

\wp\etpan  
and costing  
Contents

Salaries/increments/perks/penalties *time or quality kraltd* *essentially to match*  
government. Weightage to be given for qualifications and *in keeping with central*  
experience. Implementation of labour legislation and welfare *approved by*  
measures as (prescribed by the Govt. of India.) *our executive council*

Qualifications/minimum/tests

Recurring

overheads: rent/utilities/maintenance/drugs/depreciation/

Admn: procedures/stationery/contracts

Mktg: potential/survey/schemes/targets/literature/pricing

Advtg: pr/conferences/talks/mailling/brochure/

Finance: sources/repayment/profitability

ROLE AND DUTIES OF STAFF in context to the organisation

Exec Comal

- Initiator: a) Policy and priority *decisions*  
b) Appointments and *disappointments*  
c) Funding and budgeting *efficiency*  
d) Monitoring and resource *allocation* *sourcing*

It will be constituted by the managing committee appointed by the board of trustees. One member of the committee will be appointed as the secretary and will also function as the co-ordinator of the centre. The managing committee will meet once a month at the centre to *conduct business*. *review the progress made*

- Co-ordinator: a) Maintenance of records  
b) Issuing instructions  
c) Integrating action  
d) Monitoring results

will be responsible for the administration of the centre. *#*  
will function as the secretary to the managing committee.  
will be responsible for implementing the aims and objectives.  
will be resident at the centre and will function as the head. *#*  
will be answerable to the managing committee.

- Departmental Head: a) Planning operations  
b) Execution of tasks  
c) Reports on results

will be qualified and experienced in the area administered.

*be the point of reference*  
Funding & Research  
Case basis for future treatment  
psy. case

- will be responsible for planning and progress reports.
- will undertake tasks assigned by the co-ordinator.
- d) will relegate duties to executives in the team.
- will be responsible to see that dead lines are met.
- will be responsible for the quality of work <sup>(of the team)</sup> ~~submitted~~

Executives: will execute tasks allotted by departmental head.  
*will be answerable to the HOD.*

DEPARTMENTS

1. Therapeutics
2. Rehabilitation and Community outreach programmes
3. Supplies/ stores/ housekeeping and maintenance
5. Records, publications, accounts and correspondence
6. Research, Development, Application and Dissemination
7. Funding, Finance and FanFare

DEPARTMENT OF THERAPEUTICS

Hoskote Centre

10 + 9

- it will look after the medical treatment of the patient.
- it will run an OPD three times a week. (general)
- it will run a 19 bedded in patient facility. (psychiatric)
- it will organise specialist OPD and camps.
- it will participate in community outreach programmes.
- it will provide technical bank for publications and work shop
- it will research into improved methods of treatment.

Bangalore city centres

- they will provide out patient facilities
- they will refer cases requiring admission to Hoskote
- they will follow up cases discharged from Hoskote
- they will offer family guidance and therapy
- they will organise fellowship programmes for members

The Hoskote ETC will be staffed by

*looks like etc...  
(lectura)  
Independently  
3yr experience  
wholesale*

1. Director of Therapeutics <sup>dis?</sup>  
 should have a recognised post graduate degree in Psychiatry  
 will function as the head of the therapeutic team.  
 will have to organise community psychiatry programmes.  
 should be familiar with substance abuse/ general psychiatry/  
 community psychiatry/ alternate medicine/ research/ teaching.  
 will head the technical bank for medical publications.  
 will be resident at the centre. Reports to co-ordinator.

2. Asst. Director Therapeutics  
 should have an MBBS degree from a recognised institution.  
 will be resident on call, will treat in-patients, will man  
 the OPD and participate in community out-reach programmes.  
 Should have an aptitude for teaching and mass communication.  
 Will help develop alternate methods of therapy and de-

mystification of mental illness.

3. Director of Nursing should have a post graduate nursing qualification. Will head the nursing team and organise training programmes. Should be familiar with psychiatric/ detoxification nursing. teaching experience family/ community. Capable of developing appropriate nursing methods. Should be familiar with rural life and customs.

4. Assistant Nurses should be graduate nurses with experience and aptitude for working with the mentally ill/ handicapped. Will be resident on call and will work in the OPD, in-patients and community.

5. Director of Rehabilitation should have a post graduate degree in Social work. with (experience of mentally ill/ retarded/ substance abuse. Should be familiar with project administration and funding. Will have to organise the community health programmes. Career Guidance and motivation.

6. Director Motivation should be capable of empathising with Drug Addicts, Alcoholics, Manic Depressives, Schizophrenics, and being one with the mentally retarded. Will be responsible for converting human liabilities into productive citizens. responsible for motivating

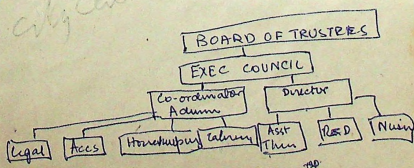
a) the afflicted b) the family c) the employer d) society Should be competent in public speaking and qualified in mass communication. Should have experience in publishing and creative expression. will be responsible for all public functions of the centre and will have to conduct public awareness and promotional programmes/ conferences

7. Director Education and placement will be responsible for a) appropriate education programmes for mentally afflicted. b) productions for mass education/ workshops/ seminars/ text c) running an artisan and trades workshop and apprentice d) career guidance and placement of treated and chronic cases should have a post graduate qualification in education with a specialisation in education of the handicapped/ experience in working with drop outs/ addicts/ mentally handicapped/ insane. e) running a vocational training and placement programme/ agriculture and rural/ cottage industry. Rural economy alternate resource development/ alternate energy development.

2 yr

2 yr

gs/co  
\* not edited  
→ clustering of depts under 2-3 directors  
Pattern of city clubs organisation



Minimum duration of stay - 3 weeks

Package deal for alcohol/drug therapy - 6 weeks

3 weeks compulsory in-patient care

3 weeks out-patient F/u twice a week

- Rs.5,000/8,000 plus drugs

Free Clinic Twice A Week On Tuesdays & Fridays

at centre

- liason with Lions Club

sponsored by

↓  
Rotary Club  
Bangalore Round Table  
Jaycees  
Leo Club  
Altrusa

- Other Social Welfare Organisations.

- Pharmaceuticals - Sun Pharma

- Torrent

- SKF

- S.G. Pharma

- INTAS

- La Pharma

- Sigma

- Eros Pharma

- Boots

- USV

- Abbots

- Astra-IDL

- Wellcome Burroughs

- Merck

- Hoechst

at Public Limited Companies

BHEL, BEML, HMT, HAL, ITI, NGEF, MICO, LRDE,  
Larson & Turbo, BPL

Mktg: potential/survey/schemes/targets/literature/pricing

## Marketing

### Potential

As indicated earlier the potential for the Mental Health Care in Bangalore is enormous, especially with rapid urbanisation and industrialisation. The increase in awareness of mental problems and modern methods of treatment will considerably enhance the market potential in the city.

Institutions of similar nature have been run profitably and are usually over-booked. The surplus and/or the cases that cannot be easily treated in these institutions, will be our primary target audience and subsequently the market. The strength in our organisation is the fact that it is run by qualified specialists, which is not the case in some of the privately run mental health care institutions.

The market potential can be divided into two basic segments:

#### 1. Institutional

Many large Public limited industries, as mentioned earlier, are facing an acute problem due to alcohol. This adversely affects the production and is counter-productive. Both the management and labour (unions) realise the need for care of the workers thus afflicted. Funds have been kept aside from both sides for this purpose. If this market segment is adequately tapped it could represent at least 70% of the in-patients in Phase 1 (7 beds). They could be contracted on an annual basis ensuring a regular and reliable source of income for the centre. They could be treated exclusively and special concessions offered.

