

Institute of Mental Health

Pt B D Sharma University of Health Sciences

Rohtak

The Institute of Mental Health is established by upgradation of Dr Vidya Sagar Department of Psychiatry vide Govt notification no 18/127/2015-5HB-IV Dated 8th March 2016. The Institute would have unified command and control by the Pt B D Sharma University of Health Sciences, Rohtak.

Component of Institute of Mental Health (IMH)

- a) Dr. Vidya Sagar, Department of Psychiatry
- b) State Institute of Mental Health (SIMH), Rohtak
(The SIMH would be controlled, supervised & monitored by steering committee comprising of Administrative Secretary, Medical Education & Research Department, Haryana. Vice Chancellor, Pt BD Sharma University of Health Sciences, Rohtak, Director, DGHS, and Director –cum-CEO Institute of Mental Health, Rohtak.
- c) State Drug Dependence Treatment Centre (SDDTC)
- d) Centre of Excellence Project
- e) Department of Clinical Psychology
- f) Department of Psychiatric Social Work
- g) Any other related department which may be created in future

Mission : To develop and provide comprehensive facilities for diagnosis, investigations treatment and long term care in the field of mental Health in co-ordination with University of Health Sciences and PGIMS, Rohtak.

Vision : To establish Institute of Mental Health (IMH) as a centre of excellence in the field of mental health to develop effective mental health care delivery system which is accessible and affordable at the community level.

Objectives

- To be the apex Institute for the State of Haryana on all issues related to mental health (Mental Health Act, NDPS and other laws related to Mental Health)
- To promote the growth and development of Mental Health and Allied Sciences.
- To conduct and provide services of research, evaluation, training, consultation and guidance on all aspects of mental health activities comprising brain-mind- behavior axis including psychological, socio-biological and clinical aspects.
- To develop and disseminate knowledge about prevention and treatment of these disorders in the community and establish community mental health centers.
- To develop and establish linkages with National and International Institutions and outstanding scientists engaged in mental health research/training and arrange for interchange of scientific data and skills.
- To organize training, meetings, conferences, policy review studies/surveys, workshops and inter-state exchange visits etc. for deriving inputs for improving the implementation of Mental Health Activities in the State.
- To provide tertiary care service in the field of mental health.
- Post-graduate education in psychiatry and allied fields.
- To promote Research and innovations in behavioural sciences and psychiatry.

Institute of Mental Health (IMH) at a Glance

Layout

Block A

**Administrative &
Training Block**



Block B

SIMH



Block C

**Dr Vidya Sagar
General Hospital Psychiatric
Unit**



Block D SDDTC Block



Block H Hostel Block



2. Teaching and Research facilities:

The Institute of Mental Health conducts postgraduate training for following courses

Course	No. of seats
1. M.D. Psychiatry	10
2. M. Phil in Psychiatric Social Work	08

Proposed programs for future

1. Starting DNB course in State Institute of Mental Health SIMH (proposal to convert it as teaching Institute already sent to Govt.)
2. Starting Diploma in Psychiatric Nursing
3. Starting Sport Psychology program

3. Services

Block A Administrative & Training	Functional	
Block B State Institute of Mental Health (SIMH)	<ul style="list-style-type: none">• OPD• Admission under Mental Health Act• Rehabilitation Unit• Occupational Therapy	<ul style="list-style-type: none">• Behavior Therapy Unit• Diet & Life Style Clinic• Psycho Sexual Clinic• Family Therapy
Block C Dr. Vidya Sagar, General Hospital Psychiatry Unit	<ul style="list-style-type: none">• General Hospital Psychiatric Unit (GHPU)• Geriatric Mental Health• Child & Adolescent Clinic	<ul style="list-style-type: none">• Clinical Psychology Unit• Psychiatric Social Work• Consultation Liaison• ECT and Emergency
Block D State Drug Dependence Treatment Centre Block	<ul style="list-style-type: none">• De-addiction Services Indoor- Outdoor	<ul style="list-style-type: none">• Community Mental Health Services

Faculty at IMH

Department of Psychiatry

Dr. Rajiv Gupta	Sr. Professor & Director-cum-CEO, IMH
Dr. Sujata Sethi	Sr. Professor & Head Unit-II
Dr. Hitesh Khurana	Professor
Dr. Priti Singh	Professor
Dr. Purushotam	Professor
Dr Yogender Malik	Assistant Professor
Dr. Shipra Singh	Assistant Professor

Department of Clinical Psychology

Dr. Poonam Gupta	Clinical Psychologist	M. Phil, PhD
Dr. Joginder Singh Kairo	Clinical Psychologist	M. Phil, PhD

Department of Psychiatric Social Work

Mr Bhupendra	Associate Professor	M. Phil, PhD
Dr Manju Rana	Psychiatric Social Worker	M. Phil, PhD
Mrs Sudha Chaudhary	Psychiatric Social Worker	M. Phil

