Status Report submitted to National Human Right Commission

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at

Psychiatric Centre, Jaipur

Submitted by

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Special Rapporteur

National Human Rights Commission

Psychiatry Services in Jaipur(Rajasthan): Past and Present

Era of Asylums (1856-1944)

To view the changing perspective of Psychiatry in Rajasthan, we must begin with the story of establishment of lunatic asylums in Rajputana states. It was after the treaty of alliance signed between the native states of Rajputana and the East India Company (1803-1818) that each native state created/established an asylum for detention and care of the lunatics. Initially the lunatics were seen in dispensaries and detained in jails tied with chains. An asylum outside the jail was first established in 1881 in Jaipur state. Ajmer had an asylum inside jail in 1865. Forty unfortunate lunatics were incarcerated inside 'cells' in this asylum, which was situated near Ghatgate (Jaipur). In year 1894, another enclosure in a walled garden near Central Telegraph Office, Jaipur in the southern part of the city was used as asylum by Jaipur state. Here the lunatics were left to enjoy the Open Court Yard and a 'Baradaree', no cots were provided but the atmosphere was more humane and sympathetic towards the unfortunate lunatics who were confined in this asylum. Food and protection were provided by the jail department till 1922, when this asylum was shifted to a Dharamshala situated near Chandpole Gate opposite the present Janana Hospital. Here the lunatics were again put in cells. The medical supervision was provided by the part-time doctors from the jail department. Administration, watch and ward of asylum remained under the jail department till year 1943.

In 1943, Jaipur state enacted Jaipur Lunacy Act for detention and treatment of lunatics; the criminal procedure code 1926 of Jaipur State was amended for the detention and care of the criminal lunatics in 1943. From the year 1944, the Mental Hospital Jaipur (Lunatic Asylum) started running as an independent hospital under Medical Department of Jaipur State. Till 1922, the control of lunatic asylum was placed under the Rajputana Agency, but after 1922 the administration of lunatic asylum was transferred to Jaipur Durbar. The annual returns from these asylums show a high mortality of lunatics admitted there in, on account of diarrhea, dysentery and fever. Under orders from Jaipur Durbar, the lunatics could be released from asylums for the care of relatives and

friends if assured for kind sympathetic care and protection from doing harm to others. All lunatics were admitted under court orders.

The discipline of psychiatry is rather a new specialty of medical science. Though understanding of human mind has existed from times immemorial in different philosophical and religious schools, in the middle ages, due to lack of knowledge, superstitions like evil spirits dominated the explanation for various mental disorders. It is only in the late 19 Th century that psychoanalytic explanations came in and the last four decades have seen tremendous scientific advancements in understanding of human behavior through biopsychosocial research. The treatment of mental disorders has also been revolutionized in the last four decades and as a result to this the specialty is now a very fast growing subject.

As a result of research in mental health, now intricate complexities of the human mind have been understood in terms of neuroelectrical and neurochemical changes occurring in the brain. Specific change occurring with different mood states has been identified and an intervention to bring desired changes in human behavior is now possible. Mental illnesses once thought incurable are now treatable. Mental illness is now considered like any other illness and there is no reason that it should be concealed, and like patients with physical disorder the mentally ill after treatment can be rehabilitated and made useful citizens.

Psychiatric Center, Jaipur

Psychiatric Centre, Jaipur is the premier institute of the state for treatment and care of mentally ill. Founded in 1952, the institute has completed 61 years of its existence. *and is functional in its own building.*

The total plinth area & built up area on which the hospital is functioning is 11,135 sq. mtr. The space is adequate at the moment but projects involving the construction of separate blocks for teaching, deaddiction and forensic psychiatry are in the pipeline. With the support of ministry of social empowerment, a state level research and training institution for drug abuse shall be constructed very soon.

Psychiatry Centre has total land area of 76348 sq. mtr but out of total area *there is encroachment on* 18000 sq. mtr. *or approx ¼ of the land available in the north-east area of the hospital by slum dwellers for the last 30 years. The*

hospital administration has approached the district authorities several times, to no avail. This encroachment is adversely affecting the future projects and has compromised the safety and security of center's staff residing on the campus as well as patients. There have been numerous case of theft of hospital property.

FIR has been lodged by the Center but it has not borne any fruit as no effective action has been taken against these people.

Center is located in the heart of the city; there is a approach road to the main hospital that connects the hospital to the main road of the city. The condition of this road as well as other internal road is pretty bad and is crying for repair

Construction and Maintenance

Construction of Center, addition of new blocks as well as maintenance and repair building, maintenance and repairs of the hospital, repair maintenance of doors, windows, latches, ventilators, air-conditioners, desert coolers etc are carried out by the Public Works Department of the government. Condition of maintenance of the building by PWD as well as construction of quality to say the least is pathetic. The Center has no control over them and very often feels helpless in face of their apathy.

Though, the hospital building is relatively new its condition is pretty bad,, the PWD is tasked with the responsibility of putting in place preventive measures to ward off further damage and deterioration to the building but their absence was glaring .

Geriatric care centre was inaugurated in 2008 and it has already become unsafe and has developed cracks, however repair of it is under process right now. *For the repair of that portion, a proposal has been submitted to the Government for* Rs. 33.00 lacs, Rs. 20.00 lacs have been received in phase one. It is poor commentary on the quality of construction by PWD Rajasthan that a building is requiring such extensive repair in approx 4 years.

Strength

This is a 312-bedded mental health facility. The number of beds in the respective blocks are- Emergency ward-64 beds, Male ward-I- 60 beds, Male

ward-II-72 beds, Female ward- 74 beds, Geriatric care centre- 26 beds, Family therapy centre- 17-beds, ECT recovery room- 15 beds.

Specialty Clinics: (Daily)

- Child guidance clinic
- Geriatric psychiatric care clinic
- Sleep clinic
- Memory clinic
- Psychosexual clinic
- Headache clinic

Indoor services

The admission facility in the open emergency ward is available round the clock. Currently a 20-bedded de-addiction ward is functional at SMS Hospital.

It is one of the six attached hospitals of SMS Medical College, Jaipur. The center was started with bed strength of 180 with and outpatient attendance of 190 per annum and annual turnover of 105 indoor patients in the year 1952.

A 20-bedded emergency ward was started in the year 1981 for the patients requiring urgent care and management. The admission facility in the emergency ward is available round the clock. A separate 12-bedded de-addiction ward was also started in the year 1986 to meet the special needs of the drug-addicts.

At present the hospital has total bed strength of 312, including 32 in emergency ward and 20 in de-addiction ward at SMS hospital. The hospital has an annual attendance of 86,056 indoor patients and an out patients attendance of nearly 1, 07,896 per annum for the year 2012.

The hospital has an annual turnover rate of 6.66 for the year 2012. Thus, on an average, a patient admitted to the hospital occupies a bed for 6.66 days that is as per norms for chronic diseases.

The catchment area of the hospital is whole of Rajasthan and adjacent states of UP, MP, Haryana, Punjab and state of Delhi. The admission facilities in the center are free to every person irrespective of the state. The medicines are distributed free of cost to all the indoor as well as outdoor patients.

