-

Table – XI
Number of patients admitted in paying ward:

	Male	Female	Total
27-6-02 to 31-3-03	23	6	29
2003-2004	85	11	96
2004-2005	103	7	110
2005-2006	102	27	129
2006-2007	138	22	160
2007-2008	86	14	100

2008-2009	72	10	82
2009-2010 (till Dec.)	53	5	58

NO. OF PATIENTS ADMITTED IN PAYING WARD

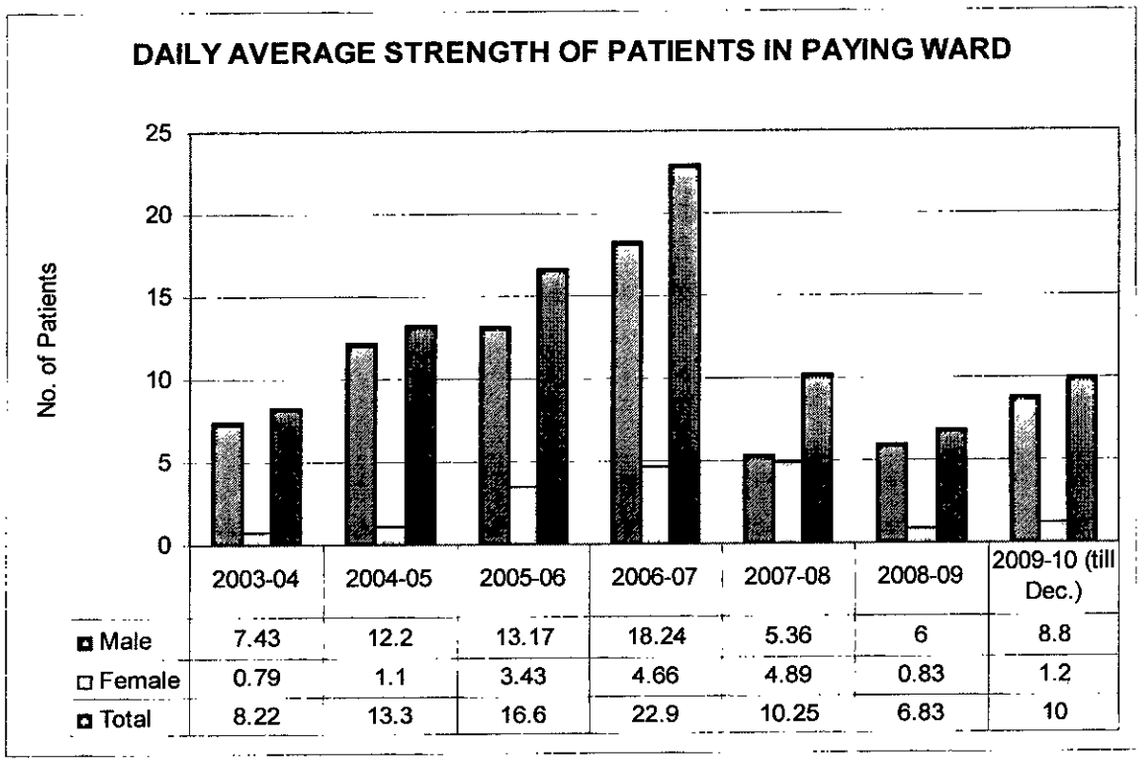


	27-6-02 to 31-3-	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010 (till
Male	23	85	103	102	138	86	72	53
Female	6	11	7	27	22	14	10	5
Total	29	96	110	129	160	100	82	58

Table XII

Daily average strength of patients in paying ward:

	Male	Female	Total
2003-04	7.43	0.79	8.22
2004-05	12.2	1.1	13.3
2005-06	13.17	3.43	16.6
2006-07	18.24	4.66	22.9
2007-08	5.36	4.89	10.25
2008-09	6	0.83	6.83
2009-10 (till Dec.)	8.8	1.2	10

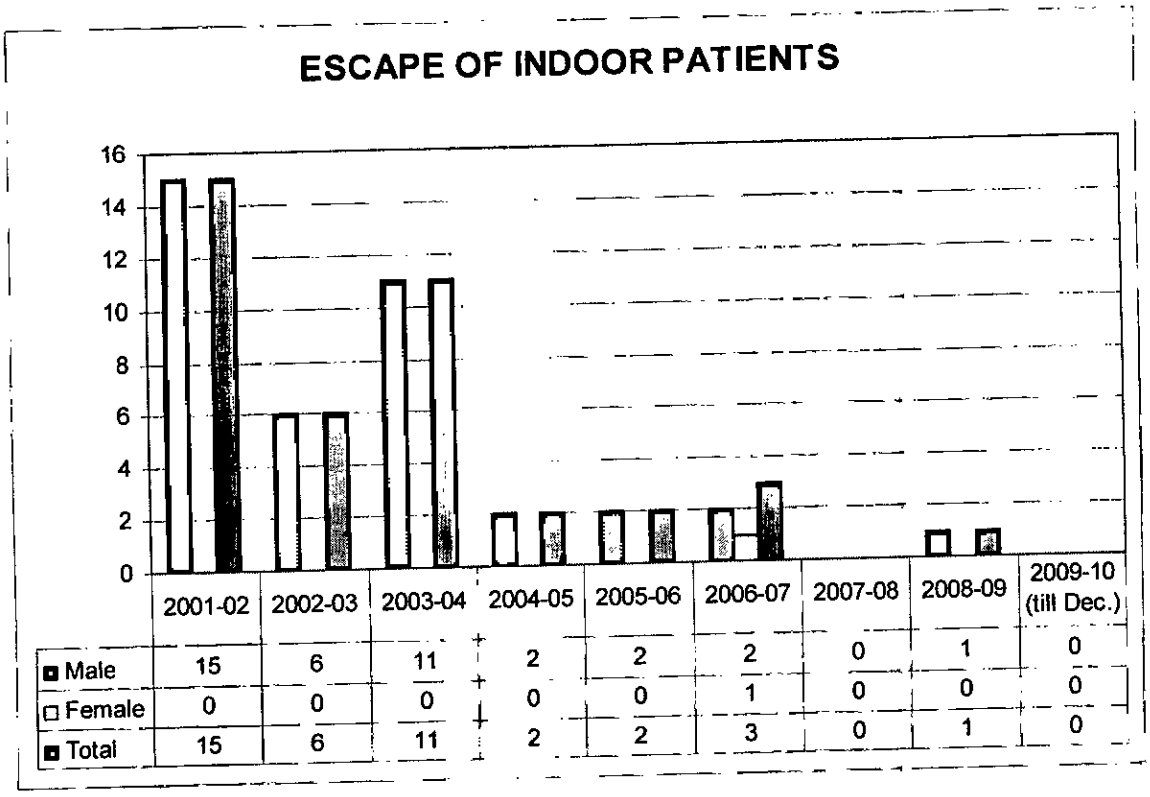


The table below indicates the escape of indoor patients during the year under review and previous years:-

