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**Report of review of the activities of Ranchi Institute of Neuro Psychiatry and Allied Sciences (RINPAS) conducted by Dr. Lakshmidhar Mishra, Special Rapporteur, NHRC from 25<sup>th</sup> to 27<sup>th</sup> February, 2007.**

I visited the Ranchi Institute of Neuro Psychiatry and Allied Sciences (RINPAS) from 25<sup>th</sup> to 27<sup>th</sup> February, 2007. Soon after my arrival I proceeded straight from the Airport to RINPAS to have a preliminary discussion with Brigadier (Prof.) R.N. Chakraborty, Director, RINPAS and 2 other senior members of the teaching faculty namely Dr. S. Chaudhury and Dr. A.R. Singh from 2 PM to 4 PM on 25<sup>th</sup> February, 2007. In course of discussion we also agreed on a broad strategy for conducting the review in a participative and communicative manner. It was agreed that the review would comprise of the following broad components:-

I Physical infrastructure which will cover the following broad sub components such as:-

- Location, total area, area available for use, area under encroachment, boundary wall, office space, staff quarters, security etc., repair and maintenance of various physical structures and installations;
- OPD, waiting hall near the OPD for patients and relatives, dispensing room, record room, computer room, room for the psychiatrists, room for the clinical psychologists, room for the social workers, adequacy of space, open wards for male and female, jail ward, occupational therapy etc.

II Support services, facilities and amenities which will cover the following broad sub components:-

- Drinking water;
- Conservancy facilities;
- Laundry;
- Kitchen;
- Dining hall;
- Canteen;
- Bakery unit;
- Adequacy of lighting and ventilation;



- Emergency services;
- Telephone;
- Website;
- Biomedical Waste Management;
- Library;
- Patient's Library;
- Diagnostic Centre;
- Occupational Therapy and Rehabilitation Unit;
- Agriculture, Horticulture, Poultry and Dairy Unit;
- Socio-cultural Programmes, Sports and Recreational Activities;
- Community Outreach Programme;
- Community Awareness Programme;
- Ventilation and redressal of grievances of patients and support service staff and other employees.

III Human Resource Development which will cover the following broad sub components:-

- Human Resources (medical officers, specialists (both teaching and non teaching), para medics including nursing staff) authorized/sanctioned and in position;
- Distribution of work within the Institution (OPD, inpatient's wards, biochemical/pathological laboratory, general store, medical store, diagnostic center, agriculture and horticulture, dairy and poultry units, occupational therapy, library, canteen etc.) and outside the Institute (Satellite Clinics, community mental health etc.);
- Orientation and training of medical officers and paramedics both within RINPAS and coming to RINPAS from outside –
  - Research
  - Publications
  - M.Phil and Ph.D.
  - Participation in conferences both within RINPAS and outside.

IV Tools and equipments which will cover the following broad sub components:-

- procurement and installation
- repair and maintenance
- planning for addition
- modernization and innovation.

- V Future expansion and growth of the Institute in areas of treatment, teaching, research etc.
- VI Proposals pending with Government of India and State Government of Jharkhand, other matters which require inter State coordination.

**RINPAS – location, historical background and present status:-**

RINPAS located on Kanke road 16 kms. from Ranchi Railway Station and 22 kms. from the Airport falls in Jharkhand State w.e.f. 1.11.2000 (the date Jharkhand was carved out of Bihar). It has a chequered history. Starting as a lunatic asylum in Monghyr district of Bihar in 1795 it was first shifted to Patna in November, 1821 and later to its present location in April, 1925. From a Lunatic Asylum it became Indian Mental Hospital (IMH) with Capt. J.E. Dhanjibhay as the first Superintendent. The hospital initially had a male wing with 110 patients (4.9.25) and a female wing was added later with 53 patients (19.9.25). It also catered to the needs of patients from Dakha (now capital of Bangladesh) and Berhampur (Orissa) with 1226 patients as on 31.12.25. It came under the administrative control of Government of Bihar on 30.8.58 and its name was also changed to Ranchi Manasik Arogyashala (RMA). It catered to the needs of patients of Eastern India (Bihar, West Bengal, Orissa, Manipur, Mizoram, Tripura) and its bed strength was increased to 2000. The first MD in Psychiatry was awarded to Dr. L.P. Verma from RMA in 1942. However, over a period of time and since seventies conditions in RMA deteriorated in terms of care of mental patients, teaching and research. Conditions went from bad worse with (a) discontinuance of P.G. course in Psychiatry (b) faculty members leaving RMA one by one (c) patients being subjected to inhuman and degrading treatment. The sorry state of affairs in RMA warranted filing of a public interest litigation by Shri Rakesh Chandra Narayan which was admitted as a writ petition bearing number 339 of 1986 by the apex Court.

The writ petition was eventually allowed and resulted in a number of positive directions from the apex Court which brought about a few qualitative changes and improvements in the management of affairs of RMA such as:-

- the nomenclature was changed to RINPAS (10.1.98) with a much wider ambit of objectives and with emphasis on teaching and research in addition to treatment of patients;
- the Institute acquired an autonomous status vide notification No. 424(10) dated 29.9.94 and functional autonomy w.e.f. 1.4.98;
- the NHRC was entrusted with the responsibility to monitor, supervise and coordinate the functioning of RMA w.e.f. 11.11.97;
- the bed strength was brought down from 1580 to 500 with a view to providing optimal mental health care;
- a board of management with Divisional Commissioner, South Chotanagpur as Chairperson and Director, RINPAS as Member Secretary with a number of Sub Committees (11) has imparted a new functional autonomy along with flexibility and efficiency to the functioning of RINPAS.

Between 11.11.97 (when the responsibility for monitoring and supervision of RINPAS was entrusted to NHRC) – number of visits have taken place to RINPAS by the Chairperson, Member(s) and Special Rapporteur, NHRC. These visits have been undertaken not with a view to finding fault with the management for the gaps, omissions and deficiencies but to extend a helping hand by taking up various proposals pending with Government of India and the State Government for modernization, expansion and total quality improvement in the management of the Institute. As a result of these interventions there has been a perceptible change and improvement in the overall management and functioning of various departments of the Institute. There has been a spurt in teaching and research activities too.

#### I. Physical Infrastructure:

The Institute has a total area of 347 acres both within and outside the boundary wall. About 7/8<sup>th</sup> of the total area has been fenced by a boundary wall with a height of 13' and a barbed wire fence of 3' on the wall. The area outside

the boundary wall which has not been fenced comes to about 45 acres. About 4 acres out of this are under encroachment by a temple and mosque. Additionally a number of shops/shopping complexes have come up both around and adjacent to the boundary wall. There was a proposal a couple of years back to fence the entire 347 acres but there was a lot of resistance from vested interests and the proposal could not be executed. The proposal is still alive but carrying it to its logical conclusion would need the unstinted cooperation and support of local administration. About Rs. 60 lakhs would be needed to provide the proposed extended boundary wall. The State Government is ready to provide the amount but the resistance of vested interest will have to be overcome first before proceeding further.

I spoke to Shri K.K. Soan, Dy. Commissioner, Ranchi to renew the initiative to remove the encroachments at the earliest. He was positive and responsive and deputed his Circle Officer and SHO of the local P.S. to discuss with me and the Director to work out the details. After discussion they assured us that a drive would be launched to remove the encroachments within a week. This should be followed up further by the Director.

It was heartening to note that due to the initiative and persistent efforts on the part of the Director and with the support of the Board of Management a number of new items of work have been taken up and completed and all the blocks were wearing a new look. The items of work which have been completed during 2006-2007 are:-

- Old floors in different male and female wards have been renovated;
- Street lights (Sodium Vapour Lamp) in male and female hospital campus have been provided;
- Similar provision has been made in residential areas;
- 500/1000 litres capacity solar water heating system has been installed in Ward No. 5,6,7,11, kitchen, Half-way Home of Male Section and Ward No. 3 of Female Section and Girl's Hostel;

- Modern toilet and bathrooms in female infirmary ward with provision of water supply have been provided;
- Prayer Hall at male ward has been renovated;
- A boundary wall in Mohuwa Toli area at Sukurhuttu road has been constructed;
- The poultry farm in Agriculture and Horticulture Complex has been expanded;
- A garage in front of Administrative Building and 8 garages in D type officer's quarters have been completed;
- Electrical wiring at Male Ward No. 1 and in 12 quarters in warder line residential area has been completed;
- Water supply to 72 numbers of B type staff quarters at Bazar Tann area has been completed;
- Construction of soak pit and septic tanks in 6 blocks in Warder Line residential area has been completed;
- H & D.T. deep bore well at Farm House and deep tube well at Dairy Farm of Agriculture and Horticulture Complex has been completed (submersible motor, pump and hand pump are to be installed).
- There are a number of new items of work whose construction is in progress but of special mention are the following:-
  - Construction of new three storied academic block (teaching and research wing);
  - Construction of a Community Hall;
  - Construction of an additional hall in OPD;
  - Construction of a multi channel CT Scan building.

The pace and progress of construction of these Projects should be closely monitored by the Works Sub Committee by convening its meetings at close and regular intervals.

It was heartening to note that the new academic block whose construction proposal was mooted in 2002 at an estimated cost of Rs. 3.25 crores would be ready in 3 to 4 months time (by now the estimated cost has gone up to Rs. 5.35 crores).

The Director expressed a desire to have the new academic block inaugurated by the Chairman, NHRC. I consider this project fit to be inaugurated by the Chairperson. The proposal may be placed before the Chairperson soon after his joining and after receiving a formal proposal from the Director, RINPAS.

The following departments will be accommodated within the new complex:-

- Psychiatry;
- Neurology;
- Psychiatric Social Work;
- Clinical Psychology;

The staffing pattern has been laid down according to the genuine need but the concurrence of the State Government is still awaited.

Between 1925 to 1998 residential accommodation for all medical officers and para medical staff has been fully provided for. In all 96 quarters have been fully occupied by Group 'C' and 'D' staff (including para medical and nursing staff). Out of 16 quarters meant for medical officers 15 have been occupied and one is under unauthorized occupation by a P.S. to one of the Ministers in Jharkhand Government. I spoke to the Dy. Commissioner, Ranchi – Shri K.K. Soan to have the unauthorized occupant evicted, if necessary, by force. The Dy. Commissioner has promised corrective action at the earliest.

I also spoke to the Chairman, Jharkhand State Electricity Board – Shri V.N. Pande to provide power connection to the 12 quarters in Warder Line residential area where electrical wiring has been done. He was good enough to depute his Superintending Engineer (Electrical) of the area – Shri Thakur for site inspection and discussion with me and the Director. Shri Thakur has assured that the power transformer would be installed and power connection given within a fortnight's time.

Even though most of the structures are fairly old their repair and maintenance are being looked after well by the PWD and there is no serious problem.

All structures and vital installations are being guarded round the clock on a shift basis and no serious problem of security has emerged so far.

### OPD

The OPD is located very close to the main entrance to the Institute and its functioning is under close vigilance. I visited the OPD between 9.30 AM to 11 AM on 26.2.2007 and interacted with patients and their relatives. They come from far off places like Saran, Chapra, Gaya, Aurangabad, Jahanabad, Madhubani, Darbhanga etc. at considerable expense and physical stress and strain. They came for both first consultation through registration at the OPD and subsequent follow up. It is a moot point for consideration if the Board of Management could recommend to the Jharkhand Road Transport Corporation and Railways to meet the cost of travel of all patients below poverty line at concessional rates. On an average 1 to 5 patients out of 150 patients who daily turn up at the OPD may be fit cases for admission. A lot of positive discretion and care are being observed to take a final decision about admission of a patient which is mostly related to the patient condition and severity of the ailment.

The waiting hall near the registration counter as also in the adjoining varandah have adequate space as also arrangement (by providing chairs) for accommodating about 150 patients and their relatives. On an average 1 to 3 relatives were found to accompany the patient.

By 10 AM about 32 patients had registered themselves at the OPD. Of them 30 were in the age group of 30-40 and only 2 were in the 60+ age group. The OPD remains open from 9 AM to 4.30 PM (on all days except Sundays and Gazetted Holidays (when it is open from 9 AM to 1 PM) but an endeavour is made by the Medical Officer at the Registration Counter to accommodate the last patient.



There is no overcrowding at the OPD. Even though the patients and their relatives come from a poor socio economic background and also from far off places with attendant stress and strain they were found to be sitting quietly and silently without causing any problem to the working of the OPD.

All facilities and amenities (provision of potable water, lighting, ventilation, toilet facility etc.) have been provided to the patients and their relatives. Those of them who are coming from far off places were advised to have their food at the Institute Canteen which was located close to the OPD.

From the time of arrival, registration, recording of the history of the patient by the social worker, detailed examination of the patient by the Psychiatrist and issue of prescription and collection of medicine at the dispensing unit an average of about 5 to 6 hours are involved.

I visited the OPD first at 10 AM and again around 2.15 PM. I made enquiries at the dispensing unit and was given to understand that 141 persons have been registered and have collected their medicines. Of them 137 are new cases and 4 are discharged old cases.

Other than the long distance from which they come, expenses and physical strain as also some amount of dislocation in homelife involved the relatives accompanying the patients did not have any grievance. They generally appeared to be happy and satisfied with the overall environment in the hospital, care and attention extended to the patients and the line of treatment and counseling provided.

There has been significant increase in OPD attendance over the years which is a reflection on the care and attention given to the patients, quality of service rendered and effectiveness of treatment.

Table-I indicates the trend of increase in OPD attendance between 2000-2001 and 2006-2007 (till 7.1.2007), the total attendance and break up between male and female patients.