#### 2. Individuals

a) Urban-Referral. Once the Centre is established and functioning, the city centres can refer the cases that need hospitalisation. Although the treatment may not differ from those given to institutional patients they will not accrue the same economic benefits. Bed and treatments costs will be at an average 20% more than that offered to the institutions. The segment may be estimated at 20% (2 beds/private wards).

b) Local. To increase awareness and be of service to the local community an OPD will be run at subsidised rates. Although the income may not be substantial at the outset it will lay a base for future development. 10% one bed will be reserved for this class of clientele. Free clinics sponsored by social groups will also be held once a week to generate goodwill.

#### Survey

A survey amongst Institutions and similar health care centres can establish the above mentioned premise. The survey may be conducted by the doctors themselves or with the help of

professionals.

#### Basis

The basis will primarily establish the existing market and its future potential. It could also help in establishing the need for Old Age & Mental Health centres and its cost effectiveness. It could also throw new light on areas which have marginalised in this document, due to ignorance or lack of information.

#### Questionnaire

The questionnaire must be simple and the contents should be self explanatory for a person to fill in. An extra section to deal with Institutions must cover economics, periods, success /failures in the past, legal aspects... These questionnaires can be filled in by one of the doctors or person trained to get the right response.

#### Analysis

The analysis of these questionnaires can follow a pre-determined format designed by the doctors/marketing manager. Care should be taken to leave room for new lines of thought that can change or alter the existing approach.

#### Targets

Break-even. As indicated the break-even target of 5 bed occupancy can be achieved through Institutions. Hence the thrust must be initially focussed on this segment. If the allotted 7 beds are permanently booked by this segment it could ensure a reliable source of income for the Centre to run on.

#### Phase I

Pricing  
Competitors  
Opportunity  
Packaging  
Promotion

Advtg: pr/conferences/talks/mailling/brochure/  
F

Dear Shivdi,

This is a Rough copy  
of our Project for comment and  
advise. Please Pass it on to  
Rabi.

Please give Laxman's old  
age articles to the beaver  
Chief Robin.

# Environ Mental Trust

No 7/2, 12th Cross, 8th Main, Malleswaram, Bangalore 560 003  
Phone: 345099

## Appeal

**W**e are a group of professionals who have formed a charitable Trust dedicated to the service of the poor. The objective of the Trust is to provide a comprehensive Mental Health Care system including Alcohol and Drug Deaddiction and Rehabilitation. Funds generated by way of mass entertainment will go into building the necessary infra-structure. A British group of musicians have agreed to tour the country in August and perform on our behalf.

We earnestly appeal to you for your sponsorship and support. You can help by under-writing basic costs of production.

Co-sponsorship of the programme involves providing financial assistance of all costs other than publicity and advertising which is being sponsored by SWATCH, the famous watch company of Switzerland.

SWATCH has undertaken a publicity campaign of Rs. 14 lakhs in 4 major cities.

However, to make it a fund raising project, financial assistance is also required for the venue rent, hire of sound and light equipment, security and costs of stage and barricade erection.

The co-sponsor will benefit from the publicity through newspapers and other mass media employed prior to the show. Banners of the co-sponsor will be displayed at the entrance. Complimentary tickets will be given to the co-sponsor who in turn can use it to invite people and improve their public relations.

#### PATRONS:

Dr K. S. Asok MBBS MRCP Neurologist

Mrs O. Mendanha MA BT Educationist

#### TRUSTEES:

Dr. Aravind Sheshadri Psychiatrist

Dr. Laksman Geriatrics, *Psychiatrist, Gerontologist*

#### ORGANISING COMMITTEE:

Dr. Rabindra Mendanha

Dr. Geetanjali Mahadevan

Dr. M.V. Shailesh Kumar

Mr. Harindranath Nair

Mr. Mahesh Kukreja

Mr. R. Rajashekar

# Environ Mental Trust

No 7/2, 12th Cross, 8th Main, Malleswaram, Bangalore 560 003  
Phone: 345099

The Environ Mental Centre

## VISION

To provide Mental Health Care, Deaddiction and Rehabilitation facilities to improve the quality of life of the mentally afflicted.

Research into improving methods of mental health care and integrating the different systems of medicine.

## The Need for Mental Health Care in India

At least 2% of the population have some definable form of mental illness. Doctors qualified in Psychiatry number around 1500 only. Domiciliary treatment is available only at a few select centres.

It was not until recently that the Indian Lunacy Act has been amended to National Mental Health Act. The word Lunatic which has been stigmatising enough has been removed.

Thus it is not surprising that public awareness has been rather limited and the mentally ill person has not been able to find acceptance in society.

With the tremendous advance in psychiatric research it has been established that mental illnesses are medical illnesses in the sense that they have an aetiology, a course and an outcome that depend upon a multitude of factors. This would mean that specialised care is the quintessence of helping the patient readjust to the environment.

## PROCESS

The Trust aims to provide a comprehensive system of mental health care in a salubrious environment. Twenty acres of land have been identified for this purpose.

The Trust has registered and applied for 50% exemption under the Income Tax Act as a secular public charitable Trust.

The Trust will not discriminate on the basis of caste, creed, race or religion.



Organisation:-

Faculty:-

Therapeutic: Dr. R. Lakshman MBBS MD (USA) DMRC Psych  
Dr. Aravind Sheshadri MBBS DFM (NIMHANS)

Laboratory: Dr. Rabindra Mendanha MBBS MD Physiology  
Dr. M.V. Shailesh Kumar PhD Neurophysiology

Operations: Mr. Harindranath Nair B.Com Dip Management

Documentation: Mr. Mahesh Kukreja Design and Fabrication

Farming: Mr. S. Satish Kumar Rural Development

Co-Ordination: Mr. R. Rajashekar Administration

Staff: Mr. S. Motha Leather Crafts

Behavioural Therapist, Occupational Therapists, Psychiatric  
Social Worker; Librarian; Nurses; Laboratory technician;  
Administrative and Catering.

#### STRUCTURE

Vital:-

1. Hospital dormitory for 30 patients.  
and out-patient/outreach facilities
2. Staff residence
3. Occupational therapy centre
4. Laboratory equipment
5. Kitchen and Dining Hall
6. Water supply and Sewerage
7. Office equipment and library

### Activities

1. Mental: Treatment and Research.
2. Vocational: Pottery, Toy making, Leather work, Catering, Masonry, Carpentry.
3. Social: Group interaction activities.
4. Physical: Farming, Adventure and Team sports.
5. Creative: Music, Dance, Drama, Arts and Crafts.

### Target Population:

The Centre will cater to the needs of the population as a whole. It will also tend to the domiciliary needs of patients referred from other centres.

### Treatment Approach:

- i) Biological: Treatment by qualified staff using a multi disciplinary approach.
- ii) Psychological: Group psychotherapy and self help groups.
- iii) Family: Family Counselling and Therapy.
- iv) Social: Group interaction activities and Education.
- v) Occupational: Therapy and Vocational crafts training.

### Productivity Profile:

In the first phase 30 beds will be provided at the Environ Mental Centre.

The duration of stay will vary from a few weeks for acute cases to domiciliary care on a long term basis. Out patient facilities will be provided.

Emphasis will be on readjustment of the patient initially to self, then to his home environment in order to facilitate social adjustment. The individual will develop a productive skill in order to function as a contributing member of society.

Essential:-

1. Implements: Farming and craft tools.
2. Transport: Ambulance/Jeep.
3. Equipment: Communication and generator.
4. Livestock: Milch cattle, gobar gas and cultivation.

Desirable:-

1. Recreational facilities.
2. Sports gymnasium.

Maintenance and Working Cost: To be reviewed annually.

Suggested heads of account

1. Salaries for staff.
2. Administrative expense.
3. Catering and House keeping.
4. Purchase of drugs and reagents.
5. Maintenance of equipment.
6. Miscellaneous.