State Institute of Mental Health

Dr Amit Soni	Medical Officer
Dr Dharmender Nehra	Clinical Psychologist
Mr. Vikash Ranjan Sharma	Psychiatric Social Worker
Dr. Pradeep Kumar	Psychiatric Social Worker
Dr Gautam	Occupational Therapist
Dr Abhay Kumar	Occupational Therapist
Mrs Meenu	Dietician
Administrative Staff	
Mr. Anuj Sharma	Superintendent
Mr. Parvinder Singh	Accounts Officer

State Drug Dependence Treatment Center (SDDTC):

Dr. Sidharth Arya	Assistant Professor
Dr Vinay Rawat	Assistant Professor (Non-Medical)
Dr. Sunila	Assistant Professor (Non-Medical)



DEPARTMENT OF PSYCHIATRY

Dr. Vidya Sagar Department of Psychiatry of Pt Bhagwat Dayal Sharma Post Graduate Institute of Medical Sciences is a renowned center of mental health care in India. This is one of the oldest psychiatric department catering to the mental health needs of the state of Haryana and adjoining areas of neighboring states. The Department at has two functional units patient care units with outpatient facilities and in-patient facilities. The total bed capacity of the hospital is 80. The department is supplemented in long term and rehabilitative care by the State Institute of Mental Health. In addition, the training block and the hostel block coming under the Center of Excellence would further strengthen the department.



Distribution of beds:

Psychiatry Ward: 30 beds (15 males, 15 females)

Geriatric/Adolescence Ward: 24 beds (12 males, 12 females)

DDC Ward: 20 beds (10 males, 10 females)

Psychiatry Emergency: 06 Beds

The department has two service units. The units provide outdoor, indoor and emergency psychiatric services.

The outpatient and admission days for the units are:

Unit I Monday, Wednesday, Friday

Unit II Tuesday, Thursday, Saturday

Patients Record(Psychiatry OPD):

Year	Male	Female	Total
2011	05	00	05
2012	22	07	29
2013	06	07	13
2014	39	18	57

2015	30	10	40
2016	25	06	31
2017	13	13	26
2018	13	17	30
2019	18	26	44
2020	12	08	20
2021	08	04	12

COORDINATOR OF VARIOUS SERVICES AT INSTITUTE OF MENTAL HEALTH

Special Clinics

S.No.	Name of Clinic	Faculty	Days	Location
1	Child Guidance Clinic	Dr Sujata Sethi	Saturday	Vidyasagar Block
2	Geriatric Psychiatry Clinic	Dr Hitesh Khurana/ Dr Shipra Singh	Thursday	Vidyasagar Block
3	Headache Clinic	Dr Purushottam	Wednesday	Vidyasagar Block
4	Consultation-Liaison Psychiatry Services	Dr Yogender Malik	All Days	Vidyasagar Block
5	Yoga Services	Mr. Chand Ram	All Days	IMH
6	Diet and Life Style Clinic	Ms. Meenu	All Days	SIMH
7	Psychosexual Disorders Clinic	Dr Amit Kumar Soni	Wednesday	SIMH
8	Dual Diagnosis Clinic	Dr. Sidharth Arya	Tuesday	SDDTC
9	Behavioural Addiction Clinic	Dr. Sidharth Arya & Dr. Sunila	Thursday	SDDTC
10	Tobacco cessation Clinic	Dr. Vinay	Saturday	SDDTC

Periodically the students are rotated through the units in order to ensure exposure to all the faculty.

Teaching and Research facilities:

The department conducts postgraduate training for following courses

Course	No. of seats
1. M.D. Psychiatry	10
2. M. Phil in Psychiatric Social Work	8

The department offers ample opportunities for research in Psychiatry and its cognate fields, The Institute which has a well equipped laboratories for Psychology , Pathology , Biochemistry Laboratory, H.P.L.C. , E.E.G. and a library with vast collection of books, modern references as well as many current Psychiatric, Neurological, Medical and Nursing periodicals, including CD-ROM based literature search facilities. The library has subscribed to more than 2000 books and e-journals. The department is well equipped with various psychological tests . The departmental library has more than 200 books on various topics to facilitate teaching and research.

ACADEMIC ACTIVITIES

The academic session begins in the months of May-June every year. The students joining the course for MD (Psychiatry) and DPM are designated as junior residents. The faculty contributes to the holistic management of patients and training for postgraduate students joining the MD and DPM course. The department practices a multidisciplinary approach to mental health problems in patient care and training of the postgraduate students.

I. TEACHING PROGRAMMES IN PSYCHIATRY:

The formal teaching activities of the department are designed to produce a systematic and comprehensive scheme of training. The students joining the PGIMS for MD and Diploma courses are designated as junior residents for training purpose. The department runs formal teaching program for psychiatry junior residents on thrice weekly routine. The medium of instructions is English. The department is equipped with latest technology computers and audio-visual aids to facilitate the presentation. The PG teaching program is coordinated by the PG Teaching in Charge. These activities are presented by the PG students under supervision of a chairperson specifically assigned this job. The detailed programme of these academic activities is displayed on the notice board well in advance, to facilitate adequate and timely preparation. The programmes are under constant review and are updated regularly. It is mandatory for whole faculty and psychiatry junior residents to attend all teaching activities of the department. The junior residents have to maintain a record of presentations done and attended in the logbook provided to them for this purpose. The presentations and level of participation are evaluated towards internal assessment by the faculty members on the bases of adequacy and organization of content, critical analysis by the presenter and presentation skills and participation in the discussion.