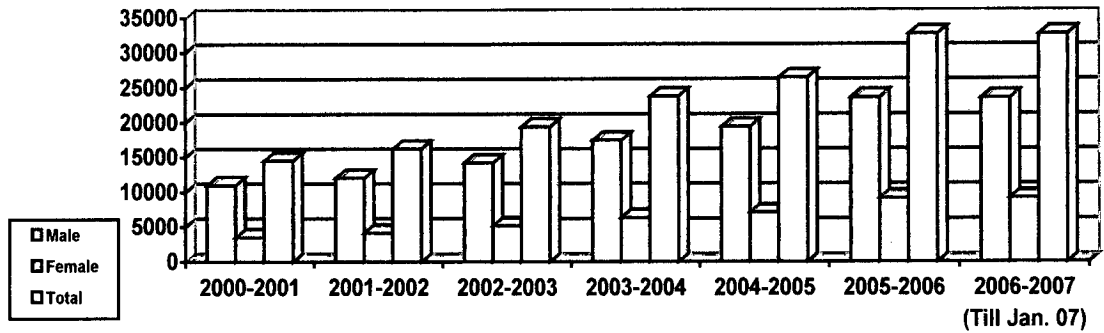
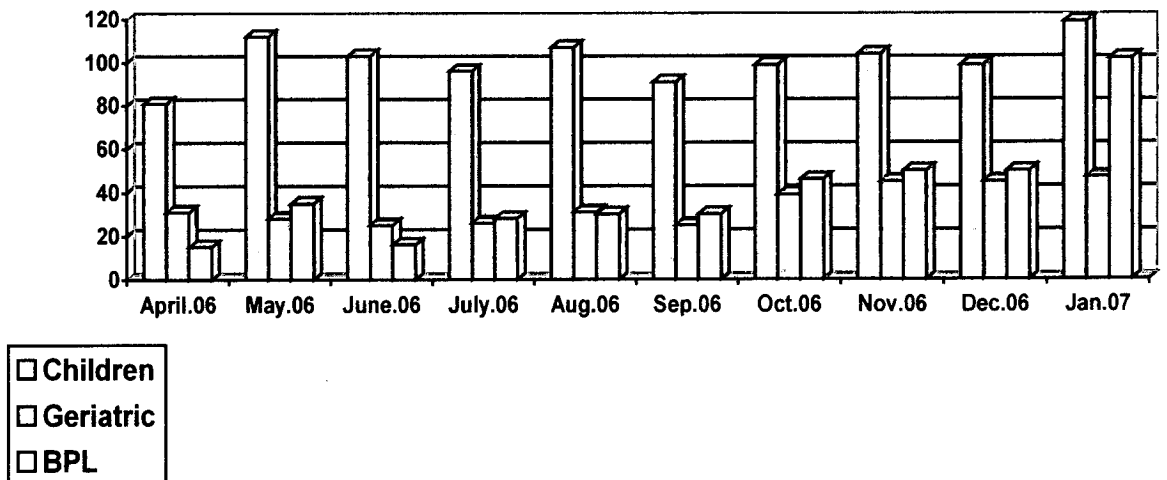
**Table -I: OPD Attendance**

Table II placed below gives the OPD attendance of children, geriatric and BPL patients (from whom no fees whatsoever are charged and the entire treatment and registration is extended free of cost).

**Table-II: OPD Attendance of Children, Geriatric and BPL Patients**

### **Computer room attached to the registration counter:-**

Creation of a computerized database as an activity has started only from December, 2006. Database for 915 OPD patients only has been created. The following data are being collected from the registration counter and fed to the computer:-

- Name of the patient;
- Father's name;
- Occupation;
- ST/Non-ST;
- Education;
- Age;
- Family history of illness;
- Marital status;
- Whether referred by some other hospital

There are at present 2 data entry operators who are engaged in the process of creation of database.

For complete computerization of all departments/wings a systematic and time bound programme involving the following stages has been drawn up such as:-

- Procurement of hardware;
- Local Area Networking (LAN);
- Development/procurement of software;
- Establishing internet connectivity.

The progress in respect of each stage is as under:-

#### **I Procurement of hardware:**

A total of 2 servers, 31 PCs, 7 Dot matrix printers, 6 Laserjet A<sub>4</sub> mono printers, one Laserjet A<sub>3</sub> colour printer, 4 Inkjet printers have been purchased for different sections of RINPAS, namely medical library, OPD, accounts section, establishment section, general stores, medical stores, occupational therapy unit, administration and academic sections.

#### **II Local Area Networking (LAN):**

LAN connection is complete in Administrative Block covering Accounts, Establishment, OPD, Computer Cell and Medical Library. Work is in progress to include few other units into LAN.

#### **III Development/Procurement of Software:**

The Project for development of software for different sections of RINPAS has been assigned to NIC Ranchi. The progress as of date in the area of development of software is as under:-

- For library e-granthalay software has been taken from NIC. The software is being used in the Central Library. A database of available books (over 13000) has already been created. Computerized issue and return of books will be the next step for implementation.

- For computerization of OPD, software is being developed for registration. This will be followed by development of software for biochemical laboratory and medical store.

From the OPD and computer room I went round the rooms of General Physicians, Psychiatrists, Conference Hall I (Air Conditioned), Conference Hall II (Non-AC), EEG, ECG, X-ray, Biochemical Laboratory, Library I, Library II, Kitchen, Dining Hall, Male Ward, Female Ward, Occupational Therapy I, II and III etc. and had a brief interaction with mentally ill persons as well. My general impressions are as under:-

- Non compliance with the medicines/drugs prescribed by the treating physician is the main reason for relapse of a number of mentally ill persons who were effectively treated by RINPAS but who have come back to RINPAS for treatment for the second time;
- The examination of mental status has confirmed homicidal and suicidal tendencies on the part of a number of patients. All possible care and precautionary measures have been taken to preempt the possibility of such homicides and suicides (like raising the height of ceiling fans, removing dupatta from girls/women, removing heavy objects etc.);
- Incidence of cardio-vascular diseases, diabetes, hypertension stress related) amongst younger age group patients was quite high;
- Wherever diagnosis of ailment is not clear recourse is taken to case conferences which apart from helping to determine the nature of ailment serve an academic purpose as well;
- From a study of various forms of mental disorders and Intensity thereof, schizophrenia, depression and bipolar affective disorder account for most of them;
- Break down of the joint family system, emergence of atomized family structures, neglect of children and childhood, distrust and suspicion of husband towards wife and wife towards husband, marital discord,

breakdown of love relationship, collective social resistance to inter-caste and inter-religious marriages even if the same are based on genuine love, intense discrimination between siblings by parents at home, emergence of too much of adversarial relationship amongst castes giving rise to mindless violence, hatred and intolerance in a highly stratified society are, illustratively speaking, some of the contributory factors which are responsible for mental disorders like panic, phobia (fear), obsessive compulsive disorder, depression, bipolar affective disorder, cognitive impairment, addiction to alcohol and narcotics, schizophrenia etc.

- An interactive open session with mentally ill persons (in the younger age group) who have been effectively treated and who are fast on the way to recovery brought out a number of interesting aspects such as:-
  - They hail from large families with old and poor parents;
  - Their stay in RINPAS has on the whole has been enjoyable and rewarding;
  - They participate in sports and other cultural events;
  - One of the patients who was a student in a medical college harbours the ambition of going back to medical studies and doing his M.D.;
  - There was yet another case of addiction to alcohol for 8 years who came to RINPAS after unsuccessfully undergoing treatment in a Medical College under Banaras Hindu University and is now faring much better;
  - There were a few cases of relapse to drug addiction;
  - A few are alternating between hope and despair, between discharge from RINPAS and home coming;

- While parents and relatives have come to meet a few at periodic intervals, others have not been so lucky (one patient from Deoghar complained to me in presence of the Director that nobody is coming to see him from his family for more than 3 months).

In course of the rounds of visits I came across the case of a patient named Anand Prakash hailing from Barah, Patna and 32 years of age. He is not showing any signs of improvement and has rather a pathetic case history which is as under:-

- He studied in Goethals Memorial School, Kurseong, Darjeeling in 1992;
- He was expelled from the school for sometime for erratic behaviour and was allowed to rejoin;
- He studied Intermediate of Science in Bihar College of Engineering, Patna in 1992-94;
- He studied electrical engineering and electronics in Gogte Institute, Belgaum between 1995-99;
- He married the daughter of a Dy. Commissioner. His wife prior to marriage was in love with some one which was not known to either Anand or any of his family members;
- Once extramarital relationship of his wife was made known Anand lost his balance and developed Schizophrenia;
- He went to Central Institute of Psychiatry, Ranchi, NIMHANS, Bangalore and has finally landed up at RINPAS since 25.11.2006;
- He feels that his spirits are not in tune with the environment where love, care, attention and kindness are as inadequate as the inadequate staff.

Equally distressing is yet another case of Schizophrenia which was studied by me and which deserves a special mention in this report. This is the case of one Anurag Anand (33 years) and the profiles of the case are as under:-

- Anurag's father is a retired engineer of Bokaro Steel Plant;
- Anurag himself is a student of IIT Kharagpur with a degree in architectural engineering;
- His case was admitted as one of Schizophrenia, he was admitted to the Institute on 20.10.2006 and discharged on 15.12.2006;
- Prior to his admission he was having the following symptoms of Schizophrenia for almost 6 years such as:-
  - Disturbed sleep;
  - Aggressive behaviour;
  - Wandering tendency;
  - Too much talkative;
  - Poor personal hygiene.
- He had no history of head injury, epilepsy or any other major physical illness;
- Unfortunately for him, most likely on account of non compliance with prescribed drugs there was a relapse and he had to be admitted again on 12.1.2007 and he continues in the paying ward of RINPAS and receives treatment with anti-psychotic drugs.
- There are in all 3 female wards and one preparatory ward (an integral part of the female ward). I visited all the 4 on 26.2.2007 (AN). The following impressions emanated from the visit:-
  - The mentally ill persons in the 3 female wards are also suffering from other complications such as cardio vascular, cardio respiratory, diabetes, fracture of heap bone, malignancy, rheumatoid arthritis, osteoporosis, mental retardation etc.;

- There was the case of an old lady of 70 years who has spent almost 30 years in RINPAS, has become almost invalidated, prefers to sleep on the floor and is beyond recovery;
- Despite such heavy odds (heavy responsibility to deal with such wide range of difficult cases) the nursing staff under the guidance of the Matron and the Assistant Professor have displayed exemplary patience, courage and resilience to handle these cases which would be evident from the following:-
  - Meticulous care is being taken to check weight and all other parameters such as blood pressure, pulse, temperature, TLC, DLC, ESR, Haemoglobin, HIV/non reactive etc.;
  - Best possible care and attention is being bestowed on all mentally ill persons and in particular on the 10 to 12 elderly persons by (a) giving them proper bath, (b) escorting them to the toilet (to prevent their fall), (c) helping those who are invalid to get up and lie down (d) cheering them up all the time to live with joy and dignity.

## II Support services, facilities and amenities:

### Drinking water:

- A mineral water plant (with an overhead tank) having a capacity of 2000 litres (of potable water for drinking water purpose) per hour has been installed and is fully functional. It has a ultra violet box, RO System and compressor. Potable water is distributed to different wards in sealed containers;
- For every ward 2 additional syntax tanks for washing, bathing and conservancy services have been installed and are fully functional;
- There is a separate bore well connection for the kitchen;
- Steps are being taken to clean the tanks at regular intervals.





### **Conservancy facilities and services:**

- Every ward has attached toilet facilities;
- The flushing arrangement and availability of water for the toilets are adequate;
- Old cells have been converted into sanitary latrines with excellent tile cover;
- The toilets are immaculately neat and tidy;
- Since there has been a case of death of a patient by fall in the toilet with resultant head injury care should be taken to ensure that toilet floors are not flashy and slippery and that support of nursing staff or able bodied patients is invariably available for old and infirm patients while going to the toilet;

### **Laundry:**

- The services in a laundry comprise of the following components:
  - Collection of clothes;
  - Washing;
  - Drying;
  - Pressing;
  - Delivery.
- RINPAS has a 200 kg. Capacity mechanical laundry with a washer, extractor and drier. Bedsheets, linen, pillow covers and clothes of patients are being collected, washed, dried up, pressed and delivered according to a systematic plan;
- The collection and delivery takes place 3 days a week;
- Dress is changed once in 3 days, linen twice a week and bedsheets also twice a week.

### **Kitchen:**

- Operations in the kitchen are not mechanized. Food (breakfast, lunch and dinner) (rice cooker for cooking rice is the only mechanized component) is

prepared manually and delivered manually. There is no trolley service and patients come to the kitchen to collect food. This is not a very satisfactory arrangement. Over a period of time all operations in the kitchen should be progressively mechanized. Pending this delivery of food prepared manually should be supplied to each ward through trolley service;

- The menu of food served for breakfast, lunch, afternoon tea and dinner is indicated in Annexure-I;
- While the menu keeps on changing every day all possible care is being taken to (a) provide nourishing diet to all patients (b) ensure the quality of rice, atta, dal, egg, fish, milk and vegetables and fruits (c) ensure that on an average 2800 to 3000 calorie value of food is maintained (d) care is taken to respect the felt needs, preference and taste of patients for particular items of food;
- Non vegetarian items like chicken, fish, mutton etc. are given thrice a week, paneer twice a week and 10 gms of curd 5 days a week;
- The Institute has a bakery where bun, rusk, biscuits etc. are made. These are provided along with evening tea;
- During 'Holi', 'Durga Puja' 'Eid' 'Christmas' special food is provided while refreshments are provided to staff and patients on Independence Day and Republic Day;
- Patients are allowed to observe fast on festive occasions such as 'Janmastami' 'Shivaratri' 'Roja' etc.

#### **Dining Hall:**

- While every ward has a dining table attached to it in close proximity, adequate number of tables have not been provided and the tables are not of uniform shape, size and height;

- Either tables of uniform shape, size and height should be put in the dining hall or the patients may take food on the floor by sitting on a durry with observance of hygiene to the utmost extent;

### **Canteen:**

- There is a fullfledged canteen in the campus of the Institute near the OPD where tea, snacks, meals, cold drinks etc. are available on reasonable rates to patients, their relatives, staff and students;
- A board should be displayed near the OPD which should, indicate in simple, bolchal Hindi (a) location of the canteen (b) what is served in the canteen (c) to whom it is served and (d) rates of various items. This is necessary as many relatives of patients who are accompanying the patients and coming from far off places are not aware of the location and facilities available in the canteen.

### **Bakery Unit:**

There is a bakery unit which manufactures bread, bun bread, biscuits, nanbread, cake, crass, patties, dinner roll etc. Norms of standardization and quality control are being observed and the patients appear to be satisfied with the quality of the products (which are served both at the time of breakfast and evening tea. The unit is being used according to its optimal capacity.