Table XIII

Escape of indoor patients:

Year	Male	Female	Total
2001-02	15	0	15
2002-03	6	0	6
2003-04	11	0	11
2004-05	2	0	2
2005-06	2	0	2
2006-07	2	1	3
2007-08	-	-	-
2008-09	1	0	1
2009-10 (till Dec.)	0	0	0



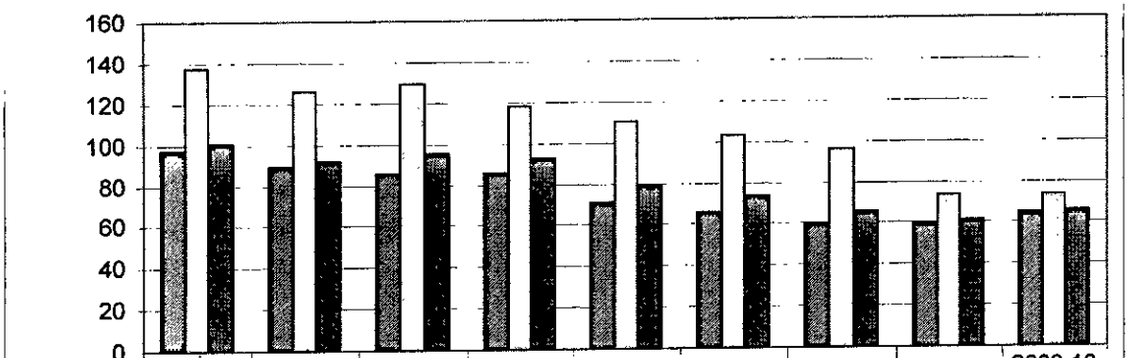
The table below indicates the average length of stay of indoor patients:-

Table XIV

Average length of stay of indoor patients:

Year	Male	Female	Total
2001-02	96.65	137.21	100.93
2002-03	88.8	125.6	91.69
2003-04	85.87	129.71	95.03
2004-05	85.84	117.66	92.44
2005-06	71.11	110.24	78.93
2006-07	65.92	103.11	73.06
2007-08	59.24	96.16	65.30
2008-09	59.21	73.74	61.41
2009-10 (till Dec.)	64.28	73.62	65.48

AVERAGE LENGTH OF STAY OF INDOOR PATIENTS



	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10 (till Dec.)
Male	96.65	88.8	85.87	85.84	71.11	65.92	59.24	59.21	64.28
Female	137.21	125.6	129.71	117.66	110.24	103.11	96.16	73.74	73.62
Total	100.93	91.69	95.03	92.44	78.93	73.06	65.30	61.41	65.48

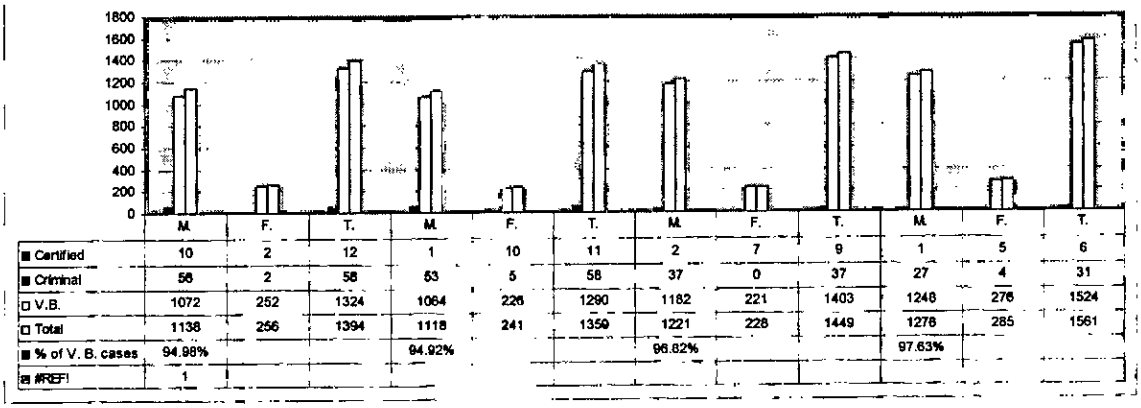
The table below gives a breakup of the categories of patients i.e. certified, criminal and VB:-

Table XV

Categories of inpatients:

	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Certified	10	2	12	1	10	11	2	7	9	1	5	6
Criminal	56	2	58	53	5	58	37	-	37	27	4	31
V.B.	1072	252	1324	1064	226	1290	1182	221	1403	1248	276	1524
Total	1138	256	1394	1118	241	1359	1221	228	1449	1276	285	1561
% of V. B. cases		94.98%			94.92%			96.82%			97.63%	

TABLE-13: CATEGORIES OF INPATIENTS



	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Certified	10	2	12	1	10	11	2	7	9	1	5	6
Criminal	56	2	58	53	5	58	37	0	37	27	4	31
V.B.	1072	252	1324	1064	226	1290	1182	221	1403	1248	276	1524
Total	1138	256	1394	1118	241	1359	1221	228	1449	1276	285	1561
% of V. B. cases	94.98%			94.92%			96.82%			97.63%		
#REF!	1											

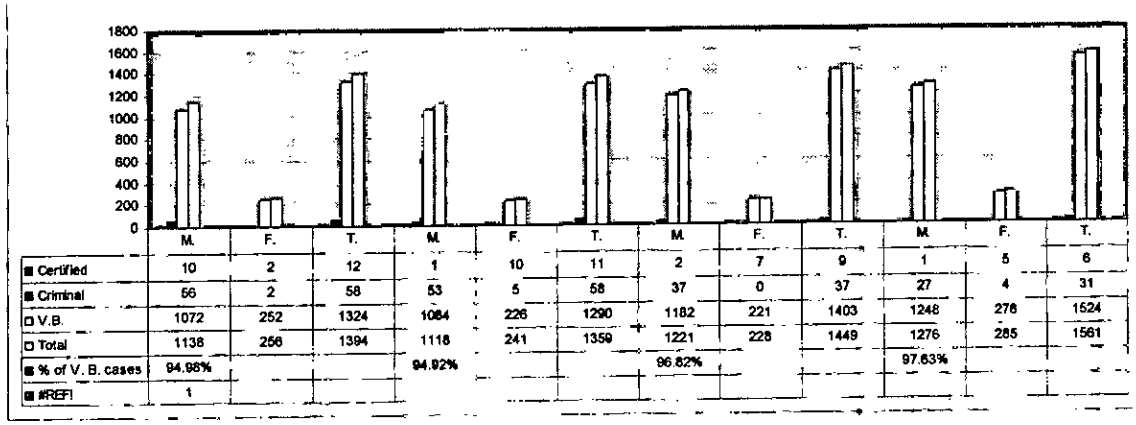
The table below gives the daily average number of criminal patients:-

Table XVI

Daily average number of criminal patients:

