

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

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There is a saying in English 'The old order changeth, yielding place to the new'. Between the old and the new there is a transitional phase. This phase is particularly problematic and sometimes traumatic. This is on account of the fact that the old would not have registered a complete departure and the new would not have arrived on the scene. The transitional phase in the context of a mental health hospital is characterized by (a) demolition of the old edifice (b) planning for the new structures with imagination and far sight by way of (a) preparation of plan and estimates (b) their technical sanction and administrative approval (c) selection of the execution agency (d) issue of work orders (e) monitoring the pace and progress of execution of work (f) mid term correction of deficiencies noticed in course of monitoring (g) bringing the work to a logical conclusion and (h) ensuring proper utilization of the floor space for the purpose for which it was created. Demolition of the old edifice involves shifting of patients and alternative arrangements for their accommodation which involves dislocation and additionally may entail some amount of congestion and overcrowding. Such dislocation, howsoever temporary, invites both patient's and public discontent, adverse media publicity, adverse public criticism all of which together bring a bad name to the institution and tarnish its image.

This precisely has been the case with the Institute of Mental Health, SCB Medical College, Cuttack. To start with, the Institute started in 1966 in the old female and gynaecology ward of 1902 (109 year old structure). Even though other components of the Institute i.e. Seminar Block, Psychiatry, Clinical Psychology and psychiatric social work sub units have been progressively added, annual budgetary allocations have gone up from Rs. 67 lakh in the beginning i.e. 1966 to Rs. 1,55,73,000/- in 2010-11, the fact remains that the structures are old, have started decaying over the years with enormous problems of repair and maintenance and switch over from the old to the new has not been smooth. The hidebound archaic bureaucratic procedure, indecisiveness,

procrastination and delay in the decision making process have, in no small measure, compounded the trauma of transition.

To illustrate this point, a grant-in-aid of Rs. 1.51 Crores was received from the Ministry of Health and Family Welfare in 2004-05 for renovation of the old indoor block. This was started by the State PWD. On account of slow progress and poor quality of execution a decision was taken to entrust the work to CPWD. The first contractor of the CPWD left the job due to steep rise in the cost of building materials (steel and cement). The Project had to be retendered and all the formalities gone into denovo. In the process a lot of valuable time was lost. The long gestation period resulted in escalation of cost which necessitated the State Government providing Rs. 13 lakh to State PWD, Rs. 31 lakh to CPWD and an additional amount of Rs. 20 lakh over and above Rs. 1.51 Crore received from Government of India.

In the meanwhile, the Institute has been chosen in 2009-10 to be a Centre of Excellence along with 10 others elsewhere in the country by the Ministry of Health and Family Welfare, Government of India with an approved outlay of Rs. 30 Crores the break up of which is as under:-

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| I. | Civil Works | - | Rs. 18 crores |
| II. | Complement of staff | - | Rs. 3 crores |
| III. | Tools & equipments | - | Rs. 9 crores |

The Centre of Excellence is a new concept. Basically it implies upgradation of existing facilities in a mental health hospital in OPD, IPD, creation of a new teaching block, creation of laboratory facilities to strengthen investigation and treatment and sanction of a full complement of staff, procurement of tools and equipments with a view to bringing about a balanced combination of teaching, treatment, training and research as emphasized by the Hon'ble Supreme Court in WP (Civil) No. 339/93 and 448/94 read with WP (Civil) No. 80/94 Rakesh Chandra Narayan Vs. State of Bihar decided on 8.9.1994.

The civil works component involves demolition of the existing male ward which in turn involved a political decision at the highest level i.e. Chief Minister. This has since been obtained. The State Government have also taken an

administrative decision to entrust the civil works amounting to Rs. 18 crores to the State PWD. Such a decision has been taken notwithstanding the poor track record of the State PWD (characterized by long gestation period and poor quality of work) which earlier necessitated entrusting work for Rs. 1.51 crores of grant-in-aid received from Government of India to CPWD. This was brought to the notice of the State Government in course of my deliberations but there does not appear to be any possibility of change of that decision. The demolition work of the existing male ward is yet to begin. After the demolition work has been completed, the PWD has proposed construction of a six storey structure in its place. The detailed planning for allocation of space within a total built up area of 1,00,000 sq.ft. is yet to be finalized.

Even if the demolition work of the existing male ward is taken up in July it will require 2 months time to be completed. The rough estimates of cost prepared by the PWD will have to be converted to final estimates which will have to be administratively approved and technically sanctioned. The tendering process will begin on completion of these formalities and work order issued. The schedule of civil work as it stands indicates a total time span of 2 years from the date of commencement of the work.

In the meanwhile, with the grant-in-aid of Rs. 1.51 crores made available from Government of India, the following items of work stand fully executed by the CPWD:-

- I. The old OPD and administration-cum Seminar block has been remodelled to a modern OPD complex.
- II. The said OPD complex has the following components:-
 - Entrance verandah (remains open);
 - OPD waiting hall with 176 chairs and a raised platform so that on non OPD dates the same could be used for a conference;
 - Registration counter No. I and II;
 - Dr. R.K. Shukla's (Psychiatrist) room;
 - Chamber for data entry operator;
 - May I Help You Counter;

- Consultant's duty room;
- Drug Dispensing Unit;
(old registration counter of OPD has been converted to a drug dispensing unit) for the time being.
- Asstt. Surgeon's Consultation room accommodating the 3 Asstt. Surgeons namely Dr. Tanmayinee Das, Dr. Prasant Mahapatra and Dr. Pratibha Patnaik;
- Office room accommodating the following:-

Dr. Ajay Mishra, Associate Professor and Dr. S.P. Swain, Asstt. Professor
- Library room;
- Conference room-cum-class room – cum-Seminar room;
- Reading room;
- Male ward (2) – 50 beds (allotted 30);
- Female ward (1) – 23 beds (20 normal, 3 emergency).

The following components in a model Institute of Mental Health are conspicuous by their absence:-

- I. Leisure-cum-recreation room for IPD patients with facilities for indoor games.
- II. Occupational Therapy (separately for male and female) for imparting skill training and using such skills for rehabilitation of patients after they have been treated and discharged from the hospital.
- III. Room for group discussion cum counselling of patients.
- IV. Patient's Library-cum-reading room.
- V. Prayer-cum-meditation-cum-yoga-cum-pranayam room.
- VI. Physiotherapy centre.
- VII. Mechanical laundry.
- VIII. Independent kitchen.
- IX. Pathological laboratory.
- X. Psychological laboratory.

These will have to be provided for in the new six storey structure which is being put up in the existing old male ward (sought to be demolished).

Against this backdrop I conducted a review of the follow up action on the various observations and recommendations made by me in the earlier reviews conducted in July, 2010 and November, 2010. The review comprised of the following:-

- I. Follow up action which has been initiated and completed and follow up action which is contemplated.
- II. Round of the male and female wards and interaction with patients, relatives/family members, staff nurses and MOs.
- III. Review of the Works Programme with the officers of CPWD and PWD.
- IV. Meeting with the members of the Advocate's Committee constituted by the Hon'ble Odisha High Court.
- V. Wrap up meeting with Commissioner-cum-Secretary to Government, Health and Family Welfare Department, Director, Health Services, Director, Medical Education and Training and Superintendent IMH in the Secretariat Conference room of Secretary, Health .

S.No.	Suggestion/recommendation of the Special Rapporteur	Follow up action taken/completed/ contemplated
I.	A board should be displayed at the entrance giving the name of the institution, distance from the bus stand, railway station, Bhubaneswar airport, other important towns of the State in bold and bright letters in Oriya for guidance of the patients/their relatives/family members.	The boards have been placed at a conspicuous point on the road leading to IMH. This will facilitate easier access to the patients and their attenders.

II.	A separate board should be fixed at the entrance indicating the name of the Superintendent, other faculty members, the telephone number in which they can be contacted etc.	Such a board has been fixed.
III.	A PABX with atleast 10 lines should be installed and a receptionist should be in position.	EE, BSNL has been contacted. Estimates are yet to be received. As it appears, their rates i.e. Rs. 88,000/- for 10 lines per month are quite high. A private agency can be arranged which can instal PABX of 50 lines at a much lower rate. Sanction of the post of a receptionist is awaited.
IV.	The entrance of the new OPD block with a proper enclosure could be used as a waiting space for patients and the attenders accompanying them.	This has been agreed to. The CPWD may be requested to provide the enclosure.
V.	There should be 3 rows in front of the registration desk to be manned by 3 staff nurses (as in Hyderabad) or by 3 clerks (as elsewhere) so that registration of patients gets systematically organized.	The number of persons seeking registration has gone up to 200 and going up sometimes to 300. The existing space and the overall arrangement made in the registration desk, therefore, appears to be inadequate.
VI.	On the strength of registration a patient's case record should be prepared, a number allotted and the records should be kept in a	This is being maintained in a 4 page loose sheet separately for male and female patients with the following content:-

	<p>folder in separate compartments in a ladder type steel rack. They should be numbered alphabetically and yearwise (old and new cases to be demarcated) so that their retrieval becomes easier and the case records can be sent to the MO concerned in as less time as possible.</p>	<ul style="list-style-type: none"> - Registration number; - Date; - Name and address; - Age; - Religion; - Economic status (BPL or APL); - Disease; - Informant's name; - Address. <p>Since these are loose sheets there is every possibility of the papers getting misplaced, mixed up with other papers and lost. Hence the suggestion to stitch them together and put them in a folder for proper storage, reference and preservation.</p>
VII.	<p>A data entry operator should be posted near the registration counter to document (a) case history (b) personal history (c) family history (d) demographic profile of the patients.</p>	<p>Sanction for 7 data entry operators has been received from Government 15 days back. They are to be selected through a Committee comprising of Collector, Cuttack, Principal, SCB Medical College, Superintendent, IMH, Administrative Officer, SCB Medical College and an expert from Engineering</p>