### **Adequacy of lighting and ventilation:**

The total electrical load for the entire Institute building is 500 KVA at present. The Institute has 125 KVA, 100 KVA and 10 KVA DG sets for back up at present. It has further one 10 KVA, four 5 KVA and five 1 KVA UPS for providing back up to the computers and other electronic gadgets available in different sections.

By and large lighting and ventilation are adequate and in the event of break down or interruption or tripping power back up through diesel generator sets is available.

**Emergency Services:**

Beyond routine hospital hours one doctor is available to attend to emergency services round the clock.

**Telephone connectivity and services:**

There are 4 telephone connections in the Institute. The numbers are :- 0651 2450813, 2451121, 2451132 and 2233794. All the wards and departments are connected through intercom system.

**Website of RINPAS:**

There is no website of RINPAS at present but it is planned to develop the same shortly. The Institute seeks to make itself accessible through community awareness and sensitization programmes, advertisement in different newspapers and through programmes in All India Radio and Doordarshan.

**Bio-medical Waste Management:**

The Institute has got one oil fired incinerator having a capacity of 30 kg. per hour. This is being used for disposal of bio-medical waste from Government/Private Hospitals/Nursing Homes. The job of waste disposal has been given on contract to Envision Enviro Engineers Pvt. Ltd., Surat. The Unit is operational since 1.8.2005. I was given to understand that 52 hospitals/nursing homes in and around Ranchi are availing this facility from the incinerator of RINPAS.

**Library:**

There is a Central Library for the staff and students of the Institute. The Library is stuffed with the latest books on Psychiatry, Neurology, Clinical Psychology, Psychiatric Social Work, Psychiatric Nursing, Medicine and other related subjects. A total number of 13,383 books are available in the Library. Additionally 2920 journals are being subscribed which include 59 foreign journals.

The Library has 2 wings Library I and II. Both the Wings have been well designed with 24 tables in rows in each wing for reading and writing purpose. The books have been arranged according to the discipline and according to the year of publication. In the second wing there are 2 rooms, one for books and another for journals. These have been kept in bound volumes since 1921.

There is an internal sub committee for management of the library comprising of officers from each department. A number of students and research scholars who have completed their M.Phil and Ph.D. in either Clinical Psychology or Psychiatric Social Work have made use of the library. It was a refreshing experience to have interacted with some of them.

The number of persons using books, journals and periodicals could go up if the library is kept open after 5 PM which means that an additional librarian would be needed.

The computerization of Central Library has started and 5 PCs are in place. A new phone connection for internet facility has been taken for the Central Library. Automation and networking software 'e-Granthalay' developed by NIC, New Delhi has been installed with the help of NIC Ranchi. Data entry of all books and journals is in progress.

### **Patient's Library:**

There is a separate patient's library for use of both male and female patients of RINPAS. The description of books, magazines and newspapers available for use and number of patients who have made use of the same is as under:-

### **Male Patient's Library:**

Number of books	-	4933
Number of magazines	-	472
Number of patients who visited the library from 1.4.06 to 31.1.07	-	5569

**Female Patient's Library:**

No. of books	-	1030
No. of magazines	-	223
No. of patients who Visited the library from 1.4.06 to 31.1.07	-	2317

Newspapers in Hindi, English and Bengali and periodicals mostly in Hindi are being available to the patients. In terms of access to information and recreation I was happy to note in course of my interaction with a few patients in reading rooms that they are by and large satisfied with the reading materials provided to them.

There are a large number of patients (140 man average daily) and their relatives attending OPD. It would be useful if newspapers could be provided in the OPD in stands for the benefit of all OPD patients and their relatives.

**Diagnostic Centre:****Pathology Department:**

The Department is well equipped with latest diagnostic tools/instruments. Located conveniently near the OPD it is being currently manned by one pathologist and two laboratory technicians. The Department has the following sections:-

- Haematology;
- Biochemistry;
- Clinical pathology.

The following diagnostic tools are available in the Department:-

- Fully automatic biochemistry analyzer (Super Stat 919);
- Semi automatic chemistry analyzer (ERBA CHEM – 5 Plus);
- In-stalyte analyzer;
- Fully automatic haematology analyzer (sysmex SF 3000) for complete blood count (CBC) and other haematological investigations;
- Elisa reader.

Annexure-II gives an account of the facilities available for the following investigations in pathological laboratory. I was given to understand that reports are delivered on routine haematological, biochemical and clinical investigation to the patients on the same day.

The Director was requested to examine if with the existing equipments the following tests can be conducted in the pathological laboratory:-

- Phosphorous
- GGT
- LDH
- Amylase
- HBD
- Magnesium
- CPK
- ACP
- LIP
- TIBC
- Iron
- CPK MB
- CHE
- PLIP
- T<sub>3</sub>

He was also requested to examine if the following tests could be introduced for brain neurotransmitters for which equipments:-

- Serotonin;
- Dopamine;
- Cortisol
- Corticosteroids;
- Hydroxy Indolyl – 3 Acetic Acid

#### **Psychiatric drug level in blood:-**

- Carbamazepine
- Valproic acid
- Phenytoin
- Tricyclic antidepressant.

#### **Occupational Therapy and Rehabilitation Unit:**

The Institute has a full fledged occupational therapy and rehabilitation unit offering vocational training to both male and female patients in a wide range of skills/trades. The central objective of imparting such training is to equip the

patients with such skills as would make them self reliant and not a burden or liability for their families. Skill training enhances self employability and wage employability as also acceptability by family and community members and facilitates reintegration of mentally ill persons in the mainstream of society.

The following skills/trades are being imparted to the male and female patients in their respective units:-

### **Male Section**

- Tailoring;
- painting;
- welding (gas and electric);
- smithy;
- caning;
- weaving;
- book binding;
- printing (digital);
- paper bag & envelope making;
- carpentry;
- soap (cake & detergent);
- canteen;
- bakery;
- handloom
  - o bedsheet
  - o gamcha
  - o shawl (jute)
  - o kashmilon
  - o durry/satranji/asaan
  - o carpet
- stationery
  - o file cover
  - o register
  - o receipt book
  - o bill book
  - o library catalogue

### **Female Section**

- tailoring;
- knitting and embroidery;
- basket making;
- agarbatti making;
- shawl making;
- tulsimala making;
- woolen sweaters making;
- salwar kameej making;
- pillow cover making;
- handkerchief;
- lady's bag;
- jute bags of various shapes and sizes;
- headcap;
- paper basket;
- grass basket;
- lace making;
- paper envelopes;
- mushroom cultivation;
- vegetable cultivation;
- paper bag.





- case history file
- prescription pad

Patients who work in the OT sections earn tokens according to their level of skill and performance. The wages paid according to levels of skill are:-

- highly skilled      -      Rs. 20/-
- semi skilled        -      Rs. 10/-.

Patients who come and sit in OT Sections as observers are paid Rs. 2/- per day to motivate and inculcate in them the habit to work. Patients exchange the tokens earned for snacks and tea from the canteen and take the amount saved on discharge.

Visit to both male and female sections of the OT was indeed a treat. The following aspects in the functioning of the OT struck me most:-

- willingness, opportunity, responsibility and knowledge (work) are the dominant motifs of both the sections;
- there has not been a single occasion when there has been cessation of work on account of shortage of raw material or breakdown of power;
- the end products are both attractive and useful;
- RINPAS is completely self sufficient as far as some of the products in the OT are concerned;
- Additionally, RINPAS has been supplying these products to a number of institutions outside.

To illustrate, order for supply of 1 lakh prescription pads has been placed with RINPAS by Ranchi Institute of Medical Sciences (RIMS).

#### **Agriculture, horticulture, poultry and dairy unit:**

The Institute has a separate agriculture and horticulture section covering 140 acres (approximately). Of this the agricultural land is 125 acres and horticultural area is 15 acres. The Centre started around 1970. Around 90 acres

of land have been fenced with stone wall where paddy, wheat, pulses and vegetables are grown in about 50 acres and the rest is an orchard of mangoes and litchis. Provision for irrigation has been made with 3 bore wells of which 2 are functional. The installations are getting older and water table is going down year after year. Despite these limitations the end products (rice and vegetables) are able to meet the full requirements of the hospital, kitchen and canteen for about 5 to 6 months. The products during 2006-2007 have been of the following order:-

Paddy	-	316 quintals
Rice	-	165 quintals
Wheat	-	7.18 quintals 50% converted to atta
Fodder	-	full requirement for the animals.

Vegetables (potato, onion, garlic, ginger, cauliflower, cabbage, shalgum, bit, palak, tomato, brinjal, lady's finger, kadu, lauki, corilla etc.) meet the full requirement of the kitchen throughout the year.

Whatever is not required by the kitchen is sold to the staff.

Seeds, fertilizer, pesticide, cattle feed, poultry feed are being procured through open tender.

A young, energetic and professionally qualified agricultural overseer is overseeing the management of the agricultural, horticultural, poultry and dairy units with efficiency without any wastage.

### **Socio-cultural programmes, sports and recreational activities:-**

The Institute has been observing celebration of a number of ceremonial events with a lot of excitement and fervour for the benefit of patients belonging to different faiths and beliefs. The following is an indication of celebration of a few festivals during 2006-2007.

1. Viswakarma Puja - 17.9.2006
2. Durga Puja - 29<sup>th</sup> & 30<sup>th</sup> September & 1<sup>st</sup> Oct. 2006
3. Lakshmi Puja - 6.10.2006
4. Iftar - 19.10.2006
5. Kali Puja - 21.10.2006
6. Christmas - 25.12.2006
7. Saraswati Puja - 23.1.2007 ( which was also the birth day of Netaji Subas Chandra Bose)

In the annual sports held on 10.2.2007 for patients, students and staff prizes were awarded for best ward, best residential quarter (separately for class III and class IV) best baby (upto 1 year, 2 years, 2 to 3 years).

Additionally, patients participated in the Independence and Republic Day Celebrations, cultural programme of CEZIPS 2006 organized in RINPAS and sports event for female patients.

### **Community Outreach Programme:**

The Institute is running 4 satellite clinics as community outreach programme since August, 2003. A medical team comprising of Psychiatrists (2), clinical psychologists (2), social workers (2), paramedical staff (2) and students visit these outreach community centers according to a well laid down advance programme schedule as under:-

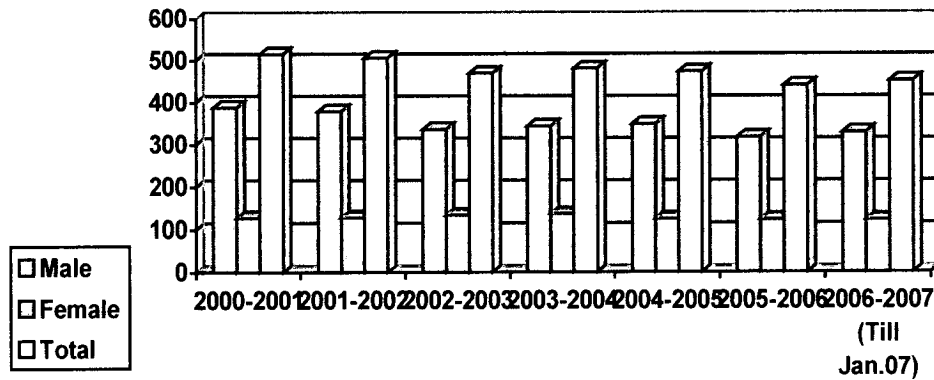
- |                                 |   |            |
|---------------------------------|---|------------|
| I. First Tuesday of the month   | - | Jonha      |
| II. Second Tuesday of the month | - | Khunti     |
| III. Third Tuesday of the month | - | Saraikela  |
| IV. Fourth Tuesday of the month | - | Hazaribagh |

NGOs like Nav Bharat Jagriti Kendra and Sanjeevani Trust help RINPAS in identification of patients, bring them to the satellite clinics and assist in follow up of their treatment.

Additionally, Psychiatrists from RINPAS also attend Psychiatric patients in the following institutions according to a well laid down programme schedule fixed in advance:-

- |                                 |   |                                      |
|---------------------------------|---|--------------------------------------|
| I. Central Jail, Hazaribagh     | - | once a month                         |
| II. Central Jail, Khunti        | - | once a month                         |
| III. Birsa Central Jail, Ranchi | - | once a fortnight                     |
| IV. Remand Home, Ranchi         | - | once a fortnight (mainly for girls). |
| V. Chesier Home, Ranchi         | - | once a fortnight (mainly for girls). |

Table-III indicates the number of beneficiaries of the Community Outreach Programme (both male and female) and the break up of the beneficiaries between 2000-2001 to 2006-2007 (upto January, 2007):-

**Table-III: Community Outreach Programme Attendance:****Community Awareness Programme:**

Screening of school children for visual defects was carried out in 4 schools in Kanke Block area in the month of May and June, 2006. In all 602 children from Class IV to X were examined out of whom 86 were found to have defective vision. Corrective glasses were prescribed at RINPAS.

The following are the details of some of the community awareness programme conducted by the Institute:-

- It organized a talk on 'Laser surgery for refractive error' at RINPAS in June, 2006;
- 25 Counsellors were trained in HIV Counselling on 14.7.2006;
- 12 Lab Technicians were trained in HIV Management on 14.7.2006;
- The Institute and Sanjeevani Trust jointly organized epilepsy and mental illness awareness camp at Tamar, Jharkhand on 25.8.2006 and 6.10.2006;
- 48 doctors were trained in HIV Counselling jointly by RINPAS, CARE and JACS on 21.9.2006 and 22.9.2006;
- A workshop on 'Stress and its management' was conducted for subordinate staff of judiciary at Judicial Academy, Jharkhand on 26.11.2006;

- A Workshop on 'Stress and its management' for Army personnel was organized at Dipatoli Cant on 15<sup>th</sup> -18<sup>th</sup> January, 2007.

Table-IV gives the daily average strength of indoor patients between 2000-2001 to 2006-2007 (till January, 2007). This would indicate that there is a gradual decline in average daily bed strength (except 2006-2007 when there was a marginal increase in respect of male patients compared to 2005-2006).