	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Certified	10	2	12	1	10	11	2	7	9	1	5	6
Criminal	56	2	58	53	5	58	37	-	37	27	4	31
V.B.	1072	252	1324	1064	226	1290	1182	221	1403	1248	276	1524
Total	1138	256	1394	1118	241	1359	1221	228	1449	1276	285	1561
% of V. B. cases		94.98%			94.92%			96.82%			97.63%	

TABLE-13: CATEGORIES OF INPATIENTS



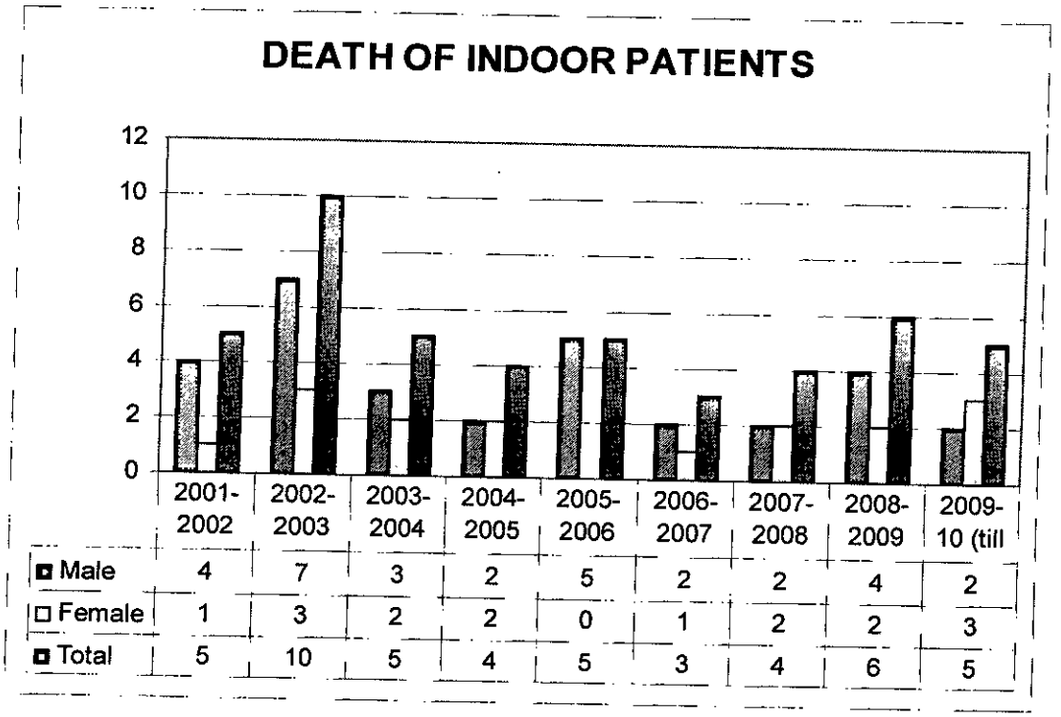
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Certified	10	2	12	1	10	11	2	7	9	1	5	6
Criminal	56	2	58	53	5	58	37	0	37	27	4	31
V.B.	1072	252	1324	1064	226	1290	1182	221	1403	1248	276	1524
Total	1138	256	1394	1118	241	1359	1221	228	1449	1276	285	1561
% of V. B. cases	94.98%			94.92%			96.82%			97.63%		
#REF!	1											

The table below gives information about death of indoor patients:-

Table – XVII

Death of indoor patients:

Year	Male	Female	Total
2001-2002	4	1	5
2002-2003	7	3	10
2003-2004	3	2	5
2004-2005	2	2	4
2005-2006	5	0	5
2006-2007	2	1	3
2007-2008	2	2	4
2008-2009	4	2	6
2009-10 (till Dec.)	2	3	5



Right to life as in Art. 21 of the Constitution:

Amongst the many dimensions of the human rights of a mentally ill person who has come to the OPD of a mental health hospital for checkup and diagnosis of the ailment or who after diagnosis has been admitted to the inpatient's department sacrosanctity of life of the patient is the most important. The MOs and para medical staff and in particular the staff nurses need to carry hope, faith and conviction to the patients who have been admitted or even who are under examination that (a) everything in life is not

lost and (b) life can be started a fresh. They need to make constant efforts to (a) save lives of patients who have been admitted and (b) to ensure that no human life is lost due to willful negligence.

This aspect came out clearly in course of my interaction with the matron and other staff nurses. It transpired that due to timely intervention of MOs and staff nurses lives of a number of patients could be saved. This will be evident from the following illustrations (real life examples):-

I. A wandering female patient Sania (30) was brought to RINPAS by the local police officials on 21.8.2009 with a reception order from the local Court. After being given admission bath it was found by the nurses that the patient was severely infected by Syphillis and was also pregnant. Without any loss of time the patient was sent to gynaecological OPD of RIMS as also the skin OPD for a checkup. Thereafter the patient was given the best possible treatment as per the advice given by the said departments. The patient delivered a baby boy on 24.11.2009. The mother and the child are with RINPAS and the hospital authorities are in the process of handing over the two to the Sisters of charity.

Another patient – Ashia by name (20) was brought to RINPAS and got admitted by her aunt Shakilla Bano on 3.7.2009. After preliminary investigation it was found that the patient was HIV Positive. Immediate action was taken to send the patient to the Anti Retrieval Therapy Centre of RIMS for treatment. The patient received proper care, attention and treatment, has eventually been discharged and taken away by her aunty on 9.9.2009.

A patient – Rukshana Khatoon who was admitted to RINPAS on 13.1.2010 by her husband tried to commit suicide by hanging on the night of 22nd January, 2010 but the bid was aborted and life saved due to alertness of the nurses on duty as also their timely intervention. Due to psychiatric intervention and treatment she has registered considerable improvement from the ongoing stress.

An unknown 25 year old male patient was brought to RINPAS by Kodarma Police on 26.2.2009 with a reception order. The patient was suffering from severe anaemia. He was sent to RIMS for treatment where blood transfusion was given and the patient's life was saved.

There is yet another case of Mahapti Gwalin where despite best possible efforts the life of the patient could not be saved. She was admitted to RINPAS at the age of 35 years in 1974. She was brought to RINPAS by the SDO, Chattra as an unknown female. On admission it was found that she was a microcephili (patients who never gain weight). Later it was found that she had cervical cancer and the same was in an advanced stage. She was referred to Tata Memorial Cancer Hospital for treatment and returned to RINPAS in a better condition. Later, with advancement of years she developed a number of other illnesses but the ever observant and vigilant attention of the hospital staff helped her to cope with these illnesses. She was operated for cataract in RINPAS but later she developed cardiac problems and sent to RIMS for treatment. She expired on 2.2.10.

