

Review of the performance and activities of RINPAS, Ranchi by Dr. Lakshmidhar Mishra, IAS (Retd.), Special Rapporteur, NHRC from 24<sup>th</sup> to 26<sup>th</sup> February, 2011

Alike in the lives of the institutions as in the lives of individuals there is always scope and possibility of qualitative improvement and change. Such a change, however, is possible when there is a measure of positive responsiveness on the part of the Institution concerned to the ideas, suggestions and innovations which come from both inside and outside, ability to screen and filter them, accept, adopt and translate to action those ideas and suggestions which are perceived to be in tandem with the thinking towards the best interests of the institution.

I have in pursuance of the mandate given to the Commission by the Hon'ble Apex Court w.e.f. 11.11.97 (while disposing off WP No. 1900/81 Prof. U.P. Buxi Vs. State of U.P. and Others) have visited RINPAS, Ranchi in February, 2007, March, 2008, April, 2009, January, 2010 and now for the fifth time from 24<sup>th</sup> to 26<sup>th</sup> February, 2011. In course of these visits I had made it a point to call on the Chief Secretary and Secretary, Health and Family Welfare Deptt., Government of Jharkhand as also the Divisional Commissioner, Ranchi who happens to be the Chairperson of the Managing Committee, draw their pointed personal attention to some of the outstanding issues which needed prioritized attention and crave their indulgence for timely and appropriate intervention so that issues are not allowed to drift, correct decisions are taken in time and right actions start moving in the right direction in less time and speed.

I am happy to report at the end of the fifth visit (24<sup>th</sup> to 26<sup>th</sup> February, 2011) that these efforts have yielded some positive results such as:-

- I. Recruitment Rules for the post of Director have been finalized and approved by all concerned at Government level. Necessary notification will be issued within a couple of days (necessary notification has since been issued).
- II. Pending issue of notification and advertisement inviting applications from eligible candidates, Dr. Amul Ranjan Singh, Ph.D., Professor and Head,

Deptt. of Clinical Psychology has been appointed as Director-in-charge of RINPAS.

- III. With his appointment though adhoc, Dr. Singh brings with him a rich treasure of experience, professional wisdom, academic acumen and administrative experience to the position of Director, RINPAS. He has been the Editor-in-chief of SIS Journal of projective Psychology and Mental Health which is an internationally acclaimed journal in Clinical Psychology. He was the brain behind and principal organizer of the 6<sup>th</sup> International SIS Conference which was held at RINPAS, Ranchi from 9.2.08 to 11.2.2008 which was attended by as many as 250 distinguished national and international scholars in Clinical Psychology. The souvenir which was brought out in the wake of the conference is a rich treasure of imagination, creativity and critical thinking in the world of Clinical Psychology. So far 18 students have prepared their dissertations for Ph.D. under the able guidance of Dr. Singh, 12 students have got their Ph.D. and many of his students have occupied key positions in teaching and research in various mental health hospitals of the country. Due to his initiative and tireless efforts 12 seats in M.Phil and 4 seats in Ph.D. in Clinical Psychology have been sanctioned which will greatly help in removing the acute shortage of professionals in this cadre over a period of time in future. During his incumbency as Professor and HOD, Clinical Psychology, training of professionals has received a big boost. Dr. Singh has been a pioneer in building up a very well equipped testing laboratory in Clinical Psychology and introducing over 366 tests in Clinical Psychology.
- IV. In course of my last meeting with Shri Shiv Vasant, former Chief Secretary to Government of Jharkhand in January, 2010. I had drawn his attention to the fact that between 2007 and 2009 the MC did not meet even once. Shri Vasant was good enough to issue directions to the Divisional Commissioner – Ms. Sheila Kiskurapaz, Ranchi to take steps to hold a meeting in February, 2010 and hold regular meetings of the MC thereafter. The Divisional Commissioner took prompt steps to hold a meeting of the

MC on 20.2.10. Subsequently and during 2010-11 she has taken steps to hold 2 more meetings of the MC on 4.9.10 and 19.2.10.

V. The MC took note of the observations made by me in my fourth review report of January, 2010 about the huge disparity between what RINPAS needs in terms of financial resources to meet its genuine and irreducible barest minimum requirements and what it receives from Government in terms of actual budgetary allocations. It recommended to Government for augmentation of the budgetary outlay from 2010-11. Accordingly and in pursuance of this recommendation, Government have substantially augmented the budgetary outlay from Rs. 11 Crores to Rs. 19 Crores.

Table A gives an idea of the financial status of non plan budget from 2005-06 to 2010-11 (till December, 2010):

**Table - A**

RINPAS, Kanke, Ranchi  
Financial Statements from 2005-06 to 2010-11 (till Dec. 2010)

Non-Plan

Name of State Govt. from whom fund received	Carrying Balance (including F.D.)	2005-06		2006-07		2007-08		2008-09		2009-10		2010-11 (till Dec. 2010)	
		Grants Received	Exp.	Grants Received	Exp.	Grants Received	Exp.	Grants Received	Exp.	Grants Received	Exp.	Grants Received	Exp.
Govt. of Jharkhand	12556787.00	10573000.00	16581744.00	9573800.00	10973485.00	6205600.00	1304240.00	4220000.00	17584077.00	9732000.00	19072821.00	1770000.00	14274983.00
Govt. of Bihar	0.00	114289523.00	0.00	0.00	0.00	10015239.00	0.00	0.00	0.00	12071500.00	0.00	0.00	0.00
Govt. of Madhya Pradesh	0.00	511158.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Govt. of Andhra Pradesh	0.00	290437.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Central Govt. Assesst	0.00	3430070.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
For up-gradation of Hospital													
<b>Total</b>	<b>12556787.00</b>	<b>24901110.00</b>	<b>16581744.00</b>	<b>9573800.00</b>	<b>10973485.00</b>	<b>20476739.00</b>	<b>1304240.00</b>	<b>4220000.00</b>	<b>17584077.00</b>	<b>10732000.00</b>	<b>19072821.00</b>	<b>1770000.00</b>	<b>14274983.00</b>

*S. Chakrabarty*  
B. A. D.  
RINPAS  
Kanke, Ranchi

*Amrita K. Saha*  
23.02.2011  
DIRECTOR  
Ranchi Institute of Neuro Psychiatry & Allied Sciences, Kanke, Ranchi-834006

Table B gives an idea of financial status of plan budget from 2005-06 to 2010-11 (till December, 2010)

Table - B

**RINPAS, Kanke, Ranchi**  
Financial Statements from 2005-06 to 2010-11 till Dec-2010

Plan

Particulars	2005-06		2006-07		2007-08		2008-09		2009-10		2010-11	
	Expenditure	Receipts	Expenditure	Receipts	Expenditure	Receipts	Expenditure	Receipts	Expenditure	Receipts	Expenditure	Receipts
Balance b/fwd												
Grant-in-aid												
Other Income												
Total Receipts												
Grant-in-aid												
Other Income												
Total Expenditure												
Balance c/fwd												

SCAO  
 Sr. A.O.  
 RINPAS  
 Kanke, Ranchi

DIRECTOR  
 Ranchi Ins  
 Allied Sc  
 (03400)

Table C gives an idea of the closing balance of RINPAS as on 31.12.10. This is a substantial improvement (almost double) over the closing balance as on 31.12.2009 as was observed by me at the time of my last visit to RINPAS in January, 2010.

Table C

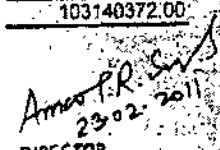
RINPAS, Kanke, Ranchi.

Annexure - II &amp; III

Financial Status as on 31.12.2010 of NON-PLAN (for Hospital) and PLAN BUDGET (Academic Centre).

	(Amount in rupees)
Opening Balance as on 31.3.2005 (i.e. 2004-05) including Academic Centre	331320636.00
Add - Grant received from different State Govts. from 2005-06 to 2010-11 including Grant of Academic Centre	1120494722.00
Less - Amount returned to State Govt. in the Year 2008-09	481344989.00
Less - Expenditure incurred from 2005-06 to 2010-11 (till 31.12.2010) inclusive expenditure of Academic Centre	932283580.00
Add - Accrued Interest against fixed deposits as well as simple Interest allowed by different Banks as on 31.12.2010	64953583.00
Closing Balance as on 31.12.2010.	103140372.00

  
 S.A.C.  
 RINPAS  
 Kanke, Ranchi

  
 Director  
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VI. There has been substantial improvement in the pace and progress of execution of civil works in as much as the following items of civil works have been completed in time:-

- New OPD building;
- Cafeteria;
- Male and Female Casualty Block;
- VIP Guest House;
- Boundary wall at the warder lane area;
- Special repair of boundary wall around agricultural estate;
- Septic tank, soak pit, chamber for toilets of male and female wards;
- 50 bedded male student's hostel;

VII. The following works are under way:-

- Technical Block;
- Drug Deaddiction Centre;
- Halfway Home;
- Mentally Retarded Children's Unit;
- Special repair to 'D' and 'E' type quarters;

- Lady's Hostel;
- Cottages;
- Construction of a new Medical Library

**VIII. Human Resource Management and Development:**

The following seats (for students) have been filled up

- MD Psychiatry – 1
- DPM - 1
- M.Phil in Clinical Psychology – 6

(six additional seats have been sanctioned in M.Phil in Clinical Psychology)

- Ph.D in Clinical Psychology – 2 (two additional seats have been sanctioned).
- M.Phil in Psychiatric Social Work – 6 (six additional seats have been sanctioned)
- Ph.D in Psychiatry – 2 (two additional seats have been sanctioned)
- Three seats in DPN have been filled up against 6 sanctioned.

- Efforts are being made to increase the number of seats in M.D. Psychiatry from 1 to 2 and DPM from 1 to 2.

IX. There has been significant addition (almost 3 times) to the total number of books in the library between 2000-2001 to 2010-2011 (upto January, 2011). In all 651 books have been added in 2010-11 (upto January, 2011) bringing the total number of books to over 18000. Similarly 60 foreign journals and 7 Indian journals have been subscribed in 2010-11 alone bringing the total number of journals to 5021.

X. There has been a significant spurt in training activities in RINPAS as would be evident from the following figures relating to training in Psychiatric nursing department:-

**Training in Psychiatric Nursing Deptt.**

Course	2007	2008	2009	2010
M.Sc Nursing	--	--	04	04
B.Sc Nursing	30	184	150	121
GNM	37	82	221	279
NGO	11	--	19	05
<b>Total</b>	<b>78</b>	<b>266</b>	<b>394</b>	<b>409</b>

In the department of Clinical Psychology training activities have gathered equal momentum as would be evident from the following:-

- 25 students of PG Diploma in Clinical Psychology from the Institute of Psychological Research and Services, Patna received training in RINPAS from 19<sup>th</sup> January, 2010 to 28<sup>th</sup> January, 2010.
- 8 students of M.Phil in Clinical Psychology from Psychology Deptt., Calcutta University received training in RINPAS between 16<sup>th</sup> November to 15<sup>th</sup> December, 2010;
- 5 students of PG Diploma in Clinical Psychology from SH Institute of Agriculture Technology and Sciences, Allahabad (a deemed University) received training in RINPAS for one month;
- 4 students of PG Diploma in Counselling and Psychotherapy from BHU, Varanasi received training in RINPAS for 4 months;
- Medical students from RIMS, Ranchi and Pataliputra Medical College, Dhanbad have been receiving basic orientation in RINPAS.

XI. During 2009-10 there has been an impressive output in terms of production of research papers by the faculty of Deptts. of Psychiatry, Clinical Psychology and Psychiatric Social Work as would be evident from the following:-

- Deptt. of Psychiatry – 24 papers;
- Deptt. of Clinical Psychology – 70 papers;
- Deptt. of Psychiatric Social Work – 28 papers.

XII. The faculty members of the 3 departments have attended a large number of professional conferences as would be evident from the following:-

Deptt. of Psychiatry – 22 Conferences;

Deptt. of Clinical Psychology – 5 Conferences;

Deptt. of Psychiatric Social Work – 6 Conferences.

XIII. In the Deptt. of Clinical Psychology three Research Projects have been completed during 2009-10, 2 such Research Projects are in progress, 4 Ph.Ds awarded in 2009-10, 4 Ph.D. dissertations submitted and 31 are in progress. Five M.Phil dissertations have been completed and 7 M.Phil dissertations are in progress.

XIV. Each department is rendering significant professional services; there has been substantial improvement in the content and quality of these services as would be evident from the following:-

– Department of Psychiatry is providing community outreach programme through satellite clinics at Jonha, Khunti, Saraikela Kharsaon, Hazaribagh;

– There has been progressive increase in the outturn of patients at the community satellite clinics as would be seen from the following figures:-

2001-02	-	1321
2002-03	-	3735
2003-04	-	6866
2004-05	-	13,412
2005-06	-	19,447
2006-07	-	25,517
2007-08	-	29,312
2008-09	-	29,939

XV. Medical teams comprising of Psychiatrists, paramedical staff and students are visiting LNJN Central Jail, Hazaribagh once a month, Birsa Central Jail, Ranchi once a fortnight and Nirmal Hirday and Chesier Home, Ranchi



once a fortnight. The number of mentally ill persons examined at the centres (during January, 2010 to December, 2010) are:-

LNJN Central Jail, Hazaribagh	-	419
Birsa Munda Central Jail, Hotwar, Ranchi	-	789
Nirmal Hirday and Chesier Home, Jail Road, Ranchi	-	783

XVI. Death and escape of indoor patients has come down over the years as would be seen from the following:-

Death in 2001-02	-	5
Death in 2010-11	-	2
Escape in 2001-02	-	15
Escape in 2010-11	-	2
(upto 24.2.11)		

XVII. The Deptt. of nursing has been instrumental in (a) accelerating recovery of indoor patients (b) saving human life in critical situations (c) keeping the patients kempt and tidy (d) improving the participation of patients in OT (both male and female).

XVIII. The Deptt. of Clinical Psychology under the guidance of Dr. P.K. Singh is effectively conducting yoga, pranayam and meditation sessions for both male and female indoor patients by qualified professionals in yoga. While 20 to 25 patients are participating in yoga therapy, average number of sessions attended by one patient is seven.

XIX. The Deptt. of Psychiatric Social Work has contributed substantially to promote the therapeutic dimension of mental health by (a) organizing and supervising group meetings in the wards as a form of social group work (b) motivating and encouraging patients to attend OPD for diagnostic, therapeutic and rehabilitative purposes so that they may feel themselves productive and they may not become liabilities to their respective families once they are discharged from the hospital (c) screening the patients and sending them to occupational therapy (OT) units to regain their impaired and lost capacities. In the OT sincere efforts are being made to guide the

patients according to their capabilities to develop their optimum level of skills and capacities to lead a productive life in the community after they are discharged from the hospital.

- XX. Over the years the number of tests conducted by the Deptt. of Pathology (both by the hematology and biochemistry laboratories) have registered progressive increase as would be evident from the following:-

**Deptt. of Pathology**

Name of the Deptt.	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11 (till Jan'11)
Hematology	12009	13000	12044	14056	15415	15475	16447	16380
Biochemistry	2251	2500	5294	4791	9542	10086	9042	9585
Others	2748	2850	6756	10238	13889	12705	13810	12037

**Physiotherapy Unit**

This is a new but significant addition to the activities in RINPAS in 2000. Patients (both outdoor and indoor) with musculo-skeletal problems, neurological and congenital disabilities, polio, post burn contracture and geriatric problems are evaluated and treated. The deptt. has the following equipments:-

- short wave diathermy;
- ultrasound;
- electrical stimulation;
- transcutaneous electrical nerve stimulator (Tens);
- intermittent and static cervical and pelvic traction set;
- paraffin wax bath;
- rowing machine;
- static cycle;
- shoulder wheel;
- neuro development training ball;
- quadriceps table.

Year wise break up of the number of patients who have attended rehabilitation programmes in the physiotherapy centre is given below:-

2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11 (till Jan'11)
813	1167	1943	2159	2283	1653	1908	1744

XXI. RINPAS conducted the school mental health programme during 2010-11 to help the students, parents and facilitate the teachers to understand/identify the problems of children who are mentally ill or who are victims of substance abuse or who are facing serious problems in terms of acquisition of cognitive, affective and psychomotor skills. Such programmes were conducted in the following educational institutions namely:-

- Sherwood Academy, Ranchi;
- Lorreto Convent;
- St. Thomas School, Ranchi;
- Kendriya Vidyalay;
- Kaisal School;
- DAV Public School;
- St. Xavier's School;
- St. John Inter College;
- St. Anne's Girls High School, Ranchi.

A few other redeeming features are as under:-

- Patients registered in the OPD are being distributed among the MOs equally;
- Patients coming from far off places who arrive late can stay in the casualty block while their relatives can stay in the Dharamshala;
- While demographic data (name, age, sex, whereabouts) are being recorded by the registration clerk, personal history, family history and case history of the patient are being recorded by the PSW, students of Clinical Psychology.