The outpatients department of the Center is run by consultants, civil assistant surgeons and postgraduate students. At present there are three Associate

Professors, six Assistant Professors, five CAS and nine postgraduate students. There are posts for two clinical psychologists and two psychiatric social workers, who collaborate with the professionals for the psychological testing and psychosocial therapies.

The gap between 2 beds is such that there is no overcrowding and allows free passage for patients and hospital staff.

Cupboards are not provided for the reason that impulsive and disruptive patients may damage the cupboards or displace the items that are stored in them. However, there are benches which serve the purposes of providing space for caregivers to sleep and store their necessities.

Occupancy

. The occupancy rates for the current and previous 2 years is:

- *2011-87.07%*
- *2012-84.20%*
- *2013-100.78% (till August 2013)*
- *Overcrowding is occasional and happens in instances where the caregivers do not take away their wards inspite of adequate recovery. Similarly, patients who have been admitted by a judicial process are not discharged in the absence of official orders.*

- Office of the Head, Department of Psychiatry,S.M.S.Medical College & Siperientdent, Psychiatric Centre, Jaipur

- STATEMENT"C"

- Showing the under of Indoor and Outdoor Patients treated in Hospital

Year	INDOOR					OUTDOOR									
	New Admission					Attnedsnce old & new					New cases only				
	Man	Women	Children		Total	Man	Women	Children		Total	Man	Women	Children		Total
			M	F				M	F				M	F	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
2008	1370	444	-	-	1814	38467	18056	1127	675	58325	10535	4985	388	223	16161
2009	1440	454	-	-	1894	43138	20945	1419	871	66373	10828	5399	536	279	17042
2010	1557	482	-	-	2039	42232	18910	2287	1147	64576	11457	5379	700	333	17819
2011	1542	584	-	-	2126	52180	22308	1936	821	77245	15485	7538	628	321	23972
2012	1259	606	-	-	1865	75456	30924	1055	461	107896	20692	9520	544	276	31032

List of patients admitted on 09-09-13

	Name	Age/Sex	Residence	Illness duration & diagnosis	Reason for admission
	Deepak	22/ M	Jaipur	Schizophrenia, 7 years	Poor compliance
	Laxman	41/M	Jaipur	Generalized anxiety disorder, 23 years	Investigation & management
	Murlidhar	73/M	Jaipur	Persistent delusional disorder, 2 years	Management
	Kooka	70/M	Bhilwara	Bipolar affective disorder, 50 years	Compliance & management
	Saroj	55/F	Dausa	Bipolar affective disorder, 25 years	Compliance & management
	Kachodi Devi	40/F	Jaipur	Acute transient psychotic disorder, 5 days	Investigation & management
	Jeetu	19/M	Chomu	Cannabis induced catatonic disorder, 20 days	Investigation & management
	Bharat	43/M	Sanganer	Bipolar affective disorder, 15 years	Management
	Sanjay	35/M	Jaipur	Schizophrenia, 6 years	Compliance & management

Budgetary Allocation under Non-Plan and Plan

Psychiatric Centre, Jaipur

Budget allotment information year 2010-11, 2011-12 and 2012-13

(Non plan)

(In lac Rs.)

S. N.	Main Account Head	Year 2010-11	Year 2011-12	Year 2012-13
1	Salary	455.00	514.00	664.00
2	TA	0.05	0.05	0.05

3	Medical	3.50	5.00	4.00
4	Office Expenditure	3.00	3.00	3.50
5	Minor construction works	2.00	2.00	4.00
6	METP	5.00	5.00	18.00
7	Light & Water	14.00	14.00	25.00
8	Maintenance of Motor Vehicle	0.25	0.25	0.30
9	Material Supply	0.50	0.50	2.00
10	Library	0.50	0.50	0.50
11	Liveries	1.00	1.00	1.60
12	Contractual Expenses	18.00	30.00	30.00
13	Bio Medical Waste	1.00	1.00	1.50
14	Cloths & Bedding	5.00	5.00	17.00
15	Drug & Medicine	30.00	30.00	30.00
16	Diet	25.00	31.00	60.00
17	Pension Contribution	2.30	5.00	-
18	Vehicle Rent	-	-	0.10
	Total	566.1	647.3	861.55

Psychiatric Centre, Jaipur

Budget allotment information year 2010-11, 2011-12 and 2012-13

(Plan)

(In lac Rs.)

S. N.	Main Account Head	Year 2010-11	Year 2011-12	Year 2012-13
1	Salary	20.08	15.00	10.00
2	Medical	0.01	0.02	0.04
3	Liveries	0.01	0.06	0.04
4	Pension Contribution	0.01	1.00	-
	Total	20.11	16.08	10.08

SUCCESS STORIES (unit I)

CASE 1:

Mr. Babulal, 40 yrs old married male, resident of Jaipur, educated upto middle school, truck driver by profession, presented in June 2012 with a continuous illness of total duration 12 years, characterized by progressively increasing alcohol intake, failure to quit alcohol use, frequent aggressive and assaultive behavior, sleep disturbances and low mood at times along with palpitations, restlessness and tremors on abstinence. Two years before his wife had left him for his unmanageable erratic behavior. Due to his problematic alcohol use he frequently gets irregular in his work and would face financial difficulties. There was associated history of gutka chewing, bidi smoking, and occasional intake of bhang tablets along with intermittent sexual contact with Commercial Sex workers. On MSE (mental state examination), he was found to have anxious affect, ideas of hopelessness, ideas of self harm. A diagnosis of Alcohol Dependence currently withdrawal state, Nicotine Dependence and moderate depression was made and he was admitted to manage acute symptoms and to aim long term abstinence and relapse prevention along with relevant investigations. He was managed with supportive care in the wards including maintenance of hydration and nutrition. In addition to pharmacotherapy, he was also given Psychotherapy in the form of psycho-education about hazards of substance abuse, its impact on various domains of life and occupation, burden on family, motivation enhancement and benefits of being abstinent. He was later discharged after 10 days with advice of continuing medications and is under regular OPD follow up with continuing psychotherapy sessions till date. He has not only reported relief in depressive symptoms but is maintaining abstinence from any kind of drug use and is now carrying his duties towards his family and work properly.

CASE 2:

Mr. Sunderlal, 44 years married male, graduate, Bank employee by profession, resident of Kotputli (Jaipur), was brought by family members in May 2013for an illness of acute onset of duration 8 days with complaints of increased talks, increased energy levels and activity, irritability, decreased need for sleep along with crying spells and low mood at times, emotional liability, erratic food intake and socio-occupational dysfunction. He was also spending excess of money on needless purchases or would bring items of daily need in excess of what is required. Mental state examination revealed increased Psychomotor activity, elated and labile affect, delusion of grandeur and ideas of hopelessness. There had been a past history of similar episodes with varying intensity for last eight years along with multiple consultations and poor compliance. During period of being ill he would not be able to take care of his bank job and get engaged in frequent arguments which had lead him on verge

of being suspended of his duties a number of times. He was diagnosed as Bipolar Affective disorder currently mixed episode and was admitted for purpose of management of acute symptoms and for psycho education about nature of illness and need for treatment. Pharmacological treatment was re-initiated for purpose of preventing future episodes. Improvement was monitored with the help of appropriate scales in form of scores on Hamilton Rating Scale for Depression and the Young's mania Rating Scale. Over next two weeks he was considerably improved and was later discharged with advice of regular follow up and proper medication adherence. For last many weeks he has achieved full remission, is now carrying his personal and professional duties with good care along with good treatment adherence.