It was encouraging to note that consistent with the Constitutional, moral and ethical dimensions of right to life, RINPAS takes meticulous care to extend the best possible care to all patients who are in need of such care. Such care comprises of:-

- patients take or helped to take their daily bath, change or helped to change their clothes and maintain or are enabled to maintain their personal hygiene;

- a close watch is kept on their behaviour and timely intervention takes place depending on need in each case;

- intake of psychotropic drugs is closely supervised;

- the patient's progressive improvement or deterioration is closely monitored on a day to day basis;

- constant feedback about the condition of the patient is provided to the psychiatrist/treating physician;

- patients who have been effectively treated and who have progressed enough to be able to contribute their hard manual labour are persuaded and sent to the occupational therapy (OT) department;

- in case of severe medical emergencies patients are sent to RIMS for treatment;

- every possible effort is being made to maintain the wards and surrounding areas neat and tidy;

- daily meetings are held with other team members and old patients are kept oriented about dates, months and year;

- nursing duty goes on uninterrupted in 3 shifts despite shortage of nurses.

Cases of mentally ill persons having associated complications which have been referred to RIMS for treatment:

Between 1.1.2009 and 31.12.2009 34 male patients and 13 female patients who were mentally ill persons initially admitted to RINPAS and who had associated complications like anaemia, multiple burn wounds, fever, loose motion, breathlessness, drug reaction, diabetes, cellulites, pain in the abdomen were referred to RIMS for specialized treatment. There is a proper liaison and coordination between RIMS and RINPAS as far as treatment of such patients is concerned.

Performance of the Department of Clinical Psychology:

The Department was opened on 14.9.66. It was recognized as a teaching department affiliated to Ranchi University w.e.f. 1.4.98. The department headed by Prof. Dr. Amool Ranjan Singh has 6 seats in M.Phil and 2 in Ph.D. courses. It has the following staff pattern:-

Staffing Pattern	Authorized	Posted
Professor	1	1
Associate Professor	3	3
Assistant Professor	3	1
Lecturer (Philosophy-cum-yoga)	1	1
Clinical Psychologist	1	1
Research Officer	4	3

The faculty is involved in clinical, teaching, research, rural community programme and urban school mental health programmes. The department is equipped with modern neuropsychological test materials and bio feed back machines. Besides carrying out Psycho diagnostic and Psychotherapeutic programmes, the faculty members also actively participate in group therapy and research activities.

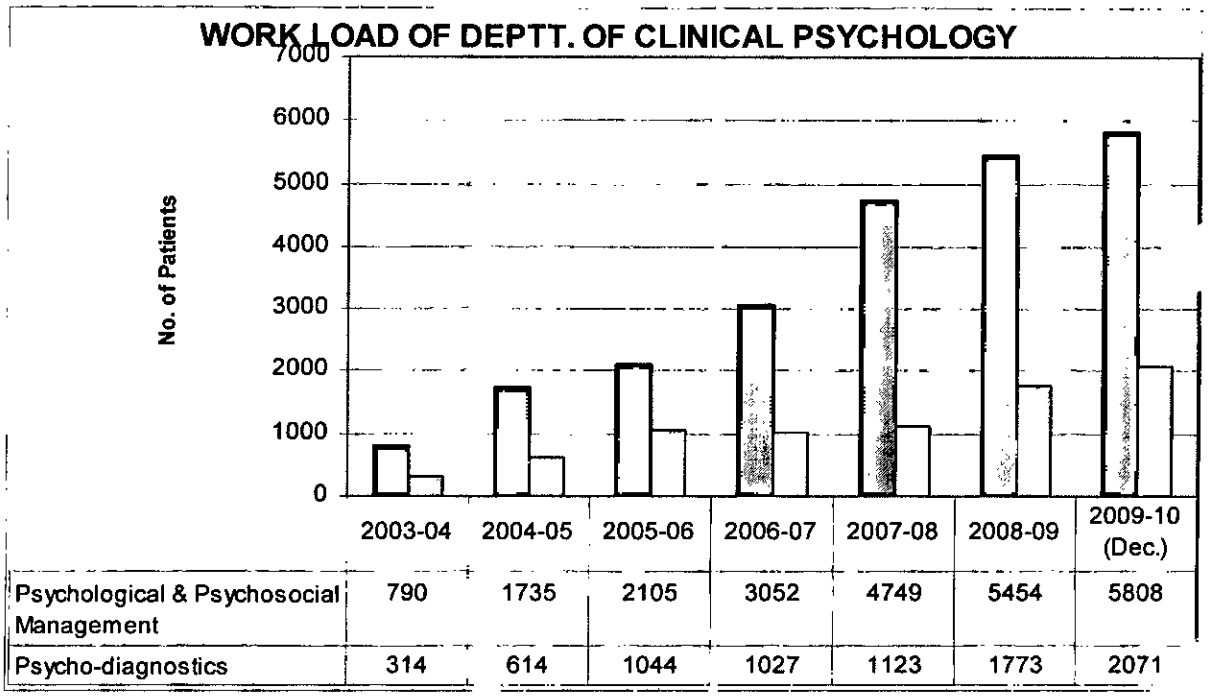
The department has different units for out patients and in patients. The OPD consists of Psycho diagnostic and psycho therapeutic units. The IPD consists of Psycho diagnostic neuro psychology, drug deaddiction, behaviour therapy and other psychotherapy procedures. Faculty members and students are actively involved in Psychological assessment and psychological management of patients. Faculty members of the department are also called from time to time as visiting guest faculty, subject matter expert and external examiners in different institutions/universities. The official journal of Indian Association of Clinical Psychologists and journal of Projective Psychology and mental health are being published by the department. These are excellent in terms of relevance and richness of content, quality of printing and overall comprehensiveness.

The table below indicates the workload of the department of Clinical Psychology:

Table - XVIII

Workload of the department of Clinical Psychology:

	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10 (Dec.)
Psychological & Psychosocial Management	790	1735	2105	3052	4749	5454	5808
Psycho-diagnostics	314	614	1044	1027	1123	1773	2071



Activities of the department of Psychiatric Social work:

The department was opened in the year 1997. It got recognition as a teaching department affiliated to Ranchi University w.e.f. 1.4.98. Currently the department is running Post graduate M.Phil and Ph.D. courses in Psychiatric Social work. The staffing pattern of the department is as under:-

Staffing Pattern	Authorized	Posted
Professor	1	1
Associate Professor	3	1
Assistant Professor	3	1
Research Officer	4	4
Psychiatric Social Workers	14	10

Apart from teaching and training programme, the department is actively involved in clinical, research, rehabilitation, community mental health, extension services and outreach programmes.

Some of the major clinical responsibilities of the department include:-

- therapeutic services include social work intervention i.e. practice of social case work, social group work/group therapy, organizing

the community and securing its involvement in mental health programmes and extension services, counselling services, family intervention and family therapy, home visits, social skill training etc.

- attending patients in OPD and IPD for patient/family member, relative interview, case work up, personal, social/family/case history recording for assessing family dynamics and other socio-cultural environmental factors;

- organizing and supervising group meetings in the wards as a form of social group work;

- motivating and encouraging patients to attend OPD for diagnostic, therapeutic and rehabilitation purposes so that they may feel themselves productive and they may not become liabilities to the family once they have been discharged from the hospital.