There are a number of unfinished tasks as also grey areas in RINPAS as would be evident from the following:-

- I. Despite repeated prodding and goading the encroachments on the land of RINPAS by (a) temple (b) mosque and (c) Birsa Munda Agricultural University have not yet been removed. At one point of time, RINPAS had 500 acres of land. After the above encroachments barely 300 acres are left. The land which may be restored to the possession of RINPAS after eviction of encroachers is required for future expansion and growth of RINPAS. Such eviction, however, is nowhere in sight.
- II. The number of vacancies in various categories of posts has gone up from 165 to 285. The break up of these vacancies is as under:-

Group	Number of sanctioned posts	Number of posts filled up	Number of vacant posts
Group A	76	17	59
Group B	40	17	23
Group C	319	203	116
Group D	215	128	87

- III. The vacancies could be attributed to the following:-

- MC is competent to fill up the vacancies but approval of Government is needed for (a) issue of advertisement (b) budgetary outlay;
- Even if advertisements have been issued after approval by Government, applications have been received from candidates and short listing has been done, dates for interviews are not being fixed and wherever fixed dates keep on getting shifted. In this process interviews for faculty posts have not been held since 2007;
- Non holding of interviews has also held up several promotions;
- Candidates who are on the waiting list have been made to wait for a long period;

- Every advertisement should be in conformity with the recruitment procedure duly approved by government. There have been a couple of advertisements which have been found to be faulty and complained against; a Committee has been constituted by the Health and Family Welfare Deptt. but the work of the Committee is yet to begin. The post can be readvertised only after the Committee has completed the inquiry submitted its report to Government and Government have taken a final decision on the report of the Committee.
- Advertisements are issued and subsequently changed. To illustrate the advertisement, no DIR 02/4/08-09/REC which was issued in 2008-09 has been changed by the subsequent advertisement no DIR 08/08/10-11/REC in terms of qualification for the post of Professor, Associate Professor and Asstt. Professor, Psychiatric Social Work.

IV Sanction of additional staff does not correspond to increase in the incidence of mental illness and increase in the number of mentally ill persons. It also does not correspond to the ratio which has been laid down in Mental Health Act, 1987.

To illustrate, according to Rule 22 State Mental Health Rules, 1990 the nursing staff per shift should be sanctioned in the ratio of 1:10 i.e. one staff nurse for every 10 patients per shift for a 100 bedded hospital. According to this norm, the total number of staff nurses to be sanctioned in 3 shifts in RINPAS comes to 150. As against this 130 staff nurses have been sanctioned, 96 are in position, leaving a vacancy of 34. Similarly as far as warders are concerned, 212 number of warders have been sanctioned, 72 are in position leaving a vacancy of 140 while as per norm i.e. 1:5 atleast 300 warders are needed to man 3 shifts. A proposal for sanction of 100 additional ward attendants was duly approved by the MC and the proposal with the recommendation of MC was duly sent to Government on 4.2.11 but the proposal is yet to be approved. Atleast 2 attendants are needed for a ward with 20 beds per shift and according to

this norm 50 ward attendants are needed per shift or 150 ward attendants in 3 shifts is the minimum. The existing strength of ward attendants is nowhere near this.

- V Diploma in Psychiatric Nursing is the need of the hour. There are 6 sanctioned seats for DPN. Three seats have been filled up and three are yet to be filled up. It appears that the difference in pay and allowances between nurses with DPN qualification and nurses without the same is marginal. Thus there is no incentive for the nurses to join DPN and this is how 3 seats are lying vacant. Government in Health and Family Welfare Deptt. have been moved for removal of this anomaly but the anomaly persists and hence the 3 seats in DPN also remain to be filled up.
- VI In the last review report (27<sup>th</sup> to 29<sup>th</sup> January, 2011) it was observed that the real problem in execution of civil works is not monitoring and supervision but inordinate delay in sanction and release of funds for Works Projects related to the genuine needs of the institution. While a number of projects have been completed, their physical possession is yet to be handed over(7), there are a number of projects which are still under way (8) and number of projects which are yet to be taken up (7).

**Comments of the Special Rapporteur:**

There is a Works Sub Committee under the Chairmanship of the Dy. Commissioner, Ranchi which needs to meet more frequently than now. A PERT chart should be drawn up by the Works Sub Committee, critical paths for those projects which are underway and where the gestation period had been longer than what is necessary should be identified and steps taken for dealing with the critical path. Similarly the Works Sub Committee should take a close stock of factors which are responsible for withholding commencement of the projects and find out ways and means of overcoming them.

Since budget provision for Technical Block, Ladies Hostel, Cottages, Medical Library etc. has already been approved by the Management in the meeting of the MC held on 19.2.11 the Works Sub Committee should take stock

of all the steps preparatory to commencement of execution of these Projects and should ensure that they are taken up at the earliest.

Whenever and wherever certain Projects have been approved by the MC, estimates have been prepared and submitted by the executive agency and Health and Family Welfare Deptt. has been approached for provision of funds, the same should be made available without delay and without any cuts.

Certain Projects need to be prioritized and be taken up on priority in view of the importance attached to such projects. To illustrate, students who are coming for nurses' training, medical students and research scholars who are coming for orientation/counselling would be in need of a Transit Hostel. Proposal for such a hostel along with estimates amounting to Rs. 2.06 Crores has been sent to H&FW Deptt. but work is yet to be taken up as sanction for the same has not yet been received.

VII Importance of having a data entry operator for the OPD was emphasized at the time of last review in January, 2010. At the time of current review, it was stated that 4 posts of data entry operators have been sanctioned, the budget provision has been approved by H&FW Deptt. and advertisement has been sent to the Deptt. for approval. While this be expedited, software needs to be simultaneously designed for (a) Medical Central Store (b) Accounts Section (c) Library in addition to OPD, Drug Dispensing Centre, Kitchen, IPD, OT.

**Comments of the Special Rapporteur:**

It was impressed on RINPAS authorities that this activity cannot be outsourced as (a) an element of secrecy and confidentiality is involved and (b) outsiders cannot have access to such details.

VIII In the last review report it was suggested that a team of officers should be deputed to the Mental Health Hospital, Dharwad to study the upkeep and maintenance of records under ideal conditions and on that model, the record room in the new OPD block should be equipped and made functional. The suggestion is yet to be implemented.

- IX Districts like Hazaribagh, Dumka, Gumla, Simdega and Chatra in Jharkhand do not have any rail connection with the capital at Ranchi. Most of the buses which ply on these routes are owned by private operators and their fares are high. The number of Government buses is quite limited. It was, therefore, suggested in the last review report that Government of Jharkhand should, as a matter of public policy, extend the facility of concessional travel by bus to the patients/family members and relatives coming from far off places and in particular, from those districts which do not have any rail connection.

The question of extension of the facility of concessional travel by bus (public and private alike) to patients/their family members and relatives was discussed with the Chief Secretary, Health Secretary as also the Divisional Commissioner. It was impressed on them that (a) most of the private operators charge higher than public transport operators which the patients/their family members can ill afford (b) extension of concessional bus fare will be possible if the State Transport Authority/ Regional Transport Authority lay down a condition in the order of licence issued to all such private bus operators that they have to extend such a facility.

- X In the last review report it was also observed that private medical practitioners are fleecing the patients and their relatives due to pervasive ignorance and illiteracy. It was found that not only private practitioners charge exorbitantly but they also prescribe investigations to be carried out which are expensive and unnecessary. There is a provision for grant of licence to Nursing Homes under the Mental Health Act, 1987. Private practitioners who are running nursing homes must be applying for and getting a licence for treatments of mentally ill persons. It needs to be examined if while granting such a licence a condition about charging fees for consultation, investigation, diagnosis and treatment can be laid down. This is all the more necessary as with imposition of service tax in the budget presented by the Finance Minister on 28.2.11 the cost of medical treatment in a private nursing homes will go up substantially.



- XI In the last review report importance of mental health education was emphasized in the context of pervasive presence of quacks, faith healers and charlatans. For this it was suggested that a package should be prepared containing a few essential messages which were to be disseminated through print and electrical media. Unless this was done, simple, unsuspecting and guileless rural folk would continue to be cheated and exploited by such quacks, faith healers and charlatans. No efforts, however, seem to have been made in this direction.
- XII Large number of vacancies of Asstt. Professors continuing for a long time is adversely affecting the teaching programmes of RINPAS. To make good this shortfall in manpower, RINPAS is banking heavily on the faculties of Central Institute of Psychiatry (CIP) and Regional Institute of Medical Sciences (RIMS). Services of retired Professors are also being hired on payment of honorarium @ Rs. 200/- per day (which is quite low). The professional services of the Principal of a Nursing College at Calcutta are being availed of to conduct teaching and training in Psychiatric Nursing.
- XIII At the time of last review the nursing staff had represented for restoration of certain allowances while pleading for enhancement of certain other allowances as under:-

**Restoration of allowances:**

- Nursing Welfare allowance which was Rs. 1600/- was withdrawn by the State Government in 2008 on the ground that RINPAS cannot introduce a scale which is higher than what was obtaining in the State cadre;
- Such a stand of the State Government is both incorrect and unreasonable in as much as the nurses in RIMS continue to get Rs. 1600/-.

There is, therefore, every justification for restoration of the said allowance.

**Allowances which need to be enhanced:**

**I Uniform allowance:**

On the strength of recommendations of the Sixth Pay Commission, the Central Government has revised it to Rs. 3000/-. The MC of RINPAS has also taken a decision to raise it to Rs. 3000/- but the decision is yet to be approved by Government. In RINPAS it continues to be Rs. 700/- which is too low.

**II Washing allowance:**

In view of increase in the cost of detergents, the washing allowance of Rs. 50/- continues to be ridiculously low and needs to be enhanced atleast to Rs. 100/- per month, if not higher, in the minimum.

**III Medical allowance:**

This covers the cost of consultation and cost of medicines. In view of steep increase in the cost of such consultation and cost of medicines the medical allowance also needs to be enhanced to Rs. 600/- per month.

**IV Transport allowance:**

In view of the steep increase in cost of fuel and lubricants this allowance which stands at Rs. 800/- per month also needs to be enhanced to atleast Rs. 1600/- per month, if not higher.

**V New allowances to be considered on merit:**

Risk allowance – nil at present.  
Night duty allowance – nil at present.

It was stated from RINPAS management that these issues were discussed with Hon'ble Health Minister during his visit to RINPAS on 14.2.01 along with Principal Secretary, Health. It was not clear when, how and by whom the issues will be addressed and resolved.

**Impressions arising out of going round OPD:**

In course of my rounds in the OPD on 25.2.2011 (forenoon) I interacted with 12 patients and the outcome of the interaction is as under:-

1. Smt. Kausalya Devi (30), wife of Shri Ramachandra Mahto traveled from Darbhanga by train, a distance of 280 kms. She is suffering from Schizoaffective disorder since last 2 years. Her complaints spanning over 3 years range from irrelevant thoughts to abnormal behaviour (which is abusive and assaultive). She has, however, shown signs of improvement with medication and currently her condition was stable.
2. Gopal Prasad (26) admitted as an IPD patient on 28.8.10 and discharged on 27.9.10 has come with his brother for follow up as an OPD patient from Gaya. He has been provisionally diagnosed as a case of Schizophrenia and with medication and regular compliance with drugs his condition has shown signs of improvement. He has been issued a railway pass to travel free of cost while his brother who has accompanied him is entitled to a concession @ 50% of the cost of travel. Since he has recovered substantially and is functional he may be issued a fitness certificate which will enable him to join his duty as a Junior Engineer, PWD which is his basic qualification. He may also be recommended to be transferred from Daltonganj, his current place of posting to Gaya which is his native place on the strength of the said certificate and on humanitarian grounds.
3. Baby Kumari (30) (female) has travelled all the way from Buxer in Bihar with complaints of loss of sleep, irritable behaviour and lack of interest in discharge of domestic responsibilities. She has been suffering for a period of 3 months and her case has been provisionally diagnosed as one of Schizoaffective disorder. With medication and regular drug compliance her condition has registered improvement and there is no active psycho pathology. She has been getting medicines free of cost from RINPAS.
4. Bandu (30) (male) has been suffering from bipolar affective disorder, currently manic since 5 years. He has travelled from Rohtas by train and has got the pass from the railways to travel free. With medication and regular drug compliance his condition is stable. There is no difficulty in getting medicines free of cost from RINPAS.

5. Bandu Kumar Singh (42) (male) has been diagnosed as a victim of Schizophrenia since 5 years. He started the treatment rather late but with medication and regular compliance with drugs since 2 years he is feeling much better. He has been regularly visiting RINPAS for follow up. He hails from Lakhisarari (Bihar), has got the railway pass for travel free of cost. He is functional and works as a farmer at home.
6. Mushar (male) diagnosed as a victim of Schizophrenia since 3 months has come to RINPAS for follow up. He has been accompanied by his brother. He got involved in a violent scuffle with the villagers and got injury in the left ear. With medication and regular compliance with drugs he is showing signs of improvement. The Superintendent was advised to refer his case to ENT Deptt. of RIMS for investigation and treatment.
7. Shri Uday Narayan Singh (45), son of Shri B. Prasad has come from Betia (North Bihar). He was provisionally diagnosed to be a case of Schizophrenia, admitted in RINPAS and discharged after 2 months. Thereafter, he has been regularly visiting RINPAS for follow up. With medication and regular compliance of the drugs he has started showing signs of improvement and has become functional. He is working as a farmer in his home farm. He has got the railway pass and has been able to travel free of cost whenever he is required to come for follow up.
8. Shri Rajeev (22) has travelled from Lakhisarai with 3 more patients of the same village. Travel by bus from their village in Lakhisarai district which is at a distance of 700 km involves an expenditure of Rs. 300/- per person one way or Rs. 1800/- for all the 3 of them both ways. They were advised to get railway pass from RINPAS and avail of the railway concession hereafter.
9. Shri Gopal Kumar Mahato (28) has travelled from Jamshedpur to Ranchi for the first time. He was waiting for the outcome of investigations which have been conducted in RINPAS before a final decision could be taken on the diagnosis, treatment as also the need for admission.

10. Shri Ranjit Kumar (35) has travelled from Lakhisarai (Bihar). He has been provisionally diagnosed to be a case of bipolar affective disorder. With medication and drug compliance his condition is showing signs of improvement. His free travel from Lakhisarai to RINPAS has been facilitated by issue of a railway pass in his favour. He has not experienced any difficulty in getting medicines free of cost for the prescribed period from the drug dispensing unit.
11. Amit Bunty (25) (male) was visiting RINPAS for the second time for a follow up along with his brother. With medication and regular compliance with drugs for one year he has started showing signs of improvement. He is functional and working as a daily labourer.
12. Smt. Samudra Devi (25) (female) has travelled to RINPAS from Lakhisarai (Bihar) with 2 patients of the same village. They have travelled together. She has been provisionally diagnosed to be a case of acute psychosis. With medication and regular compliance with drugs her condition has started showing signs of improvement. She is not aware that there is a scheme under which she can avail of concessional travel by railways. She was advised to bring a passport size photograph and hand over the same to RINPAS office to enable the Superintendent to recommend for issue of a railway pass.

**26.2.2011 (12.30 Noon to 2 PM)**

Went round the chambers of MOs, interacted with MOs, patients and relatives and my observations in course of the rounds are as under:-

**Psychiatric OPD:**

1. Dr. Poonam (Senior Resident) had seen about 10 cases, an admixture of old and new, 80% of which were of bipolar affective disorder (BPAD) and 20% were of Schizophrenia. Examination of old cases took about 15 to 20 minutes while that of new cases took about half an hour to forty five minutes depending on the nature of the case. At the time of my round she was going through an old case of a patient – Shri Birendra (22) whose case file appears to have been misplaced and relevant information was

being gathered through interrogation to reconstruct the case file. The patient appeared to be maintaining himself well on medication.

2. Dr. Vijay (Senior Resident) had seen about 15 to 20 cases, 40% of which were cases of Schizophrenia, 40% were those of bipolar affective disorder and the remaining 20% were those of substance abuse. During my visit he was going through a case where the mother of the patient had come for collecting medicines. She reported to me in course of my interaction with her that the patient had shown signs of improvement within a month and the drug compliance has been reported to be consistently good.
3. Dr. Mahesh (Senior Resident) had seen around 30 cases (both new and old), 30 to 35% of which were suffering from bipolar affective disorder and the remaining were cases of other categories of mental illness (migrane, paranoid Schizophrenia etc.).
4. Dr. Debashis Padhi (Senior Resident) had seen around 35 cases of which 10 were new cases and the rest old. Most of the patients seen by him were suffering from seizure disorder (epilepsy). During my visit he was eliciting information from a lady who happened to be the wife of a patient and came as a proxy. As reported by her, her husband was suffering from epilepsy since he was 10 years old. He never improved as during the earlier phase of the treatment he was misguided and could not get proper treatment. He has been under treatment in RINPAS for the last 2 years and with a record of consistent drug compliance he has shown improvement though he has not completely got out of seizure attacks.
5. Dr. K.C. Manjhi, Psychiatrist has seen around 25 cases and most of them have been victims of Schizophrenia. At the time of my visit, he was examining a patient whose mental illness started about 2 years ago but medication started around 9 months after the illness had struck and the patient thereafter had relapsed due to poor drug compliance and lack of means to buy the prescribed medicines when they got exhausted. The patient was accompanied by his wife.

6. Dr. Ravi Prakash has seen around 30 to 35 patients majority of them being cases of Schizophrenia. At the time of visit he was examining the case of Shri Kaleswar Mahto (35). His wife – Smt. Kanti Devi who came as a proxy reported that the patient has been getting treatment in RINPAS since 2009 and has been consistently showing signs of improvement. Dr. Ravi Prakash stated that 15 to 20% of all the patients he has seen till then were non-drug compliant. He further stated that stress and strain being suffered by a mentally ill person could be attributed to a very large extent to the low socio economic status of the patients.
7. Dr. S.K. Sinha (Physician) has been entrusted with the responsibility of examining mentally ill persons who have associated complications like
- Diabetes;
  - Pyrexia;
  - Leprosy;
  - Hypertension;
  - Cardio vascular disease;
  - Fever;
  - Tuberculosis.

On an average he is seeing about 19 to 20 cases. Depending on the nature of the ailment a decision is taken to refer cases for specialized treatment to other hospitals in the city where such specialized treatment is available.

While entering Dr. Manhi's room I came across an old couple whose misery and suffering baffle description. The old man in his 70s was the patient who was referred to Dr. Manjhi for consultation while the old lady in her 60s who had accompanied him was his wife. She narrated how (a) illness of the husband, the single male earning member in the family had caused irreparable economic damage to the household and (b) how she found it extremely difficult to make both ends meet when her husband, the single earning member in the family had been taken ill and there was none to whom she could fall back upon in days of her distress.