SOURCES OF FUNDS:-

1. Donations from individuals and organisations both inside and outside the country.
2. Government Funding.
3. Donation from affluent patients for service to poor
4. Fund raising by Cultural and Sports activities.
5. Publication and Training programmes.

# Environ Mental Trust

No 7/2, 12th Cross, 8th Main, Malleswaram, Bangalore 560 003  
Phone: 345099

## The Environ Mental Health Centre Project

The Environ Mental Trust was registered in July '91 to commission The Environ Mental Health Centre for therapeutic and rehabilitation purposes to succour the psychologically distressed excluding the mentally retarded and those below the age of 12 years with the focus on alcohol and drug de-addiction.

### background

Cosmopolitan Bangalore is rapidly evolving into a megalopolis and is the fastest growing metro in India and indeed Asia; with a population of over 50 lakhs (1991). Once a sleepy pensioners paradise famous for its salubrious climate, the capital city of Karnataka is being shaken to the very core of its being and the bewildered populace rudely awakened to adapt to the complexities of 'big city' life.

The social upheaval engendered over such a short period of 10 years has brought in its wake some of the more unwelcome problems of massive urbanisation alongside mammoth industrial expansion.

Alcohol abuse has assumed alarming proportions. Speaking at a workshop on "The law and drug abuse" Bangalore Police Commissioner, Mr. Ramalingam was of the opinion that the spurt in alcohol abuse figures, especially in the young was due to the town's 'pub culture'; Bangalore having the largest number of pubs in India. At the same venue Prof. Mohan Issac of NIMHANS stated that alcohol related problems had shown a ten fold increase in the last decade and 20% of cases seen at the national referral centre were due to substance abuse, 90% owing to alcohol (Deccan Herald Aug 1991).

Stress related disorders due to the pressures of modern city life is widely reported on the increase and awaits assessment.

Bangalore has the highest incidence of suicide among Indian cities (ref: article in Blossom city magazine July 1991 issue). The relationship with stress is marked.

Widespread drug abuse remains worrisome and is second only to alcohol abuse.

The add-on effect to the more conventional areas of mental illness viz schizophrenia, personality and anxiety disorders need urgent evaluation. They can be safely presumed to be on the upswing given the well documented association with alcoholism,

stress, drug abuse and suicide.

*The pressing need of the hour is for mental health centres managed by professionals with 'state of the art' facilities to meet the increase in psychological morbidity.*

A group comprising of psychiatrists and other professionals have come together because of a shared concern in the area of mental health and its problems to set up The Environ Mental Health Centre in Hoskote on the outskirts of urban Bangalore for purposes of therapy and rehabilitation.

The centre comes under the aegis of the Environ Mental Trust, a secular charitable organisation conceived in July '91 by the aforementioned group with headquarters in Malleswaram, Bangalore.

### Rationale

An analogy drawn from the field of internal medicine best visualises the philosophy of the group to the field of mental illness and its place in society.

A protozoan trophozoite *Entamoeba Histolytica* is the causative organism of amoebic dysentery. Within the human intestine it lives in happy symbiosis with the resident bacterial flora. Any disturbance in this delicate triangular relationship triggers dysentery and management consists of treating the amoebae and bacteria specifically and the host symptomatically to restore the status quo. By the same token the psychologically disturbed patient cannot be treated in isolation but only in the context of his environment and 'further afield' society as we know it, to restore the steady state enabling the patient to reintegrate into society and live in amity within it.

*On a different plane, the group will adopt a kinder, gentler approach tempered by firmness and fairness within an eclectic therapeutic framework.*

### Location

The centre is based at a fully equipped 40 bed hospital on a 5 acre plot provided with electricity, telephone & bore well. The old Madras road (N.H.4) bisects Hoskote 25 kms from Bangalore and secures ready access via a metalled by-road in good condition half km off the highway and on its right hand side when approached from Bangalore. It is well connected by KSRTC buses every half hour from the town centre.

### Phase I

A 10 bedded unit and two private rooms will be unveiled with full back up services by trained psychiatric and nursing staff on a 24 hour rota basis. Assessment and out patient clinics commence on the day of inauguration of the centre and will also be operative at:

- 1) Sainath Clinic, No.174 Seppings Road, Bangalore 560 005, phone: 571276 (PP)
- 2) E M T, No. 7/2, 12th Cross, 8th Main, Malleswaram, Bangalore 560 003, phone: 345099.

Psychiatric and ancillary staff will pay domiciliary visits to private residences, family practitioners' clinics, nursing homes and hospitals by prior arrangement and at mutually convenient times.

The accent will be on alcohol and drug de-addiction. The reasons for targeting this sub-group are manifold. Today, there is a heightened awareness that the flower of our youth in the sensitive twenty to forty age group is the most vulnerable to these habits and the devastating socio-economic implications thereof. Giving these conditions top priority will ensure the financial viability of the project in the crucial first phase and furnish it with the much needed publicity so necessary to boost its image abroad.

The trust had arranged an open air concert by the British rock band 'Touch' at the Bangalore Palace on 11th August '91 to secure funds. The band's concert here was overseen by the well known Swiss watch company 'Swatch' in conjunction with the trust. The event served the objective of raising the trust's profile in the public eye. Further fund raising events and drives will be undertaken at central and state government level; the corporate sector; voluntary, self-help and social organisations; benevolent foundations and individual philanthropists to aid our cause. The trust will lobby national and international forums for financial support.

Lectures, workshops and seminars are to be organised to educate the public about mental health, especially the preventive aspects utilising audiovisual aids. Emphasis will be on the positive affirmative aspects of mental health. Liaison with other organisations will be undertaken.

At Hoskote, the personnel will settle in, take stock of the surroundings and commence building bridges with the community and imbibe its culture and traditions enabling them to work in harness with the local institutions and people and not 'go against the grain' as it were. Hoskote taluk has a population of 1.5 lakhs. The people use allopathic medicine sparingly (17%) and the figure for psychiatric take up will be correspondingly smaller. Several out reach centres continue to service the community and the centre with these satellite units will constitute the backbone of the community mental health service

planned for the taluk. Sponsored free clinics and camps will be run at the centre and urban referral units.

Estimated cost of phase I : Rs. 3 lakhs

### Phase II

An audit of phase I will occur, the lessons absorbed and the gains further consolidated. The centre will expand to the projected capacity of 30 general beds and 10 private rooms with requisite infrastructure and services. Occupational therapy plays a cardinal role in rehabilitation and will occupy centre stage. Self help, retraining and employment schemes will be implemented to help clients make the best use of their skills and enhance their job prospects thus easing their re-entry into the mainstream of society.

A full fledged therapeutic community will be set in process.

Fund raising activities will continue at a higher level.

Income generation schemes will now enter the picture. Sericulture, animal husbandry and dairy farming activities are available on site and will be taken up.

Medical insurance schemes will be on offer and the corporate sector encouraged to avail beds on a booked basis.

Estimated cost of phase II :Rs. 8 lakhs

### Phase III

At this juncture all problems ironed out, the centre will be on its feet and take its rightful place amongst Bangalore's recognised psychiatric services.

A lab to do research in epidemiology, phenomenology, psycho-pharmacology and psycho-genetics will be founded.

THE AGE - WISE PROJECT to cater to the speciality area of psycho-gerontology is on the anvil and will be taken up in right earnest as it is the contention of the trust that the field is of increasing relevance in urban conurbations and will be here to stay by the year 2000 AD (ref: lead article India Today, Sept 15, 1991.)

The community mental health program in Hoskote will provide basic data and fresh insights into mental disorder. The information gleaned will prove invaluable in doing comparative research by taking advantage of Hoskote's favoured position on the urban-rural divide with Bangalore which is unique in the Indian sub-continent as an incubator of speedy socio-economic-political change.