CASE 3:

Mr. Ramavtar, 33 years old married male, 12th pass, businessman, resident of Alwar, was brought by his wife in October 2012, with an illness of 6 months duration of continuous course characterized by suspiciousness on family members and neighbours, fearfulness, keeping himself locked inside house not going outside, disturbed sleep and appetite, poor self care and suicidal attempts. He also left his work owing to his belief that someone would harm him if he would go outside. He would also blame his wife that she wanted to kill him and children and would frequently abuse and assault him. At times he would be seen muttering to himself when alone and without any provocation. Mental state examination revealed delusion of persecution, auditory hallucinations of 2nd and 3rd person type, suicidal ideas and anxious, labile affect. A diagnosis of Schizophrenia paranoid subtype was made and he was admitted primarily for management of acute phase. Treatment was initiated. Over next 2 weeks he started to show improvement in form of decrease in suspiciousness and improved biological functions. During ward stay family members were also psycho educated about nature of illness and need for supervised treatment. Later he was discharged on advice of regular medication and OPD follow up. He is currently under maintaining well on medications, has gained insight into his illness and is almost fully functional at home and workplace.

CASE 4:

Mr. Anoop Sharma, 36 years old male, resident of Kota, educated till 10thstd, Computer shop owner by profession, married since 12 yrs, separated from wife, with total duration of illness of 20 years of continuous course with episodic

exacerbations, was brought by his elder brother in March 2013 with complaints of disturbed sleep, aggressiveness, suspicion, poor self care and roaming out of home frequently. Patient was an old follow up of schizophrenia, responding well to previous treatment but having poor compliance due to poor insight to illness. Due to this, his occupational and social performance had deteriorated and his wife had left him 7 yrs back. The mental state examination showed increased Psycho motor activity, loosening of association in thought, delusion of persecution, delusion of infidelity and irritable affect. He was admitted to manage acute exacerbation of illness and restore compliance. After observing his behaviour in wards and applying serial monitoring scales (positive and negative syndrome scale-PANSS) it was found that there was not much improvement on the above treatment even after 3-4 weeks. The treatment was then augmented with Tab Clozapine (antipsychotic preferred in treatment resistance) slowly titrated up to 400 mg along with Tab Sodium Valproate 500 mg BD for augmentation and anger management. Over further 2-3 weeks, increasing response was seen in his status and relatives were also satisfied with the progress. His wife had come to the hospital and started visiting him regularly. She, along with other family members were explained about the nature of the illness and importance of treatment adherence. The role of Expressed Emotions on illness was also explained to them. The patient was later discharged on the same pharmacological regime and is under regular follow up. Though some level of decline in social cognition, judgment and lack of insight is still persisting in him, he had resumed his job at his shop and his wife had agreed to live together and make effort to take care of him.

Case 5:

Javed Hassan, resident of Ramganj bazaar, Jaipur, is a 34 year old married male working as a Gem Trader'. He is regarded as a responsible citizen, caring husband and loving father

About four years back things were not as good as they are now..

Javed was brought to the emergency department of Psychiatric Centre, Jaipur by his brother and wife on 10 oct 2009. He presented with altered sensorium, agitation, irrelevant talks and tremors in both hands.

Upon enquiring his attendants about the condition and preceding events which could have led to that condition, it was revealed that Javed was a habitual drinker who had been consuming alcohol for last seven years, had stopped drinking abruptly two days back. Within 24 hours of the last drink he started becoming restless and agitated. They could notice tremors in both of his hands

which were obvious while he was holding a glass of water or cup of tea. He stopped taking food and didn't eat anything for two days. His wife noted that two days after taking the last drink he started behaving oddly. He would talk while no one was with him in his room, he started picking at his clothes and bed linen and fell from his bed 2-3 times.

His family member then called a local physician who in turn asked them to take him to the 'Mental Hospital' (Psychiatric Centre)

The attending doctor immediately admitted the patient and started the medical intervention.

The patient's brother whom the attending doctor considered as a reliable informant revealed that the patient started taking alcohol in the form of beer seven years back with his friends when he started working as broker in the trading of semi-precious stone.

At the age of 24, he got married. He didn't tell his wife that he consumes alcohol neither she had any clue about it until one day when his friends mixed vodka in his beer and he became so intoxicated that he reached his home in an inebriated state and started shouting at his wife. Over period of time he literally became alchohlic and was not prepared to leave without it.

When his condition deteriorated, his brother and wife took him to a local physician who referred him to Psychiatric centre.

After taking proper information (history) about the case, the attending doctor (resident) presented the case history to the consultant psychiatrist and his team and a proper plan of management was charted out.

Firstly, the goal of treatment was decided and those were:

1. Detoxification:
2. Treatment of medical comorbidities
3. Rehabilitation

Rehabilitation includes three major components:
(a) Continued efforts to increase and maintain high levels of motivation for abstinence; (b) Work to help the patient readjust to a lifestyle free of alcohol
(c) Relapse prevention.

Much time in counseling dealt with how to build a lifestyle free of alcohol. On several occasions he was also called with his wife, family members and friends to the counseling sessions to make them understand the psycho-socio-

biological factors associated with alcoholism and realize that rehabilitation is an ongoing process that lasts for 6 to 12 or more months.
Javed started working as a gem trader and despite several hiccups and hurdles in his profession he remained abstinent. On advice of his treating psychiatrist he started going to nearby gym and would work out for an hour each day. Today, four years later he is still sober. In fact he referred at least three of his friends to Psychiatric Centre, Jaipur for their drug abuse related problems. He now is earning well and living with his wife , two children and parents. He is a respected member of his community and recently has been elected the joint secretary of gem traders union.

- **Adequacy of amenities for patients**

Diet is of adequate nutritional value (calories supplied are approx. 2400-2800 kcal/day/head). The nutritional values as well as calories supplied by the food are regularly monitored, at times individualized for patients with special needs. Tidiness of the kitchen and dining hall are taken care of and the food is carried from kitchen in closed trolleys and is served to the patients with due care and humaneness.

There is no Chimney to the kitchen but sufficient number of exhaust fans have been fixed to vent out the kitchen smoke. There is tiling up to one meter height on the walls and platform have been provided for washing, cutting and storing cut vegetables before they are cooked. Adequate ventilation and lighting has been provided in the kitchen. An electric kneader and chapatti making machine are utilized while cooking food. There are large, clean stainless steel containers that are utilized to store food before the same is served.