**Table – IV: Daily Average Strength of Indoor Patients:**

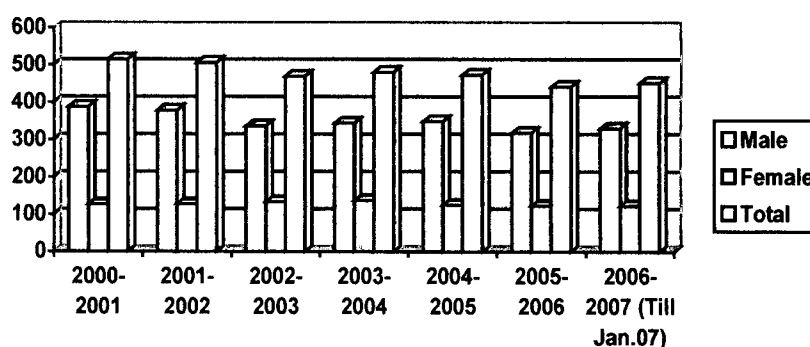


Table V gives total number of admissions between 2000-2001 to 2006-2007 (till January, 2007). While there is marginal increase in case of male patients there is no definite trend in case of female patients. There is, however, overall decline in the total number of admissions.

**Table – V: Total Admissions**

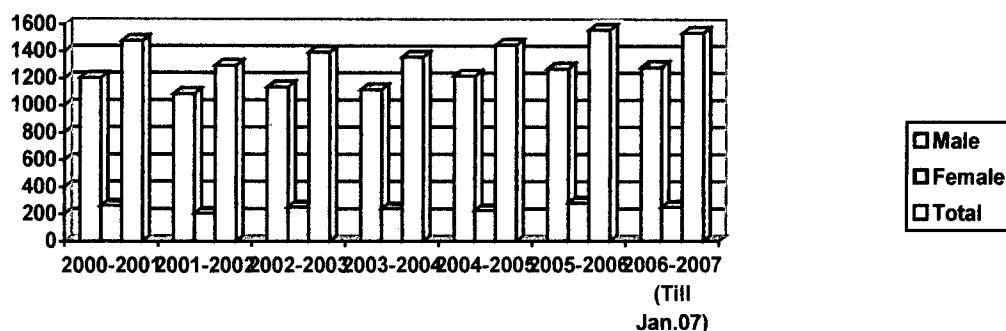


Table VI gives total number of discharges between 2000-2001 to 2006-2007 (till January, 2007). The maximum discharge was in 2005-2006 i.e. 1611.

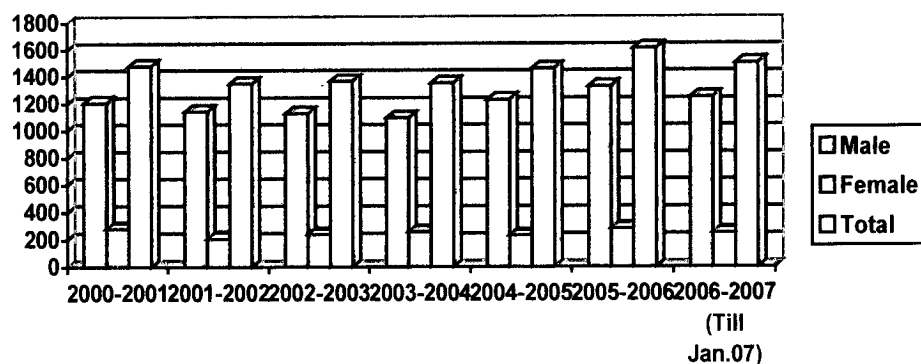
**Table – VI: Total Discharges**

Table VII gives total number of admissions and discharges between 2000-2001 to 2006-2007 (till January, 2007). This goes to show that there is a parity between admissions and discharges.

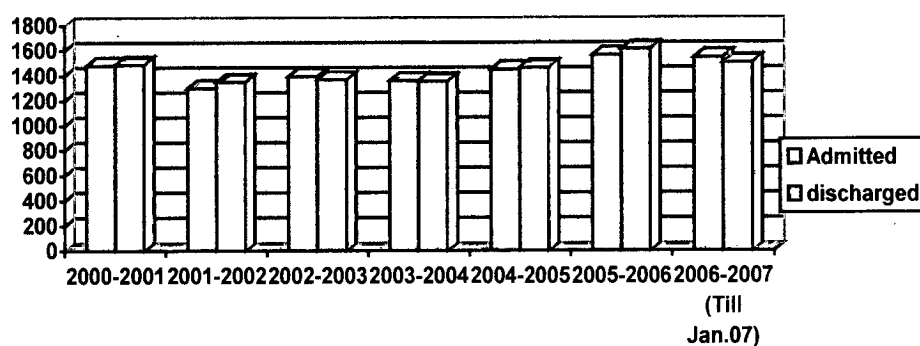
**Table – VII: Total Admission and Discharge**

Table VIII gives the number of patients who have been discharged and sent home by the hospital fund (as the relatives of the patients could not afford the cost of coming to Ranchi and taking the patients back home).

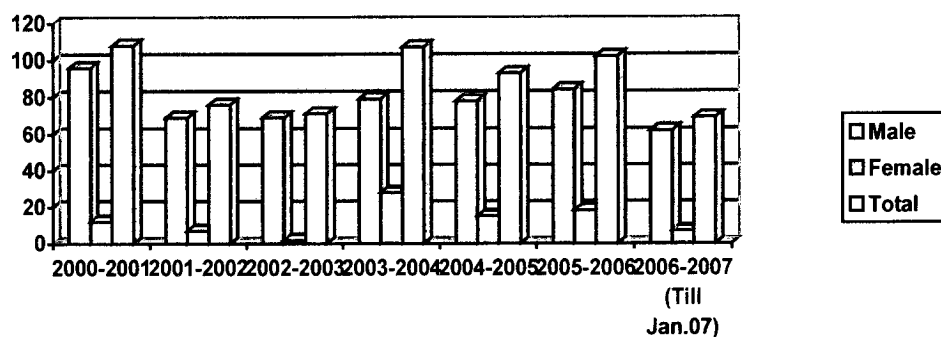
**Table – VIII: Discharge to home by hospital fund**

Table-IX gives the number of patients admitted in the paying ward between 27.6.2002 when it was introduced till January, 2007. This indicates that there is gradual increase in occupancy in the paying ward.

**Table – IX No. of Patients admitted in Paying Ward**

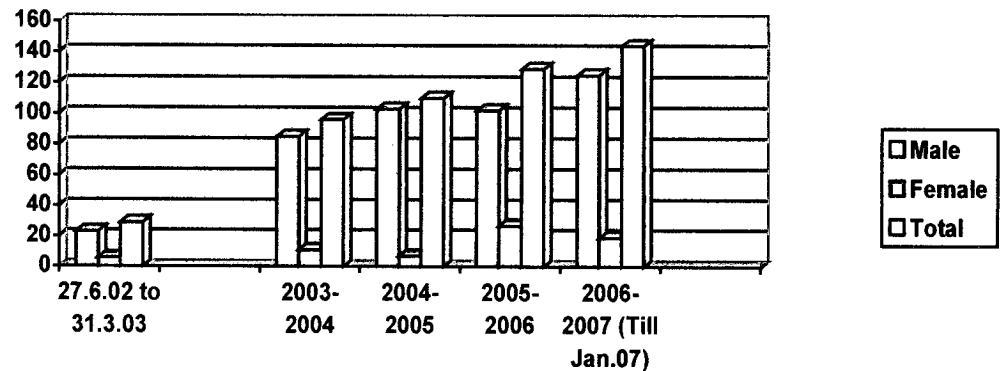
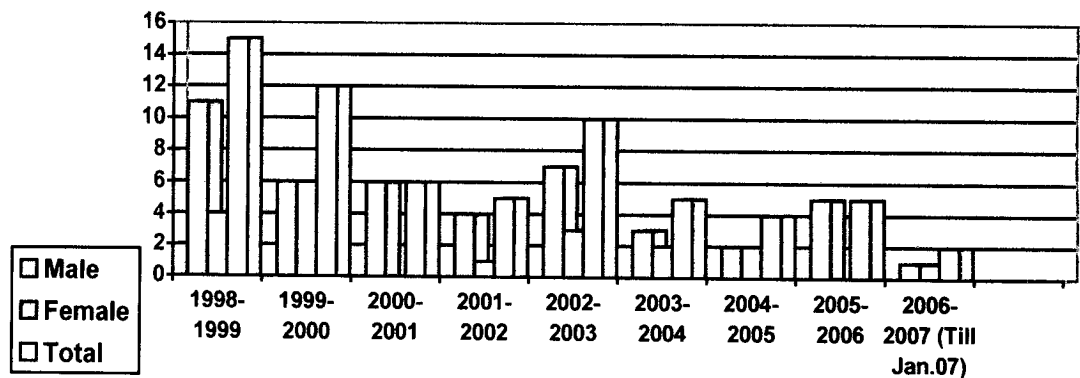


Table-X gives an account of the death of the indoor patients between 1998-99 till 2006-2007 (January, 2007). This shows that the number of deaths is coming down over the years.

**Table – X: Death of Indoor Patients**



Placed below is an analysis of the death of 2 patients during 2006-2007:-

- Name of the patient - Kujri Sundi

Age - 55 years

Date of admission - 24.5.06 at 9.30 AM

Diagnosis - Acute Psychosis

The above named patient was admitted for treatment of mental illness. He was diagnosed as a case of acute Psychosis and was admitted in Ward No. 4. He was suffering from mental illness for one year. At the time of admission his pulse rate was 76/min and B.P. 140/80 mm. After admission he was treated with injectable and psychotic medicines and showed gradual improvement.

On 24.5.2006 he took his breakfast and went to the toilet. While coming back from toilet he fell down on the floor and became unconscious. He was immediately shifted to the male medical ward. On examination his pulse could not be felt and BP could not be recorded. He was immediately put under emergency treatment with oxygen inhalation. Injection Dexona 2 cc intravenously and injection Nikethamide 1 amp were given. Pulse rate was not felt and heart beat was not audible. External cardiac massage was given. The patient did not respond to any of these and expired at 9.30 AM on 24.5.2006. The dead body was sent to RIMS for post mortem examination which was carried out on the same day. The post mortem report indicates that death was due to combined effect of head injury leading to cardio respiratory failure.

2.	Name of the patient	:	unknown woman
	Age	:	32 years
	Date of admission	:	18.8.2006
	Date of death	:	26.10.2006 at 6 PM
	Diagnosis	:	Psychosis NOS.

The patient was brought by Divya Jyoti Tigga, City Coordinator, Women's Helpline, Ranchi in a weak and fragile condition with a reception order of SDO dated 18.8.2006 for treatment of mental illness and was admitted on the same day. On examination it was found that she had multiple wounds in her lower extremities and perinium with bilateral swelling of legs. She was mute with dishevelled hair and a low body weight of 50 kg. Routine examination of blood showed anaemia (Hb – 9 gm PC), high ESR of 45 mm/hr and 70 mm/hr on repeat, total WBC count 9820/cm<sup>3</sup>, Neutrophils 72%, Lymphocytes 18%, Eosnophils 10% but no malarial parasite. Pregnancy test was negative and random blood sugar was 97 mg PC, R/E of urine normal, echocardiogram and chest X-ray were normal.



She needed close supervision for all her daily activities. On questioning she would smile and close her eyes. On admission she was treated with antibiotics for physical wounds, anti psychotics and SSRI. Her wounds healed completely. She began to take bath on her own but was quiet and withdrawn. She gradually gained weight and became active. Her BP ranged between 110/70 mm/Hg to 114/80 mm/Hg. On 9.10.2006 she spoke aloud for the first time and said her name was Bharti. She had some food (khichdi). She never spoke thereafter.

On 26.10.2006 she was having deep sighing and was falling backwards in a sitting posture. The BP recorded was first 150/120 mm Hg and when repeated it read 150/110 mm Hg after 10 minutes while the reading of the pulse was 128/min regular. She was transferred to Female Block No. 1 (Medical Emergency Ward) and was attended by a physician. Her body muscle tone was normal. Both her pupils were, however, dilated and non-reactive. As she did not improve she was shifted to Medical ICU, RIMS.

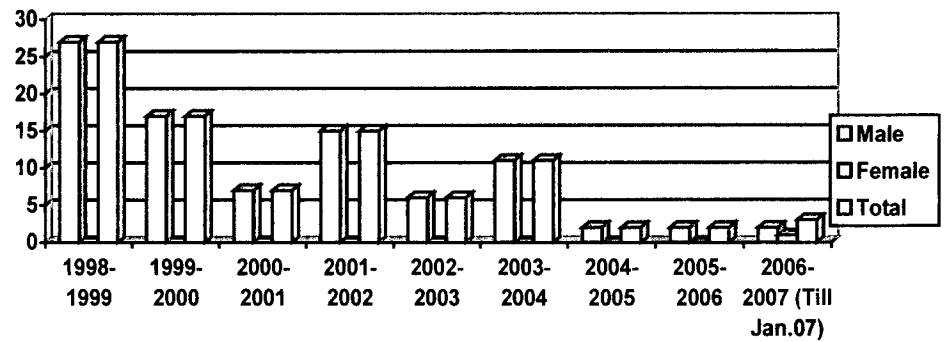
Later the patient expired in RIMS ICU (Medical). Information regarding her death was given to the officer-incharge, Bariatu, PS Bariatu, Ranchi for information and necessary action. The post mortem examination was carried out at RIMS, Ranchi on 27.10.2006 by the Department of Forensic Medicine, RIMS. The post mortem report is reserved for want of autopsy report.

From an analysis of the above 2 cases, the following conclusions emerge:-

- Both the patients were admitted to RINPAS in a critical condition;
- ✓ - Best possible diagnostic, psychotic and medical care have been provided to both of them;
- ✓ - Both the patients had reached a stage where it was very difficult to do anything more than what was provided to them.

Table XI gives the number of patients (both male and female) who have escaped from the hospital between 1998-99 to 2006-2007 (January, 2007). Of the 3 patients who escaped during 2006-2007, one was traced out and brought back to the hospital.

**Table – XI: Escape of Indoor Patients:**



No definite clue could be found for such escape. All such cases are, however, reported to the police, jail authorities and guardians.

Table-XII gives the average length of stay of indoor patients (both male and female) in the hospital and the break up thereof between 2000-2001 to 2006-2007 (January, 2007).