Where appropriate, centres run on similar lines will be franchised elsewhere in Karnataka and eventually, the rest of the country.

NATIONAL INSTITUTE OF MENTAL HEALTH AND  
NEURO SCIENCES, BANGALORE

AND

THE INDIAN PSYCHIATRIC SOCIETY,  
Karnataka Branch



## MENTAL HEALTH WEEK

10th to 16th April 1976

EXHIBITION &  
CULTURAL PROGRAMME [ 9:00 a.m. to 12:00 noon  
3:00 p.m. to 8:00 p.m.

at The Recreation Hall, National Institute of Mental Health  
and Neuro Sciences.

PLEASE VISIT THE EXHIBITION TO KNOW MORE  
ABOUT MENTAL HEALTH

## HINTS FOR MAINTAINING MENTAL HEALTH

1. Have a hobby, acquire pursuits which absorb your interests.
2. Develop a philosophy, adapt yourself to social and spiritual surroundings.
3. Share your thoughts; cultivate companionship in thought and in feeling.
4. Face your fears, analyse them, day light dismisses ghosts.
5. Balance fantasy with fact, dream, but also do; wish, but build, imagine, but ever face reality.
6. Beware of alluring escapes, alcohols, opiates and so on.
7. Exercise; walk, swim; muscles need activity.
8. Love, but love wisely.
9. Don't become engulfed in whirlpool of workers, call for early help.
10. Trust in time, be patient and hopeful.

## WARNING SIGNALS OF POOR MENTAL HEALTH

1. Are you always worrying?
2. Are you unable to concentrate because of unrecognised reasons?
3. Are you continuously unhappy without justified cause?
4. Do you lose your temper early and often?
5. Are you troubled by regular insomnia?
6. Do you have wide fluctuations of mood by depression to elation, back to depression which incapacitate you?
7. Do you continually dislike to be with people?
8. Are you upset if the routine of your life is disturbed?
9. Do your children constantly get on your nerves?
10. Are you continuously bitter?
11. Are you afraid without real cause?
12. Are you always right and the other person wrong?
13. Do you have numerous aches and pains for which no doctor can find a physical cause?



TREATMENT FACILITIES AVAILABLE AT THE  
NATIONAL INSTITUTE OF MENTAL HEALTH AND  
NEURO SCIENCES, BANGALORE

—0—

OUT-PATIENT DEPARTMENTS:

1. On all working days between  
8 : 30 a.m. and 12 : 00 noon      Psychiatric Clinic
2. On all working days between  
8 : 30 a.m. and 12 : 00 noon      Child Guidance Clinic
3. On all working Mondays and  
Thursdays between 8-30 a.m.  
and 12-00 noon      Neurology Clinic
4. On all working Tuesdays and  
Fridays between 8-30 a.m.  
and 12-00 noon      Neurosurgical Clinic

Special Clinics:

1.  On all working Thursdays  
between 2-00 p.m. and 4-00 p.m.      Anxiety Clinic
2. On all working Thursdays      Clinic for  
between 2-00 p.m. & 4-00 p.m.      Mentally Retarded

TREATMENT PROGRAMME

Drugs, ECT, Psychological Testing, Behaviour Therapy,  
Psycho-therapy, Group Psycho-therapy, Family Therapy,  
Marriage Guidance Clinic, Surgery etc.

IN-PATIENT TREATMENT

All admissions are made depending on the need.  
Please do not insist on admission.

MP 3:4


NATIONAL WORKSHOP  
ON  
POSTGRADUATE EDUCATION  
IN PSYCHIATRY

26th September 1988 at Sea Rock Hotel, Bombay.

RECOMMENDATIONS

ORGANIZED BY  
PSYCHIATRIC EDUCATION COMMITTEE  
INDIAN PSYCHIATRIC SOCIETY

Edited by : Dr. Anil Shah.

  
4/88

INDIAN PSYCHIATRIC SOCIETY

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03610

## PREAMBLE

The president, vice-president and council members of Indian Psychiatric Society advised me to hold a national workshop on postgraduate psychiatric education, involving fellows of the Indian Psychiatric Society in general and leading personalities in Psychiatric education in particular. Prior to that, a letter (Ref. MCI-186 (11) 86-med (15441) was received from the Medical Council of India asking for I.P.S views on Postgraduate Psychiatric education. A suitable questionnaire was prepared and mailed to all the members of I. P. S. A national workshop was held on 26. Sept. 1987 at the venue of annual conference of I.P.S. west zone in Bombay, which was attended by about 230 delegates. Senior Psychiatrists from all over India participated in the workshop and expressed their views.

The responses received by post and suggestions made at the national workshop were compiled in form of Recommendations which have been forwarded to the President and secretary of Medical Council of India.

The workshop was inaugurated by Dr. M. Bengalee, Vice Chancellor, University of Bombay. Dr. R. K. Gandhi and Dr. S. N. Desmukh, members of the Medical Council of India, Chaired the sessions.

## Forward

Over the past 2 decades the training facilities for psychiatrists have increased in our country. This is mainly done in view of the realisation that there is a paucity of trained and qualified psychiatrists in our country when one considers the very large patient population. The Government of India has committed itself to achieve the goal of providing health care facilities to each and every citizen of our country by the year 2000 A. D. To achieve this object the national programme for mental health has been developed and the implimentation has been already started. It is hoped that these efforts would improve the existing situation. Every year about 150 doctors receive post-graduate qualification in psychiatry from about 40 centres which provide facility for their training, but this is bound to prove inadequate as it is expected that there would be an absolute as well as a relative increase in the number of patients suffering from various forms of mental illnesses, hence the country will have to develop more training centres for post-graduate training in psychiatry.

A review of the existing training centres reveals that there is a wide variations amongst these centres they differ in the syllabus, the staff which is required for providing the training, the laboratory and library

facilities, clinical facilities and the duration of the post-graduate training. Some centres are offering diploma course of one year, some offers diploma course of 2 years, few centres are offering the degree course of 3 years and there are a very few centres which are offering both diploma and degree courses. These centres have different eligibility criteria for degrees who desire to train himself as a psychiatrists and the number of students admitted to these courses also differs from centre to centre. Needless to say that the standards of the training in the quality of specialists who come to these centres would have a wide variation.

In view of the above the Medical Council of India, National Academy of Medical Sciences and the National Board of Examinations who are all concerned with the quality of training feel concerned about the prevailing situation. The Indian Psychiatric Society has also been very much concerned about these problems for a very long time. Efforts were made at individual level without much success. It was therefore thought very proper that the I. P. S. should suggest a proper pattern for post-graduate training with a view to achieve uniformity. The task of achieving this object was entrusted to the psychiatric education committee which is functioning at present under the dynamic and enthusiastic leadership of Prof. A. P. Patkar, Professor and Head, Department of Psychiatry, T. N. Medical College and B. Y. L. Nair Hospital, Bombay. Prof. A. P. Patkar, Chairperson of the Psychiatric Education Committee has very carefully and painstakingly undertaken the task. A special proforma was prepared to elicit the

information. This proforma was sent to each and every member of the society who have the first time got an opportunity to express their views on the Suggest. The workshop was also arranged with the same objectives. Many interesting paper were presented by experienced teachers These have been forwarded to the concerned authorities. It is hoped that all these efforts would produce satisfactory results in near future. I would like to congratulate Prof. Patkar and all others who have contributed substantially to this laudable goal.

Kailash Darshan,  
5th floor, Flat No. 19,  
Kennedy Bridge,  
Nana Chowk,  
Bombay 400 007.

Date : 28th May, 1988.