### Psychiatric Social Work:

1. Ms. Nupur (Psychiatric Social Worker trainee and Ph.D. scholar) had examined 4 cases by the time of my visit. The 4 cases were (a) unspecified non organic psychosis (b) multiple substance dependence (c) severe depression and (d) bipolar affective disorder.
2. Mr. Sijo George (Psychiatric Social Worker trainee and Ph.D. scholar) had also seen 4 new cases, one epilepsy, one bipolar affective disorder with poly substance dependence and two cases of Schizophrenia.
3. Dr. A.N. Verma and Dr. Malti were examining the inpatient who was sent from Ward No. 3 (male section), what happened to be a case of substance dependence and after substantial recovery had come for discharge counselling. I had the opportunity of listening to the nature and content of counselling. The patient was counselled about the ill effects of psycho active substances on the patient's body and mind and physical, psychosocial and financial consequences of such substance abuse.

### Clinical Psychology:

A total of 3 cases were referred by the department of psychiatry for diagnostic evaluation and assessment.

#### Case No.-1: (CR No.- 68943)

Ruby Kumari, 22 years old female, educated up to B.A., came along with her mother and younger sister. After proper assessment she was diagnosed of having personality disorder. The assessment was done by Mr. Shrawan Mallik, M.Phil II<sup>nd</sup> year, clinical psychology trainee and was supervised by Dr. Usha Narsaria, Clinical Psychologist. The assessment process took around one and half hours.

#### Case No.- 2: (CR No.- 72456)

Farjana Khatoon, 13 years old illiterate female, was brought by her parents for diagnostic evaluation. As referred by the psychiatrist, IQ assessment was carried out by Mr. Babu P. Thomas, Ph.D scholar, clinical psychology, which



took him around one hour to complete the assessment and submit the report. Based on the findings it was established that hers is a case of mental retardation with a IQ of 50. He was also supervised by Dr. Usha Narsaria, clinical psychologist.

**Case No.-3: (CR No.-72467)**

Kamlesh Kumar, 18 years old, illiterate male, was brought by his parents for diagnostic evaluation. The test was carried out by Ms. Dolly Kumari, Ph.D scholar, clinical psychology, which took her around one and half hours to complete the test. Since the case was referred for IQ assessment, it was established after the assessment that he is a case of mental retardation with a IQ of 37. This case was also supervised by Dr. Usha Narsaria.

All the three reports after proper diagnostic evaluation were sent back to the department of psychiatry for further management.

**A few observations in course of visit to the MO's Chambers in the OPD:**

- In case of few patients it was reported that the files were misplaced. These are files of old patients.
- Loss of files was attributed to the following:-
  - Rs. 20/- was being charged for both old and new cases;
  - new files are seen early;
  - the attenders accompanying the patients are, therefore, keen and eager that the old file is misplaced and a new file is constructed so that the patient can get the advantage of being seen early by the MO.
- The explanation hardly appears to be convincing.
- The configuration of old and new files has to be maintained intact and it's the responsibility of the Record room-in-charge to ensure proper upkeep and maintenance of the files; there can be no alibis and excuses for loss of files. Misplacement/loss of files could be straightaway attributed to a collusion between the Record Room incharge and the attenders accompanying the patient (s).

- While the record of drug compliance on the part of the patients was by and large satisfactory, there were a few cases where failure on the part of patients for such compliance was responsible for relapse which is avoidable. While counselling in support of such compliance has to be very effective, what is more important to ensure maintaining consistently a good track record of compliance is to advise the patients or their relatives to come to RINPAS for a follow up and collection of medicines atleast a few days before the drugs get exhausted on the one hand and to ensure availability of drugs at the district and sub divisional headquarters hospitals on the other so that patients/family members/relatives could collect the drugs at those points free of cost as in RINPAS without any difficulty.
- Substance abuse being a major malaise and source of multiple forms of mental illness is a major threat to the peace, stability and orderliness of human life and has to be handled on a war footing and on multiple fronts with multiple weapons. The weapons are (a) a vibrant and proactive mental health education programme for the family, for the teachers and students in the school and for the workers at the work place (b) stringent measures for enforcement of Excise Laws which will provide deterrent punishment for growing and consuming marijuana, canabi, poppy, opium as also for consumption of illicit country made liquor (c) opening of drug deaddiction wards as integral part of mental health hospitals for withdrawal and stabilization of victims of substance abuse.
- Despite disintegration of joint family set up, disappearance of neighbourhood and the solidarity and bonhomie which united neighbours and large measure of exclusiveness which has engulfed human existence in the wake of so called modernization of life there are good Samaritans who are struck by feelings of goodwill, empathy and sensitivity towards their fellow beings who are less fortunate and less privileged. I saw a few specimens of such good samaritanism in RINPAS when I found that mentally ill persons in a village are being accompanied by their neighbours and are being taken care of both in course of the journey (they come together by the same means of transportation) as well as after arrival at RINPAS.

- The Psychiatrists, Clinical Psychologists and Psychiatric Social Workers were found to be patient, diligent and caring and treated the patients and their attenders with civility, courtesy and consideration. The recording of demographic data, personal history, family history and case history was neat and orderly and gave ample evidence of application of mind to details every case.

#### Visit to dining hall of male ward No. I:

Visited the dining hall for male ward No. I between 7 PM to 8 PM which is the dinner time. Dr. P.K. Sinha was the MO in charge of the entire operation. Additionally there was one Psychiatric Social Worker, two staff nurses, one warder and one jamadar to assist the MO in smooth service of food with a humane touch. In all 56 male patients were seated around 12 low height dining tables (made in the occupational therapy unit itself) in a neat, orderly and disciplined manner. The evening meal comprising of –

- Rice/chapatti – 175 gm (though the quantity served remains unrestricted);
- Masoor dal – 50 gm;
- Green vegetables (including potato) – 200 gm

Most of the patients who were being served food had the normal appetite and seemed to relish the food though there were 2 patients who on account of illness with body temperature being higher than normal were found to be disinterested in taking food and needed help to enable them to take their normal bite.

Although quality of food served appeared on the surface to be normal, there is scope for addition of the following components in the same:-

- Spinach (palak or methi or choulai);
- Salad (cucumber, beat, carrot and tomato);
- Raita (curd and cucumber).

Since RINPAS does not have a dietician/nutritionist, the proposal for creation of the post of dietician/nutritionist may be placed before the MC for sanction. The incumbent when in position should be able to certify the nutritive

value of food (which should be 2500 k. cal for women and 3000 k. calorie for men). Pending this, services of a dietician/nutritionist should be requisitioned on payment of a small honorarium from RIMS or Apollo or any other hospital managed by Central/State Government to certify the nutritive value of food.

It was encouraging to note that personal hygiene of inmates was being maintained in course of their taking food. Their foot wears were being taken out and their hand and feet were being cleaned before they settled down to their meals.

The same dining hall is being used as a recreation centre for the inmates with a television being fixed on the wall for both news as well as entertainment.

### **26.2.11 (12 Noon)**

#### **Visit to female ward No. 3:**

The following are my impressions/observations at the time of visit to female ward No. 3:-

- compared to the impressions at the time of last visit (Jan'10), the inmates were found to be kempt and tidy;
- most of them have started wearing the uniforms (salwar kameej) supplied by the hospital authorities;
- wall tiling has been done; beams have been painted;
- the dining hall was neat and tidy;
- the areas surrounding female ward No. 3 which saw heaps of garbage, old, damaged and unserviceable articles have now been thoroughly cleaned though the boundary walls are yet to be fully repaired and painted;
- check up of health of inmates is being done regularly and the outcome of the check up is being entered in the registers meant for the purpose;

- what, however, appears to be an area of deep concern is the low weight of most of the inmates; there are several inmates who are weighing less than 40 kg;
- to illustrate, Neelum Kumari (25) who was admitted on 5.10.10 weighs only 37 kgs;
- all such cases who are weighing less than 40 kgs need special investigation to find out what could have contributed to low weight; they should also be provided with special diet on the advice of the dietician/nutritionist to be requisitioned by RINPAS.

### **26.2.11 (12.30 Noon)**

#### **Visit to female OT unit:**

The following are my impressions/observations at the time of visit to female OT Unit:-

- in all 53 patients attended OT on 26.2.11 between 10 AM to 12 Noon and 3 PM to 5 PM in the afternoon session;
- the production in the female OT unit comprises of Pitanjali mala, paper bag, garland (paper and plastic), table mat, laces, shawl, basket (made of grass and paper), salwar – kurta suit, children's wear, mat, table cloth, knitting, embroidery, lemon pickle and mushroom;
- the end products are being displayed in Jharcraft mela and Durga Pooja Festival;
- paper bags are being used for distribution of medicines and canteen of RINPAS;
- the inmates are being paid @ Rs. 20/- per day for skilled workers and Rs. 10/- for semi skilled workers;

- messages highlighting the importance of rehabilitation, advantages of group work, self reliance, solidarity, bonhomie and discipline have been displayed on the walls of the OT section;
- there were several specimens of inmates recovering and participating in the activities of OT to the best of their ability;
- the productivity of Ms. Soni Devi (45) was particularly impressive. She was discharged from the hospital but she come back as her sister-in-law did not accept her.
- There are several inmates with whom negative symptoms persist for a long time but according to Dr. (Ms.) Jayati Simlai, Asstt. Professor there is no solution to this problem.

### 26.2.11 (2 PM)

#### Visit to male OT Units:

The following are my impressions/observations at the time of visit to male OT:-

- Participation in OT does not start all on a sudden; it is a gradual and sequential process. Most of the patients are admitted in RINPAS for a period of 2 months at a time. They get settled generally in a period of 2 to 3 weeks. Those whose pace of recovery is good, who are cooperative and manageable start helping in ward activities (bed making) and in due course of time inmates who have the aptitude, urge and inclination to learn skills are referred to the OT by the ward staff;
- The inmates would take some time in getting adjusted in OT and through a process of familiarization over a period of time they find out on the strength of their preference and interest the area of skill training which they need to enter and which is in their best interest;
- The male OT unit has facilities for training in the following skills/trades:-
  - Tailoring;
  - Painting;

- Welding (gas and electric);
  - Smithy;
  - Caning;
  - Weaving;
  - Book binding;
  - Printing (digital);
  - Paper bag and envelope making;
  - Carpentry;
  - Soap (cake and detergent);
  - Computer training.
- Participation in a particular skill training depends on a number of factors such as:-
    - functionality of the inmates;
    - nature of the trade;
    - aptitude and interest.
  - It has been observed that patients learn tailoring, weaving, printing work etc. quite early without much difficulty;
  - Some of the patients who are coming for a follow up have reported that they are able to earn their livelihood through tailoring and carpentry;
  - Family members of the patients who visit RINPAS for a follow up have reported that patients who are trained in tailoring, book binding and carpentry are utilizing their skills either independently or as assistant to professionals who are engaged in a particular trade;
  - Productive efficiency of inmates and their wholehearted participation in skills/trades (13) as above has helped to make RINPAS substantially self sufficient. It has also helped RINPAS to earn substantial amount of revenue by selling file covers, envelopes, registration forms, case history sheets etc. to other hospitals like RIMS outside RINPAS;
  - Inmates who work in the OT sections earn tokens according to their level of skill and performance. A token economy system operates wherein

skilled and semi skilled patients earn Rs. 20/- and Rs. 10/- daily respectively. Patients who come and sit in the OT section are being paid Rs. 2/- per day to motivate them and inculcate in them the habit to work. Patients exchange the tokens earned for snacks and tea from the canteen and take rest of the savings home on discharge.

**Specific suggestions of the Special Rapporteur on skill training in OT:**

- Selection of inmates for participation in OT must be done with care and with full respect for principles like socio-cultural background, aptitude, preference and interest of the inmate.
- The pace and progress of learning every skill/trade by the inmates should be closely overseen and the output monitored.
- In case the pace of learning is found to be slow, ways and means of motivating the learner must be found and adopted in full measure.
- Deficiencies in learning must be corrected through motivation, provision of tools and equipments, training, constant supervision and guidance.
- The OT Units in RINPAS provide only a small entry point; the skills imparted will have to be refined, sharpened and upgraded even after the inmates have been discharged and sent to their respective destinations. The State needs to complement and supplement this process by securing the involvement of District Industries Centre, Small Industries Service Institute and various other vocational skill training institutes.

**Yoga Therapy Unit:**

- Like Occupational Therapy, yoga plays a significant role for imparting stability to the body and mind of psychiatric patients. It helps to improve day to day behaviour and develops a healthy life style which may prevent relapse to mental illness too.



- In the Yoga Therapy Unit 20 to 25 patients from different wards are participating for one and half hours of yoga therapy lessons which includes the following:-
  - relaxation;
  - physical exercises;
  - pranayam.
- The sessions are conducted under the guidance of a qualified yoga teacher. Dr. P.K. Singh, Medical Officer (Psychiatrist) is currently functioning as the yoga teacher.
- The patients who are manageable and who are not having any problem of acute psychopathology are selected to participate in the yoga sessions.
- The Psychiatric Social Worker (PSW) helps to screen the patients and refer them to the Yoga Therapy Unit.
- The main yogic exercises which are conducted under the guidance of the yoga teacher are:-
  - Tadasan;
  - Tribanasan;
  - Uthin lolasan;
  - Santulan asan;
  - Surya namaskar (2 chakra).

All the above exercises are in standing posture.

There are certain exercises which are in lying position such as:-

- Uthamasan;
- Uttan padasan;
- Sarvampasang;
- Pawan muktasan;
- Paschimotohosana.

The following exercises are in sitting position:-

- Usthrasana;
- Varasana;
- Gomkhisana;
- Ardhamatyadrasana;
- Yogamudrasana.

The breathing exercises (pranayam) includes:-

- Bhastrika;
- Kapalabhati;
- Anulamvilom;
- Bharari;
- Omkara.

Patients who are attending the yogic exercises regularly are given a chart at the time of discharge which they can follow even after discharge to their advantage even at home.

**Success story arising out of efficacy of yoga therapy:**

Raj Kumar, a patient of bipolar affective disorder (manic) from Ward No. 7 attended yoga sessions regularly. He learnt different yoga asanas like Surya Namaskar (with the hymns) and Pranayam. He assisted the work in the teaching block. At the time of discharge he was given to yoga session chart to help him maintain the yogic schedule at home. He came for a follow up in OPD and informed the MO at the OPD that he has been meticulously following the yogic schedule apart from taking the medicines regularly. His father also informed the MO at the OPD that he has been practising yoga therapy regularly and has been helping the family in their business of selling fruits and ice creams and thereby maintaining his functionality.

**25.2.11****Meeting with the Divisional Commissioner (12 Noon to 1 PM)**

The Divisional Commissioner – Ms. Sheila Kiskurapaz (who also happens to be the Chairperson of the MC) was good enough to come over to RINPAS office and discuss with me a number of issues of interest and relevance to RINPAS. In course of discussion I drew the attention of the Commissioner to the following:-

**Physical infrastructure:**

- I. The encroachments around the boundary wall are continuing. A firm and decisive administrative action was needed to deal with these encroachments.
- II. The physical possession of whatever new structures (like the new OPD Block, new boy's hostel etc.) have been completed in all respects should be handed over to the Director, RINPAS only after a thorough verification, preferably through a Committee, to ensure that (a) civil, electrical and PH components of the structure are complete in all respects without any defects/deficiencies (b) the engineers of PWD, PHD and Electrical were available to attend to any defect/deficiency which went unnoticed even at the time of handing over physical possession or thereafter (c) an annual maintenance contract should be signed with PWD, PHD and electrical wings so that repairs and maintenance could be carried out without any difficulty.
- III. A number of new items (such as rain water harvesting, sewerage treatment plant etc.) which have been considered by the Works Sub Committee of MC and later by the MC, got approved by the MC were pending at the level of Government in Health and Family Welfare Department for administrative approval and provision of funds. These need to be expedited.
- IV. As on the date of review 285 posts in different groups (A,B,C and D) are lying vacant. The MC is competent to fill up the vacancies except the post

of Director, RINPAS (which Government alone was competent to appoint) but approval of government is needed for (a) issue of advertisement and (b) for making budgetary provision. The Commissioner was requested to have this followed up with Government.

- V. The Commissioner was also requested to fix dates for interviews for final selection of candidates who have applied for posts against the advertisements issued, have been short listed and have to be considered through interviews. The Commissioner was requested to fix dates for holding interviews for faculty posts which have not been held since 2007.
- VI. The Commissioner was requested to make a thorough review of the existing manpower to correlate the same to increase in the number of mentally ill persons on the one hand and the norms laid down in Rule 22 of State Mental Health Rules, 1990 and in case there is a mismatch, make necessary recommendation to Government.
- VII. The Commissioner was requested to complete all the formalities for execution of certain new projects such as Technical Block, Ladies' Hostel, Cottages, Medical Library etc. which have already been approved by the MC and where budget provision has been made but allocations have not been received from Government. She was also requested to follow up and expedite sanction of the following new projects whose estimated cost has been prepared and approved by the MC and where Government in Health and Family Welfare Deptt. has been approached for provision of funds amounting to Rs. 21 Crores such as:-
1. Drug Deaddiction Centre
  2. Halfway Home
  3. Child Guidance Clinic for mentally retarded children.
- VIII. The Commissioner was requested to remove the anomaly in scale of pay and allowances between staff nurses with DPN qualification and without DPN qualification. She was requested to take up with Government a proposal for restoration of nursing welfare allowance @ Rs. 1600/- per month which was first sanctioned and thereafter withdrawn by Government causing a lot of demoralization and demotivation among the

nursing staff. She was further requested to consider revision of uniform allowance for all staff nurses from the present level of Rs. 700/- to Rs. 3000/- (which is the rate recommended by the Sixth Pay Commission and approved by Government of India).