Integration between teaching, training, treatment and research:

In successive judgements relating to mental health the apex Court of India has highlighted the importance of integrating teaching, training, treatment and research. In no other mental health hospital except RINPAS this integration has come about in a planned, coordinated and concerted manner as would be evident from the following:-

Teaching and academic activity:

RINPAS is a recognized teaching centre for MBBS students who are posted here from different medical colleges of Jharkhand and Bihar in different batches for Psychiatric training. RINPAS has regular M.Phil and PH.D. courses in Clinical Psychology and Psychiatric Social work (affiliated to Ranchi University) and has 24 students. RINPAS has close liaison with Central Institute of Psychiatry (CIP), Rajendra Prasad Institute of Medical Sciences, Ranchi (RIMS) and Military Hospital, Namukum in various academic activities. RINPAS has 5 lecture halls each accommodating more

than 50 students with provision of audio visual facility. The 2 AC and non-AC conference halls have a capacity of 140 and 200 persons respectively which facilitate holding regular weekly case conferences and seminars. There is one open air auditorium having capacity of 300 seats.

The breakup of students admitted in various courses in RINPAS is as under:-

Name of the Course	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10
M.D. in Psychiatry					1	1
Ph.D. in Clinical Psychology	2	2	2	2	2	2
M.Phil in Medical and Social Psychology	6	6	5	6	-	6
M.Phil in Psychiatric Social Work	2	2	3	4	-	6

Training:

Training is being imparted by the following departments in RINPAS such as:-

I Deptt. of Psychiatric Nursing

II Deptt. of Clinical Psychology

III Deptt. of Psychiatric Social Work.

The Deptt. of Psychiatric Nursing conducts training programmes for nurses (general nursing, midwife, B.Sc and M.Sc nursing and diploma in Psychiatric nursing). The duration of general nursing and midwife training programme ranges from 2 weeks to 4 weeks, that of B.Sc nursing ranges from 2 weeks to 4 weeks, that of M.Sc nursing is 8 weeks and that of DPN is 1 year. The breakup of students covered by these training programmes is as under:-

DPN - 3
M.Sc nursing - 4
B.Sc nursing - 93
General nursing and mid wife training – 212

On the whole and as it transpired in course of my interaction with 30 odd nurses undergoing training the trainees appeared to be happy and satisfied with the methodology and outcome of training.

II. Deptt. of Clinical Psychology:

At page 45-46 of the last review conducted in April, 2009 it was observed that the overwhelming thrust in the training programme was on prevention and control of HIV/AIDs.

In the response to the above observation the Deptt. had no satisfactory explanation. I regret to observe that after April, 2009 and between April, 2009 to December, 2009 no worthwhile training programme has been conducted.

The guest lecture by a visiting faculty i.e. Dr. W. Earnst, Prof. of Medicine, School of Art and Humanities, Oxford Brooke University, Oxford on 29.8.2009 and symposium on School of Mental Health for school teachers on 84th Foundation Day of RINPAS on 4.9.2009 are undoubtedly 2 useful and worthwhile activities conducted under the auspices of the department of Clinical Psychology though strictly speaking they do not fall under 'training'.

III. Deptt. of Psychiatric Social Work:

The department imparts advance training in Psychiatric Social Work to the MSW students placed in RINPAS from other professional institutions/universities from time to time from their block field work for training.

Research:

The track record of RINPAS in research has been excellent. The components of research activity are under:-

- Guiding M.Phil and Ph.D. students;
- Presentation/contribution/publication of papers;
- Conducting project work on series of topics of interest and relevance.

The track record of performance of the deptt. of Clinical Psychology in the area of research has been the most impressive as would be evident from the following:-

- Number of papers presented in national and international conferences held in 2009 – 9
- Number of publications – 4
- Number of research papers – 29

IV. Activities in Physiotherapy Unit:

This is yet another activity which distinguishes RINPAS from other mental health hospitals although there is still scope for addition and improvement. Patients with musculo – skeletal problems, neurological, congenital disabilities, polio, post burn contracture and geriatric problems are being evaluated and treated. The unit is equipped with the following:-

- Short wave diathermy;
- Ultrasound;
- Electrical stimulation;
- Transcutaneous electrical nerve stimulator (TENS);
- Intermittent and static cervical and pelvic traction set;
- Paraffin was bath;
- Rowing machine;
- Static cycle;
- Shoulder wheel;
- Neuro development training ball;

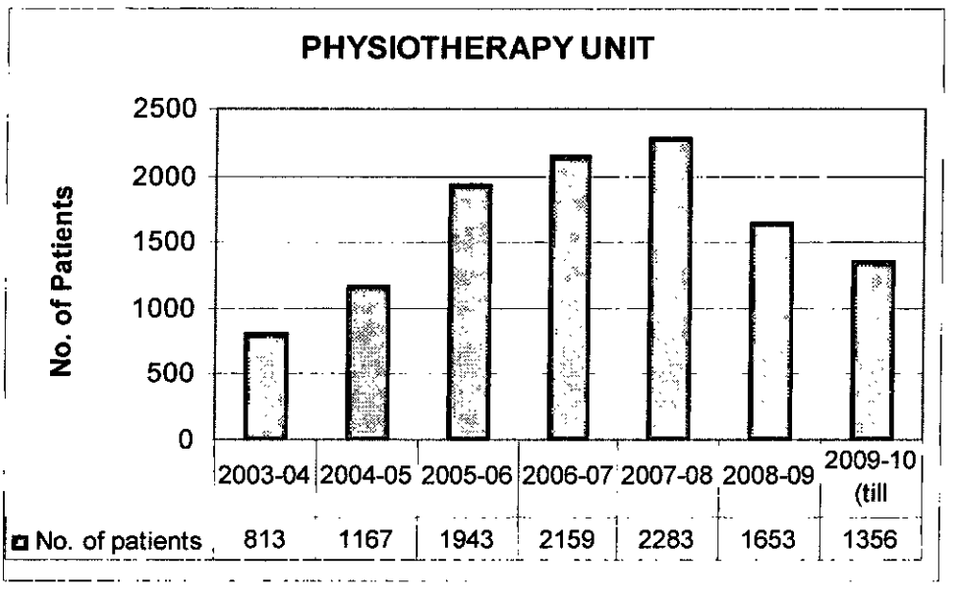
- Quadriceps table;
- Pegs board set;
- Passive knee mobilizer;
- Treadmill.

The table below gives an indication of the number of patients who have been treated in Physiotherapy Unit:-

Table – XIX

Number of patients who have been treated in Physiotherapy Unit:

	No. of patients
2003-04	813
2004-05	1167
2005-06	1943
2006-07	2159
2007-08	2283
2008-09	1653
2009-10 (till Dec.)	1356



The Director was advised to depute the physiotherapist to visit the following physiotherapy Centres, see the equipments which have been installed and recommend what further additions need to be made in Physiotherapy Unit at RINPAS:-

- Safdarjung Hospital;
- Parliament House Annexe.