Place : Bombay

**PROF L. P. SHAH**  
President  
Indian Psychiatric Society

# Programme

## 1. Inaugural function

Welcome : Dr. O. Somasundaram, President,  
Indian Psychiatric Society.

Objectives and Findings of survey : Prof. A. P.  
Patker Chair, Psychiatric Education  
Committee, I.P.S.

Inaugural Address : Dr. M. D. Bengalee Vice  
Chancellor Bombay University

Vote of Thanks : Prof. L. P. Shah, Vice President,  
I. P. S.

## 2 Session I

Chair : Dr. S. N. Deshmukh : Co-chair Dr. G. C.  
Boral : Rapporteur Dr. R. C. Maniar

### Papers :

(a) Prof. Deepali Dutt; Establishment of  
Psychiatric Depts. in Teaching Gene-  
ral Hospital.

(b) Prof. Anil Shah : Superspecialities in  
Psychiatry.

(c) Dr. A. B. Khorana : Staffing of Psy-  
chiatry Department.



- (d) Dr. P. L. Moholkar : Establishment of Psychiatric Services, departments, wards and Community Health Services.

Discussion from floor.

### 3. Session II

Chair : Dr. R. K. Gandhi; Co-chair : Dr. Roshan Master. Rapporteur: Dr. V. G. Watve

Papers :

- (a) Dr. A. Ramnathan : Facilities-for Investigations, Experimental Laboratory and library
- (b) Dr. V. D. Shah : In patient Out patient, followup Services : Record and filing facilities.
- (c) Dr. P. N. Mehta : Assessment of post-graduate students. Eligibility for Teachers etc.

Discussion from floor.

### 4. Section III

Report of session I : Dr. R. C. Maniar

Report of session II : Dr. V. C. Watve

Recommedations : Prof. A. P. Patkar

## Recommendations

(1) STAFF : For each unit in Psychiatry Department

(A) Medical :

Professor	one
Associate Professor	one
Asstt. Professor	one
Tutor Lecturer	one
Registrar	one
Residents : House Physicians	two
P. G. Students. (as per MCI rule)	

(B) Paramedical :

(1) Lecturer in psychology (with M. A.) for teaching post graduate students for 1st 6 months of residentship, Nurses, O. T., P. T., Speech therapy students.

Clinical Psychologist	one
Psychiatric Social Workers	two
Psychiatric Nures	four
Occupational Therapists	two
Statistician (may be common with other depts.)	
Yoga therapist	one
Psychotherapist (or Psychoanalyst)	one

(C) Office Staff :

Clerk cum typist	one
------------------	-----

- (II) (a) Accomodation : Inpatient wards are a must and should be separate but nearby, for males, females and children. They should have at least 10 males, 10 females and 5 children, beds per unit Rooms should be available for ECT, Individual, Group Psychotherapy and O. T. Arrangements for violent patients in separate rooms with grills for initial treatment of patients. Children ward should be separate with one way glass window for for observation, child guidance clinic may be associated with it.
- (b) acute crises unit should be made available, preferably, in association with medical facilities,
- (c) Investigative/Experimental lab is a must. Separate lab. for routine investigations i.e. blood, urine, stool, VDRL etc. Specialised lab. in association with other departmens for RIA assay. Serum Lithium, Plasma cortisol, drug level of antiepileptics antipsychotics Experimental lab is desirable for the institutions who can afford it.
- (d) Record, filing and follow up must be routinely available in all depts. A Clerk cum typist should be provided for this work and assist P. S. W. with follow up work.
- (e) Animal House : at selected places only, if possible.

(f) Other requirements :

- Child Guidance Clinic
- Behaviour Therapy Unit
- Play therapy room-Recreation room
- Equipment for psychological testing, Occ. therapy
- Computer, video-TV, Tape recorder-if possible and feasible
- Sleep laboratory equipment
- Psycho Pharmacology Research facilities.

(II) Special equipment-

- ECT machine
- ECG/polygraph machine
- Behaviour therapy equipment
- Slide Projector, (Tape recorder-video already mentioned)
- Sleep Therapy machine
- C. T. Scanner in any dept. in the institute
- Bio-feed back equipment

(IV) Library facilities :

- At least 200 books in Departmental library :  
Rest in college library.
- 8 International and 2 Indian journals
- Regular grant of at least Rs. 75,000/- yearly for addition of new books.
- Xerox facilities at cheap rates in library
- At least 2 Indices-Excerpta Medical and Index Medicus : should be open for at least 12 hrs.

(V) Allied specialities should be available in the institution.

(VI) Objectives of the course—

The level of competence after the course should be :

- (a) able to diagnose, and manage patients independently.
- (b) organise research.
- (c) to serve as a clinical tutor
- (d) manage crises situations
- (e) competence in behaviour and biofeedback therapy
- (f) knowledge & experience in preventive & community psychiatry & forensic psychiatry.

(VII) Special Eligibility requirement

M. B. B. S. with minimum 55% marks and interest in psychiatry

12 months preregistration post-6 months in medicine & 6 months in psychiatry before registration.

Preselection : personality assessment, vocational interest, inventory and motivation tests.

Interview by professor of psychiatry

A written test including-Neurology, Biochemistry, Pharmacology, Endocrinology, Medicine may be advised.

(VIII) Student-Teacher Ratio

for D. P. M.-4 : 1

for M. D. -2 : 1

(IX) Duration of training :

D. P. M. : 2 Years

M. D. : 3 Years

During training candidates should be rotated in Neurology, Medicine, Mental Hospital, Rural Health Centre in the 2nd year of training for M. D. Visits to physically handicapped and mental retardation institutions should be arranged.

(X) Eligibility for being P. G. Teacher and Examiner  
5 years experience to become a teacher  
10 years experience to become an examiner

(XI) Suggestions regarding requirements for starting new P. G. departments :

(a) adequate staff and funds must be available

(b) Every state must have at least one or more post graduate centres.

(c) M. C. I. inspectors should be given guidances for the minimum requirements for recognition of the dept.

(d) Time limit should be set on the report to be submitted by M. C. I. inspection.

(e) M. C. I. inspection should be carried out every 5 years on established departments and every 3 years on new departments.

(f) M. C. I. inspection should take into consideration vastness of our country and regional imbalances and availability of trained personnel in diff parts. Hence, some flexibility should be shown in granting permission to the establishment of new departments.

(g) Undergraduate Psychiatric education should be increased and strengthened.

(XII) Suggestion for improvement in existing P. G. depts.

(a) Balanced exposure to various fields of psychiatry which are at present neglected.

(b) Fill up existing vacancies with qualified staff

(c) Uniformity of syllabus and training with central monitoring body.

(d) Involve teachers of behaviour and Psychotherapy

(e) IPS should get representation in recognising P. G. psychiatry depts.

(f) Semester system for M. D. may be considered, as it will have a 6 monthly check on the progress of a candidate and corrections in his studies can be instituted at an early date rather than after 3 years.

(g) If Non teaching private psychiatric Nursing homes satisfy minimum criteria laid down by M. C. I. they may be considered for recognition for DPM first. This will encourage them to upgrade their services to attain better standards for eventual M. D. recognition.

(XIII) Superspecialities :

A certificate course of one year duration may be started at selected places for child Psychiatry after M. D.

## Report of the First Session

The workshop on post-graduate Psychiatric Education was held on 26th Sept. 1988 at Hotel Sea Rock, Bombay during the XVIII Annual Conference of Indian Psychiatric Society (West Zone).

Dr. A. P. Patkar, Chairman, Post-graduate Education Committee Indian Psychiatric Society introduced the distinguished guests.

Dr. O. Somasundaram, President, Indian Psychiatric Society welcomed the guests, the speakers and the delegates and gave an introductory speech about the necessity of such workshop.