		College. Advertisement is yet to be issued. Data entry operators will be infructuous without computers and software. Seven new PCs are needed. Funds are available. Administrative approval is yet to be received from Secretary, Health and Family Welfare.
VIII.	A psychiatric social worker is a must to prepare a proper case history of every patient on the basis of registration data.	IMH does not have any PSW so far. Posts of 2 Asstt. Professors and 4 PSWs have been sanctioned. However, the proposal has been sent back to Government for correction of anomalies in the pay scale and for issue of a revised sanction order.
IX.	A separate observation room should be in place where aggressive and violent patients can be kept tranquilized with the help of sedation and can be seen by the MO in the OPD when they are sedate.	There is an observation room but not an integral part of OPD; it is in a ward. This is because there is no space in OPD for such patients. Such patients are not brought back to the OPD.
X.	The drug dispensing room should be an integral part of OPD. The same should be located proximate to the OPD. The staffing pattern and the manner of storing drugs should be such as would facilitate the process of dispensing drugs as smoothly as	The old reception/registration room is being used for this purpose. It's a 2 minute's walk for the patient from the registration counter and MO's room. The drug dispensing unit comprises of 3 pharmacists and one medical

	it could be.	attendant. There is no staff nurse at present. The Superintendent indicated that after 10 staff nurses are posted one staff nurse will be detailed at the drug dispensing unit.
XI.	<p>Keeping in view the poverty and illiteracy of the OPD patients it may be useful if a staff nurse is detailed at the registration counter or the drug dispensing unit to counsel the patients/attenders accompanying the patients on the following:-</p> <ul style="list-style-type: none"> - drug prescribed; - dosage; - interval in which the drug is required to be taken; - advantages of continuous drug compliance; - danger of relapse of illness due to non-compliance. 	As above.
XII.	<p><u>Budgetary allocation:</u></p> <p>The allocation should correspond to the genuine and barest minimum needs of the Institute. Since there is escalation in prices of all commodities the allocation should also be progressively increased year after year. The</p>	<p>Whatever budgetary allocations are being received are as per the requirement of IMH and there is no deficit. The allocations are received in time and there is no problem on this count.</p>

	allocations should be received in time and preferably in one lot.	
XIII.	<p><u>Administrative infrastructure:</u></p> <p>The Institute is not autonomous but continues to be an appendage of SCB Medical College. There is no Managing Committee with a scheme of delegation of administrative and financial powers. All major policy decisions are being taken by the Principal in consultation with the Superintendent on a day to day basis.</p> <p>Constitution of a Management Committee and the required number of functional Sub Committees with delegation of adequate administrative and financial powers in favour of the MC and Superintendent of the Institute will pave the way for a faster decision making process which will eventually contribute to qualitative improvement in the management of the hospital.</p>	Government approval has been received for 8 Sub Committees for administration, academic and training, purchase, library, store, legal/ethics, security, environment and diet. As on date there is no Managing Committee and the duties and responsibilities of the Sub Committees need to be clearly indicated vis a vis those of the Managing Committee.
XIV.	As far as M.Phil in Clinical Psychology is concerned there is as on date not a single seat.	To sanction the required number of seats in M.Phil, Clinical Psychology, IMH has to approach the RCI with a formal application. However,

		<p>before doing so the following condition will have to be met. The RCI insists that the Deptt. of Clinical Psychology should be headed by an Associate Professor and there should be 2 permanent faculty members. The post of Asstt. Professor, Clinical Psychology which was sanctioned by Government earlier has since been upgraded to that of an Associate Professor but there is no incumbent. The DPC has to meet and decide selection of the incumbent through promotion. Only after the incumbent is in position IMH can apply to RCI.</p>
XV.	<p>So far there is no institutional arrangement for orientation and training of either the medical or para medical staff.</p>	<p>Inhouse facility for imparting training to medical and para medical staff does not exist; this will have to be specifically created. Creation of such facility is essential in larger public interest. In the absence of such facility staff cannot be deputed to far off places like NIMHANS, Bangalore due to shortage of staff and other attendant difficulties.</p>

XVI.	<p>Despite repeated emphasis from time to time there is no thinking in the following directions:-</p> <ul style="list-style-type: none"> - two occupational therapy units separately for male and female patients; - a halfway home as a transit home for patients who may be discharged from the hospital but who may still be in need of counselling to make them autonomous for their effective rehabilitation; - a patient's library with books, journals, periodicals and newspapers for light reading according to preferences of the patients; - provision of the facility of learning and practising yoga, pranayam and meditation as a therapy for relieving the patients of mental stress and strain. 	<p>All these have been covered in the meeting with Secretary, Health and Family Welfare on 5.7.11 (AN).</p>
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XVII.	In view of acute shortage in the cadre of psychiatrists the number of seats in MD (Psychiatry) needs to be increased from 2 to 4.	Such increase will be possible on the recommendation of MCI. MCI can be invited for a formal inspection and recommendation only after the required number of posts in the Deptt. of Psychiatry have been sanctioned and the incumbents have been in position.
XVIII.	<ul style="list-style-type: none"> • The bed strength in IPD should be increased to meet increasing demand for such beds. • The OPD and patient's waiting hall should be expanded keeping in view the increase in the out turn in OPD (200 to 300). • A medical store with adequate space to store (a) medicines (b) equipments (c) injectable items and (d) other store items should be in place. • An RO Plant (Reverse Osmosis Process) should be installed to ensure supply of potable water to MOs, para medical staff, patients and 	<p>This has been increased from 60 to 120. As of now 90 beds are in operation against the sanction of 120.</p> <p>This will be in place only after the six storey new building has come up by 2013.</p> <p>An RO plant has been sanctioned. The plan and estimates prepared by PHD have been sent to DHS for administrative approval.</p>

	<p>their attenders round the clock.</p> <ul style="list-style-type: none"> • There should be a foolproof arrangement for scientific disposal of biomedical wastes. • A mechanized laundry should be in place for better personal hygiene of inmates of the mental health hospital. • A modular kitchen on the same lines as those of IMHH, Agra independent of SCB Medical College should be in place. This should simultaneously be followed by installation of the required number of dining tables with 	<p>Funds are available under NRHM.</p> <p>For this an incinerator is needed. The SCB Medical College has already got an incinerator and has been made responsible for disposal of biomedical waste. However, the existing arrangement of collection and disposal of biomedical waste is not working satisfactorily. This has been discussed with the Principal, SCB Medical College and his attention has been drawn to the unsatisfactory state of affairs.</p> <p>This can be thought of being incorporated while planning construction of a new six storey block.</p> <p>Currently, IMH is dependent on the kitchen of SCB Medical College. This is not a very satisfactory arrangement for the food to come from that kitchen. IMH has 90 patients with different ailments. Their dietary needs are different.</p>
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	<p>benches/chairs as may be considered appropriate to the local situation.</p>	<p>There cannot be a uniform dietary pattern for all patients. Such divergent dietary needs can be properly assessed only by the Superintendent, IMH and not by Superintendent, SCB Medical College. It is difficult to intimate the variations in dietary pattern on a day to day basis to SCB Medical College. IMH had a kitchen earlier but was closed down subsequently. Now that diet charges have been revised from Rs. 20/- to Rs. 50/- the Superintendent, IMH can plan the menu much better to cater to varying dietary needs of patients. This needs to be impressed on Government which is not agreeing to delink the kitchen from SCB Medical College.</p>
	<ul style="list-style-type: none"> • A canteen to offer tea and snacks to patients and their attenders who have travelled long distances, who may not have eaten anything in course of travel and who may otherwise remain hungry (as the waiting period 	<p>The canteen which exists is a make shift arrangement and is not a very satisfactory one. It is not functioning in a very hygienic environment (close to an open drain). A model canteen could be thought of in the new six storey building</p>

	<p>ranges from 4 to 6 hours and it may not be possible for them to go out for snacks which may increase the waiting period further).</p> <ul style="list-style-type: none"> • Two emergency rooms separately for male and female patients who arrive late after OPD hours after travelling a long distance and who can be kept in the emergency room till next day morning when they can be examined in the OPD. 	<p>which will come up by 2013.</p> <p>This being a very essential requirement will have to be incorporated in the design of the new six storey building.</p>
XIX.	<ul style="list-style-type: none"> • Substance abuse is on the increase and so is the incidence of mental illness which are closely interrelated. It was in recognition of this reality that the Ministry of Health and Family Welfare, Government of India sanctioned as early as 31.3.95 a sum of Rs. 8 lakh for setting up of a Drug Deaddiction Centre. A simple structure like this took as many as 8 years to get completed and even when the centre was formally opened in October, 2003 no essential staff was sanctioned and no 	<p>Despite my repeated observations on the unsatisfactory state of affairs in the DDC, there is no improvement. Colour washing has not been done without which the building presents a shabby look. Required number of posts have not been sanctioned and necessary equipments have not been procured and installed.</p>

	<p>equipment was installed. The full complement of medical and para medical staff for the centre as also tools and equipments should be sanctioned on a regular basis. Today there are no attenders or sweepers attached to the centre except 4 security personnel.</p> <ul style="list-style-type: none"> • Considering the sorry state of affairs of the centre I had suggested that the State Government should invite Prof. Rajat Ray, HOD, Deptt. of Psychiatry, AIIMS, New Delhi to visit the centre and advise how the centre can be optimally functional, what additional posts need to be sanctioned and what additional tools and equipments need to be procured and installed. 	<p>No action on this suggestion has been taken so far. Superintendent, IMH reported to me that he had a discussion with Dr. Vivek Benegal, Professor, Drug Deaddiction, NIMHANS for organizing OCD training (Obsessive Compulsory Disorder) for the faculty of IMH in NIMHANS. He is yet to send a proposal to Government to this effect.</p>
XX.	<p><u>Decent living accommodation for the inmates:</u></p> <ul style="list-style-type: none"> • It was observed that patients in the female ward are lying on the floor as there are less beds compared to the number of patients admitted. 	