V. Occupational Therapy and Rehabilitation Unit:

RINPAS has a full fledged occupational therapy (OT) and rehabilitation unit offering comprehensive vocational training to inpatients who are assessed as physically and medically fit to receive such training and imbibe and assimilate the nuances of such training.

The primary objective of OT is to train patients in different skills so that they are not a liability and burden to their families and society. Additionally, there are a number of positive fall outs of OT such as imparting group discipline, group unity and solidarity, joy and excitement of creation of objects which are functionally useful in day to day life apart from being objects of art and creativity. The skills/trades imparted through OT facilitate and hasten the process of rehabilitation through gainful employment after discharge. They enhance the acceptability by their family and community members and reduce the stigma attached to psychiatric illness.

Even though the skills/trades being imparted through OT (both male and female units) continue to be useful, there is no significant addition after the last visit. No market survey has also been conducted to identify the following:-

- What are the products which have maximum market demand?;
- Are raw materials locally available to make these products?;
- Does the market demand for particular products conform to individual preferences, felt needs and interests?.

With addition of new skills/trades the OT Units (for male and female patients) can be reorganized.

To make the patient feel the joy of creation of a particular product, every product should bear the name of the person making it.

The products should be displayed in exhibitions and fairs and a new policy should evolve through which a percentage of the sale proceeds should go to the accounts of the patient for higher motivation as also to instil a sense of involvement.

The table below indicates the number of patients who have received skill training in the OT over the last 10 years or so with a break up between male and female patients learning various skills/trades:-

Table – XX

Number of male and female patients learning various skills/trades in the OT:

Report of Male Section Occupation & Rehabilitation Section
from Jan 2001 to Dec 2001
Rinpas, Kanke, Ranchi

Month	Total number of patients	Skilled	Semi-skilled	Unskilled
January	10	05	02	03
February	10	02	04	04
March	09	03	01	05
April	09	02	03	05
May	10	02	06	02
June	10	03	04	03
July	09	02	04	03
August	15	04	06	05
September	18	02	04	12
October	81	03	10	68
November	68	04	15	49
December	73	04	06	63

Report of Male Section Occupation & Rehabilitation Section
from Jan 2002 to Dec 2002
Rinpas, Kanke, Ranchi

Month	Total number of patients	Skilled	Semi-skilled	Unskilled
January	59	09	15	35
February	61	07	13	41
March	87	04	50	68
April	89	07	21	61
May	102	08	19	75
June	89	06	22	61
July	99	06	19	76

August	85	05	11	69
September	86	04	15	67
October	71	07	09	55
November	63	03	07	53
December	66	05	12	49

Report of Male Section Occupation & Rehabilitation Section
from Jan 2003 to Dec 2003
Rinpas, Kanke, Ranchi

Month	Total number of patients	Skilled	Semi-skilled	Unskilled
January	58	07	12	39
February	65	04	09	52
March	65	03	11	51
April	60	06	15	39
May	97	04	21	72
June	113	06	25	82
July	104	07	17	80
August	95	05	19	71
September	94	04	20	70
October	75	04	06	65
November	84	07	12	65
December	48	05	13	30

Report of Male Section Occupation & Rehabilitation Section
from Jan 2004 to Dec 2004
Rinpas, Kanke, Ranchi

Month	Total number of patients	Skilled	Semi-skilled	Unskilled
January	101	06	30	65
February	102	08	31	63
March	108	12	27	69
April	112	10	23	79
May	80	09	19	52
June	83	10	17	56
July	86	07	15	64
August	116	09	21	86
September	96	11	09	76
October	97	12	13	72

November	99	11	07	81
December	90	06	09	75

Report of Male Section Occupation & Rehabilitation Section
from Jan 2005 to Dec 2005
Rinpas, Kanke, Ranchi

Month	Total number of patients	Skilled	Semi-skilled	Unskilled
January	97	11	13	73
February	84	14	19	51
March	99	10	10	79
April	75	09	11	55
May	109	03	06	100
June	99	13	08	78
July	80	17	04	59
August	111	12	21	78
September	98	13	25	60
October	109	12	16	81
November	102	10	21	71
December	97	10	15	72

Report of Male Section Occupation & Rehabilitation Section
from Jan 2006 to Dec 2006
Rinpas, Kanke, Ranchi

Month	Total number of patients	Skilled	Semi-skilled	Unskilled
January	97	09	17	75
February	91	06	15	70
March	111	08	19	84
April	123	06	21	96
May	119	17	22	85
June	101	09	23	69
July	99	12	06	81
August	82	11	15	56
September	74	10	09	55
October	79	09	07	63
November	19	06	13	71
December	87	07	17	63

Report of Male Section Occupation & Rehabilitation Section
from Jan 2007 to Dec 2007
Rinpas, Kanke, Ranchi

Month	Total number of patients	Skilled	Semi-skilled	Unskilled
January	88	07	15	66
February	94	09	21	64
March	101	12	27	62
April	86	08	25	53
May	67	07	21	39
June	85	09	12	44
July	68	10	19	39
August	58	11	17	30
September	68	07	15	46
October	57	06	21	30
November	65	12	15	38
December	74	07	18	53

Report of Male Section Occupation & Rehabilitation Section
from Jan 2008 to Dec 2008
Rinpas, Kanke, Ranchi

Month	Total number of patients	Skilled	Semi-skilled	Unskilled
January	66	05	09	52
February	83	04	11	68
March	69	06	13	50
April	81	07	07	67
May	68	03	11	54
June	92	04	15	73
July	42	05	13	24
August	49	03	11	35
September	38	05	13	20
October	32	06	09	17
November	30	07	11	12
December	41	05	07	29

Report of Male Section Occupation & Rehabilitation Section
from Jan 2009 to Dec 2009
Rinpas, Kanke, Ranchi

Month	Total number of patients	Skilled	Semi-skilled	Unskilled
January	41	04	10	27
February	41	04	09	28
March	37	05	13	19
April	56	03	11	42
May	80	04	16	60
June	77	05	13	29
July	69	03	10	56
August	83	04	09	70
September	67	05	07	55
October	61	02	10	99
November	55	06	13	36
December	80	05	15	60

Report of Female Occupation & Rehabilitation Section
from Jan 2002 to Dec 2002
Rinpas, Kanke, Ranchi

Month	Total number of patients	Total number of patients at work	Skilled	Semi-skilled	Unskilled
January	138	34	5	12	17
February	135	32	5	10	17
March	132	58	7	15	29
April	129	59	8	20	31
May	122	62	10	20	32
June	126	62	10	20	32
July	126	59	8	20	31
August	127	60	12	25	24
September	131	61	12	25	25
October	142	61	10	30	21
November	142	59	7	22	30
December	131	505	10	22	18

Report of Female Occupation & Rehabilitation Section
from Jan 2003 to Mar 2004
Rinpas, Kanke, Ranchi