Dr. (Mrs) M. D. Bengalee, Vice Chancellor, University of Bombay, inaugurated the workshop. In her inaugural speech, she emphasized the importance of such a workshop, and remarked how we have lost the 'Human Touch' in every field of life, including the field of Education. According to her there is a need of hierarchy of persons to train the students. The curriculum and the training programme require extensive restructuring. She stressed on the importance of continuous assesment of the students rather than final assesment at the end. She also opined that there should be renewal examination of the certification at regular interval for the post-graduate medical consultants, so that the consultants would keep themselves in touch with the recent knowledge.



Dr. A. P. Patkar and Dr. Anand Popli informed about the questionnaire survey on 'post-graduate Psychiatric Education' done by them recently. Dr. Anand Popli gave the details of the data of the abovesaid survey. Dr. A. P. Patkar talked about certain interesting responses to the questionnaire.

The first session of the workshop was chaired by Dr. S. N. Deshmukh, Dean, Medical Faculty, University of Bombay and was co-chaired by Dr. G.C. Boral, past-president, Indian Psychiatric Society.

The first session started with introduction of the speakers by Dr. A. P. Patkar.

The Chairman, Dr. S. N. Deshmukh, congratulated Indian Psychiatric Society, for holding a workshop on such an important subject. He discussed the importance of such a workshop.

The first speaker, Dr. (Mrs) Deepali Dutta talked on establishment of new psychiatric services, departments and wards. She described few of the difficulties she experienced during the establishment of new psychiatric services. She opined that the psychiatric Departments, including outdoor facilities and wards should be developed gradually i. e. step by step.

Dr. Moholkar, the second speaker, while talking about community Mental Health Services, gave few interesting figures from WHO report. There are only 1,500 Psychiatrists for the population of 700 million in India, i. e. there is only psychiatrist for the population of 5 lac. Dr. Moholkar opined that Medical Council of India should be practical rather than

theoretical in recognising the psychiatric departments for P. G. studies, so that more psychiatrists would be available to serve the society. Dr. Moholkar suggested that every Taluka hospital should have indoor and outdoor facilities with one psychiatrist for the psychiatric patients, and there should be 40 male and 30 female beds in every district hospital, and there should be at least one psychiatrist in the district hospital. Dr. Moholkar stressed on the importance of training the family physicians and community health workers to recognise the psychiatric problems, so that early intervention can be done.

The third speaker, Dr. Anil Shah remarked that such a workshop is the need of the hour. He spoke on the superspeciality in Psychiatry. He questioned the audience whether at present there is any need for superspecialization in Psychiatry. He discussed at length the pros and cons of superspecialization. He gave details of the reports of the committee of the American Board on superspecialization in Psychiatry. Dr. Shah opined that there should not be many centres for superspecialization, otherwise the general psychiatrist will be undermined and there is a fear of fragmentation of the subject of psychiatry. However without superspecialization, the science of psychiatry would loose the image of a progressive science and there will be retardation of the academic growth and hence there is a need for the superspecialization in the subject of psychiatry.

Dr. Shah opined that there should be very few limited centres for the superspecialization in psychiatry so that the persons trained at such centres can teach the speciality in psychiatry to the general

psychiatry P. G. Students at different P. G. centres. The superspeciality should be in five subjects, namely.

- (1) Child Psychiatry
- (2) Adolescent Psychiatry
- (3) Geriatric Psychiatry
- (4) Drug Addiction (Abuse)
- (5) Psychoanalysis and Psychotherapy.

The last speaker, Dr. A. B. Khorana, gave his views on the subject of staffing of Psychiatry Departments-medical and paramedical. He strongly suggested that the Psychiatry department should be an independent department and should not be kept as part of the Medicine Department. In each department of Psychiatry there should be minimum following staff.

**Medical Staff :**

- One professor of Psychiatry
- At least one or more Associate / Asstt. Professor/ Tutor of Psychiatry
- Resident doctors.

**Paramedical Staff :**

- One Asstt. Professor of clinical Psychology-should have qualifications more than M. A. (Psychology)
- One Psychiatric Social Worker
- One Psychiatric Nurse.

The paramedical staff members should also be involved in teaching of the post-graduate students.

At the end of the session, Dr. Vihang Vahia, Mr. Tejbahadursing, Dr. Roshen Master, Dr. P. N. Mehta, Dr. S. N. Deshmukh and Dr. Mohan Agashe gave few suggestions on the subject.

The session ended with vote of thanks by Dr. L. P. Shah, President Elect, Indian Psychiatric Society.

Dr. R. C. Maniar Rapporteur

## Report Of the Second Session

Dr. R. K. Gandhi was Chairperson. Dr. (Mrs) Roshan Master was co-Chairperson. Dr. V. G. Watve was Rapporteur.

Dr. A. Ramnathan-spoke about investigative, experimental laboratories and library facilities. He suggested that there should be a minimum of 100 books on Psychiatry in the library of a department and the translation facilities should be available. Facilities for routine medical investigations should be available and if possible sophisticated investigations like blood gases, serum lithium and C. T. Scan etc. should be made available.

Dr. V. D. Shah-discussed the inpatient and outpatient services, records, filing and follow-up services of the department. He emphasised the importance of inpatient and outpatient departments in teaching of Psychiatry in post graduate training. He also said that management of acute psychiatric emergencies should form an important training in P. G. Courses. Students should learn about various therapies during the training. Students should be trained to administer and interpret the various Psychological tests. Lastly, research should form an integral part of our P. G. training.

Quality of a Psychiatrist will increase only through proper training and we should concentrate more on quality than quantity.

Dr. P. N. Mehta—spoke about the assessment of P. G. Students, eligibility and student-teacher relationship. He said that the selection of a good candidate is important from various points. He discussed various reasons why a medical student would take up Psychiatry, and hence stressed the importance of proper screening before selecting the candidate. The attitude of the student should also be considered before selection.

About student-teacher relationship Dr. Mehta said that teachers who are administrators or in private practice, have no time for the student and they hardly observe the student-patient interaction.

He stressed the importance of teaching some of the aspects of administration to every student.

#### Discussion :

Dr. Gopalkrishnan recommended that non-teaching private hospitals should be recognised by MCI for teaching purposes if they fulfill the criteria.

Dr. Vahia stressed the importance of including Forensic Psychiatry in the syllabus.

Dr. Agashe said that the motivational aspect of the candidate should be considered for eligibility. He also said that ethics is very important and should be emphasised from the undergraduate level.

Dr. V. G. Watve  
Rapporteur

## LIST OF PARTICIPANTS

- |   |  |    |  |
|---|--|----|--|
| 1 | Dr. (Miss) M. D.<br>Bengalee<br>Vice Chancellor<br>Bombay University   | 8  | Dr. G. C. Boral<br>Prof. of Psychiatry<br>22, Parasar Rd.,<br>Calcutta-700 029           |
| 2 | Dr. S. N. Deshmukh<br>Dean<br>Faculty of Medicine<br>Bombay University   | 9  | Dr. Roshan Master<br>Emeritus Professor<br>BJMC, Pune 411001                             |
| 3 | Dr. R. K. Gandhi<br>Ex. Dear,<br>Faculty of Medicine<br>Bombay University  | 10 | Dr. R. C. Masiar<br>Assistant Professor<br>V. S. Hospital<br>Ahmedabad-7                 |
| 4 | Dr. L. P. Shah<br>President Ind. Psych<br>Society<br>Prof. of Psychiatry<br>G.S. Medical College<br>Bombay-12                                      | 11 | Dr. P. N. Mehta<br>Bhara Clinic, Near<br>Advance Cinema<br>Ahmedabad                     |
| 5 | Dr. Soma Sundram<br>Past-President Ind.<br>Psych Society<br>Thangai illan, 30,<br>Bexantnagar,<br>Madras-600 090                                   | 12 | Dr. V. D. Shah<br>Nobles, Ashram Rd.<br>Ahmedabad-9                                      |
| 6 | Dr. Anil Shah<br>Prof. & Head, Dept.<br>of Psychiatry<br>BJMC & CH, & MH,<br>Advisor on Mental<br>Health<br>Gujarat Government<br>Ahmedabad-380016 | 13 | Dr. P. L. Moholkar<br>Prof of Psychiatry<br>Dr. V. M. Medical<br>College<br>Sholapur     |
| 7 | Dr. Dipali Dutta<br>Professor of Psychiatry<br>Gauhati Medical<br>College<br>Gauhati-781 005   | 14 | Dr. A. B. Khorana<br>Professor of Psych-<br>ratry Medical College<br>Baroda              |
|   |  | 15 | Dr. A Ramnathan<br>Asstiant Professor<br>Institute of Mental<br>Health<br>Madras-600 010 |
|   |  | 16 | Dr. V. G. Watve<br>32/36 Prabhat R'd.<br>Pune 411 004                                    |