**25.2.11      3 PM to 3.30 PM and 4 PM to 4.30 PM**

**Secretary to Government in Health and Family Welfare Deptt.**

Issues relating to (a) removal of encroachment and restoration of land originally allotted by Government of India to RINPAS so that the same could be used for all future projects as a part of expansion and growth of RINPAS (b) making necessary budget provision for a number of new Projects (like Technical Block, ladies' hostel, trainee's hostel, modular kitchen block, Drug Deaddiction Centre, Child Guidance Clinic, Halfway Home etc.) and (c) approval of the recruitment rules for the post of Director, RINPAS on a regular and full time basis, issue of advertisement and selection of Director, RINPAS at the earliest.

In regard to (c) it transpired that recruitment rules for selection of the Director, RINPAS on regular and full time basis (as against the existing adhoc arrangement) have since been approved and notified by Government. Advertisement inviting applications from eligible candidates has also been issued on 27.2.11 even though the qualification for the post has not been clearly spelt out in conformity with the norms and critics prescribed in Rule 20(F) of State Mental Health Rules, 1990. It may be necessary and desirable to issue a corrigendum or addendum to the original notification clearly prescribing the qualification for the post.

**25.2.11      1 PM to 1.30 PM**

**Meeting with Engineering personnel – representatives of PWD (R&B), PHD and Electrical Wings of the Works Deptt.**

The following points emerged from the discussion:-

I. Items of civil works which have been fully executed:-

- special repair of male wards from No. 1 to No. 9 by way of fixing tiles on the floor, replacement of doors and windows, whitewashing

of the room, application of Birla putty to correct the seepage and leakage, wherever noticed and repair of the drainage system; (all these items have been executed at an estimated cost of Rs. 4.5 lakh);

- repair and colour wash of the main perimeter wall;
- repair and colour wash of the boundary wall of the agricultural estate;
- conversion of the old nursing hostel into girls hostel;
- repair of kitchen block at an estimated cost of Rs. 2 lakhs;
- repair of boundary wall of the dairy unit (which is a part of the agricultural estate);
- septic tank, soak pit and chamber for toilets in both male and female wards.

**II Items of work which have been approved by the Works Sub Committee and MC and which are pending with Government for provision of funds:**

- rain water harvesting system for every building of RINPAS at an estimated cost of Rs. 1.5 Crores;
- sewerage treatment plant at an estimated cost of Rs. 2.2 Crores;
- renovation of toilets and bath rooms at an estimated cost of Rs. 70 lakh approved by the Works Sub Committee but awaiting approval of MC.

**III Future Projects:**

**I Drug Deaddiction Centre**

**II Child Guidance Clinic**

**III Halfway Home**

These are estimated to cost Rs. 21 Crores. The estimates have been approved by the MC and the Health and Family Welfare Deptt. has been approached for provision of funds.

#### IV Transit Hostel:

Estimated to cost Rs. 2.06 Crores. The proposal has been approved by MC and has been sent to Health and Family Welfare Deptt. for approval and provision of funds.

V Boundary wall of the island and boundary wall of the U.P. route (near Thana).

VI Black topping of the road from the main gate to the administrative building; black topping of the road from the main gate to the female ward; black topping of the roads in the residential area.

VII D type and E type quarters (6 each).

In the light of serious problems in repair and maintenance in the past and poor quality of execution which was observed and emphasized in my last report of January, 2010 I impressed on the representatives of the executing agencies to ensure the following:-

- there are no vertical and horizontal cracks;
- heavy rain does not cause any seepage;
- the structures do not buckle due to excessive load;
- cracks, seepages and leakages should not go unnoticed;
- constant vigilance and surveillance over the safety and durability of the structures should be exercised;
- drainage and sewerage must be provided for each structure;
- care should be taken to ensure that water supply and sewer lines do not intermingle leading to contamination of water meant for drinking;
- samples of water must be regularly drawn and sent for testing in approved PH Laboratories to ensure that water meant for drinking is

free from chemical and bacteriological impurities as also free from the excess of iron, sodium, calcium, sulphur, magnesium and fluoride to make it 100% potable;

- it should be ensured that the source from which water is drawn is not contaminated and does not get dried up;
- storage tanks should be regularly cleaned by using the state-of-the-art technology with dewatering sludge removal, high pressure cleaning, vacuum cleaning, anti-bacterial spray and ultraviolet radiation;
- continuous vigilance should be maintained over the life of storage tanks, water supply pipelines so that normal and timely replacement takes place as they get worn out;

### **Electrical**

- Supply of electrical energy should be stable and durable without much interruptions and trippings except under avoidable circumstances;
- Power back up should be made available through DG sets;
- All loose connections should be thoroughly checked so that possibility of short circuit and any impending disaster on account of such short circuit is completely preempted.

### **25.2.11**

#### **Interaction with faculty:**

The faculty comprises of the following:-

#### **Gr. A**

#### **Administrative Posts:**

Director – 1;

Medical Superintendent – 1;

Dy. Director – 1;

Chief Medical Officer – 1

#### **Deptt. of Psychiatry:**



Professor and Head – 1;  
 Associate Professor – 1;  
 Asstt. Professor -1.

**Deptt. of Clinical Psychology:**

Professor and Head – 1;  
 Associate Professor – 3;  
 Asstt. Professor -1.

**Deptt. of Psychiatric Social Work:**

Associate Professor and Head – 1;  
 Asstt. Professor – 1;

**Group B:**

Medical Officer – 3;  
 Ophthalmologist – 1;  
 Pathologist – 1;  
 Lecturer in Yoga and Philosophy – 1;  
 Psychiatric Social Worker – 10;  
 Clinical Psychologist – 1;  
 Research Officer – 7;  
 Nursing Tutor – 1;  
 Senior Resident – 9.

Despite the vacancies (285), RINPAS has a reasonably balanced combination of Psychiatrists, Clinical Psychologists and Psychiatric Social Workers, Sr. Residents, Research Officers, Medical Officers; there is also a modicum of balance between the academic and clinical infrastructure related to teaching, training, treatment and research. This would be evident from the number of patients turning up at the OPD of RINPAS, Community Satellite Clinics outside RINPAS, bed occupancy in IPD, number of seats in M.D. Psychiatry, M.Phil, Clinical Psychology and Psychiatric Social Work, number of research papers published and number of training programmes conducted. As at the time of every review, it was thought appropriate at the time of the current review, to have an interaction with faculty members to have the benefit of their

ideas and suggestions for qualitative improvement and change in hospital management.

**Interaction with faculty members:**

1. **Dr. A.N. Verma, Associate Professor and Head of the Deptt., PSW:**

He was of the view that the manpower should correspond to increase in incidence of mental illness and increase in the number of patients. This has not been the case with RINPAS so far. This creates imbalance in distribution of workload, problems in supervision and span of control and smooth discharge of responsibilities.

2. **Dr. Jai Prakash, Associate Professor, Deptt. of Clinical Psychology:**

He had three suggestions such as:-

- Biofeed equipment should be procured for the Deptt. of Clinical Psychology;
- There should be a separate OPD for Clinical Psychology;
- A new modular kitchen should be set up in RINPAS in place of the existing one.

3. **Prof. (Dr.) S. Chaudhury, Professor and Head of the Deptt. of Psychiatry:**

While there were as many as 285 vacancies in various Groups (A, B, C and D) steps taken to fill up these vacancies have not been as prompt and vigorous as expected. To illustrate, interviews for selection of faculty members have not been held since 2007. This process cannot be open ended; instead, it should be a time bound one. Besides, interviews for selection to posts cannot be postponed indefinitely. There should be a time bound programme for giving effect to promotions as well on the part of the promotion sub committee.

4. **Dr. Masroor Jahan, Associate Professor, Deptt. of Clinical Psychology:**

She stated that a lot of efforts are being made to build up the psychological laboratory and keep on adding new items of test. As of now 366

items have been included for test in the laboratory which is the single largest number of tests being attended to in any other psychological laboratory under any other mental health hospital in the country. All necessary tools and equipments are in place and software needed to undertake the tests is also available. She suggested that all success stories emerging from the Deptt. should be documented.

5. **Dr. P.K. Singh, Medical Officer (Psychiatrist):**

He is in charge of Yoga therapy. He has been able to mobilize 20 to 25 patients to be regular participants in the yoga therapy. He had 2 suggestions to make namely (a) need for adoption of scientific norms for selection of participants for yoga therapy and (b) success stories arising from yoga therapy should be documented. He regretted that participation of female patients in yoga therapy is rather low. This is on account of the fact that (a) these are long stay patients who are chronically ill and otherwise not in a fit condition to participate in yoga therapy (b) they are also not mentally equipped to imbibe and assimilate the lessons in yoga therapy.

6. **Dr. Arvind Kumar, Psychiatric Social Worker:**

He regretted that the scale of pay of PSWs at Rs. 6500 - Rs. 10,500/- was quite low and had no logic or rationale as for same and similar nature of work the scale of pay in IHBAS, Shahdara, Delhi was Rs. 8000 - Rs. 13,500/-.

7. **Dr. Debashis Padhee, Sr. Resident, Psychiatry:**

He (a DPM from CIP) also felt that the scale of pay for the senior residents in Rs. 15,600/- to Rs. 39,000/- was low and no guidelines have been laid down by the State Government. He also regretted that increments are not being sanctioned in time. He shared his concerns regarding the procedure for discharge of patients. These problems arose out of (a) neither the guardians furnish correct address nor wandering mentally ill persons nor the police which picks them up in the street and brings them to RINPAS with the reception order from a judicial magistrate are in a position to furnish the same (b) this leaves an air of uncertainty with the MOs of RINPAS as they do not know where to send the patient, even if considered fit for discharge.

8. **Dr. P.S. Biswas, Senior Resident:**

He made out a strong case for a separate Drug Deaddiction Unit in the context of increasing incidence of drug addiction, serious problems in complete withdrawal and stabilization and incidence of relapse.

9. **Dr. K. K. Singh, Senior Resident, Psychiatry**

**Dr. D.K. Kenswar, Associate Professor**

They made the following points in course of interaction:-

- posts should not be allowed to be kept vacant for a long time;
- both physical and human infrastructure should be in place;
- the span of supervision and control of patients for warders @ 65 patients for 1 warder is too wide and incapable of yielding the desired results in terms of accountability;
- remuneration for all categories of inmates (semi skilled, skilled and highly skilled) in the OT units is quite low and needs to be enhanced substantially.

10. **Dr. Manisha Kiran, Asstt. Professor, Clinical Psychology:**

She mad the following suggestions:-

- PSWs should be included in the teams which are being deputed to conduct school mental health programmes;
- PSWs should also be included in the teams which are being deputed to family Courts;
- It will be a good idea to open family wards in shape of cottages.

It was further stated by her that of 92 long stay patients 70 were women and of them 40 did not have the required address; there was, therefore, no possibility of discharging such patients. They have to remain as long stay patients.

11. **Dr. Jayati Simlai, Asstt. Professor, Psychiatry:**

She shared a very positive development which has taken place in the female ward i.e. 20 patients have been discharged between January, 2010 to January, 2011. There are, however, disquieting developments too. One such case which has come to notice relates to the case of a DGP dumping his wife and refusing to take her back home. She has been putting up with the DGP under orders of the Court and with police escort. She also suggested that the possibility of soothing the ruffled nerves of mentally ill persons through soft, subdued but lilting music should be explored.

12. **Mrs. Jyoti Beck, Nursing Tutor:**

She suggested that amongst various redeeming features of RINPAS imparting training to a large number of nursing students (M.Sc, B.Sc) has been a very refreshing experience. While on this topic she suggested that the nursing students too need models and such models should be prepared and placed before them.

Commenting on the stipend of DPN students (currently Rs. 3000/- per month) she felt that it was quite low and needs to be augmented to Rs. 5000/-.

Similarly she also suggested the stipend for the psychiatrists, Clinical Psychologists and Psychiatric Social Workers under the residency scheme (Rs. 5000/-, Rs. 5500/- and Rs. 5000/-) should undergo revision.

13. **Dr. Surjit Mishra, Psychiatric Social Worker**

He gave the following suggestions:-

- There should be a separate Psychiatric Social Worker's laboratory with computer facility;
- All vacant posts in the Psychiatric Social Worker's Wing should be filled up at the earliest;
- The PSWs should be entrusted with some teaching assignments with their interest and willingness.

### Administration of RINPAS:

Except 3 meetings of Managing Committee on 20.2.10, 4.9.10 and 19.2.11, appointment of Dr. (Prof.) Amul Ranjan Singh, Professor and HOD, Deptt. of Clinical Psychology as Director incharge and improvement in the budgetary outlay in 2010-11 (over what it was in the previous year) no action seems to have been initiated on the other observations made in my previous review report. In particular, no action seems to have been initiated by Government on series of acts of omission and commission on the part of one Dr. Ashok Kumar Prasad, ex Director Incharge of RINPAS from 7.4.08 to 31.12.08. Instead of initiating disciplinary action against Shri Prasad for such serious misconduct he seems to have been promoted to the rank of a Professor in RIMS and will be retiring from that position in a couple of months time. No action on removal of encroachments as brought out in the previous review report has been initiated either.

### Pictorial presentation of performance of RINPAS

Table I gives a comparative picture of OPD attendance between 2001-02 to 2010-11 (Jan'11). This goes to show that there has been progressive increase in OPD attendance in general as also in attendance of male and female patients.

Table I

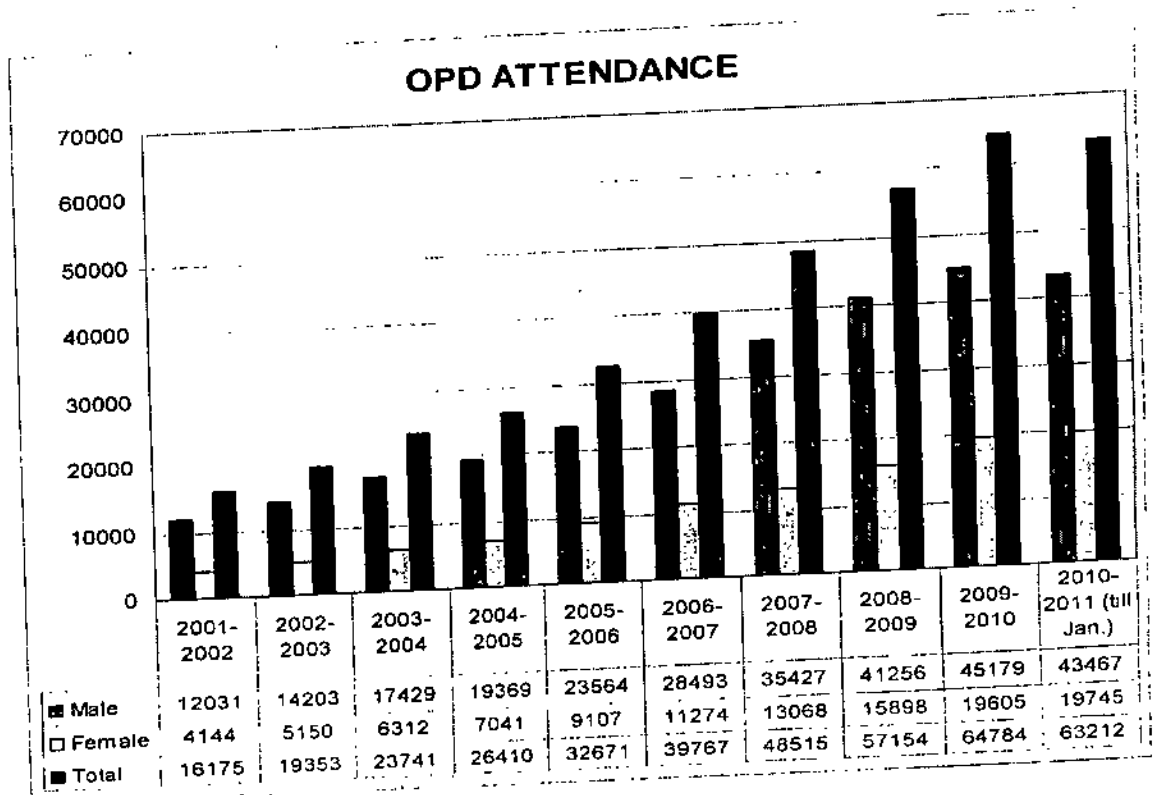


Table II gives an ideas of specialist OPD attendance in the departments of Psychiatry, Ophthalmology, Physiotherapy etc. which is fluctuating i.e. increasing, coming down and going up once again.