The timings for the academic program are as follows

Summers: 08:00 AM - 9:00 AM

Winters: 03:00 PM - 04:00 PM

The teaching program for the fresh junior residents begins with a series of orientation classes in psychiatry and allied subjects are held in the beginning of each term for the new postgraduate students. And, a series of didactic lectures in Psychiatry, and allied medical and social sciences disciplines are held round the calendar year.

The teaching program for junior residents is broadly divided in three activities namely , seminars, case conferences and journal club.

The Seminars are weekly programmes held on Fridays. The seminars presentation is preceded by extensive preparations and discussion with the chairperson. A handout with the outline of the seminar with bibliography is circulated among the students and the faculty at least 24 hours before the actual presentation. The student also submits a copy of the same in the office for records. The presentation is expected to cover the latest developments on the subject with in depth critical evaluation. The presentation takes about 30-40 minutes followed by floor discussion for 20-30 minutes and ends with the concluding remarks from the Head of the Department.

The Case Conferences are weekly programmes held on Monday. The purpose of case conference is to develop clinical skills and apply the latest knowledge in understanding and managing the patients; problems and enhancing clinical competence. The case conference by the junior resident is presented jointly with the M.Phil students of clinical Psychology and Psychiatric Social Workers under the supervision of faculty from the respective disciplines. The information about the case, with aim of

presentation along with the details of presentees is circulated in the form of a handout about a week in advance to facilitate the student preparation about the case and participate in the discussion. Copy of the handout is also kept in the office for record purpose.

The Journal Club is a weekly programme held on Tuesday. An original research article from any national/international journal is selected. The student presents the details of the article as understood by him. The chairperson designated for the task helps him in the preparation and presentation. This exercise is meant to acquaint the postgraduate students with research methodology. A summary of the chosen article is to be circulated among the students and faculty one week in advance, i.e., at the conclusion of the previous journal club presentation. A full copy of the article to be presented should be displayed in the Medical Library one week in advance.

II. Clinical Teaching:

The clinical teaching is service unit based activity. The junior residents are posted in each unit. Their posting is rotated to the other unit every alternate year. Each unit has bedside discussions and demonstrations during the rounds. There may also be unit level case discussions which are designed to improve the techniques of information collection, organization and presentation, with the relevant theoretical preparation regarding the case at hand. The unit chart meetings review the record maintenance and discharge summaries of the patients, and also serve as a forum for discussing nosology and clinical diagnostics. Unit topic discussion/tutorials entail discussion of theoretical aspects of clinical relevance.

III. SPECIAL POSTINGS:

In addition to the above teaching activities, the junior residents are posted to other specialties to supplement their training. They are posted to the Department of neurology, the State Institute of Mental Health, Clinical Psychology wing, and Psychiatric Social Work wing during their training. The special posting programme is as follows:

NEUROLOGY

CLINICAL PSYCHOLOGY

STATE DRUG DE-ADDICTION TREATMENT CENTRE (SDDTC)

STATE INSTITUTE OF MENTAL HEALTH (SIMH)



DEPARTMENT OF CLINICAL PSYCHOLOGY

The Department has a separate unit of Clinical Psychology that offers all patient care, research and training facilities. The department offers a two-year M. Phil (Clinical Psychology) with annual intake of 8 students for the course. The course is recognized by the Rehabilitation Council of India

COURSE OUTLINE

Apart from patient care, the wing holds weekly academic exercises in the form of seminars, case conferences, journal club, and psychotherapy meetings. All patient care services are integrated with training for various courses offered by the department. Further, regular classes are taken for M. Phil students as well as for the students of other disciplines such as Psychiatry, Psychiatric Social Work and Nursing.

Objectives

1. The course is developed as a rigorous two-year program with extensive theoretical inputs and widespread clinical experience to acquire the necessary skills in the area of Clinical Psychology. On completion of the course, the trainee is expected to perform the following functions:
2. Diagnose mental health problems.
3. Conceptualize specific adult and child mental health problems within a psychological framework, giving due consideration to psychosocial/ contextual factors, and carryout relevant treatment/management.
4. Apply psychological principles and techniques in rehabilitating persons with mental health problems and disabilities.
5. Work with the psychosocial dimensions of physical diseases, formulate and undertake focused/targeted psychosocial interventions.
6. Work with community to promote health, quality-of-life and psycho-logical well-being.
7. Undertake research in the areas of clinical psychology such as, mental health/illness, physical health/diseases and relevant societal issues viz. misconception, stigma, discrimination, social tension, life style etc.
8. Undertake responsibilities connected with teaching and training in core and allied areas of Clinical Psychology.
9. Undertake administrative and supervisory/decision-making responsibilities in mental health area.
10. Provide expert testimony in the court of law assuming different roles.