Mental Health Education & Research Trust is a Public Charitable Trust devoted to promotion of activities of Training Education, clinical services and Research in the field of Mental Health and its related fields.

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**SCHIZOPHRENIA  
RESEARCH  
FOUNDATION  
(INDIA)  
WORLD HEALTH  
ORGANISATION  
COLLABORATING  
CENTRE  
FOR MENTAL HEALTH  
RESEARCH & TRAINING**

*Towards a better future for the mentally disabled*



*"The heights by great men reached and  
kept, were not attained by sudden flight.  
But they, while their companions slept,  
were toiling upward in the night"*

*- Longfellow*

SCHIZOPHRENIA  
RESEARCH FOUNDATION (INDIA)

Plot R / 7A, North Main Road,  
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"The eldest son of a temple priest, he was brilliant at school and nurtured great ambitions about becoming an engineer. His family shared his dream, and not withstanding the great financial stress they were facing were prepared to make any sacrifice to enable him to join the IIT. All went well for a year and a half at I.I.T. until he started hearing voices accusing him. His friends began to feel that he was a different person and no longer enjoyed his company. His family sought the advice of astrologers, magicians and faith healers, but he seemed to move further and further away from them - a pale shadow of his exuberant, flashy self. Why did this bright youngster stop attending classes, start failing in his exams and ultimately drop out from the course itself crushing the fond hopes of his family?"

"She used to get up everyday at 5 in the morning and go about her work with the precision of a clock. She was an ideal mother and wife, friendly and helpful. Gradually her husband noticed that she was becoming moody, temperamental and given to periods of intense pre-occupation and silence. She did not seem to enjoy anything, be it his company or the children or cooking her favourite dishes and neglected her self care. She became irritable, suspicious, kept awake the whole night and insisted on all doors and windows closed all the time in mortal fear of an enemy who she thought was going to attack her. She felt that everybody was looking at her and talking about her and slowly stopped cooking, and looking after the home. Why did this loving wife and mother decide to end her life unable to bear the inner pain and agony?"

These are not born out of a writer's imagination, but true descriptions of tragic transformations in people's lives, changes so painful to those near and dear and hard to understand and fathom. What is the common feature in these stories?

Both these people suffered from an illness called Schizophrenia, an illness afflicting the mind in the most productive years of people's lives. They are not alone in this.

Nearly 6 - 7 million Indians suffer from this disorder variously described as the "cancer of the mind" and the "greatest disabler of youth". Cosmopolitan in its occurrence, it cuts across barriers of gender, educational and social - economic classes. Although the causes of this disorder are not clearly established, significant advances have been made in its treatment and rehabilitation. It is now widely recognised that Schizophrenia is a brain disorder.

However in order to reduce or prevent the disability caused by schizophrenia, it is essential to identify it early and treat it vigorously.

*How does one identify this illness and what is the treatment?*

*Does it run in families? Does it have a total cure?*

These and several questions which plague the minds of families have an answer. You just have to write to SCARF and get all the information you require, all the support you need and the professional expertise to tackle this challenge.

## EARLY SIGNS AND SYMPTOMS

- Lack of concentration in work, studies.
- Confused thinking; strange or grandiose ideas.
- Prolonged severe depression; apathy; mood changes, excessive anxieties, fears, or suspiciousness.
- Withdrawal from society, friendlessness; appears lost in thoughts, brooding a lot.
- Denial of obvious problems; strong resistance to help.
- Thinking or talking about suicide.
- Numerous, unexplained physical ailments; marked changes in eating or sleeping patterns.
- Anger or hostility out of proportion to the situation.
- Delusions, hallucinations, hearing voices.
- Abuse of alcohol or drugs; neglect of self-care.
- Growing inability to cope with problems and daily activities such as school, job or personal needs.

## RESEARCH

SCARF has forged research links with several national and international bodies of repute.

- Has completed over 20 research projects.
- Published over 80 scientific papers in national and international journals.
- Organised 4 international and 18 national conferences.
- Brought out books and training manuals.
- Trained over 50 students of social work and psychology, nursing & occupational therapy.

*But what is SCARF?*

SCARF is the acronym for the Schizophrenia Research Foundation, a non-governmental, non-profit organisation in Madras, now renamed Chennai, India, which since 1984 has committed itself to schizophrenia care and research. Founded by a group of philanthropists and mental health professionals, SCARF has established itself as a centre of repute in rehabilitation of the illness and research.

*What does SCARF offer to patients suffering from this illness?*

SCARF offers a comprehensive, totally free treatment package comprising of:

- Out-patient care manned by a multi-disciplinary team of psychiatrists, social workers and psychologists.
- Free medication for those who cannot afford it.
- A well worked out, individually tailored rehabilitation programme consisting of occupational therapy, group therapy, social skills training and cognitive training.
- A special emphasis on the family by the family cell to support, counsel them and involve them in treatment programmes.
- An employment bureau which seeks to find jobs for the disabled.

And above all SCARF sees in each client a human being disabled in various ways, but yet deserving the self respect, dignity like his brethren.

- Has been recognised by the Dr. M.G.R. Medical University as a centre for Ph.D training.
- Has had some of its faculty trained in certain special programmes such as cognitive retraining.

### **SCARF'S COLLABORATORS, SPONSORS**

- World Health Organisation, Geneva; WHO SEARO, New Delhi.
- World Association For Psychosocial Rehabilitation (WAPR).
- Johns Hopkins University, U.S.A.
- International Development Research Centre (IDRC), Canada.
- Royal Crichton Hospital, Dumfries, Scotland.
- Douglas Hospital, Montreal, Canada.
- Oxfam.
- HelpAge.
- Tata Institute of Social Sciences & Sir Dorabji TATA Trust.
- Clinical Epidemiology Unit, Chennai Medical College.
- National Commission for Women, New Delhi.

### **AWARENESS, EDUCATION**

SCARF has been equally active in the field of awareness and education. Myths and misconceptions abound in the understanding of mental illness leading to delay in seeking treatment. SCARF therefore identified this as an important area of work and has organised several awareness programmes not only in urban areas, but in rural pockets using indigenous modes of communication. Video films, Audio visual materials have been produced on the illness and its management.

## CARE AND REHABILITATION



- Free out-patient treatment at Anna Nagar for nearly 4,000 mentally ill.

- Cared for 1,200 rural patients at Karnambut and Thiruporur and 200 from urban slums.

- Found jobs for 82 mentally disabled.

- In recognition of outstanding services for the welfare of the handicapped, SCARF received the "National Award to Outstanding Employer 1995" from the President of India Dr. Shankar Dayal Sharma on December 3, 1995 at New Delhi.



- Reintegrated 165 women into their families after rehabilitating them.

- Provided free transport to patients reaching our centre.