Month	Total number of patients	Total number of patients at work	Skilled	Semi-skilled	Unskilled
January 2003	146	61	20	10	31
February 2003	141	60	20	15	25
March 2003	146	55	12	10	33
April 2003	139	63	15	20	28
May 2003	148	63	15	20	28
June 2003	146	68	17	25	26
July 2003	146	70	18	20	32
August 2003	134	76	18	20	38
September 2003	141	66	20	17	29
October 2003	135	73	24	25	24
November 2003	135	77	24	25	28
December 2003	129	68	20	18	38
January 2004	131	66	20	12	34
February 2004	138	61	21	15	31
March 2004	131	60	20	10	30

Report of Female Occupation & Rehabilitation Section
from April 2004 to March 2005
Rinpas, Kanke, Ranchi

Month	Total number of patients	Total number of patients at work	Skilled	Semi-skilled	Unskilled
April 2004	129	61	23	15	23
May 2004	129	58	19	10	29
June 2004	129	60	20	10	13
July 2004	130	57	20	14	23
August 2004	130	55	22	14	19
September 2004	112	51	22	14	15
October 2004	111	56	22	16	18
November 2004	125	53	23	15	15
December	122	47	23	11	13

2004					
January 2005	122	56	25	15	16
February 2005	115	53	24	13	16
March 2005	112	57	25	15	17

Report of Female Occupation & Rehabilitation Section
from April 2005 to March 2006
Rinpas, Kanke, Ranchi

Month	Total number of patients at work	Skilled	Semi-skilled	Unskilled
April 2005	56	20	12	24
May 2005	52	18	15	19
June 2005	58	22	15	21
July 2005	58	20	22	16
August 2005	56	20	22	14
September 2005	63	26	15	22
October 2005	61	24	15	28
November 2005	65	24	15	28
December 2005	66	20	18	28
January 2006	66	20	18	28
February 2006	69	20	24	25
March 2006	63	20	24	19

Report of Female Occupation & Rehabilitation Section
From April 2009 TO December 2009
Rinpas, Kanke, Ranchi

Month	Total number of patients at work	Skilled	Semi-skilled	Unskilled
April	52	10	18	24
May	51	10	18	26
June	56	10	15	30
July	52	10	16	28
August	54	10	14	30
September	55	10	14	31
October	63	10	14	39
November	52	9	12	31
December	53	10	15	32

Report of Female Occupation & Rehabilitation Section
from January 2008 to December 2008
Rinpas, Kanke, Ranchi

Month	Total number of patients	Total number of patients at work	Skilled	Semi-skilled	Unskilled
January	129	61	23	15	23
February	129	58	19	10	29
March	129	60	20	10	13
April	130	57	20	14	23
May	130	55	22	14	19
June	112	51	22	14	15
July	111	56	22	16	18
August	125	53	23	15	15
September	122	47	23	11	13
October	122	56	25	15	16
November	115	53	24	13	16
December	122	57	25	15	17

Report of Female Occupation & Rehabilitation Section
from January 2007 to December 2007
Rinpas, Kanke, Ranchi

Month	Total number of patients	Total number of patients at work	Skilled	Semi-skilled	Unskilled
January	146	61	20	10	31
February	141	60	20	15	25
March	146	55	12	10	33
April	139	63	15	20	28
May	148	63	15	20	28
June	146	69	17	25	26
July	146	70	18	20	32
August	134	76	18	20	28
September	141	65	20	17	29
October	135	73	24	25	24
November	129	77	24	25	28
December	131	68	20	18	38

Report of Female Occupation & Rehabilitation Section
from January 2001 to December 2001
Rinpas, Kanke, Ranchi

Month	Total number of patients	Total number of patients at work	Skilled	Semi-skilled	Unskilled
January	138	34	5	12	17
February	135	32	5	10	17
March	132	58	7	15	29
April	129	59	8	20	31
May	122	62	10	20	32
June	126	62	8	20	32
July	126	59	12	20	31
August	127	60	12	25	24
September	131	61	10	25	25
October	142	61	7	30	21
November	142	59	7	22	30
December	131	50	10	22	18

An executive summary of various observations and recommendations arising out of visit to RINPAS and review of its activities between 27.1.2010 to 29.1.2010

I. **Administrative:**

- Recruitment Rules for the post of Director, RINPAS should be finalized and notified without any further delay.

- The process of selection to the post of Director, RINPAS should be completed on the basis of the said Recruitment Rules without any further delay. This process should begin with a Search Committee identifying suitable names and ending up with interview and final selection of the incumbent.

- Once an incumbent has been selected to the post of Director, he/she should be given a fixed tenure of 5 years. This is essential to maintain the morale and motivation attached to the post of Chief Executive Officer of RINPAS apart from continuity in the decision making process.

- Over 200 vacancies in various categories continuing for such a long time does not represent a very happy state of affairs. Necessary budget provision should be made and the posts filled up without any further delay.

- The Managing Committee and the various sub committees under the MC must meet regularly. The fact that not a single meeting of the MC took place between 2007 and 2009 reflects a sorry state of affairs.

- The huge gap between requirement of funds and budgetary allocation of funds must be bridged. This will be possible only if (a) the genuine needs of RINPAS are correctly identified by the administration in advance (b) these needs are correctly reflected in Revised Estimate and Budgetary Estimate (c) the RE and BE are placed before the Finance Sub Committee and MC in time and sent to Government after obtaining approval of MC for approval. Time management for these meetings should be worked out and meticulously followed.

- All encroachments on the land of RINPAS must be removed without any further delay. Further dithering or vacillation on this vital issue would mean that RINPAS would lose control over its most valuable asset i.e. land.

- The anomaly between staff nurses with and without DPN qualification must be removed by attaching a higher scale of pay to staff nurses who have acquired the DPN qualification.

II. **Physical infrastructure:**

- The perspective plan for future expansion and growth of RINPAS should be worked out in advance on the basis of genuine need and placed before the Works Sub Committee and MC for approval. The estimates of cost of new Projects, once approved by WC and MC, should be incorporated in the BE for a particular year and sent to Government for approval.

- Since the WC is headed by Dy. Commissioner and MC by the Divisional Commissioner, Ranchi it should be possible for government to accord approval to these Projects once they have been approved by WC and MC.

- Once the Projects have been approved by government and funds have been made available a suitable execution agency (need not necessarily be PWD) should be selected on the basis of its past track record of performance and execution of the Project work entrusted to it.

- The pace and progress of work in terms of duration, pace of execution, quality of work etc. should be subjected to close monitoring by RINPAS and necessary directions issued to the execution agencies to rectify the deficiencies and shortcomings in execution.

- All new Project Proposals pending with government should receive priority attention and be cleared without any further delay as (a) these are all need based (b) they have been planned with care and (c) they have been approved by WC and MC.