DEPARTMENT OF PSYCHIATRIC SOCIAL WORK

The Department has a Psychiatric Social Work section and runs a M.Phil course in Psychiatric Social Work, with an intake of 8 students every year. The course is approved by the University of Health Science. Psychiatric Social Work presumes that every individual irrespective of his/her diagnosis and clinical status has certain amount of mental health that is well preserved. Psychiatric Social Workers use their expertise to restore the residual mental health of psychiatrically ill and enable them to use their abilities and skills to the fullest potential. They help then re-integrate them into the society as productive and self-reliant individuals.

Psychiatric Social Work profession is dedicated to:

- the development and disciplined use of scientific knowledge regarding human behavior and society
- the development of resources to meet individual, group, national and international needs and aspirations
- the enhancement and improvement of the quality of life of people and to the achievement of social justice

Role of Psychiatric Social Workers at in-patient care:-

Psycho-social assessment includes

- Assessment of family dynamics and its relation to significant others.
- Impact of illness, knowledge & attitude towards Illness
- Impact of hospitalization on patient & her / his Family members
- Family member's expectation from treating team.
- Social support system of patient & family members
- Assessment of family dynamics, interaction patterns & level of understanding.
- Formulation of social diagnosis

Intervention includes:-

- a) Intervention to address the negative impact of hospitalization (i.e. hospital anxiety, depression & stressors such as decreased personal control & change in functional capacity of the patient). Family members are helped to overcome the impact of illness by addressing the issue of realistic expectation.
- b) To strengthen & to improve the coping strategies, abilities of the patient and family members to live with chronic illness / disability for better adjustment.
- c) Grief counseling service & bereavement therapy for those family members whose patient expires during the course of hospitalization..
- d) Income reassessment: - In case of poor patient's correspondence with the hospital administration for waiving off hospital charges.
- e) Crisis intervention
- f) Individual & group intervention for patients & their family members.
- g) Psycho-education.
- h) Resource mobilization for further rehabilitation of the patient: Rehabilitation of the patient.

Outpatient settings:-

Unlike their counterparts in other fields of social work, the Psychiatric Social Workers are directly involved in most of the clinical & non-clinical services provided at Psychiatry out-patient department. Services rendered by the PSW's are

1. - Detailed case history taking (a collection of all the psychosocial issues surrounding the psychiatric ill). It helps in understanding the origin & development of abnormal feelings, thoughts & behaviours.
2. Social work intervention alone or along with regular psychiatric services found to be more effective
Intervention includes:
 - Psycho education at individual / group level, (for various psychiatric disorders).
 - Disability assessment & planning for future rehabilitation & reintegration in community.
3. Material & non-material assistance to the patients & the care given & guidance to identify & utilize the community resources for rehabilitation of the patients.
4. Referral services – The linkages include marriage & family counseling centres, rehabilitation centers (Halfway, homes, long stay homes) centres for occupational therapy & vocational guidance, agencies for income generation & employment assistance, governmental & non-governmental agencies for social welfare etc.
5. Follow-up services: - Follow-up at periodical interventions is helpful to monitor the effect of the interventions & to review the sustainability of outwork after the interventions. Follow-up services offered by PSW are helpful in maintaining the self- esteem of patient & family & their prevents further social disability & pre-admission counseling.



STATE DRUG DEPENDENCE TREATMENT CENTRE (SDDTC)



The State Drug Dependence Treatment Centre (SDDTC), Department of Psychiatry, PGIMS, Rohtak is a specialty in handling drug use, dependence and substance related problems. The Department of Psychiatry has been a resource centre for the state and recognized as one of *the centre of excellence* in the year 2010 by the Govt. of India under National Mental Health Programme. The aim of this programme is to develop mental health professionals. The DDC was inaugurated on 26th April, 2003 and started rendering De-addiction services immediately after its existence. The DDC has been proposed to act as an Apex centre for the treatment of drug & substance use disorders. The main focus was to provide comprehensive treatment to people of the state who are suffering from alcohol & substance dependence.

Recently department has been granted aid (through NDTC, Delhi) to establish Drug Treatment Centre (DTC). This will help to extend services in the community area and help the department to fight this menace effectively.

In addition to that developing human resources to cater de-addiction services to needy people of our state. The clinical services of the DDC include out-patient consultation, inpatient, and outreach components. Treatment for substance use disorders: Alcohol, nicotine (smoking & chewing tobacco), cannabis, opioids and other drugs. Active liaison with fellowship groups and other centres is maintained which in turn helps in the aftercare, rehabilitation, and manpower development.

Outpatient services

Outpatient services include detailed evaluation, treatment planning, detoxification, counselling, motivation enhancement, relapse prevention, individual & family psychotherapy and monitoring of progress.