**Table – XII: Average Length of Stay of Indoor Patients**

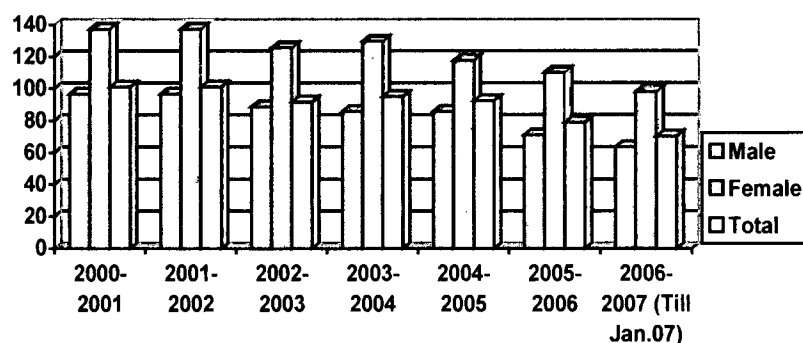


Table – XIII gives the number of patients (both male and female) who have stayed in the hospital for more than 2 years and the break-up thereof between 2000-2001 to 2006-2007 (January, 2007)

**Table – XIII**  
**Yearwise Long Stay Patients above 2 years**

<b>Year</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
2000-2001	104	78	182
2001-2002	73	70	143
2002-2003	65	69	134
2003-2004	62	66	128
2004-2005	47	54	101
2005-2006	44	55	99
1.4.06 to 31.1.07	37	57	94

Table – XIV gives the further breakup of patients who have stayed in the hospital between 2 to 5 years, between 5 to 10 years, between 10 to 15 years and 15 years and above.

**Table-XIV**  
**List according to duration of stay of L.S.P.**

<b>Duration</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
2 to 5 years	4	5	9
5 to 10 years	5	12	17
10 to 15 years	4	8	12
15 years and above	24	32	56
<b>Total</b>	<b>37</b>	<b>57</b>	<b>94</b>

Table – XV gives a further break-up of the categorization of long stay of 94 patients (as on 31.1.2007) (both male and female).

**Table – XV**  
**Detailed list of Long standing patients as on 31.1.2007**

<b>Sl. No.</b>	<b>Item</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
1.	L.S.P.	37	57	94
2.	Patient recovered and Fit for discharge	26	43	69

3.	Abandoned by Family a) Family Address not traced (due to false address given at the time of admission)  b) Address traced but family refuses to take them back	24	24	48
4.	Destitutes Out of which certified cases	2 (9)	4 (25)	6 (34)
5.	Certified case whose correct home address not available Male - 9 Female - 23 Total - 32 (Two female certified patients address has been traced).			
6.	Patients do not want to go home Male - 8 Female - 7 Total - 15			
7.	L.S.P. Patients discharged with escorts/transferred  Seven male patients transferred to Half Way Home (Brothers of Charity, Pram Mitra Sadan, Kanke Road, Ranchi).  Three male and three female LSPs discharged alongwith hospital escort.			

An analysis of the factors which contribute to long stay of patients in RINPAS was done and the following emerged broadly as the reasons for such long stay:-

- In a few cases, the family was not willing to keep the patient;
- In one case, parents are not alive but there are brothers as also the husband of the patient who refuse to keep the patient. The husband is a practicing lawyer in the Supreme Court but has refused to entertain the

patient on flimsy grounds (he did not admit the patient and, therefore, cannot be forced to keep the patient). The son along with the daughter-in-law had visited the patient on 11.9.2006 and had assured to take her back but there is no sign of the promise being fulfilled so far.

- In a few cases, either the parents have expired or the husband has expired or the mother and maternal grand mother (with whom the patient was staying) have expired or the husband has remarried and there is none to take care of the patient at home.
- In yet another case father is 95 year old and bedridden, brother poor, daughter is mentally ill and divorced and, therefore, unable to take care of the patient. In such a situation, the patient is not willing to leave the hospital.
- In a situation, where the husband has left the place with his daughter and his whereabouts are not known it becomes difficult to discharge the patient.
- There are cases of 2 male patients and 4 female patients who are totally destitutes (there is none in the world to receive and look after them) and therefore, by compulsion they are staying in the hospital (as they cannot be discharged).

This is a very difficult situation or rather a dilemma in which the hospital has been placed. It cannot afford to keep the patients for an unduly long period of time as the number of beds being limited such long stay of one set of patients would deprive others of an opportunity of getting admission to the hospital at the time of genuine need. At the same time it cannot afford to discharge the patients who have some relations left but who are unwilling to receive them or patients who have none else left in the world and therefore, discharge of the patients would amount to throwing those helpless destitutes into the mouths of wolves.

**List of recovered prisoner Lunatics who are mentally fit for discharge and trial:**

There are cases of 5 such prisoners who have been effectively treated in the hospital, have recovered fully, are fit for discharge and trial. All such cases have been brought to the notice of the jail authorities as well as the Court, followed up by reminders but in the absence of any formal response the hospital finds it difficult to discharge such patients.

Table - XVI gives details of these patients:-

**Table – XVI**

Sl. No.	Name of Patients	Date of admission	Received from and section	Letter sent to concerned Jail and Court
1.	Tuyu Mahto	5-5-2006	Central Jail Hazaribagh Convicted-Life Imprisonment u/s 302 IPC.	Lt. No. 2114 dt. 28-8-06, 2281 dt. 18-9-06, 2629 dt. 10-11-06 and 311 dt. 14-2-07.
2.	Kamal urf Mumtaz	31-7-2006	Distt. Jail, Godda Undertrial section 376,511 IPC.	Lt. No. 316 dt. 14-2-07.
3.	Hemant Das	8-9-2006	District Jail Dhanbad Undertrial Section 423/05 IPC	Lt. No. 3060 dt. 26-12-06 312 dt. 14-2-06.
4.	Santu Alias Pintu Paswan	19-9-2006	District Jail, Godda Undertrial Section 109 Cr.PC	Lt. No. 3065 dt. 26-12-06 312 dt. 14-2-06.
5.	Raju Kalindi	27-0-2006	District Jail, Jamshedpur Undertrial Section 25(1-b) 26/35 Arms Act.	Lt. No. 3056 dt. 26-12-06 314 dt. 14-2-07.

**Ventilation and redressal of grievances:-**

It was indicated to me in course of discussion that all staff have free access to Director, RINPAS for ventilation and redressal of any grievance (from Group A to Group D). In addition, the Director holds meetings periodically with officers and staff members to listen to their problems and difficulties, if any.

To institutionalize the system of ventilation and redressal of grievances it may be appropriate to place a board at the very entrance to the hospital indicating where the officers, staff members, patients and their relatives could place their grievances in writing. Simultaneously a box may be put near the entrance where all such grievances could be placed at any part of day or night. There should be an arrangement by which the grievances should be collected from the box, categorized department-wise and sent to the concerned department/unit/section for opinion/comments within a fixed time table on the basis of which the grievances could be resolved.

**Administrative Infrastructure:-**

As observed earlier the Institute acquired an autonomous status vide notification No. 424(10) dated 29.9.2009 and functional autonomy w.e.f. 1.4.98.

The Management Committee of the Institute consists of the following members:-

1. Divisional Commissioner  
South Chotanagpur - Chairman
2. Secretary  
Department of Health & Family Welfare  
Medical Education & Research  
Government of Jharkhand,  
Ranchi - Member
3. Secretary  
Deptt. of Health & Family Welfare  
Government of Bihar,  
Patna - Member
4. Dy. Commissioner, Ranchi - Member

- |     |   |                         |
|-----|---|-------------------------|
| 5.  | Senior Supdt. of Police, Ranchi -   | Member                  |
| 6.  | Director, Rajendra Institute of Medical Sciences, Bariatu, Ranchi                             | - Member                |
| 7.  | The Vice Chancellor Ranchi University, Ranchi.  | - Member                |
| 8.  | The Vice Chancellor Agriculture University Kanke, Ranchi                                      | - Member                |
| 9.  | Dr. (Mrs.) M. Gaurie Devi<br>Ex Director-cum-Vice Chancellor<br>NIMHANS (deemed University) - | Member (non-official)   |
| 10. | Dr.K.K. Sinha<br>Neuro Physician  | - Member (non-official) |
| 11. | Director, RINPAS  | - Member Secretary      |

There are in all eleven Sub Committees looking after the following subject areas:-

1. Finance and Accounts
2. Purchase
3. Rehabilitation
4. Welfare
5. Appointment (Class A)
6. Appointment (Class BCD)
7. Works
8. Hospital
9. Academic
10. Ethics
11. Medical Education

The Commissioner, South Chotanagpur Division leads Sub Committee No. 5, Collector Heads Sub Committee No. 4 and No. 7 while the remaining Sub Committees are headed by Director, RINPAS.

The composition of the Sub Committees is at Annexure III



From this, it is evident that the administrative, finance, works, appointment, welfare, rehabilitation and other important areas of decision making have been streamlined by Constitution of Sub Committees under the Management Committee and by delegation of administrative powers to the said bodies.

**Staffing Pattern:**

The staffing pattern has been approved by the Management Committee, RINPAS and also by Department of Health, Government of Jharkhand. The Institute has the following five major departments such as:-

1. Psychiatry
2. Clinical Psychology
3. Psychiatric Social Work
4. Psychiatric Nursing
5. Psychiatric Neurology

Table XVII indicates the staffing pattern against each department.

**Table – XVII**

Deptt.	Professor	Associate Prof.	Asstt. Prof.	Research Officers	Senior Resident
Psychiatry	1	4	4	4	4
Clinical Psychology*	1	3	3	4	-
Psychiatric Social Work	1	3	3	4	-
Psychiatric Nursing	1	1	1	-	-
Neurology	1	1	1	-	2

**Budget:**

The annual grants-in-aid to the Institute is Rs. 9.57 crores on the hospital side and Rs. 1.50 crore on the academic side.

**Assignment of additional responsibilities to medical officers/specialists over and above their normal work related to teaching, training and research.**

Considering the heavy workload in the Institute vis-à-vis the paucity of officers, the Director has assigned certain additional responsibilities of supervision, monitoring and coordination to the following officers without detriment to their normal functions:-

- |     |                    |   |                               |
|-----|--------------------|---|-------------------------------|
| 1.  | Dr. K.S. Sengar    | - | Kitchen                       |
| 2.  | Dr. B. Prasad      | - | Medical Stores, OPD.          |
| 3.  | Dr. S. Chaudhury   | - | Community Mental / Health.    |
| 4.  | Dr. P.K. Singh     | - | General Stores                |
| 5.  | Dr. S.K. Singh     | - | Diagnostic Centre             |
| 6.  | Mr. R.K. Munda     | - | Agriculture and Horticulture. |
| 7.  | Dr. P.K. Sinha     | - | Vehicle and Stationary        |
| 8.  | Dr. Amool R. Singh | - | Works, Library and Research   |
| 9.  | Mrs. Manisha Kiran | - | Recreation & Officer's Club   |
| 10. | Dr. K.C. Manjhi    | - | Garden                        |
| 11. | Dr. M. Jahan       | - | Computer                      |
| 12. | Md. Javed          | - | Occupational Therapy          |
| 13. | Mrs. Usha Narsaria | - | Canteen                       |

**Human Resource Development:**

**Teaching and Academic Activity:**

The Institute is a recognized teaching centre for MBBS students who are posted to RINPAS from different medical colleges of Jharkhand and Bihar in different batches for Psychiatric training. It has regular M.Phil and Ph.D. courses in clinical psychology and psychiatric social work (affiliated to Ranchi University) and has 23 students at present. The Institute has close liaison and coordination with Central Institute of Psychiatry (CIS), Rajendra Institute of Medical Sciences (RIMS) and Military Hospital, Namkum in various academic activities like CME, Conferences, Seminars, Clinical meetings and symposia. There is also a regular weekly case conference and seminar in the Institute. The latter has five lecture halls, each accommodating about 50 students with Provision of audio visual facility. There are in addition 2 conference halls one air conditioned with a capacity of 140 and another non-AC with a capacity of 200 persons respectively. There is one open air auditorium having a capacity of 300 seats. The Institute

has all teaching aid facilities such as OHP, slide projector and Multi Media Projector.

It was encouraging to note that a letter of intent for starting MD(Psychology) and DPM Courses from 2007 has been received from the Ministry of Health, Government of India.

Table-XVIII gives the number of students in RINPAS, name of the course, students enrolled in each session right from 2002-2004 to 2006-2008 and total number of students enrolled:-

**Table-XVIII: Number of Students in RINPAS**

Course Name	Session				
	02-04	03-05	04-06	05-07	06-08
Ph.D in Clinical Psychology	1	2	2	2	2
Ph.D in Psychiatric Social Work	2	2	2	2	2
M.Phil in Medical & Social Psychology	6	6	6	5	6
M.Phil in Psychiatric Social Work	4	2	2	3	3
<b>Total</b>	<b>13</b>	<b>12</b>	<b>12</b>	<b>12</b>	<b>13</b>

**Research Activities:**

I A list of research projects for the year ending 2005-2006 which have since been completed is given in Annexure-IV. All these activities are being funded by RINPAS.

II A list of research projects sanctioned for the year 2006-2007 which are in progress is given in Annexure-V.

III A list of publications brought out by RINPAS during 2006-2007 is given in Annexure-VI.

IV A list of workshops and short courses conducted in and under the auspices of RINPAS during 2006-2007 is given in Annexure-VII.

V The following 2 important conferences took place in RINPAS during 2006-2007:-

- Sixth Annual Conference of Jharkhand Psychiatric Society (17.9.2006) attended by 110 delegates from Jharkhand.
- Thirty Second Annual Conference of the Eastern Zone Indian Psychiatric Society (14-15<sup>th</sup> October, 2006) attended by 236 delegates from different parts of India.

**Paper presented:-**

VI Papers presented by the faculty and students of RINPAS in various professional conferences and the name of the conference where presented is given in Annexure-VIII.

**VII Books and Journals:**

The following is a list of books and journals brought out by RINPAS which are of immense practical and reference value:-

**Books**

**1. Psychiatry for beginners:**

This is an introductory text book of Psychiatry which will be useful for training doctors and paramedical personnel.

**2. Manasik rog ke lakshan:**

This is a booklet in Hindi describing few symptoms and signs of common mental disorders and is meant to improve the awareness of psychiatric disorders among the general population.

## Journals:

### 1. Indian Journal of Clinical Psychology:

This is the official publication of Indian Association of Clinical Psychologists being published from RINPAS since 2002.