**Table II**

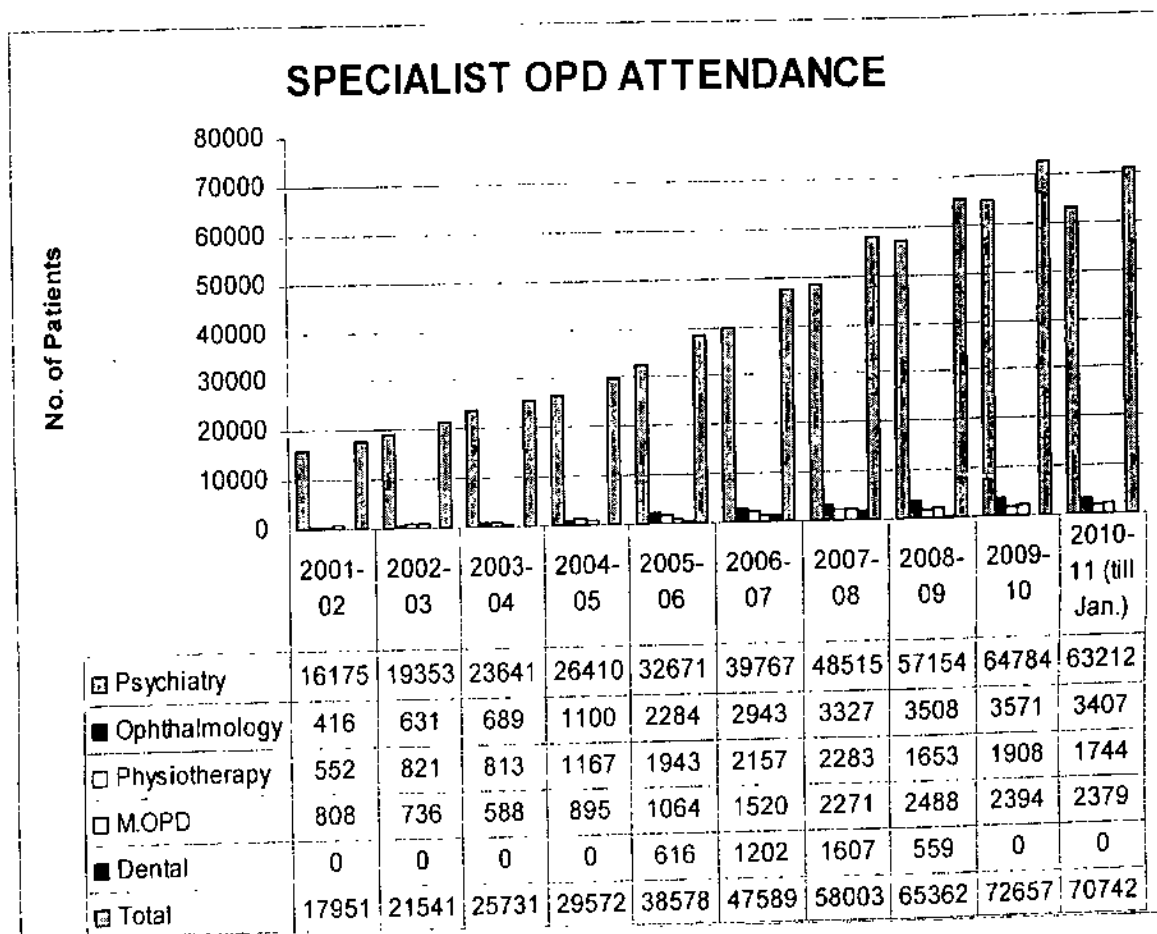
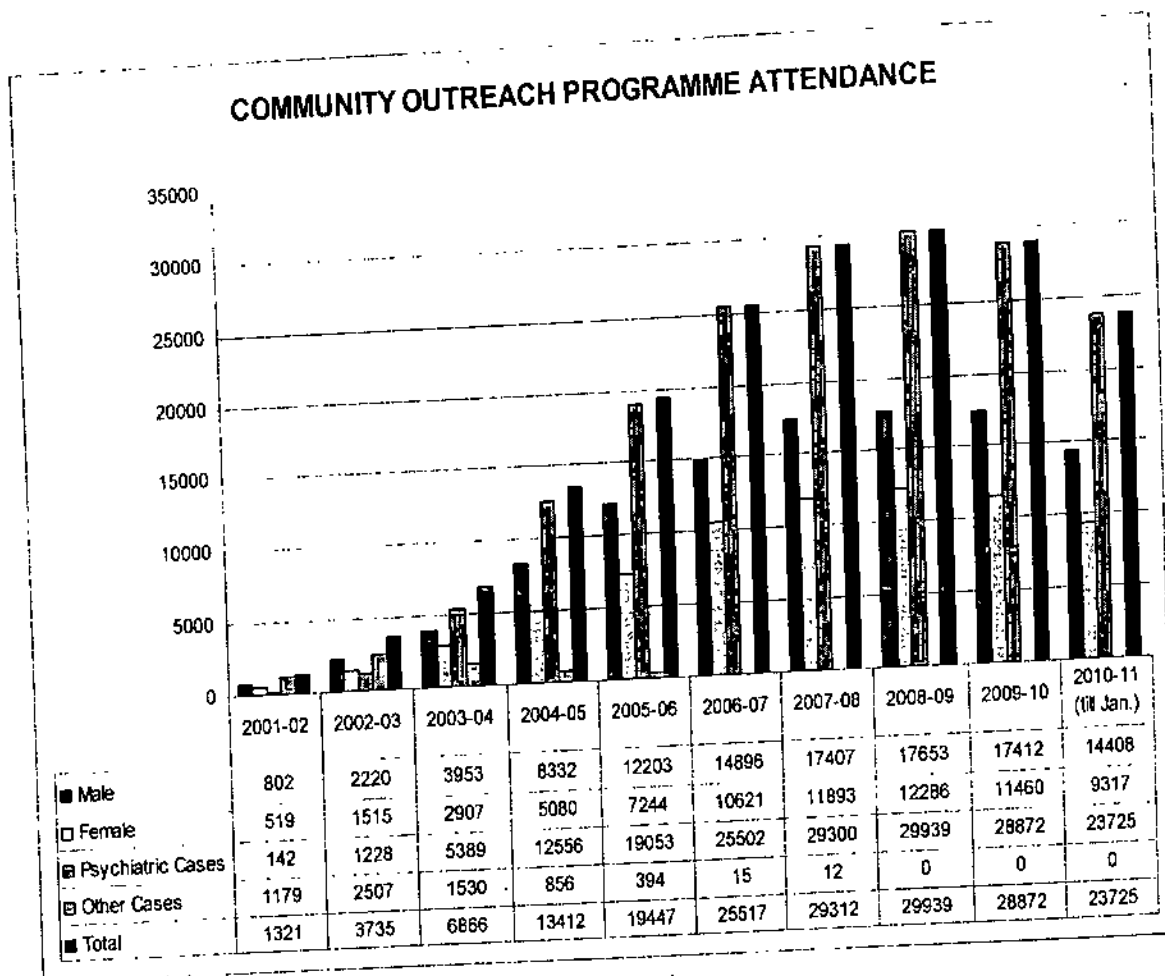


Table III gives an idea of the extent of community outreach programme attendance which is also fluctuating i.e. increasing, coming down and going up. This is so even though NGOs like Nav Bharat Jagruti Kendra and Sanjeevani Gram Trust are helping in identification of patients and their follow up.

**Table III**



The fluctuation could be attributed to lack of adequate planning and preparation on the part of the MOs and para medical staff who would be going to Jonha, Khunti, Saraikela, Kharsaon and Hazaribagh and absence of IEC materials.

In course of review of the pace and progress of the Community Outreach Programme, I enquired of the follow up action and compliance with the directions issued by Shri P.C. Sharma, Hon'ble Member, NHRC at the time of his visit to Khunti Community Satellite Clinic on 23.5.2008. Sanjivani Gram Trust, an NGO of repute and standing who are assisting RINPAS in identification of patients had represented to Hon'ble Member that they were handicapped in mobilizing patients in the absence of a vehicle. Hon'ble Member had directed the then Health Secretary, Government of Jharkhand that a vehicle may be placed at the disposal of the NGO concerned. Till date, however, the said direction has not yet been complied with by Government of Jharkhand without any ostensible reason.

Table IV gives an idea of the number of IPD patients treated during the year and the previous nine years. This like general OPD shows that number of



patients (both male and female) have consistently registered increase over the years although the extent of increase may be varying from year to year.

**Table IV**

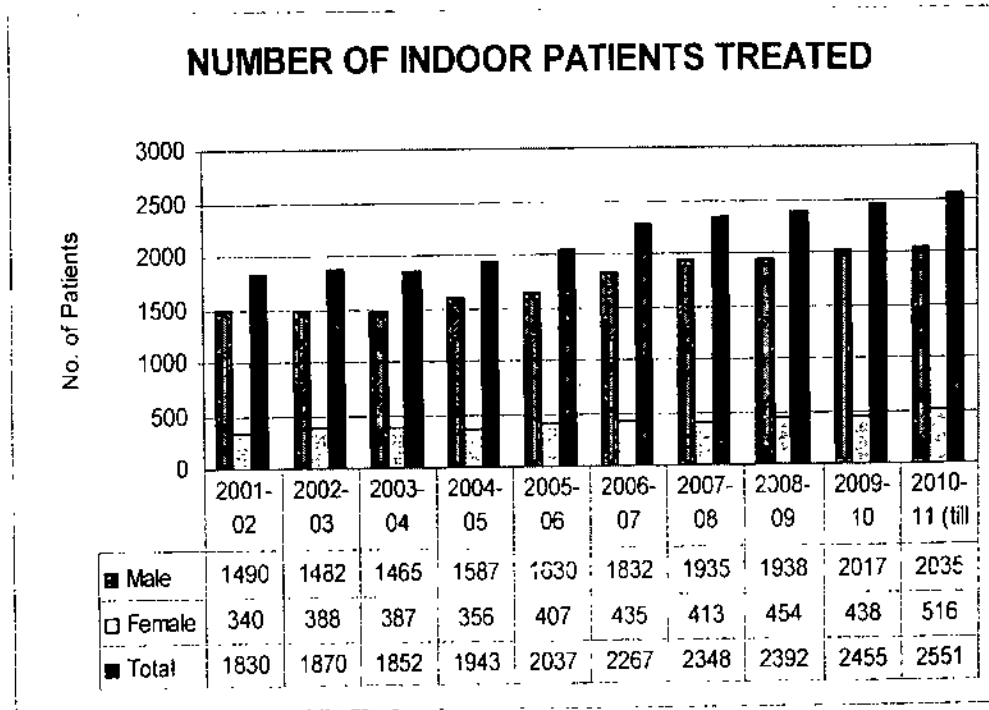


Table V shows that as against 500 sanctioned beds the daily average strength of indoor patients (both male and female) varies between 506.06 in 2001-02 to 527.66 in 2010-11, the number falling short of 500 between 2002-03 to 2009-10:-

**Table V**

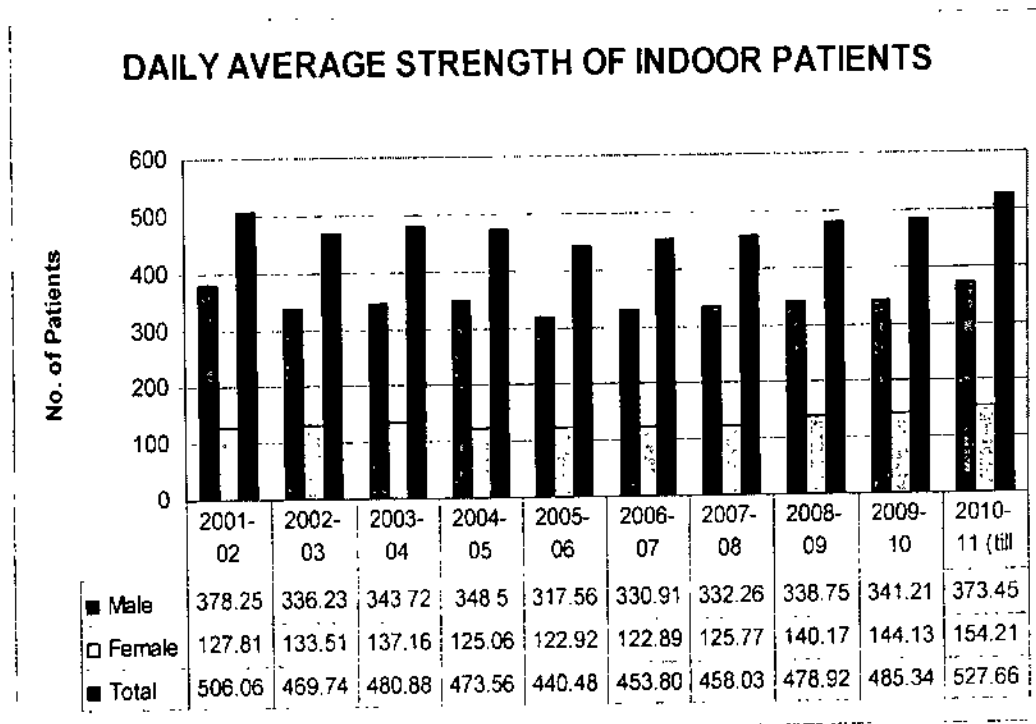


Table VI gives the total number of admissions of male and female patients during the year and the previous nine years. This also shows that the number of admissions (both male and female) have (except marginal variations) registered overall increase year after year.

**Table VI**

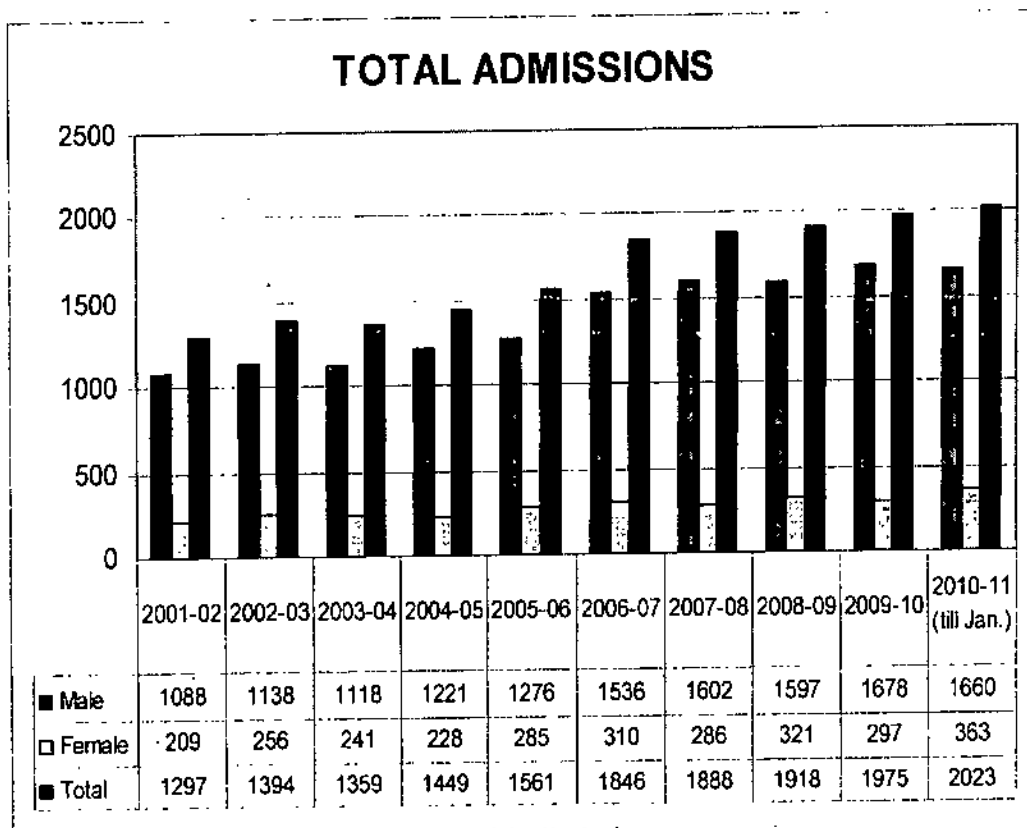


Table VII gives the total number of patients (both male and female) discharged during the year and previous years. This like admissions shows (except marginal variations) that discharges have registered an improvement over the years.

**Table VII**

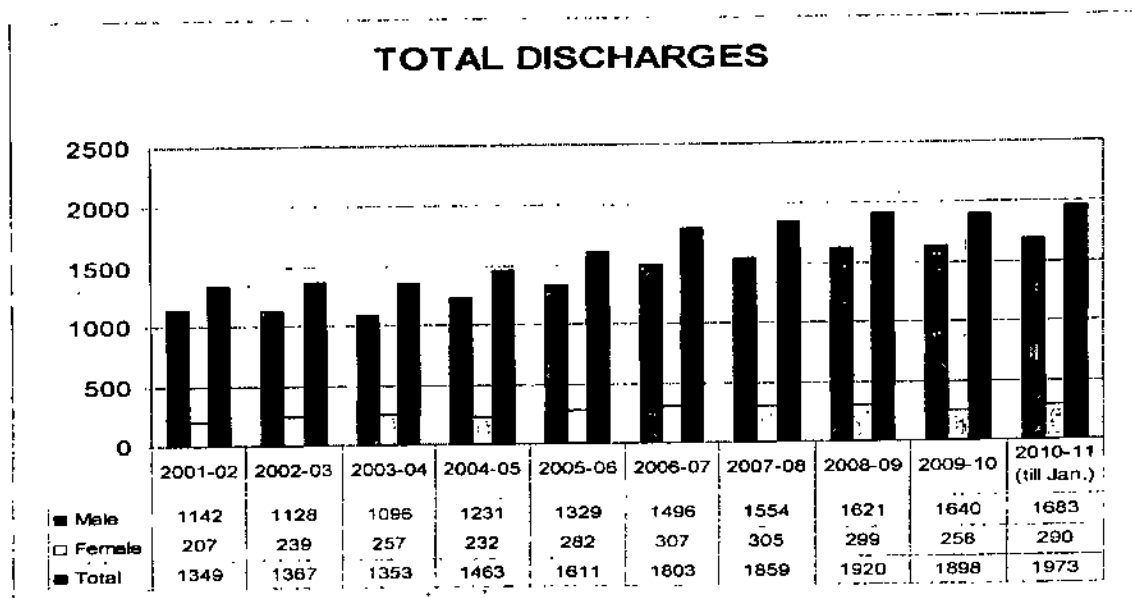


Table VIII gives a cumulative total of the number of the patients admitted and discharged. This shows that admission and discharge are more or less evenly matched.