In the outpatient, each patient assessed by a team of addiction experts and individualized formulation of the problem provided to manage the case effectively.

Out-patient Days: **Monday-Wednesday-Friday**

In-patient Services

A short-term inpatient programme, requiring admission for 2 to 3 weeks, focuses on medical treatment as well as counselling (Individual, group & family) helping the person to achieve a drug free life.

SDDTC Activities

1. International Day Against Drug Abuse and Illicit Trafficking, June, 2012.
2. World Anti Tobacco Day on 31st May, 2013.

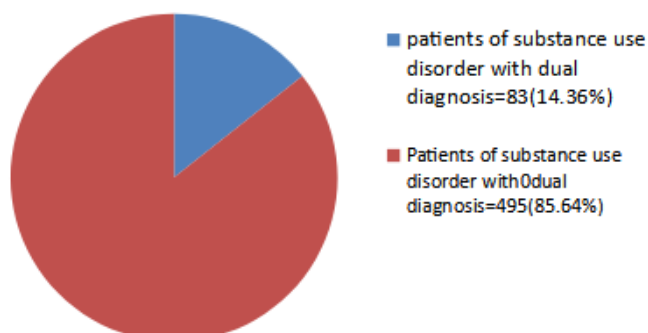


Inauguration of World Anti Tobacco Day on 31st May, 2013



Dual Diagnosis Data from De-addiction Centre

Total number of patients in de-addiction OPD during Jan-
Oct-2012 = 578



Special Clinics (SDDTC)

S.No.	Name of Clinic	Faculty	Days
1.	Dual Diagnosis Clinic	Dr. Sidharth Arya	Tuesday
2.	Behavioural Addiction Clinic	Dr. Sidharth Arya & Dr. Sunila	Thursday
3.	Tobacco cessation Clinic	Dr. Vinay	Saturday

Total No. of New & Follow-up cases in each Year (SDDTC):

January –December, 2015

	OPD(New)	Old case	Total (OPD)	Admitted
Alcohol	742	1043	1785	101
Opioids	326	445	771	38
Cannabinoids	80	129	209	0
Multiple Substance	161	274	435	8
Tobacco	103	29	132	0
Sedatives	28	30	58	0
Total	1440	1950	3390	147

January –December, 2016

	OPD (New)	Old case	Total (OPD)	Admitted
Alcohol	776	1095	1871	105
Opioids	397	524	921	47
Cannabinoids	86	99	185	0
Multiple Substance	207	333	540	8
Tobacco	118	50	168	2
Sedatives	16	6	22	1
Total	1600	2107	3707	163

January – December, 2017

	OPD (New)	Old case	Total (OPD)	Admitted
Alcohol	753	1366	2119	101
Opioids	339	922	1261	42

Cannabinoids	89	146	235	2
Multiple Substance	178	279	457	12
Tobacco	122	65	187	0
Sedatives	21	35	56	0
Volatile	1	0	1	1
Total	1503	2813	4316	158

January – December, 2018

	OPD (New)	Old case	Total (OPD)	Admitted
Alcohol	850	1783	2633	128
Opioids	415	1297	1712	48
Cannabinoids	136	230	366	3
Multiple Substance	264	643	907	2
Tobacco	108	35	143	0
Sedatives	32	30	62	0
Volatile	1	0	1	0
Total	1806	4018	5824	181

January – December, 2019

	OPD (New)	Old case	Total (OPD)	Admitted
Alcohol	918	1944	2862	91
Opioids	831	2345	3176	93
Cannabinoids	117	206	323	2
Multiple Substance	331	1060	1391	1
Tobacco	82	15	97	0
Sedatives	47	63	110	0
Volatile	1	0	1	0
Cocaine	14	0	14	0
Behavioral Addiction	7	0	7	0
Total	2348	5633	7981	187

January – December, 2020

	OPD (New)	Old case	Total (OPD)	Admitted
Alcohol	325			24
Opioids	320			20
Cannabinoids	47			0
Multiple Substance	109			1
Tobacco	46			0
Sedatives	23			0
Volatile	0			0
Cocaine	1			0
Behavioral Addiction	3			0
Total	874			45

Lockdown SDDTC Emergency (11.05.2020 to 21.07.2020) = 242 Patients

January – December, 2021

	OPD (New)	Old case	Total (OPD)	Admitted
Alcohol	362	1520	1882	13
Opioids	505	2472	2977	5
Cannabinoids	56	39	95	0
Multiple Substance	131	273	404	0
Tobacco	50	0	50	0
Sedatives	18	0	18	0

Volatile	0	0	0	0
Cocaine	1	0	1	0
Behavioral Addiction	2	0	2	0
Total	1125	4304	5429	18



STATE INSTITUTE OF MENTAL HEALTH (SIMH)



SERVICES PROVIDED IN SIMH

SIMH has a multidisciplinary team comprising of the following disciplines:

- Psychiatry
- Clinical Psychology
- Psychiatric Social Work
- Occupational Therapy
- Dietician
- Nursing
- Laboratory
- Pharmacy