### 2. Journal of Projective Psychology and Mental Health:

This is the official publication of the International Somatic Inkblot Society being published from RINPAS since January, 2006.

## Functioning of the Departments – a critical assessment:

### 1. Department of Psychiatry:

This is the largest department with OPD attendance of about 32000 patients and 1500 inpatient's admissions (2005-2006). The department is actively involved in clinical work, teaching and research activities. Besides drug treatment, the Psychiatrists (11 including the Director) also do counseling, behaviour therapy and group therapy.

A clear and complete account of the work performed at the OPD and wards has been presented earlier. What impressed me most is (a) accurate diagnosis at the OPD (b) meticulous weekly assessment of the patient's state of body and mind as a part of indoor services and provision of care and attention thereafter and (c) quality pharmacological management of the patient with injectables, tablets and liquid preparations.

Reference has already been made earlier about academic activities and community outreach programmes which are being conducted with professionalism and commitment.

### II Department of Clinical Psychology:

This is an old department opened in 1966. In all there are 12 faculty members against 12 authorized positions who are involved in clinical work, group

therapy, teaching, research, rural community programme and urban school mental health programmes. The Department is fully equipped with modern neuropsychological test materials and bio feed back machines. The faculty members are actively involved in Psychological assessment and management of patients. Work up of patients at OPD is done regularly by clinical psychology students under supervision of faculty members. The students are also involved in community outreach programmes.

### III Department of Psychiatric Social Work:

In all there are 15 faculty members against 25 authorized positions. There is no Professor and 2 vacancies of Associate and Assistant Professors. There are 4 vacancies of Psychiatric social workers. The reserve positions could not be fulfilled and have to be readvertised. MA in social work/sociology with M.Phil is the minimum educational qualification required for these posts. After getting recognition as a teaching department affiliated to Ranchi University w.e.f. 1.4.98, the Department is conducting Post Graduate M.Phil and Ph.D. courses in Psychiatric social work. The Department, besides teaching and training programmes is actively involved in clinical, research, rehabilitation, community mental health, extension services and outreach programmes.

What impressed me most about the work in the Department of Psychiatric Social Work is the consummate skill i.e. patience and resilience with which social group work/group therapy, counseling services, family intervention and family therapy, home visits etc. are being attended to.

Besides, the Psychiatric social workers posted in various wards are the primary instruments to screen the patients and send them to occupational therapy unit to enable and facilitate them to regain their impaired and lost capacities with which they can rehabilitate and reintegrate themselves into the mainstream of society. The social worker posted to the OT also monitors the pace and progress of skill acquisition and assimilation.

### IV Department of Medicine:

The Department has one physician, one specialist in Tropical Medicine and one Child Specialist who provide services to both OPD and indoor patients.

**V EEG Unit:**

Operational since December, 1998, the unit has a sophisticated 24 channel computerized EEG system which helps in clinical and research work. The optimal use of the unit is yet to be ensured.

**VI ECG Unit:**

Four channel computerized ECG facility is available. It is being manned by an ECG technician.

**VII Department of Ophthalmology:**

The Department is being manned by one eye specialist, one Ophthalmic Assistant and one Operating Room Assistant. It provides regular OPD facilities for patients of the surrounding areas with eye complaints. It also caters to the needs of the inpatients of the Institute as and when required. All facilities of consultation, refraction, tonometry and ophthalmoscopy are available in the OPD.

Eye operation theatre started functioning since December, 2004. All cataract operations are being done free of charge. Intra-ocular lens (IOL) is being implanted in cataract patients who are found suitable for this procedure. Under the Prevention of National Blindness Programme intra-ocular lense is being provided.

**VIII Department of Dental Survey:**

The Department started functioning since 28<sup>th</sup> October, 2005. It is being manned by a Dental Surgeon and one staff nurse. It provides services to OPD patients and psychiatric inpatients. It is fully equipped with all modern equipments, is fully air conditioned and has a generator capacity.

**IX Physiotherapy Unit:**

This started functioning since February, 2000. It is being manned by a trained and experienced physiotherapist. It is attending to the needs of all

outdoor and indoor patients with musculo-skeletal problems, neurological, congenital disabilities, polio, post burn contracture, geriatric problems. It is fully equipped all modern equipments for all types of physiotherapy exercises which help physical rehabilitation of mental patients.

#### **X Drug Deaddiction Centre:**

The Centre started functioning since 29.6.2005. During 2005-2006 58 patients have been admitted for the sole purpose of de-addiction from smack, heroine, alcohol etc.

#### **XI Yoga and Meditation Centre:**

The Institute has started yoga and meditation sessions for both male and female indoor patients by qualified professional in yoga. Between January, 2006 to October, 2006, a total number of 194 male and 135 female indoor patients attended the session. One patient on an average attended 7 sessions. The sessions comprise of (a) breathing exercises (b) relaxation and (c) different asanas. 32 patients from OPD also attended the sessions, their cases being specifically referred.

#### **IV Tools and equipments installed in the Institute from time to time:-**

A complete inventory of tools and equipments installed from time to time in different departments/units has been maintained. Numerically speaking (instead of listing out the names of the equipments which will make the report bulky) the number of equipments installed in different departments/sections/units is mentioned as under:-

- OT & Rehabilitation Centre (Male Section)	-	25
- OT & Rehabilitation Centre (Female Section)	-	5
- Deptt. of Agriculture & Horticulture	-	10
- Deptt. of Psychiatry	-	2
- Deptt. of Clinical Psychology	-	263
- Deptt. of Medicine	-	3
- Deptt. of Pathology	-	6



- Deptt. of Ophthalmology	-	12
- Deptt. of Dental Surgery	-	7
- Deptt. of Physiotherapy	-	14
- Computer Section	-	50
- Mechanical Laundry Unit	-	3
- Incinerator Unit	-	4
- Mineral Water Plant	-	3

All the equipments are maintained through Annual Maintenance Contract (AMC). A close surveillance is being kept on the life and functionality of these tools and equipments.

**V Future expansion and growth of the Institute in areas of treatment, teaching, training and research:-**

- The Institute has already been recognized as a Centre of Excellence in HIV Counselling.
- For diagnostic and research purpose CT scan is being installed.
- PG course in Psychiatry (MD and DPM one seat each) has been sanctioned at present. On availability of faculty members in future the seats will be increased. The State Government of Jharkhand has been requested for creation of 3 additional posts of Professors (Psychiatry).
- M.Phil (Psychosocial Rehabilitation) course is proposed to be started.

In addition to the proposal for creation of 3 additional Posts of Professors (Psychiatry) the following proposals are also awaiting approval of the Department of Health, Government of Jharkhand –

- Training of Medical Officers;
- Training of Social Leaders;
- Training of NGO Workers;

### Proposal of setting up of a Convention Centre:-

A power point presentation was made by Mayur Virnave, Architect on the 'Convention Centre', which is proposed to be set up in the near future behind the upcoming new academic block. The following features of the Convention Centre came out clearly from the said Presentation:-

- The Centre is primarily meant for holding national and international conferences;
- The estimated cost (revised cost) of the Centre will be Rs. 37 crores;
- About 14 acres of land will be needed for the Centre.
- The Convention Centre which will have 3 floors will comprise of the following:-
  - 4 Lecture Halls (capacity 50 each);
  - 2 Lecture Halls (capacity 100 each);
  - Guest Houses (2) with 120 beds.

(Ordinary 50 beds which will be non AC and VIP 70 beds which will be AC. There will be 12 double bed rooms (AC) spread over in 3 floors);

- The kitchen will be automatic with 1500 sq.ft built up area;
- The dining hall (175' x 175') can accommodate 1000 persons to have break fast, lunch and dinner together;
- There will be parking space for 300 vehicles at any time;
- There will be 2 auditoria one with a capacity for 1000 and another with a capacity for 500 both fitted with a balcony. While 700 can be seated on the ground floor, 300 can seat on the balcony;
- There will be greenery alaround; mango and litchi orchards will provide the much needed greenery;
- There will be 2 entrances to the Convention Centre;
- Arctype structures will facilitate rainwater to go down;

- There will be ponds within the perimeter of the Convention Centre to keep the surrounding cool.

Besides interacting with patients and their relatives I also had exclusive interactive sessions with Medical Officers/Specialists, Social Workers, Paramedics, Administrative Staff, mental staff, security and other Class IV employees. Some of the points which were raised in course of these interactive sessions have been selectively listed as under:-

**Interactive session with Medical officers/specialists (including Psychiatrists and Clinical Psychologists):**

- Prior to performing a surgery informed consent from guardians is necessary.
- In the scenario which obtains at RINPAS such informed consent is not forthcoming as most of the patients are abandoned by their families.
- There are implications from the point of human rights when such surgeries are performed without informed consent of guardians.
- Mentally ill persons are receiving training in a host of skills/trades in the occupational therapy (OT) units. Some acquire excellence in certain skills/trades while most do not. There is need for refining and sharpening of the skills learnt as also the need for imparting new skills. Both are essential for rehabilitation of mentally ill persons. The State should assume this responsibility on its shoulders for this. As mentally ill persons are discharged from the hospital the state should take over this process of skill formation and skill upgradation for them. This has not yet been accepted as a priority item for Government.
- 150 case studies on relapse have been conducted which have brought out poverty, non-compliance and incessant stress and strain to daily lives and inability to come for timely follow up due to economic/financial constraints as the most important contributory factors of relapse. Unless corrective

measures are taken by the respective family members of the patients, neighbours, cross sections of the civil society and the State as a whole, the situation will worsen and the incidence of relapse will reach a point of no return.

**Interactive session with Paramedics (including nursing staff):**

- They expressed their satisfaction by and large with their working and living conditions. 40% of them have been assured residential accommodation within the campus while 60% reside outside but do not have any difficulty in commuting the distance by auto services. Those who perform night duty have 2 days off.
- The patients warders ratio is in order though problems do arise at times due to absenteeism of warders and non posting of substitutes. This problem is most acute in the female ward (3) where the ratio is 1:5. The ratio gets disturbed due to absenteeism making matters relating to management of patients extremely difficult.
- Managing mentally ill persons is a very arduous and strenuous responsibility. While the paramedics like nurses get Rs. 1600/- per month towards nursing allowance and Rs. 3600/- per annum towards dress allowance there is no provision of risk allowance. This is a very genuine need and should be considered by the Managing Committee on priority.
- Those who have diploma in psychiatric nursing should be promoted as psychiatric nurses but it seems that this has got locked up in a litigation before the Court. It was represented that pending disposal of the case those who have such diplomas should atleast be paid some allowance @ Rs. 50/- in the minimum per month.

**Interactive session with students:-**

- They generally expressed their satisfaction with the overall infrastructure such as library, seminar, conference rooms, internet connectivity, online facilities for having access to journals, good psychological laboratory and

availability of adequate resources for research. They suggested that additional psychological tools should be in place (more video tapes on various forms of disorders as in NIMHANS, Bangalore etc.). They also suggested that in terms of thrust/emphasis both research and community mental health should receive pride of place in RINPAS.

#### **Interaction with an NGO – Sanjeevani Gram Trust:**

The interaction with 2 representatives of the NGO namely Sanjeevani Gram Trust was immensely useful. This is a registered NGO working in the area of mental health. The NGO is identifying Psychiatric and epileptic patients, providing treatment and attending to follow up of such treatment. Till date it has identified more than 12000 such patients. The NGO is also actively assisting RINPAS in running their satellite clinic for community mental health programme since August, 2003. It is looking after mental health programmes in 12 CD Blocks in Ranchi district. It has engaged 37 field workers in each Block. Health camps are also being organized on every 2<sup>nd</sup> Tuesday of the month when on an average more than 450-500 patients are seen by Psychiatrists, Physicians, Clinical Psychologists and Social Workers deputed by RINPAS. The NGO keeps track of these patients who are examined during the health camp. OPD is being run on weekly basis for counseling such patients.

The representatives of the NGO discussed with me the possibility of funding for a project which they have submitted to the Secretary, Ministry of Social Justice and Empowerment, Government of India as early as 5<sup>th</sup> August, 2006 for setting up a 'Halfway Home'. This is a laudable concept under which the mentally ill persons who have been effectively treated in a mental hospital are sent for their mid course correction and rehabilitation so that they can manage their affairs on their own and thus get reintegrated into the social mainstream much better. The NGO has constructed residential accommodation for 50 inmates to run the 'Halfway Home' with a rehabilitation unit of tailoring and gardening spread over 2 acres of land situated 2 Kms. away from Khunti town. The sanction of grant-in-aid for the 'Halfway Home' is still awaited.

My predecessor – Shri Chaman Lal had also the occasion to have similar interaction with the NGO in question and had strongly recommended that the responsibility for running the 'Halfway Home' may be entrusted to the NGO.

This proposal needs to be vigorously followed up by the Commission with the Ministry of Social Justice and Empowerment for issue of necessary sanction.

### Concluding remarks:-

At the end of the visit to RINPAS it is worth recording three redeeming features of this great historical Institute which has evolved and grown over the years both quantitatively and qualitatively. The first redeeming feature is the judgement of the apex Court arising out of writ petition bearing number 339 of 1986, the apex Court granting an autonomous character to the Institute, Government of Bihar (undivided) acting on the direction of the apex Court and granting an autonomous character to the Institute w.e.f. 1.4.98. Autonomy, it should be noted, does not mean licence to do anything and everything; it does not amount to exercise of powers in a unilateral or arbitrary manner. It means freedom to do a number of things in a normal and natural manner within a scheme of delegated administrative and financial powers. Autonomy brings freedom and opportunity to introduce reform. It means that alike in the life of individuals as in the life of Institutions there is always scope for correction, improvement and qualitative change. Ever since conferment of autonomous status, constitution of a Board of Management under the Chairmanship of the Divisional Commissioner, South Chotanagpur, Ranchi and constitution of 11 Sub Committees the decision making process has been streamlined and has contributed in a large measure to this qualitative change.

The second redeeming feature is the apex Court entrusting the responsibility of overseeing the management of the Institute and monitoring the pace and progress of implementation of various directions of the apex Court to the NHRC. In pursuance of this direction between 11.11.97 when the responsibility for monitoring and supervision was entrusted to NHRC and the date of my visit in February, 2007, 9 visits by the Chairperson, Members and Special Rapporteurs have taken place and 8 inspection reports have been

released (the present report being the 9<sup>th</sup> in series). These visits and inspections have produced a salutary impact on the quality of management, expansion and growth of the Institute and smooth flow of decisions as well as funds from the Government of Jharkhand.