	<ul style="list-style-type: none"> • The relatives of the patients have no place to sit. It is humanly impossible for a relative to keep on standing all the time. • The number of bathrooms and toilets are also inadequate. • Samples of water are yet to be drawn and sent for test in an approved PH Laboratory although there is no dearth of such laboratories at Cuttack. 	<p>This has been covered in the meeting with Secretary, Health and Family Welfare on 5.7.11.</p>
XXI.	<p><u>Installation of equipments for modified ECT:</u></p> <p>For reasons best known to the faculty incharge of treatment modified ECT has not yet been provided although importance of such modified ECT was highlighted in the first review report of April, 2007.</p>	<p>It was reported that modified ECT along with a Recovery room will be taken care of while finalizing the plan for the six storey new building.</p>
XXII.	<p>The authorities of the Institute should go in for procurement of equipments for ECG, EEG and x-ray.</p>	<p>ECG, EEG and x-ray equipments are being procured under the Centre of Excellence proposal. The post of EEG technician has been filled up and the incumbent has been sent for training.</p>

II Round of the male and female wards and interaction with patients, relatives/family members/other attenders, staff nurses and MOs:

I took a round along with the Superintendent of both the male and female wards between 4.30 PM to 6 PM and would like to record my observations/impressions arising therefrom as under:-

- In all there are 56 IPD patients of whom 27 were in the male ward and 29 were in the female ward.
- The occupancy in the male ward was 27 against a bed strength of 25 while the occupancy in the female ward was 29 against a bed strength of 23.
- Two male patients and six female patients have been admitted in excess of the bed strength. The patients admitted in excess were lying on the floor.
- According to the recommendation of Prof. Channabasavana Committee (1999), the strength of patients in every ward should not exceed 20. This norm is not being observed in the Institute of Mental Health, Cuttack.
- Most of the beds have been placed close to each other contrary to the norm of 1 metre gap between 2 beds.
- Both the male and female wards were open wards which provided for family members/relatives to stay with the patients.
- In order that such stay of family members/relatives is easy and comfortable the following requirements are to be fulfilled:-
 - there should be a bed of lower height which can be pushed below the main bed of the patient which can be used for sleep at night by the attenders accompanying the patients;
 - a cupboard where the family members/relatives can keep their personal belongings in a neat and tidy manner should be provided.

- Both the requirements have not been met.
- This made the family members/relatives stand near the main bed of the patient for long hours which is difficult and would demotivate them to stay with the patient which is the primary requirement in an open ward.
- Cuttack city suffers from frequent interruptions and trippings in power supply. Lack of stability and durability in such supply would make the stay of both patients as well as family members extremely uncomfortable.
- The discomfort was felt all the more due to extreme heat and humidity of summer months.
- The bedsheets were found to be of very inferior quality and did not produce an impression of tidiness of the material supplied.
- On a query from me, the Superintendent, IMH clarified that issue of linen (mattresses, bedsheets, towels, pillows, pillow covers) was centralized at the level of Superintendent, SCB Medical College and the Superintendent, IMH was helpless in the matter.
- The condition of the mattress was no better. These were coir mattresses and the copra was coming out of some of the mattresses. Such mattresses needed immediate replacement.
- There was a kutchra open drain going right in front of the male ward. There was heavy accumulation of water during the rains making the overall surrounding untidy. Waste water flowing through the open drain and carrying the effluents produced stench apart from breeding flies and mosquitoes.
- Due to non sanction of adequate number of sweepers the floors carried the filth and dirt of the shoes of persons entering and coming out of the wards and produced an impression of untidiness.

- The IPD patients were victims of Schizophrenia, substance induced psychosis and bipolar affective disorder cases the break up of which is as under:-

		<u>Number</u>	<u>PC</u>
Schizophrenia cases	-	29	50 PC (approx.)
Substance induced psychosis cases	-	12	21 PC (approx.)
Bipolar affective disorder cases	-	15	26 PC (approx.)
Total	-	56	

- These were characterized by the following symptoms:-

Schizophrenia - irrelevant talk, muttering to oneself, aggressive and violent behaviour, use of abusive language, withdrawal, aloofness, irresistible desire to move about, irritability, paranoid delusion, restlessness.

Substance induced psychosis - disorganized behaviour which could be aggressive at times, over talkative, use of abusive language, restlessness and irritability, reduced sleep and appetite.

Bipolar affective disorder - impaired sleep, reduced appetite, over talkative, irrelevant talk, wandering, muttering to self, self aggrandizement.

- The family members accompanying the patient were either parents, uncle, daughters, brothers, sisters, mother-in-law, brother-in-law, sister-in-law, husband in case of wife, wife in case of husband, neighbour etc.

- This goes to demonstrate that even though there were generally signs of disintegration of the joint family system all around the family ties and ties of the kindred were strong in cases of attenders of the mentally ill person in IMH, Cuttack.
- It also goes to show that even though staying with the patient entailed loss of employment opportunities and wages the family members/relatives were willing to suffer that too.
- Most of the patients came to IMH, Cuttack for the first time and soon after the symptoms were seen at home. There was undue or avoidable delay in bringing the patient to the hospital soon after the first symptoms were found.
- The prognosis generally ranged between poor to moderate and moderate to good.
- The record of drug compliance was generally reported by the attender to be good.
- The patients stayed in the IPD for a short duration ranging between 2 to 3 weeks except in the case of one Shri Satyanarayan Mallick where the duration of stay exceeded 2 months (4.5.11 to 16.7.11). This was a case of cannabis induced psychosis.
- The Superintendent reported that by and large the patients were cooperative and treatment compliant.
- There was one case where the patient was put under chains by the family members/relatives although I did not see any sign of aggression or violence. It was indicated by me that putting patients under fetters is a clear violation of human rights of the patient and should not be taken recourse to unless the patient was violently aggressive and unmanageable.

- In one case a patient was found to be chewing pan (betel leaf). On being asked as to how the patient could have access to such objectionable items, the Superintendent stated that this could have been smuggled into the ward by one of the attenders. He, however, assured that strictest discipline would be observed to prevent this in future.

III Review of the Works Programme:

In any works programme involving a Institute of Mental Health or Mental Health Hospital there are certain basic principles which will always have to be kept in view such as:-

- I. It would be ideal if there is a balanced combination of the arrangements to be ensured through the infrastructure for teaching, treatment, training and research as emphasized by the Supreme Court.
- II. The OPD is a composite unit comprising of –
 - a waiting hall with adequate space for the same number of patients as is the daily outturn (100, 200, 300 as the case may be);
 - the patients and their attenders in the waiting hall having access to potable water, toilet, snacks to be supplied by a canteen close by, television and newspaper stand with provision for supply of local newspapers and a few journals/periodicals etc.;
 - registration counter;
 - data entry operator to computerize data, relating to personal history, case history, family history, demographic profile etc.;
 - record room for storage of case files of patients;
 - a smooth arrangement to retrieve the case files in less time and sending them to the MO concerned for medical examination of the patient;
 - drug dispensing unit;

- an observation room where patients who are aggressive or violent and who are unlikely to cooperate with the MO at the time of medical examination can be given sedation, tranquillized and then brought for medical examination;
- two emergency rooms (one for male and another for female) where the OPD patients who turn up after the OPD hours are over can be kept overnight so that instead of going back to their native place they can avail of the OPD services next day;
- pathological laboratory;
- x-ray, ECG and EEG rooms;
- a canteen as an integral part of OPD to serve tea and snacks to the OPD patients and their family members/relatives.

Similarly the IPD is a composite unit comprising of:-

- closed wards (separate for male and female);
- family wards (separate for male and female);
- private paying wards (separate for male and female);
- accommodation for the MO and the nursing staff at a point adjacent to the ward;
- modified ECT-cum-recovery room;
- modular kitchen with a dining table (s) either in a central dining hall or in respective wards, as may be considered convenient;
- arrangement for transportation of food by trolley from the kitchen to the ward or to the central dining hall, as the case may be;
- central store for storing food grains adjacent to the modular kitchen;
- central Medical store;
- sub stores;
- occupational therapy separately for male and female patients;
- central library-cum-reading room for officers, research scholars, trainees etc.;

- patient's library-cum-reading room-cum-recreation centre;
- mechanized laundry;
- incinerator;
- RO plant for better filtration and arrangement for transportation of potable water from the plant to all the wards;
- an auditorium for holding cultural events;
- a large hall for yoga – pranayam – meditation ;
- Ophthalmology, ENT, dental surgery and such other units as an integral part of IPD;
- infirmary for treatment of minor ailments associated with mental illness;
- Physiotherapy centre.

The administrative block is similarly a composite unit comprising of the following:-

- Superintendent/Director's room;
- Rooms for members of the teaching and treating faculty;
- Matron's room;
- Room for head of the Security establishment;
- Conference hall for lectures, case conferences and group discussion;
- Small committee room for internal discussions;
- Convention centre for large size seminars, symposia and workshops.

The IMH is located in a plot of land measuring 1.8 acres. The space available for meeting some of the irreducible barest minimum needs of a mental health hospital (even of a small size of 120 beds as now) is extremely limited. There is practically no scope for future expansion. The IMH itself started on a very small scale in a 109 year old building with series of functional inadequacies and deficiencies due to shortage of manpower, shortage of tools and equipments, absence of laboratory facilities, absence of a library and reading room, absence of an independent modular kitchen, absence of mechanized

laundry, absence of canteen for patients and relatives, absence of a yoga-cum-prayer-cum-meditation centre for patients who have substantially recovered and who can optimally recover by recourse to such techniques. Regretfully during 45 years of its existence since 1966 nobody thought in these lines or paid adequate attention to these issues. This is no reflection on veterans in the field of mental health like Dr. Partha Rao and Dr. Bimbadhar Das who were ex Superintendents of IMH and who earned a name for their intensely humane handling of mentally ill persons apart from their academic credentials and contributions. But regretfully their personal excellence did not get adequately reflected in a pursuit of institutional excellence. It is not as if there is any dearth of literature in the domain of mental health as a science; there is plenty of it both inside and outside the country. But the importance of mental health, its identity as an independent discipline was not recognized and it suffered a lot of neglect. It did not enjoy the same order of prioritized attention as cardiovascular and respiratory diseases. This is why IMH remained for years as an appendage of SCB Medical College without any functional autonomy and in a twilight zone of development. On account of this helpless dependence it could not evolve as an institution; instead, it went on sliding lower and lower on the scale of development. Now with the conferment of status as a proposed Centre of Excellence by the Ministry of Health and Family Welfare along with 10 such Centres elsewhere in the country we are on the threshold of a golden opportunity. We can, however, harness this opportunity optimally and carry it to its logical conclusion only if the basic principles as enunciated at page 23-25 are recognized and reflected in the works programme which is under consideration. To illustrate if OPD, IPD and administration in a mental health hospital are composite units all the components of that unit should be carefully studied and reflected in the works programme. We cannot tinker with the list, pick up a few components and leave out the rest on the ground of financial constraints. That would amount to doing great disservice to the institution.