Sr. No.	Name of Post	Sanctioned Posts	Filled posts	Vacant posts
Group A				
1	DMS	01	-----	01
2	Psychiatrist	02	-----	02
Group B				
2	Medical Officer	03	01	02
3.	Dietician	01	01	-----
4.	Occupational Therapist	02	02	-----
5.	Clinical Psychologist	02	02	-----
6.	Psychiatric Social Work	02	02	-----
7.	Accounts Officer	01	01	-----
8.	Superintendent	01	01	-----
9.	DNS	01	-----	01
Group C				
10	Laboratory Technician	02	02	----
11.	Assistant	03	---	03
12.	Driver	01	01	----
13.	Receptionist	01	01	-----
14.	Store Keeper	01	01	-----
15.	Pharmacist	01	01	-----
16.	ECT Tech.	01	-----	01
17.	EEG Tech.	01	----	01
18.	Steno Typist	01	01	-----
19.	Medical Record Clerk	01	-----	01
20	Section Officer	01	-----	01
21	Staff nurse	15	15	----
22	Clerks	07	---	07
Group D				
23	Peon	04 (Outsource basis)	---	4
	Total	56	33	23

Psychiatric Unit of SIMH is involved in care of mentally ill persons through routine outpatient and inpatient services. This unit also caters to the medical needs of the inpatients through consultation- liaison with various departments of PGIMS, Rohtak.

OPD services (2011-2021)

Year	New Patients	Old Patients	Total
2011	612	413	1025

2012	4026	4653	8679
2013	3801	6008	9809
2014	4711	8946	13665
2015	3338	9811	13149
2016	2773	9237	12010
2017	2518	8836	11354
2018	2427	9191	11618
2019	2797	10457	13254
2020	1216	5483	6699
2021	1912	6787	8699

Indoor Patients Data (2011-2021)

Year	Male	Female	Total
2011	05	00	05
2012	22	07	29
2013	06	07	13
2014	39	18	57
2015	30	10	40
2016	25	06	31
2017	13	13	26
2018	13	17	30
2019	18	26	44
2020	12	08	20
2021	08	04	12

Psychosexual clinic(April 2011-March 2015)

Year	New Patients	Old Patients	Total
2011	612	413	1025
2012	991	1049	2040
2013	925	730	1655
2014	1164	1139	2303
2015	1022	1112	2134
2016	776	775	1551
2017	712	669	1381
2018	754	931	1685
2019	842	1115	1957

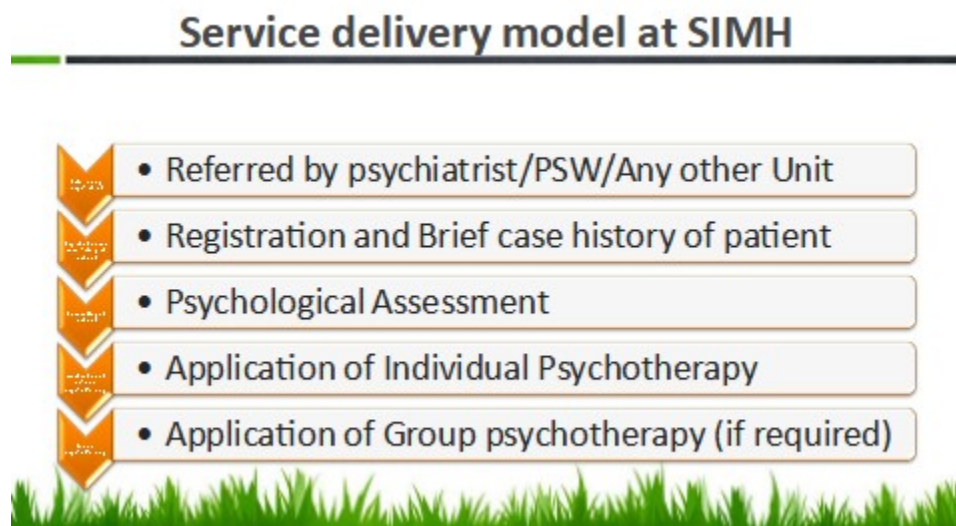
2020	396	585	981
2021	619	635	1254

Clinical Psychology unit

The unit of clinical psychology is an integral section of SIMH, which is designed to address divergent problems of the patients by applying psychological principles to the assessment and alleviation of emotional, and behavioral problems.

Objective of the Unit:

The objective of the unit is to inhibit the presented symptoms of the patients, and modify their behavioral and cognitive patterns to promote a positive and realistic perspective that may lead positive mental health.



Psychiatric Social Work Unit

- PSWs specially involved to assessment, intervention and rehabilitation of psychiatric patients.
- The PSWs provides individual, family, and group work and other psycho social interventions to the psychiatric patients.
- Deal with social & emotional problems of patients & their families which come in the way of adequate treatment, care & rehabilitation.
- Act as liaison between the hospital, the patient, his/her family & the community.