The food is transported from kitchen to the wards in food trolleys and is served to the inmates in designated dining area. The kitchen incharge is responsible for overseeing the cooking process, while, the respective ward incharges are responsible for having the food served. The kitchen incharge is informally trained in dietetics as well and his expertise is used to measure the nutritive value of food. The average calorie requirements of males and females are generally fulfilled. In special circumstances, the calories provided may vary.

There is no formal mechanism to elicit reaction/suggestion of patients regarding quality of food & beverages. I was given to understand that *patient's feedback, is not taken, complaints are few and far that have been*

received regarding the quality or quantity of food served.In absence of any formal formal mechanism it was difficult to accept this explanation without pinch-of-salt.

The average expenditure incurred on per patient per day is Rs 49 which is inadequate taking into account the double digit inflation and the same is Rs 57 in Hospital of Mental Health in Ahmadabad , where at least on one hundred days various charitable organization feed the patients. If this contribution is taken into account it would be approx Rs 70 against Rs49 of Rajasthan. There is need to look at this fact so the patients admitted there get wholesome food.

The timings for serving breakfast is at 8.00 AM, lunch at 11.00 AM and dinner at 6.00 PM. There are two servings of milk in between these meals, at 7.30 AM and 4.00 PM.

Patients ratio in terms of fans, toilets and cots etc	Fans- 0.49 (154 fans for 310 beds), Toilets- 0.22 (71 toilets for 310 beds) and Cots- 1 (310 cots for 310 beds)

Water Supply

The water supply of the hospital is through the PHED which ensures the quality and potability of the water. the samples of water meant for drinking are sent for testing by the PHED (Public Health & Engineering Department)regularly. The water is certified to be free from chemical & bacteriological impurities. . The water supply to the hospital is both direct and through overhead tanks. The direct water supply is through PHED tube wells and is free from heavy metal contamination like excess of iron, sulphur, magnesium, sodium, fluoride etc . The overhead tanks in the hospital are cleaned and disinfected regularly to prevent accumulation of contamination.

At the moment there is no provision for supply of hot water for bath of inmates in winter. I was given to understand that process for purchase of geysers for all wards is under process.

But there is provision for supply of cool potable water through water coolers in summer months. Adequate number of water coolers have been installed in all wards to provide supply of cool potable water to the patients and their caregivers in summer months.. All water coolers in the OPD and in the wards are connected to aqua guard.

Electric Supply

Adequate lighting arrangement is present in the hospital and problems of interruption & tripping are not common. But nevertheless financial sanction for purchase of DG sets has been received and the installation of DG Sets for power-backup-is-under-process. Capacity of DG set is 125 KVA, and it will be adequate to light whole campus. Purchase is under process by office of Principal & Controller, SMS Medical College, Jaipur

Type of wards

There are closed ward, cells, open & paying ward, criminal ward, de-addiction ward, family ward, chronic patients ward and children's ward in the hospital . Duration of the stay of patient is on average 2-3 weeks, , in the hospital. In case caregivers do not escort their patients from the hospital, services of the psychiatric social worker are used for that purpose.

Rounds of all wards are taken twice a day to ensure that living conditions are normal. . In case there are serious ailments accompanying mental illness (Cancer, Cardiac complications, infection in respiratory track, immunological disorders, complications centering around eye, ear, nose & throat,patients are referred to SMS hospital where they are attended by the concerned specialists on priority. The coordination between the mental hospital and SMS hospital is good

Record keeping & computerization

Case of every mentally ill person is required to be registered at the OPD. There are 2 persons who man the OPD counter. Due care is taken by the hospital staff to be courteous to the patients and their relatives at all times.

But no file of OPD patients is maintained, only drug prescribed are mentioned .This is a big handicap.As when the patient comes back again the previously prescribed drug is issued,There is no reference point to evaluate him against his original condition

At the moment there no data entry operator who enters demographic data as well as data in relation to details of illness of every OPD & IPD patient in the computer.I was told that the process of entering demographic data as well as data relation to details of illness of every OPD & IPD patient in the computer is under way through a government scheme- Aarogya Online

Supportive services

There are adequate and effective recreational activities for the patients. They are also involved in celebrations of festivals and days of national and mental health importance.

Computerization for cataloguing and indexing of books in the library is in process. The categories of books available are-

- *General -532*
- *Philosophy-05*
- *Psychology-209*
- *Mental Health-23*
- *Neurology-68*
- *Applied Science-30*

Additional categories of books available are:

-child psychiatry-17

-adolescent psychiatry-07

-psychiatric nursing- 15

-psychopharmacology- 34

-psychiatric pathology-69

-psychiatry clinics- 13

- *But books on*
- *Applied science*
- *Art*
- *Literature*
- *History*
- *Geography*
- *Religion*
- *Social work*

are missing.

There is a proper reading room in the main library for officers & staff members, although for foreign journals and periodicals, the library of SMS medical college is utilized. E-connectively between the library & various departments/divisions/sections of the hospital is in process under Aarogya Online.

Records of adequacy & effectiveness of telephone and library facilities, recreational and cultural activities organized & extent of participation of inmates, yoga, pranayam & meditation facilities etc,

This was woefully lacking in Psychiatry Center. Register for recording reaction/suggestion of the patients was missing. There is no separate library with provision for supply of books, newspaper & periodicals of choice to the inmates.

Drug management

Mechanism and procedure of procurement, supply and dispensing of drugs is followed as per the norms laid down under the Mukhyamantri Nishulka Dawa Yojana (MNDY). As the name suggest all drug are supplied free. Drugs are issued for 15-30 days at the OPD, after which the patients are called back for follow-up.

Occupational therapy

There are separate facilities for men and women. The facility has a capacity of 15-20 patients at a time. The trades skills imparted are envelope making, caning chairs, chalk making, candle making, gardening, cooking, The end products are candles, chalk, envelopes, chairs, food items etc. Raw materials are purchased through official channels via local purchase. The products are mostly used in hospital. Occasionally, exhibitions are organized to display the products made by inmates. Wages are not paid to the inmates who participate in such activities. Which is not desiranble.

The Post of occupational therapist is lying vacant. The occupational therapy is currently done by nursing staff. There is a proposal for involving NGOs to make up for the deficit of trained manpower.

The absence of Occupational Therapist is adversely impacting the Occupational Therapy programme ,the post needs to be filled up on priority basis.

Psychiatric Services

The admission of patients is as per voluntary and legal reception orders, as per the various provisions of the Mental Health Act, 1987.

Mortality figures over a period of last five years have been:
2008- 6
2009-4
2010- 5
2011- 5
2012- 7
2013- 3 (till date)
The trend has been more or less static and all deaths have been natural deaths.

Inpatient services such as tidiness of the wards, change of dress & lines, adequacy of uniforms including adequacy of mattresses, linen, blankets, warm clothing, etc.are being taken care of .Observance of privacy of patients, measures for anti-lice, anti-bug, anti-malaria, use of mosquito repellents etc are also being done on a regular basis.