**Table VIII**

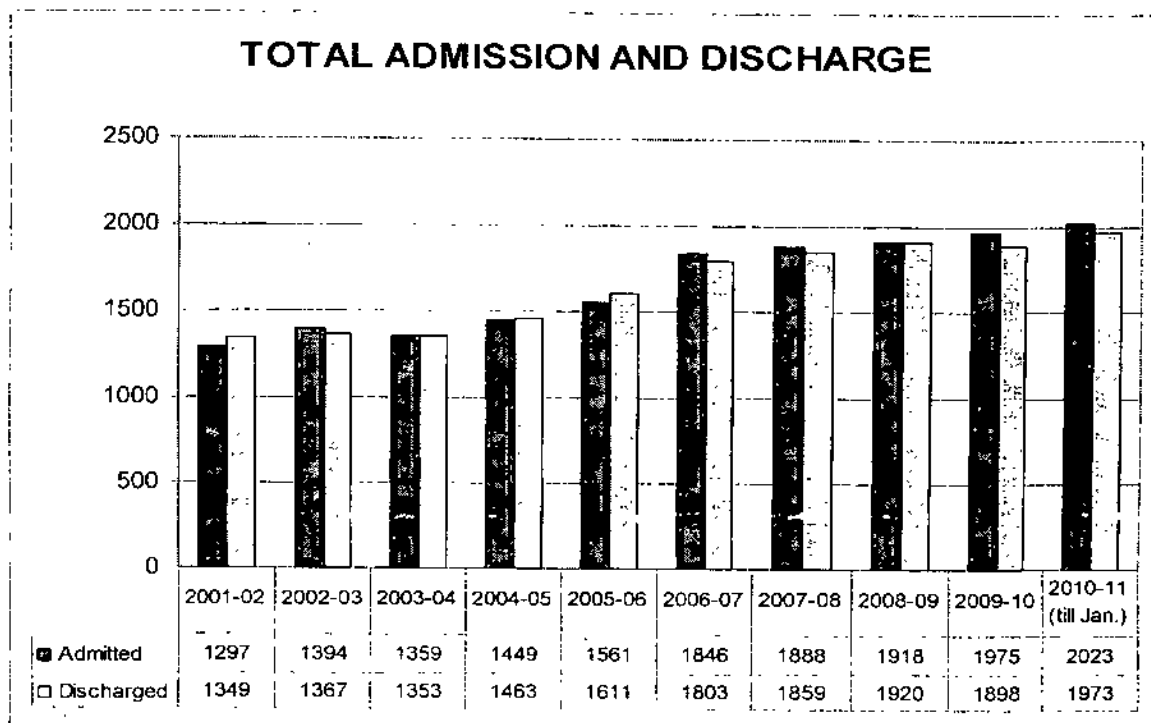


Table IX gives the year wise break up of the number of patients readmitted and the percentage of such readmission

**Table IX**

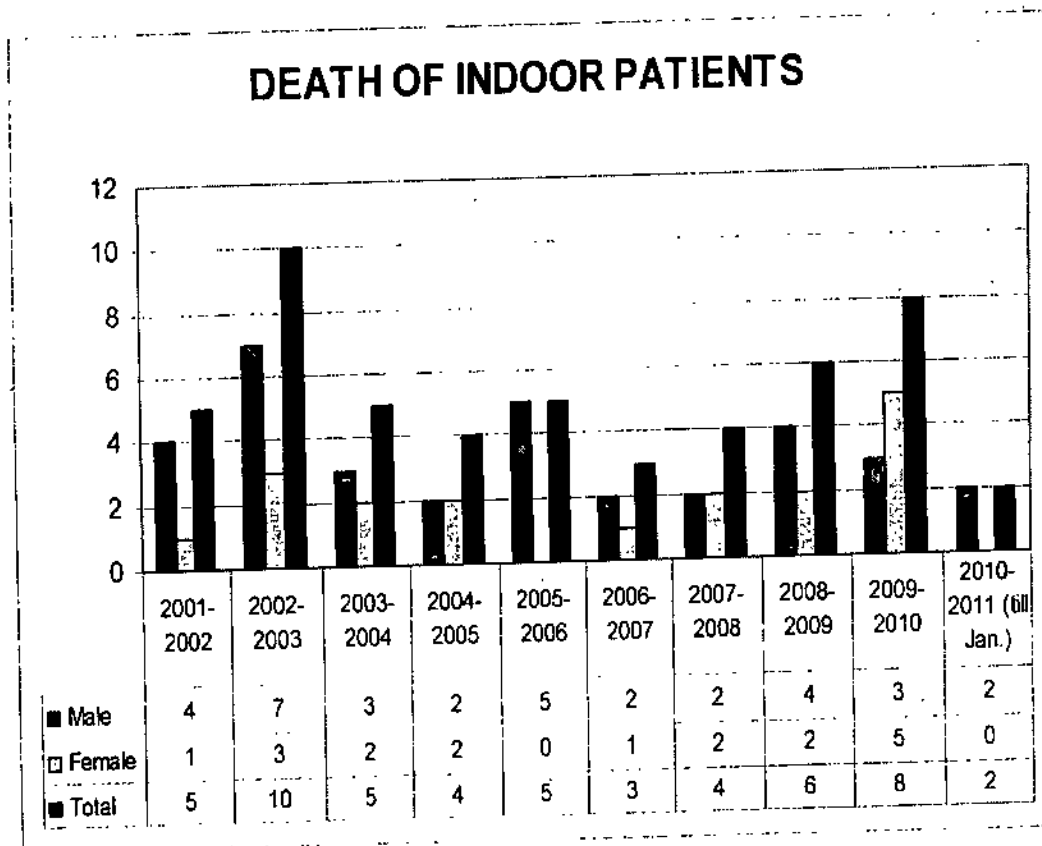
**Number and Percentage of Readmission**

Year	New admission			Readmission			Total admission	Percentage of readmission to total admission
	M	F	T	M	F	T		
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	99	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	1382	259	1641	296	38	334	1975	16.91
2010-11 (Till Jan.11)	1402	258	1660	319	44	363	2023	17.94

The above table indicates that the incidence of relapse is on the increase. This could be on account of lack of compliance of drugs prescribed or drug discontinuance. The moot question is: whether the PC of readmission can be brought down with effective counselling and frequent home visits to ensure that the drugs prescribed are being complied with.

Table X shows the yearwise deaths of patients which have taken place and the break up between male and female patients who have died:-

**Table X**



While deaths have come down in 2010-11 compared to 2009-10, every case of death needs to be audited to come to the conclusion that (a) all possible efforts have been made to save the lives of the patients and (b) no death took place on account of any negligence.

Reviewed the 2 deaths which have taken place in 2010-11 (till January, 2011) to arrive at the conclusion that no death took place on account of any negligence. The outcome of the review is as under:-

- I. Shri D. Narayan S/o Late Jogeswar Rao (43) of Village Parsodih, near Shyam Talkies, PS Golmuri District, West Singhbhum was admitted to RINPAS on 4.9.93 for treatment of mental illness with expressive

language disorder. After admission, the patient was treated with psychotropic drugs and was maintaining himself well. He developed seizure disorder on 3.8.2000. Since then he has been put under anti-epileptic drugs. Letters were sent from time to time to his guardians but there was no response.

On 4.5.2010 he was taking his food as usual in the ward at about 6.40 PM (dinner). While being in the midst of his dinner he had a seizure attack and there was regurgitation of food materials leading to choking of respiratory track. Immediately food which had gone inside were evacuated by duty doctor with the help of suction machine and taps. Every possible attempt was made to save the life of the patient but all these measures (oxygen inhalation and cardio pulmonary resuscitation) notwithstanding there was respiratory arrest. The patient expired at 7.15 PM on 4.5.2010 due to cardio respiratory failure.

II. Shri Nimai Ghose (21) S/o Shri Anil Ghose was admitted in RINPAS on 13.1.2009 as a certified case vide Reception Order No. 12/fof/k/dt. Dated 13.1.2009 of SDO Sadar Ranchi for treatment of mental illness. He was getting treated for mental illness 'Psychosis NOs' with different anti-Psychotics. Subsequently on repeat mental status examination he was diagnosed as suffering from Schizophrenia for which he was getting treatment with appropriate anti psychotics. He had shown improvement and was participating in the ward activities.

On 27.9.10 at about 11.30 PM (IST) after all the patients went to sleep, this patient went to the toilet. One guard on duty was on the verandah waiting for the patient to come out of the toilet. Suddenly within a matter of 5-10 minutes there was shouting in the toilet. Staff as on duty rushed towards the toilet and found that the patient was coming out from the toilet with fire in his clothes. Staff members with the help of bed sheet and other means managed to extinguish the fire. Duty doctor immediately attended the patient and gave him first aid. The patient with 54 PC burns was shifted to RIMS, Banatu, Ranchi for further management. At RIMS the patient expired on 30.7.2010.

It is abundantly clear and evident that in both the cases utmost care and attention were paid to save lives of 2 patients in danger but the lives could not be saved despite best efforts.

Table XI shows the break up of residence of patients who were admitted during the last 5 years in RINPAS. This shows that while patients continue to be drawn from States (like West Bengal, Orissa, Chattisgarh, U.P., Arunachal Pradesh, Madhya Pradesh, Maharashtra and even Nepal) outside Jharkhand, majority of the patients come from Jharkhand and Bihar. Bihar does not have a mental health hospital as on date and the flow of patients from Bihar provides ample justification for locating one such hospital in that State.

**Table XI**

State	2005-06			2006-07			2007-08			2008-09			2009-10			2010-11(Till Jan.11)		
	M	F	I	M	F	I	M	F	I	M	F	I	M	F	I	M	F	I
Jharkhand	655	202	857	736	203	939	795	195	990	863	215	1078	906	208	1114	866	205	1071
Bihar	600	75	675	754	98	852	798	90	879	711	103	814	755	88	843	846	97	943
West Bengal	9	5	14	19	3	22	5	1	6	9	2	11	5	1	6	1	-	1
Orissa	6	1	7	6	1	7	5	-	5	8	-	8	9	-	9	5	-	5
Chattisgarh	3	-	3	7	2	9	4	-	4	2	1	3	1	-	1	1	-	1
Uttar Pradesh	1	2	3	6	2	8	1	-	1	2	-	2	2	-	2	2	-	2
Arunachal Pradesh	-	-	-	1	0	1	-	-	-	-	-	-	-	-	-	-	-	-
Madhya Pradesh	-	-	-	1	0	1	-	-	-	1	-	1	-	-	-	-	-	-
Maharashtra	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nepal	-	1	1	6	7	7	3	-	3	1	-	1	-	-	-	-	-	-
Total	1276	285	1561	1536	310	1846	1602	286	1888	1597	321	1918	1678	297	1975	1721	302	2023

Table XII indicates the number of paying patients treated in RINPAS in the year under review and the previous 8 years.

**Table XII**

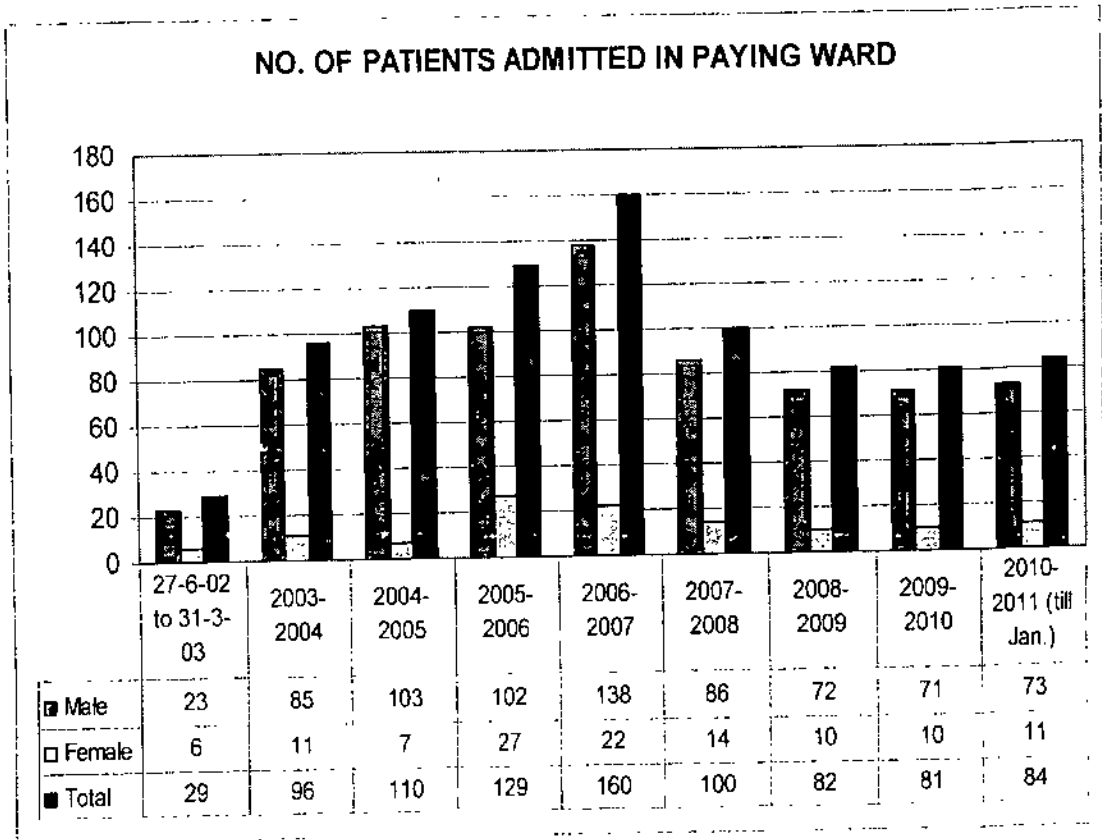


Table XIII provides the daily average strength of patients in the paying ward during the year and previous seven years.

**Table XIII**

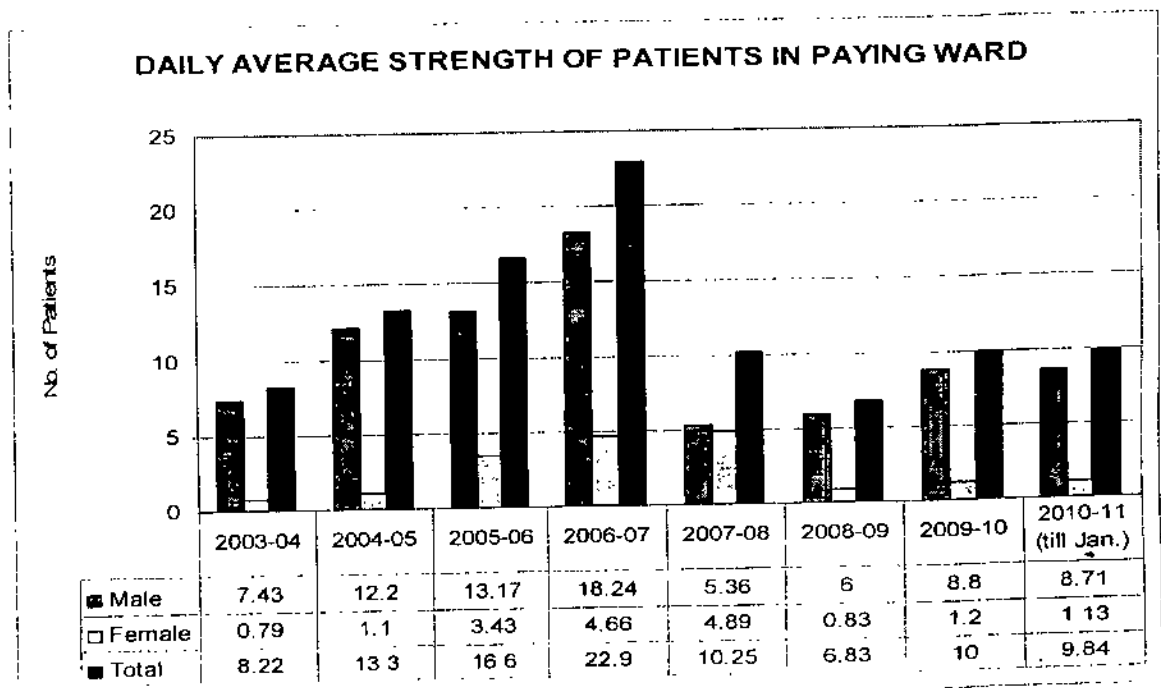
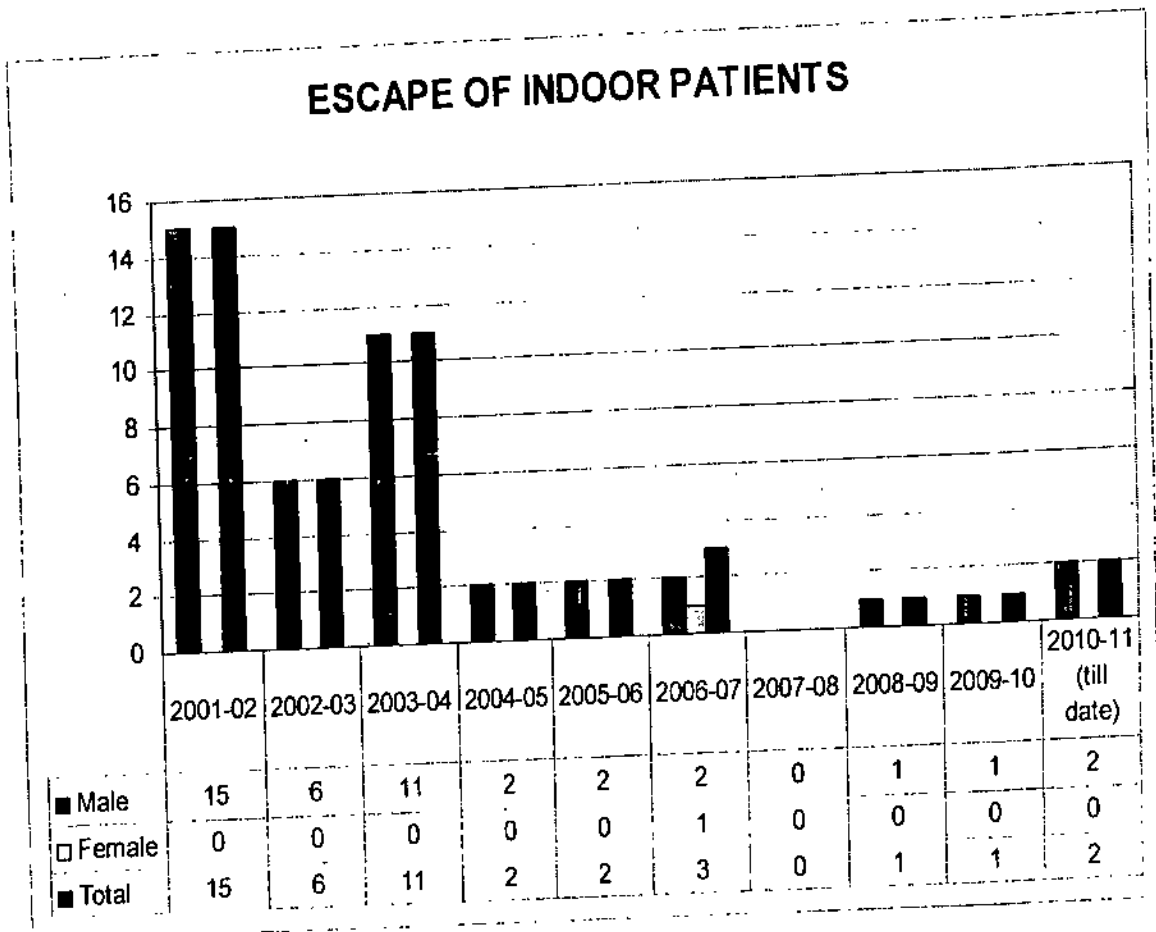


Table XIV gives the number of reported escape of indoor patients during the year and previous nine years.