Home Visits



Liaison with NGO



Occupational Therapy Unit

Occupational Therapy is an art and science directing man's participation in selected task to restore, reinforce, enhance the performance, facilitates the learning of those skills & functions which are essential for adaptation and productivity to reduce or correct the pathology & to promote or maintain the health.

Activities used in OT unit

1. Gardening Activity
2. Play & recreational
3. Listening Music & watching TV
4. Paper bag making , cutting & pasting.
5. Candle making, Card making, drawing, painting.
6. Grains sortening
7. Pegs, beads & puzzles

8. Stitching & embroidery
9. Kitchen activity
10. Cleaning & dusting.
11. Reading, writing & story telling.

Work skill habit training and work tolerance training program
Beads and grains sortening activities



Cognitive retraining



Vocational activities



Recreational/ Play activities



PHARMACY UNIT

Concerned with the art and science of preparing from natural and synthetic source, suitable and convenient material for distribution and use in treatment and prevention of disease. Also include *proper and safe distribution and use* of drugs.

NURSING UNIT

Nursing is a dynamic therapeutic and educative process in meeting the health needs of the individual , family and society.

OBJECTIVES

- To provide basic nursing care (physical care, therapeutic care, nutritional care etc.).
- Helping a patient to carry out therapeutic plan initiated by doctors.
- Providing physical care and emotional support for the sick and disabled.
- Planning and teaching the patient and his family in relation to restoration and promotion of health and prevention of diseases.
- Helping and receiving help from other members of health team to plan and carry out a total programme of care.
- Observing and evaluating the patient response to his illness and his care.
- Participated in research related to health care.

DIETICIAN

Concerned with the promotion of good health through proper diet and with the therapeutic use of diet in the treatment of diseases.

Services Delivered

- Nutritional assessment of all referrals.
- Regular ward round, identification of patients and his nutritional assessment and counseling.
- Counseling of patients who come directly to diet and lifestyle clinic.
- Inspection and supervision of dining hall.
- Maintenance of kitchen store room.
- Budgeting and organizing of events held in SIMH.

WORKING AS A TEAM ENSURES SUCCESS





REHABILITATION CENTRE INSTITUTE OF MENTAL HEALTH (RCIMH)

Rehabilitation Centre Institute of Mental Health (RCIMH) provides comprehensive rehabilitation services to the psychiatric ill patients. It has dedicated team of Clinical Psychologists, Psychiatric Social Workers, and Occupational therapist. the rehabilitation team help the disabled persons to regain lost skills or competencies and help them restore functioning of their personal and professional life.

PRINCIPLES OF PSYCHOSOCIAL REHABILITATION AT RCIMH

Recovery is the ultimate goal of Psychosocial Rehabilitation. Interventions must facilitate the process of recovery.

The principles involved are-

- To help people re-establish normal roles in the community and their reintegration into community life.
- To facilitate the development of personal support networks.
- To enhance quality of life for each person receiving services.
- Provide opportunity to learn and grow.
- Ensuring them the right to direct their own affairs, including those that are related to their mental illness.
- To be treated with respect and dignity.
- Making conscious and consistent efforts to eliminate labelling and discrimination, particularly discrimination based upon a disabling condition.
- As culture and/or ethnicity play an important role in recovery its sources of strength and enrichment for the person and the services is always kept in mind while planning services.
- Build interventions based on the strengths of each person.
- Ensure that services are coordinated, made accessible, and available as long as needed.
- Services designed to address the unique needs of each individual, consistent with the individual's cultural values and norms.
- Actively encourage and support the involvement of persons in normal community activities, such as school and work, throughout the rehabilitation process.
- The involvement and partnership of persons receiving services and family members is encouraged and strengthened.
- Psychosocial Rehabilitation practitioners constantly striving to improve the services they provide.

SCOPE OF PSYCHO-SOCIAL REHABILITATION:

Our psycho social rehabilitation programme covers predominantly four domains,

- a) The **first domain** includes:—**skills training**— involve systematic skill building through curriculum-based psycho-educational and cognitive-behavioral interventions. Categorically these interventions aim to fragment the difficult therapeutic roles and tasks into some simpler one in order to shape them more favourable to the patients. The roles and tasks includes ‘basic cognitive skills development-e.g. attention- which is generally done to facilitate learning and competency of the patients.
- b) The **second domain:** it is **related to peer support**, which includes local support and self help groups advocacy networks. They usually focus on normalization and empowerment of persons with severe and persistent mental illness.
- c) **The third domain: it is vocational services**, which include supported employment, transitional employment, supported education, specific job training, and prevocational skills training. The basic objective of this approach is to let the patients to set their own vocational goals, which form the basis for motivation toward recovery of vocational roles.
- d) **The fourth domain— consumer community resource development—** includes direct services such as family education. This domain aims to help the patients and their families to create and operate support and advocacy networks for the long term welfare and making the community supportive towards the patients.