The third redeeming feature is the leadership and direction provided by the Director, RINPAS, the team of good and committed professionals built up around him and the team spirit resting on the principle 'each one owns, each one contributes and each one participates in the affairs of an Institution' injected by him into one and all. Himself being from the Army and also being an outstanding academic, the Director has successfully infused the culture of a Spartan discipline with academic freedom, flexibility and pursuit of excellence so essential to the progressive evolution and growth of the Institute. He has also acted like a visionary and imparted an element of dynamism and innovation in giving a concrete shape to a number of new ideas. The new academic block and Convention Center are manifestations of his innovative and forward looking ideas and vision.

(B) The most striking aspect of management of the Institute which appealed to me most is recognition of the quality of human resource by the Director and encouraging contribution made by such resource to the growth of the Institute. I found 3 concrete instances of this recognition on the part of the Director. The first is Nikhil Chandra De, a Sanitary Assistant who has been entrusted with the task of maintaining cleanliness in the OPD, waiting room for patients, various departments/units/sections, wards, OT, incinerator, laundry, water supply plant, kitchen, dining hall, general store, medical store, toilets etc. He has discharged his responsibility in an exemplary manner. The hospital has not only a lot of greenery but is spick and span throughout.

The second is Sister Balsama Thomas who has been retained as Matron after her retirement for the outstanding quality of her services. Her sense of duty, devotion and dedication are incomparable. She reminded me of what I had read in 50s in my school days 'A ballad of Father Gilligan'. Like Father Gilligan of the Biblical lore it is not known how many troubled hearts Sister Balsama Thomas

has quietened and strengthened, how many weary souls has she sprinkled with the nectar of peace and bliss. As I saw the work of this most outstanding and totally dedicated good Samaritan from close quarters for 2 days, I bow my head before her for the example of piety, kindness, compassion and commiseration that she has set for others.

The third example is of one Jehangir who is working as an Instructor and who has been employed on contract basis as Instructor in the Occupational Therapy (OT) meant for the male patients. Jehangir exemplifies in himself the role of a model teacher who believes in giving everything to the students/trainees – the best of skill training, affection, kindness, guidance and counseling and does not believe in taking anything in return. He works unremittingly with total commitment and zeal and infuses a lot of excitement, inspiration and motivation into the hearts and minds of his trainees. He has been able to build up a rare rapport and bonhomie between him and his trainees. He is an asset to the process of rehabilitation through occupational therapy in RINPAS.

There are grey areas not so much on account of laxity and inaction of the local management as on account of procrastination in decision making on the part of Government of Bihar. The issue pertains to outstanding dues from Government of Bihar amounting to Rs. 27,93,20,292 (Rupees Twenty seven crore ninety three lakh twenty thousand two hundred ninety two only) till 30.11.2006. Non payment of such a heavy amount is adversely affecting development work of RINPAS. Payment of this amount will stand RINPAS in good stead as construction of the proposed Convention Centre for holding national and international conferences could receive a fillip if this amount is available. The issue is now pending with the Commission to draw the attention of the apex Court. The Commission has called for some additional informations from Director, RINPAS on receipt of which a final decision is to be taken as to whether the matter should be referred to the apex Court or not. It is understood that all the relevant informations have since been submitted by Director, RINPAS to the Commission on 6<sup>th</sup> March, 2007. It should, therefore, now be possible to take a final decision in the matter.



**STATEMENT OF DIET GIVEN TO THE PATIENTS****Annexure-I**

<b>Day</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Evening Tea</b>	<b>Dinner</b>
<b>Monday</b>	Tea 1 cup - 100 ml Chura - 100 gm 1 bread - 50 gm Gud - 25 gm Fruit - 1 piece Milk - 200 ml Curd - 100 gm	Rice / Roti - 225 gm Pulse - 50 gm Subji Aloo + paneer (vegetarian) - 125 gm Green vegetable /Aloo - 100 gm Fish - 150 gm	Tea 1 cup - 100 ml 1 bread - 50 gm	Rice/Roti - 175 gm Pulse - 50 gm Green vegetable/ Aloo - 200 gm
<b>Tuesday</b>	Tea 1 cup - 100 ml Bread - 100 gm Sweet 1 piece (Vegetarian 2 piece) Fruit - 1 piece Egg - 1 piece	Rice/Roti - 225 gm Pulse - 50 gm Vegetable Aloo + paneer - 100 gm Curd - 100 gm	Tea 1 cup - 100 ml Biscuit - two	Kheer - 250 gm Puri - 175 gm Green Vegetable + Aloo - 200 gm Pickles - 1 piece

<b>Wednesday</b>	Tea 1 cup - 100 ml Bread - 100 gm Sweet 1 piece (vegetarian) Fruit - 1 piece Egg - 1 piece Milk - 200 ml Jam - 15 gm	Rice/Roti - 225 gm Pulse - 50 gm Vegetable Aloo + Paneer - 125 gm (Vegetarian) Green Vegetable + Aloo - 100 gm Chicken - 125 gm	Tea 1 cup - 100 ml 1 bread - 50 gm	Rice/Roti - 175 gm Pulse - 50 gm Green Vegetable + Aloo - 200 gm
<b>Thursday</b>	Tea 1 cup - 100 ml Bread - 100 gm Sweet 1 piece (Vegetarian) Fruit - 1 piece Egg - 1 piece Milk - 200 ml Idli/Sambhar - 2 piece	Rice/Roti - 225 gm Pulse - 50 gm Vegetable Aloo + Paneer - 200 gm Curd - 100 gm	Tea 1 cup - 100 ml Biscuit - two	Rice/Roti - 175 gm Pulse - 50 gm Green Vegetable + Aloo - 200 gm
<b>Friday</b>	Tea 1 cup - 100 ml Bread - 100 gm Sweet 1 piece (Vegetarian - 2 piece) Fruit - 1 piece Egg - 1 piece Milk - 200 ml	Rice/Roti - 225 gm Pulse - 50 gm Vegetable Aloo + Paneer - 125 gm Green Vegetable + Aloo - 100 gm Fish - 150 gm	Tea 1 cup - 100 ml 1 bread - 50 gm	Rice/Roti - 175 gm Pulse - 50 gm Green Vegetable + Aloo - 200 gm

<b>Saturday</b>	Tea 1 cup - 100 ml Bread - 100 gm Sweet 1 piece (Vegetarian) Fruit - 1 piece Egg - 1 piece Milk - 200 ml	Kichadi - 150 gm Aloo Chokha - 200 gm Pappad - 1 piece Curd - 100 gm	Tea 1 cup - 100 ml Biscuit - 2 piece	Rice/Roti - 175 gm Pulse - 50 gm Green vegetable + Aloo - 200 gm
<b>Sunday</b>	Tea 1 cup - 100 ml Bread - 100 gm Sweet 1 piece (Vegetarian) Fruit - 1 piece Egg - 1 piece Milk - 200 ml	Rice/Roti - 225 gm Pulse - 50 gm Green vegetable + Aloo - 200 gm Curd/Kadi - 100 gm	Tea 1 cup - 100 ml 1 bread - 50 gm	Rice/Roti - 175 gm Pulse - 50 gm Green vegetable + Aloo - 200 gm Egg Curi - 1 piece Sweet 1 piece (vegetarian)

**Annexure-II**

**Facilities available for the following investigations in Pathological Laboratory**

**Haematology**

- |                           |                    |
|---------------------------|--------------------|
| 1. Haemoglobin estimation | 8. Blood for MP/MF |
| 2. Total WBC Count        | 9. Bleeding time   |
| 3. Differential WBC Count | 10. Clotting time  |
| 4. Total RBC Count        | 11. PCV            |
| 5. Platelet Count         | 12. MCV            |
| 6. ESR                    | 13. MCH            |
| 7. PBS Comments           | 14. MCHC           |

**Serology**

1. Blood grouping (ABO)
2. Rh typing
3. Widal Test
4. VDRL Test (Card Method)
5. Aldehyde Test
6. HIV Screening Test (Card Method)
7. Pregnancy Test

**Bio-Chemistry**

- |                               |                      |
|-------------------------------|----------------------|
| 1. Blood Sugar fasting        | 8. SGOT Test         |
| 2. Serum Bilirubin Total      | 9. Blood Urea        |
| 3. Serum Bilirubin Direct     | 10. Serum Creatinine |
| 4. Serum Bilirubin Indirect   | 11. Serum Potassium  |
| 5. Serum Alkaline Phosphatase | 12. Serum Sodium     |
| 6. Total Protein              | 13. Serum Lithium    |
| 7. SGPT Test                  |                      |

**Urine Test**

1. Routine Examination of Urine
2. Examination of Urine for Bile Salts
3. Examination of Urine Bile Pigment

**Stool Test**

1. Routine examination of stool

**Annexure-III****Sub – Committees****I Finance and Accounts Sub-Committees**

- |    |                                  |   |                  |
|----|----------------------------------|---|------------------|
| 1. | Director, RINPAS, Kanke, Ranchi  | - | Chairman         |
| 2. | C.A.O./Sr. Accounts Officer      | - | Member Secretary |
| 3. | Representative of Finance Deptt. | - | Member           |
| 4. | Representative of Health Deptt.  | - | Member           |

**II Purchase Sub-Committee**

- |    |                                |   |          |
|----|--------------------------------|---|----------|
| 1. | Director, RINPAS               | - | Chairman |
| 2. | Representative of D.C., Ranchi | - | Member   |
| 3. | C.A.O./Sr. Accounts Officer    | - | Member   |
| 4. | Medical Superintendent         | - | Member   |

An expert to be coopted for purchase of technical equipments etc.

**III Rehabilitation Sub-Committee**

- |    |                                     |   |          |
|----|-------------------------------------|---|----------|
| 1. | Director, RINPAS                    | - | Chairman |
| 2. | Non Official Member of M.C.         | - | Member   |
| 3. | Representative of Industries Deptt. | - | Member   |
| 4. | C.A.O./Sr. Accounts Officer         | - | Member   |
| 5. | HOD Psychiatric Social Work         | - | Member   |

**IV Welfare Sub-Committee**

- |    |                             |   |          |
|----|-----------------------------|---|----------|
| 1. | Dy. Commissioner, Ranchi    | - | Chairman |
| 2. | District Welfare Officer    | - | Member   |
| 3. | HOD Psychiatric Social Work | - | Member   |
| 4. | HOD Clinical Psychology     | - | Member   |
| 5. | Dy. Director, RINPAS        | - | Member   |

**V Appointment Sub-Committee (for Class-A)**

- |    |                                    |   |                  |
|----|------------------------------------|---|------------------|
| 1. | Commissioner                       | - | Chairman         |
| 2. | Representative of Health Deptt.    | - | Member           |
| 3. | Representative of Personnel Deptt. | - | Member           |
| 4. | Subject Expert                     | - | Member           |
| 5. | Director, RINPAS                   | - | Member Secretary |



## **VI Appointment Sub-Committee (for B.C.D.)**

- |    |                                    |   |                  |
|----|------------------------------------|---|------------------|
| 1. | Director, RINPAS                   | - | Chairman         |
| 2. | Medical Superintendent             | - | Member           |
| 3. | Representative of Personnel Deptt. | - | Member           |
| 4. | HOD Clinical Psychology            | - | Member           |
| 5. | Dy. Director (Admn.)               | - | Member Secretary |

## **VII Works Sub-Committee**

- |    |                                    |   |                  |
|----|------------------------------------|---|------------------|
| 1. | Dy. Commissioner, Ranchi           | - | Chairman         |
| 2. | Representative of Deptt. of Health | - | Member           |
| 3. | Director, RINPAS                   | - | Member           |
| 4. | C.A.O./Sr. Accounts Officer        | - | Member           |
| 5. | Officer Incharge, Works            | - | Member Secretary |
| 6. | Officers of concerned Works Deptt. | - | Special Invitees |

## **VIII Hospital Sub-Committee**

- |    |                                |   |                  |
|----|--------------------------------|---|------------------|
| 1. | Director, RINPAS               | - | Chairperson      |
| 2. | One Representative of RIMS     | - | Member           |
| 3. | Director, CIP                  | - | Member           |
| 4. | Dy. Director (Admn.)           | - | Member           |
| 5. | Medical Superintendent, RINPAS | - | Member Secretary |

## **IX Academic Sub-Committee**

- |    |                              |   |             |
|----|------------------------------|---|-------------|
| 1. | Director, RINPAS             | - | Chairperson |
| 2. | HOD, Neurology               | - | Member      |
| 3. | HOD, Clinical Psychology     | - | Member      |
| 4. | HOD, Psychiatric Social Work | - | Member      |
| 5. | HOD, Nursing                 | - | Member      |
| 6. | HOD, Psychiatry              | - | Member      |

## **X Ethics Sub-Committee**

- |    |                              |   |                  |
|----|------------------------------|---|------------------|
| 1. | Director, RINPAS             | - | Chairman         |
| 2. | Director/Representative CIP  | - | Member           |
| 3. | Director/Representative RIMS | - | Member           |
| 4. | Advocate (High Court)        | - | Member           |
| 5. | HOD, Psychiatry              | - | Member           |
| 6. | HOD, Psychiatric Social Work | - | Member           |
| 7. | HOD, Clinical Psychology     | - | Member Secretary |

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**XI Medical Education Sub-Committee**

- |    |                              |   |                   |
|----|------------------------------|---|-------------------|
| 1. | Director                     | - | Chairperson       |
| 2. | HOD, Psychiatry              | - | Member            |
| 3. | HOD, Psychiatric Social Work | - | Member            |
| 4. | HOD, Neurology               | - | Member            |
| 5. | HOD, Nursing                 | - | Member            |
| 6. | HOD, Clinical Psychology     | - | Member Secretary. |

**Annexure-IV****Research Activities:****Research Project – 2006 (Completed):**

1. Adjustment problem of school going adolescents.
2. cognitive functioning in Bipolar Affective Disorder (Mania).
3. Impact of Socio-Vocational Rehabilitation on Social Behaviour of Chronic Schizophrenic Inpatients.  
  