A sum of Rs. 18 crores has been made available by the Ministry of Health and Family Welfare under the Centre of Excellence proposal for the works programme. This is fairly a good sum and if all the requirements as highlighted

at page 25-28 are taken into account and reflected in the works programme and qualitatively executed we would be able to build up a Class one Institution.

To illustrate this point further the proposed structure which will come up in the space where the existing male ward is in existence will be in six floors and will have a total built up area of 1 lakh square feet. The allocation of space needs to be worked out in such a manner that the first 2 floors would be exclusively kept for OPD and IPD. The third and fourth floors could be used for teaching block (including classrooms, laboratories, seminar rooms etc.) and the fifth and sixth floors could be used for trainee's hostels, kitchen, dining hall, mechanized laundry, RO plant, incinerator etc. This is only an illustrative suggestion for a proper and scientific allocation of space; the actual allocation of space will have to be finalized at the level of the executing agency in close consultation with the Superintendent of IMH. **Since this is a time bound exercise it may be useful if the knitty gritty of utilization of the floor space is worked out to the minutest detail now without any loss of time so that there is no scope for tinkering with the plan later.**

Along with finalizing utilization of the floor space the following components of the work programme should also receive the pointed attention of the executing agency. These are:-

- The existing landscape where IMH is functioning is at a level much lower than the level of the road going in front. No paving of the surface has been done as a result of which all the rain water enters the compound of IMH. The situation takes a turn for the worse during July – September when it rains heavily at Cuttack. The foundation of the six storey structure will, therefore, have to be raised sufficiently high, at least 2.5' to 3' from the road level.
- The existing landscape of IMH presents a dull and barren look. This needs to be paved leaving enough space in between for planting species which can thrive in this soil and which can present a sylvan look. A portion of the space should also be left for a mini park where the patients can spend the afternoon hours with the family members. This will provide them a much sought after relief from the present boredom of the wards.

- In any building construction work the following components need tight monitoring:-
 - planning the time schedule;
 - material planning;
 - ensuring the desired quality of building materials (sand, cement, chips, steel etc.);
 - labour planning;
 - financial planning.

The central objective of such monitoring should be to prevent time and cost over runs on the one hand and to ensure good quality materials and good quality execution on the other. The execution work should be continuous and on no account the work should come to a grinding halt unless the situation so warrants (change of contractor, shoddy work with shoddy materials). In other words, along with meticulous planning, there should be eternal vigilance and surveillance so that good quality work is executed as per time schedule and within the stipulated cost. This is essential as Ministry of Health and Family Welfare, Government of India is unlikely to release funds for civil works over and above Rs. 18 crores under the Centre of Excellence Proposal if the actual cost of execution exceeds the allocated sum of Rs. 18 Crores under the Works Programme.

IV Meeting with the members of the Advocates' Committee Constituted by the Hon'ble High Court, Odisha (6 PM to 7 PM on 4.7.11).

The Advocate's Committee was Constituted by the Hon'ble High Court in OJC No. 6721 of 1999 on 24.11.10 to oversee the overall state of affairs relating to the management of SCB Medical College including IMH, Cuttack. The Committee comprises of :-

- Shri P.R. Das, Advocate;
- Shri Taranand Patnaik, Advocate;
- Dr. P.K. Pradhan, Medical Practitioner.

I met the members of the Committee between 6 PM to 7 PM in the conference room of IMH. In course of discussion the Committee members explained the mandate entrusted to them by the Hon'ble High court and shared the following views:-

- Courts take cognizance of issues on account of laxity and inaction of the executive. This has been the case with IMH, Cuttack.
- IMH is located at an extreme corner of SCB Medical College. There is an open drain in front of the male and female wards which carries waste water and pollutes the environment. The surrounding area which is lower than the road in front of IMH is full of filth and garbage and needs to be kept immaculately neat and clean.
- There is frequent interruption and tripping and break down in power supply causing dislocation in the day to day management of the institution. This also adversely affects the mood and reaction of the patients and their attenders.
- The overall environment in and around IMH is gloomy and depressing. In the absence of flood lighting the Institute and the surrounding areas remain in a pool of darkness. The situation worsens in a rainy season.
- There is no mini park or any other space with some benches where the patients can sit with their relatives and relax in the afternoon hours.
- Bedsheets, mattress, linen i.e. towel, pillow, pillow cover etc. which are being supplied to the wards for use of patients should be neat and tidy. This is not the case today.
- Similar attention will have to be paid to ensure that the food which is being supplied to the patients by the canteen of SCB Medical College is wholesome and nutritious, water which is being supplied is free from chemical and bacteriological impurities and is 100% potable, that sufficient number of toilets exist in the toilet patient ratio of 1:4 (as against 1:8 now).

Summing up the members of the Committee were of the view that (a) IMH has suffered neglect continuously for several years since inception (b) one of the main factors contributing to the existing sorry state of affairs is that it has no functional autonomy and it has all along been treated as an appendage of SCB Medical College. It was urgent and imperative that the management of IMH should be delinked from that of SCB Medical College and full functional autonomy should be restored to it.

Yet another issue which the Advocate's Committee shared with me relates to management of disposal of biomedical waste from IMH. AS the matter stands today, SCB Medical College, Cuttack is fully responsible for such disposal. They have hired an outsourcing agency named Medi-aid for this purpose but the said agency is not paying sufficient attention to collect the injectables, syringes, hospital waste etc. The SCB Medical College, has provided a few bins to IMH though the same are grossly inadequate in relation to the requirement. The injectables are being thrown into the bins. The outsourcing agency should regularly collect and dispose off the biomedical waste but since this is not being done the disposable wastes are accumulating and polluting the environment and adding to the discontentment of the public. For laxity and inaction on the part of the agency, the Superintendent, SCB Medical College has issued a show cause notice to the agency concerned. This process should be carried to its logical conclusion. It may be in order if the existing agency is changed in favour of a better performing one.

V Meeting with Commissioner-cum-Secretary to Government, Health and Family Welfare Department, Director, Health Services, Director Medical Education and Training and Superintendent, IMH (3 PM to 6 PM on 5.7.11)

The impressions/observations/recommendations made in the earlier review reports of July and November, 2010 formed the basis of discussion. To make the discussion more focused and meaningful I divided it into 3 parts such as:-

- I. Attention to a few important operational details.
- II. Execution of Works Programme by CPWD and PWD.

III. Major Policy issues.

The observations made by me and the outcome of discussion/decision taken have been indicated in a tabular form as under:-

I Attention to a few important operational details:

S.No.	Observations of the Special Rapporteur	Outcome of discussion/decisions taken at the end of the meeting
1.	Seven posts of data entry operators with a consolidated wage of Rs. 5200/- have been sanctioned and sanction orders communicated. The posts will be advertised and are likely to be filled up soon. Early action has to be taken by way of (a) procurement of 7 computer PCs and (b) designing computer software for OPD, IPD, record room, admission/discharge, kitchen, dining hall, library-cum-reading room, OT units, modified ECT, x-ray, ECG, EEG, mechanized laundry etc. (as and when the same are in place), diet management, drug management, personal hygiene, environmental sanitation etc. so that the services of data entry operators are fully utilized.	<p>I. Computers (7) should be in place without which data entry operators will be infructuous.</p> <p>II. Superintendent, IMH will send proposals for the same from non technical funds available under the Centre of Excellence proposal.</p> <p>III. Administrative approval for procurement of 7 computers will be issued by Health and Family Welfare Department. Funds are available.</p> <p>IV. After administrative approval has been accorded, Superintendent should go ahead with procurement of the computers after observing the due procedure for making</p>

		<p>such purchases.</p> <p>V. NIC or OCAC (Orissa Computer Application Centre) should be approached and requested to prepare the computer software for different components.</p>
II	<p>Posts of 17 professionals have been sanctioned by Government. These are Clinical Psychologists (3), Psychiatrists (5), Psychiatric Social Workers (4), Psychiatric Nurses (2), Anaesthetists (5), Diagnostic Radiologists (1) = Total 17. Advertisements inviting applications from eligible candidates have been issued/ are being issued. Sitting arrangements for them need to be worked out. Accommodation for their living will also have to be arranged. Since civil works are in a state of flux and no space is available at present in the existing IMH building. Principal/ Superintendent, SCB Medical College should be consulted and space for their sitting and living accommodation will have to be</p>	<p>The needs are genuine. These will have to be met. DMET, Dean, Principal/ Superintendent and Superintendent, IMH should meet and explore the possibility of arranging the much needed space.</p>

	found out.	
III	<p>There is one landline telephone (0671) 2410 383(O) installed in the room of the Superintendent. Since the latter will be on rounds or will be teaching or will be out on visit to the Secretariat for official work he will be away from the room and cannot be contacted except on his mobile. There is no other arrangement by which some body else can receive calls in this telephone. The Superintendent has not been provided with a stenographer. Since IMH is a public utility concern, it is but natural that number of people (patients, their family members, public) will be calling the office but there is no arrangement by which the calls can be received, the message in question recorded and a response sent. On this count alone a PABX is an absolute need. There is no PABX at present. That is why in the previous review reports it was suggested that a PABX with 10 lines, to start with, should be installed at the earliest so that arrangements for</p>	<p>I. The need for installation of PABX with 10 lines to start with was recognized. This can be increased to 50 lines in due course (when newly recruited staff join).</p> <p>II. Superintendent should formally contact BSNL, get the estimates of cost and engage an agency for installation of PABX at the earliest.</p> <p>III. The Deptt. of Health and Family Welfare should accord administrative approval at the earliest.</p>

	<p>communication with the outside world could be established. Additionally to receive the incoming calls, record the message (if the concerned MO or staff nurse for whom the message is meant) and send a proper response, the post of a receptionist should also be sanctioned.</p>	
IV	<p>The need for installation of a RO plant for supply of potable water has been emphasized time and again. After repeated pleas by the Special Rapporteur, the State Government have accorded sanction for installation of a RO plant vide Deptt. letter No. DCMA (MH) 18/11 No. 14114 dated 4.7.11. The RO plant, however, is yet to be installed.</p>	<ol style="list-style-type: none"> I. Budget provision of Rs. 13,73,546/- for installation of a RO plant has been made. II. The plan and estimates have been prepared by the State PHD and sent to the Director of Health Services for administrative approval. III. The DHS who was present in the meeting was asked by Secretary, Health and Family Welfare to accord administrative approval without any further delay. IV. After the administrative approval has been accorded the State PWD should install the RO plant at the earliest.