Keeping with the view of above four domains, key operations of psychosocial rehabilitation would aim at:

- i.* Reducing the deleterious effect of illness on patients’ socio-occupational and personal functioning
- ii.* Increasing the positive mental health of the patient as well as protecting his residual mental health at the optimal level.
- iii.* Increasing the social acceptance of the patient by increasing his/her social interaction skills and social cognitive abilities.
- iv.* Altering the negative and unfriendly community atmosphere to a positive one
- v.* Reducing symptoms of the illness through pharmacological & psychological treatment and increasing of treatment adherence.

- vi. Improving social competence of the patients by enhancing social skill, psychological coping & occupational functioning abilities.
- vii. Reducing discrimination and stigma against the patient and helping the community to gain appropriate knowledge and information about the illness.
- viii. Providing therapeutic and clinical support to those families having mentally ill member.
- ix. Ensuring Social Support covering at least basic needs related to housing, employment, social network & leisure.
- x. Stimulating consumer empowerment by enhancing the autonomy, self sufficiency & self advocacy capabilities of the patients and their core family members and friends.

Components and Services of Rehabilitation Centre at Institute of Mental Health



PLAN

RCIMH Plans its rehabilitation services essentially on following two parameters

1. Areas of concern

- Medical - involving restoration of function
- Social - involving restoration of family and social relationships,
- Psychosocial - involving restoration of personal dignity and confidence.
- Cognitive - involving restoration of cognitive functions like attention and memory.
- Vocational - involving restoration of the capacity to earn a livelihood

2. Setting

- Inpatient - Focusing on pharmacotherapy, psycho education & maintenance of functional ability.
- Outpatient - Focusing on individual –pharmacotherapy & psychotherapy, functional Family intervention - and family - psycho education and family therapy.
- Community - including community care, day care centres, sheltered workshops etc.

THE PROCESS

Rehabilitation Assessment at RCIMH

Assessment in rehabilitation planning is a complex process that involves delving into a wide range of areas of functioning. Effective assessment is crucial to identifying the most important rehabilitation goals and prioritizing those goals. Familiarity with each domain is crucial, because major problems in any one can impede progress toward rehabilitation goals.

Basic objectives of the assessment of psycho-social rehabilitation are:

- *Identification of rehabilitation needs of the patients and their core/key family members- needs have to felt one-not to be imposed by the clinician/therapist.*
- *Development of an appropriate, individualized, cost effective and feasible rehabilitation plan keeping with the view of illness, socio-cultural background and available resources of the patient. & Regular close monitoring of the rehabilitation programme whether it is progressing toward goals or not.*

Disability assessment (generally out patient level)

Identification of rehabilitation needs of the patients and their core/key family members- needs have to felt one-not to be imposed by the clinician/therapist.

Step one-

Detail Case workup by psychiatrist



Step-2

Referred to Psychosocial Section (Clinical Psychology/Psychiatric Social Worker/Occupational Therapist)

IDEAS by Trained Professionals (Psychiatric Social Work) and Disability assessment through IQ



Step-3

Disability Certification

Detailed assessment (generally in-patient level)

Step one-1

Detail Case workup by psychiatrist



Step-2

Referred to Psychosocial Section (Clinical Psychology/Psychiatric Social Work/Occupational Therapist) for appropriate assessment of strengths and weaknesses of the patient's own areas of functioning and mental and physical health, socio-occupational and family, community related areas.



Steps-3

Detailed Rehabilitation plan

TRAINING:

Trainees in different fields of mental health are posted in rehabilitation centre for 2-4 weeks to learn specific domains of assessment & management viz:

- *Diagnosis*
- *Symptomatology*
- *Present Status of Social functionality of the patients*
- *Activities of Daily Living (ADL)*
- *Role Functioning*
- *Independent Living and Self-Care Skills*
- *Substance Abuse*
- *Medication Adherence and Side Effects*
- *Quality of Life*
- *Cognitive Functioning-memory, thinking, executive and other higher mental functioning*
- *Aggression and Violence*
- *Disability assessment and various benefit schemes*

WHERE TO LOCATE SERVICES:-

Vidya Sagar Complex	SIMH Block
OPD Room no -18 Ward Room no-11 (male ward)	Day Care Centre

Day Care Centre was inaugurated in SIMH in 2013



Departmental Activities

- Mental Health Awareness Rally
- CME on Genetic Counselling
- Conferences
- International Day Against Drug Abuse and Illicit Trafficking
- NABH Workshop
- Community Awareness
- Photo Exhibition
- Press Conference and round table discussion Drug Abuse and Illicit Trafficking
- Disability Camps
- World Mental Health Week
- Autism Awareness Week

Inauguration of Hostel Block





NABH Workshop



Awareness Program















Autism Awareness Program





Foundation Day Celebrations



Round Table Conference



Community Awareness



International Day Against Drug Abuse and Illicit Trafficking

26 JUN 2013



Make Health your “New High” in life, not Drugs

RAJIV GUPTA





Social Activity (Diwali Celebration) at SIMH



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