An analysis of inpatient population in a tertiary care psychiatric hospital.
4. Socio-demographic profile of patients attending community health programme by RINPAS.
5. Efficacy of CBT in the management of suicidal ideation in depression.
6. Efficacy of behavioural intervention on patients with schizophrenia.
7. Cognitive symptom profile of schizophrenia.
8. Cognitive Dysfunction in early and late onset schizophrenia: A Competitive study.
9. Stroop interference effect in schizophrenia (undifferentiated type) and BAD (Mania): Comparative study.
10. Efficacy of psychosocial intervention of patients with schizophrenia.
11. Neuro-psychological deficits in children with epilepsy and their ERP correlates.
12. Living with schizophrenia and Mania: Viewing the caregivers' quality of life in relation to their distress and other psychosocial variables.
13. Personality and well being of male alcoholics.
14. Attitude towards mental illness among college students of Ranchi University.
15. Family interaction pattern of psychoactive substance dependents.
16. Suicidal Ideation in psychiatric inpatients.



**Annexure-V**

**Research Project – 2006-2007 (In Progress):**

1. Criterion validity of WICS-III in Indian Population.
2. Efficacy of cognitive remediation of neuropsychological deficits in patients with chronic schizophrenia.
3. A co-relational study of Neurocognitive factors and psychosocial functioning in patients of schizophrenia.
4. Mild Cognitive impairment in geriatric schizophrenics.
5. Neuro-cognitive training and chronic schizophrenic patient.
6. Magico religious belief and attitude of primary caregivers towards mental illness and determinants of pathways to psychiatric care.
7. A Study of social support, coping strategies and family interaction pattern among spouses of individuals with alcohol abuse: A comparative study.
8. Stress and coping style of parents of mentally retarded children.
9. Quality of life and disability assessment in schizophrenia.
10. Parent child relationship among alcohol abuse: A comparative study with normal population.
11. A comparative study of chronic schizophrenic patients, epileptic patients and patients with head injury on the memory test and the Bender Visuo-Motor Test.
12. Personality and socio-demographic correlates of therapeutic compliance among psychiatric cases.
13. Comorbidity of personality disorder among Bipolar Affective Disorder "Mania".
14. Family care giving in patients with psychosis in context to caregivers involvement and quality of life.
15. Assessment of disability in patients with remitted Bipolar Affective Disorder.
16. Hindi adaptation of Kaufman Assessment Battery for Children.

17. Cognitive functioning in Bipolar Affective Disorder (Mania).
18. Quality of life in schizophrenic patient and their caregivers.
19. LNNB profile of children with ADHD.
20. prevalence of behavioural problem in school going children in Tezpur.
21. Role of cognitive rehabilitation and vocational training in chronic schizophrenics.
22. Cognitive function of chronic alcoholic and their first degree relatives: A neuropsychological and electrophysiological study.
23. A comparative study of personality correlates of HIV positive cases and alcohol dependence cases on five factor model.
24. Personality profile and psychological symptoms among human immune deficiency virus (HIV) positive patients of injecting drug users (IDUs).
25. Psychosocial aspects of creativity among Indian scientists.
26. A comparative study of perceived social support and level of dysfunction among schizophrenia and Bipolar Affective Disorder (Manic) cases.
27. Family environment and marital adjustment of parents of behaviour problem children.
28. Impact of socio-vocational rehabilitation on social behaviour of chronic schizophrenic patients.
29. Socio demographic variable as prognostic indicator for Schizophrenia and Bipolar Affective Disorder patient: A prospective study.
30. Theory of Mind in Schizophrenia.
31. Personality, well being and coping of female alcoholics.

**Annexure-VI****List of Publications :- 2006 – 2007**

1. Norms of the Rorschach test for Indian subjects. Medical Journal Armed Forces India 2006; 62:153-160.
2. Correlates of Outcome After Coronary Artery Bypass Graft Medical Journal Armed Forces India 2006; 62:220-223.
3. Psychological assessment of male alcoholism. Indian Journal of Psychiatry 2006; 48: 114-117.
4. Study of Behaviour Problems in a Paediatric Outpatient Department: Medical Journal Armed Forces India 2006; 62: 339-341.
5. Neurobiology of Schizophrenia, Industrial Psychiatry Journal 2006; 15:73-85.
6. Psychological determinants of Occupational adjustment in railway employees. Industrial Psychiatry Journal 2006; 15:97-100.
7. Body image and Psychological correlates among amputees. Industrial Psychiatry Journal 2006; 15:105-108.
8. Personality and Adjustment of nursing students. Industrial Psychiatry Journal 2006; 15:109-111.
9. Risk factors in childhood epilepsy: A community survey. Industrial Psychiatry Journal 2006; 15:119-120.
10. Demographic correlates of psychiatric patients attending satellite clinics of RINPAS. Industrial Psychiatry Journal 2006; 15:121-124.
11. Thrombocytopenia induced by sodium valproate. Industrial Psychiatry Journal 2006; 15:137-138.
12. Bilateral sudden onset sensory – neural hearing loss due to typhus fever. Industrial Psychiatry Journal 2006; 15:139-140.
13. Acute dystonia with olanzapine. Industrial Psychiatry Journal 2006; 15:141-142.
14. Acute dystonia with imipramine. Industrial Psychiatry Journal 2006; 15:143-144.



15. Observation and measurement in research: Basic concepts. *Industrial Psychiatry Journal* 2006; 15:145-147.
16. Effect of temporary parental deprivation on academic achievement of school children. *Indian Journal of Clinical Psychology* 2006; 33: 127-133.
17. A life events scale for Armed Forces personnel. *Indian Journal of Psychiatry* 2006; 48:165-176.
18. Psychological effects of low intensity conflict operations. *Indian Journal of Psychiatry* 2006; 48: 223-231.
19. Indicators of suicidal attempt in depression. *Indian Journal of Psychiatry* 2006; 48:276.
20. Application of Family Therapy with Children and Adolescents. *Indian Journal of Clinical Psychology*, 2006; 33(2): 85-86.
21. Psychosocial Adjustment in Epilepsy and Schizophrenia: A Comparative Study. *Indian Journal of Clinical Psychology*, 2006; 33(2): 87-92.
22. Effectiveness of Cognitive Behaviour Therapy on Drug Dependent Individuals. *Indian Journal of Clinical Psychology*, 2006; 33(2): 114-121.
23. Applicability of Luria-Nebraska Neuropsychological Battery – Children's Revision on Normal Adolescents. *Indian Journal of Clinical Psychology*, 2006; 33(2): 141-147.
24. Concurrent Validity of Hindi Translation of the Adolescent Psychopathology Scale (APS). *Indian Journal of Clinical Psychology*, 2006; 33(2): 148-153.
25. Distressful life events in affective disorder. *Journal of Indian Academy of Applied Psychology*, 32, 289-296.
26. Role of event related potentials (ERPs) in cognitive evaluation in epilepsy. Scientific update 2006, 16<sup>th</sup> Annual Conference, Indian Psychiatric Society, Assam State Branch, 70-75.
27. Cross validity of 22 items and 15 items screening tests from LNNB-I on paranoid schizophrenic patients. *Indian Journal of Clinical Psychology*, 2006; 33: 28-34.
28. Applicability of Kaufman Assessment Battery for Children (K-ABC) on Normal Children in India. *Indian Journal of Clinical Psychology*, 2006; 33:54-59.

29. Rorschach Responses of Older Indians. *Journal of Projective Psychology & Mental Health*, 2007, 14(1): 30-43.
30. A Comparison of Somatic Inkblot Series. *Journal of Projective Psychology & Mental Health*, 2007, 14(1): 44-47.

**Annexure-VII****Workshop and Short Courses :- 2006 – 2007**

1. Thirteen Psychiatric Sister from CHABI participated in One day programme for "Psychiatric Orientation" at RINPAS on 7-4-2006.
2. Eighteen nine MBBS students from Rajendra Institute of Medical Sciences, Ranchi participated in Psychiatry training programme from 2-5-2006 to 9-5-2006.
3. Fifty four MBBS students from Jawaharlal Nehru Medical College, Bhagalpur participated in Psychiatry training programme from 27-5-2006 to 3-6-2006.
4. Central Board of Workers Education, Ministry of Labour and Employment, Government of India conducted two days workshop on 8<sup>th</sup> and 9<sup>th</sup> June, 2006 at RINPAS where 20 nurses and paramedical staff took part.
5. Eighteen Sister from CHABI participated in One day programme for "Psychiatric Orientation" at RINPAS on 17-7-2006.
6. Sixteen Nursing Students form Mahulphari Hospital Dumka participated in "Psychiatric Orientation Programme" at RINPAS from 17-7-2006 to 2-8-2006.
7. Twenty one Nursing Students from H.E.C. Dhurwa participated in "Psychiatric Orientation Programme" at RINPAS from 6-9-2006 to 5-10-2006.
8. Eye specialist, RiNPAS participated as panelist in "Glaucoma CME-06" on 'The Science Behind the Art of Glaucoma Management" held on 10-9-2006 at ISM, Dhanbad under the aegis of Glaucoma Society of India and Jharkhand Ophthalmological Society.
9. Dental Surgeon RINPAS attended Workshop on Dental materials at Ranchi on 27-10-2006.
10. Eye Specialist of RINPAS participated as Co-chairman in one of the sessions at IV Annual Conference of Jharkhand Ophthalmological society at Hazaribagh on 4<sup>th</sup> – 5<sup>th</sup> November, 2006.
11. Pathologist RINPAS attended workshop on Cytology (Cyton 2006) on 3-11-2006 to 5-11-2006.



12. Thirty four B.Sc Nursing student from Dhamtari Nursing School Chattisgarh participated in "Psychiatric Orientation Programme" at RINPAS from 1-2-2007 to 14-2-2007.
13. Five M.SC Nursing student from CIP participated in "Psychiatric Orientation Programme" at RINPAS on 1-2-2007.
14. Twenty six student A.N.M.T. school Panchwati Ranchi Chutia participated in "Psychiatric Orientation Programme" at RINPAS on 2-2-2007.
15. Eight B.S.W. students from IGNOU Regional Central Ranchi underwent field work training from 1-8-2006 to 31-8-2006.
16. Two M.S.W. students from St. Alysius College Institute of Social Work, Mangalore underwent Block Placement Training from 5-6-2006 to 19-7-2006.
17. Two M.S.W. students from Y.C.I.S.C. Satara Maharashtra underwent Block Placement Training from 4-12-2006 to 4-1-2007.

#### **Conferences:**

1. 6<sup>th</sup> Annual Conference of Jharkhand Psychiatric Society was organized by RINPAS on 17<sup>th</sup> September, 2006. It was attended by more than 110 delegates from Jharkhand.
2. 32<sup>nd</sup> Annual Conference of the Eastern Zone Indian Psychiatric Society – 2006 was organized by RINPAS on 14<sup>th</sup> – 15<sup>th</sup> October, 2006. It was attended by 236 delegates from India.

Faculty and students of RINPAS actively participated in various professional conferences.



## Annexure-VIII

### Papers presented at Professional Conferences (2006-2007)

#### **7<sup>th</sup> National CME Military Psychiatry, AFMC, Pune, 24-25 June, 2006.**

1. Developing community mental health programmes in India – the RINPAS experience.
2. Psychological consequences of torture and persecution.

#### **National Consultation on Development of module for counsellors sponsored by WHO, National AIDS Control Organization and Bangalore University on 20-22<sup>nd</sup> July, 2006.**

1. Faculty member presented concept paper and participated in formulation of the module.

#### **6<sup>th</sup> Annual Conference of Jharkhand Psychiatric Society on 17-9-2006, RINPAS, Ranchi.**

1. Complications of alcohol dependence syndrome.

#### **Paper presented at 32<sup>nd</sup> Annual Conference of the Eastern Zone Indian Psychiatric Society – 2006 held at RINPAS, Ranchi 14<sup>th</sup> to 15<sup>th</sup> October, 2006.**

1. Personal therapy with schizophrenia and related disorders.
2. Sociodemographic & psychosocial correlates of somatization in a community clinic.
3. Effectiveness of psychiatric orientation programme for nursing students.
4. Hematological changes in alcohol dependence syndrome in males.
5. Efficacy of group meeting on hospitalized patients.
6. Relationship between personality, well being and coping of alcoholism in females.
7. Acute dystonia with olanzapine.





8. Thrombocytopenia induced by sodium valproate.
9. Acute dystonia with imipramine.

**2<sup>nd</sup> Annual Conference of Indian Association of Geriatric Mental Health held at Chennai on 1<sup>st</sup> to 2<sup>nd</sup> December, 2006.**

1. Epidemiology of geriatric mental health in India.

**25<sup>th</sup> Annual National Conference of Indian Association of Professional Social Work held at Shantiniketan on 8<sup>th</sup> to 10<sup>th</sup> December, 2006.**

1. Quality of life in Psychiatry.

**59<sup>th</sup> Annual National Conference of Indian Psychiatric Society, Chennai 4-7 January, 2007.**

1. Relation of personality variables and outcome after Percutaneous Transluminal Coronary Angioplasty.
2. Sexual Dysfunction In Alcohol Dependence Syndrome.
3. Rorschach Test Norms of older Indians.
4. Sociodemographic and Psychosocial correlates of somatization in a community clinic.
5. Effectiveness of Psychiatric Orientation Programme for Nursing Students.
6. Relationship between personality and well-being of patients with alcohol dependence
7. Utilization of psychiatric services by trial population of Jharkhand through Community Outreach Programme of RINPAS.
8. Clinical Indicators of Suicide In Depression.

**33<sup>rd</sup> National Conference of Indian Association of Clinical Psychology held at Salem on 7<sup>th</sup> – 9<sup>th</sup> January, 2007.**

1. Personality Profile of Children with learning disability.

2. A comparative study of global adjustment among psychiatric & general nursing staff.
3. Correlation between the duration of illness and cognitive flexibility of schizophrenic patients.
4. Effectiveness of an Intervention Programme for the academically backward students of a government school.
5. Rorschach profile of hospitalized chronic and non-chronic schizophrenia patients: A comparative study.
6. Conflicting areas among psychiatric inpatients.

**International AIDS Conference, MG Kashi Vidya Pith, Varanasi, 4<sup>th</sup> – 6<sup>th</sup> February, 2007.**

1. Social adaptive functioning in chronic schizophrenia: A comparative study between short stay versus long stay patients.