**Table XIV**



An analysis of the trend goes to establish that (a) escapes are coming down from 15 in 2001-02 to 1 each in 2003-09 and 2009-10 and 2 in 2010-11 (till Jan'11) (b) this could be attributed to the policy of openness of the wards. As a result of this policy of openness patients are neither restrained nor allowed to be locked up inside the rooms. Consequently, the atmosphere inside RINPAS has dramatically changed (compare it with 80s when patients were let loose by the warders and there was complete anarchy in the hospital then necessitating filing of the PIL by Shri Rakesh Chandra Narayan). Injuries and physical assaults have become rare and the policy of openness along with care and attention has also contributed to the speedy recovery of patients.

Table XV shows average length of stay of indoor patients (both male and female) which goes to show that there is gradual decline in the length of such stay in the hospital. This is a good sign as the number of beds in the hospital are limited and there is always pressure for more admission of patients from Jharkhand and outside.



**Table XV**

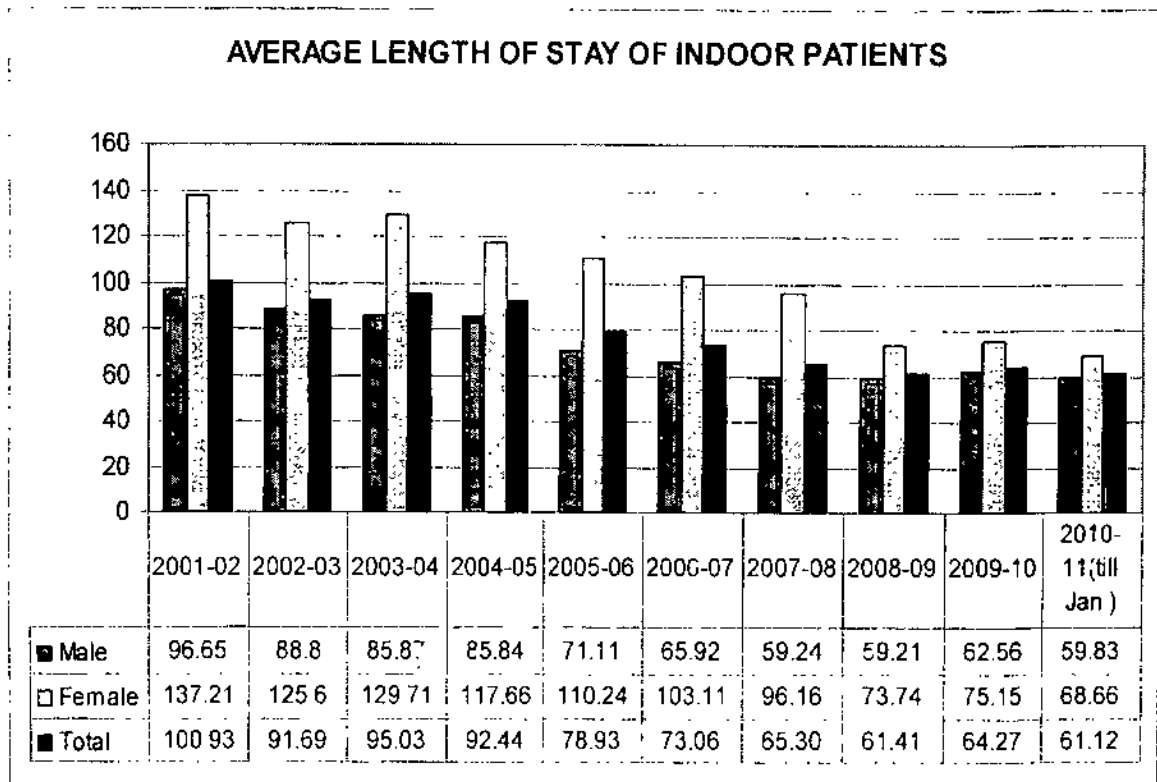
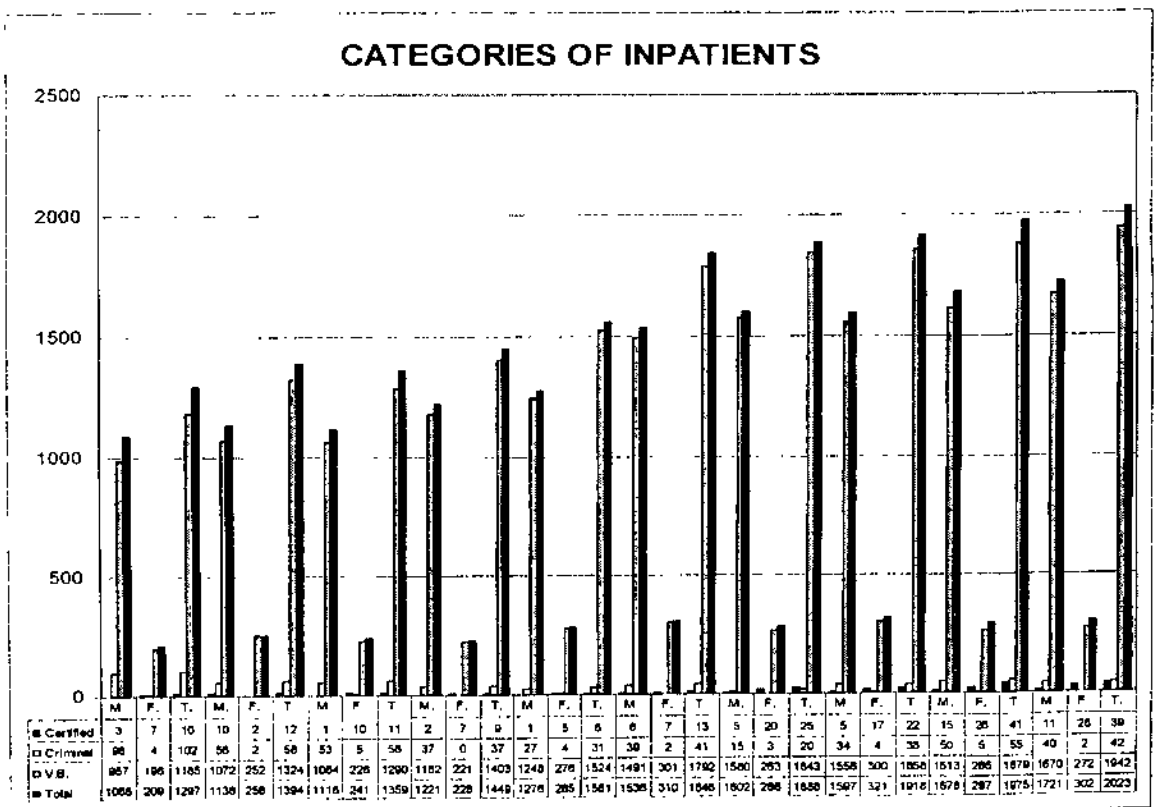


Table XVI shows the break up in the categories of inpatients such as certified, criminal, voluntary boarders in the current year as also in the preceding nine years.

**Table XVI**



The table shows that an overwhelming percentage of inpatients belongs to the category of voluntary boarders. It is a good sign that this percentage is on the increase (from 91.36% in 2001-02 to 95.99 in 2010-11 (Jan'11)).

### **Compilation of success stories:**

It was encouraging to note that the Deptt. of Clinical Psychology, RINPAS has compiled a number of success stories in Psychological management. The details of this activity are given as under:-

### **Background:**

Patients having obsessive compulsive disorder, phobia, anxiety, disorder, depression, adjustment disorder, stress related problems, schizophrenia, affective disorder are given psychological management. Children having mental retardation, ADHD, learning disability, autism and other behavioural problems are also given behavioural management. Family members are included in such therapy as and when required.

The sessions for psychological and behavioural management include individual session to patient's sessions for family members, joint for patients and family members and group sessions.

Supportive therapy (guidance and suggestion, ventilation, externalization of interest), behaviour therapy (activity scheduling, exposure techniques, systematic desensitization), cognitive therapy (considering pros and cons, confrontation, cognitive restructuring), interpersonal therapy, marital/couple family therapy, group therapy etc. are given to patients.

Cognitive rehabilitation of 10 chronic schizophrenic patients was done as a part of Ph.D. research project. Patients were given cognitive rehabilitation module related to attention, memory and executive functions. Sessions were continued for three months. Post assessment revealed that the overall neuropsychological performance of patients improved. The severity of psycho pathology, daily functioning in the areas of attention, memory, language, visual processes and executive functions also improved. Assessment after 6 months showed that these gains were sustained:-

**Individual success stories:****Psycho therapy case report No. 1:**

Name - Bikram Yadav  
 CRF No. - 34844  
 Diagnosis - Tension headache  
 Age - 14 years  
 Sex - Male  
 Marital status - Unmarried  
 Education - studying in Class VII  
 Mother tongue - Hindi

**Chief complaints:**

- headache;
- fatigue;
- poor concentration;
- deterioration in performance

**Brief clinical history:**

The patient was apparently well before one year according to his father. He started having problems when academic pressure increased with promotion to higher class. For the past 1 year, the patient would easily feel stressed and fatigued and started complaining of occasional headaches. Later, the headaches became more frequent and would last longer. The headache was precipitated every time by stress, fatigue or sleep. Recurrent episodes of severe headache started interfering with his activities of daily living and his academic performance deteriorated. He started remaining isolated, withdrawn from social interactions and would not feel like going to school.

**Assessment for the purpose of therapy:**

The patient was subjected to the following 4 forms of assessment for the purpose of therapy:-

- clinical interview;
- psychological assessment;
- behavioural analysis;

- guardian report.

The following is a summary of the findings of Rorschach Inkblot Test and Thematic Appreciation Test:-

- the patient is reserved, skeptical, aloof and prefers to be left alone;
- he is less sensitive to his environment and has poor problem solving skills;
- he tries to achieve more than his capacity; this results in frustration, anxiety and dejection;
- he needs love and affection which are not met adequately due to verbal and physical aggression in his social environment;
- he is a maladjusted individual in his environment.

The following is a summary of the outcome of behaviour analysis:-

- He has irritability and restlessness in terms of behaviour excess;
- He is disinterested to work and is socially withdrawn in terms of behaviour deficit.

#### **Goals of therapy:**

- helping the patient to achieve control over anxiety and tension;
- improving problem solving skills;
- helping him to be more assertive in his social interactions.

#### **Tools and techniques used:**

- Both therapeutic and cognitive behavioural techniques were used.
- Muscular relaxation techniques were used to help the patient to achieve control over anxiety.
- Problem solving skills training was imparted to improve these skills.
- Assertiveness training was imparted to enhance assertive behaviour.

In all 20 sessions were conducted. Of the 20, 8 were individual sessions and 12 joint sessions. The details of the process and techniques adopted are as under:-

**Helping the patient to gain control over anxiety and tension:**

- Muscular relaxation was taught to the patient using the seven steps applied muscular relaxation technique; it involved teaching the patient to contract, release and relax the main muscle groups of the body;
- Prior to teaching the technique, the rationale was explained to patient i.e. how physical tension was related to mental tension and vice versa;
- The guidelines for practicing relaxation were also imparted;
- Once the patient had learnt the technique, the same was required to be practiced by him in front of the therapist apart from regular practice at home.

**Improving problem solving skills:**

- The patient was taught problem solving skills to learn and use an effective set of skills to cope with personal and interpersonal difficult situations;
- The therapist assessed the patient's capacity to solve problems in terms of (a) identification of the problem (b) setting goals and generating alternative courses of action (c) taking decisions and (d) implementing decisions;
- The clinician found out with the help of the patient the nature and origin of a specific problematic situation;
- The clinician helped the patient to assess the problem, identify causative factors, set realistic goals, and helped him to generate alternative courses of action;
- The patient was helped to choose a course of action with regard to its short and long range consequences;

- The patient was given information and support for his efforts to implement the course of action.

### **Helping the patient to be more assertive in his social interaction:**

The purpose of this training was to increase the patient's capacity for expressing thoughts, feelings and beliefs in a direct, honest and appropriate manner without violating the rights of others. This was achieved in the following manner:-

- The therapist assessed the current assertive skills of the patient and the situation in which the patient lacked assertiveness;
- The therapist taught the patient specific skills via modelling, behavioural rehearsal and home work;
- The therapist provided positive feedback whenever needed; during rehearsal, the patient used effective verbal and non verbal reaction.

### **Evaluation of therapeutic outcome:**

- Frequency of headaches significantly decreased.
- The patient was able to concentrate and perform better in studies.
- The patient is feeling more confident in his interpersonal relations.

### **Success Story No. 2:**

Mr. A, 28 years old was a highly successful primary school teacher who got married 2 years back. During his late college years, he used cannabis occasionally but exhibited no frank abuse or dependence on the drug. After his college days, he experienced an episode of major depression. During this period, he used to smoke marijuana more frequently. On reflection he recalled that use of marijuana at that time was largely motivated by the anti depressant effect that he derived from the drug. After one year, Mr. A developed a manic episode. He indulged in excessive spending and while wandering in the middle of the night in the village he was picked up by the police, returned home and was hospitalized subsequently. He was diagnosed to be suffering from schizoaffective disorder and given treatment accordingly. However, within a

week of the treatment and discharge from the hospital, he started smoking cannabis 2 to 3 times daily. Shortly thereafter, he discontinued medicines and left the village. After several years of the 'revolving door syndrome' it became increasingly clear to the treating team of RINPAS that Mr. A tended to develop symptoms of depression in the beginning of each psychotic episode. As soon as the depressive symptoms began he resumed smoking marijuana heavily. If he stopped using it the depressive symptom returned quickly.

These issues were addressed in 3 ways. First, Mr. A was enrolled in a group directed at the issue of substance abuse. He found that he had enough in common with other group members. Second, he was more aggressively treated for depression. Third, he was strictly supervised by his relatives when he was shifted and kept with his uncle at Ranchi only. This is how complete abstinence from Cannabis was accomplished for most parts of last year.

**Executive Summary of observations, conclusions and recommendations at the end of review of performance/activities of RINPAS (24.2.11 to 26.2.11)**

Such reviews, it should be noted are not witch hunting exercises. Instead, they are exercises primarily aimed at bringing about a qualitative improvement and change in the management of the affairs of the institution in question. The basic strategy adopted to achieve this objective has been two fold namely (a) make the entire exercise participative and communicative; circulate a questionnaire, invite the written responses, subject the written response to cross validation by taking rounds of the activities of the departments (Psychiatry, Clinical Psychology, Psychiatric Social Work, Nursing etc.) on the one hand and having an interpersonal individual as well as collective deliberation with all faculty and staff members (b) bring out the redeeming features as well as success stories and share them with all concerned including the management of the institution as well as outside; also bring out the gaps, omissions, infirmities and shortcomings in various areas of management of the institution with constructive suggestions for improvement, keeping the human rights dimension in the focus (right to decent living accommodation, right to food, right to water, right to personal hygiene, right to environmental sanitation, right to leisure and recreation, right to rehabilitation through occupational therapy and reintegration with the mainstream family, community and society).