Maintenance of records after admission, check up at periodic intervals, about body weight, loss/gain of body weight if any, reasons thereof, menstruation, blood pressure blood count and all other blood profiles (for female inmates), arrangements for shaving, haircut etc for male inmates and all the mentioned arrangements are in place.

Center has well equipped pathology & bio-chemistry laboratories, arrangements of investigation (VDRI.., serum lithium estimation), X-ray, EEG, Hepatitis B, routine blood & urine tests, HIV screening are available under Mukhyamantri Nishulka Jaanch Yojana (MNJY). All these services are provided free of charge.

Psychiatric Centre Jaipur

List of Tests available

1	Hb-Hemoglobin	6	BT-Bleeding Time
2	TLC-Total Leukocyte Count	7	CT-Clotting Time
3	DLC-Differential Leukocyte Count	8	CBC- Complete Blood Count
4	ESR-Erythrocytic Sedimemtation Rate	9	PBF-Peripheral Blood Film
5	MP Slide method-Malaria Parasite Slide Method	10	TEC - Total Eosinophilic Count

11	Blood group (ABO-RH Typing)	35	SGOT
12	Prothrombin time test INR	36	SGPT
13	Pleural fluid cell count	37	Serum Alk. Phosphatase
14	Ascetic fluid cell count	38	Serum Total Protein
15	Urine Complete	39	Serum Albumin
16	Urine Microscopy	40	Serum Calcium
17	Urine Pregnancy Test (UPT)	41	Serum CK-NAC
18	Stool for OVA & CYST	42	Serum CK-MB
19	VDRL rapid test	43	Serum LDH
20	HIV rapid test	44	Serum Amylase
21	Sputum for AFB	45	Serum Uric Acid
22	HBs Ag (rapid) test	46	Serum Triglyceride
23	Widal Slide Test	47	Serum Electrolytes
24	Rheumatoid factor (RF)	48	Serum VLDL
25	ASLO	49	Serum Total Cholesterol
26	S. CRP	50	Serum Lipase
27	Dengue (rapid) test	51	Serum HDL
28	Malaria by card test	52	Serum GGT
29	Gram staining	53	Serum Phosphorus
30	Blood Sugar	54	CSF Protein Chloride & Sugar
31	Blood Urea	55	ECG
32	Serum Creatinine	56	X-Ray
33	Serum Bilirubin (T)	57	USG
34	Serum Bilirubin (D)		

Psychiatric Centre

Tests Performance

	From 01.01.2013 to 06.04.2013	From 07.04.2013 to 09.09.2013 *Mukhyamantri Nishulka Jaanch Yojana* (MNJY)
Pathology	07	14

Biochemistry	12	25
Microbiology	01	11
Urine	02	3
Stool	01	1
ECG	01	1
X-Ray	01	1
	25	56

Total No. of Tests Done/ Beneficiaries

Period	From 01.01.2013 to 06.04.2013	From 07.04.2013 to 09.09.2013 *Mukhyamantri Nishulka Jaanch Yojana* (MNJY)
Total No. of Test	4847	22184
Avg. daily Tests	50	144
No. of Beneficiaries	700	2084
Avg. daily Beneficiaries	8	14

Sr. No.	Name of Investigation	April Total (7-30 Apr.)	May Total	June Total	July Total	August Total	Sep. Total (1-9 Sep.)	Grand Total
1	Hb	165	239	289	267	294	136	1390
2	TLC	159	235	287	266	291	136	1374
3	DLC	158	235	287	266	291	136	1373
4	CBC	134	179	200	184	223	121	1041
5	ESR	195	264	267	265	281	107	1379
6	MP		3	5	2	16	3	29
7	BT		2		2	1		5
8	CT		2		2	1		5

9	PBF	40	57	91	83	115	33	419
10	B Gr ABO Rh	7	6	8	4	10	1	36
11	TEC		4	5	2	3	1	15
12	PT	1			11	9	2	23
13	Pleural fluid cell-cont							
14	ascitic fluuid cell							
15	urine comp strip	8	18	16	7	17	10	76
16	urine microscopy	8	18	16	7	17	10	76
17	urine pregnancy	3	1	5	4	4	1	18
18	Stool ova cyst			1				1
19	VDRL/RPR rapid	4	2	6	8	4	17	41
20	HIVrapid	1	4	4	11	9	14	43
21	Sputum AFB							
22	Hep/CRP	2	2	6	4	9	1	24
23	Widal slide	1	6	5	2	12	1	27
24	Rh factor	3	1	8	5	10	2	29
25	ASLO	1	1	6	3	10		21
26	HbsAG rapid	3	3	6	12	8	3	35
27	dengue rapid		1	1		5	1	8
28	Malaria card		5	6	1	9		21
29	gram staining							
30	blood suger	274	258	252	246	277	131	1438
31	S Urea	235	242	235	223	261	125	1321
32	S Creatinine	234	243	235	222	260	125	1319
33	S bilirubin (T)	245	223	236	223	256	125	1308
34	S bilirubin (D)	244	223	236	223	257	124	1307
35	SGOT	248	238	245	229	265	128	1353
36	SGPT	248	238	243	229	265	127	1350
37	S.AP	124	161	184	197	225	115	1006
38	S. totl protein	38	72	50	66	50	55	331
39	S. Alb	16	19	16	34	26	33	144
40	S. Cal	62	56	16	44	51	9	238
41	S. CK-NAC	6	6	3	6	2	2	25
42	S.CKMB	6	4	2	2	1	2	17
43	S.LDH	9	8	12	12	9	2	52
44	S.amylase	15	10	13	10	8	2	58
45	S. Uric Acid	43	25	38	26	33	11	176
46	S. triglyceride	113	103	146	127	155	26	670
47	S. electrolyte	86	118	127	120	54	18	523

48	S.VLDL	72	80	95	87	61	21	416
49	S.total cholestrol	119	108	136	124	152	32	671
50	S.lipase	15	12	4	10	7	7	55
51	S.HDL	60	90	106	114	78	21	469
52	S.GTT	12	20	17	11	6	9	75
53	S.phosphorous	2			2	3	7	14
54	CSF protein							
55	ECG	29	41	46	31	37	21	205
56	X-Ray	35	35	22	39	3		134
57								
	Total Test	3483	3921	4240	4075	4451	2014	22184
	Number of benefeciaries	388	393	388	381	369	165	2084

Psychiatric Centre Jaipur

S. No.	Name of Machine/Instrument	Make/Model
1	Centrifuge Machine	Remi 4C
2	Incubator	Elite
3	Pippette Pump (Variable)	
4	Refrigerator 175 lt.	Godrej
5	Na/K./Lith Analyzer	Medica
6	Semi Auto Analyzer (Biochemistry)	Erba Chem. 5
7	ECG Machine (8108-R)	BPL
8	ECG Machine	Cardipia 800
9	Oven	
10	ESR Stand	
11	Electric Sterlyzer	
12	Hb Meter	