V	<p>The problem of load shedding, interruptions and trippings is getting acuter day by day. Even at the time of rounds by the Special Rapporteur power went out several times. Sanction of installation of a transformer at an estimated cost of Rs. 9,33,980/- has been received from Government on 4.7.11. While this may improve voltage, it may not restore complete stability and durability of power supply. To deal with the problem of interruptions and trippings and disruption of power supply a DG set manufactured by a company of repute (like Kirloskar) should be in place.</p>	<p>I. The problem was recognized.</p> <p>II. It was agreed that a DG set of the appropriate capacity should be installed at an appropriate point within the premises of IMH.</p> <p>III. The Superintendent should formulate and send a self contained proposal to the Deptt.</p> <p>IV. Budget Provision will be made in NRHM as has been done in case of RO Plant.</p> <p>V. The Director of Health Services will accord administrative approval to the proposal.</p>
VI	<p>Government in Health and Family Welfare Deptt. have recently agreed to upgrade one post of Asstt. Professor, Clinical Psychology to Associate Professor, Clinical Psychology. DPC could not meet so far to consider the case of candidates eligible for promotion to the post of</p>	<p>Secretary, Health will take the initiative to fix up a date with the Chief Secretary to Government who is the Chairman, DPC so that the DPC can meet and finalize selection of a suitable incumbent to the post of Associate Professor by way of promotion. Thereafter</p>

	Associate Professor. This needs to be expedited. After the incumbent has been selected and joined, the Superintendent, IMH/DME&T should invite the Rehabilitation Council of India for inspection. This formality has to be complied with as without RCI's inspection and recommendation the M.Phil course cannot be started.	action should be initiated to invite the RCI to fix up a date for inspection so that M.Phil in Clinical Psychology course can be started.
VII	Not a single post of Psychiatric Social Worker is in existence so far. Two posts of Asstt. Professors and four posts of Psychiatric Social Workers have been sanctioned but the proposal has been referred back to Government for correction of certain anomalies in pay scale. This needs to be expedited. It will be possible to advertise the posts only after receiving a formal communication from Government.	It was agreed to have this proposal for removal of anomalies in pay scale got approved by Government and referred back to Superintendent, IMH with a revised sanction order so that he can initiate steps for open advertisement and selection to the posts.
VIII	2 posts of anaesthetists and 1 post of radiologist have been sanctioned although sanction order is yet to be received. A formal proposal for correction of anomalies in pay scales and re-designation of posts is still	It was agreed to have this proposal for removal of anomalies in pay scales and re-designation of posts got approved by government and have the formal sanction order

	<p>pending at government level. This needs to be expedited.</p>	<p>issued incorporating the changes.</p>
IX	<p>Diet charges have since been revised by Government from Rs. 20/- to Rs. 50/-. The Superintendent, IMH is yet to receive a copy of this order. A copy of the order should be sent to him. However, more important than this, it has to be ascertained as to whether (a) as a result of such revision we have ensured a balanced combination of carbohydrates, protein, oil/fat, trace minerals and vitamins and (b) whether the nutritive value of food conforms to 3000 kilo calorie for men and 2500 kilo calorie for women.</p> <p>Furthermore, it will be difficult to certify the nutritive value of food without sanctioning a post of dietician as it obtains in other mental health hospitals of the country.</p>	<p>I. A copy of the revised sanction order should be sent to the Superintendent.</p> <p>II. Services of a dietician should be engaged to certify the nutritive value of food.</p> <p>III. The Superintendent should formulate and send a formal proposal to Government for sanction of a full time post of dietician.</p>
X	<p>An institutional arrangement should be made under which (a) samples of water should be drawn at an interval of 6 months and sent to an approved PH testing laboratory</p>	<p>The suggestion of Special Rapporteur was agreed to.</p>

	<p>for test (b) if there are bacteriological and chemical impurities found as a result of such test corrective measures should be taken to remove the impurities.</p> <p>Secretary, Health and Family Welfare should write to Secretary, Housing and Urban Development which is responsible for management of water supply and sanitation to issue instructions to CE, PH to institutionalize the above arrangement.</p>	
XI	<p>The urgent need for institutionalizing arrangements for orientation and training of both medical and para medical staff has been emphasized in previous reports. Such an arrangement has the following components:-</p> <ul style="list-style-type: none"> - designing a training calendar; - designing a training curriculum; - conducting evaluation of the content, process and impact of such training; 	The suggestion of the Special Rapporteur was agreed to.

	<p>- ensuring that there is proper application of what was imparted through training.</p>	
XII	<p>The existing space available in the library is inadequate. Besides, the reading room is an integral part of the library which is not the case now (the reading room is in a separate room). No post of librarian has been sanctioned so far. This is a basic need for any modern library. Only after a librarian is in position he/she would be able to organize the infrastructure and services in the library. Similarly we need a separate functionary for organizing the infrastructure (books, journals, periodicals, newspapers) and services for the patient's library. The Superintendent, IMH has submitted a proposal to this effect.</p> <p>It appears that the proposal for sanction of the post of a librarian is pending with Government.</p>	<p>I. It was agreed that a library with required number of books and journals is an integral part of teaching and research and has to be provided as an aid to academics, teaching and research.</p> <p>II. There can be scope for reorganizing library services on professional lines only in the new block (6 storeyed building) proposed for construction.</p> <p>III. Pending that the library may continue in the small room where it exists with a few books at present but without a reading room.</p> <p>IV. It is essential to sanction the post of a librarian for organizing library services even in the existing limited space. The librarian can shift to the new block when</p>

		<p>created.</p> <p>V. The components of a modern library are:-</p> <ul style="list-style-type: none"> - complete computerization of books, journals, periodicals, research papers; - reading room; - photo filming; - E-connectivity.
XIII	<p>At the time of last review it was observed that internal audit party had raised certain objections against procurement of drugs by the Superintendent, IMH in a particular manner which are not sustainable.</p> <p>Secretary, Health and Family Welfare was requested to issue instructions to the FA/DS of the Deptt. who is incharge of internal audit so that such objections do not inhibit the smooth functioning of the hospital.</p> <p>It was impressed on all concerned in the meeting that (a) Superintendent of IMH is the head of the department and head of the institution (b) he</p>	<p>The broad principles highlighted by the Special Rapporteur for procurement of drugs as also tools and equipments were broadly acceptable to the department and it was agreed to act on those principles.</p>

	<p>has to decide the source and adopt a procedure for procurement of drugs which will be in the best interest of the institution (c) audit should not pick holes in the procedure for procurement followed by the Superintendent, IMH if the same was in conformity with the guidelines of Government.</p> <p>It was further suggested that powers for direct procurement of drugs upto Rs. 50,000/- at a time in emergency with adequate justification may be delegated to the Superintendent.</p>	
<p>II <u>Review of Works Programme:</u></p>		
<p>I</p>	<p>The State Government has taken a decision to entrust the responsibility for execution of civil works to the State PWD under the Centre of Excellence proposal. Rough estimates of cost have been prepared. Final estimates of cost, technical sanction and administrative approval are awaited. The old male ward is to be demolished first for which necessary approval of the competent authority has already been obtained. Demolition will take</p>	<p>The following time schedule should be strictly adhered to:-</p> <ul style="list-style-type: none"> - Completion of demolition of the old male ward – by end of August, 2011. - Administrative approval and approval of the final estimates of cost – by end of October, 2011. - The construction work should begin by end of October, 2011.

<p>about 2 months. The construction work of the 6 storey structure can begin only by the last week of October, 2011. The entire project will take 2 years to get completed in all respects hopefully by October, 2013.</p> <p>This requires close monitoring to ensure the following:-</p> <ul style="list-style-type: none"> - gestation period is not prolonged; - escalation of cost does not go beyond permissible limits; - work is of good quality i.e. architecturally and aesthetically pleasing, functionally convenient and comfortable from the point of working and living. - Such monitoring should be at the level of Secretary Works and Secretary, Health through a Committee of Experts through regular visits and reporting. Such monitoring will be a two way communication process. 	<ul style="list-style-type: none"> - The Foundation Stone laying ceremony by the Chief Minister will be held on 10.10.11 which is the World Mental Health Day. II It was decided that trainees' hostels will form an integral part of the main building and will not be outside the main building as proposed by PWD now. III Secretary, Health will convene a meeting at her level with Secretary Works, Chief Engineer, PWD and Government Architect to discuss various components of the civil work with a view to speeding up the pace of work. IV The Expert Committee to monitor, supervise and coordinate all components of civil works would be formed under chairmanship of Works Secretary. The said Committee will work out the schedule of visits to the work site and decide the format for monitoring. The Committee will monitor the pace and progress of work from time to time and will report to
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	<p>This implies that whatever work is being executed on the ground will be reported honestly and faithfully to the competent authority and necessary instructions/ directions will flow for correcting deficiencies and infirmities, if any.</p> <p>The PWD should get the work executed at all stages through close consultation with the Superintendent.</p>	<p>Secretary of the administrative department for issue of direction regarding corrective measures, if any.</p>
II	<p>The open drain going in front of the male and female wards and carrying waste water and other effluents was a source of pollution. The same should be closed and a pucca closed drain constructed in its place. Since the CPWD had declined to take up this work, the PWD should be persuaded to take up the work at the earliest in the larger interest of health and personal hygiene of all inmates. Secretary, Health should formally write to Works Secretary and should also meet him to carry conviction on the urgency of the work by the PWD.</p>	<p>The suggestion of the Special Rapporteur was agreed to.</p>

III	<p>Secretary, Health should convene a separate meeting with EE, CPWD Bhubaneswar to sort out the following:-</p> <ul style="list-style-type: none"> - all ongoing repair works of the old OPD Block taken up by the CPWD for quite some time should be completed by a deadline; no further extension of time is to be allowed; - repair of 6 year old twin fountains in the campus along with provision of connectivity between the old and new blocks as well as OPD needs to be completed without any further delay. - CPWD to be asked to furnish full utilization certificate for Rs. 1.51 Crore (Central Government funds) and Rs. 51 lakhs (State funds) allocated to it nearly 4 years ago. 	The suggestion for the Special Rapporteur was agreed to.
IV	The existing patient toilet ratio (8:1) falls far short of the required ratio (4:1). Steps should be taken to construct additional toilet blocks to bring the ratio to the desired level.	The suggestion of the Special Rapporteur was agreed to.