- Assisted 210 children of the mentally ill with their education.

- Engaged over 300 patients in work units.



## TRAINING



Training various levels of health workers in the basic principles of detection and management of mental health problems is another important area of activity. We launched 2 training programmes in 1998.

One is a Certificate Course on "Mental Health & Psychosocial Rehabilitation" along with the Department of Psychology, University of Madras. A "Capacity Building Programme on Research Methodology" along with the CEU of Chennai Medical College constitutes the other.

## COMMUNITY MENTAL HEALTH

Work has been confined not just to institutions, but has been taken to the community as well. Thiruporur in Chengelpet district, Karnambut in North Arcot District, Thiruverkadu and the urban slums at Vyasarpadi have all benefited from SCARF's community based programmes, a rubric of activities including treatment, rehabilitation, awareness etc. A key element in these programmes has been the extensive participation of the community in all our activities.

## RESIDENTIAL CARE

Recognising that the path of rehabilitation is long and tedious and involves several levels of intervention. SCARF has established two residential centres at Thiruverkadu and





Mahabalipuram. Manned by a professional, multi-disciplinary team, these centres offer varying, need based periods of stay and intensive efforts at improving the skills lost by the patients.

The centre at Thiruverkadu was built in 1991

(on land donated by the temple trust with donations from HelpAge India, IDBI, Madras Round Table I) and houses 55 mentally disabled women and elderly.



Just outside the town of Mahabalipuram is

the centre for 20 men, on land donated by Sri Sankaracharya of Kanchi with Sri. Sugalchand, Jindal Trust & Sri. G.N. Damani

being the major donors for the construction of buildings. This centre was inaugurated in 1994.



By January '99 an additional floor in the Centre at Mahabalipuram will



accommodate 15 more residents. The expansion is estimated to cost Rs. 8 lakhs. SCARF seeks your helping hand once again, to complete the project.

## **POLICY & LEGISLATION**

SCARF has also gone beyond microlevel planning and has been actively engaged in influencing legislation and welfare programmes for the mentally disabled at the level of the state and central governments.

All this has been possible because of

- A high degree of commitment to the cause of mental illness.
- An excellent multi-disciplinary team.
- Support from the public, donors, governments of Tamil Nadu and India.
- A great number of beneficiaries who have reposed faith and trust in us.

## **OUR OWN HOME**

SCARF's greatest ambition of building a comprehensive mental health centre was fulfilled in Chennai in 1998 with the completion of the construction of the building with a total area of 10,800 sq.ft. on the land donated by the Government of Tamilnadu for this purpose. This has been built at a cost of Rs.66 Lakhs, and houses the following:

- Out patient clinic
- Day Care Centre
- Vocational units for men and women
- Research wing with a computer cell
- Training and education centre
- Special services for women and elderly mentally disabled
- Auditorium
- Library
- Guest Room
- Administration and accounts

This will be a centre of excellence and repute in all aspects of Mental Health Care and Research. This centre will do the country proud and bring solace and comfort to the mentally disabled and their families.

**We at SCARF acknowledge with gratitude the immense support received from the public which has enabled us to increase our services manifold from the humble beginning in 1984. We seek your co-operation and support to expand these activities further into the 21st century. The following are some of the ways in which you can help us do this:**

- Make donations to SCARF and avail of a 100% tax relief under 35 (i) (ii) of the I.T. Act.
- Become a life member/institutional member of SCARF.

- Sponsor the education of the children of patients, especially if they are the bread winners of the family.
- Help generate employment for our improved clients.
- If your communication skills are good, you can write in the general press about schizophrenia and SCARF and improve awareness.
- Above all you can be a friend and well wisher and be part of us in our mission to work for a brighter future for the mentally ill.

**SCARF has been designated as a World Health Organisation Collaborating Centre for Mental Health Research & Training - the first Indian NGO dealing with Mental Health to be accorded this status.**

### **PEOPLE BEHIND SCARF:**

Patron-in-Chief: Honourable Sri. K.R. Narayanan, President of India; President of the Board of Management: Mr. V.T. Somasundaram, Vice-Presidents: Mr. M.A. Vellodi, Dr.M.S. Valiathan, Mr. K.P. Mahalingam Secretary: Dr. R. Thara, Founder & Advisor: Dr. M. Sarada Menon, Members: Mr. K.R. Baliga, Dr. S. Rajkumar, Dr. T.R. Govindachari, Mrs. C.K. Gariyali, Dr. Subash Phaterpekar, Mr. Habibullah Badsha, Dr. S.M. Channabasavanna, Mrs. Rasheeda Bhagat, Mr. Venuprasad.

## FUNDING OPTIONS

### A. Client Support for one year

1. Cost of Medicine Rs.800/- x 12 = Rs.9,600.00
2. Cost of Food Rs.800/- x 12 = Rs.9,600.00
3. Cost of other support services Rs.200/- x 12 = Rs.2,400.00
4. Sponsoring the education of one child of a person unable to work on account of his illness = Rs.1500/- per year
5. Sponsorship of expensive medicines to poor patients including mandatory medical tests Rs.800/- x 12 = Rs.9,600.00
6. Sponsoring a poor client for life in one of our residential centres = Rs.1,50,000.00

### B. Furniture and Fittings for the proposal to increase the capacity in Mahabalipuram:

1. Steel Cots (15 x Rs.1,500/-) = Rs.22,500.00
2. Steel Cupboards (15 x Rs.2,500/-) = Rs.37,500.00
3. Mattresses, Pillows, Pullovers etc.(15 sets) (15 x Rs.1000/-) = Rs.15,000.00
4. Two Dining Tables (2 x Rs.6,000/-) = Rs.12,000.00
5. Chairs (15 x Rs.400/-) = Rs. 6,000.00

### C. Support to Research Activities:

1. A Research Fellowship endowment for one research staff = Rs.2,00,000.00
2. Support for Educational and Awareness Programmes, Mental Health Awareness Week (held every October) = Rs.25,000.00

3. Printing of awareness material,  
pamphlets etc. = Rs.1,00,000.00

#### **D. Day Care Centre**

1. A VAN to transport our clients who come for day care, for our outreach programmes in villages, and for professionals to make home visits. The present van has been in use since 1988 and is unlikely to be road worthy for a much longer time.

A new van would cost us Rs.2,75,000/-

2. A XEROX MACHINE to replace the ten year old one which has become unserviceable

Cost of new Xerox machine Rs. 1, 25,000/-

3. AUDITORIUM - The new building houses an auditorium of 1000 Sq.ft. But in order to use it for seminars, meetings and conferences a lot of work is required in terms of equipping it with false ceiling, air conditioners, a dais, podium and appropriate chairs. Unless this is done the space cannot be effectively utilised. This process of "professionalisation", of our auditorium would cost us Rs.6,00,000/-.

Please note that all donations to SCARF are exempted fully (100%) from taxable income under Section 35 (i) (ii) of the Income Tax Act.

JOIN SCARF (INDIA) in the crusade.

The Secretary

**Schizophrenia Research Foundation (India)**

Plot R/7A, North Main Road,

Anna Nagar (West Extension)

Madras-600 101.

**INDIA.**

E-mail : scarf@md2.vsnl.net.in

**Tick where applicable**

Kindly enroll me as a Life / Institutional member.

I wish to support the activities of the Foundation. Please accept my enclosed contribution.

Name .....

Address .....

.....

.....

.....

Cheque/Demand Draft No.: ..... Drawn on.....

Date .....

Cheques may be drawn in the name of SCHIZOPHRENIA RESEARCH FOUNDATION (INDIA).

\* Life Member Fee Rs. 2,000/-

\* Institutional Member Fee Rs. 10,000/-



SCARF's New Comprehensive Mental Health Centre  
Annanagar, Chennai.