13	Microscope (Monocular)	Focus
14	DLC Counting Machine	
15	EEG Machine	

S. No.	Name of Machine/Instrument	Make/Model
1	Biochemistry Analyzer (Med. Speed)	Randox
2	3 Part Different Cell Counter	Sysmex
3	Incubator (Digital)	Yorco
4	Hot air oven 12.5 ltr.	Yorco
5	Centrifuge Machine 36 Tube	Eltek
6	Semi Auto Analyzer (Biochemistry)	Erba Chem. 7
7	ESR Analyzer	Vasmatic Cube. 80
8	Urine Analyzer (Urodip)	Erba
9	Coagulation Analyzer	Stago
10	Micro Scope (Binocular)	Motic
11	Incubator	Yorco
12	ECG Machine	EPG View

Besides the above Center also has ***a well equipped lab where IQ test, IDEAS test, PF-16 test and the likes are administered.***

Casualty and emergency services, treatment of acute psychosis. *Schizophrenia, acute exacerbation of psychiatric disorders, alcohol & drug withdrawal cases are in place.All provisions for the care and record keeping for acutely psychotic patients are in place including availability of telephone, staff on duty, equipments installed etc and a duty doctor being available round the clock in the hospital.*

OPD Service

The daily out turn is 300 patients on average. Adequate arrangements for drinking water, toilet, recreational avenues (through newspapers, colours televisions) have been made. It takes ½ to 1 hour for registration & examination of each patient on an average.

No case record file being maintained for OPD patients. ***The computerization process is underway.***

Dispensing of medicines

The dispensing unit is a located within the OPD.It takes approximately 15 minutes for a patient to collect the medicine from the dispensing unit after he/she been examined & medicines prescribed.

Canteen

The canteen is not functional since last six months . The previous contractor stopped services because of losses, a condition which could not be helped because of terms of the contract. Formalities are being completed to restart the canteen.

Halfway Home

Halfway Home is not in existencein Rajasthan which is a shortcoming that needs to be rectified.

Satellite services

After completion of DMHP at Sikar District, there was no permission and fund made available by Govt. of India to run NMHP in the district of Alwar & Dausa though the proposal was submitted by the State Government. State Government submitted proposal GOI under Scheme B of NMHP they have received grants to upgrade department of psychiatry of medical colleges of Udaipur, Kota and Bikaner.

A District Mental Health Program for Alwar was planned but not implemented and thereafter it was also planned that DMHP shall be implemented in all districts of Rajasthan but nothing has been done till date. From above it is obvious that State of Rajasthan has not taken advantage of above scheme under 11th plan and there is no urgency to make it up during 12th plan.

Management of the hospital

There is no Management committee to look after the day-to-day management of the hospital., Hospital Administration is carried out by Medical Superintendent, Deputy Medical Superintendent and Nursing Superintendent. Medical Superintendent is Head of Department and exercises administrative and financial powers as per Government of Rajasthan Rules. The delegation of administrative & financial powers in favour of the Medical Superintendent is as per GoR rules. In terms of certain policy decision he works as per advise and decision of Executive committee of Rajasthan Medicare Relief Society, Psychiatric centre, Jaipur. The Chairman of RMRS EC is Principal Secretary (Medical Education), Vice Chairman is Principal & Controller, SMS Medical college and attached hospitals, and member secretary is MS.

The procedure of recruitment is carried out as per Rajasthan Public Service Commission, Ajmer, Rajasthan University of Health Sciences, Jaipur and Directorate Medical Health Services.

The availability of manpower to run the center is as follows:

S.No.	Name of the post	Sanction	Working	Vacant	
1.	Deputy Superintendent	1	1	-	
2.	Junior Specialist Psy.	2	2	-	
3.	Medical Officer	5	5	-	
4.	Anesthetist Medical Officer	1	-	1	From 1st Feb. 2013 due to Selection of Dr. Chitra Singh as Asst. Prof.
5.	Clinical Psychologist	4	-	4	From 31st July 1997 due to retirement From 30th Nov 1998 due to retirement From 25th May 2004 (Sanction Date)
6.	Accounts Officer	1	1	-	
7.	Accountant	1	-	1	
8.	Junior Accountant	1	-	1	
9.	Nursing Superintendent 1st Grade	1	-	1	From 1st May 2010 due to retirement of Sh. Prem Chand Verma
10.	Nurse Grade I	15	15	-	

11.	Nurse Grade II	45	42	3	Due to transfer
12.	Occupational Therapist	2	-	2	From 30th September 2008 due to retirement of Sh.S.S.Panwar From 25th May 2004 (Sanction Date)
13.	Psychiatric Nurse	1	-	1	From 31.03.1999 due to retirement of Smt. Vishni
14.	Psychiatric Social Worker	3	1	2	From 25th May 2004 (Sanction Date)
15.	Hospital Care Taker	2	1	1	Sh.U.S.Bhati retired on 31st March, 2013.
16.	Office Assistant	1	1	-	
17.	Stenographer	1	-	1	From 20th January 2001 due transfer of Sh.Lokendra Puri
18.	U.D.C	2	2	-	
19.	L.D.C	4	4	-	
20.	Receptionist cum clerk	1	1	-	
21.	Senior Lab Technician	1	-	1	
22.	Lab Technician	3	3	-	
23.	Radiographer	1	1	-	Joined on 5th April 2013
24.	Class IV	61	58	3	Due to transfer
25.	Cook	3	1	2	
26.	Carpenter	1	-	1	
27.	Pump Driver	1	1	-	
28.	Electrician	1	1	-	
29.	Driver	2	1	1	
	Total	**168**	142	26	

Status of Sanction/ Existing & Vacant Posts at Psychiatric Centre in Plan/Non Plan Head

S.No.	Name of the post	Sanction	Working	Vacant	
1.	Professor	4	8	0	
2.	Assoc. Professor	7	2	5	
3.	Asstt. Professor	1	-	1	
4.	Clinical Psychologist	1	-	1	
5.	Nursing Superintendent G-I	1	-	1	
6.	Nursing Superintend	5	-	5	

	ent G-II				
7.	Nurse Grade I	15	-	15	
8.	Nurse Grade II	45	-	45	
	Total	79	10	63	

From above it is clear that altogather 99posts are lying vacant. In which all the sanctioned posts no.6 of Nursing Superintendent G-1 and G-2 are vacant likewise all the sanctioned post in NurseGrade1-2 numbering 60 vacant.This is very adversely affecting nursing to the unfortunate patients who cannot demand anything. It shows the apathy of of people responsible for management of Psychiatry Center as well as the Department of Medical Education. Likewise two out of posts of Occupational Therapist both are vacant.. Out of three post of Psycholical Social Worker two posts are lying vacant .This is really very troubling situation.

The mechanism for evaluation of the work, conduct & performance of officers and staff in various categories is as per GoR rules.There is no separate or independent procedure for evaluation of the work, conduct & performance of officers and staff in various categories.

Hospital management has not really paid special attention to human resource development through orientation & training of officers & staff members Hence the number deputed, for training, at intervals, training institutions and the content, quality & impact of training has never been evaluated. The psychiatric training has not been imparted to all staff nurses.