	<p>There is no toilet facility for attenders of the patients as also other Class III and Class IV staff of IMH. Some resting place also needs to be provided to the latter as a matter of their welfare. Necessary budget provision should be made for both. In order of priority additional toilet block should be taken up first adjacent to the male/female ward. Provision of resting place should be accommodated in the new civil work proposed to be taken up by the State PWD.</p>	
V	<p>The plan for the new 6 storey structure should include installation of a mechanized laundry for automatic cleaning, drying and pressing to ensure personal hygiene. It should also include a proposal of construction of a modular kitchen block, central dining hall with dining table or separate dining hall with dining table to be provided separately in each ward as may be found convenient to the inmates and a canteen for supply of snacks to officers, staff, patients and</p>	<p>The suggestions of the Special Rapporteur were agreed to. These should be incorporated into the structural plan for construction of the 6 storey new building.</p>

	their relatives (replacing the existing canteen which is functioning in a makeshift structure and not under hygiene conditions.	
III Policy issues:-		
I	IMH continues for all practical purposes to be an appendage of SCB Medical College. It is dependent on the latter for kitchen for cooking of food and delivery of cooked food by attendants to the inmates in the wards of IMH, bed, mattress, linen, bedsheet, pathological/ biochem laboratories for investigation, collection and disposal of bio medical waste, collection, cleaning, washing, pressing and delivery of clothings of inmates, routing all administrative proposals from IMH to Government in Health and other departments, routing sanction and release of funds from Government to IMH etc. All these have their attendant complications and delay (paper correspondence always takes time). Besides, as observed there is no standaridization and quality control of the products (bedsheet, mattress etc.).	The suggestion of Special Rapporteur is worthy of being examined at government level. It will be necessary for IMH to have its functional autonomy and identity particularly after the new 6 storey building gets completed after 2 years and is fully operational. It will be difficult for the Superintendent to have proper supervision over quality of products being supplied by SCB Medical College. It will be difficult for him to coordinate administrative and financial matters with too many agencies (as was observed in case of delayed disposal of biomedical wastes by an agency called medi-aid appointed by SCB Medical College.

	<p>Accountability cannot be easily enforced in all these matters by the Superintendent, IMH as the contractors who supply these materials as per some rate contract are appointed by SCB Medical College and they cannot be changed by the Superintendent IMH even if they are found sloppy in terms of discharge of their duties. IMH deserves to have its own identity and needs to be given an autonomous status with a scheme of clear delegation of powers – administrative and financial. This will facilitate?</p>	
II	<p>IMH has been and continues to be under the control of multiple authorities. It is accountable to DHS for matters relating to finance. It is accountable to Director, Medical Education and Training for all academic activities. It is accountable to Superintendent, SCB Medical College on all administrative and financial matters relating to the management of the Institute. All these lead to dualism in supervision, accountability and control. Such dualism divides responsibility and is not</p>	<p>This proposal has several implications – administrative and financial. It should be examined with reference to all those implications and a final decision taken at government level which will be in the larger interest of the institution.</p>

	<p>conducive to the smooth functioning of any institution, far less a public utility service institution like IMH.</p> <p>Since Superintendent, IMH is a Head of the Deptt. of Psychiatry in addition to being the administrative head of the Institute, he should be made accountable to one Head of the Department i.e. either DHS or DMET only and not to both.</p>	
III	<p>In the context of IMH emerging as a Centre of Excellence proposed constitution of a Management Committee with delegated administrative and financial powers is a vital necessity. The IMH had sent a proposal to Government for constitution of such a Committee and 8 Sub Committees for administration, purchase, library, academics, training, ethics, RTI, Works Programmes and environment. Government approval has recently been received for constitution of 8 sub committees but no orders on constitution of a MC has been received. The MC alone can coordinate the activities of the</p>	<p>The suggestion of the Special Rapporteur and the rationale behind the suggestion is worthy of being considered.</p>

	<p>sub committees and in the absence of MC, the sub committees will be infructuous. Besides, powers and functions of sub committees have not been clearly laid down.</p>	
IV	<p>To establish a proper liaison and coordination between IMH and SCB Medical College a meeting was held with the Principal-cum-Superintendent, SCB Medical College at 1500 hrs on 4.7.11. The subject matter for discussion was how to entertain proposals for specialized treatment of mentally ill persons having associated complications of cardio vascular, respiratory and other ailments. A number of investigations are required to be conducted in all such cases and these entail expenditure. It was agreed that while there should not be any objection to entertain all such cases the cost involved in investigation of blood and other samples will have to be paid for. Such expenditure will have to be roughly calculated and provided in the budget of IMH. Further follow up action on the same will have to be taken by</p>	<p>The suggestion was agreed to in principle. The Superintendent, IMH should work out the rough estimates of cost involved in investigation of blood and other samples of patients and send a formal proposal to Government for agreeing to provide the said amount in the budget of IMH.</p>

	Superintendent, IMH.	
V	<p>The issue of brain drain was raised by the Special Rapporteur in the earlier reviews. It was observed in April, 07 that of 44 students who have acquired the degree of MD (Psychiatry) about 25% have left the State and the rest were unwilling to serve the State due to poor scale of pay and low incentives.</p> <p>With a view to arresting the brain drain it is suggested that the State Government should frame a Rule like the Government of Maharashtra that those who pass out from IMH with MD in Psychiatry should serve the State for atleast one year.</p>	The DMET indicated that a proposal similar to that of Government of Maharashtra is under preparation for submission to Government.
VI	<p>At the time of my first visit to IMH it was observed that the allocation under 'drugs' was only Rs. 15 lakhs while there was no allocation either for the departments of Psychiatry at Berhampur or Burla. Due to active intervention of Successive Health Secretaries i.e. first Shri Chinmay Basu and later Ms. Anu Garg the amount for IMH CTC was raised to Rs. 30 lakhs while a sum of Rs. 15</p>	The suggestions were noted for consideration and necessary follow up action.

	<p>lakh each was allotted to Berhampur and Burla. Since then there has been a steep rise in the outturn of patients – going upto 300 on certain dates. With the current allocation at Rs. 30 lakhs it was becoming difficult to meet the demand on account of drugs. It is, therefore, suggested that the drug budget for IMH, Cuttack should be revised from Rs. 30 lakhs to Rs. 45 lakhs. Similar review should be conducted for the patients at Burla and Berhampur and decision taken to raise this amount in their case as well.</p>	
VII	<p>Occupational therapy is an important key to rehabilitation through promotion of self reliance of patients who undergo treatment in a mental health hospital. Under occupational therapy certain skills/trades are imparted to them at a particular stage when they have been treated and are fit to receive such skill training.</p> <p>Even though the importance of OT has been recognized, due to dearth of space no planning could be made to provide two</p>	<p>In view of the strong plus points of OT as highlighted by the Special Rapporteur it was decided that the proposal for creation of 2 separate OT units and creation of 2 posts of occupational therapists – one for male and another for female wards should be taken up with Finance Deptt. for reconsideration at the level of Secretary, Health and Family Welfare.</p>

separate OT units – one for male and another for female patients. Now that a new 6 storey structure is coming up, provision of space should be made in the said structure for 2 OT units – one for male and another for female patients. Simultaneously, the Superintendent, IMH should formulate a proposal for creation of 2 posts of instructors – one male and another female to be designated as occupational therapists (male) and occupational therapist (female).

It is understood that the proposal has already been formulated and sent to Government by the Superintendent, IMH but the same has been turned down.

Secretary, Health and Family Welfare is requested to take up the proposal afresh with Secretary, Finance Deptt. for reconsideration on the following grounds:-

- OT imparts work culture;
- OT imparts discipline;

	<ul style="list-style-type: none">- OT helps to develop right attitude towards work;- OT helps to develop respect for dignity of labour;- OT promotes physical and mental well being of inmates;- OT promotes social integration, gregariousness, a spirit of fellowship and a cooperative way of living;- OT promotes group adjustment and solidarity;- OT promotes capacity for sustained hard work;- OT imparts and improves work skills;- OT helps to awaken the self confidence and self reliance of inmates;- OT trains and prepares inmates for achieving lasting social readjustment and rehabilitation;	
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	<ul style="list-style-type: none"> - OT instils a sense of economic security among inmates; - OT keeps inmates gainfully employed in productive work which is meaningful to their lives. 	
VIII	<p>A Halfway Home provides a transition to patients who have been effectively treated in a mental health hospital but who are not yet fit to be physically discharged. Such patients need a lot of counselling and guidance as also training in skills/trades with a view to making them self reliant. Halfway Home provides such a facility. Besides, keeping the mentally ill persons who have been effectively treated and who have substantially recovered in a Half Way Home reduces congestion in the main hospital. The beds saved as a result of sending a few mentally ill persons to a Half Way Home could be allotted to more deserving patients.</p> <p>It should not be far away from the hospital (patients need a lot of follow up from the hospital)</p>	The suggestion of the Special Rapporteur was agreed to.