The review conducted by me for the fifth time of the activities and performance of RINPAS from 24<sup>th</sup> to 26<sup>th</sup> February, 2011 may be viewed in this holistic perspective. While summing up the impressions, observations and conclusions I would like to start with the redeeming features, proceed to gaps, omissions and deficiencies before ending up with broad recommendations on the further steps required to be taken and the directions to follow:-

**Redeeming features:**

- Recruitment Rules for the Director, RINPAS have been finalized, notified and advertisement for the post has also been issued on 27.2.11.
- Pending selection of a full time incumbent possessing the qualification and experience, Dr. Amool Ranjan Singh, Professor and Head of the Deptt., Clinical Psychology has been appointed as the Director Incharge since December, 2010. He brings with him a wealth of experience in teaching, training, treatment and research all the 4 components of mental health emphasized by the Hon'ble Supreme Court.
- The State Government of Jharkhand has extended a helping hand by substantially augmenting the budgetary outlay from Rs. 11 Crores in 2009-10 to Rs. 19 Crores in 2010-11.
- The augmentation is with regard to both hospital management which is in the non plan and academic centre or teaching block which is in the plan.
- The financial status of RINPAS as on 31.12.10 with a closing balance of Rs. 10.31 Crores appears to be quite comfortable compared to what it was at the time of the fourth review in January, 2010 (around Rs. 5 Crores).
- RINPAS after meeting all the expenses under the appropriate heads has a total corpus (both Fixed Deposits and Savings Bank Account) of Rs. 10.31 Crores in 4 nationalized banks.
- RINPAS is able to incur a percapita expenditure of Rs. 48.26 per patient per day on food, grains, beverages, condiments etc.



- The menu for inmates for all the 7 days in a week has been prescribed in such a manner that (a) it ensure a balanced combination of protein, carbohydrates, oil/fat, trace minerals and vitamins on the one hand and (b) it makes room for provision of special diet for those who are in need of the same (like diabetic patients, patients with low weight) as also special meals on festive occasions and events of national importance (Independence Day, Republic Day etc.).
- The nutritive value of food for breakfast, lunch and dinner comes to 2623.4 kilo calorie which is the desired one.
- Access to clean potable water of the desired quantity and quality has been ensured with arrangements for (a) proper storage and distribution (b) collection of water samples for test at periodic intervals in approved PH laboratories and (c) cleaning of the water storage tanks according to State-of-the-art technologies.
- Dinning halls are commodious, neat and tidy and food of the desired quantity and quality is being served with a humane touch.
- Meticulous care has been taken to keep the inmates kempt and tidy by ensuring their personal hygiene. Patient's wishes to wear hospital uniforms vis a vis garments of choice has been respected.
- The occupational therapy units for both male and female patients known for (a) diversity of market relevant skills/trades and (b) a team of professionally qualified and dedicated instructors have contributed to both recreation and functionality of inmates through skill training apart from contributing to the revenues of RINPAS and making it self sufficient as far as certain products (file covers, registration forms, envelopes etc.) are concerned.
- The Divisional Commissioner – Ms. Sheila Kiskurapaz has been evincing keen and abiding interest in the affairs of the MC and has been holding its meetings at regular intervals.

- The Sub Committees of the MC have also been meeting regularly.
- The Board of Visitors, a statutory body under Mental Health Act, 1987 has been visiting the hospital regularly once every month. It comprises of the following members:-
  - Dr. R. K. Gupta, Psychiatrist (retired Dy. MS, CIP);
  - Dr. A.N. Verma, Associate Professor, Deptt. of PSW, RINPAS;
  - Mrs. Jyoti Beck, Nursing Tutor, RINPAS;
  - Director, RINPAS, Convener.
- The OPD attendance has steadily increased over the past seven years.
- The out turn of patients at the OPD organized as a part of the Community Satellite Programme at Jonha, Khunti, Saraikala Kharsaon and Hazaribagh has also steadily increased over the past seven years.
- The number of indoor patients and daily average strength of indoor patients has also registered increase over the years. This is a sign of increasing popularity of RINPAS which is evident from the fact that in addition to Jharkhand it is attracting patients from neighbouring States of Bihar, West Bengal and Orissa.
- Number of patients discharged corresponds to increase in number of patients admitted. In other words, number of patients admitted and discharged are evenly matched.
- Number of deaths and escapes of patients has also come down over the years.
- Average length of stay of indoor patients is coming down which is a positive sign.
- Number of patients who are being admitted voluntarily is also going up from 91.36% in 2001-02 to 95.99% in 2010-11 (till Jan'11).

- Number of nursing students who are coming to RINPAS (B.Sc, M.Sc, GNM and NGO) is progressively going up during the last 3 years.
- About 20 to 25 patients are participating in yoga and meditation sessions.
- With completion of the teaching block, improvement in availability of funds and placement of persons of good calibre as faculty members, there has been a spurt in academic activities in RINPAS which would be evident from the following:-

- the library budget has been substantially augmented;
- till January, 2011, there were 18,315 books, 60 foreign journals and 7 Indian journals available for the faculty and staff members, over 2000 books for male and female patients, all important newspapers in English, Hindi and Bengali and a number of relevant and interesting journals according to the preferred choice of inmates were being subscribed;
- 34 papers by the Deptt. of Psychiatry, 70 papers by the Deptt. of Clinical Psychology and 14 papers by the Deptt. of Psychiatric Social Work has been published during 2010-11;
- In all there are 6 sanctioned posts for M.Phil in Medical and Social Psychology and 6 sanctioned posts of M.Phil in Psychiatric Social Work while it is proposed to double it during the next financial year i.e. 2011-12;
- Dr. S. Chaudhury, Professor and Head of the Deptt. of Psychiatry has published 3 books/papers, contributed 2 chapters in publications brought out by others, has attended 7 professional conferences and is holding 4 key posts in Professional Associations;
- Equally impressive has been the performance of his other colleagues in the Deptt. of Psychiatry (Dr. Jayati Simlai, Dr. Chandra Kiran, Dr. Manish Kumar, Dr. Subodh Kumar, Dr. P.

Biswas, Dr. Santosh Kumar, Dr. Vinod Mahato and Dr. Ranju Kumari);

- Dr. Amool Ranjan Singh, Professor and HOD, Deptt. of Clinical Psychology has successfully piloted 3 research projects and carried them to their logical close in 2009-10. Two research projects under his guidance are in progress. Besides, he has guided 18 Ph.D. scholars of whom 12 have got their Ph.D. degree so far. Similarly, 5 scholars under his guidance have completed their M.Phil and submitted dissertations in 2009-10 and submission of dissertations by 7 scholars is in progress;
  - under his guidance 4 journals dedicated to action research in the field of Clinical Psychology have been published in 2009-10;
  - under his leadership and guidance 4 training programmes involving students from outside institutions were conducted in 2010.
- The Deptt. of Psychiatric Social Work under the able guidance of Dr. A.N. Verma, Associate Professor and with a team of young, energetic and enthusiastic officers has been rendering useful therapeutic services such as social group work/group therapy, mobilizing the community's involvement in community mental health programmes and extension services, counseling services, home visits, family contact and family therapy, social skill training etc.
  - Assessing family dynamics and other socio-cultural environmental factors through interviews and social history taking in OPD and IPD, 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 rehabilitative purposes (so that they may feel productive and may not become liabilities to the family once discharged from the hospital) are some of the major clinical responsibilities of the Deptt. of PSW which it has been able to successfully discharge.

- A number of research projects have been taken up, 4 Ph.Ds awarded and 10 Ph.Ds in progress, 11 M.Phil dissertations taken up in 2008-10, 2009-11, 14 papers presented and published and 11 papers presented in international conferences. These speak eloquently about the vibrant and intellectually animated environment which obtains in the Deptt.
- The Deptt. of Pathology has been conducting annually over 30,000+ investigations which could be a matter of pride and distinction for any pathological laboratory.
- The performance of the Deptt. of Ophthalmology, Deptt. of Radiology and Deptt. of dental surgery during 2010-11 (Upto Jan'11) has been quite impressive.
- The library of RINPAS has been a vibrant centre for acquisition and dissemination of knowledge and information with nearly 20,000 books, (651 books added in 2010-11 alone), 58 foreign journals, 7 Indian journals, 973 holdings of bound journals, the library has been actively assisting a large number of research scholars doing Ph.D. and M.Phil.
- There is a mental health information centre which provides since August, 1999 basic information about various mental disorders.
- The physiotherapy unit located in a small room with few equipments has been assisting the process of physical rehabilitation of about 1500 to 2000 physically and orthopaedically disabled persons.
- The occupational therapy units have through imparting market relevant skills also been actively assisting the process of rehabilitation of mentally ill persons apart from making RINPAS economically self sufficient.
- There is a full fledged canteen in the campus of RINPAS near the OPD where tea, snacks, cold drinks and meals are available at reasonable rates to the patients and their care givers.

- RINPAS has a 200 kg capacity mechanized laundry which by collecting inmates' clothings for cleaning, drying and pressing has made a significant contribution to maintenance of personal hygiene of all inmates.
- RINPAS has a Mineral Water Plant with a capacity of filtering 100 litres per hour. Mineral water is being collected in containers from this plant and distributed to all wards.
- Like IHBAS, Shahdara, Delhi male and female patients, officers, students and staff posted in different wards are being taken out in picnics which provide good outing and relaxation and rejuvenation of dampened spirits.
- Patients are also being taken out for participation in Independence Day, Republic Day, Durga Puja, fairs and exhibitions. They also participate in the annual sports day.
- All wards (both male and female) have been provided with water cooler, colour TV, indoor and outdoor games apart from having separate libraries for male and female patients.

**Gaps, omission and deficiencies:**

- There is no proper manpower planning on the strength of an objective and dispassionate professional assessment of the manpower needed in Gr. A, B, C and D categories and the manpower which is available.
- This is how the manpower available in RINPAS does not proportionately correspond to the magnitude of the problem characterized by increase in incidence of mental illness as would be evident from increase in out turn of patients in the OPD, IPD and community satellite clinics.
- While the number of posts sanctioned form time to time is much lower than the norms prescribed for a 100 bedded hospital in Rule 22 of State Mental Health Rules, 1990, the number of posts filled up and incumbents in position are much lower than the number of posts sanctioned.

- Filling up of a post involves (a) framing recruitment rules laying down the qualification and experience required for a post (b) issuing an advertisement corresponding to the recruitment rules for inviting applications from eligible candidates (c) screening the applications and short listing the candidates (d) fixing a date for the interview (e) holding the interview and finalizing the selection and (f) issuing the letter of appointment.
- Before issue of the advertisement, the approval of MC or Government, as is competent according to Delegation of Powers Rules, is needed and budget provision is required to be made.
- This procedure consumes a lot of time, approval is not obtained in time and dates for holding the interview cannot be fixed without the said approval and without the budgetary provision.
- This is how on the date of review (5<sup>th</sup> in series) it was found that as many as 285 posts are vacant.
- There is a great deal of discontentment among the faculty on account of such a large number of vacancies persisting for a long time as all the 4 components (i.e. teaching, training, treatment and research) of activities in a mental health hospital suffer due to such vacancies. Sometimes either advertisements do not specify the eligibility criteria or are changed unilaterally without any rationale inviting complaints necessitating inquires and resultant and avoidable delay in carrying the entire process of selection to a logical conclusion.
- After the faculty and staff are recruited a calendar of training should be drawn up to provide short term induction training followed by refresher training. Such training which should preferably be inhouse is not in existence.
- In particular, all the staff nurses should be given psychiatric training which is not the case today.

- While admission and discharge are more or less evenly matched the percentage of readmission to total admission which indicates an increasing order of relapse is quite high; this needs to be brought down.
- The number of seats in M.D. Psychiatry at one is quite low while in a comparatively much smaller institute like IMH, Cuttack there are 2 such seats and 2 additional seats are going to be sanctioned bringing the total to 4. This needs attention by RINPAS as increasing the number of seats of M.D. Psychiatry would help in mitigating the acute shortage of personnel in the cadre of Psychiatrists.
- As was observed in my last review report (Jan'10) 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 nurses to join DPN. This needs attention at the level of Government as the difference persists even now.

**Specific suggestions and recommendations:**

- There are a large number of pending references at government level. The attention of Chief Secretary and Secretary, Health has been drawn to these pending references. This should receive their prompt and prioritized attention.
- The present Divisional Commissioner who happens to be the Chairman of MC has been evincing keen personal interest in the affairs of management of RINPAS. She is demitting office on 31.3.11 after attaining the age of superannuation. While Government of Jharkhand should post a suitable substitute without delay a note to the successor should be left by the current incumbent about the MC and holding meetings of the same at close and regular intervals. This is necessary as between 2007 and 2009 no meetings of MC took place. This should not be repeated.
- For all the vacant posts in various Groups (A, B, C and D) the power of issuing advertisements should be delegated to the MC as obtaining government approval for this consumes a lot of time. The power of



making budget provision and release of funds should, however, remain with Government.

- Once the advertisement has been issued the process of receiving and screening applications and short listing candidates should be expedited and dates for holding interviews should be fixed. Once fixed, the dates should not be changed and candidates should not be kept waiting.
- Acts of omission and commission on the part of Dr. Ashok Prasad, ex Director incharge, RINPAS from 7.4.08 to 31.12.08 as reported successively in my third and fourth reports of review on RINPAS should be probed by the State Government without further delay. Dr. Prasad is currently a Professor in RIMS.
- The issue of removal of encroachments on the land of RINPAS should receive serious and urgent attention of Government of Jharkhand.
- While it is encouraging that budgetary allocations have been substantially enhanced, Director, RINPAS should exercise round the clock vigilance and surveillance over the pace and progress of utilization of funds so that funds sanctioned for a specific purpose are spent for the same without any deviation or diversion.
- Quite apart from expediting according approval of all the pending projects (technical block, ladies hostel, transit hostel, cottages, residential quarters, medical library) which are pending at Government level and making necessary budget provision, Government should select a suitable executing agency for execution of these projects in accordance with the norms of standardization of time, cost and quality control so that the cost of repair and maintenance would be minimal. In any case, AMC should be entered into with the executing agency for all items of repair and maintenance work.
- My earlier suggestion of engaging the services of a suitable arboriculturist for landscaping and creation of a sylvan surrounding over the vast stretch

of land of RINPAS (spread over 300 acres) should be implemented without further delay.

- The MC should take an early decision about construction of a modular kitchen block (on the same pattern as IMHH, Agra) for RINPAS in the light of suggestion made by me in my earlier review report.
- The MC should also consider sanction of one post of full time dietician-cum-nutritionist as in IHBAS, Shahdara, Delhi and elsewhere.
- The State Government should accord its approval to the proposal of MC for creation of 4 posts of data entry operators. Simultaneously, software should also be created for OPD, IPD, library, kitchen, central store, OT etc. and hardware should also be procured. This is absolutely necessary and desirable.
- In the new OPD Block only one floor has been constructed. Steps should be taken to construct first and second floors on the same at the earliest. Budget Provision for the same should be made by the Government.
- All my suggestions for operationalizing the Record Room in a scientific manner exactly the same way it has been done in the mental health hospital at Dharwad should be implemented.
- Terms and conditions of licence under Mental Health Act, 1987 should be strictly implemented. It should be examined if a condition regarding charging of reasonable consultation fees could be incorporated in the said licence as private medical practitioners running mental health nursing rooms are reported to be fleecing poor patients who are simple, gullible and unpretentious about wily machinations of these practitioners.
- The State Government should review and revise, if necessary the following allowances in vogue for the staff nurses:-
  - Uniform allowance;
  - Nursing welfare allowance (this has been withdrawn in 2008; needs to be restored);

- Washing allowance;
- Medical allowance.

There are serious problems in the scale of pay and allowances of PSWs which need special attention and serious consideration. Fourteen posts of PSWs were created according to the new staffing pattern of 15<sup>th</sup> May, 2004 and were advertised in the pay scale of Rs. 6500 – 10,500/- which is equivalent of the scale of pay attached to the post of MOs. Following the notification of Central pay scale to revise the above scale of pay to Rs. 8000-13,500/- the scale of pay of MOs was upgraded but the scale of pay of PSWs remained at the same level i.e. Rs. 6500-10,500/-. It may be noted that PSWs in IHBAS, Delhi, GMA, Gwalior, the PSWs have been fixed in the revised scale of pay of Rs. 8000-13,500/- but the scale of pay of PSW in RINPAS remains unchanged i.e. Rs. 6500-10,500/-. This needs to be reviewed and the scale of pay of all the 14 PSWs should be revised to Rs 8000 – 13,500/- as is in vogue in IHBAS, Delhi and GMA, Gwalior.

RINPAS (earlier known as Ranchi Institute of Mental Health) had a disreputable past necessitating filing of a PIL by Shri Rakesh Chandra Narayan in 1986. Over the years, since the investigation by Shri M.S. Dayal, the then Health Secretary, Government of India ordered by the Supreme Court, its total acceptance by the Hon'ble Supreme Court, issue of series of directions and the National Human Rights Commission being entrusted by the apex Court with the mandate to monitor and oversee the performance and activities of RINPAS there has been a sea change. A new teaching block has been constructed and is functional. A new OPD block has been completed, waiting to be handed over and to be operational. A new boy's hostel has been completed, waiting to be handed over and to be operational. A number of new projects (technical block, ladies' hostel, transit hostel, modular kitchen, medical library, cottages etc.) are in the pipeline. Once the new OPD block is made fully operational and the structures on the first and second floor are ready in due course, a number of new outfits such as Child Guidance Clinic, Drug Deaddiction Unit, Geriatric Ward etc. may come up much to the advantage of those disadvantaged sections of humanity (drug addicts/derelicts, old physically handicapped citizens, mentally retarded children) who can look upto RINPAS for care and attention, relief and succour. The future

undoubtedly heralds well for RINPAS but a lot will depend on selection and appointment of a full time Director, a woman or man with a vision, with clarity and sincerity of purpose, courage of conviction, dedication and commitment to the cause of alleviating the distress of a suffering humanity. To highlight the importance of this point I conclude my report with a quotation from Srimad Bhagabat – the story of Ranti Deva, the magnificent King who was the most outstanding Samaritan of ancient times:-

'I do not crave the eight jewels  
 I do not crave Nirvana  
 I do not seek rebirth  
 All that I seek is this  
 Let me identify myself totally with a suffering humanity  
 So that it may live without sorrow'.

This should be the ultimate ringing and reigning note not only for the Director, all faculty members and staff of RINPAS but for all mental health professionals in all other mental health institutions all over the country.

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