The hospital has written to the Principal Secretary to arrange to have faculty members sent to apex institutions for training in various sub-specialties of psychiatry viz. child and adolescent psychiatry, geriatric psychiatry, addiction psychiatry and rehabilitation and consultation liaison psychiatry. There appears to be gap between Center and Department of Medical Education which can be easily bridged with some effort on the part of people responsible for human resource development.

Though from time to time the members of the teaching faculty/medical officers are deputed to academic conferences both national & international, namely, the annual conference of the Indian psychiatric psychiatry (ANCIPS), annual conference of social psychiatry, annual conference of geriatric psychiatry, annual conference of child and adolescent psychiatry, CMEs on various subjects. The department at SMS has organized workshops on

psychotherapy, biological psychiatry, legal and forensic psychiatry in the past 9 months

Rehabilitation & reintegration of patients into the mainstream of the family, community and civil society;

70-80% of cases of mentally ill persons have been effectively treated, who have substantially recovered and are fit for discharge. The delay in discharging those patients who are fit for discharge but who cannot be discharged without orders of the CJM concerned under whose reception orders the patient has been admitted is mainly due to attendants and/or legal process. In such cases repeated and regular requests are sent through proper channel in such cases.

After the orders of CJM have been obtained, Center write to the parents, guardians, relatives (including in laws in case of married women) to come and receive the patient . The response is 50-75%.

In case of indifferent of negative response the mentally ill person is maintained at the cost of the state,in certain cases or out of the estate of the mentally ill person or from a person legally bound to maintain him. For this purpose, an application is made to the District Court for payment of cost of maintenance. **In every district there is a district legal and authority headed by District Judge. That authority engages the services of an advocate with a view to facilitating filing of the application** and its disposal to meet the ends of justice.

Mentally ill persons who have been rejected by their parents, guardians, other family members & relatives are required to be maintained by the state with reference to the provisions of S.78 and S.79 of Mental Health Act. 1987 and are maintained at hospital by Govt. of Rajasthan and by other agencies of the social welfare department.

NGO's

I had a very productive meeting with a large number o NGO's who turned up for meeting with me .They were doing very good work in various area of mental health some of them are as follows:

Disha A Resource Centre for Multiple Disabilities

Disha is a nonprofit voluntary organization, which was started in 1995 with a vision of society with equal opportunities for all and love and

understanding of the need for providing opportunities for children with multiple disabilities. It engages itself in providing opportunities for children with special needs. Its interventions range from education to support to training and rehabilitation. With its "inclusive approach "it tries to facilitate specific action and practices that integrate and include people with disabilities in all areas of life. Disha's motto "to be a part and not apart"; is self explanatory and reflects the broader canvas of Disha's interventions.

Disha works through:
Centre for Special Education Center for Home Management Centre for Therapies
Centre for Vocational Training
Centre for Human Resource Development Community Out Reach Programmes
Activities for Public Awareness and Advocacy

UMANG ,JAIPUR

Umang is an institute that reaches out to people with celebral palsy,mental retardation,autism and multiple disabilities.To facilitate a better quality of life for children with special needs Umang has a diverse range of services to enable holistic development of children with special needs.Every child is different therefore needs a customized approach to learning.Umang outline a specific growth plan called IEP (Individual Education Plan) for every child according to his /her needs. The basic structure of services includes:

1.Center for Special Education
2. Phisiotherapy
3.Inclusion in Community and Inclusive Education
4.Advocacy and Awareness
5.Voational Training and Employment
6.Sports, Leisure and Education
7.Speech Therapy
8.Home Management and Counselling
9.State Resource Center

Vardhman Parivar

It has constructed a residential complex inside the premises of Psychiatry Center for the use of patients and their relatives at nominal cost and same is being managed very efficiently by the organization.

There is a separate rehabilitation center for occupational therapy, where patients are given opportunity to work and learn some skills according to their aptitude and therapeutic needs, patients are being involved in the work of carpentry, canning, gardening, painting, in kitchen work, making paper bags for the distribution of medicines in the outpatients department. The rehabilitation therapy department needs to be better equipped to be helpful in

the long-term rehabilitation of patients.

A regular General Hospital Psychiatric Clinic is being run at S.M.S. Hospital by the consultants and senior postgraduate students from the department. A 20-bedded de-addiction ward has been started at SMS Hospital. It meets the needs of those drug-addicts who do not want to get admitted at the Psychiatric Center. The need for such a facility was long felt.

Critical Evaluation:

1. Encroachment

Psychiatry Centre has total land area of 76348 sq. mtr but out of total area *there is encroachment on* 18000 sq. Mtr. *or approx ¼ of the land available in the north-east area of the hospital by slum dwellers for the last 30 years. The hospital administration has approached the district authorities several times, to no avail. This encroachment is adversely affecting the future projects and has compromised the safety and security of center's staff residing on the campus as well as patients. There has been numerous case of theft of hospital property.*

The Extent of encroachment by slum-dwellers is really alarming On inquiry it was found that these illegal occupants were a great nuisance, in that, they would steal & damage hospital property and were a threat to the safety & security of the patients in general and female patients in particular. The slum-dwellers also posed a challenge in terms of prevalent hygiene & the status of the law & order in the hospital.

2. Construction

Construction of Center, addition of new blocks as well as maintenance and repair building, maintenance and repairs of the hospital, repair maintenance of doors, windows, latches, ventilators, air-conditioners, desert coolers etc are carried out by the Public Works Department of the Government. Condition of maintenance of the building by PWD as well as construction of quality to say the least is pathetic. The Center has no control over them and very often feels helpless in face of their apathy.

Though, the hospital building is relatively new its condition is pretty bad,, the PWD is tasked with the responsibility of putting in place preventive measures to ward off further damage and deterioration to the building but their absence was glaring .

The condition of the hospital building was highly unsatisfactory. I noticed that, in certain areas of the hospital, the plaster had peeled off and there was a lot of seepage all over. The Superintendent of the hospital informed that the hospital had written to the concerned authorities for an appropriate budget, but what was actually granted, would only suffice for the repair of the kitchen and certain areas of the geriatric care centre.

Geriatric care centre was inaugurated in 2008 and it has already become unsafe and has developed cracks, however repair of it is under process right now. *For the repair of that portion ,a proposal has been submitted to the Government for* Rs. 33.00 lacs, Rs. 20.00 lacs has been received in phase one.It is poor commentary on the quality of construction by PWD Rajasthan that a building is requiring such extensive repair in approx 4 years.

3.Diet of Patients

The average expenditure incurred on per patient per day is Rs 49 which is inadequate taking into account the double digit inflation and the same is Rs 57 in Hospital of Mental Health in Ahmedabad where at least on one hundred days various charitable organization feed the patients. If this contribution is taken into account it would be approx Rs 70 against Rs49 of Rajasthan. There is need to look at this fact so the patients admitted there get wholesome food.

4. OPD

Case of every mentally ill person is required to be registered at the OPD. There are 2 persons who man the OPD counter. Due care is taken by the hospital staff to be courteous to the patients and their relatives at all times.