	<p>and should preferably be managed by an NGO having some aptitude and experience for managing this type of work.</p> <p>Against this backdrop, the Superintendent, IMH has sent a proposal to Government for starting a Halfway Home through Vasundhara an NGO of repute and standing located 8 kms from IMH.</p> <p>The proposal sent by Superintendent IMH is sound and sensible and deserves support. Government should accord its approval to the proposal at the earliest.</p>	
IX	<p>It so happens that in a highly stigmatized society patients who have been effectively treated, who have substantially recovered and who are fit to be discharged cannot be discharged as there is no family member or relatives who is coming forward to receive them. In a number of cases where wandering mentally ill persons are picked up by the police, produced before the Judicial Magistrate and are later admitted to the mental</p>	<p>The suggestion of Special Rapporteur was agreed to.</p>

health hospital no whereabouts of such patients are available. The mentally ill persons are unable to recall the name and address of family members. In such a situation the hospital authorities will find it difficult to discharge the patient. Such cases will add to the category of long stay patients. The hospital having a limited number of beds with a heavy demand for indoor admission can ill afford to keep such patients for a long time which in turn will add to overcrowding.

The only way out is to keep them in a separate unit for their rehabilitation. Since IMH does not have its own space to keep such patients, the Superintendent, IMH has made out a case and sent a proposal for launching a rehabilitation unit with Mission Asra, yet another good and reliable NGO located in the outskirts of Khurda sub division which is at a distance of 28 kms from Bhubaneswar.

The proposal which is otherwise sound and sensible

	<p>entails some recurring and non-recurring expenditure and should be worked out and sent to Government for consideration. The proposal deserves sympathetic consideration of Government.</p>	
X	<p><u>Geriatric Ward in IMH and Child Guidance Clinic in Sishu Bahwan, Cuttack:</u></p> <p>Cuttack was the capital of Orissa till 1958 when the capital was shifted to Bhubaneswar. The Raj Bhawan which was at Cuttack for almost 400 years (1568 onwards) was also shifted to Bhubaneswar in 1961. Shri Y.N. Sukthankar, the then Governor of Orissa was generous enough to donate the Raj Bhawan building to Indian Redcross Society to enable the society to start a children's hospital called, 'Institute of Paediatrics and Child Health. The State Government took over management of the hospital in 1966 and converted it to an Institute of Paediatrics for PG study. With a modest head start with 50 beds the Institute went up to 200 beds in 1987 and 250 beds in 2011</p>	<p>I. The Superintendent, IMH volunteered to revive the OPD in children's mental illness with the existing manpower strength pending filling up of the post of Asstt. Professor, Psychiatry.</p> <p>II. Secretary, Health and Family Welfare would take steps to get the vacant post of Asstt. Professor in the Sardar Vallabhbhai PG Institute of Paediatrics filled up soon.</p>

(with a projected bed strength of 356). This growth has been possible due to liberal financial assistance from Japanese Government. The Institute is now called Sardar Vallabhbhai Patel PG Institute of Paediatrics.

Ironically enough even though there are 40 beds of Paediatric surgery, 21 ICU beds and 25 new born beds, there is not a single bed for mentally ill children. Even though there is a sanctioned post of Asstt. Prof. Psychiatry, the same is lying vacant for quite some time; consequently there is no OPD for mentally ill children. Even the OPD which was looking after autistic and spastic children earlier has closed down.

Incidence of mental illness of children is on the increase. In the absence of a Psychiatrist and Clinical Psychologist all cases of mental illness relating to children are being referred to IMH. On an average 3 to 4 cases are being referred by Sishu Bhawan everyday.

	<p>Since this involves transportation which could be problematic given the state of congestion of Cuttack city it may be desirable if State Government could take a policy decision to revive the OPD for handling cases of mentally ill children in Sishu Bhawan itself. Steps may be taken to post an Asstt. Professor, Psychiatry against the sanctioned post but till this is done, a psychiatrist may be deputed to Sishu Bhawan for atleast 2 days a week to run a child guidance unit-cum-Counselling Centre exactly the way it is being run in the Institute of Psychiatry, Goa. Once it is decided to revive the OPD for mentally ill children in Sishu Bhawan, due publicity of the new arrangement will have to be given. The following cases which are quite common amongst children of the modern world deserve attention in the Child Guidance Clinic:-</p> <ul style="list-style-type: none">- Poor comprehension;- Poor assimilation;- Examination phobia;	
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	<ul style="list-style-type: none"> - Inability to catch up with what is taught; - Stage fright; - Inability to articulate; - Too much of parental expectation; - Peer pressure; - Tendency to be driven to desperation and instinct to commit suicide; - Drug addiction; - Substance abuse related mental illness. 	
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An executive summary of the points emerging from the review along with an executive summary of observations and recommendations:-

Central:

- The IMH is passing through a transition phase; the old edifice is yet to be fully dismantled and the proposed new structure is still in the offing.
- The transitional phase which is always problematic and sometimes traumatic compounded by acute shortage of space, low lying topography and a bald and barren surrounding with a stinking drain and without any greenery has been a source of public discontent and adverse media publicity which has caught the attention of the Hon'ble High Court resulting in constitution of a Court Committee for monitoring.
- Pursuit of excellence has never been the hallmark of IMH (contribution of veteran Psychiatrists like Dr. Partha Rao and Dr. Bimbadhar Das notwithstanding); there is no evidence of any planned, imaginative and determined efforts to excel either in teaching or research or training, far less in treatment which is the prime indicator of success of a mental health institute.

- A few changes here and there have ushered in due to the proactive leadership and direction provided by Ms. Anu Garg, Secretary, Health and Dr. N.M. Rath, the Superintendent since 2 years but the same are cosmetic and not holistic; they have miles to go before a total transformation in structure, ethos and culture could be thought of.
- The Superintendent – Dr. Rath who is sincere, hardworking and well meaning has been battling single handed on a number of fronts – with CPWD and PWD for demolition of the old and emergence of the new, with Forest and Horticulture Departments for creating a sylvan surrounding with Superintendent, SCB Medical College for disposal of biomedical waste, with Health and Finance Departments for making them agree to the irreducible barest minimum and so on.
- A day for him unfortunately consists of 24 hours and time management has been a formidable challenge particularly when he has to grapple with too many challenges and overcome them one by one. The sins of the past inherited by him are too many and too mind boggling.
- The Drug Deaddiction Centre building has regrettably been a very disappointing trend and pace setter. A Project of Rs. 8 lakhs (sanctioned by the Central Ministry of Health and Family Welfare) it took 8 years to get completed (1995-2003). It's a classic example of indecisiveness, bureaucratic redtapism and insufferable procrastination and delay.
- Even now 8 years after it was inaugurated by the then Health Minister (present Finance Minister) it presents a shabby look; State PWD has presented IMH an estimate of Rs. 6.75 lakh, more than 75% of the cost of construction for repair and maintenance.
- With such a sordid track record of performance it is inconceivable that the State PWD should have been chosen as the executing agency for a major project i.e. 'Centre of Excellence' costing Rs. 18 Crores with the funds coming from Ministry of Health and Family Welfare, Government of India. That unfortunately is the reality.

II Impressions emanating from round of the wards:

- The occupancy in the male ward was 27 against a bed strength of 25 while the occupancy in the female ward was 29 against a bed strength of 23.
- Two male patients and six female patients have been admitted in excess of the bed strength. The patients admitted in excess were lying on the floor.
- Both the male and female wards were open wards which made it possible for family members/relatives to stay with the patients.
- Neither there was a bed of lower height (which could be pushed into the main bed as elsewhere) which could be used for sleep and rest nor any cupboard where personal belongings of attenders could be kept.
- Standing for long hours in congested rooms with beds fixed close by amidst the intense heat and humidity of summer months could be a test of the patience of the attenders.
- Bedsheets, mattresses and linen were of a very inferior quality reported to have been provided by a contractor engaged by SCB Medical College.
- The floors of the wards were untidy; they could not be properly maintained due to inadequate number of sweepers.
- The patients in the wards were victims of schizophrenia, substance induced psychosis and bipolar affective disorder; their breakup in terms of number and PC is as under:-

	<u>Number</u>	<u>PC</u>
Schizophrenia	29	50 (approx)
Substance induced Psychosis	12	21 (approx)
Bipolar Affective Disorder	15	26 (approx)

- Composition of attenders (parents, uncle, brothers, sisters, sons, daughters, mother-in-law, brother-in-law, sister-in-law etc.) demonstrated that joint family set up is still intact.
- Most of the patients came to the hospital for the first time and soon after the symptoms were seen at home.
- The prognosis generally ranged between poor to moderate and moderate to good.
- The record of drug compliance was generally reported to be good.
- The duration of stay ranged between 15 days to 2 months.
- The patients were reported to be cooperative.
- There was no proper response either from the patients or from the attenders about how they felt or reacted towards food, water, conservancy facility, humane behaviour of staff nurses, sweepers, security staff, MOs etc.
- Objectionable items for consumption had sneaked into the ward despite all precautions and surveillance.
- The OPD and IPD are composite units comprising of certain irreducible barest minimum requirements to make them optimally functional as also to cater to ease, comfort and convenience of inmates.
- Partly due to historical reasons, due to acute shortage of space as also years of neglect (remaining in the backyard of SCB Medical College as its appendage) IMH has neither seen the balanced combination between teaching, training, treatment and research nor the components exist in full measure in OPD and IPD to make them composite units nor does it leave open any scope for future expansion.
- Now that a major civil works programme costing Rs. 18 Crores under the 'Centre of Excellence' Project is in the offing, it offers tremendous scope and possibility of doing away with the adhocism and neglect of the past

and going in for a new structure with imagination and farsight which would fulfil the following requirements:-

- Architecturally and aesthetically pleasing;
 - Commodious, airy and well lighted;
 - Functionally convenient and comfortable.
- To ensure this attention will have to be paid to:
 - Landscaping;
 - Drainage and sewerage;
 - Planting species which will thrive in the local soil and which will contribute to creation of a sylvan surrounding.
 - The success of the 'Centre of Excellence' Project in general and that of civil works programme in particular would depend on –
 - Planning the time schedule;
 - Material planning;
 - Quality of building materials;
 - Planning/Labour discipline and productivity;
 - Financial planning;
 - Maintaining stringent vigilance and surveillance over the pace and progress of expenditure and quality of work;
 - Maintaining continuity of operations.