III. <u>Human Resource Development:</u>

- The management of RINPAS has been pursuing a liberal and proactive policy in HRD by (a) encouraging faculty members and students to participate in seminars, symposia and workshops (b) chairing technical sessions contributing and publishing papers (c) completing M.Phil and Ph.D. dissertations in time.

- Between the last visit and review and now a record number of research papers have been published, books on a wide range of topics (common mental health problems, mental health of school children – a handbook for teachers and parents, manual for mental health workers in disasters, dementia, HIV/AIDS etc.) have been brought out, M.Phil and Ph.D. dissertations have been submitted and degrees awarded, a large number of professional conferences

attended and number of new Projects which are useful have been taken up. These are extremely useful academic products of RINPAS.

- The contribution of all the 3 departments i.e. department of Psychiatry, Clinical Psychology and Psychiatric Social Work in participation in and contribution to academic activities has been evenly matched.

- Teaching activity has started in full swing from May, 2009 with 27 students admitted to post graduate studies such as MD in Psychiatry, Diploma in Psychological medicine (DPM), Ph.D. in Clinical Psychology, Ph.D. in Psychiatric Social Work, M.Phil in Medical and Social Psychology and M.Phil in Psychiatric Social Work.

- RINPAS has succeeded in bringing about a balanced combination and integration of teaching, training, treatment and research as emphasized by the apex Court.

- The department of Psychiatric nursing has given a good account of itself by training 327 nurses between 2006-07 till date.

IV **Treatment:**

- Between 2001-02 till date the OPD attendance has progressively increased almost by 300 PC. This is a positive indication of the inhouse ability of RINPAS to handle such a large number of OPD Patients (going upto 57,154 in 2008-09) with civility, courtesy, care and attention. This also indicates the trend that incidence of mental illness is on the increase.

- The number of indoor patients has more or less stabilized around 2300 during the last 3 years while the bed occupancy rate has stabilized around 478 (total number of beds being 500).

- The average number of male and female patients admitted during last 3 years hovers around 1800 while the number discharged is also around the same figure.

- The PC of readmission to total admission in 2009-10 (upto 31.12.2009) is on the increase (from 13.86 to 17.29%) which is a reflection partly on the effectiveness of the treatment provided and partly on relapse due to non compliance with medicines prescribed.

- The number of deaths of indoor patients has remained more or less constant at 5 to 6. The causes contributing to these deaths should be analysed and steps taken to prevent them wherever they were preventable.

- The maximum number of patients admitted to RINPAS (785) were from Jharkhand followed by Bihar (588). This reinforces the argument in favour of a large State like Bihar having a mental health hospital independent of RINPAS with 500 beds in the minimum.

- The number of indoor patients escaping from the hospital has come down to 0 which is a good reflection on the vigilance and surveillance exercised by hospital authorities.

- The average length of stay of indoor patients which was ranging between 90 to 100 in 2001-02 to 2004-05 has come down to 65.48 in 2009-10 (Till December, 2009). Such decline in average length of stay is a positive sign as (a) beds are limited (b) there is increase in incidence of mental illness (c) long stay increases the contingent liability of hospital administration (d) it deprives other eligible mentally ill patients of the facility of treatment.

V **Right to Food:**

- RINPAS is in an advantageous position to ensure adequacy and nutritive ness of food due to (a) existence of an agricultural estate (b) abundance of fruits and vegetables being grown in and around Ranchi due to its cool and bracing climate and (c) a fair Percapita diet scale (Rs. 29).

- RINPAS should take the initiative of going in for a modular kitchen with sufficient space, adequate lighting and ventilation, an outlet for the smoke through a chimney, sufficient number of exhaust fans, sufficient number of platforms for cutting and washing vegetables, sufficient number of stainless steel containers for keeping food hot, a chapatti making machine, sufficient number of trolleys for transporting food, fly proof doors and windows. The MO in charge of kitchen may be deputed to Agra and Gwalior to see their modular kitchen at work and recommend adoption of a similar plan for RINPAS.

VI Right to water:

The total requirement of water @ 130 litres per head for drinking, cooking, cleaning, washing, gardening, flushing etc. would come to 65000 litres whereas the OH tank capacity is 2000 litres. Besides, the pipelines are old and there is possibility of intermingling with sewerlines and resultant contamination. RINPAS should assess the adequacy of supply and augment it, particularly keeping in view the need for adequate quantity of water for gardening which is an urgent and imperative need.

VII Right to personal hygiene:

Compared to the impressions obtaining at the time of last review (April, 2009) there has been a perceptible improvement in personal hygiene of the inmates. Two sets of clothings including warm protective garments have been supplied to the inmates and a lot of personal efforts have been made to make the inmates wear neat and tidy dresses and observe clean habits. Areas surrounding the female ward have been cleaned to present a tidy look still a lot of outgrowths remain.

VIII Right to Sanitation:

Following the suggestion made in the last review report (April, 2009) orders have been placed with PHED for installation of a few WCs (by way of replacement of Indian commode) for use of physically or orthopaedically handicapped persons whose connective tissues have been damaged and who are medically advised not to squat on an Indian commode.

IX Right to recreation:

All the wards (both male and female) have been provided with colour TV and avenues for indoor and outdoor games. Separate libraries exist for male and female patients. Number of books in both have increased, so also newspapers, magazines and periodicals conforming to their taste. The number of patients visiting the library has also increased to 6918. Male patients are encouraged to take part in football and volleyball and female patients in ring ball. Both male and female patients are encouraged to take part in flower and kitchen garden around their wards.

There are 30 patients in the female ward who appear to be thoroughly disinterested in life. Help of Action aid workers is being taken to make them more active and social and the response of the patients has been positive.

X Right to work and rehabilitation:

At the time of last review (April, 2009) it was observed that in all 13 skills/trades were being imparted to male patients and 11 skills/trades to female patients. There is no change as far as the number of skills/trades are concerned. There is scope for reorganizing the OTs by (a) conducting a market survey (b) identifying new skills/trades which are more market relevant (c) introduce those skills/trades, appoint new teachers for imparting skills (d) organize fairs and exhibitions where the products from the OT could be displayed etc. A percentage of sale proceed by sale of the products may be deposited in the account of the patients.

A few redeeming features:

- Due to vigilance and surveillance and constant care and attention the nursing staff have succeeded in saving a number of precious human lives. Their action deserves to be commended.

- Despite huge budgetary deficit (gap between needed and expected resources and actual budgetary allocation) the administration has kept the activities of RINPAS going in all areas – teaching, training,

treatment and research. Its performance in the area of research has been exemplary, to say the least.

- There is minimal waiting period at the OPD. All patients and their relatives are being attended to in a systematic and methodical manner which is also patient and caring.

- Both at the OPD and IPD, the level of satisfaction with diagnosis and treatment among the patients and their relatives continues to be high.

- The PSW posted in the OT to monitor and supervise the activities carried out by the patients is able to guide them according to their capabilities to develop optimum level of skills and capacities to lead a productive life in the community after discharge from the hospital. The devotion of the craft instructors (both male and female) and their sense of involvement are exemplary.

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