But no file of OPD patients is maintained, only drug prescribed are mentioned This is a big handicap. As when the patient comes back again the previously prescribed drug is issued, There is no reference point to evaluate him against his original condition

Psychiatry Center/Health Department should be advised that like for indoor patients, the record keeping should be done for outdoor patients as well. So that it could be easily retrieved at the patient's next visit and patients evaluation done and then medicine prescribed taking into account patients condition.

5.Records of adequacy & effectiveness of telephone and library facilities, recreational and cultural activities organized & extent of participation of inmates, yoga, pranayam & meditation facilities etc.

This was woefully lacking in Psychiatry Center. Register for recording reaction/suggestion of the patients was missing. ***There is no separate library with provision for supply of books, newspaper & periodicals of choice to the inmates.***

6. Beds requiring replacement

While on visit to the indoor wards, I noticed that quite a few beds in the hospital needed either replacement or repairs. The Superintendent was advised to have the needful done to offset this deficiency. This issue should take up this with State Government otherwise there may be occasion when patients will have to sleep on floor

7. Occupational therapy

There are separate facilities for men and women. The facility has a capacity of 15-20 patients at a time. The trades skills imparted are envelope making, caning chairs, chalk making, candle making, gardening, cooking.

The end products are candles, chalk, envelopes, chairs, food items etc. Raw materials are purchased through official channels via local purchase. The products are mostly used in hospital.

Occasionally, exhibitions are organized to display the products made by inmates. Wages are not paid to the inmates who participate in such activities. Which is not desirable.

The HMH Ahmadabad pays to such patients which makes them feel that they are still useful member of the Community

The Post of Occupational Therapist is lying vacant. The occupational therapy is currently done by nursing staff. There is a proposal for involving NGOs to make up for the deficit of trained manpower.

The absence of Occupational Therapist is adversely impacting the Occupational Therapy programme, the post needs to be filled up on priority basis.

8. Canteen

The canteen is not functional since last six months.

Absence of Canteen is source of inconvenience to patients visiting the center as well as people accompanying them. Efforts should be made to restart it.

9. Halfway Home

Halfway Home is not in existence in Rajasthan which is a shortcoming that needs to be rectified. Rajasthan take a cue from Delhi where work on 5 Halfway Home was started in April 2012 and will be completed in a year to provide social integration and rehabilitation to patients discharged from mental hospitals or institutions.

10. Management of the Hospital

There is no Management committee to look after the day-to-day management of the hospital. , Hospital Administration is carried out by Medical Superintendent, Deputy Medical Superintendent and Nursing Superintendent. Medical Superintendent is Head of Department and exercises administrative and financial powers as per Government of Rajasthan Rules. The delegation of administrative & financial powers in favour of the Medical Superintendent is as per GoR rules.

In terms of certain policy decision he works as per advice and decision of Executive committee of Rajasthan Medicare Relief Society, Psychiatric Centre, Jaipur. The Chairman of RMRS EC is Principal Secretary (Medical Education), Vice Chairman is Principal & Controller, SMS Medical College and attached hospitals, and member secretary is MS. But the coordination between the relevant stakeholders needs to improve.

11. Vacancy Situation

Altogether 99 posts are lying vacant. In which all the sanctioned posts no.6 of Nursing Superintendent G-1 and G-2 are vacant. Likewise all the sanctioned post in NurseGrade1-2 numbering 60 are lying vacant. This is very adversely affecting nursing to the unfortunate patients who cannot demand anything. It shows the apathy of of people responsible for management of Psychiatry Center as well as the Department of Medical Education. Likewise out of two posts of Occupational Therapist both are vacant.. Out of three post of Psychological Social Worker two posts are lying vacant .This is really very troubling situation.

The other problem is that part of the staff are under the Department of Health and Family Welfare and part of them are under Department of Medical Education.This also impacts the functioning of Center, the control should be at one place, in this case taking into account the the nature of job with Department of Medical Education which is the Nodal Department for Psychiatry Center.

12.HRD

The mechanism for evaluation of the work, conduct & performance of officers and staff in various categories is as per GoR rules. There is no separate or independent procedure for evaluation of the work, conduct & performance of officers and staff in various categories.

Hospital management has not really paid special attention to human resource development through orientation & training of officers & staff members. Hence the number deputed, for training, at intervals, training institutions and the content, quality & impact of training has never been evaluated. The psychiatric training has not been imparted to all staff nurses.

The hospital has written to the Principal Secretary to arrange to have faculty members sent to apex institutions for training in various sub-specialties of psychiatry viz. child and adolescent psychiatry, geriatric psychiatry, addiction psychiatry and rehabilitation and consultation liaison psychiatry.

There appears to be gap between Center and Department of Medical Education which can be easily bridged with some effort on the part of people responsible for human resource development.

13. Rehablitation

There is a separate rehabilitation center for occupational therapy, where patients are given opportunity to work and learn some skills according to their aptitude and therapeutic needs, patients are being involved in the work of carpentry, canning, gardening, painting, in kitchen work, making paper bags for the distribution of medicines in the outpatients department. The rehabilitation therapy department needs to be better equipped to be helpful in the long-term rehabilitation of patients. ***The absence of Occupational Therapist is adversely impacting the Occupational Therapy programmed; the post needs to be filled up on priority basis.***

14. NMHP and DMHP

With regard to the NMHP (National Mental Health Program) and its implementation through the DMHP (District Mental Health Program), the performance is poor. The State of Rajasthan did not take advantage of it to implement the NMHP effectively, even though it was being successfully carried

out in its neighboring states. The Superintendent and the Nodal Officer, NMHP informed that the project has been defunct for the last 5 years. However, he brought out the fact that an amount of approximately 35 laces remains unutilized by the DMHP, Sikar which ended in 2008. The Superintendent has written to the Government requesting that this amount be transferred to the Alwar DMHP which is proposed to be started as soon as this money is available. State Government should look into it and try to take advantage of this centrally funded programme in the interest of people having mental health related issues.

A District Mental Health Program for Alwar was planned but not implemented and thereafter it was also planned that DMHP shall be implemented in all districts of Rajasthan but nothing has been done till date. From above it is obvious that State of Rajasthan has not taken advantage of above scheme under 11th plan and there is no urgency to make it up during 12th plan.

15.Connect With NGO's

I had a very productive meeting with a large number o NGO's who turned up for meeting with me .They were doing very good work in various area of mental health some of them are Disha. Umang.Vardhaman Parivar etc. But there was a total disconnect between these NGO's and Psychiatry Center though both are working in the same area which is service to the people having Mental Health issues.Here Psychiatry Center needs to take proactive step as the NGO's were more than willing to collaborate.

In the end I would like to thank Pradeep Sen Principal Secretary, Medical Education,Government of Rajasthan,Principal of SMS Medical College Jaipur,Pradeep Sharma Suprintendent Psychiatry Center and other teaching and non teaching staff of Psychiatry Center for makeing my visit productive and fruitful.