IV Meeting with the members of the Advocates' Committee or Court Committee (6 PM to 7 PM on 4.7.2011)

The following emerged from this meeting:-

- Courts take cognizance of issues on account of laxity and inaction of the executive. This has been the case with IMH, Cuttack.
- IMH suffers from a number of locational disadvantages. There is an open drain in front of the male and female wards which comes waste carries and pollutes the environment.

- The surrounding area which is lower than the road in front of IMH is full of filth and garbage and needs to be kept neat and tidy in the larger interest of maintaining a healthy and hygienic surrounding.
- There is frequent interruption and tripping and break down in power supply causing dislocation in the day to day management of the institution. This also adversely affects the mood and reaction of the patients and their attenders.
- There is no mini park or any other space with some benches where the patients can sit with their relatives and relax in the afternoon hours.
- Bedsheets, mattresses, linen which are being supplied to the wards for use of patients should be neat and tidy. They do not appear to be so.
- Although diet charges have been revised from Rs. 20/- to Rs. 50/- per head (inclusive of the cost of breakfast, lunch and dinner) in the absence of a dietician it is difficult to certify if the food which is being served from the kitchen of SCB Medical College is wholesome and nutritious, whether the same represents a balanced combination of carbohydrates, protein, oil/fat, trace minerals and vitamins and a nutritive value of 3000 kilo calorie for men and 2500 kilo calorie for women.
- The toilet patient ratio is 1:8 as against 1:4.
- Management of disposal of biochemical waste from IMH poses a serious problem. SCB Medical College, fully responsible for such disposal have hired an outsourcing agency called Medi-aid for this purpose but the said agency is not paying any attention to collect the injectables, syringes, hospital waste etc. The disposable wastes are accumulating, polluting the environment and adding to public discontent.

V Meeting with Secretary, Health and Family Welfare Deptt., Director, Health Services, Director, Medical Education and Training and Superintendent, IMH (3 PM to 6 PM on 5.7.11)

The main action points which emerged from this meeting are:-
Operational details which need to receive attention:-

- Data entry operators (7) have been sanctioned but there are no PCs. The Superintendent, IMH should be authorized to procure the same.
- NIC or OCAC (Orissa Computer Application Centre) should be approached and requested to prepare the computer software for OPD, IPD, record room, admission, discharge, kitchen, dining hall, library-cum-reading room, modified ECT, x-ray, ECG, EEG, OT, mechanized laundry etc. (as and when they are installed).
- Sitting arrangements should be in place for 17 professionals against the recently sanctioned posts as and when they are selected and report for duty. This should be finalized in consultation with the Principal, SCB Medical College.
- PABX with 50 lines should be installed with the help an agency in consultation with BSNL at the earliest to overcome the barriers of communication which exist at present.
- RO plant has been sanctioned. All formalities (according of administrative approval etc.) should be completed by the Superintendent and RO plant should be installed by the PHD without further delay.
- A DG set of the appropriate capacity should be installed to deal with problems of power break down and resultant dislocation, inconvenience and discomfort to the inmates and their attenders.
- The DPC should meet and finalize the selection to the post of Associate Professor, Clinical Psychology which has been sanctioned recently.
- Anomalies in the pay scales of psychiatric social workers should be removed at the level of Government and the revised sanction order issued so that open advertisement can be issued for selection to the posts.
- Similar action should be taken at the level of Government in regard to removal of anomalies in pay scales and re-designation of the posts of anaesthetists and revised sanction order issued to enable the.

Superintendent, IMH to issue open advertisement for selection to the posts.

- Services of a dietician should be engaged to certify the nutritive value of food. It may be desirable if sanction of a full time post of a dietician is sanctioned by Government of IMH.
- Samples of water should be drawn at an interval of 6 months and sent to an approved PH testing laboratory for test. If there are bacteriological and chemical impurities found as a result of such test corrective measures should be taken to remove these impurities.
- Arrangements should be institutionalized for orientation and training of both medical and para medical staff with the following components:-
 - designing a training calendar;
 - designing a training curriculum;
 - conducting evaluation of the content, process and impact of such training;
 - ensuring that there is proper application of what was imparted through training.
- Library services should be reorganized on professional lines in the new 6 storey building but planning for the same should begin now. A modern professional library catering to the needs of an Institute of Mental Health should meet the following requirements:-
 - Complete computerization of books, journals, periodicals, research papers;
 - Reading room;
 - Photo filming;
 - E-connectivity with departments of Psychiatry, Clinical Psychology, Psychiatric social work, psychiatric nursing.

- Flimsy audit objections on trifle issues should be avoided. Audit should not pick holes in the procedure for procurement of drugs if the same was in conformity with the guidelines of Government. It is the Superintendent who as the Head of the institution has to decide the source conforming to the norms of standardization, economy and quality which will be in the best interest of the institution.

Review of Works Programme:

- The following time schedule in the new 6 storeyed building structure should be strictly adhered to:-
 - Completion of demolition of the old male ward – end of August, 2011;
 - Administrative approval and approval of the final estimates – by middle of October, 2011;
 - Tendering process – by end of October, 2011;
 - Commencement of construction work – first week of November, 2011;
 - Completion of the structure in all respects (civil, electrical, PH, fittings and furnishings) by November, 2013.
- The Foundation Stone Laying Ceremony by the Chief Minister, Odisha will be held on 10.10.11 which happens to be the World Mental Health Day.
- Trainees' hostel will form an integral part of the main building and will not be outside as proposed by the PWD now.
- Secretary, Health will convene a meeting at her level with Secretary, Works, Chief Executive, PWD, Government Architect to discuss various components of the civil work with a view to speeding up the pace of work.

- An Expert Committee under Chairmanship of Works Secretary would be formed to monitor, supervise and coordinate all components of civil works. The said Committee would work out the schedule of visits to the worksite and decide the format for monitoring.
- The open drain going in front of the male and female wards and carrying waste water and other effluents has been a source of pollution. The same should be closed and a pucca closed drain constructed in its place by the State PWD.
- Secretary, Health should convene a separate meeting with Executive Engineer, CPWD, Bhubaneswar to sort out the following:-
 - All ongoing repair works of the old OPD; no further extension of time to be allowed;
 - Repair of 6 year old twin fountains in the campus;
 - Provision of connectivity between the old and new blocks as well as OPD.
- Steps should be taken to provide toilet facility for attenders of the patients as also for Class III and Class IV of IMH. The later should also be provided with some resting place.
- The plan for the new 6 storey structure should include installation of a mechanized laundry for automatic cleaning, drying and pressing to ensure personal hygiene.
- It should also include a proposal for construction of a new kitchen block, dining hall with dining table and a canteen for supply of snacks to officers, staff, patients and attenders accompanying them.

Policy issues:

- It should be examined as to how IMH can be delinked from SCB Medical College and accorded functional autonomy so that within the ambit of a scheme of delegated administrative and financial powers the Managing

Committee and Superintendent can take decisions and implement those decisions in less time and cost.

- The Superintendent, IMH should not be subject to the control of multiple authorities (like DHS, DMET, Principal, SCB Medical College). This leads to dualism which is not conducive to the functioning of any public utility service institution. The Superintendent should be made accountable to one major Head of Deptt. i.e. either DHS or DMET and not to both.
- Government should take an early decision on constitution of a Managing Committee under Chairmanship of Divisional Commissioner, Cuttack (on the same pattern obtaining in IMHH, Agra, GMA, Gwalior and RINPAS, Ranchi as duly approved by the Hon'ble Supreme Court). Government order should clearly indicate the correlation between the Managing Committee and the 8 Sub Committees on which a GO has been issued recently.
- When mentally ill persons are having associated complications and are referred by IMH to SCB Medical College for specialized treatment some investigations are required to be conducted. The cost of such investigations is required to be met by IMH and to this effect some budget provision is required to be made. This arrangement should be approved by Government.
- To arrest brain drain particularly in regard to candidates who have completed MD Psychiatry and who want to go out as they have better attractive offers outside the State Government should frame a Rule like the Government of Maharashtra that those who pass out from IMH with MD in Psychiatry should serve the State for atleast one year.
- Considering the increase in out turn of patients in the OPD (going sometimes upto 300 per day) the allocations under drugs which are of the order of Rs. 30 lakhs per annum should be raised atleast to Rs. 45 lakhs if not higher.

- While outsourcing perse is not objectionable ways and means will have to be found out to ensure adequate accountability of the outsourced agency. The Superintendent, SCB Medical College will have to pay proper attention to this (in the context of disposal of biomedical waste).
- Staff nurses of IMH should be in a regular scale of pay like RINPAS, Ranchi and not on consolidated wage as now.
- A proposal for sanction of 2 occupational therapists – one male and another female was sent to Government by Superintendent, IMH but the same has been turned down. OT is an essential tool of rehabilitation and has several plus points. Secretary, Health should, therefore, approach Finance Deptt. making out a strong case for sanction of these 2 posts of occupational therapists.
- Government should accord formal approval to the proposal of Superintendent, IMH for starting a Halfway Home under the auspices of Vasundhara, an NGO of repute and standing and already working for the cause of children and women in distress and issue the approval order in favour of Superintendent, IMH to enable him to proceed further.
- Similarly the proposal of Superintendent, IMH for starting a rehabilitation unit for unclaimed patients under the auspices of Mission Aghra, yet another credible and committed NGO in the outskirts of Khurda town, 28 kms from Bhubaneswar should be welcome, should receive the approval of Government and approval order communicated to enable Superintendent, IMH to proceed further.
- A child Guidance Unit should be launched in Sardar Vallabhbhai Patel PG Institute of Paediatrics (Sishu Bhawan). The exact date and time of functioning of Child Guidance Unit should be worked out by Superintendent, IMH in consultation with Director of Shishu Bhawan.
- Secretary Health while according the approval of Government to the above arrangement should take steps to get the post of Asstt. Professor, Psychiatry in Sishu Bhawan filled up at the earliest.